MSMP wellness program marks growth, progress, new partnerships

By Cliff Collins
For The Scribe

Four years after its founding, the Medical Society of Metropolitan Portland’s Physician Wellness Program has made strong strides toward addressing a glaring need.

National surveys continue to show that a large percentage of doctors and other health care professionals feel stressed and burned out. Studies also show that doctors tend to seek help to a lesser degree and at a later stage than the general population.

Recognizing that physician wellness is vital to their own well-being and to the delivery of safe, high-quality care, MSMP and the Metropolitan Medical Foundation of Oregon launched the Physician Wellness Program in January 2015. It offers free, confidential counseling specifically tailored to clinicians, with appointments available to them at their convenience.

The purpose of the program is to create a safe harbor for physicians to obtain help. MSMP engaged the services of psychologists and physician development coaches who are experienced in working with doctors and other health care professionals. Seasoned counselors can help with stress, burnout, patient loss, litigation fears, “all the things physicians are up against and for which they feel they don’t have a pathway for help,” said Amanda Borges, executive director of MSMP and MMFO. “Doctors often don’t take care of themselves, for many reasons. We are doing our best to tackle all the barriers that prevent them from seeking care for themselves.”

For example, the program addresses physicians’ concerns about confidentiality and privacy. Clients using the service meet privately with counselors, who are available in three locations on both the east and west sides of town and in Lake Oswego. No diagnosis is made, no insurance billed and no electronic medical record created. In addition, no information is disclosed to others without clients’ written consent, and participation plays no role in disciplinary or fitness-for-duty evaluation.

“The privacy and confidentiality aspects of this are the most critical piece, and that is why this is a successful program,” said Beth Westbrook, PsyD, a clinical psychologist and one of the counselors for the Physician Wellness Program.

A statistic that underscores the need for such an independent wellness program:

Physician Wellness Program
To make an appointment with or leave a message for MSMP’s Physician Wellness Program, please call the confidential wellness line at 503-764-5663. For more about the program, including donation information, and to access many wellness resources, please visit MSMP.org.

MSMP found that 62 out of 100 health care professionals who are or were clients of the Physician Wellness Program have access to some type of employee assistance program within their own workplace. This figure illustrates that those seeking help from the Physician Wellness Program felt safer and more comfortable in the setting an independent, neutral-site service.

See WELLNESS PROGRAM, page 4

PHYSICIAN PROFILE

Ron Naito, MD

The beloved and accomplished practitioner talks with The Scribe about his cancer diagnosis, his retirement, and how he is using his illness as a learning opportunity for medical students and fellow practitioners.

“Dr. Naito’s commitment to patient care is legendary, but one of the most remarkable things about him is that he’s improving medical practice and leading the way for other providers even in his retirement.”

– Kristin Anderson, The Portland Clinic Foundation

Please turn to page 5 to read the full article.
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Our legacy is yours.
Thank you to MSMP’s retired members!

MSMP recently spent the morning with some of our retired members as we toured the Oregon Historical Society and enjoyed the 200 Years of Oregon Beer and Experience Oregon exhibits.

We were also treated to an exclusive presentation by the executive director of the museum, sharing rare artifacts held by the museum, including the “holy grail” of the museum—a branding iron from the Lewis & Clark expedition.

We hope everyone had as much fun we did and we look forward to seeing all of you at our next event!

Announcing our freshly redesigned Wellness Library

MSMP’s Wellness Library has been redesigned with clickable infographics and direct links to an evolving collection of current articles, studies, videos and podcasts discussing physician burnout, stress, depression and general wellness. The library is designed to be accessed from anywhere, on the go or in the office.

These personalized resources are about physicians and for physicians. You will find tools to defuse stress, demonstrations of research-based innovations in the wellness arena, and life experiences being shared by your colleagues.

Our team of volunteers are sourcing and reviewing new wellness resources regularly, so check back often for new and updated content.

We invite you to share additional resources regarding these matters with Amanda@MSMP.org.

Visit www.MSMP.org/Wellness-Library to see what’s new!
offers, Borges said. “We have built a trusted program, which is demonstrated by the amount of usage,” she said.

The number of physicians, including residents, as well as physician assistants, podiatrists, nurse practitioners, and certified nurse midwives accessing the program has continued to increase each year. As of the beginning of April, the program had served a total of 100 clients in 501 sessions. The large majority of clients practice in Multnomah County, and the remainder in Washington, Clackamas, Columbia, Klamath, Marion, Wasco and Yamhill counties, and Clark County in Washington.

The counseling service is available at no cost to all physicians, PAS, DPMs and NPs for up to eight sessions per year.

The program also offers physician coaching. Coaches work with providers on ways to manage personal and professional difficulties that can lead to burnout. Sessions can be held in a location that fits the client’s needs.

Several factors contribute to doctors’ general reluctance to seek help for themselves, experts say. Physicians’ training encourages self-assurance and self-reliance, and studies show that one in three physicians has no regular medical provider themselves. The profession has always been one of great responsibility, and in many ways, doctors are thought of as public figures, Westbrook pointed out. “The fact that they’re in a high-stress position with vulnerable people and increasingly large patient loads contributes to the stress level,” she said. “There are a lot of demands on physicians, and when their autonomy is compromised, it can produce high stress” and exacerbate existing problems they may be having, such as marital difficulties or addiction.

New developments
Certified nurse practitioners are now accepted for the Physician Wellness Program and were welcomed as MSMP affiliate members at the end of 2018. A survey conducted of MSMP members found that 70 percent of respondents supported inclusion of NPs. Borges said this acceptance acknowledges the important role nurse practitioners fill in the team-oriented approach to health care now prevalent. Fundraising for the Physician Wellness Program has grown across. Doctors and medical groups continue to donate generously, and to date MSMP and the Metropolitan Medical Foundation of Oregon have raised $260,000. “Physicians see the value of this program and continue to support it,” Borges said.

Another area of progress has been the program’s Wellness Library. The newly designated library includes a compilation of articles, studies, websites, books and videos discussing physician burnout and stress, depression and general wellness. The new design features a clickable word cloud, which highlights key wellness words in graphic form for ease of locating articles and videos. The program also offers a variety of educational workshops and seminars on topics pertinent to wellness, including on preventing burnout, managing stress and team building.

A key factor in the Physician Wellness Program’s growth has been its partnership with The Foundation for Medical Excellence and the statewide Oregon Wellness Program. Tim Goldfarb, president of the foundation — known as TFME for short — said his organization is committed to the work MSMP and other medical societies around the state are doing in support of health care providers’ wellness. In line with that, TFME serves as an “umbrella” to provide certain legal contracts with organizations that want to participate by either purchasing or providing those services, he said.

Goldfarb cited MSMP as an example of a provider of those services, one that has established itself through its reputation and experience. TFME publicly recognizes “the importance of MSMP to the delivery of these services” to health care professionals, he said.

During the past 18 months, TFME met with medical societies, coordinated care organizations and public health agencies, and “figured out how to work together successfully” to help deliver needed services to health systems, medical groups and individual providers, he said. “We’ve chosen to begin this program on the shoulders of those who’ve been doing this work,” Cooperating members of the Oregon Wellness Program include MSMP, Lane County Medical Society, Central Oregon Medical Society and Marion-Polk County Medical Society.

Goldfarb credited Legacy Health and Lewis L. Low, MD, Legacy’s chief medical officer and senior vice president and recent recipient of MSMP’s 2019 Presidential Citation, with supporting and recognizing the value of what MSMP and the other medical societies are doing in the area of wellness, and for “reaching out to” other health systems about its importance.

The effort to help physicians who need assistance “depends on the viability of those who deliver the services,” namely MSMP and the other medical societies, he said. MSMP welcomes charitable contributions to operate MSMP’s Physician Wellness Program so that it can remain sustainable.

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The Foundation for Medical Excellence
The Foundation for Medical Excellence (TFME) serves as the fiscal arm of MSMP and is a 501(c)3 non-profit organization dedicated to supporting the health and wellbeing of physicians. TFME is a leader in the field of healthcare provider wellness, coordinating efforts across the nation to establish and grow programs and services for health care providers. For more information: www.TFME.org

Tax-deductible donations to the Metropolitan Medical Foundation of Oregon may be sent to MMFO.org. MMFO, 1221 S.W. Yamhill St. #410, Portland, OR 97205; or made by phone, 503-222-9977. More information about the program, including a brochure and profiles of the counselors and coaches, can be found at MSMP.org.

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FROM PAGE 1

‘He’s the essence of what we aspire to be’

A beloved and accomplished practitioner, Ron Naito, MD, shares his cancer journey, creating learning opportunities for medical students, others

By John Rumler
For The Scribe

The same day that Ron Naito, MD, was diagnosed with advanced stage IV pancreatic cancer in August of last year, he announced his retirement from The Portland Clinic.

It was a painful decision. Naito, who was just named one of the city’s top doctors by Portland Monthly magazine (he also earned that accolade in 2014 and 2017), practiced general internal medicine at the clinic for 33 years.

He is loved and admired by his fellow physicians at the clinic, by the support staff and especially by his patients, the vast majority of them seniors. “I became a geriatrician almost by default,” Naito says with a gentle laugh.

While his career proved to be incredibly rewarding, Naito says that nothing was more meaningful and satisfying than his relationships with his patients and the insights into humanity that they provided. “That was by far the biggest payoff.”

Although he is a private person, Naito has touched the lives of Oregon Health & Science University medical students by participating in the Living with Life-Threatening Illness class, serving as a patient-teacher for a medical student and also being interviewed by the class.

“As physicians, we are always teaching future generations of doctors,” Naito says. “One of the issues we focused on is a difficult one: How does a physician communicate news of a terminal or life-threatening diagnosis to a patient? Even if one has been in a medical practice for a long time, this can be a very difficult task, but it is a learned skill in which everyone can improve.”

In addition, he and his partner, Elizabeth Anderson, are sharing his cancer journey on Naito’s CaringBridge website. “It’s invaluable in keeping family and friends updated,” he says. “I encourage anyone with a serious or life-threatening illness to consider this resource.”

‘An inspiration to us all’

Growing up in one of Portland’s most prominent families, Naito rejected lucrative careers in business or property development to become a physician. “I’m an old country doctor, but one who uses modern technology,” Naito says. “What’s a better feeling than helping someone?”

After earning his medical degree from OHSU in 1978, Naito completed his residency and internship at Good Samaritan.

He joined The Portland Clinic in 1986, where his deep commitment to his patients and his caring relationships with them became legendary, says Craig Wright, MD, the clinic’s chief medical officer.

“In my career working with outstanding doctors across the nation, I’ve never met a physician more passionate about practicing medicine and patient care than Dr. Naito. He’s an inspiration to us all,” Wright says.

Kristin Anderson, executive director of The Portland Clinic Foundation, praises Naito’s generosity and many acts of philanthropy to the community at large and also to The Portland Clinic Foundation. “Our foundation is relatively new,” Anderson says. “By May, we’ll have disbursed more than $125,000 in grants to local nonprofits that fight racism, poverty, food insecurity, education and health care inequities, and many other worthy causes,” Anderson says.

Before joining the clinic as chief executive officer in 2015, Dick Clark worked with Naito’s extended family in various civic endeavors. “While the Naitos built vibrant neighborhoods making Portland the city it is today, Ron was maintaining the health and wellness of the community in his own very personalized way.”

‘A relationship-based doctor’

At OHSU, Naito is working closely with Susan Tolle, MD, director of OHSU’s Center for Ethics in Health Care, on an increasingly important area of focus for medical students: communicating with skill and compassion critical information and difficult news to patients.

Naito received his own diagnosis in a somewhat halting fashion. “First, I was told I had gastritis. Then pancreatitis. Even when my pancreatic tumor marker came back markedly elevated, I was told that my diagnosis might not be pancreatic cancer.”

Improving such physician-patient communications is of paramount importance to Tolle, who graduated medical school at OHSU just a year ahead of Naito, also with a specialty in internal medicine. She says Naito is such a unique and valuable asset, she wants to clone him.

“Ron is such a relationship-based doctor. He’s the essence of what we aspire to be as doctors and communicators and what we hope our medical school graduates will become.”

OHSU’s new Program in Compassionate Communication is drawing rave reviews and the university is now recognized as the first medical school in the nation to make proficiency in compassionate communication a graduation requirement.

Naito says many people have asked him for advice on how to best prepare for their own death, even if it is likely many years in the future. “My advice is to practice mindfulness and meditation, to be fully present in the moment, to spend time on your spiritual life, and, of course, one needs to rethink what is really important in life.”

Tolle says Naito is such an inspirational role model, she hopes his message can continue to reach medical students for many years.

“The qualities and skills Ron brings to the compassionate care of patients are the very same ones we need in health care today. Fortunately, he wants to be filmed so he can continue teaching and mentoring our medical students for decades.”

Says Anderson: “Dr. Naito’s commitment to patient care is legendary, but one of the most remarkable things about him is that he’s improving medical practice and leading the way for other providers even in his retirement.

“At a time when most people would focus on their own needs, Dr. Naito is using his illness as a learning opportunity for medical students and fellow practitioners by helping to create more compassionate care for those facing life-threatening conditions. That kind of selflessness is rare and remarkable, and is entirely in keeping with his passion for helping others.”
Tube comparison trial to test pneumonia prevention in ED

Evidence sought about whether specialized tube should be adopted as standard of care

By Cliff Collins
For The Scribe

Reducing pneumonia risk among emergency and ICU patients is the focus of a new clinical trial at Oregon Health & Science University.

The purpose of the study is to determine whether a newer, specialized breathing tube can reduce the risk of pneumonia in patients who are intubated during an emergency and expected to require prolonged support on a breathing machine. Prolonged support usually is considered more than 48 hours.

The study hopes to determine whether this specialized tube designed to reduce the risk of fluids leaking from the mouth and throat into the lungs can prevent pneumonia more effectively than use of the standard tube.

The stakes are potentially high: The trial should provide evidence as to whether the specialized tube is so efficacious that it should be adopted as a standard of care for emergency department applications.

“This could change clinical practice across the country and the world,” said Miriam Treggiari, MD, PhD, MPH, a professor of anesthesiology and perioperative medicine who is leading the study. “This study will help clinicians make the decision whether they should be using this tube, which is made ‘to create a better seal around the windpipe.’

Pneumonia is the most common infection among sick patients in intensive care units. Treggiari said the standard endotracheal tube – approved by the Food and Drug Administration in 1987 – and the newer, specialized tube approved in 2008 each has been used for years by various hospitals. In addition, many studies, some conducted outside the United States, have compared the two. Most trials showed the specialized tube does help prevent pneumonia, she said.

But the National Institutes of Health wants more evidence that the specialized tube is more effective, and that is why its National Heart, Blood and Lung Institute has funded the OHSU study, she said. Titled the “Randomized Trial of Endotracheal Tubes to Prevent Ventilator-Associated Pneumonia – Prevent 2 Study,” it began in April and is expected to last 36 months.

It will enroll a total of 1,074 patients, with half receiving the standard tube and half receiving the specialized tube. Conducted as a randomized controlled trial, the study will measure the benefits and risks resulting from the specialized tubes compared with the standard tube.

“We call this a single-blind study,” Treggiari explained. “The way that happens is that the provider doesn’t know which tube they will be using until they open it.” Both types of tubes will be located in the supply area, but both will be wrapped in opaque packaging, she said. “That’s how the random assignment happens.”

Because most affected patients are intubated in the condition to be capable of choosing what type of tube will be inserted down their throat, the study enrolls patients without their written consent. According to OHSU, the FDA allows for certain studies to be done without written consent in emergency settings, provided patients have a high risk of dying without treatment, cannot talk because of their illness or injury, and do not have family available to speak for them.

OHSU previously has conducted six studies under this exception from informed consent. In those and the previous trial, community members are allowed to opt out ahead of time in case they should ever become a patient in the OHSU ED. This is indicated by wearing a bracelet. Following patients’ initial enrollment, OHSU contacts them or their legal representatives as soon as feasible to explain the study and to obtain consent for follow-up. At that point, occasionally patients or their representative have requested removal of a patient’s data, but that is rare, said Mohamud Daya, MD, MS, a professor of emergency medicine and the EMS section director at OHSU.

The specialized tube includes a special balloon and an additional port that allows fluids to be suctioned from the throat and mouth. While the tube is in place, researchers will monitor for pneumonia and other possible complications.

The Prevent 2 study is the largest clinical trial to date that evaluates prevention of pneumonia by comparing the two types of breathing tubes, Treggiari said. If the specialized tube proves superior at this objective, “it should become standard for this particular indication: emergency intubation.”

But she added that the results potentially “would change practice either way,” because the trial should establish definitively which tube should be used in this setting.

To further evaluate safety, OHSU will attempt to follow every patient who receives either type of tube. The follow-up will last six months, though she pointed out that patients who receive breathing tubes typically are very sick, and “and many will not be alive six months later.”

“We are not only looking at safety, but also quality of life,” Treggiari emphasized. “The reason is, we think when a patient develops an infection, it affects brain function. If they can avoid infection, we think that probably can help the patient heal better and have a better quality of life in the long term.”

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– Miriam Treggiari, MD, PhD, MPH
ED partnerships between OHSU, community hospitals benefit patients

Collaboration between Oregon Health & Science University and community hospitals in Oregon has resulted in emergency medicine-trained physicians who are OHSU faculty members helping manage thousands of emergencies annually in various geographic areas.

The staffing model, like many opportunities, was born from a challenge. In this case, the challenge was the many qualified emergency medicine clinicians who each year submit their resumes to OHSU. The model gives clinicians opportunities to join OHSU and staff EDs in Astoria, Hillsboro, Portland and, as of July 1, in east Portland.

“My number one goal is to deliver the highest quality and safest possible care to all Oregonians,” John Ma, MD, FACEP, professor and emergency medicine chair in the OHSU School of Medicine, said in a piece published by the university. “People walking into any of the emergency departments we staff should have the same outstanding service and quality of care. We are making that a reality through our regional partnerships.”

In 2015, Erik Thorsen, MBA, chief executive at Astoria’s Columbia Memorial Hospital (CMH), wanted the ED there to be the first on the Oregon Coast to be staffed with board-certified, residency-trained emergency medicine physicians.

Thorsen, who had already had collaborations in place with OHSU in areas such as ophthalmology and radiation therapy, held meetings with Ma and Mark O’Hollaren, MD, MBA, OHSU vice president for strategic outreach—the result of being OHSU launching its recruitment of emergency physicians to work in Astoria.

By this July, when Adventist Health Portland’s ED transitions to OHSU staffing, clinicians from the university will staff emergency rooms not only at Columbia Memorial and Adventist in East Portland, but also at Tuality Community Hospital in Hillsboro, Doernbecher Children’s Hospital and OHSU Hospital.

In a Scribe email interview, Ma said the partnerships to date were pursued based on a “recognized need.” He characterized the partnership model of an academic institution collaborating with more rural hospitals in emergency care “very unique, one of the few existing in the country.”

“For CMH, Tuality and Adventist, their senior leadership approached me because they were looking to improve the quality of care delivered in their respective emergency departments,” according to Ma.

As OHSU noted, the staffing collaboration also encompasses graduate medical education training and is a key workforce pipeline for rural Oregon. Emergency medicine residents began rotating in Astoria in 2016. To date, more than 30 residents have served in rotations at partner sites. Ma said the emergency medicine rotation at CMH “has emerged as the most popular rotation of the residency. The residents love the rural experience and the set of responsibilities that arise from that setting.”

He noted that “the primary benefit is providing emergency medicine residents with the experience of making decisions in a setting where specialty resources are scarce. They experience what it is like to make decisions regarding admitting the patient versus transferring them to a facility with a higher level of care. Several of our residents have now sought out community practice sites in a rural setting based on their CMH experience.”

Ma characterized the CMH partnership as an invaluable learning experience for both organizations. Thorsen, he added, “should be given credit for having the vision and commitment to improving the quality of emergency care delivered in his community. This partnership has allowed more patients to be served within the Astoria community, which is beneficial to both the patients and their families.”

Emergency visits climbed to a record high of 145.6 million patients in 2016, the most recent year available, according to new data from the Centers for Disease Control and Prevention (CDC).

That level is an increase from more than 136.9 million visits in 2015. And, only 4.3 percent of emergency patients went to the emergency department with nonurgent medical symptoms, a decrease from 5.5 percent in 2015. Wait times continue to improve, notes the American College of Emergency Physicians. More than one-third (39 percent) of patients wait less than 15 minutes to see a provider, and nearly three-quarters (72 percent) of patients are seen in less than one hour.

“Emergency physicians are uniquely qualified to provide essential care that patients can’t get anywhere else,” said Vidor Friedman, MD, FACEP, president of the American College of Emergency Physicians. “Nearly two-thirds of visits occur after business hours, when other doctors’ offices are closed. Millions of patients rely on emergency physicians for rapid diagnosis and treatment of acute illness, while emergency departments are increasingly viewed as a hub for care and care transitions.”

Illness continues to outpace injury as a reason people seek emergency care, and the most frequently seen patients are children or senior citizens. Patients age 15 or younger made up 18.8 percent (27.4 million) of emergency visits. Patients age 65 or older made up 15.9 percent (23.1 million) of emergency visits.

Stomach pain (12.5 million visits, 8.6 percent) and chest pain (7.5 million visits, 5.2 percent) top the list of the most common reasons patients seek emergency care. Injuries accounted for 42.2 million emergency visits (29 percent). The leading causes of injury were falls (10.5 million visits, 23 percent of injury visits) and motor vehicle crashes (3.7 million visits, 8.1 percent of total injury visits). Heart disease was the leading principal diagnosis group among the diseases that most commonly resulted in hospital admission from the emergency department.

Almost 60 percent of emergency care was delivered outside of the traditional “business hours” of 8 a.m. to 5 p.m. And, 69 percent of hospital inpatients are processed through the emergency department. There was no change in the percentage of care delivered during traditional business hours (41 percent).

“Emergency care is growing more complex and some of the larger trends that will impact emergency department planning and resource discussions include the rising number of elderly patients, preventing and treating opioid abuse, and the role of the emergency department in treating and managing patients with mental illness,” said Friedman.

The CDC data, compiled in the National Hospital Ambulatory Medical Care Survey, does not include freestanding emergency departments or urgent care centers.

Other highlights from the CDC data:

- Median time to see a physician or other provider decreased to 37 minutes. The median visit length is about 180 minutes, which includes time with the physician or other provider, or other clinical services.

- The number of homeless patients increased from 0.6 percent to 1 percent of total emergency visits.

- In 2016, 15.8 percent of patients arrived at the emergency department by ambulance, representing about 24 million ambulance transports.

- There were 2.2 million emergency visits by patients living in nursing homes, one-third of which resulted in hospital admission.

- More than 5.5 million patients visited the emergency department with a primary diagnosis of a mental disorder. Of those, 2.4 million visits involved a mental health professional seeing a patient in the emergency department. Patient visits resulting in hospital admission for mental health issues reached more than 2.1 million, which is 5,930 patient visits every day.

The most frequent source of payment was Medicaid or CHIP (37.7 percent of visits), followed by private insurance (31.8 percent), Medicare (21.6 percent) or no insurance (8.4 percent).
Physician sees life through multiple lenses

By Jon Bell
For The Scribe

It was 1997, and Duncan Neilson Jr., MD, was frustrated.
A longtime obstetrician/gynecologist with Legacy Health, Neilson had also been an avid photographer since he was a kid. But in 1997, he found himself in bit of a photographic rut, disappointed in the quality of his images and the prints he was making in his darkroom.

His wife, Rosalie, noticed and, aware of the Hale-Bopp comet’s lofty spot above Mount Hood in the night sky at the time, decided to try and help.

“She went and bought me a role of high-speed negative film and said, ‘You quit printing,’” Neilson said. “We are going to drive up to the mountain and have a picnic dinner and camp out and you are going to photograph that comet.’”

Neilson and his wife did just that, and the photograph he got of the comet – soaring high above the mountain in a black and purple sky pricked with stars – turned out to be not only one of his most memorable, but also the most-purchased image on his website.

“My wife and my kids have been major motivators for me,” he said. “Their urgings and activities have helped me get a lot more than I ever would without them.”

Neilson, who serves as a clinical vice president with Legacy, can trace his photographic interest back many decades. Born in Grand Coulee, Wash. – his father was a physician who provided care to the workers building the giant Grand Coulee Dam on the Columbia River – Neilson came to Portland with his family when he was 3 years old. He developed an interest in birds at a young age, and by the fifth grade he had joined the Audubon Society of Portland.

“My main purpose in joining was to get some of the discounts they had on education,” Neilson said. “I also would go on their Sunday morning bird walks. While all of my siblings were being driven to Sunday school, my mother would take me to the Audubon Society. I didn't have my own binoculars, but people there would let me use theirs, so I just got excited about being in the presence of people who got a kick out of doing that.”

Neilson also got some early inspiration from his family, including his father and his uncle, who were identical twins and both OB/GYN doctors. Neilson’s uncle, Ronald Neilson, was an avid photographer who had his own darkroom in his basement. He bought Neilson a camera in the sixth grade and helped him learn how to use it to take pictures of birds. Later, Neilson would also photograph his father’s passion side project, which was growing orchids.

The camera never far behind

Though he loved photography, Neilson pursued medicine in college, first studying biology at Reed College, then moving on to researching neurophysiology at Johns Hopkins University. While there, he also discovered and became interested in OB/GYN.

Neilson’s medical path took a bit of a detour, however, when the Rev. Martin Luther King Jr., was assassinated. Because of the riots that erupted, all non-essential people connected to the university were required to leave the area. Neilson’s path took him to the Chesapeake Bay, where he got a job working for the Smithsonian Institution tracking migrating songbirds.

He did end up getting back to his medical training, but he never left his camera far behind. At one point, Neilson and his wife lived in a small studio apartment, the bathroom of which Neilson would convert into a darkroom for film developing.

Back in Portland in 1974, Neilson started his own OB/GYN practice and spent the next three decades working at Legacy Emanuel and other hospitals in the metro region. In 2005, he became clinical vice president of Legacy Medical Group Specialties and chief of Legacy Women’s Services.

In addition to delivering countless babies through the years, Neilson also continued to take photographs. He learned
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Legacy conference to offer burnout prevention, resilience strategies

An upcoming conference presented by Legacy Health will provide strategies to prevent burnout, build resilience and promote good health among medical providers. The event will be held on June 14 at Legacy Emanuel Medical Center and on Sept. 28 at Legacy Meridian Park Medical Center.

Legacy said the conference is for physicians, physician assistants, nurse practitioners, nurses and community physicians. It added that it has designated this live activity for a maximum of 5.50 AMA PRA Category 1 Credit(s)™. Attendees should at the end of the conference be able to, among other things, identify three signs of clinician stress and burnout; learn three resources within Legacy and the community to combat stress and burnout; identify three health benefits of mindfulness strategies; and practice two new mindful strategies, Legacy said.

The conference, to be held from 9 a.m. to 4 p.m. both days, is free to Legacy employees. To register, please visit www.legacyhealthevents.org/goodhealth. For more information, please visit mclevela@lhs.org.

Donation benefits Randall foundation

Portland entrepreneur Junki Yoshida and his wife, Linda, have donated their Troutdale estate, valued at $1.7 million, to Randall Children’s Hospital Foundation to support the pediatric programs at Randall Children’s Hospital. The Yoshida Garden View Estate includes a primary residence and several event buildings on 12 acres along the Sandy River.

Junki Yoshida is a member of the Randall Children’s Hospital Foundation board of trustees, and CEO of The Yoshida Group, which includes a property management company, Crater Lake Soda and Riverview Restaurant. Linda Yoshida is a published fiction author. She is the president of the Soulful Giving Foundation, which runs the Soulful Giving Blanket Concert. Since becoming a beneficiary of the concert in 2013, the Soulful Giving Foundation has donated $370,000 to Randall Children’s Hospital.

“We have long been inspired by Junki and Linda’s partnership in serving vulnerable children and their families at Randall Children’s Hospital,” said Bronwyn J. Houston, president of the hospital. “They have been incredible partners in providing support to children throughout the hospital, especially to our families served by the Children’s Cancer and Blood Disorders team.”

Junki Yoshida has long talked about his family’s passion for children’s philanthropy because his children and grandchildren have been healthy. He says he hopes the gift of his estate leaves a legacy that his family can be proud of. “I want my grandchildren to say, ‘My papa did this.’”

HealthInsight, Qualis Health become Comagine Health

A combined, 500-person, national nonprofit health care consulting firm has been created from the merger of Qualis Health and HealthInsight.

The new entity, Comagine Health, provides quality improvement, care management, and data analytics initiatives and services.

“the combination of Qualis Health and HealthInsight has created a trusted powerhouse in the fields of quality improvement, data analytics and care management,” said Marc Bennett, president and CEO of Comagine Health. “Our commitment to a shared mission ensures our clients and stakeholders receive services that truly improve the state of health care and health in the communities we serve.”

Comagine Health’s services include practice transformation consulting and working with government, private funders and cross-system stakeholders to improve care delivery and outcomes through a variety of programs and initiatives. Comagine Health is also a Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in the six states of Idaho, Nevada, New Mexico, Oregon, Utah and Washington – and works with state Medicaid agencies in Alabama, Alaska, the District of Columbia, Kansas, New Mexico, Washington and Wyoming.

Comagine Health said one of its key strengths is its collaborative approach, bringing stakeholders together, aligning interests to generate new solutions to some of the critical challenges facing health care, including opioid abuse, end-stage renal disease, low-income health care access and nursing home care quality.

As part of the launch of Comagine Health, the organization introduced its new logo, website and introduction video. More information can be found at www.comagine.org.

Comagine Health’s regional offices are located in Portland; Seattle; Birmingham, Ala.; Anchorage; Irvine and Glendale, Calif.; the District of Columbia; Boise; Topeka, Kan.; Las Vegas; Albuquerque; and Salt Lake City.

County: Measles outbreak declared over

Clark County Public Health in late April declared the measles outbreak in the Southwest Washington county over after six weeks had passed with no new cases.

The agency confirmed 71 cases of measles during the long outbreak. Two confirmed cases previously included in the county’s totals were removed because two individuals moved to Georgia during the outbreak and are being counted in that state’s measles case numbers. The county numbers do not include King County and Oregon cases that have been linked to the local outbreak, it said.

The outbreak began Jan. 3, when laboratory testing confirmed measles in a child who traveled to Clark County from Ukraine. Based on the information gathered during the investigation, the county could not determine whether that case was the outbreak’s source.

The local outbreak predominantly affected children; 93 percent of cases involved those 1 to 18 years old, and people who were not immunized. One person was hospitalized.

New medical schools join AMA consortium

Five additional medical schools have joined the American Medical Association’s Accelerating Change in Medical Education Consortium, bringing the number of consortium schools to 37. These added schools join other top U.S. medical schools including the Oregon Health & Science University School of Medicine in the AMA’s work to drive the future of medicine by reimagining medical education and transforming the way future physicians are trained.

“for nearly six years, the AMA has been working with some of the nation’s leading medical schools to create the medical schools of the future. Working together, we have already made significant progress toward preparing future physicians to provide care in the modern, technology-driven health care environment,” said AMA President-elect Patrice A. Harris, MD, MA.

The five new consortium member medical schools include:

- Stanford University School of Medicine
- University of California, Irvine School of Medicine
- University of Pittsburgh School of Medicine
- University of Southern California Keck School of Medicine
- Virginia Commonwealth University School of Medicine

As part of a three-year commitment, the five new consortium schools will work with the existing 32-member medical schools to reimagine medical education and develop new, and expand upon existing, education innovations that can be shared among medical schools nationwide. The projects announced in early April include curricular innovations focused on equipping physicians to help patients better navigate digital health technology, improving student well-being, and using virtual reality technology to address social determinants of health and improve the quality of patient care.

The five new consortium schools also received AMA grants through the inaugural Accelerating Change in Medical Education Innovation Grant Program. That award aims to stimulate research, new innovations or dissemination of existing innovations in medical education to train future physicians to succeed in the rapidly evolving health care system.

During a two-day meeting in April in Atlanta, the consortium schools worked toward developing a roadmap that medical schools can use to make sure they are providing an environment where physicians-in-training from diverse backgrounds will thrive. This is part of the larger effort to ensure medical schools are building a diverse pipeline of physicians whose racial and ethnic backgrounds reflect the needs of patients. Studies have shown that patients prefer receiving health care from and have better health outcomes when they can relate to, understand and share similar backgrounds with their doctors, the AMA said.

The AMA launched its Accelerating Change in Medical Education initiative in 2013 to bridge the gaps between how medical students are trained and how health care is delivered in the modern health care system. Since then, the AMA has awarded $141.1 million in grants to 37 of the nation’s leading medical schools to develop innovative curricula that can ultimately be implemented in medical schools across the country.
much from his uncle and his uncle’s friend, Charles Conkling, a well-known Portland photographer. Conkling’s son, Leonard, also had a knack behind the lens and became somewhat of a mentor to Neilson. The two would hike around the Northwest to capture landscape and wildlife scenes; they also took a trip to Nepal to photograph the mountains there. These days, Neilson has left the film behind and shoots largely with digital cameras.

“The evolution of digital photography took a long time, but the digital cameras have now achieved the resolution that makes them superior,” he said. He still tries to get outside for photography as much as possible, but he said sometimes it takes a little more nudging from his wife or one of his sons who lives locally. Neilson does travel with his wife, a hand weaver who conducts workshops all over the country. As a result, Neilson said he gets to travel to a wide variety of places – Colorado, Pennsylvania, New England – that he can explore and capture with his camera.

And if he had a dream place to travel for photography, Neilson said Costa Rica would wear the crown. “There’s a really high density of tropical birds there, and it’s a place where the ability to approach birds is very safe,” he said. “Geologically, it’s a very active landscape, and it’s as diverse as Oregon in geography. And there’s all the wildflowers. I still like all the wildflowers.”

To view Neilson’s other photos, please visit www.dneilsonphoto.com
“Refinancing our student loans with First Republic helped us move into our forever home faster.”

TIFFANY HOGAN, M.D., Oncologist (left)
SHANON PETER, M.D., Internist (right)