



# The Scribe

A publication of the Medical Society of Metropolitan Portland

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May 2020

Photo courtesy of OHSU/Kristyna Wentz-Graff



## RESPONDING TO A GLOBAL NEED

### Just push 'print'

Amid the novel coronavirus pandemic, a team from Oregon Health & Science University has developed a low-cost ventilator that can be widely produced using 3D-printing technology. From left to right, Evan Fontaine, Dr. Albert Chi, Dennis Child, Whitney Menzel and Dr. Stephanie Nonas test a prototype at OHSU in April. The design does not require electricity and operates off of a standard oxygen tank.

*To learn more about the effort, please turn to our Focus on Emergency Medicine, starting on page 10.*

## COVID-19 CRISIS



### Kaiser 'Homefront' initiative provides proactive follow-up to patients

By Barry Finnemore  
For The Scribe

When the coronavirus crisis led to a suspension of medical education, student **Rosa Ahn** was looking for ways to contribute during the pandemic. Ahn, a third-year medical student at Oregon Health & Science University and a master's of public health student with OHSU/Portland State University, found her avenue to help through a Kaiser Permanente initiative that partners with medical students and retired Northwest Permanente physicians to provide telephone outreach to ambulatory patients who have been diagnosed with the novel coronavirus or are suspected of being exposed, whether or not they have symptoms.

See **KAISER HOMEFRONT**, page 7

## Surges or not, area hospitals prepare for coronavirus long haul

*Plunge in typical ED volume prompts concern*

By Cliff Collins  
For The Scribe

Local health systems have taken numerous measures in response to the COVID-19 pandemic, including adding extra emergency space, screening everyone entering buildings and requiring wearing masks.

At the same time, emergency personnel – and their peers across the country in locations such as the Portland area that have not yet experienced a significant surge of coronavirus patients requiring emergency care – are perplexed over the plunge in normal emergency department volume.

**Christopher S. Thoming, MD,**

**Legacy Health's** president of medical affairs for its Willamette



**CHRISTOPHER S. THOMING, MD**

Region, said providers are concerned that patients who should seek emergency care are staying away out of fear of being infected by the virus.

"ED patient volume is traditionally a combination of both high- and low-acuity patients," he explained. "Some studies suggest that half of typical ED volumes are patients that do not need the ED specifically and could receive appropriate care elsewhere, like urgent care or primary care. We

expected the low-acuity patient volume would drop as people practiced distancing and perhaps utilized telehealth offerings or virtual urgent care at Legacy GoHealth."

But Thoming said all Legacy hospitals' EDs also are seeing fewer high-acuity patients, such as heart attacks and strokes. "This has been noted nationally, as well, and there is a great deal of debate about what this means," he said. "This will be the subject of much study."

In an article April 20 headlined "Patients with heart attacks, strokes and even appendicitis

See **COVID AND THE ED**, page 10

# Above and beyond

That's what you've done during the COVID-19 crisis. You've gone above and beyond.

Working incredibly hard amid a pandemic, you have helped keep our people, our patients, our community and our world safe.

All the while, showing care and concern for your patients and your colleagues in these emotionally trying times.

We appreciate and recognize your amazing efforts. And we are grateful to have such an extraordinary medical community.

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

### MSMP telehealth toolkit available to you

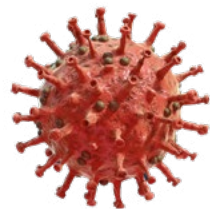
Due to the rapidly changing situation with COVID-19, the Medical Society of Metropolitan Portland has put together a toolkit to offer providers assistance in setting up telehealth.



The toolkit offers the following telehealth resources:

- Clear instructions on creating a HIPAA and HITECH compliant account
- A customized email template for providers to send to patients detailing instructions necessary to prepare for their telehealth appointment
- Customized telehealth consent form with the provider's name and any other pertinent information filled in
- Resources to COVID-19-specific telehealth information
- MSMP staff available for questions and assistance on all of the above

If you are interested or in need of establishing telehealth services, please let us know by contacting [Amanda@MSMP.org](mailto:Amanda@MSMP.org) so that we can provide you step-by-step instructions – we are here to help.



To access these resources, visit [MSMP.org/COVID-19-Resources](http://MSMP.org/COVID-19-Resources)

*We are receiving and reviewing new information regularly, so check back often for new and updated content.*

### MSMP'S COVID-19 information and resources

In response to the coronavirus pandemic, MSMP has created a COVID-19 Information and Resources page within our website. Resources include, but are not limited to:

- MSMP Telehealth Toolkit
- Telehealth appointments through MSMP's Physician Wellness Program
- COVID-19 cleaning/sanitation and bio-hazard cleanup
- Coding advice
- Financial assistance
- Volunteer opportunities



### LIVE VIA ZOOM

### MSMP's 136th Annual Meeting

6:30 – 8:30 p.m.  
Tues., June 16

COST: Free to all attendees

**REGISTRATION: Advance registration is required. Please register at: [www.MSMP.org/events](http://www.MSMP.org/events)**

You are invited to join us for a live presentation by Avital O'Glasser, MD, FACP, FHM: **"The Doctor Will TWEET You Now: New Frontiers in Social Media and Medicine."**

The evening meeting will also honor the recipients of our 2020 Rob Delf Award, Presidential Citation and Student Award. And we will inaugurate the 2020–2021 MSMP Board of Trustees.

This no-cost event is open to the public. Advance registration is required at [www.MSMP.org/Events](http://www.MSMP.org/Events).



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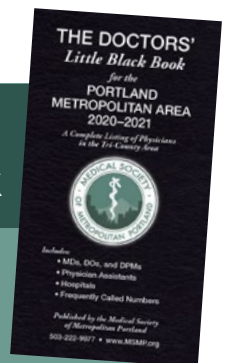
To our members:

Watch your mailbox for your complimentary copy of our 2020–2021 *The Doctors' Little Black Book* featuring a complete listing of physicians and physician assistants in the tri-county area.

We hope you continue to enjoy this membership benefit and many more.

For a complete listing of your membership benefits, visit [www.MSMP.org/Member-Benefits](http://www.MSMP.org/Member-Benefits).

Thank you for your continued support of MSMP's programs, services and events.





“I remember the health class where you see the pictures of what’s on the inside of your body and I was just sold. **I understood medicine to be not just about physical health, but also this intense engagement with people.**”

## Engagement and transparency

*Jennifer Vines, MD, MPH, discusses her role as lead health officer for the tri-county region*

Photo courtesy of Matoya Nakamura/Multnomah County

**By Melody Finnemore**  
For *The Scribe*

When city, county and state leaders address the public about COVID-19 to provide the latest updates and advice, there’s a good chance **Jennifer Vines, MD, MPH**, is among them. The lead health officer for the tri-county region has been a steady, reassuring source of information during these uncertain times.

Vines trained at Oregon Health & Science University in family medicine and preventive medicine, and has a master’s degree in public health and health management and policy. She practiced primary care in a variety of health clinics in the Portland metro area before becoming a health officer.

Prior to serving the tri-county area, Vines was health officer for Columbia County and worked with Alan Melnick, MD, MPH, CPH, Clark County, Wa.’s health officer, as deputy health officer for several counties in southwest Washington. She is the physician champion of the public health ethics committee and touchpoint for health systems in the Portland metro area.

She also served with Gary Oxman, MD, and Paul Lewis, MD, MPH, who both previously led the Multnomah County Health Officer Program. Vines recently talked with *The Scribe* about how their mentorship guides her in her role as a leader in advancing public health policy, how she is collaborating with other public health officers to address COVID-19, and how this pandemic compares with other public health crises she has seen over the years. Vines said she and her colleagues are focused on the pandemic response while preparing for the longer-term impacts – community mental health issues and educational lags, among them – caused by the novel coronavirus.

**The Scribe: How did you become interested in working in health care?**

It goes back to grade school for me and I had this really broad curiosity. I remember the health class where you see the pictures of what’s on the inside of your body and I was just sold. I understood medicine to be not just about physical health, but also this intense engagement with people.

**What did you enjoy most about being a practicing physician?**

That relationship at the bedside with patients who come to know you and trust you and work with you to do problem solving. That’s very powerful and compelling.

**What attracted you to working as a health officer?**

I just loved the lens they look through because it’s so wide. I was most excited about the public health role in tuberculosis because you offer people a cure, work with skilled nurses and have an intense, months-long relationship with patients. There is a lot of health education mixed in and understanding the cultural aspects of what the disease means to people. I honestly thought that would be my career and then I realized I was ready to engage in the really big questions about health.

**How would you define what the tri-county lead health officer does?**

When I took on the role on Jan. 1, I agreed with my counterparts in Washington and Clackamas counties that we all serve as regional health officers so I introduce myself as the Multnomah County health officer and lead health officer for the tri-county region. My role

is to be the physician glue in public health and an ambassador to various groups with a goal of aligning our three counties around public health strategies.

**What did you learn from working with Dr. Alan Melnick?**

I have Alan Melnick to thank for bringing me to Portland and training at OHSU. He recruited me and he was one of my earliest role models for how you could practice family medicine and play a role in public health. I learned a lot from his style and the Washington state model of public health, which has a strong health officer component. He showed me how to engage assertively in public health policy conversations. He also modeled a level of statewide engagement in Washington state and nationally. He’s published and he’s on several committees, and he showed me how to take local-level leadership to bigger conversations statewide and nationally.

**What did you learn from working with Dr. Paul Lewis and Dr. Gary Oxman?**

Gary is the soul of Multnomah County public health and he mentored Paul and me. Gary showed us how to listen to people, how to convene and how to frame questions in a way that engaged different voices. Public health really is a collective endeavor and Gary showed us how to serve that endeavor. Paul continued Gary’s legacy and also set up pathways to engage with health care providers about what they need from public health and what public health needs to know from them.

See **PHYSICIAN PROFILE**, page 6

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# Tailoring protection



The coronavirus crisis meant temporary suspension of the student-run **Bridges Collaborative Care Clinic** that serves people in the Portland area experiencing homelessness, but it didn't mean an end to clinic participants' outreach to some of Portland's most vulnerable.

Students involved in Bridges, from health care programs at Oregon Health & Science University, Portland State University and Oregon State University, shifted their focus to addressing a huge need, partnering with community members to sew masks.

OHSU said an area clothing company helped organizers mass-cut fabric and surgical wrap, with volunteers following patterns to sew the masks. All costs were covered through clinic funds and donations.

**Huong Nguyen** and **Bin Chen**, OHSU School of Medicine MD Class of 2022, are co-leading the effort, along with classmate **Dana Button**. **Ashley Stading** (right) and **Charlotte Larson** (left), also with that MD class, have helped sew masks.

Hundreds of masks have been made and distributed to organizations that help vulnerable and underserved people, and there are plans to make thousands more, OHSU said. ■

*Photos courtesy of OHSU*



## PHYSICIAN PROFILE, from page 4

### How would you compare the COVID-19 pandemic to previous challenges you have faced, such as the Ebola outbreak, flu seasons, measles and mumps?

In my career, the things that stand out were the 2009 H1N1 and there are some similarities, but in that case we had a vaccine we were waiting for and had the stopgap of getting antivirals to people who needed it. The influenza playbook is helpful, but COVID-19 is more complicated because of social distancing measures and how to balance those with re-opening and how to get people back to work. The Ebola model involved tracking people's travels and health status for a 21-day monitoring period. That required a direct line to health systems and infectious diseases doctors. That's really where Paul Lewis and I developed a lot of the relationships that I'm relying on now.

Our early response to COVID-19 was modeled on our Ebola response and the idea of tracking travelers from China and other affected countries. We imagined our measles response model would work in terms of finding cases and having close contacts stay home for a 14-day monitoring period. This approach during the measles outbreak in 2019 included having providers on alert for classic symptoms of the disease. There was a large public education component to the measles response, and I take a lot of pride in our public health work because we didn't see a lot of spread in our community.

When we realized that COVID-19 was widespread in the community we had to set aside our plans. I

am still confident that we have the important public health tools at our disposal and I fundamentally have faith in the people doing the public health work, looking at the data and engaging with partners about how we need to respond.

### How prepared was the region for such a crisis, and what are some lessons learned so far?

Multnomah County monitored China in January, and Washington state announced its first case in late January, so we were already looking at travelers and thinking of our Ebola and measles tools. We were surprised that we had community spread so suddenly and that meant we had to completely change our response and move quickly to the social distancing conversation. At the time, that felt like such a blunt response, but I think seeing the disease unfold quickly elsewhere rallied support for Gov. Brown's order.

In the age of social media, there is a double edge in getting information and messages out and tracking rumors and false information. I think this is also our first big public health threat with such a large unhoused population. The underlying drivers of health suddenly have a spotlight on them through this infectious disease lens.

### What are your primary goals in communicating with the state's leaders and the public about the COVID-19 pandemic?

My job – and Gary Oxman modeled this nicely – is to let the public know where we are in the pandemic, what we think is next and to be transparent

with information that we can share. It's my job to get people the best information we have, tell people what we know and where we think we're headed. It is also increasingly my job to highlight how this pandemic is affecting communities of color disproportionately and support my health department in responding accordingly.

### How do you balance the demands of the pandemic with other public health concerns right now?

That weighs on me because the pandemic response has been so consuming and, at the same time, opiate overdoses don't stop and we have the social effects of isolation, mental health challenges, and kids falling behind in their education. We also see COVID-19 affecting people with the kind of underlying chronic health conditions that we work at systems and policy levels to address. All of those things are still pressing and we as public health and as Multnomah County are talking about what our work will look like in the months and years ahead. We have to look at how to address the pandemic, but we still have other work to do and we need continuity.

### When you have free time, which we imagine is not often, how do you relax and what are your hobbies?

I try to get in a run. I don't get it in every day, but I used to do half marathons and my goal is to do a 5K a couple of times a week. I'm not a great cook but I like to be in the kitchen. It gives me a sense of order and a little slice of creativity. ■

## KAISER HOMEFRONT, from page 1

"I feel incredibly lucky to be part of the program, and so grateful for the opportunity to interact with patients," Ahn said.

The **Kaiser Permanente COVID-19 Homefront Project** started in April, the brainchild of **Ellen Singer, MD**, an internist and pediatrician with 25 years of clinical experience in primary and urgent care. Singer, who is Northwest Permanente director of graduate and undergraduate medical education, said the project, which was up and running in 12 days and is free to patients, represents "a win" for patients who benefit from proactive follow-up, for students abruptly furloughed because of the crisis, and for retired providers who can apply their significant experience.

Students participating in the project hail from Oregon Health & Science University, Washington State University, Elson Floyd School of Medicine and Western University College of Osteopathic Medicine.

Singer said part of the multi-pronged impetus for the project was the experience of a New York professor she interacted with via phone who was sick for some three weeks but could not get tested for COVID-19, and was not provided information about what she might expect during the course of her illness.

"No one told her how to get through the symptoms," Singer said, noting the project is making up for a dearth in outpatient support and follow-up related to COVID-19.

She said patients find immense hope in hearing a provider's perspective on an illness so they know what to expect in the days or weeks ahead. With COVID-19, there is much for clinicians and researchers still to discover, but there are symptoms common to many patients – among them, feeling like they've been "hit by a truck," cough, severe headache and profound fatigue, along with the accompanying isolation – followed by a "pivot point" where they feel they're getting better.

Singer described it as a "fake-out" of normalcy, often followed by a return of severe symptoms.

"If you can foreshadow for them the pivot point, like it's mile 14, 15 or 16 of a marathon (with several miles to go), we can guide them through the process," she said.

**Susan Kauffman, MD**, a retired nephrologist who began serving patients through the project in late April, praised its proactive, patient-centered nature and follow up

## Patients find **immense hope** in hearing a provider's perspective on an illness **so they know what to expect** in the days or weeks ahead.

over time. "We're not waiting for patients to contact us," she said.

She described the project as an invaluable resource – "a helping hand" – at a time when the health system is fragmented due to COVID-19, with participants not only communicating with patients about their physical health, but also checking in with them regarding their needs with respect to food insecurity and referrals for behavioral health services and assistance with financial matters.

"I've found that patients appreciate having someone who is concerned and can help them with resources," Kauffman said. She added that she didn't hesitate to get involved in the program. "Anytime a person can volunteer their services to help people in need medically, why not? Why wouldn't you go there?"

Kauffman said that in the initial days of her involvement with the program she met remotely with six patients, most of whom revealed that they'd struggled with anxiety over COVID-19. She said some patients tended to not bring up having anxiety, but once asked "it's like you turned on a faucet."

"Anxiety is a big component of this," she said.

Ahn, the medical student, said part of the preparation for working on the project was, together with Singer, talking with COVID-19 patients to get their perspective on what they thought students and providers

should know about patients' experiences. The participants then worked with Singer to adjust, and practice running through, the scripts that guide their patient interactions.

One of the key pieces of feedback for Ahn in the preparatory work was hearing from patients that it was important to assume anxiety was part of the COVID-19 experience so that the conversation with a patient could focus on the level of that anxiety and what supports a person needed to manage it. Another takeaway was the recommendation that if patients expressed that they had sufficient social support, perhaps not as much follow-up through the program was needed.

"It's humbling to be in a position to hear patient experiences and offer support ...," Ahn said, noting that

it's been invaluable to learn from patients how the diagnosis is impacting their lives and their perception of overall well-being in order for the health system to better serve them.

In addition to the Homefront Project helping students hone interview, rapport-building, telehealth delivery and project management skills, the initiative has an important research component, with a data team connected to the Kaiser Permanente Center for Health Research. Among the information sought is patient-reported outcomes of disease initiation, progression and outcomes, Singer said.

Such data, which will be publishable, are critical if the health system is to "learn and grow" and be able to better respond to a pandemic, Singer said. ■



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 **PROVIDENCE**  
Medical Group

# Ten tips for reopening your medical office during COVID-19

By Kerin Torpey Bashaw, MPH, RN, and Debbie K. Hill, MBA, RN

As state and local governments determine that criteria have been met to implement phase one of the federal [Opening Up America Again Guidelines](#), medical offices will begin reopening – and will need to make modifications to keep patients and office staff safe. Though the dynamics surrounding COVID-19 will continue to change in the weeks and months ahead, what must not change is physicians and medical office staff remaining vigilant.

We've heard from physicians that they are concerned about the risks involved in reopening their practices. In response to these concerns, we offer the following 10 recommendations:

**1. Provide refresher training for all staff** on [triage](#), [infection control](#), [use of personal protective equipment \(PPE\)](#) and patient communication.

**2. Determine staff needs for PPE** based on levels of infection in the community, types of patients seen and types of patient care procedures performed. See [guidance from the Occupational Safety and Health Administration \(OSHA\)](#).

**3. Contact your insurance agent or medical professional liability carrier** to confirm that coverage has been reinstated at the desired level if you have requested adjustments in your professional liability coverage during the crisis.

**4. Schedule in-person visits according to medical priority.** Consider continued telehealth visits for patients at high risk for COVID-19 who don't need to be seen in person.

**5. Follow guidelines** from the [Centers for Disease Control and Prevention \(CDC\)](#) for patient COVID-19 screening upon appointment scheduling and on day of appointment.

**6. Avoid patient-to-patient contact** by considering separate entrance and exit doors, limiting capacity, asking patients to wait in the car and allowing only one-patient visits. If a patient must be accompanied, screen the chaperone for COVID-19. See the CDC's [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#).

**7. Assess whether public, work and treatment areas are equipped to reduce the spread of COVID-19.** For example, use Environmental Protection Agency (EPA)-approved cleaning chemicals with label claims against the coronavirus. For more information, see [OSHA's Ten Steps All Workplaces Can Take to Reduce Risk of Exposure to Coronavirus](#). For a list of disinfection products effective against coronavirus (COVID-19, also known as SARS-CoV-2), see the [Environment Protection Agency list](#).

**8. Screen health care personnel daily** for symptoms/travel/contacts relevant to COVID-19. Any unprotected occupational exposure by staff members should be assessed and monitored. See [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

**9. Follow return-to-work guidelines** for health care workers with confirmed or suspected COVID-19.

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 health care provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

**10. Maintain an open line of communication** with all vendors and supply chains for infection control purposes and access to available resources.

Concerns will persist regarding the possibility of COVID-19's resurgence as state and local governments implement the phases of the Opening Up America Again Guidelines. We urge you to:

- Reference the CDC, your state medical board, professional societies, and federal, state and local authorities daily for public health guidance and new legislation. The CDC provides public health agency contact information at [National Voluntary Accreditation for Public Health Departments](#).
- Be mindful of expiration dates of executive orders related to licensing, telemedicine, prescribing rules and regulatory compliance. See [COVID-19: Executive Orders by State on Dental, Medical, and Surgical Procedures](#) for a list of state executive orders from the American College of Surgeons.

We've provided these tips because we are driven by our mission to advance the practice of good medicine. As always, use your best clinical judgment. Continue to be diligent and proceed with caution as you manage patients within your facility. Stay abreast of community incidence of disease and restructure your approach when needed. ■

*Kerin Torpey Bashaw, MPH, RN, is senior vice president, Patient Safety and Risk Management, and Debbie K. Hill, MBA, RN, is senior patient safety risk manager with The Doctors Company.*

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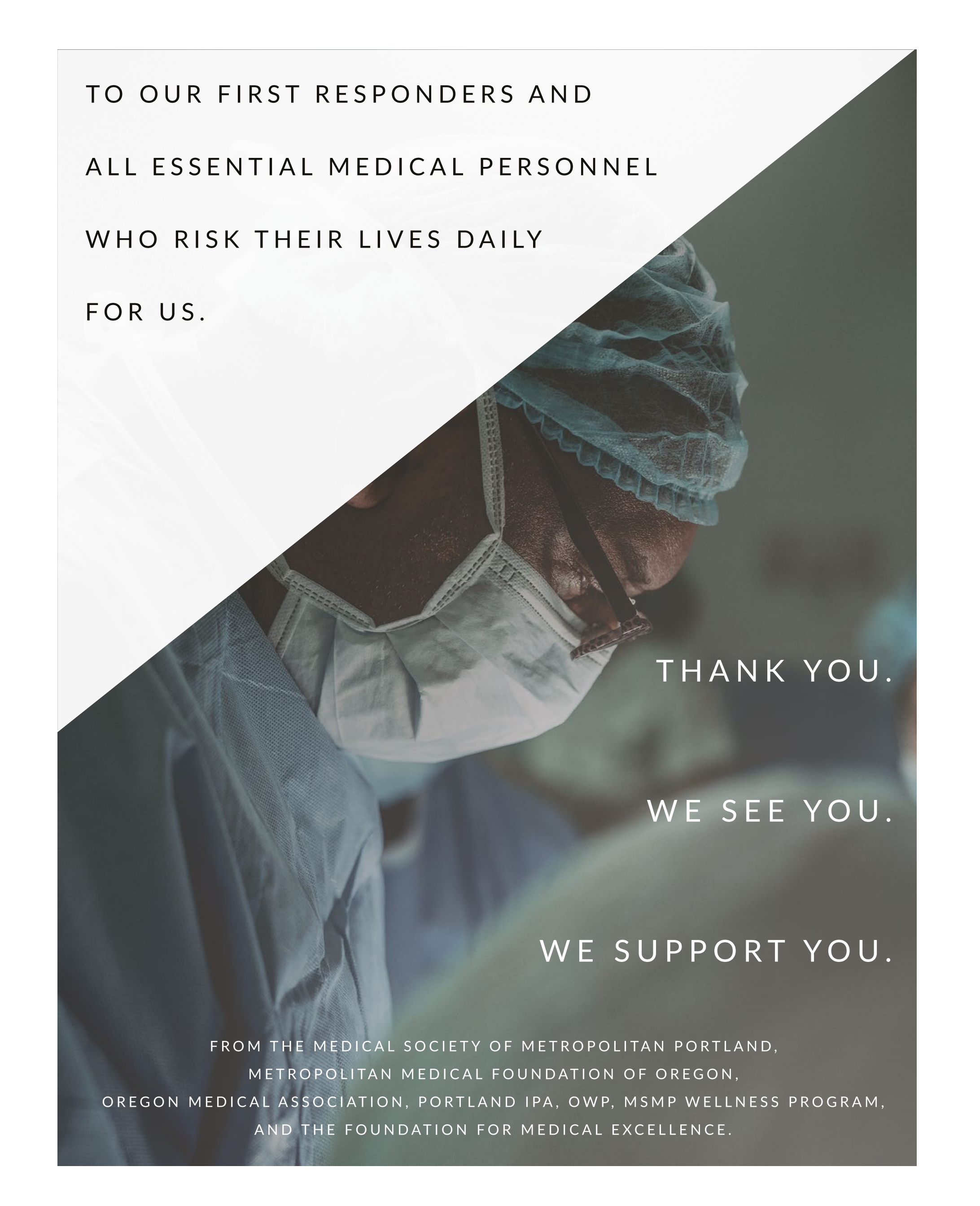


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Each month, *The Scribe* focuses on a health topic, providing a deeper look into issues and advances that impact the area's medical community and patients. In June, we'll focus on Physician Wellness.



OHSU modified existing space to accommodate COVID-19 patients in a quick-turnaround project.

Photo courtesy of OHSU

### COVID AND THE ED, from page 1

vanish from hospitals," *The Washington Post* reported: "Five weeks into a nationwide coronavirus lockdown, many doctors believe the pandemic has produced a silent sub-epidemic of people who need care at hospitals but dare not come in. They include people with inflamed appendixes, infected gall bladders and bowel obstructions, and more ominously, chest pains and stroke symptoms, according to these physicians and early research. ... And some expect they will soon see patients who have dangerously delayed seeking care as ongoing symptoms force them to overcome their fear."

The newspaper cited a Gallup online poll that asked people with different conditions how concerned they would be about exposure to the coronavirus if they needed "medical treatment right now" at a hospital or doctor's office. A large majority of respondents with heart disease or hypertension, respectively, said they would be either "moderately concerned" or "very concerned."

Legacy Emanuel Medical Center and OHSU Hospital each house Level 1 trauma centers, and the fact that trauma calls are down over normal levels is unsurprising given the stay-at-home orders in Oregon and most other states – less driving equals fewer accidents.

But OHSU Hospital is like others in reporting lower-than-normal ED volumes for both acute-emergent patients and non-urgent patients, said Brandon C. Maughan, MD, MHS, MSHP, interim

medical director of OHSU's emergency department.

For example, **Tonya Brockman, RN**, nurse manager for OHSU's adult and pediatric emergency department, said the number of patients presenting with heart attacks is down 30 percent over the same period a year ago.

So far, Legacy has not had to draw on staff from other departments. "In our surge planning, we included using supplemental providers, not just in our emergency departments but in our inpatient and intensive care units," Thoming said. "We have not had to deploy staff but are prepared to do so."

Both health systems had taken early steps to expand ED capacity in preparation for potential high volumes of COVID-19 patients. Legacy added tents outside its buildings at its Salmon Creek,

Emanuel and Good Samaritan hospitals.

OHSU Hospital was able to remodel existing interior space right near its ED entrance for this purpose, a project that it planned and completed in less than five days, Brockman said. She and other officials met on a Sunday morning with construction and heating-and-air specialists to plan a quick redo of eighth-floor auditorium space and surrounding hallways in the Mark O. Hatfield Research Center on the Hill. By the following Friday, the temporary ED space was ready, even set up with chest X-ray capacity.

Brockman said it "would be a blessing if we don't have to" use the extra space, but the hospital is prepared if a surge or second wave of illness arrives. That no surge has developed so far is "a testament

A Gallup online poll asked people with different conditions **how concerned they would be about exposure** to the coronavirus if they needed "medical treatment right now" at a hospital or doctor's office.

A large majority of respondents with heart disease or hypertension, respectively, said **they would be either "moderately concerned" or "very concerned."**

to the community staying at home and complying with" state restrictions, Maughan said.

**Providence Health & Services** set up tents outside all of its eight Oregon hospitals' EDs and immediate care clinics, according to spokeswoman Lisa Helderop.

"Those tents are helping us triage patients and separate people with COVID symptoms from people without COVID symptoms," she said.

In addition, "We went to universal masking for all caregivers during their shift in the hospital, we take the temperature of every person who enters the hospital, and we are offering patients and visitors cloth masks at the entrance."

### Restricting visitors, delaying procedures

"OHSU is doing many things differently to help us address the coronavirus pandemic," said spokeswoman Franny White. These include:

- Quickly expanding telemedicine services. As of March 23, OHSU had conducted more than 1,600 telehealth visits, spanning multiple counties across Oregon and Southwest Washington. That compares with approximately 345 remote visits completed in January.
- Restricting visitors to the hospital
- Postponing non-urgent procedures
- Pausing in-person clinical rotations for students
- Modifying operations and having employees work from home when they can. All OHSU faculty – a total of 2,200 licensed health care professionals – now can conduct virtual visits with patients through telemedicine. These encompass OHSU's entire primary care and specialty care service lines, including oncology and behavioral health.
- OHSU has implemented a "masks on" policy for all health care workers in patient environments. All employees who work in those areas receive masks provided by OHSU.
- Redeploying and retraining some employees to areas that are in great demand, such as respiratory therapy and entrance checkpoints screening of anyone entering buildings. Staff drawn on for such tasks include those whose work has been curtailed and cannot be done remotely. In addition, some curtailed nursing staff are now working at OHSU's mobile COVID-19 testing sites and the OHSU COVID-19 Connected Care Center hotline.

Legacy follows guidelines from the Oregon Health Authority and the Centers for Disease Control and Prevention, said spokeswoman Vicki Guinn.

"We have strict visitor guidelines and now, added as of (mid-April), that all Legacy Health employees and providers are required to wear a mask, even when in administrative areas, when it is not possible to maintain a six-foot distance from other

## OHSU's Moorhead: Despite physicians' personal risk, treating patients is 'our duty'

*Health care leader says distancing has paid dividends, but work remains*

By Cliff Collins

For The Scribe

Emergency medicine leader **John C. Moorhead, MD, MS**, served on the Governor's COVID-19 Joint Task Force, which made initial recommendations on what was needed to prepare for a surge in cases.



JOHN C. MOORHEAD, MD, MS

For Oregon, that surge has not happened, a fact he attributes to the physical distancing restrictions put in place.

"It worked," he said in late April. "We've seen the results. The distancing is exactly why we've done so well as a state."

Moorhead represented emergency medical services on the task force, which also included representatives from hospitals and from nursing homes and care facilities. The task force referred its recommendations to the Oregon Health Authority.

Before the state can reopen, it needs to see a reduction in the number of new cases, said Moorhead, who is a member of the **Medical Society of Metropolitan Portland** and has held numerous national and state leadership positions in medicine and in his specialty.

Oregon also needs more personal protective

individuals," she said. "We are providing masks at the hospital or clinic entrances. These aren't homemade masks. For staff treating patients, they must have the appropriate PPE on."

Also in April, Legacy "significantly ramped up capacity for COVID-19 testing," with the ability to run more than 650 tests per day, Guinn said. Testing is available through Legacy Medical Group clinics, Legacy-GoHealth Urgent Care centers and Legacy hospitals.

**Kaiser Permanente Northwest** also has implemented several measures to prepare for an influx of patients, said spokeswoman Kimberly Mounts.

"We temporarily consolidated services and closed some medical offices so we can support a potential surge in our hospital patients, meet the critical need to conserve PPE, guard against potential staffing shortages, and limit the exposure for members, employees and the community," she said.

In addition, Kaiser:

equipment and more testing, he said, adding, "We're still seeing discrepancies across hospitals" for availability and types of PPE. He said **Oregon Health & Science University**, where he is a professor of emergency medicine and chair emeritus of the Department of Emergency Medicine, daily posts the current status for PPE, an advantage some other hospitals do not have.

He noted, though, that Oregon continues to be deficient in availability of testing. Even "swabs for testing, we don't have them. It's unbelievable."

All the elements that are needed to enable us "to move out of this are not in place," Moorhead said, including adequate PPE, testing and contact tracing.

However, he has seen some bright spots amid the gloom.

"What I've been impressed with is how the community and the medical community have come together" to support one another while maintaining required social distancing, he said.

"We've got to continue to stay the course. It's really tough on everyone. I think we can see our way through this, and it will happen. This would be the worst possible time to lower our guard."

Asked if he fears for his and his colleagues' personal safety treating patients, Moorhead was candid. "Absolutely. But that's our duty. This is what we signed up for." ■

- Postponed non-urgent surgeries and procedures to ensure that space and equipment are adequate to care for the potential of more critically ill patients.
- Consolidated to fewer clinics, postponed some appointments and converted many to telephone, video and e-visits. All urgent care services remain open.
- Consolidated dental offices and postponed non-urgent dental procedures, and increased virtual care appointments.
- Redeployed staff to hospital and telehealth care delivery. Staff are matched with positions for which they are qualified.
- Began curbside pharmacy delivery, allowing members to remain in their vehicles and out of the pharmacy lobby, and moved many members to mail-order prescription delivery for renewals. ■

# OHSU team develops low-cost ventilator prototypes using 3D printing

The expression “necessity is the mother of invention” is the driving force behind an effort at **Oregon Health & Science University** to develop a low-cost ventilator that it says

can be widely produced through 3D printing as a global ventilator shortage looms.

**Albert Chi, MD, MSE**, an OHSU trauma surgeon and associate professor of surgery in the School of



**ALBERT CHI, MD, MSE**

Medicine who is leading the project, said on the organization’s website that the idea was to develop “something we could print everywhere without the need for special equipment or custom manufacturing.”

The ventilator’s simple design means that it doesn’t require electricity, only a standard oxygen tank that hospitals and clinics use worldwide. Also, one ventilator can be made within three to eight hours, depending on the printer, and can be operational with low-cost springs available at a typical hardware store. All told, the ventilators can be replicated anywhere for less than \$10, and deployed quickly and efficiently, OHSU said.

The design means no long supply chains, and the design could be used in future pandemics, OHSU noted.

Chi, a former U.S. Navy Reserve officer, believes the new printers could be used as a “pocket vent” in military operations or in other austere environments with limited access to electricity, such as areas impacted by natural disasters.

The core team working on the project with Chi includes his lab research engineers, **Whitney Menzel** and **Evan Fontaine**; **Stephanie Nonas, MD**, medical intensive care unit director at OHSU and an assistant professor of medicine in the School of Medicine; and **Dennis Child**, an OHSU respiratory therapist.

The team has worked with 3D printing technology firms Stratasys and Sherpa Design Inc. and the University of Central Florida non-profit Limbitless Solutions to produce prototypes. Nike Inc. 3D printed the team’s design.

In late April, the team filed for emergency use authorization from the Food and Drug Administration to deploy the design nationwide. If the design is approved, any hospital with a commercial-grade 3D printer could produce a new ventilator within hours, OHSU said.

The need for ventilators in certain COVID-19 hot spots was illustrated in part when OHSU in early April sent 140 traditional ventilators to New York to help hospitals there.

The new design would be used in triage situations when clinicians must make life-or-death decisions about which patients are intubated with ventilators, OHSU said, noting that although infection rates appear to be flattening due to stay-home orders and other physical distancing measures, the virus is continuing to spread elsewhere in the world.

Chi, whose team continues to test and refine its prototypes, said the new ventilators might also be necessary to manage any secondary surges in Oregon or other areas of the United States. ■



The goal of a prototype ventilator being developed at OHSU is to “provide it for free to whoever needs it,” said Albert Chi, MD, MSE, who is leading the initiative.

*Photo courtesy of OHSU/Kristyna Wentz-Graff*

## ■ MSMP MEMBER EXCLUSIVE ■

### *Don’t miss this article!*

**Kevin Hatcher-Ross, MD, MSPH**, head of pediatrics with The Vancouver Clinic, and **Anna Meyers, DO**, of Providence Medical Group—Southwest Pediatrics, are among the countless health care providers whose work has been altered considerably by the COVID-19 crisis.

The clinicians took time recently to talk about those changes, including greater virtual visits, and the nature of the appointments with youngsters and their families since the outbreak.

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





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# Portland Street Medicine, other volunteers join effort to avert COVID-19 crisis among area homeless

By John Rumler  
For The Scribe

In February and March of this year, several news reports indicated that an epidemic of COVID-19 among the Portland area's homeless population was almost inevitable. According to a 2018 Housing and Urban Development study, Oregon has 14,476 homeless persons, and Multnomah County has 4,177; current estimates in Portland proper are close to 4,000.

"It was a grim outlook. We could hope for the best, but we still had to prepare for the worst," says Denis Theriault, public information officer for the city of Portland/Multnomah County Joint Office of Homeless Services (JOHS). "We were bracing for the likelihood of dozens of homeless persons becoming infected and

possibly much worse."

While the danger has not passed, so far, of the 2,510 confirmed diagnoses of COVID-19 in Oregon, 11 in the Portland area were homeless persons, and of the state's 103 deaths, (figures from May 1) not a single one was homeless.

The city and county ponied up \$70 million in a massive effort to stem the tide of the virus before it was able to reach critical mass, Theriault explained. Numerous volunteer groups, such as Portland Street Medicine, Street Roots and JOIN, helped JOHS distribute hundreds of hygiene kits, masks, bottled water and much more. In addition, volunteers gave out 5,000 laminated COVID-19 information cards printed in English and Spanish. JOHS also funded the construction of three new temporary, outdoor homeless shelters.

## Early action and intervention

JOHS began emergency operations Jan. 28, a month before Oregon's first novel coronavirus case was diagnosed. By early March, it was working with more than a dozen volunteer groups in an aggressive, preventive fashion. "Portland Street Medicine was an immediate help," says Theriault. "They made a huge difference as they are uniquely equipped for this sort of difficult challenge. They are doctors and trained medical professionals, and they know the people and the territory. Plus, they have a track record and street cred."

Now with about 70 volunteers, Portland Street Medicine registered as a 501(c)3 entity in March 2019 and has been reaching out to the

homeless for more than three years.

With Portland's homeless shelters at capacity, and the many camps around the periphery of the city teeming with homeless people of all ages and ethnicities, it seemed like a recipe for disaster. In addition, many of the seniors already have numerous health challenges, exacerbated by poor nutrition and often drug, alcohol, and tobacco use, according to **Sharon Meieran, MD**.

Meieran, a Multnomah County commissioner, has a unique background that has prepared her for leadership during the COVID-19 crisis. With many years of experience as an ER physician, she is also a past president of the **Medical Society of Metropolitan Portland**, a long-time advocate for mentally challenged and homeless people, and a Portland Street Medicine volunteer. In February, Meieran said, she thought of possible scenarios regarding COVID-19 and the area's homeless population.

"The outcome could have been disastrous. It was truly scary, but the city and county and so many volunteers rallied together and worked so hard. There are a lot of amazing groups, but I can't think of any more important than Portland Street Medicine. I think of them putting on whatever PPE they had and going out every day to work on the front lines. They were heroic."

**Dawn Mautner, MD, MS**, senior health adviser with the Oregon Health Authority COVID-19 response team, noted that people without sheltered housing have less access to hygiene and sanitation facilities, and adequate health care. "They are disproportionately affected during an infectious disease outbreak. That is why the work of community-based organizations such as Portland Street Medicine is so critical in augmenting the local, state and federal efforts to help."

Dr. William Toepper (Dr. Bill) works with a patient (pre-COVID) as Melanie Farnsworth, RN, looks on.

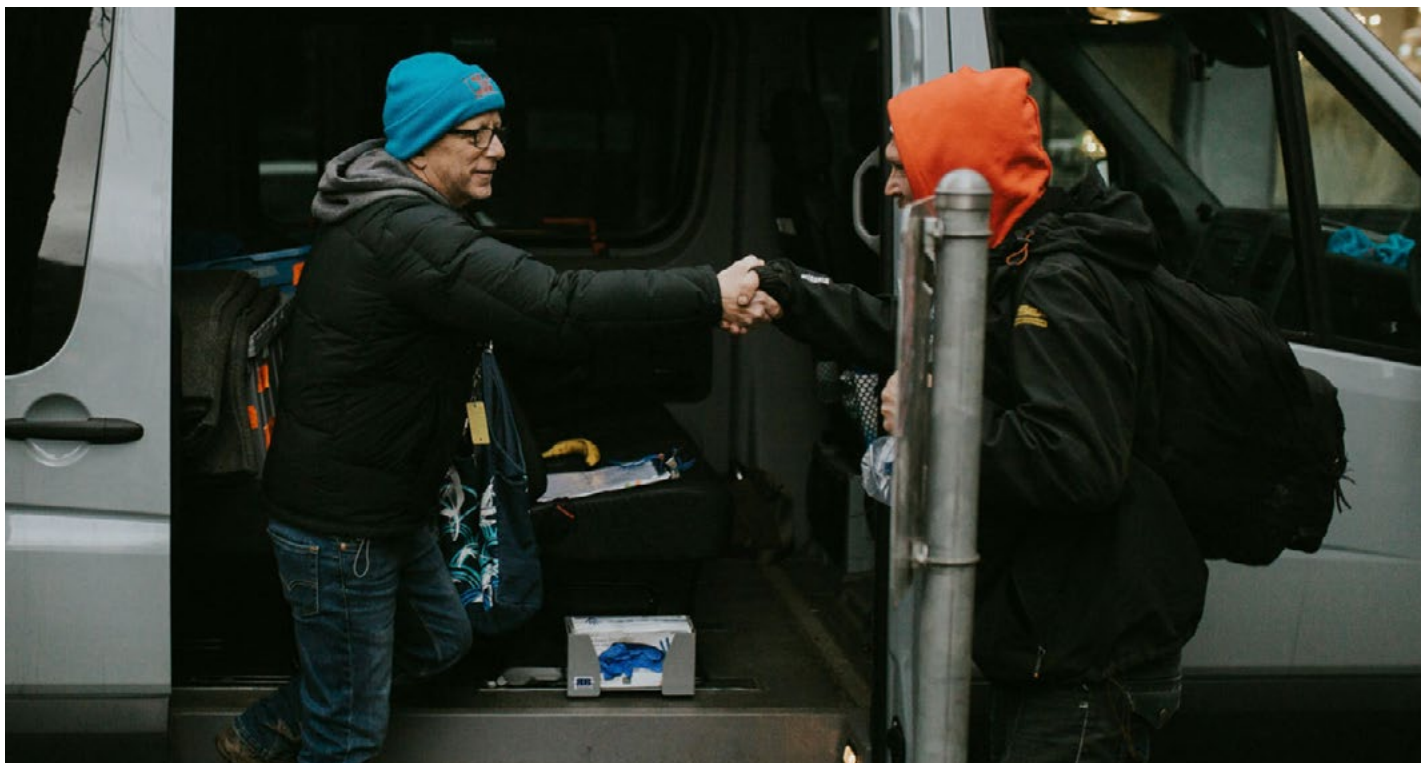
Photos courtesy of Cole Keister



The director of Communicable Disease Programs for Multnomah County, Kim Toevs has worked successfully with Portland Street Medicine previously on issues such as HIV and hepatitis that affect the homeless community.

“There’s fear and a lot of uncertainty among the homeless and some are worried about the possibility of a mass roundup. (Portland Street Medicine) volunteers stay calm and are comforting. They’ve earned trust and that is so important right now.”

Portland Street Medicine Founder **William Toepper, MD**, says that in late February and March the 3-year-old nonprofit shifted its usual health care-outreach focus to one of preventative medicine and education specific to the COVID-19 virus, working closely with city and county officials.



## Timely donation of supplies

Fortuitously, Toepper said, Portland Street Medicine received a sizable donation of medical supplies last year, including gloves, gowns and respiratory masks, from the Southwest Community Health Center. The clinic, located in Multnomah Village, served mostly non-English speaking clients for 15 years, closed and transferred most of its patients to Virginia Garcia’s Beaverton Wellness Center. “They donated so much good stuff to us. We had no idea how useful it would be.”

Portland Street Medicine passed out hundreds of homemade, survival-hygiene kits containing toothbrushes and toothpaste, triple antibiotic ointment, masks, socks, soap, sanitizer and other items.

A cardiologist at Providence St. Vincent Medical Center, **Geoffery Wilson, MD**, began volunteering at Portland Street Medicine two years ago, he says, “to have a direct and personal impact among our community’s most vulnerable population.”

As a Portland Street Medicine volunteer working in the midst of a health crisis, Wilson meets patients on their territory. Many he

encounters have had negative experiences and frustration with the “system,” and are initially distant and/or skeptical, he says.

“This has all reaffirmed for me the importance of humility in the health care setting,” Wilson says. He thinks the low incidence of COVID-19 among homeless people is due to a combination of factors. He credits the aggressive, proactive approach spearheaded by Portland Mayor Ted Wheeler and City Commissioner Jo Ann Hardesty and county officials.

Beginning in March, Hardesty and Wheeler helped catalyze efforts to provide safe living spaces for the homeless. This included providing 240 motel/hotel rooms for those most at risk, and tents, sleeping bags, blankets and supplies for hundreds of others.

“The city and county worked to create new homeless areas using COVID-19 precautions and also to make the existing homeless camps much safer, with social distancing, hand-washing stations, hygienic supplies and more,” Wilson says.

## ‘Gentle persistence’

Fellow volunteer **Daniel Skog, MD**, is an ER physician at Providence

Willamette Falls Medical Center in Oregon City, where he began having conversations about the virus with unhoused persons in early February. Skog was also hitting the streets in Portland, working in small groups with other Portland Street Medicine volunteers.

Skog and his colleagues take extreme precautions to decrease cross-contamination risks. For example, Skog changes from street clothes into scrubs before beginning outreach. He vigilantly wipes down all his equipment with anti-viral swabs and dons protective goggles, an N-95 mask and disposable gloves. “I take my mask and goggles off just once, in the middle of my shift, while I am eating, and if there is any patient contact, I also change my clothes.”

After the shift, Skog puts his clothes in a sealed plastic bag for five days before washing them. This is standard procedure; however, if he encounters a patient with even the slightest respiratory symptoms, he takes even more vigorous precautions. Another difficulty Skog strives to overcome is a lack of trust with some homeless individuals. He cited one person he had numerous encounters with that led nowhere. Finally, one day, he managed to have a brief conversation with the person. “As we were walking away, she came running after us, telling us she had a friend she was worried about, and asking us if we’d check up on him as well.”

It turned out, Skog explained, the single opening led to many other successful meetings with homeless persons. “Gentle persistence can break

**Dr. William Toepper (Dr. Bill) with a patient.**

down deep and stubborn resistance. The time invested in just one person can pay off in building a bridge to a whole group who wouldn’t normally have access to health care.”

Skog is wary of rosy forecasts, as are other physicians. “We’re working at flattening the curve, not eliminating the virus altogether. I’m proud of all Oregonians for respecting the rules and inconveniencing themselves to protect the elderly, immunocompromised and unhoused Oregonians who are at the greatest risk.”

Mautner said it was clear that the outreach of Portland Street Medicine and other volunteer groups thus far has helped reduce the impact of COVID-19 among the region’s homeless population.

“They literally put their boots on the ground, walking the necessary miles to reach people experiencing homelessness, often in difficult-to-access areas, and getting them whatever they needed to protect themselves and stay healthy.”

When asked about the role Portland Street Medicine has played in the COVID-19 crisis, Toepper attested the agency was part of a huge effort, with many players and partners.

“A lot of people worked real hard on this, and I think we may have dodged a bullet, but I’m reluctant to say, ‘Okay, we can relax now.’ It’s easy for people to stay in their tents and houses when it is cold and rainy. Now the weather is getting nice, and people will be tempted to get back to normal, but we’re still vulnerable.” ■

**“They literally put their boots on the ground, walking the necessary miles to reach people experiencing homelessness, often in difficult-to-access areas, and getting them whatever they needed to protect themselves and stay healthy.”**

— Dawn Mautner, MD, MS



# Jason Campbell, MD

## ~ AKA the TikTok Doc ~

### uses social media to raise awareness, lift spirits

**By Jon Bell**  
For The Scribe

There is much, much more to Jason Campbell, MD, than his recent social media fame as the TikTok Doc.

There's the fact that he's the son of the first African American female epidemiologist in the country. That he grew up with a love of dancing that eventually found him working his moves as a member of the dance team of the WNBA's Washington Mystics. That he was a Division III All-American track and field athlete at Emory University. And that he's both an anesthesiology resident at Oregon Health & Science University and a big advocate of diversifying the medical field by encouraging black youth to pursue careers in health care.

But before we get to all that, there's the TikTok Doc.

For the uninitiated, TikTok is the latest social media craze. It's a video app that finds people taking short, humorous and often mindless videos of goofy situations, stitching them together into micro movies of less than 60 seconds each. Scrolling through the app can be a funny escape from reality or a mind-numbing lesson in the loss of attention span.

Campbell, 31, first started using TikTok in February, after working with a medical student who'd been creating a podcast. Campbell, himself an avid writer, was looking for ways to reach a larger audience through social media, and his 3,000 or so followers on Instagram wasn't cutting it.

"I don't want to be some big (social media) influencer and live in a house in L.A.," Campbell said, "but I do have an interest in finding ways that will help me disseminate my writing more easily."

The medical student gave Campbell some pointers on how to use TikTok effectively. He started posting TikTok under the profile name the TikTok Doc. The first few videos are largely Campbell showing off some dance steps, spreading awareness about black doctors and dancing with some of his colleagues at OHSU.

And then on March 17, the same day that Oregon Gov. Kate Brown extended school closures due to COVID-19 and six days before she issued a stay-at-home order, Campbell posted a video he titled the "Coronavirus Foot Shake." To demonstrate how people could greet each

other sans handshakes in the time of COVID-19, Campbell and a colleague do an intricate footwork pattern, tapping their feet together to an R&B tune called "Oh Nanana."

For whatever reason – the timing, the catchiness of the dance moves, the growing need for people to find something lighthearted in an increasingly heavy world – Campbell's video took off. In less than 24 hours, the video had racked up 600,000 views; an hour after that,



Jason Campbell, MD, and Esther Choo, MD, emergency medicine attending physician at OHSU.





**“I’m trying to keep it light and not detract from the seriousness of what’s going on, too. I just want people to have a small ounce of something to smile about.”**

it was up to 750,000, and by the end of April, it was up to more than 4.4 million. Campbell’s account on TikTok has also skyrocketed to nearly 235,000 followers, and he’s gotten press coverage in outlets across the country.

“It was insane,” he said. “It’s just crazy the way the world works now.”  
‘Something to smile about’

Long before he became the TikTok Doc, Campbell was a young boy growing up in Washington, D.C. He said his parents’ careers in medical research and law gave him inspiration and support to pursue his own education and professional pursuits. Along the way, he got interested in both track and field and dancing. He excelled in both, becoming an all-American at Emory University, where he earned a bachelor of science in anthropology.

His most cherished award, however, came from his time as a member of the junior dance team for the

WNBA’s Washington Wizards. He auditioned and made the team his first try, but he missed some of the choreography throughout his inaugural season. In preparation for the next year, he practiced diligently – “It was like I was one of the backup dancers for Justin Timberlake,” he said – and earned the most improved dancer award that season.

He continued his pursuit of dance while a student at Georgetown Day School, a private K-12 school in D.C., dabbling in theater, jazz, ballet and tap dance. But he also always had a passion for break dancing, which, based on his TikTok videos, is clearly still burning, even if dancing in general has been relegated to hobby status.

After a master’s in physiology at Georgetown and medical school at Ohio State, Campbell came to interview at OHSU for a residency and fell in love with the usual suspects that draw folks from afar to

the Beaver State: the natural beauty of the Oregon Coast, the Cascade Mountains and other features. He also said he felt immediate support at OHSU from Emily Baird, MD, program director in the Department of Anesthesiology.

“For anyone in medicine, but for minority students in particular, if you find someone who believes in you, that’s where you are going to go,” Campbell said.

That kind of support is some of what Campbell writes about regularly on his blog, which he calls Dr. JC of the DC (<https://jcofthcdc.blog>). On the site, he posts about his wide-ranging experiences, his family, the people who’ve made an impact on his life and the opportunities for diversifying the medical field.

And since his breakthrough as the

dancing TikTok Doc, he said he’s been able to reach more people with his writing than ever before. At the same time, he’s also very mindful of the severity of the current situation in hospitals across the country. Campbell said he’ll continue to post occasional dance videos to lighten the mood, but he’s also using his platform to make a bigger impact. For example, in late April, a group called We Need Masks took over Campbell’s TikTok account for a day to raise awareness about the need for more personal protective equipment for health care providers.

“I’m trying to keep it light and not detract from the seriousness of what’s going on, too,” Campbell said. “I just want people to have a small ounce of something to smile about.” ■



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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.

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