Attendees celebrate accomplishments, advances during remote event

By Barry and Melody Finnemore
For The Scribe

The Medical Society of Metropolitan Portland’s Annual Meeting may have looked different this year, but the theme of coming together to celebrate advances and accomplishments of area health care professionals was unchanged as the organization honored leaders for their commitment to patients, peers and the community.

The society’s 136th Annual Meeting, held virtually in mid-June because of the novel coronavirus, featured the presentation of several awards, including two Presidential Citations. Recipient George Caspar, MD, was honored for his “tireless history” of volunteering for the medical society and many other organizations. MSMP President Mary McCarthy, MD, said Caspar, a longtime MSMP member and past president, “leaves a lasting impression each time you see him.”

Caspar served in the military, including a four-year stint as a flight surgeon, went on to a more than 30-year career as an ophthalmologist, and has served on numerous boards and foundations, including with MSMP’s non-profit arm, the Metropolitan Medical Foundation of Oregon.

Caspar said he was surprised and honored to receive the citation, noting he’s enjoyed working with MSMP and multiple foundations throughout Portland and in Oregon.

A Presidential Citation also went to the Oregon Wellness Program, the statewide initiative for health care professionals that grew out of a vision to develop a confidential counseling program for physicians and other providers (featured as MSMP’s Members Only article in June). The program, of which MSMP’s Physician Wellness Program is a part, is funded by donations from health care systems, clinics and individuals, and the Foundation for Medical Excellence provides the Oregon Wellness Program’s administrative infrastructure.

Timothy Goldfarb, MHSA, who serves on the Oregon Wellness Program’s Executive Committee and is president of the Foundation for Medical Excellence, said the lynchpin of the statewide wellness program is local organizations that have the trust of health care providers in their communities. The wellness program would not exist without you, he said, adding that the “partnership has served our state well” and “I’m confident it will continue to do so.”

Donald Girard, MD, chair of the Oregon Wellness Program, added, “It was really a social visit,” she said. That circumstance quickly changed, though, when she saw the condition of the patient, Hector Calderon, who was in his 40s. “He was very sick for a young, healthy guy. I was so taken aback by how sick he was.” She was aware of the novel coronavirus, but that possibility wasn’t front of mind because, at that point, no community-based transmissions had been recorded yet. Also, testing for COVID-19 was limited to patients who recently returned
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Thank you to everyone who attended our 136th Annual Meeting!

Congratulations to our award recipients, including Katie Sharff, MD (Rob Delf Award); George Caspar, MD, and The Oregon Wellness Program (Presidential Citation); and Jaime Kiff (Student Award).

A sincere thank you to our remarkable guest speaker, Avital O’Glasser, MD, FACP, FHM, and to Michael Allen Harrison for honoring us with a live musical performance. And, of course, thank you to our event sponsors – The Doctors Company and Astra Practice Partners.

To watch the full webinar recording, visit www.MSMP.org/MSMPs-Annual-Meeting

You can also download the information and resources provided during the event at www.MSMP.org/Chat-Information-and-Resources

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MSMP Senior Physicians Group

10 – 11:30 a.m., Friday, July 24 (fourth Friday of the month)

Cost: Free for MSMP members

If you are a senior physician member, we hope you will join us for our next meeting. Meetings are led by MSMP President Mary McCarthy, MD, and held on the fourth Friday of each month, live via Zoom Conference.

Meeting topics are mostly spontaneous and determined by those in attendance. Prior discussions have included COVID-19, cognition in aging, health challenges and volunteer opportunities.

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Click here to watch it on YouTube, including a question-and-answer session with O’Glasser.

Kiff, described as an exemplary student and role model, said that she wouldn’t be where she is without her support system of family, peers and mentors, and that she will continue to work during her career to “uphold the values embodied by this award.”

Other students nominated for the award were Emily Clennon, Monique Hedmann, Shane Hervey, Jake Hillyer, Alexander Hoffman, Amy Jones and Caroline King.

The Annual Meeting’s guest speaker, Avital O’Glasser, MD, FACP, FHM, walked attendees through a narrative of what Twitter and social media for professional use can look like, and how it can help or potentially harm medical professionals in their careers, their professional development and their ability to care for patients in a “deep and meaningful and rich way.”

Her address, titled “The Doctor Will Tweet You Now: New Frontiers in Social Media and Medicine,” focused mostly on MedTwitter, her area of interest within social media. O’Glasser, a hospitalist and OHSU associate professor of medicine, is assistant program director for social media and scholarship for OHSU’s Internal Medicine Residency Program.

In her presentation, she cited Dr. Milton Packer, who wrote a blog post a couple of years ago that concluded posts on MedTwitter were fun, but he found no evidence or guidance in them, and that there was too much self-congratulation.

O’Glasser also pointed out other criticisms and stereotypes of social media, including that everyone on it is a critic, Monday-morning quarterbacking, bullying, narcissism and fake news. However, Americans have dramatically increased their use of social media as new platforms have emerged.

So, O’Glasser asked, why be active on social media? She noted 60 percent of physicians say their most popular activity on social media is following what their colleagues are sharing and discussing.

Indeed, O’Glasser encouraged attendees to channel such negative stereotypes into positive ones, changing “look at me” into, for instance, look at this new information or this publication; what can be shared; or how colleagues’ and learners’ accomplishments can be celebrated.

She said Twitter can be used to educate and promote professional growth, noting the ability to include a journal link and share “hot-off-the-press” publications. Visual abstracts have been created out of MedTwitter that summarize key article takeaways and disseminate them in highly visual ways. Twitter can create a ripple effect, O’Glasser added, with one tweet being retweeted by others to their followers.

Disseminating information in novel ways is critical these days because the “doubling time” in medical knowledge has dramatically shrunk, she said.

The Tweetorial — the merging of a Tweet and tutorial — also has emerged and expanded in the last couple of years, with the ability to “do a lot in 280 characters” where people string together Twitter content and share a “wealth of information” in novel formats. It is a mechanism to teach adult learners, and has expanded dramatically, she said.

O’Glasser said that at its core Twitter is a conversation and is collaborative, and that medical leaders have a responsibility to understand modern communication.

Twitter also can build community; flatten hierarchies and break down professional silos to promote interdisciplinary learning and sharing; and democratize education. “It’s not cut and dried static learning” but “novel digital technology” that gives users the tools to create, share and participate, she said.

For medical students, Twitter can provide value with respect to information access and voice. People are taking to the platform with humility and a growth mindset, soliciting information and feedback, she noted.

For those who believe social media is largely where false news and conspiracy theories proliferate, O’Glasser maintained that that is all the more reason for medical professionals to use it to disseminate accurate health information.

Among her cautions in social media use was not sharing prepublication data and the risk of violating the patient-healer relationship.

“The HIPAA bar is raised all the more when it comes to social media,” O’Glasser said.

Medical professionals can also employ social media to advocate for patients in a broad way, for the profession, and for peers and trainees. “Our professional title automatically gives us a megaphone to tackle misinformation with information,” she said.
I think this disease, at times as anxiety-provoking and humbling as it is, really brings together health care workers to work as a team to diagnose and manage optimal care for these patients.

There is really a sense of collaboration on the part of the medical staff because of COVID. Collaboratively, we’re working through this together for the greater good, and getting through this together.

All of my colleagues have gone above and beyond. For that, I thank everyone.”

—Katie A. Sharff, MD

Sharff thus had to drive back to Oregon—a 20-hour trip by car—with her husband, Daniel R. Clayburgh, MD, PhD, an otolaryngologist and chief of surgery at the Portland Veterans Affairs Medical Center, who also was to attend the conference. All sorts of things ran through her mind during that long drive back, including concern about her children.

“Everything was so uncertain at that time,” Sharff recounts. “They shut down the school (where the custodian worked) for a week. There was just so much uncertainty about what was going on. It was a really unique experience.”

Within a couple of days, she was able to obtain the drug remdesivir from the manufacturer, Gilead Sciences Inc., under a compassionate-use designation. Calderon ended up being in the hospital for 71 days, 60 of which he spent on a ventilator, which is “an incredibly long time,” Sharff said. “He was so sick and was on the ventilator for so long. It was touch and go with him. The fact that he turned around was incredible.” That he survived the ordeal was “so inspiring.”

Sharff’s 7-year-old son asked how Calderon was doing every day when he was in the hospital, and the students and staff at the school followed his progress avidly. By mid-June, the patient was at home and using “minimal” supplemental oxygen, and he was able to attend the school’s “end-of-year drive-by parade,” she said. “He was waving at the kids as we did this drive-by. It was a great end to this.”

“Honestly, I do think that (the fact that he) got diagnosed early really helped with his case, and that he got treatment early,” and Sharff feels that the drug “probably went a long way” toward aiding Calderon’s recovery. She credits “our fantastic ICU team,” as well as all staff members of the hospital, including in food and environmental services, for their dedication in taking care of him and all subsequent COVID-19 patients. “It really is a team-based effort. Everyone has their area of expertise.”

Sharff’s accomplishment as the physician who diagnosed and helped treat Oregon’s first COVID-19 case earned her selection as the 2020 Rob Delf Honorarium Award recipient. The award is given annually by the Medical Society of Metropolitan Portland and the Metropolitan Medical Foundation of Oregon, and includes a $1,000 honorarium. It is bestowed each year by MSMP’s Board of Trustees in memory of Robert B. Delf Jr., MSMP’s former longtime executive director, who passed away in 2017. Its intention is to recognize individuals who exemplify the ideals of the medical society. This can be demonstrated by work projects or activities that improve the health of the community or the practice of medicine.

Sharff was presented the award June 16 at MSMP’s 136th Annual Meeting, which, due to the pandemic, was held remotely for the first time. She is donating her honorarium to the Oregon Food Bank. Sharff is a Portland native. She received her medical degree from the University of Chicago, and completed her residency and fellowship training at Oregon Health & Science University. Originally intent on becoming an orthopedic surgeon, she did not decide on her specialty until a residency rotation in infectious disease convinced her that was the right choice for her. She also specializes in transplant infectious disease and HIV care.

Infectious disease specialists “are accustomed to a certain level of uncertainty” but “there is so much we don’t know” about COVID-19, which adds additional challenges as well as stress for those treating patients, Sharff said. “It reminds us of how humbling medicine is; there’s so much we can’t control. I’ve gotten a lot of support from my colleagues.”

Knowledge about transmission, testing and treatment have changed rapidly in the few months since the pandemic took hold, which further complicates providing advice to other physicians, she added.

“I think this disease, at times as anxiety-provoking and humbling as it is, really brings together health care workers to work as a team to diagnose and manage optimal care for these patients,” she said. “There is really a sense of collaboration on the part of the medical staff because of COVID. Collaboratively, we’re working through this together for the greater good, and getting through this together. All of my colleagues have gone above and beyond. For that, I thank everyone.”

Hector Calderon, the first person in Oregon to test positive for COVID-19, was discharged from Kaiser Permanente Westside Medical Center in early May after a long battle with the virus. Katie Sharff, MD, MSMP’s 2020 Rob Delf Honorarium Award recipient, was among the health care professionals who treated him. She called his health turnaround “incredible.”

Photo courtesy of Kaiser Permanente
MSMP Student Award recipient Jaime Kiff
‘Her drive for excellence is apparent in every patient care interaction’

By John Rumler
For The Scribe

Growing up in Coeur d’Alene, Idaho, Jaime Kiff, MD candidate, Oregon Health & Science University class of 2021, loved school from early on, especially math and science. Yet she loved gymnastics even more. She began practicing before age 2 and was competing at 8.

“I had to learn at a very early age how to manage my time,” says Kiff, MSMP’s 2020 Student Award recipient. “After a full school day, I did gymnastics training for four hours almost every day and I still had to get all my homework done.”

Her countless hours of hard work and discipline earned Kiff a full gymnastics scholarship to Oregon State University, where she excelled for two years before the unthinkable happened. While warming up for a gymnastics meet, Kiff performed a double-back somersault and when she landed felt an excruciatingly sharp pain.

X-rays confirmed her worst fears: Kiff had torn both her left anterior cruciate ligament and her medial meniscus. Although she continued encouraging her teammates in practice and cheering them on in competitions, her own gymnastics career abruptly ended.

Michael Chaplin, associate head coach of gymnastics at OSU who initially recruited Kiff, describes her as extremely intelligent, well-rounded, focused and very caring. “Jaime is such a wonderful role model and person that I still talk about her with our recruits.”

Chaplin says that many of Kiff’s qualities are impressive, but what stands out most is how superbly she handled herself after her devastating knee injury.

“Jaime rehabbed incredibly hard to come back and she always maintained an upbeat, positive attitude, but the damage was too severe. Dealing with that disappointment and adversity will help her have an even greater understanding and compassion for her patients.”

Drive for excellence

Kiff hails from a medical family. Although her father is a civil engineer, her mother works in medical billing, an aunt was a gynecologist and an uncle is a high-risk obstetrician in Delaware, all which spurred her interest in the medical field.

After being fascinated by her classes in human anatomy and physiology as an undergrad, she decided to go to medical school. She first did some job shadowing with the physician who had performed her knee surgery, Ronald Wobig, MD, and soon realized that she wanted to be a surgeon.

After completing her BS in biology (with honors) in 2016, Kiff worked for a year as a medical scribe and was assigned to an OHSU gynecologic oncology clinic in Salem, where she frequently scribed for physician-surgeon Amanda Bruegl, MD, a transformative experience, she says.

“Dr. Bruegl became an incredible mentor for me in so many ways: through research, by providing hands-on clinical opportunities and other extracurricular learning opportunities.”

An assistant professor of obstetrics and gynecology at OHSU, Bruegl said it was clear to her from day one that Kiff had a deep interest and an extraordinary aptitude for medicine.

“Jaime quickly picked up on the science behind medical decision making and functioned at the level of a senior medical student at reviewing patient histories and creating treatment plans. All this, and she hadn’t even started medical school,” Bruegl says. “Her drive for excellence is apparent in every single patient care interaction.”

Kiff describes her “scribing” experience as invaluable. “I learned how to find and parse out the relevant information from the vast sea of data in the EMR and to write physician notes, but even more important, I found that gynecologic oncologists are excellent, compassionate surgeons and that they often follow up with their patients for years. That was very important to me.”

Kiff found herself so strongly pulled to the gynecologic-oncology patients, the physicians and the medicine that she is applying for residency in OB/GYN and, after completion, plans to enter a gynecologic/oncology fellowship.

Even away from the clinic, Kiff finds pleasurable challenges in reading about gynecologic-oncology case studies, topics and practices, thinking through clinical situations and making decisions. “I try to guess what the plan would be for each patient before it’s dictated to me,” she says.

Kiff also raves about Amanda Ecker, MD, an assistant professor
of obstetrics and gynecology and another important mentor who is helping to provide her with extra-curricular learning opportunities in gynecologic surgery.

When Ecker met Kiff, she was a first-year medical student eager to get some hands-on experience. “We did extra surgeries on the weekends to accommodate patients that had difficulty getting here on weekdays,” Ecker recalls. “Jaime came to observe and help us in the operating room, and she ended up coming for nearly three years and rarely missed a day.”

According to Ecker, Kiff started by performing routine tasks such as cutting sutures and manipulating the uterus during hysterectomy, but she quickly advanced to placing laparoscopic ports and closing incisions. “By the end of her third year, Jaime was performing half of a laparoscopic hysterectomy,” Ecker says. “Her OR skills at this point rival that of a second-year resident, which is truly remarkable.”

Ecker said she often wondered if Kiff’s background as a collegiate gymnast helped instill her prodigious work ethic. “I’ve worked with a lot of talented medical students, and Jamie is definitely the strongest one that I’ve ever encountered. I know she is going to be an amazing physician and change the lives of the women she cares for.”

A leader and team player

Due to the COVID-19 pandemic, clinical rotations for OHSU students were suspended in mid-March through June, and have been restructured and rescheduled so the students will still be able to graduate on time. Kiff has stayed busier than ever, finishing a research paper on the utility of Pap smears and primary HPV testing to screen cervical cancer in postmenopausal women.

She presented her findings June 11 at the virtual conference for the Western Association of Gynecologic Oncologists. She also completed one virtual rotation concerning the fundamentals of radiation oncology.

Kiff is now working on a related research project, with Bruegl, which also involves cervical cancer and screening in postmenopausal women, with an end goal of laying a foundation for re-examining some of the current medical guidelines. She is excited about returning to the hospital soon and is thankful that her summer schedule is now filled with rotations.

During the three months away from the hospital, Kiff carved out time to read books on confronting and combating racism and for reflecting on her own white privilege. “It isn’t enough to merely not be a racist, we must be actively anti-racist.”

The COVID-19 pandemic has shown us that even enormous systems can reorganize and institute huge changes essentially overnight, so we must recognize systemic racism for the public health crisis that it is and change our systems for the sake of equality and justice.”

The recipient of MSMP’s 2019 Student Award, Elizabeth Swanson, PhD, an MD/PhD MS3, met Kiff in 2018 through the OHSU branch of the American Medical Women’s Association, where both serve on the executive team and also at On Track OHSU. Created in 2013, On Track OHSU works with Oregon middle and high schools to increase the number of students from underrepresented minority backgrounds in the health sciences and in Oregon’s biomedical workforce.

“We value supporting women in medicine as well as mentoring students, especially those from unrepresented minority backgrounds who are interested in health careers,” Swanson says. “She is certain Kiff will be an exemplary obstetrician/gynecologist because she has the intelligence and work ethic necessary to succeed in a demanding specialty, has the ability to be both a leader and team player, and recognizes that it is an honor and privilege to care for patients.”

Kiff’s short-term goal is matching into an OB/GYN residency, and completing the application and interview process this fall. Her medium-range goal, she says, is to be an excellent resident and continue working on gynecologic cancer research while mentoring medical students.

“My mentors have helped so much in building up my enthusiasm and confidence in pursuing a career in OB/GYN. The guidance and support of Dr. Bruegl and Dr. Ecker has played such a huge role in helping me get where I am now, and I would love to offer the same type of help and support for students who come after me.”

For the long term, Kiff plans to practice medicine in Oregon, where she’s lived since 2012 and now calls home.

“Gynecologic oncology is a highly specialized field and many patients have to travel a long distance for their care. I would love to be able to serve that need in smaller communities while remaining connected to academic medicine and being part of medical students’ education.”
Hit by losses, health systems promote value and safety of care, cut pay and expenses

By Cliff Collins
For The Scribe

Taking steps to recoup patient numbers, Oregon’s hospitals launched a public campaign in June emphasizing that seeking care is safe — and delaying it a risk.

The Oregon Association of Hospitals and Health Systems created its “Your Care Continues” campaign to encourage state residents to address health needs and concerns at their local hospitals and clinics.

The effort employs the voices of Oregon health care professionals to let the public know that hospitals and clinics have added additional safety precautions related to COVID-19 for both patients and staff.

“Education and awareness campaign is designed to reassure patients that hospitals and clinics are safe places to access care, and to remind them that delaying or neglecting procedures can lead to serious long-term health consequences,” said OAHHS spokesman Dave Northfield. “We are using digital, print and broadcast tools to get the message out, including social media.”

The goal is “to achieve broad, statewide reach,” he said.

Hospitals and health systems across the state complied with the governor’s request and canceled noncritical surgeries and services in the spring to conserve personal protective equipment and ICU beds to care for an anticipated surge of COVID-19 patients, said Gary Walker, a spokesman for Providence Health & Services. “The result has led to extremely low volumes in all services, including emergency departments and clinics.”

The hospital association campaign’s messages show the range of services Oregonians can safely access, including checkups, screenings, treatments, surgeries, specialty care, pharmacy services, telehealth options and emergency services.

“People are delaying checkups and vital care because they fear hospitals are either unsafe or overwhelmed. Neither of those things are true here in Oregon,” said Becky Hultberg, president and chief executive of OAHHS. “We want Oregonians to continue to embrace a culture of wellness and prevention, and that means maintaining health through continued care.”

Northfield cited a Kaiser Family Foundation survey showing that 48 percent of respondents said they have skipped or postponed medical care from wariness of contracting COVID-19.

Two physicians who are the CEOs, respectively, of the Cleveland Clinic and the Mayo Clinic, referred to an even higher number for those avoiding ED care: “A recent poll by the American College of Emergency Physicians and Morning Consult found that 80 percent of Americans say they are concerned about contracting the coronavirus from visiting the emergency room,” the CEOs wrote in an opinion piece in The New York Times. “Across the country, we have seen sizable decreases in new cancer diagnoses (45 percent) and reports of heart attacks (38 percent) and strokes (30 percent). Visits to hospital emergency departments are down by as much as 40 percent, but measures of how sick emergency department patients are have risen by 20 percent, according to a Mayo Clinic study, suggesting how harmful the delay can be.”

In an editorial in the journal Science June 18, Norman E. “Ned” Sharpless, MD, director of the National Cancer Institute, predicted that delays in screening for colorectal and breast cancers will result in about 10,000 additional deaths nationally during the next decade.

Northfield noted that hospitals lost significant revenue “as they joined the collective effort to fight the pandemic.”

Oregon hospitals’ financial hits were “particularly bad in late March and through April, when scheduled procedures were canceled in the effort to preserve PPE,” Northfield said. “The impact was felt statewide, but the rural hospitals were especially hard hit, since they run on thinner margins. Some of those hospitals — and some bigger ones — have been forced to implement layoffs, furloughs and reductions in pay.”

OAHHS data indicate that hospitals collectively lost $13 million per day in April (the most recent figures available), with $9 million of that due specifically to the cancellation of elective surgeries and lower outpatient volume. Smaller, independent rural hospitals were affected the most, with an estimated 73 percent revenue loss. Losses for April were down 53 percent, ED visits were down 67 percent, and outpatient visits dropped 69 percent — but 80 percent for the state’s large hospitals.

Northfield said the association anticipates that with the resumption of scheduled surgeries and routine care at clinics that began on May 1, “hospitals’ financial picture will improve somewhat,” but with projections showing that even if services increase May through August, the result will still be $645 million in revenue losses.

“There is, naturally, the potential for significant variability in those results, as many anxious patients could be slow to return to medical facilities for care,” he added.

According to Northfield, OAHHS analysis of federal CARES Act fund distribution to Oregon, the 27th most populous state, compared with other states found that Oregon was:

- 49th in estimated disbursement per capita
- 50th in estimated disbursement per Medicare beneficiary
- 29th in disbursement for eligible medical providers
- 27th for allocation for rural providers, with $172 million in rural relief payments

Physician pay reduced

Provider put in place furloughs and other cost-cutting measures, effective between May 17 and July 31. Walker said the pandemic led not only to big losses in revenue, but also to additional expenses, including hiring agency nurses to help the front lines; paying significantly more for PPE, which was at a premium due to a global shortage; and sustaining a sharp increase in pharmaceuticals, particularly for ICU medications needed to treat COVID-19 patients.

With expenses up steeply and revenues just beginning to resume, Providence has instituted a partial hiring freeze, reduction of nonsensational spending, pay reductions for executives through the remainder of 2020 of up to 50 percent in some cases, as well as one-week unpaid furloughs for more than 600 “identified core leaders.” Providence also will adjust personnel so that “staffing meets actual volume,” Walker said.

Temporary physician pay cuts to the over 600 members of Providence Medical Group in Oregon also are in the mix.

On June 1, the health system notified its employed medical-group doctors that Providence is placing all providers on a salary for the third quarter, from July 5 to Sept. 26. “Salaries will be based on prior or-year total clinical pay or current salary reduced by a reduction factor,” the letter explained. Providers’
pay will be cut by from 10 percent to 17.5 percent, depending on what they normally earn annually.

The announcement emphasized that salaries and pay reductions are in place only for that period, and beginning with the fourth quarter, Providence will return to its regular “contracted compensation model.”

The announcement added that these third-quarter compensation changes will “provide certainty for providers in terms of amount and duration of pay reductions” due to COVID-19, and will “better match our expenses and revenues in order to preserve staff and provider positions while we recover.”

Facing a projected loss of revenue between $1 billion and $1.4 billion during the next 28 months, Oregon Health & Science University reduced services, supplies and annual capital spending and implemented university-wide salary reductions, all effective July 1.

According to OHSU, salary reductions include executives, and eliminate incentives and merit increases. Compared with financially stable years, this results in a 40 percent compensation reduction for OHSU President Danny Jacobs, MD, MPH. Reductions for executive vice presidents ranged from 35 percent to 40 percent. To achieve an overall 10 percent reduction in salary expenses, OHSU applied a formula to non-union administrative salaries that resulted in higher-paid employees taking a larger percentage reduction, and those making less than $50,000 a year taking no reduction.

Not all health systems have suffered to the same extent. Because Kaiser Permanente is a prepaid, vertically integrated system, “while we are encouraging people to get care and doing outreach on that…we receive income from premiums and are not experiencing the same drop-off in revenue that others are experiencing,” said spokeswoman Karen Vitt.

In fact, although Kaiser’s overall system nationally will end the year below budget, Kaiser returned more than $500 million it received from the government through CARES Act funding, noting that the law was intended to replace lost revenue due to COVID-19.

Consider this: Prior to 1954, it was considered “physically impossible” to run a mile in less than 4 minutes, but that year in England a 25-year-old medical student defied all odds. He ran the mile in 3 minutes, 59 seconds. Two months later, another person broke the record, and since then more than 1,400 people have run the mile in less than 4 minutes.

How is it that no one ran that fast until the veil of impossibility was lifted?

“Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”

–Viktor Frankl

What is possible in your life or with your team if you are not limited by what other people believe, say or expect? Really think about this. How has your vision or dreams been corralled by external expectations? What blinders have you put on that unconsciously stagnate your growth?

What if you didn’t listen to those beliefs? What if you appreciate the challenge and choose to defy the perceived odds?

Limiting belief is grounded in three main principles:

1. **Self-awareness or self-leadership**
2. **Fear**
3. **Self-worth**

**1. SELF-AWARENESS:** Tackling this requires mental clarity and mindfulness, to begin to recognize and challenge what we have taken for granted. Slow your responses and lead with curiosity as to “why?” Not in an aggressive way, but in a spirit of uncovering what “has been” for so long. With the excitement and openness of a child, see things without borders or expectations. See what could be, what is possible if we allow for change.

Ground your vision and dive into something greater than yourself and keep your focus out in front of you.

**Who is to determine what you are capable of?**

Whether it is a physical challenge or a work project, your success is directly correlated with what you believe is possible. If you think you can’t, you are right!

Self-leadership refers to self-accountability. Leadership is the epitome of intentionality if you are a leader worth following. Be mindful of the actions you take, the words you speak and the example you set. Andy Stanley does a beautiful job of laying this out in this podcast episode titled “Self Leadership.”

2. **FEAR:** Let’s talk about the worst-case scenario, what if you fail? Is it the fear of failure that stops you from pushing further and expecting more? Why aren’t you more fearful of never becoming as spectacular as you could be? Do you see that your inward judge is hijacking your potential success?

A great exercise is to run the “worst-case scenario” and have a plan for that. By simply acknowledging the fear, many times you diffuse the thought. Additionally, be aware of the stories you are telling yourself which perpetuate negative thought. How many of those are rooted in truth and probability? Finally, it is important to remember that you are human, and progress is only made when we learn from our failures. One could argue the more you fail the more you learn; maybe you should try to fail more often!

3. **SELF-WORTH:** How does one become bold and confident? How do you stay focused and not get derailed? Evan Carmichael speaks to this idea in this episode of the podcast, The Science of Success.

Take an inventory of your life. What are the things that you dream to be true but you hesitate because of an outside force or opinion? Seeing your gifts and talents is crucial. Recognize your brilliance and connect with how much you have to offer.

To be spectacular, to push the limits and to live beyond your expectations will require you to step outside your comfort zone and believe in the impossible.

*Gather your strength and know your worth.*

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*To reach Shandy Welch with topic ideas for this column or for assistance through MSMP’s Physician Wellness Program, please email shandywelch@gmail.com. Her weekly newsletter can be found at www.fresheyes.solutions*
Psychiatry professional offers mental health advice for physicians, patients amid virus

By Melody Finnemore
For The Scribe

Access to care, for both mental and physical health, already was a concern for Alan Teo, MD, MS, associate professor of psychiatry at Oregon Health & Science University, before the COVID-19 pandemic. Now, that concern is heightened as patients seek treatment for existing mental health conditions and require prescriptions to be filled for medications and, increasingly, for people experiencing new mental health challenges because of the coronavirus’ impacts.

“People have new symptoms that are emerging and we already have so many challenges and stigma, and so during COVID-19 we have people who are cautious about going out to a medical facility to seek care,” he said.

Of particular concern is patients who are older men. Research by the Kaiser Family Foundation notes that the prevalence of depression increases for older adults who require home health care or are hospital patients, and suicidal ideation is a related mental health risk. In 2018, older adults accounted for nearly one in five suicide deaths in the United States; more than 80 percent of the suicides were among males. Research also shows that older, white men have the highest suicide rate in the country, according to the foundation.

Teo, who serves as a core investigator for the Center to Improve Veteran Involvement in Care, cares for patients with the VA Portland Health Care System and said the health system already had a lot of virtual care options in place. These include a video telehealth platform that had been rolled out before the pandemic.

“The advantage to that was the infrastructure was already in place and, like everyone else, we’ve done a massive scaling up, but we were able to scale up quickly because the infrastructure was already in place,” Teo said.

OHSU also made the shift to more virtual care options but, at times, Teo has experienced tech issues during the last few months. Fortunately, backup plans are in place.

“We’ve always done telephone visits, too, and that’s an important option. We’re trying to default to video chat because it’s a more immersive, rich interaction, so we have the phone visits but my default is to do a video virtual visit and then have the phone backup in case there are tech issues or the patient doesn’t have broadband,” he said.

For patients who require or benefit more from face-to-face interaction, Teo said, health systems have had to walk a fine line between an initial public safety response to, more recently, informing the public about the precautions they are taking to prevent the spread of COVID-19 and encouraging people to continue their care by attending regularly scheduled appointments.

“The important job for us as physicians is to really communicate that we need to protect all aspects of our health and that includes COVID, but we can’t lose sight of the need to also engage in health care for our many other needs,” he said.

Teo noted that while the pandemic presents great uncertainty for both patients and physicians in many practice areas, it’s essential to find ways to combat stress, anxiety, depression and other mental health conditions with a clear division between work and personal life.

“The advice that I share, which I think is applicable for people who are well and don’t have a diagnosed mental health condition and those who do, is to be clear on what your work and private boundaries are, keep tabs on how much time you’re working and keep a routine,” he said. “There are so many things that we can’t control and that feeling of lack of control can be anxiety inducing, so it’s important to find the things we can control and harness those.”

Teo added that, for him, it’s important to compartmentalize anxiety and worry, and make sure to maintain time with his family. He also focuses on the positive happenings in his life, a routine that includes gratitude for the fact that his young daughter has remained in daycare thanks to support for health care employees. She has noticed little change in the world around her, which helps to keep Teo grounded amidst the challenges of these times.

“Our young ones can teach us a lot,” he said.

“The important job for us as physicians is to really communicate that we need to protect all aspects of our health and that includes COVID, but we can’t lose sight of the need to also engage in health care for our many other needs.”

– Alan Teo, MD, MS
Ventricular assist devices give Eugene man, others relief from congestive heart failure

Nearly a year after reactivating its Heart Failure and Transplant Program, Oregon Health & Science University has implanted six patients with ventricular assist devices (VAD) to help circulate blood in weakened hearts.

Powered by externally worn batteries, the heart-pumping devices deliver blood from the heart’s lower chambers to the rest of the body, according to an article posted on OHSU’s website.

“Ventricular assist devices offer a much-needed option for patients with serious heart issues when other treatments are no longer working,” said Johannes Steiner, MD, assistant professor of cardiovascular medicine in the OHSU School of Medicine and the Knight Cardiovascular Institute’s medical director of mechanical circulatory support.

Among the patients to receive the electro-mechanical heart pump was Dennis Surmon of Eugene, who was the first patient to have the VAD implanted in his chest. A retired teacher, construction worker and commercial truck driver, Surmon had two heart attacks when he was 46. In his early 60s, he was diagnosed with congestive heart failure and had a pacemaker implanted.

Then, in August 2019, Surmon began having atrial fibrillation. Prescription medications weren’t working well, so he sought a second opinion at OHSU the following December. He was hospitalized the same day. He was prescribed new medications to reduce the fluid that had built up in his lungs, but the OHSU cardiology team determined that the VAD was the only long-term solution.

OHSU noted that the surgery, which involves opening up the chest and separating the breast bone, was grueling, but Surmon, 74, said he has experienced “a complete turnaround” since receiving the VAD implant last January.

“I’m not tired all the time, I’m not huffing and puffing, I’m not retaining water,” he said. “On sunny days, now I’m out working in the yard, mowing, pruning and just puttering around. I’m able to function again.”

In addition to Steiner, the OHSU providers who cared for Surmon included Fred Tibayan, MD, who led the VAD implementation surgery; Charles Hendrikson, MD, and Luke Masha, MD, MPH, who treated Surmon during his hospitalization; and Nalini Colaco, MD, PhD, who leads his outpatient care.

“We are thrilled to see Mr. Surmon’s recovery and are proud to have helped him get back to living his life,” Steiner said.

ABOVE: Dennis Surmon at a follow-up appointment with OHSU’s Johannes Steiner, MD, in late May. Surmon was the first OHSU patient to receive a heart pump after the university’s Heart Failure and Transplant Program was reactivated in August 2019. Surmon says he’s experienced “a complete turnaround” since his procedure early this year, and can work in his Eugene yard on sunny days.

I’m not tired all the time, I’m not huffing and puffing, I’m not retaining water.

On sunny days, now I’m out working in the yard, mowing, pruning and just puttering around.

I’m able to function again.”

–Dennis Surmon, age 74, recipient of a ventricular assist device

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Medical Society of Metropolitan Portland

July 2020 The Scribe
Exercise injuries, new medical conditions among COVID-19 impacts on men’s physical health

COVID-19 has had an impact on men’s physical health in a couple of distinct categories that Ryan Petering, MD, has noticed in his family and sports medicine practice.

“We’re not doing as many wellness visits now, so most people are coming in because of an injury-based concern or a new medical concern,” said Petering, an associate professor of family medicine at Oregon Health & Science University. “Interestingly, we see a fair number of people who have injured themselves because they are exercising more to stay sane.

“The second is people who are coming in, whether it’s for physical or mental health, like somebody’s blood pressure is higher because they are eating more or stress eating.”

The pandemic initially led Petering and his colleagues to conduct more telehealth appointments, though that transitioned to more in-person visits because some conditions require it.

“With sports medicine, we can only do so much over the phone and we need to see acute injuries in person,” as well as conduct imaging procedures and other exams.

Petering noted that while he advises patients not to overexert themselves to the point of injury, regular exercise is important during normal times and especially crucial during the pandemic.

“One thing that is kind of unique to the nature of sports and exercise is there has been a lot of press and news articles about whether people are exercising and whether they should exercise in public,” he said.

He advises other physicians to ask their patients not only if they are getting regular exercise, but also to rethink their exercise routine if they are accustomed to going to a gym. Home gym equipment and outdoor exercise are good options.

“As medical providers, we want to help give people common-sense reminders that there is no health reason they should not be exercising and most providers would not recommend wearing a mask while running,” Petering said. “We don’t want people to wait until COVID isn’t happening to start exercising, so we give them some suggestions.”

Research on organoid skin model could help address hair loss

A paper recently published in the journal *Nature* reports that researchers have developed a small, hair-growing skin model in the lab that could be used to better understand hair and skin disorders.

The paper describes the model as the first hair-baring human skin organoid made with pluripotent stem cells, or the master cells present during the early stages of embryonic development that later turn into specific cell types. Organoids are small, lab-grown cell groupings designed to model real organs and, in this case, skin.

The organoid’s development was led by Karl Koehler, PhD, with Boston Children’s Hospital. Benjamin Woodruff, an Oregon Health & Science University graduate student, contributed by helping make the organoids as a post-baccalaureate research technician in the Stanford University lab of Stefan Heller, PhD. Woodruff is now completing his first year of cell and developmental biology graduate studies at OHSU.

“This makes it possible to produce human hair for science without having to take it from a human. For the first time, we could have, more or less, an unlimited source of human hair follicles for research.”

—Benjamin Woodruff

Researchers have developed a small, hair-growing skin model in the lab that could be used to better understand hair and skin disorders.

Boston Children’s Hospital, Harvard Medical School/Karl R. Koehler and Jiyoon Lee
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If, however, a non-physician staff member is stepping outside of your scope and direction, they should seek coverage from the facility or practice with whom they’re offering services.

Assuming elective surgeries or procedures are allowed, what special considerations apply during COVID-19?

The return to offering procedures will not be like flipping a switch; it will be a gradual process. Use your best judgment to determine whether you have the capability to safely perform the procedure based on your location, patient population, type of procedure, your assessment of the degree of increased risk, and your evaluation of the risks and benefits to the patient.

Have a heart-to-heart with the patient, a true informed consent process that accounts for the increased risks during COVID-19, not just a form for the patient to sign – and document those conversations. No one knows what things will look like in a year or two, so documenting clinical reasoning based on conditions right now is critical.

What if I have documented my best clinical judgment, but the insurer disagrees? Will I still be defended in case of a suit?

If you are a member of The Doctors Company, you can count on aggressive, effective defense of your claim. We do not cast doubt on our members’ clinical judgment. However, we strongly recommend that you document your clinical reasoning in case of a suit.

Todd Zeiter is vice president of underwriting with The Doctors Company.

This article is part of The Doctors Company’s “Reopening Your Practice” series. To read more tips for reopening your practice, and for other resources, please visit www.thedoctors.com.

To read prior articles in this series in The Scribe’s May and June editions, please visit MSMP.org/The-Scribe.
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Connecting with the land

Farm a therapeutic respite for physician, family

By Jon Bell
For The Scribe

From the way Gregory Knopf, MD, describes it, his 26-acre family farm in Springdale is a beautiful, agrarian escape not far from Portland’s bustling urbanity.

And based on the photographs of that 26-acre family farm, that’s just what it is. Perched high on rolling green hills with far-off views of the Columbia River Gorge, the farm is dotted with towering evergreens and gatherings of deciduous trees. Eight cattle graze on a grassy hillside, and rows of sweet corn stretch out across a garden that’s also packed with tomatoes, strawberries, rhubarb and uncommon but exquisite golden raspberries. There are five acres of timber and seven acres of land that explode with floral brilliance thanks to the Laotian farmers who grow flowers for local markets there.

It’s a lot to take care of for Knopf and his wife, Bonnie, but it’s what they’ve been doing – and enjoying – since moving to the farm in 1978.

“We are busy,” said Knopf, a family medicine physician and the founding physician of Adventist Health Primary Care—Gresham Troutdale. “But there is something very therapeutic about leaving the stress of medicine and getting on the tractor to mow the field or to pick the flowers or plant the garden. It’s something I enjoy very much. You have that connection with the land.”

Knopf’s connection with that particular land actually dates even farther back than when he and Bonnie moved there in 1978. Though he was born in Northeast Portland, Knopf actually grew up on the farm, which his family acquired when he was young.

“They built the home there,” he said, “and that’s the only house I can ever remember growing up in.”

Always a fan of science – he remembers studying the periodic table of elements in second grade – Knopf graduated from Corbett High School and then went to Oregon State University to study science and run track on scholarship. Knopf was an accomplished triple jumper and was on the OSU track team at the same time as Dick Fosbury, the man credited with coming up with the “back first” technique to high jumping who would go on to win a gold medal in the 1968 Olympics.

After college, Knopf went to medical school at Oregon Health & Science University, then completed a family medicine residency at Legacy Emanuel. He also developed a fondness for psychiatry before joining a clinic in Portland. He later founded Adventist Health Primary Care—Gresham Troutdale and has been practicing there ever since, specializing in family medicine as well as manipulative orthopedics, Alzheimer’s and dementia. Knopf is also the author of a book about depression called “Demystifying Depression: Medical Insights for Hope and Healing.”

While Knopf was completing his residency, two turns in his life’s path took him back to the family farm. Six months after Knopf graduated from med school, his mother died from a brain tumor. A year after that, Knopf’s father died from a rare form of lung cancer that may have been linked to the sheep he kept on the farm.

That prompted Knopf to move back to the farm with his wife and son so they could help take care of Knopf’s younger siblings. They initially raised cattle and, later, sheep, and grew lots of garlic and...
shallots, which Knopf would sell to Jimmy Corno, owner of a once-iconic Portland market called Corno’s Food Market. Over the years, Knopf has dabbled in different crops; at present there are tomatoes, golden raspberries, rhubarb, strawberries, sweet corn, and other fruits and vegetables. They also grow hay and lease the acreage to the Laotian flower farmers.

In his years on the farm, Knopf has also become somewhat of an expert at trapping pesky moles, something he took up after learning that the going rate to hire someone for the job was about $50 per mole.

“I thought, ‘I’m not going to pay somebody to do that,’” Knopf said. “‘I’ll save that money and put it toward our company Christmas party. So at least one year, the moles paid for our Christmas party dinner.”

Though Knopf and his wife have occasionally sold some of their produce to local restaurants, the bulk of it they share with friends and family. They like to invite folks over for corn feeds and other meals that showcase their bounty. They’re also introducing a younger generation – their three grandchildren – to the farm.

Knopf still practices three days a week at the clinic in Troutdale, and he said that he plans to continue working the farm for the foreseeable future as he and his family have done for the past decades. One endeavor he hasn’t tried yet but may one day: a farm-to-table operation or some kind of a community garden.

“I always thought it would be a fun thing to do a community garden or a farm-to-table kind of program, where people could come here and grow vegetables and then do dinners with them,” Knopf said. “We’ve got a good setting for that.”

The Knopfs tend a 26-acre farm in Springdale, in east Multnomah County, where they grow corn, strawberries and tomatoes, among other things.
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