Portland-area hospitals among leaders in posting own physician star ratings

By Cliff Collins
For The Scribe

Some local health systems are taking a step that seems previously unimaginable: publicly releasing their internal patient satisfaction ratings of providers.

"Doctors have become conditioned to be afraid of online reviews," said Andrew Ibbotson, vice president of National Research Corp. They fear that bad reviews from patients will hurt their practices, and many question the legitimacy of review websites and the criteria and methods they apply to evaluate physicians.

That apprehension is one of the catalysts for health systems to become involved in releasing their own data, said Ibbotson, whose Nebraska-based company takes Legacy Health's patient satisfaction surveys and converts them into physician ratings based on one through five stars. After doctors realize that companies such as National Research use standardized questionnaires and require a statistically significant number of patient surveys for individual doctors before releasing ratings, physicians gain confidence in the process, he said.

Not only that, doctors and medical groups also often come to the conclusion that ratings actually can help boost their practice, drive more patients to their website, and show consumers—potential patients—that the physicians stand out among their peers, Ibbotson suggested. Whatever the case, health systems know that their providers are getting evaluated, fairly or not, by myriad websites that cater to consumers. And because most hospitals and health systems collect their own patient satisfaction data, they are beginning to understand that being able to use that information to offer more transparency to consumers makes sense, said Melinda J. Muller, MD, an internist and clinical vice president of primary care for Legacy Medical Group.

In February, Legacy began posting star ratings of its employed doctors based on the patient satisfaction surveys it collects through HealthStream, a Tennessee-based company. That data then is translated by National Research Corp. into star ratings. By taking the step to release these ratings publicly, Legacy joined at least two other local health systems in doing that, which must mean that the Portland market is ahead of most others in that regard, because public posting is "very new, but rapidly gaining momentum," said Ibbotson. Only a few health systems across the country have taken such a step, he said.

Providence Health & Services launched what it dubs its Digital Stars physician ratings last August after testing it as a pilot project on several Providence Medical Group clinics, according to Ben LeBlanc, MD, chief medical officer for Providence Medical Group in Oregon. He notes that consumers use online sites when choosing any number of services, including finding their doctors.

"As health care providers, it's imperative that we stay ahead of the curve," he said. "Our online rating platform allows us to provide a consistent experience across all of our sites of care, and to be able to show patients who visit our site that Providence Health & Services is consistently performing at a high level."

Women’s Healthcare Associates’ donation supports MSMP Physician Wellness Program

As part of its focus on physician wellness, the Medical Society of Metropolitan Portland is expanding its library of online resources for providers—from articles and on-demand videos to continuing medical education and more.

The Wellness Library (msmp.org/MSMP-Wellness-Library) got a significant boost recently with a $30,000 donation from Women’s Healthcare Associates. The organization, which is committed to clinician wellness through its own initiatives, saw MSMP’s Physician Wellness Program as an invaluable provider of wellness counseling and information, delivered in a manner that ensures health care professionals feel safe, said Marni Carlyle, MD, an obstetrician/gynecologist and chief medical officer with Women’s Healthcare Associates.

The Wellness Library is just one component of MSMP’s wellness program. The centerpiece is a counseling room, lit and furnished to impart a sense of peace and calm, and accessed through a direct-entry private door separate from the other offices of MSMP’s Southwest Portland headquarters.

MSMP introduced the Physician Wellness Program about a year ago in response to the increase in physician stress and burnout. The program seeks to recognize and support physicians in the many roles they play at work and in their personal lives. The centerpieces are a counseling room, library, and resources for providers—from articles and on-demand videos to continuing medical education and more.

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MSMP invites you to join us and our distinguished panel, Paul F. Lewis, MD, Stacey E. Mark, JD and Donald E. Girard, MD, as we discuss “Recreational and Medical Marijuana use in Oregon: Implications for Physician Practice.” We look forward to announcing our additional panelists soon. Come celebrate those who will be honored for their community efforts, savor food and spirits amidst the ambiance of live music, and sample wines from local physician-owned wineries. Registration for this event is required, and is now open at www.MSMP.org. Admission is free for MSMP members and one complimentary guest.

MSMP Board of Trustees nominees
The Medical Society of Metropolitan Portland is pleased to report that the following individuals have been placed in nomination for positions on the MSMP Board of Trustees for the 2016 – 2017 leadership year. The Inauguration will be held during the MSMP Annual Meeting on May 10 at the Benson Hotel.

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Last month fourth-year medical students in the Oregon Health & Science University School of Medicine learned where they were matched for their residency training for the next three to seven years. Match Day is a highly anticipated annual event in which the results from the National Resident Matching Program are released simultaneously to thousands of medical students nationwide. **George Mejicano, MD, MS**, senior associate dean for education in the OHSU School of Medicine, congratulated the future physicians, saying, “Wherever our new physicians go next, we are confident that their OHSU education has prepared them to positively impact the health and well-being of their patients.”

**DONATION** from page 1

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The program, which ensures complete provider confidentiality, is accessible to physician and physician assistants at no cost and at any time. MSMP recently launched a pilot project, in connection with this donation, in which nurse practitioners and nurse midwives with Women’s Healthcare Associates also have access to the wellness program’s services and resources.

Carlyle said that Women’s Healthcare Associates was impressed with the Physician Wellness Program’s accessibility and confidentiality.

“MSMP has a lot of resources in that moment when (providers) need to connect,” she said. “We’re amazed and excited about the program the medical society has built.”

The Wellness Library is an important go-to resource, a clearinghouse with articles specifically geared toward preventing stress and burnout; links to videos on topics such as how to build a better day off; information about wellness retreats; links to books about burnout prevention; and background on the American Medical Association’s STEPS Forward, an initiative to revitalize practice and improve patient care. The library also has information about Mindful Medicine, a Portland nonprofit that, through workshops and retreats, teaches mindfulness and compassionate communication skills to health care providers.

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MSMP’s Physician Wellness Program dovetailed with Women’s Healthcare Associates’ ethic of promoting provider wellness among its 110 clinicians, Carlyle said. Her organization offers its providers a mentorship program; a resource library through its intranet; and a referral program for those seeking counseling.

MSMP’s program is a “tremendous addition to what we have in place,” Carlyle noted. One of the chief benefits of MSMP’s Physician Wellness Program is that it is independent of a clinic or health care office setting, Carlyle said. That confidentiality component is a “hugely attractive feature,” she added.

Providers entered the medical field to care for people, but face more and more demands given the sweeping evolution in health care today. Add to that the profession’s entrenched culture of “never being vulnerable,” Carlyle said.

“My goal is to really embrace a culture where it’s OK to be vulnerable,” Carlyle said. “In the end, we want emotionally healthy and well-rounded clinicians providing great patient care, and with the energy and emotional ability to provide care in a sustainable way.”

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Physician makes fibromyalgia a cause for herself, others

By Jon Bell
For The Scribe

On the last day of her senior residency, Ginevra Liptan, MD, had to make a senior rounds presentation in front of an auditorium full of people, including all of her fellow residents, her residency program directors and the supervising doctors she’d been working with at Legacy Health for years. It was to say the least, a bit intimidating. Even so, Liptan powered through, building her presentation around an unnamed woman who’d been struggling through life and medical school, hobbled by the symptoms of fibromyalgia: muscle pain, fatigue, insomnia. When she got to the end of her presentation, Liptan revealed who the nameless woman was: herself.

“There was this weird pause. You could literally hear a pin drop,” she said. “And then there was applause.”

After the presentation, Liptan’s colleagues came up to her, shared their surprise and told her they wished she’d let them know earlier what she’d been struggling through. A graduate of the Tufts University School of Medicine who actually had to drop out of medical school for a year while she figured out what had been ailing her, Liptan said she kept her fibromyalgia diagnosis to herself so that her medical peers wouldn’t judge her or think that she couldn’t keep up with the demanding workload.

“People came up to me and said, why didn’t you tell us sooner? We had no idea,” she said. “I realized that I could have told people and they would have been completely supportive.”

Since then—that was back in 2009—Liptan’s involvement in the evolving world of fibromyalgia has been on a roll. She saw her own struggle with the disorder—and her success in finding ways to treat and manage it effectively—as her purpose in the world of medicine. She’s since worked in pain management and fibromyalgia for two major Portland health systems, Legacy and Oregon Health & Science University, written a self-published book on fibromyalgia that’s sold more than 12,000 copies and opened her own clinic dedicated to the disorder, the Frida Center for Fibromyalgia.

“I’ve really tried to give patients everything that I needed to regain my own health,” Liptan said, “and to be the physician that I wish I would have had when I was trying to figure it all out.”

Liptan was in her second year of medical school at Tufts when her symptoms of fibromyalgia took over her days and temporarily derailed her schooling. That was around 2000, back at a time when fibromyalgia was much less understood than it is today and before it was really even accepted as a legitimate diagnosis. Even today, there is still much to be learned about the disorder, which, according to the Mayo Clinic, impacts the way people’s brains process pain signals. The disorder often sets in after a physical or emotional trauma, a scenario that Liptan said puts the body into its normal “fight or flight” response mode. With fibromyalgia, however, the normal fight or flight response never eases up the way it normally should.

“It’s supposed to be a temporary thing,” Liptan said, “but with fibromyalgia, it’s not. The body thinks it’s constantly in a danger zone.”

For Liptan, her diagnosis finally came not from a physician—she’d seen plenty—but from a chiropractor. After that, she found ways to manage her fibromyalgia, including dietary changes, yoga, meditation and a form of massage known as myofascial release.

“If you get diagnosed with it, you’re never not going to have it, so you learn to manage it really well so it doesn’t negatively affect your life,” Liptan said. “Just like someone with type 1 diabetes has to manage their carbs, someone with fibromyalgia has to manage how they sleep, what they’re eating, their exercise. If you do all of those, people can have really big, wonderful lives.”

Soon after she completed her residency, Liptan began writing her book, “Figuring Out Fibromyalgia.” She initially tried to land an agent to go the traditional publishing route, but when that effort met dead ends, she self-published. To date, it has sold more than 12,000 copies—enough, it would appear, to make Liptan and her take on fibromyalgia more appealing to mainstream publishers. In 2014, she landed an agent, and Random House will be publishing her second book, “The FibroManual: A Complete Fibromyalgia Treatment Guide for You and Your Doctor,” in May.

Liptan said the forthcoming book includes her own story, which appeared in the first book, but also much about what she’s learned in treating people with fibromyalgia since then. Not only does it serve as a guide for patients in how to help manage their disorder, but it also lays out guidelines for how physicians can help patients with fibromyalgia. That, Liptan noted, is important, because there is still a relatively small number of physicians, especially in more rural areas or smaller towns, who are familiar with effective treatments for the disorder. And, she added, she is hearing demand for this kind of help from people all over the country.

“About 60 to 70 percent of improving fibromyalgia is what people bring themselves, improving their diet and exercise and all those things that a doctor can’t do for them,” she said. “But there is also a portion that doctors can help with, and that’s what makes this book unique, because that’s in there too.”

Though Liptan said the medical community is about 50 years behind where it should be on fibromyalgia—“There was so much time spent arguing whether it’s really a legitimate diagnosis or not,” she said—and though research funding flattened out during the recession, she said she’s optimistic about where the field is headed. Pharmaceutical companies have expressed significant interest in the disorder, which will spur new research, and with fibromyalgia now affecting more than five million people in the U.S., it will likely become even more familiar to the general population and physicians alike.

As for Liptan, she’s planning a small book launch party on Saturday, May 7, just a few days before May 12, which is National Fibromyalgia Awareness Day. After that, she plans to share her message with even more health care providers through lectures, teachings and other avenues.

“I hope to spread it to other providers,” she said. “That’s my next goal.”

“I’ve really tried to give patients everything that I needed to regain my own health and to be the physician that I wish I would have had when I was trying to figure it all out.”

—Ginevra Liptan, MD
CareOregon grant helps Latino families eat healthier, live better

CareOregon has given a $25,000 community benefit grant to expand Nourish the Community, an initiative of Adelante Mujeres. The program focuses on making long-term changes in nutritional practices of the Latino community.

“In Washington County, where Adelante Mujeres is located, the obesity rate is currently 23.7 percent,” said Bridget Cooke, co-founder and executive director. “Healthy food is inaccessible, economically and geographically, for many people suffering from this epidemic. For the Latino families we serve, proper nutrition and exercise compete with other necessary expenses, such as health care, housing and childcare. Lack of exercise, along with poor diet, has led to alarmingly high rates of diabetes among adult Latinos.”

The goals of Nourish the Community include increasing the consumption of fruits and vegetables in their families’ diets, engaging in 30 or more minutes of physical activity each day and learning to manage stress to reinforce mental health. In just two years, participants have redeemed more than $15,000 at the farmers market to purchase fresh produce. Through a partnership with Oregon State University Extension, Adelante Mujeres has also provided cooking classes to Adult Education students.

Ovarian cancer survivor and volunteer luncheon set

The Ovarian Cancer Alliance of Oregon & Southwest Washington will celebrate the lives of ovarian cancer survivors and volunteers during its annual luncheon. Hosted by Compass Oncology, the luncheon is scheduled for 11:30 a.m. to 2 p.m., April 23 at McMenamins Kennedy School.

This year’s speaker is Amanda Bruegl, MD, who specializes in gynecologic oncology at OHSU. She has a research interest in cancer prevention and improving access to treatment in the Alaska Native/Native American population, and has an interest in hereditary cancer symptoms, such as BRCA 1 and BRCA 2, and Lynch syndrome. Ovarian cancer survivors and volunteers are invited to attend free of charge. Guests are welcome to attend for $20 per person.

Research shows antibodies could clear HIV-like infection

Scientists at the Oregon National Primate Research Center found that infant rhesus macaques treated with antibodies within 24 hours of being exposed to SHIV, a chimeric simian virus that bears the HIV envelope protein, were completely cleared of the virus, OHSU said. The study, published in Nature Medicine, shows that antibodies given after a baby macaque has already been exposed to SHIV can clear the virus, a significant development in the HIV scientific community.

SHIV-infected nonhuman primates can transmit SHIV to their offspring through milk feeding, just as humans can transmit HIV from mother to child through breastfeeding and during childbirth (and only rarely during pregnancy). In humans, a combination of measures for mothers and infants, including antiretroviral therapy (ART), Cesarean-section delivery and formula feeding (rather than breastfeeding), have decreased the rate of mother-to-child HIV transmission from 25 percent to less than 2 percent since 1994. Despite this decrease, approximately 200,000 children are infected with HIV each year worldwide, primarily in developing countries where ART is not readily available.

“We knew going into this study that HIV infection spreads very quickly in human infants during mother-to-child transmission,” said Nancy L. Haigwood, PhD, senior author of the paper, and director and senior scientist of the Oregon National Primate Research Center. “So we knew that we had to treat the infant rhesus macaques quickly but we were not convinced an antibody treatment could completely clear the virus after exposure. We were delighted to see this result.”

Legacy physician honored for transgender care

Megan Bird, MD, a Legacy Medical Group gynecologist and co-medical director of Legacy Transgender Services, has been recognized by Basic Rights Oregon for her leadership in transgender equality in Oregon. Bird was honored by the Basic Rights Oregon Education Fund along with New Seasons Market and Symantec for their innovative work around transgender inclusion.
Three years ago, Dianne Danowski Smith was sailing along in life, doing well in her job as a health care policy consultant, happily married and vacationing in France. While in the middle of her vacation, she noticed she was discharging blood.

A long-distance runner and health-conscious person with no family history of cancer, Danowski Smith, 47 at the time, reported the incident to her primary care doctor as soon as she returned stateside, but the doctor was slow to respond.

In November 2013, a colonoscopy and endoscopy confirmed that she had stage 3 colorectal cancer. To say that she was taken aback would be an understatement. “I possessed not one single indicator for not just colorectal cancer, but for any type of cancer,” she said.

Her diagnosis launched an odyssey unlike anything she could have imagined. “There were so many treatments, so many procedures, so many unforeseen complications,” she said. “I didn’t know what I didn’t know.”

She started daily radiation and chemotherapy treatments in December 2013, and in March 2014 underwent surgery to remove the tumor. However, doctors discovered that while the treatments successfully shrunk the tumor, they also did considerable internal damage.

Danowski Smith switched to a diet featuring many foods with anti-inflammatory properties. She exercised and walked as much as her body would tolerate, but she felt increasingly nauseated and weak.

During this period, Danowski Smith, who continued her consulting work between hospital procedures and appointments, notified her clients of her health status and gave them the option to seek another consultant. Not a single one bailed out on her, and she deeply appreciated the votes of confidence.

From April–July 2014, she underwent a second round of chemotherapy. That August, Danowski Smith, wearing a tiara, celebrated her triumph over cancer with her husband and the many friends who supported the couple through the ordeal.

But a number of complications ensued. Doctors discovered that a fistula had caused a leak in her colon. She also underwent nearly three months of daily hyperbaric treatments to heal extensive tissue damage caused by the radiation.

The therapy was successful and it seemed Danowski Smith was finally in the clear. In April 2015, however, she was still experiencing considerable pain and sought additional testing. While a PET scan didn’t answer any questions about her pain, it did reveal that a tiny metastasis of the original adenocarcinoma had drifted to her right lung and settled in the upper lobe. Fortunately, it was in its earliest stage, and surgeons removed the nodule via a non-invasive thoracoscope.

After the surgery, Danowski Smith went back on chemo as a precaution. This time the side effects hit harder than ever: She lost some hair, became nauseated and had no stamina. But, by October 2015 her life gradually began regaining a semblance of normalcy and she resumed running with no issues.

In mid-November, a radiology report indicated that Danowski Smith was free of metastatic disease. “What a Thanksgiving we had!” she said.

Reflecting on the past three years, Danowski Smith realized that as difficult as the experience had been, she’d had advantages many cancer patients did not.

Working in the health care industry for more than 25 years helped her navigate the system. Besides having an understanding employer and excellent private health insurance, she also had numerous health care contacts and was familiar with the forms, jargon and resources available. In addition, she had a huge support network.

“We had so much support. We had friends bring us flowers and help with everything from housework to yard work. We’d come home from an appointment and see that our neighbors had mowed our lawn while we were gone,” she said.

“I could see that I was the biggest factor in my recovery, in effect that I could be the answer to my cancer,” she added. “I was blessed because I had so much support from family, friends and colleagues. I got unbelievably helpful advice from so many, but one friend in particular was a stage 4 survivor and early on he told me, ‘Don’t let your mind go where it ought not to go.’”

Danowski Smith began thinking of other recently diagnosed cancer patients, those unfamiliar with the health care system or with language, cultural, economic and other barriers.

“I had never been really sick before, and have never been a patient, so I had to figure out many different things. To have the best chance of success against cancer, it helps to have resources and understand your options. Not everyone has a background, the support, or a network to give them the type of help that I had.”

Above all, Danowski Smith said she didn’t want anyone beginning their battle with cancer to feel alone or overwhelmed. “When I was diagnosed, I did not want to become a number. Fortunately, every one on my team made me feel valued and cared for.”

After meeting with Compass Oncology, she formed Answer2Cancer, an information/resource network and online community created to help cancer patients, their families and their caregivers through the ups and downs of the treatment journey. A broad social media effort, including Facebook, Twitter and Instagram, provides a platform for networking and for the sharing of effective survivor strategies.

Linda Nilsen, executive director of the Project Access NOW (PANOW), has known Danowski Smith, who’s served on PANOW marketing and development committees and is an active board member, for 10 years. “When we were just starting out, Dianne was instrumental in helping us identify pharmaceutical resources for our clients.”

On April 23, Answer2Cancer will host an outreach event sponsored by Compass Oncology and PANOW, among others. Nilsen said she is grateful that Danowski Smith is also reaching out to the most vulnerable of the population: the remaining uninsured and the immigrant communities.

“Answer2Cancer was born from Dianne’s personal battle with cancer and her innate desire to give back,” Nilsen said. “Dianne is pure, positive energy and this event will be about beating cancer. While it will be honest and authentic, it will also lift up everyone who attends.”

Compass Oncology’s Rosemary McDermott, RN, first met Danowski Smith two decades ago and reconnect-
Coalition seeks to improve physician education about HPV vaccine

By Melody Finnemore
For The Scribe

As an obstetrician and gynecologist with a special interest in the human papillomavirus, Michelle Berlin, MD, MPH, has seen the cancer risk HPV causes as well as the prevention benefits of the HPV vaccination.

Berlin, co-director of the Oregon Health & Science University Center for Women’s Health, also sees firsthand the need for greater awareness—among the public and physicians—about the need to increase HPV vaccination rates.

That is why she and OHSU are partnering with the American Cancer Society’s Oregon chapter to improve education and outreach to physicians about how to better communicate the prevention benefits to young patients and the adults who care for them.

Bridget Kiene, health systems manager, state-based, for the ACS’ Oregon chapter, said 50 percent to 80 percent of men and women will have HPV at some point in their lives. Yet many providers hesitate to talk with young patients and their caregivers about the HPV vaccine because of its association with sexual activity, and particularly since it is recommended at age 11.

“From our perspective and the CDC’s perspective, it’s a cancer prevention vaccine,” she said. “Many physicians are hesitant to bring it up, and in doing so they’re not providing the most quality recommendations.”

The local ACS chapter recently received a $10,000 grant from OHSU’s Knight Cancer Institute to build a coalition that will launch the awareness and education campaign. In addition to OHSU, the members already on board include the Oregon Vaccines for Children Program; the Oregon School-Based Health Alliance; the Northwest Portland Area Indian Health Board; and state Public Health Division programs such as ScreenWise (formerly the Breast and Cervical Cancer program) and the Oregon Immunization Program. The chapter hopes to include the Oregon Pediatric Society and other organizations as well, Kiene said.

“The biggest opportunity in HPV vaccination is in provider training. We’re really doing that foundational step by building the coalition and gathering all the players, and then deciding on a collaborative action plan as to how to proceed,” she said. “We are committed to doing 300 provider trainings in each state by September.”

The chapter has partnered with the regional Area Health Education Centers, which is based in Alaska and includes AHECs in Oregon, Washington and Idaho, to provide the training. Physicians can either participate through in-person sessions or via webinars, and they will receive CME credit.

Berlin is helping the Oregon chapter organize the training program, Kiene said.

Jenica Palmer, MPH, health systems manager, primary care, for the chapter, said the training will advise physicians about the need to encourage patients and their guardians about the importance of receiving all three doses.

Palmer said the coalition is quickly gaining traction as a central source of advocacy for the HPV vaccine.

“There are a lot of folks wanting to move this forward, but there wasn’t any one entity that was in place to do that. We’re in the very beginning stages but the readiness for the state is definitely here,” she said, adding the coalition will seek additional funding from OHSU to implement and evaluate the education initiative.

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Local health systems working to reduce assessment wait times, expand services

By Jon Bell
For The Scribe

For more than 20 years, Resa Bradeen, MD, has been a practicing pediatrician. And while much has changed over those two decades, there’s one thing that almost always stayed the same: the reality that it can take a long time for a child to receive a full assessment for autism.

“The wait time for a full evaluation can easily be up to a year,” said Bradeen, medical director of Children’s Services at Providence Health & Services. “It’s been like that forever. It’s not uncommon for them to wait a year for one of these assessments by a full team. Sometimes it can be six months, sometimes 18 months.

We are trying to revamp how we do that.” Providence is not alone in its long wait lists for autism evaluations. According to Lark Huang-Storms, PhD, director of the autism program at Oregon Health & Science University’s Institute on Development & Disability, OHSU experiences the same time constraints, with some of the youngest patients waiting between two and four months and older ones having to wait 10 months or more.

“The tough truth,” she said, “is that if you talk to other medical centers providing team-based care, it’s the same situation nationally.”

Though local providers are still struggling to get kids assessed for autism as early and as quickly as possible, they are making gains and there are plans by at least two local institutions — OHSU and Providence — to expand their programs to serve more families faster. Here’s a look at those two providers and how they're tackling autism.

**Providence**

Autism at Providence falls under the health system’s Children’s Development Institute, which includes two large interdisciplinary clinics, one at St. Vincent Medical Center and one at Providence Portland Medical Center. Those are staffed by a team of more than 60 clinicians, including developmental pediatricians, therapists, audiologists, psychologists, dietitians and social workers. Bradeen said the clinics offer multidisciplinary assessments and also treatment for kids who have autism.

She said the increased demand for full assessments — and thus the long wait times — are likely the result of a mix of improved diagnosing and an actual rise in the number of kids who fall somewhere along the autism spectrum.

“One of the reasons we are getting more kids is that, as a state overall, we are doing better with early developmental screening,” Bradeen said, noting that new screening guidelines for the state’s coordinated care organizations a few years ago laid out the need for multiple developmental screenings for kids in the first 30 months of their lives.

Beyond the increased and improved screening, however, the Centers for Disease Control and Prevention also estimated in 2010 that about 1 in 118 children had been identified with autism spectrum disorder. That ratio has been on the rise; in 2000, it was 1 in 150.

That, in part, explains why it still takes so long for a full assessment even at a place like Providence, where Bradeen said the number of clinicians focused on autism has likely quadrupled in the past decade.

One way Providence is working to help more families who find themselves on that waiting list is by conducting other assessments so that they’re matched with some helpful services in the meantime. That also means working closely with schools so that kids get paired with support services early on.

“Every kid needs an individualized plan,” Bradeen said.

In addition to its assessment services, Providence offers a wide range of evidence-based treatment services as well. Bradeen said those include everything from behavioral and communication approaches to dietary changes, occupational and speech therapies, and medications.

Providence also offers parenting classes, and its Swindells Resource Center works with other providers across the state to offer support services for kids with special needs and their families.

Acknowledging that there continues to be growing demand for even more services and assessments around autism, Providence is in expansion mode. Bradeen said the health system in Portland sees about 2,500 children a year from new referrals; it would like to double that number by the end of 2017. Providence will do that by expanding its eastside services and creating a new center on the west side in one of the existing buildings at St. Vincent.

“It will be a new center around kids with developmental challenges and autism and their families,” Bradeen said, noting that Providence’s annual Festival of Trees this past year helped raise funds for the expansions. “It will be a comforting place to bring them for evaluation and treatment. We are out of space at the moment, but we are very committed to this work.”

**OHSU**

Though it does offer treatment services for kids with autism — including a therapeutic program for parents, a severe behavior clinic and occupational therapy — Huang-Storms said OHSU’s Institute on Development & Disability focuses primarily on the diagnostic side of the equation. Patients are usually referred back to their home communities for treatment.

Of all the patients the OHSU institute sees, more than 85 percent are publicly insured, a detail that often makes it hard for patients to find services elsewhere.

“I think there are just fewer options with public insurance,” Huang-Storms said, “so that keeps us really busy, but that’s our niche and the need that we serve.”

Despite the fact that the wait list can still top 10 months for a full assessment at OHSU, Huang-Storms noted that that’s actually half of what the wait used to be just two years ago. The institute has been able to make such strides, she said, by expanding the number of days it offers services and by improving the “agility of our assessment team model” along with adding a few new faculty members.

“It’s about using their time in the most efficient way,” she said, noting that OHSU sees an average of about 11 families each week for diagnosis. Huang-Storms said that while there haven’t been many big breakthrough approaches to autism of late, she is encouraged by the potential of telemedicine to boost diagnostic possibilities.

She also said that new approaches in treatment are taking a more integrative approach that actually involves and includes patients in the process much more than before. In addition, Huang-Storms and others have worked closely at times with Eric Fombonne, MD, director of autism research at the Institute on Development & Disability.

“We try to cross-pollinate as much as we can,” she said.

On top of the diagnostic and treatment services it offers for autism, OHSU does have several autism-related research projects under way. They include one looking into early warning signs of autism in infants; one studying identical twins and their families to learn more about genetic factors related to autism; and one examining the differences in the brains of children and adolescents with ADHD versus with autism to better understand what causes the disorders.
Doernbecher receives quality award for patient safety

OHSU Doernbecher Children’s Hospital has earned the Children’s Hospital Association’s 2015 Pediatric Quality Award for Patient Safety and Reduction of Harm. The award is given to children’s hospitals that demonstrate significant clinical or operational improvements with the potential to advance children’s health care.

“This recognition signifies a positive change in hospital culture that has the potential to spread throughout our organization and beyond,” said Jodi Coombs, RN, MBA, vice president for Women’s & Children’s Services, OHSU Doernbecher Children’s Hospital. “I am incredibly proud of the OHSU Doernbecher team for their exemplary work, and for their dedication to continually enhance quality patient care and safety.”

Doernbecher was selected following a competitive submission and judging process that considered 76 quality improvement projects from CHA member hospitals across the United States.

The CHA recognized Doernbecher’s interdisciplinary team of pediatric radiologists and quality improvement specialists for their work in reducing radiation exposure by 50 percent for children undergoing barium swallow studies. This work, which leveraged existing technologies and resources, has the potential to reduce the risk of cancer associated with excessive radiation exposure without limiting the results of swallow studies necessary for disease detection.

Oregon Pediatric Society to host spring conference

The Oregon Pediatric Society will hold its spring conference May 7 at the OMA Event Center in Tigard. Topics will include injury prevention for children from birth to 4 years, trauma-informed care skills and special health care needs, among others. To learn more, visit oregonpediatricssociety.org/events.

Study highlights ear infection decline; AAP calls for poverty screenings

Breastfeeding, a decrease in smoking, and the use of new bacterial and flu vaccines have helped reduce the incidence of ear infections in babies age 12 months or younger in recent years, according to a new study, “Acute Otitis Media and Viral Respiratory Infections” in the April 2016 Pediatrics.

The study found that nearly half of 367 infants monitored during their first year experienced acute otitis media, or a middle ear infection. The percentage of infants with ear infections at ages 3 months, 6 months and 12 months, though, has declined compared with data from the 1980s and 1990s. Acute otitis media still remains one of the most common childhood infections and is the leading cause of doctors’ visits by children, as well as the leading cause for antibiotic prescription in the United States, according to the American Academy of Pediatrics.

Risk factors for ear infections include frequent colds, a lack of breastfeeding and exposure to tobacco smoke, according to the study conducted between October 2008 and March 2014 by the University of Texas Medical Branch. Data collected showed that 46 percent of infants experienced an upper respiratory infection—or the common cold—before being diagnosed with an ear infection.

In other news, the AAP identified poverty as one of the most widespread and persistent health risks facing children, and issued new recommendations urging doctors to ask at all well-child visits whether families are able to make ends meet.

Its policy statement described the pervasive ways poverty harms children’s health and development. The AAP called on pediatricians to commit to helping the one in five U.S. children who live in poverty access the resources they need to thrive. A single question, “Do you have difficulty making ends meet at the end of the month?” can help identify families who would benefit from community resources.

Research shows that living in deep and persistent poverty can cause severe, lifelong health problems, including infant mortality, poor language development, higher rates of asthma and obesity, and an increased risk of injuries. A growing body of research links child poverty with toxic stress that can alter gene expression and brain function and contributes to chronic cardiovascular, immune, and psychiatric disorders, as well as behavioral difficulties.
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Questions?

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Meeting aims to enhance health professionals’ understanding of pediatric mental health

By Cliff Collins
For The Scribe

Health professionals concerned about pediatric behavioral health issues recently gathered in Portland to discuss timely topics such as appropriate care for foster children.

Speakers at the 6th Annual Children’s Mental Health Conference particularly focused on current thinking in regard to drug therapy for children with emotional and behavioral problems.

This year’s meeting, held April 9 at the Multnomah Athletic Club, was intended for all interested health professionals, but especially targeted to pediatricians, family physicians, psychiatrists and psychiatric nurse practitioners, said Linda E. Schmidt, MD, secretary treasurer of the Oregon Council of Child & Adolescent Psychiatry, which hosted the event.

Schmidt, medical director of youth and family services for Albertina Kerr, said that in alternating years, the conference is open to the public as well as health professionals. This year’s meeting was just for health professionals.

The scheduled keynote speaker was John T. Walkup, MD, a well-known child psychiatrist from Weill Cornell Medicine and New York-Presbyterian Hospital. Walkup, who previously spent 20 years at Johns Hopkins School of Medicine, specializing in Tourette Syndrome and anxiety disorders, including obsessive compulsive disorder. He also has special research interests in the development and evaluation of psychopharmacological and psychosocial treatments for major childhood psychiatric disorders, including depression, bipolar disorder and suicidal behavior.

Two experts from Oregon Health & Science University’s Doernbecher Children’s Hospital also spoke. Each agreed prior to the conference—held as The Scribe went to press—to provide previews of their respective talks.

Kyle P. Johnson, MD, a child and adolescent psychiatrist who specializes in pediatric sleep disorders as well as autism spectrum disorder, gave a presentation on pharmacological and behavioral treatments for sleep disorders in children, adolescents and young adults.

Pediatric sleep medicine emphasizes behavioral interventions, because no Food and Drug Administration-approved drugs exist for children and adolescents, Johnson explained. "That said, behavioral intervention is not adequate for some kids,” and clinicians and families need to weigh the risks versus benefits of using drug therapy “off-label,” he said. He said he planned to offer advice based on his experience in treating these patients.

Johnson said transient insomnia is common even in normal children, but transient and even chronic insomnia is particularly prevalent—up to 70 percent—in those who have autism spectrum disorder or attention-deficit/hyperactivity disorder.

OHSU’s Ajit Jetmalani, MD, and Kathryn J. Flegel, MD, a child and adolescent psychiatrist with Providence Health & Services, gave a joint presentation titled “Improving Appropriate Use of Psychotropics in Foster Care.” Jetmalani, director of the OHSU Division of Child and Adolescent Psychiatry, said he and Flegel also planned to review the history and current strategies in place for supporting children in foster care.

Jetmalani also holds a position with the Oregon Health Authority to consult with the state Human Services Division and the state Addictions and Mental Health Division on improving psychotropic medication use in foster care. In addition, he consults for the Oregon Psychiatric Access Line about Kids—known as OPAL-K—which provides free, same-day, child psychiatric phone consultation to primary care providers in Oregon. OPAL-K is a collaboration among OHSU’s Division of Child and Adolescent Psychiatry, the Oregon Pediatric Society and the Oregon Council of Child & Adolescent Psychiatry. The program offers timely psychiatric consultation, medical practitioner education and connections with mental health professionals throughout the state.

Referring to his and Flegel’s conference subject, Jetmalani thinks primary care physicians are “very interested in this, because these are tremendously challenged kids. This is a very hot topic across all 50 states.”

Most kids in foster care have experienced a history of trauma, so an emphasis for clinicians is recognizing and treating that in their practices, Jetmalani said. His and Flegel’s talk was intended to focus on “improving our knowledge and skills in identifying where there are inadequate psychosocial services, and emphasizing trauma and how it impacts children’s emotions and behavior,” he said.

The conference also was slated to include awards presentations for Child Advocate of the Year and Child Psychiatrist of the Year. *
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Mayo Clinic research advocates for organizational support for physician wellness strategies

The Mayo Clinic has approached the challenge of physician burnout comprehensively, framed around the belief that addressing this issue is the shared responsibility of both the individual physician and the health care system they work for. Colin West, MD, PhD, FACP, whose research focuses on physician well-being and co-director of the Mayo Clinic’s Physician Well-Being Program, recently shared with The Scribe the benefits and challenges of implementing physician wellness measures at the organizational level, and how ongoing education and awareness efforts have changed perceptions about physician burnout.

The Scribe: Can you share a few specific examples of programs or policies that health care organizations have implemented to meet the responsibility of addressing physician burnout and promoting physician wellness?

West: This is a difficult question to answer without discussing specifics with a hospital leader. The programs in place at many institutions are not advertised publicly, so details on what different institutions are doing are limited. Historically, one of the most common approaches to physician distress has been to train physicians on stress management (often through night or weekend courses rather than as part of the normal workday, ironically). Although positive coping strategies are important at the individual level, this risks sending the message that the issue is at the level of the physician rather than the health care system, something we think is highly inconsistent with the high prevalence of distress we have found in our national studies. Therefore, we advocate for organizational support of individual-focused strategies while organizations also consider how to improve the health care system itself to be a better system within which to work.

These approaches can be oriented around five key drivers of physician distress: work effort (e.g., work hours and intensity); work inefficiency (e.g., support for clerical tasks); work-home interference (e.g., work-home conflicts); lack of autonomy/control/flexibility (e.g., administrative mandates without physician engagement); and loss of values and meaning in work (e.g., are physicians able to do what they love to do, or do they work in an environment they feel is presenting barriers to their desired patient care and professionalism ideals?). There are potentially both individual and organizational aspects of these drivers which could be targeted by institutional programs and policies.

The Scribe: What results are being seen from some of these programs?

West: As noted above, reporting of existing programs has been very limited, and formal studies even more rare. We are in the process of completing a systematic review of interventions to address physician burnout, though, to better understand the current state of knowledge and gaps future research needs to fill.

The Scribe: What are the most significant challenges to implementing these types of programs and measures on an organizational level?

West: The good news is that we have come a long way in overcoming the first challenge, which is lack of recognition of physician distress as an issue. When we conducted early studies in this field, a common question was, “Is this really an important issue, or is this just highlighting a few doctors who perhaps weren’t well-suited to the medical profession?” We almost never get this question anymore, and instead we are asked, “What are the solutions to this problem and why aren’t we addressing it better?” However, it is also challenging to study institution-level programs using the usual scientific research approaches. Such studies take time and money, and ideally would span multiple organizations to determine how well approaches work across health care systems, with all their differences in structure, mission and culture. Funding for this kind of research can be difficult to find, although we hope this is beginning to change given the growing understanding of how big an impact physician distress may have on the health care system.

The Scribe: What is your sense for where the medical profession—a field that traditionally involves long and demanding hours from students and practitioners—is in terms of recognizing and addressing physician burnout? What progress has been made, and what obstacles remain?

West: As noted above, there has been great progress in recognition of the problem. The prevalence data are powerful enough that they cannot be ignored, and burnout is common enough that it is unfortunately more the norm than an aberration. The advantage of this state, however, is that the stigma associated with burnout may weaken, allowing us to discuss these issues more openly and work toward solutions collectively. It is clear that we cannot simply pretend physician burnout is a minor concern, affects only “the weak,” or is going to just go away. The obstacles are also as previously mentioned, but my sense is that the barriers are starting to dissolve in the face of the growing understanding that these issues are important. However, the intervention aspects of physician burnout (what works and for whom does it work best?) are not nearly as well understood as they need to be.

The Scribe: Have changes in health care policy nationally and the emergence of new models, such as CCOs, helped to foster the conversation about how organizations can better support physicians? If so, how?

West: I’m not sure health care policy discussions have had much impact on the conversation about physician burnout, at least not yet. However, there are some clear intersections. For example, the healthiest health care systems in the world have strong primary and population care bases. In the United States, however, these “front-line” medical specialties have among the highest rates of burnout and distress. To optimize our health care system, and recruit the best and brightest into the specialty areas we need so desperately, we will need to ensure that they can see themselves thriving over their careers both personally and professionally in those fields of medicine. Health care policy will need to align with those goals to be effective.
‘Type A’ physician’s musical adventures bring about a healthy balance

By John Rumler
For The Scribe

Working as a physician in a fast-paced, city hospital can be full of challenges and tension. Wellness programs aimed at helping doctors cope with job-related stress are becoming more prevalent. However, many physicians are discovering “off hours” hobbies or interests that serve as healthy outlets for their pressure-packed workdays and help them unwind.

“Being a ‘Type A’ physician, I need a balance in my life and music does that for me,” says David Wakeling, DO, of Legacy Health.

Wakeling graduated from Chicago College of Osteopathic Medicine in 1987 and completed his residency at Good Samaritan Hospital in Portland. In 2003, he started Legacy’s hospitalist program, which has grown to 15 doctors who cover for most of Legacy’s primary care physicians in the area.

A good deal of Wakeling’s time is spent on patient rounds, ordering appropriate tests, screenings and follow-ups, meeting with patients and families, and responding to emergencies. “Every day is different. It can be stressful, but ultimately it is rewarding,” he says.

Wakeling releases his daytime stresses through music: performing live, recording CDs of his own material, and sharing new music from around the world in a weekly podcast.

His podcast, Dr. Dave Show on Skycast Radio, is swamped by submissions from indie artists hoping for wider exposure, and he plays music from all over the world. Wakeling plays a mix of rock, punk, country, electronica and ska. His podcast recently got picked up by another Internet radio station in L.A. and is available for download on iTunes. “My listener base is still pretty small but is slowly building,” he says.

Rod Rowan is a paramedic and an American Heart Association critical care instructor who also hosted a radio music show. He met Wakeling in a hospital environment and joined him on the podcast for several months.

“Listening to Dave’s podcast is like having a conversation with an old friend. He’s able to speak to the soul and even have you laughing out loud in the car with no one else around,” Rowan says.

Wakeling’s talents extend far beyond health care and music, he adds. “Dave’s able to accomplish whatever he sets his sights on and he does it with a certain easygoing appeal. All it takes to be a believer is just to be around him.”

‘It is my escape’

Wakeling grew up in Brockton, Mass., a blue-collar melting pot outside of Boston. His mom sang in the church choir while his dad ruled over the family stereo, playing classical, country and polka music.

As a youngster, Wakeling took to music naturally. He’d listen to songs and effortlessly hum the bass line or harmony line, and he also took accordion lessons. “I stopped in sixth grade when I realized how terribly uncool it was,” he says. “Because of that, I can’t read or write music and I play entirely by ear.”

His musical influences include Pat Metheny, James Taylor, Todd Rundgren, Portland’s Craig Carothers, Dennis Chambers, Peter Erskine, Steve Gadd and a “host of others” on drums. Wakeling plays Tama drums, and Martin and Tacoma acoustic guitars.

Wakeling delved into progressive rock groups such as Yes, Kansas, Jethro Tull and David Bowie. He taught himself drums in high school and joined a college rock band, achieving some minor notoriety, but then took a musical break for nearly two decades. At age 40, he took up the guitar.

He began drumming again as well and with his fellow hospitalists Anil Shah, MD, and Gordon Johnson, MD, Wakeling formed the music band Against Musical Advice. They played wine bars and other venues around Portland, including a few fundraisers, before separating.

From the remnants emerged a new band, “This, not this,” formed by Wakeling and bassist/guitarist Frank Adrian. “We began writing and playing around Portland, doing mostly our own songs. We recorded two albums of original tunes, got some play on the radio and eventually went our separate ways.”

Wakeling was also writing and recording solo CDs, initially renting studio time and then recording in his home studio. All compositions on four of his CDs are original. He also has one CD of cover songs titled “Well Imagine That.” On all CDs he plays guitar, drums, and enough keyboards to provide bass, strings and other effects, as well as singing and creating his own harmonies.

“I love playing in a band. When everyone’s playing tight and firing on all cylinders I get goosebumps, but to be successful requires a full-time commitment. Since we were older rockers, our demographic of followers didn’t exactly like going out on a Tuesday night at 11 p.m. to see us play.”

Admitting that he misses the live band days, Wakeling says that it became harder to get gigs in Portland, while as a solo artist he records when he has the time and the spirit moves him.

Inessa Anderson has worked as a radio broadcaster, music director and producer, including stints at KGON and KINK. She is the music curator for Portland Radio Project and has known Wakeling for about seven years.

“David is and always has been musically inclined,” she says. “He writes and records the kind of music he likes and he plays what pleases him.” Music, Anderson said, allows Wakeling to go to the totally opposite direction of his day job. “Tending to his medical practice and practicing his music is his way of caring for both sides of his brain.”

Adrian, a software consultant and Portland-area musician, started early in music like Wakeling, then drifted away for nearly three decades. About 10 years ago, he got the music bug again and joined Wakeling in several bands.

“Dave observes life with a physician’s keen eye. However, he tempers that rational viewpoint with a good dose of compassion, empathy and humor,” Adrian says. “When you toss in his singing and songwriting talents, and his ability to create fine songs worth listening to, it makes a pretty good start for a musician.”

As for Wakeling, he cannot imagine a life without music. “It is my escape, and to me there is nothing better than to have some tiny remnant of a lyric or melody become a fully formed song.”

To check out Wakeling’s podcast, please visit www.skycastradio.com.

For a discography and bio, go to www.wakelingmusic.com.
The three options in a ransomware attack:

**Restore if possible, pay or lose patient information**

By Craig Musgrave
Senior Vice President, Information Technology
The Doctors Company

The news made national headlines: Hollywood Presbyterian Medical Center’s computer systems were down for more than a week as the Southern California hospital became yet another victim of ransomware—an attack where a business or individual’s computer system is held hostage by cybercriminals until a ransom is paid. Hollywood Presbyterian Medical Center ended up paying $17,000 to restore its systems and administrative functions.

“The quickest and most efficient way to restore our systems and administrative functions was to pay the ransom and obtain the decryption key,” said Allen Stefanek, president and CEO of the medical center. “In the best interest of restoring normal operations, we did this.”

No health care provider wants to be in Mr. Stefanek’s position. Once ransomware is in your medical practice or hospital system, there are only three basic options:

1. If you have performed frequent backups, restore your system.
2. If you have not performed frequent backups, pay the ransom.
3. Put your system back to the default setting—and lose everything.

If before the attack you’ve performed incremental backups, you can restore the areas affected, with minimal data loss (for example, an hour). If you have point-in-time backups, you can restore with increased data loss (for example, a week). If you have no reliable backups, you can reset the technology back to its “out-of-box,” or default, state and lose all the data, if no paper records exist. The only other option would be to pay the ransom.

The key to handling any type of attack is to stop the spread once it’s identified. For example, Ottawa Hospital in Canada took the right steps when four of its 9,800 computers were hit by ransomware.7 The hospital was able to find the virus, isolate it before it spread, and wipe the drives clean on the infected computers. The hospital was able to prevent loss of any patient information and avoid paying any ransom because it had saved critical data on servers instead of desktop computers. Besides loss of business, inconvenience to patients, and damage to reputation, a ransomware attack also poses liability risks. The possibility of adverse events and subsequent claims for professional negligence increases when computerized systems necessary for various functions such as CT scans, documentation, lab work, and pharmacy needs are offline. If hospital systems are down for any significant period of time, certain patients should be transported to other hospitals.

Adverse events can occur when healthcare workers do not have access to EHR systems. However, if this type of case was litigated, the patient would have to prove that something in the records may have had a bearing on the treatment being provided. In the case of emergency care, the claimant would have to successfully argue that the staff should not have undertaken the care until the medical records could be accessed.

Another risk involves theft of patient records during the attack. If patients’ personal information such as social security numbers and addresses are stolen, the physician practice or health care facility may be subject to claims for damages due to identity theft. If a HIPAA violation occurs because patients’ health care information is compromised, the practice or health care facility would face an investigation by the federal government and could face fines.

Hospitals, medical practices and businesses should take full precautions to prevent a hack that results in ransomware being installed. Prevention strategies include:

- Provide security awareness for all employees. Over 80 percent of attacks are made possible by human error or human involvement. Train staff members to avoid downloading, clicking on links, or running unknown USB on computer systems.
- Block the malware at the firewall, by using intelligent firewalls to stop the malware from downloading.
- Install intrusion detection software to monitor illegal activities on computer networks.
- Stop the malware from executing on desktop computers by installing application whitelisting software, anti-virus or anti-malware.
- Perform regular system backups.
- Ensure that critical systems and business data are backed up—even backed up hourly for critical systems.
- Test that the backup restore process works.
- Avoid relying solely on encryption. Encryption does not protect a business from a ransomware attack.
- If a cybercriminal has your login, encryption doesn’t do anything to stop the hacker.
- Perform penetration testing on a regular basis to determine any existing vulnerabilities that should be patched.

Much of the decision to pay or not to pay the ransom is based on the circumstances surrounding the attack, the extent to which all or part of the systems have been compromised, and the degree to which recovery or restoration of the system can be achieved. Any decision must be viewed in light of all of the information and made on a case-by-case basis.

Contributed by The Doctors Company.
For more cybersecurity articles and practice tips, visit
www.thedoctors.com/cybersecurity

References
system allows us to hand the megaphone to our patients” and give them a voice in how they are treated.

“...there was initially caution and skepticism” from doctors when Legacy presented the idea of Legacy-sponsored physician ratings, Muller acknowledged. But once physicians understood that the health system was using data already collected and it would be processed in a responsible way, that gave doctors confidence, she said. The popularity of consumer ratings shows that patients value transparency, and better to be able to offer them reliable data for specific physicians’ verified patients—to make sure the true story of a provider is told”—than questionable scores on various Internet sites, which often represent views of only a small number and tend to skew toward those who are happy or angry, Muller said.

Legacy’s individual ratings don’t get released until a provider accumulates a minimum of 30 reviews, which is considered the statistically significant minimum number, she added. Plus, “Each provider gets 50 surveys a quarter so we have enough volume,” she said. Legacy updates ratings each week for each provider, which includes doctors, physician assistants, nurse practitioners and certified nurse-midwives, said Legacy spokeswoman Amber Shoebridge.

And Providence use data that other health systems that provide physician ratings typically employ: the federal Clinician and Group Consumer Assessment of Healthcare Providers and Systems—or CG-CAHPS—survey, a standardized tool that measures patient perceptions of care delivered by a provider in an office setting. Health systems place the ratings on their provider directories, so that when potential or current patients look up a doctor by name, a star rating is included with the physician’s profile.

As more people gain insurance coverage and patients increasingly have to pick up larger portions of the bill even if they are covered, patient choice in selecting their doctors has become even more relevant. Imelda Dacones, MD, chief executive officer and executive medical director of Northwest Permanente, Kaiser Permanente’s physician group, said that when patients go online seeking where to receive care, “We want to give them the most thorough and accurate picture possible as they make important decisions about which providers they’ll choose.” Last fall, Kaiser began releasing online patient ratings of its more than 1,300 physicians. Dacones said Kaiser for many years has used patient satisfaction surveys provided by Press Ganey, a company based in Indiana, “and now we think it is time we shared them openly with our patients.”

The Kaiser physician ratings are based on answers numerous patients provide in response to an independent after-visit survey by Press Ganey. Surveys are sent weekly to a random sample of patients following their medical visits with primary care, specialty care, mental health, urgent care and emergency medicine providers. Kaiser then posts each physician’s overall rating based on a five-star system, as well as comments shared on the surveys.

“I want my patients to feel confident they’re getting the best possible care when they step into my office,” said Jane Drummond, MD, a Kaiser internist. “Sharing reviews is a way of helping to establish that trust from the very beginning, which is incredibly valuable in building a positive doctor-patient relationship.”

Approximately 275 Legacy Medical Group adult primary care and specialty physicians will receive a star rating on Legacy’s website. Like Providence, Legacy aggregates surveys from the previous 12 months and posts a one-through-five star rating, as well as all survey comments patients include, as long as the comments are HIPAA compliant and don’t contain confidential patient health information, profanity or libelous statements.

Providence’s star ratings are available for all Providence- and Swedish Medical Center-employed providers across all five states the system covers, including 730 providers in Oregon. Providers, as Providence defines them in this case, include doctors, physician assistants, nurse practitioners, behavioral health counselors and others, said Providence spokeswoman Olivia Ramos. Press Ganey performs patient surveys for Providence using CG-CAHPS questions. Binary Fountain, a Virginia-based company, aggregates and translates data into star ratings, according to Mitch Turpen, senior director of website portfolios for Providence. That company’s tool also is employed by the Providence team to review patient comments that are post-ed, he said.

“Transparency is so important in health care,” said Kristi Spurgeon Johnson, director of marketing for Adventist Health. “We do not currently post patient satisfaction ratings online but continue to have ongoing discussions about the best way to make that happen in the future.” She noted that Adventist Health—Portland is part of a 20-hospital system on the West Coast, and thus the health system would “need to coordinate those decisions across our network when we are ready to move forward.”

Oregon Health & Science University hasn’t established an online ratings system yet, but began planning this last October and intends to launch one within the next six months, said Kevin O’Boyle, vice president of ambulatory services. “We want to own our data, and we want to constantly improve,” he said. Posting survey results through ratings is a good way to meet those objectives, he said.

Patients of nearly 600 OHSU primary care physicians and specialists now are surveyed by Press Ganey, which performs between 14,000 and 15,000 surveys for OHSU each quarter. Referring to posting online ratings, O’Boyle said, “To me, it’s the right thing to do,” and lets patients know the good service OHSU physicians provide.

National Research Corp.’s Ibotton predicts that as health system-sponsored ratings become more prevalent—especially within a given market—“that’s going to become the public expectation. I think the biggest motivation for health systems to do this is to help build confidence and trust with consumers,” he said. “It’s a great way for health systems to let consumers know their feedback matters.” Legacy’s Muller agreed. She said traditionally many people have found their physicians through “recommendations from friends and families. I think this is just an extension of that.”

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