



The Scribe

A publication of the Medical Society of Metropolitan Portland

MEDICAL STUDENT PERSPECTIVES

Strength through Stories

A recent conference encourages attendees to own their stories and leverage their power for change.

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FOCUS ON

Reconstructive & Plastic Surgery



Procedures on the rise locally; advances help patients regain function faster.

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January 2018

Statewide vote this month will affect Medicaid funding

OHP faces financing threats at state, federal levels

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

Since its beginnings in the early 1990s, the **Oregon Health Plan** has served as a national pacesetter in how it approaches Medicaid.

It was one of the first states to employ managed care principles and the use of a prioritized list of services. In more recent years, the OHP implemented coordinated care organizations – known as CCOs – even before passage of the Affordable Care Act. The state then readily embraced the ACA’s goal of expanding coverage to more people.

The result has been that nearly 94 percent of all residents – and 98 percent of children – now have health care coverage, according to a report released in December by the Oregon Health Authority. That represents an increase of 10 percentage points since the ACA and Medicaid expansion took effect in 2014.

More than one-fourth of the state’s population –

26 percent – receive health coverage through the Oregon Health Plan, which includes **Medicaid**, the **Children’s Health Insurance Program** and the **Breast and Cervical Cancer Treatment Program**.

Over the years, the OHP has faced several obstacles and budgetary cutbacks. It now confronts financing threats at both the state and federal levels. The most immediate challenge at the state level will be determined by a public vote set for Jan. 23 called Measure 101. This referendum was advanced by a few Republicans after the 2017 Legislature passed House Bill 2391. These GOP lawmakers, unhappy with the bill’s passage, successfully petitioned to gain a public vote to try to overturn the two-year assessments the bill placed on most hospitals, health insurers and managed care groups such as CCOs.

The measure asks voters to approve or reject these temporary assessments created as part of that legislation. The bill provided funding to pay costs for continuing the Medicaid expansion, which – according to Oregon Health Authority spokeswoman Mary Sawyers

“As physicians, we see daily the power of giving all Oregonians access to health care. **Medical help in times of sickness and injury, without fear of financial ruin, is a basic good which unites us all.**

(Passing Measure 101) will keep the doors of health care open to children, families and our elders when they need it most.”

– *Glenn S. Rodriguez, MD,*
OMA trustee and MSMP past president

– increased the number of residents covered by the OHP by an additional 375,000 people.

Under the ACA, the federal government was obligated beginning in 2014 to pay 100 percent of the costs for states such as Oregon that agreed to expand their Medicaid population to include low-income residents making up to 138 percent of the federal poverty level. After the first three years, these states must pick up part of the cost of covering the expansion population, as the federal government phases down its portion of paying the cost to 90 percent by 2020.

A “yes” vote endorses retaining HB 2391’s assessments, which also would help stabilize the individual insurance

See **MEASURE 101**, 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.



Capturing nature’s beauty



David Hall, MD, who practices occupational medicine at Adventist Health Medical Group, spends part of his time away from the office taking photographs. For Hall, it’s a hobby he started when he was young. For Adventist patients, seeing his photos – some of which grace the walls of the office where he works – helps to create a more comfortable atmosphere.

For more, please turn to Off Hours on page 8.

Photos courtesy of David Hall

Cardiac, pulmonary rehab at Legacy Emanuel

Putting patients on the road to recovery

For patients recovering from heart failure, surgery, myocardial infarction, COPD and other lung conditions, we have a new cardiac and pulmonary rehab gym at Legacy Emanuel Medical Center.

- We offer complete rehab care for patients in Phase II and III.
- Our gym has state-of-the-art monitoring, along with complete exercise equipment.
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- Legacy Health now offers a cardiac and pulmonary rehab gym at all six of its medical centers so patients can stay in their community.

To refer to Legacy Emanuel, call 503-413-4353.

For Legacy referral forms for rehab and other services, legacyhealth.org/referral.



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1221 SW Yamhill St., Suite 410
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Barry & Melody Finnemore, Editors
Scribe@msmp.org • 360-597-4909
Sarah Parker, Advertising Sales
Sarah@msmp.org • 503-944-1124
Heather White, Graphic Design
Heather@pixel37design.com

SCRIBE Contributors

Jon Bell
Cliff Collins
John Rumler

SCRIBE Subscriptions

Janine Monaco Janine@MSMP.org

To update your address, or to change your subscription options, please notify us in writing. Email Janine@msmp.org or write to: The Scribe, 1221 SW Yamhill St., Suite 410, Portland, OR 97205

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Submit your nominations for the Rob Delf Honorarium Award

The deadline for nominations is Jan. 24

MSMP is seeking nominations for the Rob Delf Honorarium Award, the annual award the Medical Society's Board of Trustees created in recognition of Rob Delf's long service to the organization.

The award is given to a person or persons who exemplify the ideals of the Medical Society within the community where members practice. This can be demonstrated by work projects or activities that improve community health or the practice of medicine in arenas including, but not limited to, the practice of medicine; educating new members of the medical community; educating the public about health, medicine and health public policy; improving public health and emergency preparedness; advocacy in health public policy; or other community activities related to health care and policy.

The award may be given to members of the medical community, the health education community or the general public. Please visit www.MSMP.org or www.MMFO.org to submit your nomination. The deadline for nominations is Jan. 24.

OSHA Training and Advance HIPAA Compliance

9 a.m. – 12 noon, Friday, Feb. 23

1221 SW Yamhill St., 4th Floor, Portland
Yamhill One Conference Room

Cost: \$75 for MSMP members and their staff;
\$95 for non-members

OSHA annual training is **required**. 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.

Instructor: Virginia Chambers, CMA (AAMA), BS

QUESTIONS: Sarah@MSMP.org • REGISTER: www.MSMP.org/Education



Physician and Medical Assistant Team Workshop

Presented by MSMP in partnership with OHSU Division of Management

8 a.m. – 12 noon, Friday, April 13

1221 SW Yamhill St., 4th Floor, Portland
Yamhill One Conference Room

Cost: \$100 for MSMP members and their staff;
\$150 for non-members

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.

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It is the mission of the Metropolitan Medical Foundation of Oregon to support activities which improve health education and the delivery of health care to the community.



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The power of stories

Conference encourages attendees to own their stories, leverage experiences for change

In early December, nearly 100 health care providers, scientists and medical students came together to learn, share and reflect about the power of stories in medical education, practice and advocacy.

“Strength through Stories: Personal, Professional, Political” was presented by Oregon Health & Science University’s chapter of the American Medical Women’s Association. Supported in part by the Metropolitan Medical Foundation of Oregon, the Medical Society of Metropolitan Portland’s charitable arm, the event encompassed everything from the restorative power of patients’ stories and impacting health policy to narrative medicine. **Mollie Marr**, an MD/PhD student at OHSU’s School of Medicine and a key event organizer, recently shared with *The Scribe* more about the conference.

How did the idea for the Strength through Stories conference come about? What were the motivating forces?

Alexandra (Ali) Pincus, Brianna Ennis, and I sat down in the spring to sketch out an outline for the conference. At the time, we didn’t have a title or theme, but we knew we wanted to try and bring together different aspects of what it means to be a woman in medicine. Our American Medical Women’s Association (AMWA) turned a year old in October, and we thought the conference would be a great way to unify and galvanize our young chapter. The idea for Strength through Stories: Personal, Professional, Political came a few months later and we ultimately designed our breakout sessions and keynotes around those key areas.

We hoped to create a shared space for learning by bringing together pre-medical students, medical students, residents, fellows and attendings. As we selected our keynote speakers, we tried to identify both topics and speakers that would be engaging to everyone in the audience. Similarly, we attempted to offer a range of breakout sessions with the goal

that everyone would find a session of interest regardless of where they were in their career. We wanted to naturally bring together participants from all career stages.

How many people did you work with to organize it?

There were nine students on the planning committee and one attending physician, Dr. Molly Osborne. Ali Pincus, Elizabeth Swanson and Alexandra (Alex) Hernandez oversaw conference logistics. Sweta Adhikary, Kelsi Chan and Brianna Ennis coordinated speakers and food. Cecilia Huang took the lead on coordinating volunteers, and Allison Munn helped draft our evaluation tool. The conference was only possible because of the incredible efforts of this team, all of whom balanced conference preparations with their studies. We received phenomenal support from the university as well; Christine Flores and Alex Cotgreave, from the office of Continuing Professional Development, went above and beyond to assist us with the conference. The Center for Diversity and Inclusion helped by printing handouts and fliers for us, and the dean’s office provided us our initial funding through the Student Senate that allowed us to confirm Dr. Victoria Sweet as a keynote speaker.

How did MMFO’s grant help to support the event, and who were the other financial supporters?

The conference would not have occurred without MMFO’s grant support! It was very important to us to keep registration fees low to encourage participation, especially student participation, and therefore we relied on grant support to offset conference costs. When we decided to organize the conference, we only had \$250. We received grants or in-kind donations from: MMFO, OHSU Dean’s Office of the School of Medicine, Center for Diversity and Inclusion, The Arnold P. Gold Foundation, the Oregon Medical Association, the Women’s Leadership Development Program, Starbucks, Elephants Delicatessen and Noho’s Hawaiian Cafe.

How many people attended (providers and students)?

92 people attended – 27 providers, 59 students, and six with professional degrees (PhD, MBA).

What were the key takeaways for you in terms of the power of stories in educational, practice and political arenas? Why is the notion of stories so critical in medicine?

I think stories are an important tool for centering ourselves within the many spheres we inhabit. As part of the conference, we talked about how stories can be used to create a space of healing for patients as well as a space of healing for

“Listening, truly listening, to someone’s story is a powerful act, and **in medicine we have the privilege of listening to an individual’s story with every patient encounter.**”

When we listen with humility, we embrace our role as witnesses – witnesses to the structural paradigms that impact health.”

– Mollie Marr

clinicians. We talked about owning the power of our stories and using our experiences to establish connections and build relationships. Within the political sphere, we discussed how stories can be used to engage and inspire action. A key point about the power of stories is that the stories we tell are not exclusively stories shared with others. We tell ourselves stories about who we are, where we came from and what we are capable of achieving. These inner stories also have power. The beauty of stories, their real power, is that they can be rewritten and retold.

Stories are especially critical in medicine – they are the essence of how we communicate, how we share our history. Listening, truly listening, to someone’s story is a powerful act, and in medicine we have the privilege of listening to an individual’s story with every patient encounter. When we listen with humility, we embrace our role as witnesses – witnesses to the structural paradigms that impact health. Here again, we need stories. We need to recognize our own power, own it and use it to support those whose stories are silenced. Stories are powerful tools to inspire action and change, and we are surrounded by them every day.

What comments did you hear/receive during and after the event?

- We received wonderful comments:
- “Wonderful, confidence building and authentic as hell!”
 - “The strength and power of stories – and how the courage of sticking with them can inspire and create empathy.”
 - “We need to do more of this. It was very inspiring. One of the best conferences I’ve ever been to. Very mind opening, thought provoking and provides a lot of reflection opportunities.”
 - “Really wonderful that should be repeated . . .”
 - “I learned ‘How to own my power!’”

Are there plans to hold the event every year?

Initially, we intended this conference to be a one-time event. However, based on the feedback in the evaluations and interest

See *STORIES*, page 5

A vision to serve humanity and the environment

Raised in a family of healers, Alexander Domingo, MD, says family inspired his passion for care and immersion in yoga, meditation

By John Rumler
For The Scribe

Alexander Domingo, MD, was born in Texas but grew up in Missouri, near St. Joseph. There he spent his childhood working on the family farm and exploring the countryside with his three siblings.



ALEXANDER DOMINGO, MD

His parents inspired his passion for the care of people and the environment, and also immersed Domingo in the practices of yoga and meditation at a young age.

His mother is a spiritual healer who has developed and practiced her own form of energy healing during the past 40-plus years. His father, who was an organic farmer and also a healer, passed away when Domingo was just 3, but his mom remarried and his stepfather was also on a spiritual healing path and had lived in a Kundalini yoga ashram for more than a decade.

Today, Domingo, a graduate of Yale University School of Medicine who's a first-year resident in the Oregon Health & Science University Family Medicine Program, practices meditation effortlessly because of years of practice. "I can remember back to when I was three, watching my parents meditate. My mom insisted on teaching me how to feel energy moving through my body as she performed

healing on me," Domingo said. "I learned to go into a deep state of meditation, so I could feel those subtle sensations flowing through me."

In between college and medical school, Domingo studied meditation and yoga in India, completing a 200-hour Ashtanga yoga teacher-training course. Then he taught weekly classes for his colleagues during his first two years of medical school. During a winter break he also completed a 10-day silent Vipassana meditation.

Combining health care and environmental stewardship

Domingo has always connected deeply with nature. In Missouri, his family lived on a 150-acre organic farm where they grew corn, soybeans, several acres of berries, apples and other fruit that they sold at local farmer's markets. "We had horses, chickens, goats, several cats and a farm dog," he recalled. "Since the farm was all-organic, we did a great deal of manual labor. Weeding and managing the crops were memorable chores as was feeding the animals and milking the goats."

But the farm was more than a place to raise crops and animals. The Domingos turned it into a nexus for spiritual leaders, elders and healers from all around North America and as far away as Guatemala.

"We conducted a wide variety of ceremonies, including fire walks, sweat lodges, and other ceremonies in which we connect with Mother Earth, prayed for healing of problems affecting humanity, for guidance

"The most unique thing about Alex is that **he has just as much curiosity and interest in the details and struggles of his patients' lives as he does in the science and philosophy of medicine.**"

This pushes him to dig deeper and figure out how he can best help his patients in all areas of their lives."

— Josh Rosen, MD, on friend Alexander Domingo

on our spiritual path and for people to live together in harmony," Domingo said.

Growing up in a family of healers, growing food in sustainable ways and participating in numerous indigenous ceremonies galvanized Domingo's vision to serve both humanity and the environment when he was still in his teens. "I felt a career in medicine would empower me with the knowledge to guide me in helping people in the most effective ways."

He studied psychology and environmental science at the University of Texas and tailored some of his research experiences to combine health care with

environmental stewardship.

Whether volunteering for an Amazon rainforest nonprofit and a Harmony in Health (HIH) project in Borneo, or serving at a Yale medical-student-staffed free health clinic in Fair Haven, a largely Latino, inner-city community in New Haven, Conn., Domingo has constantly sought diverse and challenging experiences.

He was attracted to the "Yale System," which promotes an academic environment of collegiality as opposed to the typically competitive environment in medical

See **PHYSICIAN WELLNESS**, page 10

STORIES, from page 4

expressed during the event, we are exploring the possibility of offering it annually.

Have you experienced the power of stories during your training and, if so, can you share an anecdote about that?

Absolutely, in numerous instances. During my first year of medical school, I took the history of a woman previously diagnosed with PTSD who was presenting with a headache. She was concerned about taking up too much time and, after describing her symptoms, she dismissed her pain as completely stress related and apologized.

I was surprised to arrive at a diagnosis so early in the interview! At first, I went through my list of follow-up questions; her answers were consistently concise. I stopped myself, and instead asked her to tell me about her life. I told her that I didn't want to say that her headache was stress related until I had a better understanding of what else might be going on. She looked surprised and relieved, and then she started telling me her story. I listened carefully and tried to provide the space she needed. The answer was in her story. She recently started a new job that required spending most of the day staring at a computer. A quick eye

exam confirmed that she needed glasses. My preceptor would follow up, but her headaches were likely due to straining all day to see the computer, not stress.

We saw online that there was a mentorship aspect to the conference. Can you share with readers more about that?

When participants registered, we asked if they were willing to participate in a mentorship program. We are planning to use the names of those who volunteered to set up a mentorship database that we can expand over the years. We'll reach out to potential mentors and mentees and try to match up students, residents and faculty based on shared interests. We also have a Professional Development subcommittee as part of our AMWA chapter, so we'll include mentors in our ongoing events throughout the year. ■

Marr, who is one of six executive chairs of the OHSU AMWA chapter and has been part of its leadership since it was founded in October 2016, said upcoming events include a film screening of "At Home and Over There: American Women Physicians in World War I" in March for Women's History month. More details about the screening will be available soon.

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Reconstructive, cosmetic surgery procedures on the rise nationwide and locally

By Melody and Barry Finnemore
For *The Scribe*

The number of reconstructive and plastic surgery procedures performed in the United States is on the rise, with more than 17 million surgical and minimally invasive cosmetic procedures performed in 2016, a 3 percent increase from the year before.

Breast reconstruction accounted for more than 109,000 procedures, also a 3 percent increase from 2015. With more than 3.1 million breast cancer survivors living in the U.S., many plastic surgeons have noticed "a concurrent rise in patient-driven requests for bilateral mastectomy with immediate breast reconstruction," according to the American Society of Plastic Surgeons.

Portland physicians are seeing similar trends, and a pair of local specialists in the field say the increase will continue through 2018.

Hetal Fichadia, MD, a hand surgeon who practices with The Oregon Clinic and Providence Health & Services, says she has seen an increase in both reconstructive and plastic surgery procedures and credits social media as a driving factor.

From people taking selfies and noticing changes they would like to make to their bodies to professionals who want to look their best and make themselves more competitive in the job market, cosmetic surgery appeals to a broader population of people than in the past.

"I feel that patients are more aware of their options and it's no longer something that is just for celebrities," Fichadia says. "Plastic surgery is such a vast field and things are always moving forward, and a lot of things



benefits. I'm surprised at how much they know and I think that's helpful because we can build on that," she says. "It demystifies what plastic surgery is all about and it often results in a better educated patient. Sometimes

it can also cause some unnecessary anxiety, but more often it results in patients who are educated.

"There's also less of a stigma and people are more open about what they have done and what they want done," Fichadia notes. "Celebrities have helped with that a little bit. When Angelina Jolie had her breast reconstruction surgery done, people learned a lot about what that involved."

Websites such as realself.com provide third-party platforms that allow patients who have had or are considering breast reconstruction surgery to – anonymously, if they wish – post photos, network with other patients and pose questions to physicians who visit the site.

Fichadia says insurance coverage for reconstructive procedures has had a double-edged effect. On the plus side, the Oregon Health Plan is covering a larger number of patients who are now able to access care that wasn't available to them earlier. OHP-covered patients are now requesting procedures such as surgery for carpal tunnel syndrome that, while not life threatening, should be treated.

"On the other hand, a lot of patients have a high deductible and this makes them think twice about being

able to afford a necessary surgery, even though technically they have insurance, because with the high deductibles they need to plan for a significant out-of-pocket expense," she says. "There is also a lot of anxiety and uncertainty among patients with the constantly changing health insurance field."

Overall, advances in technology and techniques related to reconstructive and cosmetic surgery mean shorter recovery times for patients. Endoscopic procedures such as for carpal tunnel surgery now involve a much smaller incision compared to past procedures that required a long incision, a cast and a longer recovery time. For patients seeking breast cancer reconstruction, pre-pectoral reconstruction without lifting the muscle helps with post-operative pain. And fat grafting allows patients to use fat from one area of the body and use it in another for both reconstructive and cosmetic surgery, Fichadia says.

Juliana Hansen, MD, head of Oregon Health & Science University's Division of Plastic and Reconstructive Surgery, says she also sees an increase in patients requesting body contouring after weight loss as well as patients wanting breast augmentation, liposuction and rhinoplasty.

"We are seeing, I think, an increased acceptance of breast reconstruction," she says. "One of the biggest things we've done that you won't find most places in town is transgender surgery, and we are doing a lot more of those."

Hansen noted that the coming year is on course to keep pace with the increase that occurred in 2017.

"I think when the economy is good people do things like that. They just go ahead and take care of those things. When finances are good, people go for it," she says. ■

"I feel that patients are more aware of their options and it's no longer something that is just for celebrities. **Plastic surgery is such a vast field and things are always moving forward, and a lot of things that are happening weren't even around 10 years ago.**"

– *Hetal Fichadia, MD*

that are happening weren't even around 10 years ago."

One area of "tremendous growth" is surgery for weight loss. An increase in the number of weight loss surgeries is beginning to have a ripple effect in plastic surgery. Procedures specifically associated with massive weight loss, including tummy tucks, thigh lifts, breast lifts and upper arm lifts, are being requested more often, she says.

The availability of fillers such as Botox and less invasive procedures that can be done more quickly and with minimal downtime have contributed to the increase as well. Facebook pages and online groups related to particular procedures are another factor, and Fichadia says they help people gather information and opinions about procedures.

"They know different treatment options, risks and



JULIANA HANSEN, MD

Advances in hand surgery lead to regaining function faster, greater range of motion

By **Melody Finnemore**
For *The Scribe*

From car accidents and athletic injuries to accidents that happen at work or while doing projects around the house, daily life presents a gamut of potential dangers

for the human hand.

“The hand is one of the most commonly injured parts of the body because we use it for everything, and it’s a very delicate organ so it’s easy to injure,” says **Mark Gelfand, MD**, a board certified plastic surgeon with Legacy Health who specializes

in hand and wrist surgery.

Gelfand has witnessed the advances in hand surgery and notes that he is particularly impressed by how the application of internal fixation is improving outcomes for patients. Where physicians previously had to use casts and splints to stabilize and support broken bones from outside the body, they now are able to internally set and stabilize fractures using implants such as plates, screws, nails, rods and wires.

Gelfand says plates and screws have become smaller and less irritating and screws are now available in a variety of sizes, allowing physicians to repair fractures more rigidly. The technique involves more reliable ways of securing ligaments and reinforcing them with collagen.

“They appear to be more secure and if the repair is more secure, patients can start physical therapy sooner and regain function faster,” he says, adding other benefits for patients include greater range of motion as they regain mobility.

According to the American Academy of Orthopaedic Surgeons (AAOS), the advances in internal fixation have been significantly aided by improvements in sterile surgical procedures that reduce the risk of infection.

The implants are made from stainless steel and titanium, which are durable and compatible with the body so they don’t cause an allergic reaction. The plates are similar to internal splints that hold the broken pieces of bone together and are attached to the bone with screws. Plates can be left in place once the fracture has healed, the AAOS explains in an online description of internal fixation.

Screws are the most common type of implant used and can be installed alone or with plates, rods or nails. While a screw is a basic device, the development of different sizes and designs that can be used based on the type of fracture and the size of the bone have helped to advance internal fixation.



“The hand is one of the most commonly injured parts of the body because we use it for everything, and it’s a very delicate organ so it’s easy to injure.”

– *Mark Gelfand, MD*

The AAOS notes that rods and nails are the best implants for long bones such as the femur and tibia, and can be held in place with screws to keep the rod stabilized as the fracture heals. Wires and pins are more often used to hold together pieces of bone that are too small to be fixed with screws.

Gelfand said additional advances that excite him are the growing use of microsurgery to connect smaller vessels and veins, which allows physicians to transfer vascularized tissue that improves the healing of wounds. ■

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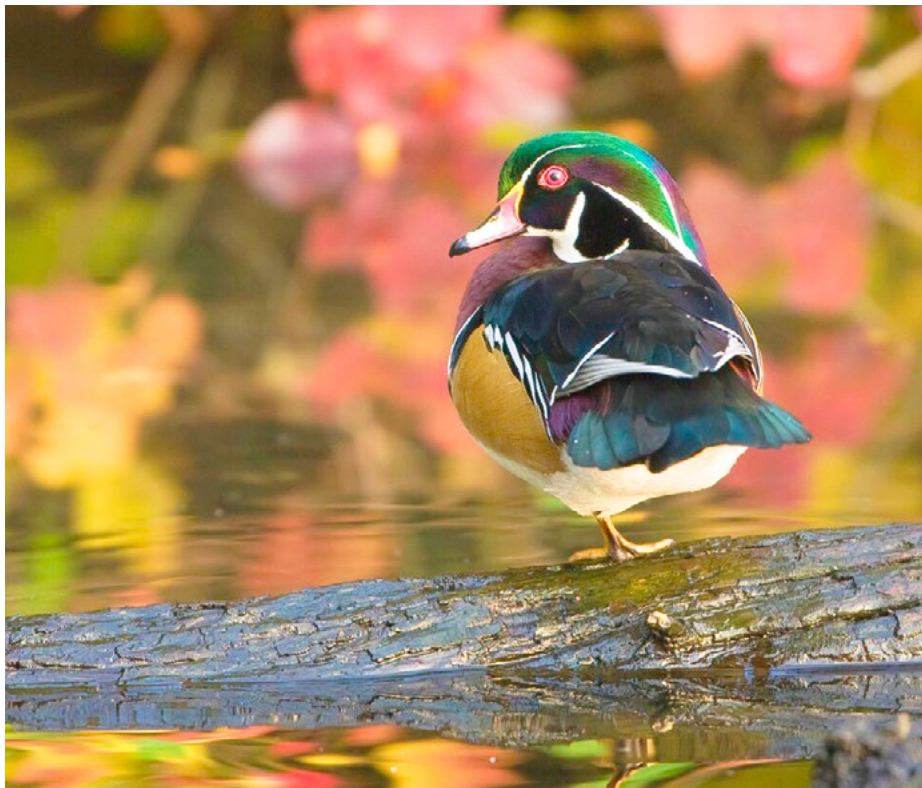
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David Hall, MD, mostly makes landscape photographs and enjoys macro, or close-up, photography. He maintains a website, www.bramblestone.com, that features his work. *Photos courtesy of David Hall*

A snapshot of a physician-photographer

David Hall, MD, captures images of stunning landscapes and other features, continuing a hobby he was drawn to as a youngster

By Jon Bell
For The Scribe

Walk into the office of **David Hall, MD**, at Adventist Health Medical Group–Parkrose and you’ll notice some stunning photographs on the walls in the lobby area and exam room: vibrant and colorful butterflies, a towering, leafy forest, a snowy and sunlit shot of the Matterhorn in Switzerland.

The photographs add a nice tone to the office and give patients something to look at when they walk in. But they also have a more meaningful story behind them.

Hall took them all himself.

“It creates a nice conversation starter and sort of breaks the ice to get the conversation going,” he said. “The nature photographs kind of help people relax. They’re therapeutic.”

Hall, who specializes in occupational medicine at Adventist, has been a photography buff since he was a young boy growing up first in Idaho then Spokane and, by sixth grade, in Portland. His father was a hobbyist photographer who had his own dark room; he even took Hall’s baby picture and developed it himself.

The pastime rubbed off on Hall, who took a photography class in high school and learned how to work in a darkroom with slides and prints.

“Art is so personal,” he said. “Everyone just has their own type of medium and type of art that they’re drawn to. For me, it’s photography.”

Like most modern-day photographers, Hall transitioned from film to digital cameras as technology evolved. For him, that happened while he was in medical school at Loma Linda University in southern California.

“The digital format helps you progress as a photographer because you get instant feedback,” Hall said. “Before, you’d have to take notes and wait until you got the pictures developed before you could see what worked and what didn’t. It’s so much easier to progress with digital.”

As the photographs on his office walls – and at his website, www.bramblestone.com – reveal, Hall is largely a landscape photographer. Part of that stems from his upbringing, which found him regularly camping, biking,

hiking and running outdoors with his family.

“I have just always been in nature,” he said.

Some of Hall’s images capture scenes from Mount Hood and Mount Rainier; others are from trips to places such as Arches National Park, Yellowstone, Yosemite and Switzerland. He said he’s “opportunistic” about when, where and what he’s able to photograph these days, what with a full family and work schedule. A recent outing found him shooting at the Portland Japanese Garden on a foggy autumn morning.

In addition to landscapes, Hall said he also enjoys macro photography – which is close-up photography – in part because he can get stunning shots without having to go far.

“You don’t always have to find a big, grand landscape,” he said. “With macro, you can do it inside or in your backyard or at a park. I like going to the rose garden or going out when the dahlias are blooming. It’s an easy way to quickly find a place and be efficient with your time while still getting some really nice images.”

In addition to exposing him to photography, Hall said his father had other influences on his life as well. Always being outside and active is something that Hall has continued with in his own life and with his family. He did the Seattle to Portland bike ride in high school, and he and his wife used to do triathlons together – she even did one when she was pregnant with the couple’s first son. They continued running and biking with their kids as they were growing up. Both of their children play sports, and the entire family runs the four-mile Turkey Trot at the Oregon Zoo every Thanksgiving.

Hall’s father is also who inspired him into the medical

field. His dad worked in the wellness department at Adventist, a career that spilled into their household so that wellness, healthy living, exercising and eating healthy were always front and center. Hall found himself interested in preventive medicine, which led him to Loma Linda. He also took a year off from med school to earn a master’s degree in public health with a focus on nutrition.

While doing his preventive medicine residency, Hall said he discovered occupational medicine, which focuses on everything from treating workplace injuries to employee wellness. He joined Adventist in 2006 and now runs the hospital’s occupational medicine practice.

Hall said he enjoys not only the preventive medicine aspect of the field, but also its fairly structured schedule, which doesn’t require weekends or on-call shifts.

“It’s a nice niche of medicine where you can have better work-life balance,” he said. “It’s nice to be able to have that kind of lifestyle.”

It’s also the kind of schedule that may one day help Hall take his dream photography trip – to Antarctica. The three- to four-week trip is one that Hall said he has almost done several times, though he hasn’t yet been able to make it happen for a variety of reasons. His ideal trip would hit South Georgia Island, which was made famous by the explorer Ernest Shackleton, and other scenic Antarctic stops.

“That’s a huge area for penguins and whales and nesting birds,” Hall said. “The scenery itself is amazing, with all the icebergs and everything. There are huge photo opportunities all over.” ■

“Art is so personal. Everyone just has their own type of medium and type of art that they’re drawn to. For me, it’s photography.”

– David Hall, MD



market with a reinsurance program. A “no” vote indicates opposition to the assessments provided for in the bill.

If Measure 101 doesn’t pass, it would leave a \$210–\$320 million budget shortfall in the general fund budget, according to the Oregon Department of Administrative Services. This would result in a possible reduction of \$630 million to \$960 million or more in federal matching funds. The total revenue reduction to the 2017–19 state budget would be \$840 million to \$1.3 billion or more. Legislators would need to decide how to make up for the shortfall, Sawyers said.

“They could cut another state-funded program, but if they direct us to make cuts in the OHP budget there are only a few options. We could cut member eligibility, benefits or providers’ rates.” One option would be to remove coverage from the expansion population. Other options could be to remove children from the Children’s Health Insurance Plan – known as CHIP – or to make reductions in the Breast and Cervical Cancer Treatment Program, she said.

“The governor and lawmakers have made it clear that they don’t want to kick people off Medicaid,” Sawyers said. No appetite exists for shrinking the rolls or reducing peoples’ benefits. “But we have to figure out how to come up with the money.” She noted that the OHP’s budget is part of the state’s general fund, and the Legislature could choose to take money from other areas if the measure is voted down and the assessment removed.

The health care community as a whole, including the **Oregon Medical Association**, the **Oregon Primary Care Association** and the **Oregon Nurses Association** – along with the hospitals that must bear the brunt of the increased assessment – support passage.

The **Oregon Association of Hospitals and Health Systems** has come out

strongly in favor. According to information provided by Philip Schmidt, associate vice president for public affairs, hospitals back the Yes on Measure 101 campaign because of the importance of the Medicaid program to their low-income patients and community members:

“Measure 101 supports health insurance programs for Oregon’s most vulnerable children, seniors and disabled people. Without these programs, hundreds of thousands of Oregonians would lose coverage, which would not only harm the health of our friends, families and neighbors, but also drive up costs for everyone. Every hospital and provider in the state can tell you how people who didn’t have coverage before Medicaid expansion were sicker and less likely to seek appropriate care.”

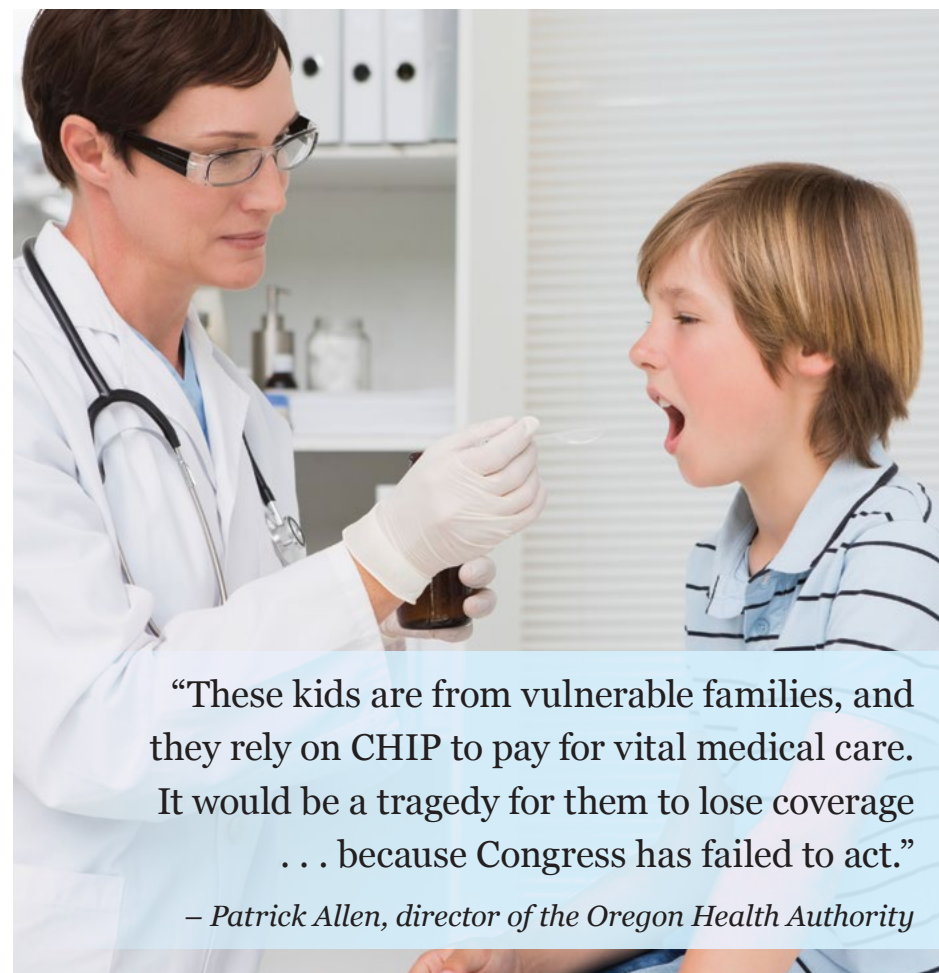
Glenn S. Rodriguez, MD, a member of the OMA’s board of trustees and a past president of the **Medical Society of Metropolitan Portland**, said doctors need no convincing about the value of access to preventive care and early detection and treatment.

“As physicians, we see daily the power of giving all Oregonians access to health care,” he said. “Medical help in times of sickness and injury, without fear of financial ruin, is a basic good which unites us all.” Passing Measure 101 “will keep the doors of health care open to children, families and our elders when they need it most.”

Governor directs CHIP support through April

Continuation of CHIP also is threatened at the federal level. Congress let funding for it expire at the end of September. CHIP was a bipartisan safety-net initiative that covers about 9 million low-income children and pregnant women. Since the expiration, a number of states are running out of money to continue CHIP coverage.

Gov. Kate Brown has directed the



“These kids are from vulnerable families, and they rely on CHIP to pay for vital medical care. It would be a tragedy for them to lose coverage . . . because Congress has failed to act.”

– Patrick Allen, director of the Oregon Health Authority

Oregon Health Authority to continue financing CHIP through April out of its reserves. According to Sawyers, coverage will continue in Oregon for 80,000 children and 1,700 pregnant women who rely on the program for services such as prescriptions, doctor’s visits, preventive care and emergency care.

After Congress did not renew funding for the program, “Oregon secured \$51 million in one-time leftover CHIP funds to last through December. After that, the state runs out of money to cover children on CHIP,” Sawyers said. Brown asked the Oregon Health Authority to work with CCOs to extend coverage through the end of April even if that means creating a shortfall in the state’s budget to fund the program.

“These kids are from vulnerable families, and they rely on CHIP to pay for vital medical care,” said **Patrick Allen**, director of the Oregon Health Authority. “It would

be a tragedy for them to lose coverage or have an interruption in coverage because Congress has failed to act.”

CHIP covers children from low- and middle-income families whose parents make too much income to qualify for Medicaid but who may struggle to afford to buy coverage. Currently 120,000 Oregon children and 1,700 pregnant women are covered under the federally funded program.

CHIP funding has been an integral part of Oregon’s health transformation effort, Sawyers said. Under provisions of the ACA, Oregon must continue to cover 40,000 children in the program whose families meet the federal Medicaid income guidelines. Eighty-thousand children whose family income exceeds those guidelines are at risk of losing coverage if Congress does not renew funding for the program. ■

Preventing maternal mortality OMA’s top state legislative priority in 2018

Oregon’s 2018 Legislative Session



February 5 to March 9

In previewing its top priority for the short legislative session that begins Feb. 5, the Oregon Medical Association’s government relations director, Courtni Dresser, said the association is collaborating with the Oregon Section of the American Congress of Obstetricians and Gynecologists to advocate for a bill intended to prevent maternal deaths.

She pointed to a recent study noting that the U.S. is the only industrialized nation with a rising maternal mortality rate: It increased 26.6 percent from 2000 to 2014. Thirty-two other states have established a

Maternal Mortality Review Committee in order to glean knowledge, create protocols, and create upstream measures to prevent these deaths.

The two organizations will work with other advocates to try to pass legislation in 2018 to establish such a committee in Oregon, which would report and disseminate its findings. ■

Online extra! Don’t miss this article!



GEORGE BROWN, MD, FACP

In mid-2017, **George Brown, MD, FACP**, announced his impending retirement as president and CEO of Legacy Health. Its leader for about a decade, Brown is credited with shepherding the organization through health care reform and to record growth. He also led Legacy as it

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adopted several care innovations and partnered with other entities to better serve vulnerable populations.

As part of *The Scribe’s* continuing Year in Medicine coverage, Brown, who will stay on at Legacy through June, took time recently to share his thoughts on accomplishments during his time there, on a few of the challenges that face the health care field and on his plans in “retirement.”

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

training. At the clinic, Domingo volunteered in the education department, where he became a co-director, helping patients with cardiovascular disease make lifestyle changes.

He also created a documentary about a sustainable village development project conducted by the Friends of the Doon Society in Northern India, volunteered with Global Medical Training in Nicaragua, worked with World Wide Opportunities on Organic Farms (WWOOF) in Spain and completed a family medicine rotation on the Chinle Navajo Reservation in the Four Corners area in Arizona.

"This was a very rugged, barren area where the Navajos somehow managed to live, many in tiny hogans, or traditional houses, in the middle of nowhere with no electricity or running water," Domingo said. "I was awed by the toughness of the people and the excellent care provided by the Indian Health Service hospital."

Domingo served sustainable development nonprofits in Northern India and Ecuador, and with various local environmental groups. Global medical experiences in Latin America and the Philippines inspired a passion for disease prevention and reducing

health disparities, leading him to research diabetes prevention on the Texas-Mexico border and to lead a campus anti-tobacco campaign.

One of his most cherished experiences was the time he spent in Borneo. Everything about the six-week clinical stint resonated with him, Domingo said. "The mission of bridging human and environmental health, the value of intimately involving local people at every step and the incredible adventures we shared in the lush jungles of Borneo, it was unforgettable and HIH is the most amazing organization I've ever been involved with."

Caring for those in all stages of life

He was attracted to family medicine as it seemed most in line with his mission to provide holistic medicine to people in all stages of life, as well as to provide care for underprivileged patients at home and abroad. "I was drawn to OHSU by the outstanding family medicine community and the strong, balanced training for both inpatient and outpatient medicine that will prepare me for wherever my health care journey takes me."

As he's been in Oregon less than a year, Domingo has not yet had the opportunity to teach yoga or meditation, but he finds his associates are increasingly interested in both and sometimes take guided meditation breaks together at work. He also continues his personal practice to "balance stress and stay grounded."

Domingo does mini-meditation sessions throughout his workday, sometimes for less than one minute. Yoga requires more space, but he will practice yoga at work, if needed. "I prefer to do it outside in a park where I can sink my fingers and toes into the grass and get the added benefit of connecting with nature."

His other interests include cooking, playing ukulele, and spending time outdoors with his wife Sarah, a massage therapist, and their puppy Oliver. The couple is expecting their first child in February.

Josh Rosen, MD, now a general surgery resident at the University of Washington Medical School, met Domingo at Yale in 2012 when both were first-year med students. The two worked out together in the medical school gym and Rosen joined Domingo's meditation sessions. Rosen describes his friend as a modern-day Renaissance man with a deep knowledge of science and medicine, but also an incredibly skilled artist, photographer, oil painter and musician.

"The most unique thing about Alex is that he has just as much curiosity and interest in the details and struggles of his patients' lives as he does in the science and philosophy of medicine. This pushes him to dig deeper and figure out how he can best help his patients in all areas of their lives." ■



Among his many interests, Alexander Domingo, MD, has traveled to other parts of the country and to other nations to provide care, including in Borneo.

"I can remember back to when I was three, watching my parents meditate. My mom insisted on teaching me how to feel energy moving through my body as she performed healing on me.

I learned to go into a deep state of meditation, so I could feel those subtle sensations flowing through me."

— Alexander Domingo, MD

Some of Domingo's experiences in Borneo, complete with photos, are available online in a blog post at <https://healthinharmony.org/2016/04/14/volunteer-voice-alex-domingo/>

HealthInsight part of pact to expand CDC diabetes prevention program

The Centers for Disease Control and Prevention has named HealthInsight as one of 10 recipients nationwide of a five-year cooperative agreement worth \$6.8 million to expand coverage of and participation in the CDC National Diabetes Prevention Program.

Through the program, public and private organizations build the infrastructure to deliver an evidence-based lifestyle change program for people with prediabetes or who are at risk for type 2 diabetes. The yearlong program focuses on long-term changes and lasting results.

HealthInsight said it is partnering with an array of groups to increase infrastructure and reach of in-person and online CDC-recognized organizations in 23 rural, underserved counties in New Mexico, Oregon and Utah. An emphasis will be on reaching priority populations, with specific focus on engaging Medicare beneficiaries, American Indian and Latino individuals. The company has been working in the region to promote uptake and spread of diabetes self-management education opportunities in disadvantaged communities since 2014, and has conducted projects supporting diabetes care and served as a neutral convener of health care and community stakeholders for many years.

HealthInsight said it will provide technical assistance, training and financial support to new program providers. They will implement "value-based pilots" with health plans and employers to develop the business case for making the National Diabetes Prevention Program lifestyle change series a covered benefit for employees or members. Regional, virtual learning sessions will be held for stakeholders and partners, which will include training on how to become a Medicare Diabetes Prevention Program supplier and bill for services, and opportunities to share challenges and best practices.

Prediabetes affects one in three adults. Without lifestyle changes to reduce weight and increase physical activity, a significant number of people with prediabetes will develop type 2 diabetes within five years. Those who eat healthy and become more active can cut their risk of getting type 2 diabetes in half. Recent increased health coverage for evidence-based lifestyle change programs by insurers and planned coverage by Medicare provide an environment conducive to expanding the CDC National Diabetes Program, HealthInsight noted. ■

OHSU to provide new gene therapy for a form of blindness

Oregon Health & Science University said it will be among four institutions in the U.S. to initially provide a new gene therapy treatment for a form of blindness that affects both children and adults.

Developed by Philadelphia's Spark Therapeutics, the treatment known as Luxturna was okayed by the Food and Drug Administration last month for patients 12 months and older, making it the first approved gene therapy for an inherited disease in the United States. Luxturna has been shown to improve visual function in children and adults with inherited retinal disease caused by mutations in a gene called RPE65.

The Casey Eye Institute plans to start providing the treatment sometime in 2018. As of now, only three other institutions are slated to provide the treatment, OHSU said in a news release.

"Treatments for childhood blindness have profound effects because these children have their whole lives ahead of them," said **David Wilson, MD**, director of OHSU's Casey Eye Institute. "OHSU is proud to offer this treatment to help our patients keep their sight."

Luxturna involves injecting a modified virus into a patient's eyes to correct a genetic mutation in the RPE65 gene. That mutation prevents the production of a protein needed in the retina, a light-sensitive tissue in the back of the eye that enables people to convert light into signals that the brain interprets as images.

"This marks a turning point in treating rare inherited retinal diseases," said **Mark Pennesi, MD, PhD**, chief of the ophthalmic genetics division at Casey Eye Institute. "There are over 250 different genes that can cause these types of diseases, and the fact the gene therapy can work for one indicates that many more may be treatable by this approach." ■

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