MEDICAL SOCIETY OF METROPOLITAN PORTLAND

The Scribe

A publication of the Medical Society of Metropolitan Portland

OFF HOURS

Creating with glass

Physician fuses love of art with colorful glass creations.

– Page 8

FOCUS ON

Men's Health & Wellness

Prostate cancer screening: Middle ground may be reachable with latest recommendations.

– Page 6

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

OHSU's curriculum emphasizes competence, flexibility

Outcomes include early graduation for some, less debt

Fourth-year medical students at OHSU pick up their envelopes during the annual Match Day in March, learning where they will serve their residencies. Among the outcomes of OHSU's YOUR M.D. curriculum is that 100 percent of its graduating medical students this year were successful in landing a residency, compared with an average of 93 percent nationally.

Photo courtesy of OHSU/Kristyna Wentz-Graff

By Cliff Collins
For The Scribe

If current medical practice focuses on so-called patient-centered care, the new concept in medical education could be termed learner-centered.

Placing emphasis on medical students' ability to explore and customize their training is a key element of **Oregon Health & Science University**'s new curriculum, which OHSU refers to as **YOUR M.D.**

The program, which launched in 2014 and graduated its first class this past June, is part of a nationwide initiative to transform medical education for the 21st century. Along with assistance from the American Medical Association's Accelerating Change in Medical Education Consortium, OHSU was one of 32 leading medical schools that developed new, innovative curricula, according to **David O. Barbe, MD**, AMA president.

GEORGE MEJICANO, MD, MS

In 2013, the AMA awarded OHSU a $1 million grant to help launch a "competency-based and time-variable" curriculum, said **George Mejicano, MD, MS**, OHSU senior associate dean for education.

The YOUR M.D. curriculum allows students to advance through medical school, sometimes in less than four years, "after successfully demonstrating competency in core areas through their own individualized learning plans," Barbe said.

Previously, medical school placed emphasis on the amount of time spent, usually four years, to obtain a medical degree, "not how you did it," said Mejicano, who arrived on the Hill in 2012. He believes the program will produce "a better product" and better serve society's needs by providing improved patient care.

"The curriculum has been remarkably successful," he said. Major outcomes he pointed to include:

- In the class of 2018, about 25 percent of students graduated after winter term, three months ahead of schedule; that is, in less than four full years. Some students may take a little longer than four years, but that is all right because they will be completing their education at their own pace, he said. A goal in future years is to allow some graduates to start their residencies early, as well, he said.
- Performance on national licensure examinations "improved slightly," he said, noting that this was a pleasant surprise, because OHSU educators were launching something new and untested, and some expected that, initially, licensing exam performance might dip some while the kinks were being worked out with the program. This result was a testimony to the concept and to how OHSU prepared the students, Mejicano said. The goal is to "better

*See **YOUR M.D.**, 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.

If you would prefer a print version of this paper, we encourage you to subscribe by calling 503-222-9977 or emailing *Janine@MSMP.org*.

We welcome your feedback, and appreciate your readership.

Thank you.

www.legacyhealth.org/PADrefer

Supervised exercise therapy for peripheral artery disease

Legacy Health has a new supervised exercise therapy program for peripheral artery disease (PAD).

The 12-week program is covered by Medicare and most health insurance plans and available at each Legacy hospital.

Legacy's multidisciplinary team offers your patients an approach, backed by research, to alleviate the most common symptoms associated with PAD.

Locations

Our program for PAD is available at each Legacy Health hospital:

- Legacy Emanuel Medical Center
  503-413-4353
- Legacy Good Samaritan Medical Center
  503-413-6723
- Legacy Meridian Park Medical Center
  503-692-2548
- Legacy Mount Hood Medical Center
  503-674-1590
- Legacy Salmon Creek Medical Center
  360-487-3770
- Legacy Silverton Medical Center
  (At Woodburn Health Center)
  971-983-5212

To refer

Go to **www.legacyhealth.org/referral** for a referral form or refer through your EHR.

LEGACY HEALTH

AD-1328 ©2018

The Scribe

July 2018 • Volume 36, No. 7

The Scribe is the official publication of the Medical Society of Metropolitan Portland.

"Connecting Physicians in Community"

1221 SW Yamhill St., Suite 410
Portland, OR 97205
PH 503-222-9977 FAX 503-222-3164
www.MSMP.org

The Scribe is published monthly by the Medical Society of Metropolitan Portland, 1221 SW Yamhill St., Suite 410, Portland, OR 97205.

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

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.

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

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

DINNER CME: Are You Ready? Prepare your organization for a disaster

MSMP and The Doctors Company invite you to join us for this dinner CME.

6:30 p.m., Thursday, Nov. 8

LOCATION: Widmer Brothers Brewing, 955 N Russell St., Portland

This program will review the environmental and man-made threats we face in the Portland area; you will learn how to effectively develop an emergency plan for our specific hazards. Regardless of your current disaster planning stage, you will take away tips to help you prepare for disaster and ensure the safety of your patients, employees and the livelihood of your practice.

There will be opportunity for Q&A with Edward Colson, president of Ready Northwest, who has worked with medical clinics in helping them become CMS compliant.

NOTE: ***CME credits available – may be eligible for The Doctors Company Risk Management Credits.***

COST: No cost to MSMP members and one guest. Dinner is included.

REGISTER: 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) or contact Sarah@MSMP.org to learn more.

Welcome our newest MSMP members!

R. Brad Cook, MD
John Dussel, MD
John Wiest, MD
Erin Boken, PA-C
Kimberly Grady, PA-C
Kate Grabenhorst, Practice Manager
Pacific Vascular Specialists, PC
pacificvascularspecialists.com
503-292-0070

Amanda Lamb, Practice Manager
Pediatric Cardiology Center of Oregon
www.pccoforegon.com
503-280-3418

We invite YOU to become a member of MSMP

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

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

Join today at MSMP.ORG

Become an MSMP Group Member today!

Sign up for MSMP Group Membership and start taking advantage of these exclusive group membership benefits: first looks and early registration to MSMP events and education; onsite, in-clinic education delivered to you; savings on annual membership dues; special listing on the Group Members page in the *Little Black Book* and on the MSMP website; and one free copy of our *Salary and Benefit Survey*.

Visit www.MSMP.org/Group-Membership or e-mail Sarah@MSMP.org for special group pricing.

Internist-psychiatrist takes on physician burnout, suicide

By John Rumler
For The Scribe

Physician burnout continues to be a huge problem. According to the 2017 Physician and Advanced Practitioner Well Being Solutions Survey, no less than 85 percent of physician respondents rated their stress as ranging from moderate to severe, yet only 24.2 percent reported that they were offered well-being solutions at work.

The American Foundation for Suicide Prevention, Medscape and the Arnold P. Gold Foundation note that between 300 to 400 physicians nationwide take their own lives each year.

Working to turn these statistics around is **Y. Pritham Raj, MD**, medical director of Adventist Health Portland's Emotional Wellness Center (EWC), which celebrated its one-year anniversary in June.

Adventist Health Portland's Emotional Wellness Center staff includes (front row) Naiyana Chantarabunchorn, PhD, director; Jeanette Gordon, transportation specialist; Elle Taylor, LCSW, case manager; Y. Pritham Raj, MD, medical director; Terri Nielsen, coordinator/administrative assistant; (back row) Michael Blankenship, PMHNP, provider; Andrew Delgado, LCSW, therapist; and Glenn Maia, LPC, therapist. Not pictured: Kerry Hanline, RN. *Photo courtesy of Adventist Health Portland*

Raj is a clinician-educator whose passion lies in teaching patients, students and colleagues the evidence-based principles of wellness using a mind-body framework. His research interests range from memory disorders and depression in the critically ill to obesity, and he has lectured internationally on a variety of med-psych topics.

"We're losing, on average, one doctor every day due to suicide. That's unacceptable," Raj said. "There's also a host of related problems, including alcoholism, divorce and physicians so unhappy they are dropping out of their careers."

Michael Blankenship, ARNP, PMHNP, is on staff at the EWC and has known Raj for a year. "It would be extremely difficult to find anyone as well-equipped and as determined as Dr. Raj to take on the challenge of confronting physician burnout and suicide," he said.

Blankenship described Raj as open, interactive and deeply interested in people. "I expected my job interview with him to last a half hour. Instead, it stretched out to 90 minutes and we learned a great deal about each other," he said. "Our EWC team is now so close we can discuss anything."

Also on staff at the EWC clinic, **Kerry Hanline, RN**, said that nurses can sometimes feel that they work below a doctor, but that is never the case for her. "Dr. Raj is so approachable and respectful, it's obvious that he cares deeply about staff as well as patients. I feel 100 percent supported, respected and appreciated. I can go to him with any ideas or suggestions."

An internist/psychiatrist, Raj graduated from Maryland University School of Medicine in 1997 and completed his residencies at Duke University School of Medicine in 2002. Raj stayed on as faculty at Duke, where he helped create its innovative, inpatient med-psych unit. As he specializes in the interface between general internal medicine and psychiatry, Raj assisted in developing a novel med-psych teaching clinic at Oregon Health & Science University in 2006 when he relocated to Portland. He works primarily with internal medicine residents to care for patients using a progressive "mind-body" approach.

The med-psych teaching clinic received the Oregon Psychiatric Association's Access-to-Care award in 2010. Raj came to Adventist in March 2015 as chair of the Department of Behavioral Health, where he spends 70 percent of his work time. He remains an OSHU faculty member and spends the remainder of his time there.

He is also the site investigator of the Work-Life Balance Study, a partnership research project of OHSU and the Society of General Internal Medicine, which is funding the study. "Our initial goal was to find out how big a problem burnout is at Adventist, and since we learned the rate is very high among our providers (55.6 percent), we are now orchestrating a plan to do something about it."

Raj is chairing Adventist's Provider Wellness Committee and systematically working to support providers and staff. "As part of this effort, the EWC offers consultative services to help providers with their symptoms of burnout, including an assessment for suicide since we know how severe a risk that is," Raj said. "We are treating ongoing burnout and also trying to prevent it from progressing to depression."

The EWC program is preventative in that it helps patients get intensive treatment to avoid hospitalization, and it is part of a strong aftercare plan for patients who have been hospitalized and need more transitional care before resuming their regular lives. It is also currently treating about a dozen Adventist staff members and/or providers.

Since some physicians would not likely walk in the door seeking help for burnout, it is an ongoing challenge to identify and reach those most at risk, Raj acknowledged. "Our biggest enemies are silence and inertia, as physicians are notorious for not seeking care for themselves because we doctors are supposed to be tough. Our goal is to raise awareness and increase dialogue about the issue and to offer help."

If physicians are not inclined to receive care from the EWC because it is on campus, Adventist has partnered with MSMP (the Medical Society of Metropolitan Portland) to offer anonymous counseling and care.

While there is a plethora of contributing factors to burnout, Raj said that an imbalance in a physician's work and home life is the surest way to lead to it. "Too many bureaucratic tasks, including the immense amount of paperwork, are also major factors.

"Often there are signs when burnout manifests itself in providers, including frustrations, mounting deficiencies, general unhappiness and others," Raj added, "but when it is pandemic it is hard to see that individuals are struggling because everyone is struggling."

*See **WELLNESS,** page 5*

OHSU-led team discovers compound that stops spread of cancer cells

A multidisciplinary research team led by **Oregon Health & Science University** has discovered a drug compound that stops cancer cells from spreading, OHSU announced late last month.

New research, published in June in the journal *Nature Communications*, shows that it may be possible to freeze cancer cells and "kill them where they stand," OHSU said in a news release.

Raymond Bergan, MD, division chief of hematology and medical oncology and professor of medicine at OHSU, said the majority of today's cancer treatment therapies are directed toward killing cancer. To date, no one has developed a therapy that can stop cancer cells from moving around the body. Most cancers, if detected early as a small lump in a particular organ and has not spread, is survivable. If it is found late, after spreading throughout the body, it generally is lethal, he said.

"Movement is key: the difference is black and white, night and day. If cancer cells spread throughout your body, they will take your life. We can treat it, but it will take your life," said Bergan, who also is associate director of medical oncology in the OHSU Knight Cancer Institute and director of the OHSU Bergan Basic Research Laboratory.

His group has for decades focused on the study of cancer cell movement. In 2011, Bergan and his team took a novel approach to their research, collaborating with chemists to discover a drug that would inhibit cancer cell movement. The *Nature Communications* paper outlines the multidisciplinary team's work with the compound KBU2046, which was found to inhibit cell motility in four different human cell models of solid cancer types: breast, prostate, colon and lung.

"We used chemistry to probe biology to give us a perfect drug that would only inhibit the movement of cancer cells and wouldn't do anything else," Bergan says. "That basic change in logic lead us to do everything we did."

The investigators include Bergan's team at OHSU, a Northwestern University chemist and researchers from Xiamen University in China, the University of Chicago and the University of Washington.

The lab of **Karl Scheidt, PhD**, professor of chemistry and pharmacology, director of the Center for Molecular Innovation and Drug Discovery, and executive director of the NewCures accelerator at Northwestern University, designed and created new molecules that Bergan's team evaluated for their ability to inhibit cell motility. Using chemical synthesis approaches, Scheidt and the team accessed new compounds that minimized motility in tumor cells, with few side effects and very low toxicity.

Bergan said the process of narrowing down the specific drug compound was a process of refinement.

"We started off with a chemical that stopped cells from moving, then we increasingly refined that chemical until it did a perfect job of stopping the cells with no side effects," he said. "All drugs have side effects, so you look for the drug that is the most specific as possible. This drug does that."

The key to this drug, Bergan said, was engaging the heat shock proteins, the "cleaners" of a cell. The drug binds to these cleaner proteins to stop cell movement, with no other effect on those proteins, he added, calling it a very unusual, unique mechanism that "took us years to figure out."

"Initially, nobody would fund us," Bergan says. "We were looking into a completely different way of treating cancer."

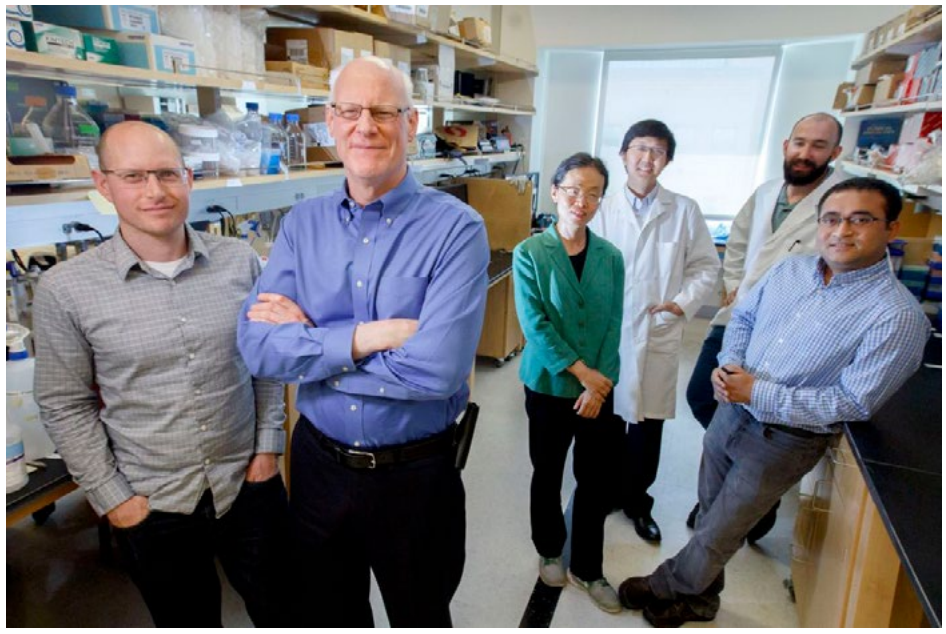
Ryan Gordon, PhD, research assistant professor in the OHSU School of Medicine and co-director of the Bergan lab, said that ultimately the goal of the research is to look for a new therapeutic that will benefit people in the early stages of disease, preventing them from getting the more incurable, later-stage disease.

He stressed that this work has not been tested in humans. The best estimate, according to the team, is that it will take about two years and $5 million of funding to do so. They currently are raising money to do investigational new drug enabling studies, a requirement to conduct a clinical trial of an unapproved drug or an approved product for a new indication or in a new patient population.

In addition, Bergan and Scheidt have founded a company, Third Coast Therapeutics, that aims to bring this type of therapy to patients.

"Our eventual goal is to be able to say to a woman with breast cancer: here, take this pill and your cancer won't spread throughout your body. The same thing for patients with prostate, lung and colon cancer," Bergan said. "This drug is highly effective against four cancer types (breast, colon, lung and prostate) in the in vitro model so far. Our goal is to move this forward as a therapy to test in humans."

Funding for the research was supported by the Department of Defense and the Veterans Administration, OHSU said. ■



A multidisciplinary team involving OHSU has discovered a drug compound that stops cancer cells from spreading throughout the body. That team includes, from left to right, Ryan Gordon, PhD, Raymond Bergan, MD, Zhenzhen Zhang, PhD, MPH, Limin Zhang, PhD, Graham Fowler and Abhi Pattanayak in the OHSU Bergan Basic Research Laboratory. *Photo courtesy of OHSU/Kristyna Wentz-Graff*

***WELLNESS,** from page 4*

Identifying burnout in the early stages, Raj said, is sometimes as easy as checking in with people around you or by completing a simple questionnaire. "But to intervene helpfully can be complex; it is different for each burned-out provider and a strategy that is effective at one facility may not work at another. Building awareness and resilience to burnout is critical; that's what we are working on right now, sometimes using support groups."

While physician burnout has been around a long time, several health care systems are now doing more innovative things to help providers. Collaboration is the key, Raj said.

"We are learning from experts such as the Stanford WELL program and the Hennepin County program, headed by my mentor Mark Linzer, and we're modeling our interventions around them. Making sure that lessons learned are shared and not being afraid to fail in the process should also be considered crucial innovations." ■

OHSU recruiting participants for second phase of trial for promising Parkinson's treatment

A new form of immunotherapy offers promise as potentially the first treatment to slow or stop Parkinson's disease progression. Although effectiveness still must be determined in further clinical trials, new research published in mid-June in *JAMA Neurology* shows that it meets the fundamental principle of medicine of "first, do no harm," **Oregon Health & Science University** noted in a news release.

The study found that clinical trial participants safely tolerated even high doses of the treatment, an investigational drug known as PRX002/RG7935.

OHSU is among several sites recruiting participants into phase II of the clinical trials for that drug, which will further study safety and tolerability as well as measure the potential effectiveness of the therapy over a year. The randomized, controlled trial will use a standardized scale for Parkinson's to measure the progression of the disease among participants given a lower dose, higher dose and placebo. Researchers are looking for participants who have been recently diagnosed with Parkinson's, which affects about 1.5 million people in the United States.

Photo courtesy of OHSU/Kristyna Wentz-Graff

OHSU's Joseph Quinn, MD

"This drug has the potential to have the greatest effect for people early in the disease, within two years of diagnosis," said co-author **Joseph Quinn, MD**, professor of neurology in the OHSU School of medicine and director of the OHSU Parkinson's Disease and Movement Disorders Program.

The drug uses an antibody targeting the alpha-synuclein protein, which clump together in aggregations known as Lewy bodies inside neurons, a specialized cell that transmits nerve impulses. The formation of Lewy bodies is thought to kill these cells, leading to Parkinsonism. Previous studies involving mice showed that introducing a particular antibody, PRX002/RG7935, reduced levels of alpha-synuclein aggregates in neurons, blocked the spread of alpha-synuclein and protected the neurons and synapses.

The initial study included 80 participants given intravenous infusions every four weeks and then monitored over 24 weeks, finding that they safely tolerated the therapy and that it was effective in targeting the alpha-synuclein proteins. ■

Scribe Focus
Men's Health & Wellness

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 August, we'll focus on Medical Education.

Prostate cancer screening:
Middle ground may be reachable with latest recommendations

By Cliff Collins
For The Scribe

The gap in how primary care physicians and specialists view PSA tests for prostate cancer screening may narrow some after the release of new national guidelines.

The U.S. Preventive Services Task Force's latest recommendations, issued in early May, restore more flexibility to when PSAs should be given for asymptomatic men age 55–69, and also offer patients more choice in the matter. The guidelines were revised for the first time since the task force's controversial grade D recommendations in 2012.

The new grade C recommendation falls more in line with guidelines issued by several leading health and medical organizations, noted **Tomasz M. Beer, MD, FACP**, an oncologist who chairs prostate cancer research and is deputy director of **Oregon Health & Science University's Knight Cancer Institute**. In addition, the task force's recommendations "have come closer to my opinion," as well as that of an ad hoc OHSU committee that examines certain clinical issues and determines the institution's policies toward those, he said.

TOMASZ M. BEER, MD, FACP

According to the U.S. task force's new guidelines, published in the *Journal of the American Medical Association*, evidence from randomized clinical trials shows that PSA screening programs in men 55 to 69 years old may prevent approximately 1.3 deaths from prostate cancer over approximately 13 years for every 1,000 men screened. Screening programs also may prevent about three cases of metastatic prostate cancer per 1,000 men screened.

The panel concluded "with moderate certainty that the net benefit of PSA-based screening for prostate cancer in men aged 55 to 69 years is small for some men. How each man weighs specific benefits and harms will determine whether the overall net benefit is small."

It added: "In determining whether this service is appropriate in individual cases, patients and clinicians should consider the balance of benefits and harms on the basis of family history, race/ethnicity, comorbid medical conditions, patient values about the benefits and harms of screening and treatment-specific outcomes, and other health needs. Clinicians should not screen men who do not express a preference for screening."

> "There's definitely a trend toward **discussing the perceived value** and **not overselling the value of doing this.**"
>
> *– Ruben O. Halperin, MD*

However, the task force stayed with its previous policy against screening men age 70 or older, once again giving that a grade D recommendation. It cited evidence showing that the harms of screening in men over 70 are at least moderate, and are greater than in younger men because of increased risk of false-positive results, diagnostic harms from biopsies and harms from treatment. Thus, the potential benefits of screening members of this age group "do not outweigh the expected harms."

After the U.S. Preventive Services Task Force issued its 2012 guidelines, the American Academy of Family Physicians endorsed the task force's grade D recommendation against PSA screening, "because evidence indicates that the harms of the test outweigh its benefits," the academy stated. By contrast, the family physicians' group advocates that its members use the task force's new recommendations as "a valuable resource" in treating patients; the academy also stated that it will review the task force's guidelines, and determine the academy's stance on those.

One of the factors the academy cited in concurring with the task force's previous recommendation against screening was that "90 percent of U.S. men with PSA-detected prostate cancer are treated," often for cancers that would never threaten their lives but have a high risk of adverse side effects.

That latter situation has changed during the six-year period since the task force's 2012 recommendations. One reason is increased awareness of potential harms of screening, which the task force points out include frequent false-positive results, psychological harms, erectile dysfunction, urinary incontinence and bowel symptoms. About one in five men who undergo radical prostatectomy develop long-term urinary incontinence, and two in three men will experience long-term erectile dysfunction.

"There's definitely a trend toward discussing the perceived value and not overselling the value of doing this," observed **Ruben O. Halperin, MD**, a general internist and faculty member of the residency training program at **Providence Medical Group Northeast.** "Over the last few years, people in primary care have done a lot less PSA testing," he said. "Most people in primary care are still skeptical of the value."

He also noted that after the 2012 task force recommendations came out, the American Urological Association changed its own guidelines the following year toward "more shared decision-making."

"It's reasonable to have that discussion," because using PSAs for screening for cancer is problematic, Halperin added. "There is a good chance it would lead you to get a lot of care that is probably unnecessary. A lot of false positives historically have led to seeking biopsies and repeat biopsies," leaving "a trail of overvigilance." PSA tests "are not perfect," and don't indicate whether the patient does or does not have cancer, he said.

For Halperin, the new grade C recommendation "for practical purposes, does not change a lot" for him, in that he continues not being "a regular screener" of his patients.

But he emphasized that reaching a middle ground between how primary care and specialty care regard PSA screening depends on future developments. "The important thing is not being super dogmatic either way," he said. When studies come out that show additional benefits and more definitive information, Halperin said he can see his views changing.

OHSU's Beer said the task force's new guidelines could alter providers' perceptions. "The prior change had a big impact," he said. "That tells us that people pay attention to" what the task force endorses. The 2018 recommendations "will be noticed, and some people will modify their practices," because recommending having discussions and taking individual patients' views into account represent "a different recommendation" from discouraging discussion and PSA screening, as before.

He said specialists have been responsive to the primary care community's concerns about overdiagnosis, and as a result, we are seeing more active surveillance and less aggressive care. At the same time, patients' preferences are given thoughtful consideration.

Halperin agreed, noting that the increasing prevalence of surveillance is a positive trend that "may make screening more valuable."

Beer applauds the task force's modified recommendations, and believes there is an emerging consensus about the use of PSAs.

On one point, though, he differs with the task force's grade D recommendation for patients 70 and over. For these men, applying individual decision-making between doctor and patient should still hold, he believes, because men on average are living longer, and those who are in good health may have a longer life expectancy than average and may benefit from detection, he said.

Beer added that recent developments such as using MRIs to guide biopsies could help address overdiagnosis. ■

What are the current guidelines?

The U.S. Preventive Services Task Force's latest recommendations, issued in early May, restore more flexibility to when PSAs should be given for asymptomatic men age 55–69, and also offer patients more choice in the matter. However, the task force stayed with its previous policy against screening men age 70 or older, once again giving that a grade D recommendation.

Trust, combination of medication and therapy among keys to helping men with depression

By Barry Finnemore
For The Scribe

> "It's crucial for a man to have a physician he feels comfortable talking to about anything in his life – **not only trusting the practitioner, but trusting how personal information will be managed.**"
>
> *– Greg Miller, MD, MBA*

Clinical psychologist **Michael Shrifter**'s patient had suffered chronic pain since a motorcycle accident years before. The pain was so severe it interfered with his daily activities, and he was no longer able to work as a nurse. As a result, he lost his sense of purpose and became isolated. His eating and sleeping habits had suffered. Depression set in, and medication alone was not effective in addressing it. Finally, he had come to Shrifter on the advice of his primary care provider.

Shrifter said his priority was acknowledging the man's decision to follow through with the visit, to gain his trust, to build rapport and to validate his experience.

MICHAEL SHRIFTER, PSYD

"My most valuable tool as a therapist is the therapeutic relationship," said Shrifter, PsyD, who practices with **The Portland Clinic**. "If, first and foremost, I can build rapport and trust with a patient, it's more likely they will get something out of the therapy."

Cognitive behavioral therapy helped the man increase his physical activity, despite his chronic pain, focusing on gentle yoga, swimming and walking short distances. A dog lover, he also began visiting a dog park and meeting new people. As trust between Shrifter and the patient grew, the man felt more comfortable confiding in his wife about his struggles. Cognitive restructuring interventions helped to elicit more positive thinking and reduce the man's irrational thoughts.

Today, the man is doing much better, according to Shrifter. He's more active, sleeping and eating better, and even giving back by volunteering at a hospital. He still experiences chronic pain, but he's in a better position to manage it.

This patient's experience with depression is by no means rare. Statistics show that depression is a common but serious mood disorder among both men and women. Both Shrifter and **Greg Miller, MD, MBA**, noted that signs and symptoms of depression differ in men than women, with men more likely to seem angry, irritable or aggressive – symptoms most people don't associate with depression. To be diagnosed with depression, also known as major depressive disorder or clinical depression, men must have symptoms for at least two weeks, according to the National Institute of Mental Health. Symptoms can include poor sleeping and eating habits. Symptoms can have physical manifestations, such as a racing heart, ongoing digestive issues or headaches. Men can also lose interest in work, family or hobbies, and in fact more often suffer from anhedonia, the inability to experience pleasure or interest in anything, Miller said. And men, for a variety of reasons – among them the societal stigma of appearing weak or vulnerable – also are generally less likely to open up about their feelings and to seek help, feeling they can manage on their own.

"You have to look for (anhedonia)," Miller said. "You won't necessarily find it if you ask if they are sad."

In fact, Miller, chief medical officer with **Portland's Unity Center for Behavioral Health** and an associate clinical professor of psychiatry with **Oregon Health & Science University**, said research shows women are diagnosed with depression at twice the rate of men, but it's unclear from studies whether that's because more women suffer from it or if it goes that much more undiagnosed in men. While women with depression are more likely to attempt suicide, men are more likely to take their own life because they use more lethal means.

Many primary care providers ask patients to complete Patient Health Questionnaire-9, a guide that asks, for instance, how often in the last two weeks they have felt down, depressed or hopeless, have had trouble falling or staying asleep or sleeping too much, felt tired or have had little energy, felt bad about themselves, or have had thoughts of being better off dead or of hurting themselves.

Getting men to share their feelings is critical. For that reason, and though true for both men and women, Miller stressed how vital it is for a man with depression to trust his primary care provider. "It's crucial for a man to have a physician he feels comfortable talking to about anything in his life – not only trusting the practitioner, but trusting how personal information will be managed." It's important, he added, to reassure patients that their information will remain confidential.

Indeed, trust is a bedrock on which diagnosis and successful treatment is built, Shrifter said. He focuses on validating depression and assessing a patient's level of support among their family and friends. It's also critical to provide empathy and validation. Shrifter refers to support, patience and encouragement, and unconditional positive regard as the "three pillars."

"You have to build trust before addressing the underlying problems," he said. "My first order of business is to emphasize their willingness to reach out for help" and "validate their experience."

The good news is that, with treatment, most can manage their depression. Both Miller and Shrifter said research shows patients respond better when that treatment involves a combination of medication and psychotherapy.

"We know from evidence that the response rate tends to be the same with medication alone and therapy alone, but response rates are higher when both are employed," Miller said. "This is what I tell patients: It's evident you have a higher likelihood of responding better if you do both."

Shrifter, too, shares with patients the same empirical evidence that the combination of medication and therapy is most effective. "Patients can get into trouble if they look at medication as a quick fix," he said, noting that in general the stigma around therapy has lessened. "Medication is not going to resolve everything; they need to do their part to care for themselves."

Therapy helps teach patients new ways of thinking and behaving, changing habits that contribute to depression. Cognitive behavioral therapy, for example, is based on the notion that thoughts, behaviors and emotions are interconnected, and changing one domain can positively affect the others. By helping a patient form positive self-statements, they will feel better about themselves and, therefore, engage in other positive behaviors such as being physically active and spending time with friends and family.

"We all have thoughts every day, and not all of them are true," Shrifter said. "If we can think more rationally, time spent worrying decreases. We're helping develop a broader set of coping skills." ■

PHYSICIAN FUSES LOVE OF ART WITH COLORFUL GLASS CREATIONS

By Jon Bell
For The Scribe

A few years ago, **Caroline Schier**'s professional and personal worlds collided in an unexpected way thanks to one of the world's most prolific art glass manufacturers.

An MD who went to medical school at Oregon Health & Science University, Schier had, after about three years practicing in a fairly traditional setting, become more interested in integrative medicine and functional medicine. Those fields take more of a holistic approach to medicine and consider how factors such as lifestyle and environmental, emotional and mental influences impact health.

Schier is also an artist who enjoys the art of fusing glass, something she started doing when she first moved to Portland some two decades ago.

The collision came about in 2016, when it was discovered that Bullseye Glass Co., a well-known manufacturer of art glass, had been releasing arsenic, cadmium and other potentially harmful toxins into the air around its southeast Portland plant. One of the areas that Schier focuses on with her patients is how environmental factors can influence their health.

"My worlds kind of collided when all that was going on," said Schier, who has taken many classes at Bullseye over the years. "I love the art, but no art is worth polluting the air we breathe."

Thankfully, Schier didn't have to worry for too long about Bullseye's pollution and its potential impact on the health of Portlanders. In short order, the company invested more than $1 million in emission controls to get itself in line with environmental standards.

"They resolved the issue and eventually did the right thing," Schier said.

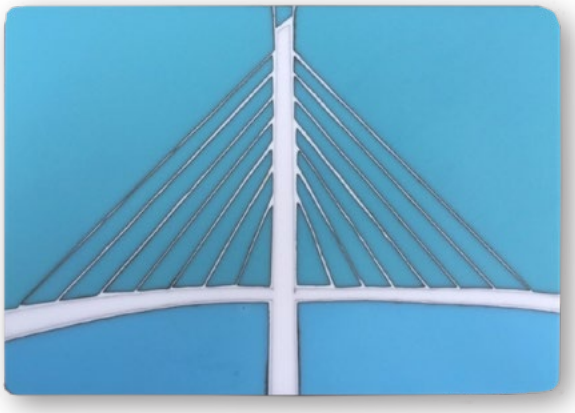
That's a good thing for Schier, considering how important her glass art is to her.

"Glass is my main craft," she said. "I have dabbled in all sorts of art, but glass is the medium I have settled on. It fills my soul and inspires me."

Born and raised in Chicago, Schier has long had art in her life. Her mother initially exposed her to it and always supported her through classes and other artistic endeavors. When she relocated to Portland 20 years ago, Schier took her first class in glass art fusing – essentially arranging pieces of glass in a particular design and firing it in a kiln – and was hooked. A few years later, she bought a small kiln, which she still has in her garage.

Though she doesn't get to spend as much time with her glass art as she'd like, Schier still makes time for it when she can. She usually gets in a flurry close to the holidays, making gifts for friends and family. Pieces she makes include tiles, dishes and jewelry. Schier also continues to take classes at Bullseye.

"I feel so fortunate that I live in a town where I have access to this," she said. "Glass really offers plenty to keep my creative juices flowing. And I've always had this thought that if medicine didn't work out, I'd focus on glass."



Caroline Schier's glass art pieces include tiles, dishes and jewelry. Her practice, Wildwood Functional Medicine, is named for the Portland trail of the same name, a nod to her belief that connecting with nature is a significant step toward health and healing.

Photos courtesy of Caroline Schier

From engineering to medicine

Medicine seems to be working out for Schier, even if she came to it in a roundabout way. A trained industrial engineer, Schier initially came to Portland from Chicago to work for Intel Corp., helping the high-tech giant plan for the tools it needed in its high-volume manufacturing facilities around the world.

But after eight years, Schier found herself somewhat dissatisfied and thinking about a shift. A health scare of her own landed her in the hospital at OHSU, and when she was on the mend and ready to leave, she found herself thinking that she was going to miss the hospital environment.

"I looked around and realized that I had really been energized by that," she said.

Schier started volunteering at OHSU, but at 29 going on 30, she thought she was too late to shift gears toward a career in medicine. But someone she worked with at OHSU convinced her to go for it.

"I thought I had missed the boat, but apparently I hadn't," Schier said.

She enrolled at OHSU at 32 and came out four years later ready to work in primary care. She worked at Kaiser as a family care physician, and though she enjoyed it and appreciated how she and her colleagues were able to help people, she always felt like there was something missing.

"I was well-trained to diagnose and manage disease, but I started to feel like there was something missing in my toolbox to help people overcome chronic disease," she said.

Schier became interested in functional medicine and integrative medicine, in part through the books and training of health coach Chris Kresser.

"I'm trying to move further upstream," Schier said. "I'm interested not only in what the disease is and why it is happening and how we can fix it, but also how can we get to the root and what caused it in the first place. My goal is to detect and correct imbalances."

Schier launched her own practice, Wildwood Functional Medicine, in late 2016 and has been seeing patients ever since. An avid hiker and big believer in the power of getting outside, Schier provides extensive consultations with patients but also requires them to maintain a relationship with a primary care provider. She works with patients on a range of ailments, from depression and anxiety to autoimmune disorders, cardiovascular disease, gut dysfunction and diabetes.

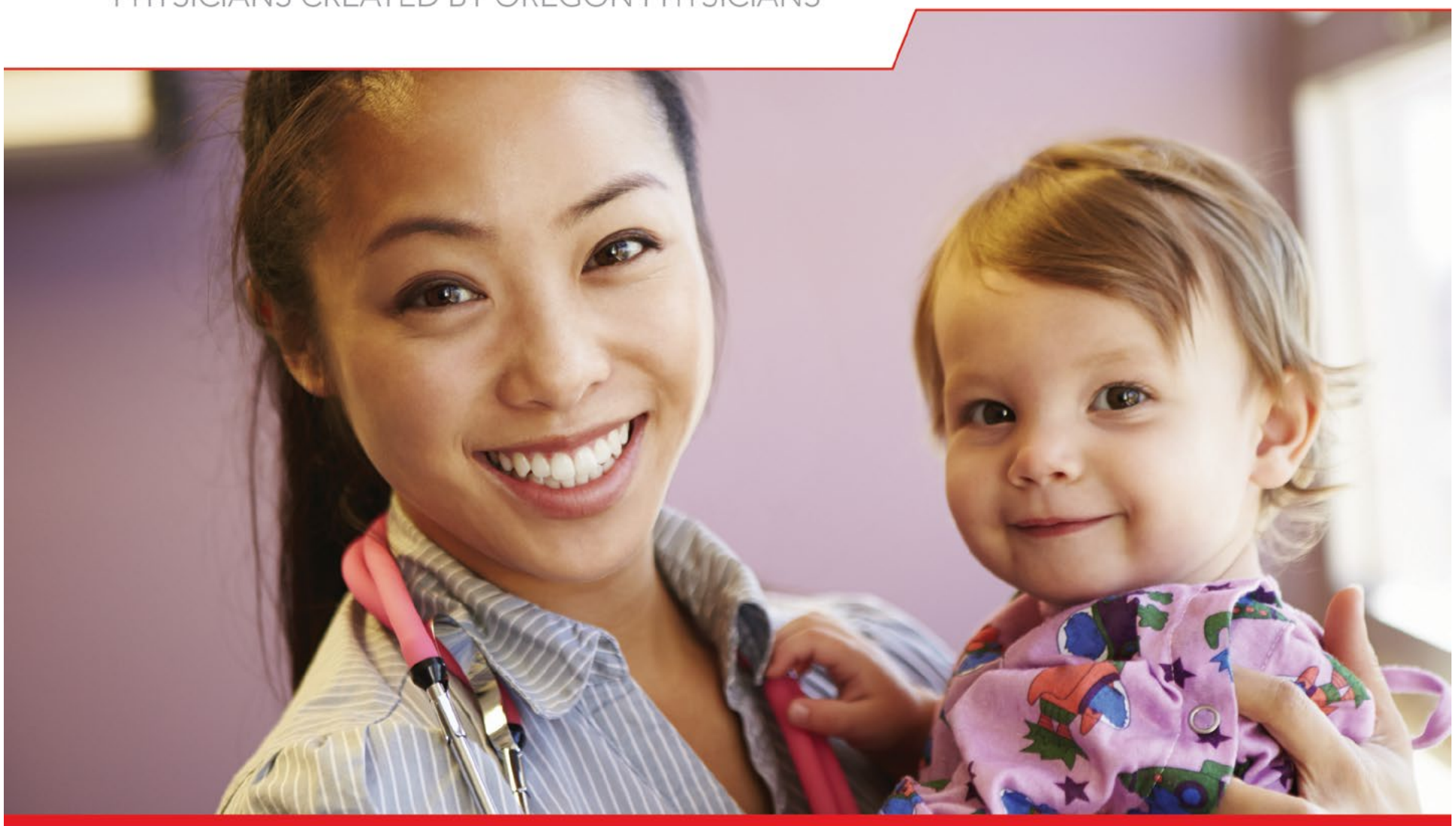
Hers is an evolving practice, and Schier said she hopes to eventually be able to add a health coach to her practice. She is planning to produce videos to help automate the educational portion of her practice, and down the road, she would love to see integrative medicine and functional medicine become more ingrained in local residency programs.

"I would have loved to have heard about this when I was in residency," she said. "It would have given me so much hope." ■

"I have dabbled in all sorts of art, but glass ... fills my soul and inspires me."

45 YEARS OF SERVING OREGON PHYSICIANS

CUSTOMIZED COVERAGE FOR OREGON PHYSICIANS CREATED BY OREGON PHYSICIANS



www.theoma.org/cna

While other insurance carriers have come and gone, CNA has demonstrated its stability in the marketplace by insuring Oregon physicians for 45 years. Since 1971, we've helped customers navigate the dynamic healthcare landscape, and we will continue to help the healthcare community confront the challenges of tomorrow. Our tenured professionals average 26 years of insurance experience, and our strong partnership with the Oregon Medical Association makes it easier to ensure that you obtain the coverage you need. With local claim professionals and a comprehensive risk control program, CNA is the partner you can rely upon to create insurance products and risk control solutions to help you in protecting and successfully operating your practice, year after year.

For more information, please contact CNA's Portland office at 800-341-3684 or visit www.theoma.org/cna.

CNA

We can show you more.®

OMA

YOUR M.D., *from page 1*

prepare you for the first day of residency." This includes being able to write medical orders, work with an interdisciplinary team, and analyze clinical questions and put them into place, he said.

- In addition, 100 percent of OHSU's graduating medical students were successful in landing a residency, compared with an average of 93 percent nationally.
- Student debt has decreased by an average of $16,700 per student since 2015. OHSU medical students graduating in 2015 were in the nation's top 2 percent for student indebtedness among all medical schools. By contrast, students finishing school in 2018 rank in the 79th percentile for student indebtedness, meaning 21 percent of all U.S. medical graduates accumulated more debt than OHSU's graduates.

Further, 21.2 percent of the OHSU class of 2018 graduated with no debt, either due to having the financial means to pay tuition in full or receiving substantial financial aid.

The upshot is that some OHSU students are graduating sooner with reduced debt. OHSU has achieved this by increasing both the number and financial value of scholarships, working with the state to place more physicians in rural and underserved areas in exchange for reduced tuition, and keeping "fee increases low," he said.

OHSU graduate **Lauren Harry, MD**, was one of the early finishers, completing her degree requirements March 23. By finishing school in less than four years, Harry achieved a savings of $11,784 in tuition and fees.

"That savings means a lot to me," she said. "I didn't have to take out as many loans as some of my friends. I'm graduating with $140,000 in debt, which is pretty good in comparison to a number of my classmates."

Harry, who earned her undergraduate degree at Oregon State University studying pharmacy and music, now is headed to the University of South Florida for her residency in vascular surgery.

A flexible approach

A competency-based curriculum means that student performance standards have been predetermined by faculty and are based on national consensus. Students must demonstrate that they can reliably perform the skills expected of a physician before they can graduate.

An example of the idea of students customizing and exploring their own education is that they now can begin to delve into specialty areas of interest early in their second year, whereas before, students did not reach that level until their fourth year. The curriculum also favors active learning – through simulation, transition courses, creative clinical experiences, reflective writing and scholarly projects.

Look for *The Scribe*'s continuing coverage of medical school education as part of our focus section in August.

This flexible approach is enhanced in two ways, Mejicano pointed out. First, faculty members give students feedback daily, as part of frequent assessment of their steps toward achieving and demonstrating competencies. Second, OHSU was one of the first medical schools to implement the concept of coaches, he explained. "We committed to training 45 academic faculty members" in assessing performance data and talking to students to identify their strengths and areas that could be improved. The concept of coaches in medical education is relatively new, and "it's shocking that it hasn't been part of the curriculum" before, he observed. "Everybody can improve with a coach."

Mejicano was candid about faculty responses to the new curriculum framework. "There are people who love it, and people who can't stand it and think it's terrible," he said. But "the vast majority are in the middle. Clinical faculty are under tremendous pressure from demands. We're asking the faculty to do more. This is a huge paradigm change in medical education."

Proponents believe the result will be "better patient care and serving society" better, but "not everybody is overjoyed by the changes. Learners are taking more" responsibility for shaping their own education, and this can be "threatening" to some faculty members, he said.

Another change in medical school education at OHSU, one not directly related to the YOUR M.D. program, was increased class sizes. This took place "in response to workplace needs," and came after the Association of American Medical Colleges in 2006 declared a national call to action, asking medical schools to increase class sizes to 30 percent by the 2015-16 academic year, Mejicano said. "Virtually every school responded by increasing class sizes." OHSU's class size prior to this call was 120 medical students, and that size will reach 160 with the class of 2021, he said.

Moreover, the association asked for an increase in the number of medical schools, which went from 120 to 151, according to Mejicano. The number of schools training new osteopathic physicians, physician assistants and nurse practitioners also increased exponentially in response to the call, he added.

Reaction was favorable from students who finished in the cohort under the new curriculum, he said. Faculty sought students' opinions about what they feel worked and how to improve the curriculum.

"They took a chance on us," Mejicano said, referring to the students. "We transformed the curriculum." OHSU informed those potential incoming students that the new format was part of the exploratory aspects of the new concept of medical education, and asked if students were willing to take the risk along with the school. Most who did expressed satisfaction with their decision. "They actually thrived in that model," he concluded. ■

OHSU was one of the first medical schools to implement the concept of coaches, **training 45 academic faculty members in assessing performance data and talking to students** to identify their strengths and areas that could be improved.

Online extra! Don't miss this article!

MSMP MEMBER EXCLUSIVE

A delegation of American College of Emergency Physicians Oregon chapter members recently traveled to Washington, D.C., to lend their voices as the national organization advocated for and provided education on a trio of issues as part of its 2018 Leadership & Advocacy Conference.

Drs. Caitlin Mase and **John Turner**, both residents at Oregon Health & Science University, were part of the delegation and talked with The Scribe about the trip.

To read more about the issues they discussed with Oregon's congressional delegation and what they gained from their experience, please visit ***www.MSMP.org/MembersOnly***.

Photo courtesy of OHSU/Kristyna Wentz-Graff

Joan M. Teno, MD, MS

Study finds fewer people dying in hospitals

Fewer people are taking their last breaths in the hospital and are instead dying in their homes, assisted living facilities and other community settings, according to a study published in *JAMA* and presented recently at the Academy Health 2018 Annual Research Meeting in Seattle.

The finding indicates people are increasingly able to die according to their wishes, said the study's lead author, **Joan M. Teno, MD, MS**, professor of medicine (general internal medicine and geriatrics) in the **Oregon Health & Science University School of Medicine**.

"This tells me we're on the right path. We're listening to people who tell us they don't want to die in a hospital setting as we're expanding access to hospice and palliative care teams," said Teno, who is also a senior scholar at the OHSU Center for Ethics in Health Care.

Teno and colleagues at OHSU and Brown University found people dying in hospitals decreased from almost 33 percent in 2000 to nearly 20 percent in 2015. In addition, stays in hospital intensive care units during the last month of life have stabilized at 29 percent of patients since 2009, and incidents of patients being moved to a different health care facility during the last three days of life decreased from 14 percent of patients in 2009 to less than 11 percent in 2015.

This study is an update to a 2013 JAMA paper by Teno and colleagues, which found at that time more people were dying shortly after staying in intensive care, being repeatedly hospitalized, and experiencing transitions in care that are burdensome to dying persons and their families.

The previous study examined Medicare patient data between 2000 and 2009, while the new paper has an expanded dataset through 2015. In between the two studies, the Patient Protection and Affordable Care Act was enacted in 2010.

The Affordable Care Act transitioned the U.S. from paying for services such as hospitalizations to paying for the quality of health care outcomes. For example, hospitals are now fined when their patients are readmitted within 30 days of being released, and Accountable Care Organizations provide incentives based on the quality of health care. Teno said this transition led hospitals "to think carefully" about post-hospital care and encouraged the use of palliative care, which focuses on improving the quality of life for patients with serious illness.

A decrease in burdensome health care transitions is particularly important, Teno said, as being transferred to a hospital can be especially stressful and discomforting for patients nearing the end of their lives.

"Anytime you change health care settings, there's a whole new set of providers who need to get to know you," Teno said. "Imagine you're in the last days of your life and the patient or family has to explain your needs to a whole new group of caregivers."

There has been growth in community-based palliative care teams since the enactment of the Affordable Care Act. Teno is now working with colleagues to study the impact those teams have on the quality of care. ■

This research was supported by the Robert Wood Johnson Foundation and the National Institute on Aging.

The Scribe Classifieds MARKETPLACE

For advertising information, contact Sarah Parker: 503-944-1124 or Sarah@msmp.org.

Family Practice & Internal Medicine Physicians

Pacific Medical Group is a busy, independent, private practice with five provider-owned clinic locations in the Portland metro and surrounding area.

We are looking for dynamic providers to join and expand our progressive practice.

- Outpatient only practices located in North Portland, Beaverton, Oregon City, Tigard, and Canby
- Opportunity to be a shareholder, and participate in an incentive pay plan
- Competitive salary, sign-on bonus, and benefit package
- Fully automated EMR software
- All Pacific Medical Group Clinics have received Recognition as a Patient-Centered Medical Home by the NCQA and the State of Oregon

If you are seeking an opportunity to build and grow a solid practice that is both professionally satisfying and financially rewarding, this may be the right opportunity for you.

pacific medical group
...we'll take care

At Pacific Medical Group, our mission is to make a positive difference by providing patient centered primary care and customer focused service. In living our values, we foster an enriching work environment, provide leadership, and collaborate with others in the improvement of health.

- To learn more about Pacific Medical Group, please visit our website at **www.pacificmedicalgroup.com**.
- To apply, submit CV and cover letter to Elaine Daugherty, HR Manager, by email: **careers@pacificmedicalgroup.com**, or fax: **503-914-0335**.

ROOM FOR RENT – STUDENT/RESIDENT/PHYSICIAN

PHYSICIAN HOUSE SHARE AVAILABLE IN FOREST HEIGHTS HOME. $1150–1250/month plus approx. $50 for utilities. Can do month to month. For photos and more info, please see Craigslist ad at *https://portland.craigslist.org/mlt/roo/d/medical-student-resident/6623411459.html* or *https://tinyurl.com/ScribeJuly18*. Call 503-292-2855 for more information.

CLASS A MEDICAL OFFICE SPACE – TO SUBLEASE

1037 SQ. FT. OFFICE SPACE NEAR ST. VINCENT/CEDAR MILL available for sublease. Space includes waiting area, two large exam rooms, lab, break room, and small office. Recently remodeled and furnished. Call 503-998-4384.

Searching for funding?

The Metropolitan Medical Foundation of Oregon funds projects that support activities which improve health education and the delivery of health care to the community.

These mini-grants provide **up to $500** and are awarded quarterly.

• APPLY TODAY! •

Third quarter deadline is Sept. 30, 2018.

For grant applications and to learn more about MMFO, please visit ***www.MMFO.org.***

SEEKING BC/BE INTERNIST

Fanno Creek Clinic is an independent Primary Care/Multi-Specialty Clinic in SW Portland.

We are seeking a BC/BE Internist to help meet the needs of our growing patient population.

The position offers autonomy, opportunity to choose how to practice, and option for partnership.

We have on-site laboratory, ultrasound, and x-ray.

FANNO CREEK CLINIC

TO APPLY

Please email CV to Lane Hickey: LHickey@fannocreek.com

Or mail: Fanno Creek Clinic
Attn. Lane Hickey
2400 SW Vermont
Portland OR 97219

(503) 452-0915

www.FannoCreek.com

Broadway MEDICAL CLINIC

SEEKING: DERMATOLOGIST

Physician owned Broadway Medical Clinic is seeking an additional dermatologist to round out our dermatology department. Our full time physicians work 4 days a week with no hospital call. Part time would also be considered for this position. Each physician practice has a dedicated registered nurse and medical assistant. Broadway Medical Clinic offers competitive salary and benefits. Opportunity for partnership after 2 years.

Broadway Medical Clinic is a busy primary care practice located in the Hollywood neighborhood. We offer internal medicine, pediatrics, dermatology and behavioral health with laboratory and imaging services on site. Broadway Medical Clinic has been in continual business for 85 years proudly under physician ownership.

www.BroadwayMedicalClinic.com

Interested parties should send CV to:

Human Resources
Broadway Medical Clinic
4212 NE Broadway
Portland, OR 97213

or: cschapman@bmcllp.net

The MSMP

Physician Wellness Program

Confidential Counseling

Confidential counseling removing all barriers that typically prevent physicians from getting the help they need. Appointment hours are flexible with physicians' schedules in mind; urgent appointments are available. No insurance billed and no electronic medical record created. Psychologists are experienced in counseling physicians and offer east side and west side locations. No information disclosed to others without written consent. No role in disciplinary or fitness-for-duty evaluation. Counseling is free to all Physicians and PAs.

Coaching

The goal of our coaches is to help you maximize your fulfillment in life and work. Coaches are experienced in coaching physicians, and are able to meet in a location that fits the physician's needs. Consultations and first session free for members of MSMP.

Wellness Education

We offer a variety of top-notch education programs, including burnout prevention, stress resilience seminars, risk management and team building workshops.

Wellness Library

We have compiled articles, studies and videos discussing physician burnout, stress, depression and general wellness for your ease of reference at www.MSMP.org.

CONFIDENTIAL WELLNESS LINE

(503) 764-5663

Call to schedule an appointment or leave a confidential message.

For more information regarding the Physician Wellness Program, including detailed profiles on our counselors and coaches, visit *www.MSMP.org*.

We are committed to private sessions that respect the dignity and training of each clinician. Our commitment is to provide short-term wellness sessions with the option of referral to additional care, if needed. Career counseling is available to enhance decisions within the clinician's training and expertise. Autonomy, choice and privacy are the most critical components of our overall program.

Thank You!

$50,000

The Portland IPA

$30,000

The Portland Clinic Foundation

Women's Healthcare Associates, LLC

$10,000 – $14,999

OHSU Foundation, under the direction of Donald Girard, MD

$5,000 – $9,999

Ater Wynne Attorneys at Law

Hart Wagner Trial Attorneys

Metropolitan Medical Foundation of Oregon

Mary McCarthy, MD, and John Holloway

$2,500 – $4,999

Bradley Bryan, MD

$1,000 – $2,499

George Caspar, MD

Atul Deodhar, MD

Brenda Kehoe, MD

John Kendall, MD

Walter Krieger, MD, and Cathy Krieger

Jack Kron, MD, and Ruth Whitham

The Portland IPA

Steve Urman, MD

Thomas Welch, MD

$500 – $999

Candice Barr and Judge Darryl Larson

Diana Bell, MD

Susan Denman, MD

Marcia Dunham, MD

Greg Esmer, DO

John Evans, MD, and Maryam Evans

Mariko Ferronato, MD, and Douglas York, MD

Philip Parshley, MD, and Barbara Parshley

The Portland Clinic

Lydia Villegas, MD

R. Bastian, MD and Barbara Wagner, MD

To $499

Anonymous

Richard Allen, MD

James Asaph, MD

Bertram Berney, MD

James Biemer, MD

Amanda Borges

Tammily Carpenter, MD *(in memory of Dan DeMerell, MD)*

Eric Chang, MD

Nancy Cloak, MD

Maurice Comeau, MD

Mohamud Daya, MD

John Deeney, MD

Robert Dreisin, MD

Holly Easton, DO

Karen Elliott, JD

Ronald Fraback, MD

Lynn Friedmann, MD

Carmen Gaston

Devin Gattey, MD

Donald Girard, MD

Laura Greenberg, MD

Irvin Handelman, MD

James Hicks, MD

John Holland, MD and Jacqueline Holland

Bill Honeycutt

Marcus Horenstein, MD

Linda Humphrey, MD

Anna Jimenez, MD

Amy Kerfoot, MD

Denny Le, DPM

Grant Lindquist, MD

John Lingas, MD

Tiffany McClean, DNP, PMHNP

Miranda McCormack, MD

Louis McCraw, MD

John McDonald, MD

Sharon Meieran, MD

Samuel Metz, MD

Joseph Meurer, MD

Medical staff of Mid-Columbia Medical Center *(in honor of Paula Lee, MD and Kerry Proctor, MD)*

Duncan Neilson, MD

JoAnne Nelson, MD

Raymond North, MD and Carol North

Adam Obley, MD

Frank Palmrose, MD

Kenneth Paltrow, MD

Marianne Parshley, MD

James Peck, MD

Linda Pope

Richard Sandell, MD

Anushka Shenoy, MS

David Shute, MD

Bhawar Singh, MD

Robert Skinner, MD

Kenneth Stevens, Jr., MD

Deena Stradley *(in memory of Rob Delf, Jr.)*

Jimmy Unger, MD *(in honor of Olof Sohlberg, MD)*

Michael Van Allen, MD

David Wagner, MD *(in memory of Patricia Wagner, MD)*

George Waldmann, MD

Reed Wilson, MD

Ati Yates, MD

MSMP and MMFO greatly appreciate the generous donations in support of the Physician Wellness Program.

***Please consider a charitable donation to the Wellness Program:* www.MMFO.org**