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Navigating America’s Strangest Transportation Hub

*OHSU Transportation & Parking*

By John Landolfe | Transportation Options Coordinator

Attention: Please use caution when skateboarding to burritos.

Moody & Gibbs in South Waterfront is home to Portland Aerial Tram, Go By Bike, and OHSU among others. Thousands of people pass through daily by foot, car, streetcar, bus, and bike. You may even see a person on rollerblades, skateboard or clutching an oar.

Few people have observed the plaza more than Kiel Johnson. He runs Go By Bike, OHSU’s free and friendly bike valet between SW Moody Ave and the tram terminal. He’s seen “people on bikes wipe out on the streetcar tracks,” (tip: cross tracks at 90 degrees to avoid catching a wheel). On several occasions, he’s even seen people roll through the pedestrian plaza in their cars to ask for directions (tip: don’t do this).

Some 7,000 people travel through the area daily. At any moment someone may be navigating this unique space’s unique rules of etiquette for the first time.

What kind of etiquette? Bikes yield to walking. People walking should use the same caution crossing the bike lane as with crossing any traffic lane. Even the most attentive person is keeping an eye out for vehicles, obstructions and people. Assume good intent. And longtime visitors can become over-familiar with the space. A phone can seem more important than a train rolling up. But trains yield for no one.

And, as if Moody & Gibbs wasn’t already interesting enough, the neighborhood is changing. A new taqueria opened up across the street--bring fresh dining options to the neighborhood. But also increasing the number of people spilling out into the bike lane right where the Ross Island Bridge imposes a blind spot.

So what can we do to best share this space? I posed this question to Kiel. And since customers know he can be chatty, I challenged him to keep it to one sentence. “Just slow down,” he says, “and enjoy the space.” Connect to resources to save time and money at [www.ohsu.edu/visit](http://www.ohsu.edu/visit).

Convocation Day 2015

*OHSU Student Center*

By Karen Seresun | Assistant Vice Provost

The Office of the Provost is proud to announce that this year’s Convocation Day will take place at the Oregon Convention Center on Friday, June 5th beginning at 11:00 am.
Directors, All-Hill Student Council President and Keynote Speaker, and include musical performances by a local choir.

Immediately following this portion of the ceremony, students will move to their school and program hooding ceremonies. (The College of Pharmacy will host its hooding ceremony at graduation in Corvallis, Oregon on Friday, June 12th). OHSU’s hooding ceremonies will be a time for graduates to be hooded and recognized for their individual academic achievements by the school’s Dean, as well as have their photograph taken to commemorate the occasion. Student awards will also be presented during the hooding ceremonies, and will be the time to recognize individual students for their outstanding achievements in the classroom and beyond.

Convocation Day will culminate with celebratory receptions for each school’s graduates, faculty, family and friends, hosted by OHSU administration. These social gatherings will be the ideal time for graduates to connect with fellow classmates and faculty members before departing the ceremony as newly-minted alumni.

Students will not want to miss out on Convocation Day and the opportunity to experience this new university tradition. Please feel free to direct any questions or provide input to Karen Seresun, Assistant Vice Provost for Student Life at seresunk@ohsu.edu.

Campus safety at the Collaborative Life Sciences Building

_OHSU Department of Public Safety_

By Jeff Niiya | Operations Lieutenant

OHSU has grown since the last newsletter with the opening of the Collaborative Life Sciences Building (CLSB). This building is innovative and appealing both in architecture and function. This has created challenging safety and security issues for DPS and the building management (CBRE). Currently DPS staffs a sworn police officer at CLSB from 6:00 pm until 6:00 am. During the day, a DPS officer located at CHH responds to the CLSB for service calls. The building hours are from 7:00 am until 10:00 pm Monday – Friday, 8:00 am – 5:00 pm on Saturdays, and closed on Sundays. The building is accessible to those with badge access 24 hours a day 7 days a week.

The most substantial security issue with the building is controlling access. Having three different schools with different policies on identifying themselves, the general public wanting to see the building and general retail stores makes it hard at times to know who should be in certain areas. We have encouraged staff and students to lock up their valuables and secure doors to areas which have the ability to be locked.

The location of the building along the developing South Waterfront also poses challenges. These include historic homeless encampments, increased density factors, and the soon to open Tilikum Bridge. OHSU DPS is working closely with our partners in the City of Portland and Tri-Met to address these challenges to make traveling to the CLSB and studying within the building safe.

DPS advises students and staff to be aware of their surroundings, use mass transit, and walk in pairs if they feel unsafe. For those who would like more information on individual safety plans they can contact the DPS Safety Coordinator, Sierra Walker, who will discuss personal safety options. She can be reached at 503-494-4598.

The Department of Public Safety is committed to provide the OHSU community a safe environment to meet the missions of healing, teaching, and discovery. I would encourage anyone who observes safety or security issues to contact DPS dispatch at 503-494-7744 (non-emergency) or 503-494-4444 (emergency). We provide law enforcement and customer service 24 hours a day / 7 days a week. Ω
Coping with Concentration Problems

Joseph B. Trainer Health & Wellness Center

By Dr. Jack Crossen  |  Clinical Associate Professor

One of the most common problems reported by students at OHSU is difficulty concentrating. Read on, if this is something you have experienced.

Concentration means how we use our mental abilities to stay on task to do things important to us. When we say we are either focused or distracted, we are talking about how effective we feel in using our attention. Perhaps an analogy about steering our attention like a vehicle is helpful.

When driving we continuously keep our vehicle under control and need to make various adjustments to keep headed where we intend to go. We adjust our direction and speed in response to various things that can interfere with our control. There are external interferences like bumps, ruts, curves, noises, traffic signals, other vehicles, etc. The more difficult the traffic, the weather, the terrain the more challenged we are by external distractions.

Besides external distractions, we face interferences that are internal, like when our thinking wanders, when we scan our field of vision, or when we notice feelings of frustration with our slow pace. When we are distracted from steering smoothly through traffic by things that are on our minds, we are challenged by internal distractions. To successfully arrive at our destination we have to continuously refocus our attention from both internal and external distractions back to the task at hand.

Concentration when driving a vehicle effectively is not one simple act of “getting focused;” instead it involves continuous refocusing. Depending upon the context of external and internal distractions, we may be required to do a lot more refocusing in some situations than in others. Trying to multi-task when driving can seriously impair our attention on the task at hand, whether driving or studying. Reducing the distractions of technology, other external stimulation and other competing internal distractions also helps concentration when studying.

Cognitive neuroscience definitively has shown that we really do not multi-task. Instead, we toggle between tasks. The most effective cognitive processing requires focusing on one thing at a time. Concentration problems are created by the complexity of the tasks as well as the degree of internal and external distraction. Research indicates that the more we expect distractions, the more successfully we are able to steer ourselves back to the task of primary interest.

Also, just like with driving, we can learn from experience to refocus as often as distractions may occur. It helps refocusing to develop brief routines involving breaks from study. Just like a driver getting completely out of the car to refresh, when studying we can intentionally take a break for a completely non-academic task, like closing our eyes and breathing deeply for 10 seconds, tensing/relaxing our major muscle groups, going for a short walk, meditating or listening intently to a favorite piece of music. All of these skills help clear external and internal distractions to refocus concentration.

Concentration problems are a normal experience for students in rigorous academic pursuits in the health professions and for scholars in biomedical sciences. At JBT Health & Wellness Center we are ready to help you address concentration problems. We invite you to call for a confidential consultation at (503) 494-8665.
Student Portal: A One-Stop Resource for You

OHSU Research and Academics

By Bekki Witt | Senior Communications Specialist

About a year ago, OHSU launched the Student Portal as a one-stop online resource to support your academic career at the university. Developed by student request, the intranet site — student.ohsu.edu — is home to institution, school, and program news, announcements, events, and provides direct access to Sakai, the library, the O2 employee intranet, and other resources to help you get what you need.

With anything new, however, there are often bumps along the way. The Student Portal is no exception. OHSU administration has received informal feedback from various groups—students, faculty, and staff—about the portal and its functionality. To date, a few of the suggested improvements have been made; however, there is more work to be done to make it more useful to you.

Suggested improvements include the creation of an online discussion board where students can communicate with one another, share events and information and collaborate. A Student Portal 101 resource is also in development, providing a quick overview of how the portal works as well in-person and online orientation sessions to help you use the site to its fullest capacity.

To stay up on the latest announcements and activities for your school, campus or across the institution, be sure to bookmark the site and check in frequently. The All News page offers an RSS feed that notifies you of new posts. Designed as the gateway to all student resources to help you more effectively utilize your time and improve your experience at OHSU, the Student Portal is yours to customize and explore. Updates, new features and more will come your way in the months ahead. Ω

Need Advising and Support? Connect with CDI

OHSU Center for Diversity and Inclusion

By Maileen Hamto | Communications Manager

The Center for Diversity and Inclusion (CDI) leads and supports the university-wide initiatives to create an environment of respect and inclusion for all people. CDI is dedicated to fostering partnerships to enhance OHSU’s mission of healing, teaching, research and community services. For students in all OHSU academic programs, CDI staff provides advising, support, referrals, and resources. All students are welcome and invited to connect with CDI staff. Our main office is located in Mackenzie Hall Room 1115, and everyone is welcome to learn about diversity and inclusion initiatives and offerings.

On Tuesdays and Thursdays, CDI staff host office hours at Room 4A009 in the Collaborative Life Sciences Building. CDI Director Leslie Garcia and Student Recruitment and Retention Manager David Martinez are available to meet one-on-one about any issues related to academics, social, and other aspects of your experience and/or needs as a student at OHSU. Please be assured that CDI staff abides by the highest standards of confidentiality with respect to all personal and academic information.

To schedule an appointment, please email David Martinez, martdavi@ohsu.edu or Leslie Garcia, cdi@ohsu.edu. Appointments will be prioritized in the order that they are received. However, if you have an urgent request, please let us know and we are more than happy to accommodate your schedule. Ω
Diversity Welcome

OHSU Center for Diversity and Inclusion

By Maileen Hamto | Communications Manager

Thanks to students, faculty, staff and community members who joined us for the annual fall diversity welcome. We appreciate the presence of community organizations such as Incight, Cascade AIDS Project, Virginia Garcia Memorial Health Center, the Asian Pacific Islander Community Leadership Institute and the Arab American Community Organization. The event was a great way for future and current healthcare professionals to expand their network and learn about health equity efforts in diverse communities. Learn more about diversity at OHSU by visiting www.ohsu.edu/diversity. 

(Photo credit: Maileen Hamto / Center for Diversity and Inclusion.)
Come Visit the JBT Health Center: We’re Here to Help

Joseph B. Trainer Health & Wellness Center

By Michael Gelb, MD | Behavioral Health Director

As many of you know, the Joseph B. Trainer Health and Wellness Center (JBT), located in the basement of Baird Hall, serves the physical and mental health needs of OHSU students, post-doctoral scholars and their eligible adult dependents.

We’ve undergone some changes recently. We have two new interim directors: Jennifer Edman, MD, MPH on the Primary Care side, and Michael Gelb, MD on the Behavioral Health side. Dr. Edman has been with JBT since 2009; Dr. Gelb joined us in 2013. Dr. Edman and Dr. Gelb are always trying to improve the care JBT offers, with the aim of shaping a clinic that achieves the highest level of evidence-based, compassionate, confidential care available.

JBT strives to make our services as accessible as possible, so our patients won’t have to wait long for an appointment. We know that students’ busy schedules sometimes make it challenging to get to JBT for appointments. With this in mind, in October, the Primary care side began offering a Thursday evening clinic, with appointments available until 7:00 PM. These expanded hours are being offered on a trial basis; if they prove popular with students and postdoctoral scholars, we hope to continue offering the Thursday evening clinic on an ongoing basis (Evening and early morning appointments are also usually available on the Behavioral Health side, too).

A big part of our mission is helping students and postdoctoral scholars improve their coping skills and manage their stress better which helps prevent physical illness, including colds, flu, depression and anxiety. One way we do this is with the “Refuel at Noon” sessions, every Monday at noon in the JBT conference room. Open to all on a drop-in basis, this is a 30-45 minute guided mindfulness meditation session, led by a member of our behavioral health team. It’s a great chance to refresh, refocus and reset your body and mind. If you’ve never tried meditation, this is a great, free, way to give it a try; you may find capacities for calmness, tranquility and vitality you didn’t know you had.

Mindfulness Meditation might help you avoid the flu this year; so might a flu shot! We offer those too, no appointment necessary (OHSU requires all students and staff who come in contact with patients, even in waiting areas, to get one).

We always try to accommodate drop-in visits on both the Primary Care and Behavioral Health sides, but, of course, if you’re able to make an appointment ahead of time, that works even better. To schedule an appointment, swing by JBT if you’re in the neighborhood, or, call 494-8665 and our friendly front office staff will be happy to help you, or send us a request via MyChart. Check out our website www.ohsu.edu/jbt-health for more detailed information about our services, including bios of our clinical staff.

And if you have any medical or mental health needs, come see us. Our experienced, enthusiastic, compassionate staff is here to help. Ω
Visit March Wellness over the Holidays — and Beyond

March Wellness and Fitness Center

By Erich Knipschild | Member Relations Manager

The winter and holiday season is upon us! With that brings joy, gifts, laughter, friends and family, as well as quizzes, tests, finals and stress. Also the weather outside may be a little frightful but at March Wellness & Fitness Center it is soooooo delightful. 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. Ω
Vital Signs
By Joseph Sedillo | PAS1

It’s the fourth day of class, second day of real class (i.e. not orientation) and I’m sitting like an eager puppy in the second row of our Intro to Physical Diagnosis lecture. I have my pens in place, my laptop out, and I’m ready to go. Our professor poses the question, “How many of you took vital signs as part of your previous job duties? A sea of hands stretches to the ceiling.” So she asks, “Perhaps a better question would be, how many of you didn’t take vital signs?” My lonely hand reticently rises a few inches above my shoulder. “Oh shit. What have I gotten myself into?”

You see, I came from the world of human and social services, where we talked about patient advocacy, health equity, social (in)justice and conducted half-hour prevention counseling sessions. I ran a program working to make rapid HIV tests available to anyone who wanted one. My clinical hours racked up by performing HIV tests, delivering diagnoses, collecting samples for STD screens and drawing blood for syphilis screens.

But vital signs?! I got into PA school without ever taking someone’s blood pressure? I felt like a fool. So I called on my courage and reminded myself why I applied to PA school in the first place: The field of medicine needs more people like me. We are the ones that deal with people at their emotional worst. We work through people’s shame about who they are and we fight stigma at every corner. We try and understand the complexities behind why people do the things they do. We are health workers that serve anyone and everyone.

Luckily, a new friend pointed out, “At least you won’t learn the wrong way.” And she was right. I may have fumbled with the blood pressure cuff and put my stethoscope on backwards (apparently the little ear pieces should face forward), but I learned how you should do it. I wasn’t shamed for my ineptitude. My classmates helped me out, and as our professor wisely said, “How can you expect to be good at something if you’ve never done it before?”

Flash forward a few weeks. We’re going over obtaining patient histories, how to talk to patients … you know, bedside manner stuff. We had an exercise where we had to tell a patient that the lump in their breast was cancerous. We took a report from the pathology lab and explained it to a patient. Fighting my fears of looking stupid, I volunteered to do a role-play with our professor in front of the whole class. I wasn’t perfect by any means, but it was the first time I felt semi-confident about doing something.

After class a few people approached me and commended me on my ability to counsel patients. “I wouldn’t have even known where to start,” said one of them. Our program staff tells us we were all picked for a reason, to teach one another and to learn from each other. So maybe this was part of why I was picked. I can inject my previous role of social service guy into the world of medicine. Perhaps patient counseling is a skill just as valuable as a lumbar puncture.

I’m not saying I don’t ever doubt how/why I ended up here. There are definitely days where I yearn for my previous non-profit life. And although it’s hard, and distant, I try and remind myself of the bigger picture: One day, I’m going to be a PA who knows patients, can hone in on their struggles/worries and can allow them to feel comfortable enough to tell you the real reason why they came in today. And to me, that may be the most important vital sign of all. Ω

(This article was originally published in OHSU StudentSpeak: http://www.ohsu.edu/blogs/studentspeak/2014/08/18/vital-signs/)
Prior to PA school, I primarily worked as a pathology technician performing gross dissections (in the macroscopic sense, but often in the literal sense too) of human tissue in Anatomic Pathology. I could slice my way through gallbladders like it was nobody’s business, releasing that sludgy green-brown material known as bile that lets french fries, cheese and everything sacred exist in my diet. I could describe every minute detail of a perforated appendix on my pathology report, from microscopic to microscopic examination, my supervising pathologist would rarely have to re-examine my work. I was GOOD at my job—and then I came to PA school.

OHSU’s 2000-hour direct patient care requirement, the equivalent of 12 months of full-time work, was daunting to a lab rat like me. I felt like I was constantly counting down from 2000 to satisfy the pre-req. During this summer quarter, most members of our class awkwardly clutched otoscope/nasoscope/ophthalmoscopes because very few of us had ever used the equipment before.

Where I first felt a divide with my lab background was when we learned how to take a history of present illness. My classmates who were EMTs, paramedics, MAs, ER scribes and CNAs seemed to have the medical interview roll off of the tips of their tongues. By far, exploring the seven dimensions of an HPI has been the most challenging aspect for me as a PA student. In the lab my “patients” were tissue and had I started talking to them, it would’ve been a clear sign that I had enough formalin exposure for the day.

Jump head to fall quarter and our clinical medicine coursework is now in full swing. Week after week we’re required to know a different laundry list of illnesses accompanied by their etiology, signs & symptoms, diagnostic work-up, treatment and patient education. I was glad to have the clin med courses “distract” me from my so-so medical interviewing.

Each Friday morning exam rolls around, our classmates on the morale committee blast the Top Gun theme song, “Eye of the Tiger,” or some other pump-up music that belongs on Barney Stinson’s “Get Psyched” mix CD, and we test together. I’m not saying that we take group exams, but the environment somehow feels like all 43 of us are rooting for each other and not just ourselves.

During one particular week, our exam tested us on diarrhea and urinary tract infections in depths that I never cared to know. Fried rice and cottage cheese? Yup, both are dead to me now—but I digress. After that exam, I hopped into my car and drove to my Urgent Care preceptorship. My PA mentor pulled the next chart on deck and read: “chief complaint: It burns when I pee.” He asked if I wanted to fly solo for the H&P and after a week of hammering UTIs into my brain, I couldn’t have asked for better timing.

I entered the exam room by myself and a photographic image of my UTI study table flashed at the front of my brain. I asked about symptoms, ruled items on my differential in and out, explained the urine dipstick results, and performed a problem-oriented abdominal exam.

For the first time in 16 weeks that we’ve been in school, I felt like I was having an actual conversation with my patient regarding their health and was confident about my interviewing skills. However small it may seem to the seasoned provider, it truly was a proud moment of mine and I felt like I could have diagnostically tackled every patient that day...as long they had some sort of UTI.

(Continued on page 14)
THE PULSE

OHSU School of Medicine’s Urban Medical Colleges, American College of Physicians, and Internal Medicine Interest Group is proud to celebrate a strong medical student presence at the 2014 ACP Oregon Chapter Scientific Meeting held November 6-8 at the Salem Convention Center.

Susan Lou, MS4 and ACP National Student Council member, with the sponsorship of the colleges and ACP, invited three former judges including Dr. Avital O’Glasser, Dr. Joseph Hardman, and Dr. Alan Hunter, and MS4 Bianca Argueza (2013 Clinical Vignette winner) to be panel discussants in an event to increase medical student scholarship.

Dr. O’Glasser gave an excellent overview of the process and then facilitated a discussion about how to not only put together a clinical case, but also how to present it successfully with reference to past examples and helpful resources. The lunchtime event was held on July 3, 2014 during the MS3 Transition to Clerkship Orientation. The timing of this event ensured that medical students learned about these opportunities prior to starting clerkships. There was an excellent turnout with over 50 students.

And it seems to have paid off. This year, there were six MS3 presenters, up from only two MS3 presenters last year: Di-ana Tobler, Timothy Simpson, Britta Ameel, Kyle Muir, Katherine Berger, Beth Krautscheid. There were also three MS4 presenters: Laura Bradley, Rakendu Shukla, and Karen Bieraugel. Mr. Shukla and Ms. Bieraugel took home first place awards in Research and Clinical Vignettes, respectively. Posters listed below:

“Pre-operative carboplatin and paclitaxel-based chemoradiotherapy for esophageal/GEJ carcinoma: Results of a modified CROSS regimen.” | Authors: Rakendu P Shukla BS, Nima Nabavizadeh MD, David E Elliot MD, Gina Vaccaro MD, James Dolan MD, Ron Maggiore MD, Donn Spight MD, Paul Schipper MD, John G Hunter MD, Charles R Thomas Jr MD, John M Holland MD

“Cat Got Your Spleen?: A Case of Hepatosplenic Bartonella Infection” | Authors: Karen Bieraugel, BA; Andrew Oehler, MD; Megan NeSmith, MD; & Joseph Chiovaro, MD

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"The ACP meeting was a wonderful experience, especially having the opportunity to see all of the other students’ and residents' research over the last year. I'm especially looking forward to presenting at the national conference in Boston in a few months,” says Ms. Bieraugel.

Special thanks to ACP’s Mary Olhausen and Thomas Cooney MD, MACP as well as faculty mentors Dr. Avital O’Glasser, Dr. Rebecca Harrison, Dr. Joseph Hardman, Dr. Renee Dversdal, Dr. Sima Desai, Dr. Gordon Noel, Dr. Alan Hunter, and Dr. Lynn Loriaux.

Look out for upcoming conferences:

1) Society of General Internal Medicine 2015 Northwest Regional Meeting
   - February 6, 2015 at the Sentinel Hotel in Portland, OR
   - See more at: http://www.sgim.org/meetings/regional-meetings/northwest#sthash.gEwOActm.dpuf

2) 2015 ACP National Meeting in Boston
   - April 30-May 2, 2015 at the Boston Convention and Exhibition Center in Boston, MA
   - See more at: http://im2015.acponline.org/?gclid=CJ7ey9f1MCFReDaQodFw0AIA

I encourage all of my fellow peers to take a moment of your busy day to reflect on something that could truly contribute to a brighter future in health care. ♡

Left to right: MS4 Bianca Argueza, Dr. Joseph Hardman, Dr. Avital O’Glasser, Dr. Alan Hunter. Here, Bianca is sharing her student perspective.
As a future PA, I want to give people quality medical care and I want to be great at it. It’s the core reason why I chose to become a Physician Assistant. But at this point in time, I have to accept the fact that I may not even be good at it. At least not yet, or on the first try.

A year ago to the day, I received that life changing phone call with an offer to attend Oregon Health & Science University. The transition of being an “expert” in the pathology lab a year ago to a student was, and still is, nothing short of frustrating. But over the past 16 weeks, I’ve learned so much from my professors and possibly more from my classmates.

The juxtaposition of how much we do know and how much we still don’t know is quite incredible. We study together, we test together, we happy-hour together. At some point in the program, the work experience clock resets for all of us and it’s an even playing field. After all, didactic year is 12 months of challenging full-time work. So here we are again: T-minus 2000 hours, until clinical year. Ω

(This article was originally published on OHSU StudentSpeak: http://www.ohsu.edu/blogs/studentspeak/2014/11/11/t-minus-2000-hours-2/)

Research by the Day

By Kayly Lembke | Graduate Student

In this place, every week is Research Week.

May is always an exciting month for graduate students because it is in May that OHSU Research Week annually falls. The modern manifestation of what was once called the Student Research Forum, Research Week is a time to see what other people on campus are doing, learn new things, lend support to fellow students participating in the 3 Minute Thesis, and hear from interesting keynote speakers.

Despite my excitement for it my first and second year, I am a little embarrassed to admit that I approached this year with apathy. I made a poster, I had a list of workshops I wanted to attend, speakers I wanted to see, but I felt settled – my project is running and experiments are competing for my attention. Was it really worth hiking all the way up from School of Dentistry just to see some poster topics with which my own has nothing in common?

But tomorrow is, of course, another day, and Tuesday proved a big one indeed. Student Day has been a favorite of mine every year because it is the day by students, for students. On a campus where the graduate student population is a dispersed force, Student Day has had a unifying effect in the past.

This year, I was honored to eat with and introduce the Student Day Keynote Jeff Lichtman, PhD MD. Lichtman is a pioneer of the emerging field called Connectomics, the study of comprehensive maps of connections within an organism’s nervous system. He is an innovator and one of the most approachable scientists I have ever met.

I first saw him speak at Cold Spring Harbor, where he politely told the students in the Drosophila Neurobiology class that our research was pointless, that the invertebrate systems are done. A blazing example of scientific snobbery? One could argue so. An oversight of the fact that approximately 70% of proteins associated with disease have functional homologs in Drosophila? Glaringly so. An opinion akin to the cavemen saying “This wheel thing? Like that will ever be useful!” Truly so.

[Fun fact: gleevec, the drug used to treat chronic myelogenous leukemia, targets a receptor tyrosine kinase that was first identified in Drosophila.]

But, as is the case with true innovators, incredible insight often lurks around otherwise polarizing corners. During lunch, I asked Lichtman a relatively average question about mentorship and how to

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make post graduate school career choices, i.e. decisions about post doctoral fellowships.

What I got was a blazingly obvious, yet incredibly insightful answer. He responded that the most important thing for a young scientist to develop, and use in their decision making, is a manifesto of their scientific philosophy, interests, and actions. We, as graduate students, need a science philosophy, a story that reads “We knew this, but we did not know this, and why didn’t we know this? Well, because no one ever thought to do that. Or maybe they did think to do that, but they didn’t have the technology to do that, and now I do, so therefore I did that. But then I got these questions from that, and so I had to go here to answer these questions....” A scientific story so necessary, one that all the good, successful scientists tell at the seminar lunches, yet the development of which is overlooked by young career scientists.

In a world where uncertainties about funding are seemingly forever growing while the areas of science holding public interest are being pruned away, it is easy for graduate students to shrug their shoulders and say “Well, I’ll see what the economy is like when I get close to graduating and then I’ll start making real career decisions” when asked what their plans might be.

But Lichtman, and other scientists with whom I have spoken, seem to suggest this attitude is completely wrong. We are cutting ourselves off at the knees when we succumb to such apathy. This attitude is perpetuating the decrease in research deemed important and the loss of a generation of trained scientists. It is perpetuating the idea that one area of scientific research deserves more time and resources than another area of research.

It is events like Research Week, which promote interdisciplinary science and collaboration, that reaffirm all sub-disciplines, be it physiology, cancer, or genetics, are dependent upon each other in the great unfinished tome of Science. Research Week is where students should be actively sharing and developing their science philosophies. I was incredibly wrong to approach it with indifference.

Indeed, Tuesday was a big day and I approached Wednesday and Thursday with less apathy. There were truly high points of the week – besides Lichtman’s great talk on Tuesday, on Wednesday, the 3 Minute Thesis was a nail-biter and I give massive kudos to the participants, the receptions were great times to catch up with classmates, the career panelists were insightful, and the Ugly Data Competition is by far one of the coolest things because, as we all know, sometimes it happens! I showed my poster, I saw a few workshops.

But I must say, the spirit of Research Week that so invigorated me my first and second years, felt a bit lacking. It felt swollen, perhaps a bit lethargic and, dare I say, tired? The poster sessions felt segregated and there was very little cross-disciplinary action. I had a few visitors to my poster, but they were all people I know apart from the judges, none of whom were PI’s. A sense of academia, a sense of teaching and learning and interdisciplinary action was lacking.

Research Week is too important an event on campus to be attached to any form of apathy from the student or faculty body. Every week, every day, is research week in the life of a graduate student at OHSU. But Research Week is where we teach each other, where we learn the significance of all the research happening on campus and where our own fits in the great scheme of science. Research Week is a time dedicated to sharing, questioning, and learning each other’s work. It is where students should start expressing their own science manifestos. Research Week should be, in reality, as John Harkness told me, treated with all the auspices of a conference. It is not a science fair, it is not to be taken for granted, and everyone should participate. I cannot wait until next year and I hope all faculty and students will participate with renewed interest and realization that this week should be celebrated. Ω

(This article was originally published in OHSU StudentSpeak: http://www.ohsu.edu/blogs/studentspeak/2014/05/31/research-by-the-day/)
Articles appearing in this News section were originally published online by The Lund Report, a non-profit journalistic 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!
Oregon’s Next Legislature Could Revisit CCOs; Mental Healthcare

To keep drug costs under control, Dr. Brian Druker advocates negotiating with the pharmaceutical industry, while Senator Ron Wyden says it’s necessary to bring Medicare drug costs under control.

By Lisa Hurley

(Continued on page 18)
the pulse

Oregon Health and Sciences University

di, has shot up from $36,000 to $100,000 in a few short years, he said. "We are arguing to get the facts straight, it could even be higher." Under his leadership the Senate Finance Committee has launched an investigation into the pricing of that drug.

"We have all these wonderful breakthroughs but if no one can afford them, why make them?"

Congresswoman Suzanne Bonamici focused much of her talk on educational concerns, as well as the impact of poverty in regard to healthcare. She also touched on the extreme addiction problem prevalent in Oregon, and ended by saying that "Congress had just recently passed a resolution—to never shut the government down again."

The absurd paradox of Congress having to pass a resolution to ensure the government stayed open was not entirely lost to the audience.

Druker Turns Down 60 Minutes

Several weeks ago Dr. Brian Druker, director of the OHSU Knight Cancer Institute, was asked to appear on the NBC [sic] program “60 Minutes,” to discuss drug pricing. He declined the opportunity because he couldn’t have explained what’s really going on inside the pharmaceutical industry during that 12-minute segment, he told physicians.

To realistically control drug costs, the government should negotiate with the pharmaceutical industry about pricing. "There’s a delicate balance between the drug industry and controlling costs so as not to bankrupt society," he said. "If we rob them of their ability to make profits, they’ll get out. We either have to make it cheaper to produce the drugs or extend the patent life."

On a more reassuring note, Druker said his institute is bringing in around 20-30 research scientists to “create world where every patient wins their battle against cancer. We need a Gleevec for every single cancer."

Other Comments

Next year, 2/3rds of all physicians in Oregon will be employed by either a hospital or health insurer, leaving the remainder in private practice, according to Dr. Bud Pierce, former president of the OMA.

He also suggested the need to come up with other ways to resolve medical errors, other than the early disclosure and resolution process now underway.

"Bad things do happen to patients,” he said. “I’m anxious to see the cases that come forward and the impact on liability rates of EDR process.”

And, Dr. James Gajewski, voiced his concern that there was a culture of “cherry picking” emerging with some of the new legislation in healthcare, where doctors would have to pick and choose their patients on value-based medicine outcome. Many of his patients need chronic care management and easy access to extra healthcare services. Ω

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Implementing a Universal Healthcare System Costs Less, Provides Better Care

The U.S. spends more money on administrative costs than anywhere in the world, according to a recent article in Health Affairs.

By Dr. Samuel Metz

(This article was originally published on The Lund Report: https://www.thelundreport.org/content/implementing-universal-healthcare-system-costs-less-provides-better-care)

OPINION -- Honoring a rather unpleasant tradition, the September issue of Health Affairs published yet another peer-reviewed study confirming that administrative costs in the U.S. healthcare system are the highest in the world. These administrative costs do not improve patient care. They pay for more administrators.

Each American physician requires 10 administrators to stay in business. Why does American healthcare require twice as many administrators as any other healthcare system?

Because these additional administrators perform a function totally unnecessary in other countries: They restrict access to healthcare and limit benefits of patients who do gain access.

If restricting access and limiting benefits produced a healthier population at lower cost, then Americans could be proud of our massive number of administrators. But the U.S. does not have a healthier population and our healthcare is not inexpensive. In fact, our public health is the worst in the developed world, and our healthcare system is the most expensive of any nation on the planet.

Some blame government bureaucracies for these excessive administrative costs. But let’s not be hasty. Per patient, private insurance overhead exceeds that of Medicare, Medicaid, and the VA – combined. We may have doubts about our government to spend money in other areas, but when it comes to reducing the administrative costs of health care, government programs are ten times as efficient as private insurance.

Restricting access and limiting care is an expensive process, consuming more money than we would spend simply providing unrestricted access and treating all treatable diseases. How do we know? Because every healthcare system in the world that implements universal care without limiting benefits ultimately provides better care to more people for less money.

Where does our private insurance model lead us astray? The primary goal of insurance companies, like all other businesses, is to make more money than they spend. But an insurance company cannot stay solvent selling comprehensive policies at affordable prices to people who will get sick. So insurance companies spend a lot of money to avoid populations that include sick people, to shift costs to patients, to limit benefits, and to exclude physicians who care for patients with expensive diseases (e.g., AIDS, cancer). After all, who will buy a policy that lets you go broke before you get better?

How much money do insurance companies consume in their (so far successful) efforts to avoid selling policies to sick people and limiting their care? A conservative estimate is $400 billion annually (that’s $5 billion annually in Oregon).

How much would the US spend if we simply provided comprehensive care to everyone? About $300 billion ($3.3 billion in Oregon).

The math produces an inescapable conclusion. If Oregon diverted all the money we currently spend to restrict access and limit benefits and instead invested directly in healthcare, we could provide comprehensive care to everyone and save ourselves $1.7 billion dollars.

There is no mystery. A statewide healthcare program that diverted all the money we currently spend on insurance premiums and out-of-pocket (Continued on page 20)
payments into a single agency that paid for comprehensive healthcare for everyone would cost less than we spend now. Not only that, but all Oregonians would enjoy healthcare when they need it, no matter what their employment status might be. We just need to stop paying money to restrict access and limit care.

It’s obvious that the barriers to healthcare cost more than providing healthcare. If we commit to universal healthcare in Oregon, we can not only save money but get better care. Ω

_Samuel Metz is a private practice anesthesiologist_ who lives and works in Portland. He is a member of Physicians for a National Health Program and a founding member of Mad As Hell Doctors, both of which are organizations that advocate for universal health care in Oregon and nationally. He is collaborating with State Sen. Michael Dembrow on finding private funding for the HB 3260 study of financing universal health care in Oregon. He can be reached at S@SamuelMetz.com.

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**Multnomah County Commissioners Suggest Raising Tobacco Age to 21**

A state undercover inspection found that a 16-year-old was able to buy tobacco products 31 percent of the time in Multnomah County outlets, as the county and state do not require a license to sell tobacco. The illegal sales rate in King County, Wash., is one-half to one-fifth the rate of Multnomah County.

By Chris Gray

(Continued on page 21)

A pair of Multnomah County commissioners floated the idea of raising the age to buy cigarettes and other tobacco products in the county to 21, which a county staffer confirmed is within the county’s discretion.

“I wonder if marijuana is at 21 and alcohol is at 21 that we are thereby sending a signal that tobacco is safer and somehow less addictive than marijuana or alcohol by setting it lower,” said Commissioner Jules Bailey at Tuesday morning’s meeting of the Multnomah County Board of Health.

Commissioner Loretta Smith seconded his thoughts, which the county environmental health director, Jae Douglas, said could be done by ordinance.

“I’d really like to come back to that,” Smith said.

Kari McFarlan, the community wellness and prevention supervisor, had argued in her presentation before the commissioners that raising the age to 21 would prevent teenagers from getting tobacco from their older friends who’ve turned 18. She cited a study published in the New England Journal of Medicine that showed that smoking among high schoolers in Needham, Mass., fell by 50 percent five years after that town raised the sale of tobacco to 21.

If an ordinance moves forward, Multnomah County would join a growing number of local governments, including Hawaii County, Hawaii, and New York City that have raised the age to 21. No state government has yet taken up the cause, although the New Jersey House passed a bill.

Sen. Elizabeth Steiner Hayward, D-Portland, has plans to draft a bill that would raise the bar at the state level to 21. With added majorities in both chambers, Oregon Democrats have a good shot at such a bill reaching Gov. Kitzhaber’s desk. Rep. Mitch Greenlick, D-Portland, told The Lund Report that he also has a bill that would raise the cigarette tax by $2, alt-
ough he would still need at least one Republican in the House for that to pass.

The tobacco industry would probably not take any change to the law lying down. According to the Wall Street Journal, the 18- to 20-year-old age sector represents $2 billion in sales, and Altria, the parent company of Philip Morris, lobbied heavily to defeat a bill in Colorado. The tobacco giant even hired lobbyists to attend New England town meetings where other municipalities have considered following Needham’s lead.

Big tobacco is also no stranger to using Oregon’s open-ended campaign finance system to get their way with malleable state legislators. Philip Morris specifically targeted $85,500 at “moderate” lawmakers in both parties immediately before the 2014 session in a successful attempt to derail legislation affecting class-action payouts, meaning that the cigarette manufacturer will be able to keep much of the money it might otherwise lose for marketing light cigarettes as a healthy alternative to regular cigarettes.

“We’re a little late to the game, and we’re not really a leader,” lamented chairwoman Deborah Kafoury.

But raising the tobacco price to 21 would have little effect if the state and Multnomah County can’t do a better job of enforcing the 18-and-up age restriction it has now. Jeff Ruscoe, the state’s coordinator of the Synar program, which randomly inspects tobacco retailers across Oregon, found that a minor was able to purchase tobacco products in Multnomah County 31 percent of the time -- the highest level in 20 years. The number fluctuates wildly from year to year, and prior to this year, the three-year average was 20 percent and as low as 7 percent in 2009.

The state stands to lose millions in federal funding for mental health and addictions programs if it cannot keep its illegal youth sales rate below 20 percent. Ruscoe said King County, Wash., which includes Seattle, waivered between 6 and 12 percent, by contrast.

“They have tobacco licensure in the state of Washington, and they have a lot more leverage,” Ruscoe said.

Kafoury mentioned one possibility to cutting into Oregon’s alarmingly high numbers -- requiring a license to sell tobacco in Oregon counties. A separate idea, put forward by Sen. Steiner Hayward, would put tobacco sales under the authority of the Oregon Liquor Control Commission.

Ruscoe’s program conducts surveys among retailers for illegal tobacco sales as a means of reporting to the federal government, but the retailer is never made aware of the state’s inspection, regardless if a violation occurs. He said a separate program, run by retired Oregon state police officers, hands out tickets to violators on the spot. Neither program receives any state general fund money.

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Projected Savings on Medical Care Bolsters Governor Kitzhaber’s Budget

Meanwhile, overall state funding to the Oregon Health Authority and the Department of Human Services grows by double-digit leaps. Labor rule changes for homecare workers will make up about 10 percent of the growth in state funding of DHS.

By Chris Gray

(This article was originally published on The Lund Report: https://www.thelundreport.org/content/projected-savings-medical-care-bolsters-governor-kitzhabers-budget)

A growing economy allowed Gov. John Kitzhaber to release a budget Monday that calls for big increases to state funding for both the Department of Human Services and the Oregon Health Authority, whose budgets will grow by double-digit percentages.

He told reporters Monday at the State Capitol that the health of the overall state budget was also built on the steps the state has taken to reform how healthcare is delivered, beginning with the state’s Medicaid program, which has shifted from the state and managed care organizations to locally controlled coordinated care organizations.

The state has begun mimicking those reforms in the delivery of care for the Public Employees Benefit Board, and Kitzhaber said he wanted the same principles applied to the Oregon Educators Benefit Board.

“The healthcare changes are clearly the biggest driver in savings,” Kitzhaber said.

Paper Savings

But those savings are merely paper projections, based on the inflation caps the Legislature has imposed on the Oregon Health Plan, OEBB and PEBB.

The CCOs are well on their way to keeping their costs below the caps for the Oregon Health Plan, and have made sizable advances in steering Medicaid clients away from emergency rooms and toward primary care. But PEBB and OEBB are much more uncertain. PEBB recently revamped its healthcare options for public employees, but ultimately chose to keep its existing options -- Providence Health Plan and Kaiser Permanente -- while making coordinated care an additional option.

The CCOs broke into the PEBB market only in Eugene, Eastern Oregon and the Medford area; most state workers will be given instead the option of a reform-minded plan from Moda Health or Providence. Given the option this fall, only 3 percent of state workers chose something other than Providence or Kaiser. Providence’s medical home model grew from 23 to 28 percent of public employees, but the traditional statewide Providence plan still had by far the largest enrollment of any PEBB plan, at 49 percent.

Regard less, PEBB has kept its inflation level at under 1 percent, well below the 3 to 4 percent cap imposed by the Legislature. The same cannot be said of OEBB, which had Moda Health raise rates by 9 percent and Kaiser by 6 percent from last year. An option from Moda that curbed inflation at 1 percent was offered to most of the state, but most educators did not select that option.

The governor reiterated Monday that in his second term OEBB would undergo a similar contract overhaul that PEBB underwent a year ago.

OHA Budget

Kitzhaber proposes raising the total budget for the Oregon Health Authority from $16.5 billion over two years to $18.8 billion for the 2015-2017 budget -- that’s a 14 percent total increase. Most of those dollars are federal but he wants to up the state’s contribution by 13 percent, from just under $2 billion to

(Continued on page 23)
$2.2 billion. This comes after the state’s contribution to the health authority’s budget increased 16 percent in the current biennium from 2011-2013.

The governor said that the state’s share will be dependent on the renewal of a hospital assessment tax, with details to be worked out in the Legislature this coming February. “Hopefully we’ll be putting something through quickly (in the session),” he said.

All budgets proposed by the governor will be worked through the Committee on Ways & Means in the Legislature and are unlikely to be final until next June.

The 2013-2015 budget saw an enormous 26 percent expansion of the health authority’s total budget, which coincided with the expansion of Medicaid. The money for that expansion came entirely from federal sources and most of it is passed through to the state’s 16 coordinated care organizations, which locally administer the Oregon Health Plan, the state’s Medicaid program. Starting in 2017, the state will begin paying about 2 percent of the costs for that expansion.

**DHS Budget**

The new Department of Human Services budget is projected to increase 8 percent overall from the current budget, but Kitzhaber has increased the state’s share by 15 percent -- from about $2.3 billion to $2.7 billion.

State support for DHS in the last budget had risen more modestly in the last budget -- by 6.5 percent, up from just under $2.2 billion in the 2011-13 budget.

Mike McCormick, the director of the Aging and Disabilities Division at DHS, told The Lund Report that $35 million of the roughly $400 million increase in general fund contributions to the DHS budget come from program changes the state must undertake to comply with the Obama administration’s revised interpretation of the Fair Labor Standards Act, which says that homecare workers must be paid for travel costs, must be paid at least minimum wage for all hours worked and must be paid overtime.

**Mental Health**

Kitzhaber also called for another big boost to funding for mental health programs, which are included in the Oregon Health Authority budget. He wants general funds increased by $53 million, and announced that he plans to put together a team of mental health stakeholders to zero in on how those dollars can be spent most effectively to improve access to mental health treatment and otherwise help those struggling with mental health issues.

Cherryl Ramirez, the executive director of the Association of Oregon Community Mental Health Programs, welcomed Kitzhaber’s approach:

“Community-based alternatives to incarceration and to state hospitalization are the right solution for most people who live with mental illness,” Ramirez told The Lund Report. “It makes sense to me to include state agency and local delivery system partners as well as people who have been or are currently mental health service recipients on the team.”

Buried in the details of the budget, the voters’ decision to legalize marijuana in the 2014 election will bring in $2.3 million in tax revenue devoted to drug and alcohol addictions, prevention and treatment. Marijuana becomes legal in Oregon in July, but sales - and tax receipts -- will not come into play until 2016, after the Oregon Liquor Control Commission has time to put the regulations in place.

The long-term care ombudsman, which serves as an independent watchdog for vulnerable citizens, saw its responsibilities grow substantially with the addition of a public guardian position, and the office is projected to get another huge increase to its budget this cycle, rising 62 percent, from $3.8 million to $6.1 million. It had more than doubled in size last budget, increasing from $1.6 million in 2011-2013.

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(This article was originally published on The Lund Report: https://www.thelundreport.org/content/projected-savings-medical-care-bolsters-governor-kitzhabers-budget)