



# The Scribe

A publication of the Medical Society of Metropolitan Portland

FOCUS ON PEDIATRICS

## Working miracles every day



Animal-assisted therapy proves powerful tool.

– Page 14

OFF HOURS

## Rocking for a cause



William Winter, MD, and the band N.E.D. raise awareness about gynecologic cancers.

– Page 18

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April 2020

# MSMP helps members establish telehealth amid pandemic

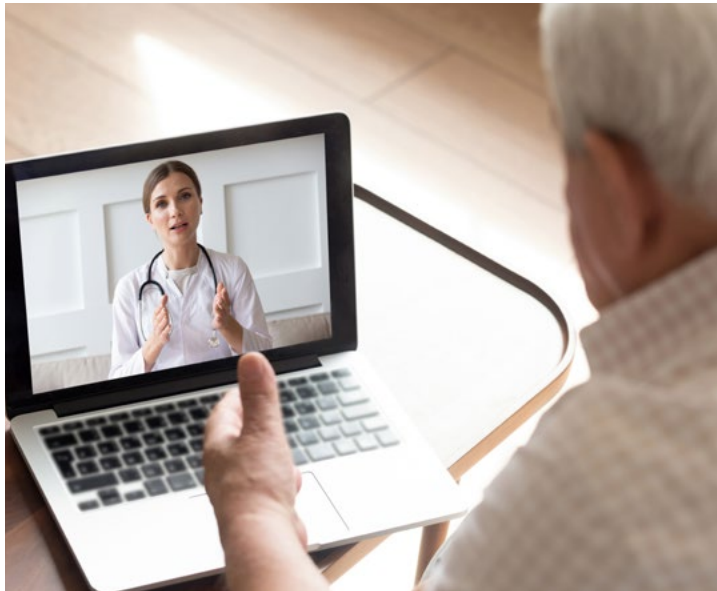
By **Cliff Collins**  
For the Scribe

In response to the coronavirus pandemic, the **Medical Society of Metropolitan Portland** is helping MSMP members set up free telehealth services for their practices.

The service is intended to allow members to see patients remotely in order to protect both provider and patient when testing and personal protective equipment are in short supply and no specific treatment or vaccine exists for COVID-19.

MSMP already had telehealth services in place for use with MSMP's Physician Wellness Program, and so that previous step allows the Medical Society to offer members a comprehensive, personalized package that is ready to "plug and go," and one that has been vetted by the Medical Society, said **Amanda Borges**, executive director of MSMP.

See **MSMP TELEHEALTH SERVICES**, page 4



Members interested in establishing telehealth services may contact Amanda Borges at [Amanda@MSMP.org](mailto:Amanda@MSMP.org).

# Coping with a changed world

*MSMP leaders adapt on the job through telemedicine, new protocols, collaboration*

By **Cliff Collins**  
For The Scribe

Three **Medical Society of Metropolitan Portland trustees** shared observations in late March about what they are experiencing and seeing in their respective practices during this extraordinary time.

**MSMP President Mary McCarthy, MD**, said the sudden requirements imposed by COVID-19 have been jarring.

"Things have been hectic with all the social distancing and trying to keep connected with patients," she said, noting that she had just set up telehealth video conferencing for her office for the first time. "It has worked

out, but is somewhat anxiety-producing both for me and the patients, who are not used to the process."

"I did a televideo appointment today with an intellectually disabled patient who had lots of concerns about the pandemic and why she couldn't just go out in public like she used to," McCarthy related. "The unpredictability of the COVID-19 pandemic has affected us all in ways we never anticipated."

At the professional level, the Oregon Psychiatric Physicians Associations' annual conference was scheduled for March 13-14, but the venue canceled the event the day before, she said. "We had to set it up on short notice

via GoToMeeting technology, which worked out but was quite stressful."

McCarthy took part in a teleconference March 25 with the Health/Medical Multi-Agency Group of the Northwest Oregon Health Preparedness Organization. Representatives from the major health systems and retired public health officials were involved, she said.

**John Evans, MD**, who has represented MSMP for years by serving on the Health/Medical Multi-Agency Group, said the group has met multiple times to help apportion supplies that are available and to adjust the direction

See **MSMP LEADERSHIP**, page 6



MEDICAL SOCIETY OF METROPOLITAN PORTLAND

## Physician wellness

The **Medical Society of Metropolitan Portland** wants to remind providers that **MSMP's Physician Wellness Program** is available during the pandemic.

"During this difficult time, when everyone – especially in health care – is under more stress, we continue to offer this important service for anyone needing support right now," said Amanda Borges, MSMP executive director.

Telehealth services are available for the wellness program. Counseling is free to all physicians, PAs and nurse practitioners.

For more information on MSMP's Wellness Program including how to schedule an appointment, detailed profiles for each psychologist, as well as their office location and contact information, **visit [msmp.org](http://msmp.org) or call 503-764-5663** for a recording of program information.

## Answering the call

**Physicians Answering Service**, a partner company with MSMP, is offering backup support for physicians who are inundated with phone calls. The company's services are available around the clock every day for anyone who "is working shorthanded due to the coronavirus," according to the company. It is offering overflow message taking, dispatching, call outs, etc.

Contact Rhea Brightmon at 503-228-4080 or [r.brightmon@physiciansanswering.com](mailto:r.brightmon@physiciansanswering.com).

# More than 50%

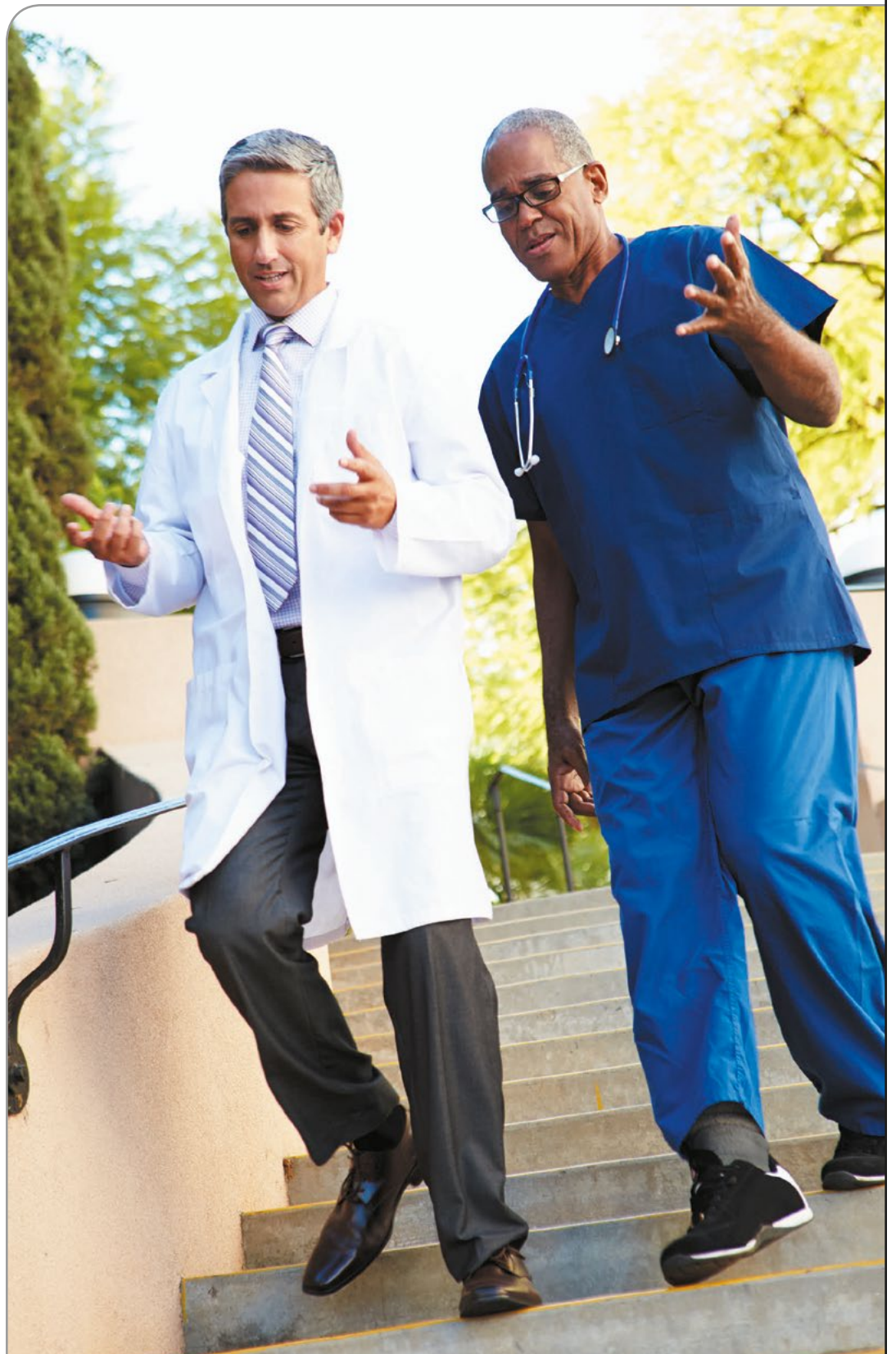
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*The Scribe is the official publication of the Medical Society of Metropolitan Portland.*



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### MSMP telehealth toolkit available to you

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



The toolkit offers the following telehealth resources:

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

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



### POSTPONED MSMP's 136th Annual Meeting

#### Date and time to be announced

Due to the current COVID-19 health crisis, the Board of Trustees of the Medical Society of Metropolitan Portland will be postponing the 2020 Annual Meeting to a date to be determined. This postponement includes the awards ceremonies for the Rob Delf Award, Student Award and Presidential Citation.

For anyone who is currently registered, MSMP will issue a refund for the full registration fee.

We deeply appreciate your support and understanding and look forward to seeing you soon!



### MSMP Board of Trustees nominees

The Medical Society of Metropolitan Portland is pleased to report that the following individuals have been placed in nomination for positions on the MSMP Board of Trustees for the 2020–2021 leadership year.

The inauguration will be held during the MSMP Annual Meeting on a date to be determined at the Multnomah Athletic Club.

PRESIDENT **Mary McCarthy, MD**  
PRESIDENT-ELECT **Adam Obley, MD**  
SECRETARY-TREASURER **Eric Burgh, MD**  
TRUSTEE **John Evans, MD**  
TRUSTEE **Brenda Kehoe, MD**  
TRUSTEE **Denny Le, DPM**

TRUSTEE **Megan Madden, MD**  
TRUSTEE **Lydia Villegas, MD**  
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PUBLIC MEMBER **Carmen Gaston**



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- **Battle of the Doctor Bands**
- **Continuing Education**
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- **OSHA/HIPAA Courses**
- **The Scribe**
- **Little Black Book**

**Join today at  
MSMP.ORG**

# Government expands telehealth coverage

**By Cliff Collins**  
For The Scribe

Both the state and federal governments have temporarily loosened rules related to covering telehealth services.

As of March 24, Oregon's insurance commissioner and the Oregon Health Authority are directing all health plans in the state – both commercial and Medicaid – to cover telehealth services.

"For the duration of the COVID-19 outbreak, or until otherwise directed by the directors of the Department of Consumer and Business Services and the Oregon Health Authority, the state expects health plans of all types to provide increased access to health care services through telehealth delivery platforms and to encourage patients to use telehealth delivery options to limit the amount of in-person health care services they seek,"

according to the agencies' statement.

The Oregon Health Authority uses the following definition: "Telemedicine or telehealth services are health care services rendered to patients using electronic communications such as secure email, patient portals and online audio/video conferencing."

"Specifically: Health plans shall cover telehealth services delivered by in-network providers to replace in-person visits whenever possible and medically or clinically appropriate. Providers shall be allowed to use all modes of telehealth delivery including synchronous video, telephone-based service delivery and other appropriate methods. Telehealth services shall be available for all conditions, not just COVID-19 or suspected COVID-19 cases, as medically and clinically appropriate."

In addition, the agencies asked health plans to examine

**MORE DETAILS ABOUT MEDICARE COVERAGE CAN BE FOUND AT:**



[CMS.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet)

reimbursement rates for telehealth services to ensure that they are adequate to enable providers to increase capacity to serve patients with appropriate telehealth delivery methods: "The state encourages reimbursement rates for telehealth services that mirror payment rates for an equivalent office visit or that providers and health plans quickly agree on (as) applicable reimbursement. Health plans shall ensure (that) cost-sharing requirements for services delivered via telehealth are no greater than if the service was delivered through in-person settings. Plans should focus special attention on connecting at-risk and vulnerable populations to their health care

providers via telehealth (including telephone-based service delivery)."

The state agencies said they will continue to develop more specific guidance for commercial health plans and coordinated care organizations, and are asking providers and insurers for recommendations to identify any existing barriers to telehealth delivery.

The document and further details can be found at: <https://dfr.oregon.gov/insure/health/understand/Documents/DFR-OHA%20Telehealth%20Guidance.pdf>

## Medicare also expands coverage

At the federal level, "Effective for services starting March 6 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances," according to Medicare's website.

"These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits. ... Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings. Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings.

"This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital, which puts themselves and others at risk."

A range of providers such as doctors, nurse practitioners, clinical psychologists and licensed clinical social workers will be able to offer covered telehealth services to their patients. In addition, the U.S. Department of Health and Human Services is providing flexibility for health care providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs. ■

### MSMP TELEHEALTH SERVICES, from page 1

In March, MSMP began receiving questions from a few members on what telehealth processes the Medical Society has available, Borges said. MSMP staff then helped four clinicians set up telehealth and wanted to offer it as a member service to all, she said.

The *Wall Street Journal* reported that the federal government and public health officials are urging consumers to use telehealth services to get advice and treatment. And according to Today.com, telehealth "is rapidly becoming the first line of defense against the coronavirus.

"MSMP is offering this free toolkit to our members with everything they need to start telehealth visits," said Borges.

The toolkit offers the following telehealth resources:

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

Once providers contact MSMP, staff can assist in setting up a telehealth account. Through it, providers establish "a unique link that allows a patient to go into your waiting room remotely," Borges explained.

MSMP issued an email to members in late March offering these services.

"We were pleased and surprised at just how much activity there was in the first few hours of notifying

**"We were pleased and surprised at just how much activity there was in the first few hours of notifying members about this service.**

**Right away, we had a dozen members requesting assistance in setting up telehealth in their practice. During a time when physicians are grappling with how to accommodate patients safely and securely, this service can be of tremendous help."**

*MSMP Executive Director Amanda Borges*

members about this service," Borges said. "Right away, we had a dozen members requesting assistance in setting up telehealth in their practice."

Borges said MSMP is gratified to be able provide such a service.

"During a time when physicians are grappling with how to accommodate patients safely and securely, this service can be of tremendous help," she said. ■

*Members interested in establishing telehealth services may contact Amanda Borges at [Amanda@MSMP.org](mailto:Amanda@MSMP.org).*

*MSMP has posted informational resources about COVID-19 on its website, [MSMP.org](https://www.msmp.org).*





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AND THE FOUNDATION FOR MEDICAL EXCELLENCE.



MSMP LEADERSHIP, from page 1

on mask and supplies conservation by covering and cleaning items between use.

“MSMP wants to be able to reach out to members to help them in this time of need,” McCarthy said. She cited ways the Medical Society is trying to offer assistance: In March, MSMP began assisting members in setting up telehealth in their practices. MSMP representatives also pass along recommendations when applicable from the Health/Medical Multi-Agency Group.

In addition, she noted, MSMP’s Physician Wellness Program continues to be available, and she has heard by “word of mouth, comments from several colleagues” that some younger doctors have been expressing “increased anxiety over the pandemic. Hopefully, they will contact the Physician Wellness Program clinicians if they need emotional support during these trying times.”

Evans shared insights about how quickly and dramatically hospitals have had to change the way they work.

At the hospital where Evans practices as an anesthesiologist, all staff must go through a screening process before entering the building, he said. Each individual’s temperature is checked by nurses clad in full protective gear, who then ask several questions about any symptoms the person may have been experiencing.

In addition, by order of Gov. Kate Brown and beginning March 23, all area hospitals had ceased doing elective surgeries and confined operating rooms to “urgent and emergent” cases, including those such as cancer surgeries, Evans noted. A procedure or surgery is exempt if a three-month delay would put the patient at risk of irreversible harm, the order stated.

“Our anesthesiology group is helping the ICU team with placement,



Photo courtesy of Barry Finnemore

equipment, intubation, monitoring and other aspects of initial care on admission to the ICU,” in order to bolster coverage now and in the future, Evans said.

Clinicians were still recording severe shortages of personal protective and other equipment.

“Face shields are given out only once, and we are expected to clean them between patients,” he said.

Primary care physicians, too, had to adapt to ever-changing conditions almost overnight.

“Being in the front lines, I have felt this pandemic turn our work completely upside down,” said **Lydia Villegas, MD**, a family physician and immediate past president of MSMP.

**“...(T)here has been a lot of support from patients – people offering to sew masks, as well as members of the community donating N95 masks they have to us that they find in their homes or work.”**

– Lydia Villegas, MD,  
family physician and MSMP immediate past president

“We are conserving our supplies as best as we can, as we have such limited resources. We are reusing masks and doing a lot of triage, telemedicine and MyChart visits.”

Her clinic also shifted schedules: In-person visits have been curtailed and adjusted so that providers can see “healthier but urgent” patients in the morning and sick patients in the afternoon, to limit risk of spread of infection, she said.

Because of the extreme scarcity of available tests for COVID-19, primary care physicians were told in the second week of March not to test at all, and even then only in severe cases, she said. “Right now we are not even able to test any longer for the flu, which is very much still present. This is definitely a bad season for illnesses, on top of COVID-19.”

“On the outpatient side we are also gearing to be relocated as the need arises to other areas or practices,” Villegas said.

Calls from patients range from those with sickness and concerns to those expressing anxiety and fear of how they are going to survive, she related. “CT scans and other tests are being delayed for the time being, it seems, even for work-ups for cancer at this point — from the

hospital delaying them, but also patients weighing the risk of coming in.”

Villegas also noted positive signs.

“By the same token, there has been a lot of support from patients — people offering to sew masks, as well as members of the community donating N95 masks they have to us that they find in their homes or work,” she said. She added that the medical community also is grateful to medical students such as **Kylie Loutit, MS**, student member of the MSMP Board of Trustees, “along with many others, who have offered to provide day care for children of doctors.”

“It certainly is a historic time and one that we will remember and learn from,” she reflected. “Of all the times this could have occurred in the past, I am glad it is during this time and not 10 or 15 years ago when we were not even geared for telemedicine or connecting with other people through social media or other ways.

“The onslaught is yet to come and I hope not as bad as we fear,” Villegas added. “The strength and resiliency of the human spirit, though, do shine through even in these dark times. Yet, I can’t wait until August when we know how well we are doing and hopefully are past the peak of the pandemic.” ■

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**MSMP.org/Wellness-Program**

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

*We are committed to private sessions that respect the dignity and training of each clinician. Our commitment is to provide short-term wellness sessions with the option of referral to additional care, if needed. Career counseling is available to enhance decisions within the clinician's training and expertise. Autonomy, choice and privacy are the most critical components of our overall program.*



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*Please consider a charitable donation to the Wellness Program: [www.MMFO.org](http://www.MMFO.org)*



# Providence researchers apply for FDA approval for COVID-19 vaccine clinical trial

Researchers with the **Providence Cancer Institute** in Portland are developing a potential vaccine against SARS-CoV-2, the virus that causes COVID-19, the health system announced in late March.

**Bernard Fox, PhD**, Harder Family Endowed Chair for Cancer Research

and head of Providence's Laboratory of Molecular and Tumor Immunology, and **Rom Leidner, MD**, co-medical director, Providence Head and Neck Cancer Program, are leading the team that comprises several labs within the institute, including Fox's lab.

The team, using its cancer vaccine

and immunotherapy experience, applied for a first-in-human clinical trial of a vaccine against SARS-CoV-2 that will be manufactured in its Human Application Lab, a current Good Manufacturing Practice (cGMP)-grade facility within the Earle A. Chiles Research Institute, a division

The goal for this vaccine is 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 COVID-19.

of Providence Cancer Institute at Providence Portland Medical Center.

Providence said the genetic sequence of the SARS-CoV-2 virus provided a roadmap of what is needed – the DNA coding for the “spike” of the virus – to develop a vaccine against it. The goal for this vaccine is 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 COVID-19.

When the antibodies and T cells bind to the “spike” protein of the virus, the immune system launches a two-pronged attack to destroy the virus. The important 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.

In collaboration with San Diego-based biotech company OncoSec and the National Institutes of Health, Providence researchers will receive a piece of sample virus DNA from COVID-19. **Hong-Ming Hu, PhD**, head of Providence's Cancer Immunobiology Lab, will engineer this small piece of viral “spike” DNA into a bacteria, which will be tested to ensure it works like a miniature manufacturing plant to make copies of the “spike” DNA. It will then move to the cGMP-capable Human

See **COVID-19 VACCINE**, page 10



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# Telemedicine for medical practices during COVID-19

By David O. Hester, FASHRM, CPHRM and Devin O'Brien, Esq.

If your practice is among those seeking to ramp up telemedicine visits for patients during the coronavirus pandemic, there's good news – you're covered for liability and we can point you to resources to get you started.

As the outbreak spreads, many practices are grappling with declines in patient visits. Virtual visits may give patients and practices alike peace of mind from the worry of the spread of infection. For example, phone use can reduce viral exposure during office visits. Some practices are creating cell-phone waiting areas, instead of gathering patients in their waiting rooms. After patients check in, they wait in their cars with their phones, ready to receive a call saying their provider is ready for them. While not true telehealth, cell-phone waiting shows how practices can use existing technologies to reduce COVID-19 exposure.

While telemedicine has a spectrum of uses, there are two critical channels in which it can play a critical role during the current crisis:

- It can be an essential tool both in keeping your patients at home, and in reducing the traffic and potential contagion in your offices. Many typical office visits – such as explaining test results

and follow-up visits – can be accomplished via telehealth rather than in-person office visits.

- It can be an invaluable tool in screening potential coronavirus patients, especially with the current limited access to testing. If patients fear they have the virus, you can guide them in a video call through a symptom check – if they are not currently displaying symptoms you can schedule for another video call. If they are exhibiting symptoms and you want to see them in-person, you can schedule them to come at times designated for sick visits and better separate them from patients who need to come in for well visits.

Some practices may not think they are using telemedicine when in fact they already are. Telemedicine encompasses a range of care options, from remote presence technologies that allow specialists to serve patients in rural locations, to simply using a smartphone or landline to talk to a patient.

Phone consultations are telemedicine, and even if a practice is not prepared to implement new technology, it can consider making greater use of phone consultations – especially for established patients – during this

time. Whether or not a phone consultation is reimbursable depends entirely on the payer. Generally speaking, visits that involve both audio and video are more likely to be reimbursed. In situations where audio-only visits are reimbursed, physicians should be aware that reimbursements often are higher if both audio and video are used.

## Telemedicine: FAQ

To support the medical profession during this unprecedented time, the following are answers to some frequently asked questions regarding telemedicine.

### Does my professional liability policy cover telemedicine?

The Doctors Company's medical professional liability policy covers telemedicine as it does not draw a distinction between traditional care and telemedicine. Physicians should check with their professional liability insurer about coverage. The market, including traditional medical liability insurers, recognizes that telemedicine has become a fact of life. Our chief medical officer, David Feldman, MD, MBA, FACS, puts it this way: "As physicians, we often think telehealth is a completely different way of practicing, but it really isn't – it's an extension of what we already do."

### Are there malpractice risks specific to telemedicine?

Under normal circumstances, telemedicine is fairly low risk from a medical malpractice liability standpoint. The Doctors Company's data shows that we had 38 closed claims involving telemedicine from 2007 to 2018, out of 27,559 claims. While the number of telemedicine claims has risen rapidly since 2015, most likely due to increased use, the numbers are still very small. This may be because the types of service provided via telemedicine tend to be for low-acuity conditions, which generally do not result in a claim. That said, under normal circumstances, a clinician encountering a potentially high-acuity condition via telemedicine who does not refer the patient for an office visit or to the emergency department could face a potential liability risk if an adverse event were to occur. That liability is essentially the same liability the provider would face after failing to make a needed referral following a face-to-face visit.

### What about documentation?

Documentation is critical. Telemedicine doesn't change the fact that physicians should use their best clinical judgment and document their medical reasoning in patients' medical records. If a patient's complaint would generally warrant an in-person visit, the physician should weigh the risks of any emergent condition against the risks of COVID-19 exposure for this patient, make the call, and document the reasons for this decision in the patient's record to mitigate liability risks.

### Does informed consent need to be modified for virtual visits?

No. Inadequate informed consent communication between a health care provider and the patient/family is a top factor contributing to claims, according to closed claims studies by The Doctors Company. The same standard of care applies to telehealth as to face-to-face visits, so physicians should make certain an informed consent discussion occurs when using technology or the phone to treat a patient. An informed consent form signed by the patient, along with the documented informed consent discussion, is ideal – the provider of the telehealth platform may be able

## COVID-19 VACCINE, from page 9

Application Lab, where researchers will expand the bacteria, isolate the plasmid DNA and test it for sterility. Upon U.S. Food and Drug Administration approval, the researchers will be allowed to start the trial, Providence said.

The genesis of the coronavirus work was during a call between Fox and OncoSec about collaboration on breast cancer using the company's plasmid technology. At the end of the call, the conversation turned to COVID-19. They asked themselves what could they do – using the technology they were confident would work so well against cancer – in the fight against the novel coronavirus infection, according to Providence.

Researchers said in late March they expect to hear from the FDA within 30 days, assuming they do not encounter any unexpected hurdles. If a vaccine gains approval, it will take about six weeks to produce it. But researchers said they'd begin to manufacture the vaccine immediately, so that vaccine production would run simultaneous with FDA review, Providence said, noting that the trial would be launched quickly after FDA approval. If that comes within 30 days, researchers expect to open the trial six weeks from March 31. The phase I trial of 36 people will test the vaccine's safety and evaluate a dose for a potential phase II trial. That second trial could open in the fall.

Providence said it would seek healthy volunteers to submit an application for the trial. The trial and continued monitoring would be conducted at Providence Portland Medical Center. The trial would be open to adults who have not been infected with SARS-CoV2 and are in general good health with no underlying immune system diseases.

Researchers will test the vaccine in two age groups: 18 to 50 years old – as is the convention for phase I vaccine trials; and, importantly, in people older than 50 – a group known to have increased risk for life-threatening illness from SARS-CoV-2, Providence said, noting it will be essential to know the vaccine is safe and effective for older adults.

Phase I trial participants will receive two vaccinations (prime/boost) 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. Overall, the trial will last for 90 days. Phase I is designed to test safety in a small number of participants. Following the phase I trial, a phase II trial with a much larger number of participants may be conducted to prove the vaccine activates the immune system as intended, to generate antibodies and T cells that can attack SARS-CoV-2. ■





to advise you how to incorporate your informed consent document. Barring this, health care providers should document the results of the informed consent conversation with the patient in the medical record. In addition, the provider should verify and authenticate the patient's identity. A telehealth informed consent form can be [downloaded here](#).

#### What about licensure and crossing state lines?

During the COVID-19 pandemic, states have relaxed licensing requirements to encourage medical professionals to cross state lines to assist in the emergency. [The Federation of State Medical Boards](#) is maintaining a database of licensing requirements and waivers. In states that haven't waived license requirements, physicians should comply. Additionally, many states have licensing requirements specific to the use of telehealth that they are waiving during the COVID-19 emergency.

While answering or placing phone calls outside of a physician's state of license is a common practice, it can present risks both in terms of licensure and insurance coverage. Nonetheless, in an emergency, physicians should exercise their best judgment and take the actions they deem necessary to treat their

patients. Documentation is critical when a physician is acting under the duress of a patient emergency.

Professional organizations that support telemedicine assist with licensure in multiple states. More information can be found at [Interstate Medical Licensure Compact](#).

#### Does a patient's insurance cover telemedicine?

During this crisis, Medicare, Medicaid and many private insurers have relaxed restrictions around how telehealth can be used; however, health care insurers are not unified. As insurers continue to adapt coverage to this crisis, physicians should let patients know if it is unclear what their

insurer covers to reimburse patient.

#### What about privacy concerns when using telemedicine?

To assist medical practices in accelerating implementation of telehealth services, the Health and Human Services (HHS) Office for Civil Rights (OCR) has made a change affecting HIPAA enforcement: Effective immediately, according to a [reference guide](#) created by the Center for Connected Health Policy, the HHS OCR will "exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or

Skype, during the COVID-19 nationwide public health emergency."

Therefore, even without meeting the usual encryption requirements for health care communication, practices that wish to swiftly implement greater use of telehealth using readily available, non-specialized interfaces, like FaceTime and Skype, may do so.

*This information was updated March 25, 2020.*

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- ▶ **American Telemedicine Association**
- ▶ **Center for Connected Health Policy:** "Telehealth Coverage Policies in the Time of Covid-19 to Date"
- ▶ **Centers for Medicare and Medicaid Services, fact sheets:**
  - "Coverage and Payment Related to COVID-19 Medicare"
  - "Medicare Telemedicine Health Care Provider Fact Sheet"
- ▶ **Centers for Medicare and Medicaid Services, frequently asked questions:** "Medicare Telehealth Frequently Asked Questions (FAQs)"

### ADDITIONAL RESOURCES

CLICK HEADLINES BELOW FOR A LINK TO EACH ARTICLE

- ▶ **Centers for Medicare and Medicaid Services, press release:** "Telehealth Benefits in Medicare are a Lifeline for Patients During Coronavirus Outbreak"
- ▶ **Drug Enforcement Administration, Diversion Control Division:** "COVID-19 Information Sheet"
- ▶ **HHS OCR:** "Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency"
- ▶ **The Interstate Medical Licensure Compact**





## A different approach to Match Day, but ‘outstanding’ results the same

It looked and felt different, but the results – which Oregon Health & Science University described as outstanding – were no less impressive than in the past couple of years. Amid the coronavirus outbreak, OHSU opted against its traditional **Match Day** event that draws scores of medical students, their friends and families to the Hill.

However, 100 percent of students in the OHSU School of Medicine’s MD class of 2020 who were in the running for residency slots nationwide were matched in March. It was the third straight year of a 100 percent match for the school’s MD program, OHSU said.

Instead of gathering together under one roof on campus, students received emails about their match, and marked the occasion with celebrations at home or elsewhere because of the pandemic. Students worked with the Undergraduate Medical Education and OHSU Alumni Relations teams to create Alt Match Day, with students taking to OHSU Instagram and Twitter feeds to create a virtual party. Underclassmen produced a congratulations video.

“Today, and in the days leading up to Match Day, our students showed what they are made of,” said **Benjamin Schneider, MD**, assistant dean for student affairs in Undergraduate Medical Education at OHSU, who joined students on Match Day via Zoom. “They reconstructed the essence of the traditional Match Day in myriad smaller, cherished moments, sharing reflection and gratitude with those who have supported them on their journey to becoming doctors. As they now embrace the communities across the country where they will serve as trainees at this crucial time, our pride in them is overflowing.”

Among the results, OHSU said 62 students were matched in primary care, and 29 students matched to OHSU, with another six matching elsewhere in Oregon. The OHSU School of Medicine residency programs filled all but one of the 175 slots in 22 programs.

Medical school classes shifted to online and clinical rotations are canceled, and academic medicine leaders are working through what OHSU described as an “appropriate approach” to fulfilling graduation requirements for medical students. ■



*Clockwise from top left:*

Medical student **Alix Cooper**, matched with Klamath Falls’ Cascades East Family Medicine Residency Program, hiked at Upper Klamath Lake during Alt Match Day 2020. Cooper spent her fourth year in medical student rotations there.

*Photo courtesy of Alix Cooper*

OHSU medical students **Monique Hedmann**, **Pedro Abdala** and **Nishad Sathe** celebrate their residency placement as part of this year’s Alt Match Day in Hedmann’s father’s house in Southwest Portland.

*Photo courtesy of Monique Hedmann*

OHSU fourth-year medical student **Paige Sutherland** netted her first residency choice, the Community Psychiatry Residency Track at UC San Diego.

*Photo courtesy Paige Sutherland*



# OHSU onboards residents early to meet workforce demands

In response to the COVID-19 pandemic, Oregon Health & Science University began onboarding residents early to meet workforce demands, with as many as five MD graduates starting training in OHSU residency programs in April rather than the traditional July 1.

More than two-thirds of the MD Class of 2020 graduated early, thanks to the OHSU School of Medicine competency-based curriculum in which students progress based on skill mastery. Each year since the first cohort completed the full four years of the YOUR MD curriculum, more students have graduated early. This year, it was 68 percent compared to 25 percent of the class of 2018.

"We are thrilled to see so many of our students reap the benefits of completing medical school early, not only lowering their debt but, for those doing residency at institutions like OHSU, being able to start immediately contributing at such a crucial time," said **George Mejicano, MD**, senior associate dean for education. "We're grateful to our clinical departments and residency programs that are able to make the time to bring on these new team members."

**German Ferrer, MD**, and **Alix Cooper, MD**, are among those stepping straight into residency training to serve during COVID-19, OHSU said. They are training at Cascades East Family Medicine Residency Program in Klamath Falls. Another classmate will start in Cascade East's emergency department, positions for two others were being discussed in late March, and possibly more will onboard early over time.

For newlywed **Ashley Moran, MD**, accepting the offer to onboard in the OHSU emergency department was a family decision. She and her husband, Steve, traded what was going to be their honeymoon skiing in Jackson Hole for frontline service. He is a firefighter paramedic and she began her medical training as a paramedic.

"It feels right for me to step up and start now, in the middle of a world health crisis," Moran said in a piece on OHSU's website. "My husband helped me a lot with my decision and fully



Steve and Ashley Moran, MD  
Photo courtesy of Ashley Moran

supports my choice. It helps that he is also working and facing many of the same challenges I will.

"Although I'm anxious about starting in my new role, with new responsibilities, I feel honored to have the opportunity to help and make a difference at this particular time of need in Oregon," she said. ■

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Don't miss this article!



**Mary Shepard, MD** (left), practiced medicine full time for more than three decades, and later spent in excess of three years as a locum tenens physician. Last September, she stepped away from health care and into retirement. Or so she thought.

Amid the COVID-19 outbreak, Shepard and other retired providers

have stepped back into medicine. Shepard and **Eric Schuman, PA**, took time recently to share with The Scribe their motivations for rejoining their colleagues during this unprecedented time.



ERIC SCHUMAN, PA

Shepard aimed to honor fellow providers, several of whom are in her family, and to help patients who may be ailing or who have health questions during a time of incredible strain on the health care system. Schuman was quick to emphasize that in no way does he consider himself a hero for his decision. Rather, he said he found a way to be able to give back in a time of great need that fit his skills and was right for him.

**To learn more about them in this piece, part of a planned ongoing series featuring retired providers in the region during the COVID-19 crisis, please visit [www.MSMP.org/MembersOnly](http://www.MSMP.org/MembersOnly).**

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# Animal-assisted therapy proves powerful healing tool for pediatric patients



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

For a glimpse at a trained therapy animal's profound impact on a person's healing and outlook, look no further than "Annie" (not her real name), a 9-year-old girl with a complex medical history who visits **Metropolitan Pediatrics** for care.

Annie's history, says pediatric psychologist **Wendi Major, PhD**, includes several procedures, surgeries and hospitalizations, making the girl feel anxious, traumatized and fearful of the doctor's office.

Enter Winnie, Metropolitan Pediatrics' "canine comfort champ." Major, who has 20 years of clinical experience and 13 with therapy dogs, says Annie asks for Winnie the minute she walks into the clinic and wants the yellow Labrador retriever on the exam table the entire time during procedures. Afterward, Annie is rewarded for her bravery by getting additional snuggle and play time with Winnie.

She even tells Winnie, who understand 90

commands, her worries secretly, whispering into the dog's ear about how she feels.

Says Major: "...together they are the most brave, confident team." Annie's mom has related that when she is having a hard day at home, they look at Winnie's Instagram page "and it makes her feel brave again."

Winnie is part of a large contingent of therapy animals touching lives during some of the most difficult of circumstances. As Major explains, "Winnie and thousands of other trained therapy dogs work miracles every single day. That's what they do."

Major is far from alone in her lofty assessment of the efficacy of animal-assisted therapy (AAT). **Oregon Health & Science University's Doernbecher**

**OHSU Doernbecher Children's Hospital therapy dog, Davis, visits with Connor Zimmerman, 8.**

*Photo courtesy of OHSU/Kristyna Wentz-Graff*

**Children's Hospital** is among numerous hospitals around the nation that are successfully utilizing the healing power of pets. They are doing so in two ways: through an in-house, animal-therapy service and through a volunteer program launched more than 25 years ago.

While most other medical centers in the Portland metro area use animal-assisted therapy, Doernbecher is currently the only hospital in the Northwest and among the few in the nation with two full-time hospital facility dogs, Hope, who was

**"Winnie and thousands of other trained therapy dogs work miracles every single day. That's what they do."**

*—Wendi Major, PhD*



“As doctors and nurses, we follow vital signs and **when Hope or Davis is with a patient we can watch these vital signs improve – in real-time – on our monitors.** I suspect that if we were to connect parents to our monitors, their vital signs would also improve when Hope or Davis are in their presence. **This shows me that dogs like Hope and Davis are a vital source for patient recovery.**”

–Dana Braner, MD, FAAP, FCCM

first introduced to OHSU by Major, and Davis.

Doernbecher launched its AAT program with Hope in 2015 and the cream, golden retriever, now 7 years old, was such an overwhelming success that it added Davis, a 2-year-old standard golden retriever, in 2018. They respond to commands such as “jump on” and “snuggle,” and promote healing in numerous ways, such as helping motivate children to get out of bed, walk after surgery and even take medication.

The gentle canines also help Doernbecher’s young patients feel more relaxed in the hospital, and they play important roles in supporting families making difficult care decisions or cheering up a family that misses pets back home.

“In the pediatric ICU, providers often see kids who won’t speak to anyone about their trauma,” says **Dana Braner, MD, FAAP, FCCM.** “They won’t talk to a doctor, a nurse, a Child Life specialist, or even their own parents, but they’ll open up and talk to Davis.”

While the therapeutic effects of animals on humans were recognized more than 2,000 years ago by the Greeks, and were enthusiastically endorsed by pioneers such as Florence Nightingale and Sigmund Freud, AAT began in earnest in the early 1990s. Today, AAT is used with a wide variety of patients, from children with acute health problems to veterans who have PTSD to seniors with depression and dementia.

Research shows the benefits of AAT include lowering stress, distracting a patient from pain, easing fears of medical procedures, promoting happiness and relaxation, and improving communication between pediatric patients, their families and their care providers. Even a short amount of time with a therapy dog may bring about a decrease in stress hormones such as cortisol, adrenaline and aldosterone while increasing beneficial hormones including oxytocin, dopamine and endorphins.

Chair of the Department of Pediatrics and physician chief of staff at Doernbecher, Braner has cared for critically ill infants and children at the hospital for three decades and is one of the few certified hospital facility dog handlers there.

“I’ve always believed that pet therapy is important for pediatric patients. However, it wasn’t until I saw how effective Hope’s presence is at the hospital that I fully realized the role that animals – in this instance, dogs – play in the care of not only kids and their families, but our entire hospital staff as well,” he says.

“As doctors and nurses, we follow vital signs and when Hope or Davis is with a patient we can watch these vital signs improve – in real-time – on our monitors,” Braner notes. “I suspect that if we were to connect parents to our monitors, their vital signs would also improve when Hope or Davis are in their presence. This shows me that dogs like Hope and Davis are a vital source for patient recovery.”

### ‘Success in every single interaction’

Hope and Davis are considered part of OHSU’s staff and wear identifying vests and badges. Both joined Doernbecher under 10-year contracts and are owned by Assistance Dogs of Hawaii, which has a Washington office, Assistance Dogs Northwest. They live with OHSU staff members and report to work with staff who are trained and certified in AAT.

“With their unique training, these dogs are able to do things such as carefully jump up on a bed and then gently lay with our sickest children. They are empathetic and seem to understand just how long they need to be with a child, and what they need to do to help them,” Braner says. “We see success in every single interaction they have.”

The popular retrievers have made a positive impact on hundreds, perhaps thousands, of lives, but Doernbecher began utilizing pet therapy more than two decades before either of them arrived. In 1993, it established the Animal-Assisted Therapy Volunteer Program, which, although it has similar objectives, is a different entity and is managed separately from the facility dogs, Hope and Davis.



OHSU Doernbecher Children’s Hospital therapy dogs and their handlers, Dana Braner, MD, FAAP, FCCM, with Davis (left), and Kristin Knight, LCSW, with Hope.

Photo courtesy of OHSU/Tracy Brawley

Currently, 21 volunteer pet-therapy teams, including 19 dogs and two cats, visit OHSU and Doernbecher to snuggle with patients in private rooms, waiting areas and other locations. On average, the volunteer teams visit between 10 to 20 patients during a two-hour period, the standard time allotted for the volunteer team hospital visits. The majority of visits are with young patients and their families, although there are several teams who visit medical staff and students. These pets may meet 20 to 40 people during an outing and, if it is in a group setting or during an event, many more.

As manager for OHSU’s Animal-Assisted Therapy Volunteer Program for the past five years, Desza Dominguez has witnessed numerous interactions and has learned about dozens of others that she shares, including the therapy dog who snuggled next to a comatose patient.

“The nurse took the patient’s hand and stroked the dog’s back, which brought a response of a change in the patient’s vital signs and a motor reaction in the movement in their leg,” she says.

Dominguez tells of another incident where a nurse requested a therapy team visit and the dog went up to the patient. As the dog rested his head gently at her side, the patient exclaimed, “He’s taking my pain away.”

Braner points out that it is never easy being in the hospital, especially for children, but the therapy dogs help bring about a sense of warmth and normalcy. “Unlike we humans, these therapy dogs never seem to have a bad day. They come to work, do their magic, and then they go home and come back the next day to do it all again,” he says. ■



# Remote monitoring program keeps families, providers better connected

By Barry Finnemore  
For The Scribe

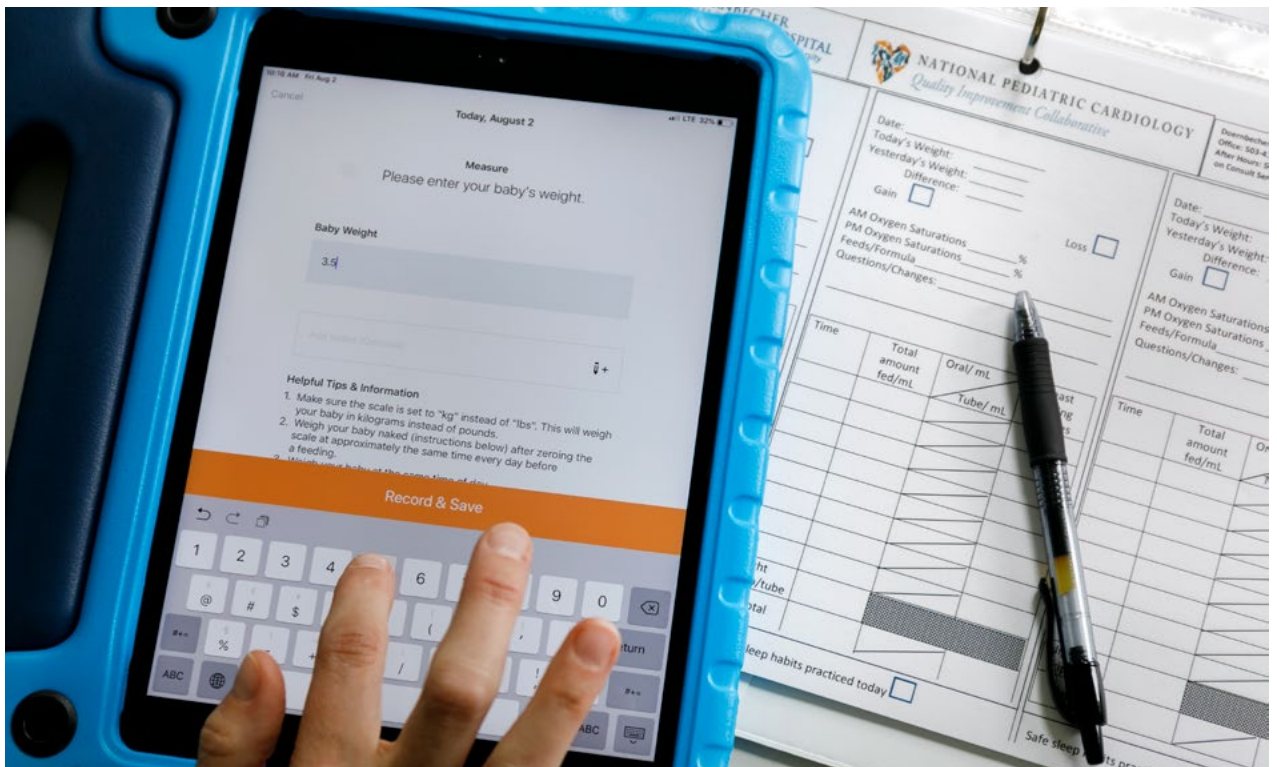
In late March, **Amy Brown, RN**, got a telephone call from the mother of a young patient. The family lives in a rural area and participates in a remote monitoring program through Oregon Health & Science University's **Doernbecher Children's Hospital** for families of newborns with congenital heart disease.

The mom said she was worried about the state of her baby's health. Brown agreed that the mom was right to be concerned, suggesting the family call 911 immediately and visit their local emergency room. The outcome was positive – but central to that, the information exchange and level of comfort between family and provider that led to the decision to head to the ER was possible because of the rapport built through a program known as Interstage Remote Monitoring, said **Christina Ronai, MD, MSEd**.

Ronai, an assistant professor of pediatrics (cardiology) in the OHSU School of Medicine and provider with Doernbecher's Department of Pediatrics, developed and directs the program, which equips families upon hospital discharge with iPads featuring a Locus Health-powered app to regularly record a child's oxygen saturation, weight and feeding. Information about a baby's sleep and medication intake also is provided. That critical data are reviewed by Ronai and Brown daily. Families also can send photos or videos of their youngster.

Prior to the program, families wrote the vital information in a binder and relayed it to providers over the phone, a process Ronai described as tedious and prone to inadvertent errors.

The program, which a couple months ago marked one year in existence, is available to families with patients who have single ventricle heart disease and are in between two procedures they undergo early on – the first to establish stable



pulmonary and systemic blood flow, and the second to ensure all desaturated blood from the head and arms drains into the pulmonary artery.

As of late March, nine patients had completed the program, five were enrolled and another was scheduled to be enrolled in the next few weeks, Ronai said.

The program has several immensely important benefits, Ronai said. Because she and Brown receive the patient information electronically and securely, they can spend their phone time with families having “much more supportive conversations about how things are going and what their concerns might be.”

“It's allowed the relationships Amy has with families to flourish,” Ronai said, stressing both providers and families feel better connected through timely data sharing and more substantive

**A remote monitoring program at OHSU's Doernbecher Children's Hospital enables providers to track the weight, oxygen levels and food intake of infants with congenital heart disease that have been discharged.**

*Photo courtesy of OHSU/Kristyna Wentz-Graff*

communications. “We can problem solve with families and give them support about day-to-day issues.”

The program also automatically prompts families to call Doernbecher if they input information that causes a red flag, and provides space to share health concerns, such as vomiting.

The information also is closely monitored by one of Ronai's colleagues, dietitian Alisa Tortorich. “We can make a lot of changes with feeding remotely,” Ronai said, adding that the ability to quickly tweak a baby formula's calorie concentration and avoid weight loss likely has meant fewer hospital visits.

Amid the coronavirus pandemic, the program also has had the added benefit of helping providers and families make decisions with confidence to delay an in-person visit – and therefore limit exposure risks for all involved – if a young patient is doing well and does not need to undergo tests, Ronai added.

In addition, the program enables families with the iPads to have telemedicine visits that are compliant with the Health Insurance Portability and Accountability Act and OHSU, she said.

Information posted last fall by OHSU noted that the monitoring program had expanded beyond young cardiac patients to include other children receiving care in Doernbecher's neonatal intensive care unit. ■



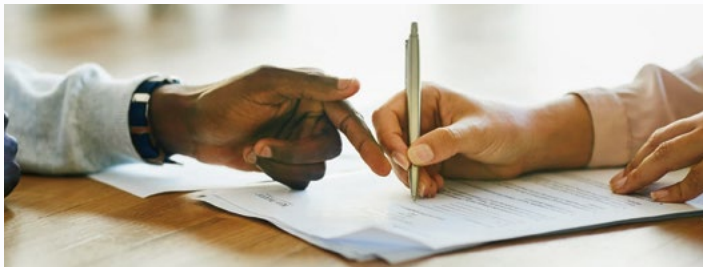
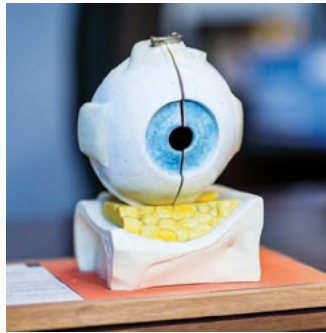
“We can **problem solve with families and give them support** about day-to-day issues.”

–Christina Ronai, MD, MSEd



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# ROCK STARDOM — FOR A CAUSE

William Winter, MD, and the band N.E.D. raise awareness about gynecologic cancers

**By Jon Bell**  
*For The Scribe*

It was a real record-scratch moment.

A few years ago, **William Winter, MD**, a guitarist and physician at Legacy Health in Portland, was chatting with Bob Burger, MD, a bass player who'd recently joined Winter's band, N.E.D. Burger happened to casually mention that he was friends with a guy named Tom Morello.

Tom Morello. The guitar player for the wildly popular and hugely successful rock band Rage Against the Machine.

"I was like, 'Wait, what?'" Winter said. "Tom Morello, like Rage Against the Machine Tom Morello?" And Bob was like, 'Yeah, we were roommates in college.'"

"It was amazing," Winter said.

That casual connection would later lead to Morello playing guitar on a N.E.D. song called "Life As It Was,"

a highlight in the band's now 12-year career.

"It's pretty tasty," Winter said of the tune.

The band N.E.D first came to be in 2008, when a friend of Winter's proposed that they form a cover band to play for their colleagues at the annual meeting of the Society of Gynecological Oncologists. Comprised of members who were all specialists in gynecologic oncology, the band called themselves N.E.D., an acronym for "No Evidence of Disease," the term used to describe the lack of evidence of disease in cancer patients who have gone through treatment.

The band members came from all over the country, rehearsed for the first time a day and a half before the gig, and had such a blast doing it that they decided to keep going.

"We said, 'Forget being a cover band. Why not be a real band, write



The band N.E.D. – short for No Evidence of Disease – was first formed more than a decade ago, and has released multiple albums and played more than 100 shows nationwide. Its current lineup (top left) features physicians Robert Burger, Portlander William Winter, Gizelka David-West, John Boggess and Nimesh Nagarsheth. William Winter, MD, above, with bassist Robert Burger, said N.E.D.'s live shows usually have some kind of fund- or awareness-raising component. *Photos courtesy of N.E.D.*

our own music and put our own albums out?" Winter said.

And that's what N.E.D. has been doing for the past 12 years. In that time, they've released multiple albums and played more than 100 shows all over the country. The band's current lineup includes Winter, Burger, John Boggess, MD, on vocals and guitar, Gizelka David-West, MD, on vocals and Nimesh Nagarsheth, MD, on drums. Though they all live in different cities, they write songs together, sharing files remotely after writing and recording their parts. Whenever they have a gig, they try to arrive a day or two early to get in some rehearsal time.

"It's amazing how the songs can come together," Winter said. "There are times, too, where what sounds good on the demo doesn't translate to a live performance, so we have to make changes."

The music tends to be on the

rockin' side of rock 'n' roll, though Winter said the members' influences range from show tunes to heavy rock music. He said the band was once described as what would emerge from the wreckage of a crash between U2, Van Halen and Rush.

"We're all over the map," Winter said.

## Music with a message

There's also more to N.E.D. than the music. There's the message, too, which aims to raise awareness about gynecologic cancers.

The band's website says that "N.E.D. is taking healing and the arts to a new level. Created as a cover band to entertain their peers at a medical conference, they saw the potential to reach women in a powerful way – through music. What was started as a novelty meant to entertain, has turned into a powerful awareness movement to give a



voice to women affected by gynecologic cancers.”

There’s also been a documentary about the band that’s racked up 250 million views, and to date they’ve raised more than \$2 million for gynecologic cancer.

Winter said the band will play anywhere from six to 12 shows a year. Most have some kind of fund-raising or awareness-raising component, but Winter said the band, like almost any

band, has also played its fair share of “Spinal Tap” kinds of gigs in strange venues. They also played with the singer-songwriter Melissa Etheridge on stage last year.

As for the lyrics of N.E.D.’s music, Winter said they’re not always focused on cancer or cancer patients.

“What we aspire to is to have the music be applicable to everyday life and reach a general audience,” he said. “Cancer patients have enough

going on, so they don’t need it in their face any more than they’re already dealing with. We want people who don’t have any connection at all to gynecologic cancers to like the music so much that they check out our site and learn more.”

The COVID-19 pandemic has, of course, put the kibosh on a few of N.E.D.’s upcoming shows. Winter said there are others planned for later in the year in Dallas and New York, but whether they will happen or not is anybody’s guess. This, he said, may be a year that’s more about recording new music than it is playing live in front of audiences.

But for Winter, who’s been playing

guitar since the sixth grade, that’s not the end of the world.

“I wanted to be a rock star long before I ever wanted to become a doctor,” he said. “It drove my parents nuts. They were always saying I’d get nowhere and that I needed to have something I could fall back on. So, I went to med school, but I played in bands all through my educational career, except for my fellowship. And now I’m in this band.

“It’s so funny. My mother called me up not too long ago and said, ‘It’s so awesome to see you achieve all these things and be pursuing something you love but not be a starving artist.’ I felt pretty good about that.” ■



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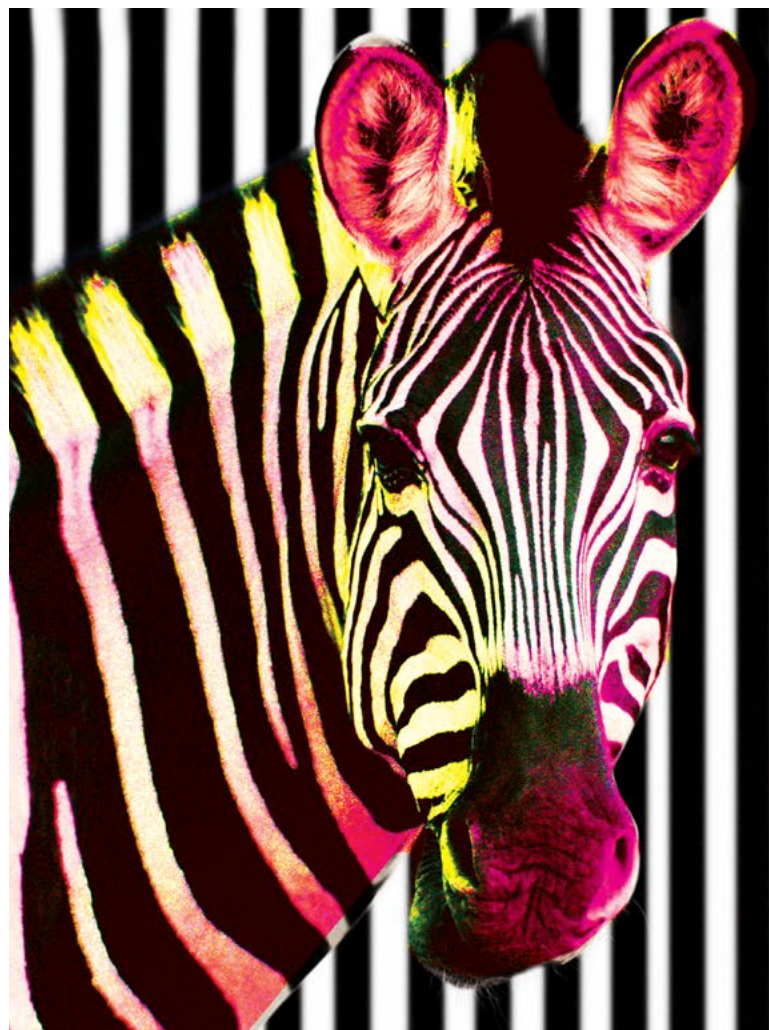


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