A relationship was born when in 2008 MPCMS was approached by the Western University of Health Sciences (also known as COMP-Northwest – College of Osteopathic Medicine of the Pacific). The Pomona, California based multi-disciplinary osteopathic school was expanding its reach by building a campus in Lebanon, Oregon, and was seeking clinical faculty for third and fourth year rotations in primary and specialty care – each lasting 4-6 weeks. COMP Northwest plans to graduate approximately 100 physicians each year at its new campus beginning in 2015 – an outreach designed in large part for students who hail from the northwest. In Pomona, the school also educates physical therapists, physician assistants, dentists, podiatrists, pharmacists, optometrists and veterinarians.

On June 18th, MPCMS hosted a dinner at the Keizer Renaissance Inn to honor medical students who have been placed with our members and to recruit additional clinical faculty. Students attending included Jesper Brickley, originally from Bozeman, Montana; Bethany Mullins, Seattle, Washington; Jillian Hansen, Portland; Tyler Evans, Salt Lake City; and Terena Gimmillaro, upstate New York. James Tse of the Seattle/Tacoma area was unable to attend.

.ChartNotes® asked the students where they would like to settle. Jillian, Bethany, Terena and Jesper expressed a strong interest in settling in the Pacific Northwest, while Tyler sees himself returning to Utah to be near family. Regarding their desired practice, Tyler aspires to become a hospital based anesthesiologist, while Jesper sees himself in family medicine. Terena may consider a fellowship in women’s health. Jillian and Bethany weren’t ready to commit to a particular medical discipline.

Continued on page 14
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What I Found in Centralia

By Mark Fischl, M.D.

I rode STP (Seattle to Portland organized bike ride) for the first time this July 9th and 10th. Through some unusual circumstances I made a commitment on Facebook to do the ride about 9 months ago. I invited my friend Doug Skarada to do the ride with me. When he accepted, that cemented the deal and I was committed.

Every year ten thousand cyclists ride from Seattle to Portland. About two thousand do it in one day. The rest of the riders do it in two days. This requires finding accommodations somewhere between Centralia and Castle Rock. You might be surprised to find out there are not eight thousand rooms available in that rural stretch of Washington. So Doug and I arranged to sleep on the floor of a classroom at Centralia College.

I have ridden a few centuries (one hundred mile bike rides) but none since our clinic went to EMR three years ago—causal! or associated? Even when in shape I had never done centuries on back to back days. I used my commitment and fear of the second hundred miles to push myself to ride this winter and to log longer rides than I would have done this past miserably cold wet spring.

The plan for the ride was to go easy the first day. I estimated riding time of six hours and total time of seven hours. We would ride a comfortable pace and take extra breaks the first day and on the second day ride as hard as I was capable. Well egos and the fact that Doug is a stronger rider than I am changed things. Within ten miles of the start a small pace-line passed us and we hopped on. We did this several times over the next one hundred miles as pace-lines formed and separated. When moving along in well-formed groups we tended not to stop as often or as long I had originally planned. We ended up in Centralia an hour and a half ahead of schedule.

Once in Centralia there were a few basic needs to take care of. The bikes were stowed in a bike corral with the entrance guarded by a S.W.A.T. member. Next we found a floor to sleep on and a place to take a shower. All the while we were re-hydrating on free vitamin infused chocolate milk. With the necessities taken care of, it was now 2 o’clock in the afternoon and there was nothing to do but relax and wait for blood to start flowing back to my stomach.

There are two streets about 4-6 blocks long with shops and restaurants near the Centralia College campus. After walking both of them my appetite returned and Doug and I sat down for dinner at a little Mediterranean themed cafe. We had large Pita bread sandwiches followed by a second round of large Pita bread sandwiches. Satiated, walking back to the college, we noted the Olympic Club Hotel and Theater, owned by McMenamins. Luckily I read recently that when dehydrated, the kidneys are...
Business Owners and the Revocable Living Trust

By Eden Rose Brown, JD – Attorney and Counsellor at Law
Past Board Member of the Marion-Polk County Medical Society Foundation

When we design estate plans for business owners, we routinely include a Revocable Living Trust (RLT) as the foundation of the owner’s estate plan. Using a Revocable Living Trust as the primary planning tool is critical for several reasons.

Business Continuity and Operations

The first reason involves making sure the business can operate smoothly over the long run. A small business owner should address the obvious issues of disability income and management control in case he or she loses capacity or otherwise becomes unable to continue working. Since a Living Trust is effective the day you sign it (as opposed to a will, which only takes effect upon death), the trust can provide a smooth mechanism for continued management by a successor Trustee if you become incapacitated, without involving judges, lawyers, or the court system.

In addition to disability planning, however, the business owner must also address critical issues such as income replacement, business succession or exit planning, and estate tax planning. Some of these issues can be address with an appropriate level of life insurance; others can and should be discussed holistically and comprehensively with the business owner’s professional advisors, including the business attorney, estate attorney, CPA, and financial advisor.

Who Is in Control of the Business?

In addition to planning for long-term business operations, proper business planning also involves the practical issues and intricacies of running a business day-to-day.
Don’t Let a Judge Make Key Business Decisions

If you use a Last Will and Testament, a judge will likely have to appoint someone to run the business and approve their plan of action. This takes time, is public, and requires court hearings, lawyers, the testimony of experts, and money to pay the lawyers, experts and court costs.

In some cases, the death of the business owner is cleaner and easier for a business. If he becomes incapacitated, however, numerous questions must be answered and matters can become complicated quickly. For example, if the business owner has a stroke or a car accident and cannot continue working, who takes control? For how long? What is the successor’s mandate for running the business? Who makes the tough business decisions?

Logically, the business owner’s legal guardian and conservator appointed by the court is the one to take over the reins, but just like the probate judge, the guardian and the judge are not in any position to make good business decisions. They may be wise and intelligent people, but they do not know the owner’s business and are probably not in the best position to make decisions about that business.

The business owner can obtain a better result by naming trusted individuals in the Living Trust to take over the business in the event of incapacity and can ensure that the right people are in control of the business, instead of the judge. Nothing can destroy the value of a business more quickly than burying it in the quagmire of probate or guardianship proceedings.

The beauty of a living trust-based estate plan is that if it is drafted and funded properly, it can provide clear directions in the event of both a business owner’s incapacity and death, avoid the cost, delay and publicity of probate, and provide a clear blueprint for the continuity of the owner’s business.

The Living Trust cannot take the place of a well thought out operating agreement or buy-sell contract, but it can provide peace of mind, reduce costs, and maximize control by naming trusted individuals to step into the business owner’s shoes if and when the need arises.

This article is a publication of the Law Office of Eden Rose Brown. Our purpose in publishing this article is to inform our readers, clients and friends of recent legal developments. It is not intended, nor should it be used, as a substitute for specific legal advice as legal counsel may only be given in response to inquiries regarding particular situations.

Attorney Eden Rose Brown is dedicated to providing comprehensive, highly personalized, counsel in wealth preservation strategies, asset protection, family legacy design, and estate, tax and charitable planning. She holds the highest standards of scholarship, client service and lawyer accessibility. Eden has been honored as an Oregon Super Lawyer by her peers, and Worth magazine has twice selected her as one of the Top 100 Attorneys in the United States. Eden is a past director of the Marion-Polk County Medical Society Foundation, Willamette Humane Society, and the Chemeketa Community College Foundation. The Law Office of Eden Rose Brown is located at 1011 Liberty Street SE, near downtown Salem, with additional offices in Bend and Portland. Phone: (503) 581-1800 Email: Eden@EdenRoseBrown.com. Web: www.EdenRoseBrown.com
First, I have to eat some words from last month’s article. One June 23, 2011 IRS decided it would be appropriate to make adjustments to the standard mileage rates. Effective July 1, 2011 and through December 31 the rates will be as follows:

**Business miles** – 55.5 cents (up from 51)

**Medical and moving miles** – 23.5 cents (up from 19)

**Charitable miles** – 14 cents (no change)

Be sure to adjust your software for these changes if you use such to calculate employee reimbursements.

Second, a few thoughts about tax notices from the Internal Revenue Service (IRS) or the Oregon Department of Revenue (ODR). Between May 1 and August 1 tax return processing at the federal and state service centers gets caught up. As a result, detailed notices get generated to inform taxpayers of additional taxes due or possibly tax overpayments that generate unanticipated refunds. These notices should be read carefully and shared with your tax return preparer so that appropriate action can be taken. Notices generated now most likely relate to 2010 tax returns, but 2008 and 2009 are still open years, so the first things to take note of are the tax year and the tax form. Some common circumstances for notices from IRS or ODR include the following:

- Quarterly tax payments reported on the return that were not paid resulting in a tax due notice.
- Quarterly tax payments paid but not reported on the return resulting in a refund.
- Withholding from miscellaneous sources such as Forms 1099-B pr 1099-R that are reported on the return but not considered by the IRS or ODR resulting in erroneous tax due or decreased refund notice.
- “Match up” notices which compare third-party reporting of wages, interest income, dividend
2011 Food Drive Numbers Are In!!!

Thank you to all who participated in the 2011 Rotary Food Drive. Your donations go a long way in helping to fight hunger right where donors live and work. Due to some staffing changes at Food Share, a specific accounting by office was not done this year. To the best of their ability, Food Share estimates that the offices participating through the Medical Society donated $19,560 in cash, and 12,000 pounds of food. If you have questions regarding specific amounts raised by individual offices you may call Carol at the Medical Society (503) 362-9669.

Remember, the need doesn’t go away once the food drive is complete. For more information on how to sign up for the Sustainer Program or to make a one-time donation, please contact the Marion-Polk Food Share at 503-581-3855.

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Drs. James and Judy Auerbach
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The Doctor’s Clinic, LLP
Eye Care Physicians & Surgeons – Salem and Keizer
Dr. Wolfram and Dorothee Gottschalk

Dr. & Mrs. Michael Grady
Dr. Carolyn Hale
Hematology Oncology of Salem, LLP
Kidney Care Physicians, LLC
Marion-Polk County Medical Society
Mission Medical Imaging
WVP Health Authority
Pacific Family Medical Center
Dr. Prasanna and Norma Pati
Dr. Jerome and Linda Patzel
Drs. Bud and Selma Pierce
Primary Care West
Salem Clinic, P.C. – Main, Inland Shores, Salem Heights & Primary Health Care Clinic
Salem Pediatric Clinic

Salem Pulmonary Associates, P.C.
Salem Radiology Consultants, P.C.
Eric Schuman, PA-C
South View Medical Arts – Dr. and Mrs. Steven A. LaTulippe
Dr. Jeffrey Stoessl and Sally Hennessey
The Right Type
Valley Credit Union
Western Neurosurgery, P.C.
Willamette Valley Endocrinology – Dr. Martin and Rhonna Bassett
Willamette ENT & Facial Plastic Surgery, LLP
Willamette Women’s Health Associates
Dr. Benjamin and Anne Wilson

Tax Planning . . . continued from page 6

income, retirement plan distributions, mortgage interest paid, miscellaneous income, rent income, pass-through entity income and deductions, and federal and state withholding] to amounts reported on the tax return.

Be sure to share any notices you receive with your tax advisor/CPA. Some notices may be incorrect and deserve a follow-up note to the IRS or ODR and some correct notices may indicate the need to file an amended returns with another government agency or for another year depending on the situation.

Third, there are a couple of payroll tax situations to mention. The IRS has a National Research Program underway involving the collection of employment taxes. Beginning in 2010, the IRS started to examine (audit) 2,000 tax returns each year. The perceived employment tax gap, results from three noncompliance situations: underreporting, underpayment, and nonfiling. Circumstances which give rise to IRS audits include the following: filing many Forms 1099 but only one Form W-2, issuing a 1099 and a W-2 to the same person.

Another issue is just a reminder to an employee who changes jobs mid-year and collectively earns wages greater than the social security wage base of $106,800. This will result in overwithheld social security tax. You can claim a credit on your tax return for the excess amount.

Hope you are having a wonderful summer with time to enjoy family, friends, and the outdoors. Be sure to watch your mail for notices from taxing authorities and keep your professional advisors up to date on changing circumstances that may affect your taxes, your financial goals and objectives, and your estate plan.

Doug Parham, CPA is a partner with the firm of Boldt, Carlisle & Smith LLC. Certified Public Accountants, which serves clients throughout the Willamette Valley and around Oregon from offices in Salem, Stayton, and Albany. He can be reached at (503) 585-7751 or at dparham@bcsllc.com. For more information please see www.bcsllc.com.
Hardly a day goes by when I don't marvel about what is being done on the web via computers or smart phones. As I wrote last January, the microchip is both a blessing and a curse in the way it makes us more productive, yet kills and creates jobs at the same time. What can be done efficiently by the microchip via the web eventually will be done by the microchip on the web. So it's no surprise to me that many people now think they can get all the retirement planning advice they need with a simple online calculator.

There are now many retirement calculators available online. Most of them—including the one we used to have on our site—are way too simplistic, but they may be adequate for younger people without many assets or “moving parts” in their lives. (We removed ours out of fear that it could be dangerously relied upon with questionable assumptions.) Some are biased (consider the source), and a few are quite sophisticated. At best they are a first stop, like Web MD.Com. Are financial advisors in danger of losing this very important part of their practices to the Internet?

Some are, particularly those who treat retirement planning as an analytical commodity or those who treat planning as an afterthought after the sale. But the better ones are not threatened. They have invested heavily into sophisticated software. If anything, the fee-only retirement planning component of their practices is expanding. There are demographic reasons for this, but I believe the real reason is that people don't want to leave the last third of their lives to chance.

Continued on page 8

THE CONFIDENT RETIREMENT VISION®
• What is your definition of retirement?
• What is your vision of a perfect day in the early, middle and late phases of retirement?
• What are the most important things you would like to accomplish between now and retirement?
• Between retirement and when you die?

GOALS
• When?
• Income Level
• Lifestyle?
• Philanthropy?
• Big purchases?
• Trips?

RESOURCES
• Pensions
• Social Security
• Investments
• Inheritance
• Part-Time Employment

EXTERNAL VARIABLES
• Inflation
• Economy
• Investment mix and probabilities
• Relevant laws

OBLIGATIONS
• Children
• College
• Fixed Costs
• Debts
• Mortgages
• Parents

OTHER FACTORS
• Health
• Longevity
• Taxes
• Family
• Legacy objectives
• Financial sophistication of each spouse

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FEE-ONLY WEALTH MANAGEMENT & PLANNING

Wealth Management

Calculating Your Retirement Feasibility on the Web?

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As you can see by the diagram, there are still too many variables for a computer to factor in, and many of them have nothing to do with numbers, rates of return, or money. But they do revolve around family, relationships, interests, health, dreams, hopes, and fears.

Wealth management and medicine are very similar. We add value to our patients or clients by helping them to reduce their dangers so that they can focus on their lives and opportunities. We do this by building on their strengths, developing a plan of action (or treatment plan) then taking steps to make things happen.

The Internet cannot do this. But it is excellent at handling data. It is very good at distributing information. It is only fair at dispensing appropriate knowledge. It is very poor at giving advice based on all the relevant factors. That can only come from the wisdom, experience, and face-to-face human interaction with caring professionals.

Ron Kelemen is an independent CERTIFIED FINANCIAL PLANNER™ with 30 years of experience, and is listed by Medical Economics magazine as one of The Best Financial Advisors For Doctors. He was also admitted to the MD Preferred Network of Financial Advisors. He offers fee-only investment management and wealth management advice through The H Group, Inc., one of the largest independent registered investment advisory firms in the Northwest. 506 Liberty St. SE, Suite #310 · Salem, OR 97301 · (800) 285-6240 · website: www.PlanningVisionProcess.com

As many of you know, the medical community lost a dear friend and champion on March 22, 2011. For over 20 years, Dorelle Ronai tirelessly ran the annual poinsettia sale first through the Medical Society’s Women’s Auxiliary, then through the Medical Foundation of Marion & Polk Counties. Over the years Dorelle donated countless hours of her time, raising over $250,000 for charitable organizations in our local community.

This year the Medical Foundation will continue her legacy of giving and in addition has chosen to rename the event the Annual Dorelle Ronai Memorial Poinsettia Sale. Please help us honor Dorelle and the local charities that were near and dear to her heart, by supporting the poinsettia sale, set to kick off in September. Order forms will be available in the September, October and November issues of ChartNotes®. For more information, or to place a pre-order by phone, please contact the Marion-Polk County Medical Society at (503) 362-9669.
Disasters, natural or manmade, are simply part of human existence. Look at just a few examples from the past 6 months. July 22, 2011 – bomb and shooting leave at least 93 dead in Norway. May 22, 2011 – 153 killed by tornado in Missouri. March 11, 2011 – over 20,000 dead or missing from earthquake and tsunami in Japan. February 22, 2011 – 181 killed by earthquake in New Zealand. Not mentioned are the large numbers of sick, wounded, and “worried well” flooding hospitals and clinics after disasters. Thousands were evacuated, many of whom needed medical care at shelters or new locations.

So disasters are a given, but community response is not. The recurring theme in emergency preparedness states “every disaster is local”. How we respond as a community when something finally happens is entirely up to us. Are we prepared to help ourselves, our families, our neighbors, our staff, and our patients (including new patients created by the disaster)? Or will we huddle at home and blame the government later if it was handled poorly? Ideally, we all should have three things to be prepared - a kit, a plan, and a role. Do you have yours?

We know time and inertia are major barriers to preparedness, so in honor of National Preparedness Month, the Medical Society is bringing you a one stop emergency preparedness “shop” on September 9 at Mission Mill. Want to order a 4 person emergency kit for home? Visit the Red Cross booth. Willing to help out with medical care of evacuees? Talk to the Medical Reserve Corp. Is Salem Hospital prepared to handle a bioterrorism attack? Talk to the Salem Health table.

Continued on page 11
Interested in CERT training for your neighborhood watch group? These agencies and more will be there to answer your questions, provide you with resources, and hopefully inspire you to overcome that inertia.

Althea Rizzo from the Oregon Department of Emergency Management will be our keynote speaker, giving us the down and dirty about the risk of a major earthquake in Oregon, its predicted impact on our infrastructure, and the state’s response. A little fear and a little morbid fascination can be good motivators. Most importantly, come to the dinner to talk and think about emergency preparedness. Bring your spouse. Bring your office manager. Share ideas. Hopefully with an investment of just a few hours, you will leave with a better plan for yourself and your family, and some ideas on how you might prepare your neighborhood and your practice.

In the meantime, if your kids are driving you crazy and the start of school seems too far away, put them to work on your family emergency plan (an excellent job for unemployed teenagers). For younger kids, there is a cool website from FEMA called Ready Kids. [http://www.ready.gov/kids/home.html](http://www.ready.gov/kids/home.html)

The website has games, worksheets, and activities to educate and empower kids to help with emergency preparedness. It also has a page of great resources for parents and teachers, including tips on how to discuss disasters with children. There is even a song for National Preparedness Month, sung to the tune of “She’ll Be Comin’ Round the Mountain” – I’ll leave it up to you whether or not this is a good thing for your household. On the other hand, let me know if you have a young singer who would like to perform it for us on September 9. Hope to see you there.

Sheila Sund, M.D. is the Medical Director for Willamette Valley Hospice. She recently joined the MPCMS Disaster Preparedness Task Force, the Marion County Community Council for Emergency Preparedness, and the State Crisis Care Home Health/Alternate Care Site Workgroup. She can be reached at sheilas@wvh.org and welcomes any other physician who would like to help.

**“NOT YOUR GRANNY’S”**

Jason loves motorcycles, especially his Hog. Having a Granny hearing aid just wasn’t his M.O. “Hearing aids today are not like those old bulky ones of the past. Mine are so small and unnoticeable.”

If you know your patient is having trouble hearing, we can help. Onsite Otolaryngology (ENT) M.D.s. Diagnostic evaluations. Hearing aid services. Medical help without sales pressure.
Getting Back Up to Speed

From the executive summary of Dr. Michael Rohwer’s document
“Program Oriented Payment: High Level View”

Program Oriented Payment (POP) is an unconventional approach to payment that will improve quality and lower cost.

POP is:

✓ A way of implementing medical management initiatives
✓ A new methodology whose introduction changes provider behavior
✓ A problem-oriented approach
✓ Prospective financially accountability
✓ Predictable in terms of program cost
✓ A method that measures clinical performance by health care providers
✓ A solution that requires no up-front investment
✓ Team based incentives
✓ A simple new contracting methodology

Some of you have attended presentations on POP and have a passing familiarity with how POP addresses those bullet points. And you also realize that those are mighty objectives to address, much less conquer. But the end is in sight, and completion is just in reach.

At this point in the development of POP, all of the planning and process framework is in place. Now the hard work begins; designing and working with programs.

The initial POP program (improvement of congestive heart failure (CHF) care) is being designed by the MVP Medical Management department and Michael Rohwer M.D. Physician’s Choice Foundation, with a grant from the Robert Wood Johnson Foundation, is evaluating POP as a new payment methodology. Greg Fraser M.D. (Director of Medical Informatics at MVP Health Authority) is the lead investigator.

The PHTech Software Engineering Department is revising and configuring a new version of the CIM service, CIM 4, to act as the management tool for POP programs. (An update section appears at the end of each newsletter.)

And with that, you are up to date. We hope to make you as excited about this journey as we are. And that you will find POP useful for your organization.

NEXT TIME: Program Design Considerations: The Beginning.

Continued on page 13
The Program Oriented Payment approach is problem based. The most effective use of POP depends upon selecting high value cost reduction and quality improvement conditions. Identifying opportunity depends on the detailed knowledge of clinicians and the high-level aggregate knowledge of larger organizations.

As an example, consider the CHF expenditure chart below.

Institutional cost is rapidly rising while professional cost remains relatively stable. This may represent a potential opportunity to reduce institutional expenditures by optimizing professional services. To know if that is true, local clinicians need to determine if there are ways to improve the quality of outpatient care such that the institutional cost is reduced or avoided. Fortunately, there is a substantial body of literature regarding best practices to guide this exercise.

With the target problem defined, the next two program design items can be addressed.

The first is a projection of the potential savings. In the CHF example above, this is a realistic assessment of the reduction in institutional utilization translated into savings. This is used to create incentive budgets and estimates of potential shared savings.

The second is an intermediate goal. Local clinicians, through analysis of the local issues, create the intermediate goal. The achievement of this goal is the basis for incentive payments.

With a well-designed program, goal achievement rewards all who subscribe to the program. Greater savings come through the shared savings component shared by organizational stakeholders.

While each program stands on its own, organizations improve the health of populations by adding programs focused on important conditions.

NEXT: A high level view of the incentive and shared savings model.

Vendor Program Subscription

- The initial building blocks of program subscription are in place

A vendor can register a provider for, thereby allowing the provider to subscribe to a POP program.

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**Significant CIM 4 Milestones**

- Implementation of Group Security in the new security model
  - CIM 4 upgrade security to align with the individual and team roles used by POP
  - Role security is in place
  - Group security is in the first phases of testing

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**Initial Deployment**

Program Oriented Payment (POP) is a tool used to identify and reward both collaboration and goal achievement. It is agnostic regarding the business organization. It creates a natural alignment of independent organizations and thus avoids any corporate consolidations that offer no other advantage or justification.

The initial deployment uses an accountable care organization (ACO) that is hospital independent. This ACO is based at MVP Health Authority (MVP) in Salem, Oregon. It is a cooperative effort among MVP and regional health plans. This is depicted in the following generic graphic.

**New opportunity for cooperation between provider and health plan**

This is an opportunity for regional provider organizations to work with health plans. POP provides a problem-based communication channel centered on results that are achievable by providers and accountable to payers.
In light of the MPCMS commitment to provide healthcare to the uninsured, we asked the students how they thought they could contribute to the welfare of patients who lack coverage for basic healthcare needs after they graduate.

Bethany cited the example of a clinic for the indigent located in Pomona (where the students received their didactic instruction), explaining she could volunteer in a similar facility. Terena indicated she already had experience volunteering for a free clinic located in Corvallis.

JESPER: “We can make our community a healthier place to live by increasing patient access to vaccines for preventable diseases, and we can decrease morbidity from heart disease by supporting tobacco cessation education programs.”

TYLER: “Anesthesiology provides a unique opportunity to serve the uninsured. There is a significant subset of patients who unexpectedly find themselves in the operating room. Eight months ago I saw a patient with a terrible empyema which required surgical drainage. He was in imminent danger of death. As an anesthesiologist, I might have the opportunity to provide my services without charge. It could be a welcome surprise for that patient and his family to learn he wasn’t going to receive a bill from me.”

JILLIAN: “There are so many opportunities we can take to educate patients to live a healthier lifestyle and prevent chronic conditions like diabetes and hypertension. I see myself involved in efforts like these.”

Asked what surprises they had in their medical education, Jesper said he learned about a team approach to health care involving equally important roles served by dietitians, diabetes educators, exercise physicists and physical therapists.

Bethany expressed pleasure at learning about the need to care for the whole person, and not merely a body attached to a chief complaint.

Jillian said that fellow medical students were “…some of the most amazing people I’ve ever met – some of the kindest and most caring. I’ve loved meeting people from all over the country, hearing their experiences, learning about their travels, and appreciating the true diversity among my fellow students.”

Tyler indicated he hadn’t expected to see the degree of teamwork he has observed among physicians. He’s enjoyed the collegiality among clinicians from different disciplines in providing care to patients with challenging problems. He has relished the opportunity to call experts to manage particularly difficult conditions.

Terena expressed surprise “…at the sheer volume of knowledge you need to learn and understand, and how differently patients present in person from what we learned in textbooks and in the classroom.”

The evening at the Renaissance Inn included remarks by Louise Muscato, Ph.D., Assistant Dean for Medical Education, Dr. John Pham, assistant professor of Family Medicine, Dr. Michael Jaczko, regional clinical rotations

Continued on page 15
coordinator and Dr. Ken Graven, Marion-Polk clerkship director. Dr. Bud Pierce and Dean Larsen welcomed the students and faculty on behalf of the entire Medical Society.

In addition to the formal relationship we have with Comp Northwest, MPCMS members regularly precept students from the OHSU physician assistant program. Dr. Peter Bernardo (surgery), Dr. Keith White (family medicine), Francine Boullosa, PA-C (pediatrics), Eric Schuman, PA-C (neurology), Dr. Martin Bassett (endocrinology) and the entire medical staff of Child Health Associates of Salem, led by Dr. Jim Lace, have precepted OHSU PA students for many years. Drs. White, Lace, Bassett and Dallas family physician Steven LaTulippe, MD, have OHSU trained physician assistants working in their offices.

All clinicians who teach students acknowledge that precepting is both a privilege and a significant responsibility. Perhaps MPCMS president Mark Fischl expressed it best. When asked why he precepts physician assistant and medical students, he said this:

“The reason I decided to precept is to try and repay or pay forward a debt I have to all the people who took the extra time to teach me about the art of medicine. I have always been a didactic learner, and without the help I received from many, I would not be practicing medicine today.”

To volunteer as clinical faculty for COMP Northwest, contact Assistant Dean for Medical Education Louise Muscato, Ph.D at lmuscato@westernu.edu

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**2011 Calendar of Events**

**AUGUST**

*8/26/11*  
**Medical/Legal Golf Tournament**  
Illahe Hills Country Club

**SEPTEMBER**

*9/9/11*  
**Disaster Preparedness Dinner**  
Mission Mill Museum

*9/15/11*  
**Annual Speed Networking Event**  
Mission Mill Museum

*9/23/11*  
**New Physician & Physician Asst. Dinner**  
Illahe Hills Country Club

**OCTOBER**

*10/6/11*  
**Dinner & Seminar**  
Just What the Doctor Wanted: Asset Protection for Physicians  
Illahe Hills Country Club

*10/17 to 10/19/11*  
**Mini-Internship Program**

*10/28/11*  
**Political Mixer**  
Salem Conference Center

**DECEMBER**

*12/4/11*  
**Annual Holiday Carousel Event**  
Salem’s Riverfront Carousel

See inserts for sign-up forms.  
For more information regarding events or to inquire about sponsorship opportunities, please contact us at: 503-362-9669
Thank You
to all our providers for
your support in making the
MedAssist and Project Access programs a huge success!

Please contact us if you have any questions or wish more information about these programs.

MedAssist Program
Shirley Sproule: 503-561-6042
Sabrina Lane: 503-561-6043

Project Access Program
Barbara Holsey: 503-561-6074
Trisha Martin: 503-561-6071

AMOUNT OF DONATED MEDICATIONS & MEDICAL SERVICES

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>MedAssist Medications</td>
<td>$1,911,549</td>
</tr>
<tr>
<td>Participating Project Access Providers</td>
<td>$4,302,925</td>
</tr>
<tr>
<td>PhRMA</td>
<td>$569,056</td>
</tr>
<tr>
<td>PH Tech</td>
<td>$36,662</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$6,820,192</strong></td>
</tr>
</tbody>
</table>

MedAssist Program:
Seventy-two patients were enrolled in MedAssist for the period 6/6/11 - 7/7/11. Currently, there are approx. 1,506 active MedAssist clients between all the MedAssist offices. Offices are located in Salem, Woodburn, Stayton and Dallas.

Project Access Program:
Twenty-eight patients were enrolled in Project Access for the period 6/6/11 - 7/7/11. Since the beginning of the program in April 2009, 1,044 patients have been enrolled in Project Access.
Approximately 325 providers are participating in the Project Access program.

Thank you to all our providers for your support in making the MedAssist and Project Access programs a huge success!

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8th Annual Benefit FOR MedAssist and Project Access

Mark your calendars for FRIDAY, APRIL 20, 2012 when the Medical Foundation of Marion & Polk Counties hosts the most decorated American Winter Olympic athlete of all time at the Historic Elsinore Theatre.

Tickets go on sale to members of the Marion-Polk County Medical Society in December and to the general public in January.

SPONSORSHIPS AVAILABLE
Please contact Dean Larsen at (503) 362-9669
A little over a year ago, while Michael was at work flagging traffic for a delivery truck to back into his employer’s parking lot, he noticed that the vision in his left eye was getting cloudy. Throughout the day the vision in his left eye kept getting worse, and by the end of the day, he was looking through a brown fog. Not having any medical insurance or money to see a doctor, he didn’t say anything to his family for a few days. Finally, when he told his wife about the situation, she insisted that he immediately go to the Salem Hospital Urgent Care. Dr. Puscas, at Urgent Care, referred Michael to an ophthalmologist who then referred him to Dr. Andrew Westfall of Retina Consultants, LLC.

Dr. Westfall diagnosed Michael with diabetic retinopathy and had his office staff contact Project Access so that Michael could be enrolled in the Project Access program. After a laser treatment performed by Dr. Westfall, Michael says his vision has returned to his left eye. Dr. Westfall has continued to treat Michael as a Project Access patient since May 2010, and he is now carefully watching Michael’s right eye.

Michael said that Dr. Westfall literally saved his sight! He sends his personal thanks to Dr. Westfall and the staff at Retina Consultants, to Dr. Mark Puscas, Salem Hospital Urgent Care, who has been so kind to him and his family, and to the Project Access staff. He is extremely grateful to the Medical Foundation of Marion & Polk counties for sponsoring the Project Access program for our community members.
Why choose between national resources and local clout?

In Oregon, The Doctors Company protects its members with both.

With nearly 55,000 member physicians nationwide, we constantly monitor emerging trends and quickly respond with innovative solutions, like incorporating coverage for privacy breach and Medicare reviews into our core medical liability coverage.

Our over 2,700 Oregon members also benefit from significant local clout provided by long-standing relationships with the state’s leading attorneys and expert witnesses, plus litigation training tailored to Oregon’s legal environment.

This uncompromising approach, combined with our Tribute® Plan that has already earmarked over $11 million to Oregon physicians, has made us the nation’s largest insurer of physician and surgeon medical liability.

Our medical professional liability program has been endorsed by the Marion-Polk County Medical Society since 2006. To learn more about our program benefits for MPCMS members, call our Salem office at (800) 243-3503 or visit us at www.thedoctors.com.

We relentlessly defend, protect, and reward the practice of good medicine.
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