



The Scribe

A publication of the Medical Society of Metropolitan Portland

FOCUS ON ELDER CARE

Deprescribing medications



Physician: Strong patient-provider relationship key to process.

– Page 6

OFF HOURS

Patron of the arts



Physician cultivates operatic blend of music, medicine.

– Page 10

INSIDE	MSMP News & Events	3
	In Memoriam	4
	Kaiser Permanente aids vulnerable	6

Improving cognitive health	7
MSMP Annual Meeting	11
Early cancer detection	12

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February 2020

Physician Wellness Program, marking fifth anniversary, receives major donation from Portland IPA

By John Rumler
For The Scribe

The **Medical Society of Metropolitan Portland's Physician Wellness Program**, which last month marked five years as a safe harbor for health care providers to get help managing stress, burnout and other significant personal and professional challenges, has received a \$100,000 donation from the **Portland InterHospital Physicians Association** (Portland IPA).

Portland IPA's January donation doubles the support it has provided the wellness program.

MSMP Physician Wellness Program

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If you need assistance, please call our confidential wellness line at **503-764-5663**

"We feel this donation is in lockstep with our mission to help promote the well-being of our physician members," said **Thomas Gragnola, MD**, Portland IPA's medical director.

A for-profit corporation founded in 1983, Portland IPA has become one of the largest and oldest independent physician practice associations in the United States, and represents almost 3,000 primary care and specialty care physicians in the Portland area.

Originally created to give physicians a voice in contracting, over the years Portland IPA's services have expanded to include group contracting with several health plans, credentialing, quality improvement initiatives, project grants, EHR adoption, health care reform and other crucial issues.

"Being part of a large physician organization, we get feedback from a diverse group of providers," Gragnola said. "We frequently hear about the challenges of being a practicing physician in today's health care environment. The increasing demands and loss of professional autonomy have led many to rethink their choice of profession. Sadly, for some, the burdens become insurmountable, and at these critical moments having a safe, confidential outlet can be literally lifesaving."

Since its founding in 2015, the wellness program has provided 741 counseling sessions to 147 health care provider clients. And, each year the number of clients served has increased. For example, the program served 23 new clients in 2016. That figure increased to 25 in 2017, and jumped to 31 a year later. In 2019, the number of new clients it served nearly doubled to 56.

Mary McCarthy, MD, the president and a trustee of the medical society who also has served on the wellness program's committee, called it MSMP's "most important program."

"We are trying to spread the word about its availability to physicians, PAs and advanced practice nurses. We are very grateful for the financial support of the Portland IPA and others, which provides more opportunities for us to expand the wellness program

See **PHYSICIAN WELLNESS PROGRAM**, page 12

OREGON'S 2020 LEGISLATIVE SESSION



OMA looks to pass preauthorization bill in 2020

By Cliff Collins
For The Scribe

The 2020 Legislature kicked off on Feb. 3 in what is dubbed a short session, and organized medicine brings to the legislative body a short agenda.

The Utilization Management Transparency Act is "our No. 1 priority" for the 35-day session, said **Courtnei Dresser**, director of government relations for the **Oregon Medical Association**.



COURTNEI DRESSER

That effort, which was presented in 2019 as Senate Bill 139, was in committee at the time of adjournment.

"We ran out of time last session," she said. With a couple of additional weeks, "we probably could have gotten it done."

The coalition the OMA built that supported the previous legislation remains intact, and proponents are optimistic for passage this time. To facilitate that, they compromised with insurance carriers and modified the 2020 bill to pertain only to commercial plans. The 2019 legislation had sought to impose restrictions on, and reporting requirements for, utilization management of health services by commercial insurers, coordinated care organizations and the Oregon Health Plan.

The purpose then and now, she said, is to increase transparency so that patients and providers understand clearly why an insurer denies coverage of a

See **LEGISLATIVE SESSION**, page 5

More than 50%

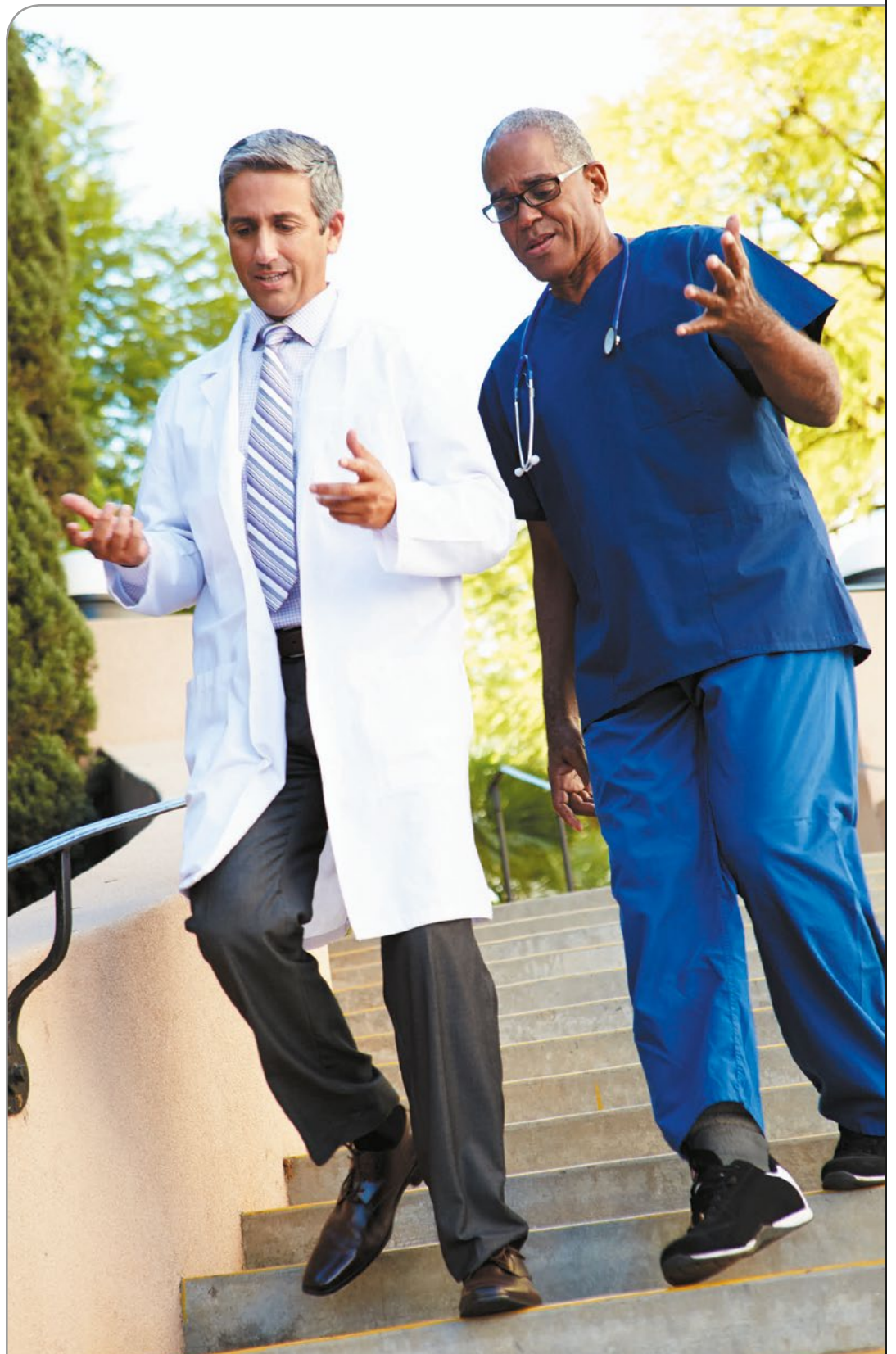
... of physicians nationwide say they are burned out — an unsettling trend that impacts both providers and their patients. Major medical journals and health care systems call physician burnout a “public health crisis.”

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



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MSMP's 136th Annual Meeting

6 – 8:30 p.m., Monday, May 11
Multnomah Athletic Club:
1849 SW Salmon St., Portland

You are invited to join us and our distinguished guest speaker, **Avital O'Glasser, MD, FACP, FHM**, as we discuss "The Doctor Will Tweet You Now: New frontiers in social media and medicine."

Come celebrate those who will be honored for their community efforts, including the recipient of our 2020 Rob Delf Award. We will also be announcing the Presidential Citation and Student Award recipients during the event.

ADVANCED REGISTRATION IS REQUIRED by May 1: www.MSMP.org/Events

COST: MSMP members and one guest: \$50 per person
Student members: Free
Non-members: \$65 per person

Submit your nominations

The deadline for all nominations is Feb. 25



ROB DELF HONORARIUM AWARD: MSMP is seeking nominations for the Rob Delf Honorarium Award, the annual award the Medical Society's Board of Trustees created in recognition of Rob Delf's long service to the organization. The award is given to a person or persons who exemplify the ideals of the Medical Society within the community where members practice. The award may be given to members of the medical community, the health education community or the general public.

STUDENT AWARD: Our annual Student Award pays tribute to a student who embodies our mission to create the best environment in which to care for patients. We are looking for a medical student or physician assistant student who displays professional knowledge, skill, judgment, mentorship and compassion, strong community involvement and strives for wellness to meet the highest standards of service.

TO NOMINATE: Please visit www.MSMP.org to submit your nomination or to learn more about these awards. Nomination deadline is Feb. 25.



Update your information today!

The deadline for updates is March 6

The *Doctors' Little Black Book* is MSMP's handy, pocket-sized guide with a complete listing of physicians and physician assistants in the Portland metropolitan area.

As an MSMP member benefit, your name, phone number and specialty will be featured in the book.

To ensure we have your most current contact information listed in the *Little Black Book*, please log on to www.MSMP.org to verify your information and make any necessary changes.

Upon logging in, you can edit the the information listed under your member profile or download the "2020 Update Form," found at www.MSMP.org/The-Doctors-Little-Black-Book.

Advertise in the Doctors' Little Black Book

Our handy, pocket-sized guide includes a list of hospitals and frequently called numbers, and is distributed to physicians and clinics in Clackamas, Multnomah and Washington counties. Advertising in the Little Black Book provides visibility and marketing to the medical community year-round. Visit www.MSMP.org/The-Doctors-Little-Black-Book or contact *Sarah@MSMP.org* or 503-944-1124 for more information.



Welcome Our Newest MSMP Members!

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- Annual Meeting Speaker Event
- OSHA/HIPAA Courses
- The Scribe
- Little Black Book

Join today at MSMP.ORG

In Memoriam: John W. Kendall Jr., MD

1929–2019



John Kendall Jr., MD, dean emeritus and professor emeritus of medicine at the Oregon Health & Science University School of Medicine, passed away Dec. 11, 2019, after an extended illness. He was 90.

Dr. Kendall was a leader in medicine, including with what is now the Medical Society of Metropolitan Portland and its nonprofit arm, the Metropolitan Medical Foundation of Oregon. In 1991, as president of the Multnomah County Medical Society (now known as MSMP), he was instrumental in crafting the vision that became the medical foundation. The foundation, of which he was a founding board member, noted that Dr. Kendall “recognized the importance of community small projects that support health education and the delivery of medical care,” and the organization said it continues to believe in that vision.

A memoriam article posted by OHSU states that Dr. Kendall was born March 19, 1929, in Bellingham, Wash., and grew up in Seattle. He went to college at Yale, where he developed an interest in science and graduated in 1952. He was drawn to medicine after shadowing an uncle one summer who served on the University of Minnesota medical school faculty.

Dr. Kendall returned to the Pacific Northwest and earned his MD from the University of Washington School of Medicine in 1956. He completed

a residency in internal medicine at Vanderbilt University in 1959 and a fellowship there in endocrinology in 1960. He sought additional training in endocrinology at OHSU, completing another fellowship in 1962.

For two years, he served as one of two endocrinologists in the U.S. Navy before joining the OHSU faculty and what is now called the VA Portland Health Care System as a staff physician in 1964. He went on to serve as head of the Division of Metabolism and interim chair of the Department of Medicine. At the Portland VA, he served as the associate chief of staff for the research program, which grew under his vision and guidance.

Dr. Kendall became the School of Medicine’s eighth dean in 1983 and served until 1992. Among his key accomplishments was catalyzing curricular reform in the MD program, funded by the Robert Wood Johnson Foundation and launched in 1994. Another accomplishment was convincing the late Oregon Sen. Mark Hatfield to direct federal funding for the construction of a skybridge between the OHSU and VA campuses, an architectural feature that fundamentally changed operations, according to OHSU.

Don Girard, MD, described Dr. Kendall as “thoughtful, pensive but funny, great sense of humor, listener and implementer of visions.

“He was a very close friend of mine and also one of my three mentors,” Girard told *The Scribe*. “He always had time for me, listened and had a kind, encouraging response. He was an amazing guy.”

Girard noted that Dr. Kendall chose to focus his entire career within the VA system “because he believed strongly in the service provided by our military people and felt they deserved his professional attention. He was there from the beginning and he served there throughout his career.”

In addition to teaching, patient care and administrative roles, Dr. Kendall spent 20 years conducting basic research, investigating the physiological relationship between the pituitary and adrenal glands. He chaired the NIH Clinical Sciences Study Section from 1979-1984 and published more than 60 peer-reviewed articles, 95 articles and book chapters, and 86 abstracts.

In addition to his service for MSMP and MMFO, he served as a member of the American Federation for Clinical Research, Association of American Physicians, American Association of Clinical Endocrinologists, International Society of Neuroendocrinology and Britain’s Royal Society of Medicine, among other organizations.

Some of his many honors include the OHSU Department of Medicine’s Housestaff Award, the Portland VA Research Investigators Award, the Medical Research Foundation Mentor Award, the school’s Distinguished Alumnus Award and the University of Washington School of Medicine Distinguished Alumni Award.

Dr. Kendall is survived by his wife, Betty; three children, John, Kay and Victoria; their spouses; seven grandchildren; and three great-grandchildren. The family held a private memorial service and Dr. Kendall was interred at Willamette National Cemetery. ■

The School of Medicine will hold a Celebration of Life from 3–5 p.m. March 6 in the OHSU Auditorium and Old Library. A reception will follow the service.

The family kindly requests that donations in Dr. Kendall’s memory be made to the John A. Benson Jr. M.D. & John W. Kendall Jr. M.D. Visiting Professorship administered by The Foundation for Medical Excellence.

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Nurse staffing among priorities for organized medicine

LEGISLATIVE SESSION, from page 1

service when a prior authorization is requested by the provider.

The bill represents “a great beginning for patients and providers to have some transparency, to reduce some administrative burden and allow for continuity of care, and still have those tools for cost containment,” Dresser said. The legislation would enhance continuity of care, for instance, by permitting a single preauthorization that would last for 12 months for, say, prescription drugs for a chronic condition, rather than having to make repeated requests for authorization several times a year, she said.

A top priority for both providers and hospitals in last year’s session was stable funding of the Oregon Health Plan. That objective was considered partly achieved.

That’s because one leg of OHP funding was House Bill 2270, an attempt to raise the tax on tobacco and to assess a tax on e-cigarettes. Almost at the last minute of the final day of the session, the bill, supported by Gov. Kate Brown, passed. However, rather than implementing those taxes outright, the legislation called for referring the question to voters in the Nov. 3, 2020, general election. Political observers expect a high-spending battle for and against passage of that ballot measure.

Dresser said the OMA joins numerous health and other organizations in endorsing passage of the measure. It would increase taxes on tobacco and, for the first time, vaping products. Increased prices for these items “do help people not start” using tobacco or vaping, and also help reduce or end use, she said. Passage would be a “win-win” because proceeds would support both the OHP and cessation programs, Dresser indicated.

Implementing a new law

The state’s hospital association also has set its agenda for the coming session.

In last year’s Legislature, House Bill 3076 created a new definition of what constitutes community benefit. The bill also requires nonprofit health systems and hospitals to have a written policy for financial assistance, and to make those policies accessible to the public.

The **Oregon Association of Hospitals and Health Systems**

ended up taking a neutral position on the legislation but provided input on the final version passed and signed into law, said OAHHS spokesman **Dave Northfield**. It codifies “what a lot of hospitals already do.”

The bill requires hospitals to extend financial assistance by waiving balances on hospital bills for patients who have incomes up to 200 percent of the federal poverty level. Patients with outstanding bills who earn up to 400 percent of the federal poverty level are eligible for reduced bills on a sliding-scale basis.

Another change is that hospitals now are required to address the social determinants of health in hospitals’ community benefit spending. The details and proportions of the spending in different categories are still to be determined, Northfield said. Hospitals are working with the Oregon Health Authority to implement the statute.

Another top priority for hospitals relates to nurse staffing. OAHHS is working with the **Oregon Nurses Association** on a bill that would appropriate \$1.4 million for the Oregon Health Authority to implement recommendations from the Nurse Staffing Advisory Board. As part of Senate Bill 469, the 2015 Legislature established the 12-member board, composed of hospital nurse managers, direct-care registered nurses and a direct-care staff member. The board is charged with providing advice to the agency on the administration of Oregon’s nurse staffing laws; making recommendations on the basis of trends and concerns; and submitting an annual report to the Legislature on the administration of Oregon’s nurse staffing laws.

Other provisions of that bill included establishing Hospital Nurse Staffing Committees at each hospital; increasing frequency of Oregon Health Authority nurse staffing audits; and implementing timelines for nurse staffing complaint investigations.

According to OAHHS, the additional funding is needed to allow the Oregon Health Authority to hire a nurse with hospital nurse staffing experience to help oversee the program and to help the agency complete a staffing survey required by the statute, as well as to provide additional training or surveyors to assist the agency in complying with the timelines connected with the law.

OAHHS said Oregon is experiencing “an extreme shortage of surgical



technicians,” and that hospitals endorse initiatives to train more, especially in rural areas. Hospitals support allowing for both a work-experience and a work-based learning path to certification, such as through apprenticeships. To accomplish this, the Legislature would have to amend state law, a move hospitals back, Northfield said.

Remaining items on hospitals’ agenda for this session include opposing legislation that OAHHS describes as part of a national campaign to eliminate surgical smoke in operating rooms.

According to the association, it has concerns that this represents unnecessary legislative action that already falls within the authority of Oregon OSHA. OAHHS instead supports educating hospitals, ambulatory surgery centers and surgical personnel – including surgeons – about the potential effects of surgical smoke, and giving surgical teams and their facilities time to make changes themselves without state mandates.

According to the National Institute for Occupational Safety and Health, surgical smoke is produced by the thermal destruction of tissue by use of lasers or electrosurgical devices. It has been shown to contain toxic

gases, vapors and particulates, bacteria and viruses. Over one-half million health care workers including surgeons, nurses, surgical technologists and others are exposed to surgical smoke each year, the agency reports. Smoke from lasers has been shown to transmit HPV.

Acute health effects include eye, nose and throat irritation. Little is known about the health effects of chronic exposure. A survey by the institute found that local exhaust ventilation – a widely recommended engineering control – is not commonly used.

Finally, hospitals aim to make sure Oregon Health Plan funding is protected, and support improvements to Oregon’s system of behavioral health care that alleviate pressures placed on hospital emergency departments and jails.

Lobbyists don’t expect to see a large volume of health care bills this year, a contrast to the long session in 2019. By statute, this even-year session must adjourn by March 8. Any bill a legislator introduces has to pass out of committee by Feb. 13, according to Northfield. “So, the short session is a sprint right out of the gate. The long session is more of a marathon.” ■

An advertisement for Physicians Answering Service. It features a photograph of a smiling woman wearing a headset. The text is as follows:

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Physician: Strong patient-provider relationship key to deprescribing process

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

At least once a day a patient will ask **Susan E. Johnson, MD**, about reducing the dose of a medication they're taking, or stopping it altogether. The reasons vary, but the desire is there to make a change, and to do it safely.



SUSAN E. JOHNSON, MD

Johnson is a gastroenterologist in Clackamas with **Kaiser Permanente**, among the health

organizations placing an increasing focus on deprescribing, the process of stopping or reducing drugs in an effort to improve outcomes.

Johnson and her colleagues at Kaiser have been collaborating for some time on education efforts around deprescribing, focusing mainly on patients 65 and older because of the number of medications older patients tend to take, and the fact that over time those drugs may lose some of their benefits or increase the risk of adverse effects.

Those regional awareness-raising efforts are increasing through,

“The patient has to be part of these conversations and decisions....”

It's important to have a plan, and for the patient to know there's a plan...”

– *Susan E. Johnson, MD*

among other things, a Kaiser website about deprescribing under development that will be geared primarily

toward providers, featuring research and other information clinicians can share with patients, deprescribing protocols and proper monitoring procedures, she noted.

Kaiser's focus is driven in large part by U.S. Census Bureau statistics showing that, by 2050, the population of people 65 and older is projected to nearly double compared with 2014, to about 84 million from roughly 43 million.

Another driver is that people are living longer and “may need to be treated differently as they age compared with when they were younger,” Johnson said, adding that many past clinical trials of drugs that older people now take did not include elderly groups.

Johnson said her patients who broach the subject of deprescribing in many ways mirror the attitudes reflected in an article published a couple years ago in the *Journal of the American Medical Association* that assessed attitudes of older Medicare beneficiaries to deprescribing. That article, she said, noted that more than 90 percent of patients were willing to stop a medication if a doctor recommended it, if it were explained to them and if they felt part of a conversation about it.

To that end, Johnson stressed the value of a trusting relationship between a provider and patient. She described the approach to conversations as needing to be “patient centric,” framed around treatment goals and communicating that physiology

KP investment to aid 300 homeless, medically vulnerable seniors

Kaiser Permanente in the Northwest announced in January that it is investing \$5.1 million in an “anything necessary” approach to housing 300 homeless, medically vulnerable seniors by year's end.

“Without a safe, stable place to call home, it's nearly impossible to focus on basic health and medical needs,” said Ruth Williams-Brinkley, regional president of Kaiser Foundation Health Plan and Hospitals of the Northwest. “This is especially true for our seniors, who are often dealing with chronic diseases and other complex health issues. Kaiser Permanente's mission is to improve the health of the communities we serve, which is why we're advancing bold ideas to reduce homelessness.”

Kaiser said its investment in the Metro 300 initiative will also catalyze the new Regional Supportive Housing Impact Fund, which uses an innovative approach that will make funding for housing available more quickly and efficiently. The impact fund, which will pool contributions from health system, philanthropy and business partners, will be administered by Health Share of Oregon, the coordinated care organization that manages the state's Medicaid resources for the Portland region. With Health Share as the lead entity, the impact fund will combine philanthropic dollars with Medicaid funds to increase the availability of deeply affordable housing with services and to support housing stability for people with complex health needs.

By addressing a key driver of health – housing – Kaiser Permanente said it is working with partners to improve the health and well-being of communities. Kaiser noted that homeless individuals have a higher rate of hospital readmissions and emergency room visits while also suffering from poorer health outcomes and higher mortality rates.

“Homelessness is the number one issue facing our community, and solving it requires long-term solutions

that address the underlying reasons people become and stay homeless,” said Portland Mayor Ted Wheeler. “It's a complex problem that requires the creativity and collaboration of everyone in our community, and we appreciate that Kaiser Permanente and others in our region's health care, philanthropic, business and government sectors are taking an active role in bringing new solutions to the table.”

Partners in the impact fund include Cambia Health Foundation; CareOregon; Central City Concern; Collins Foundation; Health Share of Oregon; Kaiser; Legacy Health; Meyer Memorial Trust; Oregon Health & Science University (and Adventist, an OHSU partner); Oregon Community Foundation; Portland Business Alliance; and Providence Health & Services.

The initiative is modeled on Kaiser's partnership in Oakland, Calif., that housed 515 seniors during 2019. Health Share, as the impact fund administrator, will allocate the Kaiser funding to housing agencies in each county, and the agencies will deploy this flexible resource to quickly house a total of 300 homeless people.

To qualify for the Metro 300 funding, individuals will have one or more disabling conditions and/or will be referred from one or more systems of care or institutions, such as recuperative care programs, assertive community treatment, hospitals, skilled nursing facilities, coordinated entry/coordinated access waitlists, federally qualified health centers or warming shelters.

The counties will collaborate with a network of providers to serve the 300 seniors through an “anything necessary” approach that includes housing navigation, move-in and rental assistance, and ongoing supportive services to ensure ongoing permanent housing stability. The counties will track a by-name list of people served, and Health Share will analyze health utilization and outcomes as part of an evaluation of the project's impact. ■

See **DEPRESCRIBING**, page 8



Several clinical trials, studies exploring how to protect, improve cognitive health

Several clinical trials and studies are underway at OHSU's Layton Aging and Alzheimer's Disease Center to determine how to better protect the cognitive health of older adults and detect Alzheimer's and other dementias earlier. *Photo courtesy of OHSU*

By Melody Finnemore
For The Scribe

"Healthspan" is a term that is gaining traction within elder care and refers to the years that a person can expect to live free of chronic illnesses and cognitive decline that can impact older people. Researchers have found that, while only so much can be done to delay the onset of disease, there are several things people can do to improve their chances of a better healthspan, according to Kaiser Health News.

The U.S. Census Bureau estimates that 10,000 people a day turn 65, the nation's fastest-growing population segment. At the same time, a recent report in the *Journal of American Medical Association* showed that life expectancy in the United States has decreased in recent years and a rise in midlife mortality (ages 25 to 64) has dragged down the overall expectancy. (The Centers for Disease Control and Prevention reported in late January that life expectancy has improved slightly due to decreases in drug overdose and cancer deaths.)

Aimee Pierce, MD, a neurologist and director of clinical care and therapeutics for Oregon Health & Science University's **Layton Aging and Alzheimer's Disease Center**, is exploring how multimodal interventions such as diet, cardiovascular exercise and brain training can improve seniors' healthspan.

Pierce referred to a large-scale, two-year study in Finland of healthy older adults at increased risk of

cognitive decline and dementia. Launched in 2014, the Finish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER Study) reported that a two-year combination therapy targeting physical exercise, a healthy diet, cognitive stimulation, and self-monitoring of heart health risk factors had a protective effect on cognitive function.

Following that study, the Alzheimer's Association launched the U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk (U.S. POINTER), a two-year clinical trial to evaluate whether the same interventions could protect cognitive function in older adults in this country. U.S. POINTER is the first such study to be conducted in a large group of Americans across the United States.

The FINGER and U.S. POINTER studies join other similar efforts around the globe in a consortium, World Wide FINGERS, which will align these research efforts focused on the prevention of Alzheimer's disease and other dementias.

Pierce said that OHSU is monitoring the studies closely and expects the results to complement what the Layton Center is learning through its own clinical trials. Among them, how factors such as hypertension, obesity, diet, physical exercise, socialization, cognitive training on a computer, and sleep quality impact cognitive function.

"We definitely think that targeting all of these lifestyle factors is important, but there isn't a lot of proof," she said. "Assigning people to intervention is a big undertaking, but we hope to have a major impact on

those dementia factors."

The Layton Aging and Alzheimer's Disease Center is one of 31 that is nationally recognized and funded by the National Institutes of Health-National Institute on Aging, and Pierce is overseeing several clinical trials related to cognitive health.

"We thought it would be good to reach out to the community about studies we're doing so they can learn about them and potentially participate," Pierce said.

Among them is ACTNOW, an online research-focused community (www.alzactnow.org), in which anyone 18 and older in Oregon and Southwest Washington can register to participate in research being done at the Layton Center and others. Potential participants answer questions online

See **COGNITIVE HEALTH**, page 8

PACIFIC NORTHWEST

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COGNITIVE HEALTH, from page 7

to be matched with a study in their community and receive information about aging, memory loss, and dementia-related news and initiatives from the Layton Center.

"We think this is really important for a couple of reasons. Number one, there are a lot of barriers in terms of finding treatment and care for Alzheimer's disease and good ideas is not one of them," Pierce said. "Research funding can be a barrier but that has improved, so now the issue is finding research volunteers who have symptoms of memory loss and others who don't and might want to be involved in a prevention study."

OHSU also participates in the nationwide APT webstudy (www.aptwbstudy.org) for people over the age of 50 who self-monitor their health and provide information every three months about how they are doing. They can also provide a saliva sample to identify their genetic risk gene. If the study's participants notice changes in their cognitive function, they can go to OHSU for an in-person evaluation and other biomarker testing.

"It provides a way for people to track their cognition and get more information about their brain health," Pierce said. "This one is really exciting, but

the barriers include that it is only done in English and the study participants need to have access to a computer. We're finding that the vast majority of our senior patients are computer literate, so we're impressed with the participation."

Also at the Layton Center, **Kathy Wild, MD**, is leading the E-FIND study, which uses online, real-time tracking of financially related transactions to predict early cognitive and functional decline. Research has shown that impairment in financial capacity is one of the earliest functional changes in patients with mild cognitive impairment, which can be a precursor to Alzheimer's disease and related dementias.



**KATHY WILD,
MD**

Recent developments using online automated monitoring of financial transactions might offer older adults and their families a new way to identify the earliest signs of cognitive decline, while providing protection from fraud and abuse and supporting independent living, OHSU said.

Conducted in partnership with the Oregon Center for Aging and Technology, the study provides participants who are living independently

"Research funding can be a barrier but that has improved, so now the issue is finding research volunteers who have symptoms of memory loss and others who don't and might want to be involved in a prevention study."

– Aimee Pierce, MD

with free, secure, online financial monitoring for 12 months. The technology is designed to detect errors or irregularities, and issues alerts if significant changes in patterns of financial activity, such as a large cash transfer, are discovered. ■

DEPRESCRIBING, from page 6

evolves with age and that a medication that was advantageous at an earlier age might not be best at a patient's current age and, in fact, associated with greater risk.

As deprescribing.org notes, "(o)ptimizing medication through targeted deprescribing is a vital part of managing chronic conditions, avoiding adverse effects and improving outcomes." The site, developed by Canadian health care providers to share information with the public, other providers and researchers about deprescribing approaches and studies, points out that drugs that "were good then, might not be the best choice now."

"The patient has to be part of these conversations and decisions," Johnson said. "It's a true relationship. A guideline may suggest a medication, but we have to factor in other medications a patient is taking and any conditions they've developed that affect the medications they're taking. It's important to have a plan, and for the patient to know there's a plan, if a medication is going to be stopped, and what the plan is to make sure the change is working."

Johnson also noted the importance

of clear communication between a patient's provider team – from primary care to specialties and pharmacists. "We always want to share the same message," she said. Within Kaiser, providers work closely with clinical pharmacists, who, in the event of a stoppage in medication, conduct monitoring and follow-up.

Kaiser's deprescribing efforts are multipronged. In one focused effort, its pharmacy team has conducted outreach to older adults taking two or more anticholinergic medications to deprescribe one or more of the drugs, following the patients over time until they are tapered off or on the lowest possible dose, Johnson said. The main medications Kaiser has deprescribed in this initiative are tricyclic antidepressants, paroxetine and overactive bladder medications.

In addition, Kaiser has reached out to patients with flyers that outline risks and benefits of deprescribing treatments including proton-pump inhibitors and benzodiazepines.

Kaiser also is expanding its population health-based outreaches to additional programs, including focused work targeting antipsychotic use, antidiabetic medications in the elderly and long-term bisphosphonate use.

MSMP MEMBER EXCLUSIVE

Don't miss this article!

In the mid-2010s, **Mark Gelfand, MD**, traveled to Florida, then to Paris, to study a leading-edge surgical procedure that aims to help patients suffering from lymphedema.

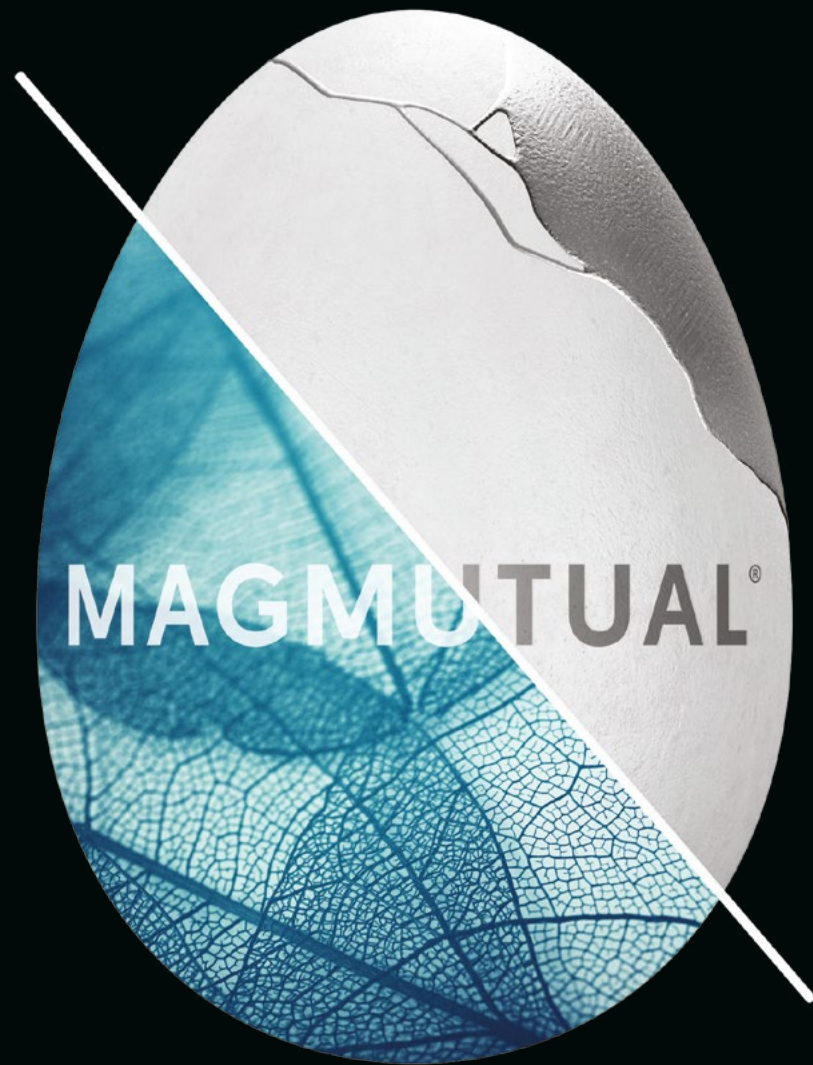
At the time, he was working in Long Island, N.Y., and wanted to make a difference for breast cancer survivors, many of whom develop lymphedema due to having their lymph nodes removed.

Fast-forward to 2019, when Gelfand, a plastic surgeon with Legacy Health in Portland, joined what Legacy says is a small cadre of providers in the United States that offer vascularized lymph node transfer.

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Physician cultivates **OPERATIC BLEND** of music, medicine

By Jon Bell
For The Scribe

Curtis Thompson, MD, didn't grow up in a musical family, but sizing up his pastimes and passions, you'd never know it.

Thompson started playing piano in the fourth grade, played all the way through college at Baylor University and still tickles the keys for fun. While growing up in Santa Fe, N.M., he also developed a serious appreciation and affinity for another form of music: opera.

"Santa Fe is home to the Santa Fe Opera, so it was right there and I liked it," Thompson said. "My parents not so much, but they supported me."



Thompson (left) and his son, Nathan, enjoy skiing, backpacking and other outdoor activities together.

His appreciation for opera is something that Thompson has kept with him since his days in Santa Fe and throughout his medical education and career. He was an undergrad at Baylor and graduated from Baylor College of Medicine in 1990; he also completed his residency and fellowship training at the University of California, San Francisco, and is board-certified in dermatopathology and anatomic pathology.

Thompson, who is also an affiliate professor of dermatology and pathology at Oregon Health & Science University, came to Oregon more

than 20 years ago to work for a biotech company. Once here, he realized there was a real need for a lab that specialized in dermatopathology, which is the diagnosis and treatment of skin, hair and nail diseases. And so, in 2003, Thompson and a group of physicians founded CTA Lab, which today focuses largely on digital slide imaging for dermatopathology diagnoses. Put simply: They read specimens of skin, hair and nails that are sent to them from all around the country. The lab is also one of the first to use a U.S. Food and Drug Administration-approved whole slide imaging system, which allows CTA's physicians to examine specimens quickly and accurately from anywhere.

"I think it's helped raise the standards in the whole medical community," Thompson said.

A pure art form

Long a supporter of nonprofits and arts organizations, Thompson has served on several local boards. It was along this path that his connection to opera continued to flourish in Portland. Having supported Portland Opera and also Portland Center Stage, Thompson found himself serving on the board of the latter organization from 2008 to 2012. And in 2011, in part because of his support of the opera but also because of his experience in the business world, he became president of the board of directors for Portland Opera.

"It's a really big, big job," Thompson said of his volunteer role with the opera. "It's as busy as my regular job. The opera is an old organization, it's been through a lot and it's currently in the middle of a lot of different things, so it's been tough but it's also exciting."

In his role as president, Thompson said one of his main focuses is trying to better tie the opera to the city and its people.

"It's really connecting the organization to Portland," he said. "There's actually an intense interest in opera here, so there is already a lot of support for it."



Curtis Thompson, MD, (right) and his partner, Joe Mitchoff, enjoy the Portland Opera together.

Photos courtesy of Curtis Thompson

"It's a very pure form of art. Everything you are seeing or hearing is the art, the performance.

It's also an art form that's been tied to social movements and protest movements. There's usually a bigger reason beyond just the pretty music."

— Curtis Thompson, MD, on opera

One way to deepen that connection is by getting people to experience a performance themselves. Thompson said he recommends that first-timers or folks who aren't that into opera take in one of the popular classical operas – "The Magic Flute" or "La Traviata," for example – as an introduction. Learning a little bit about opera in advance on sites such as theopera101.com can also be helpful.

Thompson's own appreciation of opera goes beyond the musical aspects of it.

"The amazing thing about opera is that it's not amplified at all. There are no speakers or microphones," he said. "It's a very pure form of art. Everything you are seeing or hearing is the art, the performance. It's also an art form that's been tied to social movements and protest movements. There's usually a bigger reason beyond just the pretty music. We just did 'Madama Butterfly,' which is one of my favorites. It's a commentary on imperialism that is really quite profound."

In addition to the musical focus of his work with the opera, Thompson has also helped the organization size up its future. As part of its long-term strategic plan, Portland Opera is looking into how it will best utilize its

prime property on the Willamette River at the east end of the Tilikum Crossing bridge. That could include redeveloping the opera's existing building into a "center of music" that could feature indoor and outdoor performance spaces, a restaurant and other facilities. An adjacent parking lot could also be developed with a new practice facility and even some housing for artists.

Most of that work will be several years in the future, long after Thompson's tenure as president of the opera wraps up, which is set to happen this year. His support for the organization and his fondness for the art will extend beyond his role on the board, but he'll also have more time to devote to some other causes and pursuits. An avid skier and runner who also did triathlons for about a decade, Thompson said he's interested in getting involved with organizations working on the homeless crisis. That's something he's done before, when he volunteered with and served for the Lake Oswego Transitional Shelter Ministry from 2005 to 2011.

"(The homeless issue) has gotten so much worse," Thompson said. "I believe it's one of the biggest challenges that we are facing and that we all need to help with." ■

The Doctor Will **TWEET** You Now

>> New Frontiers
in **SOCIAL MEDIA**
and **MEDICINE**

By Avital
O'Glasser,
MD, FACP,
FHM

Digital technologies have revolutionized how clinicians, patients, and patient advocates communicate in the 21st century. Despite the negative criticisms of social media, social media use by clinicians—particularly the public platform Twitter—has demonstrated its expanding value for professional development, research dissemination, and advocacy as well as “flattened hierarchies” and given a new voice to many in the profession, including those often not well heard such as women and underrepresented minorities.

But can Twitter truly help us learn and excel as clinicians—or is it a professional and HIPAA violation waiting to happen?

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Research suggests possibility that many cancers could be found, treated early

For cancers that can't currently be detected early, a new discovery suggests there may be a large window of time in which to look for smoldering cancer cells and eliminate them before they become life-threatening. Errors in DNA that trigger the start of some of these deadly cancers can arise a decade or more before tumors appear, according to an international team of scientists.

The study findings, published in the journal *Nature*, fit with what is known about the few kinds of cancer in which researchers have worked out the timing of progression. In colon cancer, for instance, pre-cancerous growths called polyps form 10 to 15 years before giving rise to malignant tumors.

"Our new data show that the timing can be similar in cancers without detectable premalignant conditions, such as ovarian cancer, raising hope that these tumors also can be identified in pre-cancerous stages," said **Paul Spellman, PhD**, a professor of medicine (hematology and medical oncology) in the **Oregon Health & Science University** School of Medicine and one of the senior authors of the recent study.

"The challenge that remains is developing tests for these early signatures of cancer that are reliable enough to use as screening tests," said Spellman, who is co-director of CEDAR, the Cancer Early Detection Advanced Research Center in the OHSU Knight Cancer Institute.

OHSU said the study was massive and involved an international team, including

scientists at The Francis Crick Institute, University of Oxford, EMBL-EBI, the Wellcome Trust Sanger Institute and the BROAD Institute. Spellman jointly supervised the research with **Peter Van Loo, PhD**, at The Crick, and **David C. Wedge, PhD**, at Oxford's Big Data Institute.

Tumor samples from more than 2,600 donors were subjected to whole genome sequencing - working out the complete DNA instruction set of each sample, and the multitude of deletions, duplications and other errors acquired during the evolution of the population of cancer cells making up the tumor. The work was part of the Pan-Cancer Analysis of Whole Genomes Consortium of the International Cancer Genome Consortium (ICGC) and The Cancer Genome Atlas (TCGA).

Using the DNA sequencing data, researchers reconstructed the history of the mutations that arose during tumor development in 39 kinds of cancer. The researchers tracked DNA mutations, which are passed on during cancer cell division to daughter cells and sometimes duplicated and moved to new locations on chromosomes. The record left in the DNA sequence makes it possible to determine the order of mutation occurrence, and the relative time span between mutations.

Across cancer types, the team found that half of early mutations driving cancer arise in just nine genes. Many more genes develop mutations later. That suggests there is a small set of genes that are common drivers of early cancer development. ■

Primary care spending increases, but not as fast as in other areas, report finds

Spending on primary care as a percent of total medical spending in Oregon decreased slightly in 2018. However, overall spending on primary care increased, meaning spending in other areas such as specialty care and hospital-based care is growing faster than primary care spending, according to a joint report from the Oregon Health Authority and Department of Consumer and Business Services.

"While overall spending on primary care increased, it didn't keep pace with ballooning costs in the rest of the health care system like hospital and specialty care," said Jeremy Vandehey, the health authority's director of health policy and analytics. "Those quickly growing costs are resulting in rising out-of-pocket costs for Oregonians and threaten the ability to invest in prevention and access to other critical services like mental health care. This is why Oregon is implementing a statewide health care cost growth target - to contain costs across the whole system and refocus on investing in services that keep people healthy and out of the hospital."

More than \$1.5 billion was spent on primary care by coordinated care organizations and prominent insurance carriers in 2018. On average, Oregon's CCOs spent the highest percentage on primary care spending at 15.5 percent. Commercial insurers spent 13.2 percent, followed by PEBB/OEBB at 12.3 percent and Medicare Advantage at 10.3 percent.

Research indicates that availability of primary care providers is associated with improved health outcomes, including reduced mortality rates, reduced rates of low birth weight and preventable hospitalizations, and increased self-rated health status. Senate Bill 934 from the 2017 legislative session required health insurers and coordinated care organizations to allocate at least 12 percent of health care spending to primary care by 2023.

The report also includes information about the percent of primary care spending that was not fee-for-service based, which includes incentive payments, payments for programs recognized as providing good clinical care, and payments to help providers adopt health information technology such as electronic medical records.

The health care payers in the report cover approximately 2.5 million Oregonians, which was about 59 percent of the state's population in 2018. ■

PHYSICIAN WELLNESS PROGRAM, from page 1

to more practitioners," she said.

The program's services, vital not only for provider well-being but also the delivery of safe, high-quality care, include counseling and physician coaching. Counseling is designed specifically for providers, and appointments are available at their convenience. Clients include physicians, physician assistants, podiatrists, nurse practitioners and certified nurse midwives. As many as eight counseling sessions per year are available for free to all physicians, PAs, DPMs and NPs.

Even as the wellness program's reach expands, MSMP continues to ramp up efforts to spread the word about its services. That's vitally important, because provider stress and burnout continue to be a significant issue. "Physician Stress and Burnout," in the current *American Journal of Medicine*, states: "Burnout now affects approximately one-half of physicians in practice, resulting in medical errors, lower quality of care, higher costs, and overall worse outcomes. Physicians today experience unprecedented stress and distress, as evidenced by reports of escalating rates of burnout, dissatisfaction with life-work balance and career choice, occurrence of major depressive disorder and substance use and misuse, and unacceptable rates of physician suicide."

"We feel this donation is in lockstep with our mission to help **promote the well-being of our physician members.**"

— Thomas Gragnola, MD, Portland IPA medical director

MSMP expanded, updated and redesigned its Wellness Library last year, and its team of psychologists and coaches help keep the resources relevant and current. The program also provides workshops and seminars on topics ranging from burnout prevention to team building.

The vast majority - 93.5 percent - of wellness program clients are located in Multnomah County, but clients from a total of 11 counties have accessed services. A majority of providers - 93 - accessing services were women, compared with 54 men. Follow-up studies by MSMP found that 97 of the 147 providers who've utilized the wellness program also have access to employee assistance programs.

The Oregon Wellness Program, in partnership with Oregon Health & Science University, is producing outcomes research for physician wellness programs. MSMP is collaborating with the Oregon

Wellness Program on a statewide research effort in which all of the four county medical societies are participating. Physician Wellness Program clients complete surveys after each wellness session and the information is being used to help create more effective intervention methods, practices and solutions. This ongoing physician wellness research project began one year ago.

"I feel very confident that the MSMP Physician Wellness Program has the ability to help individuals who are in need of help," Gragnola said. "Having had the past opportunity to learn about the program from (MSMP Executive Director) Amanda Borges, and speaking with counselors who do the actual work, I feel it is a unique and sorely needed resource for the medical community, and the confidential nature of the interaction is crucial for physicians in these situations." ■

Physician Wellness Program

Confidential Counseling

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

Coaching

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

Wellness Education

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

Wellness Library

We have compiled articles, studies and videos discussing physician burnout, stress, depression and general wellness for your ease of reference at www.MSMP.org.

CONFIDENTIAL WELLNESS LINE

(503) 764-5663

Call to schedule an appointment or leave a confidential message.

For more information regarding the Physician Wellness Program, including detailed profiles on our counselors and coaches, visit www.MSMP.org.

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.



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