



# The Scribe

A publication of the Medical Society of Metropolitan Portland

PHYSICIAN PROFILE

## A career spent advocating for patients



John Santa, MD, MPH, has brought 'white-coat' experience to many leadership, policy roles over the years.

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FOCUS ON

## Economics & Legal Issues



It's true: The practice of medicine can be both financially viable and joyful.

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June 2018

MSMP'S 134TH ANNUAL MEETING

# Award recipients honored for giving back

## Guest speaker addresses medical reversals, solutions to help prevent them

By Barry and Melody Finnemore  
For The Scribe

Acting on their finest impulses and giving back.

That theme shined during May's **Medical Society of Metropolitan Portland 134th Annual Meeting**, which celebrated current and future health care providers for the myriad of ways they support peers and colleagues and ultimately enhance patient care.

The event, held at The Nines hotel in downtown Portland, saw the presentation of MSMP's Presidential Citation, the Rob Delf Honorarium Award, the Student Award and other honors. It also featured guest speaker **Alyson Haslam, PhD**, who discussed ending medical reversals.

**Donald Girard, MD**, received the Presidential Citation for what **MSMP**

**President Lydia Villegas, MD**, described as his "tremendous contributions" to provider wellness. Villegas said Girard's leadership has had a major impact not only on MSMP and its Physician Wellness Program, but also across the state and beyond.

"He is a great mentor to me and to many," Villegas said.

Girard, who was recognized for exhibiting care and compassion toward improving practitioners' lives, stressed that collaboration has been key to supporting providers and improving their well-being. In addition to his support of MSMP's Physician Wellness Program, Girard leads an initiative with The Foundation for Medical Excellence for statewide wellness through the Oregon Wellness Program, and heads the coalition's Executive Committee and the program's group of advisors.

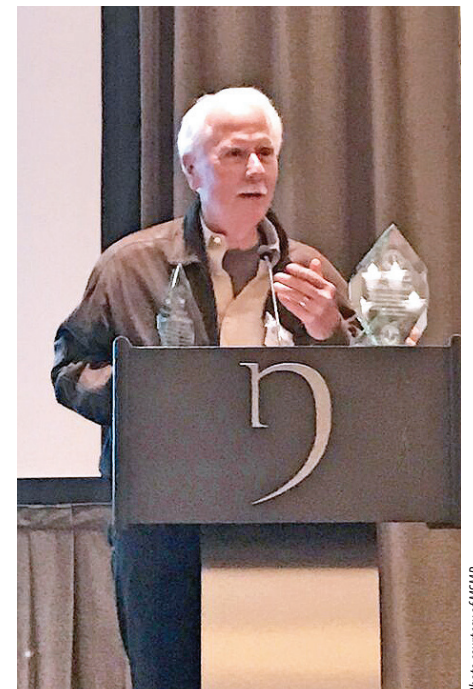
"I am humbled and I'm very grateful," Girard told Annual Meeting attendees. "We've done it all together. This is really an important theme and I just can't say how grateful I am. Congratulations to all of us."

The Rob Delf Honorarium Award, named for MSMP's late, longtime executive director, was presented to **Edward Grossenbacher, MD**, for his support of medical students. Grossenbacher helps aspiring providers at Oregon Health & Science University reduce their debt by allowing them to live rent free in a house he owns on Portland's Marquam Hill. Grossenbacher also is founder of the nonprofit Hippocrates Oath Oregon Foundation, which encourages and facilitates donations with an eye toward expanding the free-rent concept and helping other students studying to become health care providers.

Grossenbacher noted he was honored to accept the award and said given the significant debt burden medical students face, without financial help the result could be a loss of "good students" because of their inability to afford to pursue medicine.

Grossenbacher and his fellow MSMP

See **ANNUAL MEETING**, page 10



Upon receiving the Presidential Citation, Donald Girard, MD, said, "I am humbled and I'm very grateful."

Photo courtesy of MSMP

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**"It's important that we continue supporting one another.** I think the effect of this is to directly build up a stronger community here, which translates into better



patient care because of better collaborative efforts."

– MSMP Student Award recipient  
Nishad Sathe

## Energized by service

### MSMP Student Award recipient reaches out to help classmates, shape policy

By John Rumler  
For The Scribe

The recipient of MSMP's 2018 Student Award, **Nishad Sathe**, is active on many fronts. Besides excelling as a student and budding clinician at Oregon Health & Science University, he serves as a dean's advisor and has been involved in the Student National Medical Association, the Health Policy Interest Group and Students for a National Health Program. However, of his many endeavors, Sathe's favorite by far is reaching out to his fellow students who may be struggling with classes or personal issues.

So far, he's spent upwards of 100

hours in group and/or individual tutoring to help others succeed in medical school. Sarah Key-DeLyria, PhD, CCC-SLP, has known Sathe since 2016 when he reached out expressing interest in her Neurolinguistics Lab in the Speech and Language Department at Portland State University.

"Since then, Nishad has become a valuable member of my lab," Key-DeLyria says. "Despite his busy schedule, he still finds time to help other students with running statistics or thinking through the logic of complex theoretical questions."

An assistant professor and graduate

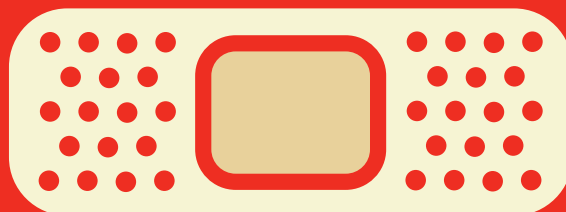
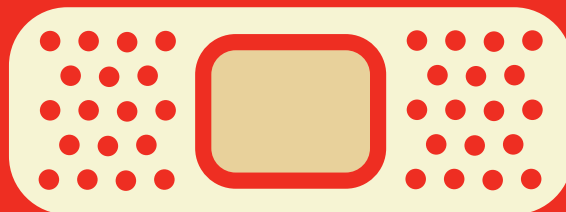
See **STUDENT AWARD**, page 4

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## Seminar: Five Strategies to Build a Foundation for Financial Success

Free student and resident event!

6:30 – 8:30 p.m., Tuesday, July 10

Location: Altbier Annex Room  
Widmer Brothers Brewery, 929 N Russell St., Portland

Cost: Free for MSMP members and one guest

You are invited to a night of professional networking and socializing with your peers while learning how to create your future through building strong financial strategies. There will be an opportunity for Q&A and interaction with **Finity Group, LLC**, who specialize in financial planning and success for medical professionals.

Dinner and one drink are on us!

Not a member? Join us! Membership is free to students and residents.

REGISTER: [www.MSMP.org/events](http://www.MSMP.org/events)



## Required OSHA Training and Advance HIPAA Compliance

MSMP is proud to present our OSHA and HIPAA training, tailored for our members and led by Virginia Chambers, CMA (AAMA)

1 – 4 p.m., Wednesday, Sept. 12

Location: MSMP Conference Room  
1221 SW Yamhill St., Suite 410, Portland

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

OSHA annual training is **required** and the ONC, OCR and AHIMA recommend HIPAA annual training. Attendees will receive a Certificate of Participation that can be presented to their employer for credit.

QUESTIONS: [Sarah@MSMP.org](mailto:Sarah@MSMP.org) • REGISTER: [www.MSMP.org/Events](http://www.MSMP.org/Events)

## The Scribe reaches further into our community

Last month, MSMP increased our readership by nearly 3,000 digital readers of *The Scribe* through distribution of our full-color digital flipbook, which was previously circulated to members only. Our end goal was to increase exposure for the positive work done by our members and celebrate their humanitarian efforts.

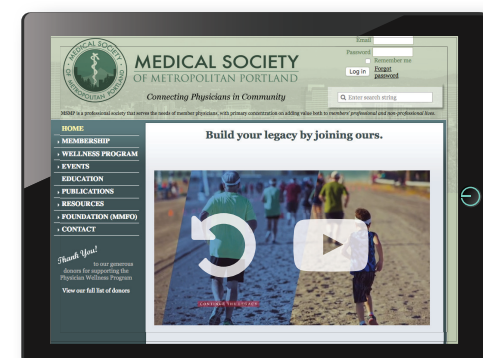
As a result, one community partner conveyed, "We see tremendous value in the opportunity to read what MSMP members are relating to and become even more invested in their storyline." This further emphasizes MSMP's mission with "Connecting Physicians in Community."

*The Scribe* is our flagship publication and is distributed monthly in both digital and print format to physicians and physician assistants throughout Multnomah, Clackamas and Washington counties. *The Scribe* features articles written by and about physicians and medical students, advancements in medicine and wellness, and also promotes upcoming MSMP events and educational opportunities.

Learn about opportunities to promote your business – download our Media Kit ([www.MSMP.org](http://www.MSMP.org)) or contact [Sarah@MSMP.org](mailto:Sarah@MSMP.org) to learn more.



## Build your legacy by joining ours



With great excitement, MSMP debuted our new promotional video during our May 8th Annual Meeting. In case you missed the premiere, you still have an opportunity to watch! It's on our homepage at [www.MSMP.org](http://www.MSMP.org).

The video was developed and directed by Wiley Parker, founder of Thread Media Group, who thoughtfully crafted this video and fulfilled a longtime dream of ours. Enjoy!



## We invite YOU to become a member of MSMP

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- Scribe Newspaper
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## MSMP and MMFO combined Annual Report

Medical Society of Metropolitan Portland and Metropolitan Medical Foundation of Oregon are proud to share with you our very first combined Annual Report.



The 2017 calendar year was one of growth and optimism, and the pages of this report provide a mere snapshot of some of the outstanding accomplishments of our members and employees – and the impact of their work in health care, wellness and beyond. Only through your continued membership and support can we continue to enhance the value of membership.

Catch all of last year's highlights in our Annual Report at [www.MSMP.org/Annual-Report](http://www.MSMP.org/Annual-Report).

## STUDENT AWARD, from page 1

program coordinator, Key-DeLyria adds: "There are not many students who could take on a volunteer position in a research lab while simultaneously completing medical school. I have very rarely met medical students with the interest and skills that Nishad has regarding communication disorders. The proportion of the population with complex communication needs is quite high, and Nishad will be uniquely suited to supporting these needs."

Monique Hedmann, MPH, MD Candidate Class of 2020, first met Sathe in August 2016 during medical school orientation week and the two became frequent study partners and close friends, supporting each other through the ups and downs of medical school. "Nishad is very caring and he lends a helping hand, whenever possible. He is always thinking about how things can be made better for medical students and he is not afraid to tell it like it is," said Hedmann, who nominated Sathe for the MSMP award.

### Patient encounters inspire career choice

Sathe was born in Harrisburg, Pa., but the family moved to Anaheim, Calif., when he was 4 years old. His parents, both immigrants from India, came to the United States in the late 1980s. His father worked as a management consultant and his mother teaches Indian classical vocal music.

Although none of Sathe's direct family is involved in health care, he has some aunts and uncles working as physicians in India. "Growing up, my exposure to medicine and health care was quite limited. None of my extended family lived in the U.S. and we didn't visit India very often," Sathe says.

As a youngster, Sathe never seriously considered becoming a physician. After graduating from high school, he majored in neuroscience, linguistics and Asian humanities at the University of California at Los Angeles.

"I had a varied interest in the sciences throughout high school and college. After I completed all the prerequisite courses for medical school, I worked at several community health centers in Southern California. This is when my encounters with patients and health care really motivated me to pursue a career as a physician."

### Supporting others

As a dean's advisor, Sathe's role is to work with two other similar advisors to inform OHSU's deans about the pulse of the class. "I've always liked the idea of being

Nishad Sathe's involvement in student cultural associations has included helping to coordinate a luau attended by hundreds of OHSU medical students and community members. He says he believes it's important for students to take an active role in shaping policies, expanding diversity in the workforce and making a commitment to the future of medicine. *Photo courtesy of Nishad Sathe*

someone that people can come to and talk about their issues or brainstorm solutions, so this position seemed like a natural fit," he says.

The role lasts for one year, but Sathe was re-elected this past year, so he's been in the position for two years now.

As a community outreach officer in the Student National Medical Association, his role involved connecting OHSU medical students with several area middle and high schools to empower minority students to pursue advanced health degrees.

"Our best work was done as a group to put on events that engaged the medical community at OHSU and the local Portland community on issues integral to the intersection of race and medicine," he says.

As a leader of the Students for a National Health Program chapter at OHSU, Sathe has helped organize events and attended conferences to learn how to push for a more equitable health insurance system that treats health care as a right rather than a privilege.

"We have seen progress at the national level on this, and it is the work of countless grassroots physician leaders across the nation," he says.

Sathe is also involved in cultural student associations. He served as the community relations manager for the Asian Pacific American Medical Student Association. Among other things, he helped put on a Chinese New Year's celebration, instituted talks from physicians on integrating cultural beliefs during end-of-life care, and coordinated a luau attended by hundreds of students and community members.

For the interdisciplinary group Middle Eastern & South Asian Association (MESAA), Sathe served as the treasurer and worked with others to promote "Chai Talks" in which students have tea with professionals who share their experiences of how being Middle Eastern or South Asian has impacted their medical careers. MESAA also raised more than a thousand dollars for a Diwali event to celebrate the Festival of Lights.

"I think it's important for students to take an active role in shaping policies, expanding diversity in the workforce and making a commitment to the future of medicine. It is truly these groups that make



me feel energized," he said.

Sathe's short-term goal is to deeply explore some research interests and spend more time in the sunshine; his medium-range goal is to graduate from medical school and become a useful clinician; and his long-term goal is to establish himself in an academic medicine career and give back to people and the community.

"The most unique thing about Nishad," says Hedmann, who is also student council vice president, "is his tremendous ability to juggle multiple responsibilities while remembering to check in on and support others. He also has a great sense of humor

and always keeps me laughing. I could not have made it through the first half of medical school without him."

Sathe says medical students' support for each other results in a stronger health care community and improved patient care.

"I've been with classmates when they were struggling in their personal lives, whether it was dealing with the death of a loved one, a breakup, or just feeling overwhelmed," he says. "It's important that we continue supporting one another. I think the effect of this is to directly build up a stronger community here, which translates into better patient care because of better collaborative efforts." ■

**"The most unique thing about Nishad is his tremendous ability to juggle multiple responsibilities while remembering to check in on and support others.** He also has a great sense of humor and always keeps me laughing. I could not have made it through the first half of medical school without him."

— Medical student Monique Hedmann, MPH

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# A career spent advocating for patients

*John Santa, MD, MPH, has brought 'white-coat' experience to many leadership, policy roles over the years*

By **Cliff Collins**  
For The Scribe

**John Santa, MD, MPH**, acknowledges that the term “patient-centered care” can have different meanings, “but it clearly does not mean ‘patients first,’” he asserts. “Our health care system consistently puts itself first.”

Changing that definition to put patients first has been a major theme of Santa’s career. In his many roles over the years as a general internal medicine physician, insurance executive, medical group medical director, state health agency administrator, researcher, instructor and consumer advocate, he has been a prominent figure in Oregon and national health care for several decades. And in each position he held at the time, he placed emphasis on patient advocacy and health care transparency.

His current job, as director of dissemination for a national project called OpenNotes, fits that focus to a T. Santa took a leadership role in starting the Northwest OpenNotes Consortium, and his current task is to spread the word to health systems and medical groups in other parts of the nation. OpenNotes describes itself as an international movement, and its intent is to encourage and facilitate making medical-records notes accessible to patients. Most of Santa’s work focuses on persuading clinicians, especially physicians, “to accept cultural changes that will benefit patients,” he explains.

“John liked the idea about OpenNotes, became a volunteer and ended up joining us. It’s the best thing that ever happened to us,” says Tom Delbanco, MD, co-founder of OpenNotes and a professor at Harvard Medical School and Beth Israel Deaconess Medical Center. He credits Santa as being “in large part responsible for” OpenNotes’ expansion from an experiment involving 20,000 patients to now providing nearly 23 million patients “access to their clinicians’ notes,” he says.

Delbanco met Santa while Santa was working in New York as director of Consumer Reports Health Ratings Center, from 2008 to 2014.

“He came by to tell us about OpenNotes, and we were interested in it, and wrote stories about it,” Santa says. “I volunteered to help get health systems interested in it here in Oregon, and that was successful.” As a result of that effort, Multnomah County likely has one

of the highest percentages of patients with access to notes in the country, he adds. Multiple health systems and medical clinics in Portland have made notes available through secure online connections.

Santa is “a remarkable guy, one of a kind,” Delbanco says. “He combines enthusiasm, enormous intellect and the wonderful ability to pull things together. He has boundless energy and seems to know everybody. It’s pretty hard to dislike him, even though he can hold strong opinions that differ from yours.”

At Consumer Reports, his highest-profile position nationally, Santa spearheaded ratings comparing health services, drugs, hospitals and medical groups. In some cases, Consumer Reports was among the first to present such information to consumers. Researchers assigned scores based on performance data from cardiac surgery group outcomes, hospitals’ central-line infections rates, and heart and cancer screening tests.

In addition, he formed a collaboration between Consumer Reports and the ABIM Foundation’s Choosing Wisely campaign, focusing on the overuse of many products and services. “It was a once-in-a-lifetime, career kind of thing. I still hear (Choosing Wisely) referred to frequently. I am very proud because Consumer Reports made a commitment that enabled it from a media point of view.”

“I feel so fortunate to have a capstone to my career,” he says of his stint at the organization. “I loved living in New York. We met a lot of great people at Consumer Reports.”

Several factors led to his being appointed to the post. Beginning in 2003, he became medical director of the Drug Evaluation Review Project, an innovative, multistate collaboration based at Oregon Health & Science University that focused on comparative effectiveness reviews of commonly prescribed drug classes. Another step was earning his MPH degree at Portland State University in health policy and administration, which “renewed me at 55,” he says.

Before that, he held several consequential positions in the state, including from 1999-2003 as administrator of the Office for Oregon Health Policy and Research, and as corporate medical director for Regence BlueCross BlueShield from 1992-97. Santa also has taught introductory courses to clinical medicine, resident courses in public health and preventive medicine, and health policy courses. He has been an author on a number of articles in peer-reviewed medical journals.

Kerry Barnett, president and CEO of SAIF Corp., who has known Santa in various

“He’s a creative thinker **willing to challenge conventional thinking**, and an extremely valuable person to have in the room when wrestling with difficult issues. **His impact goes far beyond what most people realize.**”

— *Kerry Barnett, president and CEO of SAIF Corp.*

capacities over many years, thinks what sets Santa apart among Oregonians in leadership positions who have had a major influence on the delivery of health care is that he had been “the guy wearing the white coat,” interacting directly with patients. Santa spent a total of nearly two decades as an internist, including at Legacy Good Samaritan Medical Center, the Perry Clinic in Portland and the Veterans Affairs Medical Center.

“John is and always has been a tremendous asset to the health care and health care policy communities and Oregon,” says Barnett. “He’s a creative thinker willing to challenge conventional thinking, and an extremely valuable person to have in the room when wrestling with difficult issues.” Barnett says governors, heads of health agencies and administrators of health systems all have looked to Santa for advice. “His impact goes far beyond what most people realize.”

It was in the capacity of a practicing physician, as director of the primary care internal medicine program at Good Samaritan, and in private practice, that Santa began receiving local attention, and which he singles out among his most satisfying experiences.

During the early 1980s, when the AIDS epidemic first struck the nation, Santa led the effort to treat AIDS patients at Good Sam. It was a bold and controversial stance at the time, especially among some hospital staff. Santa called a meeting to inform staff members about what medicine knew about the disease, and faced some nurses and others who said they were fearful of treating such patients. The hospital’s administrator at the time, Chester Stocks, sat in on the meeting and fully voiced his support for caring for AIDS patients.

“That was one of the incredible moments in my career,” Santa says.

## In the middle of ‘connected care’

Santa considers himself a native of not any one state, but of the West generally. Born in Nevada, he was raised in Colorado, Texas and California. “I went to three high schools in three years, and it helped a pretty introverted kid learn how to relate,” he says.

His mother was a nurse, and “from the first moment I can recall, I wanted to be a doctor, because I think she wanted me

to be a doctor.” She had been a field hospital nurse in World War II, at the Battle of the Bulge. Santa’s father worked in various jobs, including at dam sites for the Bureau of Reclamation, the reason for most of the family’s moves. Santa also is grateful to his mother for encouraging him to learn to type, a skill he had no way of knowing would later be invaluable with the advent of electronic medical records – not to mention in his alliance with OpenNotes.

Santa obtained his undergraduate degree in biology at Stanford University, then earned his medical degree at Tufts University School of Medicine in Boston. He came to Portland to do his residency at Good Samaritan. He is a past trustee of the Medical Society of Metropolitan Portland, and a past trustee of the Oregon Medical Association.

Alar Mirka, MD, PhD, a retired internist who has known Santa since Mirka was a resident under Santa at Good Samaritan, says Santa possesses a strong work ethic that he applies to whatever he is involved with at the time. He always strives to “make sure he has all the facts” before making a decision. Santa enjoys feeling he is contributing to the task at hand, whether that is making a differential diagnosis or tackling an administrative challenge, Mirka relates. “He has integrity, and I admire him.”

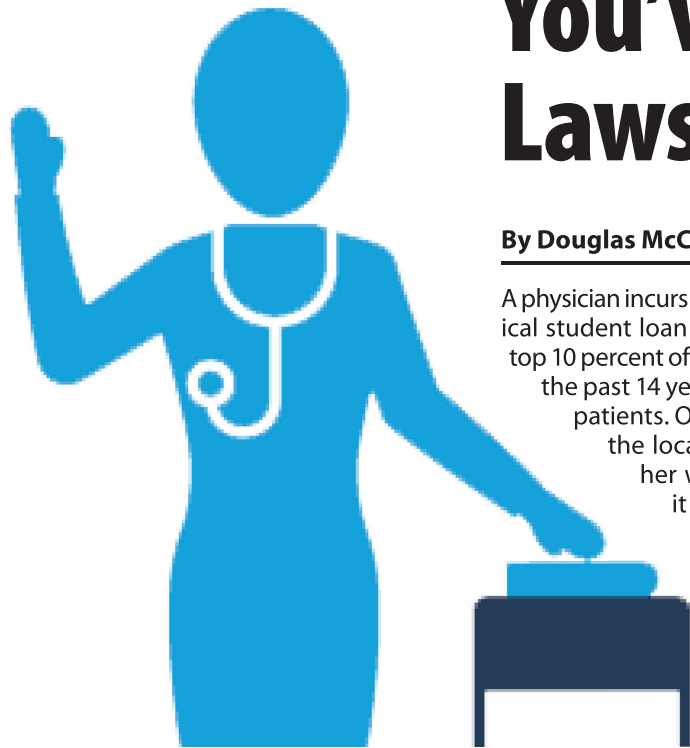
Santa’s current board involvements illustrate his lifelong commitment to advocating for transparency. He is a member of the Oregon Health Policy Board, for which he will be the liaison to the Task Force on Fair Pricing of Prescription Drugs, which is related to Oregon legislation passed this year. He also represents consumers on the Cost of Care Committee convened by HealthInsight Oregon/Oregon Health Care Quality Corp.

His continuing work with OpenNotes serves as a prime example of what he calls “asynchronous care,” or “connected care.”

“Health IT in general, and EMRs specifically, are creating a new world of clinician-patient interaction and relationships,” Santa observes. “No longer is it all about face to face. Both patient and clinician can be of help to each other without being face to face.”

He recognizes that this “different world” may take a generation or two for clinicians and patients to iron out. In the meantime, though, “I am thrilled to be in the middle of it.” ■

“He combines enthusiasm, enormous intellect and the wonderful ability to pull things together. He has boundless energy and seems to know everybody.” — *Tom Delbanco, MD*



## You've been served: Lawsuit survival tips for physicians

By Douglas McCullough, Esq.

A physician incurs nearly \$200,000 in medical student loan debt, graduates in the top 10 percent of her class, and dedicates the past 14 years to providing care to patients. One day, out of the blue, the local sheriff's office serves her with a lawsuit. Perhaps it is regarding a familiar patient, or maybe a patient the doctor cannot recall. Either way, her mind immediately leaps to: "What did I do wrong?" After the initial shock, the physician is flooded with emotions – fear, anger, betrayal, frustration, anxiety, humiliation, embarrassment. Even shame.

Chances are good that as a physician, you will find yourself in a similar situation. On average, each physician spends 50.7 months, or approximately 11 percent of an average 40-year career, on resolving medical malpractice cases – the vast majority ending up with no indemnity payment. That's the conclusion of a study by the RAND Corporation based on data provided by The Doctors Company, the nation's largest physician-owned medical malpractice insurer.<sup>1</sup> These findings suggest it is not a matter of if you'll be sued, but when – undermining the medical-school white-coat myth that if you do well in school and rely on your education, skill, and training, you needn't worry about malpractice.

By the age of 65, more than 75 percent of physicians in low-risk specialties and 99 percent of physicians in high-risk specialties have experienced a claim.<sup>2</sup> Although it's a reality that the majority of physicians will face a malpractice claim, few are prepared when served with a lawsuit. I routinely survey up to 50 physicians at seminars devoted to litigation preparation – only two or three say they received relevant

information about medical malpractice in medical school.

I make it a point to advise doctors to take these steps if a claim is filed against them:

- **Contact your medical malpractice carrier.** Typically, a lawsuit will name multiple defendants to include various treating physicians as well as medical facilities where alleged negligent care was rendered. The pool of defense attorneys who specialize in medical malpractice defense is a small one. Many malpractice carriers draw from the same pool of attorneys, so it is important to notify your carrier as soon as possible to ensure the right defense attorney is retained on your behalf. The defense team is referred to as a "three-legged stool," including the physician, claim specialist, and defense attorney. All three need to work in unison to obtain the most favorable result.

- **Build your defense.** The attorney representing your patient has likely already developed a good portion of their case before you were ever aware of its existence. Therefore, it is critical you be an active member of your defense team to begin building your defense.

- **Be prepared for extended periods of perceived inactivity.** The legal process is inefficient and impossible to control. The litigation process typically lasts two to five years, with claims being filed a year to two years after a negative event of the date of discovery of an injury – depending on state laws. There will be flurries of activity, followed by long periods of perceived inactivity. Trust that your defense team is continuing to work on your behalf. Depositions are often scheduled, cancelled, and re-scheduled. Trial dates are routinely continued beyond the control of defense counsel. Knowing in advance these inefficiencies and inconveniences occur may alleviate frustration in the process.

- **Understand the plaintiff's strategy.** Don't believe that once you "educate" the plaintiff or, more

importantly, the plaintiff attorney on the medical facts, they will drop the suit. The only time you will be given the opportunity to educate and explain the care you provided is at trial. The plaintiffs' bar is very skillful at taking testimonial "sound bites" and portions of the medical records to fit their narrative. By understating the plaintiff's strategy, you can assist in preparing an effective defense.

- **Become fully engaged in the process.** The key to ensuring a successful defense is preparation. Those physicians who managed to survive litigation did so by becoming fully engaged in the process – approaching their case as an academic exercise as if they are sitting for a board exam.

- **Get professional coaching on how to be an effective defendant.** Physicians routinely describe the litigation process akin to a rollercoaster ride. Every physician will have some emotional reaction to becoming a defendant in a malpractice lawsuit. It's important to identify and become aware of your emotions in order to develop appropriate coping mechanisms. Physicians who develop effective coping mechanisms have a greater chance of successfully navigating the rigors of litigation.

- **Work on alleviating stress.** Remember you are not alone. Focus on the multitudes of patients you help daily. While you can't divulge details of the litigation to family and friends, talk to them about how the claim is affecting you. And continue to participate in the personal interests and activities that provide you with joy.

To be thoroughly prepared, you must know the medical record. You must also practice for your deposition, know your deposition testimony, and read depositions of other defendant physicians and experts – all while caring for your patients and yourself. This is no small task, but successfully defending your professional reputation is worth it. ■

*Douglas McCullough, Esq., is Assistant Vice President of Claims at The Doctors Company.*

**By the age of 65, more than 75 percent of physicians in low-risk specialties and 99 percent of physicians in high-risk specialties have experienced a claim.<sup>2</sup>**

Although it's a reality that the majority of physicians will face a malpractice claim, few are prepared when served with a lawsuit. I routinely survey up to 50 physicians at seminars devoted to litigation preparation – **only two or three say they received relevant information about medical malpractice in medical school.**

For more tips, read *Malpractice Claims Consume Years of a Physician's Career* online at <https://tinyurl.com/ScribeJune18>. Further insights from doctors who have experienced litigation are available in *The Doctors Company's What to Expect from Litigation* video playlist at [www.youtube.com/doctorscompany/playlists](http://www.youtube.com/doctorscompany/playlists).

<sup>1</sup> Seabury SA, Chandra A, Lakdawalla DN, Jena AB. On average, physicians spend nearly 11 percent of their 40-year careers with an open, unresolved malpractice claim. *Health Affairs*. 2013;32(1):1-9.

<sup>2</sup> Jena AB, Seabury S, Lakdawalla D, Chandra A. Malpractice risk according to physician specialty. *N Engl J Med*. 2011; 365:629-636. doi: 10.1056/NEJMs1012370.



By Jill Arena

# It's true: The practice of medicine can be both financially viable and joyful

The practice of medicine today holds many challenges for physicians, not the least of which are financial. Throughout the work that our consulting group conducts, we see challenges in three main areas. First is in the revenue cycle in general for clinics, and how services provided to patients are billed and collected. Second is a general trend of flat or declining reimbursement in the insurance market. Third is the continued rise in the use – and the cost – of technology.

We are privileged to be invited into many different clinics and medical groups as consultants. Frequently what we find is that the accounts receivable is not considered an asset, and it is not professionally managed. This lack of oversight can cost groups thousands to hundreds of thousands to millions of dollars. No exaggeration. We observe that underqualified and undertrained billing staff are put in charge of multimillion-dollar revenue streams, with very little direction or guidance.

Given the sophistication of the insurance companies and their myriad payment policies (think roadblocks for your claim on its way to getting paid), the industry now demands very sophisticated billing staff and constant performance measurement so that the accounts receivable doesn't slip and age beyond the point that it's collectible. We're also seeing an increase in the number of payers with short timely filing deadlines, which frequently leave physicians in a space where they're not getting paid for the services they have provided for their patients.

As we work with our clients, we can observe that well-run front and business offices can make a world of difference in a clinic's financial performance. Highly performing groups utilize Key Performance Indicators to routinely report to physician owners and the business goals are updated frequently. With good systems and people in place, it is possible to win the reimbursement game!

In reviewing contracts for many of our clients with the local payers, we are seeing generally flat or declining reimbursement rates. Beware the contract that looks better than your current one! Given the shifts in the RBRVS values, the new contract that the insurance company is offering may actually be paying you less than what you are making under your existing contract. Understand your volumes and

the changes in the RVU values. If you have older contracts (2015 or older), the shift in values may impact your renewal. Be sure to conduct a volume-based analysis of your clinic's specific coding patterns to understand if the new contract is actually a better deal. This one follows the adage, "If it looks too good to be true, it probably is."

As we review many contracts, we are also seeing more CPT codes being bundled, more services being subject to a global period following a surgery, and a general increase in administrative hassle including requests for chart notes and blanket denials of claims where specific modifiers are used. These are areas where every clinic can utilize some focus. Be sure to ascertain that your business office personnel have the appropriate levels of expertise to respond accordingly. These roadblocks need not keep you from getting paid.

As a third trend, we continue to see a rise in the use of technology in practices. This comes with the corresponding increase in cost to implement and maintain new pieces of software. Most software vendors are moving to subscription model pricing, which keeps implementation costs low, but creates a monthly charge for the software. In effect, this trend means you are renting the software. As the technology is quickly moving to smart phones and other devices, there are many new apps and programs that attempt to make things easier for the patient.

Whatever technology you implement should be optimized for use on the small screen, and implementation is key. We are seeing the gap widening between practices that have not utilized much technology (perhaps only an EMR) and those that have truly embraced it, utilizing their EMR, patient portals, texting apps, advanced payment tools, e-statements, estimators, etc.

We also see several clinics that are utilizing technology to achieve Tier 4 or Tier 5 status within the PCPCH models, therefore increasing their reimbursement. These groups understand that an investment in technology will have positive returns. Lastly, we see groups that are implementing operational supports that interface with their software (voice recognition, medical scribes) to increase the efficiency of the physician, and therefore increase throughput and revenue. These groups are making the best use of their technology, proving it can be an investment with a positive return.

In conclusion, the well-run clinic can – and should – take advantage of advances in revenue cycle management, and can negotiate contracts in a savvy way. Groups can also make wise use of technology that

is available for minimal startup costs in order to engage patients, speed collections and make physicians' lives easier. It's true: the practice of medicine can be both

financially viable and joyful. ■

*Jill Arena, FACMPE, runs the national consulting practice at Health e Practices.*

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# Rewards through writing

"It's become fun,  
it releases stress and  
it's just kind of my way  
to get in touch with  
my passion inside."

— Yufei Zhang, MD

Physician scribes her way to  
an award-winning screenplay

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

Among Chinese folklore, there is a familiar legend called "Goddess of the Moon," which tells the tale of a beautiful young woman who marries a brave hunter. On one of the hunter's long journeys, a goddess gives him an elixir of immortality that he is to share with his wife for everlasting life. Instead, the young woman ends up drinking all of the elixir herself, a move that finds her scorned and banished to live on the moon forever.

It's quite the popular tale.

**Yufei Zhang, MD**, never liked it.

"That story has always bothered me," she said. "I felt the punishment imposed on her was too severe. Just because she wanted to stay young and pretty doesn't mean she's vain and selfish."

A few years ago, Zhang, whose grandfather often told her the tale growing up, finally decided to do something about it. She wrote her own version of it as a screenplay—a screenplay that not only gave the protagonist a reason for taking the elixir, but one that went on to garner an award at the 2012 Angel Film Awards—Monaco Film Festival.

"It was my way of getting even with the legend," Zhang said. "I enjoy writing and I wrote this to bring up the idea of a second chance, which is severely lacking in Chinese culture. Whether it goes anywhere or not, it's not a big concern to me. I had my voice heard in my own way."

A native of Luoyang, China, Zhang grew up an avid reader. By the time she was

in high school, she was actually toying with the idea of pursuing a career either in writing or medicine, even though just about everyone else in her immediate family was a teacher.

"I was kind of the black sheep," she said. "I finally chose being a doctor. I just figured there was probably more job security and I could do my writing as a hobby. I hope that was the right decision."

For Zhang, it likely was. Her decision was driven in part by the fact that Zhang's mother had been ill with a heart condition and was in and out of the hospital while Zhang was young. Zhang found it frustrating to not be able to understand what was going on.

"It was bothersome," she said. "I wanted to know more and be able to help."

After high school, Zhang attended Hunan Medical College, which at the time had an active exchange program with Yale University. While in college, she met Yale's Mark Salzman, who taught her English class and later wrote a book called "Iron and Silk." Being exposed to foreigners and learning a new language intrigued Zhang.

"It was eye-opening," she said. "At the time, China was just barely opening its doors to the western world, so it was kind of taking a peek into what other parts of the world were like."

Intrigued, Zhang applied to and got accepted by Vanderbilt University, where she spent three years researching breast cancer. She realized, however, that research wasn't her bag, so she headed to the University of Tennessee to earn her medical degree. After four years of



Yufei Zhang, MD, grew up an avid reader and has long loved writing. She's earned an award for a screenplay that puts a new spin on a Chinese tale. Her daughter, Serena, shown here with her, shares Zhang's passion for writing. *Photo courtesy of Yufei Zhang*

medical school, Zhang came to Portland to start her medical residency at Legacy Emanuel and Good Samaritan medical centers.

For the past 15 years, Zhang has been practicing internal medicine with Northwest Primary Care. All along, she's never stopped writing.

"I always write little things here and there, mostly in Chinese," she said. "I never even thought about writing in English."

Several years ago, though, a friend of Zhang's, Dr. Jamie Read, a psychiatrist in town and writer herself, encouraged Zhang to try her hand at a more serious writing endeavor.

"She encouraged me and said, 'Yufei, you should start writing. You are good, you're very creative and have lots of good ideas. You just need to learn about the format,'" Zhang said.

That led to a screenplay class, where she churned out essentially a rough draft of her screenplay based off the "Goddess of the Moon" legend. Zhang followed up with a master class that helped her polish up the screenplay. Called "The Scented Moon," Zhang's story takes the original tale and re-routes it so that the beautiful woman at its center becomes a doctor with special healing powers. She does not get punished for drinking the elixir, but instead uses her kindness and skills to help people in need, which eventually leads to her own happiness in the end.

"It's fantasy, but that's what I like to write," Zhang said. "Diseases that I can't cure in the clinic are curable in my writing. That gave me some satisfaction."

Zhang pitched her screenplay at Willamette Writers Conference, which every year sees some Hollywood producers come to town in search of stories. Several took an interest in "The Scented Moon," but as is often the case, none

could figure out a way to bring it to life financially.

Zhang, however, was not deterred. The same friend who encouraged her to write the screenplay in the first place also encouraged her to submit it to the Angel Film Awards, where she won Best Fantasy Love Story Screenplay in 2012.

Since then, Zhang has continued to write for herself. She's currently at work on a story based loosely on friends of hers from college who have recently reunited thanks to the Chinese social media network WeChat. This one is more of a novel; as of mid-May, Zhang was about 70,000 words in, and she's thinking she might hit 200,000 by year's end.

"I write when I have time, maybe an hour here or there, but it adds up," she said. "It's become fun, it releases stress and it's just kind of my way to get in touch with my passion inside."

That's a passion that Zhang has seemingly passed on to her daughter, Serena, who has long been on track to become a writer. She wrote for the Lake Oswego Review as a student columnist in high school, and now she's studying the craft at Stanford and writing for the Stanford Daily. Serena has also encouraged her mother to keep refining her award-winning screenplay and pursuing all her writing dreams.

"She has been pushing me to do this," Zhang said. "Who knows, maybe we will work on it together. It would be cute for me and my daughter to work on something together. Writing is just very rewarding to me, more than anything else." ■

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## ANNUAL MEETING, from page 1

honorees “act on their finest impulses,” said MSMP Trustee **Brenda Kehoe, MD**, in presenting the Rob Delf award.

OHSU medical student **Nishad Sathe**, described as “a blessing to the OHSU community,” received MSMP’s annual Student Award. Sathe has served in many leadership positions, tutored and supported peers, and offered feedback to university administrators about ways to improve curriculum and better support students (read more about Sathe in the accompanying Page 1 story).

Other nominees for the Student Award included Hannah Dischinger, Gabrielle Gioia, Nattaly Greene, Kerith Hartmann, Dagnie Howard, Sunil Joshi, Srdjan Kamenko and Minhazur Sarker.

Villegas presented retiring MSMP Board Trustee **Jack Kron, MD**, an award for his longtime dedication and service to the organization.

Haslam, who works in the Dr. Vinay Prasad Laboratory at OHSU, systematically reviews the literature and identifies evidence-based medical interventions, with a focus on low-cost care or medical reversals – the latter defined as when a large, well-done study contradicts current medical practice.

She noted at the top of her presentation, titled “Medical Reversals: Why 46 Percent of What We Do is Wrong,” that there’s been positive progress in general in medical treatments, with occasional setbacks. Other times, something the medical field had been doing is found to be no better or worse than a prior or lesser standard of care.

Haslam said reversals reach into “every corner of health care” and can harm patients who are subject to a practice during the years when it was in favor



and during the lag before it falls out of favor – typically 10 years of inertia. In addition, reversals can erode trust in the medical system.

Reversals occur because the field adopts something based on inadequate and biased studies, she said, citing several examples. Among them, routine use of antibiotics for sinus infections and folic acid for preventing colorectal adenomas.

Haslam posed solutions that included encouraging medical students to think critically and educators to foster an attitude of empiricism rather than reductionism. The profession also should identify costly, low-value practices and disincentivize their use, she said. ■

MSMP’s Board of Trustees (from left) John Evans, MD; Bradley Bryan, MD, MBA; Lydia Villegas, MD; Brenda Kehoe, MD; Denny Le, DPM; Mary McCarthy, MD; Amy Kerfoot, MD; B. Megan Madden, MD; Manish Mehta, MD; Adam Obley, MD; Kylie Loutit, MS; Eric Burgh, MD; and Carmen Gaston, JD. Not pictured is Trustee Kellie Littlefield, DO. Photo courtesy of MSMP

## Circle of Giving grant to explore Alzheimer’s disease in women

OHSU’s Center for Women’s Health Circle of Giving has presented its annual \$125,000 grant to **Julie Saugstad, PhD**, and **Ursula Sandau, PhD**, in the Department of Anesthesiology and Perioperative Medicine.

They will test how brain-derived cell differentiators, or exosome microRNAs, work together with a genetic risk to worsen Alzheimer’s disease in women. In announcing the award, OHSU noted that two-thirds of the 50 million people living with Alzheimer’s worldwide are female.

“Our long-term goal is to develop a new clinical test for the early detection of Alzheimer’s disease, as well as new therapies to both treat and prevent the disease in women,” Saugstad said. “We have the capability to do this right here at OHSU. And now, thanks to the Circle of Giving, we will be able to begin our journey.”

The Circle of Giving, made up of nearly 40 women passionate about scientific study and women’s health, has helped fund 19 studies in areas including breast and ovarian cancer, women’s cardiac disease and postmenopausal brain function. Since 2006, it has awarded more than \$2 million in grants. ■

## OHSU awards over 1,200 degrees this month

OHSU held commencement ceremonies for the schools of medicine, dentistry and nursing, and the OHSU–Portland State University School of Public Health on June 3. Mid-month, ceremonies for the Oregon State University/OHSU College of Pharmacy and the OHSU School of Nursing campuses outside Portland were slated.

The OHSU School of Medicine awarded 494 degrees and certificates; the School of Dentistry 81; the School of Nursing 488 degrees and certificates; the College of Pharmacy 82 degrees; and the OHSU–PSU School of Public Health 73 degrees and certificates.

“As we release these new graduates into the world as skilled and committed providers, educators and research scientists, I am confident that their experiences at OHSU have well prepared them to impact the health and well-being of Oregonians,” said OHSU President Joe Robertson, MD, MBA. ■

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



ALYSON HASLAM, PHD

**Alyson Haslam, PhD**, who works in the Dr. Vinay Prasad Laboratory at Oregon Health & Science University, was the featured speaker at the Medical Society of Metropolitan Portland’s 2018 Annual Meeting in May.



Her presentation about medical reversals sparked a handful of questions from meeting attendees. To read Haslam’s responses to these questions, which touched in part on PSA tests as well as whether studies exist on the cost-benefit to overall medical expenses since managed care was instituted, please visit [www.MSMP.org/MembersOnly](http://www.MSMP.org/MembersOnly).

## Health systems, hospital hire new leaders

Two of the area’s health institutions and a major medical center have hired new leaders. **Danny Jacobs, MD, MPH, FACS**, was selected as Oregon Health & Science University’s next president, while **Kathryn Correia** was chosen as Legacy Health’s new president and chief executive officer. **Krista Farnham** was named chief executive for Providence Portland Medical Center and will lead Providence Oregon’s eastern region.

Jacobs, the executive vice president, provost and school of medicine dean at the University of Texas Medical Branch, will succeed **Joe Robertson, MD, MBA**, effective Aug. 1. Jacobs, a surgeon by training, said his approach is centered on “teamwork, collaboration and community.” OHSU noted his significant contributions to UTMB’s success, including a major capital campaign and development of strategic plans involving stakeholders in the academic and clinical realms.

Correia’s selection is effective later this month. She will succeed **George Brown, MD**. She served as CEO of HealthEast, a health system serving the east metro area of Minneapolis, until 2017, when she led the organization’s merger with Fairview Health Services that created Minnesota’s largest health system. Correia then became Fairview’s overall integration, planning, advocacy and philanthropic efforts, Legacy noted.

Farnham had served as Providence Portland’s chief operating officer, and recently took on the additional role of interim chief executive there. In addition to leading Providence Portland, Farnham will provide operational leadership, management and direction to Providence’s eastern region that includes Providence Hood River Memorial Hospital, Providence Willamette Falls Medical Center and Providence Milwaukie Hospital. She was described in a press release as a “proven servant leader.” ■



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