MEDICAL SOCIETY OF METROPOLITAN PORTLAND

# The Scribe

*A publication of the Medical Society of Metropolitan Portland*

FOCUS ON PAIN MANAGEMENT

**Establishing alliances**

Advanced interview skills help providers, patients build trusting relationships.

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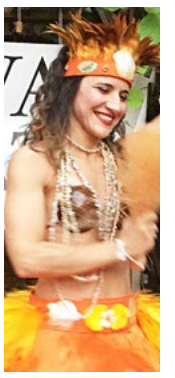
OFF HOURS

**'Like a family'**



Pediatrician Cigdem Toroslu, MD, nurtures relationships through dance.

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INSIDE



*Serving the Portland-area Medical Community Since 1884* www.MSMP.org March 2018

# MSMP to close its staffing service as part of refocus

## *Longtime director Paula Purdy transitions to local medical staffing company*

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

Over more than five decades of operation, **Medical Society Staffing** reliably found and placed appropriate and well-qualified employees for the metropolitan area's medical community.

That's according to many clinic administrators who remained loyal clients of the service, some for most or all of the 34 years **Paula Purdy** has headed Medical Society Staffing. Purdy, a certified medical assistant, and her staff developed and maintained strong relationships with doctors' offices so that the service she led could accurately discern individual clinics' needs.

In late February, Purdy, CMA (AAMA), moved to another company, **Med-X Staffing Services, LLC**, and the **Medical Society of Metropolitan Portland** will close Medical Society Staffing April 30. The changes are for two reasons: Purdy will have a new career opportunity as Med-X's director of clinic services, where she will continue to recruit and place employees. And MSMP will be able to continue to sharpen its focus on how it can best serve the community, said **Amanda Borges**, MSMP's executive director.

"Paula has been an instrumental part of the leadership team at the Medical Society of Metropolitan Portland for more than three decades, and has worked with many physicians to address their staffing needs," Borges said. "We know physicians will join us in thanking and recognizing Paula for her many years of service to the medical community, and in congratulating her on this new chapter in her career."

Borges explained that MSMP was one of the last medical societies across the nation that still maintained a staffing service. In recent years, the competition from private companies offering such services has grown. In the past, MSMP also had run other services such as credentialing and an answering service, but these functions now are delivered by other, larger outside entities.

MSMP, however, has continued its commitment to offering timely projects and services that enhance providers' professional and personal lives, she noted. A prime example is **MSMP's Physician Wellness Program**, which provides counseling, coaching and education to health care providers, who face unprecedented pressure and stress in their work.

Med-X Staffing Services is owned and operated by the Scribe-X Northwest Management Team, which is led by Warren Johnson. Scribe-X is a local company that has provided medical scribe services in the Portland area for more than five years. "Paula is the perfect person to direct Med-X. I have known and worked with her for years, and she is a perfect fit for our company culture," he said.

Med-X intends to develop new systems of recruitment and placement tools as it continues to expand the services Purdy has offered. Med-X has agreed to uphold all discounts for MSMP members, so that medical offices will still be able to benefit from the same level of discount on staffing services as in the past.

"It boils down to the right fit. Bob and I worked really well together. We matched the client's need with the kind of personnel that fit that office's environment. I truly leave my position with **wonderful memories and a passion for this organization."**

*– Paula Purdy*

### Three decades at the helm

Purdy began working at what was then the Multnomah County Medical Society in March 1984. She was quickly elevated to director of what at the time was called MCMS' Medical Placement Service.

When she first started, the service was not handling temporary placements. But once it included that role, business expanded, she said. Medical Society Staffing, then, for most of its last 30-plus years, handled permanent, temporary and temp-to-hire positions for positions ranging from management, reception, billing and bookkeeping to direct-care personnel such as registered nurses, nurse practitioners and physician assistants.

The biggest change she has seen was the dramatic increase in the demand for medical assistants, which now are among the top-10 fastest-growing occupations nationally, she pointed out. For at least the last seven years, around 40 percent of the requests to fill positions that her office received were for medical assistants, and between 40 percent and 50 percent of the positions filled were in that category.

A major reason for the increase was the need for medical assistant credentialing, which was related to federal requirements pertaining to electronic medical records and "meaningful use," she explained. Purdy's long-term involvement in leadership positions with the American Association of Medical Assistants and the Oregon Society of Medical Assistants made

*See **MEDICAL SOCIETY STAFFING,** page 8*

## 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.***

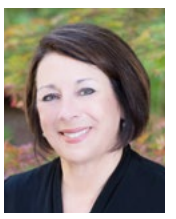
# *Health Share enrollment tops 300K with FamilyCare's closing*

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

Within a period of a few weeks earlier this year, the metropolitan area's largest Medicaid-management organization became the sole one, increasing in size by one-third.

**Health Share of Oregon**, which had been one of the two coordinated care organizations with the highest enrollment in the state since health transformation launched in Oregon six years ago, received 102,422 additional members, bringing Health Share's total to about 322,442. **FamilyCare Health** and Health Share previously shared the task of covering Oregon Health Plan patients in the Portland area.

The change occurred after FamilyCare closed business in January, saying it no longer could afford to operate. Though Health Share's top administrator and the chair of its board said the closure and transfer of patients weren't something their CCO chose, both say Health Share was able to handle the capacity, and that the transition was going as well as could be expected.



JANET MEYER

"It's been an interesting six- to eight-week period since we were notified of FamilyCare's decision," **Janet Meyer**, chief executive officer, said in mid-February. "It was a lot of work to move (people over) with the least amount of disruption." But by Feb. 1, the transfer of members had been completed, she said.

**CareOregon**, one of four health plan partners under the Health Share umbrella organization responsible for OHP patients in the tri-county area, inherited the large majority of FamilyCare's members: 78,824, or 74 percent.

ERIC C. HUNTER

**Eric C. Hunter**, who chairs Health Share's board and is president

*See **HEALTH SHARE OF OREGON,** page 5*

www.legacyhealth.org/referral

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.

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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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# The Scribe

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*"Connecting Physicians in Community"*



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## MSMP Board of Trustees nominations needed by March 21


The MSMP Board of Trustees will consider recommendations for positions on the new Board, commencing May 8, 2018. We invite your recommendations and welcome self-nominations. The Board represents the members of MSMP and the profession in determining and assuring exceptional organizational performance. Ultimately, the leadership success of the Board is a direct result of the imaginative and productive input of individuals and the collective participation of its members. These are exciting and changing times in medicine. Involvement on the Board of the Medical Society will allow exceptional individuals to be a part of shaping the future. The Board meets monthly except for July and August. Conversations are lively, direct, diverse and important.

If you have an interest in serving on the MSMP Board of Trustees or know of a colleague who has expressed an interest in serving, please submit your nominations to Amanda@MSMP.org. ***Nominations must be submitted no later than March 21.***

## Medical Student Award nominations needed by March 23


MSMP welcomes nominations for our Annual Medical Student Award, paying tribute to a medical student who embodies our mission to create the best environment in which to care for patients. We are looking for a student who displays professional knowledge, skill, judgment, mentorship and compassion, strong community involvement and strives for wellness to meet the highest standards of service.

If you would like to recognize a student member who has shown these attributes, please visit www.MSMP.org to complete a nomination form. ***Nominations must be submitted by March 23.***

## 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.

**QUESTIONS: Sarah@MSMP.org • REGISTER: www.MSMP.org/Events**

## MACRA is a Marathon, Not a Sprint: Best Practices to Meet the Requirements

**Free CME for MSMP Members!**
*Advance Registration Required*

*Presented by MSMP in partnership with The Doctors Company*

**6:30 – 8:30 p.m., Tuesday, April 17**
*Dinner will be provided*

**McMenamins Kennedy School: 5736 NE 33rd Ave, Portland**

You are invited to attend our free CME seminar on MACRA. Practices that have not yet developed their Medicare Access and CHIP Reauthorization Act plan (MACRA) face great urgency to complete their plan – and those who have started may be feeling overwhelmed. Regardless of the reporting stage, these steps can help guide practices to succeed.

**QUESTIONS: Sarah@MSMP.org • REGISTER: www.MSMP.org**

## Battle of the Doctor Bands – applications due April 9!

Face-melting guitar, uplifting harmonies, thoughtful lyrics and visceral beats. MSMP is looking for outstanding doctor bands to participate in our upcoming Battle of the Doctor Bands on June 21 at McMenamins Lola's Room at the Crystal.

The only criteria for submitting an application is that one member of the band must be a member of MSMP. Residents and students are welcome to apply. The deadline to apply is April 9.

**QUESTIONS: Sarah@MSMP.org • REGISTER: www.MSMP.org/Battle-of-the-Doctor-Bands**

## Welcome our newest MSMP members!

**Colleen Phillips, PA-C**
Portland Plastic Surgery Group
*www.portlandplastic surgerygroup.com*
503-292-9200

**Ellen Michaelson, MD**
Healthmax Primary Care
*www.healthmaxpdx.com*
503-274-0045

**Audra Norris-Jacob, MD**
Mt. Hood Women's Health, PC
*www.mthood womenshealth.com*
503-491-9444

## We invite YOU to become a member of MSMP

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

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

**Join today at MSMP.ORG**

# Back to bedside

## *OHSU surgeons seek to improve resident-patient interactions while decreasing physician burnout through grant*

**By John Rumler**
*For The Scribe*

Oregon Health & Science University general surgery residents **Heather Hoops, MD**, and **Katherine Kelley, MD**, rolled out a new "Back to Bedside" program in February with the dual goal of increasing resident-patient interaction while reducing physician burnout.

The two were awarded a $10,000 grant, to be awarded over two years, from the Accreditation Council for Graduate Medical Education, which launched the groundbreaking Back to Bedside initiative.

The program, created by residents for residents, aims to empower medical residents and fellows to generate innovative strategies that enable them to spend more time with patients, thereby improving their own and their patients' well-being and decreasing burnout by fostering greater meaning in the residents' daily work.

According to the ACGME, which received 223 proposals, leading the agency to increase its number of awards from five to 30, graduate medical education has drifted away from the bedside, leaving less time and opportunities for relationships between physicians and their patients to blossom.

Hoops and Kelley's two-year program focuses on increasing and improving resident-patient interaction by inviting patients and their families to participate in weekly resident education conferences on conditions relevant to their disease or surgical experience.

In their grant proposal, the pair referenced studies documenting overwhelming evidence of surgeon burnout due to depersonalization from a combination of factors, including the increased burden of medical documentation and decreased time spent with patients.


**Pictured, left to right, are surgery residency program director Karen Brasel, MD, with Katherine Kelley, MD, and Heather Hoops, MD.** *Photo courtesy of OHSU*

"Physician burnout has always existed," explained faculty adviser and program director **Karen Brasel, MD**, professor of surgery with the OHSU School of Medicine, "but today's students and residents have much more to learn as the existing body of medical knowledge doubles approximately every five years. As a result, for those students and residents that are working clinically, their work hours have been capped at 80 hours a week. Previously there was no limit; the term resident comes from the fact that the residents actually resided in the hospital."

There will likely be other changes and adjustments made because of the increased demands on medical students, interns and residents, explained co-chair of the ACGME Physician Well-Being Task Force, **Timothy Brigham, M Div, PhD.**

"Research is showing us causes and levels of burnout in residents. There's also heightened awareness about the ultimate tragedy of death by suicide. Because of this, we're really looking at physician well-being in a different way. We believe we are the right leaders for advancing the issue, but realize we can't do it alone," Brigham said in an online Q&A about physician well-being.

Back to Bedside is a part of a larger ACGME commitment to tackling the issues

*See* ***PHYSICIAN WELLNESS,*** *page 11*

# MSMP President's Message

**By Lydia Villegas, MD**

***"The greatness of a community is most accurately measured by the compassionate actions of its members."*** *–Coretta Scott King*

I have been sincerely impressed by the quality of the members of the Medical Society of Metropolitan Portland. Together we have moved forward from the original founders' goals in being a support for each other as well as for our community. *The Scribe* has featured only a small sampling of the work you do in the clinics as well as on your free time.

Our Physician Wellness Program has grown and continues to be available for our colleagues 24/7, allowing physicians and physician assistants to get the support they need in a timely and confidential manner. This has led to our participation in the Oregon Wellness Program to foster other programs around the state.

We have also expanded to offering coaching for our members, as well as seminars like the most recent one, "More Good Days." Please check out the Wellness Library available at MSMP.org to view compiled resources including upcoming wellness seminars, articles and studies.

In addition, MSMP will host an upcoming MACRA seminar, and a physician-MA workshop is scheduled and available to you for improving communication and collaboration in our clinics. Our Retired Physician's Series will honor those whose commitments have led us to where we are, and our student events help mentor our future physicians. Please check our website and *The Scribe* for more details about these events.

As if that were not enough, our non-profit arm – the Metropolitan Medical Foundation of Oregon (MMFO) – has provided quite a few grants to support local projects. These include the Rob Delf Honorarium Award, with our current winner to be honored during MSMP's Annual Meeting on May 8 at the Nines Hotel. I do hope you can make it and connect more with the community you are part of.

My sincerest thanks go to Amanda Borges (our Executive Director), Janine Monaco (Executive Assistant), Deena Stradley, (Chief Financial Officer), Sarah Parker (Development Associate), Paula Purdy (former Director of Operations), Bob Kress (former Senior Recruiter), and Barry and Melody Finnemore (editors for *The Scribe*). I would most of all like to thank you for continuing to be a part of the Medical Society, which is a brave and safe harbor for each of us. ■

and CEO of CareOregon, said that although no one could expect everything to go perfectly, "it doesn't overly stress" CareOregon's vast network. In fact, Meyer pointed out, more than 90 percent of primary care providers contracted with FamilyCare also were affiliated with Health Share. Thus, most former FamilyCare members were able to keep their same doctors. Many providers who were not contracted with Health Share will have the opportunity to join the network, she indicated.

Neither executive expected the influx to exacerbate the state's existing primary care shortage further, because so many dual-contracted doctors already were seeing these patients.

No OHP members lost coverage due to the transition, and members' benefits are the same for all CCOs. Health Share's plan partners – which include CareOregon, Providence Health Assurance, Kaiser Permanente and Tuality Health Alliance – are honoring all previously scheduled appointments, prior authorizations and provider relationships for up to 90 days for what the CCO model terms "physical health," through April, and up to 180 days for mental health and substance use care, through July.

Providence received 17 percent of FamilyCare's enrollees, while Tuality and Kaiser each received 4 percent.

According to Health Share spokeswoman Stephanie Vandehey, the overlap in dental plan assignments is 100 percent, so patients will be able to keep their own dental plan or dentist if they want.

Nearly 80 percent of new members who use mental or behavioral health services see a provider who contracts with Health Share. That leaves about 2,000 members who get care from a provider who does not contract with Health Share. Vandehey said Health Share is preparing to expand the Health Share behavioral health provider network, and working on individualized transition plans.

Health Share contracts with large community mental health centers including Central City Concern, Cascadia Behavioral Healthcare and Lifeworks NW, as well as with smaller practices and solo practitioners. Meyer said the counties and affected parties and her organization are holding discussions to try to explore how best to deliver mental health care throughout the region. She called it "a work in progress," but one being done with an effort to cause "the least amount of burden as possible."

## 'Member-centric' transition

Meyer said the transfer of the brunt of FamilyCare members to CareOregon was not a foregone conclusion. She explained that both patients and providers were given a choice about which health plan they preferred to join. However, CareOregon has remained the largest plan in the Health Share partnership from the beginning. When Health Share was created in April 2012, CareOregon covered over 150,000 OHP beneficiaries, while FamilyCare covered 50,000. The peak in CareOregon's OHP membership came with the Medicaid expansion under the Affordable Care Act: 212,086 members in April 2015, according to spokeswoman Jeanie Lunsford.

In December 2017, CareOregon's Health Share enrollment numbered 115,697, jumping to 193,860 by February 2018 with the absorption of FamilyCare enrollees, Lunsford said. CareOregon also provides support services for three CCOs around the state – two of which it owns – and a dental plan and Medicare Advantage plan both owned by CareOregon, for a total of about 274,149 individuals who receive services from CareOregon.

Hunter noted that CareOregon has nearly a quarter of a century of experience serving the OHP population, so its staff members "know our providers and know the system."

In terms of Health Share, he added, "The reason this transition has gone as well as it has" is that a lot of people and entities have a great deal vested in the success of the CCO system and health care transformation. "This announcement and transition may have been sudden, but Health Share, its partners and community have quickly stepped up to safeguard vital care and services for our most vulnerable citizens."

After FamilyCare announced in December that it would close Jan. 31, and during the month before the transition, CareOregon staff met daily with Health Share and its other partner plans. Meyer said these health plans hired many employees who had worked for FamilyCare, which helps enhance care continuity. In some cases, individuals hired were FamilyCare care coordinators, with the result that members had the same care coordinator when they transferred to Health Share. CareOregon added staff in areas most affected by the influx, including in customer and provider services, the medical team and claims. CareOregon hired 52 former FamilyCare employees, according to Lunsford.

Both Hunter and Meyer credited FamilyCare and the Oregon Health Authority for helping to make the transition as "member-centric as possible," as Meyer put it. "We have worked collaboratively with FamilyCare on a lot of different projects," she added. "It's heartbreaking to see that organization make that decision (to close)."

"It's a shame it had to come to this," Hunter said of FamilyCare's shutdown. The company had done much "creative work" in serving the OHP population, he said.

## Back to one CCO

Despite these executives' laments at FamilyCare's demise, the end result of having a single CCO for the Portland area represents something of a return to its organizers' initial intent.

Health Share of Oregon's structure as originally conceived was to make it one CCO covering the entire metro area. The concept was to create "a virtual public health system," a phrase used at the time and since by **George Brown, MD**, Legacy Health's president and CEO, who chaired the executive steering committee for the collaborative in 2012 that became Health Share and served as its board chair until Hunter succeeded him in January 2017.

Health Share was founded and continues to be governed by 11 health care organizations serving OHP members: **Adventist Health, CareOregon**, **Kaiser Permanente**, **Legacy**, **Oregon Health & Science University**, **Providence Health & Services**, **Tuality Health Alliance**, **Central City Concern**, and **Multnomah**, **Washington** and **Clackamas counties**. The **Oregon Medical Association** and **Oregon Nurses Association** also participated in the original collaborative that set up Health Share, but did not become risk-sharing partners as the others did.

At the time of the founding, CareOregon, FamilyCare, Kaiser, Providence, Tuality, the federally qualified community health clinics and the three counties each held contracts with the state to provide services for the region's then-212,000 OHP enrollees. All but FamilyCare terminated their individual state contracts when Health Share's CCO contract took effect. FamilyCare chose to remain independent and become a separate CCO.

Oregon received $1.9 billion from the federal government in 2012 to test whether transforming its Medicaid delivery system could improve care while saving money over a five-year period ending in 2017. Currently, due to the Medicaid expansion Oregon embraced under the ACA, a little over one-fourth of the population of the state is enrolled in the Oregon Health Plan. ■

Scribe Focus
Pain Management

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, we'll focus on Pediatrics.

# Advanced interview skills help providers, patients build trusting relationships

**By Barry Finnemore**
*For The Scribe*

A female patient presents with chronic pelvic and abdominal pain. In seeking to identify the cause, her physician asks a range of open-ended questions, one of which touches on the connection for some people between chronic pain and past abuse.

Rather than ask the patient at the outset directly about her past, the provider takes a more subtle approach.

"Some of my patients with chronic pain have been physically or sexually abused in the past," the doctor says. "Could that be true for you?"

Such phrasing normalizes the connection between chronic pain and past abuse by acknowledging the experience of others, yet gently brings the conversation back around to the patient sitting in the exam room. And if the patient's response is "yes," a conversation that explores the root cause of the pain can follow and the patient can be referred to counseling that can help her navigate a path to healing.

The above scenario was a simulation that's been part of a workshop focused on advanced interview skills for chronic pain patients that for several years has been held during the annual **Pain and Suffering Symposium**. The topic was again on the agenda at this year's symposium, presented by The Foundation for Medical Excellence in cooperation with the College of Physicians and Surgeons of British Columbia. The 2018 symposium, subtitled "Balancing opioid and non-opioid approaches to chronic pain," was held in early March in Vancouver, B.C.

Though advanced interview skills for physicians is not a new concept, it has developed a greater urgency as the opioid crisis has deepened and providers face pressure to reduce opioid prescribing, noted **Barry Egener, MD**, the Portland foundation's medical director who helped lead the recent workshop with **Dr. Rashmi Chada**, an addictions physician in British Columbia, and **Dr. Launette Marie Rieb**, a family physician and clinical associate professor at the University of British Columbia.

**"Sometimes we cure, sometimes we palliate and sometimes we are just with a person.** To be there with them, to have that connection, to be a person who cares and tries to lessen the burden of their ailment even if you can't 'fix' the problem, is healing."

*– Barry Egener, MD*

The symposium's agenda noted that "(s)several participants of previous courses have expressed the desire to enhance their interview skills with particularly challenging patients, especially those with chronic pain or who request specific prescriptions."

Workshop enrollment was limited, allowing participants to practice with simulated patients under three scenarios and then to debrief. The scenarios were centered around a patient already on pain medicine but for whom their pain is not treatable with pills; a patient in pain taking high levels of medication; and a patient seeking a prescription because they're either addicted to pain medication or because they want to sell the drugs.

Developing advanced interview skills, Egener said, helps providers develop trusting relationships with patients. The skills can be applied to any medical specialty – indeed to any relationship, personal or professional – but developing empathy is particularly important in building relationships with those who have chronic pain, he said.

Often when a patient in chronic pain asks for pain medicine, "a wall goes up," Egener said. The challenge is building trust when patient and provider disagree about treatment.

The keys to demonstrating empathy are to ask open-ended questions about the patient's experience, and to take a moment to acknowledge that experience to ensure the patient knows the provider understands.

The questions should be framed around the three domains of thinking, feeling and action, Egener said, adding, "What is the patient thinking and feeling about their experience, and what are their expectations about what should be done? Asking questions in those areas will give you a good idea about the patient experience of the problem and what can be done about it."

Active listening, employing questions such as, "It must have been really hard to come to the doctor when you don't feel you've been understood …," helps providers demonstrate both understanding and empathy, he said.

The key is to establish an alliance with patients, empowering them to achieve their health goals. To this end, pain medication is not always the solution to someone's suffering. Rather, it may be exercise, physical therapy, a support group or a combination of approaches, Egener said.

"A pill might help with their suffering in the short term, but it short-circuits them in solving the problem" in the longer run, he added.

Physicians also must set boundaries with respect to patient expectations. Sometimes, a life completely free of pain is not realistic, Egener said. In those cases, it's important for providers to communicate the treatment they are willing to pursue with a patient.

"We can align with them about achieving the best life they can, despite their pain," Egener said. "We can state that we understand why they want a life with no pain, demonstrating active listening, and state the boundary in terms of what you as a doctor are willing to do: 'I am willing to help you achieve as pain free a life as possible, and to prescribe only safe and effective pain medications.'

"Ultimately, the patient has to do the hard work, and we are their guides," he said.

A common misconception is that such interviewing is time consuming. Yet the limited research that's been conducted suggests the opposite. In fact, although many physicians tend to want to skirt around emotions during patient interactions because of time concerns or fears that things will get out of control, addressing emotions directly is in fact beneficial in both regards, with the added benefit of reducing provider stress, said Egener, who teaches interviewing skills at area clinics and medical offices.

"Emotions are the elephant in the room. You can't proceed to the biomedical issue when the emotions are there (but not discussed). In an argument, you tend to repeat yourself, and it tends to be more heated, more draining and longer. This is about conflict mitigation and establishing alliances that are rewarding."

Another misconception is that patients exaggerate their pain, but reframing pain as "suffering" can smooth the way for providers to align with patients and help them get to the root cause, he added.

"Sometimes we cure, sometimes we palliate and sometimes we are just with a person. To be there with them, to have that connection, to be a person who cares and tries to lessen the burden of their ailment even if you can't 'fix' the problem, is healing." ■

# Advances in pain management include multidisciplinary, team-based approach

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

Though Oregon continues to battle an opioid crisis, some significant advances are being made in managing patients' pain without relying on prescription painkillers, according to a trio of Portland health care providers.

"In the last couple of years there has been much more awareness among physicians, number one, that there is a problem and also that opioids, especially by themselves, are not the treatment for chronic pain," said **Ruben Halperin, MD**, a specialist in internal medicine with Providence Health and Services.

He noted that physicians also are more aware that other specialists are monitoring patients' prescriptions, and behavioral health professionals and physical therapists are more involved in pain management teams.

At the same time, patients are more educated about the concept of multidisciplinary care and non-pharmacologic treatment of pain.

"Patients are talking about it more and they are more leery of opiates. They are more interested in what other options there are," he said. "From a culture point of view, there has been that shift in that there's more awareness now."

**Nora Stern, PT, MS PT**, program manager for Providence's Persistent Pain Project, runs the Persistent Pain Program within Providence Rehabilitation Services statewide. She said that while some physicians still need to be educated about alternatives to opioids, there is greater use of the state's Prescription Drug Monitoring Program since her November 2016 interview about pain management for *The Scribe*.

Halperin and Stern, who both serve on the Oregon Pain Management Commission, agreed that more patient education is needed about the way pain is influenced by the brain and other factors that don't relate directly to what appears – or does not appear – in an x-ray.

"The old model gave us the idea that pain resided in the body and we had to keep looking for a new injury, and if there wasn't a new injury then there wasn't anything to treat," Stern said. "We as clinicians need to change the way we think and talk about pain, and our patients need to do that, too."

**Scott Mist, PhD, MAcOM,** an acupuncturist at the OHSU Comprehensive Pain Center, said his integrative medicine clinic sees the gamut of conditions associated with chronic pain and acute pain. Noting that the majority of patients are "medicated to the gills" when they first come to the center, Mist said that most of them also are open to alternatives.


SCOTT MIST, PhD, MAcOM

"Most patients are very interested in reducing their pain meds, so it tends to be a really easy conversation to have. I have very few people come in saying, 'I really love my meds.' And for the people who do say that, we look at ways of reducing their meds and supporting them so they are not in need of meds all the time," he said.

Treatment at OHSU's Comprehensive Pain Center integrates chiropractors, nutritionists, massage therapists, Rolfers, an anesthesiologist, nurse practitioners, yoga and mindfulness, among other elements. Because the brain plays such a big a role in pain, Mist recommends that his patients see the center's pain psychologists.

"The way that I talk to my patients about that is the pain psychologist is the best possible person to help solve the problem," he said. "It's not long-term counseling…they are really skilled at short-term interventions."

Mist said a good portion of the center's treatment strategies revolve around the importance of exercise and sleep hygiene.

"If there was one thing I would fix for everybody in the clinic is getting good sleep. A big portion of pain management is good sleep because your body can repair itself that way," he said.

Providence's Halperin and Stern said that, in addition to sleep, physical activity can help mitigate chronic pain. While physicians used to recommend that patients not do too much activity for fear of aggravating pain, more providers now see that as counterproductive advice.

"The physicians I talk with are really enthusiastic because now they feel like they have something they can do rather than feeling kind of impotent," Halperin said. "There's a shift toward more active treatment where patients are more involved in their own recovery."

Physical therapy and rehabilitation is often involved in the shared decision making between patients and their physicians, and a multidisciplinary, team-based approach to pain management is essential for both patients and physicians, he and Stern emphasized.

"That's a very important thing to identify. We know the national strategy is team-based care because no one can do this alone, and if a physician tries they are going to be completely burned out," Halperin said.

Mist said that while he is encouraged by the greater awareness of opioid abuse, he is concerned that women, people of color and other populations will be undertreated as the pendulum swings the other direction.

"That's one of the shadow sides of this whole conversation the nation is having about opioids," he said. "Medicine tends to either overtreat or undertreat. There are still populations out there who are not getting enough treatment and I don't want those populations to be overlooked." ■

*For information about Providence's Persistent Pain Tookit, please visit https://oregon.providence.org/our-services/p/providence-persistent-pain/persistent-pain-toolkit/health-care-provider-toolkit/*

"The physicians I talk with are really enthusiastic because now they feel like they have something they can do rather than feeling kind of impotent. **There's a shift toward more active treatment where patients are more involved in their own recovery."**

*– Ruben Halperin, MD*

# Surrounded by a supportive 'dance family'

## *Pediatrician Cigdem Toroslu, MD, nurtures relationships through dance*

**By Jon Bell**
*For The Scribe*

After her young daughter lost interest in the tap and ballet classes that'd she'd been taking, **Cigdem Toroslu, MD**, wanted to find an activity that the two could do together. The only class that fit the mother-daughter bill was a Polynesian dance class from a Portland studio called Teva Oriata. Since they'd been to Hawaii before, it seemed like the perfect match, and it was – at least for a few years.

Toroslu and her daughter learned traditional Polynesian dancing, including the costumes and pageantry that comes with it, and danced together for a couple years, even doing a few shows. But as Toroslu's daughter grew up, her interests changed.

"Her calling is elsewhere, and she's now quite the artist," Toroslu said. "But Mom was hooked. I couldn't leave. It became like a family, a dance family, where everybody supports and helps everyone."

Today, Toroslu, a pediatrician at The Children's Clinic, dances with the Teva Oriata troupe once or twice a week. There's the musical and dancing element that Toroslu finds appealing, but there's also a performance aspect. The troupe performs at Polynesian dance festivals, weddings, holiday shows and the occasional football game. They also dance in competitions around the region, usually about once a year.

**Cigdem Toroslu, MD, and her daughter did Polynesian dance together for a few years. Toroslu still participates, saying she enjoys the support of her fellow dancers as well as the artistry and performances.**

*Photo courtesy of Cigdem Toroslu*

### 'The baby magnet'

It's a passion and a pastime that's a fairly long way from where Toroslu spent her early years. The daughter of an architect and a mostly stay-at-home mother, Toroslu was born in Ankara, Turkey, the second-largest city in the country. She spent the first 12 years of her life in Istanbul, then immigrated to the United States, landing in Columbia, Mo. She'd taken some English language classes in advance, which helped ease the transition.

"I think I was pretty naïve about moving at first. I was just excited about it, coming to the United States," she said. "But that first year, the transition was hard. I started missing my friends. I think by the next year, I felt like I was settling in more. I made new friends and felt like I belonged more to the place."

Toroslu's interest in science was piqued during a physiology class in high school that included fetal pig dissection. She stayed close to home for college, studying biology at the University of Missouri. The idea of blending science and working with people led her into medicine and to the University of Missouri School of Medicine, which she graduated from in 2003. Although she's a pediatrician now, Toroslu said she didn't enter the field with that specialty in mind.

"I ended up shadowing a community provider who saw both kids and adults," she said. "I would go into all the rooms with him, and he noticed that in all the rooms with babies, the babies really liked me. He nicknamed me the baby magnet because they were all scared of him but liked me. I guess he was right."

After medical school, Toroslu and her then-husband landed at St. Louis Children's Hospital/Washington University – she for a pediatric residency.

"It was a wonderful place," she said. "It's totally dedicated to kids. There was some of the scariest stuff, but also some of the best stuff, too. They had a special program that let residents be part of the air transport, so you would fly from the 12th story in a helicopter and pick up kids that needed to come to the big house. I couldn't look down, but it was thrilling."

Toroslu stayed at St. Louis Children's Hospital for an additional year as pediatric chief resident, and then she and her then-husband, feeling as if they had been landlocked for too long, headed west and landed in Portland in 2007. She worked for Kaiser Permanent for 10 years as a locum tenens pediatrician as a way to be able to raise and, eventually, dance with, her young daughter. She joined The Children's Clinic last year and said she still finds a lot of joy in pediatrics, even though some days can be rough.

"It's always tough. We cry along with the parents – usually after they leave," she said. "But it's such a joy. Even on days I just want to stay at home. It is really fun to be with the kids. It's mostly happy and you can help things get better. It's not like it can be in a hospital. I'm too much of a softy for intensive care."

Toroslu said she's looking forward to developing long-term relationships with her patients. Babies who she first saw about a year ago are now starting to walk, and some of Toroslu's colleagues have patients they've seen grow from babies to young adults.

"It seems like it'd be nice to have that opportunity," she said.

Toroslu's also looking forward to a new opportunity in the world of Polynesian dance. This month, she and some of her dancing cohorts will head to Merced, Calif., for a big competition. What's different about this one for Toroslu is that, rather than dancing with a group, she will be dancing solo. Contestants, who dance to music selected for them on the spot, are judged on the precision of movements and choreography, their costumes and personality on stage.

"This will be the ultimate test," Toroslu said. "This is the holy grail for now." ■

***MEDICAL SOCIETY STAFFING,*** *from 1*

her "a go-to person" for information about credentialing and re-credentialing, she said. She has served both organizations as president, and her knowledge of what medical assistants do and why doctors' offices need them helped her in her work placing staff people in medical offices and outpatient clinics in the tri-county area.

### 'An extraordinary resource'

Over the years, the number of her employees has varied, with sometimes as many as five. Purdy proudly notes that some of her former staff members have gone on to administrative positions in health systems and medical practices. At least two former employees later earned their medical degrees and are practicing physicians.

Purdy's long tenure and the fact that her colleague, senior recruiter **Bob Kress**, has been working with her for 16 years, gave clients confidence that they could rely on the people Medical Society Staffing screened and referred to them, according to clients and past employees of the service.

One who has been both is **Paula Kubitz**, clinic manager of The Oregon Clinic Gastroenterology – South. She once worked for Medical Society Staffing as a recruiter for two years. She credits Purdy for subsequently placing her in two jobs, including her current position about six years ago.

"I started using MSS and was able to see what an extraordinary resource they were," Kubitz said. "Not only did they have fabulous candidates for me to interview, Paula and Bob Kress were wonderful to work with and provided a level of customer service that I had never seen before.

"While I am very sad to see MSS go, it is comforting to know that Paula will still be in the area, doing what she does best," Kubitz said. "Those of us working in the medical office setting need her so badly."

**Monica Peay**, now human resource director at Orthopedic + Fracture Specialists, spent a total of 14 years working at MSMP. After two years as front desk receptionist, she joined Purdy in Medical Society Staffing until 2002. In the two posts where she has worked since leaving MSMP, Peay has used Medical Society Staffing exclusively for her offices.

"Because that's where I was trained, I know what is involved in their interview process," such as checking candidates' licensure and running background checks on them. "You don't always get that elsewhere. I know when an individual comes from her or their service, that individual is a qualified person and somebody I can use.

"I learned from her," Peay said of Purdy. "I couldn't be where I am now if she hadn't been such a wonderful teacher."

**Karen Anderson, CMPE**, clinic administrator of Northwest Rheumatology Associates, said over the more than two decades of her office's relationship with Medical Society Staffing, Purdy "was invested in our group in learning about our culture and our expectations of staff. The Medical Society has been our 'go to' in a staffing agency partly because of Paula's interest in our group and her commitment to the process."

"Paula has every quality one would want to see in such a professional," Anderson said. "She is diligent, inquisitive, hard-working, reliable, empathetic, and her patience is legendary. ... She truly has a passion for finding passionate, educated and eager candidates for medical practices such as ours. Her empathetic nature and work ethic make her the ideal recruiter. It has been a great experience working with her."

For 26 years and in various practice settings, **Jill Arena**, a health care consultant who runs Health e Practices, has used temporary and temp-to-hire employees found by Medical Society Staffing. She also referred all her client medical offices to MSS when they needed employees. Arena attributes the service's success to Purdy's skill at forming connections with people and with the medical community. "She is a powerhouse at networking," Arena said.

An objective testimonial to Purdy's ability to find and place people can be found with Medical Staffing Services itself: In 34 years there, she had to let go only two employees.

"For me personally, it's about the people who have worked here," she said. "I've stayed in contact with them." She finds it gratifying when people tell her, "You placed me here 20 or 25 years ago."

Also satisfying to Purdy is that 80 percent of Medical Society Staffing's business was from repeat customers. "It boils down to the right fit. Bob and I worked really well together. We matched the client's need with the kind of personnel that fit that office's environment."

"I truly leave my position with wonderful memories and a passion for this organization." ■

*Paula Purdy can be reached at Med-X Staffing Services: 503-922-1393 or paula@trustmedx.com.*

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# OHSU builds diverse, nationally renowned physician assistant program

**By John Rumler**
*For The Scribe*

Growing up near the Oregon Coast city of Waldport, **Rachel Flescher** experienced firsthand the lack of accessible, quality health care. Now an OHSU physician assistant student who will graduate in August, Flescher's memories of living in a medically underserved area are a big motivator in her desire to return to such a location to provide health care services.

Flescher originally planned on a career as a physical therapist until she met a PA at a seminar and became intrigued.

"I love the lateral mobility of the PA profession," she says. "Knowing how big of an issue that stress and burnout is with doctors, the ability to change specialties is very appealing. I also want to have a good work-life balance and to start my career at a younger age."

Flescher is among an increasing number of people nationwide drawn to the PA profession. In 1990, the nation had only 20,000 licensed PAs; in 2000, there were 46,000; by 2010, the number had doubled to 92,000, according to the American Academy of Physician Assistants. The Bureau of Labor Statistics projects that the field will increase 37 percent from 2016 to 2026.

She's also among a growing cadre of students in **Oregon Health & Science University**'s diverse and nationally ranked PA program. Launched in the mid-1990s with two faculty, two staff members and an enrollment of 14, the program today has seven core faculty, seven staff members and accepts 42 students per year, or a total of 84 students during a 26-month cycle. Now rated fifth (based on peer assessments) out of 224 programs nationwide by *U.S. News & World Report*, the PA program also has a medical director, nine part-time faculty, and more than 200 clinician and scientist lecturers from the OHSU School of Medicine.

"OHSU provides a generalist PA education designed to meet national accreditation standards," explains **Glenn Forister, PhD, PA-C**, OHSU PA division head and program director. "Students have the option of selecting electives in the specialty of their choice, while graduates have the option of choosing postgraduate residencies or fellowships for additional training."

**Students in OHSU's Physician Assistant Program attended the 34th annual Oregon Rural Health Conference last October in Sunriver. The students pictured are (left to right) Matt Keeslar, Molly Nichols, Sarah Harris, Amanda Rose, Rachel Flescher and Suzanne Bernardo.** *Photo courtesy of OHSU Physician Assistant Program*

## Clinical rotations across Oregon

OHSU students participate in clinical rotations at 200 facilities in every corner of the state. Students also gain experience in large health care systems, including Kaiser Permanente, Legacy Health, Providence Health & Services, St. Charles, PeaceHealth, OHSU and the Portland VA, as well as in clinics for underserved populations operated by Central City Concern, the Multnomah County Health Department, the Virginia Garcia Memorial Health Center and Yakima Valley Farm Workers clinics.

The program currently has four primary care rotations and five other core rotations, which encompass emergency medicine, in-patient medicine, pediatrics, orthopedics and general surgery as well as two elective rotations. The program has included women's health and behavioral medicine as separate core rotations, and included those experiences within primary care rotations and other elective opportunities.

OHSU PA student **Sarah Harris**, from Westminster, Colo., who will graduate this August, is considering working in a rural area as it would allow her to provide a wider range of services, while an urban setting would likely present her with more opportunities to expand her skills and knowledge by working with specialists.

Originally, she sought a degree in international studies. "I thought it would equip me to help save the world, but I quickly learned that my skills would be better utilized helping one person at a time." So, Harris considered several options, including RN, medical and DO schools.

It was important for her to be able to make decisions in partnership with her patients and to form lasting relationships with them. The PA route seemed the best one for her and will also allow her to start seeing patients much sooner than other paths. "After I graduate, I won't be locked into one specialty," Harris says. "This, combined with my lower debt burden, will allow me to practice in an area where I am needed most."

Fellow PA student **Tessa Stroda** grew up in a medically underserved community where she had firsthand experiences involving hard-working, rural health care providers. She described her father as a farmer "prone to smashing his fingers with sledgehammers or falling off ladders holding sheet metal."

"Many times we had to rush my dad to the nearest medical clinic 20 miles away or to a hospital 40 miles away. After he was diagnosed with cancer, the limited resources in our area only became more apparent," she says.

Stroda also experienced rural medicine while shadowing PAs and physicians and volunteering in the Corvallis area. She says each opportunity provided invaluable knowledge regarding medicine, patient interactions and the PA profession in general.

"Their work inspired me to improve my proficiencies as a rural health care provider and, ultimately, confirmed my desire to become a PA," she says. "Volunteering in the community is key to having a successful and thriving populace to aid those who require assistance or support. I celebrate my farming background and am committed to practicing in a rural setting. I look forward to graduating in August and becoming a rural PA where I can practice with empathy, passion and significance."

Stroda notes that rural clinics are often limited by resources, staff and funding, which leads to reduced access to health care in the community. "As the face of health care changes, PAs will only become more instrumental in providing exceptional medical services to a larger population," she says. "The demand for medical practitioners has only increased my desire to become a PA. I want to help keep the hard-working communities in rural Oregon healthy and thriving."

The increase in PAs is coming as the shortage of primary care physicians in Oregon is projected to increase significantly in the next 20 years. The Robert Graham Center for Policy Studies in Family Medicine and Primary Care projects that by 2030 the state will need an additional 1,174 PCPs to fill an alarming 38 percent deficit. Oregon is not alone: The state's PCP ratio of 1,254:1 is actually significantly lower than the national average of 1,463:1.

On its website, OHSU notes that PAs are "highly trained professionals who provide patient-centered medical care services as part of a health care team working collaboratively with licensed physicians. Specific duties are defined by state regulation and practice setting, but include a variety of both diagnostic and therapeutic procedures."

OHSU goes on to explain that PAs are trained to obtain medical histories, perform physical examinations and minor surgical procedures, diagnose illnesses, order and interpret routine diagnostic tests, develop treatment and management plans, suture wounds, set fractures and assist in surgery. PAs also provide education to patients regarding illness, health promotion and disease prevention.

"PAs work under the supervision of physicians," Forister says. "Their level of autonomy and scope of practice is based on their training and work experience. Most of the tasks of the PA, such as the ability to write prescriptions, are delegated by the physician." ■

## DID YOU KNOW?

OHSU says its Physician Assistant Program admissions process is designed to curate class cohorts that are diverse in race, culture, geography and life experience:

**24 percent** of OHSU's PA class of 2019 are **from rural areas**

**21 percent** are **first-generation** college students

**35 percent** identify as belonging to an **underrepresented minority group**

**PHYSICIAN WELLNESS,** *from 4*

of physician well-being with collaborative strategies, including:

- Creating opportunities for more engagement in meaningful patient care
- Developing a shared sense of teamwork and respect among colleagues
- Decreasing time spent on non-clinical administrative duties
- Fostering a supportive, collegial environment
- Increasing patient satisfaction through more time and interaction with the care delivery team

Hoops and Kelley also cited studies that demonstrate a disconnect between the information surgeons provide patients in clinic and the type of information patients and families want to hear. They hope that by helping physicians more fully appreciate what their patients experience before, during and after certain procedures, the relationships and communication between surgeons and patients will improve.

"As surgeons, we are trained to have a Procedure, Alternatives, Risks, and answer Questions (PARQ) discussion with patients," Hoops said. "This involves discussing the possibilities of various complications, many of which are rare occurrences. However, we often fail to clearly address important topics such as whether the patient will be able to go directly home, whether they will need help with daily activities such as cooking and bathing, and whether they will ever be able to eat the same foods they did prior to surgery."

The two residents have known each other about five years and became close friends when they spent six months together doing a rural rotation in Coos Bay. "After our time there, we both were motivated to improve resident education on various topics, including resident burnout and well-being," Kelley said. "Our program director, Dr. Karen Brasel, suggested we submit an application to the ACGME based on these motivations."

The program began with eight faculty-identified surgery patients and their families participating in the Department of Surgery's weekly resident education conferences. Eventually, all general surgery residents will participate, which is approximately 80 individuals; faculty are also invited to join in, so approximately 100 OHSU surgeons could benefit from the experience.

"If residents can better understand what everyday life is like for patients after a major operation, they'll be better able to counsel future patients undergoing the same operation," Hoops said.

During the next two years, Hoops and Kelley will work with Brasel to disseminate their model to additional OHSU departments. They will also have "check-ins" with the ACGME every six months to review progress and to address the research and any other issues that may arise. At the conclusion of one year, the program will be evaluated and, if the results are promising, the funding for the second year will be allocated.

At the conclusion, the two OHSU residents will present their findings to a national audience through the ACGME, and if the two-year trial period is sufficiently successful, the model will be replicated in other settings at OHSU, including pediatric surgery and plastic surgery.

"We call it 'Back to Bedside' because that is where we want residents to spend more time," said Julian Willoughby, MD, MPH, a member of the ACGME Council of Review Committee Residents. "We believe strengthening their bond with patients and helping residents find increased meaning in their daily work will improve patient outcomes and resident well-being." ■

## *Online extra!*
## *Don't miss this article!*

MSMP MEMBER EXCLUSIVE

**Oregon Health & Science University** is a member of the **EvidenceNOW Northwest Cooperative**, part of a national health care extension initiative launched in 2015 with the goal of improving heart health care delivery in 1,500 primary care practices nationwide. The initiative, funded through this year, targeted four quality improvement areas: aspirin use for high-risk individuals, blood pressure control, cholesterol management and smoking cessation.

The approach is to support primary care physicians – especially those in smaller practices – to understand and utilize the latest research and evidence to assist patients in developing, and following, a heart health plan to prevent disease.

**To learn about the Northwest cooperative's successes and OHSU's research showing that extension models are feasible in health care, please visit *www.MSMP.org/MembersOnly*.**

The Scribe

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BY VINAY PRASAD, MD

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