inside this issue

**OHSU Announcements**
- Public Safety Focused on Protecting OHSU Community ........................................ 2
- Visit March Wellness to Improve Health and Relieve Stress ................................. 3
- Tears for the Soul ..................................................................................................... 4
- OHSU Students Enjoy Overseas Opportunities ..................................................... 5
- Center for Diversity & Inclusion Student Interest Groups ..................................... 7
- Cost for 2017 Student TriMet Pass Significantly Reduced ................................... 9
- 2016 Poetry Contest Winners .................................................................................. 10

**Student Articles and Contributions**
- My Nursing Experience .......................................................................................... 14
- Women In Science Organization Empowers and Supports Female Scientists .......... 15
- Poem by anonymous ............................................................................................... 16
- Photos by Michael Heskett ..................................................................................... 16-17

**Oregon Healthcare News (The Lund Report)**
- Introduction ............................................................................................................ 18
- OHSU’s Finances Exceed Projections .................................................................... 19
- Genetic Counselors Struggle To Keep Up
  - With Huge New Demand .................................................................................... 20
- One of Every Three Healthcare Dollars Wasted,
  - Led by Health System Overpayments ................................................................ 22
Public Safety Focused on Protecting OHSU Community

OHSU Department of Public Safety

By Heath Kula | Director of Public Safety

Oregon Health & Science University is committed to using its best efforts to provide faculty, staff, students, and our community with an environment that is safe, secure and free from threats, intimidation and violence.

To promote an atmosphere that encourages learning, productive employment, and well-being, OHSU will not tolerate conduct or behavior which may disrupt that environment. Any observation or knowledge of workplace violence must be reported to OHSU Department of Public Safety, including but not limited to:

- Injuring another person physically;
- Threatening you, another OHSU community member or OHSU directly;
- Engaging in behavior that creates a reasonable fear of violence;
- Engaging in behavior that subjects another individual to undue emotional distress;
- Possessing, brandishing, or using a weapon that is not required by the individual’s position while on OHSU premises or engaged in OHSU business, unless they fall under an exception per policy;
- Threatening to damage OHSU or OHSU community member property;
- Threats or acts motivated by, or related to, domestic violence or sexual harassment; and
- Retaliating against any individual who, in good faith, reports a violation of this policy.

Threats or intimidation are unacceptable regardless of whether the person communicating the threat has the ability to carry them out, whether the threat is made on a present, conditional, or future basis, or whether the threat is made in person, through another person, in writing, over the phone, in the mail, or electronically via social media or e-mail.

OHSU students and staff often interact with unpredictable, and potentially violent, individuals who may be in some form of behavioral health crisis, under the influence of controlled substances or alcohol, or simply unable to conform their behavior to societal norms.

The OHSU Department of Public Safety is, by OHSU policy, a mandatory receiving point for reporting any workplace violence, whether it caused injury or not, in order to ensure accurate data collection and appropriate response. The procedures and resources utilized in such cases may prevent future incidents or help warn similarly situated OHSU community members of the potential for a negative interaction or worse.

One of the resources utilized often in such cases is the OHSU Threat Assessment Team (TAT). This team is multi-disciplinary and combines efforts, manpower, knowledge and resources of various OHSU departments while working for early intervention to de-escalate any potentially violent situation. The team includes representation from Psychiatry, Human Resources, Public Safety, Legal, Risk, Integrity, Healthcare & Academic Administration among others.

The team works to balance confidentiality and privacy with the need to protect the OHSU community. TAT works to prevent acts of violence and ensure affected individuals are supported and remain functioning members of the community. The TAT constantly monitors known situations and re-assesses threat in order to apply prophylactic measures, organize resources, change strategies or safety planning and update potential victims as appropriate. The process is also evidence based which looks at specific behaviors a person has exhibited as well as situational factors when determining threat level, safety planning and how to help mitigate potential threat.

Your OHSU Department of Public Safety encourages (Continued on page 3)
you to report any workplace violence that may observe or become aware of as a part of membership in the OHSU community by calling Public Safety Dis-

Visit March Wellness to Improve Health and Relieve Stress

March Wellness and Fitness Center

By Erich Knipschild | Membership Manager

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 our newest pieces of equipment, some of which you may never have heard of or tried before.

(Continued on page 4)
Like soap for the body so are tears for the soul” is a Yiddish proverb I recently came across and it has stuck with me. I have found myself pondering this proverb and its insightful message.

We don’t think twice about how good soap is. It cleans the body; washes away the dirt and grime that has been built up on our skin. After using soap we feel refreshed and ready for the day ahead. Soap helps us feel like the best version of ourselves.

Tears, however, are something we avoid. Most people generally don’t like crying. They say it makes them feel weak or vulnerable. Allowing oneself to cry usually means facing that thing that is causing the tears. The very thing they are often trying to hide from. Yet, so commonly I hear people comment that they feel relieved, stronger, braver and overall a little bit better on the other side of a good cry; after facing that difficult emotion they have been avoiding.

As a psychologist I often have clients cry in my office and many times people will apologize for doing so.

(Continued on page 5)
This always surprises me, not only because it’s a not-so secret fact that psychologists LOVE feelings, especially the weepy ones, but also because I believe that tears are beautiful.

Feelings are beautiful. What would life be without the full human experience of a wide spectrum of emotions? It would be like seeing the world in only one color. Sure green is beautiful, but if that is all you ever saw it would quickly get dull. How much more beautiful is green when it is contrasted with blues and yellows.

If your feelings are too much for you to deal with, if they are just too heavy or you can’t figure out why you are having the same ones over and over then we welcome you to seek support at JBT. We have a staff of people who love working with students and we’d happy to help you in any way we can.

To make an appointment call 503-494-8665 or stop by our office in the basement of Baird Hall. Ω

Dr. Michelle Shepherd Combs earned her doctorate in Clinical Psychology from Rosemead School of Psychology located in Southern California and completed her clinical internship at Pace University located in New York City. While in New York she also completed a fellowship in psychoanalysis at New York University’s School of Medicine. She has worked in a variety of settings including multiple university counseling centers, community mental health centers and medical settings. Dr. Combs’ professional interests include women’s issues, issues of identity, acculturation and cross-cultural communication, relational issues and family of origin difficulties. She is passionate about group psychotherapy, particularly in how it can alleviate general anxiety and social anxiety, and she enjoys working with couples and helping them connect in new and profound ways. Dr. Combs’ is excited to be joining the JBT team and working with the students at

OHSU Students Enjoy Overseas Opportunities

OHSU Global

By Andy Harris, MD | Director of Professionals Training in Global Health

In March, 2016 OHSU Global was pleased to offer 14 financial aid grants for overseas student rotations.

Eight undergraduate nursing students spent the month of April, studying public health nursing in urban and rural Thailand.

Two MD/MPH students are working at Mekelle University in Ethiopia, evaluating the outcome of vesicovaginal fistula repairs and pelvic organ prolapse surgeries.

One MS2 is comparing the scope of surgical training between MD resident surgeons and non-MD clinical officer surgery training programs in Zambia.

Two MS2 students are studying the social, political, economic, religious and cross-cultural determinants of health in impoverished barrios in Lima, Peru with Health Bridges International.

One PhD student is studying tapeworm transmission in an endemic rural area of Northern Peru.

Students who take a rotation abroad are required to have an advisor/mentor both at OHSU and at the overseas institution. Preference is given to academic programs affiliated with host-country universities. Rotations typically are 1-2 months in duration, alt-

(Continued on page 6)
though some projects may require longer stays.

Student opportunities with the most comprehensive infrastructure and faculty currently are located in SE Asia, especially Thailand, as well as Laos and Myanmar. But other options are available in Africa, South and Central America.

Competitive financial aid grants for overseas study, research and clinical training are available to students of all OHSU schools. The size of the grants range from $1,000 to $2,000 to help defer travel and other expenses. Housing in Bangkok is generally provided by OHSU, in collaboration with Mahidol University, but modest living expenses may be incurred at other sites.

More information on student overseas financial assistance awards can be found at:

https://ais.ohsu.edu/apex/FISPRD/f?p=509:3:15197820893667::NO::P3_FUND_ID:3692

An on-line pre-travel student checklist or workflow is under development by OHSU’s Office of Export Controls. In the meantime for more information on steps required to qualify for an overseas rotation, email Dr. Andy Harris at harriwil@ohsu.edu. Additional information on overseas rotations is available on the OHSU Global website at www.ohsu.edu/global under the Education and Travel Prep tab. If you would like to make an appointment to discuss various options, please email Administrative Coordinator Keleigh Glisson at ohsuglobal@ohsu.edu or Dr. Andy Harris at harriwil@ohsu.edu. Ω
The Center for Diversity and Inclusion provides support and guidance to diverse Student Interest Groups at OHSU. Some of these groups are local chapters of distinguished national student organizations, medical and dental associations.

While they each have distinct missions they do share common goals of encouraging underrepresented students to pursue health professions, addressing the needs of underserved communities, and increasing the number of culturally competent and socially conscious providers.

This year, four student interest groups represented their chapter and OHSU at their regional and national conferences. They were tasked to bring back information to share with their program, build partnerships with peers and mentors, and connect with prospective students (staff exhibitor table). OHSU was well represented by these student leaders.

The theme of the regional conference was “Inclusion Excellence: The Past Shaping Our Future”. Kelsi Chan and Alex Chu (Med 19) participated in workshops addressing diversity of Asians, especially the minorities that have been overlooked in the Asian community—such as Pakistanis, Cambodians, and Hmong; learning about the past and understanding how history and various conflict have shaped these communities’ health; and using history lens to learn why certain diseases or health conditions are more prevalent in AAPI groups.
Advancing Hispanic Health: the Next 20 Years was theme of this historic joint conference between HDA and NHMA. A network of dentists, physicians, health care professionals, government, private sector partners and students from across the nation came together to learn of new strategies for effective health care and policies to improve the health of Hispanic populations. Dentistry students Britta Martinez, Tyrel Mortenson, Eddie Ramirez, and Efren Almeida Mansilla attended workshops on various health topics that affect Hispanic populations, and how as dental providers they can close some of the disparity gaps.

Mental Health: Facing the Challenges of the 21st century was the theme of the 2016 Annual Medical Education Conference (AMEC). Michael Turner and Larissa Unruh (Med 18) and Danielle Tucker and Brianna Ennis (Med 19) were in attendance. The conference highlighted the critical need to address the role of mental health in today’s society. In light of recent social events, AMEC provided education on integrated care and highlighted the effects of social determinants on mental health. Equally important, were sessions addressing the paucity of African-American men entering the field of medicine, with a focus on advocacy.
The 2017 OHSU TriMet pass will be $70 for the transit year beginning September 1, 2016 for all students with an active OHSU badge. TriMet releases the transit pass to OHSU in late August and it is active through September 2017.

Using the TriMet Pass

Through TriMet, the pass is $1100 a year or $5 a day. The TriMet annual pass is good on all TriMet, including buses and light rail. It is also fare for Portland Streetcar and Portland Aerial Tram, for which an active OHSU badge is also eligible fare. The TriMet pass also allows you to board C-Tran’s non-Express service in Vancouver, Washington.

C-Tran Express Pass

OHSU also subsidizes C-Tran Express Service at 70%. The rate for this pass has not yet been released. C-Tran Express buses travel to Marquam Hill and downtown Portland during morning and evening rush hour only. The C-Tran Express pass also allows you to board all the systems noted above for the TriMet pass. Vancouver students who do not travel during rush hour may choose the TriMet pass and board TriMet at a transit center such as Parkrose or Expo Center.

Park and Rides

Park and Rides are free parking lots for transit riders. If you don’t live close to your needed transit connection or live outside the TriMet system, consider a park and ride. If your current route is too long or has too many transfers, consider a park and ride. If you simply don’t want to pay for parking, consider a park and ride.

Where to Get the Passes

OHSU distributes the TriMet and C-Tran passes during a two week tour around OHSU locations at the end of August. Visit o2.ohsu.edu in early August for dates and locations. From September on, the pass is available at Transportation and Parking Customer Service.

Plan your trip or find a park and ride that fits your commute at www.ohsu.edu/transit.

Latino Medical Student Association

LMSA National Conference

April 7 – 10, 2016, Pomona, California

Claudia Lopez and Clarissa Camarillo (Med 18) and Alexandra Hernandez and Nattaly Greene (Med 19) represented the OHSU LMSA chapter at this national event. The mission of LMSA is to unite and empower medical students through service, mentorship and education to advocate for the health of the Latino community. During the conference they networked with medical schools and residency programs from across the country, collaborated with other LMSA members; shared ideas with one another about events and community, attended informative workshops such as the importance of Latino Faculty, as well as reaching out to many pre-medical and medical students about OHSU programs.
OHSU Library & OHSU WRITEs Announce 2016 Poetry Contest Winners

OHSU Library

By Meg Langford | Library Technician

The winners of the 2016 OHSU Poetry Contest, co-sponsored by OHSU Library and OHSU WRITEs, have been announced!

With a record number of submissions, this year’s contest was a great success, with every school and many departments/units across OHSU represented.

The three winning poems, as well as honorable mentions, are listed below by category.

The full text available on the library website (http://www.ohsu.edu/library/poetrycontest).

Health & Healing:

Winner: “what they don’t teach you,” by Akshay Pendyal
Honorable Mention: “Hospice Consult in Parkdale, OR,” by Allison Nye

Artistic Excellence:

Winner: “Passions in Every Room,” by Michael Wynn
Honorable Mention: “Pre-Med,” by LeNeva Spires

OHSU Experience:

Winner: “For Bases,” by Libbey White
Honorable Mention: “The Recipe,” by Kevin Nusser

Special Mentions:

Aerial Tram theme: “Aerial Tram” [author’s name withheld]
Unique form: “A Breath of Fresh Air,” by Mariam Rehman
what they don't teach you

i remember learning once
that more than our genes
it is 'epigenes'
that determine much
of who we are:
those scarce cobwebs of
carbon and hydrogen
that, when cast,
like netting,
over our cells'
sea of sentences,
collapse our possible selves
rein in infinity
corral our multitudes.

but even if this is true,
what i don't recall,
and would still like to know
is where,
in which line,
in which chapter
was it written
that you would leave
in the way that,
now, a decade later,
i've learned you will:
submerged in interstitial fluid
and with a tube in your neck.
because i want to find it
and erase it.
For Bases

“There are no DNA-helix pineapple cans” — Neil deGrasse Tyson, in reference to a can of Dole pineapple chunks with a starburst theme on the wrapper

True, there are no DNA-helix pineapple cans, or glow-in-the-dark chromosome stickers, or photo calendars of base pairs.

The bases of baseball inspire more poetry than A, T, C, and G.
We can’t see the books coiled in every nucleus, the blurry helix may as well be rabbit-shaped, and our bodies betray us as the Milky Way sweeps by.

But what a four!
These bases we share with Bristlecone pines, standing for millennia, Bar-tailed Godwits, flying for nine days straight, beavers tail-slapping, clams clamping, fire ants marching on.

No life happens without four sugar phosphates.

I thank my lucky nucleotides, sitting hilltop, writing computer code to read genetic code, seduced by the smallness of genetic code, the ubiquity of it, the smallness of computer code, the ubiquity of it, the work they do with so little.
Passions in Every Room

For Luis

Finding my way through a bramble of monitors tangled in the dense undergrowth of thorny data. Morning rounds are a forest thick with prickly questions.

Perfect strangers become patients. Personalities baroque as the 50 year-old Hispanic man admitted yesterday with back pain. In prison for 19 years, (in America for 20) Arms, chest, and thick neck all Hieronymus Bosch and guitar-string calligraphy—one of his tears tattooed bruise-blue at the corner of his right eye.

He doesn’t speak a lick of English. Now his legs are dead and his bladder AWOL—the tumor declaring victory over his spinal cord. He hasn’t wept in 20 years.

Every room holds a gift reminding me that I’ll never learn how much more there is to know. From the end of the hall a radio—Louis Armstrong sings What a Wonderful World.

In the east wing, sun-rise for patients who wake up. Some see hope, others a tease—Skies of blue, clouds of white. The prisoner’s tears follow me all day after the dark sacred night. His Spanish was beautiful.
My Nursing Experience

By Cassidy Howard | SON

My experience as a nursing student has been a little bit different—I was accepted into the BSN program in Ashland at 18, becoming the youngest person in my class. I have always been accustomed to being the youngest person, since I am the youngest in my immediate and extended family, but I definitely wasn’t used to the amazing diversity that is present within our nursing program.

From the eldest student in our class, who is 51, down to the youngest student, myself at age 19, our experiences have been unique, allowing us to grow in our knowledge and collaborate on projects in ways that wouldn’t be possible without this diversity. Some of my classmates have raised children who are now grown up and living their own lives, some of them have small children at home, some of us are single and pursuing different adventures in our life. Despite our great diversity, we all have one common goal—becoming great nurses so that we can provide the best care to our patients and bring hope to those in their time of need.

Being in Southern Oregon, my classmates and I have been able to complete our clinicals in a wide array of health care facilities and hospitals. Additionally, we have been able to serve populations that are disadvantaged or underserved. Through its mission to serve underserved populations, the OHSU School of Nursing provides its students with the opportunity to expand our horizons and challenge our beliefs and biases.

Although previously active in my local community, I was not completely aware of the health care needs of my community until I began working with patients, either in acute or chronic situations, who were experiencing health care access issues. Equipped with a greater understanding of the health care needs of my community, I can advocate for these individuals and take my place as part of the larger health care scheme.

Working with individuals who suffer from chronic illnesses has helped me gain compassion and an understanding of the challenges that these individuals face. My acute care experience has stimulated my thinking, encouraging me to prioritize my actions and focus on the nursing tasks that must be completed, all while remaining patient-centered. After all, as health care providers, our focus is on the patient’s needs—physical, emotional, and spiritual—not on our preferences or goals.

As I complete my sophomore year, I can’t say that this has been an easy road, nor has it been easy reaching the road, but I can say that it has been worth it. Seeing my patient’s smile after talking with them, watching the faces of the children light up as I tell them that they are smart and valuable, and watching the hope and determination grow in those who feel as if all hope is lost, this has made it all worth it. If I were to choose from a life of bliss with all play and no work or life as a student nurse, I would choose nursing school any day. Ω
Women In Science Organization Empowers and Supports Female Scientists

By Lilly Winfree | SoM Graduate Student

Did you know that women in STEM professions (science, technology, engineering, and math) earn 14% less than their male counterparts? Have you ever heard of the leaky pipeline, in which almost equal numbers of men and women enter into STEM graduate degree programs, yet women seem to seep away and only hold less than 25% of STEM jobs?

There are several factors contributing to why women in STEM leak out of the pipeline to leadership, including a lack of mentoring, too few female role models, and unfriendly work environments. So how can we encourage the retention of women in STEM positions? Pumping more girls and women into the broken pipeline will only result in larger leaks; we instead need to patch these pipe breaks and support women on their journey to STEM leadership.

In 2012, I was entering my second year of graduate school. I noticed how few female speakers presented at seminars, and I saw successful female PhD students leaving academia to seek jobs in “non-traditional,” non-STEM occupations. I met with a small group of my fellow female graduate students and post-docs at OHSU, who all noticed the same bleak trends of the leaky STEM pipeline, and we decided to do something about it. We created a student group that is, now four years later, known as the Portland Women in Science Organization (WIS).

Our goals were to create mentoring and career training resources for women and to build an atmosphere of support for female scientists. In the last few years, Portland WIS has developed several events targeted at increasing female role models and mentors. We have hosted twenty “Lunch and Learn” seminars where panels of women in successful STEM careers share their career journeys with novice scientists.

We have also hosted two large networking happy hours at OMSI with hundreds of female STEM professionals from around Portland. These mentoring and networking opportunities are crucial for building a supportive atmosphere to inspire women to succeed in STEM careers.

One of the early successes for the WIS group was drafting a parental leave policy for graduate students, which was implemented by OHSU in 2013. This policy addresses a vital issue of retaining women in STEM: many women that leave STEM occupations cite childcare issues and a non-family-friendly work environment as reasons they are leaving (while men that leave cite salary as their reason).

A UC Berkeley study titled “Keeping Women in the Science Pipeline” found that married women with young children are 35% less likely to enter a tenure-track position after graduating with a PhD than married men with young children, and they are 28% less likely than women without children to receive tenure.

The wage gap and career disparities that women in STEM fields face are the unfortunate results of women trickling out of the leaky pipeline, but there is hope for sealing up these leaks before the best and brightest women are filtered out.

Statistics from “Women in STEM: A Gender Gap to Innovation,” US Dept. of Commerce
I see the faces

I see the faces of the children who know nothing of the world but know they will never see it.

I see the candy blue cap of the surgeon who takes a bite of his chicken salad and walks through the double doors into the surgery room where he cuts and carves and sews and stitches and tells your family you’ll be okay but you won’t.

I see the soft suits of the business men who sit in the chairs and smile out of the sides of their mouths and dream of riches.

I see the students eyes on the floor lost in a gray mist of uncertainty.

I feel the rain water in my eyes blurring the red lights of the ambulance going by.

- anonymous
(Credit: Michael Heskett, SoM Graduate Student)
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, with an interest toward those that might 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!
**OHSU’s Finances Exceed Projections**

President Joe Robertson shared his thoughts about the future collaboration between Moda Health and OHSU.

By Diane Lund-Muzikant

(This article was originally published on The Lund Report: https://www.thelundreport.org/content/ohsu%E2%80%99s-finances-exceed-projections)

The economic picture at Oregon Health & Science University looks brighter than ever with revenues exceeding projections by 10 percent -- $29 million over budget – since last July.

What’s driving that increase? Specialty pharmacy use, particularly for cancer, hemophilia and neurological services, Lawrence Furnstahl, chief financial officer, told OHSU’s board last week.

The number of uninsured patients seeking care at OHSU has also witnessed a significant decline since implementation of the Affordable Care Act. Charity care has dropped by 80 percent since 2012.

Uninsured patients only accounted for 1.1 percent of patients since last July, while OHSU’s share of Medicaid patients has increased to 26.8 percent in the past four years. Medicare payments represented 30.5 percent of visits; commercial insurers paid for 41.3 percent of patient care.

Inpatient admissions continued to climb, reaching 19,460 through February (+1%), while emergency room visits grew by 3 percent, (32,284); ambulatory visits, 4 percent (554,687) and surgical cases rose by 4 percent (21,584).

The increase in patient revenue, well above projections, also includes the first three months of OHSU Partners, a new venture with Salem Hospital, Tuality Healthcare (as of February). A single executive team leads this partnership.

Many patients can now be hospitalized in their own community, avoiding the heavy capital costs of opening new beds at OHSU, which is well over 90 percent occupancy, Dr. Joe Robertson, OHSU’s president, told the board.

“A single operating income ‘bottom line’ is shared across sites based on a six-year (fiscal year10-15) historical average of earnings of 81 percent at OHSU Hospital and 19 percent at Salem Health,” according to Furnstahl’s report.

“Through February, this results in a net $5 million true-up towards OHSU because Salem Health operating income has recently increased faster, reflecting both program growth and relatively more gain from the Affordable Care Act,” he added.

He also told the board:

OHSU’s operating income through the first eight months of the 2015-16 fiscal year is $71 million, which is $2.6 million below budget but 33 percent above last year’s earnings, and

Research revenues are $24 million off budget with delays in drawing on grants and gifts during the first half of the fiscal year.

Robertson on Moda Health

Late last year, OHSU announced its intent to enter into an ownership agreement with Moda Health and convert its $50 million surplus note into a 25 percent equity position in the insurer.

Since then, OHSU has been conducting due diligence but holding off on a firm decision until Moda’s financial position can be reevaluated given its shaky situation which resulted in selling assets and raising $179 million to keep its doors open.

When asked the likelihood of moving forward with such an arrangement, Robertson told The Lund Report that OHSU was “still observing the market to see what happens,” adding that he had nothing else to report, and gave no indication of when a decision would be made. OHSU has until December to formalize that agreement.

(Continued on page 20)
In the meantime, OHSU officials are undoubtedly on the hunt for another insurer partner, but given the recent consolidation in the market with PacificSource and Legacy Health joining hands, its options are much slimmer. The only other obvious choice might be Regence BlueCross BlueShield, but if such talks are under way, no one is divulging anything.

Consolidation between insurers and providers is definitely the wave of the future, with Providence Health and Kaiser leading the march.

Diane can be reached at diane@thelundreport.org.

(Continued from page 19)

Genetic Counselors Struggle To Keep Up With Huge New Demand

By Todd Bookman, WHYY

Erika Stallings’ mom was diagnosed with breast cancer at the age of 28. When it came back in her early 40s, her physicians started looking for clues.

“That’s when the doctors realized there may be something genetic going on, and that’s when she was tested, and found out she was a carrier for BRCA2,” said Stallings.

BRCA1 and BRCA2 are genes. Carrying a mutated BRCA gene increases a person’s risk for developing certain cancers, including breast and ovarian cancer.

Because Erika Stallings’ mom tested positive, Erika had a 50 percent chance of inheriting a mutated BRCA2 gene.

But Erika was only 22 years old when she learned of her mother’s diagnosis and not yet ready to put herself through the testing process.

“I had just gotten accepted into law school, I was going to be moving to D.C., my ultimate goal was to get a job and move to Manhattan,” she said. “I don’t want to say I pushed it to the back of my mind, but it didn’t seem super pressing.”

Fast forward a few years. Her law career and her New York life are settled, and she has a supportive boyfriend. She says she finally felt ready to take the BRCA test, and deal with the potential results. In December 2013, Stallings called to make an appointment and was told she first needed to meet with a genetic counselor. The first available appointment was the following May.

This five-month wait was unexpected and unwelcome.

“It just sort of adds a level of stress to something that is already stressful,” Stallings said.

Genetic testing can help diagnose a disease and estimate your future risks, based on DNA. It can even help patients and doctors select the best medicines. It came on the scene in the late 1960s and was employed mainly to screen prospective parents and newborns for deadly inherited diseases like Tay-Sachs.

In the early 1970s, scientists identified the extra copy of a chromosome that causes Down syndrome, and also realized that a fetus’ genes were present in amniotic fluid that could be extracted through amniocentesis. By the 1980s, prenatal screening was common for conditions like Down syndrome and cystic fibrosis, and the field of genetic counseling developed to help people understand their options.

The sheer number of genetic tests has exploded in the past decade or so. There are nowthousands of

(Continued on page 21)
different testable genetic disorders. In fact, demand for genetic tests has been strong since 2013. And there are two main reasons for that.

“The first was the Supreme Court decision that patenting of genes was no longer an option,” says Joy Larsen Haidle, a genetic counselor and past president of the National Society of Genetic Counselors.

In that case, the Supreme Court ruled that Utah-based testing company Myriad Genetics, which developed the BRCA gene tests, couldn’t own naturally-occurring DNA. Almost immediately, other, cheaper tests for these mutations came to the market.

And that same year, Angelina Jolie captured the world’s attention with her op-ed in The New York Times disclosing her “faulty” BRCA1 gene, and her decision to have a double mastectomy to reduce her breast cancer risk.

“Her sharing that information was really important, because it allowed people to identify with her story. If it could happen to Angelina Jolie, it could happen to me,” said Haidle.

She said people became much more willing to talk about their genetic predispositions and seek out testing for conditions like Alzheimer’s disease and cystic fibrosis. The number of patients seeking genetic counseling and testing has increased dramatically, according to a 2014 study that looked at how Jolie’s announcement affected interest in testing.

When Erika Stallings was 22, she found out that she might have a genetic mutation that greatly increased her risk of cancer. (Misha Friedman for NPR)

But the number of genetic counselors, the people who help both doctors and patients make sense of these tests, hasn’t expanded enough to keep up with that demand. There are just 4,000 certified genetic counselors in the country today. That’s one for every 80,000 Americans.

“As genetic testing is growing and becoming more widely adopted by everyone for all sorts of different things, not just pregnancy, but cancer, heart disease, there is a disconnect,” said Neha Kumar, chief product officer at Recombine and a trained genetic counselor. “Who will actually interpret and provide those results to patients?”

Recombine offers a screening test for more than 250 genetic diseases parents may pass on to a child.

Clients typically are offered genetically counseling both before and after a test. They discuss the tests, what they may reveal and what the gray areas might mean. Each counseling session lasts between 30 minutes and an hour.

Genetic counselors also are well versed on genetic risk and family history and can help people choose the most appropriate tests.

Haidle pointed out that for lots of patients, especially those not getting breast cancer screenings, the current genetic counseling workforce is meeting demand — appointment wait times are often just a week or two.

(Continued on page 22)
Still, the field is facing a bottleneck as it works to increase the number of certified counselors.

“It is going to take a while before we really have the workforce we need to provide the care that individuals out there need,” said Anne Greb, director of the Joan H. Marks Graduate Program in Human Genetics at Sarah Lawrence College.

Thirty-one universities offer the required two-year master’s program and fewer than 300 counselors will graduate this spring, far short of the estimated 650 current job openings around the country.

“They all get jobs,” said Greb of her graduates. “I get emails or phone calls daily from recruiters looking to hire.”

The average starting salary for a counselor is $65,000 to $75,000. Many insurers, including Medicare, typically don’t cover counseling sessions, meaning hospitals must cover a share of the costs of having counselors on staff.

One insurer is taking the opposite approach, though. After the Angelina Jolie spike, Cigna began mandating that anyone interested in getting a BRCA test had to first meet with a counselor, even if a doctor already approved the screening. The move was intended to limit unnecessary tests and save money.

Erika Stallings tested positive for the BRCA2 mutation. She said her genetic counselor helped her make sense of the results.

“I just always tell people, it’s not just enough to know you are positive. You have to see someone who can put those results in context with you,” she said.

Stallings decided to have a preventive double mastectomy in 2014 at the age of 29. She’s now volunteering with a breast cancer awareness group, sharing her genetic story with more women.

Ω

This story is part of a reporting partnership with NPR, WHYY’s health show The Pulse and Kaiser Health News.

(Continued on page 23)

One of Every Three Healthcare Dollars Wasted, Led by Health System Overpayments

The Oregon Health Forum the high price of the U.S. medical system, which is marked by massive waste. The $1 trillion in excess spending ends up benefitting the industry, which applies tremendous political pressure to keep costs bloated.

By Chris Gray

M ost waste in the healthcare system is caused by huge overcharges by hospital providers. Keeping costs under control will require pressure on providers, not on consumers, John McConnell, PhD, a health economist at Oregon Health & Science University, told an audience of health professionals attending Oregon Health Forum’s breakfast meeting on Thursday.

He said that while copayments and deductibles do work to hold down the cost, they work primarily by patients avoiding care but not avoiding higher cost
providers. Getting the price information in advance is very difficult for patients, but even with greater price transparency, patients are unlikely to use such information because as many as two-thirds of healthcare costs stem from emergencies. “Consumers are not very good at shopping,” he said.

Lynn Quincy of the national Consumers Union told the crowd that $1 trillion of the $3 trillion spent on healthcare is unnecessary since costs vary from hospital to hospital, often irrespective of quality. “High prices do not purport to good outcomes,” she said.

Only about 10 percent of that waste is administrative, Quincy said, and McConnell argued that administrative costs in the traditional Medicare plan -- which hover around 3 percent -- are too low and that weak oversight of Medicare leads to tremendous fraud.

The obstacle to removing the waste may be political more than anything.

“There are a lot of people invested in that $1 trillion in activity,” said Tom Culhane, medical director of Atrio Health Plans.

McConnell said states like Michigan and Massachusetts, where BlueCross BlueShield plans predominate, the insurer had success stemming costs through its market power and an investment and reform of the primary care spending model. But, Oregon’s healthcare system is more complicated since the commercial market is divided among so many players, giving the hospitals the upper hand on price negotiations.

Instead, the Oregon Health Authority has set aside anti-trust laws to convene a collaborative of the major health insurance players and will try to imitate what BlueCross had been able to do by itself with primary care.

“When we invest more in primary care, we get better results and lower costs,” said Sen. Elizabeth Steiner Hayward, D-Portland, the lone state legislator to speak at the forum.

Culhane said the system had seen incremental success in reducing cost drivers in the past, such as when the federal government delineated diagnostic-related group hospitals and made long hospital stays a source of expense for the hospitals after it had been a source of revenue.

**Charity Care**

Almost all Oregon hospitals avoid paying taxes on their business profits since they are non-profit entities. That status requires them to spend an indefinite amount of their windfall on charitable services such as offering free care to the uninsured. But the Affordable Care Act has significantly reduced that number, leaving hospitals able to come up with their own definition of charity care.

McConnell said the IRS requires the hospitals to file annual reports outlining their charity plans, but since that requires only a written narrative, there’s no way to quantify it.

To diffuse pressure, the hospitals have been orchestrating a public relations campaign to get policymakers and regulators to consider the difference between their list price and the amount Medicare and Medicaid are willing to spend as a “loss for community benefit,” which would free them from having to spend as much on real charity.

As an example, despite reporting an uptick in profits of 7.3 percent in 2015, Legacy CEO Dr. George Brown has claimed that his health system “lost” $172 million from low Medicare and Medicaid reimbursements.

But as Rep. Mitch Greenlick, D-Portland, told the Willamette Week, that kind of math would be like a Subaru dealer claiming a loss because he knocked $10,000 off the bloated sticker price.

(This article was originally published on The Lund Report: https://www.thelundreport.org/content/one-every-three-healthcare-dollars-wasted-led-health-system-overpayments)