



The Scribe

A publication of the Medical Society of Metropolitan Portland

FOCUS ON PEDIATRICS

Youth and mental health

Proposed legislation seeks to improve resources, close gaps in care.

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OFF HOURS

Making cheese, building connections



Patrick Lee, MD, finds cheesemaking brings joy – and so much more.

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April 2019

Empowered to create

Delf award recipient Zoe Teton leads, inspires students aiding homeless people

By Cliff Collins
For The Scribe

Zoe E. Teton figures if she has learned how to help launch a nonprofit, student-led clinic, she later can apply that same knowledge toward helping people in developing countries.

That's a long-range goal for Teton, a medical student at Oregon Health & Science University, who aims to become a neurosurgeon. Even more than mere know-how, she also gained the confidence that you can "accomplish anything you put your mind to," she says.

One big thing she has accomplished so far is to spearhead what has become a successful health clinic for the underserved population in Portland. Called **Bridges**


Collaborative Care Clinic, it brought together students from three institutions and more than 10 graduate programs – from OHSU, Portland State University and Oregon State University – studying to enter a wide range of professions. These include those who want to become doctors, physician assistants, nurses, dentists, pharmacists, public health workers and more. About a half-dozen student leadership teams meet every two weeks to tackle the myriad issues that arise from running a free clinic for primarily homeless people.

Teton's singular dedication as inspirational leader and founding chair of Bridges' board of directors earned her selection as the **2019 Rob Delf Honorarium Award** recipient. The award is given annually by the **Medical Society of Metropolitan Portland** and the **Metropolitan Medical Foundation of Oregon**, and includes a \$1,000 honorarium. It is bestowed each year by MSMP's Board of Trustees in memory of Robert B. Delf Jr., MSMP's former longtime executive director, who passed away in 2017. Its intention is to recognize individuals who exemplify the ideals of the medical society. This can be demonstrated by work projects or activities that improve the health of the community or the practice of medicine.

Teton will be presented the award May 7 at MSMP's 135th Annual Meeting, slated for The Nines Hotel in Portland.

The idea for Bridges Collaborative Care Clinic came to Teton from her experience volunteering for three years with an organization in the city where she went to college, at the University of California, Santa Barbara. Called Doctors Without Walls-Santa Barbara Street Medicine, the organization has grown to over 100 street medicine teams worldwide, according to Teton.

During the time she worked with the group, it was running "pop-up clinics" to deliver health care to homeless people. From her association with that organization came her belief that the model is successful because it meets people where they are, "instead of asking them to figure out our complicated health care system



MSMP's 135th Annual Meeting
WHEN: 6:30 to 8:30 p.m., May 7
WHERE: The Nines Hotel, Portland

This not-to-be-missed event features guest speakers Jamie Beckerman, MD, FACC, and Manish Mehta, MD, and the presentation of the annual Rob Delf Honorarium Award and other accolades.

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

while trying to get back on their feet or find a job," she observes.

"I was always interested in working with people and helping them," but the Doctors Without Walls experience "helped me crystallize and specify my reasons" for wanting to go into medicine.

'Incredibly satisfying'

When Teton arrived for her first interview at OHSU after applying for medical school there, she was hoping the school ran a clinic similar to Doctors Without Walls. "I was disappointed OHSU did not have one," she admits. "I even asked about it in my interview."

Not to be deterred, in her first month after enrolling at OHSU she began getting in touch with some older students who expressed a similar interest. In November 2015, she and two other students met with faculty members from OHSU and PSU, and representatives from Transition Projects, an organization in Portland that works to move people from homelessness and living on the streets into suitable housing. Transition Projects became a key partner for Bridges Collaborative Care Clinic, Teton says.

She and a few other students also were able to convince OHSU's administration and faculty to get behind the concept, and "we ended up with approval from the highest level. That really helped. It created a partnership," she says.

Health care "coverage doesn't necessarily mean health care access," she emphasizes. "We can insure everybody in the country, but if they can't get in to see a provider, it doesn't matter." That is why Bridges set up clinics in existing spaces run by Transition Projects, because they are "right across from where (many)



"It's been an absolute joy and incredibly satisfying to be able to show up on a Saturday and see people getting their needs met."

- Zoe Teton

See **ROB DELF AWARD**, page 4

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.

80 years

The new team of board-certified, fellowship-trained pediatric gastroenterologists at Randall Children's Northwest Gastroenterology has 80 years of combined experience caring for children's digestive health.

Part of the Legacy family

We are proud to welcome Steven Colson, M.D., Kathryn Moyer, M.D., Melissa Sheiko, M.D., Raghu Varier, D.O., and Emily Whitfield, M.D., to the Legacy Health family.

Treat a range of conditions

Randall Children's Northwest Gastroenterology offer evaluations and treatment for children with a range of digestive conditions, including:

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Randall Children's Northwest Gastroenterology has clinic locations in Northeast Portland and Vancouver, and conducts outreach clinics in Bend, Corvallis and Salem.

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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.”

Enjoy a light lunch on us with a gift card to Starbucks!

COST: There is no cost to MSMP retired members and one guest, but advance registration is required.

REGISTER: www.MSMP.org/Events or contact Janine at 503-944-1138 or janine@MSMP.org



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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, FACC**, and **Manish Mehta, MD**, as we discuss “Innovations in Heart Health.”

Come celebrate those who will be honored for their community efforts, including **Lewis Low, MD, with Legacy Health**, recipient of our 2019 Presidential Citation; and **Zoe Teton, MS, with Bridges Collaborative Care Clinic**, recipient of our 2019 Rob Delf Award. There will also be a live announcement of the Student Award recipient during the event.

The evening will be filled with savory food, live music and wine tasting from Olea Vineyards, locally owned and operated by Thomas Melillo, DPM.

COST: MSMP members and one guest complimentary
Non-members \$50 and tables of 10 available for \$500

ADVANCE REGISTRATION IS REQUIRED FOR ALL ATTENDEES

REGISTER BY MAY 1 AT: www.MSMP.org/Events



MSMP Board of Trustees nominees

The Medical Society of Metropolitan Portland is pleased to report that the following individuals have been placed in nomination for positions on the MSMP Board of Trustees for the 2019–2020 leadership year.

The inauguration will be held during the MSMP Annual Meeting on May 7 at The Nines Hotel.

PRESIDENT **Mary McCarthy, MD**

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You can also explore our complete list of cost-saving advantages and exclusive group member benefits today at www.MSMP.org/Group-Member-Benefits.



people live." That realization "came from my involvement with Doctors Without Walls, and also my passion for doing this came from them."

Bridges refers to people seen at the clinic as "participants," because services go beyond just medicine; and care is called "transitional," because people served by Transition Projects are "there only temporarily," Teton explains. "We're not trying to be primary care providers. Our hope is to be the first step into the health care system, to address their needs early and help them establish a more permanent medical home" in the community. Students work under the guidance of licensed providers. Bridges also uses teams of two or three students to do follow-up with participants to make sure they can keep appointments after referral.

Obtaining 501(c)(3) non-profit status last July was "a huge step (that) made all the difference in what we're able to do and to be sustainable in the future," she says. That accomplishment led to winning several grants, including a \$50,000 donation from an anonymous contributor through the OHSU Foundation. In addition, after overcoming numerous obstacles, Bridges plans to open a dental clinic at Bud Clark Commons sometime this spring, a big step and one identified by Transition Projects as a major need.

Originally scheduled to step down as chair in April, Teton decided to stay on and help shepherd continuing growth of the organization. "It's been an absolute joy and incredibly satisfying to be able to show up on a Saturday and see people getting their needs met," she says. "I hope it continues when I'm gone."

Thinking globally

As an undergraduate, Teton majored in biopsychology, which she considered "almost a double major" and from which she learned about neuroscience. She says she was excited to discover the specialty of neurosurgery. "The study of the brain (became) the biggest passion in my life. I completely fell in love with the field." Once she finished her first year of medical school, Teton obtained a fellowship from OHSU's department of neurology, where she was able to devote nine months to full-time research.

Her love for research has spurred her to



dreams for the future that include finding some type of niche in her specialty that might involve a "global neurosurgery collaborative to examine outcomes through prospective study," she says. She would like to devote her clinical knowledge to addressing "the high incidence of accidents and injuries in developing countries." Such countries are "generally more resource-poor" and thus have fewer resources to treat injured people, she says.

Scheduled to receive her medical degree in June 2020, Teton hopes the organizational skills she acquired helping build Bridges Collaborative Care Clinic will serve her well in the future.

"I feel like my experience with Bridges has made me feel empowered about creating things," Teton says. "I can see ideally going into this field and finding a need" that can be met by, say, developing a non-profit. Within the field of neurosurgery, she may gravitate toward pediatric or neurotrauma and critical care. She also wants to "do a lot more" research into traumatic brain injuries. Teton would like to make neurosurgery "more accessible in developing countries," and to find a way to reduce the impact of traumatic brain injuries. Finally, she wants to understand its basic pathology and improve management of it in developing countries.

"I'd like to do something that incorporates

all of that," she concludes. By this point, nobody who knows and is inspired by Teton doubts she can pull it off. ■

Zoe Teton's singular dedication as inspirational leader and founding chair of Bridges Collaborative Care Clinic's board of directors earned her selection as the 2019 Rob Delf Honorarium Award recipient. Teton is pictured second from the right. *Photos courtesy of Zoe Teton*

Knight gift to support Providence cardiac services

OHSU plans to reactivate heart transplant program

Providence Heart Institute announced in mid-March that it had received a \$75 million gift from Phil and Penny Knight to support continued growth and innovation in cardiac services, including the development of a heart transplant program.

Financial gifts from the Knights, along with thousands of other donors, further accelerate ongoing advancements at Providence Heart Institute, it said. The institute has focused on three centers of activity to support health and innovation: clinical care, prevention and wellness, and research and innovation.



DAN OSERAN, MD

"For the past five months, Providence Heart Institute has been providing critically needed services for nearly 400 additional patients who previously received a heart transplant or an implanted left ventricular assist device and received care at OHSU," **Dan Oseran, MD**, the institute's executive medical director, said in a press release announcing the Knights' gift. "It's clear that our state needs an established, comprehensive and stable set of services for vulnerable patients."



LISA VANCE

Lisa Vance, chief executive for Providence Health & Services in Oregon, said, "This is not about prestige or competition or money. It's about vulnerable people and families who need quality care close to home. We feel that we are in a unique position to deliver that care."

Oseran added, "Given we have nearly all the required infrastructure already, we anticipate starting a heart transplant program here at Providence within a year." Additional needs would include formal certification of the program and recruitment of a transplant surgeon. Providence previously had a heart transplant program, but closed it six years ago.

The same day that Providence made its announcement, Oregon Health & Science University posted a news release stating it would reactivate its heart transplant program. The release noted that, over the years, OHSU had built a multidisciplinary team and extensive infrastructure required for complex transplant patients, encompassing specialists in advanced circulatory support, cardiac critical care, nutrition, social work and more.

OHSU announced Aug. 31, 2018, that it was "inactivating" its program after its transplant team's cardiologists resigned. As *The Scribe* reported last November, Providence, OHSU and the University of Washington were working together to ensure care for OHSU patients, and Providence and OHSU were holding discussions about a possible joint heart transplant program. ■

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Physician-hospital organization charts progress, sets new strategic goals

By **Cliff Collins**
For The Scribe

A little more than four years after its launch, **Legacy Health Partners** is savoring its successes and mapping its future toward continued growth.



MERRIN PERMUT

Legacy Health Partners has made significant progress in achieving the goals we set out to accomplish," said **Merrin Permut**, the organization's executive director. Legacy Health credits Legacy Health Partners as the foundation of its "success in transitioning to population health management and value-based care," she said.

Legacy Health Partners consists of the health system and 2,500 providers – 70 percent of whom are in independent private practice, and the remaining 30 percent employed providers in Legacy Medical Group. Its board of directors is composed entirely of physicians – as well as **Gretchen Nichols, RN**, president of Legacy Mount Hood Medical Center – who set policy, direction and strategy. The board includes independent primary care and specialty physicians, representing doctors from both Legacy hospital medical staffs and Legacy Medical Group.

The 16-member board oversees the work of three committees – Quality and Membership, Finance and Contracting, Population Health Services – and the Clinical Collaboration and Performance Improvement Subcommittee. Each of these includes between 14 and 21 members. The board has final approval authority for all recommended actions put forth by the committees, including clinical integration program performance measures, contracts entered into on behalf of the network, data integration activities and population health services.

Lewis L. Low, MD, Legacy's chief medical officer and senior vice president, has described the collaboration as a clinically integrated network, intended "to develop a closer, more meaningful relationship" with both the health system's employed doctors and with private-practice physicians who serve on Legacy hospital medical staffs, and "to move to a more value-based environment" and away from fee for service.



DeONA BRIDGEMAN, MD

DeOna Bridgeman, MD, who chairs Legacy Health Partners' board, said she originally became active in the organization to help her and her family practice group, Davies Clinic in Canby, prepare to participate in value-based care. The clinically integrated network uses information technology and data integration to aid providers in improving population health, she said.

One of the network's long-range objectives was to serve as a basis to negotiate

contracts for performance-incentive programs. The purpose of a clinically integrated network is to enable providers to lower costs through less duplication and to improve care through better efficiency and coordination of chronic-disease management.

Jon Hersen, vice president of Legacy care transformation, said a key to the health system-physician partnership has been using Legacy's 20,000 employees' health plan as a model population to track physician performance on 34 measures, about half of which are assessed at the individual provider level.



JON HERSEN

Measures fall under the following categories: efficient use of health care resources, care coordination, patient safety, health and wellness, chronic disease care and patient experience. The list includes standard measures such as lengths of stay, emergency department visits per 1,000, hospital readmissions within 30 days, breast and cervical cancer screening and diabetes care.

Performance measures established last year include provider, practice and network measures intended to help improve patient and population health. Ten new measures encompass some specific to specialty providers, provider-level measurement on many quality measures, and new membership requirements meant to strengthen the network, according to Permut.

Both primary care doctors and specialists serve on the committee that determines new measures, Bridgeman said. She listed among these: guidelines for managing headaches, dementia and atrial fibrillation, as well as ones pertaining to the value of administering specific orthopedic imaging and high-cost, low-yield lab tests, such as for vitamin D and testosterone.

"I take those guidelines and embed them in our EHR," Bridgeman said.

Legacy Health Partners established four strategic goals in 2018 to guide the organization, Permut said. They are to increase the total number of lives covered, maximize financial performance, demonstrate improved health and enhance membership value. An example she cited of enhancing value to members is helping primary care practices become designated medical homes, or to increase their tier within that category.

Another example is a care resources line, which offers access to pharmacy and care-coordination specialists. The idea is to help providers find support services for patients needing assistance. This subscription service gives providers access to pharmacists and care coordination specialists to consult with on any of their patients, whether they are members of a contracted population or not.

Hersen said the organization now covers 100,000 lives, all under contracts using

"We've done a lot of work over the last year to **increase the number of lives the network is accountable for.**" –*Jon Hersen*

payment methodologies that reward value. These include Pacific Source, now half-owned by Legacy; the Oregon Health Plan; United Healthcare; Aetna; and Moda Health. "We've done a lot of work over the last year to increase the number of lives the network is accountable for."

Bridgeman noted that a major reason for the objective to boost the number of covered lives is that doctors are "asked by so many organizations to make changes" that keeping up with all of these is difficult. In order to ask providers to "invest in the time and energy" needed to "systemize" changes in their practice, they must see a high enough percentage of patients who are covered under Legacy Health Partners to make it worth their while, she explained.

Bridgeman added that she and other physicians she speaks with consider the Legacy Health Partners model "a great way to take care of patients the best we can."

One of the obstacles the network has wrestled with is the large number of different electronic health records systems used by partner members. "We are still on 40-plus different EHR systems, and they don't all communicate smoothly yet," Bridgeman said. "We have needed incremental updates on both sides for the communication platforms, such as Carequality, to work. And we are getting there; each month, additional clinics are added. We have made good progress, but we are not at our goal."

Referring to Legacy Health Partners, Permut said "the most important piece of our success (is that) we are fortunate to have so many providers engaged in the board and committees." This continuous interaction among primary care and specialty physicians helps Legacy "coordinate care better and work together as partners," she said. ■

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Research shows more young people struggling with mental health issues

Proposed legislation seeks to provide more resources, improve continuum of care

By **Melody Finnemore**
For *The Scribe*

A growing body of research shows that an increasing number of adolescents and teenagers are struggling with anxiety, depression and thoughts of suicide. The 2017 Oregon Healthy Teens Survey bears this out:

Among eighth graders, 56.2 percent reported feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities. Nearly 40 percent said they had seriously considered attempting suicide during the previous 12 months, and 15.2 percent said they had attempted suicide two or more times.

More than half (53.7 percent) of the 11th graders who participated in the survey said they had felt so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities. More than a third (37.5 percent) said they had seriously considered suicide, and 8.3 percent said they had attempted it two or more times.



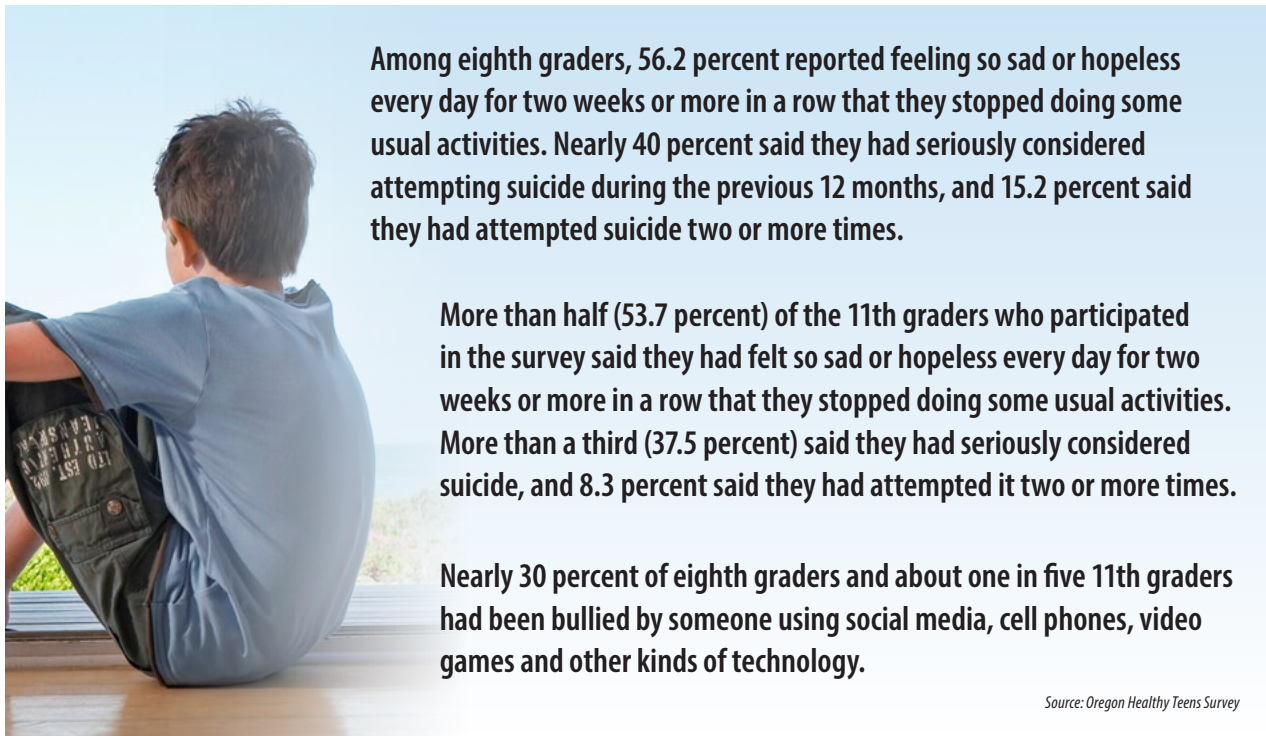
AJIT JETMALANI, MD

"We have a lot of signals that young people are not doing well," said **Ajit Jetmalani, MD**, director of the Division of Child and Adolescent Psychiatry at **Oregon Health & Science University**. He noted that Doernbecher Children's Hospital has seen a threefold increase in young people presenting with symptoms of a mental health crisis, and other hospitals are seeing similar rates.

Jetmalani was among the presenters at the recent joint CME symposium, "Social Influences on Young Brains, Behavior & Beyond," organized by the Oregon Pediatric Society and Oregon Council of Child & Adolescent Psychiatry. The symposium delved into several topics, including the social determinants of pediatric health.

Several factors are playing a role in the increased incidents of mental health problems among youth. Jetmalani pointed out that the Great Recession, which began in the late 2000s, continues to take a toll on young people.

"Young families were very distressed and we're seeing children who are now adolescents who experienced that downturn and the effect it had on their families, and I



Among eighth graders, 56.2 percent reported feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities. Nearly 40 percent said they had seriously considered attempting suicide during the previous 12 months, and 15.2 percent said they had attempted suicide two or more times.

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Nearly 30 percent of eighth graders and about one in five 11th graders had been bullied by someone using social media, cell phones, video games and other kinds of technology.

Source: Oregon Healthy Teens Survey

think that's an influence," he said.

Jetmalani noted that smartphones became popular at around the same time, and social media and online safety have a significant impact on young people's mental health. The 2017 Oregon Healthy Teens Survey reported that nearly 30 percent of eighth graders and about one in five 11th graders had been bullied by someone using social media, cell phones, video games and other kinds of technology.

Another factor in the increase in youth with mental health issues is that when coordinated care organizations were formed, the state did not identify who was responsible for ensuring a continuum of care, he said.

"What happened is that we really took our eye off the ball and we didn't have a coordinated strategy to have those levels of care, and not just the numbers but quality of care," Jetmalani said.

Social determinants of health a growing part of conversation

Kaiser Permanente's Lauren Mutrie, MD, works in pediatric hospital medicine and said she, too, is increasingly seeing children and adolescents admitted to the hospital with depression, anxiety, histories of trauma and PTSD, and suicidality. She also sees patients who have disordered body image; are addicted to drugs, alcohol and social media; and are coping with family and social dysfunction, neurocognitive disabilities, behavioral problems and school dysfunction. In isolation, these conditions may be the primary reasons for hospitalization, or they may be co-morbidities with other medical conditions, she said.

Mutrie, who was a panel member during the joint CME symposium and talked about social determinants of mental health for young people, defined them as "the conditions in which they are born, grow, play, live, work and age."

"Social determinants are known to influence health outcomes and can have serious negative effects on the well-being of children with long-lasting impacts into adulthood," she said, adding they include access to stable caregivers; medical and mental health care; insurance and benefits; safe housing, utilities and neighborhoods; reliable transportation; healthy, affordable food; economic resources and jobs; quality education; and justice, to name a few.

"Children, especially those in impoverished environments, exposed to adverse childhood experiences are susceptible to toxic stress and mental health problems. They may face social inequities and disparities throughout their lives," Mutrie said. "How do we see these kids in the hospital or the clinic? How do we recognize them in the community? How can we help them and advocate

"Instead of placing judgment on a young person who is suffering, **we must question how and why that young person has come into a particular situation.** What happened to them? What are the social determinants of health and adverse childhood events that led them to a place of illness or instability?"

— *Lauren Mutrie, MD*

See **MENTAL ILLNESS**, page 9



OHSU pediatric research funding on the increase

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

Oregon Health & Science University is bucking a national trend that's seen a decline in National Institutes of Health research funding focused on pediatrics. In fact, OHSU has experienced an increase in NIH, industry and nonprofit foundation funding – for both pediatrics specifically and across the university – for the period spanning fiscal 2015 to '18.

That growth has occurred thanks to a “brute-force” staff effort of increased grant submissions and more time invested in applying for funding, said **Deborah Lewinsohn, MD**, professor in the OHSU Department of Pediatrics and vice chair of research of head and infectious diseases at OHSU.

For pediatrics, that funding has helped advance a range of studies on Marquam Hill, among them **Christina Lancioni, MD**'s research into immunologic and nutritional determinants of failing vs. thriving children following severe infection; **Stephen Back, MD, PhD**'s research of regeneration and repair of the developing brain, including white matter injury and disturbances in myelination connected to such disorders as cerebral palsy among survivors of premature birth and multiple sclerosis; and **Daniel Marks, MD, PhD**'s study of cachexia, the condition that causes major weight loss and muscle wasting.

“We're really putting in the labor to keep our research programs funded,” Lewinsohn said.

Figures provided by Lewinsohn show for OHSU as a whole, funding secured from the NIH jumped 26 percent from fiscal 2015 to '18, increasing from about \$195 million to nearly \$246 million.

For OHSU's Department of Pediatrics, NIH funding rose 31 percent during that same period, from nearly \$8 million to more than \$10 million. Total research dollars for pediatrics, meanwhile, increased from more than \$13 million to nearly \$17 million. The latter category includes NIH, industry and nonprofit foundation funding.

To maintain those trends, Lewinsohn said OHSU physician-scientists are submitting more grant applications and spending more time doing so. Lewinsohn added that a strategic goal has been to encourage those physician-scientists – defined as clinicians who spend a majority of their time on research – to maintain that focus.

OHSU, though, is not immune to the challenge seen nationally of an aging physician-scientist community and the need to bolster that workforce. “Those are the trends we're trying to buck, both within the Department of Pediatrics and at the institution level,” she said.

For its part, the university maintains a nationally recognized MD/PhD program devoted to training physician-scientists with the “breadth and depth of knowledge

to become leaders in medicine and trans-disciplinary biomedical research,” according to OHSU's website. A news release last spring noted that interest in the program has grown, along with its size.

OHSU's pediatric-related research has global reach and implications. A case in point is the work of Lancioni, a physician-scientist in the Division of Infectious Diseases, who has garnered funding from both the NIH and the Bill & Melinda Gates Foundation for the study of immunologic and nutritional determinants of failing vs. thriving children following severe infection. She is co-principal investigator of a site in Kampala, Uganda, that is part of the Childhood Acute Illness & Nutrition Network, a group of investigators based at nine international sites in low- and middle-income countries in sub-Saharan Africa and Southeast Asia collaborating to “generate evidence and improved understanding of children with acute illness and undernutrition, focusing in particular on the factors that result in their vulnerability, and working to identify targets of intervention which can help to avert the high mortality and poor outcomes within this group,” according to the Lancioni Lab's webpage. It noted that despite strong evidence of associations between undernutrition, infection and an increased risk of death among young children, “the mechanisms driving this vulnerability are not understood.”

“It's very, very impactful,” Lewinsohn said of the research.

Lewinsohn characterized Lancioni, Back and Marks' labs as major successes in their ability to continue to attract research dollars, including by working in some cases with fellow researchers to study diseases that also affect adults, and to gain insights into health challenges that affect so many.

“We have strong researchers here, and that reputation – nationally and internationally – makes it more feasible to continue being successful in getting research funding,” she said.

Earlier this year, *JAMA Pediatrics* published online an article titled “The Fragile State of the National Institutes of Health Pediatric Research Portfolio, 1992-2015: Doing More With Less?” The piece concluded that that fragile state demanded “fewer pediatric researchers do more with less and less,” and documented a decline in pediatric research support across much of the NIH, “despite strong evidence of major benefits to child health.”

The article called for a collaborative approach to reverse current trends. “In sum,” it noted, “to ensure the improved health of our future children, during their childhood and as adults, it is imperative that national policymakers, particularly members of Congress, the administration, and the NIH work with the pediatric research and clinical community to prioritize increasing investments in both basic and clinical pediatric research.” ■

“We have strong researchers here, and that reputation – nationally and internationally – makes it more feasible to continue being successful in getting research funding.”

– OHSU's Deborah Lewinsohn, MD

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When treating children, avoid these risks

By Darrell Ranum, JD, CPHRM

Vice President, Patient Safety and Risk Management
The Doctors Company

A study of malpractice claims against physicians in 52 specialties who treat children reveals that while there are common elements in allegations, the types of problems experienced by pediatric patients – and that lead to malpractice claims – change as they age.

The Doctors Company studied 1,215 claims (written demands for payment) filed on behalf of pediatric patients that closed from 2008 through 2017.

The study focused on four groups: neonate (less than one month old), first year (one month through 11 months), child (one through nine years) and teenager (10 through 17 years). It included all claims and lawsuits except dental claims, regardless of how the cases were resolved (denied, settled or judgment at trial).

Claim and lawsuit payments

Of the claims, 446 (37 percent) resulted in a payment to the claimant. The mean indemnity payment was \$630,456, and the mean expense was \$157,592. The median indemnity payment was \$250,000, and the median expense to defend these claims was \$99,984.

Neonates had the highest mean indemnity (\$936,843) and median indemnity payment (\$300,000). The mean expense paid to defend these cases was also the highest (\$187,117), as was the median expense paid (\$119,311).

The median number may be a more accurate representation of the amount of indemnity in paid claims. The median eliminates the impact of very high or very low indemnity amounts, giving a better idea of a typical value.

The patients represented in these claims and lawsuits were treated by a variety of specialties. Obstetricians were most frequently involved with neonatal patients. Pediatricians, orthopedic surgeons, emergency medicine physicians and family medicine physicians were most frequently named as defendants for children older

than one month.

The top 10 physician specialties named as defendants were: obstetrics (24 percent), pediatrics (15 percent), orthopedics (7 percent), emergency medicine (6 percent), family medicine (6 percent), radiology (3 percent), general surgery (3 percent), anesthesiology (3 percent), otolaryngology (3 percent) and psychiatry (2 percent). These specialties represented 72 percent of all the claims.

Allegations

Diagnosis-related allegations were the most common allegation in all but the neonate age group. Patients older than neonates experienced diagnosis-related claims in 34 percent to 44 percent of all claims and lawsuits.

The most common allegation for neonates was obstetrics-related treatment for injuries that occurred during labor and delivery (63 percent).

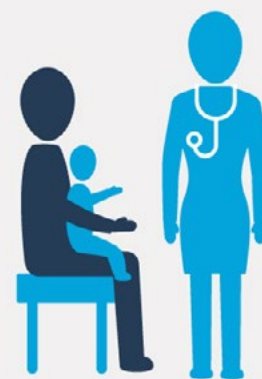
Factors contributing to patient injury

To prevent injuries, it is essential to understand the factors that contributed to patient harm. Categories of contributing factors include clinical judgment, technical skill, patient behaviors, communication, clinical symptoms, clinical environments and documentation. Physician experts identified factors that contributed to patient harm and evaluated each claim to determine whether the standard of care was met.

The most common factor contributing to injury in neonates was selection and management of therapy. This issue refers to decisions about vaginal birth versus cesarean section. Other factors included patient assessment issues and lack of communication among providers.

The most common factors contributing to patient harm for age groups other than neonates were patient assessment issues and communication between the patient or family member and provider. Inadequate patient assessments were closely linked to incorrect diagnoses. Incomplete communication between patients or family members and providers

This wide spectrum of development adds to the challenges of diagnosing and treating pediatric patients



and shows that clinicians need the assistance of reliable systems to help prevent these errors.

affected clinicians' ability to make correct diagnoses.

Risk mitigation strategies

The following strategies can assist physicians in preventing some of the concerns identified in this study:

For neonates

- **Become familiar** with the National Institute of Child Health and Human Development nomenclature. Physicians and nurses should participate together in regular fetal monitoring learning activities.
- **Respond without delay** when a nurse requests a physician assessment.
- **Conduct drills** to ensure 30-minute response times for emergency cesarean section deliveries and carry out simulations of low-frequency/high-severity obstetric emergencies.
- **Estimate and document fetal weight** when considering vacuum-assisted vaginal delivery. Plan the exit strategy, such as calling the cesarean section team in advance in case the extraction is unsuccessful.

For children ages one month to 17 years

- **Ensure quality documentation.** Documentation is essential for coordinating quality care and defending a claim that may not be filed until years after the alleged injury.
- **Ensure an adequate exchange of information.** Utilize translation services if communication is difficult.

- **Conduct careful reevaluations** when patients return with the same or worsening symptoms. If no new information comes to light, consider a second opinion or referral to a specialist.
- **Provide parents with information** to help them recognize when a sick child requires emergency care. Train office staff to recognize the types of concerns raised by parents during phone calls that should prompt immediate assessment and treatment.

Conclusion

This study showed that neonates and infants in their first year of life were more vulnerable than older children. Children less than one year of age experienced high-severity injuries at almost twice the rate of children older than one year. Neonates may experience complications due to difficult labor and delivery. They also face congenital conditions that may not be readily diagnosed and treated.

Children older than one year experienced more injuries from trauma, communicable disease and malignancies. Teenagers experienced trauma and illness, and teenaged females may also face dangers from pregnancy and childbirth.

This wide spectrum of development adds to the challenges of diagnosing and treating pediatric patients and shows that clinicians need the assistance of reliable systems to help prevent these errors. ■

These issues and additional data are addressed in more detail at www.thedoctors.com/childmedmalstudy.

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Online extra! Don't miss this article!

As physicians learn more about the impacts of adverse childhood experiences and toxic stress, they want to help their pediatric patients navigate those impacts but are often unsure of how to do that. Amy Stoeber, PhD, partnered with Portland's Children's Health Alliance to train pediatricians and care teams how to screen for mental health concerns and offer strategies for building resilience. Stoeber discusses some of the training tools she utilizes to help providers improve their conversations about mental health with their patients and their patients' families

To read more, please visit www.MSMP.org/MembersOnly.

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for their health in comprehensive, sustainable and holistic ways?"

She noted that the provision of mental health care to children is an increasingly active area of conversation in the pediatric community.

"In my role as a pediatric hospitalist, I am seeing more children than ever before require emergency care or hospitalization for mental health concerns. The recognition, prevention and treatment of pediatric mental health conditions before the child is in crisis is of utmost importance," she said. "We simply do not have enough resources to accommodate the mental health needs of our pediatric and adolescent populations, and this problem has overwhelmed our health care system's ability to adequately care for these children."

Mutrie said that in order to provide more holistic care, the conversation around mental health and healing must focus on investigating how social determinants of health and adverse childhood experiences cause instability for children and adolescents.

"Instead of placing judgment on a young person who is suffering, we must question how and why that young person has come into a particular situation. What happened to them? What are the social determinants of health and adverse childhood events that led them to a place of illness or instability?" she said, adding problems in these non-medical areas of life have tremendous implications for overall success and health in childhood and young adulthood, and effective treatment requires a comprehensive, collaborative and interdisciplinary approach.

"Accordingly, children's hospitals and clinics are incorporating the social determinants of health into the ways they structure the screening and treatment of children with psychosocial needs," Mutrie said. "Mental health care must be fully integrated into our basic health delivery model as a standard of care, and it must also be de-stigmatized, trauma-informed, institutionally supported, and accessible to the child and the family."

Pending legislation ranges from improving school safety to closing gaps in care

OHSU's Jetmalani noted that several bills pending in the Legislature address youth mental health concerns, resources and care. Among them, the Oregon Department of Education has crafted bills that focus on social and emotional development in schools and implementing strategies to improve mental and physical health from preschool through high school. Other pending bills highlight school safety, including the prevention of bullying and suicide.

At the request of Gov. Kate Brown and Martha Walters, chief justice of the Oregon Supreme Court, Senate Bill 1 and SB 221 have been introduced as companion bills. SB 1 establishes a Statewide System of Care Task Force and SB 221 directs the Department of Human Services to conduct a study about children and youth

with specialized needs and report the results to interim committees related to human services by Sept. 15, 2020.

Jetmalani said the companion bills are intended to stabilize and expand services for youth and families as well as identify challenges earlier so that people's needs are addressed earlier, with the goal of reducing the need for foster care and residential care.

"We're seeing significant challenges in young people's subjective reports about how they are doing. Objectively, we're

seeing challenges and we have an enormous legislative effort this year to improve things," he said. "It takes years to create a continuum of care for mental health services and it takes just a moment to destroy things. We've disrupted continuity of care pretty significantly over the last few years, so even if we pass legislation now it's going to take years to build it back up."

Jetmalani added that SB 1's focus on mandating a governance council that oversees the system is a positive step

because it would help eliminate the funding and policy silos that currently exist and allow Oregon's child-services agencies, advocates, youth and family representation and others to work more closely as a "problem-solving group with the power of the purse and the ability to influence policy."

"I'm very optimistic that there is this level of effort to improve things for young people in Oregon. We've gotten to a point in this crisis where people's attention is focused on finding solutions," he said. ■

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, Physician Assistant 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 shall not be entitled to vote in elections or on policy matters of any kind or to hold elective office. NP members may serve on all 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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Surgeon finds joy – and much more – in making alpine cheeses

By Jon Bell
For The Scribe

Before he went into medicine, **Patrick Lee, MD**, worked for a time as a nuclear engineer for the U.S. Department of Defense, doing testing on Los Angeles class nuclear submarines in Hawaii.

It was a fun gig, naturally.

"The work would start at 6 a.m. and be done about 3," Lee said. "And what do you do between 3 and the time you go to bed? Well, you go swimming, you entertain some tourists, you go to some bars and have a great time. It's Hawaii. It's fun."

So fun, in fact, that when Lee got accepted into medical school, he debated whether he should go or just stay in Hawaii. But he noticed something about the senior engineers he'd been working with. They seemed burned out, as if they were just grinding through a routine, looking forward to nothing but going home.

"I didn't want that," Lee said, "because for me, it was always about asking questions about new things."

He left Hawaii for medical school at Northwestern, completed residencies at Loyola University Medical Center, Oregon Health & Science University and the Cleveland Clinic, and eventually landed at Legacy Health as a surgeon specializing in colon and rectal surgery.

Lee enjoyed his work, but nearly two decades into his career, he began to feel the drain of routine himself.

"It's been a great career for me, but I felt I needed to do more," he said, "and I just felt like I was doing things over and over again. And the other thing was that I felt like I needed time for myself. I think that's one of the things that I see lacking in medicine, really, is physicians taking time for themselves. And there are also things that happened in my life that also made me look harder. I mean, my wife passed away, and so all of that . . . made me re-evaluate and begin thinking about what else sings to me."

For Lee, that turned out to be cheese. Not simply enjoying it or appreciating it, but diving deeply into the art and science of crafting it.

"This was actually something that sang to me," he said.

Making connections

Lee's initial fondness for cheese came from a childhood spent in France until age 11. He remembers going to cheese stops with his mother.

"Going to a cheese store has always been a fun event

for me, because you have all these different varieties of cheese, different sizes and shapes, the smells — it's like a toy store," Lee said. "And of course, when you're a little kid, they're always interested in giving you a little sample."

Lee has always kept that appreciation for cheese with him. About six years ago, he started really exploring the world of cheese, learning about its long history and taking classes at the University of Wisconsin's Center for Dairy Research, in the Jura of France at Ecole Nationale d'Industrie Laitiere et des Biotechnologies and at Oregon State University.

"It became a slow movement of learning more about cheesemaking and reminding myself of the memories I had," Lee said. "I had the connection. It just never left me. But it's more than just about making a product. It was about connecting with nature, about the animals that produce the milk, the people who farm the land."

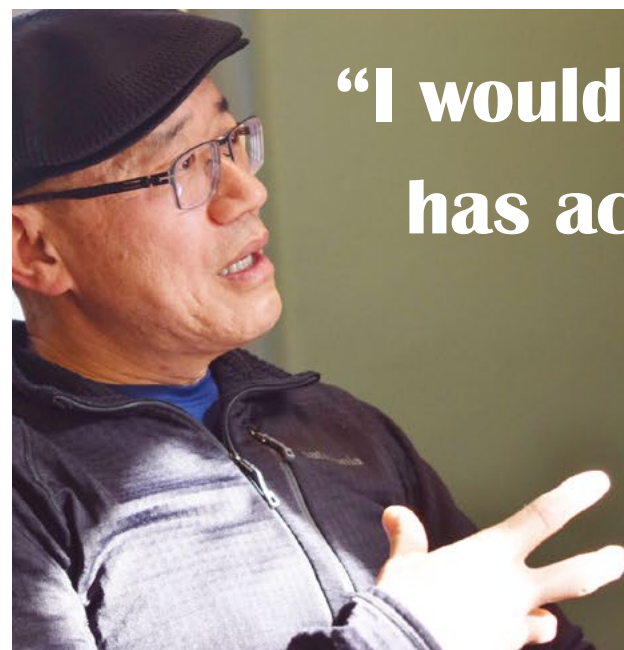
Eventually, Lee's fascination with cheese led him to pare down his work schedule at Legacy Health a bit so that he could devote more time to cheese. He focused on alpine-style cheeses, which evolved in the Alps where farmers ended up with more milk from their cows than they could use. The farmers would use the excess milk to make hard cheeses, which had to be cooked, pressed and salted so that they could be preserved to be eaten later. Examples of alpine cheeses include Emmental, Gruyere, Beaufort, Comte and Appenzeller.



Patrick Lee, MD, holds a wheel of his T2SS cheese in October 2018, when Lee was working with artisanal master cheesemaker Chris Roell in his creamery in Shullsburg, Wis.

Photo courtesy of Patrick Lee

See *OFF HOURS*, page 11



"I would have to say that this journey has actually made me a better physician.

It has allowed me to connect with people better."

– Patrick Lee, MD

Photo: Piseeth Pich

An impactful journey

Over a two-year process, Lee developed his own recipe for an alpine-style cheese he calls T2SS. Pronounced “tee-toos,” the name comes from a childhood friend of Lee’s whose name was

Titus. (Titus is pronounced “tee-toos” in French, so Lee went with a more unique spelling to convey the proper pronunciation.) The two would ride their tricycles together, having fun but also envying Titus’ older brother Pascal, who rode a more grown-up, two-wheeled bike.

Lee said he chose that name, and the name of his actual cheesemaking endeavor, Pascal Affinage, in part to represent the journey he’s made in his life. In fact, the logo for his business is a tricycle.

“I have to say, one of the best moments in my life was riding my tricycle with my buddy Titus,” Lee said. “And so when I eat this cheese, I think of him. It brings back a lot of fond memories. I want this cheese to be a connector, to help connect people with other people, and I think it does this.”

Rather than a side hobby, Lee sees his cheesemaking as a more serious endeavor, a business with a bright future. He sold all of his first 250-pound batch of T2SS, has another batch he made in October that’s almost ready and will be making more in May. Though he’s still making his cheese in Wisconsin, he hopes to eventually be able to make it here in Oregon. He also wants to help other artisan cheesemakers by playing the more traditional role of *affinage* — essentially finishing cheeses and distributing them for other artisans. Lee is actually building his own temperature-controlled aging room where he could do just that.

In addition to enjoying cheese and cheesemaking, Lee said his journey through the art has had an even bigger impact on his life. It’s made him more empathetic, more mindful and more attentive, for starters. It’s also helped him connect with his patients better, and that’s something that Lee said all physicians should be working toward.

“I would have to say that this journey has actually made me a better physician,” he said. “It has allowed me to connect with people better. I think sometimes it’s difficult for physicians, who are always in the physician mindset, to step out and really see other people. When physicians take time for themselves, they actually enrich the community. You provide a service for people, of course, but it’s more than that. It’s about being able to connect with people so that you can really help them in different ways, and I feel that this journey has made me better at doing that.” ■

Lee’s cheeses, under the Pascal Affinage label, can be found at City Market Northwest, Providore Fine Foods and Barbur World Foods. A new supply is expected in May.



Photo: Piseth Pich

Hospitals contribute \$2.3 billion in community benefit

Oregon’s hospitals contributed \$2.3 billion in community benefit to the communities they serve in 2017, a record amount. That comes at the same time Oregon has achieved one of the highest rates of health care coverage in the nation at close to 95 percent, according to the Oregon Association of Hospitals and Health Systems (OAHHS).

“Oregon’s hospitals made a commitment to community benefit in 2015, knowing that the Affordable Care Act (ACA) would change the landscape and reduce the number of Oregonians without coverage with the expansion of the Medicaid program,” said Andy Van Pelt, OAHHS executive vice president. “We are proud they have maintained that commitment.”

While much of hospitals’ community benefit contribution comes as underpayment for delivered care (for example, Medicaid reimburses hospitals for 68 percent of their cost), that is just one component. Here are some others, many of which address the social determinants of health, and their 2017 total expenditure:

- Charity care: \$196 million
- Community health improvement programs: \$43 million
- Community health and clinical research: \$63 million
- Health professions education: \$216 million

Roberta Duenas of Rogue River is just one of the thousands of Oregonians who have been helped by an Oregon hospital’s commitment to community benefit. Duenas, 66, said that before she became an Oregon Health Plan member, she received assistance with her bill at Asante Rogue Regional Medical Center. “Without that help and then the coverage from Medicaid, I don’t know where I’d be,” she said.

Hospitals are keenly aware of the increase in charity care spending in recent years. This follows an initial drop in charity care spending during the first few years of the ACA, as more Oregonians obtained coverage.

“We know that many Oregonians struggle with health care access,” said Van Pelt. “Hospitals have long been part of the conversation to make improvements to our community benefit system, including simplifying the process and greater transparency.”

Van Pelt said he hopes that any statewide changes to community benefit will reflect that collaborative spirit. In the meantime, he said hospitals will continue their commitment to the state’s needy and to their investment in the communities they serve. ■

The full Community Benefit Update report can be found at <https://oahhs.org/assets/documents/publications/2019%20Community%20Benefit%20Report.pdf>.



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