



# The Scribe

A publication of the Medical Society of Metropolitan Portland

PHYSICIAN PROFILE

## An unwavering advocate



Local provider chairs national committee with goal of helping children become healthier adults.

– Page 4

OFF HOURS

## Walking the walk



Athlete Ryan Hassan, MD, MPH, seeks to promote good health, community connections.

– Page 11

**INSIDE**

MSMP News & Events .....	3
Physician Profile.....	4
Local DO receives Rising Star Award .....	5
Focus: Legacy Rehab. Institute .....	7

Focus: Outdoor “therapy” for concussions ...	8
Off Hours .....	11
MSMP Member Exclusive .....	12
News Briefs.....	13

Serving the Portland-area Medical Community Since 1884

www.MSMP.org  

September 2019

# More Oregon providers accessing mental health services as suicide awareness grows

By Melody Finnemore  
For The Scribe

Suicide, once a taboo topic, is now being talked about more openly by Oregon health care providers, and members of the profession are increasingly seeking help for themselves and offering support to colleagues.

Indeed, Oregon is working to address physician wellness through a systemic strategy, with several initiatives showing proven results and serving as national models. **Oregon Health & Sciences University**, for example, is a leader in several national and local initiatives.

The state is honing a collaborative and comprehensive approach to suicide awareness and prevention as the national statistics show the magnitude of the struggles that health care providers face with mental health issues such as stress, anxiety and depression, which can lead to suicide.

Medscape’s 2019 National Physician Burnout, Depression & Suicide Report, which surveyed more than 15,000 physicians across about 30 specialties, shows that 14 percent of physicians reported suicidal thoughts. While half of them had talked with somebody about it, 42 percent said they had not told anyone.

When asked if they planned to seek help for burnout or depression, 64 percent said they did not. Others said they had received mental health care but kept it a secret, driving at least an hour away from their hometown. They also said they did not use insurance and sometimes even used a different name.

The Medscape report showed that 50 percent of the physicians surveyed did not believe their symptoms were

severe enough to seek help, and 47 percent said they could manage their mental health without the help of a professional. An anonymous emergency physician responded, “Counseling won’t change the EHR, or the physician shortage, or the expectations of patients. The system is broken, not my psyche.”

A 2017 study published in *Academic Medicine* found that suicide is the second-leading cause of death for residents. The 2004 death of a resident led OHSU to establish its Resident Faculty Wellness Program, a springboard for several initiatives aimed at improving physician wellness starting when they are medical students.

“We take this problem very seriously because of the tremendous losses we experience as a profession,” said **George Keepers, MD**,



GEORGE KEEPERS, MD

professor and chair of OHSU’s Department of Psychiatry. “The number of physician suicides each year (in the United States) totals an entire class size. Those are huge risks and a huge loss to our profession and society in general, not to mention the devastating personal loss to that person’s friends and loved ones.”

Keepers noted that awareness of physician suicide is increasing both nationally and locally. A leader of the Accreditation Council for Graduate Medical Education’s review committee for psychiatry, Keepers and others worked with the ACGME to implement improved requirements for teaching hospitals to promote wellness and

## Sept. 17 is the second annual National Physician Suicide Awareness Day.

To learn more, please visit [www.cordem.org/npsa](http://www.cordem.org/npsa)



National Physician Suicide Awareness Day

## Scribe Focus on PHYSICAL THERAPY & REHABILITATION

# Benefits of early mobility continue to accrue

By Cliff Collins  
For The Scribe

When **Betsy Meiners, PT, DT, CCS**, started as a physical therapist 13 years ago, she and her colleagues did not work in the intensive care unit very often.



BETSY MEINERS, PT, DT, CCS

“Getting patients up and out of bed who were on a ventilator was rare,” she said. “I’ve definitely seen a change.”

For about nine of the past 10 years she has worked at **Oregon Health & Science University**, Meiners and a small team of other physical therapists have been stationed exclusively in OHSU Hospital’s

four ICUs: medical, trauma, cardiovascular and neurological.

Such staffing changes are more common as the value of early mobilization for ICU patients has become “a hot topic,” with more than 15 randomized controlled trials evaluating it during the past decade, according to a 2018 study. The results have been used to encourage practice change, and several international practice guidelines now are in place. Early mobility “has consistently been reported as safe and feasible in the ICU setting,” improving functional recovery and walking distance at discharge and reducing weakness, lengths of stay and the potential

See **SUICIDE AWARENESS**, page 12

See **EARLY MOBILITY**, page 6

# Our legacy is yours.

## Transforming care to create good health for all

Legacy Health, your locally owned partner in health, plays a vital role in the health of our community and in the local economy. Legacy has six hospitals plus complete children's care through Randall Children's Hospital at Legacy Emanuel, more than 70 primary care, urgent care and specialty clinics, a clinically integrated network with almost 3,000 providers through Legacy Health Partners, and facilities for lab, research and hospice. We also employ some 13,000 people locally.

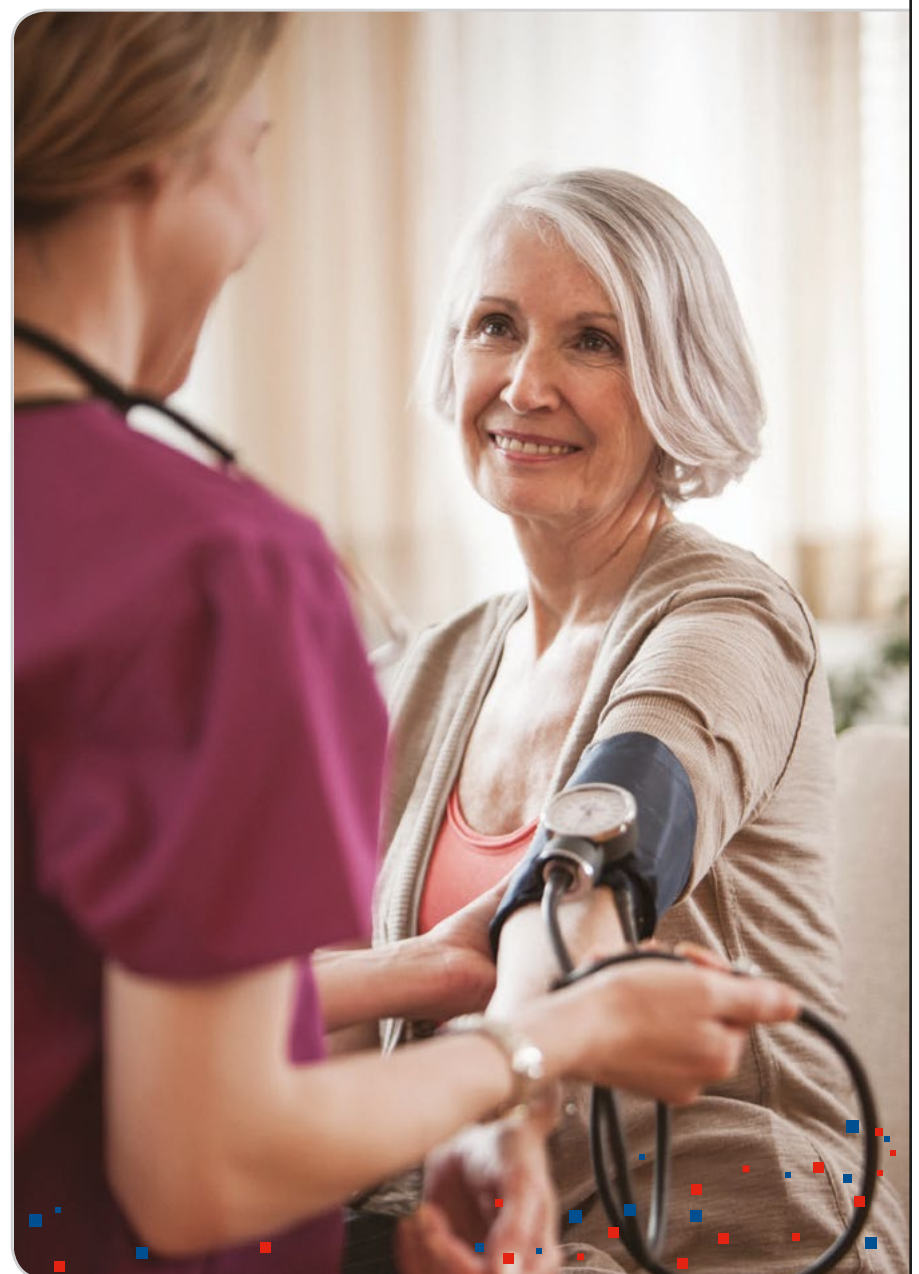
We are currently hard at work transforming how we deliver care in a way that focuses on keeping our patients well and proactively preventing disease.

### Population health

A core component of our Care Transformation strategy is population health, with a goal of helping people achieve better health and avoid the need for more intensive treatments in the future. One of Legacy's population health programs is Care Support Resources (CSR). Through the CSR program, a team of nurse care managers, pharmacists, health coaches and others work with people with chronic conditions in partnership with their provider to help them reach and maintain their highest level of health. The result is a healthier population and lower health care costs for all.

### Our mission

We believe this approach not only conserves valuable health care resources but, more important, fulfills our mission of creating a legacy of good health for all.



EMANUEL Medical Center

GOOD SAMARITAN Medical Center

MERIDIAN PARK Medical Center

MOUNT HOOD Medical Center

SALMON CREEK Medical Center

SILVERTON Medical Center

RANDALL CHILDREN'S HOSPITAL Legacy Emanuel

LEGACY MEDICAL GROUP

LEGACY HEALTH PARTNERS

LEGACY HOSPICE

LEGACY LABORATORY

LEGACY RESEARCH

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



**"Connecting Physicians in Community"**

PO Box 19388, Portland, OR 97280  
PH 503-222-9977 FAX 503-222-3164  
www.MSMP.org

**MSMP Board of Trustees 2019–2020**

- Mary McCarthy, MD** *President*
- Lydia Villegas, MD** *Immediate Past President*
- Adam Obley, MD** *Secretary-Treasurer*
- Bradley Bryan, MD** *Trustee*
- Eric Burgh, MD** *Trustee*
- John Evans, MD** *Trustee*
- Brenda Kehoe, MD** *Trustee*
- Denny Le, DPM** *Trustee*
- Megan Madden, MD** *Trustee*
- Manish Mehta, MD** *Trustee*
- Eric Ryan, MD** *Resident Member*
- Kylie Seeley, MS** *Student Member*
- Carmen Gaston** *Public Member*

**MSMP Staff**

- Amanda Borges** *Executive Director*
- Deena Stradley** *Chief Financial Officer*
- Sarah Parker** *Development Associate*
- Janine Monaco Caswell** *Executive Assistant*

**SCRIBE Staff**

- Barry & Melody Finnemore**, *Editors*  
Scribe@MSMP.org • 360-597-4909
- Sarah Parker**, *Advertising Sales*  
Sarah@MSMP.org • 503-944-1124
- Heather White**, *Graphic Design*  
Heather@Pixel37design.com

**SCRIBE Contributors**

- Jon Bell**, JonTBell@comcast.net
- Cliff Collins**, tundra95877@mypacks.net
- John Rumler**, Rumler@hevanet.com

**SCRIBE Subscriptions**

**Janine Monaco Caswell** Janine@MSMP.org  
To update your address, or to change your subscription options, please notify us in writing. Email Janine@MSMP.org or write to: The Scribe, PO Box 19388, Portland, OR 97280

© 2019 All Rights Reserved

The entire contents of this publication are copyrighted by the Medical Society of Metropolitan Portland with all rights reserved. Reproduction or use, without permission, of editorial or graphic content in any manner is prohibited.

The Scribe is published monthly by the Medical Society of Metropolitan Portland, PO Box 19388, Portland, OR 97280.

## MSMP has a new mailing address

As of Aug. 1, 2019, MSMP has a new mailing address:

PO Box 19388  
Portland, OR 97280

You can always visit us at [www.MSMP.org](http://www.MSMP.org) or call 503-222-9977 to reach any of our staff.



**Be sure to update your address book!**



## We invite YOU to become a member of MSMP

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

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

**Join today at MSMP.ORG**

## MSMP retired, semi-retired doctors' group adopts new name

### "MSMP Senior Physicians Group"

10 a.m. – 11:30 a.m., Friday, Sept. 27

**Location: The Portland Clinic, Yamhill Conference Room 1  
1221 SW Yamhill St, 4th Floor**

**Cost: Free for MSMP members**



The Medical Society of Metropolitan Portland's **Senior Physicians Group** is the new name leaders and attendees adopted at the group's third monthly meeting, held in July. The group formed this year as part of MSMP's emphasis on encouraging doctors' well-

being, and to allow retired and semi-retired physicians the opportunity for fellowship, conversation and information sharing.

Meetings are facilitated by MSMP President Mary McCarthy, MD, with co-chairs Henry Grass, MD, and Marv Rosen, MD. The group meets on the fourth Friday of each month from 10 a.m. to 11:30 a.m. on the fourth floor conference room at 1221 SW Yamhill St. in Portland. Attendance is free for MSMP members, and drop-ins are welcome.

Meeting topics are mostly spontaneous and determined by those in attendance. Issues discussed so far have included health challenges, volunteer opportunities for retired physicians and various retirement concerns.

**FOR QUESTIONS OR TO REGISTER:**

**Janine@MSMP.org • 503-944-1138 • www.MSMP.org/Events**  
(Registration is requested, but drop-ins are welcome)

*If you are a **retired** or **semi-retired physician** member, we hope to see you at our next meeting!*



*Next application deadline is Sept. 30!*

## What can you do with a little? A lot, when given the right resources at the right time

**Metropolitan Medical Foundation of Oregon (MMFO)** believes that small grants can make a big difference. Whether you are a medical student, a non-profit community health clinic, or someone with an idea that supports our mission to improve health education and the delivery of health care in the community, MMFO's Mini-Grant Program is designed to help support your small project. Applicants may request up to \$500 for their project.

**Mini-Grant awards are made on a quarterly basis, and application submission deadlines are March 31, June 30, Sept. 30 and Dec. 31 each year.**

Further information about the MMFO, including grant applications, is available at [www.MMFO.org](http://www.MMFO.org).

# 'We must be unwavering in our advocacy'

*Local provider chairs national committee that outlines steps to help children become healthier adults*



JENNIFER DEVOE, MD, DPhil

**Jennifer DeVoe, MD, DPhil**, an Oregon Health & Science University professor and practicing family physician, recently chaired a national committee whose report outlines steps needed to move children who are at risk for negative outcomes toward positive health trajectories and reduce health disparities.

Published by the National Academies of Sciences, Engineering, and Medicine, the committee's report, titled "Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity," provides multiple recommendations to support families and caregivers, create stable living conditions and maximize health promotion (*please see sidebar*).

DeVoe called her election to the National Academy of Medicine a "huge surprise and honor," giving her the opportunity to chair the committee working to make "our world a better, more equitable place where all children can thrive." In an OHSU news release announcing the report, she described it as a "roadmap for our society to take action to help children become healthier adults."

"While some states, including Oregon, have recognized the health impact of all policies and have already implemented some of this committee's recommendations aimed at improving health for all children, some recommendations will require longer timelines, multisector collaborations and in-depth strategies. Regardless, we must stay on a path to address the root causes of health inequities and eliminate health disparities."

A Montana native, DeVoe took time recently to share with *The Scribe* why family medicine is the perfect choice for her, her assessment of how communities are faring in improving health care access and reducing health disparities, and her takeaways from committee service.

## The Scribe: Where were you born and raised, and what prompted you to pursue medicine?

**DeVoe:** I was born and raised in Helena. I was lucky to have great physician role models in my hometown and saw firsthand the positive contributions that physicians can make to communities.

My DPhil is Oxford's version of a PhD. I studied Economic and Social History with an emphasis on History of Medicine and the origins of Community-Oriented Primary Care. This topic interested me given my interest in Family Medicine and the work done in primary care to identify and address the impacts of adverse social, economic and environmental factors on the health of individuals and communities.

## What steered you toward a focus on improving health care access, care disparities and social determinants of health?

**DeVoe:** During my years as a student at Harvard Medical School, I kept hearing my professors talk about how the U.S. has the best health care system in the world. Yet, I was seeing patients denied access to basic health care on a daily basis. I spent time volunteering at charity clinics serving uninsured patients and learned about the social, economic and environmental factors impacting disadvantaged populations. I realized that most of what the health care system had to offer was treatment far downstream – not much was getting done to make an impact upstream. Family medicine was created 50 years ago recognizing the importance of families and communities on an individual's health and to shift the focus away from treating disease towards promoting health. As someone wanting to promote health, and wanting to be equipped to identify and address patients' social determinants of health, family medicine was the perfect specialty choice for me.

## Where are we as local communities, and the state, in terms of improving access to care and reducing health disparities? Where have we made improvement, and in what areas does work remain to be done?

**DeVoe:** Health care systems have a better understanding of the need to intervene upstream, and some progress has been made to reduce disparities in access to health care. Reducing disparities in health requires multisector collaborations that go far beyond the health care system. Our NASEM committee reviewed many promising evidence-based strategies for reducing disparities and created a roadmap for accelerating progress towards equity in many areas.

Oregon leads the nation in innovative policies to expand health insurance coverage and to prioritize primary care efforts. The Oregon Health Plan is internationally known for continued commitment to expanding coverage for and ensuring access to evidence-based health care services. (I studied the Oregon Health Plan as a graduate student at Oxford University in England the 1990s!) Locally, community health centers have done a tremendous job of providing primary care access to underserved populations.

## Can you talk about the importance of partnerships in reducing health disparities?

**DeVoe:** Our committee report highlights the need for multisector collaborations and broad partnerships in aligning the latest scientific evidence to change practice and policy. Partnerships between many sectors, institutions and organizations are critical in these efforts.

## How did the opportunity to chair the NASEM committee come about, and what are your major takeaways from that experience?

**DeVoe:** I have the great privilege to be a member of the National Academy of Medicine (NAM) and to be a family physician. The NASEM was charged with convening this committee to focus on factors impacting health from the prenatal to early childhood periods of life, so NASEM leaders sought a committee chair who was a NAM member with expertise in caring for families during this entire time period: a family physician! I was honored to be invited to chair the committee and learned a great deal from every person who served on this amazing committee. I learned that there is an overwhelming amount of evidence regarding how social, economic and environmental factors impact the health of children and so much more that needs to be done to eliminate the inequities that persist today.

## You called the report's key recommendations a societal roadmap for action to help kids be healthier. What roles can health providers and health systems take to advance these recommendations?

**DeVoe:** Health care providers are on the front lines – seeing the negative health impacts of adverse social determinants of health. We must be unwavering in our advocacy efforts on behalf of patients and communities to ensure that all people have an equal opportunity to be vibrant and healthy.

## Report provides recommendations to support families, caregivers

The “Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity” report outlines several ways families and caregivers can help promote the health of their children, and **Jennifer DeVoe, MD, DPhil**, professor and chair of family medicine in the Oregon Health & Science University School of Medicine, says “achieving health equity means more than simply providing universal access to basic care services.

“Our nation’s health disparities are directly linked to longitudinal and multigenerational exposure to social, economic and environmental factors. Some of these factors have positive impacts, while others negatively influence healthy development and well-being,” DeVoe said in an OHSU news release about the report, published by the National Academies of Sciences, Engineering, and Medicine.

A practicing family physician, DeVoe noted the negative health impacts of toxic stress and other adverse experiences. She added that “eliminating many of the health inequities that have persisted in our country for generations will require addressing their root causes with evidence-based policy, practice and systems changes.”

The report explains the importance of acting on opportunities for such interventions during childhood. “We know that a number of critical biological systems develop during the prenatal and early childhood timeframes,” DeVoe said. “Neurobiological development is very responsive to environmental influences, making it an ideal time to redirect negative health impacts – such as unstable housing, violence or food insecurity – toward a more positive trajectory.”

The report, funded by the Robert Wood Johnson Foundation, provides multiple recommendations to support families and caregivers, create stable living conditions and maximize health promotion. Key recommendations include implementing paid parental leave; expanding home visiting programs; improving economic security by increasing basic needs resources; increasing the supply of high-quality affordable housing; supporting and enforcing efforts to prevent and mitigate the impact of environmental toxicants; and improving the quality and affordability of early care and education. ■

For more about the report, please visit <http://nationalacademies.org/hmd/Reports/2019/vibrant-and-healthy-kids.aspx>



## Allison Abraham, DO, to receive foundation’s Rising Star Award

The Northwest Osteopathic Medical Foundation will award its Rising Star Award to **Allison Abraham, DO**, on Sept. 28 in Portland.

The award goes to osteopathic physicians, with 10 or fewer years of practice, who have made outstanding contributions.

Abraham is an academic hospitalist at Legacy Emanuel and Good Samaritan medical centers. She serves as an attending physician to the residents and medical students at both hospitals. She also is responsible for coordinating programs surrounding diversity, social determinants of health, and wellness for the internal medical residents and faculty.

Abraham, a member of the **Medical Society of Metropolitan Portland**, continues to be involved in academic medicine, serving as a clinical assistant professor at Oregon Health & Science University, an adjunct clinical assistant professor for the Kansas City University of Medicine and Biosciences College of Osteopathic Medicine, and clinical assistant professor for Western University of Health Sciences/College of Osteopathic Medicine of the Pacific-Northwest.

Abraham serves as the vice president of DOCARE International, a medical outreach organization dedicated to sustainable health care and education in under-resourced communities around the world. She invests much of her time and resources to the organization through outreach trips to Central America, South America and Africa. One of her current projects is investigating sustainable clean water initiatives in Kenya and Guatemala.

As a member of the Wellness Champions Committee of the Oregon Chapter of American College of Physicians, Abraham is working on ways to improve wellness for physicians in Oregon.

Abraham is a graduate of the Kansas City University of Medicine and Biosciences College of Osteopathic Medicine. She did her residency and served as chief resident at the Internal Medicine Residency at Legacy Health System. She received her undergraduate degree in psychology at the University of Denver.

While in medical school, Abraham served as her class president and had a reputation for being an excellent representative of the needs and voice of students.

“When Dr. Abraham was in medical school, the foundation supported her with a tuition scholarship,” said David Tate, executive director of the Northwest Osteopathic Medical Foundation. “We believed then in her commitment to returning to Oregon and become a physician leader in our community. We are so proud this investment has done so well.” ■

### Talk about what medical students are learning about reducing health disparities and expanding access to care, and what are your thoughts on how med students are becoming equipped to address these issues as they contemplate and begin their careers?

**DeVoe:** Medical students are powerful witnesses of injustice in our society and in our health care system. Medical students are also powerful advocates for health equity, and they inspire me every day with the work they are doing to transform our health care system and our society to be more just, fair and equitable.

### Who were your role models that guided you as a youngster, student and/or provider early in your career, and what did you learn from them?

**DeVoe:** Many people in my local community inspired me – including my parents, teachers, clergy, youth leaders and friends. I learned about people all over the world who were much less fortunate than I was. I learned about the importance of social justice and equity. I learned about the importance of holding strong to my beliefs and advocating for what I felt was right (even in the midst of significant adversity).

### Do you have a guiding philosophy in your work?

**DeVoe:** Dream big, work hard, be kind.

### What is your most significant professional accomplishment so far?

**DeVoe:** My election to the National Academy of Medicine was a huge surprise and a huge honor. It has opened doors to opportunities such as the opportunity to chair this committee and to work with inspirational and dedicated people who are committed to making our world a better, more equitable place where all children can thrive. ■



## Therapists more common in ICUs as studies show better health outcomes

### EARLY MOBILITY, from page 1

for delirium, the study found.

"Just like any other process, it takes a while to develop," said **David L. Hotchkin, MD, MSc**, a pulmonology and critical care physician with **The Oregon Clinic** who practices at **Providence Portland Medical Center**. "For years, cardiac surgery patients have been mobilized as soon as possible after surgery. However, until recently this approach was not extended to medical patients and non-cardiac surgery patients in the CCU. Instead, patients were kept in bed and usually sedated if they were on a ventilator."

According to Hotchkin, the breakthrough began with a 2009 paper published in *The Lancet*. Its authors (Schweikert et al.) concluded: "A strategy for whole-body rehabilitation – consisting of interruption of sedation and (implementing) physical and occupational therapy in the earliest days of critical illness – was safe and

patients for months or even years, by applying what she described as a progressive mobility program.

The protocol can start with stretching and strengthening while the patient is in bed; move to sitting on the edge of the bed and then standing and getting to a chair; and eventually walking. Sometimes this also can entail use of an in-bed bicycle and rubber-band strengthening exercises. The overall focus is to get patients up and moving as soon as possible, even as early as the first day of hospitalization, in partnership with nursing and respiratory therapists.

Hotchkin noted that the Society of Critical Care Medicine's ICU Liberation initiative marked an important step forward in improving patient outcomes after an ICU stay.

According to that specialty group, the initiative aims to free patients from the harmful effects of pain, agitation, sedation, delirium, immobility and sleep disruption: "The ICU

Part of the ICU Liberation initiative is called the ABCDEF Bundle, with the E referring to early mobility and exercise. "The E Element focuses on understanding the physical deficits that ICU survivors face, and identifying strategies for successful implementation of early mobilization programs."

### Pilot study shows benefits

Hotchkin said Providence Medical Plan funded an initial pilot study to test whether placing a physical therapist full time in the ICU could reduce the average length of stay. The study found that lengths of stay were lower by one day, and fewer patients had to be moved afterward to a skilled nursing facility, resulting in savings of thousands of dollars a year.

"Physical therapists and occupational therapists are an integral part of multidisciplinary care (throughout the hospital) ... and assess the patients' safe ability to move around and care for themselves," he said. "Many providers think of (therapists) as taking patients for a walk, providing strength exercises, teaching a stroke patient how to perform a forgotten activity of daily living, or assessing a patient's need for rehabilitation. However, their skills are much broader. Physical and occupational therapists – and the important job they perform – have become an integral part of care in the critical care unit."

What's more, the benefits of early mobility extend beyond helping to maintain or improve strength, Hotchkin pointed out. In addition to weakness and delirium, critically ill patients are at high risk of pressure ulcers, central venous catheter infections and catheter-associated urinary tract infections. Early mobility gets patients out of bed as soon as possible, decreasing the risk of pressure ulcers. It also has been shown to decrease or shorten the incidence of delirium. Reducing the length of time on a ventilator and in the ICU can decrease time needed on catheters, thus lessening related

infection rates. All of this happens while also helping patients maintain or improve their physical condition with minimal risk, he said.

Hotchkin was a co-author of a 2017 abstract published in the *American Journal of Respiratory and Critical Care Medicine* that developed a simple scale for measuring the highest level of mobility performed by patients in the ICU. The benefits for critically ill patients have been demonstrated clearly, thanks to "early work from rehabilitation and nursing champions," he said.

In a 2018 study published in a national nursing journal, two **Legacy Health** critical care nurses, **Rose Bruce, MSN, RN**, and **Cheryl Forry, MSN, RN**, showed that continuing to foster champions pays off.

They wrote that although "early progressive mobilization programs have become mainstays" in ICUs, "current literature still describes many barriers to performing early mobility, such as the time required, staffing pressures and increased workload. Our critical care leaders found that defining and implementing a dedicated mobility champion team member was successful in improving the effectiveness of our early mobility program." Their article described how to define the mobility champion role, consider options for the person in the role, and integrate this new role into the ICU team.

Obviously, physicians have to consider several factors when assessing whether an ICU patient is suitable for early mobility. But as Meiners noted, "Contraindications are getting fewer," which she considers a positive development. Patients who are not moved early and who receive longer or more sedation usually are weaker and take longer to return to mobility, she observed.

Meiners added that working in the ICU is "challenging and rewarding. Patients are very sick, but you help them get out of bed and see them get better."

Early mobility is "better for patients, and decreases readmission rates," said Hotchkin. It "helps you get patients back home." ■



**"Physical and occupational therapists – and the important job they perform – have become an integral part of care in the critical care unit."**

–David L. Hotchkin, MD, MSc

well tolerated, and resulted in better functional outcomes at hospital discharge, a shorter duration of delirium and more ventilator-free days compared with standard care."

Meiners said the objective is to minimize or avoid what is known as post-intensive care syndrome, or PICS, which can happen when a patient experiences new or increased physical, cognitive or mental health impairment after hospitalization in a critical care unit. Physical and occupational therapists strive to combat that syndrome, which can affect

Liberation initiative seeks to empower the multiprofessional team to provide care that can improve outcomes for patients after they leave the ICU. Studies have shown that implementing ventilator-weaning protocols, maintaining light levels of sedation, and preventing and managing delirium can improve patient outcomes. Early mobilization and family engagement also play a key role in reducing long- and short-term consequences of an ICU stay. The greatest benefit occurs when these interventions are combined."

# Legacy Health's RIO exceeds national average for helping patients return to life, community

By John Rumler  
For The Scribe

For patients recovering from a wide range of seriously debilitating conditions – from strokes and spinal cord injuries to burns and amputations – **Legacy Health's Rehabilitation Institute of Oregon (RIO)** has been serving patients since Harry S. Truman was in the White House and outpaces the national average in patient outcomes with cutting-edge equipment and therapies.

Located on the fifth and sixth floors of Legacy Good Samaritan Medical Center in Northwest Portland, RIO is a 36-bed facility with 130 employees including clinicians and support staff. Established in 1948, it offers around-the-clock acute rehabilitation nursing care with a team of board-certified physiatrists (doctors specializing in rehabilitation) creating a personalized plan for each patient that includes specific goals and a target date for discharge.

With its mission being “to return patients successfully to life and the community,” RIO treated 554 patients last year with 89 percent able to return to the community, compared to a regional average of 84 percent and a national average of 80.6 percent. Its current rate, slightly more than midway through 2019, is 90 percent.

These statistics are formulated by Uniform Data Systems, which services the majority of inpatient rehabilitation facilities in the United States, and are mandated by the Health Resources and Services Administration.

About one-third of RIO's patients are referred from Legacy Health, while sizable portions are referred from Oregon Health & Science University and Kaiser Permanente. The rehab agency also contracts with Rehabilitation Management Associates to provide physiatry support.

Besides the seven physiatrists on staff, the rehab teams include certified rehabilitation registered nurses; certified stroke therapists;

physical, occupational, recreational and speech therapists; and neuropsychologists. The patient-to-nurse ratio is between four or five patients to each RN.

## First Zero-G in the region

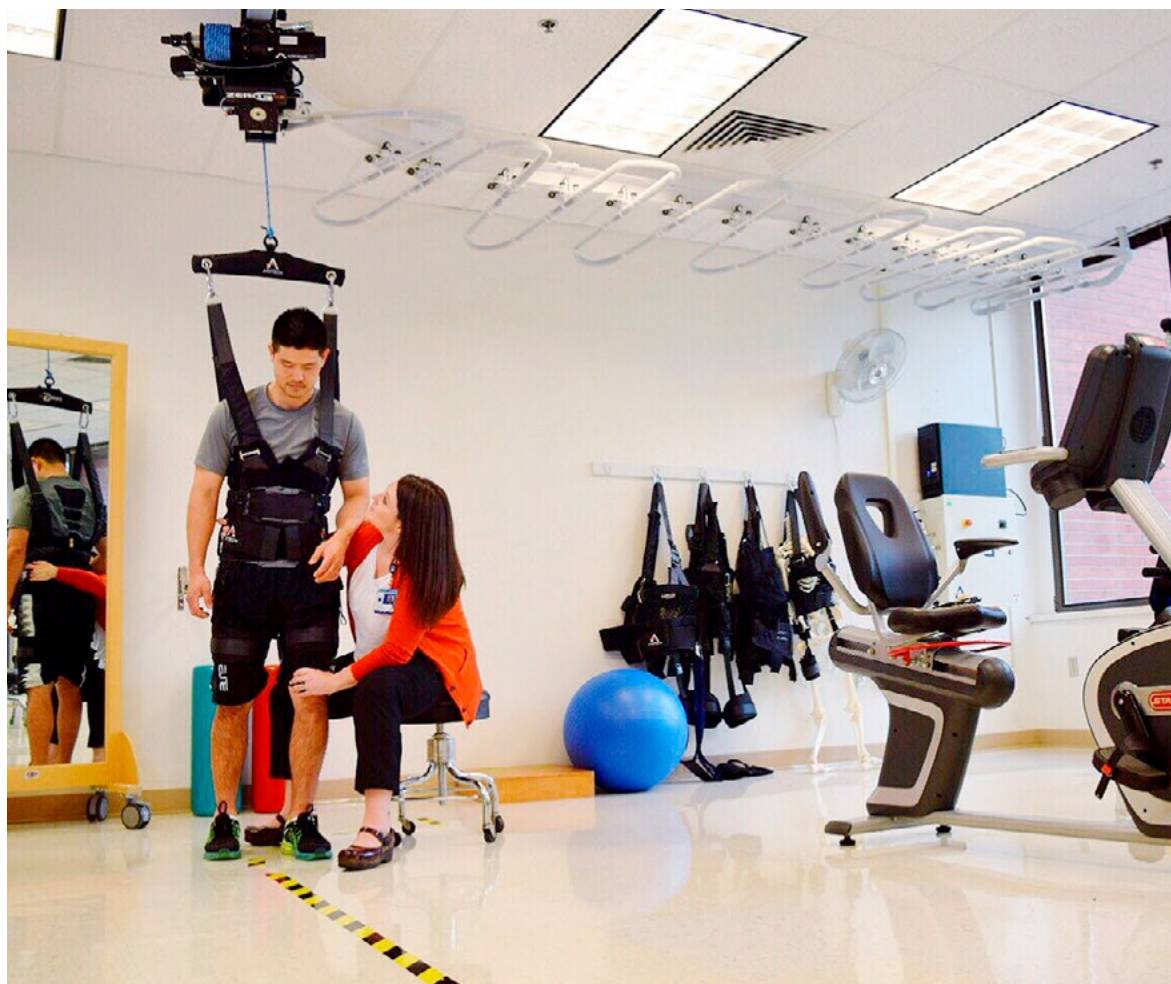
RIO offers state-of-the-art diagnostic and physical therapy equipment, including the region's first Zero-G Gait and Balance Training System and an internationally recognized horticulture therapy program.

The Zero-G is a robotic body-weight support system that allows patients to practice walking, perform balance exercises, and move from sitting to standing while preventing injuries due to slips, stumbles and falls. RIO acquired the Zero-G in the fall of 2015 and has used it successfully on hundreds of patients, including Joel Olsen, an industrial painter, who lives in St. Helens.

After suffering a ruptured spinal cord a few years ago, Olsen, 41, underwent extensive inpatient rehab therapy at RIO and, following his discharge in May 2017, he continued using the Zero-G for nearly two years as an outpatient.

“That (Zero-G) device was a huge part of my rehab and a big factor in my improvement. I must've used it more than 50 times,” he said.

Olsen said that with the help of therapists and the Zero-G, he progressed from using a walker, to using a cane, to finally walking completely



Leah Haeussler, PT, with Legacy RIO demonstrates how the Zero-G device works with a Legacy RIO intern as a model.  
Photo by Traci Hutchins, PT, Legacy RIO

unassisted. “It helped me learn new ways to walk, while at the same time it ensured that I could make progress without falling and injuring myself. Knowing that gave me the confidence I needed.”

RIO, which has a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities, also coordinates job training, counseling, and physical and occupational therapies in the same location.

People seeking help in recovering from a debilitating condition or accident frequently must choose between either an inpatient rehabilitation facility or a skilled nursing facility. A two-year study commissioned by the ARA Research Institute (an affiliate of the American Medical Rehabilitation Providers Association) and conducted by Dobson DaVanzo & Associates examined patient

outcomes data for the different recovery paths.

It concluded: “The focused, intense and standardized rehabilitation led by physicians in inpatient rehabilitation facilities is consistent with patients achieving significantly better outcomes in a shorter amount of time than patients treated in skilled nursing facilities.”

The 2014 study also found that similar patients treated in rehabilitation hospitals returned home 14 days sooner than those in skilled nursing facilities, and that rehabilitation hospital patients were able to live at home longer and had fewer hospital readmissions.

About half of RIO's patients are stroke survivors, followed by patients with spinal cord injuries, traumatic brain injuries, multitraumas,

See **RIO**, page 9

# Great outdoors plays a role in helping patients recover from concussions

**By Jon Bell**  
For *The Scribe*

For **Laura Ahmed, PT, DPT**, a physical therapist at **Step & Spine**



**LAURA AHMED,**  
PT, DPT

**Physical Therapy**, one of the main goals in using physical therapy to treat people who've experienced concussions is to help them get back to the activities they love to do outside.

Having just moved to the outdoor mecca of Bend from Richmond, Va, in January, Ahmed, PT, DPT, is in the right place to put that philosophy to work.

"Not all concussions are related to sports," she said, "but I really think a lot of (the treatment of concussions) has to do with getting people back to the activities they want to get back to in the outdoor world."

From a physical therapy standpoint, treatment of concussions and brain injuries is multifaceted. For Ahmed, one of the core components of treatment is that it needs to involve an interdisciplinary team, not just a physical therapist. That will differ with each case but often means physical therapists, doctors, speech

therapists and even psychologists all communicating and working together for the best outcome for the patient.

"There's not one provider that is going to have all the solutions," Ahmed said, noting that she recently had a patient who was nearing the end of her therapy but was having difficulty sleeping. That, Ahmed said, was something she recommended the patient take up with her doctor.

"We're always looking for problems with sleep, cognition and mood," she said. "If any of those are substantial, then I'm in communication with my other team members."

Research in the field has advanced in recent years, according to Ahmed, and has helped inform how therapists and other practitioners approach concussion treatment. Much of the research, she said, is good at delineating between the different areas impacted by concussion, whether that's vestibular – related to balance – visual, like depth perception or how someone is able to track an object with their eyes, or some other trademark sign of concussion.

Research has also shown that resting and avoiding stimulation, long a standard approach to treating concussions, isn't necessarily the best



route. Ahmed said prescribing exercise for patients – lighter than what someone might be capable of at full health – can be very helpful in recovery. Unfortunately, she said, some patients are still being told to simply rest, and as a result, they're not recovering fully from their injury.

"There are still people who come to me six or nine months after their injury and they were told to rest until

it got better, and that's not what the research is telling us is best practice anymore," she said. "There was a 2015 article that showed that 48 hours post-injury, rest is really not beneficial. You're not supposed to go back to your normal life, but do a little bit of reading, take a light walk, prepare a meal. That's a game changer. Putting them in a dark room and telling them to avoid stimulants is not the right treatment."

## Helping patients feel empowered

As awareness has risen about concussions in recent years through high-profile connections to the National Football League, medical institutions and youth sports programs, the role of baseline testing has become more important. Through baseline testing, therapists and other providers run balance and brain function tests before the start of a sports season; if an injury occurs, a provider can conduct similar tests to look for signs and symptoms of concussion. One test that's become widely used by school athletic departments is the Sport Concussion Assessment Tool, which provides a relatively quick concussion

## 12<sup>th</sup> Annual Fall Pediatric Conference



**Friday, Oct. 4, 2019 • Portland**

To register: [Regonline.com/pmgpeds2019](http://Regonline.com/pmgpeds2019)

- Autism
- Clinician Wellness
- Breast Feeding Support
- Ankyloglossia
- Making Medical Office Kid Friendly
- Anti-Vaccine Movement and Social Media





assessment should an athlete have an injury.

"It's a quick and dirty assessment," Ahmed said, "and it's something that physical therapists should at least be aware of."

Since moving to Bend, Ahmed said she's seen a range of concussion injuries. There were falls during a winter snowstorm and injuries that have occurred during everything from skiing and biking to martial arts, gymnastics and car accidents. Each one was different and needed to be assessed and treated on an individual basis.

"I tell patients that no one is immune to this," Ahmed said. "I've had three concussions myself, and each one has been different. If you've seen one concussion, you've seen one concussion."



**CAROL-ANN NELSON, PT, DPT**

Like Ahmed, **Carol-Ann Nelson, PT, DPT**, is a physical therapist in Bend who factors outdoor activities into her practice. Her approach,

however, aims to actually use the outdoors to help people with brain injuries and neurological conditions by getting them out into the real world for therapeutic exercises.

"A lot of patients say that the only time they leave their house is to go in for therapy or visit their doctor," said Nelson, founder and executive director of **Destination Rehab**, a nonprofit in Bend. "I thought, 'Gosh, we're missing something here. We need to be outdoors and engaging with the community.'"

Nelson's approach is to offer physical therapy that incorporates outdoor activities as a way to help the brain heal. That could mean walking through a local park, improving balance by heading out on a standup paddle board or hopping on a bike. Nelson said the field is an emerging one but that there has been some research that shows the benefits of such an approach.

One patient of Nelson's had sustained a brain injury in a motocross accident and was not feeling confident tending to day-to-day tasks such

"There are still people who come to me six or nine months after their injury and **they were told to rest until it got better, and that's not what the research is telling us is best practice anymore.**"

– *Laura Ahmed, PT, DPT*

as cooking and cleaning in her home. She attended a four-day retreat with Nelson that found her hiking in a cave, paddling a paddle board and a kayak, and riding bikes around Bend.

"It was amazing to see that in four days, she went from rating herself as not feeling confident doing things

at home to saying, 'I went down in a cave and cooking sounds easy right now,'" Nelson said. "The goal is to challenge them in hard situations but with the support of the physical therapist right there. Then people can feel so empowered to do anything." ■

## RIO, from page 7

amputations, severe burns and other neurological diagnoses such as Guillain-Barre syndrome and multiple sclerosis. Although the vast majority of patients are covered by insurance, Legacy does accept some unfunded patients on a case-by-case basis.

### Shorter patient inpatient stays

**Jennifer Lawlor, MD**, RIO's medical director, has seen considerable changes in her 21 years at the rehab center. Perhaps the biggest is the length of patients' stays. "In the 1980s and '90s, the average stay was six months to one year, but now it is only 13 to 14 days," Lawlor said. "We're also seeing more patients with mental health challenges and more complex orthopedic challenges."

Lawlor noted the Zero-G has been helpful in allowing patients to start preambulation skills sooner and with a more true-to-life gait pattern.

"It has been very effective in jumpstarting the recovery and encouraging patients as well as families," she said. "For very impaired patients, it might take two or three therapists to recreate what one therapist and the Zero-G can safely accomplish in terms of early

exploration of standing, balance and mobility."

An RN in Legacy Good Samaritan's oncology unit for 17 years, Brenda Myatt began experiencing the sudden and aggressive onset of muscular dystrophy about five years ago and required inpatient rehabilitation. With the help and encouragement of the RIO staff, Myatt, 61, did a great deal of therapy and exercise on the Zero-G unit.

"It was interesting and challenging at the same time. So many of the muscles in my legs and feet had atrophied. I had to learn to walk all over again," Myatt says. "With the help of the Zero-G, which precisely measures and controls how much weight is distributed to your body, I was able to stand up for the first time in two years and walk for the first time in three years. I got so emotional that I cried."

Myatt, who lives in Beaverton, also graduated from nursing school at Good Samaritan and is on a first-name basis with many of the staff. She is still getting outpatient therapy at RIO, including stretching and mobility exercises and practicing transferring from her bed to her wheelchair.

"The entire RIO staff is amazing," she said. "They are so professional and caring, and if you ever need help they are never far away." ■

**HART  
WAGNER<sup>LLP</sup>**  
ATTORNEYS AT LAW



Luck has its place, but not when representing our healthcare clients.

Count on experience over luck every time. Our clients do.

**You Want Us on Your Side.**

Portland (503) 222-4499 [www.hartwagner.com](http://www.hartwagner.com) Redmond (541) 548-6044



## Elevating the industry

Mutual is more than part of our name, it's part of everything we do. We stay on top by focusing on our policyholders, developing bold innovations and smarter solutions to help you understand your risk, predict your outcomes and improve your odds better than any other insurer. We keep raising the standard in healthcare liability insurance – because when you always put policyholders first, there's no limit to how high you can go.

**MAGMUTUAL**<sup>®</sup>

[magmutual.com/innovation](https://magmutual.com/innovation) | 800-282-4882



# Athlete Ryan Hassan, MD, MPH, seeks to promote good health, community connections

## Building community, better health through exercise a goal

A San Antonio native who was raised in Dallas, Hassan recalled as a youngster wanting to be an artist or writer, but in grade school also realizing he wanted to work in a profession where he could help people, “and I thought doctors were good at that.” His mom was an obstetrician-gynecologist, but he said there was no family pressure to pursue medicine.

As a teen he tutored fellow students, and began thinking about a career in pediatrics. He also volunteered during high school with a program for youngsters with chronic health conditions, caring for and playing with them so that their parents or caregivers could have some time for themselves.

“I felt like it would be a fun way to spend a Friday evening,” Hassan said, noting that it also “made me want to do more to help people have healthier lives, and have the means to do it.”

It wasn’t until medical school that Hassan was sure he wanted to be a pediatrician, and much of the reason for that was because of the master’s in public health he received in addition to a medical degree (he earned his MD in 2014 from the Texas Tech University Health Sciences Center Paul L. Foster School of Medicine).

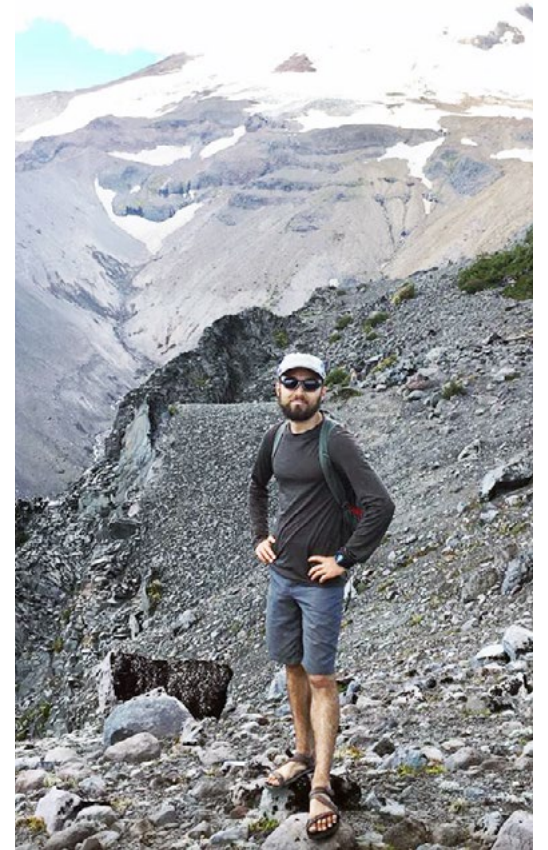
“In pediatrics,” he said, “you have the opportunity to help families make lifelong decisions to positively impact their health to keep kids from getting sick in the first place.”

Hassan moved to Oregon after a residency in Salt Lake City. He enjoyed Utah a lot, but wanted to live where he was close to hiking trails, snowboard runs as well as the ocean. Living a short drive from Hood River has also allowed Hassan to try his hand at kiteboarding. His verdict: challenging but really fun.

“I consider myself an athletic guy who learns quickly, but there’s more

going on than it looks,” he said. “Every time I go, I get a little better.”

His work schedule allows him to ride his bike or run in the mornings before seeing patients at Oregon Pediatrics’ Happy Valley clinic. Together with a few providers at Therapeutic Associates, Hassan is working to organize a running club in Happy Valley. He figures it would be a



Hiking, including on Mount Hood and at Angels Rest in the Columbia River Gorge, is among Ryan Hassan’s outdoor pursuits. He also is a runner and cyclist, and has tried his hand at kiteboarding.

*Photos courtesy of Ryan Hassan*

good way to build connections with neighbors, patients and colleagues, to promote community health by “walking the walk” and to simply have fun.

“Me telling (patients) to eat and exercise is one thing,” he said. “But having a structured group and the social aspect of it is helpful.” ■

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

**Ryan Hassan, MD, MPH**, started running road races just last year. He got so into it that it wasn’t long before he began participating in the Oregon Half & Full Marathon Series, seeking to earn a gold medal by completing 10 designated races in a calendar year.

He competed in a few shorter races, then stepped up to finish the 26.2-mile Portlandathon as well as the Boring Marathon, near Gresham. Hassan described crossing the finish line of his first marathon as “euphoric.”

“It felt amazing,” he said. “I was so tired, my legs were burning and felt like lead, but I got a rush knowing I was right there (at the finish) and I sprinted at the end. I gave it as much as I could, and crossing the finish line felt so satisfying. There really isn’t anything else like it.”

Hassan got into running because he enjoys hiking and being outdoors, one of the main motivators for relocating to the Pacific Northwest just a couple years ago. It also has led him to try and start a running club in his community (more on that in a minute).

When he first started running, it was on the trails he frequented. Then his wife, Christen, bought him “Born to Run: A Hidden Tribe, Superathletes, and the Greatest Race the World Has Never Seen,” journalist and runner Christopher McDougall’s book that’s centered on the Tarahumara, indigenous people who live in Mexico and are known for their long-distance running ability.

“That inspired me to just get out

and run more, and not just on the backpacking trips I was doing.”

Then, last winter, the running and other physical activities came to a halt after Hassan developed psoriatic arthritis and, separate from that diagnosis, experienced severe back pain. He suspects the psoriatic arthritis was triggered by the steroids he took as a result of a yellowjacket sting that caused an anaphylactic reaction while hiking. The back pain was sparked by a fall while snowboarding on Mount Hood.

Three or four months of inactivity gave Hassan a new perspective both as an athlete and health care provider.

“It was a humbling experience,” he said. “It was a few months for me, and tough to deal with. I appreciated how able-bodied I was normally. It would take an hour or more to get ready in the morning, and an hour or more to get ready for bed.

“Now, I appreciate doing all the running, biking and other activities so much more than I did before. As providers, we have patients with health issues that are simple and routine in terms of a diagnosis, with no morbidity, but from the patient’s perspective, it’s really a potentially life-changing diagnosis. I’m grateful for that perspective and to be able to understand what it’s like on the other side of that encounter.”

Two powerful medications have allowed him to return to running and other outdoor pursuits. This summer Hassan had a pretty full running schedule, including competing in the Foot Traffic Flat Marathon on Sauvie Island and the Haulin’ Aspen Marathon in Central Oregon.

educate faculty and residents about mental health. Teaching hospitals also must provide access to confidential, affordable health care, including mental health services and urgent care, 24 hours a day and seven days a week.

"That's a big national change and OHSU had a big role in those changes," he said, adding OHSU also is taking part in the national Zero Suicide initiative.

Locally, the Resident Faculty Wellness Program has seen a growing number of visits. During the last 10 years, visits have increased from 5 percent to 25 percent of residents. Last academic year, there were more than 1,500 visits by residents, and the faculty group had 600 visits.

"The utilization of that program has been increasing steadily over the years, which is a really good sign because it means people feel more comfortable about coming for help," Keepers said. "That's a lot of care delivered to people who are hurting, and it's encouraging that people are taking advantage of that."

The Resident Faculty Wellness

Program developed a Peer Support Program in which providers are trained to support others who have experienced a patient death or similar distressing incident.

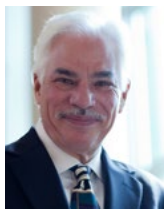
"These kinds of events are sometimes the trigger for somebody's suicide and we feel it's really important to provide that support right away," Keepers said.

Noting that utilization of the **Oregon Wellness Program** is on the rise as well, he said, "There is a lot happening and a lot that is very helpful in the recognition that this is a problem."

Established in 2015, the Oregon Wellness Program promotes health care professionals' well-being through education, coordinated regional counseling services, telemedicine services and research. The

program is open to physicians, advance practice providers and physician assistants.

**Tim Goldfarb, MHA**, president of **The Foundation for Medical Excellence**



TIM GOLDFARB, MHA

If you or someone you know is considering suicide, please contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255); text "TALK" to the Crisis Text Line at 741-741; or go to [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org).

and a board member for the Oregon Wellness Program, said mental health organizations, health systems and other provider groups are working more closely together in a coordinated effort to offer help and promote wellness.

"Clearly health systems are now employing over half of all physicians, and physician groups have a role to play in developing their own programs to maintain the wellness of physicians, nurse practitioners and physician assistants," he said. "The Oregon Wellness Program's piece is to have an expert and resources available to a physician who feels they need to reach out for some temporary help to maintain their wellness and productivity."

Goldfarb noted that health systems have largely set competition aside when it comes to provider wellness, and are collaborating more closely about what works and what doesn't with wellness initiatives.

"There is an increasingly common interest that it benefits all of us to have a well-functioning medical staff, both for patient safety and the health of the provider so they can be productive at home and at work," he said. "Our objective is to develop a program that will fit well, like a piece of a puzzle, with programs of employers of physicians. Our heart's desire is to have a partnership where that puzzle is completed by several organizations and we work together to keep physicians well." ■

**THE HEALTHCARE MBA**  
O H S U • P S U

**Collaborate & Network**  
Develop your executive leadership skills with fellow healthcare professionals.

**www.TheHealthcareMBA.org**

■ MSMP MEMBER EXCLUSIVE ■



### Don't miss this article!

As the country recognizes National Physician Suicide Awareness Day on Sept. 17, local families, friends and colleagues of providers who died by suicide will continue to experience the personal loss firsthand.

Among them is Connie DeMerell, who lost her husband, Portland physician Dan DeMerell, MD, MPH, in 2014. Connie DeMerell shares how her faith and people's love, kindness and understanding helped her and their three children through their loss.

She also talks about how she has connected with others impacted by suicide through her blog, *A Hopeful Widow: My Journey of Love, Loss and Resilience*, and how she continues to advocate on behalf of physician suicide awareness and prevention.

To read more, please visit [www.MSMP.org/MembersOnly](http://www.MSMP.org/MembersOnly).

The MSMP

# Physician Wellness Program

## Confidential Counseling

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

## Coaching

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

## Wellness Education

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

## Wellness Library

We have compiled articles, studies and videos discussing physician burnout, stress, depression and general wellness for your ease of reference at [www.MSMP.org](http://www.MSMP.org).

## CONFIDENTIAL WELLNESS LINE

**(503) 764-5663**

*Call to schedule an appointment  
or leave a confidential message.*

For more information regarding the Physician Wellness Program, including detailed profiles on our counselors and coaches, visit [www.MSMP.org](http://www.MSMP.org).

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



## Thank You!

### \$100,000

The Portland IPA

### \$30,000

The Portland Clinic Foundation

Women's Healthcare Associates, LLC

### \$10,000 – \$29,999

OHSU Foundation, under the direction of Donald Girard, MD

### \$5,000 – \$9,999

Ater Wynne Attorneys at Law

Hart Wagner Trial Attorneys

Metropolitan Medical Foundation of Oregon

Mary McCarthy, MD, and John Holloway

Oregon Anesthesiology Group, PC  
The Oregon Clinic

### \$2,500 – \$4,999

Bradley Bryan, MD  
George Caspar, MD  
Thomas Welch, MD

### \$1,000 – \$2,499

Anonymous  
Atul Deodhar, MD  
Brenda Kehoe, MD  
John Kendall, MD  
Walter Krieger, MD, and Cathy Krieger

Jack Kron, MD, and Ruth Whitham  
Mary Moffit, PhD  
Northwest Newborn Specialists, PC  
Physicians Answering Service  
Gordon Stoney, MD  
The Doctors Company  
Steve Urman, MD

### \$500 – \$999

Candice Barr and Judge Darryl Larson  
Diana Bell, MD

Susan Denman, MD  
Marcia Dunham, MD  
Greg Esmer, DO

John Evans, MD, and Maryam Evans

Mariko Ferronato, MD, and Douglas York, MD

Philip Parshley, MD, and Barbara Parshley

The Portland Clinic  
Lydia Villegas, MD  
R. Bastian, MD and Barbara Wagner, MD  
George Waldmann, MD

### To \$499

Anonymous  
Allison Abraham, MD  
Richard Allen, MD  
James Asaph, MD  
Teresa Bair, DO  
Bertram Berney, MD  
James Biemer, MD

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

Eric Chang, MD

Dick Clark *(in honor of Amanda Borges)*

Nancy Cloak, MD  
Maurice Comeau, MD  
Mohamud Daya, MD

John Deeney, MD  
Robert Dreisin, MD

Holly Easton, DO  
Karen Elliott, JD

Ronald Fraback, MD  
Lynn Friedman, MD

Carmen Gaston  
Devin Gattey, MD  
Donald Girard, MD

Laura Greenberg, MD  
Irvin Handelman, MD

James Hicks, MD  
John Holland, MD and Jacqueline Holland

Bill Honeycutt  
Marcus Horenstein, MD  
Linda Humphrey, MD

Anna Jimenez, MD

Amy Kerfoot, MD  
Abigail May Khan, MD

Denny Le, DPM  
Grant Lindquist, MD

John Lingas, MD  
Shawn Macalester, MD

Tiffany McClean, DNP, PMHNP

Miranda McCormack, MD  
Louis McCraw, MD

John McDonald, MD  
Sharon Meieran, MD

Samuel Metz, MD  
Joseph Meurer, MD

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

Brian Mitchell, MD  
Duncan Neilson, MD

JoAnne Nelson, MD  
Raymond North, MD and Carol North

Adam Obley, MD  
Frank Palmrose, MD

Kenneth Paltrow, MD

Marianne Parshley, MD

James Peck, MD

Linda Pope

Paul Puziss, MD

Richard Sandell, MD

Anushka Shenoy, MS

David Shute, MD

Bhawar Singh, MD

Robert Skinner, MD

Thomas Stason, DO

Kenneth Stevens, Jr., MD

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

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

Michael Van Allen, MD  
David Wagner, MD  
*(in memory of Patricia Wagner, MD)*

Lara Williams, MD  
Reed Wilson, MD

Ati Yates, MD

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

*Please consider a charitable donation to the Wellness Program: [www.MMFO.org](http://www.MMFO.org)*

## OHSU receives approval to reactivate Heart Transplant Program, announces new hires

The United Network for Oregon Sharing (UNOS) has approved **Oregon Health & Science University's** new primary physician for heart transplantation, allowing the university to resume heart transplant care. The unanimous decision, effective Aug. 26, comes less than a year after OHSU voluntarily suspended its program due to the departure of four advanced heart failure cardiologists.

"OHSU's Heart Transplant Program has a long history of serving the state of Oregon, providing more than 700 heart transplant procedures to date," said OHSU President **Danny Jacobs, MD, MPH, FACS**, in a piece on the university's website. "With the successful recruitment of cardiologists from some of the preeminent programs in the country, we are pleased to resume the full spectrum of care for Oregonians with advanced heart failure in need of heart transplantation."

During the past year, OHSU said it has aggressively recruited for advanced heart failure cardiologists

from around the country while maintaining its existing multidisciplinary team, along with the extensive infrastructure necessary to provide complex cardiovascular services, including heart transplantation.

To date, OHSU has hired three advanced heart failure specialists from some of the nation's top cardiovascular programs. They are **Nalini Colaco, MD, PhD**, from the University of California San Francisco; **Luke Masha, MD, MPH**, from Brigham and Women's Hospital in Boston; and **Johannes Steiner, MD**, from Massachusetts General Hospital in Boston and the University of Vermont Medical Center in Burlington.

The newly recruited cardiologists join **Howard Song, MD, PhD**, chief of cardiothoracic surgery, and **Fred Tibayan, MD**, surgery director for heart failure and transplant, who OHSU said have performed more heart transplants and implanted more ventricular assist devices than any other surgeons in the state. ■

## Legacy Health names new president of Unity Center for Behavioral Health

Legacy Health announced the appointment of **Melissa Eckstein, MSSW, MBA, LCSW**, as the new president of **Unity Center for Behavioral Health**, effective Sept. 30.

"We selected Melissa after a rigorous nationwide search with multiple highly qualified candidates," said **Trent Green**, senior vice president and chief operating officer of Legacy Health. "Melissa brings a wealth of knowledge and experience in creating safe, caring environments for patients experiencing acute behavioral health crises and has a strong background in fostering relationships with staff, patients and the community."

"Compassionate and respectful around-the-clock mental health services are needed for those facing a mental health crisis," said Eckstein. "We can only do this with a highly-trained staff of professionals who feel supported and can focus on providing high-level care to patients. I look forward to working with Legacy Health leaders, staff and other

partners to continue to improve the Unity Center model of care and to continue to build upon this greatly needed service in the community."

Eckstein has held leadership roles guiding the operations of behavioral health centers that offer crisis intervention. She most recently served as the chief executive officer of Palo Verde Behavioral Health, an inpatient and outpatient mental health and substance use treatment facility which offers programs for adults and adolescents. Prior to that, Eckstein was chief operating officer for Spring Mountain Treatment Center and Spring Mountain Sahara in Las Vegas. She served as CEO for Salt Lake Behavioral Health Hospital in Utah, and COO for Ascend Health Corporation.

Eckstein, a licensed clinical social worker, holds an undergraduate degree from the University of North Texas, an MBA from Texas Women's University and a master's degree in social work from the University of Texas at Arlington. ■

## Providence Plan Partners, CareOregon plan to join forces

**Providence Plan Partners** and **CareOregon** said in late August they plan to affiliate to better serve the health and wellness of Oregon's poor and vulnerable populations.

The nonprofits said their partnership would "combine the collective strengths of both organizations," and ensure they are "best positioned to improve population health for Oregon's Medicaid and Medicare populations and address social determinants that impact the health status and clinical needs of members."

The proposed partnership calls for Providence Plan Partners to provide resources and support to CareOregon, which will join Providence St. Joseph Health, pending regulatory and organizational approvals.

CareOregon serves more than 300,000 Oregon Health Plan/Medicaid and Medicare members. Providence Plan Partners is the Portland-based health care management and administrative services affiliate of Providence Health Plans, and a subsidiary of Providence St. Joseph Health.

CareOregon's president and chief executive officer, **Eric C. Hunter**, said the partnership will improve member health, increase care access and create a "national model to

better serve Medicaid and Medicare beneficiaries."

CareOregon and Providence said they have a long history of working together and with community providers and stakeholders to "serve Oregonians, driving population health initiatives and delivering on the promise of Oregon's health care transformation."

"In considering a deeper relationship with Providence, we are strongly aligned in our mission – to help members and patients receive the best health care possible – and believe that this affiliation will best position our organization to care for Oregonians in the years ahead. That's the 'CareOregon Effect,'" Hunter said.

"Providence St. Joseph Health is focused on identifying strategic relationships that will allow us to deliver quality health care services in new and innovative ways," said **Mike Cotton**, chief executive officer of Providence Plan Partners. "Through this partnership with CareOregon, we can create an even stronger cornerstone of health care access, value and quality for Oregon."

The organizations said they hope the affiliation is in place by January. ■

### Volunteer Opportunities For Pediatricians



#### Children's Community Clinic

currently has volunteer opportunities for great pediatricians at our Lloyd Center location.

Please call 503.284.5239 for more information

### Physicians Answering Service

- ✓ Customized Account
- ✓ Personalized Service
- ✓ 24-Hour Availability
- ✓ Prompt Response
- ✓ Appointment Scheduling
- ✓ Secure Messaging HIPAA Compliant
- ✓ Live Service, Web Portal, Texting, Email, Pagers

Proactive • Efficient • Kind & Courteous



PHYSICIANS' ANSWERING SERVICE

503-228-4080 [www.physiciansanswering.com](http://www.physiciansanswering.com)



“I thought First Republic’s student loan refinancing  
was too good to be true, but it was right on.”

PUYA HOSSEINI, M.D.  
*Anesthesiologist and Athlete*



FIRST REPUBLIC BANK  
It's a privilege to serve you®

947 SW Broadway, Portland (503) 525-8800  
Opening Winter 2019 at 2405 West Burnside Street, Portland  
(855) 886-4824 | [firstrepublic.com](http://firstrepublic.com) | New York Stock Exchange symbol: FRC  
MEMBER FDIC AND EQUAL HOUSING LENDER 