



The Scribe

A publication of the Medical Society of Metropolitan Portland

DIABETIC RETINOPATHY

Integrating vision screenings



Partnership aims to improve care, detect vision damage among those with diabetes earlier.

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FOCUS ON WOMEN'S HEALTH & WELLNESS

Safe, successful pregnancies



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October 2019

Addiction intervention in hospitals improves patient outcomes

Research also shows OHSU-led program has salutary effect on hospital staff

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

Nowhere is the fragmentation in delivery of behavioral health care more evident than in the hospital setting, a situation a Portland physician is trying to change in relation to addiction.



Honora L. Englander, MD

Her motivation was simple: When she was working as a hospitalist in 2014, “My interest stemmed from the devastating consequences my patients were experiencing” related to substance use disorders, said **Honora L. Englander, MD**, an associate professor of medicine at **Oregon Health & Science University**. Many of her patients were young, and some were dying.

She approached OHSU leadership to try to bring more focus to the addiction problems that often either brought patients to the hospital or exacerbated their conditions. “My argument was, we are already investing tremendous resources,” but these patients weren’t achieving optimal outcomes because their underlying substance use issues weren’t addressed, she said.

The result was that in 2015, Englander led an effort to create a multidisciplinary addiction medicine team to treat hospitalized patients experiencing substance use disorders. Called Project IMPACT, for the Improving Addiction Care Team, the consult service brings together physicians, social workers, peer mentors in recovery and community addiction providers to address addiction while patients

are in the hospital.

Englander, who serves as the project director, noted that hospital personnel are trained to treat medical and surgical problems, but generally not prepared in their training to handle substance use disorders. A study she led, published in August, showed that hospitals that use the Project IMPACT approach can improve these patients’ outcomes and help get patients on the road to recovery once they are discharged.

In fact, the paper, published in the *Journal of General Internal Medicine*, found that patients who met an addiction medicine consult team while they were in the hospital were twice as likely to participate in treatment for substance use disorder after they went home.

“That matters, because treatment is associated with reduced health care costs, reduced mortality and a whole vast array of really important outcomes,”

Englander said. Hospitalization can present what she refers to as “a reachable moment,” when patients may come to realize the harm their disorder is causing them, and may be more open to seeking help.

The premise behind the study was that hospitalizations due to medical and surgical complications of substance use disorder are rising dramatically, most hospitals lack systems to treat it, and most people with such disorders do not seek or receive treatment after discharge. Moreover, such patients statistically record higher costs, longer lengths of stay and higher readmission rates. Failure to treat substance use disorders in hospitals leads to untreated withdrawal, failure to complete recommended medical therapy, and high instances of not following medical advice after discharge.

The study compared 208 Medicaid patients who

See **ADDICTION INTERVENTION**, page 7

OFF HOURS

Carving out a niche hobby

James Beckerman, MD, FACC, a cardiologist and the medical director of basecamp prevention and wellness at the Providence Heart Institute, has largely taught himself how to use a chainsaw to turn old stumps and logs into charming and playful wooden sculptures.

To read more, turn to page 12.

Photo courtesy of James Beckerman



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You’re invited to join the MSMP Senior Physicians Group

10 – 11:30 a.m., Friday, Oct. 25

**Location: The Portland Clinic, Yamhill Conference Rm. 1
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Cost: Free for MSMP members



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 10–11:30 a.m. 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.

If you are a retired or semi-retired physician member, we hope you will join us for this 90-minute meeting.

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New leadership in place at Devers as institute continues advances in eye care, research

By **Barry Finnemore**
For The Scribe

New leadership is in place at **Legacy Devers Eye Institute**, as the 60-year-old organization, a recognized trailblazer in its field, continues to expand on medicine's understanding and treatment of eye conditions.



STEVEN L. MANSBERGER, MD, MPH

Steven L. Mansberger, MD, MPH, who became the organization's clinical vice president and Chenoweth Chair of Ophthalmology during the summer, took time recently to talk

about his new roles, the cutting-edge research Devers has spearheaded and is conducting, and the combination of services that has resulted in the organization's place as a top eye institute.

Mansberger, who succeeded **James T. Rosenbaum, MD**, said Devers' current research in part is focused on diagnosing, treating, and preventing glaucoma by exploring how the optic nerve and retina respond to stress related to glaucoma. The institute also is looking at new ways to detect visual field loss from glaucoma, and conducting new clinical trials of medicines for glaucoma, uveitis and

macular degeneration. In addition, Devers is developing new technology to help monitor the use of eye drops that help people with glaucoma.

Mansberger, an award-winning educator, provider and scientist, expressed excitement about his new roles with Devers, where he has worked for two decades and which he calls a "gem for the Portland area" – with its combination of routine and complex clinical care, cutting-edge research programs, and training of visiting scientists and postdoctoral and clinical fellows from around the world.

Devers, located at Legacy Good Samaritan Medical Center, includes

four satellite clinics in Washington and the Portland area. Its scientists are known for research in ocular blood flow, optic disc and visual field analysis of glaucomatous optic neuropathy, diagnosis of eye disease and the early detection of glaucoma.

Mansberger said Devers has long been on the cutting edge in research, pointing to its role in developing frequency-doubling technology perimetry for glaucoma screening and creating software to detect diabetic retinopathy. He emphasized the work of **Claude Burgoyne, MD**, who developed new ways to evaluate the optic nerve and detect eye disease. He also lauded **Mark Terry, MD**, who performs pioneering research in corneal transplant surgery, and has patients and researchers visit from around the world.

These, Mansberger said, are examples of Devers' critically important research advancements "immediately applicable to patients."

Mansberger is the fifth person to serve as Chenoweth Chair, following Drs. Richard Chenoweth, Michael Van Buskirk, Jack Cioffi and Rosenbaum. Mansberger is also a senior scientist and glaucoma services and ophthalmic clinical trials director. In addition, he is a clinical professor of ophthalmology and epidemiology at Oregon Health & Science University.

He underscored the important legacy of the Chenoweth Chair's namesake, noting Chenoweth was the first fellowship-trained retina specialist in Oregon and, among other things, played a significant role in building Devers' endowment that enables the institute to care for people without health insurance and to conduct research.

Being on the cutting edge 'exciting'

Mansberger was raised mostly in Carmel, an Indianapolis suburb, but his family moved around a lot as his dad worked for IBM (the acronym, Mansberger quipped, "stands for 'I've Been Moved.'"). He recalled that as a kid he wanted to eventually work a job where he took care of people, and he began to think about being a doctor. He first got a taste of that when, as a youngster, he removed a thorn from his cousin's toe.

See **DEVERS**, page 7

Partnership aims to improve care, detect vision damage among those with diabetes earlier

Integrating medical technology to capture earlier diagnoses of diabetic-related diseases such as diabetic retinopathy is the focus of a newly formed network derived to improve timeliness and quality for diabetes care related to vision loss.

The Portland InterHospital Physicians Association (Portland IPA) has teamed up with ophthalmology practices **Oregon Eye Specialists** and **Eye Health Northwest** and 14 local primary care practices to implement the use of a new handheld retinal camera from Hillrom that can be used in primary care settings.

The Centers for Disease Control and Prevention (CDC) named diabetic retinopathy as the leading cause of blindness among adults aged 20 to 74 years. Twelve percent of Americans have diabetes, with 1.7 million new cases diagnosed each year. The American Academy of Ophthalmology cites 80 percent of those with diabetes eventually develop diabetic retinopathy.

"This is an exciting way to partner among practices in bringing new technology to benefit patients facing potential vision issues, and it aligns us with key preventive services as outlined by CMS' Star Quality Rating System," said **Dinelli Monson, MD**, a comprehensive ophthalmologist with Oregon Eye Specialists.

Hillrom's new compact, handheld ophthalmic camera is called the Welch Allyn® RetinaVue® 100 Imager. Patients with diabetes can now have their vision checked directly while at their primary care physician's office. The images are uploaded and digitally transmitted to ophthalmic physician specialists for reading and analysis. When needed, the patient is referred to the ophthalmologist for care to prevent vision damage or loss.

Brian Chan-Kai, MD, an ophthalmologist and retina specialist with Eye Health Northwest, said, "The most important part of this program is that patients are getting vision screenings in the primary care setting, which may detect potential pathology sooner and thus preserve



The Portland InterHospital Physicians Association (Portland IPA) has teamed up with ophthalmology practices Oregon Eye Specialists and Eye Health Northwest and 14 local primary care practices to implement the use of a new handheld retinal camera from Hillrom that can be used in primary care settings.

Photo courtesy of Hillrom/Welch Allyn

more of the patient's eyesight and help them better manage this part of their

diabetes."

The Portland IPA provided financial resources for 14 primary care practices to purchase the camera, creating a quality program around coordination of care.

"We brought together key independent primary care and specialty practices to collaborate and determine how best to facilitate the simple screenings with the goal of diagnosing retinopathy earlier and helping patients avoid potential future vision loss," said Portland IPA Medical Director **Tom Gragnola, MD**, who is also a primary care provider at AIM Health Northwest.

The 14 participating primary care providers include AIM Health NW (Advanced Internal Medicine); Broadway Medical Clinic; Chehalem Medical Clinic; Davies Clinic; Fanno Creek Clinic; GreenField Health Westside; Mountain View Medical Center; Pacific Medical Group Beaverton; Pacific Medical Group Canby; Pacific Medical Group North Portland; Pacific Medical Group Oregon City; Pacific Medical Group Tigard; Oregon City Family Practice; and Sellwood Medical Clinic.

The American Diabetes Association found people with diagnosed diabetes incur average medical expenditures of about \$13,700 per year, of which about \$7,900 is attributed to diabetes. People with diagnosed diabetes, on average, have medical expenditures approximately 2.3 times higher than what expenditures would be in the absence of diabetes. ■



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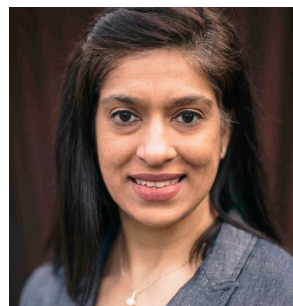
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received addiction medicine consultation at OHSU with a control group of Medicaid patients with similar conditions hospitalized in any Oregon hospital. Only 17.2 percent of the patients were in substance use treatment before hospitalization. The study examined substance use treatment in the month after patients were released from the hospital: Covering a 15-month period from 2015 and 2016, the study showed that a total of about 39 percent of IMPACT patients engaged in substance use treatment, compared with 23.3 percent of similar patients who did not work with an IMPACT team.

The OHSU-led program also has had a salutary effect on hospital staff, Englander revealed in a study published last year in the *Journal of Hospital Medicine*. The high number of admissions related to use of opioids and methamphetamine, combined with the fact that most hospitals are not well-prepared to manage the complex needs of adults with substance use disorder or to connect people to care after hospitalization, creates a situation that causes providers stress as well as distress, Englander said.

In the 2018 paper, physicians, nurses and other clinical staff reported “a sea change” after Project IMPACT was instituted.

“Participants felt that IMPACT ‘completely reframes’ addiction as a treatable chronic disease,” the authors wrote, “improving patient engagement and communication, and humanizing care.”

Providers included in the study described widespread relief. They felt that IMPACT “transformed care by treating patients’ withdrawal, prescribing medications to treat the underlying brain disease of addiction, supporting direct communication between patients and providers, and modeling compassionate care.”

Englander said staff expressed feeling empowered when supplied with knowledge and the right medications to make a difference in patients’ experience and outcomes. Her studies show that “hospitals need a workforce and systems that can address both the physical and behavioral health needs of this population,” as she and her co-authors put it. “By doing so, hospitals can support staff and reduce burnout, better engage patients, improve care and reduce stigma from this devastating disease.”

“Participants felt that **IMPACT ‘completely reframes’ addiction as a treatable chronic disease,**” the authors wrote, **“improving patient engagement and communication, and humanizing care.”**

Now Englander is taking the message to the rest of the state. At the beginning of 2019, OHSU introduced what she calls a “telementoring program” to disseminate education and help hospital staff throughout Oregon “learn how to support and provide care differently,” she said. The objective is to help “individuals and teams across the state to implement best practices in hospital addictions care.” Presented via videoconferencing, the 12-week series includes participant case presentations and didactics.

A “culture change” is needed to improve addictions care in the hospital, and Project IMPACT signals to both patients and providers that substance use disorder is a treatable chronic disease rather than a “moral failing or bad choice,” she said.

The positive results demonstrated by her team underscore for the medical community that viewing substance use disorder as a chronic disease reduces individual and institutional stigma, and that treating it is “part of being a doctor,” Englander said. ■

DEVERS, from page 4

“I liked that feeling of caring for others,” he said.

Early on in medical school, he wanted to go into cardiology, but when those doors did not immediately open for him, his adviser suggested he pursue “something else.” That something else proved to be ophthalmology, and between his first and second year of medical school Mansberger started doing ophthalmology research, which he continued at night and on weekends as a med student.

“That was really cool, because I was studying blood flow in the eye and how eye disease might be impacted by that,” Mansberger said of

his initial work in the lab. “Being on the cutting edge was really exciting to me.”

Mansberger, who earned his medical degree at the Indiana University School of Medicine and completed an ophthalmology residency at the Shiley Eye Center at the University of California, San Diego, and a glaucoma fellowship at Devers, said he’s had chances to pursue other professional opportunities over the years.

But Devers’ position at the vanguard of ophthalmology led him each time to conclude that “it’s better where I am!” ■

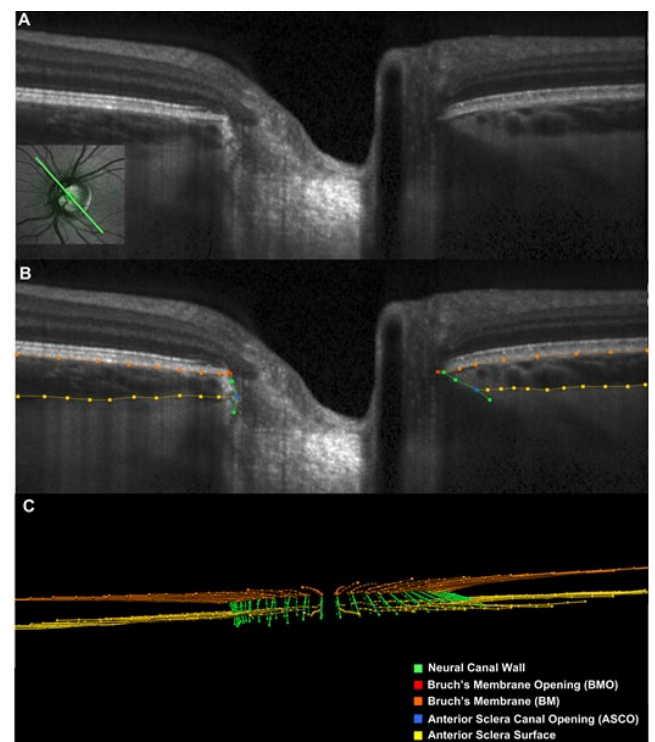
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This image of an eye is from a research paper with which Claude Burgoyne, MD, of the Legacy Devers Eye Institute, was involved. The picture describes his innovative methods to measure choroidal thickness. The choroid is one of two major vascular systems of the eye.

Photos courtesy of Claude Burgoyne, MD



OHSU program provides specialized care for pregnant women with cardiac conditions

By Melody Finnemore
For *The Scribe*

Emmanuelle Paré, MD, has grown accustomed to women with heart conditions who want to have children coming to her with low expectations. The **Oregon Health & Science University** perinatologist has spoken with several whose primary care providers had advised them never to become pregnant because it would be too risky.

Pregnancy does add stress to the heart and circulatory system. During pregnancy, a woman's blood volume increases by 30 to 50 percent to nourish the baby, and their heart rate increases as the heart pumps more blood. Labor and delivery causes changes in blood flow and pressure. It takes several weeks after delivery for the stresses on the heart to return to the levels they were before pregnancy, according to The Mayo Clinic.

Abigail Khan, MD, an OHSU cardiologist who specializes in heart disease in women, said the most common conditions she sees are congenital heart disease of all types, aortic disease such as Marfan syndrome,

bicuspid aortic valve, cardiomyopathy and arrhythmias.

She notes that cardiac issues are becoming more prevalent among pregnant women for a couple of reasons: More women with cardiac disease such as congenital heart disease are choosing to become pregnant, and more women who are at risk of developing cardiac complications of pregnancy are choosing to become pregnant.

Paré added that, compared to 30 or 40 years ago, women today tend to be older when they become pregnant, the prevalence of obesity has increased, and they are at higher risk for diabetes and preeclampsia.

However, with the right pre-pregnancy planning and pregnancy care, most women with heart conditions or heart disease can have safe, successful pregnancies, she said.

Paré and Khan began co-treating patients shortly after Khan joined OHSU in September 2015. They shared a vision for an integrated program for pregnant women with heart disease and, with the support of division chiefs **Leonardo Pereira, MD, MCR**, and **Joaquin Cigarroa, MD**, and the OHSU Center for Women's Health, established a clinic called the **Maternal Cardiac Program**.

Women who visit the clinic see Paré and Khan back to back, and the pair works together to create a pregnancy and treatment plan. Khan said the team approach benefits patients



Emmanuelle Paré, MD, (left) and Abigail Khan, MD, say their team approach benefits patients in several ways, including being able to see both a cardiac specialist and an obstetrical physician in the same place and getting additional testing they need such as obstetrical ultrasounds and echocardiograms during the same visit. Photos courtesy of OHSU/Fritz Liedtke

in several ways, including being able to see both a cardiac specialist and an obstetrical physician in the same place and getting additional testing they need such as obstetrical ultrasounds and echocardiograms during the same visit.

"This simplifies life for pregnant patients, who already have a lot of medical visits and often need to take time off work or find child care to accommodate their health care," she said. "Many of our patients travel from far away and appreciate not having to make several trips."

In addition, Khan and Paré are able to discuss the cases with one another in real time to come up with a coordinated plan for pregnancy management and delivery or a coordinated assessment of pregnancy risk for those who come for pregnancy risk assessment. "This improves efficiency, consistency and quality of care," Khan said.

Paré said it also allows her and Khan to develop new expertise through the clinic. "The more patients we see, the better we are at knowing whether symptoms like shortness of breath or palpitations are due to pregnancy

or heart disease," she said. "Our joint expertise helps us hopefully pick up complications earlier in pregnancy."

Both Khan and Paré said they see awareness about the impacts of cardiac health during pregnancy increasing, though there is still room for improvement.

"In addition to the pregnancy management, our clinic also emphasizes the importance of educating women about the link between certain pregnancy complications and long-term cardiovascular disease, such as preeclampsia," Khan said. "By educating women, we can empower them to make a lifetime of healthy choices which can help reduce that risk."

The pair agreed the clinic gives them the opportunity to counsel women about the risks they could face if they become pregnant, no matter their family-planning goal, and want patients to be well-informed and decide for themselves whether pregnancy is right for them.

"We see women who were previously told that they shouldn't become pregnant with frequency," Khan said. "The reality is that most women with heart problems, with rare exceptions, can safely carry a pregnancy with the proper management. It is so rewarding to be able to help these women achieve this goal." ■



Emmanuelle Paré, MD, notes that with the right pre-pregnancy planning and pregnancy care, most women with heart conditions or heart disease can have safe, successful pregnancies.

Local researchers studying overdose prevention strategy among women in state prison system

Researchers from the Oregon Health & Science University—Portland State University School of Public Health, the OHSU School of Medicine, the Oregon State University/OHSU College of Pharmacy and Comagine Health are collaborating on a three-year pilot study to evaluate a new opioid overdose prevention program called Reducing Overdose After Release from Incarceration (ROAR).

The program, launched in June in partnership with the Oregon Department of Corrections, aims to meet the needs of incarcerated women diagnosed with moderate to severe opioid use disorder. The Centers for Disease Control and Prevention-funded program has recruited more than 20 participants.

Statistics show that more than 75 percent of incarcerated women in the state's prison system require treatment for substance abuse disorder. According to **Elizabeth Needham Waddell, PhD**, an assistant professor in the OHSU—PSU School of Public Health, opioid overdose is a leading cause of death following prison release.

"We know from experiences in other states that women are at a significantly higher risk of opioid overdose compared to their male counterparts," she said. "Especially in the first

few weeks following their release."

Although sex-related differences specific to overdose risk in incarcerated adults are not yet fully understood, there are multiple individual and social factors to consider, Waddell noted in a piece by OHSU. Compared with incarcerated men, for example, women have higher rates of substance use disorders and co-occurring medical and mental health conditions. Limited access to treatment, supportive social networks and affordable housing also are related to overdose risk.

"When these factors aren't considered, and effective links to treatment and recovery support services are not provided prior to release from prison, women are not set up for success in the community and are more likely to return to substance use," Waddell said. "We need to offer an appropriate continuum of treatment and recover support that starts before their release."

ROAR is a cross-disciplinary approach, combining initiation of medication and peer support with an ongoing link to community substance use disorder treatment prior to release. In the month before leaving Coffee Creek Correctional Facility, Oregon's only women's prison, program participants connect

"We know from experiences in other states that **women are at a significantly higher risk of opioid overdose** compared to their male counterparts."

with certified recovery mentors through "reach-in" visits, which help prepare participants to enter community-based treatment. The visits also help educate adults in custody about the importance of carrying a nasal naloxone overdose rescue kit, commonly known as Narcan, upon release. All participants are released with Narcan rescue kits provided by the project.

Women who elect to participate in the ROAR study receive an injection of extended-release naltrexone from a correctional health services provider in the week prior to release. Extended-release naltrexone is an opioid antagonist drug that can block the effects of opioids for up to four weeks, as well as provide overdose protection.

Following incarceration, a certified recovery mentor will help the study participant connect to substance use disorder treatment and provide support for treatment retention and ongoing recovery efforts. Participants can work with their health care providers at partnering treatment recovery facilities, CODA and Bridgeway Recovery Services, to continue

extended-release naltrexone or explore alternative treatments.

Researchers, working with the state, will use vital statistics, hospital and Medicaid data interviews to assess the pilot project's impact on overdose rates among participants in Clackamas, Marion, Multnomah and Washington counties, compared with women released in the rest of the state. Insights from the participants will help researchers assess the feasibility and acceptability of scaling up the project in the future.

"We'll follow these women to learn about their experiences in the program, conducting interviews with them as well as their mentors and clinicians, for six months after their release," Waddell said. She said she hopes the program has 100 participants during the next roughly 18 months.

Waddell and researchers hope to see a reduction in overdose rates, and together with the state corrections department, identify strategies to scale up the program to reach men and women incarcerated in Oregon and other states. Results are anticipated in 2022. ■

MSMP MEMBER
EXCLUSIVE



Don't miss this article!

OHSU's **Abigail Khan, MD**, a cardiologist who specializes in heart disease in women, and perinatologist **Emmanuelle Paré, MD**, talk more about the unique collaboration that created the Maternal Cardiac Program and how it improves patient satisfaction. They also discuss the need to increase awareness among other providers about women's cardiac health and how it can impact pregnancy.

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Berlin a strong advocate for women's health, research

By John Rumler
For The Scribe

Growing up the daughter of an obstetrician in Northern California, **Michelle Berlin, MD, MPH**, remembers her father often coming home very late at night, exhausted from long and difficult deliveries.

"Back then, there was no time off for doctors to catch up on their rest. After catching a couple of hours of sleep, he had to go back to the hospital early the next day. For him it was a labor of love, but I swore that I'd never put myself through that," she says.

Absorbing her father's passion for women's medicine and her mom's spirit of social activism – at age 90, her mom focuses mainly on promoting literacy – Berlin says a career pathway opened for her and

she obtained her master's in public health at the University of California School of Public Health in Berkeley. After applying at a dozen or so medical schools around the nation, she attended the University of Cincinnati College of Medicine, graduating in 1986 with a specialty in OB/GYN and preventative medicine and also completed her residency there.

Berlin, a professor of obstetrics and gynecology at the Oregon Health & Science University School of Medicine, completed a fellowship at the Center for AIDS Prevention Studies, University of California, San Francisco, in 1992. She began her association with the **OHSU Center for Women's Health** in 2001, and in 2013, Berlin and Renee Edwards, MD, MBA, FACOG, FACS, were named center co-directors.

Five years later, Edwards took a role

as OHSU's chief medical officer and Berlin became sole director of the center, which sees 80,000 patients annually and is staffed by 100 providers encompassing 20 specialties.

In addition to teaching medical students and tending to the center's administrative needs, Berlin carves out at least a half day every week for patient care. Her goal, which is ultimately to help as many women as possible reach optimum health, requires work in many different avenues, but particularly crucial is educating patients, providers and the general public.

Women have to learn to take charge of their own health, Berlin says, something that doesn't come naturally to them. "Women as CEOs of their families are taking care of their sons and daughters and husbands and everyone else, yet all too



"Many people are surprised to hear that the number one killer of women isn't breast cancer. It's cardiovascular disease."

– Michelle Berlin, MD, MPH

often no one is taking care of them."

Historically, health outcomes were studied by males, using a man's biology as the default mode, she points out. "The vast majority of medical studies and research, except for the areas of obstetrics and gynecology, were done with the model of a 70-kilogram male."

Research is becoming more gender balanced. For example, gender health medicine is now a significant focus at the National Institutes of Health, and all of its research funding requires that women be included in studies, wherever appropriate.

A collaborative approach to science and clinical care

Researching women's health needs is an area of intense activity at the Center for Women's Health and is funded largely by the Circle of Giving, a group of OHSU donors who each commits \$5,000. This pool funds

Three of many key 'Circle' pilot studies

Since 2006, the Circle of Giving has awarded more than \$2.5 million to support 22 carefully selected OHSU-led pilot studies ranging from post-menopausal brain function to ovarian cancer to prenatal care.

The \$125,000 grants allow researchers to obtain the necessary pilot data to apply for larger federal and private grants. But, before the proposed studies ever get off the ground, they are vigorously vetted and pass an NIH-style review process.

While all the studies are valuable, the following three are particularly noteworthy, says **Michelle Berlin, MD, MPH**, director of the OHSU Center for Women's Health.

In 2010, Circle funds launched the gene-editing work of **Shoukhrat Mitalipov, PhD**, and **Paula Amato, MD**. Their research on how mutations in mitochondrial DNA inherited from a mother's eggs can cause serious disease would have never have gotten off the ground without the Circle because of federal funding restrictions on human embryo and stem cell research. The pair's breakthrough research is still receiving international recognition since its initial findings were published in 2017 in the journal *Nature*.

For more info: <https://news.ohsu.edu/2017/08/02/study-in-nature-demonstrates-method-for-repairing-genes-in-human-embryos-that-prevents-inherited-diseases>

In 2018, Circle funds supported **Julie Saugstad, PhD**, and **Ursula Sandau, PhD**, who are researching how the sex-specific differences in brain-derived, micro-RNA may play an important role in exacerbating Alzheimer's in women. The study hopes to provide insight into the value of the ITSN1 gene as a therapeutic target in the treatment of women with Alzheimer's.

For more info: <https://news.ohsu.edu/2018/05/22/women-helping-women-2018-circle-of-giving-award-supports-alzheimers-research>

A 2019 Circle grant was awarded to **Milky Kohno, PhD**, who is working to identify brain differences and treatment effectiveness for methamphetamine use disorder in women as they are particularly vulnerable to meth addiction and suffer more severe withdrawal symptoms. She is studying compiled neuro-imaging data with hopes that the end result will be the development of effective, women-specific, tailored-treatment approaches.

For more info: <https://news.ohsu.edu/2019/06/06/female-philanthropists-help-fund-the-future-of-womens-health>

See **BERLIN**, page 13



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Carving out a niche hobby

Cardiologist James Beckerman, MD, creates chainsaw art that has some commissioning pieces

By Jon Bell
For The Scribe

Just about a year ago, **James Beckerman, MD, FACC**, got a unique and completely surprise birthday present from his wife: a chance to spend a day with a chainsaw carver in Salem.

Beckerman, a cardiologist and the medical director of basecamp prevention and wellness at the Providence Heart Institute, had long had an affinity for the roadside carvings he'd seen while in California on a cardiac fellowship at Stanford University and, later, when he moved to Oregon and made trips to Mount Hood. He'd never wielded a chainsaw for artistic purposes before, but he was excited to learn more and see what the craft was all about.

"I guess my wife knew that it would be something that I'd love," Beckerman said, "and it was a total surprise, so it was even better."

He and his 13-year-old son headed to the carver's place in Salem for the day. And that's all it took.

"I got a chainsaw pretty much the next day and haven't stopped since," Beckerman said. "My son has moved on, but I haven't."

Fast-forward to today, and Beckerman's got a six-foot bear he carved at his entryway and one in the backyard, along with a bench, 15 or so little wooden bears crowded around his fireplace, and a growing list of satisfied patients, couples and other folks who've commissioned him to carve for them.

"Yeah, my fireplace is hilarious right now," he said. "My wife didn't know what she was getting into."

Since that day with the chainsaw carver, Beckerman has largely taught himself how to turn old stumps and logs into charming and playful wooden bear sculptures. Though he said he's never had formal artistic training or "done any serious foray into visual arts," Beckerman said he spent a lot of time in the beginning learning how to use not only the chainsaws, but also the sanders, grinders and other tools of the trade.

"It's like anything," he said.



"You start going down the rabbit hole and it's amazing how much you can learn.

Beckerman said it's not uncommon for him, at least when the weather's nice and he can be outside until later, to spend a couple hours after work a few days a week in his backyard working on a carving. His home backs up to a forest, so there are no neighbors to disturb with his carving; he also uses electric chainsaws, which are much quieter than gas-powered ones.

As for the wood he carves, Beckerman said some carvers have a preference for a certain kind of wood – pine, redwood or cherry, to name a few. Beckerman, however, is not so choosy.

"I use anything I can find," he said. "All the wood that I use is salvaged. There are people who take trees down in their yard or I'll see an old stump on my commute into work. I found someone on Craigslist. There are certainly some guys who only use a certain kind of wood, but I'm not that particular at this point."

Beckerman almost exclusively carves bears, simply because "they're fun and that's what people seem to enjoy." He'll often carve the animals with hearts, which is partly an expression of his dedication to heart health and also something that people have come to ask for as Beckerman's carving has garnered notice on social media and elsewhere.

On Instagram and Facebook, Beckerman's branded his carving under the Boji Bears moniker, a nod to his dog, Boji Bear. Beckerman will occasionally carve one for a patient or family member, but he's also gotten requests from around the country, usually from people who want to give a sculpture as a gift to a loved one.

"I've started to get some commissions from across the country," he said, "and just as someone who doesn't really think of himself as an artist per se, the idea that I'm shipping bears to Virginia and Michigan boggles my mind. It's just been a blast."

Beckerman said a lot of carvers strive to make their animals look as realistic as possible, but he just tries to make each bear something that will appeal to people's affinity for cute animals. He tries to make each one a little unique and also has begun going back and refining some of his earlier carvings that he may not have been fully satisfied with the first time around.

Beckerman has also found that the way he approaches his medical practice informs the way he carves.

"I guess in creating these sculptures, there is a sense of pattern recognition that you use," he said. "We use pattern recognition in so many parts of our lives, including as a physician. When you are trying to create things, you draw from patterns all the time. Then you embellish on them and make them unique and tailor them to how you want the sculpture to come out."

While he'll likely continue sticking with bears, Beckerman said he may just branch out into some other animals at some point. He also has a kind of dream project carved up should the right opportunity – and the right tree stump – arise.

"I would love to go to people's homes and carve something on site," he said. "I think it would be pretty awesome to go to someone's home with a six-foot stump and create something they can enjoy for a long time." ■

A visit about a year ago to a Salem artist put James Beckerman, MD, on a path to embracing chainsaw carving as a hobby. He almost exclusively carves bears. Beckerman's carvings often feature hearts, an expression of his dedication to heart health and something that people have come to ask for as his work has garnered notice on social media and elsewhere. Photos courtesy of James Beckerman

women-specific pilot studies, and the grants are awarded each spring during National Women's Health Week.

Berlin's research pursuits are largely focused on women's screening and prevention services, particularly cancer screening and detection, disease prevention and health promotion. An important aspect of her practice is helping women understand their health care treatment choices.

"At the center, we look at women's health beyond the bikini area," Berlin says. "Many people are surprised to hear that the number one killer of women isn't breast cancer. It's cardiovascular disease."

Along her medical journey, Berlin received encouragement and assistance from numerous mentors, she says, but two stand out. The first, Mary Claire King, PhD, was a professor in public health at University of

California, Berkeley.

"Dr. King was instrumental in helping me see how public health is interconnected with achieving and retaining good individual health. She underscored the importance of having the right information and data in order to plan how to address key health issues."

An established health policy researcher, A. Eugene Washington, MD, MPH, MSc, who was also a faculty member in OB/GYN at the University of California, San Francisco, was another important mentor.

"Dr. Washington became my research editor and much more. He was a very important mentor in helping me learn how to establish a career overlapping both clinical medicine and public health research."

Mary Beth Martin, BSN, MBA, vice president for Women's and Children's Services at OHSU and at OHSU Doernbecher Children's Hospital, met Berlin several years ago when Martin applied for her

position on Marquam Hill.

Martin confided to Berlin that as the primary care provider for her parents, including her mother, who has Alzheimer's, she was concerned that her family responsibilities might be a barrier to her taking the job. "Dr. Berlin said, 'We've got this. The Center for Women's Health and I will be here to support you,' and that is exactly what happened," Martin says.

The center has become a destination for women, their daughters and their daughter's daughters, says Martin, but its most important achievements are in the area of research. "The work of the center as it pertains to research in women's health is paramount. Much of it is funded by OHSU's Circle of Giving and extends beyond the laboratory into the clinic, supporting women-specific care, thereby opening the door to federally funded research dollars."

Martin said Berlin is passionate

about the Center for Women's Health thriving in all of its core missions: research, education and clinical care. "Michelle is convicted about providing for the health care needs of women. Through a collaborative approach to science and clinical care, the center understands the unique needs of women and it will continue to increase this understanding for years to come."

When Berlin is away from OHSU, she relaxes by traveling, reading, and hiking in the mountains of Oregon and Washington. She is a dog lover, especially Portuguese water dogs and Australian cattle dogs.

When asked what her biggest challenge is as director of the center, Berlin replied: "To keep women's health in the forefront locally, regionally and nationally. That means publishing our studies, working with media and marketing specialists, and using Facebook, YouTube, and other social media and continually doing this." ■



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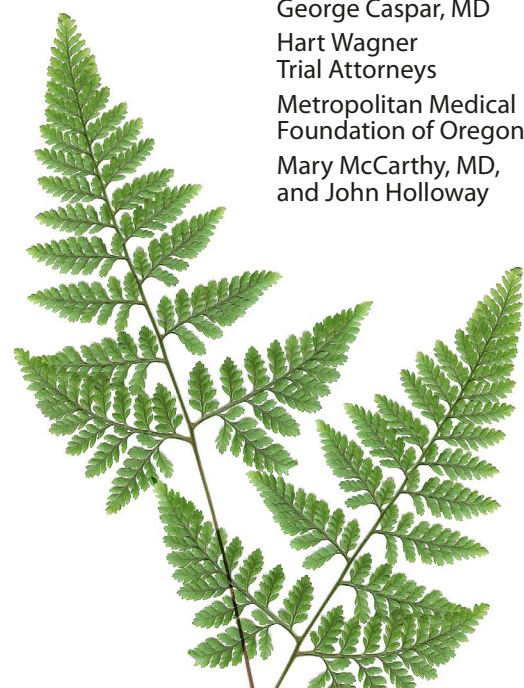
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