



# The Scribe

A publication of the Medical Society of Metropolitan Portland

FOCUS ON

## Pediatrics

An initiative offers tools to help care providers improve screenings for adolescent depression and suicide.

OFF HOURS

## Two-wheeled treks

A long interest in cycling has taken Matt Sugalski, MD, across the United States and around other countries.



– Page 6

– Page 8

<b>INSIDE</b>	MSMP News & Events.....3	Gun safety.....7
	OHSU Match Day.....4	Off Hours.....8
	Physician Profile.....5	Classifieds Marketplace.....11
	Adolescent depression, suicide.....6	

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April 2018

# Doctors greet revamped blood pressure goals with praise, concern

By Cliff Collins  
For The Scribe

New recommendations expanding the definition of hypertension garnered mixed receptions from national medical societies, but have raised increased awareness among both physicians and patients.

The decision by the American College of Physicians and the American Academy of Family Physicians not to endorse the guidelines jointly released last November by the American College of Cardiology and the American Heart Association was significant, given that most cases of high blood pressure are detected at the primary care level.

The internists' and family physicians' organizations' concerns centered on "labeling nearly half the U.S. population as unwell," as an ACP committee put it, as well as broadening the number of people

placed on medication.

At the same time, some local doctors are emphasizing the recommendations' educational value in helping patients understand the risks of high blood pressure.

**Laura M. Sage, MD**, an internal medicine physician with **The Portland Clinic**, said the ACC-AHA guidelines' lowering of what constitutes hypertension has prompted her to talk more to patients about lifestyle changes and how blood pressure can affect their health. After the new guidelines came out, "Some



Laura M. Sage, MD

patients, once they heard the news, were coming in asking about it," she said.

According to the American College of Cardiology, defining hypertension at 130 over 80 rather than 140 over 90 results in 46 percent of Americans having high blood pressure, with the greatest impact expected among younger people: The prevalence is expected to triple among men under age 45, and double among women under 45. The guidelines' emphasis on encouraging patients to make proven lifestyle changes affecting blood pressure such as through diet, exercise, and reducing salt and alcohol consumption are "motivating younger patients to be active," Sage noted.

The guidelines eliminate the category of pre-hypertension, designating those individuals as having either elevated or Stage 1 hypertension. Although previous guidelines classified 140/90 as Stage 1 hypertension, that level now is classified as Stage 2 hypertension.

The ACC and AHA developed the guidelines with nine other health-professional organizations, and they were written by a panel of 21 scientists and health experts who reviewed more than 900 published studies. The release of the new guidelines, the first comprehensive change in blood pressure recommendations since 2003, placed nearly half the U.S. population in the hypertensive category, rather than about one-third previously.

But **Joaquin E. Cigarroa, MD**, professor and head of **Oregon Health & Science University's Division of Cardiovascular**



## Blood pressure categories in the new guidelines:

- **NORMAL:** Less than 120/80
- **ELEVATED:** Systolic between 120–129 and diastolic less than 80
- **STAGE 1:** Systolic between 130–139 or diastolic between 80–89
- **STAGE 2:** Systolic at least 140 or diastolic at least 90
- **HYPERTENSIVE CRISIS:** Systolic over 180 and/or diastolic over 120, with patients needing prompt changes in medication if there are no other indications of problems, or immediate hospitalization if there are signs of organ damage.

**Medicine**, said 70 percent of patients now classified as having high blood pressure can lower their risk through lifestyle changes without pharmacologic intervention. The guidelines raise doctors' and patients' awareness of the increased risk of hypertension and constitute a major step toward "putting patients in control" of lowering their risks through changed behaviors, he said.

Lowering the definition of hypertension accounts for complications that can occur at lower numbers and allows for earlier intervention, Cigarroa observed. The guidelines emphasize using proper technique to measure blood pressure and, taking into account that some patients register higher readings in a doctor's office setting,



Joaquin E. Cigarroa, MD

See **HYPERTENSION**, page 4

MSMP'S ROB DELF HONORARIUM AWARD

## Honoree Ed Grossenbacher, MD, helps medical students curb debt via free rent

By Jon Bell  
For The Scribe

In the 1970s, Martha Godfrey Dixon put herself through nursing school. She was in her 40s, and the only support she had was her own. That and a scholarship and a loan.

"It was not easy," she said.

But she did it, and went on to have a successful nursing career working in the orthopedic unit of what is now Legacy Good Samaritan, where she spent time with some of Portland's top orthopedic surgeons.

Dixon, RN, never forgot the challenge of putting herself through school, so when she heard about an idea that **Edward Grossenbacher, MD**, an orthopedic surgeon and longtime family connection of Dixon's, had a few years ago, one that would make it easier for medical students to get through their training, she was all ears. That idea? To invite select medical students from Oregon Health & Science University to live in a house of his on Marquam Hill rent-free so they could try to avoid some of the crushing debt that comes with medical school.

"When Edward mentioned his thoughts of a scholarship house after reading about the cost of a medical education today, I was in on the project from the start," Dixon said. "The idea of paying it forward just (resonates) with me."

Grossenbacher, a 1964 graduate of what is now OHSU who went on to become a flight surgeon for the U.S. Army during the Vietnam War, first came up with the idea of a rent-free home for medical students a few years ago after seeing just how much debt the average medical school student piles up through their training. According to the Association of American Medical Colleges, the median medical student

See **AWARD**, page 10

## 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.

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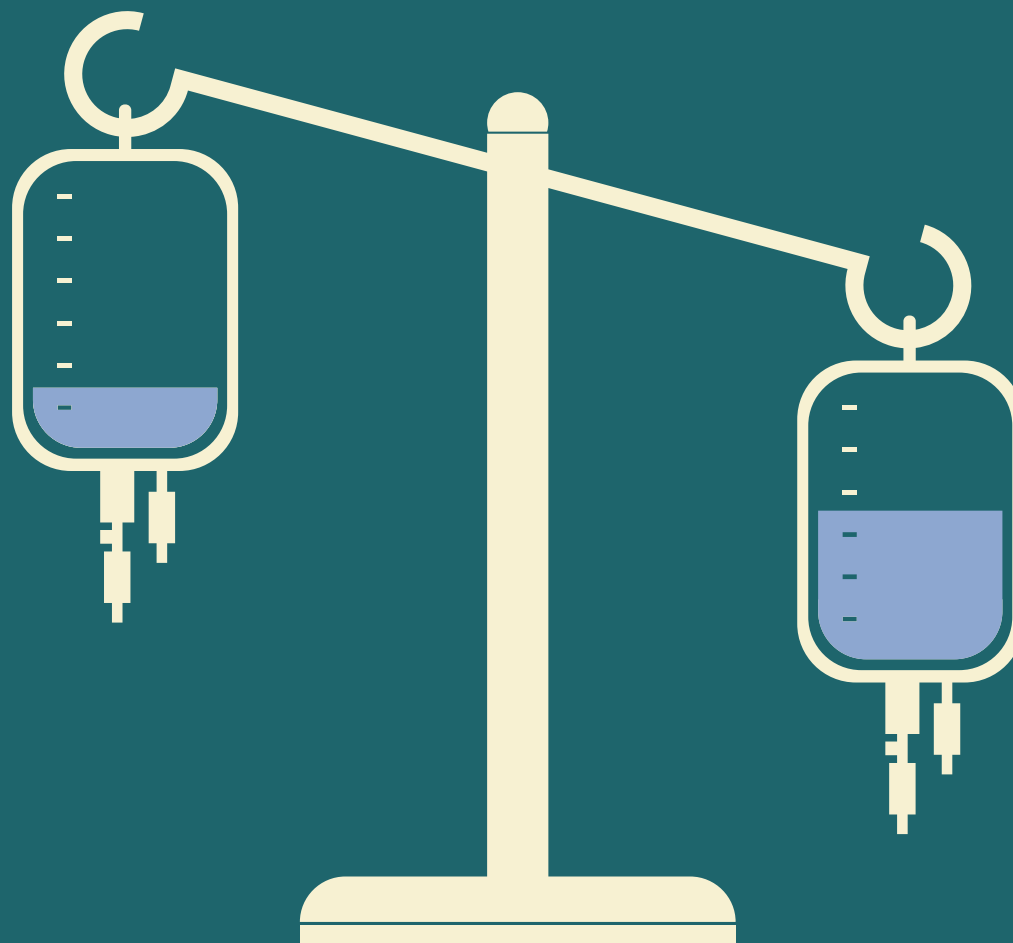
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## Battle of the Doctor Bands

Applications due April 16!

MSMP is looking for outstanding doctor bands to participate in our upcoming **Battle of the Doctor Bands** on **Thursday, June 21, 2018**.

The only criteria for submitting an application is that one member of the band must be a member of MSMP. If you would like to battle with the best, please read and complete the application online. **Residents and students are welcome to apply!**

The deadline to apply is April 16! Watch for more information about this event and where to buy tickets.

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



## 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

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

Presented by MSMP in partnership with The Doctors Company

6:30 – 8:30 p.m., Tuesday, April 17

Complimentary dinner provided!

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

Cost: FREE for MSMP members

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.

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## MSMP's 134th Annual Meeting

6:30 – 8:30 p.m., Tuesday, May 8 • The Nines: 525 SW Morrison St., Portland

Cost: FREE for MSMP members plus one guest; \$50 for non-members

MSMP invites you to join us and our distinguished guest speaker, **VINAY PRASAD, MD**, as we discuss his research and findings featured in his book, *Ending Medical Reversals: Improving Outcomes, Saving Lives*. Come celebrate those who will be honored for their community efforts, savor food and spirits, and sample wines from a local physician-owned winery.

Registration by May 1 is required for this event. • REGISTER: www.MSMP.org/Events



## MSMP Board of Trustees nominees

The Medical Society of Metropolitan Portland is pleased to introduce the following individuals who have been nominated for positions on the 2018–2019 MSMP Board of Trustees.

The inauguration will be held during the MSMP Annual Meeting May 8 at The Nines Hotel.

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# PERFECT MATCH

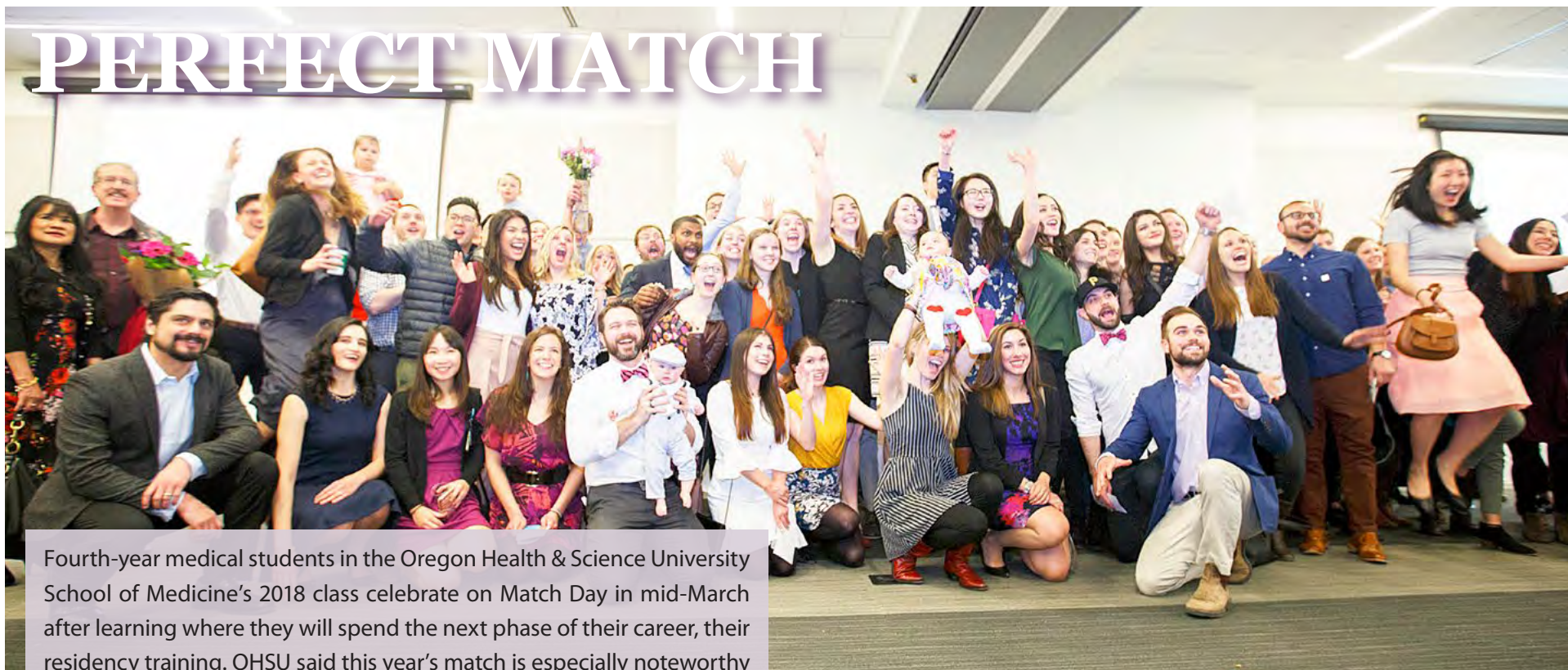


Photo courtesy of OHSU/Kristyna Wentz-Graff

Fourth-year medical students in the Oregon Health & Science University School of Medicine's 2018 class celebrate on Match Day in mid-March after learning where they will spend the next phase of their career, their residency training. OHSU said this year's match is especially noteworthy for the institution given that the '18 class is the first full group to experience the Your MD curriculum, what it described as a "more personalized, integrated learning experience that favors active learning and allows students to demonstrate competency in core areas..."

OHSU said 100 percent of the class had matched to a residency program, "a key indicator that the curriculum is generating desirable, well-prepared emerging physicians." The national average for matching is 93 percent. This year's group of 147 OHSU students matched in 25 different disciplines at 76 institutions nationwide, with 26 percent to train in Oregon. ■

## HYPERTENSION, from page 1

recommend use of regular home blood pressure monitoring in order to obtain an average reading over time, he said.

Sage pointed out that the American Heart Association sponsors an online calculator to help determine patients' risk of cardiovascular events. The new recommendations indicate a threshold for pharmacologic treatment for blood pressure at or above 130/80, both for patients with known cardiovascular disease, as well as those without but who exhibit an estimated 10-year risk of 10 percent or greater, based on factors such as age, diabetes mellitus, chronic kidney disease or high blood cholesterol. Even if the patient has no history of cardiovascular disease and the risk calculation is lower than 10 percent, the guidelines say a doctor should prescribe medication if the patient's average blood pressure is 140/90 or higher.

In addition, the guidelines state that many patients will need two or more types of drugs to control their blood pressure, and that patients may take their pills more consistently if multiple medications are combined into a single pill. The recommendations also advise "identifying socioeconomic status and psychosocial stress as risk factors for high blood pressure that should be considered in a patient's plan of care."

### Guidelines empower patients

In announcing that they did not endorse the ACC-AHA document, the American College of Physicians and American Academy of Family Physicians particularly objected to widening use of medication for older adults. In January 2017, the two organizations published their own joint clinical practice guidelines that focused on hypertension in adults older than 60.

"Are the harms, costs and complexity of care associated with this new target justified by the presumed benefits of labeling nearly half the U.S. population as unwell and subjecting them to treatment? We think not, and believe that many primary care providers and patients would agree," members of the ACP's Clinical Guidelines Committee wrote in an

editorial accompanying a summary of the guidelines, according to MedPage Today.

Among the reasons the American Academy of Family Physicians did not support the guidelines were that they were not based on "a systematic evidence review" and did not assess harms of treating a patient to a lower blood pressure, or take into account that treatment should be tailored to individual patients' differences, the AAFP's website explained. The academy continues to endorse previously established guidelines recommending treating patients age 60 and older to a goal of less than 150/90, and aiming for patients younger than 60 to record less than 140/90.

**James Beckerman, MD**, a cardiologist and medical director for **Providence Heart Institute's Center for Prevention and Wellness**, said the new ACC-AHA guidelines are "probably frustrating for some physicians," partly because they target lower blood pressure goals than previous guidelines; and the new, more "aggressive" recommendations create some new challenges. In turn, the changed guidelines have served as a catalyst for him to be "more aggressive" in determining treatment for some patients, he said. But physicians should bear in mind that these are guidelines, not mandates, and applying them judiciously based on individual patients' history and risk are the key to implementing any guidelines safely, Beckerman said.

OHSU's Cigarroa, who serves on the ACC-AHA standing task force that develops clinical guidelines issued by the two organizations, said the ACC-AHA hypertension guidelines empower individual patients by making them aware of their average blood pressure readings and their "overall risk," and provides them the opportunity to "be actively engaged in their health care."

Referring to the value of the new guidelines, The Portland Clinic's Sage said, "The big thing is, it addresses that lifestyle changes can make a difference," and are helpful for determining patients' present risk and helping them prevent long-term health problems. ■

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# Osteopathic physician pioneers innovative bladder surgery technique

By John Rumler  
For The Scribe

Acknowledging that she specializes in medical conditions that some people, especially patients, are reluctant to discuss, **Melanie Crites-Bachert, DO, FACOS, FACS**, says, "Urinary and fecal incontinence affects tens of millions of Americans, but many people are too embarrassed to even talk about it."



Using the InterStim sacral neuromodulation therapeutic device, Melanie Crites-Bachert, DO, has helped lead advances in a surgical technique used to treat patients with severe bladder dysfunction.

Photo courtesy of Melanie Crites-Bachert

Crites-Bachert is a leader in helping patients impacted by conditions such as severe bladder dysfunction. Using the InterStim sacral neuromodulation therapeutic device manufactured by Medtronic, Crites-Bachert has pioneered a surgical technique for sacral neuromodulation therapy used to treat patients with severe bladder dysfunction. The method, which implants neurostimulator electrodes next to the sacral nerves that regulate the bladder, has proven effective in achieving symptom relief and functional improvement for patients with severe urinary dysfunction.

While Crites-Bachert, who serves as a national trainer for Medtronic for the InterStim sacral neuromodulation therapy, first performed the surgery as a resident in 2005. Since 2011 she has completed upwards of 500 such surgeries, more than anyone in Oregon and second most on the West Coast, according to Medtronic. Her youngest patient was 21, while her oldest was 92.

Although the InterStim therapy was first approved by the Food and Drug Administration for urinary incontinence in 1997 and for fecal incontinence in 2011, Crites-Bachert says many physicians are not aware of the technology and are using more conservative therapies and methods, including physical therapy, bio-feedback, behavioral modifications and medications, with less success.

It takes approximately an hour to implant the device, which is about the size of a 50-cent piece and includes a battery that lasts five to seven years. The surgery costs between \$10,000 to \$15,000, is covered by most insurance and requires no anesthesia.

Crites-Bachert's surgical technique, according to Medtronic, has a 92 percent success rate compared to a national average of 71 percent, and she is ranked in the top 20 percent of physicians in the western region for achieving successful therapy outcomes.

The sales representative for Medtronic's InterStim therapy in the Portland area, Rhandi Edwards, met Crites-Bachert in September 2016. "Dr. Crites is very skilled at identifying appropriate patients, placement of the device and closely manages her patients after the device," Edwards says. "She is driven to be the best, is great to work with and I always enjoy my days in the operating room with her."

Physicians seek her out for training because of her enviable success rate regarding patient outcomes, and she is highly visible, having published scientific papers in medical journals such as *Female Pelvic Medicine & Reconstructive Surgery*, *The Journal of Urology* and the *International Urogynecology Journal*.

In addition, Crites-Bachert has given presentations to the Society of Urodynamics and Female Urology, the International Continence Society and the Society of International d'Urologie, and she is engaged in research with the InterStim device. In addition, she publishes the "360 Pelvic Health with Dr. Crites-Bachert" video series seen on YouTube and iTunes and available on

her website, 360phi.com.

Crites-Bachert, a urologist affiliated as a partner with Legacy Mount Hood Medical Center, is the co-owner of The Center for Men's and Women's Urology in Gresham, which specializes in a diverse range of urology care from prostate cancer to overactive bladders to kidney stones.

See *PHYSICIAN PROFILE*, page 10

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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. In May, we'll focus on Emergency Medicine.

# Initiative training providers to improve screenings for adolescent depression, suicide

By Melody Finnemore  
For *The Scribe*

Nearly 40 percent of eighth graders who responded to the 2017 Oregon Healthy Teens Survey said they had seriously considered suicide, and more than 15 percent said they had attempted it two or more times. The numbers were slightly lower for 11th graders surveyed, but suicide is the second leading cause of death among Oregonians ages 10–24, according to the **Oregon Health Authority**.

Given that 70 percent of adolescents see their pediatrician or primary care provider at least once a year, care providers are on the front lines of addressing the issue through screenings for depression and suicide. The **Oregon Pediatric Society** provides a series of trainings through its START clinical improvement program to educate physicians on how to implement standardized screening for depression, suicide and substance abuse, and better understand how to assess and treat this

- ◆ Nearly **40 percent** of eighth graders in the previous 12 months said they had seriously considered suicide.
- ◆ More than **15 percent** said they had attempted suicide two or more times during that period.
- ◆ Suicide is the **second leading cause of death** among Oregonians ages 10 to 24.

Source: 2017 Oregon Healthy Teens Survey and the Oregon Health Authority



trio of mental health conditions.

OPS conducted a free, day-long adolescent health training in February. Physicians and expert trainers gave providers information about incorporating trauma-informed care practices, performing office-based, brief interventions, and implementing clinical quality improvement processes. The topic also will take center stage during the OPS' annual

conference, titled the OPS Adolescent Health Conference, slated for April 28 in Portland.

**Julie Scholz**, executive director of OPS, said that OHA's adolescent depression screening CCO metric supports the American Academy of Pediatrics' updated guidelines, which build on endorsing universal depression screening for children 12 and older each year. The updated guidelines recommend that pediatricians and primary care doctors provide a treatment team that includes the patient, family and access to mental health expertise; develop a treatment plan with specific goals for functioning at home, in peer groups and at school; and develop a safety plan that includes restricting lethal means such as guns in the home and provides emergency communication methods, according to the AAP.

OPS has taken it further by encouraging members and other child health providers to conduct not only annual adolescent

depression screenings, but also a separate screening for youth suicide.

"Many physicians use one depression screening tool to measure both depression and suicide risk, but up to 28 percent of suicide risk may be overlooked using a depression screener alone," Scholz said.

OPS suggests that pediatric care providers could use the PHQ-9 (Patient Health Questionnaire) Modified for Teens depression screening tool at an annual adolescent well visit, as well as the new pediatric asQ (Ask Suicide-Screening Questions) tool. In addition, providers are advised to use the shorter PHQ-2 and the asQ at other visits during the year.

"Primary care physicians are asked to do a lot in patient visits, so multiple screenings are challenging to fit in," Scholz acknowledged. "But mental health screenings could make the difference in saving a young person's life."

**Kristan Collins, MD**, a Portland pediatrician who specializes in adolescent health, was a member of the expert panel that developed the February session and will train care providers in their offices. She said there are some definite barriers to implementing the screenings.

"It is a challenge because best practices say, 'You must screen at every visit,' and the primary care physicians say, 'That's great but there's not enough time or reimbursement,'" Collins said.

In addition, physician burnout is a well-known problem and this is yet another responsibility they must take on.

"Screening tools take time and you can't put all of this on the physicians, so we encourage practices to creatively use their health care teams, whatever that looks like in their practice," Collins said. "This could grind the system to a halt, so we have to help people manage that time."



**KRISTAN COLLINS, MD**

The Oregon Pediatric Society has initiated trainings through its START project to improve adolescent health care by **educating physicians on how to implement standardized screening for depression, suicide and substance abuse**, and better understand how to assess and treat this trio of mental health conditions.

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See **DEPRESSION**, page 7



# Through partnership, pediatrician reaches out to improve gun safety

By Barry Finnemore  
For The Scribe

**Lisa Reynolds, MD**, has practiced pediatrics for nearly 25 years. And during that time, in getting to know her patients and their families, she has consistently asked a series of questions – among them, whether a family has a gun in the home, whether and how that firearm is secured, and if their children play at other kids' homes that have guns.

“It’s clear to me that we need to do something different to protect pediatric patients, and all Americans. It’s horrible to think of accepting that as the new normal.”

– Lisa Reynolds, MD

About six months ago, Reynolds took her focus on firearm safety a step further, partnering with a gun owner who serves as a board member of a Lake Oswego organization that promotes responsible gun ownership. Together, she and Paul Kemp visit Portland-area medical clinics, training primary care providers in how to have productive and positive conversations with patient families about safe gun storage.

The goal, she says, is to empower providers to educate families and help keep young patients safe. Reynolds and Kemp based their presentation – which is roughly 45 minutes, including questions and

answers – on the concepts of Be SMART, an education program developed by the Everytown for Gun Safety Support Fund. Everytown describes itself as a “movement of Americans working together to end gun violence and build safer communities.”

Be SMART notes that each year almost 300 children age 17 and younger gain access to a gun and unintentionally shoot themselves or someone else, and nearly 500 die by suicide with a gun. “Many of these deaths are entirely preventable with responsible gun storage,” it says, laying out five steps for parents based around the SMART acronym:

- **SECURE** guns in homes and vehicles
- **MODEL** responsible behavior
- **ASK** about unsecured guns in other homes
- **RECOGNIZE** the risks of teen suicide
- **TELL** your peers to be SMART

Reynolds said she and Kemp have delivered their presentation a handful of times in the last half year, with health care providers walking away with practical and positive language they can utilize in exam rooms and “feeling more comfortable about what it means to counsel” patient families about a potentially awkward subject given that firearms can be a highly charged issue.

“Some (providers) worry about asking questions in a way that sounds judgmental,” Reynolds says, stressing that she recommends providers frame the conversation entirely around if a family owns a gun, what it means to store it safely, and strategies parents can use to talk with other families about safe gun storage in homes their kids visit.

Regarding the latter topic, Be SMART suggests making it part of a general safety discussion between families that touches

on safety rules around everything from pets and swimming pools to firearms. “Owning a gun is a personal decision, but responsible storage is a public safety issue,” it notes.

Reynolds said Kemp’s involvement in the presentations allows providers to ask questions of someone well versed in safe storage. Kemp brings to the presentations a gun and gun safe, and he and Reynolds talk about various locking mechanisms as well as the importance of locking and storing ammunition separately.

“For some (providers), it’s the first time they’ve had a conversation with a gun owner who’s incredibly knowledgeable about safe gun storage to help us talk about this with families as accurately and as comfortably as possible,” she said.

Though she has had some patient families over the years push back when she broaches the subject of gun safety and storage, Reynolds said in her experience it’s a conversation most families are open to and, in fact, desire.

“I argue that they want to hear about

this,” she said.

Reynolds, who as a physician is part of a field that has advocated for common-sense solutions to gun violence, said she was motivated to start giving the presentations because, like so many Americans, she was heartbroken by how many people lose their lives to gun violence and the tragedy of mass shootings. The Brady Campaign to Prevent Gun Violence notes that, based on data from the Centers for Disease Control and Prevention, 96 people a day die from gun violence.

“It’s clear to me that we need to do something different to protect pediatric patients, and all Americans,” said Reynolds, who practices at The Children’s Clinic and is a mom to two teenage boys who at school participate routinely in “active shooter” drills. “It’s horrible to think of accepting that as the new normal.” ■

To find out more about the presentations Reynolds and Kemp deliver, or to schedule one, please email [lreynolds1114@gmail.com](mailto:lreynolds1114@gmail.com).

## DEPRESSION, from page 6

Another aspect is the toll the screenings could take on care providers’ own mental health, she noted. “It’s important in this era of burnout to find ways for physicians and other care providers to process this. It’s a serious topic and, at some point, it’s going to hit a nerve.”

On the patients’ side, confidentiality often presents a barrier. Collins said that most adolescents want to talk about how they are feeling, but they are concerned about it being kept private. Oregon’s legal code supports care providers well and allows them to determine when information needs to be shared with a parent or guardian, she said.

Collins, who has been practicing for nearly three decades, said she is learning from the trainings as well. She is building her skills in developing a safety plan for her patients and their families, and how to train the RNs she works with to help carry out the screenings.

She said her conversations with various practices about the initiative have shown her that success in achieving zero adolescent suicides begins with dialogue and grassroots efforts within the medical community.

“By visiting different practices and getting people talking about it, we’re more likely to find those important solutions,” Collins said. ■

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# Two-wheeled treks

## A years-long interest in cycling has taken Matt Sugalski, MD, across U.S. and around other countries

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

During his senior year at the University of Pennsylvania, **Matt Sugalski, MD**, made a deal with a friend and fellow crew team member. If their college team won either the Eastern Sprints, a premier rowing event, or the national championships, and therefore earned the right to travel to England to compete in a major regatta, they'd spend the summer backpacking in Europe. If they lost, they'd cycle across the United States.

As it turns out, their crew team lost both races by a mere foot. Three days later, Sugalski and his friend were packed and astride their bikes, starting a journey that took them from the Statue of Liberty to the Golden Gate Bridge.

Being virtually broke students, the pair pedaled by day and camped every night. If they couldn't find a campground, they'd drop by a fire or police station, introduce themselves and find a place to pitch their tent on public property. They learned a lot about each other – what with biking together and sharing a tent for six weeks. They also were reminded on a regular basis how friendly and accommodating complete strangers in small-town America can be.

If they stopped by a fruit stand, people offered food. Others they'd just met invited them into their homes for dinner.

"I really enjoyed it as a way of traveling because you see so much," Sugalski said. "And when you arrive in town on a bicycle, at six o'clock at night, people perceive you differently. People were really welcoming."

The trip had its challenges. In hot and dusty Nevada, for instance, they became stranded near a government military facility after blowing through five tire tubes in three hours. They were aided by men in a van, who whisked them from the side of the road to the nearest town and convinced a bike shop owner to open

at night and provide the pair with tires and tubes so they could be on their way. Sugalski chuckles at the memory today, wondering whether the van that stopped to help was truly coincidence given their proximity to a government facility.

But the trip also had personally significant moments for Sugalski, who regularly called his grandfather, who had been diagnosed with cancer, to update him on their progress.

That cross-country journey was the start of a years-long interest in cycling, which has seen Sugalski travel around Australia and Scotland, get together regularly with old rowing friends for mountain-bike trips, and, these days, simply enjoy a bike ride with his 8-year-old son.



*Matt Sugalski, right, stops with fellow cyclist Geoff Kostal at the Continental Divide on their way across the United States by bike. The journey took the pair, who were on their college rowing team together, from the Statue of Liberty to the Golden Gate Bridge.*

### Grateful for strangers' generosity

Sugalski, a board-certified orthopedic surgeon with Eastside Orthopedics & Sports Medicine, completed fellowship training in sports medicine, working with team doctors of Minnesota's professional sports franchises. However, Sugalski didn't immediately pursue a career in health care after college. He opted, instead, to put his mechanical engineering undergraduate degree to work designing jet airplane and helicopter engines for a division of General Motors. "I liked math and figuring out how things work," he said, explaining his interest in engineering.

Seeking more human interaction and hands-on work, Sugalski began studying medicine at New York's Columbia University. After completing his first year of med school, he figured that upcoming summer was probably the last time he'd have a significant chunk of downtime to take a long trip. He took advantage of the opportunity, flying to Australia and cycling from Cairns in the northeast to Perth on the southwest coast.

He rendezvoused in Australia with his brother, who was serving in the Navy. Sugalski again encountered friendly and generous people, discovered water from rivers was safe to drink, and quickly learned to carry more food with him because the distances between towns and cities in Australia are much greater than in the United States – often 200 or 250 miles – and sometimes "towns" were mere gas stations.

"People there are super friendly, and you're encouraged to camp out," he said, noting that he'd often encounter Australians traveling to national parks who shared food with him. "I was very grateful for their generosity."

The biggest obstacle was weather and headwinds, until early in the trip when he decided to change his route and bicycle with the wind.

His next trip, roughly 10 years ago, saw him cycle around Scotland. And once a year, Sugalski joins a group of guys he used to row with to mountain bike in and around destinations such as Moab, Utah, the Bend area and Mount Hood. They bike during the day, and stay overnight in a hotel.

Sugalski said he'd like to do more road bike touring, maybe some day participating in Cycle Oregon and traveling through the state's wine-producing areas. These days, he enjoys biking around the neighborhood with his son. And they may soon gear up for their first trail ride together this summer.

"I think he'd really like that," Sugalski said. ■



*Sugalski, left, and Dr. George Shanno, a neurosurgeon who Sugalski also rowed with in college, take a break while mountain biking in Sedona in 2016.*

Photos courtesy of Matt Sugalski



# Supervised exercise therapy for peripheral artery disease

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(At Woodburn Health Center)  
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Go to [www.legacyhealth.org/referral](http://www.legacyhealth.org/referral) for a referral form or refer through your EHR.



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debt in 2016 hit \$190,000, and dental students, according to the American Student Dental Association, faced an average of \$287,331 for 2017.

Grossenbacher also remembered living like a pauper himself when he was going through medical school, occasionally sleeping in his car and otherwise cutting corners just to keep himself afloat.

So about three years ago, Grossenbacher bought a small house on Marquam Hill. He found three OHSU students – Ishan Patel, Glenn Kautz and Paul Montgomery – and let them live in the house free of charge so they could focus on their studies and at least save some money by not having to pay rent. Grossenbacher also picked up the utilities and would occasionally drop off snacks and beer for the fridge.

It's an endeavor that Grossenbacher, who is also the CEO and co-founder of Medical Evaluations of Oregon/Washington, a medical evaluations practice in Portland, hopes to eventually expand to up to 20 homes.

It's also an endeavor and an effort that Dixon thought made Grossenbacher the perfect fit for the **Medical Society of Metropolitan Portland's 2018 Rob Delf Honorarium Award**.

"I believe in what Ed is trying to do and offer my help whenever possible," Dixon said.

Grossenbacher is this year's recipient of the annual award, which the MSMP board created in honor of the late, longtime executive director of the MSMP, Rob Delf. The award honors recipients who are working to improve the health of the community or the practice of medicine in such areas as: educating new members of the medical community; educating the public about health, medicine and public health policy;



As medical students, Ishan Patel, Glenn Kautz and Paul Montgomery benefited from free rent for a house provided by Ed Grossenbacher, MD, as a way to help reduce student debt. Grossenbacher is this year's recipient of MSMP's Rob Delf Honorarium Award.

Photo courtesy of Ishan Patel

improving public health and emergency preparedness; and advocating for public health policy or other community activities related to health care and policy. Last year's recipient was Nargess Shadbeh, director of the Farmworker Program at the Oregon Law Center, who was honored for her contributions to improving the health of the community and the practice of medicine.

"I cried when Ed called to say he won," Dixon said. "I have always found him to be creative and full of imagination. I had not told him of the nomination since it was so spur of the moment. And to be



## MSMP's 134th Annual Meeting

**WHEN:** 6:30 to 8:30 p.m., May 8

**WHERE:** The Nines, downtown Portland

This not-to-be-missed event features guest speaker Vinay Prasad, MD, and the presentation of the annual Rob Delf Honorarium Award and other accolades.

*For more details, please turn to MSMP News & Events on page 3, or visit MSMP.org.*

honest, Edward wrote a letter on my behalf when I applied to nursing school, so my nomination also was a way to pay it forward after 40-some years!"

In addition to buying the house and letting students live there for free, Grossenbacher also offered to let the students sell parking spaces on the property as a way to make some extra money for themselves. Instead, they offered up those spaces to their fellow students who were in search of an economical way to park near campus.

Along with the house for students, Grossenbacher launched a nonprofit called the **Hippocrates Oath Oregon Foundation (HOOF)** to encourage and facilitate other donors who might be interested in helping out. Dixon said the nonprofit has become a passion of hers since she retired.

According to Tracy Brawley, senior media relations specialist at OHSU, the first three

students who lived in Grossenbacher's house have since graduated. At least one, Patel, is doing his residency at OHSU.

Dixon said a nursing student will join a medical student and a dental student in the house in July. She also said that she has high hopes for Grossenbacher's nonprofit and his efforts to help medical students keep their heads above financial water.

"I am more universally minded," she said, "thinking the idea of a HOOF might just grow nationwide as medical, dental and nursing students struggle to make their dreams come true in an ever-expanding need for financing." ■

*Grossenbacher will receive the award at the MSMP's annual meeting, which will be held from 6:30 to 8:30 p.m. May 8, at The Nines hotel in downtown Portland. For more information about registering, contact Janine Monaco at janine@msmp.org.*

## PHYSICIAN PROFILE, from page 5

### A deep curiosity about science

Growing up in rural West Virginia, Crites-Bachert's father was a laborer for Ames Lawn and Garden Tools and her mother worked as a secretary for the local college. As a youngster, much of her time was spent with her father on the family farm, which featured a large vegetable garden. The family harvested and canned the vegetables.

As a youngster, she helped tend the horses and cattle and showed a deep curiosity about science, studying the great variety of wildlife. She even assisted with the fall butchering, which provided early lessons in anatomy. "I would often explore the insides of the animals to see how everything worked," she recalls.

Crites-Bachert has no relatives in medicine, but when she was 16, she was hospitalized for four days and it was then that she first considered becoming a doctor, eventually choosing the osteopathic route because the holistic approach appealed to her.

After graduating from the West Virginia School of Osteopathic Medicine in 2003, Crites-Bachert completed her residency in urologic surgery at the University of Medicine and Dentistry of New Jersey in 2009 and later completed additional fellowship training to subspecialize in female pelvic medicine, voiding dysfunction and pelvic reconstructive surgery at the

Cleveland Clinic Florida in Weston, Fla.

It was also in southern Florida that she met Richard Bachert, her husband, an information technology specialist for the USDA who lived in Oregon and was visiting his family. "We met as I was finishing my residency and starting my fellowship, so the first four and a half years of our relationship were long distance," she says.

That made her decision to move from Florida to Oregon in 2011 a no-brainer. "I had been traveling back and forth from the East Coast to Oregon for over four years during our relationship and I fell in love with the Pacific Northwest. I moved to Portland after I finished my medical training."

While her research activities, work-related travel, time spent seeing patients and performing so many surgeries can become taxing, Crites-Bachert recharges her batteries by sharing many activities with her husband, including traveling, cooking, trying out different restaurants, and exploring the outdoors, especially hiking in the Columbia River Gorge and rafting the Deschutes River.

The couple also skin dives and snorkels with family and friends. Their favorite diving places include the Caribbean island of Bonaire – where they go every year – and the Florida Keys. Crites-Bachert also enjoys target shooting and trapshooting.

The best part of her job, Crites-Bachert says, is the relationships with her patients, especially partnering with them to find

solutions to their medical conditions. She also enjoys networking with other practitioners and attending conferences to learn the newest research and treatments. Her least favorite part is being on call, which she jokingly refers to as "a necessary evil."

Legacy's Medical Director of Urology Shammai Rockove, MD, FACS, has known Crites-Bachert since she moved to Oregon. She worked full time at Legacy as a urologist for several years before becoming a co-owner of The Center for Men's and Women's Urology, which Rockove founded. "Dr. Crites is proud to be a doctor and she has that old-school devotion to

medicine," he says. "She's deeply committed to female urology and urologic reconstruction and she's completed very, very specialized training." Rockove, an assistant professor at OHSU for four years who earlier this year completed the first total robotic assisted bladder surgery in Oregon at Legacy Mt. Hood Medical Center, said that as chief of surgery, Crites-Bachert is now involved in teaching/training medical students and residents.

"It's extremely convenient having Dr. Crites right next to the hospital; it's the closest thing to her being on the campus." ■

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

Read an interview with Susan Tolle, MD, director of OHSU's Center for Ethics in Health Care, who is working with her colleagues to feature more ethical and professional communications in the OHSU medical curriculum. This includes the nuances of how to best share life-altering medical information as fourth-year students prepare to become residents.

Years of interviews with patients and their families have helped Tolle understand what can go wrong in communicating difficult news. A physician may not make eye contact, stand in a doorway instead of sitting down with a patient, or perhaps provide a long string of technical explanations in lieu of using terms the patient can understand and pausing to let information sink in.

**To learn more about the curriculum enhancements and how they will help physicians, patients and their families, please visit [www.MSMP.org/MembersOnly](http://www.MSMP.org/MembersOnly).**

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**134TH ANNUAL MEETING**  
Medical Society of Metropolitan Portland



FEATURED DISCUSSION:

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BY VINAY PRASAD, MD

6:30 – 8:30 PM, May 8, 2018

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