



# The Scribe

A publication of the Medical Society of Metropolitan Portland

COVID-19

## FDA approves Providence trial

Health system says its vaccine is unique because it incorporates immunotherapy expertise developed over three decades.

FOCUS ON GIVING BACK

## Women's health to systemic racism among priorities



The Scribe's annual special section focuses on ways providers, organizations and students are supporting improved health care.

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November 2020

# Council shifts focus to helping providers connect patients to social support

By Cliff Collins  
For The Scribe

A state council responsible for health information technology has shifted direction in the wake of the coronavirus pandemic to help providers care for affected patients.

The **Health Information Technology Oversight Council**, created by the 2009 Legislature as a committee of the Oregon Health Policy Board, is charged with ensuring that health system transformation efforts are supported by HIT.

The council, known as HITOC for short, coordinates Oregon's public and private statewide efforts in electronic health records adoption, and is heavily involved with development of community health information exchanges, among other tasks. HITOC's 11 members, appointed by the Oregon Health Policy Board, represent health plans, health systems, county health departments, tribes and consumers.

Members bring expertise in health care delivery, health information technology, health informatics or health care quality improvement.

The state's overall adoption rate of electronic health records is higher than the national average, and the number of providers using EHRs continues to grow, the Oregon Health Authority reports.

"The charge for the council is looking at what reforms and tools are needed to support transformation," said Susan Otter, director and state coordinator for health information technology for the Oregon Health Authority.

One of HITOC's objectives is to help Oregon meet federal requirements so that providers may be eligible for millions of federal health IT stimulus dollars. Using and reporting data collected for value-based reimbursement aids primary care providers in negotiating payments, said **Amy K. Henninger, MD**, vice chair of HITOC and interim medical director of the Multnomah County Health Department-Integrated Clinical Services community health center.

Henninger said providers' main concerns are "the quality and accuracy of information that come into" electronic health records, and what is value-added, she said. "The goal is to make the system more efficient so that health care providers' workload in

regards to HIT is lessened." Providers need to keep pushing vendors to devise systems "to interact in a way that adds value and allows sharing of data to improve efficiencies."

"How do we make sure that information from outside sources is accurate" when, for example, a patient accesses another hospital system? "As a physician representative on HITOC, I'm trying to bring that lens to make sure the information we collect is accurate," Henninger said.

HITOC was working on a two-part strategic plan update earlier this year and seeking providers' input, but that project has been postponed until next year due to the pandemic and related staff capacity, Otter said. "We will likely need to restart the stakeholder input process, estimated to restart in summer 2021."

In the meantime, the council has turned its focus to how health IT can support the public health response to COVID-19, as well as to related changes in the health care system, "including the massive switch to telehealth," she said. Early in the pandemic, the **Medical Society of Metropolitan Portland** helped its members adopt telehealth capabilities so that they could continue to treat patients, albeit remotely.

Within HITOC's pandemic support emphasis are three elements: working with community health information exchanges to identify COVID patients within providers' and health plans' populations to help coordinate care for individual patients who test positive for the virus; using technology to determine social supports needed with COVID patients; and addressing health inequities when COVID disproportionately affects certain populations.

"Before COVID, CCOs were exploring these community health information exchanges," Otter said. "With COVID, we saw a real increase in need for social support. This has been part of our goal for health reforms in Oregon: to address social needs."

That technology is "pretty new here in Oregon, but is being adopted rapidly by CCOs," she said: Of the 15 coordinated care organizations in the state, approximately a dozen are pursuing or already are participating in exchanges, she estimated. To be able to use "the power of data to tell us about the community is a really exciting advancement, and an effort being driven by CCOs. We're looking at

See **HITOC**, page 8

## Finding calm in colors

**Patrick Williams, MD**, has been an avid watercolor painter since medical school and says it provides a way to relax. His portfolio includes a piece that honors the Black Lives Matter movement and features names instead of stars. His style ranges from landscapes to abstracts.

**Please turn to page 18 to read more.**

Photo courtesy of Patrick Williams



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## MEDICAL SOCIETY OF METROPOLITAN PORTLAND

### *Medical Society of Metropolitan Portland is closing after 136 years*

We at Medical Society of Metropolitan Portland (MSMP) are extremely proud of our long and rich history dating back to 1884. Over the last 136 years, MSMP has influenced the lives and practices of physicians throughout the Portland Metropolitan area; bringing physicians together to discuss important medical issues while encouraging a spirit of collegiality and camaraderie as members shared their personal and professional experiences and learned from one another through our informed publications and annual events. Our purpose has been to add value to both members' professional and non-professional lives and to make the Medical Society an invaluable resource and social focal point for members.

With the onset of COVID-19, the most unprecedented pandemic of the last century, we have seen a transformation of the healthcare system and medical care across the country. This devastating epidemic along with a continual decline in membership has significantly impacted our organization both administratively and financially. The challenges brought on by COVID-19 also hindered MSMP from meeting all obligations of our members and the Society itself. We have spent countless hours exploring ways to revitalize the organization and secure a future for our members and staff. As a result of a decrease in business and revenue precipitated by the COVID-19 pandemic, our Board of Trustees made the difficult decision to close the Medical Society of Metropolitan Portland which we expect will occur by December 31, 2020.

We recognize there are vital programs currently being utilized by our members and medical professionals throughout the state of Oregon. Below you will find information on the future for these programs.

#### Metropolitan Medical Foundation of Oregon (MMFO)

MSMP will distribute any remaining assets to its charitable 501(c)(3) foundation, Metropolitan Medical Foundation of Oregon (MMFO). MMFO is an independent organization that supports activities which improve health education and the delivery of health care to the community, offering small grants in support of this mission. MMFO will remain operational and continue with their grant-making activities.

You can learn more about MMFO programs and find their new contact information at [www.MMFO.org](http://www.MMFO.org).

#### Physician Wellness Program

Our most notable program, the Physician Wellness Program, has provided free, confidential counseling to over 200 physicians, physician assistants and nurse practitioners totaling over 1,000 appointments. Because our Wellness Program has been a key participant in the State-wide Oregon Wellness Program, our health care provider community will continue to have access to services under the same procedures we have previously used. The Oregon Wellness Program is committed to private sessions that respect the dignity and training of each clinician.

To schedule an appointment, call 541-242-2805 or visit [www.OregonWellnessProgram.org](http://www.OregonWellnessProgram.org) where you can also find detailed profiles for each mental healthcare provider.

#### Senior Physician Group

The Senior Physician Group was formed as part of MSMP's emphasis on encouraging doctors' well-being and to allow senior physicians the opportunity for fellowship, conversation and information sharing. Dr. Mary McCarthy is collaborating with the Oregon Medical Association to continue the group and notice of future meetings will be sent out before the end of the year.

#### The Scribe

MSMP's celebrated publication, *The Scribe*, has connected and informed the area's medical community for nearly four decades. December will feature a robust history of MSMP as we close this remarkable chapter.

For the last 136 years, Medical Society of Metropolitan Portland has brought physicians together in community. We have delighted in holding events that allowed us to shake the hand of a colleague, embrace an old friend and share a bottle of wine during dinner. And we are saddened that, due to the pandemic, we cannot host a final farewell dinner for our extraordinary members and community partners.

There are no words to adequately express our gratitude to our members for your many years of support and dedication to the Medical Society. We appreciate you and are grateful for your service and dedication to the health and welfare of our community.

***Thank you for sharing this experience and being part of our amazing journey.***

# What are your three non-negotiables?

Twenty years ago, I began a career in clinical team development. I was hired as one of the first nurse practitioners at a large metropolitan hospital and was given the full job description of “developing an orthopedic total joint program, decreasing length of stay, and increasing patient and surgeon satisfaction....” That was it!

My manager at the time mentioned she was not good at “details.” That was an understatement! Where to start? I had three requirements. (I sometimes marvel at my boldness!)

1. The first two months I see *no* patients
2. A private office
3. A box of personalized stationery

## Why, might you ask?

What I *did* know was that I was new to this hospital, and my success was contingent on the establishment of relationships and trust. Without trust, no programmatic changes would be adopted or respected.

Secondly, if I connected deeply with my patients, I had the ability to customize their experience and identify important clinical details that would impact their surgery and recovery.

Finally, if I didn't take time to appreciate my colleagues, staff and patients, the sustainability of the program would be in jeopardy.

### 1. Two months with no patients

Connecting with and understanding your team is key to long-term foundational success. Creating a culture of trust and shared vision was my two-month mission! Many times, I felt I was on a campaign trail, meeting and greeting anyone I could!

What may seem like wasted “social time” will undoubtedly set you up for long-term success. You are creating a culture of connectivity, values and transparency on which you will build your unstoppable team.

Take the time to develop personal relationships and understand not only *what* the jobs are, but also allow the time to learn what motivates people and what they are passionate about.

**Honor the people before moving on to the process.** If your team understands the bigger “why” and feels they can impact the greater purpose, they will be personally invested in change.

So often the answers to success lay within the team itself; it is your job to mine that out!

This is a great [Forbes](#) article that illustrates how to foster culture through employee connections.

This [podcast with Ginger Hardage](#), former senior vice president of culture for Southwest Airlines, discusses how a strong culture is foundational for success. Here are Southwest Airlines' [5 lessons](#) in cultural development.

### 2. Private office

My private office was not, in fact, for my benefit but for my patients. I met with each patient individually prior to their surgery so I could create a safe space for an honest conversation about their fears, goals and barriers to success. *I intentionally created a space for connection.*

As we invest in our staff, we also need to invest in our patients or customers. Create opportunities and time to learn and understand their priorities and perspective.

This strategy, coupled with genuine curiosity, will be a game-changer. [Time magazine](#) has a great article with Jack Welch on how to gain trust.

At the end of the day, what we all crave is human connection and to be heard. There are many creative ways to develop this, and I encourage you to look at how your physical space and staff encourage openness and trust.

### 3. Stationery

It is the small connections and recognitions that people appreciate and remember, and that will motivate a team. My personal commitment was to integrate time into my days to individually thank team members, key stakeholders and patients. Taking five minutes to write a personal note of appreciation is many times more impactful than anything else. Such a small gesture with a tremendous reward.

By showing a genuine interest in the human element that connects us all and honoring others' experiences, you have the framework for exceptional success.

I had no authority over any of my several hundred clinical team members, yet I was expected to drastically change the process and structure of their work. Given this, I did not have a traditional power dynamic to push my agenda. Rather, I relied on creating a shared vision – working alongside my colleagues to understand their experience – and focusing on trust and transparency.

You can be a leader by standing in front and pulling everyone or you can stand behind and support. Which kind of leader are you? Inspire accountability, lead by example, show up and be humble. Celebrate successes, actively and publicly appreciate others, and don't ever expect anything from another that you don't expect of yourself.

### My challenge to you:

1. [Order stationery](#) if you don't have any!
2. Think about the client/customer decisions you make. Are they grounded in their wants and needs or your idea of what should be?
3. Get out from behind the desk and schedule time to walk the halls, call an employee to check in, sit in the lunchroom and be present.
4. Simply listening to your colleagues will impact your connection and bottom line. Here's a great podcast by [Oscar Trimboli](#) about the financial impact of listening. ■



## Coach's Corner

By Shandy Welch, FNP

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

Her weekly newsletter can be found at [www.fresheyes.solutions](http://www.fresheyes.solutions).

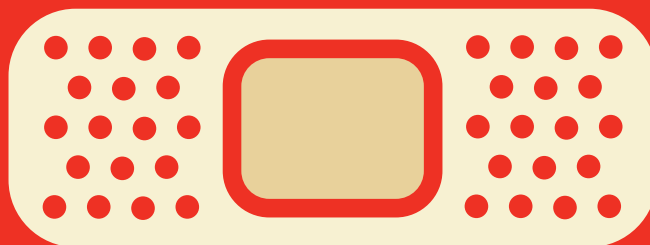
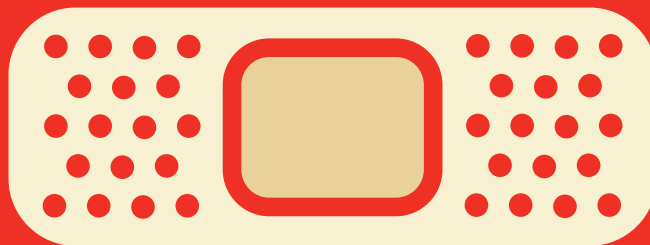
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# Providence receives FDA approval to begin COVID vaccine trial

**Providence Cancer Institute** received approval from the U.S. Food and Drug Administration to begin a first-in-human clinical trial of a vaccine for protection against COVID-19.

Providence said its vaccine is unique because it incorporates immunotherapy expertise scientists have developed throughout three decades of cancer research at the Earle A. Chiles Research Institute. The trial will enroll 36 volunteers in the initial phase, and researchers are working to open the study without delay. The COVID vaccine is one of 18 in clinical trials in the United States and 45 worldwide.

Providence researchers anticipate that older adults, who are among the most vulnerable to COVID-19 illness, may not receive adequate protection from other COVID-19 vaccines in development.

The convention is to test 18- to 50-year-olds in phase one vaccine trials. However, people older than 50 are known to have increased risk for life-threatening illness from SARS-CoV-2. A vaccine that is safe and effective for older adults is essential, Providence said.

“We designed our trial with older adults in mind. By drawing on our experience in immunotherapy, our aim is to develop a vaccine that boosts the immune response to COVID-19 in older people,” said **Rom Leidner, MD**, co-medical director of the Providence Head and Neck Cancer Program and the trial’s principal investigator.

The trial will be open to adults who have not been infected with SARS-CoV-2 and are in general good health with no underlying diseases of the

“We designed our trial with older adults in mind. By drawing on our experience in immunotherapy, **our aim is to develop a vaccine that boosts the immune response to COVID-19 in older people.**”

– *Rom Leidner, MD*

immune system. Researchers will initially test the vaccine in 36 people, half between 18 and 50 years old and half older than 50.

Trial volunteers will receive two vaccinations about 30 days apart. They will be monitored for another 60 days with periodic blood tests to evaluate how the immune system is being activated. Altogether, volunteers will be followed for 18 months so that researchers can assess possible side effects.

Scientists at the Earle A. Chiles Research Institute at Providence’s Robert W. Franz Cancer Center have spent three decades singularly focused on immunotherapy and cancer vaccines. In mid-March, they turned their expertise and knowledge to the COVID-19 fight, and began developing a vaccine against SARS-CoV2.

Their vaccine is designed to mobilize the immune system on two fronts simultaneously – antibodies and T cells – both targeting the spike the virus uses to attach to and infect a person’s healthy cells, causing the COVID-19 disease. When the antibodies bind to the virus’ spike protein, and the T cells recognize the spike, the immune system launches a two-pronged attack to destroy the virus.

The team will closely study the development of the immune response to the virus. If the addition of IL-12 is shown to enhance the immune response in older adults, it could benefit the scientific community worldwide, Providence said.

In developing the SARS-CoV-2 vaccine, Providence researchers first received a piece of COVID-19 sample virus DNA from the National Institutes of Health. **Hong-Ming Hu, PhD**, head of Providence’s Cancer Immunobiology Lab, engineered this small piece of viral spike DNA into a bacteria that was tested, to ensure it worked like a miniature manufacturing plant to make copies of the spike DNA.

Providence researchers are developing the COVID-19 vaccine in collaboration with biotech companies OncoSec and UbiVac. Under Fox’s guidance, UbiVac scientists produced a master cell bank of the bacteria necessary for vaccine manufacture, grew large quantities of the bacteria, isolated the plasmid DNA, and tested it for sterility, identity and function. The team began manufacturing at the same time it applied for FDA approval because of the pandemic.

Since March, donors have given \$3.3 million in support of Providence’s COVID-19 response and research in Oregon, the health system said. ■

The trial will test whether the vaccine activates the immune system as intended to generate antibodies and T cells that can attack SARS-CoV-2.

The key innovation in this trial is that it will include a combination of spike protein DNA vaccine and immune-boosting interleukin 12 (IL-12) plasmid, which may promote a more effective two-pronged immune response, Providence said. Its scientists have shown that IL-12 can boost the immune response in preclinical cancer studies.

The vaccine team is led by **Bernard Fox, PhD**, Harder Family Endowed Chair for Cancer Research and head of Providence’s Laboratory of Molecular and Tumor Immunology, and Leidner.

“Since older adults frequently have reduced immune responses to vaccines, we are hopeful that IL-12 may enhance the immune response to a vaccine for COVID-19,” Fox said.

## ■ MSMP MEMBER EXCLUSIVE ■



### *Don't miss this article!*

This month’s Member Exclusive feature will celebrate the successes of MSMP’s Physician Wellness Program and highlight Candice Barr, longtime CEO of the Lane County Medical Society (LCMS). Barr was recognized with MSMP’s Presidential Citation in 2016 for, in part, her leadership in establishing a physician wellness program that became a national model. MSMP was the first county medical society in the nation to duplicate the LCMS’s physician wellness program and more than 50 other medical societies went on to duplicate it. The article also will detail how MSMP’s Physician Wellness Program will continue to serve the medical community through the Oregon Wellness Program.

**To read more, please [click here](#).**



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# OHSU Invent-a-thon attracts hundreds worldwide

Despite the COVID-19 pandemic, collaborative innovation continues as Oregon Health & Science University hosted its inaugural Invent-a-thon, a health care hackathon, Oct. 23–25.

Over the weekend, more than 600 people from 32 states and 200 cities worldwide formed interdisciplinary teams, bringing together different backgrounds, universities and fields to identify the biggest problems in delivering health care and think outside traditionally siloed research facilities and industries to develop innovative solutions.

Developed in partnership with MIT Hacking Medicine and with the support of more than 50 academic and industry partners, the OHSU Invent-a-thon convened inventors from industry and health care, chasing solutions to pressing health care challenges in surgical care, early disease detection, rural health and management of chronic conditions.

Reducing disparities in health care outcomes for communities of color was a common thread throughout the weekend, starting with introductory remarks by OHSU President **Danny Jacobs, MD, MPH, FACS**.

"The COVID-19 pandemic has further exacerbated these health care disparities and created an even more urgent need to develop solutions to advance health equity," Jacobs said.

Attendees included health care professionals,

designers, software developers, researchers, engineers and entrepreneurs who formed teams virtually and received expert guidance from mentors to develop solutions over the course of the weekend.

"My message of hope is that innovation can come from anywhere, whether you're on the frontlines of care delivery, the person born with a chronic health condition or you developed one throughout the course of your life," said Kistein Monkhouse, MPA, a documentary filmmaker and founder of digital health startup Patient Orator, who is focused on dismantling systemic inequalities in health care. "I'm here to encourage you to pursue your ideas to make health care better."

## New ideas created

The event was conceived and led by **Sarah Biber, PhD**, Department of Surgery, who collaborated with MIT Hacking Medicine and 50 people from 12 departments and offices at OHSU, to develop and implement the event. OHSU ITG played an instrumental role in building the virtual environment for the event in MS Teams.

Ultimately, 49 teams pitched their solutions to a panel of mostly investor judges to compete for \$28,000 in cash prizes. Teams will be connected with follow-up support from partners at OHSU and beyond, and all event participants have the opportunity to compete for \$40,000 in additional

funding at the OHSU Invent-a-thon post-hack event on April 21, 2021.

"We were blown away by what teams had been able to accomplish in just 48 hours and can't wait to see where these projects lead," Biber said.

Each of the four tracks had four prizes: First prize was \$3,000, second was \$1,500, third was \$500 and a special prize of \$2,000 for the team that developed the most impactful solution for addressing health care disparities.

CathPort from the Surgical Care Track walked away with \$5,000 from the event, winning first place and the health care disparities prize for their track. The team was comprised of **Sarah Hecht, MD**, assistant professor of urology, and **Albert Lwin, MD**, department of surgery resident, both in the OHSU School of Medicine. CathPort is focused on developing a novel device to make cumbersome, complication-prone catheters obsolete while increasing patient autonomy.

Another OHSU-led team earned first place in the Early Disease Detection track along with an in-kind \$35,000 package from ONAMI for market research and customer delivery. OHSU team members included Erik Burlingame, a PhD candidate in biomedical engineering; Anneka Owens, a computer user support specialist; Zeynep Sayar, a PhD candidate in biomedical engineering; and Brian Walsh, a senior research software engineer at OHSU. ■

## HITOC, from page 1

how we can be supportive of this and connect on COVID in particular."

HITOC considers including the social determinants of health in electronic health records "an emerging area in strategic planning," she said. The challenge is to connect social services patients need with the appropriate agencies, and to be able to do this by referrals using EHRs, Otter said.

Community information exchanges can connect providers directly with social services. "The way it works, the provider or health-plan staff identifies that a patient has social needs, and can go into the system and search" for where those needs can be met, Otter explained. An example she cited would be if a patient's food stamps ran out, the provider can search a database and make an electronic referral to an appropriate resource. Exchanges also allow a provider "to look more broadly to see: How many of my patients' needs are getting met, or not?"

"Having the social determinants of health information is hugely important for the provider," notes Henninger. "If we're able to gather that from social service agencies, that really impacts how we provide care." For instance, if housing is the greatest need, that can take precedence over all else.

"Before COVID, CCOs were exploring these community health information exchanges. With COVID, we saw a real increase in need for social support. **This has been part of our goal for health reforms in Oregon: to address social needs.**"

—Susan Otter, Oregon Health Authority



James Schroeder, chief executive of Health Share of Oregon, the state's largest CCO, said Health Share is "committed to addressing health equity and the social determinants of health. These factors impact not only our members here in the Portland area, but statewide as well."

Schroeder said the pandemic "has certainly highlighted gaps in the current separation between" health and social needs. In response, Health Share recently signed a contract with Unite Us, a technology company that builds coordinated care networks of health and social service providers. "This work will require collaboration between health systems, social service entities and community-based organizations. We are currently in the project-implementation phase and initiating the outreach to community entities." Health Share is calling the community network Connect Oregon.

Once it is operational, health care providers, community-based organizations, federally qualified health centers, counties and others will be able to use the service for free to make referrals for social support, he said.

"The partnership with Unite Us to establish the Connect Oregon platform here in the Portland metro area is a game-changer, transforming the way we address health and social care statewide," Schroeder said. "We could not be more thrilled to help bring this tool to life, empowering our partners and organizations throughout the state to better serve our shared communities."

Relating to health inequities, the 2020 Legislature passed House Bill 4212, which stipulates that the Oregon Health Authority adopt rules requiring providers to collect what the bill refers to as "Race, Ethnicity, Language and Disability" data

—dubbed REALD— for all COVID-19 cases and report them to the state, according to Otter.

Data collection for what is referred to as Phase 1 began on Oct. 1, affecting hospitals and providers working within health systems and federally qualified health centers. Phase 2, which starts March 1, requires "health care facilities," such as ambulatory surgery centers, and providers working "in a congregate setting" to report information, according to the bill's language. And by Oct. 1, 2021, "all health care providers must collect and report REALD data in accordance with the REALD standards."

"A number of community-based organizations are geared toward specific communities harder hit by COVID," such as seniors and communities of color, Otter said. "My hope is to build those connections with those community organizations." ■



# Keep a COVID-19 diary: Document now in case of future lawsuits

By **Debbie Kane Hill, MBA, RN, CPHRM, CPPS**  
*The Doctors Company*

**Doctor's log, March 30, 2020:** *Another day seeing COVID patients. I had two staff members test positive, and we have begun notifying all patients who were seen while those staff members were working. We ran out of PPE again. Our office manager contacted vendors, and nothing is available; we are resorting to homemade cloth masks and reusing everything. Today our governor issued new mandates after we'd just adapted to mandates issued earlier this month. COVID test results are taking 10 days to come back.*

For months, physicians and practice managers have been in crisis mode due to COVID-19 and have faced daunting challenges daily. What the future holds relative to the evolution of COVID-19 remains unknown, but it is certain that litigation for COVID-related claims is on the horizon and will impact physicians in all medical specialties and practice models.

According to attorney John E. Hall Jr., founding partner of Hall Booth Smith in Atlanta, Ga., which specializes in defense of high-exposure cases involving hospitals and medical malpractice claims, COVID-19 claims are looming in the next one to three years. "The big-dollar plaintiff firms and the plaintiff conglomerates are already starting to advertise for these cases, and they're starting to file them," Hall says. "There are over 800 cases filed already. Many of those are in the long-term care scenario but [they] are developing every day and in a variety of other areas."

Are there existing medical liability protections in place? What types of claims are anticipated? What steps can physicians take now to prepare to defend claims in the future? These important questions were recently addressed by Mr. Hall and other expert health care executives and attorneys at The Doctors Company's 2020 Virtual Executive Advisory Board (EAB) meeting.

## Are there existing medical liability protections in place?

The [Public Readiness and Emergency Preparedness Act \(PREP Act\)](#) provides a significant safeguard for physicians. Congress originally passed the act in 2005 to provide immunity during the H1N1 epidemic. Secretary of Health and Human Services Alex Azar declared a public health emergency in January 2020 pursuant to the act due to COVID-19. The act provides complete preemption, meaning that "any state law or other federal law that contravenes the PREP Act is replaced by the PREP Act. Except in cases of death or severe injury caused by willful misconduct, the PREP Act provides complete immunity, with no liability under those circumstances" if the claim is COVID-19 related and the case is tried in the federal court system, according to Mr. Hall. In addition to the PREP Act, states have established some level of immunity for medical practices through health care immunity orders or executive limited liability orders. These orders [vary by state](#)

and are meant to provide protection to the medical community for COVID-related claims.

## What types of claims are anticipated?

It is expected that COVID-driven claims will take a variety of forms. Some claims may allege:

- Delayed or missed diagnosis caused by failure to follow up on previously ordered tests and consults (while the office was closed or due to lack of a reliable tracking system).
- Failure to triage and assess or testing issues, resulting in missed COVID-19 diagnosis and delayed intervention that contributed to community spread.
- Failure to immunize, resulting in disease, when parents were fearful to bring children into the office.
- Delayed care in office visits, testing, labs and procedures, including surgical interventions.
- Failure to adhere to infection control protocol and/or lack of PPE, resulting in patient or staff illness.
- Limited resources: Allocation of medications and equipment, meaning access to ventilators/hospital beds, etc.

Most likely the claims that involve loss of life or serious injury will allege failure to diagnose or delayed diagnosis due to practices being closed for business after tests were ordered or referrals made prior to COVID-19. Patients whose information has been lost in the system and are not adequately tracked may miss important medical follow-up appointments, leading to adverse health outcomes. Also, delays in procedures and surgical interventions are of significant concern, and we are already seeing these types of claims reported to The Doctors Company.

## What steps can physicians take now to prepare to defend claims in the future?

Mr. Hall suggests that one of the best ways to establish defense of these claims is for practices to begin developing a timeline/diary now describing how COVID-19 events unfolded within their specific practice and community. Because COVID-19 has been a moving target, and mandates and guidelines have been very fluid, keeping records of these changes via a timeline/diary is important for documenting how your practice responded to the crisis. Some considerations may include:

- Was your practice ever unable to obtain PPE?
- What was the infection rate within your community at a given time?
- Did you follow infection control protocols per Centers for Disease Control and Prevention (CDC) guidelines? If so, what were those guidelines at the time?

Documenting these items now ensures information is captured in its most accurate form, rather than trying to re-establish the facts years later. This information will not appear in patient medical records, yet it paints the landscape as to how

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.

the practice adapted to a very volatile crisis. It will form the foundation for your defense. As Mr. Hall notes: "Think of this three years from now . . . and a jury is thinking about this case. Juries have a very short mind span, so they do not remember the crisis and the pandemic and how this was going at the time. It's imperative that we take good notes and [develop] outlines now."

Crucially, he adds, "It is important to note that this information should be gathered at the direction of an attorney, peer or quality committee so as to protect the information from discovery."

Appoint a practice historian who is responsible for developing and keeping the timeline up to date and well documented. This can be a physician, practice manager or risk manager, but it should be someone familiar with the overall operations of your COVID-19 response who will reliably maintain the timeline from start to finish. To provide guidance on what types of items to document, The Doctors Company provides a [sample checklist](#) of important record-keeping elements and recommends keeping this in an administrative diary. You can adapt this checklist to fit your practice; these are merely suggestions of details to include, but it is important to document basic compliance efforts within the environment and timeframe. This checklist should be completed at a defined interval based on your practice, community and pace of change.

Mr. Hall also recommends that you remind future jurors that the care provided to your patients transpired during the COVID-19 pandemic by including the following in every patient chart:

- Please note that this care is given at a time of national public health emergency due to the pandemic caused by COVID-19 (novel coronavirus). As a result, it is acknowledged and understood that the spread of COVID-19 within our communities places an incomprehensible strain on our providers and hospital systems, including the resources, equipment, beds, treatment options and services available in support of patient care.
- It is further acknowledged and understood that the provider, during the COVID-19 pandemic, endeavors to remain operational and provide care to all patients commensurate with the resources available and existing at this time. Further, it is acknowledged that the transmission risks, treatment process and diagnosis are novel, and without well-defined guidelines.
- It is further acknowledged that, due to the novel and emergency nature of this pandemic, treatment is provided utilizing the provider's best judgment and best currently known practices, within the limits of resources. ■



## Kaiser Permanente Northwest fighting racism through economic opportunity

**Kaiser Permanente Northwest** recently announced a series of local investments in Black-owned businesses and nonprofits, including rapid response grants, business loans and professional development. These local actions build on its previously announced \$100 million in national grants and financing equity to support Black businesses.

"Systemic racism is built into our culture and society, and it can only be defeated through long-term commitment and sustained action," said Jeff Collins, president of Kaiser Foundation Health Plan and Hospitals of the Northwest. "We can't fully address the health of our members and our communities without addressing racism and economic opportunity. I'm proud of Kaiser Permanente's active commitment to making a change."

The organization awarded 10 rapid response grants totaling \$250,000 to local nonprofits on the front lines in the fight against systemic racism. They are **African American Alliance for Homeownership; Albina Headstart; Black Parent Initiative; Black United Fund of Oregon; Kairos PDX; Portland African American Leadership Forum; NAACP Vancouver; NAACP Eugene/Springfield; Self Enhancement Inc.;** and **Urban League of Portland.**

Each \$25,000 grant will be directed toward general operating expenses to provide flexibility for the organizations to use the money where it can have the most impact in Oregon and Southwest Washington.

"Kaiser Permanente is an ally in our mission to ensure everyone can achieve their highest potential," said LM Alaiyo Foster, EdD, chief executive officer of the Black United Fund of Oregon. "They are an amazing partner who is allowing us to make the tangible differences necessary to ensure equity and justice across all social systems and institutions."

To help business owners of color cope with economic hardship due to the COVID-19 pandemic, Kaiser

Permanente is awarding small business loans in partnership with the Local Initiatives Support Corporation (LISC), the nation's largest community development organization. The two organizations launched a \$60 million investment partnership called the national Rapid Relief & Resiliency Fund to provide loans ranging from \$100,000 to \$4 million to support recovery, stabilization and growth for small business owners of color.

Kaiser Permanente Northwest

is working with local chambers of commerce and business groups to encourage Oregon and Southwest Washington businesses led by Black and other underrepresented individuals to apply for a loan through the fund. LISC is now accepting loan applications from local small business owners of color.

To further address systemic economic inequities, Kaiser Permanente will designate \$15 million in grant funding to expand people of color's

access to formal professional training, business networks, and recovery and growth capital. Kaiser Permanente and Initiative for a Competitive Inner City (ICIC) launched their partnership in July 2019, providing a cohort of business owners with executive leadership training through the Inner City Capital Connection. Kaiser Permanente and ICIC's expanded partnership will increase the Black business community's access to these professional development programs. ■

### *2020 Circle of Giving grants support Alzheimer's, breast cancer research*

Since 2006 the Oregon Health & Science University Center for Women's Health Circle of Giving has awarded almost \$2.8 million to support 24 OHSU-led pilot studies designed to help improve women's health outcomes.

Each \$125,000 grant, comprising circle members' philanthropic donations, allows researchers to obtain the pilot data required to apply for larger grants from organizations such as the National Institutes of Health.

This year, the Circle of Giving has awarded grants to researchers studying obesity and Alzheimer's disease, and work to improve the understanding of resistance for HER2 positive breast cancers.

"While scientific focus on COVID-19 is essential to help ensure the health and well-being of individuals across the globe, it is also important that during this time of uncertainty, we don't lose sight of the scientific progress we have made to better understand, diagnose and treat other devastating conditions," said **Johanna Warren, MD**, interim director of the OHSU Center for Women's Health and an associate professor of obstetrics and gynecology and family medicine in the OHSU School of Medicine. "The generosity of the Circle of Giving allows just that, and enables OHSU researchers to continue this important work to help shape the future of women's health care."

#### **Alzheimer's disease research**

In 30 years, nearly 14 million Americans will be diagnosed with Alzheimer's. And most of them will be post-menopausal women. Some studies have shown a link between the disease and lower levels of estrogen.

Although hormone replacement therapies can be effective in protecting women against Alzheimer's disease, they also are associated with increased risk of cancer or blood clots.

Members of the labs of **Martin Kelly, PhD**, and **Oline Ronnekleiv, PhD**, within the OHSU Department Chemical Physiology and Biochemistry, have developed an estrogenic compound known as STX that targets

the brain but doesn't cause side effects in other body systems. Their studies have shown that STX also protects against toxic amyloid proteins that are linked with Alzheimer's.

Researchers will use Circle of Giving funds to test whether STX protects the function of "kisspeptin" neurons in the brain that regulate such things as appetite and metabolism. This is critical, OHSU said on its website, because obesity and Type 2 diabetes in older women are linked to increased Alzheimer's risk. The study will help define if a dysfunction in kisspeptin neurons worsens Alzheimer's, and lay the foundation for advancing STX to clinic trials for estrogen-dependent breast cancers.

#### **Breast cancer**

**(Samuel) Yiu Huen Tsang, PhD**, and **Aurora Blucher, PhD**, in the OHSU Knight Cancer Institute are working to inform treatment strategies to improve understanding of resistance to HER2 positive breast cancers.

About 25 percent of breast cancer diagnoses test positive for human epidermal growth factor receptor 2 (HER2), OHSU said. Although this form of cancer tends to grow and spread faster than others, it is often more responsive to targeted therapies – the exception being when a patient acquires mutations in the HER2 protein.

While targeted therapy is not used currently for patients with HER2 mutations, studies show that a high number of mutations are targetable. However, these patients suffer from a high risk of recurrence.

The researchers will use Circle of Giving support to employ a newly developed imaging platform to pair individual HER2 mutations with the targeted therapy that will be most effective and identify genetic factors associated with recurrence. The project will allow more patients to benefit from targeted therapies and could ultimately reduce recurrence rates for some survivors, OHSU said. ■



## ¡Salud! provides mobile health care to vineyard workers

By John Rumler  
For The Scribe

The overwhelming majority of Oregon’s vineyard workers are Latinos, moving from one crop to another. Their temporary status with employers makes them ineligible for health coverage, plus language/cultural barriers and lack of familiarity with a complex health care system make accessing care extremely challenging for many.

In response, two Tuality Healthcare doctors, who happened to be wine aficionados, launched a remedy for this ailment 29 years ago. Today, ¡Salud! is the only health care service in the state providing mobile clinics to vineyard workers and their families.

Operating out of the OHSU Health Hillsboro Medical Center, ¡Salud!, a 501(c)(3), is funded by participating winemakers who sponsor an annual fall wine festival showcasing regional wines and auctioning special vintages (there’s also an on-line summer auction). The two auctions last year combined to net \$1 million, and during the past three decades have raised more than \$17 million to support ¡Salud!’s mission.

Operating in eight Oregon counties in the Willamette Valley, ¡Salud! includes five full-time bilingual staff and three registered nurses, a health educator and an administrative coordinator.

More than 900 farmworkers received wellness exams last year via ¡Salud!, upwards of 500 received flu shots and, through a partnership with OHSU’s Casey Eye Institute and the Pacific University’s College of Optometry, 68 received free vision exams. Also, ¡Salud!’s partnerships with local dentistry programs enabled 114 persons to receive dental services.

This year, ¡Salud! has faced unprecedented challenges because of the COVID-19 pandemic, which has disproportionately impacted minority populations. Although it was forced to suspend outreach services in March and April, ¡Salud! since then has screened more than 1,000 vineyard workers and their families at almost 50 locations – and they are still screening. Each person gets their results within 24 to 48 hours and receives follow-up.

“The vineyard owners have allowed us to come into the worksite during work hours and provide health care services for nearly 30 years,” said Leda Garside, RN, MBA, ¡Salud!’s clinical nurse manager and cultural liaison with OHSU Health Hillsboro Medical Center. “Even though COVID-19 was such a daunting unknown for everyone, because of these longstanding relationships we were able to come



LEDA GARSIDE,  
RN, MBA

into the community and get a high rate of people to take a COVID-19 test. Our patients knew ¡Salud! would help them, however the test result turned out.”

With the living situations, frequent language barriers and work environment, all factors that could have contributed to a recipe for disaster,



not a single life among those ¡Salud! serves has been lost to the pandemic. So far, roughly 4 percent of those tested had positive results, only two required hospitalization and both recovered.

“We haven’t seen outbreaks on the level that they’ve seen in other parts of the country,” said Alex Coleman, senior program coordinator in the public health division of Washington County Department of Health and Human Services. “That’s largely because we have great community partners providing testing and medical care for workers on site.”

Unfortunately, ¡Salud!’s capacity has been stretched beyond its limits because of COVID-19, says Garside.

“Donations would be greatly appreciated because we badly need a second mobile medical unit to reach and serve more people in the community. This will also enable us to bring additional higher-level providers who are able to perform on-the-spot diagnosis and treatments at the clinics.” ■

### ¡Salud!

FOUNDED 1992

**WHAT IT DOES** Provides medical resources and health care services for vineyard workers and their families across the Willamette Valley.

**WEB** [saludauction.org](http://saludauction.org)



Although it was forced to suspend outreach services in March and April because of COVID-19, ¡Salud! since then has screened more than 1,000 vineyard workers and their families for the coronavirus at almost 50 locations using its mobile medical unit – and they are still screening. Each person gets their results within 24 to 48 hours and receives follow-up.

Photos courtesy of ¡Salud!



## Boost Oregon empowers families with science-based vaccine information

*2020 MMFO grant expands group's outreach with materials tailored to specific cultures*

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

During an October virtual workshop held by **Boost Oregon**, the nonprofit that educates families about the safety and benefits of childhood vaccinations, Nadine Gartner saw in one expectant mom the shift in thinking that occurs when people are empowered with science-based information.

Gartner, Boost Oregon's founding executive director, said the mom came to the workshop with lots of questions, and as the presenting doctor shared information over the course of an hour, her orientation changed from nervous and hesitant to feeling good about partnering with her family's pediatrician to follow the vaccine schedule recommended by the Centers for Disease Control and Prevention.

"It's really awesome to see that shift, and to give people the time and space to sift through their fears and the massive amounts of misinformation they've been exposed to," Gartner said in an interview with *The Scribe*. "The mom said, 'Wow, I came in thinking one thing, and I'm now feeling a totally different way.'"

The anecdote is emblematic of Boost Oregon's vision of "a world where people's health decisions are rooted in science." To move that vision forward, the organization, which has a medical advisory board and physicians as directors, has conducted extensive focus groups and information gathering in the last couple of years to understand the unique concerns of Oregon's African American, Latinx, Somali and Vietnamese communities about vaccines. And, it has developed informational materials tailored specifically to those communities, a critical piece given a dearth of culturally specific, language-appropriate educational resources.

Recently, Boost Oregon received a \$2,000 catalyst grant from the **Metropolitan Medical Foundation of Oregon** (MMFO), the **Medical Society of Metropolitan Portland's** philanthropic arm, to distribute that information and hold workshops. The materials, which also will be shared with the Slavic community – outreach that Boost Oregon began through a separate MMFO grant last year – include parents' guides, fact sheets and pictorial teaching tools. In all, this year's grant is the third that Boost Oregon has received from MMFO in the last few years.

Gartner said groups such as Portland's Immigrant & Refugee Community Organization, as well as

neighborhood nonprofit medical clinics and providers, have been instrumental partners in the outreach, which aims to connect with at least 1,000 families in greater Portland through December.

She said COVID-19 has only heightened the need for such outreach, as the pandemic has disproportionately affected many of the families Boost Oregon seeks to reach and some families are fearful of taking their children to routine well visits.

In its information gathering, which included focus groups, Gartner and her colleagues learned that the most effective way to share vaccine information with Somali families, for example, is through oral presentations given their strong storytelling culture. Hearing information directly from a medical doctor is also highly effective. In addition, Boost Oregon has developed a pictorial flipbook, with basic vaccination information translated into Somali and Arabic, that community health workers can share with families.

As part of its outreach to Black families, Boost Oregon is growing its connections with providers at clinics such as North by Northeast Community Health Center who have the trust of those patient families. Boost Oregon also found through the focus groups that families want informational materials featuring images and people that reflect them.

Said Gartner: "People want to feel like they are being represented and to see themselves in the materials."

In its grant application, Boost Oregon said its goal is for parents to "feel informed and confident about their children's immunizations, not fearful or hesitant. Knowledge is power—and we empower parents to make the best decisions for their children's health."

Gartner said it was exciting to be doing "strong" educational outreach based on the cultural learning and groundwork. That work, she added, has been incredibly interesting, complex and fulfilling.

"We're learning that each community comes to vaccines with its own set of biases and fears. The next step is implementing (science-based) information that speaks to those concerns directly." ■

## Boost Oregon

**FOUNDED** 2015

**WHAT IT DOES** Empowers people to make science-based vaccine decisions for themselves, their families and the community, in a state that has the nation's highest kindergarten vaccination exemption rate.

**WEB** [boostoregon.org](http://boostoregon.org)

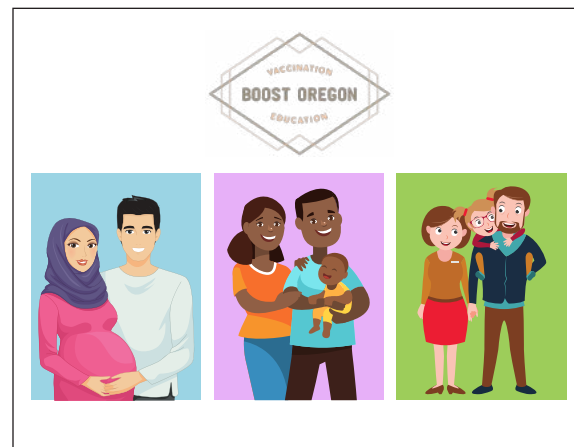




Photo by Dr. Roberto Tarazona Ponte



Photo by Zachary Feiner



## Serving children while creating models for a healthier world

By **John Rumler**  
For *The Scribe*

While delivering direct services, including food, medicine and shelter, to the neediest homeless children in Peru, **Health Bridges International Inc. (HBI)**, is simultaneously conducting research with an end goal of creating effective health care service models that can be easily replicated by other agencies in countries around the world.

The seeds for what is now HBI began sprouting 30 years ago when **Wayne Centrone, ND, MPH**, traveled with members of a church group to Peru.

At the time, the nation was recovering from the “Shining Path” revolution, which attempted to overthrow the government of Peru and replace it with a Maoist dictatorship. According to Centrone, the carnage resulted in an estimated 300,000 homeless children trying to survive on the streets of Peru.

Centrone, who earned his ND at the National University of Natural Medicine and his MPH at Portland State University, served a one-year fellowship at Portland nonprofit Outside In and completed post-graduate training at Oxford University. He’s been the principal or co-investigator for numerous research projects funded by the CDC and NIH.

At first, HBI used outreach clinics to identify children most at risk for homelessness, but then expanded its partnerships with a wide variety of nongovernmental organizations, government agencies, non-profits and faith-based groups.

Partners on one current project to address iron deficiency anemia in impoverished communities include a biomedical-tech company in England, a medical device manufacturer in Canada, a Catholic

missionary organization in Perú and the Peruvian Ministry of Health.

To date, HBI has produced more than 10 peer-reviewed, Institutional Review Board-approved research studies on a wide range of topics and published its data in grey paper reports and scientific literature.

Now, with offices in Lima and Arequipa, Peru, HBI has a staff of about 50 (most of the administrators live in Oregon) and an annual budget of around \$650,000 from private donations. While Peru continues to be the main focus, HBI also works in Colombia, Bolivia, Nicaragua and the Democratic Republic of Congo.

“The long-term goal for our organization is to create an open-source environment and knowledge hub where HBI serves as a content expert for research related to breakthrough ideas that are easy for other organizations to adopt and integrate. Our long-term focus is offering technical assistance and services to other NGOs, government agencies and programs looking to adopt our models,” Centrone says.

An Associated Press article stated last month that Peru, according to John Hopkins University, has the world’s highest per capita COVID-19 mortality rate. HBI has formulated a set of COVID-19 policies and protocols that have been officially adopted by the Peruvian government.

“The populations and communities that were vulnerable before the pandemic have been incredibly impacted,” says Centrone.

HBI’s training and teaching has gone entirely virtual and travel to Peru is curtailed until conditions improve, but the organization is providing direct relief, including masks, food, medicine and

### Health Bridges International Inc.

**FOUNDED** Active since the early 1990s; officially incorporated in Oregon in 2005

**WHAT IT DOES** Facilitates sustainable improvements in the health of underserved communities through advocacy, collaboration and service. Health Bridges International is most active in Peru.

**WEB** [hbint.org](http://hbint.org)

financial support to families with medically fragile children who are living in extreme poverty. It also continues to operate two children’s orphanages, one in the desert city of Ica and the other near Cuzco. HBI’s online programs are still operating successfully, including its Neonatal Resuscitation Program, which has trained more than 1,000 providers during the pandemic.

Another effort, the Ines Project (named after the first child enrolled into the project), aims to improve the health of economically marginalized, medically complex children, and already has empowered over 150 families to navigate health systems and advocate for their children. ■

**PHOTO, TOP LEFT:** A Health Bridges International team responds during the pandemic with medication deliveries for families with medically fragile children.

**TOP RIGHT:** A Health Bridges International team delivers a pre-hospital emergency response practical skills lab at a firehouse in Arequipa, Peru.





### MIKE Program

**FOUNDED** 2003

**WHAT IT DOES** Empowers youth to be health leaders through education, mentorship and community outreach.

**WEB** [mikeprogram.org](http://mikeprogram.org)

LEFT: Tiffany Blair, MD, a graduate student at Oregon Health & Science University, joined MIKE Program as a mentor in 2019 and talks to students about good health practices.

BELOW: Sang Jimmy Mai, a radiology technician at the Portland VA Hospital, is applying for medical school and has mentored with MIKE Program since 2018.

*Photos courtesy of MIKE Program*

## MIKE Program mentors youth in health education, encourages health care careers

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

**MIKE Program** was established as a living memorial to **Michael (Mike) Hartnett, MD**, the first nephrology fellow at Oregon Health & Science University, co-medical director of dialysis at Legacy Good Samaritan Hospital and a nephrologist with Northwest Renal Clinic in Portland. Hartnett died of lymphoma in 2000 at the age of 58.

Shortly after his service, his colleagues and friends met with Hartnett's widow, **Cheryl Neal, MD**, about creating a living memorial that would carry forward his life's work. MIKE stands for Multicultural Integrated Kidney Education, and the program was founded on Hartnett's vision of education and prevention for populations at high risk of kidney insufficiency.

In 2003, Neal obtained nonprofit status for MIKE Program and began partnering with Portland-area schools to bring young health care professionals and medical students into classrooms to mentor youth in health education. As of October, the organization had served nearly 1,700 youth through about 200 volunteer mentors. Of the health providers who volunteer as mentors, 71 percent were people of color from 2018-2020.

Executive Director Justin Zellinger noted that while the COVID-19 pandemic forced MIKE Program to deliver all of its health curriculum on a virtual platform, it also provided an opportunity for the organization to update its information to address the coronavirus, mask wearing and other measures to prevent infection, and identifying misinformation related to public health.

During one of the online class sessions, school officials joined in to monitor the class. Recently,

Tim Joy, principal at De La Salle North Catholic High School, attended and commented to health and PE teacher Dave Mickola, "You're really lucky to have those MIKE people with you." Mickola responded, "I know!"

After the second week with MIKE, which focused on COVID-19, Mickola told MIKE, "out of all my years of teaching, this has been one of the best sessions ever." During a session on health and stress, the mentors asked the youth how they handle stress and a student named Ronald replied, "What we are doing now," according to comments provided by Zellinger.

"We feel that we are as impactful, or more so, than ever before for the youth we serve," he said, adding new programming during the pandemic includes collaborations with Western University in Lebanon and Sweet Home High School. Medical students will mentor the high school students, giving them a chance to engage with the community and learn professionalism, and health care providers from the community will participate in sessions.

"This is also an exciting new model for us because it serves a rural community, as compared the Portland metro area schools we traditionally work with," Zellinger said. "We think that the WU/SHHS Program can be replicated at other medical institutions across the state going forward."

He said medical students and health care professionals are crucial to MIKE Program's success because one of the program's goals is to encourage youth to pursue health care careers and it inspires students to do that when they see mentors, advisory board members and other MIKE Program volunteers who look like them and come from similar communities.



"Additionally, MIKE Program volunteers who serve on our various boards truly make everything we do possible," Zellinger said. "Having representation from all levels of the local health care community is a huge asset for MIKE. It allows us to stay relevant amongst the various health care institutions, and the volunteers lend a significant amount of expertise that guides our decision making. The funding we receive from many of these organizations is also crucial for the success of MIKE Program, and we thank our supporters for all they do."

MIKE Program continues to evolve from the nonprofit that Neal, now retired, began by taking her own health care expertise into classrooms to the current virtual platforms led by a cadre of medical students and health providers.

"We are increasing collaboration with many community health experts and bringing them into the classroom. These experts also help us develop the curriculum behind the scenes," Zellinger said. "We are becoming even more inclusive, and expansive with our community outreach." ■



## Helping providers, patients and caregivers through sharing stories

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

The intent of the **Northwest Narrative Medicine Collaborative** is to bring “the narrative medicine idea to people in the community,” beyond hospital walls, said **Elizabeth Lahti, MD**, co-founder and director of the collaborative.

She defines narrative medicine as “an approach to wellness and health care that supports narrative competence – the ability to listen, absorb and be moved to action by the stories of illness and wellness.”

The diverse group does this through what it calls “community of practice,” workshops where participants can read and write about and discuss their health care experiences, whether it be as a provider, patient, friend or caregiver.

The collaborative began in 2015 when Lahti and April Brenneman, a local mother of a child who had cancer, brought together health care providers and patients in conversation and to provide opportunities to explore and better understand the many forms of narrative involving health and illness, said Lahti, who is a hospitalist and director of narrative medicine at Oregon Health & Science University.

Monthly meetings normally are held in Portland and Seattle, but since the COVID-19 pandemic hit this past spring are conducted remotely via Zoom. Facilitators were surprised to find “unexpected benefits” to holding sessions remotely, said Alexis Rehrmann, communications committee chair. Participants have been able to “connect, reflect and share” in ways no one anticipated, and remote meetings eliminated geographic and mobility constraints to allow more people to join in sessions, she said.

“There is some form of sharing with each workshop,” Lahti explained, offering the opportunity “for a hands-on learning activity.” Participants engage in discussion, writing, creating, sharing and interacting with others.

To directly address the pandemic, the group is launching, in collaboration with RELATE Lab, “Together Well,” to let participants share stories about COVID-19’s impact on our lives. “We want to listen, absorb and be moved to action by narratives

“All of our programming is free for everyone, with the very specific intention of giving back.”

of illness and wellness – the good, the bad and the unexpected,” according to the collaborative’s website. “We want to amplify stories to help us collectively make sense of the pandemic’s impact on all members of the health care team: doctors, nurses, social workers, patients, family members, caregivers, students, chaplains, scholars, educators, activists and artists.” Through sharing stories, participants can suggest ways to change and improve the health care system, Rehrmann said.

The collaborative is also planning a Narrative Medicine Facilitators Training in January and February, Rehrmann said. “We’re hoping this combination of online learning and train-the-trainer style approach helps narrative medicine to reach more rural communities, communities of color and other communities whose voices have been historically underrepresented in health care.”

## Northwest Narrative Medicine Collaborative

FOUNDED 2015

**WHAT IT DOES** The nonprofit collaborative’s aim is to host a regular series via Zoom where health professionals, students, patients and caregivers can explore the experiences of illness and wellness through story.

**WEB** [nwnmcollaborative.org](http://nwnmcollaborative.org)

The workshops are “for everyone who has sat at a health care table,” which means all of us at one time or another, Lahti said. “It’s a way for people to develop community with each other and not feel alone in what they are doing” or going through. “All of our programming is free for everyone, with the very specific intention of giving back.” ■

## Research focuses on impacts of student-patient longitudinal relationships

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

An Oregon Health & Science University medical student is taking a broader look at the school’s preceptorship program, focusing her research on the impacts on patients of longitudinal relationships with students.

**Erin Urbanowicz**, a third-year medical student, said a good deal of evaluation is done from the students’ perspective on OHSU’s preceptorship program, known as the Student Navigator Project, which pairs medical students with patients for more than a year to help patients meet their health goals, help them access care and resources, and together attend care appointments.



**ERIN  
URBANOWICZ**

Through her own research project, however, she is now learning how those long-term relationships impact patients, many of whom have complex health issues.

“We do a lot of evaluation about what students get out of” the preceptorship program, Urbanowicz said. “I wanted to see how the relationships affect the patients and their lives, and how they feel about their overall health.”

Urbanowicz’s research project, called “Medical Student Patient Navigation: Impact of Longitudinal Relationships on Patient Care,” is being supported by a \$500 mini-grant from the **Metropolitan Medical Foundation of**

**Oregon, the Medical Society of Metropolitan Portland’s** charitable arm.



As of late October, Urbanowicz said she was about halfway through her qualitative interviews with participating patients. The interview questions are broken up into three themes: what the patient’s experience was like in the program, including memorable experiences and what it was like to be part of a student’s educational journey; the program’s contribution to the patient’s health, including what issues a student worked with them on, what had been accomplished, and if they received help through the program outside of traditional health care, such as with food insecurity; and exploring a patient’s overall well-being and changes in their confidence about managing their own health care.

Urbanowicz said a few of her takeaways from the interviews so far are that patients, many of whom felt isolated coordinating their own care, believe the program gave them the tools to help manage that care, almost like they had a patient advocate within the health system. Another takeaway was that patients liked having a student present during primary and specialty care appointments, because they could discuss and process together the information that was shared and ask questions of the student afterward.

See **PRECEPTORSHIP**, page 16

## OHSU student video a call to action to address systemic racism in health care

*Students, faculty and school leaders lend voices to 'lead the charge' toward change*

By Barry Finnemore  
For The Scribe

In the wake of the death of George Floyd at the hands of Minneapolis, Minn., police that was captured on camera, Oregon Health & Science University medical student Daniel Tshala felt a wave of emotions. In response, he wrote a one-page statement he posted to Facebook that expressed his deep sadness and frustration, and urged his fellow classmates to speak out, no matter how uncomfortable.



DANIEL TSHALA

The result was that several classmates reached out to him, offering support and expressing similar emotions. One student, Naima Alver, wanted to do something more, Tshala said.

From that grew the idea for OHSU medical students to create a video - with a diversity of "faces," Tshala said, from medical and pharmacy students to faculty and university leaders - to show their solidarity with Black Lives Matter protesters against systemic racism; acknowledge and honor those who have lost their lives to police brutality; and to "turn our gaze inward" and stress that changes need to be made to make health care more diverse and inclusive and eliminate disparities.

"We thought a video would have the biggest impact, and get as many

different faces in front of the camera ...," Tshala said.

The video, released in early summer, highlights several stark statistics, among them that African Americans have mortality rates two times higher than white people; that they are more likely to die of COVID-19 and heart and infectious disease; that they suffer from diabetes and high blood pressure at higher rates; and that identifying as LGBTQ exacerbates these disparities. The video also stresses that Black Americans experience longer medical wait times, insufficient pain control, less time overall with their health provider and measurably worse health outcomes.

Moreover, the video notes, these disparities are "partially attributed" to underrepresentation in health care. Across the nation, just 5 percent of physicians, 4 percent of pharmacists, 3 percent of physician assistants, 10 percent of nurses and 3 percent of dentists are Black, according to the video. And, within the last three decades, the number of Black males at medical schools has not increased, "despite medical school programs more than doubling in number."

"How can we expect representation to increase when predominately Black schools are grossly underfunded?" the video asks.

The video also cites the *Washington Post*, which five years ago began logging every fatal police shooting in the United States. As of June 19, 1,299 Black Americans had been killed, the

medical school remote learning, but Urbanowicz said the ultimate goal of her research is for more departments within the OHSU School of Medicine to have preceptor programs beyond pediatrics and internal medicine in order to improve patient care and enhance medical education.

Urbanowicz said she hopes to complete patient interviews this February or March, and to present her findings at educational conferences and possibly submit an article about it to a medical journal, as well. ■



To watch the OHSU student video, please visit: <https://news.ohsu.edu/2020/06/29/medical-students-create-video-to-focus-on-racism-in-health-care>

According to the video, nationwide just **5% of physicians, 4% of pharmacists, 3% of PAs, 10% of nurses and 3% dentists** are Black.

video notes, followed by a scroll of some of the names of those who have died.

"More names will be added to this list if we continue to allow systemic racism in thoughts, words and deeds to plague our nation," the video says.

The piece ends with participants pledging "to dedicate my life to the service of humanity ...," noting that "we must lead the charge" and that "treatment of Black Americans is a public health emergency."

The video challenges health care institutions in Oregon and across the nation to "stand with us" in requiring "targeted hiring of diverse populations, an increase in Black enrollment across health care programs, and more funding for programs promoting diversity and inclusion."

Tshala served as a co-lead and a narrator on the video, and also wrote a piece for OHSU's website connected with its release. He said among the positives that have come out of the video is that students are working with OHSU administration and the

OHSU Foundation to set up scholarships and an endowment to help underrepresented students interested in various health care fields with tuition.

"To make changes in health care, the field has to be just as diverse as the community you want to help," Tshala said in an interview with *The Scribe*.

He added that OHSU medical students have created a curriculum committee to examine each lecture through a lens of race.

Tshala, who grew up in the Congo and at 8 moved to the United States when his dad - both parents were physicians - got a job at OHSU, said he's encouraged by the conversations around racial justice within OHSU. Students he's spoken with at other medical schools say that's something they haven't yet seen at their institutions.

"As health care professionals, we're going to have to deal with the trauma that's been experienced and have these conversations," he said. ■

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Urbanowicz also said the research so far is revealing just how important the relationships are between the students and patients.

"Patients feel a little bit sad when the program ends because they had someone they'd grown close to," she said. "Patients have said they were glad they were part of an educational experience and would do it again."

The preceptorship program is currently on hold because of the coronavirus pandemic and the switch to



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# Running, painting help fuel physician outside of medicine

By Jon Bell  
For The Scribe

There aren't a lot of people who can say they've won the Hood to Coast Relay three years in a row or that they ran a three-minute, 59-second mile on the grueling first leg of the relay down Mount Hood, but **Patrick Williams, MD**, can.

Williams, a Portland-area native and a family practitioner at Providence Medical Group-Cedar Mill, was part of a team of apparently elite runners who came out on top of Hood to Coast three consecutive years. The relay starts high on Mount Hood and ends some 200 miles away in Seaside on the Oregon Coast. Teams of 12 runners pile into two vans and run three legs each. The punishing first leg is notorious for pounding knees over a five-mile descent that drops more than 1,800 feet.



"I was good, but not as good as some of the runners on our team," Williams said. "They made me run the first leg. I was like the sacrificial lamb. But I did OK, and one year I ran a 3:59 first mile, so I have the distinction of saying I ran a sub-four first mile on Hood to Coast."

That feat is one of many from Williams' long history of competitive running, which started on the track team at Ogden Middle School in Oregon City. He later ran track and cross country in high school and was even testing shoes for Nike by the end of his junior year. That same year, he ran a marathon in an impressive two hours and 38 minutes.

Though Williams' high school cross country team never qualified for state – it was coached one year by a basketball coach who needed a little extra cash – Williams himself ran fast enough to make a good impression on at least one college: Willamette



Photos and images courtesy of Patrick Williams, MD



University, which recruited him.

"It wasn't University of Oregon, but we had a pretty good team for a Division II school," Williams said. "If I went to U of O, I don't think I would have made the travelling team, which is not fun. And Willamette had good academics."

At Willamette, Williams ran mostly 5K and 10K races, but he ran marathons, too – and fast. His best-ever saw him crossing the finish line in just two hours, 30 minutes. In fact, Williams at one point had the Olympic trials in his sights.

"I blew a couple races and ended up having some injuries, so my 2:30 ended up being my fastest," he said. "The marathon is a fickle thing. You train and train and train, and then it just may not be your day. And it's not like you are going to just go and run another marathon the next week."

Even though he never got a shot at the Olympics, Williams continued to run regularly, at least until his third year of medical school at Oregon Health & Science University.

"That crushed me," said Williams, who got his first interest in medicine from his mother, a registered nurse. "Thirty-six-hour shifts without sleep weren't very conducive to training."

Williams did find time to pick up regular running again, though in recent years, plagued by issues with his left leg, he backed away from organized races. Then, in May, he suffered a pulmonary embolism, which sent a blood clot from his leg into his lungs. It laid him up for a while and has significantly clipped his running game.

"It took me three months to try and run 20 or 30 feet, and it was not good," Williams said. "I've run at altitude before and it was worse than that. There's just not any oxygen for the engine."

Slowly, Williams has been able to build up his running stamina. He's been able to log more than four miles on a run, but that usually knocks him out for the rest of the day.

Thankfully, Williams has another pastime that he's found solace in even as his running pace has eased up. Since med school, he's also been an avid watercolor artist. It was something he first picked up as a way to escape from the daily rigors of medical school.

"It was a stress reliever," he said. "You could go crazy all day studying. I needed something else in terms of creativity. There is nothing creative about studying, so I just had this big void in what I felt I wanted to do."

Williams had a great uncle who'd

been a professional watercolor artist, but he said his own style doesn't take after that of his relative's. Instead, Williams has "veered all over the place," from abstracts to landscapes and everything in between. He described one painting as a "wild take" on the St. Johns Bridge in North Portland, as if it had been hit by a massive earthquake; another has circular clouds different from any that one might see in the sky.

"I really don't know where my inspiration comes from," said Williams, who was at work on three different

new paintings in mid-October, one an exercise in landscape, one a semi-abstract woman and one in which he was "just playing with color."

You won't find Williams' watercolors in a gallery anywhere, nor are they for sale. But visitors to his Portland office will see them adorning the walls there.

"I kind of treat my office as my gallery and have about 25 to 30 there," he said. "(The staff) indulge me. They let me put all my paintings up and they let me change them once a year." ■



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