



The Scribe

A publication of the Medical Society of Metropolitan Portland

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Filling the gap



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OFF HOURS

First Do No Harmony



This a cappella student group strikes up a tune.

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August 2019

Partial health plan funding highlights rocky state session

Bill helps ensure six years of OHP funding; transparency, vaccine exemption legislation unsuccessful

By **Cliff Collins**
For *The Scribe*

The 2019 Oregon Legislative Assembly proved to be anything but routine. But health care interests expressed satisfaction in some progress made, especially with one top priority.

That matter of importance was continued stable funding of the **Oregon Health Plan**. House Bill 2010 passed shortly into the session, helping to ensure funding for the next six years for patients on the OHP.

Before the Legislature convened early this year, both organized medicine and the state's hospital association emphasized the need for financial stability of Oregon's Medicaid program as a major goal. This was especially the case because, by design, the state's share of the cost is beginning to tick up slowly as the federal portion diminishes. For that and other reasons, the OHP faced a \$933 million deficit heading into the 2019 session, according to the Oregon Health Authority.

"We are pleased that lawmakers agreed on the need to find a long-term plan to fund Oregon's Medicaid program," said **Andy Van Pelt**, executive vice president of the **Oregon Association of Hospitals & Health Systems**. "HB 2010 passed early in the session with overwhelming bipartisan support."

Since 2003, Oregon has employed provider assessments to help cover

the state's share of Medicaid services and certain hospital initiatives provided through the OHP. That funding method continues, with the bill extending taxes on hospitals and health insurance.

Another leg of OHP funding was House Bill 2270, an attempt to raise the tax on tobacco and to assess a tax on e-cigarettes. Almost at the last minute of the final day of the session, the bill, supported by Gov. Kate Brown, passed. However, rather than implementing those taxes outright, the legislation called for referring the question to voters in the November 2020 general election.



COURTNI DRESSER

Courtni Dresser, director of government relations for the **Oregon Medical Association**, said the referral provides Oregonians the opportunity to increase the cost of these harmful products, which should help prevent young people from buying them. The OMA had backed the tax as a top priority, noting that it has the dual purpose of partially paying for Oregon's Medicaid program and reducing tobacco use.

In a close vote, the OMA also was successful in quelling the trial lawyers' latest attempt to overturn the state's cap on noneconomic damages in personal injury lawsuits. House Bill 2014, which proposed to raise the cap from \$500,000 to \$1.5 million, failed on the Senate floor, with 15 members voting against it and 14 voting in favor.

OMA members brought the association's attention to the need for legislation to help protect health care workers in the event of accidental needle pricks in emergency situations. The OMA introduced Senate Bill 1027, which allows providers who experience needle-stick injuries while treating an unconscious patient to determine quickly whether to begin post-exposure prophylaxis treatment. It applies to a patient who is unconscious or otherwise unable to sign consent, and permits health care workers

Oregon's 2019 Legislative Session



January 22 to June 30

to make a blood draw to check the patient for blood-borne diseases, in order to best determine post-exposure treatments for the provider.

The bill passed unanimously in both chambers and was signed into law by

See **LEGISLATIVE SESSION**, page 12

Scribe Focus on... Medical Education

► **Dan Mosher, DO**, examines Hunter Schilling of Southern Oregon at the OHSU-Cascades East Family Medicine Center recently. Mosher is a resident at Cascades East in Klamath Falls, an Oregon Health & Science University and Sky Lakes Medical Center collaboration that, since 1994, has aimed to improve health access in rural Oregon.

In this issue, *The Scribe's* medical education focus reports on a recent American Medical Association grant to OHSU and the University of California, Davis, designed to expand access to health care between Portland and Sacramento through a network of teaching hospitals and clinics, mostly in rural areas.

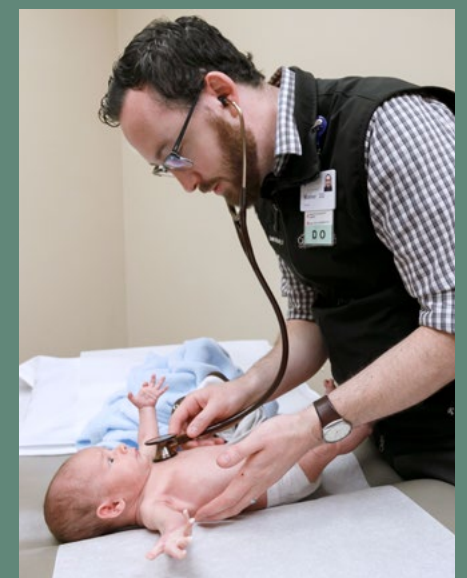


Photo courtesy of OHSU/Kristyna Wentz-Graff

Please turn to page 6 to read more.

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'They're filling a tremendous gap'

Portland Street Medicine provides much-needed services to area homeless people

Volunteers for Portland Street Medicine provide basic care, first aid, and some prescribing as well as arranging transitional care for chronic conditions and helping patients access health care. *Photos courtesy of Portland Street Medicine*

By John Rumler
For The Scribe

After returning to Portland from the International Street Medicine Symposium in Allentown, Pa., **William Toepper, MD**, was stoked about providing medical care to the area's homeless population.

It was a mission that had been on his radar for many years, but with a full-time practice and other demands, Toepper never had the time.

"The presenters and attendees at the symposium were smart, serious and driven," he says. "I was excited and fully expecting to join Portland's street medicine team."

Instead, Toepper, who'd just retired from his position as an ER physician, learned that there was no such team or agency in the area. So, with a few like-minded individuals, he started Portland Street Medicine (PSM), dedicated to serving the more than 4,000 homeless people living in and around Portland, according to a 2019 point-in-time count conducted by Portland State University that serves as a biannual snapshot of individuals and families experiencing homelessness in the Rose City, the city of Gresham and Multnomah County. Such counts are required by the federal government for communities to apply for homeless services funding from the U.S. Department of Housing and Urban Development.

With the help of **Dan Bissell, MD**, **Lacey McCarley, RN**, and **Drew Grabham, LCSW**, (all part time), Toepper began moving his fledgling agency forward. PSM, which became

incorporated in 2018 and registered as a 501(c)(3) in March of this year, faced two early challenges, he says. The first was becoming familiar with the territory, while the second was building trust with homeless people, many of whom have been traumatized and alienated.

"Portland has services and also service voids. Learning these is important because duplication can cause harm as can failure to follow up," Toepper explains. As for building relationships, he says, "Our work must be done with intent and longevity as our successes will occur over weeks, months and years."

PSM's service work has brought attention and some enthusiastic volunteers, but that drive and desire to help must be thoughtfully managed, says Toepper. "It's great that so many want to help, but having a dozen people suddenly descend on an encampment isn't the best strategy."

Now doing rounds three days a week, PSM provides basic care, first aid, some prescribing, arranges transitional care for chronic conditions and helps patients access health care. They are sometimes able to head off big trouble by discovering illnesses in the early stages. For example, they met an elderly woman with severe abdominal pain and they quickly got her to an ER, where she was treated for a burst appendix.

Now with 43 clinician volunteers, PSM also has a handful of volunteer scribes, data managers and first responders. "We'll be adding pharmacists, PT, OT and other specialists soon," Toepper says.

Funding, first provided by the volunteers themselves, now comes from private donors, grants and general contributions through PSM's website. The organization has an administrative office and warehouse in the Northwest Industrial District that is donated by Legacy Health.

PSM will soon hire its first employee, a manager to oversee the agency, Toepper says. "Our clinicians will likely

always be volunteers, but we need someone to keep us in line. Our next big goal is to have a small paid staff."

'The simplicity is beautiful'

Treating an average of 125 people per month, PSM also engages with another 125 or so, providing bottled water, fresh fruit, antiseptics



Toepper receives award for compassionate care

William Toepper, MD, recently received the Ralph Crawshaw Compassionate Care Award as part of the 25th Annual NW Examiner Community Awards.

The publication noted Toepper's efforts with Portland Street Medicine, and the organization's growth and connections it has made with a network of community services. A nomination cited Toepper's career dedicated to service and, as medical director of Portland Street Medicine, his "constantly honing the practice of street medicine, extending services, refining protocols, recruiting, teaching and training our teams, all while ensuring Portland Street Medicine maintains its high standard of quality, reliability and empathetic care." It also praised him as an "essential ambassador for street medicine in our community."



Portland Street Medicine's founding members and Board of Directors are, from left, Dan Bissell, MD, Lacey McCarley, RN, Drew Grabham, LCSW, and William Toepper, MD.

Photo courtesy of Portland Street Medicine

and adhesive bandages, referrals and sometimes, simply, friendly conversation.

The teams spend most of their time in downtown, North Portland and East County as well as Clackamas County. Some providers utilize a state-of-the-art 2018 Sprinter van that was donated by Daimler and customized. PSM also has a bike fleet that greatly enhances its access, while other volunteers pound the streets with old-fashioned shoe leather.

A medic with a background in expeditionary medicine and plans to become an MD, **Daniel Solchanyk** joined PSM a year ago. "Our providers are amazing," he says. "Every time I go out on rounds, I learn something that will make me a better physician."

Solchanyk believes that in addition to relieving suffering on the streets, PSM serves another important function. "It reconnects us to why we got into health care in the first place: to help. Out on the streets, we don't have to bill, we don't have administrators telling us how to practice. We just help. The simplicity is beautiful."

Toepper, who grew up in the Chicago suburbs, earned his MD at the University of Illinois and completed residencies in pediatrics and emergency medicine at the University of Chicago. He worked in the Windy City as an academic physician in a trauma center for 25 years before moving to Oregon in 2009 to work as an emergency physician for Legacy Health until 2017.

Currently working as an ED scribe for Unity Behavioral Health, **Tim Kang, MPH**, joined PSM more than a year ago as a scribe with data management/program evaluation roles as well.

"Dr. Toepper is a warm person who strikes up conversations naturally and connects immediately with patients," Kang says. "He listens carefully and considers each voice of the team members and patients, which helps guide the organization and fosters an inclusive environment."

Premed student **Cailin Johnson**, who has an extensive record of volunteerism including stints at Oregon Health & Science University and its Doernbecher's Children's Hospital, began with PSM last November. He says homeless communities are reaching out more and more to PSM teams, asking them to check on certain

individuals or telling them of neighbors and friends they're concerned for. "I've witnessed the bond between PSM and the community grow stronger and stronger," he says.

He describes Toepper as "an amazing provider who cares deeply about community members and is attentive to their needs and concerns. "William is also a very lively and fun person," he adds.

Sunnyside Community House in inner Southeast Portland offers a comprehensive array of services and amenities to homeless people, including hot meals, showers, laundry facilities, computers and more. The one area it was lacking was medical care, says manager John Mayer, but a PSM team of three or four providers now has clinics on Wednesdays and Fridays, treating a wide variety of ailments and performing minor surgeries.

"They're filling a tremendous gap," says Mayer. "Bill (Toepper) and the other providers know many of our clients by name, and if a need arises, they'll respond as soon as possible, usually within an hour or two. We totally appreciate them and all they do." ■

For more information about Portland Street Medicine, or to donate, please visit www.portlandstreetmedicine.org or www.facebook.com/portlandstreetmedicine

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 **PROVIDENCE**
Medical Group



More rural doctors, better outcomes goals of \$1.8M training grant

Collaborative between OHSU, UC Davis 'a 25-year project' to improve workforce in underserved communities

By Cliff Collins
For The Scribe

Oregon Health & Science University and a California medical school have won a competitive grant to expand graduate medical education to underserved communities and populations.

The American Medical Association announced in June that it has awarded **OHSU's School of Medicine**, along with the medical school of the **University of California, Davis**, a five-year, \$1.8 million grant to establish a collaborative known as COMPADRE, short for the **California Oregon Medical Partnership to Address Disparities in Rural Education and Health**.

The collaborative's objective during the next several years is to train

hundreds of medical students and residents under faculty and community physicians at 10 health care systems, 16 hospitals and a network of federally qualified health centers throughout Oregon and Northern California.

"This is fundamentally a workforce project," said **George Mejicano, MD, MS**, OHSU senior associate dean for education and principal investigator for COMPADRE. "How do we improve the workforce in these communities?" The program will aim at three distinct groups, he said: current medical residents interested in serving rural or ethnic minority populations; current medical students who can be recruited for those locations; and, over the long term, students in middle school, high school and college who already reside in rural

and underserved areas, to attract them to become doctors and return to serve those communities.

Mejicano particularly emphasized the importance of reaching young people and recruiting them to pursue a medical career. If the two schools can reach young people early on, "have them trained in rural programs close to home, it will absolutely increase the number (of doctors practicing) in those areas." He noted that studies have established that physicians who grew up in minority communities or rural areas are much more likely to return to them to practice medicine. Moreover, "People tend to practice within 100 miles of where they train," so placing them in these communities during medical school and residency increases the

"It really is a partnership. It's two schools with 10 health care systems trying to make a difference."

— OHSU's
George Mejicano, MD, MS

odds that they will end up practicing there, he said.

OHSU already requires its medical students to spend at least four weeks in a rural setting, Mejicano noted. The idea behind that is to expose them to rural communities in order to help students appreciate the constraints and limited resources rural practitioners encounter in their work, but also to interest some in potentially practicing in those areas once they obtain their medical degrees.

The COMPADRE program seeks to expand on that concept. Students and residents will provide services in seven medical specialties. Ten OHSU residency programs will be directly involved, including the internal medicine and family medicine residencies at OHSU and Tuality Healthcare; family medicine at Klamath Falls; and the OHSU emergency medicine, general surgery, ob-gyn, pediatrics and psychiatry residency programs.

Closing the access-to-care gap is part of the objective. COMPADRE's main goals are to: address health care workforce shortages in rural,

Dr. Katie Ruth examines Lindsey Hutchinson of Klamath Falls during a recent office visit at the OHSU-Cascades East Family Medicine Center. Ruth is a resident at Cascades East, a collaboration between OHSU and Sky Lakes Medical Center operating since 1994, with an aim to improve health access in rural Oregon. Ruth loved practicing in a rural area and will continue to serve the community after she graduates this summer.





Shian Varnadore (left) and her son, Hunter Schilling, meet with Dan Mosher, DO, at the OHSU-Cascades East Family Medicine Center in Klamath Falls.

Photos courtesy of OHSU/Kristyna Wentz-Graff

tribal, urban and other communities that lack resources; increase access to health care providers; and improve the health of patients from ethnic and racial minority groups who, as Mejicano pointed out, are disproportionately affected by certain conditions and experience poorer outcomes. The intent is to give new doctors “the skills they need to thrive in these communities” so that “outcomes will be better.”

The grant is part of Reimagining Residency, the AMA’s initiative to better align the physician workforce to the needs of the health care system. A major goal is to change where residency training is being done, and that starts with “identifying people already in those communities,” Mejicano explained. “Fundamentally, we’re looking at how we train and teach, who we select, are they prepared, (and) if it is in sync with technology and personalized medicine and what we want. It’s a brave new world. In a lot of ways, medicine has not kept up. Can we think of a better way, because the country has changed,” and medicine needs to adapt.

Mejicano said OHSU and UC Davis, based in Sacramento, are truly complementary in their programs, and UC Davis has had particular success in diversifying its medical school classes. “We need to diversify the

physician workforce,” he said.

“We are grateful the AMA chose our UC Davis-OHSU partnership for this novel initiative,” said **David Lubarsky, MD, MBA**, chief executive officer of UC Davis Health. “We are eager to launch this powerful regional coalition to reduce health disparities, strengthen the rural workforce and better align medical education with specific needs in communities where physicians are in short supply.”

“Our responsibility as a medical school is not only to train outstanding physicians, but also to train physicians who meet the needs of all our communities,” said **Sharon Anderson, MD**, dean of OHSU School of Medicine. “This grant provides the resources and framework needed to build on our existing efforts in an intentional and coordinated manner so that we have more and even clearer pathways for students and trainees motivated to serve where they are most needed.”

More than 300 institutions and organizations that oversee graduate medical education collaborated to submit 252 proposals for the AMA grants, which total \$14.4 million. Only eight were selected to receive the full amount of funding, and the OHSU-UC Davis proposal was one of those.

Both medical schools may have had a leg up on winning the grants, because each already participates

in the AMA’s Accelerating Change in Medical Education initiative, launched in 2013.

In June 2018, OHSU graduated its first class under its new curriculum, which OHSU refers to as **YOUR M.D.** The program launched in 2014 with help from a \$1 million AMA Accelerating Change grant and is part of AMA’s nationwide effort to transform medical education. The YOUR M.D. curriculum allows students to advance through medical school in sometimes less than four years, after successfully demonstrating competency in core areas through their own individualized learning plans. Also an AMA Accelerating Change grant recipient, UC Davis implemented a similar three-year medical degree program.

According to AMA, the new Reimagining Residency initiative builds on the work of the Accelerating Change initiative to create the medical schools of the future. The goal of the effort is to address the growing gap between how doctors are

trained and the skills they will need to practice in modern health systems, ensuring that physicians are better equipped to provide care in the rapidly evolving health care environment.

Mejicano acknowledged the challenges associated with COMPADRE. Working with a network of numerous teaching hospitals and clinics in mostly rural areas presents logistical obstacles. But it also poses competitive issues with other institutions and will require building “a culture of trust” with ethnic communities such as those of Native Americans.

“It’s a five-year grant, but a 25-year project,” Mejicano stressed. Reaching students as young as those in middle school, and helping them become interested in returning to their communities someday to be an obstetrician or psychiatrist is a long-term prospect, he said.

“It really is a partnership,” he said. “It’s two schools with 10 health care systems trying to make a difference.” ■

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A pathway to medicine

Wy'east program offers alternative route to medical school for Native students

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

Life has come full circle for **Jacob Smith**.

As a youngster, he struggled with a range of health issues and spent a good deal of time at Oregon Health & Science University's Doernbecher Children's Hospital. His experience as a patient – Smith said he always received “amazing care” there – helped spark his interest in a health care career.

“Since I was about six, I literally never thought of being anything else but a doctor,” Smith said. “Now, it's finally starting to come to fruition.”

Indeed, the 24-year-old is back at OHSU, only this time poised to begin medical school in August, thanks in large part to a program designed for Native American students that provides an alternative path to the traditional med school admissions process.

The 10-month program, known as the **Wy'east Post-Baccalaureate Pathway**, features science and public health courses, research, guided preparation for the Medical College Admission Test, opportunities to learn self-care skills, and to participate in community health service with Oregon tribes.

Smith described the program as a “godsend,” giving him much more confidence than he otherwise

would have had as he begins his medical school journey. It also sparked a desire to rediscover his heritage with the Confederated Tribes of the Umatilla.

Smith was one of 10 students who participated in Wy'east's inaugural year, graduating in June. He became aware of Wy'east in mid-2018, when he received a letter from OHSU noting his bachelor's degrees in biochemistry and molecular biology from Linfield College, his Native heritage, interest in working in underserved communities and low MCAT score.

Wy'east, the traditional Multnomah name for Mount Hood, is a cornerstone of the OHSU's Northwest Native American Center of Excellence, a federal grant-funded collaboration of OHSU, the Northwest Portland Area Indian Health Board and Portland State University. According to its website, the center aims to recruit, train and retain American Indians and Alaska Natives into health professions; train future health professionals in American Indian and Alaska Native health issues; and enhance and expand tribal-academic partnerships in education, research and service.

Wy'east's major components are academic preparation for medical school, professional preparation for the rigors of medical school and culturally relevant experiential learning. The

Students in Wy'east's inaugural class are, from left, Jacob Smith, Audrey Juliussen, Kayla Murphy, Kyna Lewis, Jessica Souphanavong (holding her daughter, Matilda), Jasmine Curry, Ashley Wirth, Baroness “B” Castra Nemici, Candice Jimenez and Aaron Thomas. The Wy'east program provides conditional acceptance into the OHSU medical school for students who complete the pathway.

Photos courtesy of OHSU/Michael Schmitt

program provides conditional acceptance into OHSU's School of Medicine for students who “complete all aspects of the pathway, meet academic standards, and demonstrate professionalism in all aspects of the experience.”

Allison Empey, MD, deputy director of the Center for Excellence, said Wy'east's curriculum was tailored to OHSU's medical school after looking at where students “struggle and how we can better prepare them.”



ALLISON EMPEY, MD

She noted that the program aims to help diversify a workforce with professionals who ultimately will serve tribal or rural communities – or perhaps who will remain in academic medicine and serve as role models. OHSU noted on its website that health care leaders have advocated increasing workforce diversity so more patients share similar backgrounds with providers, but Native Americans rarely have this luxury. Native medical students, the university noted, are 55 times more likely to serve Native people than their peers.

“This first cohort of scholars far exceeded our

Erik Brodt, MD, director of the Northwest Native American Center of Excellence, talks with Jacob Smith at the Wy'east Post-Baccalaureate Pathway graduation in June. Smith is wearing a wool blanket he and other students received during a ceremony in which the blankets were placed on the scholars' backs to provide them the resources and shelter needed to protect themselves and their loved ones.

expectations" Empey said. "They're hardworking, inquisitive, compassionate people and we're excited for them to become physicians and leaders."

Wy'east has had the additional effect of generating greater interest on the hill in health issues and health disparities that impact Native people, Empey said. American Indians and Alaska Natives born today have a life expectancy that is 5.5 years less than the U.S. all-races population, 73 and 78.5 years, respectively, according to the federal Indian Health Service. They also die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases.

Smith said through Wy'east he took classes with other Native people from across the country, something he'd never before done. That opened his eyes to the experiences of others with similar backgrounds and, after years of competitive youth sports resulted in his losing touch with his Native heritage, encouraged him to rediscover it.

Wy'east also focused on population health, including in Native communities. That, combined with health issues his own family members have faced, "touched home for me" and has Smith focused on giving back to Native and other underserved communities.

Prior to Wy'east, Smith took the MCAT but didn't get the score he'd wanted after studying for about 300 hours on his own because he couldn't afford a prep course. The initial test result was discouraging, but Smith said he "didn't waver" on wanting to become a doctor. An MCAT course through Wy'east helped him improve his score by nine points.

"That was a huge deal for me," Smith said of the course. "It guided my studying, and supported my learning."

Wy'east also equipped Smith with self-care skills, including stress and time management, meditation practices, and learning how to study in a way that maximizes efficiency and improves information retention.

"In medical school that's key because it's a firehose of information you're trying to consume, and there's only so much time in a day," he said.

Smith, in a July interview, said he was enjoying some time off but was "very, very excited" about starting medical school at an institution where, as a kid, he dreamed of studying and working.

"I'm still a little in awe of starting at OHSU ...," he said. "The fact that going to school there became a reality is mind blowing to me." ■



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American medical students less likely to choose to become primary care doctors

By Victoria Knight
Kaiser Health News

Despite hospital systems and health officials calling out the need for more primary care doctors, graduates of U.S. medical schools are becoming less likely to choose to specialize in one of those fields.

A record-high number of primary care positions was offered in the 2019 National Resident Matching Program – known to doctors as “the Match.” It determines where a medical student will study in their chosen specialty after graduation. But this year, the percentage of primary care positions filled by fourth-year medical students was the lowest on record.

“I think part of it has to do with income,” said Mona Signer, CEO of The Match. “Primary care specialties are not the highest paying.” She suggested that where a student gets a degree also influences the choice. “Many medical schools are part of academic medical centers where research and specialization is a priority,” she said.

The three key primary care fields are internal medicine, family medicine and pediatrics. According to the 2019 Match report, 8,116 internal medicine positions were offered, the highest number on record and the most positions offered within any specialty, but only 41.5 percent were filled by seniors pursuing their MDs from U.S. medical schools. Similar trends were seen this year in family medicine and pediatrics.

In their final year of medical school, students apply and interview for

residency programs in their chosen specialty. The Match, a nonprofit group, then assigns them a residency program based on how the applicant and the program ranked each other.

Since 2011, the percentage of U.S.-trained allopathic, or MD, physicians who have matched into primary care positions has been on the decline, according to an analysis of historical Match data by Kaiser Health News.

But, over the same period, the percentage of U.S.-trained osteopathic and foreign-trained physicians matching into primary care roles has increased. This year marks the first year in which the percentage of osteopathic and foreign-trained doctors surpassed the percentage of U.S.-trained medical doctors matching into primary care positions.

Medical colleges granting MD degrees graduate nearly three-quarters of U.S. students moving on to become doctors. The rest graduate from osteopathic schools, granting DO degrees. The five medical schools with the highest percentage of graduates who chose primary care are all osteopathic institutions, according to the latest U.S. News & World Report survey.

Beyond the standard medical curriculum, osteopathic students receive training in manipulative medicine, a hands-on technique focused on muscles and joints that can be used to diagnose and treat conditions. They are licensed by states and work side by side with MDs in physician practices and health systems.

Although the osteopathic graduates

have been able to join the main residency match or go through a separate osteopathic match through this year, in 2020 the two matches will be combined.

Physicians who are trained at foreign medical schools, including both U.S. and non-U.S. citizens, also take unfilled primary care residency positions. In the 2019 match, 68.9 percent of foreign-trained physicians went into internal medicine, family medicine and pediatrics.

But, despite osteopathic graduates and foreign-trained medical doctors taking up these primary care spots, a looming primary care physician shortage is still expected.

The Association of American Medical Colleges predicts a shortage of between 21,100 and 55,200 primary care physicians by 2032. More doctors will be needed in the coming years to care for aging baby boomers, many of whom have multiple chronic conditions. The obesity rate is also increasing, which portends more people with chronic health problems.

Studies have shown that states with a higher ratio of primary care physicians have better health and lower rates of mortality. Patients who regularly see a primary care physician also have lower health costs than those without one.

But choosing a specialty other than primary care often means a higher paycheck.

According to a recently published survey of physicians conducted by Medscape, internal medicine doctors’ salaries average \$243,000 annually. That’s a little over half of what the highest earners, orthopedic physicians, make with an average annual salary of \$482,000. Family medicine and pediatrics earn even less than internal medicine, at \$231,000 and \$225,000 per year, respectively.

Dr. Eric Hsieh, the internal medicine residency program director at the University of Southern California’s Keck School of Medicine, said another deterrent is the amount of time primary care doctors spend filling out patients’ electronic medical records.

“I don’t think people realize how involved electronic medical records

are,” said Hsieh. “You have to synthesize everything and coordinate all of the care. And something that I see with the residents in our program is that the time spent on electronic medical records rather than caring for patients frustrates them.”

The Medscape survey confirms this. Internists appear to be more burdened with paperwork than other specialties, and 80 percent of internists report spending 10 or more hours a week on administrative tasks.

The result: Only 62 percent of internal medicine doctors said they would choose to go into their specialty again – the lowest percentage on record for all physician specialties surveyed.

Elsa Pearson, a health policy analyst at Boston University, said one way to keep and attract primary care doctors might be to shift some tasks to health care providers who aren’t doctors, such as nurse practitioners or physician assistants.

“The primary care that they provide compared to a physician is just as effective,” said Pearson. They wouldn’t replace physicians but could help lift the burden and free up doctors for more complicated care issues.

Pearson said more medical scribes, individuals who take notes for doctors while they are seeing patients, could also help to ease the doctors’ burden of electronic health record documentation.

Another solution is spreading the word about the loan forgiveness programs available to those who choose to pursue primary care, usually in an underserved area of the country, said Dr. Tyree Winters, the associate director of the pediatric residency program at Goryeb Children’s Hospital in New Jersey.

“The trend has been more so thinking about the amount of debt that a student has, compared to potential income in primary care,” said Winters. “But that’s not considering things like medical debt forgiveness through state or federal programs, which really can help individuals who want to choose primary care.” ■

KHN data correspondent Sydney Lupkin contributed to this report.

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A cappella student group strikes up a tune

By Jon Bell
For The Scribe

It started a few years ago as an informal way to add a little festive air to the halls of Doernbecher Children's Hospital at Oregon Health & Science University during the holidays. A group comprised largely of medical students would gather to sing Christmas carols for patients in the hospital.

"Singing for kids in the hospital makes such a difference for them," said Kendall Weierich, a third-year medical student at OHSU who became the de facto leader of the carolers a couple years ago after another student got pulled away by school and professional commitments. "It's a source of entertainment, and we all just loved that feeling. It was really fun."

It was fun enough, and some of the singers serious enough, that Weierich decided to survey the group and see if enough of them would be interested in creating a more established group that would gather and sing

on a regular basis throughout the entire year. Interest was strong from medical and dental students, folks studying public health and nursing and others at OHSU.

And so, the OHSU-based a cappella group **First Do No Harmony** was born.

"Music for me has always been a big part of my life, but I knew I was going to have to let that go for a time while I was in med school," said Michael Love, a third-year medical student at OHSU who started singing with Weierich during their first year of school together. "I was really happy when other people were interested in the idea of keeping music in our lives during med school."

The group formalized in early 2018 after caroling for the 2017 holiday season. Weierich, who essentially serves as the group's director, said they've been rehearsing on a weekly basis ever since, usually singing for an hour at the student center, in the Collaborative Life Sciences Building or at someone's apartment. Students are always juggling their schedules,



Members of First Do No Harmony include Danielle Ploussard, Hannah Bacheller, Cameron Fisher, Amy Jones, Karen Fryefield, Austen Yeager, Cathy Xu, Michael Love, Brittany Stedelin, Arianna Robin, Kendall Weierich, Asma Lotfi, Alexander Hoffman and Doug Rice. Not pictured: Michael Anderson, Victoria Orfaly, Corey Gallet de Saint-Aurin and Omar Fares.

Photo courtesy of First Do No Harmony

so attendance fluctuates from week to week.

"I think there are definitely times when I have felt like, 'Oh, I can't go do this,'" Love said. "But I made this commitment, and I always walk out of rehearsal thinking it was an hour well spent. Kendall's done a really good job of inspiring people to come to rehearsals during what is a really busy time."

Many of the singers have long had music in their lives. Love started playing piano in the second grade, and he's been singing since middle school. He was in the choir at his

university and sang in an informal a cappella group, as well.

Weierich, too, started singing in choir at an early age, and she was in Stanford University's co-ed a cappella group, Mixed Company, while she was an undergrad. That group, which performs in the Bay Area and around the nation, was founded in 1985 and counts among its founding members an internal medicine physician at OHSU.

In fact, Weierich's lifelong love of singing may help to inform the path she chooses for her medical career. She's still open at the moment, but Weierich said that ever since choir in high school, she's been drawn toward the ear, nose and throat field, in part because of her love of singing.

At weekly rehearsals, the members of First Do No Harmony work on a range of songs, from pop and rock to classical and holiday. Specific songs have included the Irish classic "Danny Boy," "I'll Be" by Edwin McCain and "And So it Goes" by Billy Joel. Weierich said many of the songs come from arrangements she already owns from her prior days with the group at Stanford.

"I encourage everyone to bring

"We ultimately want to be able to pass the torch on and create a group that is bigger than ourselves. It just makes such a big difference. *It's a breath of fresh air* compared to the hospital life and med school. Sharing it with others is fun and *wed love for it to continue on!*"

— OHSU medical student Kendall Weierich,
leader of the student singing group First Do No Harmony

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songs," she said. "My job is to make sure there's a way to perform it, to see if there are arrangements available."

In addition to weekly rehearsals, First Do No Harmony has also performed at a few events around OHSU, one being the ceremony for families whose loved ones have donated their bodies to OHSU for study. The group is also planning a performance for the incoming class of medical students in part to entertain them, but also to try and recruit some new singers.

"The ultimate goal is to be regarded by OHSU as a reliable and engaging group to entertain and bring joy to patients, faculty and students," Weierich said. "We ultimately want to be able to pass the torch on and create a group that is bigger than ourselves. It just makes such a big difference. It's a breath of fresh air compared to the hospital life and med school. Sharing it with others is fun and we'd love for it to continue on." ■

The singing group, with leader Kendall Weierich directing, performs at the 2018 Service of Gratitude, an annual event organized by Oregon Health & Science University students to thank body donors and their families for their selfless gifts as part of the OHSU Body Donation Program. The group sang "The Road" by Stephen Paulus, and "Danny Boy," arranged by Joseph Flummerfelt.

Photo courtesy of OHSU/Kristyna Wentz-Graff

LEGISLATIVE SESSION, from page 1

the governor. It requires confidentiality as to the results, to protect both patient and provider, Dresser pointed out. The statute takes effect 90 days following the Legislature's adjournment.

'A multisession issue'

Not all results for the session were rosy for organized medicine. A particular disappointment was the failure of Senate Bill 139, the OMA's Utilization Management Transparency Act. The bill was in committee at the time of adjournment. Dresser said the OMA had worked on it before the session began "for over a year with our coalition partners, including patient advocacy groups." The bill related to prior authorization and would impose restrictions and reporting requirements for utilization management of health services by commercial insurers, coordinated care organizations and the OHP.

The purpose, she said, was to increase transparency so that patients and providers clearly understand why an insurer denies coverage of a service when a prior authorization is

requested by the provider.

"It was a big bill" that involved a lot of issues, and one that would "affect about every patient and provider," Dresser said. The hope was to reduce some of the administrative burden. "Our goal was to streamline the process. I think the bill we introduced was bold.

"The OMA and coalition partners will be working on the issue throughout the interim and will reintroduce the bill in 2020," she indicated, labeling it "a multisession issue."

Another effort that ended up not being successful for the OMA was House Bill 3063, which would eliminate nonmedical exemptions for vaccines for children attending public schools. Dresser said the bill passed the House of Representatives and was awaiting a vote on the Senate floor. But as part of the deal to pass the huge education funding package, HB 3063 ended up being tabled in a trade-off to persuade Republicans who had left the chamber during the session's first walk-out to return.

Vaccines represent "a difficult issue to talk about," Dresser noted. "But it's important to keep talking about it, and to continue educating people

that vaccines are safe and save lives."

The hospital association's Van Pelt said OAHHS also had to split the difference in a couple of instances. He applauded "the passage of SB 823, which focuses on the importance of preventing workplace violence in health care," he said. "That is an OAHHS priority, as we've shown with

the development of the Workplace Violence Prevention toolkit endorsed by the legislation."

However, he added, "The Legislature missed an opportunity to make a bigger impact in improving our system of behavioral health care, but we hope to continue building support for this issue next session." ■

■ MSMP MEMBER EXCLUSIVE ■



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Ryan Hassan, MD, MPH, has overcome unexpected health challenges to continue excelling at his love of running, biking, hiking and other outdoor pursuits.

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