



Scribe

MSMP awards and events

Don't miss the chance to nominate students and colleagues for Medical Society awards and participate in exciting upcoming events!

—Please see page 3

A publication of the Medical Society of Metropolitan Portland

www.MSMP.org

The Portland Clinic Foundation awards \$30,000 to MSMP's Physician Wellness Program

The Portland Clinic Foundation has awarded a \$30,000 grant to support the **Medical Society of Metropolitan Portland's Physician Wellness Program** over the next three years.

Dick Clark, The Portland Clinic's chief executive officer, invited MSMP to submit a grant proposal to the foundation after learning about the Physician Wellness Program and touring its counseling room. The foundation provides funding for wellness initiatives that benefit the community as a whole.

"The Medical Society of Metropolitan Portland has provided very tasteful and compelling education for why this program is necessary and really vital for our medical community," Clark said, stressing how impressed he is with both MSMP's initiative in starting the wellness program and the program's goals.

"It's really unfortunate that we have this much stress and challenges for our medical community, and we can't leave them



DICK CLARK, CEO

to deal with these challenges on their own. We have to be very proactive, and I applaud the Medical Society of Metropolitan Portland for taking a leadership role," he added.

The counseling room's serene setting, accessed through a direct-entry private door separated from the other offices of MSMP's Southwest Portland headquarters, was intended as an essential element of the effort, said **Amanda Borges**, MSMP's executive director.

"That is our program's most unique feature," she said. "We put our heart into that room. We wanted to make it a place where physicians will be comfortable and secure."

The **Metropolitan Medical Foundation of Oregon**, which co-sponsors the program administered by MSMP, gave the medical society a grant to create and

develop the room so that doctors could have full confidence that if they seek counseling, they can do so there with complete confidentiality, Borges said. MSMP has even added a HIPAA-compliant sound-canceling machine to the room to help ensure the privacy of those speaking within it.

The Physician Wellness Program's intent is to address and remove the obstacles that typically prevent doctors from getting the help they need, Borges said. It offers confidential, appropriate counseling

specifically tailored to doctors, with appointments available to them quickly at their convenience. The program is accessible to all physicians and physician assistants and available at no cost. Its aim is to help doctors address any problems or concerns they may be experiencing.

Clark said he hopes The Portland Clinic Foundation's contribution will inspire continued support of the Physician Wellness Program, which he emphasized serves a

See **THE PORTLAND CLINIC**, page 6

Survey respondents increasingly believe physician stress, burnout a significant issue

In the 2014 Physician Workforce Survey in Oregon, 78 percent of respondents said job-related stress and burnout were a significant issue, compared with 61 percent in the 2012 survey. Of 2,310 total respondents to the 2014 survey, 1,034 physicians replied to the question, "Do you have any particular concerns about physician well-being?" The response rate to the question was higher than typical. Joy Conklin, vice president of practice advocacy for the Oregon Medical Association, said in a November 2015 Scribe article. •

Conference aims to improve health literacy

By **Cliff Collins**
For *The Scribe*

Clifford Coleman, MD, MPH, first got interested in the topic of health literacy when he was in his preventive medicine residency in 2003.

"It was before health literacy had hit the national stage," he recalled. He was working at CareOregon at the time, "trying to figure out how to improve care for patients." He was seeing lots of proposals for quality initiatives, but he felt no one was talking about why the health system

produced such barriers that patients have trouble navigating it and understanding what their doctor was telling them.

Coleman, assistant professor of family medicine and thread director for professionalism, ethics & communication at **Oregon Health & Science University**, delved into the subject and read everything he could find in the medical literature that contained the term "health literacy." He found that work had been done on the subject, but little or none in Oregon. The following year, in 2004, the Institute of Medicine issued a paper on health literacy,

and the topic took off nationally. But for Coleman, who jokes that he "stumbled



CLIFF COLEMAN, MD, MPH

on it before it was cool," the subject became his main career thrust.

He is now a nationally recognized expert in the health literacy field. His teaching and research activities focus on training medical students, residents and practicing physicians.

See **LITERACY CONFERENCE**, page 6

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A helping hand for horses



For many years, **John Calcagno, MD**, and his wife, **Dusty**, dreamed of owning a horse ranch.

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Rob Delf Award nominations needed

The Medical Society of Metropolitan Portland is seeking nominations for the Rob Delf Honorary Award, the annual award MSMP's Board of Trustees created in recognition of Rob Delf's long service to the organization.

Award recipients will receive \$1,000 in recognition of their efforts. The award may be given to members of the medical community, the health education community or the general public. Please visit www.MSMP.org or www.MMFO.org to submit your nomination. The deadline for nominations is March 10.

Medical Student Award nominations needed

MSMP is pleased to introduce our Second Annual Medical Student Award, paying tribute to a medical student who embodies our mission to create the best environment in which to care for patients. We are looking for a student who displays professional knowledge, skill, judgment, mentorship and compassion, strong community involvement and strives for wellness to meet the highest standards of service. If you would like to recognize a student member who has shown these attributes, please visit the www.MSMP.org Student Section and complete a nomination form. Nominations must be submitted by April 15.



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Grant Belooof MD

G. Belooof, MD, PC
2455 NW Marshall Street, Suite 3, Portland, 97210
503-708-8292
Psychiatry
Univ. of Kansas School of Medicine, 1990

Howard Cohen MD

Northwest Newborn Specialists, PC
501 N Graham Street, Suite 265, Portland, 97227
503-282-7002
Neonatology
Univ. of Illinois Medical School, 1973

Barbara Colter, Practice Manager

Maple Street Clinic
1825 Maple Street, Forest Grove, 97116
503-357-2136

David Conant-Norville MD

Mind Matters, PC
18650 NW Cornell Road, Hillsboro, 97124
503-352-0468
Psychiatry / Child Psychiatry
Oregon Health and Science University, 1982

Susan Denman MD

Aloha Dermatology Clinic
18345 SW Alexander, Suite B, Aloha, 97003
503-649-9477
Dermatology
Tulane University School of Medicine, 1980

Robert Matheson MD

Oregon Medical Research Center
9495 SW Locust Street, Suite G, Portland, 97223
503-245-1525
Dermatology
Univ. of Utah College of Medicine, 1973

George Mejicano MD, MS

OHSU
3181 SW Sam Jackson Park Road, Portland, 97239
503-494-6074
Infectious Diseases
University of Illinois College of Medicine, 1990

Charles Petit MD

Orthopedic & Sports Medicine Center of Oregon
1515 NW 18th Ave, 3rd Floor, Portland, 97209
503-224-8399
Orthopedic Surgery
Univ. of California San Diego Medical School, 2003

Claudia Rojas DO

Gresham Women's Healthcare, PC
2150 NE Division, Suite 202, Gresham, 97030
503-667-4545
Obstetrics and Gynecology
Nova Southern Univ. College of Osteopathic Medicine, 2011

Richard Sandell MD

Impartial Medical Opinions, Inc
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866-466-2778
Orthopaedic Surgery
Univ. of Illinois Medical School, 1969

Francisco Soldevilla MD

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Neurosurgery
University of Illinois College of Medicine, 1984

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Join today at MSMP.org

Ishak Elkhali finds policy work creates opportunities to improve health, change lives

By Melody Finnemore
For The Scribe

Given the significant body of research that shows the link between exposure to sun and skin cancer — and Oregon’s high rate of melanoma when compared nationally — medical student **Ishak Elkhali** was shocked when he learned that the state’s schools were not allowed to distribute sunscreen to students.

Because of an active ingredient in most commercial sunscreens, schools were required to have a doctor’s note before a student could use the protective product at school, according to Oregon Health & Science University.

That has changed, thanks in part to the work of Elkhali, his fellow student members of OHSU’s **Health Policy Interest Group** and faculty experts, who helped champion the passage of House Bill 3041. The new law, which took effect last July, allows students across the state to use sunscreen at school.

For Elkhali, a second-year student with a strong interest in policy and its relationship to health, the victory provided a unique learning experience in understanding how a bill becomes a law, from the research necessary to support legislation to the legal process required for passage.

“We took trips down to Salem to testify on behalf of our bill. We did a little bit of

lobbying and that was a very interesting experience,” he said. “Governor Kate Brown invited us to the signing ceremony and gave us a copy of the bill. I even have a pen from the signing ceremony.”

Elkhali’s interest in policy also led him to participate in the medical-legal partnership (MLP) model OHSU is developing in partnership with Health Share of Oregon and local law students and attorneys.

As The Scribe reported in July 2015, the MLP is designed to help the growing number of people who are living in poverty, homeless, and in need of assistance with food and other basics.

“We know there are a lot of things that go on in people’s lives that affect their health that can’t necessarily be solved by physicians or a health care team,” **Rachel Arnold, JD, Health Share of Oregon’s** contracting and provider relations manager, said in the July article. “People without secure housing, heat and electricity face health issues, and mold in the home can affect a person’s health status.”

Through the MLPs, legal professionals train health care teams to identify social and legal needs and refer patients to a legal team, which then provides appropriate legal services. The legal services provided to patients are limited to civil legal service and will not include criminal law issues or issues pertaining to medical malpractice or HIPAA violations, according to Health Share of Oregon.

“These are (services) like income support and social security so they don’t have to make choices about whether they are going to eat or buy medication,” Arnold said.

She is working with OHSU’s **Ken Gatter, MD, JD,** and **Laura Russell,** a student at **Lewis & Clark Law School,** to develop the model for Oregon. Gatter’s special interest is the interaction of health care and the law, and he serves as vice chair of anatomic pathology at OHSU. He also was one of Arnold’s professors as an adjunct professor at Willamette University’s College of Law.

Arnold said the pilot project, which will begin this year at OHSU’s Richmond Clinic, is twofold. It will test the MLP model with a discrete set of patients at the clinic and the outcomes will be published. In addition to improving patient health, the project aims to reduce the use of health care services, with the goal of lowering the cost of care over one year.

The second piece will allow project partners to collaborate with an array of stakeholders to craft a model that could be used throughout the state. This effort will include developing a vision, strategy and business plan and assessing the needs in various geographic regions, she said.

Elkhali is working with Gatter on the MLP’s research proposal and said he hopes to do a clinical rotation at the Richmond Clinic while the pilot is being developed.

“That’s been a really interesting process of seeing just how complicated



Members of OHSU’s Health Policy Interest Group who helped pass House Bill 3041 include, from left, medical students Suzy Funkhouser, Larissa Guran, Elizabeth Sokolowski, Sylvia Peterson-Perry, Annie Buckmaster and Ishak Elkhali.

Photo courtesy of Oregon Health & Science University

initiating clinical research is,” he said. “I think a deeper understanding of research is critical to any physician, and seeing the development process will help me to better understand the research I will be reading and, ultimately, applying to my practice.” •

For Elkhali, a second-year student with a strong interest in policy and its relationship to health, **the victory provided a unique learning experience in understanding how a bill becomes a law,** from the research necessary to support legislation to the legal process required for passage.

Do you have story ideas for *The Scribe*?

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LITERACY CONFERENCE from page 1

"My research and teaching focus is on strategies to improve clear communication as an answer to health literacy," said Coleman, who is one of the speakers at the fifth annual **Health Literacy Conference 2016**, titled "**Better Communication, Greater Understanding**" and hosted and co-sponsored by **Legacy Health**. It will be held March 4, from 8 a.m. to 4:45 p.m., at the Sentinel Hotel in downtown

Up to 50 percent

The proportion of the U.S. population that studies show possesses **marginal or low health literacy**.

Portland.

Legacy has slated national and local expert speakers who will describe research and current trends in the field. The keynote speaker is **Kavita Patel, MD, MS**, of the Brookings Institution, speaking on "Death by Illiteracy: A Challenge for Health Reform."

Coleman's talk will center on evidence-based best practices in the burgeoning health literacy field. The conference's main stated objectives are to raise awareness of the scope and health consequences of low health literacy, including health disparities, and to provide instructions about using teach-back and plain language as strategies to improve patient education and instruction. Coleman said experts have reached some consensus on best practices, with teach-back at the top of that list.

A distinction that needs to get across to providers is that health literacy is often confused with general literacy in terms of the information clinicians provide patients.

"That's important, because just because a person who walks in is educated doesn't mean they will be ready for decision-

making about this," said **Brian J. Zikmund-Fisher, PhD**, of the Department of Health Behavior & Health Education at the University of Michigan. At the conference, he will present a discussion about how our health care system gives test results and numbers to patients without adequately explaining to them what these figures and outcomes mean.

Zikmund-Fisher describes his academic training as in decision psychology and behavioral economics. His research focuses on "how to help patients make sense of the health data that they face to try to make good decisions or to manage their care," he said. This includes how clinicians communicate risks about treatment and explain the risks of not controlling chronic diseases, as well as how providers communicate test results.

Much of the research that has been done has resulted in the production of



BRIAN J. ZIKMUND-FISHER, PHD

if you get it wrong." By the same token, giving patients lab results without supplying sufficient context means they may not be able to make use of it, he said.

Wearing and using devices that monitor health and fitness and "upload data to your doctor" are ubiquitous, he said. Access to information is not the problem, but rather knowing how to use it.

The federal government defines health literacy as the degree to which individuals have the capacity to process and understand basic health information needed to make appropriate health decisions in order to prevent or treat illness. Studies have found that up to 50 percent of the

"It's a hidden epidemic; it's difficult to recognize when patients do or don't understand."

—Clifford Coleman, MD, MPH, of Oregon Health & Science University

"patient decision materials" designed for patients facing decisions about their care for which there is not necessarily a correct answer, but where the patient's values and priorities come into play, he said. He listed examples as: surgery for cancer, knee or hip replacement, and selection of contraceptive devices. "Each has elements of patients' preference."

Zikmund-Fisher said the current emphasis on patient-centered care fails to take into account "too many situations where patients are asked to participate in making decisions about topics that they've never seen before" and aren't prepared to make without guidance. Not everybody is "a numbers person," which "becomes a real issue" if you have to figure out how much Tylenol to give to your child. "There's plenty of risk

U.S. population possesses marginal or low health literacy. People with low health literacy have a difficult time understanding and acting on basic medical instructions and information. Such patients are less likely to follow treatment instructions or to use medication as prescribed and seek preventative care, and are twice as likely to be hospitalized.

The need for doctors to be aware of low health literacy in many of their patients is a "hard message to convey easily to providers," noted Coleman. "There is not really a good sound bite that gets the message across." But the level of complexity doctors share with patients in a typical encounter exceeds the average health literacy skill level, and even the most educated patients struggle in many situations,

Breast cancer conference set for March 5

Another health-related conference slated for early next month is the **Susan G. Komen Oregon & SW Washington 2016 Regional Breast Cancer Issues Conference**.

The event, to be held March 5 from 8 a.m. to 3:30 p.m. at the DoubleTree Lloyd Center, offers the public and health care professionals the opportunity to learn about and discuss the most current breast cancer topics with leading physicians, researchers and survivors. Topics will cover emerging research and treatment options, breast cancer risk reduction and quality-of-life issues.

The keynote speaker is **Annie Parker**, three-time cancer survivor and author of the book—and inspiration for the film—"Decoding Annie Parker."

For more information:
www.komenoregon.org

especially understanding complex information at "possibly the worst time in their lives," he said. "It's a hidden epidemic; it's difficult to recognize when patients do or don't understand."

Many physicians believe they are good communicators and do not need instruction about health literacy, Coleman observed. However, "They frequently are not, but don't recognize it. When they see material presented organized under the health literacy rubric, they get excited about it." •

THE PORTLAND CLINIC from page 1

profession essential to the region's health. The Portland Clinic Foundation is among many organizations and individuals who have supported the Physician Wellness Program since it began last year (please see the MSMP News & Events section, Page 3).

"It's a story that the greater community needs to hear and acknowledge, so ideally gifts like the one our foundation made hopefully will inspire people inside and outside the industry to step up and provide their own financial support," Clark said. "As we all know, the medical community is vital to the economy and the greater well-being of the Portland community. We have to have programs like this to keep that infrastructure secure."

The Portland Clinic has now enlisted MSMP membership to all of its physicians and physician assistants. Established in 1921, The Portland Clinic is Oregon's oldest, private, multispecialty group and serves more than 75,000 families at seven locations throughout the metro area. •

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There's an app for that:

Benefits and risks of using mobile apps for health care

By Robin Diamond, MSN, JD, RN

Senior Vice President, Patient Safety and Risk Management
The Doctors Company

With over 100,000 mobile health apps now available—in addition to many new tools that allow physicians to remotely monitor their patients' conditions—physicians now have to handle an increasing amount of

constant data and patient information that they did not have in the past.

Mobile apps offer many potential benefits to doctors and patients:

- Mobile apps can help patients self-monitor their conditions and can alert them and their physicians to problems before they become serious medical issues.

- Mobile apps help patients remember important information about their health care.
- Mobile apps can engage patients in their health care.

But not all of the apps currently on the market are approved or regulated by the FDA, and the use of mobile apps does not come without liability risks.

Physicians could face allegations of

failing to educate the patient/family about the risks and limitations of the app or failing to act appropriately if the app goes offline or malfunctions.

Injuries could occur if:

- The physician receives information from a mobile app and does not act on this information. Physicians have a legal duty to review real-time data direct from the patient and respond. Mobile apps raise patients' expectations of how a physician will act—the patient/family expect that the patient is monitored 24/7 and the physician will respond “within a moment's notice.”
- The readings received from a mobile device are wrong and treatment is prescribed based on the wrong data.

Consider limiting your patients to one mobile app that you agree to monitor. This will make it easier to control the incoming data and help make the best use of the app.

Other important considerations include:

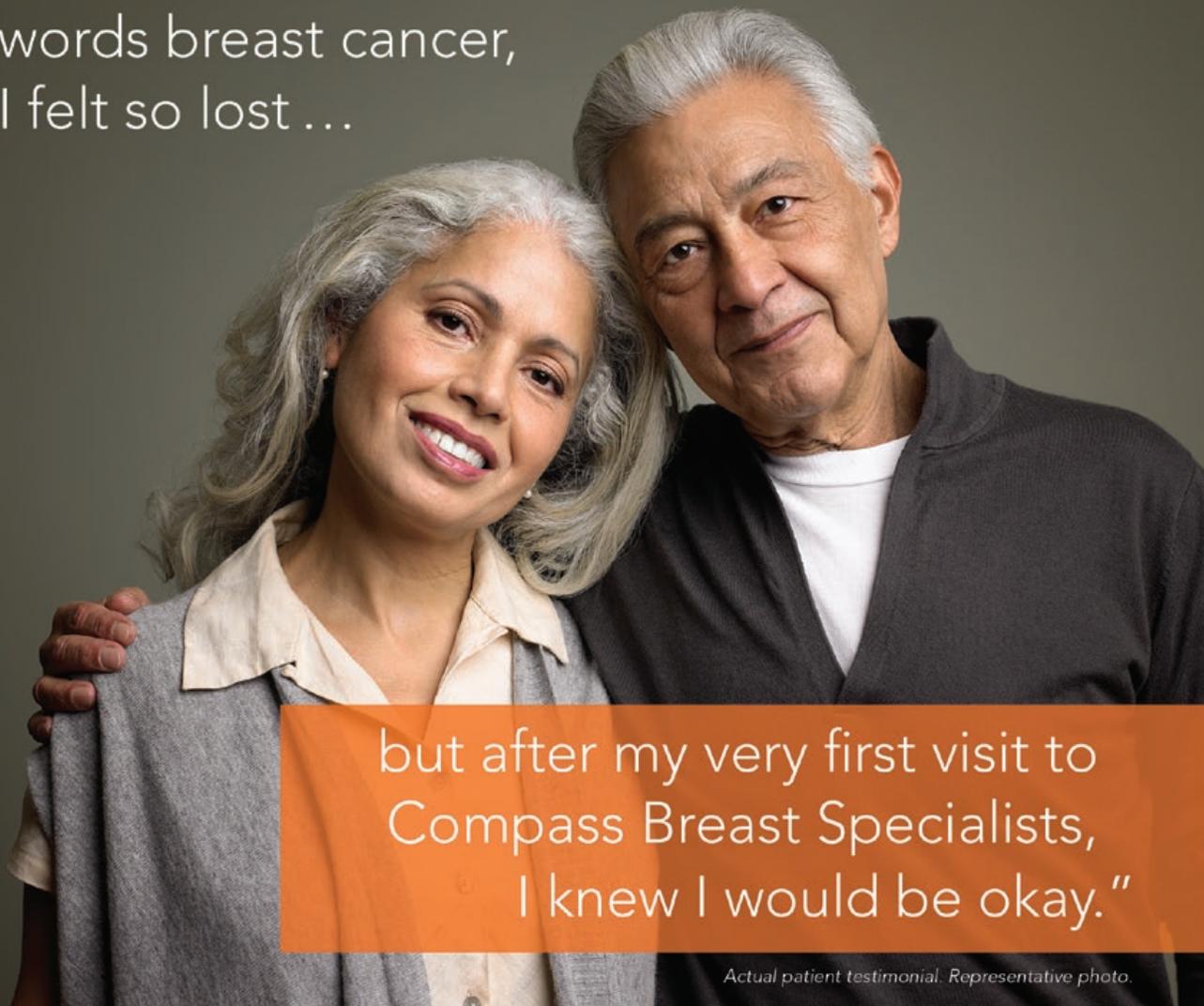
- Consider whether the two-way communication between you and your patient is secure and, therefore, HIPAA/HITECH compliant. Ask the vendor for assurance that the app is HIPAA-compliant and that data is encrypted for security.

Know the app:

- Vendor information, such as updates, downtime and critical value alerts.
- How will it interface with your EHR?
- Is the device regulated by the FDA as a medical device?
- Will you get alerts by email or a phone call from the vendor when the app isn't working?
- Clearly communicate and educate the patient/family about the purpose of the app and how and when the data is transmitted to the clinician.
- Avoid assuring the patient that the app will “take care of everything.” Educate the patient/family about the limitations of the app, with specific examples of instructions for the patient to follow.
- Identify a contact person within your organization to troubleshoot and be available to address technical problems.
- Have the patient/family sign a consent form that describes the risks, benefits and purpose of the app.
- Do not do this alone! Avoid utilizing medical apps without support from your organization. •

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Provider's personal journey informs cancer care approach, physician wellness perspectives

By Melody Finnemore
For The Scribe

Ken Weizer, ND, was working as a film director and editor in Hollywood when he was diagnosed with testicular cancer. Weizer, who earned a bachelor of fine arts degree in film from Emerson College, was 32 years old and at the peak of his film

career when the diagnosis completely changed his focus and outlook.

Following the September 1989 diagnosis, Weizer had surgery and radiation treatment. The treatment and recuperation were not only physically demanding, but emotionally and spiritually impactful as well. He moved to Portland in 1991 and continued to fly to Los Angeles for

film projects. His experience with cancer carried his thoughts elsewhere, however.

"I found the cancer journey really challenging physically and it just shook me up so much. I started thinking, 'There must be more to life than working and living the same way that I was, and there must be many other people who are experiencing this,'" he said.

"I wanted to know if there was a way to go through the cancer experience more easily and more elegantly, with less physical challenges and less emotional suffering. I started exploring and I found naturopathic medicine. I wanted to see if it could apply to the cancer journey," he added.

Weizer earned his doctorate of naturopathy degree from Portland's **National College of Naturopathic Medicine**, now called the National College of Natural Medicine (NCCNM), in 1999. Now a naturopathic physician at **Providence Integrative Medicine at the Cancer Centers at St. Vincent Medical Center** and **Providence Portland Medical Center**, he said his personal experiences have informed his approach to cancer care.

"I learned that if you focus on the basics, like nutrition, exercise and stress, it can make a real difference," he said. "It's easy to say 'patient-centered,' but doing it takes a substantial amount of time and effort. In the cancer journey, you really do need the whole circle — fighting war and making peace."

Weizer notes that his work with cancer patients is a daily process of learning what works and what doesn't. "It can be very humbling because the stakes are so high and the emotions they have are so intense. Patients are my greatest resource, influence and inspiration."

At the same time, it can be personally difficult to treat cancer patients on a daily basis. Weizer said he has observed that almost all health care providers, whether they have been treating cancer patients for a short time or over many years, are emotionally impacted — both positively and negatively — by their work.

"It's very physically and emotionally demanding and you can't phone it in," he said. "Physician wellness is a critical issue in patient-physician care in general, and it's absolutely critical in cancer care. You have to take care of yourself because there is so much morbidity and suffering, and so many patients die."

Among his key pieces of advice, Weizer reminds cancer care providers not to overwork, if it's financially possible. He has cut his own schedule down to three days a week, and finds this helps keep him be more balanced at work and home.

Physical well-being, including eating well and exercising, is essential as well. This is not only for a physician's personal wellness, but also to model healthy behaviors for cancer patients.



Ken Weizer, ND
Photo courtesy of Ken Weizer

"It may also be important for providers who serve cancer patients to develop a personal inner support system. There has to be some platform or structure that you can use on a regular basis that is a kind of 'mental floss' for you and keeps you sane and centered," Weizer said. "Whether that is prayer or meditation, walking or reading, or talking to your priest, your partner or your dog, you have to do some structured, consistent inner care. Otherwise you may burn out, and unfortunately I've seen that happen many times."

Weizer acknowledges that, traditionally, physicians have not had a strong support network of people they can talk to about the personal impacts of their work, and he calls that one of the profession's great weaknesses. He said participating in tumor boards on a regular basis can not only enhance teambuilding and communication, but also allow providers to share their concerns and see that others struggle with similar issues.

"It just helps to know that you're not alone and that doctors are human. It's easy to think we need to be perfect and we need to know it all, but that's not true," he said. "Cancer treatment is an incredibly complex and quickly changing world, so it may be helpful to have a consistent and honest dialog with colleagues for support, honest feedback and growth."

"It's easy to get affected by our culture of busyness," he added. "There is always something to do, but if we slow down a little bit and cultivate self-care and structured, daily supportive practices at home and work, we may be happier and healthier. And we may be able to provide better quality health care."

Weizer reflects that his cancer journey and subsequent role in cancer care have shown him that it is essential and valuable for physicians to have a sense of ease, grace and authority. "Cancer care is a real opportunity for a deeply authentic kind of human graciousness between patients and physicians. And for me, that is what makes coming to work so rich and meaningful." •



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Miner finds joy in family, music and palliative care

By Jon Bell
For The Scribe

Growing up with a primary care physician for a father, **Pamela Miner, MD**, always felt the pull to pursue medicine herself. But by the time she got to college, even after plenty of opportunities in the sciences during high school, Miner was moving in a different direction — toward communications. She even earned her bachelor's degree in communication and was thinking about the business side of the field, but the draw toward medicine never fully let up.

"I think I really recognized the passion for purpose and people and the ability to help them manage their health," Miner said. "That's what brought me back to medicine."

Now medical director at **Housecall Providers Inc.**, a Portland nonprofit that provides health care services to patients in their homes, Miner heeded the medical call and earned her medical degree at Northwestern University. She then had a yearlong residency before completing an internal medicine program at Beth Israel Deaconess Medical Center in Boston, one of the teaching hospitals of Harvard Medical School. Throughout her training, she worked frequently in geriatrics and the burgeoning field of palliative care. In her first primary care position, she worked as a provider for the Veterans Administration in Boston, where she interacted regularly with aging veterans.

"I really love working with that population," Miner said. "They are great teachers, they're very patient and willing to listen, but they also have a lot to share, too."

The more she worked in palliative care, the more Miner enjoyed it and knew she wanted to pursue some specialized training in the field. She went back to Harvard and Massachusetts General Hospital for a fellowship in hospice and palliative care before going to work in the specialty area. By then — the late 2000s — the field of palliative care had really begun to take shape, but before then it had been relatively scattered and still in somewhat of an emerging state.

"I would say that in the late 1990s folks really first started coming together in groups and saying that this is a skill set that a lot more physicians need to have," Miner said. "That's when a core group of folks came together and really started focusing and training. In Boston when the fellowship started, I think there were two trainees, and by the time I got in seven years later (in 2007) there were 16."

Set on landing a full-time position in palliative care, Miner headed west to join Providence Health & Services in 2008 in Portland as a hospice and palliative care physician.

"As I explored different communities, I found that Portland was extremely supportive of this kind of work, largely because of Susan Tolle at OHSU," she said.

Her first month in town, Miner came



Pamela Miner, MD, who today is medical director with Housecall Providers, said she was excited about the Portland nonprofit's work when she first learned about it. "That you could provide primary care in people's homes where they really need it, for a population that is largely homebound and not always able to get the care they need easily, I was immediately intrigued."

Photo courtesy of Housecall Providers

across Housecall Providers at a fundraiser.

"I was immediately excited about the idea that this work existed," she said. "That you could provide primary care in people's homes where they really need it, for a population that is largely homebound and not always able to get the care they need easily, I was immediately intrigued."

Even so, another six years passed before the opportunity arose for Miner to join Housecall Providers, when the organization's founder, Benneth Husted, DO, retired in 2014. During those years, Miner worked in palliative care at Providence, which had also launched a unique outpatient arm that provided care in a manner similar to the way Housecall Providers does.

Miner said she jumped at the chance to join Housecall Providers in 2014.

"It was really easy for me to explore it and join it when the opportunity came up," she said.

Since joining the organization, Miner said Housecall Providers has been growing, adding several staff members in recent years and continuing to utilize nurse practitioners and physician assistants to help deliver care. The nonprofit has been expanding its palliative care practice and it launched hospice care in 2009. Miner said the organization will likely continue on its growth track, as the demand for the kind of care that Housecall Providers delivers is on the rise. In addition, back in August, the organization received nearly \$330,000 in two, three-year grants from

the Meyer Memorial Trust and the Collins Foundation to create an official palliative care team. That team helps patients who don't yet qualify for hospice but need the support of an entire team, not just a single primary care provider.

Miner said one challenge for the 20-year-old nonprofit will be competing with other health care organizations to meet workforce needs, as shortages are constraining a range of health care professions. She said that one way Housecall Providers is working to address the workforce crunch is by creating a mentorship program to help train the next generation of caregivers.

"That is definitely going to be a focus for us," Miner said. "Our hope is to expand

our services because the need is so great."

Though her work with Housecall Providers is a huge focus for Miner, she is able to unplug professionally from time to time. When she does, she spends her time with her "very busy, growing family." She is the married mother of a 1-year-old and a 3-year old.

"Life at home is very full with growing children," she said. "We try to take advantage of all the hiking and outdoor opportunities that are all around us, and we enjoy music, both listening to it and creating our own. My goal is to learn to play the guitar, so I'm going to start by learning how to play the ukulele with my three-and-a-half-year-old son. I'm really looking forward to that." •

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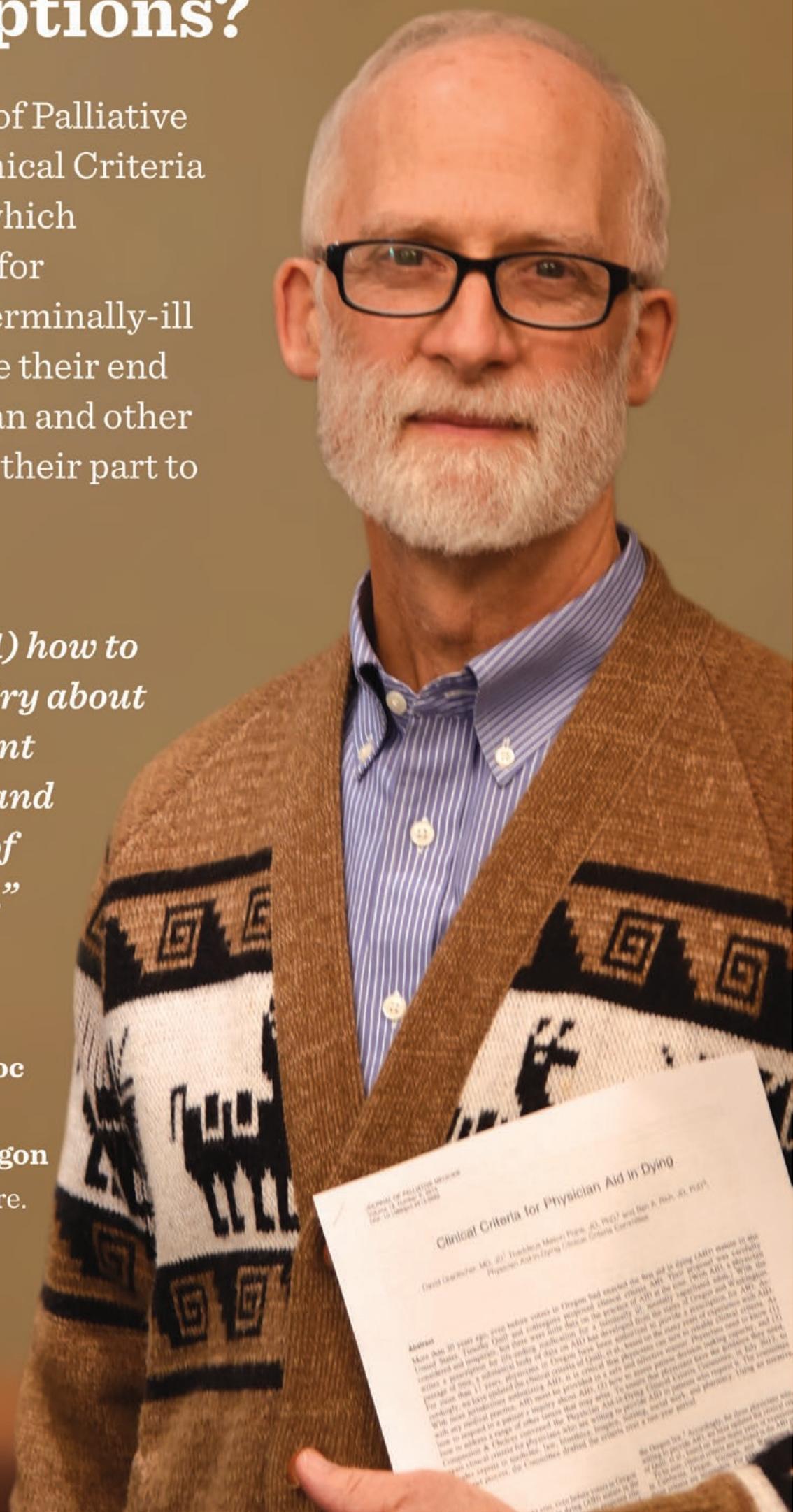
This December, the Journal of Palliative Medicine released their 'Clinical Criteria for Physician Aid in Dying' which outlines the steps necessary for physicians to fully support terminally-ill patients who wish to exercise their end of life options. Dr. Pete Reagan and other Oregon physicians are doing their part to stay informed - are you?

"Physicians need to know (1) how to respond to a patient's inquiry about AID, (2) how to assess patient decision making capacity, and (3) how to address a range of other issues that may arise."

—Journal of Palliative Medicine

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Technology shows promise to enhance independence, research

More data needed to determine real-world effectiveness, OHSU leader says

By **Cliff Collins**
For *The Scribe*

The aging of the population, coupled with the need for care in the lowest-cost, most appropriate settings, make technological solutions appealing for helping seniors remain independent.

Although many promising technologies are in the works or already in use, another current health care trend comes into play: that of evidence-based care. And proof of the value of most commercially offered technology hasn't yet been determined, pointed out **Jeffrey Kaye, MD**, an **Oregon Health & Science University** professor and director of the **Layton Aging & Alzheimer's Disease Center**.

The objective of helping people age in place is particularly relevant here: Oregon's population of those over 65 already exceeds the national average; and according to **Oregon State University's Center for Healthy Aging Research**, the Beaver State is projected to have the nation's fourth highest proportion of older adults by 2025.

Kaye, who doubles as director of the **Oregon Center for Aging and Technology**, explained that the types of technology for this purpose break down into two general categories: personal emergency response systems, and in-home monitoring systems that allow researchers to collect activity, sleep and cognitive data. The latter in-home systems can assess everything from movement and falls to whether someone has taken medicine on schedule.

"We need to get objective outcomes data that tell us whether these technologies work in the real world," said Kaye. In addition, research must expand from evaluating hundreds of people to tens of thousands. "There's a large research move to determine whether deploying certain technology in people's home" can help them remain in place as they age. He noted as an example that the federal government is recognizing the importance of assessing technology for this purpose by the **National Institutes of Health's** current research project called **Collaborative Aging (in Place) Research Using Technology**, or CART. OHSU has applied for a grant to participate.

According to the NIH website describing the grants, the results of CART will serve as the foundation for subsequent large-scale technology research "to help reduce hospitalizations, emergency room visits and admissions to a nursing home. ... The lack of published, quantitative information on the effectiveness of in-home technologies inhibits adoption among

providers and patients. ... Further, there are many commercial technologies available that lack systematic evaluation, making it difficult for physicians to recommend them, and payers to support them. Effective home management of chronic diseases such as heart failure, stroke, diabetes, hypertension, COPD, cognitive impairment, balance disorders and arthritis could reduce hospitalizations, emergency department visits and other health care costs and improve quality of life."

The agency added that compared with a hospital, the home environment offers a more appropriate environment for managing these chronic diseases, as well as for risk management such as fall prevention.

According to AARP, one-third of Americans over age 65 live alone, while 40 percent over age 85 live alone. Kaye noted that an estimated 800,000 Americans with Alzheimer's disease live alone, and "it is well-documented in multiple studies that living alone is a risk factor for losing independence."

Kaye said personal emergency response systems are made by a number of companies and primarily are meant to detect when someone has fallen. Such devices, which send out a signal when they detect that the wearer of the device has fallen, "could be useful, but these things haven't been properly vetted," he said. "They may provide some peace of mind," but if they signal properly when someone actually has fallen, and if the pattern is repeated, the individual may need to live in a safer environment.

In terms of monitoring technology, the Oregon Center for Aging and Technology has accumulated experience during the last decade with motion sensors that provide researchers information about a person's mobility, social functioning, body composition, even the number of times the person goes to the bathroom. Hundreds of volunteers in the Portland area have agreed to allow motion detectors to be placed in their homes, and to have a sensor on the telephone that tells researchers whether or not the person is communicating with other people. Sensors on a pill box indicate whether the individual is able to remember to take medication at the right time.

By combining this data, along with publicly available information such as weather, researchers can assess a person's general activity, sleep, socialization and memory function. The data provide researchers a comprehensive picture of the individual's progression, and allow researchers to predict accurately within six months whether someone is going to transition from home to a different setting such as a nursing home, Kaye said. •



Jeffrey Kaye, MD, Oregon Health & Science University professor and director of its Layton Aging & Alzheimer's Disease Center. Photo courtesy of OHSU

Portland startup says product will preserve privacy, allow seniors to age in place

A Portland startup thinks it has built a better mousetrap with its objective to preserve seniors' privacy while allowing them to age in place.

Called **MotioSens**, the company aims to release a product by this fall that employs sophisticated technology that "unobtrusively" monitors daily activities of seniors living independently, according to **David Edwards**, chief executive officer. The company's two co-founders hold doctorates in biomedical engineering and "developed a strong interest in the aging population," he said.

Edwards himself partly was motivated by seeing his own parents struggle with dementia in his grandparents in the 1970s. "It took a lot of their good years," he remembered. "We've all got stories to tell" about the struggles involved with caring for aging loved ones, he said.

The patented technology — the product's name is yet to be finalized, Edwards said — involves a plug-and-play sensor system that monitors daily routines and automatically generates alerts when normal patterns change. Units placed strategically around a home communicate with each other to sense location and activity. Edwards explained that this technology differs from most currently available in that it involves nothing to recharge, or the wearing of wristbands or pendants. It also doesn't use infrared motion sensors, which the company says don't work with open floor plans and provide limited information. Likewise, contact switches work only when someone opens or touches a door, and "webcams are seen as an intrusive technology that invades privacy," MotioSens website adds.

By contrast, the company's units plug into standard wall sockets. The units communicate together, creating an invisible sensing network detecting location, walking speed, activities of daily living and the number of visitors. The technology alerts caregivers if the person's daily patterns or routines change, and it tracks health information over time. The data are transmitted to the cloud and send alerts to cell phones or dashboards when changes or emergency events occur, he said.

According to AARP's website, the government and insurance companies have balked at paying for such devices. Medicaid may reimburse for some aging-in-place technologies, but so far, Medicare does not. "I think you're going to see a shift in government spending" once understanding spreads about cost-saving, Edwards predicted. —Cliff Collins

MotioSens' initial thrust will be to target continuing care retirement communities and in-home care services. The company has been grant funded so far and is looking for investors, preferably those "in the medical space" who understand the potential value of such a product, Edwards said. "The interest in the company is phenomenal." • —Cliff Collins



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OHSU helping to make headway against Alzheimer's and other dementia

By Jon Bell
For The Scribe

There is a sadness that comes with Alzheimer's disease and dementia in the way that those who are afflicted by it slowly lose who they are. The sadness touches friends and family as well, as they struggle with the loss of a loved one.

According to **Jeffrey Kaye, MD**, director of the **Layton Aging & Alzheimer's Disease Center** at Oregon Health & Science University, there's even another level of sadness connected with Alzheimer's disease and dementia.

"The really sad story in many ways is that Alzheimer's has not had any real major breakthroughs yet," he said, in reference to transformative advances in research and treatment of the disease. "Part of this may be that there just hasn't been as much attention paid to it, but there needs to be. Alzheimer's is the most expensive disease in America, but there's been a disconnect in what really is a public health crisis."

Despite the relative lack of breakthroughs in treatment for Alzheimer's

and dementia, and the relative lack of federal funding that goes toward research — about \$566 million in 2015 compared to, say, cancer, which received \$5.4 billion — researchers and providers are working hard to find better ways to diagnose, treat, prevent and maybe even someday wipe out the disease.

One of 27 National Institutes of Health Alzheimer's Disease Centers in the U.S., the Layton Center at OHSU is one of the main points of research and treatments in Oregon. Kaye has been with the center for 25 years, and today there are more than 50 scientists conducting research there. Kaye said researchers there were among the first to utilize magnetic resonance imaging (MRI) to look at atrophy in the brain; other imaging technologies, including PET scans, have shown some promise as well.

Kaye's own Oregon Brain Aging Study has been under way for more than 20 years. Through it, researchers have examined healthy brain aging by tracking hundreds of older people, usually 85 years or older, for multiple years. What they've found thus far is that some people who

have the hallmark plaques and tangles of Alzheimer's in their brains don't develop the outward symptoms of the disease, while others do.

"If you look at the brain at autopsy, some people have the pathological hallmarks but they never showed any signs or symptoms of it," Kaye said. "So why do some survive with no symptoms and others don't? Figuring that out could be incredibly important."

Researchers at the Layton Center have also been looking closely into the connection between vascular disease and Alzheimer's since factors related to vascular disease have been found to cause cognitive decline. Kaye said scientists are also looking into "energy factories" found inside nerve cells, called mitochondria, and how their degeneration could be connected to Alzheimer's.

"It's like power failure," he said.

Scientists and providers have also been utilizing technology to try and make headway against the disease. OHSU's direct-to-home telemedicine service allows providers to consult with patients from the comfort of their own homes and avoid in-person visits that can be challenging and disorienting to people with

Alzheimer's. Taking technology even further, Kaye said a system of sensor technologies has been developed that can be installed in a person's home to monitor all kinds of activity, from sleeping and getting out of the house to taking prescription medicine so that researchers can get a glimpse of how cognitively engaged a person is.

Beyond those kinds of studies, Kaye said traditional drug treatments and fairly standard recommendations for diet, exercise and social engagement are still the main approaches when it comes to prevention. Nearly a quarter-century into his work at OHSU, Kaye said he's hopeful that some new discovery in the fight against Alzheimer's is out there.

"Breakthroughs usually come from where you don't expect them," he said. "I think the most important thing right now is that we are beginning to have a multitude of research that focuses on several promising leads. We need people to keep advocating for Alzheimer's research, though, because we are way behind. We need to step it up or we're going to have 10 million people with the disease instead of the five million that have it today." •

Book offers help to families caring for loved ones with dementia

It used to be that families who found themselves caring for a loved one with dementia or Alzheimer's had a hard time finding information about what they could expect and how they could ease the process. Oftentimes the information they did find was packed with medical jargon, daunting to read or simply not all that helpful.

Marion Hodges, MD, and **Anne Hill** set out to change that last year through a book they wrote together called, "Help is Here: When Someone You Love has Dementia."

Released in 2015, the book offers up accessible information and practical advice for families providing care for someone with dementia. It came about through a collaboration between Hodges, an internist and geriatrician at Providence Portland Medical Center, and Hill, a retired lawyer who cared for her mother, who had Alzheimer's, for 10 years. Hodges was the physician for Hill's mother, so the two developed a friendship over the years and realized there was a void that they needed to fill with the book.

"Even if we can't really help the patients, we can do a lot to help and heal the families," Hodges said. "These families right now are struggling, and we decided to write this to give them not only some clarity on what to expect, which is information they desperately want, but also some emotional support."

The book includes information on the four most common kinds of dementia as well as tips on how to communicate more effectively, how to manage some of the behaviors that come with dementia and how caregivers can take care of themselves, a critical consideration, according to Hodges.

"The caregiver role can be a dangerous role if you are not taking care of yourself," she said.

The book has been well received not only by families, but by some of the other health systems in town, including Legacy Health and the Veterans Administration. Hodges said a second similar book, aimed at professional caregivers in nursing homes, assisted living facilities and other kinds of residential situations, will be available shortly as well. She hopes that it will have the same helpful impact that the first book has had on families.

"Our first book really is aimed at the family," she said, "and when they get it, it's a validation that their questions and needs are real, that somebody has actually thought about them and their suffering." • —Jon Bell

To find out more about the book, please visit www.dementiahelpshere.org.

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A survivor's story

Patient's treatment among successes in head and neck cancer advances

By John Rumler
For The Scribe

Originally diagnosed with a Stage 1 tumor on his left vocal chord in September 2008, **Greg Jackson**, then 58, was one of 50,000 Americans who are diagnosed with head and neck cancer each year.

An energy-efficiency project developer living in West Slope, Jackson had laryngeal squamous cell carcinoma and was successfully treated with an "organ sparing protocol" involving chemotherapy and radiation therapy.

After finishing his radiation therapy in late December 2008, Jackson saw his ENT doctor religiously every three months for two years, and then began going in for checkups every six months. "I was declared cancer free for the last seven years," Jackson said.

But in early 2015 he began experiencing a persistent, soft, dry cough and his voice began weakening.

Suspecting springtime allergies, his ENT doctor prescribed an antihistamine, but when Jackson's cough worsened and his voice weakened even more a laryngoscopy revealed a small, hard, growth under the flap of his left vocal chord. A biopsy confirmed that the nodule was cancerous, and the ENT doctor arranged for Jackson and his wife, **Debra Jackson**, to meet with **R. Bryan Bell, MD, DDS, FACS**, director of the **Oral, Head and Neck Cancer Program at Providence Portland Medical Center**, to discuss his options.



R. BRYAN BELL, MD,
DDS, FACS

"It wasn't much of a choice. Greg's only viable options were either to undergo a total laryngectomy or to go into hospice," explained Bell.

The surgery, which lasted slightly more than eight hours, was performed in June 2015. Recent innovations and new techniques in microsurgery streamlined the procedure and helped it go smoothly, but it was still a difficult and lengthy operation.

The surgery removed the larynx and rerouted the trachea to a permanent hole in the neck through which Jackson breathes. Reconstructive surgery—a tracheoesophageal puncture—was necessary to replace the missing portions of Jackson's throat and to restore continuity to his esophagus, Bell said.

"Advances in microvascular reconstructive surgery allow us to take tissue from a distant part of the body, in this case Greg's forearm, with the blood supply intact. We then connect it to blood vessels in his neck at the time of the laryngectomy. Greg is able to use the skin and soft tissues that were in his forearm in the new location to successfully restore his ability

Head and neck cancer in the U.S.

The National Cancer Institute's website notes that head and neck cancer accounts for approximately 3 percent of all cancers in the United States, and is nearly twice as common among men as it is among women. Head and neck cancer is also diagnosed more often among people older than 50 than among younger people.

to swallow," he said.

Finally, a valve from Jackson's trachea was inserted into his esophagus, allowing him to speak even though he has no voice box.

Jackson spent 10 days in the hospital recovering from the surgery. As it takes at least two months of post-surgery healing before a speech device can be installed, he got his tracheoesophageal voice prosthesis in August.

He continues speech therapy and also physical therapy to regain strength and feeling in areas of his upper torso that were impacted. "My new speech device was easy to adapt to," Jackson said. "The hardest part of my rehab was gaining the confidence to speak to strangers in the course of my daily activities."

Initially after surgery, Jackson communicated by writing on a pad. "I had so many thoughts running through my head that I couldn't write fast enough. It was extremely frustrating," he said. "My new voice has retained a lot of my speech rhythms and patterns, although I do sound more mechanical."

Jackson missed out on his beloved annual fall fishing trip to Yellowstone, but he made one very important engagement: His eldest daughter, JoAnne, was married in December. "It was important for me to be as fully functioning as possible for her big day," he explained. Jackson not only attended, he also toasted the bride and groom at the wedding reception.

His three-month follow-ups at Providence consist of X-rays, CAT scans and MRIs, as well as a comprehensive physical exam.

So, is Jackson's life back to normal?

"It's better than normal," he said. "Number one, I'm alive. Number two, I've got a new dog that I'm training and spending lots of time with at dog parks and on long hikes out at Sandy River Delta Nature Area."

Now retired, he plans to indulge in lots of fishing on the Deschutes, Sandy and Clackamas rivers, and to catch up on his reading. Jackson is also happy with his new voice.

"It's quite a bit different than it was pre-cancer, but I'm very glad to have a voice and talking is becoming more and more routine as time goes by."

Bell said that Jackson is doing well, but he acknowledged there is a chance the cancer could recur. The long-term outlook for advanced stage larynx cancer carries about a 50 percent, five-year survival rate.

"That's nowhere near good enough," Bell said. "For all of the technical advances we've made, the overall survival rate hasn't changed measurably in the last 50 years. We must do better."

Currently the Providence Cancer Center has more immunotherapy clinical trials for head and neck cancer than any cancer center on the West Coast. "We've got 60 phase 1 clinical trials currently

open to patient accrual, more than 20 of which are open to head and neck cancer patients," Bell said. "Some of these immunotherapies have resulted in unprecedented responses and, in some cases, total remission."

Providence is also conducting two clinical trials that are investigating the effectiveness of transoral robotic surgery in treating oropharyngeal cancer.

"I'm pleased at the prospect of offering these potentially life-saving trials to the patients at our center," said **Walter J. Urba, MD, PhD**, oncologist and director of Providence's **Robert. W. Franz Cancer Research Center**. "Using the body's own immune system against cancer has been our center's goal for more than 20 years."

Drugs such as anti-PD-1 and anti-OX40 are proving to be effective in combating cancer in early-stage patients. Anti-PD-1 does not attack cancer cells, but instead blocks pathways that shield malignant tumors from the body's immune system.



Photo courtesy of Providence Health & Services

Cancer survivor Greg Jackson is continuing speech therapy and physical therapy as he enjoys retirement with his wife, Debra.

Another promising immunotherapy, which was developed at the Providence Cancer Center, anti-OX40 enhances T-cell stimulation, thereby increasing the body's ability to attack and kill invading cancer cells.

"These are just a couple of many potential breakthroughs," Bell said. "Just two years ago we had very few options for locally advanced or metastatic head and neck cancer patients, but that's rapidly changing. In the next few years we could see a huge paradigm shift in how we treat cancer as these and other immunotherapies are integrated into conventional treatments such as surgery and radiation."

In addition to trials for patients with metastatic disease, Providence is also conducting clinical trials investigating immunotherapy administered prior to surgery in the curative setting. "We have to get these agents to patients before the cancer has a chance to spread," Bell said. •

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A helping hand for horses

By John Rumler
For The Scribe

For many years, **John Calcagno, MD**, and his wife, **Dusty**, dreamed of owning a horse ranch, but as John built a thriving pediatrics practice, became involved in community affairs and the couple raised a family, there simply wasn't time.

Born in Portland and raised in the Gresham area, John graduated from Oregon Health & Science University's School of Medicine in 1985. Today, Calcagno Pediatrics, located in Gresham, employs 16 full-time employees — four MDs, six medical assistants and six support staff — and is open six days a week.

With his practice established and their children older, the Calcagnos pursued their equestrian passions, becoming enamored with Arabians. The breed dates back 4,500 years and was introduced to America via the 1893 World's Fair in Chicago. Today there are more registered Arabian horses in North America than in the rest of the world combined. The Calcagnos bought their first Arabian in 2010 and, several years later, rescued another who was held on a feedlot in Washington and was scheduled to be shipped to slaughter.

Dusty began following the efforts to save an unknown, thin chestnut mare in May 2014, and when the buying deadline was just an hour away, the Calcagnos paid \$400 to purchase her. They paid additional costs to transport and house her in a quarantine facility. All of the horses the Calcagnos rescue are quarantined for a minimum of 30 days to ensure they do not expose transmittable illnesses to their healthy horses.

"Helena was badly malnourished, nearly 300 pounds underweight, her hooves were overgrown, she was suffering from rain-rot, worms and lice," Dusty said.

During Helena's lengthy rehab and retraining, she and the Calcagnos formed a close bond. "It was a privilege caring for her and it was difficult to say goodbye," Dusty said. "Helena did go to a great lady who loves her and takes her out trail riding weekly, and John and I are so very happy for her."

Realizing that many Arabians faced a similar fate, the Calcagnos educated themselves on the issue and formed **Arabian Horse Rescue & Education Inc.** (AHRE), with John as president and Dusty as executive director. It became a 501(c)(3) nonprofit in 2014 and is a family affair, as their two children, Breanna, 19, and Ethan, 13, also help with cleaning the stalls and other chores.

In the early days, AHRE was located at the Calcagno's residence in Troutdale, which included a 3-acre wooded pasture. They leased two small barns, each on a 1.5-acre pasture and both a short drive from their home, increasing their capacity to five horses. Later, a third lease further increased their capacity to nine horses.

Initially, AHRE focused on buying endangered horses from feedlots, but after learning how duplicitous and unscrupulous the business could be, it switched strategies to outbidding the buyers at horse auctions.

"We realized that saving just one horse on a feedlot led to the slaughter of at least two or three others," Dusty said. "Feedlot owners often sell horses that are sick or frail and with the profits, turn around and purchase several other healthy horses that they ship directly to slaughter. The healthier horses bring a higher price because they are often bought by weight."

Last October, the Calcagnos purchased the former Crystal Springs Equestrian Center, 25 acres on the outskirts of Oregon City. Now known as the Calcagno Equestrian Center, the property came with a house, a large 28-stall barn, a small 10-stall barn, a hay barn, a storage barn, and outdoor and indoor riding arenas.

Previously, the couple leased up to four properties and had to haul the horses to a public arena for training and exercising, and also so prospective new owners could evaluate the horses. Now, only the quarantined horses are kept off-site.

The geldings and the mares are now

kept in separate pastures, and the individual stalls allow better management of feeding plans. AHRE is also able to host fundraisers, thus offsetting expenses they had paid for suitable venues. AHRE keeps its rescued horses in the 10-stall barn, while the 28-stall barn is filled with boarded horses and brings in enough revenue to cover most other expenses.

"The property has years of deferred maintenance; however, it is a diamond in the rough," Dusty said. "In its day, it was a premiere, high-end facility, and John and I will see that it is returned to its full glory."

"I'm basically a farmhand on my days off,"



John Calcagno, MD, and his wife, Dusty, formed Arabian Horse Rescue & Education Inc. (AHRE) to help rescue Arabian horses like Sam (pictured), a half Arabian gelding.



The Calcagnos celebrated the one-year anniversary of their nonprofit with a ribbon cutting ceremony at a small barn they leased before purchasing the former Crystal Springs Equestrian Center in Oregon City last October.

John said with typical modesty, "I clean stalls, feed the horses and repair fences when needed." Seeing patients five days a week and running a practice with 30 full- and part-time employees keeps John inside much of the week.

He spends an average of 20 hours a week at the Calcagno Equestrian Center. His favorite activity is simply spending time outdoors with the rescue horses. "It's beautiful here, a wooded area with a

steam running through it. I find it refreshing and relaxing."

After a rescue, AHRE keeps horses for two to three months before they're "re-homed," with older horses taking longer to place. Often there is little or no history on the horses. The Calcagnos do not know if they are saddle friendly, sick or healthy, their names or even their age, although that can be estimated by the horses' teeth. The cost for rehabilitation,

feed and maintenance averages \$1,500 to well over \$2,000 per horse, depending on the age and condition.

AHRE's extended mission includes mentoring youth and educating the public about the sensitivity and intelligence of Arabians, which are typically the last horses that are bid on at auction and are often misunderstood because of their complex personalities. Because of this, they are four times more likely to be slaughtered than any other breed, the Calcagnos said.

AHRE's current programs include a safety-net program with discounted rates for horse owners facing financial hardships, a volunteer training program that teaches proper and consistent training techniques, and a youth mentoring program for 13 to 17 year olds who don't have the resources to own a horse or have poor communication skills and/or low self esteem.

To date, AHRE, which has about 20 regular volunteers, has rescued 32 horses and found homes for horses as far away as Missouri. With the lackluster economy, especially in rural parts of the state, bringing hard times to horse owners, the Calcagnos hope to soon purchase 2,000 acres 23 miles from La Grande to expand their rescue operation statewide.

"With the slow economic recovery and the continuing stigma of 'crazy Arabians' by much of the public, it is unfortunately infinitely more difficult to place these loving animals," Dusty said. •

Photos courtesy of John and Dusty Calcagno

Charlie's second chance

Horses, especially Arabians, have distinct personalities and can become depressed when separated from loved ones, including other horses or people they have bonded with. Last January, Charlie, an elderly stallion, went to the Eugene Horse Auction with a mare who was a longtime companion.

Both horses were extremely emaciated and in their late 20s. Sadly, the mare was beyond saving, but the Calcagnos successfully rehabilitated Charlie. However, even as his physical condition improved, he remained lethargic and depressed for eight months.

"It wasn't until kids began to love on him that he came out of his depression," said Dusty Calcagno. "He now holds his head up high and loves his job, which is teaching pee-wees (children 3 to 6 years of age) to ride."

John Calcagno said that Charlie had gotten a second chance at life and made the most out of it. "He's found a role in life that he's very happy and content with and everyone loves him." •

AHRE is solely supported by volunteers and donations. To find out more, please visit www.arabianhorserescueeducation.com.

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OHSU scientists define first causal link between lead exposure, ADHD

Scientists at OHSU's Doernbecher Children's Hospital have defined the first causal link between blood lead exposure and attention deficit hyperactivity disorder in humans. While previous studies have associated lead blood levels with ADHD, research published in Psychological Science is the first to confirm previous hypotheses that exposure to lead in minuscule amounts typical in the United States, or less than 10 parts per billion, increases symptoms in some individuals with ADHD.

"This research is valuable to the scientific community as it bridges genetic and environmental factors and helps to illustrate one possible route to ADHD. Further, it demonstrates the potential to ultimately prevent conditions like ADHD by understanding how genes and environmental exposures combine," said **Joel Nigg, PhD**, principal investigator; director, OHSU ADHD & Attention Research Program; director, Division of Psychology, OHSU Doernbecher Children's Hospital; and professor of psychiatry and behavioral neuroscience, OHSU School of Medicine.

To conduct this research, Nigg and colleagues evaluated lead blood level in 386 healthy children aged 6 to 17. Half of the children had been diagnosed with ADHD. All children were within the safe lead exposure range as defined by the Centers for Disease Control and Prevention, and the blood lead level in the sample was typical of the national U.S. population of children.

Their analysis showed a heightened causal link between lead exposure and ADHD symptoms — particularly hyperactivity-impulsivity — in those with the HFE C282Y gene mutation, which is present in approximately 10 percent of U.S. children.

The study also found that lead effects were more robust in males, which is consistent with previous research specific to neurodevelopmental conditions and gender. Children without HFE C282Y mutations showed amplified symptoms as lead exposure increased, but not as consistently.

The scientists do not purport that lead is the only cause of ADHD symptoms, nor does the research indicate that lead exposure will guarantee an ADHD diagnosis; rather, the study demonstrates that environmental pollutants, such as lead, do play a role in the explanation of ADHD.

The paper "Variation in iron metabolism gene moderates the association between low-level blood lead exposure and Attention-Deficit/Hyperactivity Disorder" is a collaboration among researchers at OHSU Doernbecher Children's Hospital, Michigan State University and the University of Iowa. •

Doernbecher unveils iMRI



Photo courtesy of OHSU

OHSU Doernbecher Children's Hospital earlier this month unveiled the only mobile iMRI machine within a West Coast children's hospital. The 3-Tesla iMRI unit, housed in a new two-story, 10,000-square foot dedicated surgical and imaging facility, provides real-time, high-resolution images to the OHSU Doernbecher neurosurgical team during surgery, allowing them to operate more precisely and protect brain function more reliably.

The iMRI will allow neurosurgeons, such as Doernbecher's **Nathan Selden, MD, PhD, FACS, FAAP** (pictured), to more precisely and safely remove most tumors in a single operation, resulting in reduced emotional and physical toll on families, and improved outcomes for pediatric patients, OHSU said. The OHSU Doernbecher iMRI is made possible through a gift from the family of Arnold and Leona Poletiek.

Researchers: Therapy halts ALS progression in mice

Oregon State University researchers announced recently that they have essentially stopped the progression of amyotrophic lateral sclerosis (ALS), or Lou Gehrig's disease, for nearly two years in one type of mouse model used to study the disease, allowing the mice to approach their normal lifespan.

The findings, scientists indicate, are some of the most compelling produced in the search for a therapy for ALS, and were just published in *Neurobiology of Disease*.

"We are shocked at how well this treatment can stop the progression of ALS," said **Joseph Beckman**, lead author on this study, a distinguished professor of biochemistry and biophysics in OSU's College of Science, and principal investigator and holder of the Burgess and Elizabeth Jamieson Chair in OSU's Linus Pauling Institute.

In decades of work, no treatment has been discovered for ALS that can do anything but prolong human survival less than a month. The mouse model used in this study is one that scientists believe may more closely resemble the human reaction to this treatment, which consists of a compound called copper-ATSM, OSU said.

It's not yet known if humans will have the same response, but researchers are moving as quickly as possible toward human clinical trials, testing first for safety and then efficacy of the new approach.

The new findings were reported by scientists from OSU; the University of Melbourne in Australia; University of Texas Southwestern; University of Central Florida; and the Pasteur Institute of Montevideo in Uruguay. The study is available as open access in *Neurobiology of Disease*. •

AMA offers Zika resource center

The **American Medical Association** has created an online Zika Virus Resource Center as a clearinghouse for timely, credible information from the Centers for Disease Control and Prevention, other respected health organizations, and *The Journal of the American Medical Association* (JAMA).

Physicians can access this information at www.ama-assn.org/go/zika. These resources are intended to help physicians educate medical teams and inform patients about the risks and symptoms of the Zika virus; detect the virus; treat its symptoms and effects; remain up-to-date about this infection; and communicate with patients, their families and the media about exposure risks and potential preventive measures, particularly as new evidence becomes available.

In the past several weeks, increased cases of the Zika virus have been reported in south and central America, and to a limited degree in Puerto Rico and the U.S. Virgin Islands. The virus is spread by a certain type of mosquito. Although most people who may be exposed to the virus will have only mild or no symptoms, there has been evidence linking it to negative effects on pregnancies in some cases, which has received widespread public attention, the U.S. Department of Health & Human Services noted. •

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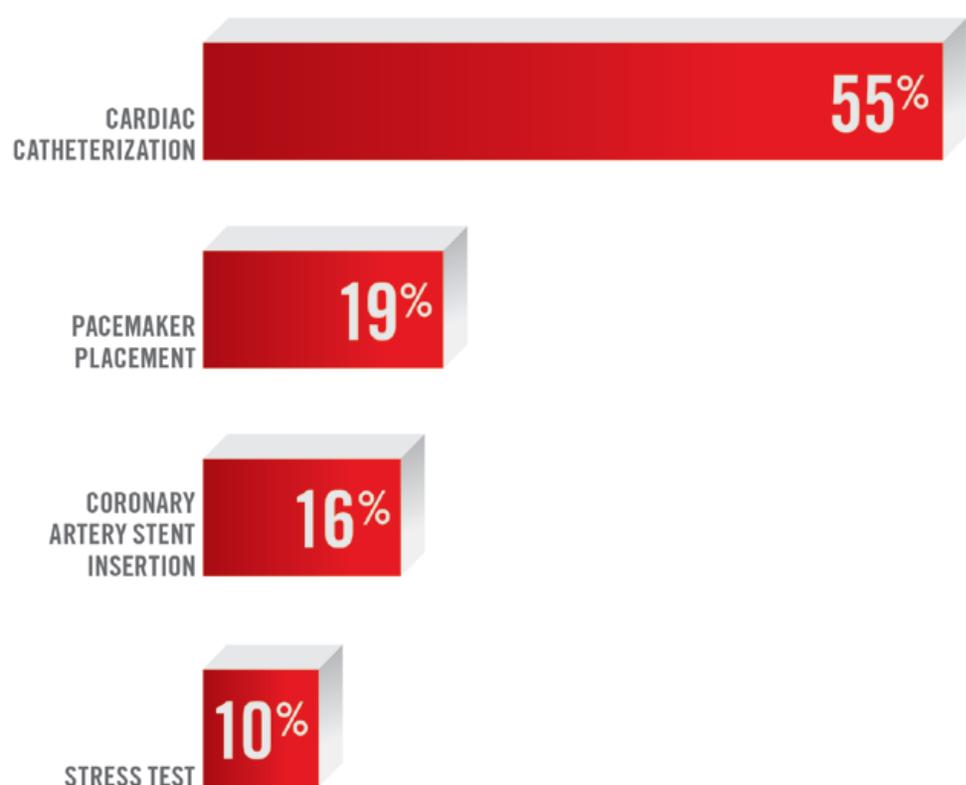


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