FOCUS ON:

Reconstructive & Plastic Surgery

Physician-surgeon helps OHSU become a leader in facial reanimation surgery.

– Page 7

OFF HOURS

Toasting 25 years

Physicians' group celebrates wine's health benefits, its anniversary.

– Page 9

INSIDE

MSMP News & Events 3
Thyroid eye disease drug gives hope 4
Integrated health care model results 4
Disaster planning and response 5
Brachytherapy effective for skin cancers 6
Liposuction may help lipedema patients 6
In Memoriam: Ronald W. Naito, MD 8
Classifieds Marketplace 10

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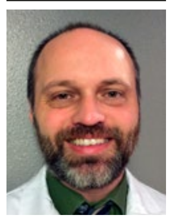
Provider crunch hampers already-pressed mental health care delivery

Oregon experiencing 'severe shortage' of psychiatrists, but collaborative care among approaches that could improve access

By Cliff Collins
For The Scribe

Oregon's disproportionately high rates of mental illness, addiction and suicides underscore the dearth of trained practitioners, as well as lack of access to them.

"Overall, there are not enough psychiatrists to meet the need, nationally and in Oregon. There never has been," said **Daniel Bristow, MD**, president of the **Oregon Psychiatric Physicians Association**. "But now, with more awareness around psychiatric illness, the shortage of psychiatrists is more visible."


DANIEL BRISTOW, MD

According to **George A. Keepers, MD**, professor and chair of psychiatry at Oregon Health & Science University, "There are very few places in the U.S. where there is an adequate supply of psychiatrists, and no states have an adequate supply of child psychiatrists." Oregon experiences "a very significant shortage of both."

Keepers said the accepted standard to provide good mental health care is 15 psychiatrists per 100,000 population. But Oregon's figures fall well short of that: 8.7 psychiatrists per 100,000. That figure constitutes "a very severe shortage," he said.

Not only does demand far outstrip supply, but also numerous obstacles stand in the way of increasing access to mental health services.

For example, according to Keepers, the shortage is actually worse than the 8.7 figure shows, because over half of Oregon's psychiatrists don't accept Medicare or Medicaid payment for services. Those rates, traditionally lower than reimbursement for many medical services, remain too low to sustain a psychiatric practice, he said. "That obviously decreases access."

In addition, even with commercial insurance, "some companies have extremely limited reimbursement, which discourages providers from taking new patients," said **Beth Westbrook, PsyD**, a clinical psychologist in private practice and a counselor for the **Medical Society of Metropolitan Portland's Physician Wellness Program**. "Someone in private practice could not make it on the reimbursement rates" under Medicare and Medicaid.

BETH WESTBROOK, PSYD

Moreover, the amount of the bill patients are required by insurers to pay has increased over the years, which further deters potential patients from seeking care, she said. With both commercial and Medicaid populations, insured patients often are restricted to certain facilities or practitioners, which can make it difficult to get quick appointments nearby. That can further discourage patients and may result in their not receiving treatment, Westbrook said.

Another common constraint on care is when psychiatrists are limited to only 10 or 15 minutes to see a patient, which is frustrating to both patients and providers and does not allow the provider adequate time to give optimal care, Keepers said.

"From my perspective, there is not enough group therapy (available), which could accommodate larger numbers of people," said Westbrook. "There are not enough practitioners of all types, and people appropriately trained to diagnose and treat," and that is also true for "addiction work, which takes special understanding and training."

For example, she said, some addiction medicine specialists believe replacement medications for substance use disorders can be beneficial, but those are not easily accessible due to the provider shortage. Nurse practitioners can prescribe medications, and national studies show that multidisciplinary teams that include them, physician assistants and psychologists can help meet the demand for behavioral health treatment.

The **ACCEPTED STANDARD** to **PROVIDE GOOD MENTAL HEALTH CARE:** **15** *psychiatrists per 100,000 population*

How does **OREGON FARE?** **8.7** *psychiatrists per 100,000 population*

That is an important finding, because the psychiatric profession is losing physicians faster than they are being replaced, Keepers noted. The majority of psychiatrists in the nation are over 55 years old, making that specialty among the three oldest in age and closest to retirement. Psychiatrists also are subject to the same elements that affect other physicians nowadays: stress and burnout, regulations and "the burden of EHRs on all of us," as Keepers put it.

On the supply side, Keepers is cautiously encouraged. He is the immediate past chair of the psychiatry review committee for the Accreditation Council of Graduate Medical Education, affording him a broad nationwide perspective. Unlike in the past, many more medical students now want to choose that specialty than available residency positions allow, he observed.

That sudden imbalance has been dramatic: Last year, OHSU received about 800 applications for the school's eight residency slots allocated for each year, he said. "We would be able to train quite a number of those people who want to come here," Keepers said. "We don't have that" opportunity.

Two factors are at work against opening more residency slots, he said: historical stigma against

See ***PROVIDER SHORTAGE,*** *page 10*

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MSMP's 136th Annual Meeting

SAVE THE DATE!

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

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

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

ADVANCED REGISTRATION IS REQUIRED. Register by May 1 at *www.MSMP.org/Events*

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

Nominations open for the Rob Delf Honorarium Award

The deadline for nominations is Feb. 25

MSMP is seeking nominations for the Rob Delf Honorarium Award, the annual award the Medical Society's Board of Trustees created in recognition of Rob Delf's long service to the organization.

The award is given to a person or persons who exemplify the ideals of the Medical Society within the community where members practice. This can be demonstrated by work projects or activities that improve community health or the practice of medicine in arenas including, but not limited to, the practice of medicine; educating new members of the medical community; educating the public about health, medicine and health public policy; improving public health and emergency preparedness; advocacy in health public policy; or other community activities related to health care and policy.

The award may be given to members of the medical community, the health education community or the general public. Please visit *www.MSMP.org* or *www.MMFO.org* to submit your nomination. Nomination deadline is Feb. 25.

Student Award nominations needed

The deadline for nominations is Feb. 25

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

If you would like to recognize a student member who has shown these attributes, please visit *www.MSMP.org* to complete a nomination form. Nominations must be submitted by Feb. 25.

MSMP Senior Physicians Group

10 – 11:30 a.m. , Friday, Jan. 24 *(fourth Friday of the month)*
The Portland Clinic, Yamhill Conference Rm. 1
1221 SW Yamhill St., 4th Floor

Cost: Free for MSMP members

If you are a ***retired*** *or* ***semi-retired physician*** *member, we hope to see you at our next meeting!*

Our January group will include an update on ***Cognition in Aging – Diagnosis, Treatment and Prevention of Dementia*** by Howard Graitzer, MD, followed by an open-ended group discussion. Meetings are facilitated by MSMP President Mary McCarthy, MD, with co-chairs Henry Grass, MD, and Marv Rosen, MD.

FOR QUESTIONS OR TO REGISTER:
www.MSMP.org/Events • Janine@MSMP.org • 503-944-1138
(Registration is requested, but drop-ins are welcome)

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Drug tested in Portland for eye disease earns FDA committee OK

OHSU's Roger Dailey, MD, FACS, examines Judy Bachman, a patient who was part of a clinical trial that treated symptoms of thyroid eye disease with the drug teprotumumab.
Photo courtesy of OHSU/Kristyna Wentz-Graff

A federal committee recommended in December that a drug known as teprotumumab that was part of a phase two clinical trial at **Oregon Health & Science University** to treat thyroid eye disease be allowed to be prescribed to patients with the autoimmune condition.

The Food and Drug Administration's Dermatologic and Ophthalmic Drugs Advisory Committee made the recommendation after a mid-December hearing. The FDA is expected to make a final decision by March 2020, OHSU noted in a piece on its website.

That piece featured the experience of Judy Bachman, a Portland resident who received teprotumumab infusions as part of the trial in 2015 and '16. OHSU noted that Bachman testified before the committee about her experience with the drug.

"I stopped reading because I couldn't track the words. Sewing was torture, and I couldn't go bicycling," Bachman noted in the online piece. "But I don't have those troubles now. Those tasks are so simple now, compared to what they were before the clinical trial."

Thyroid eye disease, also known as Graves' eye disease, can cause a person's eyes to bulge, eyelids to retract and not fully close, and double vision, among other things. Untreated, it also can lead to blindness. As many as 75,000 Americans are affected by it, OHSU noted.

No approved drug is available to treat the condition. Existing treatments address symptoms, but not the condition's root cause, which is overactivation of insulin-like growth factor 1 receptors, causing inflammation and tissue expansion behind the eye.

"Patient self-confidence is destroyed by this disease," said **Roger Dailey, MD, FACS**, an ophthalmology professor in the OHSU School of Medicine and Casey Eye Institute who led the university's involvement in the clinical trial and testified before the committee. "Unkind people ridicule patients with the condition, and they often have difficulty finding or maintaining employment. Having a drug that reduces the disfiguring signs and visually disturbing symptoms can absolutely dramatically improve a patient's quality of life."

OHSU said that of the participants who completed the drug's phase two clinical trial, nearly 69 percent experienced reduced bulging of their eye by at least 2 millimeters. In phase three, the drug company sponsoring the trial reported that same result increased to nearly 83 percent of trial participants. Before the trial, only surgery could reduce eye bulging, also known as proptosis.

Horizon Therapeutics, which led the drug's clinical trials, requested FDA approval of its use for thyroid eye disease. ■

Cascadia: Integrated care model improves care and outcomes, reduces costs

Cascadia Behavioral Healthcare said the first year of its integrated health care model has yielded reduced care costs, improved care quality and changes in health outcomes.

Cascadia became a Certified Community Behavioral Health Clinic in 2017, providing the funding to introduce care coordination and primary care services to its continuum of care. The Portland-based organization said it now serves more than 3,700 clients with integrated health care.

Cascadia said it found that the model reduced emergency room visits by 18 percent and reduced inpatient hospital visits by 23 percent.

"These are significant results that support the need for continued funding for the Certified Community Behavioral Health Clinic model, which has enabled an integrated care approach for our clients," said **Jeffrey Eisen, MD, MBA**, Cascadia's chief medical officer, in a December news release. "By providing preventative and proactive services, we can significantly change quality of care and health outcomes for individuals, as well as reduce financial strain on our health care system and our payers."

Individuals struggling with mental illness, the primary population Cascadia serves, are much more likely to have a chronic illness diagnosis, such as hypertension, chronic obstructive pulmonary disease or chronic pain, which is predictive of greater emergency department and inpatient hospital visits, the organization said. These visits not only lead to increased costs for health care providers, but also induce additional trauma for patients, which can have severe, long-term effects on recovery and well-being, it added.

Cascadia said it addresses this disparity through coordinated mental health, substance abuse disorder and primary care services in a supportive setting for people with complex health care needs.

"Utilizing the emergency department for preventable acute health concerns is a costly and inefficient avenue for care," said **Jeremy Lynn, MD**, regional medical director of emergency services at Providence Health. "Cascadia's integrated health care model is fundamentally changing the way people with mental illness are receiving care, ultimately improving health outcomes for patients and reducing strain on our city's overcrowded emergency departments. It's truly a win-win for everyone involved in our health care system."

Cascadia, the state's largest community-based behavioral health and substance use treatment services organization, said its integrated health care model continues to evolve through population health efforts that further emphasize diabetes and chronic pain management, decreased emergency department use and medical admissions, and tobacco cessation. ■

Disaster planning and response

Oregon medical community uses lessons learned elsewhere to strengthen state's strategy

By Melody Finnemore
For The Scribe

During the last two decades, **Jon Jui, MD, MPH, FACEP**, has provided emergency medical care during nearly 30 disasters, including hurricanes, earthquakes and wildfires. In his responses across the country, Jui has aided in establishing casualty collection points – mobile hospitals inside tents – and treating injured patients while managing supplies under the most challenging circumstances.

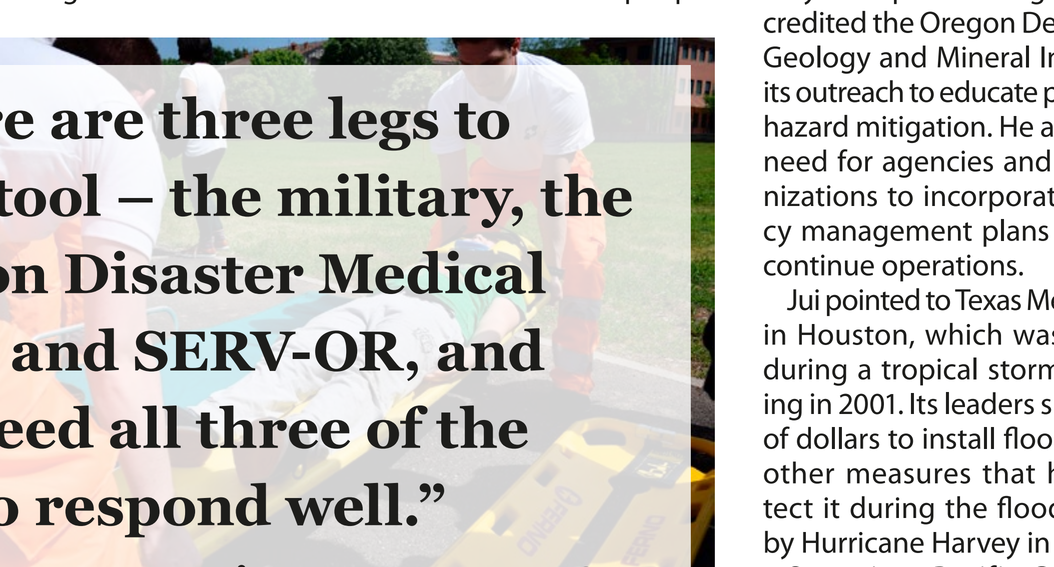
Jui, a professor in Oregon Health & Science University's Department of Emergency Medicine, will share the experience he has gained in a presentation titled "Medical Planning for Catastrophic Disasters." He will give the presentation during the Oregon chapter of the American College of Emergency Physicians' Winter conference, scheduled for Jan. 27-29 in Bend.

While Oregon's primary focus regarding natural disasters is a massive earthquake and tsunami, Jui said he also will discuss wildfires and the medical community's response to the 2018 Camp Fire that devastated Paradise, Calif. He and several other members of the independent, nonprofit **Oregon Disaster Medical Team** (ODMT) are part of a national network of volunteer responders that Jui likened to a "civilian version of the National Guard."

"Most of our team members are on the national team and we go out and do our thing when there is a disaster, including 9/11 and Hurricane Katrina," he said.

From those experiences, the ODMT has used lessons learned to develop an emergency preparedness strategy for the state that increasingly involves cooperation among medical providers, military members and civilian volunteers.

"We actually have an integrated civilian, military response team that knows each other and has been training together for the last seven years," Jui said. "We need to have people who understand each other, so it's all about relationships."



> **"There are three legs to this stool – the military, the Oregon Disaster Medical Team and SERV-OR, and you need all three of the legs to respond well."**
>
> *– Jon Jui, MD, MPH, FACEP*

He noted that the civilians' knowledge of local access, including manpower and facilities, complements the military's expertise in mobile response and its ability to provide equipment, such as helicopters, to transport providers to disaster zones and establish a base of operations.

As an example, the ODMT has trained with military and Oregon Medical Reserve Corps members to simulate a medical response to an earthquake and tsunami as part of Operation Pathfinder. ODMT also works closely with the Oregon Health Authority, the State Office of Emergency Management, the Portland Bureau of Emergency Management and the state's regional federal emergency medical planner.

Jui said the Oregon Department of Health & Human Services strives to recruit more emergency response volunteers who are health professionals through the State Emergency Registry of Volunteers in Oregon (SERV-OR).

"There are three legs to this stool – the military, the Oregon Disaster Medical Team and SERV-OR, and you need all three of the legs to respond well," he said.

Resiliency also plays a key role in a successful response and, in addition to building relationships among responders, includes ensuring citizens are educated and prepared so they don't panic during a disaster. Jui credited the Oregon Department of Geology and Mineral Industries for its outreach to educate people about hazard mitigation. He also cited the need for agencies and other organizations to incorporate emergency management plans so they can continue operations.

Jui pointed to Texas Medical Center in Houston, which was inundated during a tropical storm and flooding in 2001. Its leaders spent billions of dollars to install flood doors and other measures that helped protect it during the flooding caused by Hurricane Harvey in 2017.

Samaritan Pacific Communities Hospital in Newport is another example of how medical facilities are being designed and upgraded to withstand disasters. The hospital is undergoing a complete renovation and seismic retrofit of its current two-story building.

"It's the best hospital on the coast in terms of hazard mitigation, so it's above the tsunami zone, its utilities are isolated and they have a plan for a major earthquake," Jui said.

Some parts of OHSU and Legacy Emanuel Medical Center, Portland's Level 1 trauma centers, would likely sustain damage during a major natural disaster. However, steps have been taken to strengthen building structures and plans are being developed regarding electricity, communications and supplies.

"They are still vulnerable but they are much better than 10 or 15 years ago," Jui said, adding Adventist (Health Portland) and Kaiser Sunnyside are expected to fare better than facilities downtown that were constructed with unreinforced masonry. ■

This story is part of *The Scribe's* continuing coverage about emergency preparedness.

If you have a story idea about this topic that you'd like to see covered in these pages, please email *scribe@msmp.org*.

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 February, we'll focus on Elder Care.

Brachytherapy effective in treating skin cancers, study finds

The use of high-dose-rate brachytherapy to treat elderly patients with common skin cancers offers excellent cure rates and cosmetic outcomes, a study has found.

Squamous cell carcinoma and basal cell carcinoma, the most common skin cancers, affect 3 million Americans each year. Although they are highly curable and less dangerous than melanoma, they can be disfiguring and costly to treat, the Radiological Society of North America noted. Treatments include surgical removal and conventional, or external beam, radiation therapy.

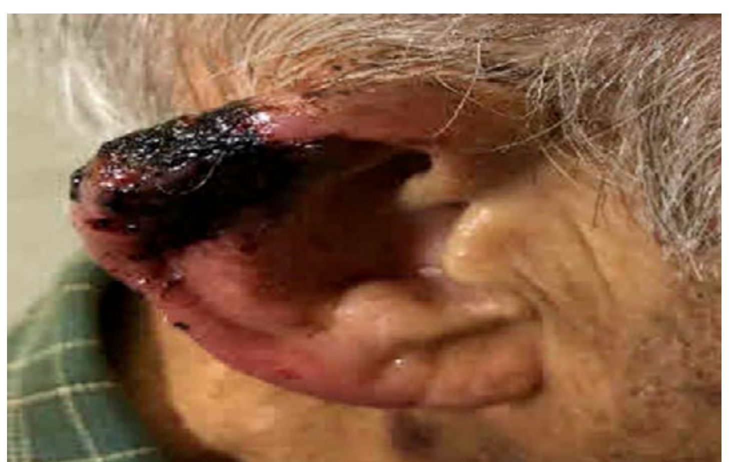
"For elderly patients who don't heal as well and may have additional medical problems, surgery may not be the best option," said Ashwatha Narayana, MD, chair of the Northwestern Westchester Hospital in Mount Kisco, N.Y. "If the affected area is the tip of the nose, ear or on the eyelid, multiple surgeries and skin grafting may be required."

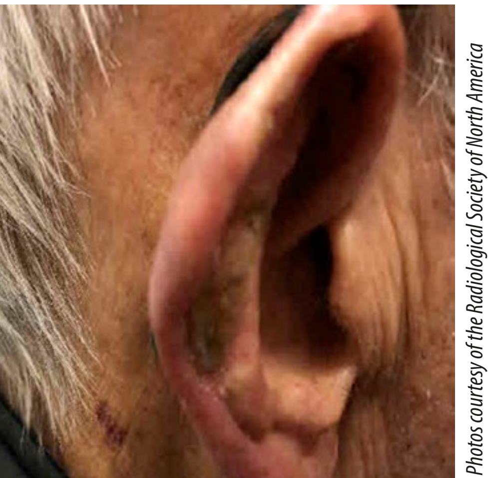
In high-dose-rate brachytherapy, a precise dose of radiation is delivered to the cancerous cells through catheters implanted into a custom-fitted applicator. Unlike six-week external beam radiation therapy, in which treatment sessions can last as long as six hours, a course of high-dose-rate brachytherapy includes six three-minute sessions over two weeks.

"Treatment with external beam radiation therapy can be too long and painful for elderly patients," Narayana said. "It also exposes healthy tissue around the lesion to radiation, which can increase side effects. Brachytherapy delivers a higher dose of radiation directly to the tumor while sparing health tissue nearby."

He said brachytherapy patients have minimal recovery time and typically experience few or no side effects that can be associated with the treatment, such as nausea, hair loss or diarrhea. They can also return to normal activities after the procedure.

In the study, radiologists used high-dose-rate brachytherapy to treat 70 patients between the ages of 70 and 100 – the median age was 85 – with early-stage squamous cell and basal cell carcinoma. A total of 81 lesions on the nose, face, forehead, scalp, ear, neck and legs were treated between 2013 and 2019. Lesions ranged in size from 3 to 26 millimeters, with a median of 10 millimeters. Patients were followed for as many as four years; the median follow up was two years.





Photos courtesy of the Radiological Society of North America

A patient, before and after treatment

"We had a cure rate of 96 percent in patients with squamous cell carcinoma and 98 percent in patients with basal cell carcinoma, and cosmetic outlook was excellent in 90 percent of cases," Narayana said. "This is a great treatment option compared to surgery."

The study was presented in early December at the Radiological Society of North America annual meeting.

Despite being a well-recognized treatment that is used routinely to treat other types of cancers, Narayan said brachytherapy has not caught on in treating non-melanoma skin cancers on the face and neck. He hopes results of his study and future research will help raise awareness of high-dose-rate brachytherapy as an alternative to surgery and external beam radiation therapy.

"High-dose-rate brachytherapy is a powerful way of treating skin cancers in both elderly and younger patients," he said. "The results are impressive." ■

Survey: Liposuction may help patients with lipedema

Nearly all the women in a survey concerning lipedema, the congenital disease that causes disproportionate accumulations of fat, most often in the legs, were helped by liposuction.

The survey, published in the December issue of *Plastic and Reconstructive Surgery*, found that liposuction led to decreased pain, bruising and swelling for most of the 209 women involved. Other benefits included reduced frequency and severity of migraine attacks.

"Liposuction yields long-lasting positive effect in lipedema patients, leading to a marked increase in their quality of life," wrote Anna-Theresa Bauer, MD, of Technical University Munich, and her coauthors.

A news release posted by the American Society of Plastic Surgeons noted that lipedema, which occurs almost exclusively in women, is usually misdiagnosed as obesity, but the abnormal fat deposits don't respond to diet or exercise. In addition to cosmetic concerns, the fat accumulations cause pain, easy bruising and progressive swelling. Lipedema seems to run in families, as most patients have affected relatives.

The women surveyed averaged 38 years of age, but most noticed the first signs of lipedema in their teens or young adult years. The average time to diagnosis was 15 years. "Frequently, lipedema patients go through a long period of uncertainty and self-doubt, before their disease is finally properly diagnosed," the authors wrote. "They are helpless against their weight gain and their pain and also the social withdrawal they often experience."

Most of the women had other health problems besides lipedema, most commonly an underactive thyroid gland. Other common health issues included depression and migraine headaches. But the patients had low rates of common obesity-related conditions, including high blood pressure, high cholesterol and diabetes.

The patients underwent multiple sessions of liposuction to treat the abnormal fat deposits, most commonly in the thighs, calves, buttocks, back and abdomen. The average amount of "pure fat" removed by liposuction was 10 liters, but was much more in some patients.

The authors noted some important limitations in their survey study but noted that it adds to growing evidence supporting the benefits of liposuction in reducing symptoms and improving quality of life for people with lipedema. The findings also might provide new clues into the causes of lipedema, particularly hormonal factors, but the authors stress the need for additional, in-depth studies to gain a clearer picture of the "physiological mechanisms underlying this progressive disease." ■

PHYSICIAN PROFILE

Physician-surgeon helps OHSU become a leader in facial reanimation surgery

By John Rumler
For The Scribe

Oregon Health & Science University is one of the few elite medical institutions nationwide performing advanced facial reanimation reconstructive surgeries through its Facial Nerve Center.

"Unfortunately," says **Myriam Loyo Li, MD, MCR**, "too many people, including those suffering from various degrees of facial paralysis, and even many doctors and medical specialists, are unaware that help is available for the vast majority of facial nerve disorders."

Growing up on the Pacific Coast of Mexico, Loyo wanted to be a doctor from early on. She began taking pre-med courses while just 17 years old, as in Mexico, medical school and college are combined.

"I was inspired by the role doctors play in improving people's lives, especially promoting health and treating disease," she says. "It wasn't until later in medical school that I discovered surgery and how magical it was for me to be able to use my hands to change people's bodies to help them."

Loyo, who graduated with her medical degree from the Universidad de Monterrey in 2008, had few thoughts of the United States throughout most of her young life. However, the medical school dean encouraged students to study abroad if at all possible, and through a combination of hard work and good fortune, Loyo traveled to the Johns Hopkins University School of Medicine in Baltimore, the first research university established in the United States.

Director of the Division of Facial Plastic and Reconstructive Surgery at Johns Hopkins, Patrick Byrne, MD, MBA, vividly remembers Loyo's arrival. "As a visiting medical student from Mexico, Dr. Loyo Li stood out from day one for so many extraordinary reasons. That she ended up in our residency program is a testament to both her talent and her hard work."

Byrne, also a professor of otolaryngology–head and neck surgery at Johns Hopkins, says that Loyo found herself deeply embedded in a world of learning and discovering new techniques in facial reconstructive surgery, particularly reanimation surgery, which involves reconnecting, transferring and/or replacing existing facial muscles and nerves, as well as transplanting them from other parts of the body, such as the back of the legs and/or arms, to the afflicted facial area.

"As our group is one of a very small number worldwide that has intensely focused on repairing nerve damage due to facial paralysis and pushing the field of facial reanimation surgery forward, Dr. Loyo Li learned the newest, most advanced techniques to successfully rehabilitate patients with partial as well as complete facial paralysis."

Loyo ended up spending her six years of residency training with Byrne at Johns Hopkins, but she did much more than master new surgical techniques: Loyo empathized with numerous patients who had lost the ability to move their facial muscles and had no hopes of ever being able to smile again.

With the paradigm-shifting techniques developed there in facial reanimation, Loyo and the facial surgery teams she worked with restored people's ability to use their facial muscles and to smile.

"Returning the ability to smile to a person who has lost it, it has a deep, lasting effect on them. It's wonderful to be a part of an experience like that," Loyo says.

Bringing people together

Those experiences set a fire under Loyo. Upon completing her residency in 2014, Loyo came to OHSU, discovering that while the institution had several talented surgeons with some experience in facial reanimation surgery, they were not working closely together.

Myriam Loyo Li, MD, MCR

"That is something she quickly changed," says **Mark Wax, MD, FACR, FRCS**. A past president of the American Head and Neck Society and the author of more than 180 peer-reviewed articles, Wax graduated from the University of Toronto Medical School in 1980 and has 40 years of experience in facial reconstructive surgery. Before joining OHSU in 1998, Wax did stints at hospitals in Buffalo; Morgantown, W.Va.; and Oshawa, Ontario.

"Dr. Loyo brought us together as a team. We started meeting and sharing information, we got a centralized phone line and a support staff and formed the OHSU Facial Nerve Center," says Wax. "She brought a technique, a level of interest and thoughtfulness that was not here previously. In the past few years, we (the OHSU Facial Nerve Center) have gone from almost nothing to now being recognized as a national center of excellence. Dr. Loyo is amazing."

The center is not a brick-and-mortar building, or even an office, but rather a coordinated group of highly trained, multidisciplinary specialists, including three physician-surgeons, two physical therapists, a speech therapist and an optometrist who combine to treat, through therapy and surgery, a wide variety of facial nerve disorders in adults and children. Loyo, who also is an assistant professor of otolaryngology – head and neck surgery in the OHSU School of Medicine, is the team's quarterback.

Wax says Loyo's impact at OHSU is "huge" and he describes her skill set as "superb," pointing out that she is board certified by both the American Board of Otolaryngology - Head and Neck Surgery and by the American Board of Facial Plastic and Reconstructive Surgery.

OHSU's Facial Nerve Center treats about 10 patients per month. The causes of facial paralysis, Loyo says, are 40 percent cancer and 40 percent benign tumors; the balance is a result of stroke, trauma, genetic defects, infectious diseases, and Bell's palsy,

*See **FACIAL REANIMATION,** page 8*

In Memoriam: Ronald W. Naito, MD

June 3, 1950 – Dec. 22, 2019

Ronald W. Naito died Dec. 22, 2019, just hours after the Winter Solstice. Surrounded by love and filled with light, he left peacefully after a 17-month journey through pancreatic cancer.

Medicine was Ron's calling and his patients were his passion – the focus of his 40-year career which ended abruptly with his diagnosis. Beloved by his patients for the deep presence and gifted communication skills he brought to his practice, Dr. Naito dedicated himself after retirement to teaching these skills to others. Working with OHSU's Center for Ethics in Healthcare, he became a profoundly effective teacher to medical students and professionals about the importance of presence in medical practice, especially in delivering bad news.

Ron was extremely grateful for the Gift of Time as he navigated his illness. He committed his entire estate to helping others, setting up a foundation dedicated to continuing his personal mission of healing. And he was blessed with enough time to witness the impacts of his generosity, supporting efforts locally and around the globe dedicated to healing our planet, our communities and ourselves, in body, mind and spirit.

For Ron, mindfulness provided a vital key to understanding that, after so many years of busy-ness and doing, his life after diagnosis was about Being. "Your final months may actually be the richest, most fulfilling portion of your whole life because approaching death is a chance to be much more awakened," said Ron. "And most fulfilling of all is to experience all the love that's everywhere – so much more than I've comprehended."

Ron is survived by his life partner Elizabeth Anderson; father, Sam Naito; brothers, Larry and Verne; stepsons, Brady and Riley Lynch; a host of Naito and Kawanami cousins; and two loving sets of in-laws, the McDonnells and the Andersons. He was predeceased by his mother, Mary Kawanami Naito, and his wife, Nickie McDonnell Lynch.

A Celebration of Ron's Life will be held at 3:30 p.m. Jan. 19 at Reed College's Kaul Auditorium. If desired, memorial donations may be made to the Ronald W. Naito MD Community Fund of The Portland Clinic Foundation. ■

***FACIAL REANIMATION,** from page 7*

among other causes. Patients come from as far away as Montana, Idaho and Alaska.

"It doesn't matter what stage of facial paralysis people are in. There are more options available than ever right now. People need to come in because we have ways to help them," Loyo says.

While Loyo, Byrne, Wax and others agree that facial reanimation surgery has come a long way in the past two decades, they believe that it is still in its infancy and will someday – perhaps in 5 to 10 years – become the standard treatment for facial paralysis.

With this outlook, it's natural that facial reanimation is becoming an area of intense research and experimentation. For example, Loyo is currently researching synkinesis in Bell's palsy patients who have not responded well to facial reanimation surgery. She is using electrical nerve stimulation to help patients regain use/control of their facial muscles and is experiencing positive outcomes. She's hopeful that a tiny battery providing electrical stimulation to the facial nerves (similar to a cardiac pacemaker) could be an effective solution. ■

> "Returning the ability to smile to a person who has lost it, it has a deep, lasting effect on them. **It's wonderful to be a part of an experience like that."**
>
> *–Myriam Loyo Li, MD, MCR*

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Don't miss this article!

Brinton Clark, MD, MPH, talks with *The Scribe* about her interest in internal medicine, her work with Providence Portland Medical Center's Department of Medical Education, and her recent study on multimodal educational intervention for primary care providers on treating opioid use disorder (OUD) with buprenorphine in office-based settings.

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Physicians' wine group toasts its 25th anniversary

Organization continues to promote responsible enjoyment, health benefits of wine

By Jon Bell
For The Scribe

There was a time when **Raj Sarda, MD**, now a retired OB-GYN, had an extensive wine collection of more than 1,000 bottles that he kept in a cellar he built in his home.

He jokes now that his collection has since slimmed down a bit.

"In my small collection of 800 to 900 bottles, I would say about 60 to 65 percent are pinot noirs, mostly Oregon," Sarda said. "I am partial to the Oregon pinot."

If Sarda's wine cellar has diminished slightly from its pinnacle, his interest in and appreciation of wine certainly hasn't. Introduced to the burgeoning Oregon wine scene when he moved here after a residency in Michigan in 1973, Sarda has long enjoyed the world of wine. About 12 years ago, he found a way to take that to a new level when another local physician with an appreciation for fermented grapes, **Ray North, MD**, invited him to join the **Society of Physicians for Wine and Health**.

"The opportunity to mingle with people who enjoy fine wine and wine tasting really appealed to me," Sarda said. "I decided to join and eventually took an interest in all their activities."

Founded in 1994 by a group of local physicians, many of whom were winery owners themselves, the SPWH is a nonprofit organization dedicated to both the responsible enjoyment of wine and the research behind its health benefits. Inspired by a similar organization called the San Francisco Medical Friends of Wine, the SPWH traces its origins to the late **Cecil Chamberlin, MD**, a child psychiatrist, and physicians

Among the events and activities organized by the Society of Physicians for Wine and Health are tours, including this one in Walla Walla with Pepper Bridge Winery's Norm McKibben.
Photo courtesy of the Society of Physicians for Wine and Health

Fred Benoit, MD, of Chateau Benoit, **Joe Campbell, MD**, of Elk Cove Vineyards and **John Bauers, DO**, who planted the Dundee Hills Vineyard in 1974. Other founding members include **George Porter, MD**, **George Caspar, MD**, and legal counsel **Rupert Koblegarde**.

This year, the organization is celebrating its 25th anniversary.

"Medicine and wine kind of go together," said North, who's been chair of the SPWH's education committee for the past 10 years. "Winemaking is kind of like medicine, because it's the art and science that go together to make a successful doctor and a successful bottle of wine."

The SPWH stages two dinner meetings each year, one in the spring and one in the fall. They're usually held at a nice restaurant or places like the Multnomah Athletic Club or Waverley Country Club. In advance of the dinners, the SPWH's wine committee, which Sarda chairs, spends time researching wines to feature. They usually focus on a particular wine region or country – Spain, for example – and then hold a tasting to choose wines for the dinner.

"Out of the tasting, we will select particular wines for particular courses," Sarda said. "We talk to the chef and meet with them to design the menu. Sometimes we've asked the chef to design a menu for us and select wines based on the menu."

The dinners also touch on another portion of the SPWH's mission, which is to "enhance and disseminate the scientific knowledge of wines' health benefits." They do that by bringing a speaker in, usually to talk about some of the most recent wine-related research.

"I've always tried to find people who focus on the basic science," North said, noting past speakers have come both locally – from Oregon Health & Science University or Oregon State University, for example – and from elsewhere in the country.

This year's spring wine dinner will likely be a little more extravagant than the regular dinners, as it will honor the society's 25th anniversary.

In addition to the two annual dinners, the society also stages two wine tastings each year, often held in members' private homes. The tastings are sometimes blind, sometimes not.

"The blind tastings humble you," North said. "They humble even those who think they are the best oenophiles in the state."

Lastly, the SPWH also schedules a wine-related tour every year, alternating yearly between a local destination, such as the Yamhill Valley, or something farther away. Past tours outside the metro region have found SPWH members in Southern Oregon and also in Walla Walla. Sarda said tours are usually on weekends and involve an evening of tasting by multiple wineries coming to a hotel. The next day, the group tours a few wineries in the region, followed by a wine tasting dinner at one of the area wineries.

Membership in the SPWH was limited to 50 people at its founding, and North said that's largely still the case simply because it would be hard to accommodate a group much larger than that at the various events. The events usually draw members and their spouses, which can mean between 80 and 100 people showing up.

Membership also used to be more restricted to members of the medical community. North said the society was intended to have about 80 percent of its members be physicians and about 20 percent be in health-related fields. That's relaxed some over the years, and now the membership includes some folks who are not in medicine but who are knowledgeable wine enthusiasts.

"The fellowship is a very important part of this whole thing," North said.

As it heads into its 25th year, the SPWH is aging well, but North said it might be nice to add some fresh faces to the membership.

"We'd love to see more younger people get in," he said, adding that folks interested in joining the society usually are nominated by a member and "almost always get in."

"I hope people who are reading about this see the value in joining up with a group that is in the medical profession and at the same time promoting the health benefits of wine," Sarda said. "I really enjoy it." ■

"Winemaking is kind of like medicine, because it's **the art and science that go together** to make a successful doctor and a successful bottle of wine."

– Ray North, MD

To find out more about the SPWH, including its February wine tasting, visit www.physiciansforwineandhealth.org.

PROVIDER SHORTAGE, from page 1

mental health care, and economics. "Psychiatric care does not make a health system a lot of money," he pointed out. "If there is an opportunity to expand" services, health systems place priority on those that will help them stay "solvent," he said.

His reasons for optimism, however, center on the fact that the nation and state are waking up to "how behavioral health is one of our most pressing problems," and thus salaries for psychiatrists "have increased substantially, and demand for them from health systems has never been higher." Plus, "advances in health science have been excellent."

Potential access solutions

One solution to the mental health access problem, supported by the American Psychiatric Association and its district branch the Oregon Psychiatric Physicians Association, is the concept of collaborative care, Bristow said.

Collaborative care builds on the medical home model and involves teaming a psychiatrist with a primary care provider and a case manager, he explained. Employing a population-health approach, the case manager keeps a registry of patients who are in need of psychiatric consultation. Often this registry includes clinical data such as depression screening scores, which are periodically updated by the team. The psychiatrist and case manager discuss the patients on the registry, usually weekly, and assess improvement or lack of progress. The psychiatrist then makes recommendations to the case manager and primary care provider on next steps in care for those who are not improving.

This model "has shown to be very effective for depression, anxiety and substance use disorders, among others," Bristow said. "This allows one psychiatrist to serve many more patients than the standard model of care and probably holds the most promise in improving access to care. Hopefully, this will become a commonly reimbursed service to primary care that will lead more psychiatrists to work in this model."

Bristow also believes psychiatry delivered by telemedicine "is one helpful factor in increasing geographic access to psychiatric treatment." He said that although video conferencing is not widely used yet in Oregon psychiatrists' practices, "those who do use telepsychiatry tend to like the process and find it very convenient and conducive to good care. Early evidence around telepsychiatry largely has shown that assessment and treatment are equivalent to face-to-face care for many conditions and clinical situations. Patient satisfaction also tends to be very high, because it is convenient and effective."

A drawback to it for some doctors is low or no reimbursement from some insurers, but the method is growing in use in certain Oregon health systems, he said. Factors he lists facilitating that use include increased convenience in making appointments, decreased need for medical office space, and lower costs once the infrastructure is in place.

Telepsychiatry also can be used within collaborative care when the patient needs to be seen to clarify a diagnosis or assess treatment response, Bristow added. ■

> "There are very few places in the U.S. where there is an adequate supply of psychiatrists, and no states have an adequate supply of child psychiatrists." **Oregon experiences "a very significant shortage of both."**
>
> *– George Keepers, MD, professor and psychiatry chair, Oregon Health & Science University*

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