NEXT GENERATION HEALTH CARE:
WHAT DOES REFORM MEAN FOR OREGON?

Q&A A conversation on reform
with OHSU president Joe Robertson
From the Dean

For the past several years, we’ve intently focused on transforming ourselves into a 21st century medical school. I use that phrase often—21st century medical school—and I know some people wonder what I mean.

The defining characteristic of a 21st century medical school is the ability to intentionally unleash and strategically direct the power of collaboration and partnership to continually improve human health. That’s a tall order. And while change is not easy, I’m pleased to report to you that we are making real progress. Some of that progress is captured in the stories and photos in this edition of *Bridges*.

Partnering and coordinating health care with other hospitals and health systems is the crux of our interview with OHSU President Joe Robertson, M.D. R ‘82, M.B.A. (See page 6.) Joe is a state and national leader on health care reform, and many of our faculty members and alumni are also involved in transforming systems of care. (See page 8.) A 21st century health care system must also make best use of technology, such as telemedicine. The article featuring our pediatric telemedicine program illustrates that point. (See page 17.)

During the 20th century, discoveries from basic science exploded. In the 21st century, our challenge is to maintain this pace of discovery while also translating this wealth of new knowledge, in particular from genetics, into cures and treatments. The School of Medicine’s Research Roadmap, along with new partnerships, such as with FEI, will help us become national leaders in the rapid application of knowledge to patient care. Senior Associate Dean for Research Mary Stenzel-Poore, Ph.D. ’86, describes the complexity of 21st century scientific questions, and how collaboration is a key strategy to enhance health and well-being. (See page 10.)

Nowhere is the power of partnership more evident than at our new medical school building now under construction on Portland’s south waterfront. When completed, the Collaborative Life Sciences Building will be the largest education building ever built in Oregon. Students from all OHSU schools, Portland State University and Oregon State University will learn together in a setting that integrates the most advanced information and simulation technology with state-of-the-art educational techniques and an open physical environment designed to support collaboration across disciplines. The existence of this 21st century building itself is due to unique partnerships—catalyzed by philanthropy—between academic institutions, state and local government, regional transportation planning entities, industry and others. (See page 5.)

Our central commitment to community outreach is also enhanced by the partnerships that define us as a 21st century medical school. A great example of this approach is described in the article about our social medicine curriculum in which our Internal Medicine residents work closely with Central City Concern in Portland. (See page 16.)

These are just a few of the topics that illustrate our ongoing transformation. I am excited about the future, and know that future will be enhanced with the continuing involvement of our alumni community. Thank you for your advocacy, friendship and presence—they are vital to our success and excellence. I hope you enjoy this edition of *Bridges* and please keep in touch.

Mark Richardson, M.D., M.B.A.
Dean
State of the School

On Feb. 15, Dean Mark Richardson gave the State-of-the-School address at the School of Medicine’s annual all-faculty meeting. Highlights from the past year included the groundbreaking of the Collaborative Life Sciences Building (see page 5) and the rollout of the Research Roadmap. (See page 11.)

During his presentation, Dean Richardson honored the faculty’s excellence in many areas, including the productivity and creativity of the school’s discovery engine—nearly 2,700 research papers were published last year by OHSU investigators. “2011 was a good year,” reported Dean Richardson. “We built significant momentum toward our goal of becoming a 21st century medical school.”

Three guest speakers also presented, including Lawrence Furnstahl, OHSU Chief Financial Officer, who noted that academic medicine is in a “paradoxical era”—a golden age of potential for the biomedical sciences coupled with unprecedented funding constraints. President Joe Robertson discussed the new era for health care and OHSU’s leadership role in shaping health care reform. (See page 6.)

New Institute for Nutrition and Wellness

We all know the axiom: An apple a day keeps the doctor away. Yet nutritionally linked conditions such as obesity and type 2 diabetes continue to rise sharply in parallel with our increasing consumption of processed convenience foods low in nutritional value.

Nutrition got a boost last September when OHSU announced an extraordinary act of generosity from Bob and Charlee Moore—founders of Milwaukie, Ore.-based Bob’s Red Mill Natural Foods—who pledged $25 million to form a partnership with OHSU. The Bob and Charlee Moore Institute for Nutrition & Wellness will confront one of the biggest contributors to the rise of chronic disease: poor nutrition.

The institute is dedicated to reducing the prevalence of chronic diseases across the lifespan by promoting healthy, nutrient-rich diets based on whole-foods in early life—before conception, during pregnancy and lactation and in infancy and early childhood. The scientific cornerstone of the Moore Institute, now being formed, rests on a discipline in which OHSU is already internationally recognized: the developmental origins of health and disease, which includes the vital relationships between maternal prenatal diet, fetal health and adult onset disease.

Four key areas serve as the institute’s founding principles: 1) Education through professional training and community outreach; 2) Research through clinical, basic and translational science; 3) Clinical care through the development of new preventive measures and treatments; and 4) Public policy advocacy to promote improved nutrition in the community.

“Research over the past two decades has shown us that appropriate maternal, fetal and early life nutrition can dramatically decrease the manifestation of many adult diseases,” said Kent Thornburg, Ph.D., Professor of Medicine and Interim Director of the Moore Institute. “Our charge—and challenge—will be to integrate this information into our communities in ways that demonstrably improve human health.”

Dr. Thornburg and others are in the process of identifying founding research projects. Learn more at www.ohsu.edu/mooreinstitute.

Living Lab for Cell Biology

Last September, OHSU and FEI, the Hillsboro-based scientific instrument manufacturer, announced a partnership to create the OHSU/FEI Living Lab for Cell Biology.

The lab will provide researchers with several state-of-the-art electron microscopes with the goal of advancing scientific understanding and treatment of diseases such as cancer and AIDS. OHSU scientists will be able to integrate the data they obtain through different forms of microscopy to construct a detailed picture at the molecular, cellular, tissue and organism levels.

The lab, a part of the OHSU Center for Spatial Systems Biomedicine, will be equipped with a variety of high-performance FEI equipment including a Titan Krios™ transmission electron microscope and a Helios NanoLab™ DualBeam™—some of the most powerful imaging equipment available in any Northwest life sciences research lab.

The collaboration will also help FEI gain an even deeper understanding of the total workflow of electron microscopy in cellular biology and, ultimately, develop next-generation tools. FEI is committing several personnel to work as team members in the Living Lab. They will help train OHSU personnel in the use of their equipment while also gaining insight into the specific microscopy applications needed for research on cancer, neurological disease, heart disease, infectious diseases and others.

In Their Words
Recent musings from the OHSU StudentSpeak blog

“Figuring out how to be a physician shouldn’t replace who we are as people, but hopefully simply magnify what was already there.” — Mario Padilla, First-Year Medical Student

“For a long time I worked in a basic science lab, teasing apart gene functions and analyzing mutations that had no human disease counterpart, starting from the ground up to build our understanding of a system that may or may not be important in treating humans. When I started school at OHSU, I wanted to see the other side of research. OHSU has, after all, a medical school, so it made sense to look at research focusing on disease. So far I’ve really enjoyed the more clear-cut questions, the messier challenges and the sense that what I’m doing could directly benefit someone in the near future, which is why I got into research in the first place.” — Spencer Watson, First-Year Graduate Student (Program in Molecular & Cellular Biosciences)

www.ohsu.edu/blogs/studentspeak

Art on the Hill, Now in Your Home

Some 900 art works greet visitors to campus and inspire all those who work and visit here. For the first time ever, the collection is presented in an elegant, hardcover book, Art on the Hill: Works from the OHSU Collection, perfect for displaying in your home or office. The cost is $60, plus shipping and handling. Copies may be purchased online at www.ohsufoundation.org or at the OHSU Hospital gift shop.

Proceeds from the sale of Art on the Hill support activities of the Marquam Hill Art Committee and its mission to both curate and advance appreciation of Oregon Health & Science University’s extraordinary art collection.

Art on the Hill
Works from the OHSU Collection

STUNNING OHSU’s art collection began in 1985 with the gift of nine paintings by highly regarded Northwest artist Carl Morris.

Photo credit: OHSU

Oregon Health & Science University
True to its name, the Oct. 13, 2011, groundbreaking ceremony for the OHSU/OUS Collaborative Life Sciences Building brought together a throng of supporters from the fields of education, government, research and philanthropy, including Gov. John Kitzhaber, M.D. ’73 (right photo) and President Joe Robertson (left photo, fifth from right). Gov. Kitzhaber regaled the crowd with memories of his time as a medical student here, and spoke of the value of the collaborative spirit behind the creation of the new building. The event culminated with a ceremonial groundbreaking among project sponsors and guests. Photo credit: John Valls

By the Numbers:
2011 Entering Classes

Graduate Studies students
184: Students, total (master’s and Ph.D.)
543: Applicants
60/40: Percentage who are female /male
32: Average age
42: Percentage from Oregon
51: Percentage from outside Oregon
7: Percentage from outside the U.S.

M.D. students
128: Students, total
4,835: Applicants
45/55: Percentage who are female /male
26: Average age
76: Percentage from Oregon
24: Percentage from outside Oregon

Physician Assistant students
38: Students, total
902: Applicants
63/37: Percentage who are female /male
27: Average age
21: Percentage from Oregon
79: Percentage from outside Oregon

Residents/Fellows
261: Trainees who entered 71 programs
11,300: Applicants
55/45: Percentage who are female /male
31: Average age
12: Percentage entering from OHSU’s M.D. program
4: Percentage born in Oregon
96: Percentage from outside Oregon

New (and Familiar) Faculty Faces

Since July last year, the 1,850-member School of Medicine faculty body welcomed 160 primary faculty to its ranks.

Among them, Albert Starr, M.D., returned to the School of Medicine as special adviser to Dean Mark Richardson and OHSU President Joe Robertson. Dr. Starr, best known for co-inventing and implanting the world’s first successful artificial heart valve, led OHSU’s heart surgery program from 1957 to 1964, and a joint cardiac surgery program for OHSU and Providence Health System until 1989, when he began to practice solely at Providence. In his new role, Dr. Starr, Distinguished Professor of Cardiovascular Medicine in the School of Medicine, is charged with building OHSU’s public and private partnerships in research, education, clinical care and outreach to improve the health of all Oregonians.

Lisa Coussens, Ph.D., joined in October as Chair of the Department of Cell & Developmental Biology and Associate Director of Basic Research in the OHSU Knight Cancer Institute. Dr. Coussens, previously on the pathology faculty at UCSF, is internationally renowned for pioneering studies that have fueled a paradigm shift in understanding the role of the tumor microenvironment in regulating breast cancer development and its response to therapy. At OHSU, Dr. Coussens is expanding this research program with a focus on improving outcomes for cancer patients and cultivating a highly collaborative, multidisciplinary scientific culture.
Earlier this year, Bridges sat down with OHSU’s president in his Baird Hall office on Marquam Hill to ask about the transformation taking place across Oregon’s health care system and OHSU’s role in it. We received thoughtful, even surprising answers on a topic crowding everyone’s minds.

Polite and self-deprecating in a way that calls to mind his small-town Indiana roots, Joe Robertson Jr., M.D. R ’82, M.B.A., arrived at OHSU in 1979 as a resident in ophthalmology. Other than a year in private practice, he’s served on the OHSU faculty ever since, wearing just about every hat possible: educator, researcher, clinician and administrator, including School of Medicine dean from 2003 to 2006.

In 2006, he was appointed university president. Two years later, the economy fell into a deep recession, OHSU faced its own financial crisis and the health care reform debate burned hot across the nation. Dr. Robertson waded in, making tough, but strategic decisions that would position the university for long-term financial health. He also took a stand on reform. That year, OHSU adopted Eight Essential Principles for Health Care Reform.

In 2009, Dr. Robertson was appointed to the Oregon Health Policy Board, a role that taps his experience working on the original Oregon Health Plan in the early 1990s. The board is the policy-making and oversight body for the state’s Oregon Health Authority, which is responsible for implementing health care reform statewide. In addition, Dr. Robertson and other OHSU leaders work closely with the governor’s office and state legislature to share information and offer perspective on reform initiatives.

You were a resident from 1979 to 1982. Did you ever imagine you’d be in the president’s office, not only leading OHSU but helping shape Oregon’s health care system?

Nothing could have been further from my imagination. All I wanted to do was learn enough to pass my ophthalmology boards and provide good care to patients.
In your position, change seems to be a near constant these days.

Change is uncomfortable. Yet, here’s the way I see it: Do you want to be a little bit uncomfortable now or do you want to end up some place you really don’t want to be in five to 10 years? I find it a lot better to tolerate some uncertainty and discomfort in the short-term in order to engage in something that is beneficial over the long term. I’m an advocate of trying to determine the future rather than letting others determine it for you.

What is your view of the changes to Oregon’s health care system? The Coordinated Care Organizations (CCOs) being formed?

Some road to universal coverage has to be found, not only from the perspective of equitable social policy, but to achieve national and state financial stability. Oregon’s Coordinated Care Organizations, and the associated changes in payment for health care delivery, offer a path to a better health care system.

But the operative word is coordinated. When you’re creating the proverbial paradigm shift, you have to coordinate and collaborate. Not only is it about the patient-centered primary care home, it’s about multiple parties working together to prevent readmissions. It’s about the integration of mental health with physical health. It’s about using evidence-based medicine to allocate how we spend our dollars and decide which treatments are effective and which ones aren’t. Coordinated—that is doing things differently.

There are plenty of people opposed to reform. Why should they participate? What’s at stake?

By the early 2020s, nearly half of the patient population is either going to be covered by Medicare or Medicaid. These are demographic facts. The principles of providing integrated, outcomes-based care that the CCOs will pioneer, starting with the Medicaid population, will eventually, in my view, influence delivery in the Medicare population. In time, this will expand to the private insurance sector, too. If you’re not involved, you are not learning new methods to deliver better health care, nor are you helping to shape these new methods. This is a pivotal moment in the evolution of our health care system and we all have something to contribute, we can all learn from each other.

How is OHSU taking part in this change?

As Oregon’s only academic health center, we, as a public entity, have a great responsibility to participate in both the formulation of health policy and also in the eventual implementation of that policy.

But won’t reform hurt the university, particularly the hospital?

In the short term, it will be difficult for OHSU because it means there will be significantly diminished margins in the clinical arena, which help support our academic and research missions. So if you look at it only from the financial perspective, OHSU should try to resist change because there will be a short-term negative effect. But ultimately, that won’t work. We are trying to purposely help change our state’s health care system, one in which we’re very successful, because that system can be better, it must be better. We are confident OHSU will find a role in a new system where we can continue to provide great value to Oregon. It’ll be challenging, but very exciting, and it is the right thing to do.

Say you’re a physician for the moment and not OHSU’s president. Do you see health care reform differently?

As a physician, you’re the individual patient advocate. That’s historically how we’ve been trained. There are many reasons why that is laudable and why aspects of that must be preserved. But when I have my OHSU president hat on, I must acknowledge that the state and nation have a limited set of resources for health care. I ask myself: How do we use those resources to create the most health for this patient population?

What do OHSU students think of health care reform and changes to the system?

They’re excited. They can see that preserving the status quo won’t work over the course of their career. They want to enter a system that works. So they’re some of the biggest supporters of reform.

What role does research play in all this?

Ultimately, it’s research that holds the greatest promise through finding less expensive treatments, discovering more efficient systems and applying discoveries in new ways that prevent disease. It’s absolutely paramount to reform’s success, and one of the means by which we’ll get there.

Let’s look into the future, say 20 or 30 years down the road. What does Oregon’s health care system look like?

There will be many organizational changes, some of which are still being worked out, but most important, the patient experience will be much improved. We’ll have made progress toward providing everyone in this country with a basic benefit plan. Care will be coordinated and rigorously tied to outcomes. In Oregon, we’ll be utilizing our resources according to the Triple Aim of improving the lifelong health of Oregonians, increasing the quality, reliability and availability of care for all Oregonians and lowering or containing the cost of care so it is affordable for everyone. The citizens of Oregon, as a whole, will live longer and be healthier. That’s what I hope to see, and by embracing the changes that are inevitably coming and working together in a coordinated fashion on health care transformation, we can build something better.

Learn more about CCOs at www.oregon.gov/OHA.
Imagine having basal cell carcinoma as it spreads across your face for more than two years. Uninsured, you seek help through a community clinic and within about two weeks, you’re scheduled for a series of surgeries at OHSU. This was reality for one patient brought to OHSU through Project Access NOW, a community referral system that relies on a network of volunteer physicians, clinics and hospitals to provide services for low-income and uninsured people.

While OHSU clinicians directly serve the community by providing such care, many of our faculty members are also involved in health policy discussions. Below are a few projects out of many that highlight how School of Medicine faculty and staff provide oil for the engine of health care reform.

**Medical Home Work**

David Dorr, M.D. R ’02, M.S., Associate Professor, Department of Medical Informatics & Clinical Epidemiology, is heading up a pilot project to provide measurable data on the effectiveness of the medical home concept in Oregon—and to then disseminate the results nationally. Transforming Outcomes for Patients through Medical home Evaluation & reDesign (TOPMED) is a $1.6 million, three-year partnership with the Gordon and Betty Moore Foundation to analyze and identify—through comparisons—the most effective primary care delivery models, especially for older adults with multiple chronic conditions. TOPMED is working with eight clinics in diverse health care settings.

**Capitol Counsel**

The Oregon Legislature created the Health Evidence Review Commission (HERC) during the 2011 legislative session to continue almost two decades of work maintaining a list of prioritized health services; disseminating evidence-based guidelines for use by providers, consumers and purchasers; and conducting comparative effectiveness research of health technologies. Three of the appointees to the HERC made by Governor John Kitzhaber, M.D. ’73, are OHSU-affiliated: Lisa Dodson, M.D. R ’91, Associate Professor, Department of Family Medicine; Mark Gibson, Director, Center for Evidence-based Policy; and Somnath Saha, M.D., M.P.H., Associate Professor, Department of Medicine.

**Insurance Coverage**

Does family insurance coverage correlate with health care access for children? Jennifer DeVoe, M.D. R ’04, D.Phil., has been steadfast and prolific in her investigation of this question—with some unsettling results. Among many other articles, Dr. DeVoe, Associate Professor, Department of Family Medicine, most recently published a paper in the *Annals of Family Medicine* that recommended policy reforms to ensure access to health care for all family members.

**Independent Analysis**

Yale School of Medicine chose the Oregon Evidence-based Practice Center (EPC) at OHSU as one of two research centers that will independently review all clinical studies of a controversial product used in spinal surgeries to promote bone growth. The Oregon EPC is a national leader in comparative effectiveness reviews such as this. The review will be made public and will provide scientific information for practicing clinicians, national societies and the Food and Drug Administration, which approved the product in 2002.

**Achieving the “Triple Aim”**

One of OHSU’s newest centers is the Center for Health Systems Effectiveness (CHSE), led by John McConnell, Ph.D., Associate Professor, Department of Emergency Medicine. CHSE undertakes research to achieve the Triple Aim of improving population health, improving patient experience and reducing per capita costs of care. “The capacity for society to contain the rising costs of health care, and to continue delivering care that benefits the entire population, requires analysis and data-driven action,” said Dr. McConnell. “The way to get there is to track the simultaneous and evolving interactions between patients, providers and payors.”
One of the first jobs Kavita Patel, M.D. R ’02, contemplated out of her OHSU Internal Medicine residency was a concierge physician position for corporate executives.

Her patient panel would have been 250 people as opposed to 2,500 or more in a regular practice, and the executives would have had 24/7 access. She decided it wasn't the job for her, yet Dr. Patel didn't take a traditional clinical job either. Instead, she forged a third path in health care policymaking that took her all the way to the White House.

Under President Obama’s senior adviser Valerie Jarrett, Dr. Patel served as Director of Policy for the Office of Public Engagement and Intergovernmental Affairs, playing a key role in helping the Obama Administration shape the 2009 federal health care reform legislation. She reviewed draft bills, wrote memos and presented key topics to the president and his senior team, and served as the outreach arm to physicians, nurses and other health care professionals. Along the way, she developed a tough skin, a knowledgeable yet respectful style and a Blackberry addiction.

Today, she is a fellow at the Brookings Institution, pursuing think tank work on health care policy. “It was a great opportunity,” she said, looking back on her White House days. “But it was crazy, one of the most stressful environments I’ve ever been in.” And she's honest about the legislative results: not perfect.

Dr. Patel, born and raised in Texas, earned her medical degree from the University of Texas Health Science Center at San Antonio in 1999. Between her third and fourth year, she spent a year as national president of the American Medical Student Association in Washington, D.C., her first time outside Texas and her first taste of leadership and policymaking. It got her thinking.

She chose internal medicine, a specialty she selected for its variety and flexibility, and her training at OHSU made a lasting impact. “What those years at OHSU taught me was how a team approach to care made a big difference in patient outcomes,” Dr. Patel said. “At the same time, I saw a lot of uninsured people who couldn’t get access to doctors or get their prescriptions.” She also saw the struggles of primary care physicians, and they stirred the fighter in her.

After completing her residency where she served as chief resident, she took a nonclinical fellowship at UCLA sponsored by the Robert Wood Johnson Foundation where she studied mental health care disparities in local African American populations.

Afterward, she became a research scientist at the RAND Corporation.

A chance meeting with the late Sen. Edward Kennedy’s chief of staff brought her back to Washington, D.C., where she became a staff director helping Sen. Kennedy on his federal health care reform legislation. She then found herself with a job working on health care and a number of other issues in the White House.

Dr. Patel, comfortable now as a nontraditional physician, still sees patients. But her passion is policy. Her most recent Brookings paper analyzed Obama’s deficit reduction plan for its health care implications. “Allow health care professionals some flexibility within Medicare and Medicaid to demonstrate their ability to bend the cost curve through innovation in payments,” she argued. “By building on what was included in the Affordable Care Act around pay for performance, the Administration should consider allowing health care professionals to come forward (much like they are encouraging ideas from Governors) with payment models that will incentivize every clinician’s innate desire to be their best.”

“That sounds just like Kavita,” said Donald Girard, M.D. R ’73, Professor of Medicine and the School of Medicine’s Associate Dean for Graduate and Continuing Medical Education, and a mentor of Dr. Patel. “She will not accept anything but the best.” Whether in government, clinic or the halls of public opinion, Dr. Patel can’t help but fight on for a better health care system.

Dr. Patel Goes to Washington
By Rachel Shafer

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In Service of Science
Mary Stenzel-Poore and OHSU’s discovery engine

By Rachel Shafer

In a presentation she often gives around campus, Mary Stenzel-Poore, Ph.D. ’86, likes to share this general rule-of-thumb: 30,000 discoveries are required for one discovery to become a therapeutic.

That’s a lot of basic science. A lot of questions asked and a lot of experiments undertaken in order to impact people’s lives. It is rich, difficult, sometimes unsung work, but for Dr. Stenzel-Poore and scientists and physicians everywhere, basic science broadens human knowledge and powers the process of improving human health. It’s the discovery engine.

Since becoming the School of Medicine’s Senior Associate Dean for Research earlier this year, Dr. Stenzel-Poore, Associate Vice President for Research, is shepherding Oregon’s primary biomedical discovery engine serving the state’s 3.8 million citizens and beyond. She works with faculty and researchers in 26 basic science and clinical departments—which together were awarded $230 million in research funding last year. Over the last decade in particular, OHSU research programs (roughly two-thirds of which fall within the School of Medicine) have expanded tremendously, achieving eminence in many areas.

Why are they doing so well? “The culture here is enormously collaborative,” said Dr. Stenzel-Poore. “People come here for that.”

Dr. Stenzel-Poore, a well-respected neuroimmunologist, focuses on immunotherapy research that seeks to protect the brain against injury in stroke. Over the last few years, her research team has found that treating mice with certain Toll-like receptor (TLR) ligands such as lipopolysaccharide prior to stroke reprograms the brain’s response to ischemia away from inflammation and injury and towards cell survival and neuroprotection. Her group is well into pre-clinical trials. She has also launched a biotech startup called Neuroprotect, Inc., to help bring those discoveries into application.

Over her 35-year career, she’s worked on plenty of tough questions, and like every scientist, this professor of molecular microbiology and immunology seeks them out. Lately, though, as a key member of OHSU’s research leadership team, Dr. Stenzel-Poore has been chewing on this question: In an era of flat or even diminishing federal financial support for research, what must OHSU do in order to be one of the most successful academic health centers in research in the nation?

It was this question that Dean Mark Richardson and OHSU’s Vice President for Research Dan Dorsa began asking several years ago, a question whose answer culminated in the School of Medicine’s Research Roadmap. (See sidebar.)

In approaching the question, Dr. Stenzel-Poore treated it like any tough query in immunotherapy. “There’s a real sense among researchers that it’s all about discovery,” she said. “By its nature, discovery is not a planned process. So they told us that writing a plan for discovery doesn’t work.”

Dr. Stenzel-Poore understood but disagreed. “Planning doesn’t have to block you from making discoveries. The two can coexist.” She and Associate Dean for Clinical & Translational Research Eric Orwell, M.D. ’79, Professor of Medicine, Associate
Vice President for Research, set out to convince 70 or so prominent investigators that a strategy for the future would lift every investigator up.

Dr. Stenzel-Poore applied a proven algorithm: bring people together in the same room, ideally over lunch—or wine—and get them talking, give them leadership responsibility and credit, remove the barriers and get out of the way. It took two years but Drs. Stenzel-Poore and Orwoll changed the entrenched skepticism. By the end, Dr. Stenzel-Poore had to turn away faculty seeking to serve on Roadmap committees. Her collaborative leadership style is very much founded on the hours and hours of experience she's gained in her own science program.

Dr. Stenzel-Poore began her career at OHSU as a research assistant in 1977, working her way from graduate student, postdoc and instructor to professor and, in 2010, chair of the Department of Molecular Microbiology & Immunology. “The academic environment appealed to me because it wasn’t prescribed what you had to do,” she said. “It was about making a discovery, which led to another discovery, which led to another discovery, which led to another discovery.”

Along the way, science changed. “When I first started, science was pretty individualized. It was your project, and you worked on it. Slowly, her field, along with so many others, grew beyond her own expertise, and in order to pursue each new piece, she had to bring in neurologists, neurosurgeons, primatologists, biostatisticians and other immunologists all working together on the problem of stroke. Today, science problems are so complex, she said, with so many facets to them, they require multidisciplinary teams to find the 360-degree answer.

So you might be wondering why a hard-core scientist such as Dr. Stenzel-Poore would seek out administrative work, the kind of planning, policies and structure so anathema to the free spirit of scientific inquiry? “Doing my science is great and for an important cause, but I wanted to build the community around me. I wanted to give back.” When a position opened up in 2008, the school’s associate dean for basic science, she jumped at the opportunity. Today she keeps one foot in the lab through a hand-picked research team who runs her stroke program.

This scientist is chewing on yet another question—perhaps the most pressing one of our era and one coming from the highest levels of the U.S. government: How do scientists rapidly and effectively move their biomedical discoveries into therapeutic treatments and cures for a wide range of diseases. Growing efforts to improve health care quality and reduce costs provide critical emphasis on comparative effectiveness research, population studies and related topics. Further, future scientific and funding challenges, as well as opportunities, require new models for collaboration and investment to ensure strong technological, intellectual and educational foundations essential to continue to nurture innovation and discovery.

The Research Roadmap includes ways to foster discovery and organize and administer research strategically within the School of Medicine. The Research Roadmap is comprised of six Strategic Initiatives and related recommendations that, taken together, will enhance and sustain a vibrant, collegial and collaborative professional research environment dedicated to excellence.

Six Strategic Initiatives
1. Identify and invest in areas of research strengths that make best use of School of Medicine resources to advance human health and well-being.
2. Advance OHSU capacity in translational research.
3. Ensure research excellence through effective organizational systems and infrastructure.
4. Enhance research training, research career development and research mentoring opportunities for the next generation of biomedical investigators.
5. Promote, nurture and support a professionally rewarding culture for researchers at OHSU.
6. Increase awareness, understanding and appreciation for the value of research at OHSU, to both internal and external stakeholders, and to the public.

For more information, visit www.ohsu.edu/researchroadmap.
It’s one of the biggest questions in cancer research: How exactly does a tumor develop? To try to answer it, researchers collect a sample from a patient’s tumor biopsy early in the disease, and if the patient recurs, they collect additional samples to study changes over time. Yet obtaining “serial” samples can be difficult for many reasons, and for some cancers, it’s nearly impossible. Almost all patients with high grade serous ovarian cancer, for example, come to their providers in advanced stages of the disease.

Working at the intersection of computational biology, genomics and cancer biology, Paul Spellman, Ph.D., Associate Professor in the Department of Molecular & Medical Genetics and member of the OHSU Knight Cancer Institute, developed a breakthrough methodology last year that reconstructs the development of key parts of a tumor genome from the final-stage tumor. Bypassing serial samples, Dr. Spellman, an internationally recognized scientist, his research team and collaborators created a statistical approach that maps the biological evolution of a high grade serous ovarian cancer tumor genome.

Building on this methodology, Dr. Spellman and his team are now investigating the genome to learn if there are selective pressures that always occur in precise ways during the tumor’s evolution. The goal over the next six to 10 years is to identify those processes and exploit them for early diagnostics or preventive therapies. “Ideally, there will be a urine-based test that will detect when you have a very early lesion of high grade serous ovarian cancer, not full blown metastatic disease,” he said.

The breakthrough is also part of a much larger National Institutes of Health-sponsored effort called The Cancer Genome Atlas Project (TCGA), which is cataloging the molecular diversity of 20 tumor types.

Dr. Spellman, one of 30 TCGA principal investigators, coordinated the analysis of the ovarian cancer genome sequencing project. Now his charge is to perform bioinformatic analyses on those data to understand processes and answer questions such as why different people get different types of tumors.

Dr. Spellman describes himself as a “molecular historian”—someone who studies the biology of cancer by surveying and analyzing its molecular remains and applying the results. His single sample tumor method in the TCGA is just one of several major projects that harness the tools of molecular biology, genomic and proteomic assays, and bioinformatic analyses to better understand cancer. In another major project, Dr. Spellman and his team are using cell line model systems to understand cancer signaling with the end goal of developing predictors of therapeutic response.

“Dr. Spellman has that ideal combination of deep scientific training and cutting-edge technical expertise that will help us unravel the intricacies of cancer biology so we can end cancer as we know it,” said Brian Druker, M.D., Director of the OHSU Knight Cancer Institute.

Dr. Spellman joined the OHSU faculty in 2011 after spending more than seven years at Lawrence Berkeley National Laboratory in Berkeley, Calif. working on cancer biology with Joe Gray, Ph.D. (also now at OHSU and directing the OHSU Center for Spatial Systems Biomedicine; see the Summer 2011 edition of Bridges, “OHSU Recruits ‘Dream Team’ Scientist”). At Oregon’s academic health center, Dr. Spellman has found natural synergies with clinical faculty, a supportive research environment and plenty of opportunities to collaborate with other great minds across the institution. Other than the gloomy winter weather, Dr. Spellman said he’s enjoying Portland, and appreciates a shorter commute that allows him to spend more time with his children: ages six, four and eight months.

Dr. Spellman describes himself as a “molecular historian”—someone who studies the biology of cancer by surveying and analyzing its molecular remains and applying the results.

Cancer has dominated Dr. Spellman’s scientific career, but it’s not just an abstraction. His father-in-law battled a neuroendocrine carcinoma for six years before dying of it in 2005. “It was a horrible disease,” said Dr. Spellman. “My father-in-law suffered terribly the last two years.” Dr. Spellman said he uses that experience and others to inform and motivate his science.

Though it might mean unemployment for this scientist one day, Dr. Spellman hopes to see pain and death from cancer disappear entirely. “I think it has a shot in 30 years,” he said. “Not 10, but 30 years is plausible.”
Conversations with My Granddad
An Essay by Greta Bloor, First-Year Physician Assistant Student

My granddad is a 93-year-old retired internal medicine physician who lives on a farm in the Ozarks. The other day I called him to catch up and see how things were going down in ol’ West Plains, Mo. He is always very interested in how I am doing in school, especially now that I am enrolled in the Physician Assistant (PA) Program at OHSU.

As much as I have tried to explain to him the role of the PA, I am not sure that he completely understands what I am studying and what I will be doing when I graduate. When I first eloquently described to him why I wanted to be a PA, there was a silence on the other end of the phone, and then in his Midwestern drawl, he said, “Yes, Greta, but what does a PA do?” The next few conversations played out in a similar fashion.

My granddad is not the only person in my life to whom I have had to explain my desire to become a physician assistant. In my previous life, when I was not spending every waking minute cramming medicine into my brain, I worked as a nursing assistant in a neurosurgical ICU with a group of amazing critical care nurses. These nurses, naturally, tried with all their might to convince me to become a nurse practitioner. After spending many months listening to me justify my decision, they finally gave up trying to sway me and since then, have been nothing but supportive.

Fortunately, my granddad has since been brushing up on my future profession. Now when I talk with him, his questions are not regarding what a PA does, but rather about the rigor of my studies. I repeatedly express how intense the program is and how little free time I have, and he repeatedly responds with, “Greta, is PA school really harder than earning your bachelor’s in neurobiology?”

Yes, granddad, it really is harder. PA school takes learning to an entirely different level. “Well then,” my granddad replies, “I hope you’re doing something about your stress level. You can’t study all the time.” And my granddad is right. I cannot study all the time. One lesson I have learned is that I have to take time for myself, and that is exactly what I have been doing every chance I can get.

Greta Bloor likes to read voraciously, travel, sing, ski and explore Portland with her husband and Saint Bernard dog in her spare time.

“Health care reform means that there is the potential for 39 million more people to enroll in the health care system. We will need providers to see those patients, and PAs will play an important role in addressing the increased need.”

– Ted Ruback, M.S., P.A., Division Head and Founding Director of the OHSU Physician Assistant Program
Message from the Alumni Association President

Have you seen what’s happening on the banks of the Willamette River in Portland’s South Waterfront?

The School of Medicine—naturally—has changed over time. As dean in the late 1980s and 1990s, I saw the beginning of a demographic shift that would eventually lead to equal numbers of women and men in the M.D. program and an increase in the number of women in the master’s and Ph.D. programs. We also pioneered an innovative curriculum that brought medical students into the consulting room within the first few weeks of their training.

A perfect catalyst of opportunity is now taking shape in the South Waterfront district that heralds the next step in meeting the health care needs of the 21st century. The Collaborative Life Sciences Building, currently under construction and created through a unique partnership between OHSU, Portland State University, Oregon State University and the Oregon University System, will allow tomorrow’s health care providers and researchers to learn in a state-of-the-art facility uniquely suited to the interprofessional curriculum and team-based health care delivery that will likely define their careers.

As alumni, we can share the excitement by supporting this curriculum transformation and ensuring that the knowledge, experience and excellence that helped us thrive in our careers remains available to the next generation of students.

As you read this edition of Bridges, please consider acting as a mentor to current students, contributing to the School of Medicine Alumni Fund for Excellence, or learning more about the mutual benefits of a planned or estate gift. I encourage your active and ongoing support of the School, its students and the Alumni Association.

Thank you.

John W. Kendall Jr., M.D. ’62
President
School of Medicine Alumni Association

SMAA in Action
News from the School of Medicine Alumni Association
By Mark Kemball

A Festive Holiday Reception
Almost 200 alumni and guests from as far away as Wisconsin attended the 2011 Alumni Association Holiday Reception in December, which included a welcome from John W. Kendall Jr., M.D. R ’62, President of the Alumni Association Council, and seasonal music from the School of Medicine Glee Club (yes, we have a Glee Club!) under the direction of second-year medical student David Simmons.

HOST Program Needs You
Alumni can ease the anxiety and burden of fourth-year M.D. students who must travel to residency interviews by participating in the Help Our Students Travel, or HOST, program. Alumni hosts have given workplace tours, provided local insights, and even kindly hosted students overnight. Currently, 80 alumni are standing by to host. E-mail us at sm-alum@ohsu.edu if you would like to join them!

Class of ’71 Reunion Launches Cadman Scholarship
Twenty-two members of the M.D. Class of ’71 gathered in Portland last August to celebrate their 30th reunion. Besides touring the Marquam Hill campus and cruising on the Willamette, class members launched a campaign to fund an endowed scholarship to recognize classmate Ed Cadman, M.D. ’71, formerly dean at the John A. Burns School of Medicine at the University of Hawaii.

“To establish a named scholarship, we need to build an endowment of at least $50,000,” said Donald C. Houghton, M.D. ’71, who joined reunion coordinator Michael Wicks, M.D. ’71, and four others to establish the lead gift. “So far we have collected $31,100, and we hope that our classmates—and anyone who wishes to honor Ed—will join us in creating a legacy in his name.” To learn more, please contact Christine Tye at 503 494-0104.

Upcoming Reunions
Reunion coordinators are busy planning for gatherings of the Classes of ’62, ’67, ’82, ’92 and ’02. Contact us at sm-alum@ohsu.edu if you’re a member of one of the listed classes who has yet to hear from us, or if you would like to coordinate a reunion for your class.

Have You Noticed?
We’re sending more news and event information electronically this year. Don’t be left out. E-mail us at sm-alum@ohsu.edu to update your contact information!

INFORMATIONAL INTERVIEW
Sponsored by the School of Medicine Alumni Association, the fourth Medical Specialty Speed Dating event was held on Nov. 16, 2011, connecting more than 30 physicians (23 of whom were alumni) with over 70 students who wanted to learn what their lives were really like. Interested in joining us next time? Please e-mail us at sm-alum@ohsu.edu.
R. Bradley "Brad" Sack, M.D. ’60, M.S. ’60, found himself volunteering at a Guatemalan hospital in the spring of 1960.

He was a fourth-year University of Oregon Medical School (OHSU’s predecessor) student abroad for the first time, and he saw intestinal worms, leishmaniasis and other diseases unknown in the U.S. The experience, funded by a Louisiana State University fellowship, opened his eyes to international medicine. “That fellowship was critical,” said Dr. Sack, a Professor of International Health at the Johns Hopkins Bloomberg School of Public Health. “It got me started.”

Dr. Sack went on to a long career in international medicine, one that has profoundly affected global health. His clinical and scientific work at the Infectious Diseases Hospital in Calcutta (now Kolkata), India, in the 1960s played a key role in the development of oral rehydration therapy (ORT), which has become the worldwide standard for treatment for diarrhea and dehydration. Dr. Sack has traveled the world on behalf of the World Health Organization and U.S. Agency for International Development teaching doctors and other health care professionals how to treat cholera outbreaks with ORT. Notably, ORT has saved countless children and infants, who are particularly susceptible to acute infectious diarrheal diseases such as cholera.

For many years now, Dr. Sack has focused on the science of cholera and other diarrheal diseases. His Kolkata lab was the first to isolate and identify *E.coli*, the enterotoxigenic *Escherichia coli* organism that is one of the major causes of diarrheal disease and death in children and the most common cause of traveler’s diarrhea. He has directed several research projects, and for the last 15 years has been principal investigator on a National Institutes of Health-funded study called "Epidemiology and Ecology of *Vibrio cholera* in Bangladesh."

"Having an experience like mine in Guatemala can change your life.”
– R. Bradley Sack, M.D. ’60, M.S. ’60

His battle with cholera has also been personal. He almost died of the disease in 1997 if not for nine liters of IV fluid and 10 liters of oral rehydration solution given at a Bangladeshi hospital.

For his outstanding work, Dr. Sack was awarded the 2011 Donald Mackay Medal, one of the highest honors in tropical medicine. This year, the School of Medicine Alumni Association awarded Dr. Sack its Richard T. Jones, M.D., Ph.D. Distinguished Alumni Scientist Award, which will be presented to Dr. Sack at its annual banquet in May.

Remarkably, he’s just one of four Sack family members with an OHSU M.D. Two brothers, William, M.D. ’60, and Robert, M.D. ’67, became OHSU professors of psychiatry. And youngest brother David, M.D. ’68, joined Brad at Johns Hopkins, pursuing a career in international health as well.

In 1999, Dr. Bradley Sack and his wife Josephine generously gave $50,000 to endow the R. Bradley Sack International Scholarship Fund that supports OHSU medical students seeking opportunities for international clinical experience. “I donated because I realize how much having an experience like mine in Guatemala can change your life,” Dr. Sack said.

The fund is making a difference. Lindsay Braun, a fourth-year medical student and scholarship recipient, traveled to Puerto Escondido, Mexico last year, where she participated in clinical rotations and assessed community views on type 2 diabetes. “My time in Puerto Escondido allowed me to analyze how my future career and international medicine might intersect in the coming years,” said Braun, who plans to go into family medicine.

Though a stroke has slowed the 76-year-old down, in January he traveled to Bangladesh to check on his study. Occasionally, he permits himself to think about the difference he’s made in people’s lives around the world. But Dr. Sack doesn’t like the spotlight, preferring instead to shine the light of science into a microscopic stew that is always poised to wreak havoc in our guts and extinguish life.
Anchors for the Safety Net
Social medicine curriculum immerses residents in the realities of homelessness, poverty and addiction

By Rob West

Soon after the door of the Hooper Detoxification Stabilization Center opens at 7 a.m. each day, the small, unadorned waiting room overflows with more than 60 Portlanders. Many are uninsured, and most are homeless, high on drugs, inebriated or going through severe withdrawal. And while the previous night’s sleeping conditions ranged from pavement to a thin mattress, all the people arriving at the clinic share one thing: they have hit rock bottom.

“The patients we see at Hooper are aware that they have substance abuse problems,” said Jessica Gregg, M.D. R ’06, Ph.D., Medical Director of the Hooper Center, and Associate Professor in the Department of Medicine. “While struggling with their addictions, they somehow find the strength, courage and determination to voluntarily come to the clinic to ask for help. It’s powerful.”

In response to the fact that access to health care is difficult for the very poor and homeless, Dr. Gregg helped initiate an innovative “social medicine curriculum” partnership between OHSU and Portland nonprofit Central City Concern (CCC).

“There was a strong desire by resident physicians to meet with the underserved population in a clinical setting where they could develop a relationship…”

– Jessica Gregg, M.D. R ’06, Ph.D., Medical Director of the Hooper Center

The partnership places OHSU Internal Medicine residents in CCC safety net clinics—like Hooper—where they are trained to meet the medical needs of people affected by homelessness, poverty and addiction.

“Prior to the partnership, a resident’s interaction with this population was limited mostly to the emergency room,” said Dr. Gregg. “We realized there was a strong desire by resident physicians to meet with underserved patients in a clinical setting, where they could develop a relationship while addressing their unique and often complex circumstances.”

Residents observe and participate in addiction treatment groups, accompany case managers and see patients in partnership with a psychiatrist who specializes in medication management and counseling.

While the partnership expands medical services to Portland’s underserved population, it also trains a future physician work force sensitive to the needs of safety net clinics. In 2011, CCC programs and housing served approximately 13,000 people in Oregon, with OHSU resident physicians playing a crucial role in providing this care.

“The environment is good for resident training because it provides access to a complex urban population, and the multifaceted systems and skills that are required to care for these individuals,” said Rachel Solotaroff, M.D., Medical Director of Central City Concern, and Director of the Old Town Clinic.

Since the partnership began in 2006, hundreds of OHSU residents have rotated through CCC clinics, including Brianna Sustersic, M.D. R ’11, Instructor, Department of Medicine, who trained at the Old Town Clinic while completing her residency at OHSU.

Dr. Sustersic, whose interest in caring for the underserved began in medical school, said she had many opportunities for employment after completing her residency, but found what she was looking for in Old Town. “I absolutely fell in love with the Old Town Clinic during my training there,” she said. “The physicians were great role models and mentors. These were doctors who I admired and wanted to emulate.”

The partnership reflects OHSU’s commitment to outreach and helping the underserved population in Oregon. “Our relationship with OHSU has been a cornerstone in the development of health services at Central City Concern,” said Dr. Solotaroff. “This partnership has allowed us to build programs and serve individuals that would not have been possible otherwise.”
The infant’s X-ray results were troubling. He appeared to have a pneumothorax—a large collection of air trapped between his lungs and chest wall that was making it difficult for him to breathe. Treating it would require his transfer from Sacred Heart Medical Center in Eugene to the Pediatric Intensive Care Unit (PICU) at OHSU Doernbecher Children’s Hospital.

The child’s pediatrician, notified of the results, immediately requested a telemedicine consultation with OHSU, remembers Thomas Roe, M.D. ’61, medical director of Sacred Heart’s Telemedicine Program.

A two-way audio-video communications cart was rolled to the child’s bedside, and within minutes, an OHSU Doernbecher pediatric intensivist was examining—virtually—the six-week-old infant. The OHSU physician concluded there was no clinically significant pneumothorax. A follow-up X-ray confirmed it. The child was able to stay in Eugene and recover close to home.

That telemedicine consultation in 2007 was part of a high-tech revolution in Oregon’s health care delivery, ushered in with the help of physicians such as Dr. Roe, who earned his OHSU medical degree more than four decades ago. Since Sacred Heart and OHSU first established the state’s inaugural pediatric telemedicine connection, more than 110 critically ill pediatric patients in Eugene have been treated through this high-tech network.

The secure high-speed broadband wireless connection and 24/7 availability of pediatric intensivists means an OHSU Doernbecher doctor and the Sacred Heart doctor are working together at the patient’s bedside minutes after OHSU receives a request for a consultation. The OHSU physician can monitor the patient’s vital signs, read X-rays, collaborate with the local physician and address a family’s concerns—just as if she was standing in the room. “It’s putting new tools in the physician’s medical bag,” said Dr. Roe.

When Sacred Heart pediatric nurse manager Jill Burrell, R.N., first suggested telemedicine, Dr. Roe saw the potential. He knew that Eugene didn’t have a large enough population to support its own pediatric intensivist, yet a critical care need remained. Moreover, about a third of the pediatric patients transported to OHSU ultimately didn’t require hospitalization in the PICU and returned to Eugene after a few days in a regular hospital ward. Telemedicine, Dr. Roe realized, could solve some of these problems. “It’s the next best thing,” he thought, and helped Burrell as she championed making the telemedicine connection with OHSU.

“Being able to spare many families a trip to Portland and all the costs associated with that—lodging, food, leave from work—has been great,” Dr. Roe said. He added, “In the long run, the quality of care is safer and better.”

The OHSU Telemedicine Network connects 10 Oregon hospitals to OHSU pediatric intensivists, neonatologists, stroke neurologists, trauma surgeons and other specialists.

Overall, more than 25 percent of the patients treated through the OHSU Telemedicine Network have been able to stay in their hometown hospital, saving families and insurance plans throughout Oregon an estimated $700,000 in emergency transport costs.

“It’s putting new tools in the physician’s medical bag.”

— Thomas Roe, M.D. ’61, Medical Director of Sacred Heart’s Telemedicine Program

There are hurdles to overcome—including credentialing and licensing requirements—as well as reimbursement issues. Still, Dr. Roe expects telemedicine will expand. “There’s no question rural America will benefit from this,” he said.
Mark Your Calendar

Upcoming Events

OHSU Research Week
May 7-10
Marquam Hill campus

71st Annual Sommer Memorial Lectures &
97th Annual OHSU School of Medicine Alumni
Scientific Meeting
May 10-11
Call 503 494-4898 for registration (required)

School of Medicine Alumni Association
Awards Banquet
May 11
Governor Hotel, Portland
Call 503 552-0708 for registration (required)

School of Medicine Hooding and
Commencement Ceremony
June 4
Arlene Schnitzer Concert Hall

White Coat Ceremony
Aug. 17
OHSU Auditorium, Old Library Building

For more events, go to
www.ohsu.edu/som/alumni.

Upcoming CME

Ashland Endocrine Conference
July 26-28
Ashland Springs Hotel, Ashland

8th Annual Dermatology for Primary Care Update
Sept. 21
Governor Hotel, Portland

7th Annual NW Regional Hospital Medicine
Conference
Sept. 27-28
Governor Hotel, Portland

61st Annual Montagna Symposium on the
Biology of Skin
Oct. 11-14
Salishan Spa and Golf Resort, Gleneden Beach

For more information on these and other
continuing medical education activities,
please visit www.ohsu.edu/som/cme.

From the OHSU Archives

The story behind the Old Library Building
By Maija Anderson, OHSU Historical Collections & Archives

Built at a time when few medical schools had entire buildings
dedicated to library services, the University of Oregon Medical
School (UOMS) Library was a model of its kind when it opened in
1940. It was the result of nearly two decades of work by the school’s
first librarian, Bertha Hallam, to expand the library from its cramped
space in the Medical Sciences Building (now Mackenzie Hall).
Hallam spent years lobbying UOMS administrators for
improved library facilities on Marquam Hill. Fundraising finally
began in 1937 with a gift of $100,000 from the ophthalmologist
and philanthropist John E. Weeks, M.D. Additional funding
came through legislative appropriations, as well as grants from
the Rockefeller Foundation and the federal Works Progress
Administration (WPA). The WPA also undertook much of the
construction, which was completed in 1939. The building was
designed by Ellis Fuller Lawrence, University of Oregon’s campus
architect and the first dean of its School of Architecture and Allied
Arts. The effectiveness of the building was credited partly to the
architects’ close consultation with Hallam. More than 2,300 guests
were invited to the building’s dedication on June 7, 1940. The event
included the placement of a plaque honoring Dr. Weeks, and the
laying of a cornerstone containing a box of university memorabilia.
While the library was built for the UOMS, its staff always saw the
importance of serving a broader community. The benefit of widespread
access to high-quality health information was not their only motivation:
As early as the 1920s, Hallam understood that sustaining a major
academic library would require outreach to the public and to state
government, as well as service to the university. The library served
generations of students and faculty of Marquam Hill’s schools, as well as
the regional health care community and Oregon’s citizens.
Beginning with the opening of the OHSU Biomedical
Information Communications Center (BICC) in 1991, the building
became known as the “Old Library” and transitioned to a mix of
uses. The OHSU Auditorium is still a popular space for lectures
and presentations, while the fireplace rooms and hall are used for
meetings and events. Room 300 serves as the History of Medicine
Room, home base for OHSU’s Historical Collections & Archives.
The remainder of the building is used for storage of library
collections, study space for medical students and the VirtuOHSU
surgical education program.
Class Notes

Share your news and photos with us! We’d love to hear about career updates, birth notices, retirement plans, places traveled, awards received, books published and any other item you’d like to share with us.

E-mail us at sm-alum@ohsu.edu or send a note to Bridges Class Notes c/o Rachel Shafer, 3181 SW Sam Jackson Park Road MC L102, Portland, OR 97239. Please write a maximum of 250 words and include your name, degree information and class year. We may not be able to publish all items and may edit for length and clarity.

1940s

The San Jose Mercury News profiled Dan Martin, M.D. ’45, of Oakland, Calif, in an article entitled, “Doctor still has passion for medicine at 91.” Until recently, the newspaper reported, “[Dr. Martin] volunteered at the Davis Street Family Resource Center’s free clinic in San Leandro. Last week found him checking seniors’ blood pressure at the monthly Sons in Retirement luncheon… and addressing the group about advances in heart disease treatments.”

1960s

Though he retired from his medical practice 10 years ago, Jim Fearl, M.D. ’65 (pictured right, with Fred Miller, M.S., AADAPt Study Director) has been spending Friday mornings on the Hill for the past three years, volunteering as a clinical evaluator for OHSU’s African American Dementia and Aging Project (AADAPt).

James O’Dea, M.D. ’65 R ’69, of Lacey, Wash., writes, “I took a retirement job in Seattle as an Associate Medical Director for Pro-West (now Qualis) and also volunteered for the North Pacific Pediatric Society. Kay, my best friend for 53 years, is also retired, and we are now in a great retirement community of 1,100 active seniors with median age of 83. I am mentoring, chairing committees and trying to teach current physicians how to use a stethoscope. I gave up my licenses this year. Best wishes to all and keep up the great job you are doing.”

1980s

The American Academy of Family Physicians (AAFP) chose Jeffrey Cain, M.D. ’85, of Denver, Colo., as its president-elect. Previously, Dr. Cain served three years as a member of the AAFP Board of Directors. The AAFP represents 100,300 physicians and medical students nationwide.

1990s

For the past three years, Brent Burket, M.D. ’93, and his wife Jennifer Thoen, M.D. R ’95, have also volunteered at the Hospitalito Atitlán. (See Dr. Nelson’s note at left.)

Sean Runnels, M.D. ’97, of Powell Butte, Ore., writes, “My wife Diane Ellis, M.D. R ’98, and I are going on a volunteer medical mission with Mercy Ships, serving on the hospital ship Africa Mercy for two years in West Africa and the Democratic Republic of the Congo. We’ll be performing anesthesia and surgery as well as setting up a women’s health program and an anesthesia provider training program. We are taking our three children with us. Our blog is toolsinafrica.com.”

2000s

Kirsten Carr, M.D. ’03, of Portland, Ore., and her husband welcomed their second son, Henry Samuel, on Feb. 4, joining older brother Oliver. Dr. Carr, in family practice, is the owner of Multnomah Family Care Center.

The American Academy of Family Physicians (AAFP) has elected Robyn Liu, M.D. R ’07, M.P.H., FAAFP, an OHSU Family Medicine physician in Portland, Ore., as its New Physician member on the Board of Directors. Dr. Liu was elected to a one-year term by the New Physician Constituency during the AAFP National Conference of Special Constituencies.
Student support is a priority.

Supporting School of Medicine Scholarships demonstrates this commitment.

Scholarships make a positive and profound difference in the educational experience of our medical students, and they play an important role in relieving the burden of debt after our students graduate. We are actively building our scholarship funds so we can offer the opportunity for tuition support to additional numbers of students.

Our alumni understand the immense need for student financial aid. Please consider making a gift to an established scholarship fund such as the School of Medicine Alumni Fund for Excellence.

You can visit us online to make a gift at www.medicine.ohsufoundation.org. To find out how you can start a named scholarship or to learn more about this program, please contact Christine Tye at the OHSU Foundation.