



The Scribe

A publication of the Medical Society of Metropolitan Portland

Working together to make a difference

Portland IPA, led by physicians, provides a broad array of services and support for health care providers.

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OFF HOURS

Wind and waves



Surgeon Steven Olsen, MD, recharges through kitesurfing on the Columbia River.

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November 2018

OHSU in talks with Providence, pledges to revive transplant service

By Cliff Collins
For The Scribe

In the wake of the unprecedented shutdown of the state's only heart transplant program, hospital officials are working together to care for affected patients.

Oregon Health & Science University announced Aug. 31 that it was inactivating its program after its remaining heart transplant team's cardiologists resigned or announced plans to do so by the end of September.

OHSU Hospital had been Oregon's sole center for transplanting hearts since **Providence Portland Medical Center** closed its heart transplant program six years ago. Providence, which ran that program from 1999-2012, is treating OHSU patients who have left ventricular assist devices implanted, as well as most of the

university's patients who already have received transplants.

Providence also is holding discussions with OHSU about a possible joint heart transplant program, medical leaders at both health systems confirmed.

OHSU's was the first Oregon hospital to transplant hearts, beginning in December 1985. The institution has forged a long-established reputation for transplant research, and the shutdown of its heart transplant program this year was a shock to the medical community.

In addition to the departure of four advanced heart failure and transplant cardiologists – **Jill M. Gelow, MD, Jonathan D. Davis, MD, Divya U. Soman, MD, and James O. Mudd, MD** – the Division of Cardiovascular Medicine has sustained two other disruptions in 2018: **Rupa Bala, MD**, an electrophysiologist who left OHSU in 2017, filed a discrimination lawsuit against the institution earlier this year; and **Sanjiv Kaul, MD**, founding director of the OHSU Knight Cardiovascular Institute, announced Oct. 2 that he will step down as institute director at the end of this year to focus on research. OHSU School of Medicine Dean **Sharon Anderson, MD**, will become interim director of the Knight

OHSU's heart transplant program focus of independent external review



DANNY JACOBS, MD, MPH

OHSU President **Danny Jacobs, MD, MPH**, who took the helm in August, commissioned an independent external review beginning in October of OHSU's shuttered heart transplant program.

According to the university, when such a process is employed in the medical profession, it allows members of the health care team to offer their opinions and describe their experiences while maintaining confidentiality. The review is being conducted by outside consultants who have extensive experience leading program evaluations and performance reviews. The evaluation and assessment will include the quality of patient care; supervision of the program; and education, training and supervision of staff. The process is expected to take several months.

The timetable for reactivation after a transplant program suspends operations also is dependent on a number of requirements mandated by the United Network for Organ Sharing and the Centers for Medicare & Medicaid Services.

Cardiovascular Institute Jan. 1.

Until Sept. 1, 2017, Kaul also held the title of division head of cardiovascular medicine. At that time, cardiologist **Joaquin E. Cigarroa, MD**, a professor of medicine, assumed the title of division head, a position he still holds.

In an another personnel change –

one that OHSU spokeswoman Tamara Hargens-Bradley said was "unrelated to the departure of the heart failure and transplant cardiologists" – **Jai Raman, MD**, who performed some heart transplants and is among OHSU's seven adult cardiac surgeons on the faculty who perform adult cardiac surgeries and "participate in the transplant service in various roles," announced the week of Sept. 17 that he would be resigning at the end of the year. "He is moving to Australia to be with extended family," according to Hargens-Bradley. "Dr. Raman is leaving in January for personal reasons unrelated to the inactivation of the heart transplant program."

Renee Edwards, MD, MBA, vice president and chief medical officer of



RENEE EDWARDS, MD, MBA

OHSU Healthcare, said Providence and the University of Washington Medical Center have been helping care for OHSU patients who had been treated on the Hill or were on the waiting list for heart transplants. "We're grateful to the University of Washington

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.

BRIDGING THE HEALTH CARE GAP

Bridges Collaborative Care Clinic, a free clinic in Portland spearheaded by university students studying for health care careers, is preparing to open a dental clinic this month.

Pictured, from left to right, are: Jon Sherman, Transition Projects Inc.'s peer health navigator and Bridges board member; Cathy Xu, a fourth-year medical student and Bridges Marketing & Community Relations Team lead; Zoe Teton, a fourth-year medical student/research fellow and Bridges board president; Allison Munn, a fourth-year medical student and Bridges co-chair; Isla Mckerrow, a third-year medical student and Bridges co-chair; Daniel Stone, a third-year medical student and Bridges Resource Management Team lead; and Francesca Andronic, MPH, first-year medical student and Bridges Resource Management Team lead.



Photo courtesy of Bridges Collaborative Care Clinic

To read more about Bridges and other local organizations that are helping others through medicine, please turn to page 6 for our Giving Back focus section.

See **HEART TRANSPLANTS**, page 11



Welcome Our Newest MSMP Group Members!

- Kendra Blosser, PA-C**
- Scott Grewe, MD**
- Carmen Jones, PA-C**
- Lillian Lim, Clinic Administrator**
- Thomas Martin, PA-C**
- Christopher Nanson, MD**
- Brian Puskas, MD**
- Mark Wagner, MD**
- Orthopedics Northwest
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- **Scribe Newspaper**
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MSMP Group Manager Member Appreciation Event

On behalf of everyone at the Medical Society, thank you to our group practice managers for taking time out of your day to join us for our first invitation-only Manager Member Appreciation Event!



Visit www.MSMP.org/Manager-Appreciation for more information and to see photos from the event.

We are grateful for your support and continued partnership.

Those in attendance enjoyed presentations from:

- Karen Wilson, *Astra Practice Partners* (Human Resources Best Practices)
- Shawn Chummar, *The Doctors Company* (Insurance 101)
- Grant Engrav, *Engrav Law Office* (Top 10 Employment Law Mistakes)
- Shandy Welch, *Fresh Eyes* (Creating a Culture of Wellness)

Thank you to The Doctors Company for sponsoring this event!

To our group managers: We appreciate all that you do and look forward to seeing you and your providers at our future events!

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

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Funds are used to support activities, events and projects that benefit physicians, physician assistants, residents, medical students and other health care providers. Sponsorships are industry specific, providing you the unique opportunity to differentiate yourself from your competitors. By partnering with MSMP, you send the message to physicians and other health care providers that you support them and the local health care field.

For more information on becoming an MSMP event sponsor, please contact Amanda@MSMP.org.



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

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"Connecting Physicians in Community"

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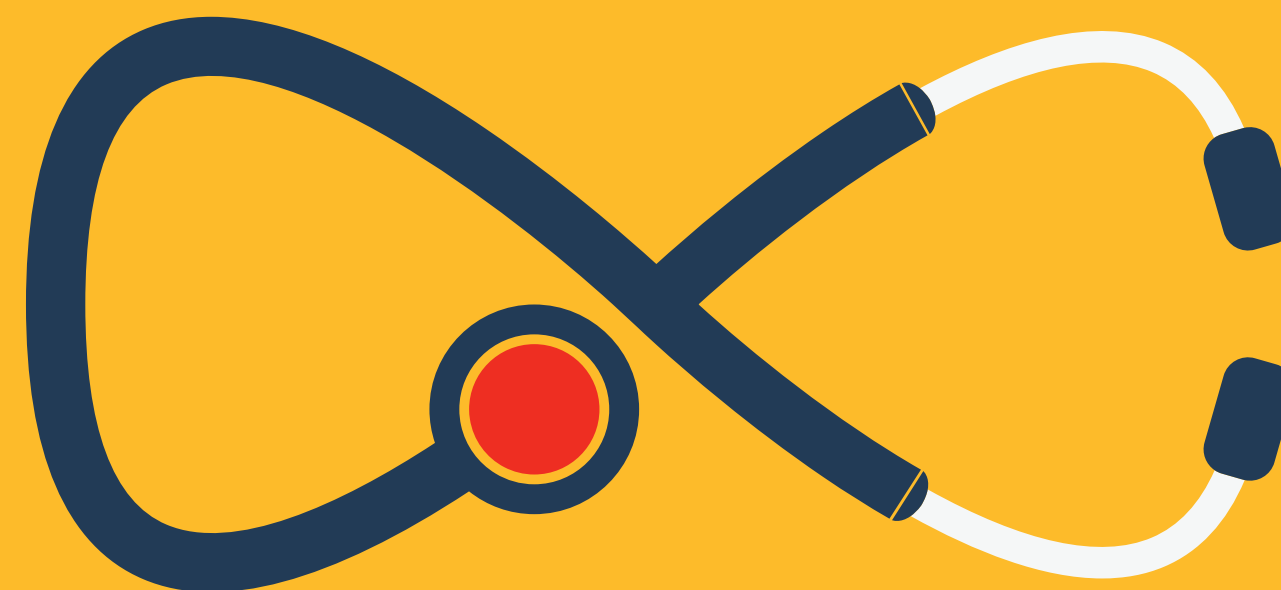
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Initiatives aim to address, enhance provider safety in the workplace

Health care providers face a wide range of hazards on the job, including injuries from needles and other sharp instruments, harmful exposures to chemicals and hazardous drugs, back injuries, latex allergy, violence and stress. While it's possible to prevent or reduce exposure to these hazards, cases of nonfatal occupational injury and illness for health care providers are among the highest of any profession, according to the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health.



Legacy Health recently shared with *The Scribe* some of the most prevalent safety issues its providers face and how it strives to enhance its providers' safety on the job.

The Scribe: What are some of the top concerns related to provider safety within Legacy's system?

It's our focus on provider wellness that distinguishes us.

Does Legacy track safety incidents, and if so, to what degree are they an issue? Are they increasing, decreasing or staying the same? What are the reasons?

LH: Legacy Health looks at safety holistically – how do we keep not only our clinicians but all bedside personnel and everyone else within our walls safe? Specifically, we are focused on preventing back injuries; identifying violence risks; latex allergies; and sharps, chemical and drug management, among others. Physical safety has been a primary focus of Legacy Health for so long, it has become ingrained in how we practice medicine.

LH: Yes, we track, review and debrief all safety incidents that occur. We are becoming increasingly focused on violence in the workplace. With the number of behavioral health patients and opioid abuse increasing, violence is also on the rise.

In terms of provider wellness, we all know burnout is on the rise. The stress that comes with maintaining a work-life balance as a provider has been an issue since the start of medicine. While we used to be told to “suck it up and deal with it,” we are much more aware today of its impact – not only our own well-being – but also on our patients.

What initiatives does Legacy have in place to enhance providers' safety? What role did employees play in shaping these initiatives?

LH: In terms of physical safety, Legacy Health has many protocols in place to protect clinicians and bedside personnel, including mandatory training; continuing education; ongoing reminders of safety codes; Management of Aggressive Behavior (MOAB) training on de-escalation; and innovative violence risk predictor pilot programs such as the Brøset Violence Checklist.

Legacy's focus on provider wellness began in earnest two years ago after surveying the medical staff and asking what resources they need to be successful. We received an overwhelming response from providers who gave us their ideas to help address stress and burnout. Since then, Legacy has been hard at work supporting

EDITORS' NOTE: This article is the second in an occasional series about the safety issues health care providers encounter in their work, how local health systems are addressing them to enhance providers' safety and how these initiatives are evolving.

our provider community in all facets of wellness. Our Board of Directors and senior leadership team, including our new CEO, Kathryn Correia, are incredibly supportive and the physician community is heavily engaged. A few of our current key focus areas are:

- **Change management.** Supporting physicians to embrace the momentum of change in health care and adapt to new ways of doing things such as the Quadruple Aim.

- **Streamlining processes in Epic.** The electronic health record is one of the underlying causes of provider stress and dissatisfaction. We continue to look at new, more efficient ways our providers can meet charting requirements, including targeted training available around upgrades offered monthly.

- **Wellness.** With burnout on the rise, we formed the Medical Staff Wellness Committee to develop and implement programs that support the mental well-being of our provider community. Examples include our provider peer-support program, which garnered more volunteers than we could take; proactive identification and outreach to providers who have been part of an adverse event; and partnering with the **Medical Society of Metropolitan Portland** to create a community resource for physicians in crisis. The Legacy Portal for providers provides access to local wellness and crisis resources specific to their unique needs.

While provider burnout is an acute crisis, the good news is that there is an incredible amount of engagement around this topic at Legacy that spans specialties, sites, and independent and employed communities. Wellness is a common theme in many of our provider publications and leader messages, as is acknowledgment of change and tips to help providers navigate changes in the health care environment. We believe so much in this work that we have a full-time employee dedicated to provider engagement and wellness.

How have these initiatives evolved over the years?

LH: We've gone from learning basic sharps safety in the 1980s to having a higher awareness of safety with intricate scalpels and other instruments equipped with safety features today. There has been a lot of great work done over the past few decades to make physical safety in care settings the norm that it is today. Provider and staff safety continues to be a top concern, but we have evolved to also focus on the physical, mental and emotional wellness of our provider community. ■

Portland IPA provides broad array of services, support for health care providers

By Melody Finnemore
For The Scribe

The **InterHospital Physicians Association**, known as Portland IPA, is a for-profit corporation that was founded in 1983 to give physicians a voice in contracting. It is one of the largest and oldest independent practice associations in the country, representing nearly 3,000 primary and specialty care physicians in the Portland metro area.

Portland IPA's Board of Directors consists of primary and specialty-care, board-certified physicians. Over the years, the organization's services have expanded to include group contracting with several health plans, credentialing, quality improvement initiatives, project grants, EHR adoption, and programs to assist physicians and their staffs with navigating health care reform. Its resources include podcasts, community events, educational opportunities, seminars and articles.

Thomas Gragnola MD, Portland IPA's medical director, said the organization has held many sessions with individual physicians in order to get feedback on the medical field's needs. He said the feedback differs slightly, depending on whether they are a primary care physician or specialist.

THOMAS GRAGNOLA, MD

“Primary care physicians often express frustration regarding the increasing administrative demands placed on them for authorizations, quality reporting, clinical data management and meaningful use. Working on electronic medical record systems that detract from the direct time they spend with patients, and add additional hurdles to providing care, is a sore spot,” Gragnola said. “These issues, coupled with declining reimbursement and a steady loss of autonomy, have had a significant effect on the morale of primary care physicians.”

Specialists have their own set of concerns, he noted, including fears about changes in health care that threaten their autonomy and their ability to serve a diverse population of patients. Gragnola said narrow networks, increased scrutiny on reimbursement and quality reporting on the horizon are palpable concerns amongst specialists.

“For both groups of doctors, the loss of collegiality and relationships that once existed when primary care and specialists shared the care of hospitalized patients has magnified the feeling that things have changed, and not necessarily for the better,” he said.

Since 2010, Portland IPA has assisted member clinics in obtaining medical home recognition with the state of Oregon and the National Committee of Quality Assurance by assessing which level of recognition would be appropriate to

submit for; developing a project plan; and providing support throughout the project. It also continues to support clinics in maintaining their medical home status or assisting with obtaining the next level of recognition.

During the past 10 years, Portland IPA has promoted quality care and innovation in its member clinics through project grants. Projects have ranged from cataract surgery and diabetes care to behavioral health integration and combating adolescent obesity. Since 2009, more than \$10 million has been dedicated to advancing quality and innovation to the benefit of patients.

“One physician recently commented to me that a program he started, which has now garnered additional funding from other outside entities, could never have been done without the seed money he received from the Portland IPA,” Gragnola said. “It is heartening to see doctors from different parts of town, different systems and different specialties work together to fix problems in the delivery of care, that ultimately benefits their patients.”

In an effort to improve the quality of care that its physicians provide, Portland IPA has focused on delivering timely, actionable quality reports that help providers more easily close gaps, a service that aims to reduce the administrative work for each physician while helping them meet health plan quality measures. It has worked to identify aspects of care where collaboration between primary and specialists can be maximized to bring the greatest service to patients. One example is the collaboration between IPA primary care and ophthalmologists to increase the rate of diabetic eye screening, Gragnola said.

“We have worked to offer opportunities for physicians to meet in different venues, outside of the office or hospital, to build greater collegiality among the medical community,” he said.

Portland IPA's community support strives to improve the well-being of Oregon families and health care delivery through donations to, and participation in, several organizations. These include the **Medical Society of Metropolitan Portland's Physician Wellness Program**. Portland IPA has contributed \$100,000 to the program, which provides confidential counseling at no cost to physicians and PAs.

Gragnola noted that Portland IPA is a physician-led organization that advocates for the health and well-being of doctors and the patients they serve. “Thus, it was an easy decision to support the MSMP Physician Wellness Program, which is so important in this time of rapid change in our profession,” he said. “As we see the effects of change, it has become apparent that physician burnout is a very prevalent, very real issue that is occurring in all walks of medical life, across all specialties.”

He added that MSMP's Physician

Wellness Program provides confidential counseling in an accessible, comfortable setting, a “sorely needed benefit” for doctors in need of help. “The feedback from our physician membership has been universally positive. There is an understanding that we are all part of a profession that places high demands, and can exact a significant toll, on physicians, and that we need to help our

colleagues, especially in times of great need.”

In addition to MSMP's Physician Wellness Program, Portland IPA supports the Oregon Food Bank, the Oregon Medical Association, the Oregon State Health Information Exchange and the Oregon State Provider Directory Subject Matter Expert Workgroup, among many others. ■

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The MSMP Board of Trustees proposes the following amendments to the MSMP Bylaws:

ARTICLE II: COMPOSITION OF THE SOCIETY

Section 2 – Classifications of Membership

This Society shall consist of Active, Associate, Resident Physician, Medical Student, Retired Physician, Limited Time Practice, Honorary, Practice Manager, Inactive Physician, Physician Assistant, Nurse Practitioner, Podiatrist, and one Public Member, as defined and limited in these Bylaws, and such other member classifications as may be approved by the Board of Trustees from time to time. New member classifications are subject to an amendment of the Bylaws.

Section 3 – General Conditions for Membership

Every Physician and Podiatrist who is duly licensed to practice medicine by the Board of Medical Examiners of either states of Oregon or Washington who is of good moral and professional standing and who is practicing in accordance with the Principles of Medical Ethics of the American Medical Association, or other person as defined herein, shall be eligible to apply for membership under the conditions prescribed by these Bylaws. Undergraduate medical students shall be eligible to apply for student membership under the conditions prescribed by the Bylaws. Every Nurse Practitioner must be licensed by the Oregon State Board of Nursing and be in good professional standing to be eligible to apply for membership under the conditions prescribed by these Bylaws.

Section 12 – Nurse Practitioner Member

Nurse Practitioner (NP) members shall be Nurse Practitioners who hold an active, unrestricted license issued by the Oregon State Board of Nursing. NP members may vote in elections and on policy matters. NP members may serve on all eligible committees of the Society and will receive at no charge, except for dues, the official publications of the Society, and be eligible for other Society programs and services. Dues for this category shall be as specified in Article III, Section 3.

ARTICLE III: MEMBERSHIP

Section 1 – Application and Election

In applying for membership, the method of application and election shall be as follows:

- Any person desiring to become a member of this Society shall make application on a regular form provided by the Society for that purpose.
- When the application is properly filled out and returned to the Society office, the applicant's credentials and license shall be verified with the Board of Medical Examiners of the State of Oregon, or the State of Oregon Nursing Board as appropriate, with appropriate information from other sources.

Section 5 – Disciplinary Action

1) A member who has been convicted of a felony, or whose license to practice medicine has been revoked by the Oregon Medical Board, Oregon State Board of Nursing or other licensing body shall be dropped automatically from the rolls of this Society as of the date of such conviction or revocation.



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Please contact Amanda Borges,
Executive Director of MSMP, if you have
questions or comments (Amanda@MSMP.org).

Elizabeth Lahti, MD, co-founder and director of the Northwest Narrative Medicine Collaborative, welcomes attendees to the organization's first regional conference in 2016.

Photo courtesy of Elizabeth Lahti



Expanding narrative medicine to the community

By Cliff Collins
For The Scribe

Taking narrative medicine beyond the hospital walls is a concept whose time has come. That was the principal notion that prompted the **Northwest Narrative Medicine Collaborative** to seek funding from the Metropolitan Medical Foundation of Oregon.

In receiving a one-time, or Catalyst, grant from the foundation, the collaborative's intent was to bring "the narrative medicine idea to people in the community," said **Elizabeth Lahti, MD**, co-founder and the director of the collaborative. She defines narrative medicine as "an approach to wellness and health care that supports narrative competence – the ability to listen, absorb and be moved to action by the stories of illness and wellness."

The Northwest Narrative Medicine Collaborative began in 2015 when Lahti and April Brennehan, a local mother of a child who had cancer, brought together health care providers and patients to better understand health and illness through narrative.

Northwest Narrative Medicine Collaborative

FOUNDED 2015

WHAT IT DOES Brings together health care professionals, caregivers, patients and artists to engage in conversation, create a community and explore narrative as it pertains to health, illness and caretaking.

LEARN MORE nwnmcollaborative.org

The diverse group's objective is to engage in conversation, create an inclusive community, and provide opportunities to explore the many forms of narrative around health, illness and caregiving, said Lahti, who is a hospitalist at Oregon Health & Science University and director of narrative medicine at OHSU.

In May, the collaborative began its Community of Practice Monthly Workshop Series. Every interactive session highlights a different topic, hosts a visiting facilitator, and emphasizes developing narrative skills in community.

"There is some form of sharing with each workshop," Lahti explained, offering the opportunity "for a hands-on learning activity." Participants engage in discussion, writing, creating, sharing and interacting with others.

Workshop facilitators create an experience focused on a specific skill that will expand each participant's narrative medicine practice. All 90-minute sessions include some form of writing, as well as discussions in either a large group, pairs or small groups. Workshops wrap up with a "try this" activity.

Lahti said the foundation's grant helped the collaborative with its goal of broadening participation beyond just health professionals and patients to include artists, scholars, writers, caregivers and anyone else who wants to share in a "community of practice," to "create a place where people can come together to practice narrative medicine." The intent was to provide this opportunity at no cost to participants in order to be inclusive regardless of means, she said. "That's what we've done."

"I'm so excited about the collaborative," Lahti said, adding that it recently became a 501(c)(3) nonprofit organization. "We were so happy to get the grant, and now that we have this nonprofit status, we feel" we can help meet a need for "a place where people from all walks of life and health experiences can come together and benefit from narrative medicine."

The workshops are "for everyone who has sat at a health care table," which means all of us at one time or another, Lahti said. "It's a way for people to develop community with each other and not feel alone in what they are doing" or going through. ■

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 December, we'll focus on The Year in Medicine.

Educating parents about need for childhood vaccines

By Melody Finnemore
For The Scribe

Nadine Gartner was pregnant with her first child and working as a plaintiffs' class action litigator when several of her friends asked her about her vaccination plan for the baby. When she learned that smart, educated parents in her community had chosen not to vaccinate or to delay their children's vaccines, she went online to learn why.

"I was shocked at the prolific and vehement anti-vaccination misinformation that surfaced. The only pro-vaccine messaging came from federal and state governments, which many parents distrust," she said. "Although the majority of parents in Oregon have not been heard in the 'vaccine debates' presented in traditional and social media."

Gartner saw the need to establish **Boost Oregon**, a nonprofit organization that provides a forum for parents to provide community-based education about vaccines to other parents. It does not accept donations from pharmaceutical companies and provides a forum for parents to share their stories so that all parents learn about the role vaccines play in keeping their children and community healthy.

In addition, Boost Oregon trains physicians on effectively communicating with parents who are hesitant to vaccinate their children. Gartner noted that physicians don't typically learn how to address the issue as part of their medical training.

"In medical school, they may receive a day's worth of education about vaccines and how they work, but they're not taught how to translate those complex concepts to a non-scientific audience or how to address the many myths that circulate about vaccines online," she said, adding Boost Oregon teaches providers the various reasons parents may hesitate to vaccinate their children and how to respond compassionately and effectively.

The Metropolitan Medical Foundation of Oregon recently awarded a \$2,000 Catalyst grant to Boost Oregon, whose board of directors and medical advisory board are made up of several pediatricians and other physicians. Gartner serves as founding executive director.

MMFO's grant funding is supporting 10 community workshops in Portland. The workshops are led by pediatricians and provide a safe space for parents to bring their concerns and questions about vaccines and get evidence-based answers.

"To date, our workshops have been extremely successful. The parents who attend either have not vaccinated at all or have done so on a selective/delayed basis, and 100 percent of attendees report after the workshop that they intend to vaccinate their children fully," Gartner said.

She noted that Boost Oregon's website offers several resources, including booklets for providers and their practices. In addition, the growing organization is actively recruiting providers for its board and those interested in learning more can email her at nadine@boostoregon.org.

MMFO President Cathy Krieger noted that in 1992 childhood immunizations was one of the foundation's first areas of interest and, since then, it has awarded nine grants to fund immunization activities. However, getting to 90 percent coverage, or "herd immunity," has been a challenge for the state. ■

"Even with the creation of an effective immunization registry, Oregon still struggles to get our kids immunized," she said. "Boost Oregon's successful efforts to help families understand the evidence-based facts about immunizations and vaccines are needed." ■

People who would like to support MMFO's grant programs can make a donation at MMFO.org.

Boost Oregon

FOUNDED 2015

WHAT IT DOES Aims to promote vaccination against childhood diseases and disrupt the dangerous cycle of misinformation about vaccines by providing evidence-based education without fear or degradation.

LEARN MORE www.boostoregon.org



Jay Rosenbloom, MD, talks with providers about how to improve their conversations with parents who are resistant to vaccinating their children during a Boost Oregon training session.

Photo courtesy of Boost Oregon

Marking first year in operation, student-led medical clinic poised to begin offering dental services

By Barry Finnemore
For The Scribe

The first patient medical student Zoe Teton worked with at the **Bridges Collaborative Care Clinic** is one she won't forget because of the services he received, the connection they forged and the fact that the experience was emblematic of the clinic's mission.

A health screening revealed a medical issue, but the cause was unclear. The participant, as Bridges refers to patients, needed specialized care, so the clinic referred him to Oregon Health & Science University for lab tests and further care. The man returned to Bridges in subsequent weeks, talking through lab results with Teton and asking questions about his care and condition.

"We developed a special relationship," Teton says.

The clinic, as it has done for scores of homeless people in the past year, met the man where he was, provided needed care and helped connect him to the specialized health services he needed.

Last month, area medical, nursing, dentistry, public health, pharmacy and other health care students from OHSU, Portland State University and Oregon State University who spearhead Bridges – a free, student-led, interprofessional health clinic – marked their first year of serving metro-area people experiencing homelessness.

This month, the student volunteers will reach yet another major milestone in their mission to improve the health of some of the Portland area's most vulnerable residents: the opening of a free dental care clinic under the Bridges umbrella. Already, Bridges held a kick-off event in October, with a workshop on oral hygiene and providing toothbrushes and other supplies. The dental clinic is due to officially open Nov. 17.

The medical side of Bridges, which operates two Saturdays a month, aims to reduce barriers to care, with students providing "transitional" care under the guidance of licensed providers, including health screenings, health and social services, and health education workshops, at Transition Projects' Clark Center Annex in Southeast Portland. It also serves people at two Transition Projects shelters for women and couples.

The dental clinic, which initially will operate once a month at Bud Clark Commons in inner Northwest Portland, will perform fillings and extractions, and provide toothbrushes, toothpaste and other oral health products.

A dental clinic had long been an aspiration of Bridges leaders, but given the high cost of dental equipment, funding proved a hurdle to opening it in conjunction with the Bridges medical clinic. The funding picture changed, however, as Bridges secured \$10,000 from the OHSU Foundation, \$5,000 from the Reser Family Foundation, fellowships offered through the OHSU School of Medicine, and donations of, and discounts on, dental equipment and related items.



Medical, nursing, dentistry, public health, pharmacy and other health care students from Oregon Health & Science University, Portland State University and Oregon State University tend to participants at the Bridges Collaborative Care Clinic, a free student-run clinic.

Photo courtesy of OHSU/Tracy Brawley

Moving health care FORWARD by GIVING BACK



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Please email Scribe@MSMP.org to share your ideas on providers and groups we can feature in the pages of *The Scribe*.

Bridges Collaborative Care Clinic

FOUNDED October 2017

WHAT IT DOES Provides "low-barrier, participant-centered care and services in the Portland metro area through an inter-professional, student-led clinic."

LEARN MORE bridgescare.wordpress.com

The Bridges Collaborative Care Clinic held its first fundraiser in early November to help maintain and expand its clinics' operations.



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Supporting new parents experiencing depression, anxiety

By John Rumler
For The Scribe

Baby Blues Connection (BBC) is powered almost entirely by volunteers and does not have a physical location. All in-person group spaces for meetings are donated, volunteers return calls from their own phones and Executive Director Angie Fitzpatrick works from her kitchen table.

Yet in 2017 alone, 27,013 parents connected with BBC's perinatal care and resources through its web page, and the organization provided more than 300 hours of personalized help through trained volunteers. BBC also distributed 21,165 brochures across the Portland-Vancouver areas, resulting in 1,331 direct support connections.

Upwards of 15 percent of pregnant and postpartum women experience some form of depression, anxiety, feelings of isolation or hopelessness, according to the Centers for Disease Control and Prevention. When symptoms are present in the mother, the partner has a 50 percent chance of also experiencing symptoms. Left unchecked, depression and anxiety in either parent can adversely affect the parent-to-child bond, causing developmental issues. That's why it is so important for families to have the support – especially through the critical first

few years of new parenting – that BBC provides, says board member and pediatrician **R.J. Gillespie, MD.**

"As pediatricians, we know that untreated parental depression can have negative effects on children's development. Helping parents connect with services as well as with each other allows for healing and recovery, which protects the development of their kids. We rely on Baby Blues Connection to provide this important route to recovery."

About 40 people per month contact BBC, but the numbers fluctuate widely depending on the time of year and other factors. Another 50 to 60 moms and dads attend monthly support groups. Currently, there are four in the metro area and BBC is looking to start new support groups in the outer Southeast area in or near Gresham and in the outer west suburbs, including Hillsboro.

"We are looking for direct support volunteers as well as board and committee members," Fitzpatrick added.

BBC's annual budget is around \$70,000; the vast majority of the funding comes from private donors. Holiday fundraising events include Skipping Bedtime, a dance party for parents, and BBC is part of Willamette Week's Give/Guide (Nov. – Dec. 31).

Prioritizing inclusivity and improving access to care

By John Rumler
For The Scribe

A newer program of Cascade AIDS Project (CAP), which has operated for more than 30 years, **Prism Health** has a staff of nine, including three providers, three medical assistants, a patient services coordinator and director. They provide a multitude of services to the LGBTQ+ community, including primary care, pre-exposure prophylaxis, HIV and STI testing, and pharmacy services (mail order). Prism will soon have a full-service, on-site pharmacy and also will offer mental health services and counseling.

Prism has an ideal, easy-to-find location in the heart of Southeast Portland, says Deven Ferté, manager of health care operations. "We're easy access from anywhere in the metro area as the bus drops you off right at the front door. There is free street parking available as well."

Prism sees an average of 65 patients per week and the providers allow their patients ample time to fully address their issues and feel heard and understood. "We prioritize inclusivity to ensure that all members of the LGBTQ+ community can access affirming and high-quality health care," Ferté says.

The bulk of Prism's funding comes from donations, as CAP holds several fundraisers throughout the year, including an art auction and the annual Portland AIDS Walk. They have also received grants from the city, county and agencies such as The Collins Foundation, FamilyCare, Oregon Community Foundation and others to help cover expenses. Upcoming fundraisers include Heroes of HIV on Dec. 3, and the CAP Art Auction on April 27, 2019.

"Every time I hear how we have positively impacted a client's life, I am proud of the staff at Prism," says Peter Parisot, CAP deputy executive director. "A lesbian woman in her mid-50s drove two-plus hours to become one of our first patients at Prism. Until that appointment, she had never been honest and open about her identity to a medical provider. She left in tears because she felt like she had truly been seen as a whole person and that her identity was validated and accepted. This is why we do this work." ■

Prism Health

FOUNDED May 2017

WHAT IT DOES Provides a "safe, affirming and non-judgmental space where all members of the lesbian, gay, bisexual, transgender, and queer community can obtain the compassionate and culturally effective health care they need and deserve."

LEARN MORE 503-445-7699
prismhealth.org

Baby Blues Connection

FOUNDED 1994

WHAT IT DOES Provides free support, information and resources to women and families coping with pregnancy and postpartum depression, and further supports and educates the professionals who serve them.

LEARN MORE 800-557-8375
babybluesconnection.org



The ribbon-cutting ceremony for Prism Health's facility was held in April 2017 and was attended by (from left) Miguel David Carreón, FNP; Caitlin Wells, director of health care operations; Ty Stober, Vancouver City Council member; Rep. Rob Nosse; Michael Lee Howard, health care services coordinator; Deven Ferté, manager of health care operations; Tyler TerMeer, executive director; Nick Fish, Portland City Commissioner; and Peter Parisot, deputy executive director. *Photographer: Jason Bing, Digital Reality PDX*

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SURGEON AND KITESURFER STEVEN OLSEN RIDES THE WINDS AND WAVES OF THE Columbia River

By Jon Bell
For The Scribe

Steven Olsen, MD, has what seems to be some pretty sound advice for anyone who's ever seen the scores of kitesurfers cutting across the Columbia River on a windy day in Hood River and thought, "Hey, I want to try that." Take lessons first.



"I usually teach myself how to do new sports," said Olsen, a head and neck surgeon at Providence Hood River Memorial Hospital Nose and Throat Clinic. "Kiting is not a sport for self-teaching. A few lessons go a long way and a few small mistakes can have serious consequences."

Olsen first dabbled in kiting with a snowboard on some frozen lakes in his native Minnesota. When he and his wife relocated from Minnesota to the Northwest in 2012, he was a little too busy with his two young kids and a new job to really get into kiting. But two years later, he jumped into the sport and now gets out on the river three days a week in the summer if the winds cooperate. The winter can be a little tougher, but the right gear still helps him get out about once a week.

For Olsen, who's also a mountain biker and snowboarder, kiting on the Columbia scratches a few different itches.

"It is a great way to decompress and process at the end of a day," he said. "It's fun to see co-workers and patients on the beach, but on the water it is a solo experience and is generally a calming one. It occasionally can be harrowing and terrifying, too."

A fan of the mountains and the West

Long before he first tried kitesurfing, Olsen seemed destined for medicine.

"I am from Rochester, Minnesota," he said. "Rochester is home to the Mayo Clinic, a town in which just about every family has someone working in the hospital."

And yet, after going to college in Colorado and earning an undergraduate degree in biology from the University of Minnesota, Olsen found himself unsure about which direction he wanted to go. So, in 2002, he did what any uncertain college graduate might do (not really) when trying to figure out the course of his life: He took a 10,000-mile solo bike tour from

Alaska to Florida.

"During that trip, I decided to go to medical school," Olsen said.

A fan of the mountains and the West, Olsen jumped at the chance to head to Oregon Health & Science University for medical school. While there, he met his future wife, Molly.

"Love in the cadaver lab," he said. "We were dating within weeks of starting school, married a few years later and inseparable since."

The two graduated and headed back to the Mayo Clinic for residency. Olsen's wife became an internal medicine physician, while Olsen went into otolaryngology. He said he chose the ear, nose and throat field because he enjoys doing both medical and surgical management of organ systems. He also connected with mentors in the field who were "competent, caring and kind."

"I most enjoy working with patients with head and neck cancer, thyroid/parathyroid disease and helping children with ENT problems," he said.

During residency, Olsen and his wife initially decided that they would stay at the Mayo Clinic and take academic jobs. But in their last year, he said "a series of misfortunes occurred, which led us to reconsider our life choices."

"We decided to choose careers in Hood River," he said, "as we felt the career opportunities were more accommodating and conducive to the family recreation that we enjoy."

'Enjoy life to the fullest'

For Olsen, much of that recreation involves getting outside with his wife and kids. A favorite activity is heading to the Family Man mountain biking area in Post Canyon, just outside Hood River.

"It's an awesome place for the whole family to bike, with pump tracks, jump lines and fun cross-country loops," he said. "We bring dinner up there and ride for hours."

Kitesurfing is also one of the biggest draws for Olsen.

"(The Columbia River) can be a challenging place to learn - barges, crowds, gusty wind," Olsen said. "It's still where I kite 90 percent of the time. It's pretty easy to avoid crowds with a little local knowledge."

Olsen also enjoys kitesurfing on the Oregon Coast, which he said is both amazing and intimidating. And every winter, he usually heads to Maui two or three times for an escape.

"Perfect trade winds hit the north shore, and if lined up with good swell, I don't think it can be beat," he said. "It's my favorite kite destination."

In addition to more traditional kitesurfing, Olsen has also moved more into the realm of kite foiling and standup paddle



Photo courtesy of Steven Olsen

"It is a great way to decompress and process at the end of a day. It's fun to see co-workers and patients on the beach, but on the water it is a solo experience and is generally a calming one. It occasionally can be harrowing and terrifying, too."

- STEVEN OLSEN, MD

board foiling. In those disciplines, surfers use boards that have hydrofoils attached to the bottom. The hydrofoils, which look kind of like the keel of a sailboat, lift the boards two feet above the water and make for speedier surfing.

"It feels like flying over water - silent without any resistance," Olsen said. "I will still kitesurf on a surfboard in big ocean swell, but otherwise I am on the foil."

That's a pursuit he's focusing even more on these days, in part because of a challenging year Olsen's family recently went through. Molly was diagnosed with advanced breast cancer this year at age 37. She recently wrapped up nine long months of chemotherapy, surgery and radiation. Olsen said she's healthy now, strong and back at work. The experience helped them both understand what their own patients go through in a new way.

His wife's cancer experience also has driven Olsen to take a somewhat different approach to life. While Molly was sick, Olsen cut down to part time at the hospital. He maintains that schedule today, but he's also launched a side company with his friend, Rod Parmenter, called Foil Buzz, which focuses on all things related to hydrofoil sports. The move has allowed Olsen to spend more time with his family - and on the water.

"I have decided that life is short - sometimes tragically so," he said, "so I am going to stay at part time to enjoy life to the fullest." ■

HEART TRANSPLANTS, from page 1

and Providence for their generous help with caring for our patients," said Edwards. Referring to the forced shutdown, she added, "This has not been easy for us."

Discussions about joint program

At the end of August when OHSU suspended its program, 20 patients were on a waiting list to receive new hearts. Most of those patients have chosen to transfer to the University of Washington, and by mid-October, one already had received a transplant, according to Edwards. OHSU also was helping 327 post-transplant patients address their immediate and ongoing needs.

Daniel S. Oseran, MD, executive medical director of Providence Heart Institute, said Providence and OHSU have been working together to take care of patients. "We're certainly scrambling to get ready," he said on Oct. 10. Whether Providence will need to add more cardiologists remains uncertain. "We are in the process of assessing our needs as we begin to explore sharing resources with OHSU," he said.

Oseran estimated that Providence was seeing between 200 and 300 OHSU patients. Providence's five board-certified advanced heart failure cardiologists, as well as nurse coordinators, are working with patients who transferred to Providence. Gelow, one of the cardiologists who left OHSU this year, now practices with Providence.

Edwards said some OHSU staff members, with Providence's consent, go to Providence to assist with care of OHSU's patients. Some "ancillary services" are being done at both locations, she said. Oseran and Edwards said they felt gratified by the cooperation shown by each institution in caring for the affected OHSU patients. Both also indicated they were holding talks about a joint heart transplant program.

"We are involved in conversations with Providence on what a joint program might look like," Edwards said. She emphasized that OHSU is dedicated to reviving its program as soon as feasible, but said she could not predict a time frame. OHSU wants to recruit the best possible physicians to restart heart transplants, she said. "We are in very early preliminary discussions with OHSU" regarding an "enduring, sustainable heart transplant program in the state," Oseran said in mid-October. He added that it was too soon to assess whether this would involve performing transplants at more than one site.

The fact that OHSU was the sole remaining heart transplant provider and had to shut down its program illustrated the potential risk involved when a state fields only one center.

Oseran said Providence's decision six years ago to close its heart transplant program was based on its "conclusion that Oregon does not need two competing heart transplant programs. While our transplant program had good outcomes, our volumes were declining, causing us

to consider whether a heart transplant program was the best utilization of limited resources."

According to the federal Health Resources and Services Administration's Organ Procurement & Transplantation Network, some surrounding states contain variable numbers of centers performing heart transplants. California houses multiple centers, while Washington hosts three - Seattle Children's Hospital, Providence Sacred Heart Medical Center & Children's Hospital in Spokane, and the University of Washington Medical Center.

In Utah, Intermountain Medical Center in Murray, Utah, and the University of Utah Medical Center and Primary Children's Hospital, both in Salt Lake City, serve as that state's three heart transplant centers. Colorado hosts Children's Hospital Colorado and UHealth University of Colorado Hospital, both located in Aurora, Colo.

Arizona centers include Phoenix Children's Hospital and Mayo Clinic Hospital, both in Phoenix, and Banner University Medical Center-Tucson.

According to the federal agency's listings, no heart transplant centers are located in Wyoming, Montana or Idaho.

Transplantation experts say centers need to receive a fairly high volume of patients in order to gain and sustain competence. In addition, Edwards noted that the process of transplanting hearts is highly complex, and that such services require a lot of resources to maintain.

"It's an important program to us,"

"We are in very early preliminary discussions with OHSU [regarding an] enduring, sustainable heart transplant program in the state."

Daniel S. Oseran, MD, executive medical director of Providence Heart Institute



Edwards said, "and in addition to getting reactivated," the priority for OHSU is to take care of the patients whose treatment was disrupted by the closure. "All of us would agree that the patients come first." ■

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