



# The Scribe

A publication of the Medical Society of Metropolitan Portland

FOCUS ON PAIN MANAGEMENT

## Helping pediatric patients

Treating and managing pain among children has undergone significant evolution in recent times.

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OFF HOURS

## Underwater adventures



Scuba diving offers Rodger Slevin, MD, a “magical experience.”

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March 2019

# OHSU institute expands vaccine research to malaria

By Cliff Collins  
For The Scribe

Early research underway at **Oregon Health & Science University** suggests promise for a long-lasting vaccine against malaria.

Finding effective protection against the persistent parasite that causes the disease and sickens and kills millions annually has been a longstanding but elusive goal.

The approach being tested at OHSU's **Vaccine & Gene Therapy Institute** potentially offers “a unique opportunity to fight this disease,” said **Jay A. Nelson, PhD**, a senior molecular virologist and the founder and director of the institute.

Researchers are employing a cyto-



JAY A. NELSON, PhD



KLAUS FRÜH, PhD

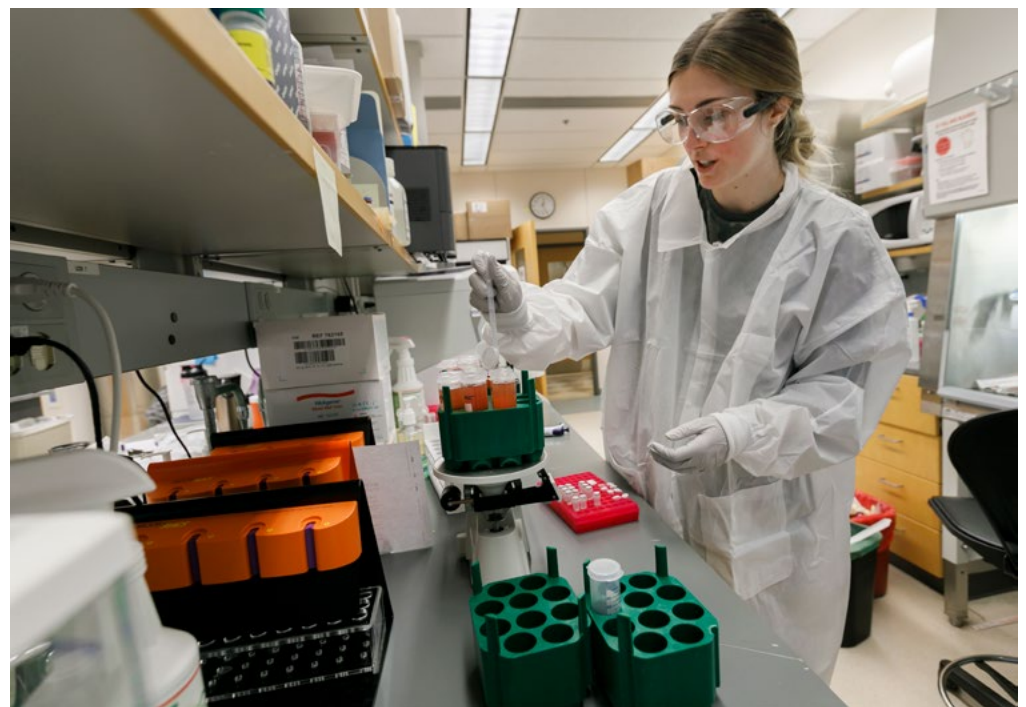
megalovirus-based platform the institute already is using in vaccines they are developing against HIV and tuberculosis. In animal models, the vaccine induced an immune response, reducing the malaria-causing parasite's release from the liver and into the blood by 75 percent to 80 percent, as reported in a paper published Jan. 23 in the journal *PLOS ONE*.

“The problem with most vaccines is that their effectiveness is often short-lived,” said the study's lead author, **Klaus Früh, PhD**, of the institute and a professor of molecular and cellular biosciences. “Our cytomegalovirus-based vaccine platform can create and keep immunity for life. With further research and development, it could offer a lifetime of protection against malaria.”

Malaria is a serious and sometimes fatal disease caused by *Plasmodium* parasites, which are spread to humans through bites of infected female *Anopheles* mosquitoes. It can cause high fevers, shivering chills, flulike illness and, in the worst

“Our cytomegalovirus-based vaccine platform **can create and keep immunity for life.** With further research and development, it could offer a **lifetime of protection against malaria.**”

– Klaus Früh, PhD



Research assistant Karina Taylor isolates lymphocytes from blood at the OHSU Vaccine & Gene Therapy Institute. These lymphocytes will be used to assess vaccine-specific immune responses in vaccinated subjects.

Photo courtesy of OHSU/Kristyna Wentz-Graff

cases, death. In 2017, an estimated 219 million cases of malaria were recorded in 90 countries, with 435,000 deaths, the World Health Organization reported. More than 90 percent of infections and related mortality occur in Africa.

WHO is using a vaccine called RTS,S – under the brand name Mosquirix – as part of new, routine vaccination programs in three African countries. European regulators approved the GlaxoSmithKline vaccine in 2015 for use in children ages 6 weeks to 17 months to prevent malaria caused by the *Plasmodium falciparum* parasite, which is most prevalent in sub-Saharan Africa. Studies prior to approval found that four doses reduced malaria cases by 39 percent over four years of follow-up in children, and by 27 percent over three years of follow-up in infants.

But according to OHSU, the vaccine's efficacy declines over time: In children – in

whom malaria is most often fatal – seven years after the vaccine is administered, reduction is by only 4.4 percent, and it is less effective in adults than in children.

### ‘A brand-new approach’

Nelson explained that the current OHSU research being tested differs from standard vaccines that create antibodies to disable pathogens.

Because malaria is caused by a parasite, a malaria vaccine must combat the parasite, whereas most standard vaccines fight other sources of infection – viruses or bacteria. The institute's vaccine instead uses an attenuated form of CMV, a virus that infects most people without causing disease.

The OHSU scientists weave tiny bits of the target pathogen into CMV. After being administered in the resulting, re-engineered CMV vaccine, it produces memory T-cells that can search for and destroy pathogen-infected cells. Früh and colleagues pursued a malaria vaccine after they noticed that the memory T-cells their CMV-based vaccine produced exist in high concentrations in the liver, where the malaria parasite hides out shortly after infecting a human.

They developed two different versions of the vaccine while using four different proteins made by the *Plasmodium*

See **MALARIA RESEARCH**, page 11

## NOTE TO OUR READERS

Welcome to the electronic version of *The Scribe* newspaper. Please make note of some of the interactive features of this publication. Articles that jump between pages have hyperlinks on the continuation line for your convenience. We have also linked advertisements and other web references to their respective websites.

You can double-click the page to zoom in or out, and grab and drag when zoomed in, to navigate around.

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**Nominations must be submitted by March 19.**

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The Board represents the members of MSMP and the profession in determining and ensuring exceptional organizational performance. Ultimately, the leadership success of the Board is a direct result of the imaginative and productive input of individuals and the collective participation of its members.

These are exciting and changing times in medicine. Involvement on the Board of the Medical Society will allow exceptional individuals to be a part of shaping the future.

The Board meets monthly except for July and August. Conversations are lively, direct, diverse and important.

## Free dinner CME: Telemedicine – Understand the Benefits and Learn Strategies to Reduce Your Risk

6:30 p.m., Thursday, April 4

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MSMP in partnership with The Doctors Company invites you to attend our no-cost dinner CME. From text messaging to video chats, technology has brought us many ways to communicate. Learn the benefits and risks associated with telemedicine health services so that you and your practice can develop an effective and compliant telemedicine program.

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## MSMP retired physician gathering

*Tour the Oregon Historical Society with us*

10 a.m. – noon, Wednesday, April 17

MSMP is excited to spend time and connect with our esteemed retired members while we explore new and impressive exhibits together at the Oregon Historical Society! Join us as we tour exhibits, "Barleys, Barrels, Bottles & Brews: 200 Years of Oregon Beer" and "Experience Oregon."

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## MSMP's 135th Annual Meeting

6:30 – 8:30 p.m., Tuesday, May 7

LOCATION: The Nines Hotel  
525 SW Morrison St., Portland

You are invited to join us and our distinguished guest speakers, **Jamie Beckerman, MD**, and **Manish Mehta, MD**, as we discuss "Innovations in Heart Health."

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# Pamela Bauer, Portland IPA's new CEO

When Pamela Bauer, CPA, took over leadership of Portland IPA, she brought a wealth of experience to the table. After serving as vice president and human resources accounting manager at U.S. Bancorp and as senior accountant at Geffen Mesher & Co., Bauer joined Portland IPA in 1999 as its controller.

Since then she has served as chief financial officer and in 2016 took on the additional role of chief operating officer. Bauer replaced long-time health leader Donna McClellan, RN, upon her retirement and became chief executive officer in January. The Portland IPA has more than 3,500 physicians and provider members.

"Pam has led the IPA to implement 'best practice' thinking and helps our physician practices to innovate, provide excellent care and thrive,"

said **Susan Clack, MD**, chair of the Portland IPA's Board of Directors. "Under her operational leadership, we have met or exceeded our goals of health care delivery and efficacy. We are excited about our growth opportunities in the future. And, we appreciate the long service Donna has given to the IPA and wish her well."

Bauer, who also recently oversaw the Portland IPA's office move from north Portland to the Montgomery Park office building in Northwest Portland, recently shared with *The Scribe* how the organization is growing and adding programs, and the opportunities and challenges she sees on the horizon.

**The Scribe:** How have you seen the Portland IPA evolve over the years since you joined the organization?

**BAUER:** The Portland IPA has always focused on providing support, resources and quality incentives to our members. As health care has changed through the years, the type of support and how we have delivered it has also continued to evolve. For example, in 2005 we helped clinics respond to the increasing call for upgraded technology, specifically the transition from paper charts to digital EHRs. We launched an initiative to assist our member clinics with integrating these platforms. More recently, because of the many demands for quality reporting, we have turned our energy to clinic support and involvement by bridging the gap between them and payers. We focus on clinic outreach by providing education around metrics and assisting with the administrative heavy lifting to make meeting the metrics more attainable.

Overall, how our providers deliver care – from primary to specialty to hospital/inpatient – continues to evolve at an increasing pace. The demands on providers are higher than ever. Transparency remains king. And health care coverage models are changing with equal velocity.

Our original mission is still our number one job, which is to facilitate and maximize insurance contracting opportunities for practices.

**What interested you in taking the role of chief executive officer, and how has your past experience with the Portland IPA set the stage for you?**

**BAUER:** Understanding health care financing models and how to optimize

contracting while improving quality outcomes is key if one will lead a health care organization.

Prior to joining the IPA, I worked in corporate banking doing mergers and acquisitions and financial operations. In the two decades since I joined the IPA and eventually became the CFO, I've had the opportunity to observe and work with different leadership styles and learn about every aspect of the Portland IPA's roles in health care. I became interested in taking on the CEO position when I learned that Donna McClellan was to retire. The years of learning about health care and seeing the areas where the IPA's strong staff could support our clinics in a practical way illuminated the vision for an overall positive impact for our clinics and how the vision could be successful to make our providers successful. This new role is really the natural progression of my expanding role, combining my CFO position with the COO role two years ago. Working closely with Donna, our board and physician leaders, it was the right move at the right time.

**How would you describe your leadership style?**

**BAUER:** When working with people, it's important to understand each person's strengths in order to efficiently deliver the end product. My goal is to help each person grow beyond their comfort zone. When an idea is conceived, I choose the appropriate staff to develop a project plan and timeline to meet the goal of the project. These colleagues then become accountable for the outcome to the IPA and to our physician members. We want to support each other in our respective growth, learning and development and

## What is Portland IPA?

The Portland InterHospital Physicians Association (Portland IPA) is a for-profit corporation that was established in 1983 and is one of the largest and oldest independent practice associations in the United States. The Portland IPA contracts on behalf of more than 3,500 northern Oregon members, including primary care doctors, specialists and allied providers. The Portland IPA provides member services and assistance, improving members' health care efficiencies, and clinical and economic performance.

The Portland IPA also hosts Care Connect Northwest LLC, an organization of primary care and specialty physicians who focus on improving the delivery of care through collaboration and building common initiatives to improve the quality and efficiency of care, and outcomes.

create a strong foundation to innovate for better health care delivery and outcomes measurement.

**What are some key lessons you've learned in helping lead organizations?**

**BAUER:** Focus on transparency. Try to break down the silos. Support providers and practices in holistic and practical ways. Create strengths-based learning and accountability. Mentor and be mentored.

**What are the major challenges, opportunities and goals for the IPA in the years ahead?**

**BAUER:** There has been a trend of independent physicians selling their practices to larger health systems. We see fewer independent providers now. We understand it's getting more difficult for primary care physicians to succeed independently or even in small practices. We observe the continuing march to integrated delivery systems. The IPA focuses on finding ways to help practices identify where they need help and support so they can continue to deliver care. It's an important challenge, so we're exploring opportunities to ensure they thrive. We are always focused on the shared vision to support practices in clinical improvement, and financial and operational management.

**What projects is the IPA involved in? And how they will impact members and health care in a larger sense?**

**BAUER:** Since the IPA was founded 36 years ago, the mission continues in

developing and growing successful practices so doctors succeed and patients have the best quality of outcomes. We have granted millions of dollars to underwrite clinical quality improvement initiatives, in practice management support and to help providers to foster learning the best business practices.

Most recently, we launched a pilot project with one primary care and two ophthalmic specialty practices, Oregon Eye Specialists and Eye Health Northwest, to address barriers to diabetic patients receiving their annual eye exam and retinopathy screening. We helped coordinate patient outreach to make appointments, sent letters and provided educational materials to patients. We, along with our participating providers, found that most often, patients didn't realize how long it had been since their last exam. We found the results of the pilot to be very encouraging. So, we are extending this project in 2019 and enlarging it to include 14 primary care practices who have a large diabetic population.

**What are your thoughts on Donna McClellan and her contributions to the organization?**

**BAUER:** She led us well, especially during more than a decade of ever-evolving technological and payor changes. She was wise in many ways and provided stability, leadership and support. We all will miss her.

**What do you enjoy doing in your free time?**

**BAUER:** I'm a bit CrossFit obsessed at the moment and loving it! ■

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# Collaboration aims to curb homelessness

Stressing the thousands of people who are homeless in Multnomah County, area Catholic organizations announced in late February their local involvement in what was described as an ambitious national initiative to curb homelessness by 20 percent.

The plan, spearheaded by Catholic Charities USA, will involve **Catholic Charities of Oregon, Providence Health & Services** and the **Archdiocese of Portland**.

The Rose City is among five cities selected by Catholic Charities to participate first in what is known as the Healthy Housing Initiative, which aims to reduce chronic homelessness. The other cities involved are Detroit, Las Vegas, St. Louis and Spokane.

According to **Deacon Richard Birkel, PhD**, Catholic Charities of Oregon executive director, the initiative will create permanent supportive housing for as many as 300 people in the county. Local Catholic parishes are integral to the success of the initiative, he said.

“Our first step is to meet with parishes to learn of their interest and support for potential projects that could be built on their property or repurpose existing buildings that are not in use. We are working with the Archdiocese of Portland to create an inventory of properties in the area that can help with our goal of serving those who are chronically homeless.”

The projects will include small buildings with as few as five and as many as 50 units that can be more easily integrated into parish neighborhoods. The proposals would include a mix of new development and repurposing existing facilities.

“As people of faith and partners with the communities we live in, we want to help address the issue of homelessness,” said the **Most Rev. Alexander K. Sample**, archbishop of Portland. “The plight of our neighbors on the streets weighs on the hearts and minds of so many of us. We are grateful for this opportunity to work together with Catholic Charities and Providence to be part of the solution and provide practical help to those who are desperate for adequate housing and health care.”

In addition to providing housing

stability, the initiative will help people become self-sufficient through access to financial empowerment services, employment or income assistance, and participation in mental and physical health services. The proposal is projected to decrease hospital readmission rates for the newly housed individuals by at least 50 percent and connect 100 percent of them with primary health care and behavioral health services within five years.

“At Providence our mission calls us to care for the poor and vulnerable,” said **Lisa Vance**, Providence Health & Services Oregon chief executive. “We believe health is a human right, and partnering with Catholic Charities and the Archdiocese is an innovative and meaningful way to make a difference. So many people who experience chronic homelessness are also dealing with serious mental illness, disabilities, substance abuse disorders and chronic health conditions.”

In announcing the initiative, the organizations noted that Multnomah County’s most recent count of homeless citizens tallied 4,177 people, a 10 percent increase from the previous count two years earlier. A third of these individuals are chronically homeless and have been living on the street for more than a year. People who are chronically homeless often require significant assistance accessing support services, health care, and drug and alcohol addiction programs in order to succeed in permanent housing.

Additional partners, including financial institutions, foundations and local and federal governments, will be involved in the multimillion-dollar effort, the organizations said.

Catholic Charities of Oregon noted it has a record of creating affordable housing and support services for many people who are homeless. The organization’s housing transitions program serves more than 1,000 women annually. The Kenton Women’s Village provides transitional housing with intensive case management for up to 20 women at a time, and in the first 18 months the program housed 21 formerly chronically homeless women. Fully 80 percent of the participants remain in housing a year after entering the programs, the organization said. ■

**“We believe health is a human right, and partnering with Catholic Charities and the Archdiocese is an innovative and meaningful way to make a difference.”**

– *Lisa Vance,*  
*Providence Health & Services Oregon chief executive*

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# 'We are able to do more these days than we ever were before'

## Three perspectives on treating pediatric pain in the 21st century

By Jon Bell  
For *The Scribe*

Medication and songs. A buzzing bumblebee. Nerve blocks. A virtual trip to Ireland in a helicopter.

It sounds like a line of unrelated mishmash, but there's actually a common thread linking these together: They're all ways that physicians and other providers are helping kids manage pain in the modern day.

"I do think we are able to do more these days than we ever were before," said Beth Wong, a child life specialist at Providence St. Vincent Medical Center. "I just think it's really such an exciting field to be in."

Indeed, much has changed in the way the medical profession approaches pain and pain management in children. There was a time not long ago – as recently as

the 1980s, according to a recent series in *The New York Times* looking at pediatric pain – when pain for children and infants was looked at and treated much differently than it was for adults. In fact, according to the same news article, surgeons used to be taught that infants' nervous systems weren't developed enough to fully experience pain.

That's all evolved in more recent times, and these days, how pain is treated and managed in pediatric patients is a subject of real focus. There are not only new drugs for pain, but also new non-pharmaceutical methods that have been found to be just as helpful and maybe even better at minimizing pain and preparing kids to deal with it more effectively when they encounter it again later in life.

To get a sense of just where the field is – and where it may be headed – *The Scribe* talked with three area medical professionals, each of whom interacts with children and their pain in different ways.

### OMAR WASHINGTON, MD



**Pediatric emergency physician, Providence St. Vincent**

Though Washington acknowledges that pain is a big issue for kids, he also said there's a flip-side.

"It's surprisingly remarkable how much pain kids can actually tolerate," he said. "In

some cases, they may not need medications at all and we can use adjuncts, things like Tylenol, to help limit the use of opiates."

That said, there's often another factor at play when it comes to pediatric pain: anxiety. Often with younger patients, Washington said helping them feel less anxious about a procedure or the hospital setting in general can help ease pain to a certain degree. One way to do that is by introducing something that offers distraction, like an iPad or someone blowing bubbles, or by using topical medications that don't involve needles.

"There's a lot we can do to limit the pain and just make them as comfortable as possible," Washington said. "We also try to explain things to them in a way that's developmentally appropriate. Removing the uncertainty can be really helpful."

Another key, non-pharmaceutical factor comes in the form of the parents. Washington said supporting parents and helping them feel at ease can go a long way in minimizing or managing pain in their kids.

"It's hard enough for the kids," he said, "but it can be equally hard, if not even worse, for parents to see their children in pain. I think it's important to set expectations and let them know we are helping. Once parents know they're in good hands, they'll often do a great job of helping out."

Of course, managing pain also involves the use of pharmaceuticals, but Washington said the trend is to minimize the use of opiates as much as possible. One approach, called a nerve block, utilizes ultrasound to identify specific nerve bundles responsible for an area of pain and

then numbing those nerves. Doctors can numb a bundle near, say, the ankle, so that they can work on a fracture in the foot with little to no pain.

"You don't want to do anything that adds to their pain if you don't have to," Washington said.

### ANNA WILSON, PhD



**Pediatric pain psychologist at Oregon Health & Science University**

It used to be that many pediatricians thought young kids wouldn't remember the pain associated with shots or other basic medical procedures later in life, so there was little con-

sideration to minimizing that pain.

"Their brains definitely remember it," Wilson said. "If you think about the ages when kids get most of their vaccines, those are also the ages where they are likely to develop fear and anxiety for needles, which can influence their approach to getting treatment later. If we were managing that better, it would help reduce anxiety for kids."

Managing pain in some of those scenarios can be fairly straightforward. It might be as simple as letting an infant breastfeed during a shot, not restraining them or giving them a little sugar water. Distracting them can have a big impact, too.

"Just something that keeps their focus away from the shot so they don't develop the fear in the first place can be really helpful," Wilson said.

Another area that has seen some advances in recent years is the understanding of chronic or recurring pain in younger patients. Wilson said there's been a growing awareness and acceptance of the fact that chronic conditions that have long been associated with adults – low back pain, abdominal pain, fibromyalgia and such – are also experienced by juveniles.

Helping them manage that pain, through behavioral therapy, relaxation techniques and other

non-pharmaceutical approaches, can have a big impact on their future.

"One of the most important areas is trying to prevent the development of chronic pain in childhood and adolescence," Wilson said, "because it's been shown that if you get all the way through adolescence with that pain, you are very likely to have it as an adult. The earlier we can intervene, the better."

### BETH WONG



**Child life specialist, Providence St. Vincent**

When Wong started out as a child life specialist 15 years ago, helping kids manage pain was a little different than it is now.

"When I first started, you had to be really creative," she said. "We'd distract with bubbles or songs or

play I Spy, things like that."

How times have changed. These days, while some of those methods may still be in use, Wong said technology has come to play a much bigger role. Now there are virtual reality goggles, which let patients drift off in a meditative state or travel to far-off places, iPads loaded with games or devices like Buzzy, a handheld plastic bee that vibrates and ices an area to lessen or prevent pain. An array of numbing creams and other topical agents have also made it easier to treat specific areas and avoid opiates.

Wong said using such non-pharmaceutical methods also has a secondary goal, which is to help kids develop coping mechanisms so that they'll be able to better handle pain – and the stress and anxiety that often accompany it – through their lives.

"There's been so much growth in how we look at children and how we treat their pain," she said. "There's a lot of creativity still, but I think the way it's heading is electronic. I see more and more in that. It's going to continue to blow up." ■

# Intersessions put OHSU's pain management education on leading edge

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

Students at the **Oregon Health & Science University School of Medicine** are learning about pain management through a leading-edge curriculum designed to help them empower patients with multiple treatment choices beyond opioids.

That approach, says **Philippe Thuillier, PhD**, is in stark contrast to the way pain management was typically taught – namely, via a largely pharmacological lens.

The change is significant, given that pain, according to the National Institutes of Health, is cited as the most common reason Americans access the health care system.

Since 2016, OHSU's curriculum has included a two-week intersession, three times a year, focused strictly on pain management in which students differentiate between acute pain – or pain experienced over three months or less and caused by something specific, such as a broken bone – and chronic pain that is ongoing and longer lasting.

Students also learn about a “toolbox” of interdisciplinary approaches to address pain through treatments such as yoga, massage, physical therapy, acupuncture, chiropractic care, Roling and psychology. Students shadow practitioners of those disciplines, can experience those treatments themselves and hear presentations in a class setting about those modalities from the specialists.

“The first question to ask is, ‘Why is the patient in pain, and what kind of pain?’” said Thuillier, who directs OHSU's pain management coursework, including the intersession, as well as intersessions the School of Medicine holds on cancer and infections. “(Students) also need to ask, ‘Is it an equal amount of pain every day? Is the patient functional? If the patient has a background of chronic pain, have they stopped being active?’

“If so, that is when the (treatment) toolbox becomes essential. Through the intersession, we show students how an interdisciplinary approach can help patients feel better. They find out that everything is complementary.”

After students shadow a practitioner, they come together in teams of four to share their experiences. They also delve into the medical literature to explore an aspect of a potential treatment that is currently being researched and holds the promise of someday making its way into clinical practice.

In addition, students learn about the barriers that might prevent patients from

accessing care, from the cost of treatment and transportation to health insurance hurdles.

“Through the intersessions, we’re developing the doctors of tomorrow,” Thuillier said.

The importance of exposing future providers to various disciplines in experiential settings can’t be overstated, Thuillier added.

“If you have experienced something yourself you are richer in your explanations with patients,” he said.

Students also interact with an actual patient visiting OHSU's Comprehensive Pain Center and present what their approach to treatment would be and how, based on basic and clinical research currently being conducted as well as the health system, a patient's pain might be better addressed in the future.

“We ask them to integrate those three concepts into one presentation,” Thuillier said.

In addition, students listen to a panel of patients to hear firsthand, for example, how they overcame pain and what that journey was like. The panels, held in an informal setting, give students powerful perspectives on how providers can improve care. For some students, it is the first opportunity they have to interact with a patient outside of a clinic, Thuillier said.

“(The panels) allow them to pause and ask patients, ‘What can we do better for you? How can I help you the most?’” he noted. “One thing (patients) all say is, ‘just ... respect us.’ That’s a very powerful thing to hear when you are still a medical student – the respect part of it.”

Also as part of the intersession, students visit a cannabis dispensary to interact with employees and ask questions regarding various products and their applications in pain management. The students then share what they learned with peers. The curriculum also includes a handful of debates among students centered on key questions they come up with and could discuss with future patients, and what the current research shows. For example, one question that has been a focus of a debate is whether cannabis is an appropriate replacement for opioids for patients with chronic pain.

Thuillier said the cannabis component is critical to help future physicians feel prepared and confident to engage with patients when it comes to cannabis.

The intersessions are designed for second- and third-year medical students, though fourth-year students also take part.

A piece published on OHSU's website about the pain intersessions featured comments from Beth Hogans, MD, PhD, who teaches at the Johns Hopkins School of Medicine and studies curricula at medical schools in the United States. She noted that the university's approach to educating medical students about pain management is on the cutting edge, calling it “innovative.”

The online piece noted that although OHSU integrates pain management for all four years of medical school, the pain intersessions bolsters the learning through 65 hours of class time.

Thuillier said one of the features he appreciates most about the intersessions is that students have true ownership in them. They have the opportunity, for example, to offer feedback on ways to enhance the educational offerings. One component that's been implemented based on that feedback is role-playing in which students learn how to effectively interact with “difficult” patients. ■



Hannah Dischinger, a third-year medical student at OHSU, is treated by acupuncturist David Vitello, NP, LAC, as part of the medical school's pain intersession.

Photo courtesy of OHSU/Erik Robinson

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# UNDERWATER ADVENTURES

## SCUBA DIVING OFFERS “MAGICAL EXPERIENCE” FOR RODGER SLEVEN, MD

By John Rumler  
For The Scribe

Did you ever yearn for eerie, unusual, exotic, and/or other-worldly experiences?

Through his avocation of scuba diving, **Rodger Sleven, MD**, has explored murky, labyrinth netherworlds in the bowels of abandoned Titan I intercontinental ballistic missiles that were decommissioned after the Cold War.

During a deep-sea dive in the “Coral Triangle” of the Philippine Islands, he encountered extremely rare sea creatures, including a poisonous blue-ringed octopus and an electric scallop.

Off the coast of the Yucatan peninsula, Sleven slithered through cenotes (surface connections to subterranean bodies of water), some of which are the sites of animal and human Mayan sacrifices, and weaved through corridors of submerged caves and underwater caverns featuring spectacular arrays of stalactites and stalagmites.

Sleven, whose most recent dive was at the site of the ill-fated invasion of the Bay of Pigs off the coast of Cuba, was born in New York and raised there and in California. Growing up, Sleven only considered being either a marine biologist or a physician. His mom was an elementary schoolteacher and later taught at UCLA, while his dad was an engineer who held several patents.

Gastroenterology appealed to Sleven, as he is good with his hands, enjoys procedures and prefers being a specialist rather than a generalist. In addition to being a GI specialist, he is medical director of quality assurance at The Oregon Clinic Gastroenterology–West and an assistant professor at Oregon Health & Science University.



Sleven also taught at Providence St. Vincent and Legacy Emanuel medical centers and was named “Teacher of the Year” at both institutions. “I love being able to explain things in a way that is easy to understand, and enjoy connecting and interacting with and reading the faces of the audience,” he says.

As a medical student at the University of California, San Francisco, he took his first dives in nearby Monterey Bay and Point Lobos State Marine Reserve in 1974. “The northern coast was also fantastic,” Sleven recalls. “We’d go as far north as Mendocino, dive for abalone and then have a feast around a campfire.”

After arriving in Portland to do his residency at OHSU – in the face of long hospital hours, raising four kids and starting a practice – scuba fell off Sleven’s radar. But in more recent years, his scuba adventures have reached new heights, or perhaps, depths.

Previously, most of Sleven’s diving occurred during family vacations in Hawaii or Mexico. Now, he takes diving-specific vacations and also ventures into Pacific Northwest diving sites, such as inside the Oregon Coast Aquarium shark and reef exhibits; Clear Lake, near Sisters, the coldest-water lake in the nation; Vancouver Island; Hood Canal; and the old Titan I nuclear missile silo in north-west Washington.

### Increased specialization and improved technology

When Sleven started out, diving equipment was primitive and certification



GASTROENTEROLOGIST RODGER SLEVEN, MD, AN AVID SCUBA DIVER, HAS EXPLORED MYRIAD UNDERWATER SITES, AMONG THEM THE OREGON COAST AQUARIUM SHARK EXHIBIT, AND A PATROL BOAT IN THE BAY OF PIGS.

Photo credits: Underwater photo, above, courtesy of Denis Burger; Rodger Sleven, left, courtesy of Jeff Powelson; shark photo, below, courtesy of Rodger Sleven.

didn’t have different levels. Now, classes teach specialized skills including navigation, marine ecology, rescue, wreck diving, photography, enriched oxygen use, dry-suit diving and countless others.

While the sophistication and technology has improved tremendously, especially in dive computers, Sleven maintains that the main factors determining diving success are experience and being comfortable. “I am able to completely relax and just enjoy the experience, allowing me to go deeper and explore more territory while using less oxygen.”

Sleven’s wife, Marcella, a retired emergency room physician, enjoys reading, sewing and embroidering while he’s diving. Once, on a family Caribbean cruise, while Marcella and their kids toured each island, Sleven was underwater.

Other trips include Puerto Rico, Bali, Mexico and Honduras (with Medical Teams International), where Sleven explored the world-famous “Blue Hole” near Belize. The stunning, collapsed, underwater cavern is 130 feet deep and features amazing stalactites. This month, Sleven will go on a 10-day dive trip to Raja Ampat, in Indonesia, one of the world’s top diving destinations.

Jeff Powelson, the owner of Aquatic Sports along Portland’s Barbur Boulevard, has spearheaded many deep-sea group diving trips that Sleven joined, including those to Cuba, the Philippines and Southern California. The two dive together often.

“Rodger is a well-seasoned, conscientious diver,” Powelson says. “He’s also

engaging and fun to be around. He doesn’t talk medicine or business, so I don’t think of him as a doctor.”

### ‘A magical experience’

Scuba diving is a social endeavor, says Powelson; people rarely go alone as it’s safer to be with others. It is also an excursion-based activity, with socializing before and after the actual diving. “Rodger fits in anywhere with anyone. He enjoys and relates to folks from all walks of life.”

The rewards of scuba diving, Sleven says, are numerous yet impossible to explain to a non-diver. He calls it a total disconnect from the hectic, noisy world of cell phones, unending text messages, rush-hour traffic, and scrambling to meet multiple deadlines.

“It is a unique sensation that is hard to convey: The combination of a 3-D world, exploring an unending array of sights and sounds, a chance to see completely new things up close, and the feeling of weightlessness – it all combines to produce a magical experience of joy and total relaxation.”

During the past 50 years, retired OHSU immunology professor Denis Burger, PhD, has racked up more than 2,000 dives. He met Sleven on a 10-day, Cuba deep-sea dive and the two became good friends. “I hope to go diving with Rodger again soon, perhaps in Indonesia,” Burger says. “Being technically competent, comfortable in deep water and a laid-back person, it all makes him a really good dive partner.” ■



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# AMA calls for continued investment to reduce provider burnout

*Slight dip in burnout rate suggests improvements, but still a long way to go*



**AMA President Barbara L. McAneny, MD, noted that an energized, engaged and resilient physician workforce is essential to achieving national health goals.**

The burnout rate among physicians in the United States dropped modestly in 2017 from a peak in 2014 and currently stands near 2011 levels, according to a newly released triennial study published in *Mayo Clinic Proceedings*.

While acknowledging progress, the American Medical Association warned in a press release that more needs to be done to reduce physician burnout and called on leaders in health care systems to remain focused on driving research, interventions, workflow and teamwork enhancements, policy changes and technology improvements. "The tide has not yet turned

on the physician burnout crisis," said AMA President Barbara L. McAneny, MD. "Despite improvements in the last three years, burnout levels remain much higher among physicians than other U.S. workers, a gap inflamed as the bureaucracy of modern medicine interferes with patient care and inflicts a toll on the well-being of physicians. There is a strong economic and public health case for prioritizing a comprehensive strategy to reduce the work-induced syndrome of burnout and caregiver fatigue that is pushing some physicians out of medicine. An energized, engaged and resilient physician workforce is

essential to achieving national health goals."

The new triennial study conducted by researchers from the AMA, the Mayo Clinic and Stanford University School of Medicine found 43.9 percent of U.S. physicians exhibited at least one symptom of burnout in 2017, compared with 54.4 percent in 2014 and 45.5 percent in 2011. In comparison, the overall prevalence of burnout among U.S. workers was 28.1 percent in 2017, similar to levels found in 2014 (28.4 percent) and 2011 (28.6 percent).

Since 2012, the AMA has led the national conversation on the physician burnout crisis and advocated for new thinking and solutions that acknowledge physicians cannot solve the crisis on their own. The emerging consensus that has developed among

health care leaders recognizes that wide-spanning change in the culture of medicine needs to emphasize physician well-being.

"The progress demonstrated in today's research suggests that growing national efforts to address physician burnout are on the right track, but more work is needed to achieve meaningful change," McAneny said. "Addressing the crisis requires continued investment from the health system in a comprehensive strategy that targets barriers to efficiently providing patients with high-quality care as the primary driver of physician burnout."

The AMA said its ongoing work to reduce physician burnout is striving to attack the dysfunction in health care by removing the obstacles and burdens that interfere with patient care. ■

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■ **Institutional assessments**

The AMA assesses burnout levels within medical organizations to provide a baseline metric for implementing solutions and interventions that reduce system-level burnout rates and improve physician well-being.

■ **American Conference on Physician Health**

The AMA, Mayo Clinic and Stanford Medicine host a unique conference, to be held Sept. 19–21 in Charlotte, N.C., to promote health and well-being in the ranks of U.S. physicians.

■ **Debunking regulatory myths**

The AMA provides regulatory clarifications to physicians and their care teams to aid in their day-to-day practice environment.

■ **EHRSeeWhat WeMean.org**

A collaboration between the AMA and MedStar Health to demonstrate the risks and challenges caused by poor usability in electronic health record technology that reduces time available for physicians to care for patients.

parasite. A year later, the vaccinations still possessed immunity against malaria, while eight unvaccinated controls did not.

In an effort to make the vaccine 100 percent protective against the disease, the research team will evaluate 15 different Plasmodium-made proteins. They also will examine combining their CMV-based vaccine with other experimental vaccines or the existing Mosquirix vaccine.

The study was a collaboration among OHSU, the Naval Medical Research Center, the National Institutes of Health and the Fred Hutchinson Cancer Research Center.

"This is really a brand-new approach to malaria," Nelson said, adding that the institute soon will commence clinical trials for HIV and TB, with the hope eventually to do the same for malaria.

Nelson's primary research focus over the past 37 years has centered on the molecular pathogenesis of CMV and flaviviruses; CMV as a vaccine vector; and vaccine adjuvant development. More recently he has worked with colleagues to develop an animal model to study viral pathogenesis and to develop new vaccines and antivirals.

### Bridging scientific gaps

OHSU established the Vaccine & Gene Therapy Institute in 2001 with the opening of a new 60,000 square-foot facility on OHSU's West Campus in Hillsboro. Its founding was based on the realization that progress in virology, molecular biology, immunology, animal models, pathology and clinical infectious diseases requires a high level of expertise and experience.

Nelson said the idea was to bring together expert scientists from several different disciplines to develop research and teaching programs to respond to disease threats such as AIDS, TB, Zika, West Nile virus, dengue fever and infectious diseases of the elderly. WHO's recently announced

10 threats to global health this year include influenza outbreak, antimicrobial resistance, dengue and HIV.

The institute's goal from the outset was to bridge scientific gaps at OHSU, and to take advantage of the existing faculty expertise and resources at the university. The intended result would be "synergistic interactions that would create a world-class program in vaccines and new therapeutic approaches to disease," according to OHSU. "The formation of the (institute) as an independent entity was envisioned to be a scientific and fiscal marriage between the Oregon National Primate Research Center and the OHSU School of Medicine."

Providing a collaborative environment for independent scientists allows researchers to establish their own programs, and to devote a portion of their research effort to collaborative efforts aimed at solving major clinical problems in the infectious disease field.

Programs span the continuum between basic and clinical science, in which discoveries are rapidly advanced from the level of molecular and cellular biology through animal models and ultimately into clinical testing. The development of the program in immunology and virology provides training opportunities for graduate students and postdoctoral fellows at OHSU.

"We're the only group doing this," said Nelson, adding that the research constitutes an important part of OHSU's mission in the training of young scientists in varied academic disciplines. ■

## Druker to receive prestigious award for cancer work

**Brian Druker, MD**, director of the Oregon Health & Science University Knight Cancer Institute, will receive the 2019 Sjöberg Prize from the Royal Swedish Academy of Sciences for "groundbreaking contributions to the clinical development of targeted therapy directed against genetic aberrations in cancer."

Druker's research proved it was possible to shut down cells that enable cancer to grow without harming healthy ones, which helped make once-fatal forms of the disease manageable.

Druker shares the 2019 award with Dennis Slamon MD, PhD, of the University of California Los Angeles Jonsson Comprehensive Cancer Center. The prize is awarded by the academy and funded by the Sjöberg Foundation, the latter created in 2016 by the late entrepreneur Bengt Sjöberg to support research targeting cancer, health and the environment. Druker and Slamon will equally share the \$1 million prize - \$100,000 as a personal award and \$900,000 for future research.

The award will be presented in late March. ■

## Report: State can do more to prevent, reduce tobacco use

This year's American Lung Association "State of Tobacco Control" report has found that Oregon earned failing grades on efforts to reduce and prevent tobacco use.

The organization said the need for Oregon to protect youth from tobacco is more urgent than ever, with youth e-cigarette use reaching epidemic levels due to a 78 percent increase in high school e-cigarette use from 2017 to 2018, according to the Centers for Disease Control and Prevention.

The 17th annual report grades states and the federal government on policies proven to prevent and reduce tobacco use, and finds that Oregon earns "Fs" for funding of state tobacco prevention programs and level of state tobacco taxes, and a "D" for coverage and access to services to quit tobacco. It earns "As" for the strength of smoke-free workplace laws and the minimum age of sale for tobacco products to 21.

The association is encouraging the Oregon Legislature to adequately fund tobacco prevention and increase tobacco taxes. ■



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