FOCUS ON PHYSICAL THERAPY AND REHABILITATION

A vital bridge

Therapists key in helping COVID-19 patients overcome mental, physical health challenges.

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OFF HOURS

Baking up something big

PA Kenric Craver, fiancée find a sweet way to give back.

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Serving the Portland-area Medical Community Since 1884 www.MSMP.org September 2020

Report aims to help physicians identify low-value services that increase costs

By Cliff Collins
For The Scribe

A new report co-developed by the state and an Oregon think tank represents the latest attempt to stem rising health care costs.

It is one, though, that the co-authors stress seeks to lower the cost of health care by partnering with the medical community to identify what the report calls low-value services.

"We're really trying to emphasize that this was a physician-led effort across the state," said **Jill Leake, BSN, RN, CCM**, director of clinical strategies for the Oregon Health Leadership Council. "Their peers helped develop this to help support them. Our hope is to offer a starting point and a direction for people to move the needle."

The COVID-19 pandemic necessarily prioritizes delivering high-value care, said **Dana Hargunani, MD, MPH**, chief medical officer for the Oregon Health Authority, which co-sponsored with the council the report, released in July and titled **"Better Health for Oregonians: Opportunities to Reduce Low-Value Care."** The report defines low-value care as medical treatments, tests and procedures that have been shown by the medical community, through evidence and research, to provide little benefit in specific clinical scenarios.

"The COVID-19 pandemic has placed unprecedented strains on the health care system in Oregon and continues to impact the health of Oregonians in numerous direct and indirect ways," Hargunani said. "As we continue to respond to this emergency and prepare for recovery, it is critically important that our health system focuses on delivering high-value care when we need it the most. This report presents tangible opportunities that health care providers can tackle now, even during this difficult time."

Examples the report cites of unnecessary services include opioids prescribed for lower-back pain in the first four weeks, or imaging for uncomplicated headaches. In fact, of 47 measures the report examined over the three-year period of 2016–18 for all lines of business (commercial, Medicaid and Medicare), the measure with the greatest low-value utilization was opioids prescribed for acute low-back pain during the first four weeks.

Each measure evaluated a common treatment, test or procedure regularly used in medicine. Findings showed widespread delivery of unnecessary services across all three populations: The overall "low-value index" – defined as the percentage of total services considered low-value – was highest in the commercially insured population at 49 percent, compared with 45 percent for Medicaid patients and 31 percent for Medicare patients. Medicare had the highest rate of low-value services per 1,000 members, while Medicaid had the lowest rate.

The report employed the Milliman MedInsight Health Waste Calculator, a software tool designed to analyze insurance claims data to identify and quantify low-value health care services. The calculator is based on established criteria such as those issued

*See **REPORT,** page 9*

Key findings from the report: "Better Health for Oregonians: Opportunities to Reduce Low-Value Care"

40 percent (3.8 million services) of evaluated services were **deemed low-value**

The **top 15** most utilized services accounted for **97 percent** of all low-value services identified, affecting **2.9 million people**, with $293 million spent.

$530 million was spent on **unnecessary care** in the three-year period

Promoting literacy

Emily Pratt, MD, (right) a pediatrician at Hillsboro Pediatric Clinic, is among the many medical providers who support Reach Out and Read Oregon. The organization, founded in 2012, and its partner clinics promote reading aloud and positive, daily child-caregiver interactions to ensure every child in Oregon has the foundation they need to succeed.

Please turn to the story on page 6.

65 thousand

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MSMP Senior Physicians Group

TOPIC: ***Grey's Anatomy* for later years: Future planning as care needs increase**

10–11:30 a.m., Friday, Sept. 25 *(fourth Friday of the month)*

Cost: Free for MSMP members and their spouses

*If you are a **senior physician** member, we hope to see you at our upcoming meeting!*

Make sure to join us at our next Zoom meeting where we will be discussing retirement communities and care facilities. Guest speakers include Joyce Sjoberg with Aging Advisors and Liz Fisher with Right Fit Placement.

Check-in begins at 10 a.m. and the presentation starts at 10:45 a.m.

We hope you can join us; spouses are also welcome!

TO REGISTER: **www.MSMP.org/Events** • **Janine@MSMP.org**

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Mindful Medicine: Weekly Zoom Drop-In

8–9 p.m., Wednesday evenings *(ongoing)*

Settle, relax, and clear the day with restorative practices – all in the good company of hard-working moms seeking balance in life and work. No prior meditation experience necessary; join anytime!

Facilitated by Denise Gour, LCSW, Certified Mindfulness Educator. As a therapist and teacher, Denise brings over 25 years of experience helping adults, families, and medical providers to reduce stress and navigate adversity with more self-compassion and ease.

EMAIL: **mindfulmedicinepdx@gmail.com to get the Zoom link**

NEW WELLNESS LIBRARY CONTENT

"COVID-19: 'Striking' Rates of Anxiety, Depression in Healthcare Workers"

A significant proportion of healthcare workers treating patients exposed to COVID-19 have symptoms of depression, anxiety and insomnia, new research shows.

Read this and other new articles when you visit MSMP's redesigned Wellness Library: **www.MSMP.org/Wellness-Library**

Keywords for this article: Anxiety, COVID-19, Depression

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Why do we teach physicians medicine, but seldom teach leadership?

Coach's Corner

By Shandy Welch, FNP

It is a fascinating dynamic: intellectually brilliant individuals at the top of their game and now are offered a leadership position, or many times, expected to move into a leadership role. It seems understandable from the outside, but here's the rub: Have we ever stopped to ask how we can support them? Have we offered tools, resources or coaching? Do they understand the playing field of a leadership role? Most likely not. Yet, we seem disappointed and shocked when the department, communication and relationships fall apart.

The physician is now in a very precarious position, and ego may play a part. As an MD, you are at the top of the hierarchical pyramid. An unspoken expectation of competency supersedes you, so the assumption is you can lead and inspire a team. But deep down, if you were honest, you know you don't have the skills and may be too embarrassed to admit it. What now?

Most of the time, this is the beginning of a long dance of neglect, avoidance and dysfunction, catapulting your partners into internal conflict and resentment. This does not feel good and only adds to your internal stress. Does this sound familiar?

Here is the good news, just like medicine, there is a cure!

There are numerous resources available to support you and guide you into a successful leadership role. As Dave Stachowiak says, "Leaders aren't born, they are made."

How do you learn?

Assuming you are not going back to formalized school, here are some of my favorite resources to begin your journey:

PODCASTS

- "Coaching for Leaders," Dave Stachowiak
  This is an amazing resource to gain leadership skills and connections. Dave interviews hundreds of leading thinkers in this field and hands it all over to you.
- The Andy Stanley Leadership Podcast
  Imagine having to lead, inspire and motivate thousands of people each week, but not one of them is being paid to show up? Andy takes the skill he has learned as a pastor and weaves it into learnings of how to create a high-performing team, vision and purpose. Incredible!
- "Deep Listening – Impact Beyond Words"
  Oscar Trimboli focuses on the power of listening, a skill seldom perfected yet is monumental in our success. He teaches the five levels of listening, plus has hundreds of interviews with powerful insights.

COACHING

Giving yourself the gift of coaching is an opportunity to partner with someone whose only intention is to improve *your* success. A trusted ally that inspires accountability and holds a vision for you which is greater than your own. Dr. Atul Gawande has a great video endorsing the importance of coaching: Want to get great at something? Get a coach.

BOOKS *(This is like asking to pick my favorite child…there are so many more!)*

- "Start with Why" by Simon Sinek. Penguin: 2009
- "The 7 Habits of Highly Effective People®" by Stephen R. Covey. Franklin Covey: 2020
- "Culture Eats Strategy for Lunch" by Curt W. Coffman and Kathie Sorensen. Liang Addison: 2013
- "The 4 Disciplines of Execution" by Sean Covey, Chris McChesney, Jim Huling. Free Press: 2012
- "Atomic Habits: An Easy & Proven Way to Build Good Habits & Break Bad Ones" by James Clear. Avery: 2018

If you are not finding joy in your work, you are either in the wrong job or you don't have the tools you need to be successful. For more resources please visit my website, www.fresheyes.solutions. ■

To reach Shandy Welch with topic ideas for this column or for assistance through MSMP's Physician Wellness Program, please email shandywelch@gmail.com.

Her weekly newsletter can be found at www.fresheyes.solutions.

She also can be contacted at 971-645-8211.

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Promoting the benefits of reading to children

Reach Out and Read Oregon enlists health care professionals, volunteers to spread vital literacy message

By John Rumler
For The Scribe

Emily Pratt, MD, a pediatrician at Hillsboro Pediatric Clinic, first learned about **Reach Out and Read Oregon** (ROR) as a resident at Cincinnati Children's Hospital in 2013. She introduced a young family with a 3 year old to the ROR program and got to know them well. On one occasion, the father confided that he was unable to read.

"He was so ashamed, he'd never shared that with anyone before. We got him into an adult literacy program and it changed the whole family's life," Pratt says, noting she has been involved with ROR ever since.

ROR Oregon, founded in 2012, partners with medical clinics and providers to promote reading aloud and positive, daily child-caregiver interactions to ensure every child in Oregon has the foundation they need to succeed. ROR Oregon serves 29 counties and its concentration is heaviest in the Portland metro area, where it has 57 participating clinics in Clackamas, Multnomah and Washington counties and Clark County, Wash.

Pratt says all 12 pediatricians at her clinic have embraced ROR, and there is always a wave of excitement when a new batch of books arrives. Some of the families Pratt has seen for three or four years, and they are all still on track with ROR through the pandemic on Zoom.

"We give away between 50 to 75 books a day, many of them bilingual because about half of our families are Hispanic. It's really fun to incorporate ROR into our wellness visits, as it breaks the routine and it has an amazing, calming effect on the kids. It also greatly enhances the relationships between the providers and the families we see."

Promoting critical building blocks

The local, nonprofit chapter had operated without leadership or supervision for several years when Samira Godil was brought in as executive director in January 2019. Godil was charged with rebuilding and refocusing the chapter and expanding the reach and effectiveness of its program. Many people, outside of those actively involved in the program, were not even aware it existed, Godil says.

SAMIRA GODIL

Godil hired Kristin Dreves in May 2019 as program specialist to provide technical assistance to participating clinic sites. Development Coordinator Christina Putterman provides expertise in marketing, communications and grant writing. Last year, ROR Oregon secured multiyear grants for the first time, including a $75,000 biennium grant from the state. Unfortunately, due to budget reductions, year-two funding (FY 2019–2020) was cut.

With just three paid staff and an annual budget of $400,000 that is a mix of grants and corporate and individual donations, ROR Oregon says it reaches more people than ever. In 2018, its 1,197 clinicians and volunteers at 121 program sites provided 133,000 books to 75,000 children and families. Last year its productivity soared, with 1,227 providers at 161 sites providing 170,000 books to 102,000 children.

National ROR Chief Operating Officer Lambrina Kless describes Godil's performance in superlatives, lavishly praising her "leadership, vision, execution and absolute laser-focused service."

Kless reports that ROR Oregon is consistently one of the top-performing branches across the ROR network, which includes every state and 34 affiliates. "They are totally thriving under Samira's leadership," she says. "The program is cost-efficient and far-reaching, promoting early literacy, healthy child development and strong parent-child attachment, all critical building blocks for later success in school and in life."

Externally, to expand the program's reach, Godil formed a wide range of partnerships with organizations and individuals committed to early literacy and childhood education. Partners now include Early Literacy Success Alliance, Early Childhood Coalition and Health Share of Oregon's Regional Kindergarten Readiness Network, which Godil says provide a critical network and promote state-level advocacy work.

ROR Oregon also reaches out through major health systems. Kaiser hosts its program in all of its Oregon clinics, and all Oregon Health & Science University residents now get ROR training. ROR Oregon is partnering with the Oregon Medical Association to target those FQHCs which are not yet participating. In addition, ROR Oregon serves the Confederated Tribes of Grand Ronde and has grants from the Indian Health Service to extend the program to other tribal communities.

KATHERINE CLAYTON, MD

Godil increased ROR Oregon's visibility by adding Medical Director **Katherine Clayton, MD**, a pediatrician at Kaiser's Gateway Medical Office, and several new Advisory Committee members. Clayton, who decided to become a doctor when she was serving as a Peace Corp volunteer in a rural hospital in Malawi, learned of ROR about nine years ago

ROR Oregon, founded in 2012, partners with medical clinics and providers to promote reading aloud and positive, daily child-caregiver interactions to ensure every child in Oregon has the foundation they need to succeed. ROR Oregon serves 29 counties and its concentration is heaviest in the Portland metro area, where it has 57 participating clinics in Clackamas, Multnomah and Washington counties and Clark County, Wash.

Photos courtesy of Hillsboro Pediatric Clinic

during her pediatric residency at OHSU. Being a lover of books and children, she was immediately hooked.

Several years ago, Clayton was concerned about a patient who was borderline on his development at his 1-year well-child checkup. When she called to follow up for the 15-month checkup, Clayton was amazed and happy to see a developmental screen that showed he was now passing with flying colors. "When I asked the mom what she was doing differently, she attributed the improvement in communication to the books he has collected over his well visits."

On another occasion, a mother brought a 9-month-old baby in to see Clayton for a well-child checkup. "When I handed the baby a ROR book the mom said, 'Oh, thank you! The last book you gave us is so torn up! She loves it and her dad reads it to her every day!' I went on to discover that this family did not have many books in the home and likely would not have any at all if not for the Reach Out and Read books."

After extensive involvement with ROR at the state and national levels, Clayton is even more impressed by the multifaceted and lasting impacts the simple intervention can bring. "I am now more motivated than ever to make sure that all children in Oregon have access to this intervention and to get the message out, early on, that reading to children regularly has wonderful, profound impacts on a child's development and also on family relationships."

COLIN CAVE, MD

In addition to Clayton, Godil relies on **Colin Cave, MD**, an otolaryngologist at Northwest Permanente (NWP), who is also the Physician Director of Community Engagement for the NWP Medical Group.

"Being a community partner with ROR Oregon is beneficial for both organizations," says Cave. "We at NWP are able to provide physician leadership and funding to meet their growing needs and, in ROR Oregon, we get a partner who helps children develop the foundations for a healthy future."

Pediatricians typically see kids every two to three months for the first 18 months, explains Cave, and there are often no other developmental professionals who see children on a regular basis in this highly formative age range.

"Starting early in building a literacy-rich environment in the home is key to what we do," he says. "The majority of children are not in early Head Start, early intervention, or other qualified programs to support early development and early relational health."

Pandemic brings unexpected benefits

A constant concern for Godil and ROR Oregon is the families who fall between the cracks, so outreach goes beyond a child's biological parents to include aunts, uncles, grandparents, foster parents and others. She hopes that by expanding ROR Oregon to all FQHCs, the agency can reach the vast majority of children in the state who are most at risk.

"Although COVID-19 created challenges, the new methods we use provide the child's physician with a unique access point into the family's home, perhaps leading them to offer additional support and services that would not have been offered in a traditional clinical setting," Godil says.

Before COVID-19, the ROR model relied on in-person, well-child visits in pediatric and family medicine clinics, but many clinics were forced to switch to telehealth for appointments with children over 20 months of age who did not require vaccinations. This shift left ROR Oregon volunteer providers without the opportunity and tools that focus the visit's conversation on literacy, but even worse, says Godil, important family discussions of social-emotional wellness were also a casualty.

So, ROR Oregon is sending new, developmentally appropriate books to all parents and children, over 1,000 so far, who missed their clinic visits. The program offers bilingual and culturally appropriate books, primarily bilingual English/Spanish; there are a lesser but growing number of books available in other languages.

A colleague of Pratt's at Hillsboro Pediatric Clinic, **Monique Gutierrez, MD,** says handing out the ROR books has always been her favorite part of a child's well-child exam. "The patients also love it. They look forward to their new books and many of them ask for a new book at every visit."

On one occasion, Gutierrez says, she presented a child with a book and when the child showed the book to her father, he began crying. "He showed me the book, a bilingual book from his country of origin, and explained that it was actually a lullaby that his father, who had recently passed away, used to sing to him every night when he was a child." ■

MSMP MEMBER EXCLUSIVE

Don't miss this article!

Meet **Antwon Chavis, MD**, a pediatrician at Oregon Health & Science University whose childhood experiences led him to become a physician. The Iowa native shares how he selected Portland to complete his residency and establish his practice, why he enjoys working with kids and their families, and how he and his partner, Nate, chose to became foster parents.

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

What lessons did we learn from COVID-19?

By David L. Feldman, MD, MBA, FACS, and Laura Kline, CPCU, MBA
The Doctors Company

Each year, The Doctors Company assembles health care leaders to discuss the most pressing issues affecting physicians, practices and systems across the spectrum of care. The 2020 Executive Advisory Board meeting gathered top health care executives for a virtual discussion of shared pandemic experiences and lessons learned that can help health care organizations navigate through COVID-19 and beyond.

Here are the top 10 meeting takeaways:

1. Follow federal, state, and local guidelines – and don't apologize for change.

Southern California's Hoag Medical Group followed guidelines from the Centers for Disease Control and Prevention (CDC) and its local health authorities to the letter. Then, the moment those guidelines changed, Hoag leadership announced the change to physicians and staff. This provided consistent messaging and allowed them to manage expectations.

"The minute you go out on your own, you become very vulnerable to criticism and accusations of lack of fairness or lack of taking responsibility. Following the guidelines protects you, and then you just have to be nimble to change course as quickly as the recommendations change," said Martin Fee, MD, senior VP and chief clinical officer at Hoag Memorial Hospital Presbyterian in Newport Beach, Calif., and an infectious disease specialist.

COVID-19:
LESSONS LEARNED

2. Do change your own mindset to succeed.

Andrew Racine, MD, PhD, system senior VP and chief medical officer at Montefiore Medical Center in the Bronx, N.Y., reflects on his experience with COVID-19 at the heart of the crisis in NYC: "Everything about what you are used to doing and how you are used to doing it had to be discarded, had to be put aside . . . Where were you going to do things? What kind of equipment were you going to use? Who was going to do things?" He advises, "You have to be flexible. You have to adapt to the circumstances." And, "You have to be proactive."

3. Plan for what's coming next.

Dr. Racine says that Montefiore has systematized lessons learned: "We have a very detailed plan about what will happen if we get 10 percent more patients than we currently have, if we get 20 percent more patients than we currently have, if we get 100 percent more patients than we currently have."

And Dr. Fee describes contingency plans that incorporate not only medical realities, but political ones—factoring for predicted executive actions from California's governor.

4. Communicate with honesty, empathy, authenticity, and consistency.

Dr. Racine describes the need for empathy in effective communication: "People were frightened. They were anxious. They were angry, they were grieving. And the communication had to acknowledge that." In addition, Dr. Racine stresses authenticity: "People were not going to accept communication coming from just anybody" – which was why Montefiore's communications came from its CEO.

Dr. Fee notes a communication lesson learned: "Initially, I was trying to be very reassuring with the physicians and saying, 'We're going to get through this and everything's going to be OK and this will be over soon.' In retrospect, that's not true . . . What I would have done differently is say, 'We'll have to just see,' but maybe not be too reassuring."

5. Recognize the pandemic's silver lining: Innovation.

Dr. Fee says Hoag had been planning on a nine-month telehealth implementation in 2021, "but all the regulatory and financial barriers came down and we were able to launch that very quickly."

Overall, the rerouting of usual workflows "forced us to be innovative quickly," says Dr. Fee, "which I think was a silver lining."

Chad Anguilm, MBA, VP of in-practice technology services at Medical Advantage Group, a subsidiary of The Doctors Company, says that sustained shifts across technology and workflows are already progressing: "Like we saw with telehealth – the big boom in the spring – we're seeing something similar with wearables now where we're getting many requests to start integrating wearables into the EHR systems. To have that constant flow of data from those with chronic conditions" could positively impact physicians' ability to treat patients in real time.

6. Do telehealth right: It's a long road ahead.

"Obviously, telehealth is having its moment right now," says Anguilm. "However," he cautions, "We still have a ways to go to make it stick," and the technology itself is no longer the obstacle: "It's more about eliminating barriers, and proper reimbursement."

Anguilm says, "Truly long-term decisions are going to be based on the quality of care we can provide through telehealth services."

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

7. For telehealth, beware of access gaps.

Patients who don't have technology access for a virtual visit "often tend to be sicker people," says Eugenio J. Hernandez, MD, VP of clinical affairs for Gastro Health in Miami, Fla., citing higher risks for diabetes, hypertension and other conditions among the same populations who may lack telehealth access.

Acknowledging this, David L. Feldman, MD, MBA, CPE, FAAPL, FACS, chief medical officer for The Doctors Company Group, points out that the access question cuts both ways: "We know that these sometimes are the same patients who can't afford the cab fare or bus fare" to see a doctor in person—but when telehealth offerings are accessible by cell phone vs. laptop, many low-income patients can access virtual visits.

Anguilm agrees: "The ability that the EHR vendors and some of the telehealth vendors have to utilize cell phones has made it a lot easier, and some of the disparities are much less of a problem as they were . . . But the rural communities are facing broadband issues. There's a lot of money being pumped into getting broadband across the country, but for now, there have to be other means – whether it is in person or the use of a telephone – to reach care."

8. Anticipate a boom in treating chronic diseases via telehealth.

Dr. Feldman sees great potential for "some of the asynchronous ways of communicating, such as having patients with diabetes send you a list of their daily blood sugars that you can review during a subsequent visit." In-person visits for physical exams will still occur, but more consultative visits can be completed while reducing infection risk, travel time and overall hassle for patients – which may enable more frequent consultations.

"Even should some of these rules (that make telemedicine easier during the pandemic) go back, it's opened our eyes to these possibilities to really help, especially patients with chronic conditions for whom an in-person visit may not be so necessary," Feldman notes.

9. Envision a future where your annual physical kit arrives in a box.

Dr. Hernandez describes a futuristic-sounding invention that already is being produced by an Israeli company: "An entire physical examination kit that's attached to an iPad. They drop it off at your house in a box." Via video visit, the patient

participates in, for instance, a cardiovascular exam. The visit is recorded, and the kit is then returned to the provider company for analysis.

Similarly, Gastro Health partners with a company that remotely monitors patients with inflammatory bowel disease—for intervention before symptoms worsen and patients land in the emergency department.

As Anguilm points out, technology that links patients to physicians is more cost effective and risk preventive than patients missing visits.

10. Expect malpractice claims to increase – know what to document and transfer risk.

John E. Hall, Jr., Esq., of Hall Booth Smith, P.C., predicts filing of COVID-19-related cases will peak in 18 months to two years. Mr. Hall encourages physicians and practices to document daily life now, because juries will forget. He recommends documentation of daily infection control measures, as well as noting who is working hard to procure personal protective equipment (PPE), coordinate with labs and so on. This will make it easier later to contact staff members who can attest as witnesses that providers made their best effort to reduce risks.

Awareness of risk transfer opportunities may also be protective. Jacob Zissu, Esq., of Clausen Miller, P.C., points out: "It may be that the injury alleged is attributable to the acts or omissions of your vendor or an independent contractor." He advises, "Think about risk transfer as if it's a Swiss Army knife with multiple tools . . . The best position to be in is to have multiple risk transfer options available." ■

David L. Feldman, MD, MBA, FACS, is chief medical officer with The Doctors Company Group, and Laura Kline, CPCU, MBA, is senior vice president, business development, with The Doctors Company.

REPORT, *from page 1*

by the U.S. Preventive Services Task Force and the Choosing Wisely campaign sponsored by the ABIM Foundation.

The report found 772,094 services to be unnecessary, representing 20 percent of all low-value utilization evaluated.

Other key findings include that the report deemed 40 percent of evaluated services low-value (3.8 million services); $530 million was spent on unnecessary care in the three-year period; and the top 15 most utilized services accounted for 97 percent of all low-value services identified, affecting 2.9 million people, with $293 million spent.

Leake pointed out that the 40 percent figure does not pertain to all care delivered, but only to the 47 measures considered to be of low value. The top 15 most utilized services are the "ones we really want to focus on," because the other 32 measures accounted for only 3 percent of the total low-value services, she said.

Two-thirds of the 3.8 million low-value services identified fell under the "prevention/screening" and "common treatments" categories. "This is perhaps because these types of services tend to be relatively less invasive and less costly when compared to other service types. However, they still account for 47 percent of all low-value spending," the report states.

Two categories the report designated the highest low-value index – at or just short of 100 percent – were routine general health checks for asymptomatic individuals 18–49 years old and antibiotics prescribed for acute upper respiratory infections and ear infections. Others under the top 15 services considered unnecessary included preoperative lab studies for low-risk patients undergoing simple surgeries; annual cardiac screening for asymptomatic low-risk adults; and population-based screening for vitamin D deficiencies.

Leake said the report did not try to determine the reasons for high utilization or spending, nor did it consider contributing factors such as defensive medicine for liability protection.

"We recognize that the provision of low-value services is only one of several contributors to the continued increase in health care costs," she said. "Our hope is that the information in this report serves as a catalyst for providers and health care leaders to advance positive change within their organizations and promote high-value care for all Oregonians."

You can download the full report at:

www.orhealthleadershipcouncil.org/wp-content/uploads/2020/07/Oregon-Low-Value-Care-Report-Final-July-2020.pdf

Examples the report lists for how health care leaders can use the findings include: creating patient, staff and provider educational materials and campaigns; developing quality-improvement initiatives; and formulating provider performance incentives or value-based contract design. "Providers can look at their own utilization and prescribing patterns for these low-value services to identify potential areas for improvement. Health plans can use the findings in this report to help inform benefit design and utilization-management strategies, as well as update medical policies to better reflect evidence-based recommendations."

"We are excited to share this report with our colleagues," Leake said. "This information will help the health care community identify actionable opportunities to reduce low-value care so we can work to stem the rise of health care costs and improve the effectiveness of care that is delivered to patients in Oregon." ■

For questions or further information about the report, contact Jill Leake at jill@orhealthleadershipcouncil.org

> "The COVID-19 pandemic has placed **unprecedented strains on the health care system in Oregon** and continues to impact the health of Oregonians in numerous direct and indirect ways. As we continue to respond to this emergency and prepare for recovery, it is critically important that our health system focuses on delivering high-value care when we need it the most. **This report presents tangible opportunities that health care providers can tackle now, even during this difficult time.**"
>
> *– Dana Hargunani, MD*

Each month, *The Scribe* focuses on a health topic, providing a deeper look into issues and advances that impact the area's medical community and patients. Next month, we'll focus on Women's Health & Wellness.

Therapists key in helping COVID-19 patients overcome mental, physical health challenges

By Cliff Collins
For The Scribe

Physical therapists and related specialty clinicians can play a key role in helping COVID-19 patients cope with the disease and its aftermath.

Although many coronavirus patients are asymptomatic or experience only mild symptoms, a fair number have to be hospitalized. For a subset of those, especially patients who have had severe symptoms or spent time in the ICU, rehabilitation serves as a vital bridge for what comes after discharge, said **Katheryne Drake, PT, DPT**, an acute care physical therapist at **Providence St. Vincent Medical Center**.

Photo: Providence Health & Services

KATHERYNE DRAKE, PT, DPT

Determining "the next step from the hospital" – whether that be home, a rehabilitation facility or increased help at home – is part of physical and occupational therapists' responsibilities, she said.

"Patients are coming in with a wide variety of symptoms," said Drake. General weakness and fatigue are among the most common. That's why it's essential to get patients moving as soon as possible, even if that begins with just changing positions in bed, such as in the ICU, or sitting up on the side of the bed. For those who can walk, movement helps combat loss of muscle mass, which diminishes 2 percent each day someone is confined to bed, she said.

In addition, coronavirus patients may suffer mental health and cognitive issues, both from the disease and from treatment such as being on a ventilator and sedated. These problems can extend to anxiety or depression from isolation for long stretches and not being allowed to receive visitors.

"It's a very scary time for them" when the only people patients see are medical professionals taking care of them, she explained.

According to a study published in May in *Physical Therapy Journal*, approximately 15 percent of COVID-19 patients require hospitalization, many of whom are treated in the ICU. At least half of all patients who survive treatment in an ICU will experience at least one of a triad of repercussions associated with post-intensive care syndrome, or PICS, the paper reported, citing the American Thoracic Society: PICS can manifest as problems with physical function, mental health and cognition.

Physical symptoms of PICS can include muscle weakness, difficulty with walking and balance, challenges with self care such as dressing and bathing, and problems managing medications and finances and other tasks essential for independent living. Patients also face challenges returning to work and driving.

Mental health symptoms range from mild anxiety or irritability to severe depression, sleep disturbances and post-traumatic stress disorder. Cognitive changes include difficulty thinking, remembering or concentrating.

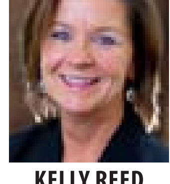
Therapists' objective is to minimize or avoid PICS, which can affect patients for months or even years. Clinicians try to achieve that using progressive mobility, which may start with stretching and strengthening while the patient is in bed; extend to sitting

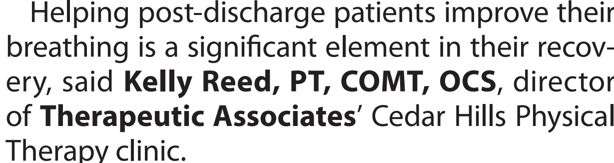
Mobility, deep breathing and increasing lung volume are among the objectives of therapists helping COVID-19 patients cope with the disease and its aftermath.

Photos courtesy of Therapeutic Associates Physical Therapy, Oregon Regional Office

on the edge of the bed and then standing and getting into a chair; and then eventually walking. The goal is to get patients up and moving as soon as possible, even as early as the first day of hospitalization.

COVID patients also are at risk of pneumonia, and it is "well documented that mobility and activity can help prevent pneumonia," Drake said. Along with moving, patients should be encouraged to emphasize deep breathing and increasing lung volume, which can include productive coughing, she added.


KELLY REED, PT, COMT, OCS



Helping post-discharge patients improve their breathing is a significant element in their recovery, said **Kelly Reed, PT, COMT, OCS**, director of **Therapeutic Associates**' Cedar Hills Physical Therapy clinic.

Patients who already had poor breathing habits and an improper balance between oxygen and carbon dioxide "are going to be hit the hardest" if they contract the coronavirus, and physical therapists can monitor these levels in outpatient settings, said Reed, who has a special interest in evaluation and education related to breathing physiology and its effect on overall wellness and healing.

"When the system is distressed, it fires up the sympathetic nervous system – the fight-or-flight" response, she said. Patients breathe too fast, and often through their mouth rather than the nose. "They over-inhale and exhale too little." Patients should "slow down the breathing pattern" and take in only the amount of air they need. "Most people have that backward. It's important for them to get breathing back to normal." Patients who don't breathe right can't exercise properly, she said.

But many patients who haven't had COVID-19 and undergo physical therapy arrive with poor breathing habits, according to Reed. "If you put COVID on top of that, because they don't understand the importance of proper breathing technique, they don't understand why they can't get their breath. If they're hyperventilating, it drives the virus deeper into the lungs and makes inflammation get worse."

Reed said post-COVID is "not the time to push" strenuous exercise; instead, patients recovering from COVID can benefit from gentle activity such as the ancient practices tai chi and qigong, which "marry the breath with movement" and help strengthen the immune response and promote emotional balance. Reed's clinic also emphasizes basic good-health practices such as sound sleep and a nutritious diet.

Once patients have achieved a correct breathing pattern, therapists can move to teaching standard exercises for improving core and hip strength, Reed said.

Legacy Rehabilitation Institute of Oregon, known as RIO, an inpatient medical rehabilitation facility, serves as a bridge for certain patients between acute care and discharge, focusing on both the physical recovery and mental health challenges that COVID-19 patients often face, said **Traci Hutchins, PT, DPT**, manager for rehabilitation and co-manager of RIO.

RIO's physiatrists, PTs, occupational therapists, speech and language pathologists and neuropsychologists work together to help coronavirus patients recover their strength, endurance and range of motion, she said. In addition, the team addresses the emotional and cognitive components that may be present post-COVID for both patients and their families or caregivers. Both parties may need help dealing with "the trauma of having this scary event take place and processing the emotional impact," Hutchins said.

Coronavirus patients who come to RIO average 40 days from onset to referral, whereas normal RIO entry is 15 days, she pointed out. A long period of inactivity negatively affects physical function and mental health. she said. RIO patients undergo three hours a day of therapy, and "some patients being discharged are not going to be able to tolerate that."

But for the small number of COVID patients her clinic has seen thus far, "we've set them up to be able to function at home, to continue their healing and their progress," Hutchins said.

"All of us, as therapists, are passionate about helping people," St. Vincent's Drake added. ■

Campolo joins Oregon Tech, OHSU as director of physical therapy doctoral program

Photo: Oregon Institute of Technology

Marc Campolo, PhD, has joined the **Oregon Institute of Technology** and **Oregon Health & Science University** as director of the Doctor of Physical Therapy degree program on which the two schools are partnering.

Campolo most recently was dean of the College of Health Professions at South University in Georgia.

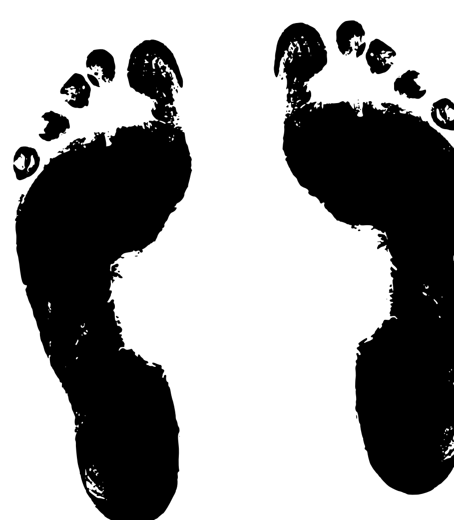
Oregon Tech said the program, its first doctoral degree, addresses a shortage of physical therapists in Oregon, with an "emphasis on service to the community, particularly for the state's rural and underserved populations." The unmet demand for health practitioners in Oregon is exacerbated by the lack of affordable educational options in outlying areas, it said, and only 4 percent of the nation's doctoral degree programs in the field are in the Pacific Northwest.

"Oregon Tech's experiential, applied degree programs and innovative education strategies guarantee career-ready professionals at graduation, who, in turn, ensure high-quality patient care," said Oregon Tech President Nagi Naganathan. "Our university's established reputation as a center for excellence for nurturing health care professionals, together with our strong partnership with OHSU and Sky Lakes Medical Center in Klamath Falls, makes Oregon Tech an ideal home for this collaborative DPT program."

"OHSU has a long and successful history of partnering with Oregon Tech and Sky Lakes to prepare the next generation of health professionals for success in an evolving health care environment, and to ensure rural communities like Klamath Falls have access to high-quality, leading-edge health care close to home," said Elena Andresen, PhD, executive vice president and provost at OHSU. "The Doctor of Physical Therapy program is a critically important addition to our academic mission, and we are delighted to have Dr. Campolo join our alliance."

Campolo is a certified athletic trainer who earned his doctor of philosophy in health science from Seton Hall University. He also has a master's degree in exercise physiology from Adelphi University and a bachelor's in physical therapy from Hunter College.

With Campolo's hire, the program will move forward in applying for accreditation from the Commission on Accreditation in physical therapy education, and hiring two core faculty. Oregon Tech also will raise funds and in-kind donations of equipment through a variety of sources, private individuals, foundations, health care organizations and medical equipment providers. ■



Perspectives on podiatry

Three practitioners share thoughts on an evolving field

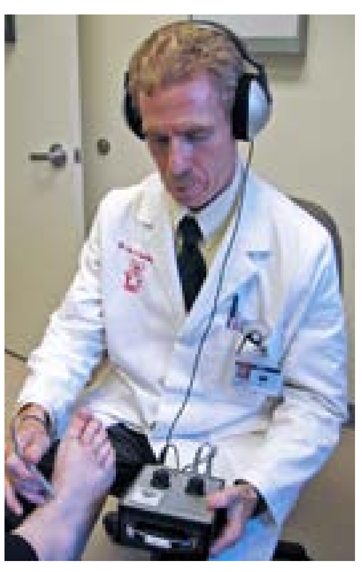
By Melody and Barry Finnemore
For The Scribe

The average person, the American Podiatric Medical Association notes, walks 100,000 miles in a lifetime. Podiatrists bring expertise in caring for the feet, ankles and related lower-extremity structures that absorb the wear and tear that such mileage brings. They can focus on specialty areas ranging from surgery and sports medicine to biomechanics, geriatrics, orthopedics and more.

Much has changed over time in podiatric medicine. Training and educational opportunities have expanded, to name just two. For example, residency programs span three years. In addition, the ninth accredited U.S. podiatric school opened at California's Western University of Health Sciences. And along the way, respect for podiatry has grown, with practitioners playing a respected role as members of a patient's health care team, those in the field say. In fact, the national podiatric association notes that podiatrists prevent "higher-cost critical outcomes like hospitalizations and amputations," with podiatry care "for those with diabetes alone" saving the health care system as much as $3.5 billion a year.

The Scribe recently interviewed three podiatrists at various stages of their careers to get their take on why they chose the subspecialty, on their careers and on how the field has evolved.

Rewarding work



A few things attracted **Jay Goldstein, DPM, MS**, to the podiatry field. He actually began his career in biomedical engineering, in which he received his first degree, but he found himself more attracted to the biomedical, rather than the engineering, aspect of that work.

He went on to earn an additional bachelor's degree in basic medical sciences and a master's in biology and physiology. At about that time, his wife had foot surgery, and Goldstein saw the effective care she received. Plus, Goldstein had two friends enter podiatry school.

"Everybody ganged up on me," he joked.

The field combined medicine, surgery and sports medicine, and "those three components drew me," said Goldstein, who earned his podiatry degree from the California College of Podiatric Medicine, which is now part of Samuel Merritt University.

At the start of 2019, Goldstein stepped away from podiatry after more than 40 years, all as a solo practitioner. The biggest reward of his work: helping people.

"It was a kick," he said. "If someone came in with pain, it was rewarding to make the right diagnosis and provide treatment so they no longer had that pain."

In addition to his practice, Goldstein served in several roles with the Oregon Podiatric Medical Association, including as president, vice president, secretary, treasurer, a member of its peer review committee and its Medicare representative. He also spearheaded its continuing education programs for many years and saw an expansion of those opportunities.

Goldstein said the most common and challenging condition he treated was plantar fasciitis, an inflammation of the fibrous tissue that connects the heel bone to the toes. Some of his patients had minor cases, while for others the condition was so severe they limped with each step. The treatments – from the need to avoid walking barefoot and orthotic devices to surgery – depended on the severity of the symptoms and the response to treatment.

"There is a wide range of treatments because it can be a stubborn problem," he said. "Unfortunately, many patients who came to me already had failed successful treatment, so when I could help solve that problem, that was very rewarding."

Goldstein said several aspects of podiatry practice and training changed during his career - expanded residency opportunities, and the introduction of required residencies in Oregon, being the most significant changes in his mind. Goldstein said that looking back, he feels fortunate to have completed a two-year residency, split between Baltimore and Oakland. "At the time, there were maybe 30 or 40 (podiatric residencies) in the country," he said. Now, three-year residencies are most common, he added.

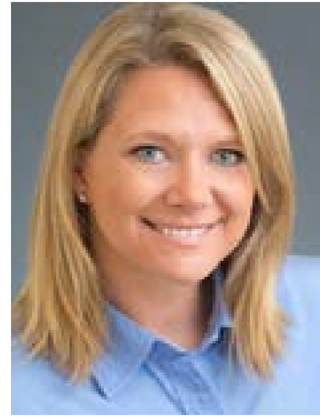
He said other significant changes were the "big movement" to make podiatry schools a part of medical universities, an improvement in residency quality in terms of becoming more standardized and incorporating training in hospital settings, and expansion for podiatrists of medical privileges at hospitals.

Along with that, respect for the podiatry field has grown, he noted. "It's like night and day."

Technology also had a significant impact on podiatry during Goldstein's career – from treatment advances to the advent of electronic medical records. He said he continues to have significant concerns about declines in reimbursement, both from government and private insurance, for certain services, because that will lead to a lack of the best and brightest entering medicine.

In retirement, Goldstein has continued his interest in road running, with 36 marathons under his belt.

‘A multidisciplinary approach’



Cassandra Tomczak, DPM, became interested in medicine after suffering knee injuries as a student athlete. She said she was fascinated by how surgeons were able to put her back together.

“I began researching different avenues and podiatry seemed like a nice fit because you get to take care of people who are hurt and also people with chronic, more long-term issues like diabetes,” she said.

Originally from Wisconsin, Tomczak earned her doctorate from Scholl College of Podiatric Medicine in Chicago. In 2010, she moved to Portland for her residency training at Legacy Health and Kaiser Permanente Podiatric Surgical Residency, where she was chief resident.

Under the direction of Douglas Beaman, MD, an orthopedic surgery specialist at Summit Orthopaedics, she completed a two-year fellowship specializing in diverse lower extremity pathologies including trauma, ankle replacement, complex deformity correction and Ilizarov external fixation.

Tomczak practices with Legacy Medical Group–Foot and Ankle and Summit Orthopaedics and treats foot and ankle ailments that range from sports injuries and congenital abnormalities such as bunions, hammer toes and flat feet to diabetic deformities, overuse injuries and arthritis.

She said the aspect of podiatry that initially attracted her to the profession, the ability to affect and improve people’s lives, is still what she finds gratifying about it. “I really enjoy helping people have a fulfilling life and the people I’ve met, both patients and colleagues.”

Tomczak, a published author on lower extremity deformity correction, national research presenter and assistant for Baltimore Limb Deformity Course, said she has already seen changes impact the practice of podiatry during the last decade.

“I think podiatry is becoming more and more integrated within the health care system,” she said. “We work alongside a variety of different specialties, whether it’s vascular, dermatology or trauma, and we have a multidisciplinary approach to handling some of these pathologies.”

‘I appreciate the ability to help others’

Cara Beach, DPM, completed her first year of residency at Legacy Health Podiatric Medicine and Surgery Residency Program in June. Her mother is an endocrinologist, and Beach said she learned a lot about medicine from her as well as her mother’s colleagues and friends who were medical professionals.

“I shadowed some of her friends and I had the most fun with the podiatrist, so I chose to practice it,” she said.

The majority of patients she has seen have conditions that include plantar fasciitis, bunions, lateral ankle instability, ankle sprains, flat feet and hammer toes.

Beach earned a bachelor’s degree in exercise physiology from Michigan State University and her doctorate degree from Kent State University before moving to Portland to complete her residency. A member of the Oregon Podiatric Medical Association, Beach said she looks forward to practicing in the Portland area.

“I appreciate the ability to help others and being able to provide a service to each patient that may improve their lifestyle,” Beach said. ■

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Photo: M.O. Stevens

Three Pacific U. programs ranked as among the nation’s best

Three graduate programs at **Pacific University** were named among the best in the United States for 2021 by *U.S. News & World Report*.

Pacific’s School of Occupational Therapy, part of Pacific’s College of Health Professions, was tied for 36th out of 198 schools ranked by the magazine, placing it ahead of such schools as the University of Utah, Seton Hall University, Creighton University, San Jose State University and Indiana University. It was Oregon’s only school to be ranked, Pacific said.

Its School of Physical Therapy ranked 71st out of 239, or in the top third of the nation’s physical therapy programs. It is Oregon’s top-ranked program, Pacific noted.

In addition, the university’s master’s in speech-language pathology program ranked in the top half of the nation’s comparable programs, according to the publication. ■

Pandemic continues to disrupt PTs, but field is adapting, report finds

Image by aldinelderios from Pixabay.com

Employment, patient visits and income are improving for physical therapists amid the novel coronavirus pandemic, albeit slowly.

In a report released last month, the American Physical Therapy Association (APTA) reported that of those who were laid off or furloughed or who resigned since the pandemic's start, 55 percent returned to their previous position and 11 percent attained a new position, but 33 percent were still unemployed.

The report is a follow-up to the APTA's original report on the impact of the pandemic, with new data gathered from a July survey of physical therapists and physical therapist assistants. The APTA characterized the most recent report as showing signs of progress, but noted that it illustrates the "gravity of the situation."

Physician referrals and direct access visits were trending upward, but 62 percent of PTs were experiencing physician referral declines compared with before the pandemic, and 39 percent of physical therapists were still seeing a reduction of direct access volume compared with before the pandemic.

Fully 40 percent of physical therapists and 44 percent of physical therapist assistants were experiencing declines in weekly income compared with before the pandemic.

Meanwhile, telehealth is widespread, but not the go-to, according to the report. Prior to the pandemic, 98 percent of physical therapists surveyed were not providing live video consults. By July, 47 percent of physical therapists reported providing live video consults, but most of them (77 percent) were treating no more than five patients per week in that manner.

Despite the hardships facing the profession, the pandemic is more likely to have increased career pride in physical therapists and physical therapist assistants than decreased it. Although most reported no change in their career pride, 29 percent of physical therapists felt their career pride increased, compared with 11 percent who said it declined, while 31 percent of physical therapist assistants felt their career pride increased, compared with 17 percent who felt it declined. ■

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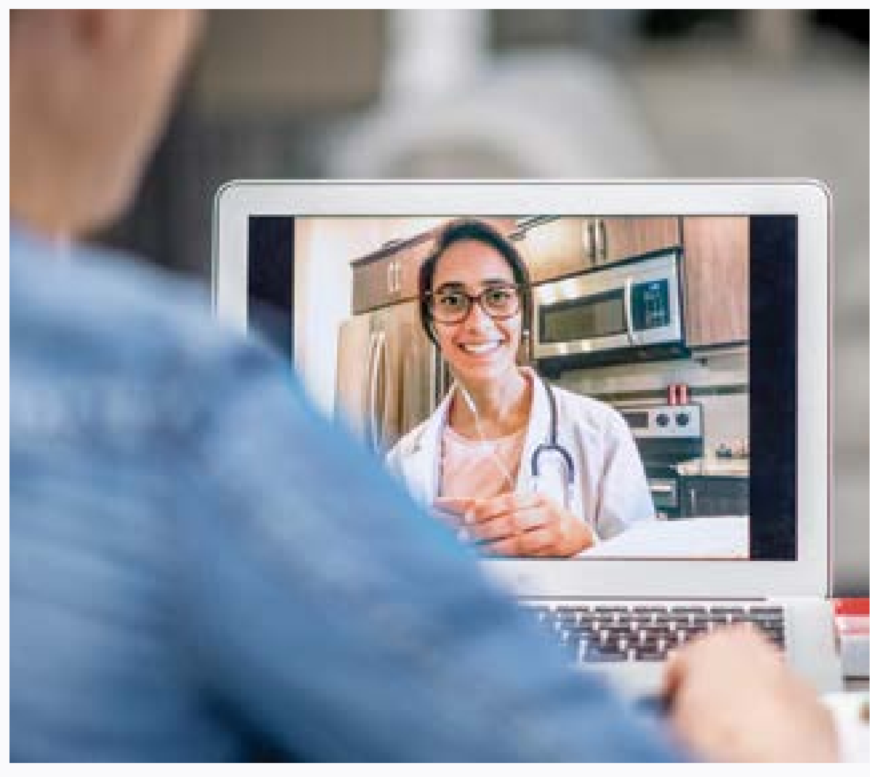

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Sugar Street Bakery & Bistro catered these boxed lunches for the Girls Build summer camp.

Baking up something big

PA Kenric Craver, fiancée find a sweet way to give back

For the couple and Sugar Street, the idea was to start giving out free meals – and not just to students, but to families and anyone else who really needed one. Craver picked up a couple extra shifts at Providence, and the two honed their focus on offering free meals to folks in need. *They started with about 1,500 meals and, as of mid-August, had given away more than 3,100 meals.*

By Jon Bell
For The Scribe

Kenric Craver has a pretty impressive background under his belt.

The son of military parents – his mother is a psychologist, his father a college dean – Craver grew up wanting to follow in their footsteps. He enlisted after graduating from Eastern Oregon University and, having scored high in the medical field of his Armed Services Vocational Aptitude Battery test, became a medic in the Air Force. He was deployed to the Middle East during the Iraq War, became a physician assistant after school at Pacific University in Portland, practiced in Portland and in Germany for several years, and then redeployed to Afghanistan in the Army for another tour.

He's also an ultramarathon runner who, along with his fiancée, Justine Flaherty, travelled the world running a marathon each month in a different country.

One thing that Craver had no experience in until just last fall when he and Flaherty decided to buy and run **Sugar Street Bakery & Bistro** in Southeast Portland?

Owning and running a small bakery and bistro in Southeast Portland.

"We had no experience at all," said Craver, who works at Providence Medical Group—Bridgeport Immediate Care. "We didn't even eat bread or sugar when we bought the bakery."

Even so, the couple had been longing for a way to do something that would help them give back to the community. And they knew from their work in medicine – Flaherty worked at Providence, as well – that it takes a whole team of people with specialized skills to do something successfully, whether that's caring for a patient or running a bakery.

When they heard that Sugar Street, which their running club would frequent, was up for sale, they decided to act.

"We were just coming home from running a marathon in Morocco," Craver said. "We had some money saved up and we thought, 'Let's put this hard work toward helping a different type of person, toward helping the community.'"

They bought the business, which has locations at 1430 S.E. Water Ave. and 1405 N.E. Alberta St., last fall and made some solid investments in it. That included sprucing up the bistros and reimagining the menu, which now features everything from signature cupcakes and cakes to sandwiches, paninis, salads, and rice and bean bowls. It also meant spotlighting vegan and gluten-free dishes, healthier eating and the fact that the business was now a black- and female-owned one.

"And we're hiring local youth, African American kids and people of color to help make a difference," Craver said.

While Flaherty stopped her work at Providence to focus on the bakery full-time, Craver has kept his regular PA schedule. But he also puts in a few days a week at the bakery.

"I have to play my part," he said. "I'm in the dish pit, I'm mopping floors. We hold everyone accountable, and I'm held accountable, too."

If Craver and Flaherty were looking at the bakery as a way to give back to the community, they got their opportunity in spades when COVID-19 first hit earlier this year.

"When we first bought the business, we were doing really well," Craver said. "Everything was booming. We'd made it into what a cupcake shop should be. It was very youthful and fun. Then, everything crashed."

The couple had already been donating sandwiches and cupcakes to homeless camps at the end of each business day when the coronavirus barged in at the beginning of March. Businesses and schools closed, and the governor's stay-at-home orders essentially put establishments like Sugar Street on ice.

But Craver and Flaherty saw a door opening.

"When the pandemic hit, people became anxious and nervous and really started thinking about where their money was going to be coming from," Craver said. "And we started thinking about all these kids who had been going to school and getting free lunch and now they weren't going to anymore. We thought, 'Why don't we do something that we've always wanted to do?'"

For the couple and Sugar Street, the idea was to start giving out free meals – and not just to students, but to families and anyone else who really needed one. Craver picked up a couple extra shifts at Providence, and the two honed their focus on offering free meals to folks in need. They started with about 1,500 meals and, as of mid-August, had given away more than 3,100 meals.

"We just really felt so warm and good that we were able to give people something to eat," Craver said.

He and Flaherty plan to continue providing free meals to kids and families in need as long as the pandemic continues to cause disruptions. Beyond that, they are hoping to inspire and get more African American youths into long-distance running. Before COVID-19, they had also been working with Multnomah County on a program that would allow youngsters who find themselves in the county legal system to work off some of their community service through running. That program got sidelined because of the pandemic, but Craver said it's still on the radar.

So, too, are additional locations of Sugar Street. In addition to the two existing locations, Craver and Flaherty are in the process of opening a small "cupcake clinic" cart in the South Waterfront soon, and they'd one day like to have locations in St. Johns, Sellwood and Milwaukie.

"I'm busy," Craver said, "but I'm smiling. I'm smiling." ■

Kenric Craver and Justine Flaherty bought Sugar Sweet Bakery & Bistro, which has locations at 1430 S.E. Water Ave. and 1405 N.E. Alberta St., and serves everything from signature cupcakes and cakes to sandwiches, paninis, salads, and rice and bean bowls. It also spotlights vegan and gluten-free dishes, healthier eating and the fact that the business is now a black- and female-owned one.

Photos courtesy of Kenric Craver

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For more information on MSMP's Wellness Program including how to schedule an appointment, detailed profiles for each psychologist, as well as their office location and contact information, visit our website or call 503-764-5663 for a recording of program information.

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!

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