MEDICAL SOCIETY OF METROPOLITAN PORTLAND

The Scribe

A publication of the Medical Society of Metropolitan Portland

FOCUS ON PHYSICAL THERAPY & REHABILITATION

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

Portland-area hospital scores highest performance mark

Facilities overall see mixed financial results

By Cliff Collins
For The Scribe

When the state offered its 28 largest hospitals cash incentives to improve quality-of-care performance, the institution that scored highest was not one of the biggest.

But in the case of the Hospital Transformation Performance Program, or HTPP, **Legacy Mount Hood Medical Center** proved the best of the bunch. The program is part of the Oregon Health Authority's Medicaid waiver agreement with the Centers for Medicare & Medicaid Services to transform the way care is delivered to patients.

All participating hospitals sought to achieve 11 outcome and quality measures established by a statewide quality committee. Three Portland area-hospitals met 10 of the measures, but Mount Hood was the only hospital in Oregon to score a perfect 11.

"Achieving all 11 performance measures reflects tremendous dedication and clinical leadership to do the intensive work of process improvement and the willingness of our clinical teams to embrace change and apply best practices to deliver the best care to our patients," said **Gretchen Nichols, RN**, president of Legacy Mount Hood, located in Gresham.

SARAH A. WALTER, MD

One of the hospital's secrets to success was the backing and total buy-in of its doctors, in the opinion of **Sarah A. Walter, MD**, a pathologist who chaired the Legacy Mount Hood Quality Council. That committee oversaw the clinical work for the program and the quality and process changes the hospital made to achieve its results.

"We had a lot of engaged physicians," she said. "Each individual could see, 'What's the little part I can do, what steps can I take, to make a difference?'" She added that doctors and the entire staff did a lot of creative thinking about "What can I do with my own patients?"

When Legacy Health decided three years ago that its hospitals would participate in HTPP, it approached the 11 metrics across its entire health system, according to **Jill Harrington, MS**, quality improvement consultant for Mount Hood Medical Center. Walter said doctors representing every specialty met with the expectation of taking information back to their respective specialty groups so that goals could be "standardized and clear-cut."

JILL HARRINGTON, MS

As an example, one metric was to reduce catheter-associated urinary tract infections. Harrington explained that one of the key steps to meeting that objective is to reduce the number of days the device is used on a patient. So emergency physicians were asked to consider carefully whether a catheter needs to be inserted in a patient while in the emergency department. In addition, physicians discussed the appropriate times to culture devices when infection is suspected, and to share that information with colleagues.

Here is the background on HTPP: In 2013, the Legislature's House Bill 2216 directed the Oregon Health

*See **PERFORMANCE,** page 9*

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.

Rite of Passage

Michelle Nguyen waves as she exits the Oregon Health & Science University School of Medicine's Class of 2021 White Coat Ceremony in August.

The class is the largest in the school's 130-year history.

To see more photos of the annual ceremony, please turn to page 8.

Photo courtesy of OHSU/Kristyna Wentz-Graff

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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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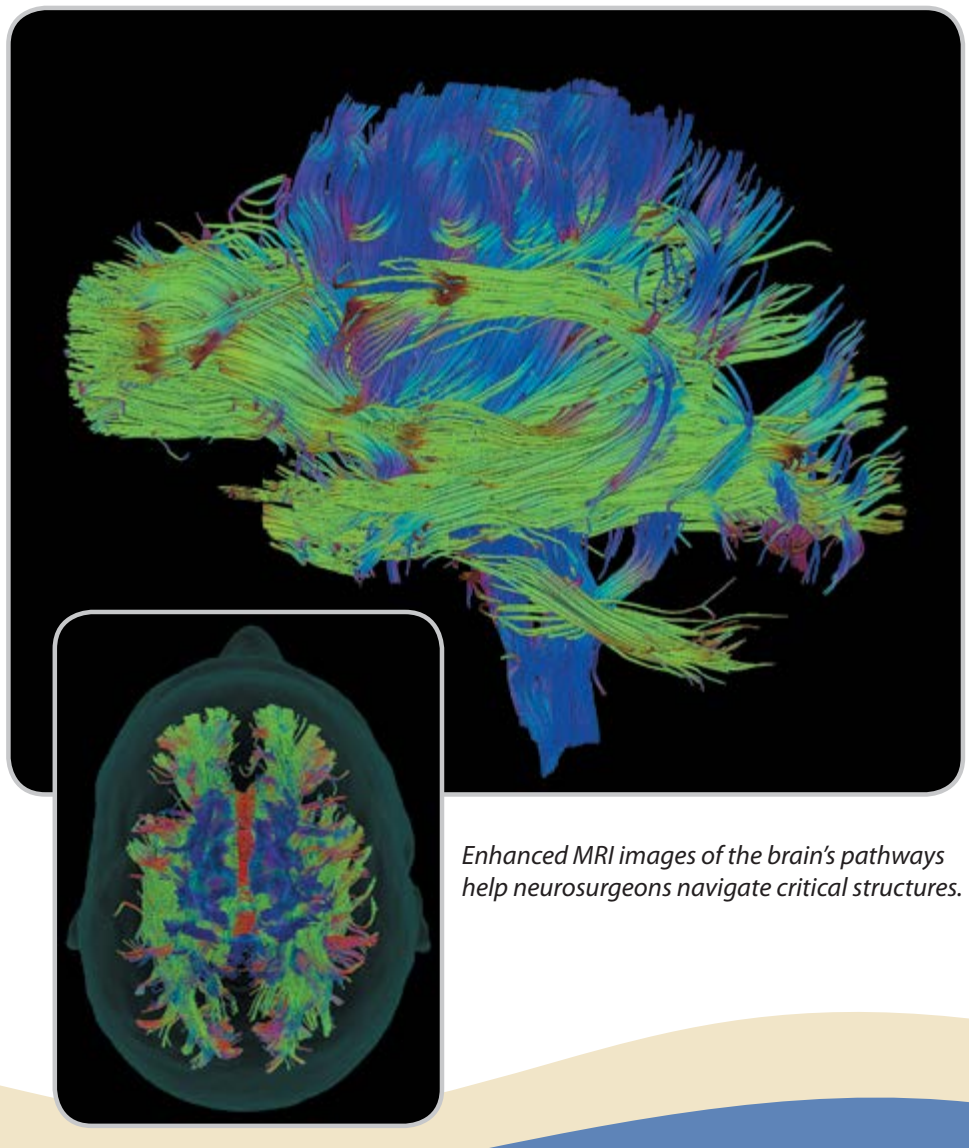

Enhanced MRI images of the brain's pathways help neurosurgeons navigate critical structures.

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Annual Salary and Benefit Survey Report

The Medical Society of Metropolitan Portland and Medical Society Staffing have released their ***2017 Annual Salary and Benefit Survey Report***.

This annual benchmarking tool captures medical office employee compensation and benefit trends in the greater Portland medical marketplace.

Group members of MSMP receive the report free of charge. Cost to MSMP individual physician members is $100, and non-members can purchase the report for $250.

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Med school life in Zambia

Being able to participate in hospitals internationally as a medical student taught me lessons on **adaptability and resourcefulness** that I will carry in my future work internationally.

By Malerie Pratt

I'm thankful for the faculty at OHSU and Dr. Karen Kwong, my global health research mentor, for all the time and effort they put in to helping me have the opportunity to study and learn about the Zambian medical education and health care system for the last three months. My hope is that sharing my experience will encourage more medical students to collaborate with other medical education programs abroad so that we may learn from each other and form partnerships to continue improving access to health care globally.

I'm really sensitive about medical tourism and was afraid my trip may take more resources from the Zambian hospital than I would be able to give back, but I think this has been the best thing I could have done right now in my education, as it helped me cement my current and future goals. Being able to participate in hospitals internationally as a medical student taught me lessons on adaptability and resourcefulness that I will carry in my future work internationally. Over the last three months, I made friends with dozens of African doctors throughout Zambia (many of them Congolese, Zimbabwean and Tanzanian). I look forward to collaborating with them to set up future projects.

Here is a journal entry I wrote about the patients and my time there:

General surgery

Last week we did so many surgical cases. Thankfully, I'm first assist on most of them. The operating room has no AC and it's about 100 degrees in there. We wear plastic aprons with large cloth gowns. Everyone is literally drenched by the end of surgery. One day I got so hot that I thought I might pass out; right at that moment a Zambian resident passed out instead. Most days the X-ray machine runs out of films, so the surgeons often go into surgery unsure of what they will find. For example, a lady came in with peritonitis and they were convinced she had a perforated peptic ulcer. However, it turned out she had a ruptured ectopic pregnancy upon opening! I wonder if it would be possible to get some medical equipment donated here. I think they would really benefit from an X-ray machine that doesn't require film. I'm learning a lot here. The doctors I work with are phenomenal with physical diagnosis, and constantly ask basic clinical science questions, which connect everything together. I've been assigned to learn from the head surgeon, Dr. Moonga. He's super happy, enthusiastic and loves teaching.

We see a lot of extreme surgical cases here, including peritonitis and patients who come in daily with abdominal extension and rebound tenderness. Most of them have twisted intestines, or sigmoid volvulus, usually with gangrenous bowel, but the surgeons never really know until they begin operating.

Myocardial infarction (heart attack)

Dr. Moonga and I were doing rounds when we got called into a room. An elderly man was unresponsive, pulseless, but still breathing. Dr. Moonga calmly asked the relatives to leave the room and started doing CPR, gave him oxygen, and injected him with adrenaline (the only drug we had; there was no ECG or dfib). Within five minutes of CPR and adrenaline, his pulse was back, within a day he was laughing and talking, and a few days later he walked out of there. Amazing.

Malignant melanoma

A young patient from Zimbabwe (we get a lot of patients from there), with metastatic melanoma that covered her whole body and created an ulcerating mounded lesion on her head. I felt so sad for her because the disease was incredibly advanced and there was little we could do. The lesion on her head was midline, which the doctors were worried could also be meningocele (a protrusion of the meninges through a gap in the spine due to a congenital defect), but again, they had no imaging working to confirm it, so they removed it. The girl was then released from the hospital to go back to Zimbabwe. I am not sure if she will ever return for follow-up care because it is so expensive to get a visa to cross the border.

Burns

A male patient with a history of left arm amputation due to burns during an epileptic episode presents with fourth degree burns on his right upper extremity, chest and face. We have many burn patients at the hospital. Most of them are children that knock over boiling water or porridge, others are from house fires, or are epileptic patients. Unfortunately, like this man, a lot of people are scared to help epileptic patients during a seizure, because they are afraid the seizure is contagious. So, when this man fell in the fire everyone was scared to rescue him. He developed an eschar on his chest and ended up having to have a right arm amputation and wound debridement of his chest and face. One day, post-op, I went to visit him. The male ward is a large room with about 30 beds in it. The nurses were cleaning his wounds with saline. He looked depressed and wouldn't make eye contact with anyone. He just hung his head down while they were cleaning. Depression is common with burn patients, and most of them here are treated with an antidepressant as well as constantly being talked to and encouraged. I noticed some maggots coming out of his wound. I was horrified, thinking they would cause infection. At that moment, Dr. Moonga came up behind me and proclaimed, "MAGGOTS? EXCELLENT!! They are helping us with the wound debridement!" I almost laughed at his excitement. Apparently, many places, including some places in the U.S., use maggots to help clean out wounds.

Pediatrics

After my surgical rotation, I moved to a pediatric rotation in Ndola, Zambia (the same location as our nonprofit organization children's home, Vima Lupwa Home). It was a hot and crowded, 14-hour bus ride from the Livingstone's Hospital, where I was doing the surgical rotation. I jumped right in with the Zambian medical students here. My knowledge is at about the same level as the fourth- and fifth-year medical students. It's a six-year program. They have a lecture in the morning, then two hours of rounding, then a case presentation and then free time to see patients or do admissions. I've seen hundreds of cases of malaria with some cerebral malaria, a few cases of HIV encephalopathy and diphtheria. During the afternoons, I take histories from the patients, help the nurses and draw a lot of blood. The doctors here draw all their own labs and read all their own imaging. Their depth of knowledge is motivating and inspires me to study harder.

Unfortunately, we had a very sad night in the emergency room during my night on-call. One child came in having choked on food. The child passed away within minutes of arrival. Another baby needed a blood transfusion and had an allergic reaction to the blood transfusion. The child went into anaphylactic shock and passed away. Zambians grieve out loud and often display their emotions externally. Because I have worked in Zambia before, the wailing and screaming is something I have become accustomed to during funerals. However, that night the sound of a mother learning her infant had died was a deafening sound that I will never forget.

My time in Zambia had its ups and downs, but the lessons I learned during my time there will make me be a better doctor and human. I'm thankful for having this opportunity and am happy to help other students have the chance to have similar valuable experiences. I look forward to returning to eventually collaborating with Zambian doctors to improve access to medical care there as well as help teach medical students in Africa and the U.S. to become leaders in their communities. ■

Malerie Pratt is an Oregon Health & Science University medical student in the MD Class of 2018 and a Swindells Family Scholar. This essay originally appeared on OHSU's StudentSpeak blog.

Providers playing key role for stressed, anxious patients amid contentious climate

By Barry Finnemore
For The Scribe

Eva Galvez, MD, has practiced medicine for more than a decade, but in that time she said she's never seen such a high level of stress and anxiety among her patients.

Galvez, a family physician with the Virginia Garcia Memorial Health Center, is among a handful of providers who in interviews this past spring said the contentious political climate – with news often focused on immigration issues and the health care reform debate – is negatively impacting patient health. And she and other providers are finding they are playing an important role delivering not only direct care, but also support and information.

"You see and hear about it (in the news), but I feel I live it every day through my patients," Galvez said, noting most of those she sees in her practice are Spanish speaking. "The fear is so palpable. It's something that I have not experienced in my life or as a physician, (but) deportations and racially charged incidents are happening to my patients and our community members."

Galvez said some of her patients have shared with her that they're frightened for their future and are feeling anxious and depressed. They'll often present with a headache or back or abdominal pain, and eventually share that they're under extreme stress.

"They are not seeing the connection between the physical symptoms, but we (providers) are," Galvez said.

Providers such as psychiatrist **Mary McCarthy, MD**, say most of her patients who express fears about the current political climate rely to some degree on public assistance for housing, nutrition or other basic needs and are worried that assistance is going to be reduced. McCarthy said she keeps a list of community resources in her office and refers patients to them as needed to help them navigate the system or get their questions answered.

"Part of the problem is that a lot of people don't understand where that money comes from, so they may not adequately understand how (programs) are funded," McCarthy said, noting their fears may be unfounded but the feelings are certainly real.

"I would say (fears) are higher now than in the past," she added. "I've been in practice since the 1980s and I haven't seen as many people bring it up as I have recently."

McCarthy said that if her patients tell her they get most or all of their information from television news programs, particularly from outlets with a political leaning, she'll recommend they turn off the TV, or watch or read something that offers a differing view from one to which they most often are exposed.

She also encourages people to focus on the positive aspects of their lives today, to think about them and write them down, rather than imagining "a future with problems." Cognitive behavioral therapy helps people to identify fears, analyze their negative thinking and come up with a rational response to it, she noted.

Galvez, the provider with Virginia Garcia who herself is a first generation Mexican American, said even her patients with proper immigration documentation experience feelings of fear and uncertainty because of negative comments they sometimes hear or negative interactions they sometimes have as they navigate their day. Others who are undocumented have shared with Galvez that they fear they "will leave the house and won't see my kids again," or are afraid to open the front door because a neighbor did so and their spouse "was taken away." Some children in patient families, she added, fear their "parents won't be in the house" when they return.

Galvez said feelings of fear and anxiety have kept some patients from getting the medical care they need. Some have missed medical appointments or haven't picked up needed medication because they were afraid to be on the road and stopped by authorities. Others have declined to see a medical specialist she referred them to for fear of visiting an unfamiliar clinic, Galvez said.

Galvez said she's grateful she can provide support to and be a sounding board for patients, and that her clinic is a welcoming place for all, regardless of race or sexual orientation.

"We can provide a safe place to come and share stories. That's therapeutic in itself."

She emphasized that she and other Virginia Garcia providers, behavioral health specialists and community health workers among them, help connect patients with needed support services both within the organization and in the community.

"A safe haven – that's the way I see our clinic. We may not have all the answers, or fix all the problems, but I can be a service to the community by being a safe haven. It's motivated me to take a more active role in the community."

Galvez added that specialists' offices can be an important source of support and reassurance by being aware of patients' stressors. Sometimes, she said, simply being asked for a phone number at a front desk can produce fear and anxiety.

She invites providers and support staff to ask themselves, "How can I provide reassurance to them that I am here to help them and not to report them?"

"A pat on the shoulder, a smile, just taking the time to be extra welcoming when they walk into your office can be very reassuring and put someone at ease; it can make a huge difference for a patient going through a difficult time." ■

Online extra! Don't miss the extension to this article: Pat Blumenthal, PsyD, Director of Behavioral Health with The Portland Clinic, offers her perspective on anxiety and depression being seen among her patients, saying more are accessing mental health services since the election.

To read the additional Q&A with Blumenthal, please visit *www.MSMP.org/MembersOnly*.

MSMP MEMBER EXCLUSIVE

Scribe Focus

Physical Therapy & Rehabilitation

Each month, *The Scribe* focuses on a health topic, providing a deeper look into issues and advances that impact the area's medical community and patients. Next month, look for our focus on Women's Health & Wellness.

Early rehab for knee pain may curb opioid use, study finds

Rehabilitation, including physical therapy, provided within 1 to 15 days of pain beginning may significantly reduce opioid use, nonsurgical invasive procedures such as joint injections, and surgery in patients with nontraumatic knee pain, an interdisciplinary research team at the University of Pittsburgh has reported.

The authors examined data from a sample of 52,504 Medicare beneficiaries with nontraumatic knee pain for 12 months. The study findings, published in the June issue of the American Physical Therapy Association's scientific journal *Physical Therapy (PTJ)*, suggest that rehabilitation is most effective when it's provided earlier in the course of a patient's care. The APTA represents more than 95,000 physical therapists, physical therapist assistants and physical therapy students.

Although evidence-based clinical guidelines recommend patients be prescribed therapeutic exercise as a first-line treatment for nontraumatic knee pain, the researchers found that only 11 percent of the total number of beneficiaries received these services.

Of the 8,672 patients who received rehabilitation for nontraumatic knee pain, more than a third were limited to postsurgical care only. For the remaining 5,852 patients, most (52 percent) were exposed to early rehabilitation, provided within 1-15 days.

Rehabilitation included exercise and other nonpharmacologic services or procedures – such as nutritional counseling, functional training, physical agents, manipulation and manual therapy – regardless of type of provider or setting.

"We were surprised to find a low percentage of patients received outpatient rehabilitation for their knee pain," said lead author Joel M. Stevans, DC, PhD. "Our research further emphasizes the importance of working with colleagues from other disciplines to better understand how patients can be directed."

Increased and more immediate use of rehabilitation services could decrease the use of opioids or more invasive procedures such as surgery.

"We believe this will help reduce utilization of health care services that are more invasive or may place patients at greater risk," said study coauthor G. Kelley Fitzgerald, PT, PhD.

Physical therapy is among the nonopioid alternatives recommended in a March 2016 guideline issued by the Centers for Disease Control and Prevention, urging health care providers to reduce the use of opioids for most long-term pain management.

"Physical therapists help patients reduce or eliminate pain through movement and exercise," said APTA President Sharon Dunn, PT, PhD, a board-certified orthopedic clinical specialist. "This study adds to a growing body of evidence supporting non-pharmacological treatment options like physical therapy for chronic pain conditions." ■

Pain symposium set for Portland

The Oregon Physical Therapy Association's 2017 Pain Symposium will begin its two-day run Sept. 30 in Portland.

The multidisciplinary education program includes presentations titled "Changing the Conversation about Pain," "The Neurophysiological Basis of Chronic Pain," "Movement, Mindfulness and Pain Science," and "How Can Behavioral Health Improve Functional Outcomes for Your Patients with Chronic Pain."

The event will be held at Oregon Health & Science University Hospital. The association also welcomes attendance via a live webcast. ■

For more information, please go to https://opta.memberclicks.net/events-calendar.

CMS approves outcomes registry

The Centers for Medicare and Medicaid Services has approved the Physical Therapy Outcomes Registry to collect and report quality measure data under the Merit-Based Incentive Payment System (MIPS).

Registry clients who voluntarily participate in MIPS can submit their data directly from the registry, which is particularly helpful for practices whose EHRs are not set up to submit MIPS quality data, the American Physical Therapy Association said. As early as 2019, physical therapist participation in MIPS will be mandatory.

"As a qualified clinical data registry, the Physical Therapy Outcomes Registry aligns with APTA's commitment to demonstrating outcomes to advance quality and payment," said APTA President Sharon Dunn, PT, PhD. "The registry will help us elevate the care we provide our patients, better understand our value and define our future, both as individual physical therapists and as a profession."

The registry includes eight quality measures meeting stringent CMS criteria. Registry users can access nonproprietary outcome measures supported by CMS, as well as measures specific to particular EHRs. In addition, planned body region/disease-specific treatment and outcome modules will help PTs treat patients according to established clinical practice guidelines, the APTA said.

"Patient registries will be crucial for improving and establishing best practices for future patient care, and MIPS participation is another aspect of that," said James Irrgang, PT, PhD, ATC, FAPTA, scientific director of the Registry's Scientific Advisory Panel. "The registry will continue to align its quality measures with CMS to support our clients' current and future needs."

The Physical Therapy Outcomes Registry enables PTs to make improved, data-informed clinical decisions, track and benchmark outcomes against industry data, and demonstrate the value of PT services to payers and fellow providers. It integrates with multiple third-party electronic health record systems to seamlessly and securely transfer data to an unprecedented database of patient episodes. The database will provide profession-wide benchmarking and inform future clinical and health services research. ■

For more information about the registry, please visit www.ptoutcomes.com.

Legacy Meridian Park performs state's first Mako robotic-assisted total knee replacement

Innovative technology praised for precision, faster rehab and decreased hospital time

By John Rumler
For The Scribe

After many years of strenuous activities, including skiing, hiking, running, and long hours standing on hard floors, retired schoolteacher **Christine Poulsen**'s knees, especially her right one, were no longer serving her well.

Originally, Poulsen, 69, hoped to get a partial knee replacement, but was not a candidate because her knee joint was too badly deteriorated.

"I tried everything to avoid surgery. I did physical therapy, had the fluids drained and took injections of steroids, and I put up with the pain and discomfort."

But her efforts only postponed the inevitable. In January 2014, she had total knee replacement surgery on her right knee at Legacy Meridian Park Medical Center. Her recovery was slow and painful, she says. "I took OxyContin regularly for two weeks, and then as needed, and did physical therapy for two months. My knee had lots of swelling and bruising, and even after several weeks the pain would return."

Eventually, Poulsen's right knee healed and her life regained normalcy. But then her left knee worsened and she faced another knee operation. This time, however, the doctor who did her first surgery was now doing robotic-assisted surgery.

"I asked him if it would be less difficult and painful a recovery, and he told me he couldn't make any guarantees. Since I trusted him, I elected to do it."

Last April, Poulsen underwent knee surgery on her left knee, this time with a Stryker Mako Robotic-arm assisting orthopedic surgeon **Christopher Nanson, MD**.

One of the surgeons selected for a limited market release of the Mako, Nanson has used Stryker implants since 2008 and was instrumental in optimizing the training for its use. Based on his experience (he's done approximately 2,500 hip replacements and 3,000 knee replacements) and familiarity with the Mako units, he was selected to be the first surgeon in Oregon to perform the Mako total knee replacement surgery, which he did in January.

In standard joint replacements, surgeons realign the hip or knee by inserting a rod and estimating its alignment visually with the help of a mechanical calibration device. Mako robot-assisted surgery, however, begins with a CT scan of the knee or hip joint that is used to create a virtual 3-D model that is uploaded into the Mako software system.

The computer assistance makes removal of damaged bone incredibly precise and allows for positioning of the hip or knee implant with the highest degree of accuracy**.**

"The Mako allows an intra-op virtual plan to be created unique to the patient," Nanson said. "The robotic system delivers a perfect execution of that plan without the errors inherent in manual cutting guides and saws, all of which are utilized by other systems."

Nanson now uses the Mako in 100 percent of his surgeries at Legacy Meridian Park – the only medical center in Oregon using the device – because it allows him to deliver the highest quality care to his patients, he says.

Poulsen was highly pleased with the outcome. Her period of rehab was decreased by about 50 percent, as was her period of using pain medication, she said. "It was the same hospital, the same doctor, the same procedure, the only difference being it was robot assisted. The big thing was that it minimized damage to the surrounding tissue. That speeded up my healing process."

Caleb Werner, DPT, works at Legacy Meridian Park and holds a doctorate in physical therapy and a master's degree in health care administration from Pacific University. He has worked with about 40 Mako knee replacement patients immediately post-op and agrees that the patients with robotic-assisted surgery recover faster compared to those who undergo traditional surgery. In the first two quarters of 2017, Legacy Meridian Park has performed 96 robotic-arm assisted knee surgeries, and there is a nearly 36 percent decrease in length of stay with the Mako units, he says.

"With the reduced trauma, there is greater potential for gains later in the rehabilitation process and patients are able to resume normal activity much quicker than after traditional surgery."

As the number of Baby Boomers aged 60 and older continues to rise, so will the demand for joint replacement surgeries, says the Centers for Disease Control and Prevention, which estimates that the number of hip replacement surgeries will nearly triple from 2005 to 2025, while the frequency of knee replacements will increase about 650 percent during the same period.

The Mako total knee application, which costs about $1 million, is produced by Stryker, a Kalamazoo, Mich.-based firm, and was approved by the Food and Drug Administration in August 2015. Previously, it was used on a limited basis in 65 hospitals in the United States, the UK, Australia and Germany, assisting in 1,400 procedures. Until April, only Mako's total hip replacement units (FDA approved in 2010) and partial knee replacements units (FDA approved in 2009) were available.

Stryker says its in-house research indicates that the revision rates of partial knee replacements with Mako units were .5 percent, while the revision rates of similar non-Mako procedures were 3.5 percent. Also, Stryker says the Mako units reduced complications by 36 percent in 30 days post surgery and had 66 percent less complications than the non-Mako partial knee surgeries in 90 days post-op.

"Research and development for the unit was a close collaboration between teams of surgeons and engineers," said Robert Cohen, vice president of global research and development, "because the robotic application's final design had to deliver the surgeon's desired plan for each individual patient."

It appears that the Mako robotic units will become a frequently used option for orthopedic surgeries. Since being commercially available in April, the total knee unit has already assisted in more than 5,000 total knee replacements. According to research published earlier this year by RBC Capital Markets, surgeons expect an 82 percent yearly increase in robotic hip procedures for 2017–2018 and an increase of 56 percent for knee procedures over the same period. ■

Photo courtesy of Legacy Health

Christopher Nanson, MD, demonstrates the Mako Total Knee Process. Nanson was instrumental in helping optimize Stryker's training program, which enables surgeons to efficiently learn how to use the system to improve the surgical experience.

OHSU's largest class celebrates receiving white coats

Oregon Health & Science University in August held its **White Coat Ceremony** for the School of Medicine Class of 2021, the largest class in the school's 130-year history. Of the 160 incoming students, 85 percent are Oregonians; women comprise more than 54 percent of the class; nearly 38 percent of entering students report having come from a racial or ethnic background other than Caucasian; about 22 percent of students are from rural areas; and three have served in the military, the university said.

The annual ceremony, marking when new students receive their first doctor's coat, featured remarks that in part encouraged them to focus on service, the process that blends curiosity and inquiry rooted in science, and their unique definition of success.

"Start right now with the end in mind; what does success look like for you?" said **Tracy Bumsted, MD, MPH**, associate professor of pediatrics and associate dean for undergraduate medical education.

"How we work to reduce the distance between us and our patients, in our quest for a shared understanding, and in those moments of vulnerability. This is what reveals our humanism … that connection is the cement in the foundation of each relationship we have with our patients, and that is the true symbol of the white coat," said **Rajesh S. Mangrulkar, MD**, associate dean for medical student education, University of Michigan, and presenter of this year's J.S. Reinschmidt, MD, Lecture during the White Coat Ceremony. ■

Student Taylor Vega beams as she enters the ceremony.

Arlene Van Auken hugs her grandson Jordan Arakawa.

Alexandria Dyer (center right) celebrates with her family following the ceremony.

Students take the Oath of Geneva at the White Coat Ceremony.

Photos courtesy of OHSU/Kristyna Wentz-Graff

PERFORMANCE, *from page 1*

Authority to establish an incentive metric program for hospitals. That program went into effect as HTPP in 2014. The program issues incentive payments to participating hospitals for quality improvement efforts as determined by measures recommended by the Hospital Performance Metrics Advisory Committee and approved by CMS.

The committee developed 11 outcome and quality measures covering six areas. These included goals such as reducing health care-associated infections, reducing readmissions of patients after discharge, improving medication safety, improving overall patient experience, and screening for alcohol and substance use.

Hospitals received scores based on whether they met benchmarks or made progress toward them as measured against baselines set in the previous performance year.

All 28 participating hospitals received some payment, funded by the hospital provider assessment tax. In the metropolitan area, **Kaiser Permanente Westside Medical Center** and **Providence St. Vincent** and **Willamette Falls** medical centers were among the only hospitals in the state to achieve scores of 10.

In releasing key findings from its third-year HTPP report, the OHA found that most or all hospitals achieved the benchmark for adverse drug events due to opioids; excessive anti-coagulation with warfarin; and hypoglycemia in inpatients receiving insulin. Hospitals also saw improvement in reducing health care-associated infections, including a marked reduction in central line-associated bloodstream infections. Portland-area hospitals that recorded no central-line infections in the third year of HTPP included **Mount Hood**, **Meridian Park**, **Willamette Falls**, **Providence Milwaukie**, **Adventist Medical Center** and **Shriners Hospital for Children**.

Areas needing additional improvement include catheter-associated urinary tract infections and patient experience measures reported through the Hospital Consumer Assessment of Healthcare Providers and Systems – or HCAHPS – survey. Mount Hood led all hospitals on the HCAHPS category for patients' perception that staff adequately explained any new medicines and their possible side effects before giving them to patients. Walter said that assessment, along with the HCAHPS category of providing adequate discharge information – including discussing whether the patient would have any needed help after leaving the hospital and providing information in writing about symptoms or health problems to be aware of – constitute "some of the tougher metrics. We could be giving education, but it's how the patient perceives it."

Mount Hood was able to reduce readmissions by 156 patients in the third year compared with the previous year. Reducing readmissions poses a particular challenge because doing so "requires coordination by a lot of people," including external, independent skilled nursing facilities, Walter said.

Harrington said that although HTPP funding ends after this year, the hospital will continue to record and follow performance as measured through that program. "It's the right, best care we can provide to our patients, and Legacy is committed to that," she said. The hospital already was following many of the HTPP metrics before the program came into being, but it gave Mount Hood "a really clear focus to drive and energize" physicians and staff to improve performance.

"It's still the right thing to do for the patients, and improves quality," Walter added.

Mixed results for financial performance

Besides the HTPP data, the OHA also recently released the fourth-quarter 2016 Oregon financial report for hospitals.

According to the agency, the report highlights that although the final three months of last year were "a turbulent quarter with lower operating and total margins, the overall margins for 2016 continue to remain higher than typically observed before the implementation of the Affordable Care Act."

The report noted that patient revenue continues to see steady increases, and charity care remains low after a sharp drop from 2013 to 2014. "Overall, Oregon hospitals remain financially strong heading into the future," according to the OHA.

However, the **Oregon Association of Hospitals and Health Systems** placed a different emphasis on the findings. The OAHHS pointed out that hospitals across the state saw operating margins drop to their lowest levels in nearly three years. The median operating margin was -0.1 percent in the fourth quarter of 2016, which amounts to a net loss on operating revenues. Meanwhile, median charity care as a percentage of total charges has begun to go up slightly after the post-ACA expansion decline.

The decrease in hospitals' median operating margin in the fourth quarter reflected a drop of more than 2.5 percentage points from the same quarter in 2015.

Underlying the reduced operating margin was an upward trend in expenses. Operating expenses rose by more than 6 percent compared with the fourth quarter of 2015. Charity care totaled $94 million in fourth quarter 2016, which the OAHHS says demonstrates that even with increased coverage, hospitals are still seeing uninsured patients and those with high deductibles. Patient volumes remained stable, but ED visits increased 2.97 percent compared with the same quarter in 2015.

"Oregon hospitals are experiencing headwinds even as the ACA continues to extend coverage to hundreds of thousands of Oregonians," said **Andy Davidson**, president and CEO of the hospital association. Operating margins are the best indicator of the financial performance of a hospital based solely on its medical operations, not other revenue streams, he said.

"As such, this quarterly report shows our state's hospitals are in a difficult position. Inevitably, the post-ACA trend of positive margins has weakened," Davidson concluded. "Now more than ever, policymakers should be cautious in their policy prescriptions both in Salem and in Washington, DC." ■

Patient responses to Providence rectal cancer trial 'exciting'

A unique clinical study may offer new hope to patients battling rectal cancer, according to Providence Health & Services.

The Phase 2 study, underway at Providence Cancer Center, is led by **Kristina Young, MD, PhD**, who was recognized in 2016 as one of the nation's 15 most promising young researchers by the Sidney Kimmel Foundation for Cancer Research.

The trial is open to patients with Stage 2 and higher rectal cancer who are slated to undergo the standard treatment of radiation and chemotherapy prior to surgery. The clinical trial adds immunotherapy administered via daily pills for two weeks prior to radiation and chemotherapy, and then during that treatment as well.

Radiation and chemotherapy treatments are given prior to surgery with the hope they will shrink the tumor slightly. Young's pre-clinical research suggests adding the immunotherapy protocol will increase tumor shrinkage. Young is working with Galunisertib, a drug under development by Eli Lilly and Company. She describes the drug as helping the body rev up the immune system to fight the cancer.

The first three patients to participate in the clinical trial have shown a "dramatic response," according to Young. One patient's tumor disappeared, while the two other patients had more than a 75 percent decrease in tumor size, with equally impressive responses in the lymph nodes.

"These initial responses are very exciting and make us hopeful that this therapy will improve outcomes for this deadly disease," Young said.

The Phase 2 clinical trial will enroll 50 patients. If the tumors of at least 18 patients disappear, that would more than double the typical response of chemotherapy and radiation, and would be seen as contributing to the trial's success. ■

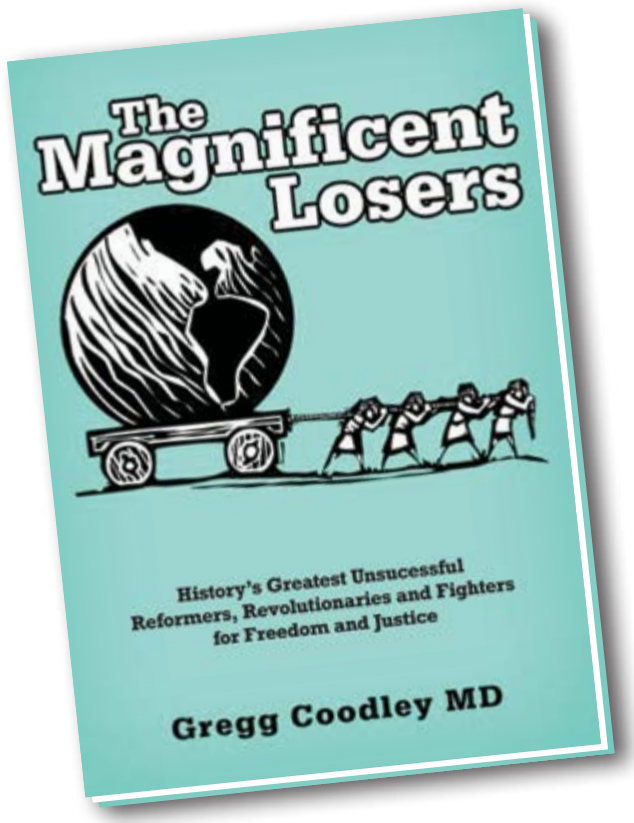
Medical groups praise veto of HB 3355

The Oregon Medical Association, Oregon Psychiatric Physicians Association, Oregon Council of Child & Adolescent Psychiatry and American Psychiatric Association praised Gov. Kate Brown for vetoing HB 3355, which would have allowed psychologists to prescribe drugs under certain conditions, and said her decision helps safeguard Oregon's most vulnerable patients.

In a statement, the OMA said the four organizations also stand with the proponents of the bill who are concerned about access to mental health care for Oregonians, particularly in rural areas. "While we firmly believe that HB 3355 was not the safe answer to the dilemma, we look forward to working with our psychologist colleagues, legislators and key stakeholders, including youth, families and consumers, to develop real reforms – reforms that protect all patients equally," the OMA said. ■

Lessons from 'losers'

Physician offers an historic perspective in book about change agents ahead of their time



By Melody Finnemore
For The Scribe

Gregg Coodley, MD, has long enjoyed reading about history, and he developed an appreciation for writing as a professor at Oregon Health & Science University. His most recent book, "The Magnificent Losers: History's Greatest Unsuccessful Reformers, Revolutionaries and Fighters for Freedom and Justice," allowed him to combine both of those interests and learn an invaluable lesson in the process.

Coodley, a primary care internal medicine physician at the Fanno Creek Clinic in Portland, had written two books previously. They were fantasy adventure stories for children, and the father of five was looking to branch out and do something different.

"I was looking into possible areas of history, and a friend had made the suggestion I thought was brilliant because in medicine we don't have guaranteed success, and certainly when we're dealing with older patients," he said.

"The Magnificent Losers" chronicles 20 leaders from the Roman Republic to the 20th century who tried to improve the world, but seemingly were unsuccessful. The book shows how the ideas these leaders championed often came to pass in a later day. The leaders profiled are from around the world, from Ireland to Nebraska and Boston to Peru. They include some who are famous, such as Henry Clay, William Jennings Bryan and Eugene Debs, and others such as Túpac Amaru and Mazdak who most Americans have never heard of.

Coodley said friends and family made suggestions to help him decide which 20 people to write about. He admitted it was challenging to narrow it down to just 20, but said he didn't want the book to become too long for readers to enjoy.

"One of the things I learned as I went through it was that even if someone does not succeed, it doesn't mean their efforts were without value," he noted. "A lot of their ideas survived them and became reality later on. That was very hopeful that even in the face of defeat, the person has contributed to progress."

He cited the fights for suffrage and civil rights as examples highlighted in the book, and said he likes writing nonfiction because it also involves research. As a medical professional, the prospect of doing research and writing about it is much less daunting than writing fiction. Nonfiction writing draws on his experience of listening to patient stories and forming a coherent narrative from them. It also provides Coodley with work/life balance.

"It's great because it uses a whole different side of my brain," he said. "I enjoy patient care, but it's nice not having to think about the insurance companies and some of the other challenging aspects of medicine these days and think about something totally different."

With a father and grandfather who were internists, Coodley became a physician because he knew it would be a rewarding way to help people.

"What I enjoy the most is the interaction with patients and having patients I've now known for over 20 years. It feels very much like a privilege to hear about their lives and get to know them," he said.

Coodley co-founded the Fanno Creek Clinic in 1997 after seven years as a professor at OHSU. He serves as medical director at Fanno Creek Clinic, which is well known for its contributions to the local community and schools, including its grant program.

"I have a great group of partners who have been here for years and have been very supportive of trying to reach out to the community," he said. "It's been very nice to be in a small group where we can make decisions as a group and get things done quickly without a big bureaucracy."

The production of "The Magnificent Losers" was somewhat of a family affair, as Coodley's 14-year-old twins helped draw maps of the geographic regions featured in each chapter. ■

The book is available at Annie Bloom's Books in Multnomah Village, Another Read Through on North Mississippi Avenue and online at Amazon.

Coodley will do a reading of the book at 7 p.m. Sept. 12 at Annie Bloom's.

"One of the things I learned as I went through it was that even if someone does not succeed, **it doesn't mean their efforts were without value.** A lot of their ideas survived them and became reality later on. That was very hopeful that **even in the face of defeat, the person has contributed to progress."** *– Gregg Coodley, MD*

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