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6th Annual Rho Chi Quiz Bowl Highlights

By Amanda Tobias | Rho Chi Beta Chapter President, PharmD ’16

The mission of the Rho Chi is to encourage and recognize excellence in intellectual achievement and foster fellowship among its members. As the Beta Chapter of Rho Chi, we aim to uphold this mission and foster collaboration through our annual interprofessional Quiz Bowl event.

This year marked the 6th Annual Quiz Bowl for the Beta Chapter. The event was held on Thursday, April 2nd at the OHSU Student Center, and all OHSU professional students were encouraged to attend. A total of eight teams participated this year, with each team composed of 3-4 students. Of the eight teams, pharmacy was well represented with a total of four teams! The remaining groups included two teams of medical students and two teams of dental students, making for some well-rounded, friendly interprofessional competition.

The event began at 5:30pm, and after all of the students had a chance socialize and eat free food provided by Panera catering, the jeopardy-style Quiz Bowl commenced. The competition consisted of two rounds, with thirty questions per round. To make it fair for students from the different professional schools, questions were asked from a variety of categories. Categories included: Anatomy & Physiology, Hormones, Pharmacology, Conditions & Diseases, Electrolytes, Microbes, Cranial Nerves, Medical Abbreviations, IV Access, Teeth & Smiles, Nutrition, and (Continued on page 3)

1st place team from the School of Medicine
Mystery. While Amanda Tobias (Rho Chi President) read each question, Brittany Kramer (Rho Chi Vice President) kept score and acted as the judge. Another pharmacy classmate, Eugene Su, kindly volunteered to take pictures of the event and to act as another judge when needed.

After some tense moments of competition, three winning teams were determined. Students from the School of Medicine took 1st and 3rd place, with a team from the College of Pharmacy coming in 2nd place. The 1st place winners received $50 gift cards, while the 2nd and 3rd place winners took home $25 gift cards. The gift cards were for a variety of retailers, including Starbucks, Fred Meyer, Best Buy, Olive Garden, Nordstrom, Fandango, iTunes, Shell gas, Red Robin, and Subway. The OHSU Campus Store also generously donated eight water/coffee tumblers in two different OHSU designs. These were raffled off to the students at the end of the event.

Overall, this year’s Quiz Bowl was a success! It was a great way for students from the various health professions to come together and show-off their vast amount of knowledge. Amanda Tobias and Brittany Kramer would like to thank and recognize Karen Seresun and Heather Ennis at the OHSU Student Center for their help, along with all of the professors who submitted questions for the event. A big thanks also goes out to the College of Pharmacy Student Executive Council and the OHSU All-Hill Student Council for providing the funds to make this event possible, and to the past Rho Chi President, Lincoln Alexander, for his helpful advice in planning the event. Finally, thank you to all of the students who participated and to Eugene Su for photographing the event! Ω
Announcements

the pulse

Oregon Health and Science University

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All of the student participants

3rd place team from the School of Medicine
You’re about to emerge from a whirlwind year. And while many of you have already committed to internships, summer courses, or other responsibilities, do your body and mind a favor: unplug for a few days and get some much deserved “you time”. Tending to the health of your body and mind should not be put on hold. Consider what you might gain from a few days without your e-mail, cell phone, video games or internet. Allow yourself to tend to the basics (healthy food, restorative sleep, and enjoyment of the natural world around you). It may feel strange at first, but try to stick with it. This time to yourself can provide the energy and perspective necessary to take on the next challenge, whenever it arises . . . and March Wellness & Fitness Center is here to help.

Your student membership includes access to our diverse array of programs which includes; 100 group fitness classes a week, 3 saline pools and over 100 pieces of strength training and cardiovascular equipment. Also, be sure to try out our newest pieces of equipment, some of which you may never have heard of or tried before.

March Wellness & Fitness Center offers health and fitness programs, based in science, that are designed to strengthen and nurture all aspects of your daily life – no matter what your state of health or stage of life – in a safe, supportive and motivating environment.

Our emphasis is on helping you live a full and engaging life. March Wellness & Fitness Center can support you in achieving wellness goals whether they include improving flexibility, training for a marathon, or recovery from a nagging injury. We believe that all of us can change for the better and that change can happen at any time in your life.

March Wellness & Fitness Center is a place for students to remember and review with one of our educated staff the importance of physical activity for health and even find ways to fit exercise into study breaks. Our “Ask the Trainer” hours are a perfect time to get a brief, no cost, one on one with our personal trainers to learn more about reaching your goals or finding simple movement and breathing exercises to reduce some of the stress that you may currently be dealing with. Of course if booking a massage to relieve some of that tension is more your style, we now offer the ability to book an appointment at your own convenience through Schedulicity (visit our home page marchwellness.com or https://www.schedulicity.com/scheduling/OMWMV8 for more information).

We hope that you will take advantage of all the benefits and amenities that March Wellness & Fitness Center has to offer and we look forward to seeing you soon.

For more information on March Wellness, as well as the Group exercise schedule, Pool Schedule and Ask the Trainer Hours please visit: http://www.ohsu.edu/xd/about/services/march-wellness/schedules/index.cfm

As a reminder, students may add one significant other to their membership. The initiation fee is waived and the monthly dues are only $45. A voided check is required to process the monthly EFT deduction. Proof of shared residence (driver’s license, utility bill, checking account) must be provided to qualify.
New Services in the Library

**OHSU Library**

By Stephanie Kerns, MLS | Associate University Librarian

**New Hours**

Beginning with the Spring Term, the Library made some changes in how we offer services at the BICC on the weekends. Anyone with an OHSU badge will have access 24 hours a day to the Library, specifically the 4th floor of the BICC. The Library Service Desk is staffed Monday to Friday, from 8:00AM to 6PM. Also, you can email refer@ohsu.edu to ask a reference question on the weekend, and you will get a response within 24 hours, which is our normal response time.

Because of the change in desk hours, you can check out reserve materials on Friday afternoon after 4pm and keep them until Monday at 9am. Need to return them before the library opens at 9am? No problem—use a book return in the BICC or at the LRC. We made this change after gathering and analyzing statistics on weekend usage of the library space and services. We found that 70% or more of the people in the Library on weekends were already using the 4th floor, and few items were being checked out at the Service Desk.

**Printing on the 4th Floor of the BICC**

Library staff are working on installing a new print station on the 4th Floor of the BICC too. It will be available soon. Depending on testing, we hope it will be available by the first week of May.

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**Office Hours**

Library Liaisons are now offering Office Hours for students. You can drop in during the designated times or make an appointment. All students are welcome to come during these times regardless of your program.

**Physician Assistant**

Laura Zeigen | Tuesdays, 1-5pm
CLSB, Learning Resource Center

**Dentistry and Pharmacy**

Andrew Hamilton | Wednesdays, 1-5pm
CLSB, Learning Resource Center

**UME**

Stephanie Kerns | Wednesdays, 2-4pm
CLSB, Learning Resource Center

**Nutrition and Dietetic**

Laura Zeigen | Mondays, 12-5pm
Gaines Hall, Room 201

**Public Health and Preventive Medicine**

Laura Zeigen | Thursdays, 10am-2pm
Central Services Building, 6th Floor Student Lounge

**Nursing**

*Due to construction, office hours for nursing students will be on hold for the summer. Loree Hyde will be back at the SON building for Fall Term.*
Have Your Materials from Student Activities Archived!

OHSU Historical Collections and Archives Staff

Quiz: Should you be sending your student activities stuff to OHSU Historical Collections and Archives?

- Are you, or have you ever been, a member of a student group or organization?
- Have you ever participated in planning or promoting a student-sponsored event?
- Have you created or posted flyers for these events?
- Has your group or organization made t-shirts? Buttons?
- Do you have pages of meeting minutes from your organization piling up around your house?

If you’ve answered “Yes” to any of these questions, OHSU Historical Collections and Archives would like to speak with you about getting your student activities materials into our collections!

HC&A preserves the historical record of OHSU. We maintain and provide access to documents, photographs, artifacts, and ephemera created by our institution and its faculty and students throughout our shared history. Without materials from student events and organizations, future generations of researchers and the OHSU community will be missing an essential component of the University’s history: you!

To discuss how your student organization materials can become part of OHSU history, contact University Archivist Max Johnson at 503-494-0186 or johnsmax@ohsu.edu.

University of Oregon Medical Department Football team, 1894, OHSU Historical Collections and Archives
**Perfectionism**

**Joseph B. Trainer Health & Wellness Center**

By Jack Crossen, PhD | Associate Professor

“Perfectionism is not the same as trying to be your best...nor is it self-improvement.” So says Dr. Brené Brown in her influential book, *The Gifts of Perfection*. After reading it, I am very grateful that a student recommended this book to me several times.

She makes the point that understanding the how healthy striving is different from perfectionism requires us to see that perfectionism is a form of defensiveness. Consider her reasoning.

Most perfectionists have a long and rich history of reinforcement for achievement and performance in high grades, acceptable behavior, attractive appearance, athletic prowess, rule-following, etc.). Unfortunately, a shift can insidiously develop that undermines healthy personal identity.

When this happens we come to believe that we are what we accomplish and how well we accomplish it. Imagine how dangerous this is when failure occurs and a person feels devastated by having “become a failure (instead of a person)!” If failure puts self-worth on the line, then it is truly something to be feared. When that happens, the next logical step is to avoid trying.

Dr. Brown cites research showing that perfectionism actually interferes with functioning at our best. In fact, it can lead to procrastination to avoid putting out something that might be perceived as less than perfect.

It also brings the focus toward people-pleasing instead of identifying our most authentically personal and uniquely meaningful aspirations, leaving us feeling deeply unfulfilled and even personally alienated.

Is there a better way to approach challenges in our lives than perfectionism? What is recommended are skills for self-compassion:

1) Recognizing that it is normal for things to go wrong and to experience failure,

2) Non-judgmentally observing and accepting our distressing feelings without escalating them,

3) Treating ourselves with some warmth and kindness in adversity much like we would relate to a loved one.

Approaching difficult experiences with these perspectives help us put things in perspective, build resilience and do our best.

Take a look at Dr. Brene Brown’s book! Make an appointment to see one of us on the Behavioral Health team at JBT Health and Wellness Center on the ground floor of Baird Hall or call us at 503-494-8665. Take a step toward self-acceptance.

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**Summertime Safety**

**OHSU Department of Public Safety**

By Jeff Niiya | Operations Lieutenant

The days are beginning to get longer and the temperature is warming up. This signals the change to our enjoyable summer weather here in Oregon. This also brings with it things we should all do to increase the security of our property and our personal safety.

The warmer weather allows those who drive cars the ability to roll the windows down and enjoy the breeze of fresh air as they drive. However, when you arrive at OHSU and park in one of the garages or in the surrounding neighborhoods you need to re-

(Continued on page 9)
member to roll up those windows. Car break-ins and thefts from within cars is something we see here on campus. Leaving the vehicle windows down or even partially open increases the chances a thief will target your car compared to the vehicle next to you with everything closed. Any property should be removed or placed in the trunk of the car. Even loose change can be a tempting thing a thief may want and should be removed.

Bicycle safety should also be considered by everyone during the warmer months. More bicyclist will be on the road so those who drive need to be aware and share the road. Those who ride their bicycle to campus need to think about ways to keep it secure. Knowing where to park your bike and using a good lock are essential in protecting your investment. The OHSU Parking and Transportation website is a great resource for this information.

The summer weather also means we can hang up our jackets and sweaters with all the extra pockets to carry our smartphones and other personal property. Take an extra moment to check around your space prior to getting off the Tri-Met bus or leaving the table in the library for all of your property. DPS routinely gets lost and found items and takes reports for property that might have been stolen. If you do realize something was misplaced please contact the responsible person for the area you were in. If it has not been turned in to them please call the Lost and Found voicemail at 503-494-0881 to see if it was recovered.

As more people are outside enjoying the sun and warm weather please continue to be aware of your surroundings. If you see someone or something suspicious while outside eating your lunch or for a walk please do not hesitate to contact Public Safety Dispatch at 503-494-4444 (Emergency) or 503-494-7744 (Non-Emergency). Our police officers and community safety officers will respond and investigate the concern. Have a safe and enjoyable summer. Ω

Get Involved in Diverse Student Interest Groups

OHSU Center for Diversity & Inclusion

By Maileen Hamto, MBA | Communications Manager

To ensure that OHSU recruits and retains diverse students, faculty and staff, efforts must be intentional and focused. The Center for Diversity and Inclusion works with OHSU schools, academic programs and units to provide support for all departments to strengthen retention of diverse faculty, residents and research fellows.

Another key contributor to strengthening retention is institutional support for Employee Resource Groups and diverse student interest groups. OHSU is home to local chapters of distinguished national student organizations. Here’s a quick list of diverse student groups, and how to connect.

Asian and Pacific Islander American Medical Student Association (APAMSA)

The Asian Pacific American Medical Student Association (APAMSA) is an organization of Asian and Pacific Islander medical students committed to raising awareness of health challenges in Asian and Pacific Islander communities through education, outreach, advocacy, and service. We are interested in both directly promoting the health and well-being of our communities as well as helping current and future health care workers who work with these populations to understand how to care for patients in a culturally- (Continued on page 10)
sensitive manner. Contact: Anthony Nguyen, nguy-ant@ohsu.edu

Hispanic Student Dental Association

Promote improvement of Spanish speaking skills to current dental students in order to best pro-
vide treatment & understanding to our Hispanic pop-
ulation at OHSU SOD. Provide opportunities for com-
munity outreach in local predominantly Spanish-
speaking schools. Contact: Eddie Ramirez ramirmil@ohsu.edu

Latino Medical Student Association (LMSA)

The Latino Medical Student Association (LMSA)’s mission is to recruit and support future healthcare professionals who strive to improve the access and delivery of healthcare to Latinos and med-
ically underserved populations, by forming sustaina-
ble relationships with our local community and in-
creasing diversity within the healthcare education system. Contact: Juan Cabrera, cabreraj@ohsu.edu

Middle Eastern South Asian Association (MESAA)

The Middle Eastern and South Asian Association (MESAA) allows students across all OHSU healthcare programs and ethnic backgrounds to gain exposure to the cultures of the Middle East and South Asia. MESAA is committed to promoting cultural com-
petency and networking as a platform for career de-
velopment in healthcare. Opportunities to spread awareness of diversity include social, educational,
and community service events. Contact: Bahar Kasi-
mi, kasimi@ohsu.edu

OHSU Student Diversity Committee

The Student Diversity Committee aims to serve as an umbrella organization among all of the schools to help promote diversity in student and aca-
demic life. We are students who are interested in broadening our understanding of diversity in order to become better health care professionals and re-
searchers. We aim to serve and foster a more inclu-
sive environment and a tighter knit community within OHSU. Contact: cdi@ohsu.edu

Student National Medical Association (SNMA)

The Student National Medical Association (SNMA) is a national student-led organization that was founded in 1964 as a subdivision of the National Medical Association. For the past 50 years, SNMA has been dedicated to “ensuring medical education services are culturally sensitive as well as increasing the number of minority students entering and completing medical school.” SNMA continues to accomplish its missions and goals by focusing on three core areas: community outreach, pipe-line programs, and medi-
cal education. Contact: Michael Turner, turnemi@ohsu.edu

Students for LGBTQ Health

Our purpose is to provide safe, validating and inclusive health care and working environments at Oregon Health and Science through education and advocacy among current and future health care profes-
sionals, gender and sexual minorities and allies. We implement educational trainings, participate in community volunteer events, hold social gatherings, and visibility campaigns. Contact: Julia Ruby, rubju@ohsu.edu.
Steal these strategies to keep thieves from stealing your bike

OHSU Transportation & Parking

By John Landolfe | Transportation Operations Coordinator

A million dollars in bikes are stolen from downtown Portland alone, according to Portland Police. Yet less than a mile from downtown, OHSU Bike Valet, operated by Go By Bike, has parked over 130,000 bikes over 3 years and experienced zero thefts.

OHSU’s campuses see significantly less theft on average than much of Portland yet we’re still far from immune. We’ll only be undesirable to thieves for as long as bikes are well protected. And summer is when theft heats up.

What OHSU offers

Bike valet is free to the public, open 6am to 7:30pm, and staffed by experienced mechanics. Just roll up and say hi. Bikes outside the valet cannot be monitored.

Cages are located below the bike valet and a great option if you’ll be staying late. If you have classes at CLSB, you may purchase a permit for the facility that includes badge access parking, a repair station, showers, and a locker room. Set up access for any of these cages at Transportation & Parking Customer Service.

What you can do

Anywhere but valet, use a U-lock. Cables are a beacon to thieves and offer little to no protection. Lock only to bike racks. Take easily removable components with you.

Keep a copy of your bike’s serial number and take photos of your bike and any unique features.

See something suspicious? Target of theft? Call Public Safety. 503-494-7744 non emergency. 503-494-4444 emergency. Filing a report with as much information as possible is essential to recovery.

Bikes are one of the most common targets of theft in the country. OHSU remains one of the safest places to park a bike in Portland but that can change quickly if thieves perceive our campuses as vulnerable. Transportation & Parking, Public Safety and Go By Bike will do what we can to keep your bike safe. The strongest form of theft prevention is still you. If every bike on campus is properly locked or monitored, our campus will continue to be undesirable to thieves.

Learn more about these strategies, cash for biking, discount helmets and more at www.ohsu.edu/bike. ©

(Credit: http://www.ocme.dc.gov/)
Art at the Student Center

OHSU Student Center

By Heather Ennis | Assistant Director

The Nucleus Lounge located in the Student Center showcases artwork created by OHSU students, employees, faculty, patients and local artists. Each art exhibit opens with a reception and is on display for several months. Our current artist, Luciano Monetti, CDT, and founder of Artisan Dental Laboratories in Portland, is now semi-retired and teaches part-time in the Restorative Department at the OHSU School of Dentistry.

A reception was held for Luciano on the evening of January 22nd which brought together the OHSU community, including the Knight Cancer Institute, which he has generously decided to donate 90% of all sales to; Luciano’s friends, family, local artist’s and gallery owners were also in attendance and contributed to the successful event. In hopes of raising additional funds for the Knight Cancer Institute a second reception will be held on Wednesday, July 8th from 5:30pm to 7:30pm.

If you have the opportunity to stop by the Student Center or join us for the next reception you will experience paintings that depict serene scenes found in nature. Luciano’s style uses colors that range from bold primary reds, blues and yellows to softer hues of grays and brown’s. He captures each scene in a way that expresses his appreciation for the exquisite beauty he finds in quiet places. More often than not, the tranquil scenes of Luciano’s paintings leave the viewer with a peaceful feeling within and admiration for the way he expresses life’s simple beauty on canvas.

Luciano Monetti grew up in Livorno, Italy, in the heart of the Tuscan region during World War II. He would often bicycle into the country and paint the surrounding landscape. Perhaps it was in this tranquil setting that Luciano would make peace with life’s difficulties, and capturing the lovely scenes on canvas would offer a lasting memory of the solace he found there.

Show Dates: April 4th-September 4th, 2015
Reception Date: Wednesday, July 8th @ 5:30pm—7:30 pm
Today I’d like to discuss what I consider to be the most unique and valuable resources in the Library: the student theses and dissertations. Back in the dark ages when I was a graduate student, I would swing by this collection whenever I was studying at the library (this area is also known as the “Wall of Wisdom,” the “Shelves of Scholarship” and the “Blue Light Special” since a majority of the titles are hard-bound in shades of blue). It’s an impressive array of topics, ranging from dietetics to structural biology, public health to biomedical informatics.

As a student, I would approach the wall with mixed feelings. Sometimes I would look at the collected works and despair for my project – would I ever be able to compile my strings of failed experiments into an organized, cohesive work? Much less one that was longer than 20 pages? At other times I would be inspired by the impressive work that was produced by my peers, especially some amazing theses from my department (Martha Sommer and Ezhilkani Subbian, represent). Now that my own meager contribution* lies on the “Shelves of Scholarship,” I feel that I can look at these collected works with a little more perspective. If you look beyond the citations, published chapters and research plans, you can begin to read between the lines. You will find that each of these theses represents more than the intellectual growth of the next generation of medical professionals; more than a chapter in a professional life; more than the sum of its parts – hidden in these pages are stories of personality, perseverance, redemption, loss, humor… In every volume you will find testament to the hard work and dedication that underpins any graduate career. Moreover, you will find all of the reasons that make our time here at OHSU not just a place of learning, but a place of growth.

My goal as the Director of the Career and Professional Development Center is to help you develop a rich catalog of experiences and skills that strengthens your thesis and takes it from an everyday academic work to the foundation for your professional career. Your scientific training will teach you the analytical thinking and scientific methodologies to achieve research success; my job is to provide you with professional and communication skills, networking opportunities, and a sense of community and identity to help you take your scientific training in any direction you choose. When I look at the collection today, I see not only the strong scientific foundation that students formed during their tenure as graduate students, I see the future career trajectories that span the gamut from academia to industry, communication to policy, and much more. Our students have moved on to a dazzling array of careers, but we are all connected at the library via the theses and dissertation collection.

Our theses and dissertations don’t get as much use as our institutional subscriptions to Science or Dynamed, but the contents within those blue bound pages are more intensely personal to our community than you may think. This area in the Library is one that I now pass on a daily basis, and it serves as a reminder to me that our output of research is so much more than a citation. I may not have appreciated this enough as a student, but now I feel strongly that these works of staggering genius should be shared. They are truly unique items in our collection, and ones that are well worth seeing. I hope you drop by and peruse our “Wall of Wisdom” – I think you’ll be inspired by our amazing student population.

* I put a $20 bill in my thesis to see if anybody ever cracked it open – but then I was really hungry one day and took it out. Did I put one back in? You’ll have to swing by the library to find out! Ω
The Path(ology) Less Traveled

By Joseph Sedillo | PAS1

Mr. S. is a 30-year-old gay male with a 9-year history of depression, a TBI in 2011 from a bike accident, and a recent 7-month history of graduate school presenting today with concerns about his future. He appears otherwise healthy, height-weight proportionate, though slightly tired looking. He reports a lack of energy and thoughts of self-doubt. He denies any suicidal ideation, panic attacks, and insomnia. Upon physical exam, relevant heart sounds show no signs of compassion fatigue but a positive hypertrophic empathy for his patients and peers. Lab results reveal frustration levels are stable and within normal range, but motivational biomarkers are low.

Have you ever written your own SOAP note? What if they looked like the one above, taking into account all the factors that affect our lives? SOAP, by the way, stands for Subjective, Objective, Assessment, and Plan. It is a tool we use in medicine to document clinical interactions with our patients. I need to remember to explain these abbreviations because prior to medicine, I spoke a different acronymic language that could drive people crazy to an obnoxious degree. But I digress...

Let me get to the main point of this article. PA/medical/dental/graduate students are not superhuman people. They are human people doing super things. They are admired for their dedication, commitment, and endurance. But they are still people with vulnerable struggles, compromising life events, and chronic conditions. Your graduate education may start, but the rest of your life doesn’t stop, and this disconnect can bring with it certain complications.

In our studies, we—the students—are referred to as “normal” and it is implied that we will gain better clinical understanding once we start examining our “abnormal” patients. There is some truth in this. We will most definitely see more clinical pathology in our practice than we do in our classroom, but we must remember two things: Classmates are patients and patients are classmates. Classmates are dealing with diabetes, divorces, births, marriages, neurological disorders, and cancer remissions.

Our patients are in the same boat. The only thing that distinguishes “us” from “them” is a name badge and some alphabet soup after our names.

Too often, we are entrapped in a world of deceptive dichotomies: He/she, this/that, them/us, self/not-self. Clinically, this makes sense, at least in our current pathological paradigm. But realistically, people are not an amalgamation of yes’s and no’s. They are a patchwork of fluctuant fibers contributing to an increasingly complex picture. No one is immune to this immutable fact.

So, if you are a PA student somewhere out there reading this, remember to be kinder to yourself. If you are a patient, try to understand where your provider is coming from. And if you are a grad-student/patient hybrid, then be kind, understanding, and flexible with yourself AND your patients. Welcome to the path(ology) less traveled, a humanistic win-win. Ω

(This article was originally published in OHSU StudentSpeak: http://www.ohsu.edu/blogs/studentspeak/2015/02/06/the-pathology-less-traveled/)
The Otherness of Graduate School

By Kayly Lembke | SoM Graduate Student

Lately I have found myself being asked in conversations, “Why don’t graduate students participate in things?” and, as a result, it is something that I have been ruminating over the past few months. I matriculated in the Program in Molecular and Cellular Biosciences in 2011 and, at that time, I did not feel the presence of a strong graduate student community on campus. Over time this has changed, in large part due to the Graduate Student Organization (GSO), and in large part to entering classes wanting to be more involved in activities.

Over the past few years there has been a demand for more GSO sponsored activities, and attendance at our biannual pub nights, our annual bowling night, monthly coffee hours, and our annual BBQ’s has steadily increased. This year, we have three people interested in two GSO officer openings for next year – this might seem small, but that is an unprecedented level of interest. Especially since, unlike other student representative bodies on campus, we don’t get a stipend for our efforts.

And yet, there is a feeling that graduate students are still reluctant to participate in things, leading me to wonder whether this is true, why this might be true, and what are these “things” in which we do not participate? Please keep in mind this disclaimer – the following opinions are mine own and if you do not agree with them, I hope you write your own article expressing your own opinions.

I think, broadly, there is a reluctance to participate in any activity associated with OHSU outside of lab. Why? From day one of graduate school, we are told publishing papers is the only way we will graduate successfully. How do you publish papers? You generate data. How do you generate data? You go to lab.

I was on a panel with faculty members in which new students could ask questions about graduate school. At one point, one of the faculty members told the room, point blank, “You should be thinking science all the time. Don’t watch TV. Don’t watch movies. You should be eating, drinking, sleeping, talking science all the time. That’s why you’re here.” And while it is true we are here to become scientists, her suggestion also happens to be the fertile ground from which burnout sprouts.

Unlike other students at OHSU who matriculate as the Class of 2017 or Class of 2018, graduate students have no idea when we will graduate once we start school. Our graduation, and subsequent career, is dependent solely on the data we generate. If we are here for the sole purpose of producing and publishing data, why should we even care about participating in non-lab activities?

Despite this bleak outlook on how we should spend our free time, more and more students are participating in GSO events. And while a free lunch or happy hour is a major draw, these events also provide a sense of camaraderie that propels their popularity. They are times when we can be with our people, our tribe.

Therefore, with the increase in demands for GSO events, I wonder what, in fact, these ‘things’ are in which we are not participating. GSO meetings? We have gotten consistently high attendance this year. GSO sponsored social events? Again, consistently high attendance. The Student Speak blog? Unfortunately writing is not for everyone, and I sincerely wish more graduate students allowed themselves the time to write.

Attend committee meetings like Graduate Council? There are students who go to grad council occasionally, usually when they have a grievance, like loss of dependent health care coverage. Department

(Continued on page 16)
(Continued from page 15)

seminars? I know I go at least one weekly, but usually two or three. All Hill social events? And this is where the answers get complicated, and rather juvenile, so bear with me.

When one of my classmates saw the sign for the All-Hill Spring Gala, she made the very astute observation that “If I didn’t go to prom when I was in high school, why would I go when I’m in graduate school?” and another remarked, “They think I have room for, let alone can afford, a dress to wear to that?” A few years ago a couple of my classmates ahead of me went to the Halloween party and said it was awkward because they felt like outsiders.

This is not to say that other graduate students would not or do not have fun at these events, but the point here is that the graduate student community on campus still carries a sense of other about it. Graduate students are in the School of Medicine, but we are not medical students. Our infrastructure is different, our time to graduation not standard, and our career prospects varied and somewhat precarious compared to the other student populations on campus. We are others, and as such we approach our student life differently.

Every student group on campus faces struggles, whether in academics, family, finances, relationships, or what have you. Nothing about any of the programs at OHSU is easy. Graduate students do not have an innately tougher experience. What they do have is a different experience, a different mindset, and a different incentive when choosing the activities in which they participate.

Perhaps if faculty were more supportive and encouraging of extracurricular activities, there would be more graduate students participating in the breadth of activities on campus. Right now, however, the current climate is still largely one of put your head down, stay in lab, and work, work, work.

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Med School Parenting Made Easy With This One Simple Trick!

By Megan Thruston | MS2

When people learn that I am both a medical student and a single mom, there are a few questions they tend to ask. These include:

“Are you insane?”
“Do you have a live-in nanny?”
“How do you manage to do all that while maintaining such a gorgeous complexion and impressive personal physique?”
“Is your family nearby?”
“How do you study with a toddler around?”

The first four questions are easy enough to answer: 1) Yes, 2) HAHA, 3) ...okay maybe I made that one up... 4) No. The fifth one can be a challenge, however, and not only because I’m usually cry-laughing too hard to respond.

So, for everyone who’s curious, I am now prepared to reveal the big secret behind how I study with a 2-year-old around — I don’t.

I’m sure there are children in the world who are content to be plopped in front of the television for an hour or two while mom makes path flashcards in the next room. There are probably also children for whom crayons and a cardboard box means a solid 30-90 minutes of independent play, as well as children who can be let loose in the backyard to entertain themselves while mom reads her neuroanatomy text-

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book on the patio.

My daughter is not one of those children.

It became obvious early in my medical school career that studying and keeping my daughter entertained were incompatible tasks, though it took me a while to come to peace with that fact. In my initial haze of desperation and denial, I set my mind to fixing the problem.

I scoured Pinterest for elaborate toddler entertainment devices that I could construct from masking tape and paper towel tubes. I bought a 36-can Mega Pack of Playdoh and the deluxe set of accessories to go with it. I threw my pre-med school parenting principles to the wind and tried to get my kid hooked on toddler iPad apps. Eventually I abandoned all pretense of self-restraint and adopted a kitten.

That’s right, folks — I got a kitten. For a 2-year-old. I was THAT desperate.

While the cat has provided a great deal of entertainment and some amazing photo opps, neither she nor any of my other “solutions” were enough to buy me the time I needed.

At the end of the day, the only thing my daughter wanted was the one thing I was trying to withhold: my attention. As a result, any attempt to study with her around was doomed to be an exercise in futility that left both of us feeling frustrated and resentful.

Once I admitted that to myself, everything changed. I gave up on studying during my “mom time” and decided to be present instead, both physically and mentally. This seemingly small shift in attitude had an immediate transformative effect on our relationship. Knowing that studying was off the table made me free to enjoy time with her instead of constantly trying to escape it, and she was happy that she no longer had to compete with school for my focus.

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On being a medical student – and a human being

By Sophia “Sophie” Davis | MS1

Sophie is a first-year medical student in the OHSU School of Medicine’s YOUR M.D. curriculum. She is also participating in the American Medical Association meeting at OHSU April 13-14 to share innovative ideas on transforming medical education.

For a moment, my attention was drawn away from the patient and towards the exchanges between attending and resident physicians—the transfer of surgical instruments, hushed instructions, and steadying assurances. The hand in mine tightened and pulled my body closer to the operating table. “Please, keep talking to me.” It was the dark vulnerability of fear in her eyes that broke me, dissolved my desire to join the two physicians at the foot of the table.

And so I held her hand—just slightly smaller than mine—and was drawn fully into the realm of the patient. I was absorbed with the task of monitoring every flicker of expression on her face. The moment we would stop talking, her body would tighten. When the procedure was finished, she let go of my hand and thanked me, adding that she could not have faced the experience without my company. What she could not have known was the flood of gratitude that I felt towards her. It is a rare privilege to be welcomed and needed by another person in a moment of vulnerability. The explicit trust and expression of human connection were exceptional gifts.

This experience was a meaningful reminder of the shifting role I currently occupy. As a first-year medical student, I constantly teeter somewhere between the realms of patient and physician. At times, I presume the role of physician-in-training. My stethoscope becomes my prop and my white coat my costume. I try my best to embody the mannerisms of my mentors and to ask the questions that I have rehearsed in my mind.

At other times, when the gaps in my knowledge distance me from my instructors, I am drawn further into the realm of the patient. Uneasiness and pain are clearer than the markings of disease. In these moments, the suffering of a fellow human being registers more coherently than the words of my physician mentors.

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I often wonder when the weight of knowledge and experience will ground me in the realm of the physician. As I evolve into that role, what will be left in me of this acute sensitivity to the vulnerability and suffering of patients? Will the burnout and empathy fatigue that are so often considered the collateral damage of medical education dislodge this almost desperate impulse to comfort and connect? Humility is often suggested as an antidote to the apathy and drain of medical work. I like the notion of humility; it has a certain appealing earthiness. But is humility—the grounding of our ego—the thing that preserves this sensitivity to the suffering of others? Certainly, humility reminds us that we are each fallible and in need of abundant wisdom to balance our hubris.

But I do not believe that this is the enduring quality that draws us to other human beings and compels us to serve and heal. Indeed, humility is a quality that must be nurtured, learned, even forced. For many of us, it is neither innate nor compulsive. When our bodies are exhausted and our minds are drained, the thing that will enable us to repeatedly extend ourselves must be innately and inextricably tied to the fact that we are human. I think this thing is, quite simply, or perhaps not so simply, humanism.

Humanism in medicine is an amorphous, enigmatic thing and therefore hard to guard. But I think it fundamentally rests on the fact that we are each inescapably exposed to suffering and pain. It is one human experience that recognizes no boundaries or barriers. It is the birthplace of vulnerability but also of hope. I believe it is this bitter side of our humanity that endows each of us with the ability and innate predisposition to recognize the suffering and pain of others.

I suppose the question, then, is how to foster this humanism over the next four years and into my career as a physician. The expression of humanism, it seems, demands a certain rawness of emotion and witness to our own vulnerability and the vulnerability of those around us. Since the beginning of medical school, I have become increasingly guarded against anything that threatens my tenuous balance of eat, sleep, study, and (sometimes) play. Perhaps this is the purview of humility then. Perhaps it is humility that can remove me from my silo and remind me that no combination of routine, ritual or superstition can safeguard me from the fact that I am as vulnerable to pain and grief as the person next to me. Perhaps some day when I am a physician, it will also be humility that will enable me to accept that, at times, I may not have the answer, right tool or clear path forward for a patient. In those moments, I hope I will have the courage to simply be sincere, vulnerable, and, most importantly, human.

In the context of medical education, I believe a person’s humility has as much to do with his or her disposition as it does with the medical culture in which the student is indoctrinated. When I sit in my clinical skills labs and listen to my classmates speak about the range of emotions that they witness in the clinical setting—pain, suffering, hope, confusion, comfort—I am reminded that we are learning in an environment that values such honesty, perceptiveness and vulnerability. When I hear our physician-instructors share stories from their own practices, I am encouraged by their commitment to the art as well as the science of medicine. Whether in the form of our courses on ethics, narrative medicine, clinical skills, and even science skills, we are prompted to think critically, but also humbly, about our obligations to the individuals and communities we will serve. I hope that over the next four years, each of us students will not only develop the skills and knowledge of the physician, but also embody our institution’s dedication to creativity, integrity, and humanism.  Ω

(This article was originally published in OHSU StudentSpeak: http://www.ohsu.edu/blogs/studentspeak/2015/04/10/on-being-a-medical-student-and-a-human-being/)
Articles appearing in this News section were originally published online by The Lund Report, a non-profit news organization. They were chosen by me to provide some broad information about developments in Oregon healthcare, hopefully with an interest toward those that impact OHSU students. I encourage you to visit The Lund Report online (http://www.thelundreport.org/) and read more of their excellent in-depth reporting.

Additionally, I have included information about The Lund Report below. If you have any ideas for stories or opinions that you want The Lund Report to consider for publication, please contact its editor-in-chief, Diane Lund-Muzikant, at diane@thelundreport.org.

- David Edwards, Editor-in-Chief, The Pulse

The Lund Report brings our healthcare system into focus by going beneath the surface. Our goal is to educate you -- the consumer -- about this complex system, giving you the facts, analysis and action tools to make a difference.

We’re unlike any news source you’ve seen before -- the first independent Web news site in Oregon dedicated to educating you about the inner workings of the healthcare industry. You can count on us to be timely, provocative, and offer new perspectives. We’re passionate about what we do and are beholden to no one. Even though we do accept funding from the healthcare industry, The Lund Report is not influenced by its financial contributors, no matter who they are, and we have not and never will deviate from reporting the truth about the healthcare industry.

Our news coverage focuses on the major issues confronting our healthcare system -- rising costs, unequal access and the lack of standardization to measure quality. With an emphasis on Oregon, this online publication does occasionally include articles about national reform efforts.

Inside The Lund Report you can hear from people willing to challenge the status quo -- while having an opportunity to share your own perspective by submitting guest commentaries.

We’re a news source, not a blog. We value and invite your comments and story suggestions. Don’t hesitate to contact us at info@thelundreport.org. We’d love to hear from you. Thanks for coming aboard!
The Multnomah County Commissioners today unanimously voted to restrict e-cigarettes and vaping to protect children and public health.

In a 5-0 vote, the board passed an ordinance that prohibits minors from buying and using inhalant delivery systems, such as e-cigarettes and vape pens. When the law takes effect on April 5, businesses will be prohibited from selling the devices to people under age 18. And vaping won’t be allowed in workplaces where smoking is prohibited.

“My primary concern is protecting kids from exposure to these products,” Chair Deborah Kafoury said at Thursday’s meeting. “And I want to ensure that people who choose not to vape are protected at work.”

Since November, the county has held 11 public meetings on vaping and e-cigarettes.

The products, which have emerged in the last eight years, are marketed as an alternative to traditional tobacco cigarettes. But there is little information about their safety. The health effects of the vapor on users and those around them is unknown. A key component of e-cigarettes is nicotine - a highly addictive and harmful substance for developing brains.

Until the board acted, children and teens could legally purchase and use them in Multnomah County.

Since last fall, Health Department staff and Chair Kafoury met city councils in Troutdale, Fairview, Wood Village and Portland. More than 300 comments were gathered online about the proposed regulation.

On March 5, commissioners thanked dozens of people for testifying, but said they had to act now.

“We’re not stopping adults from vaping,” said Commissioner Loretta Smith. “You can still buy and vape. But what we’re concerned about is lots of dollars are put into advertising e-cigarettes and it’s becoming a gateway drug to tobacco. We’re trying to protect the children. We are not trying to take your rights away as adults.”

“We do not want to create the next generation of nicotine addicts,” said Chair Kafoury.

Many of those who testified at the board meeting work at vape shops or manufacture the liquids used in e-cigarettes. They asked that their businesses be exempt from the new rules. They said the shops often serve as vaping lounges and are an important gathering place for people to come together, sample flavors and learn how to use the devices.

“Whether you like it or not, the vaping industry is here to stay,” said James Cook of Gresham. “We’re asking for an opportunity to get local businesses involved. Bring us to the table. No one wants (Continued on page 22)
to vape in church or in the movie theater. We’re asking for one thing: to let our businesses live.”

“This is not an anti-jobs bill,” said Commissioner Diane McKeel. “This is about public health.”

Other users described quitting tobacco after discovering e-cigarettes at vape shops.

“They taught me about the juices and nicotine,” said consumer Clifford Smith. “They allow me to bike 10 miles, vape with my friends and continue to try different e-liquids and buy new products.”

Mel Rader, executive director of Upstream Public Health, said the Centers for Disease Control and Prevention have not approved e-cigarettes for tobacco cessation. He said there is a “clear history” of kids starting with e-cigarettes and moving to tobacco, and that sampling creates a threshold for addictive products.

Commissioner Jules Bailey said he sympathized with the local vaping industry, but said the Board was “pursuing the precautionary principle making sure we’re protecting others from the ill effects of vaping.”

Commissioner Judy Shiprack, who joined the meeting via telephone, said people will still have access to smoking cessation products. She hoped the discussion would help spur the federal government to regulate the liquids and devices.

What Really Happened Between Kotek and FamilyCare about OHSU Bond Measure

Oregon Health & Science University is going home this session with its biggest coup in a decade -- the Oregon Legislature has decided to stretch its borrowing limit to provide the $200 million demand that will help the hospital meet the Knight Challenge to invest $1 billion in cancer research.

The $200 million will be paid out in 25-year bonds that will actually cost the state about $350 million, including interest. The state is anticipated to issue $160 million in general bonds and $40 million in lottery bonds in 2016. This money will be added to the $500 million offered by Nike tycoon Phil Knight and another $500 million from the hospital and private solicitations.

The state money comes with a number of strings, including a guarantee that construction contractors agree to pay prevailing union wages and that 15 percent of the work will be done by women- or minority-owned businesses -- two points that OHSU had intended to do anyway, House Speaker Tina Kotek, D-Portland, told The Lund Report.

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The financing package does not include a requirement that OHSU take low-income Medicaid patients, a policy decision Kotek had been trying to craft over the past month.

Kotek had been working on such an amendment up until Wednesday night to resolve a dispute between OHSU and the Portland-area coordinated care organization, FamilyCare, which have been locked in a legal battle over payment rates for the past year. FamilyCare CEO Jeff Heatherington told The Lund Report that OHSU upped the ante in December by starting to turn away his CCO patients. The lawsuit is scheduled for trial in April.

It’s actually an issue that Gov. John Kitzhaber had tried to resolve before the session, according to Heatherington, but the governor’s office refused to shine any daylight on his concerns or developments following those discussions.

An article in Thursday’s Oregonian accused the speaker of delaying the big OHSU financing package as a political favor for a “big Democratic donor” -- Heatherington, who’s given $2,000 to Kotek as well as about $18,000 to other Portland and Oregon Democrats since 2007.

The story leaked to The Oregonian appears to be a successful attempt to embarrass Kotek as well as Heatherington and force her to capitulate to OHSU’s demands.

At the last minute, Kotek withdrew her amendment but was able to keep a budget note directing the Oregon Health Authority to work with CCOs and health systems to make sure Medicaid patients have access and determine the appropriate role for OHSU in delivering care.

“They want $200 million, and they want to exclude 85,000 patients who are represented by FamilyCare,” said Heatherington, who was clearly angry about being accused of quid pro quo in the state’s largest paper. “You’ve got 85,000 people in Portland who cannot access the best tertiary hospital in the state.”

The Oregonian article failed to disclose that two healthcare players it quoted who criticized Kotek’s amendment -- Martin Taylor of CareOregon and lobbyist Doug Riggs -- do business for FamilyCare’s rival CCO, HealthShare of Oregon.

Because OHSU has a seat on HealthShare’s governing board, it also has more control over the amount of state and federal Medicaid dollars it receives to care for people on the Oregon Health Plan. When reached, Riggs declined to comment for this article and Taylor could not be reached by press time. “It’s just another indication of bullying tactics by OHSU,” charged Heatherington.

Measuring Clout

The president of OHSU -- Dr. Joe Robertson -- could just as easily be labeled “a big Democratic donor” as Heatherington. Robertson donated about $23,600 to Democratic candidates since 2007, as well as $1,000 to Republicans. His wife, Patricia Fisher, gave an additional $5,100 to finance election campaigns, including $2,500 to the Friends of Chris Dudley, supporting the professional basketball player’s attempt to deny Gov. Kitzhaber a return to office in 2010.

Personal donations from Robertson or Heatherington pale in comparison to the money spent by political action committees. Heatherington and his lobbyist Paul Phillips are among the leaders of the Coalition for a Healthy Oregon, which spent $578,000 in the last legislative election cycle. The political action committee for the Oregon Association of Hospitals and Health Systems, which includes OHSU, spent $246,000 over that same time period.

But the real clout of OHSU stems from personal relationships between Robertson and Senate President Peter Courtney, D-Salem. His former chief of staff, Connie Seeley, left the senate president’s office in 2010 to work for Robertson. Courtney’s spokesman, Robin Maxey, declined to shed any insight into the backroom deals that led to the approval of the

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OHSU financing without Kotek’s amendment.

Courtney, who has the power to decide if legislation and budgets sink or swim in the Senate, has been OHSU’s most visible champion and defender, winning millions in scholarships for medical students at the university while blocking a measure from Sen. Chip Shields, D-Portland, that would have required OHSU to provide applied behavior analysis for autistic children.

(The hospital, which has explicitly denied coverage for its employees, has agreed voluntarily to begin autism coverage next year, without the legislation.)

Since OHSU balked at Kotek’s amendment, it had little chance to get past Courtney or another big OHSU supporter, alumnus Sen. Fred Girod, R-Stayton, who co-chairs the Capital Construction Committee with Kotek.

Kotek, OHSU Deny Claims Against Them

When reached for comment, Kotek flatly denied that her amendment held up the financing of OHSU’s big bonding measure. Large capital projects are always decided in the last days of a legislative session, and this one was no different, she said. And, the guarantee to treat Medicaid patients was just one of several sideboards desired by the more cautious House legislators.”

They are asking for a lot of money, so we want to make sure the goals are appropriate,” Kotek said. “It’s a perfectly appropriate policy conversation.”

The policy decision in Kotek’s amendment normally would have gone through the House Health Committee, chaired by Rep. Mitch Greenlick, D-Portland. Both Kotek and Heatherington said they

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missed the filing deadline for Greenlick’s committee but made their intentions known early in the session, not as a last-minute amendment, as reported in The Oregonian.

In a statement from spokesman Tim Kringen, OHSU denied that it’s turned away FamilyCare patients in need of critical care. But, since the hospital doesn’t have a contract with FamilyCare, OHSU screens patients based on medical need.

The Kotek amendment would have allowed OHSU to continue to manage care based on acuity and patient need.

According to OHSU, visits from FamilyCare members increased 27 percent from 2012 to 2013, and those numbers are up an additional 13 percent this year. Some of that increase may be explained by the Medicaid expansion and the transfer of Oregon Health Plan clients to coordinated care organizations. FamilyCare has also expanded into the Medicare Advantage plan market for seniors."

The number of patients from FamilyCare served at OHSU has been increasing steadily,” according to Kringen’s statement. “OHSU works with community providers to ensure that patients who can be treated in their communities remain in their communities. This further ensures that there is sufficient space at OHSU for patients who require the highly specialized care uniquely provided by OHSU.”

**OHSU Money Provides Boost, but Deprives Schools**

Kotek told The Lund Report she never intended to block the $200 million financing package, which could not only pave the way for more innovations in cancer treatment but also generate enormous economic benefit. The $1.2 billion in total investment is expected to produce 6,800 temporary jobs during the construction and 860 permanent jobs.

Those figures, from a study by ECONorthwest, include both jobs created directly and indirectly from the investment. The construction is expected to raise $35 million in state tax revenue, while pumping in $5.6 million annually to state coffers once it opens.

In addition to union wages and the inclusion of women and minority contracts, Kotek insisted that OHSU report the county origin of patients who participate in clinical trials, to ensure that such research benefits people across Oregon -- that suggestion, she said, came from House Republicans. Once the cancer center is up and running, OHSU may conduct research trials away from its Portland hospital, such as its Cascades East location in Klamath Falls.

“There’s generally wide support for the concept to find ways to fight cancer,” Kotek said. “That’s a lot of money that we may want to spend elsewhere.”

Rep. Carolyn Tomei, D-Milwaukie, said her constituents asked her to oppose the measure, since the OHSU bonding is expected to eat up most of the state’s borrowing capacity and deprive the state of the chance to fund other projects, such as seismic upgrades for older schools. A major earthquake could bury children in the rubble without these improvements.

“They can raise their money all around the country,” Tomei said. “I can’t go to other states asking for more money for my schools.”

Tomei also took umbrage with the decision to pay for the project out of lottery money, excoriating state budget makers for relying on the failings of gambling addicts to pay for OHSU and the state government. She said 80,000 Oregonians are addicted to state video lottery games."

“We as a state are addicted to lottery games,” Tomei said. “We are addicted to addiction.Ω

*Christopher David Gray can be reached at chris@thelundreport.org.*

(This article was originally published on The Lund Report: https://www.thelundreport.org/content/what-really-happened-between-kotek-and-familycare-about-ohsu-bond-measure)
Naturopathic Docs Want Bill to Ensure They are Classified as Primary Care

Many patients see a naturopath as their primary care provider and clinics such as ZoomCare use them interchangeably with nurse practitioners. But a quarter of the insurance companies charge special copayments for naturopaths or don’t allow them to bill for preventive services.

By Chris Gray

(This article was originally published on The Lund Report: https://www.thelundreport.org/content/naturopathic-docs-want-bill-ensure-they-are-classified-primary-care)

The Legislature may be stepping in to settle a dispute between health insurance companies and naturopathic physicians, who argue that the companies are misclassifying many of their providers as specialty care and subjecting patients to hire out-of-pocket fees.

Some insurance companies have cast naturopaths off with chiropractors, acupuncturists and massage therapists as an auxiliary service, which are covered differently, if at all.

But naturopath Jeff Clark of Tualatin testified that many if not most naturopaths work not as an auxiliary healthcare service but as a patient’s primary care provider. “I am a contracted in-network provider for most of Oregon’s major health insurance carriers,” Clark said. “I bill the same codes as MDs, offer the same services as other [primary care providers], and use all the same forms and paperwork.”

Sara Gillham, a naturopath at ZoomCare, said that her clinic chain uses naturopaths interchangeably with nurse practitioners and physician assistants, and it could often be the luck of the draw what class of provider a patient might see when coming to ZoomCare for quick healthcare attention.

“If it happens to be a naturopath in the clinic that day, they have to have either preventive services subject to a deductible or have a higher copay or insurance,” Gillham said. “This really has been a problem for our patients.”

She said this discrepancy doesn’t occur for all their patients, in fact, only one-quarter of those with insurance have a health plan that charges higher out-of-pocket costs for naturopaths than nurse practitioners.

(Continued on page 27)
House Bill 3301 was introduced by Rep. John Lively, D-Springfield, a member of the Health Committee, who said he had used a naturopath for his own health needs but experienced widely variable coverage from his insurance company. The bill would require insurance companies to let a naturopath determine the type of medicine they practice -- primary care or specialty care -- and bill accordingly."

One of my big issues is access and letting people be allowed to work to the height of their license,” Lively told his colleagues.

Oregon has long been a leader in including the naturopathic care perspective in the menu of healthcare options available to a patient, and the National College of Natural Medicine in Portland is the oldest of four schools accredited in the United States to train naturopaths.

A naturopathic doctor in Oregon can diagnose and treat disease, perform physical exams and all preventive services, order diagnostic labs and imaging, prescribe all pharmaceuticals needed in a primary care practice, coordinate hospital care, refer to specialists, and perform minor surgery. Oregon Association of Naturopathic Physicians lobbyist Ryan Fisher said their work was comparable to a nurse practitioner.

Clark said that if patients see a naturopath classified as a specialist, the copayments will often be twice as much as a primary care provider. “Most insurers also do not allow specialists to provide preventive health services such as well-woman visits, childhood vaccinations and annual physical exams,” he said.

Tom Holt of Cambia Health Solutions testified on the bill but didn’t oppose HB 3301 outright -- he said that Cambia and its chief subsidiary in Oregon -- Regence BlueCross BlueShield -- does include naturopaths in its network, but wanted the language changed so that the insurance company could still determine which providers are primary and which are considered specialty.

ZoomCare lobbyist Len Bergstein objected to this request, saying it’s what caused the problem in the first place, and suggested a third party, such as the Oregon Board of Naturopathic Medicine assign provider type.

Rep. Mitch Greenlick, D-Portland, asked Lively to work with Holt on an amendment before HB 3301 can clear the House Health Committee. Ω

(Credit: http://www.ncnm.edu/)
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