



U.S. Department
of Veterans Affairs

CIVIC Newsletter



Volume 4 | Issue 2

October 2020

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New Study Sheds Light on Black Patients' Trust Toward Healthcare Professionals

by Beau Edwards, BS

In a time when the daily experiences of racial minorities is in the news, trust in clinicians is another challenge faced by black Americans. In a recent study evaluating patient-physician communication, CIVIC investigator **Somnath Saha MD, MPH** confirmed that black patients show more trust towards physicians of the same race. Compared to a white physician, black patients viewed black physicians more positively and were more receptive to treatment recommendations.

Dr. Saha showed participants a random set of videos recommending a commonly accepted treatment for a heart condition. The videos featured a doctor using different communication styles to recommend this treatment. To evaluate racial differences, several videos were created using actors of different races. Each participant would see a video with a random communication style and random physician race.

The researchers stated their findings were no surprise, as "black Americans have endured systematic oppression that provides ample reason to trust members of their own community over others." They saw increased support for white physicians when they used positive communication styles, but this wasn't enough to eliminate the influence of race on trust and decision-making.

Previous studies argue that this racial effect is due to differences in racial bias and communication style. Other researchers have argued that, with proper education on bias and communication, white physicians could develop more trusting relationships with black patients. Dr. Saha's study shows that the effect of race itself is stronger than once thought. He argues that race can create a



"social distance" between clinicians and patients, entirely because of systemic racism. "If we want to have good, healing relationships with our patients, we may have to do more in the way of trust and relationship building with some patients."

"In a racist society...black patients are more likely to trust black clinicians, all other things being equal."

- Dr. Somnath Saha

It is important to note that Dr. Saha doesn't recommend universally assigning patients to physicians of the same race. This same study found that clinician race didn't matter for white patients. "white people are generally not on the receiving end of racist oppression, so race...does not impact their perceptions in the same way." He argues that patient preferences should be heard and respected. In a situation where decisions could greatly impact the patient's health, they should have the right to choose a physician they are more comfortable with. "This is a form of anti-racism, acknowledging the effects of systemic racism...a privilege that most white patients have by default."

[Click here to read the full article!](#)

Can You Hear Me Now? Clinician Experiences with Telemedicine

by Chris Larsen, BS

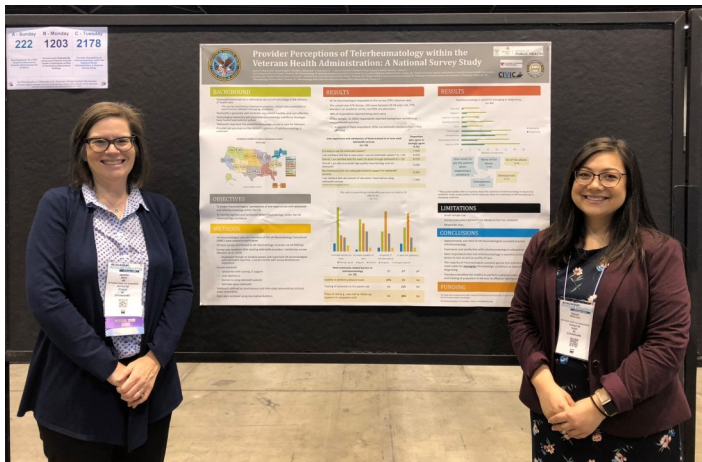
Efforts to expand VA telehealth have come under 'trial by fire' due to the COVID-19 pandemic. Calls for quarantine, minimizing outings, and social distancing have limited brick and mortar clinics and hospitals to essential care. The majority of non-urgent or non-emergency care swiftly moved from in-person to phone or video; however the system was not fully prepared for the challenges brought on by COVID-19. Given a stress test of this magnitude, it is critical to understand how to improve telemedicine shortcomings and appreciate the infrastructure upon which it was built.

"Telerheumatology is a viable care delivery method. However, clinician readiness and experiences needs to be addressed in order to maintain high quality care."

- Dr. Jennifer Barton

Shortly before the pandemic, CIVIC's **Dr. Jennifer Barton** sought to learn more about how VA-wide telehealth initiatives affected rheumatology clinicians and launched the first national survey of attitudes around 'telerheumatology'.

Telehealth eliminates travel burden for Veterans,



who may lack transportation or struggle to afford gas, and gives them an opportunity to connect with specialists they might not have access to in rural CBOCs. For clinicians, telehealth is relatively new, which causes concern but presents opportunity.

Dr. Barton's survey study found rheumatology clinicians' greatest perceived barriers of telehealth included the inability to perform a physical exam and diagnostic challenges when establishing patient care. For certain conditions, there's simply no substitute to a hands-on exam. Most often, local primary care clinicians are tasked with performing exams and ordering labs for rural Veterans, but often lack expertise in fields like rheumatology, a problem Dr. Barton hopes to address in future studies. Despite drawbacks, surveyed clinicians agreed that telerheumatology is paramount to improving access and can improve quality of care. Anecdotally, Dr. Barton highlights the opportunities presented by conducting visits over telehealth that allow her a view into a patient's life that isn't possible in clinic. She shares, "some people will show me their pillboxes," and together they can review a patient's organizational process in the context of their homes.

The telerheumatology survey, conducted pre-COVID, found only 36% of respondents had significant experience using telemedicine, a number that has undoubtedly shot up. Clinician concerns identified through surveys like this may help adapt the way telehealth is delivered going forward. VA rheumatology now has recent data on clinicians' attitudes and experiences with telemedicine which may help to adapt to the new normal. Ideally, Dr. Barton's work will help clinicians and patients get the most out of telehealth going forward.

[Click here to read the full article!](#)

Veteran Engagement Group Member Spotlight: Will Moore

CIVIC's **Veteran Engagement Group (VEG)** is comprised of Veterans from various service eras, branches, and backgrounds who regularly come together to meet with investigators. VEG members provide individualized feedback to CIVIC investigators on a diverse range of topics and at all stages of the research process. Incorporating VEG members' perspectives, especially as users of the VA healthcare system, bolsters translation to practice and helps CIVIC research to be more patient-centered.



Will Moore is a Navy Veteran who served as a Surface Warfare Officer commissioned at Oregon State University. Currently, Will is a medical student at OHSU as well as the newest member of CIVIC's VEG. In the Navy, Will "really enjoyed the aspects of navigation, as well as launching and recovering aircrafts." He feels a sense

Fun Fact: Will's time outside of VEG is filled with school and family. He is a third year medical student at OHSU studying Family Medicine and has a 15 month old son.

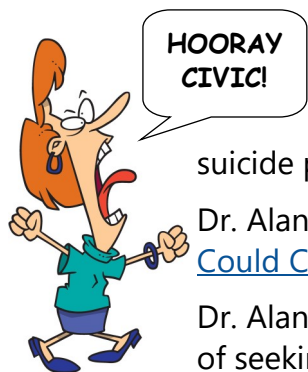
of honor to have served with "incredible crews, alongside some of the hardest working and brightest minds in the armed forces."

Will is motivated to participate in VEG by the "hope to provide researchers and health professionals the feedback needed to improve their efforts." He feels that VEG "gives unique perspectives to investigators and programs effecting change." Will has seen the passion behind each VEG members' participation; he adds, "the researchers within the VA have proven to be equally energized and interested in bettering care" for Veterans. Through VEG, Will connects with the Veteran community, "since moving to Portland, VEG was the first connection to Veterans I made since separating in 2018."

[Click here to visit the VEG Website!](#)

Media Mentions & Accolades

CIVIC investigator Dr. Shannon Nugent was interviewed by [Healio](#) and [Oncology Times](#) about her commentary on cannabis use among cancer survivors previously published in [Cancer](#).



Research conducted by CIVIC's Dr. Alan Teo was featured in a [USA Today](#) opinion piece.

Drs. Jason Chen and Alan Teo presented a talk at [OHSU Psychiatry Grand Rounds](#) on suicide prevention.

Dr. Alan Teo, a CIVIC investigator, was quoted in The Atlantic article entitled "[Social Distancing Could Change Our Relationship With FaceTime](#)."

Dr. Alan Teo spoke with Portland's [KGW](#) for Men's Health Month in June about the importance of seeking care.

Findings from VA funded research to reduce no-shows led by Dr. Alan Teo were featured in [OHSU News](#).

CIVIC Announcements

It's **flu shot** time! Be sure to do your part in protecting yourself, your loved ones, and your peers from influenza. For more information on immunizations, visit the [VA Employee Health Sharepoint](#) site or the [Multnomah County](#) webpage.

Follow us on Twitter **@PortlandCIVIC** to keep up to date on CIVIC happenings while we work from home.

CIVIC's **Veteran Engagement Group** is looking for presenters! If you are interested in presenting your research during one of our upcoming virtual meetings, contact the VEG Liaison, Rachel Matsumoto (Rachel.Matsumoto@va.gov).

New book alert! The **CIVIC Library** has updated its catalogue! Take a second to browse the stacks the next time you're in Building 6. The library is housed in room 336. To check a book out, fill out the form on the clipboard posted to the left of the bookcase.

Do you love coffee? Do you like CIVIC? Join CIVIC members for a virtual **coffee break**! Coffee breaks happen about once a month, keep an eye on your email for invites from CIVIC.

Masks on! Remember to **always wear your mask** in public areas and when you are within six feet of another person at VA Portland Health Care System. This applies even if you are not engaged in patient-facing activities and when you are in Building 6.

Happy fall! To celebrate properly, CIVIC **Soup Club** and **Cake Club** are proud to share these fall-inspired recipes: [Spicy Peanut and Pumpkin Soup](#) and [Pumpkin Spice Latte Cake](#).

Even though we're working remotely, you may have noticed a lot of new faces in the CIVIC crowd. The next time you see **Raven Hood** (Carlson), **Danielle Krushnic** (O'Neil), **Marika Huffer** (Morasco), or **Lauren Maxim** (Carlson) on a Zoom call, be sure to give them a warm, virtual welcome!

CIVIC's **Veteran Engagement Group** is recruiting! If you or a Veteran you know are interested in participating, contact the VEG Liaison, Rachel Matsumoto (Rachel.Matsumoto@va.gov).

We would be remiss if we didn't also make a point to welcome the newish CIVIC staff that were inadvertently left off of the last Newsletter. When you "see" **Aaron Call** (Teo), **Desiree Duboise** (Lovejoy), **Eamonn Hartmann** (Lovejoy), **Anders Herreid-O'Neill** (Wyse), **Amber Holden** (Teo), **Chris Larsen** (CIVIC Admin), **Natassja Pal** (Morasco), **Sarah Rabin** (Dobscha), **Jennifer Scott** (Slatore), **Kate Wiley** (Morasco), or **Melissent Zumwalt** (VRHRC-P) again, give them a virtual (safe and hygienic) high-five!



Training and Education Corner:

Meet the 2020 Health Services Research & Development Fellows

VA Portland Health Care System is one of 14 VA sites offering fellowships to provide advanced interdisciplinary training to physicians, psychologists, epidemiologists, and doctorally-prepared social scientists and nurses. Fellows accepted to this prestigious program are affiliated with CIVIC—the HSR&D Center of Innovation in Portland—and the Veterans Rural Health Resource Center-Portland. This year, CIVIC and VRHRC-P accepted a total of 3 fellows who have recently begun their trainings.



Dr. Diana Govier completed her PhD in Health Policy from Oregon State University in 2020. Dr. Govier's past research studied the impact of Oregon's health system transformation to Coordinated Care Organizations on healthcare utilization, quality, and spending among Medicaid-enrolled children with comorbid mental and physical health conditions.

Dr. Govier's research interests include understanding 1) the healthcare and related experiences of individuals with medical complexity and/or mental health conditions; 2) how and what health systems and policy reforms improve access to/quality of care and health/social outcomes; and 3) the design and implementation of alternative and value-based payment and care delivery models as they relate to healthcare efficiency.

Current projects of Dr. Govier's stem from her dissertation work. She will be working on an

ongoing project that investigates the effects of a targeted care coordination intervention on health care utilization and quality among Veterans. She will also be starting a project that compares health care costs among Veterans who receive care within VA provider systems with those who receive the preponderance of their care from community providers.

"CIVIC investigators' lines of scientific inquiry closely align with my research interests, and having the opportunity to work with and learn from HSR&D leaders and experts at CIVIC will undoubtedly build my content and methodological knowledge."

- Dr. Diana Govier



Dr. Traben Pleasant completed his PhD in Applied Anthropology from Oregon State University in 2020. Dr. Pleasant's research examined barriers to post-secondary education in an Afro-Caribbean community and an indigenous—Ngäbe—community living on separate remote islands in Bocas del Toro, Panama. His research

also examined the implications of information and communications technology (ICT), particularly computers and their potential to mitigate or

Education and Training Corner:

Meet the 2020 Health Services Research & Development Fellows

overcome education barriers in the region.

Dr. Pleasant's current research interests are in the areas of ICT, telehealth, Veteran digital literacy and investigating barriers to healthcare for rural Veterans. He is both an HSR&D/CIVIC Post-Doctoral Fellow and a VA Health Science Specialist conducting research as part of VRHRC-P.

During his fellowship, Dr. Pleasant is seeking to gain greater quantitative methods skills and a deep understanding of how VA health care is implemented from end to end, from designers and clinicians to the end users, our Veterans.

"I applied to the HSR&D fellowship because it spoke to me as an applied anthropologist and as a former Marine who is interested in the health and wellbeing of my fellow Veterans."

- Dr. Traben Pleasant



Dr. Liana Schweiger completed her MD from Albert Einstein College of Medicine in 2012 and completed her Internal Medicine residency at Beth Israel Deaconess Medical Center in 2015. She stayed at Beth Israel Deaconess Medical Center as an Academic Hospitalist until 2017, when she and her

husband moved to Portland for her Pulmonary and Critical Care Fellowship at OHSU.

Dr. Schweiger's research interests are in the areas of lung cancer, end-stage pulmonary disease and palliative medicine, and improving the doctor-patient relationship through patient-centered care. In addition, Dr. Schweiger provides lung cancer care to patients within the VA.

Dr. Schweiger's current projects include evaluating patient knowledge and perceptions of quality of care, and patient decision-making throughout their lung cancer experience. She is also working on a project evaluating the association of lung cancer susceptibility and perceived seriousness with patient distress and decisional conflict.

"The fellowship provides a tailored educational experience allowing for exposure, collaboration, and mentorship from the diverse expertise of the investigators at CIVIC."

- Dr. Liana Schweiger

For more information on the advanced HSR&D fellowship program at VA Portland Health Care System and to learn more about current and past fellows, visit the CIVIC website.

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Rural Health Update



Veterans Rural Health Resource Center-Portland | Office of Rural Health

What do Portland, Oregon, Iowa City, Iowa, White River Junction, Vermont, Salt Lake City, Utah, and Gainesville, Florida have in common? Each city is home to a Veterans Rural Health Resource Center (VRHRC)—satellite offices of the VA Office of Rural Health (ORH)—which are dedicated to rural Veteran health care research, innovation, and dissemination. VRHRCs work to understand the barriers and facilitators to accessible and quality health care for Veterans living in rural areas; they are where innovative solutions and ideas are developed and tested. While all 5 VRHRCs are housed at VA medical centers, they focus on more than clinical practice. As described by ORH, VRHRCs “function as field-based laboratories for clinical and non-clinical pilot projects.”



VRHRC-P team members (from left): Rachel Matsumoto, Melissent Zumwalt, and Traben Pleasant

VRHRCs maintain their own portfolio of research and innovation pilot projects that directly impact rural Veterans, but each center has its own area of focus. For example, VRHRC-Portland focuses on increasing access to care for

rural Veterans, identifying innovative ways to combat the pain and the opioid epidemic, and preventing suicide. In its first year in operation, VRHRC-P supported a total of 6 pilot projects ranging in topic from developing telehealth solutions for pain management for Veterans in substance use disorder treatment to understanding more about firearm related injuries treated within VA, to exploring the therapeutic benefits of horticulture for Veterans.

"I'm excited to see what we want to become in the years ahead."

-Dr. Sarah Ono

In the next fiscal year, the VRHRC-P portfolio has grown to include a total of 10 projects. While some are expansions on existing pilots from fiscal year 2020, there are 5 novel projects kicking off this year. These include projects to explore telehealth solutions for smoking cessation programs for rural Veterans as well as voice training for transgender Veterans and a public-facing, up-to-date review of cannabis related research findings.

As co-directors Drs. Travis Lovejoy and Sarah Ono look back on VRHRC-P's foundational year, they feel a strong sense of accomplishment. Dr. Ono acknowledged the remarkable growth of VRHRC-P over the first year and into the second. Dr. Lovejoy agrees and shares his hope that VRHRC-P team members and project leads continue to “think big” as they continue to grow and establish the center as a rural health powerhouse.



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