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YEARS
1870-2020



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President's Message
Doug Eliason, DO



Medicine Has Changed, But Our Need For One Another Has Not

This year celebrates the 150th anniversary of the Marion Polk County Medical Society, so I want to take you on a journey through time to explore our roots!

1870, 150 years ago, was an exciting year in which Robert Koch and Louis Pasteur established the germ theory of disease. Remember that prior to this, it was "mesmers," bad spirits or superstitions, that drove what providers blamed disease on. This, along with Joseph Lister's developing the use of antiseptic surgical methods, led to giant reductions in surgical deaths.

Jump ahead 50 years to the roaring '20s. In 1922, insulin was first used to treat diabetes, and 1923 found the first vaccine for diphtheria. 1928 marked the discovery of penicillin. Amazing leaps were made in treatment.

By the time of our one-hundredth birthday in 1970, Dr. Christian Barnard had just performed the first human heart transplant in 1967. We developed a vaccine for Rubella. In 1975, we developed the CAT scan. In 1980, we eradicated small pox.

We are so different now then back in 1870 in how we practice and what we do in medicine that it is hard to even imagine

us in those days. But some things are not different. In 1870, a group of doctors gathered to experience fellowship, share concerns and likely to complain about the government regulations. They felt connected through this new organization, and through it, they gained a united voice.

Today, our needs are not so different. As we look forward to the next 50 years and our 200th anniversary, we should remember the lessons of the past. We are better together. One voice speaks loudest. Fellowship and comradery make us personally stronger.

As Sir Winston Churchill said, "The farther backwards you can look, the farther forward you are likely to see."



**Marion-Polk County
Medical Society**

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Primary care shakeup SALEM HEALTH'S FOOTPRINT GROWS

Changeover successful after hospital medical group acquired the six WVP clinics at the beginning of the year

Salem Health Medical Group's Associate Chief Medical Officer Michelle A. Rasmussen, MD, helps Jay S. Campbell, DO, a Family Medicine physician at Salem Health Medical Group (formerly with WVP The Doctors' Clinic) get up to speed with Epic during the first week of January. Salem Health doctors were brought into the former WVP clinics to help with the EMR transition.

Credit: Salem Health



The new year brought an Epic change to many area providers. Salem Health Hospitals & Clinics took over the reins of six clinics that used to be collected under the WVP name. The move nearly doubled the base of Salem Health, which already had eight primary care clinics in the Salem area.

The WVP purchase was announced in November and went into effect Jan. 1, bringing together the hospital, providers and labs under one system – and one EMR.

“It’s like everything in life that’s good,” said Douglas Eliason of the newly named Salem Health Boulder Creek before the switchover on Jan. 1. “There may be uncertainty in it — change upsets the apple cart — but I see some really positive things in this for the community.”

Eliason, who was the chief medical officer of WVP Medical Group, has been named the medical director of the Boulder Creek and Keizer clinics. It has been his job to help make the change as smooth as possible for patients, staff and providers.

“Before, there was no common umbrella that pulled everyone together,” Eliason said. “Now we have everything it takes to make the soup we call healthcare; we have inpatient care, outpatient care and ancillary services all working together. All oars are in the water rowing in the same direction.”

Bringing the former WVP primary care clinics – two each in Salem and Dallas and one each in Keizer and Independence/Monmouth – under the direction of Salem Health not only gives the resources of the hospital to the clinics, including clinical pharmacists, dieticians and better access to services, but it also begins to blend the seams of what Eliason calls fragmented care in the mid-Willamette Valley.

He said that’s good for cutting health care costs.

A pool of primary care providers in the hospital system gives primary care another reason to prevent hospital readmission. Not only is that good for the patient, but it’s also good for the bottom line, protecting the hospital from federal government penalties

for readmission. Along the same lines, Eliason said the collaboration will shift people from thinking in cost columns that affect them to thinking in terms of total cost of care, what it takes to care for human beings.

Bringing together all the components of health care, Eliason said, could even lead to the possibility of capitated arrangements through Salem Health, where the hospital would contract with an insurance plan. Though Salem Health Medical Group Vice President Katie Dobler agreed that was a possibility if opportunity presented itself, currently there are no plans for such a setup.

Eliason said with change there is always a fear of the unknown but that the majority of former WVP providers have been on board with the change. Eliason estimated that around 90 percent of providers stayed to make the transition to become contracted employees of the hospital. He calls the high numbers a testament that most believe the hospital will treat them good.

The Epic Move

The big change for the former WVP providers is moving to a new electronic medical records system. The six clinics, which had been using Next Gen and Centricity, transitioned officially on Jan. 1 to Epic, the largest EMR in the nation. Eliason estimates that two-thirds of the local health community is now under Epic, including the hospital, Salem Clinic and a good number of specialists. Many hospitals across the country also are on Epic. Being on the same EMR will allow doctors to communicate quicker and more efficiently in real time, Eliason said. Instead of faxing over information on a client, or having to ask the patient, doctors will have access to each other's records.

"The more doctors talk and share is always good for the community," Eliason said. "It's safer, better care."

Providers at the six clinics started playing around with Epic in December. When it went live in January, the hospital provided onsite support in the new clinics from Salem Health doctors and staff the first few days, followed by telephone support as needed.

"It's like a Ferrari," Eliason said at the end of December. "There are a lot of gadgets on it. I'm learning how to turn on the ignition. You can teach a dog new tricks. Sometimes it just irritates the dog. I'm excited; I see the potential. It will just take a lot of work."

Jay Campbell, a Family Medicine physician at Salem Health Medical Group (formerly with WVP The Doctors' Clinic), said in early February – a month into being on Epic — that as challenging as learning a new system is, he's excited about being able to see what other providers are prescribing as well as communicating with patients over email.

"Epic is an entirely new system for me, so it's like learning a new language all over again. The challenge is to not let occasional frustrations with that learning curve on the

computer impact the quality of care I'm providing the patient who is sitting right in front of me."

Salem Health Medical Group Vice President Katie Dobler said they will focus in 2020 on getting new providers comfortable with Epic and coming together.

"Coming together allows us to continue to collaborate and build on our relationships and team-based care," she said, noting that high-quality care in our community is still the goal.

Dobler laughed when asked what the biggest question she was hearing from those transitioning from WVP. Apparently, the most asked question had to do with the color of scrubs, but there was no rush to make changes right away. In fact, signage still says WVP outside the clinics, and Dobler said it will likely take several more months to install new signs. On the physical signs, she added, Salem Health will honor the names of the established clinics, just changing WVP to Salem Health.



Salem Health Hospitals & Clinics has purchased the WVP clinics, but signage won't be changed for a few more months.

The History of WVP

WVP Health Authority started in 1976 as a panel of doctors called Capitol Health Care Physicians. In the early 1990s, the organization acted as the provider panel for the Capitol Health Care HMO. It also changed the name to MVIPA and began contracting with additional carriers. In 2010, when it changed to WVP Health Authority, it had also opened its first clinic on Liberty Street for Oregon Health Care patients who struggled to find a home elsewhere.

In 2012, it added another clinic.

"The first clinic that approached us that wanted to transition away from being privately owned was the Keizer clinic," WVP Health Authority's Chief Financial Officer Dean Andretta said. "They had a successful clinic that was full of patients. We took their lead on clinical operations ... The idea wasn't for the physicians to sell but to remain involved in the decision making. That was part of the proposition."

The WVP Health Authority IPA filled a need to unite and support local independent practices, said Eliason, who helped start the Liberty Street clinic, which moved to 12th Street in 2016, becoming the Boulder Creek clinic.

The WVP Medical Group formed in 2011 and over the years grew to include WVP Independence-Monmouth Family Medicine, Dallas Family Medicine, WVP Keizer Clinic and the three in Salem: WVP The Doctors' Clinic, WVP Flaming Medical Center and WVP Boulder Creek.

Undeterred by the recent sale of WVP Medical Group, the IPA continues to contract with more than 10 insurance carriers representing around 65,000 people. Andretta said they are focusing on negotiating more contracts with carriers and enhancing their services to providers.

"In 2020, we are going to get back, recover from the last couple of years and move forward," Andretta said. "We're looking forward to welcoming Salem Health Medical Group into the IPA."

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SALEM HEALTH'S FOOTPRINT GROWS

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The Doctors' Clinic in South Salem is now known as Salem Health Medical Clinic – Skyline Village, as it has transferred under the direction of Salem Health Hospitals & Clinics.

A Step Back is a Step Forward

Since 2016, WVP's clinics had integrated some form of medical homes, so the idea of coordinated care is nothing new for the clinics. Partnering up with the hospital is another step in that direction, Eliason said.

While he acknowledges as a primary care provider he is not the expert in any disease, Eliason said "knowing what the specialist is doing is important to what I'm doing." He calls the consolidation a high-tech step back to the days when the family doctor used to do everything. With tools such as Epic, he said doctors still retain a degree of ownership regardless of where a patient's care is at. In addition to seeing all of a patient's history, Epic allows doctors to communicate quickly with each other. He calls it a circle of sorts. Medicine started out with everybody doing everything, then there was this splintering of care and providers were disenfranchised from the hospital. Now they are coming back in the evolution and reengaging with the hospital but not at 5 a.m. Epic will allow providers to check in with their patients in the hospital by turning on their computers instead of making rounds. It gets providers involved again but doesn't require all the hard work.

Having a new "boss" will surely bring other changes, as well, especially to things such as workflows and processes in order to standardize care, and that has Eliason excited.

"The job is still to make the patient happy, provide the best evidence-based care; we're just getting better at standardized care. ... It shouldn't feel like a factory, but it should work that way, consistently delivering the best healthcare to the patient." 



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DINNER AND INSPIRATION

Annual Event Celebrates Medical Society and Its Members

BY HEATHER RAYHORN



Krista Wood (from left), Mark Fischl, Chris Edwardson, Keith White, Debbie Eisenhut, Erin Hurley, Doug Eliason, and Alyssa Schmidt pose at the 2020 Winter Membership Meeting & Dinner. Credit: Heather Rayhorn

The Marion-Polk County Medical Society kicked off its 150th year by celebrating the past and looking forward to the future.

The annual Winter Membership Meeting and Dinner took place on Jan. 22 at Willamette University's Cat Cavern. The night featured guest speaker Debbie Eisenhut, who coincidentally also won the evening's President's

Achievement Award, as well as outgoing president Erin Hurley passing the leadership baton to Douglas Eliason.

"Every president has their own thing," Eliason said. "Erin was about resiliency and building personal strength. I'm going to start out celebrating our history. We need to learn to incorporate the lessons of the past."

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DINNER AND INSPIRATION

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Besides his new role with the medical society, Eliason has had quite a bit of change in his professional life recently. Eliason has been a part of helping the former WVP clinics transition under the Salem Health umbrella. He has been named the medical director of Salem Health's new Boulder Creek and Keizer clinics. He joked that the transition – specifically learning a new electronic medical records system — has been a bit like going through the stages of grief. But he says he's hopeful: "If I can do it, anyone can," he said about learning a new technology.

Also welcomed to the medical society were two new board members: Joe Rad, a physician assistant at Salem Pulmonary Associates Pulmonary Clinic, and James Bishara, a pediatric cardiologist who moved to Salem in July from Louisiana.

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Outgoing president Erin Hurley passes the gavel to incoming Medical Society President Doug Eliason. Krista Wood said Hurley helped the board build relationships, and she honored her for teaching others about personal growth and “living life with intention.”

Credit: Mary Louise VanNatta

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DINNER AND INSPIRATION

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They join Eliason, Hurley, Keith Neaman, Chris Edwardson, Scott Berg, Matt Boles, Mark Fischl, Leon Harrington, Keith White, and Alyssa Schmidt on the medical society board.

But it was Eisenhut who stole the show. Everett Mozell, who nominated Eisenhut, presented the Christian missionary doctor whom he used to work alongside of with the annual Presidential Achievement Award.

For the award, achievement is defined as a notable deed not limited to medicine but rather achievement in life. Mozell said that Eisenhut checked all the boxes for the award except notable deed. That he would change to notable deeds. He said although he's a "Jewish guy from New York," he admires the passion Eisenhut has to bring her faith and skill as a doctor to the nations.

"Debbie Eisenhut heeded her calling

and abided Jesus' words 'Whatever you did for one of the least of these, you did for me,'" Mozell concluded.

Eisenhut, whose missionary work was featured in the winter issue of Chart Notes, shared stories and photos of her work overseas in Pakistan, which had devastating flooding while she was there; in Liberia during the Ebola crisis in 2013; and, most recently, in Cameroon, which she had to leave



because of the area's civil war. She is now on home assignment working for her missionary organization, SIM, and taking care of her mother, who was at the event along with Eisenhut's brother and his wife. She plans on returning to Cameroon early this spring for a month-long stint to teach the Basic Surgical Skills course to four new residents. The award included a \$1,000 gift to a charity of Eisenhut's choice. She said the money would go to SIM.

Eisenhut is the 16th recipient of the President's Achievement Award. Previous winners have been E. David Shaw, William Drips, Jr., Duane Taylor, William "Bud" Pierce, Peter A. Bernardo, James Lacey, Thomas A. VanVeen, Nancy S. Boutin, Laura Metzger, Eric Schuman, James Byrkit, Guesly Dessieux, Lauren McNaughton, Sheila Sund, and Howard Baumann.

Nearly 100 people attended the evening, including Dick Brust, one of the medical society's 35 Emeritus members, a new title offered to those who are 75 or older or who have been a member for 30 or more years. Brust, who retired in 1996, started his practice in Independence in 1962. In retirement, he enjoys racing sailboats at Fern Ridge Reservoir in Eugene. He said he remains a member of the medical society to support the group financially and to stay in touch and see what's going on through different events and reading Chart Notes.

This year, the medical society will focus on the 150th anniversary and remembering and honoring the past with events like historical tours. The next networking event will be a wine and garden party May 14 at Andante Vineyard, owned by Salem doctor Joe Allan and his wife, Karen Saul, on their Dallas property. [f](#)



President's Achievement Award winner Debbie Eisenhut poses with Liz Kim, a surgeon at Salem Clinic, at her booth during the 2020 Winter Membership Meeting & Dinner on Jan. 22. "She replaced me," Eisenhut said proudly about Kim.

Credit: Heather Rayhorn

 The top of the page features the Green Acres Landscape logo, which includes a tree icon and the text "EST. 1992". Below the logo, the text reads "GREEN ACRES LANDSCAPE" and "leaving no footprint." with contact information "LCB #7389 - CCB #198925". The background of the right side of the page is a photograph of a young child with blonde hair kissing a white dog on the cheek.

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150TH ANNIVERSARY

Oregon's First Medical Society is Born

BY HOWARD W BAUMANN, MD

This story ran in the November 2013 issue of Chart Notes.

How many of us can honestly say that we know when and how our medical society got started? A quick peek at our old letterhead masthead below will at least give you the correct year:



Specifically, our birthday is Oct. 14, which in 1870 happened to fall on a Friday. The story leading up to all this gives us an interesting glimpse into the times and lives of our very earliest colleagues.

Marion-Polk County Medical Society was not necessarily an institution made in heaven. The process that began in 1866 was followed by four tumultuous years that soon ended in complete discordance among the doctors. The early press reports suggested a mostly rosy picture. However, behind closed doors, the process had gone

poorly and ended in early failure.¹ A press release came out noting that these meetings had continued until "narrow minded and jealous physicians, without regard to the interest of the society and profession, controlled the presidency, which had the effect to destroy the interest of the society."²

This type of infighting was not unique to Salem and was taking place in many states across the country. An overview of the medical politics of the time will explain the power struggle that was going on among the doctors. It would be even more interesting if we still had our society's minutes to study and compare, but they aren't available.

Basically, the problem was that there were two main medical factions fighting for control of the practice of medicine. There were the regular (orthodox)

doctors, and the irregular (unorthodox) doctors, with the latter consisting mainly of the homeopathic and the eclectic physicians. The regulars, also referred to as allopaths, still adhered to Dr. Benjamin Rush's earlier teachings and the Greco-Roman concepts of manipulating the body's four basic fluids. The homeopathic doctors believed in the use of small doses of botanically based drugs to balance the body's vital spirit. The eclectic doctors also relied on botanicals and abhorred bloodletting. These latter groups had gained significant popularity due to the public's backlash to the harsher treatments advocated by the allopaths, then referred to as: "blister, bleed, purge, and puke."³ Be assured, these medical groups were truly at each other's throats, with no love to be lost.

On the positive side, and during all of the above distraction, Salem had quietly slipped ahead of Portland as the center of medical activity. This was mainly related to the doctor teaching staff and the prestige associated with the establishment of Willamette University College of Medicine. Although Portland had a larger population and more doctors, they were not as well organized. In fact, Multnomah County would not establish its medical society until 1877.⁴

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The Holman Building, on the NW corner of Commercial and Ferry streets in Salem, the location of our first meeting. The photo is from 1925.

Image courtesy of the Oregon State Library

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THE TRAVELS OF DR. MORSE'S

HALL TREE



Dr. Willis Bent Morse, 1866-1944

Image Courtesy Salem Pioneer Cemetery Memorials



Dr. Morse's hall tree is seen at The Doctors' Clinic.

Author's collection

Two years ago, on Feb. 11, 2018, the Development Director at Salem Health Foundation, Darrel White, contacted me asking if I could help Salem Hospital find a new home for Dr. Morse's hall tree. The hall tree, a piece of furniture that acts as a coat rack, had landed up in the foundation's office sometime back, but they had no further use for it, and the hospital could not find an appropriate place for its relocation. I was honored to be asked. I was also advised that without somebody to take it over, their only other option was to sell it and apply the funds toward the foundation.

Many of you know Dr. Morse's name very well. First of all, if any of your children were born in Salem from 1954 to 1987, they were likely born at the Morse Maternity Unit of Salem General Hospital on Center Street, named in honor of Dr. Willis Bent Morse, medical leader and past member of our medical society. Here is Dr. Morse's timeline:

- 1891:** Graduated from Willamette University College of Medicine.
- 1896:** Founding Board Member of Salem Hospital.
- 1903:** Co-Founder, along with Dr. Charles H. Robertson, of The Doctors' Clinic.

- 1903:** Founding Board Member of the Oregon State Board of Health.
- 1927:** President, Oregon State Medical Society (today's OMA).
- 1935:** Chief of Staff, Salem General Hospital.
- 1944:** Dr. Morse passes away, leaving the bulk of his estate and possessions to Salem General Hospital.
- 1954:** Morse Maternity Unit at Salem General Hospital dedicated in his honor by past Governor Douglas McKay, one of his former patients.
- 2016:** Morse Unit and Salem General Hospital are demolished in the name of progress.

In my review of the life of this incredible individual and his many achievements, I also found a sad story, best told by his friend and biographer, John E. Davis:

"Doctor Morse suffered a great tragedy when his beloved wife, Ethel Elaine Morse, became grievously infected just prior to childbirth and her infant son was stillborn, and, although Doctor Robertson fought to save her, she passed away at Salem Hospital on 6 March, 1906, after only seven years of marriage. As she lay dying,

Doctor Morse made a promise to her that he would never remarry, a promise he was to keep in fact and in spirit to the end of his days."

He continued to live with his wife's parents, Dr. William and Marcia Cusick, for the rest of their days, staying near them until both had passed away.

When and where the hall tree enters the story is not totally clear, but we do know that at the time of his death, Dr. Morse's will spelled out his wish that the bulk of his estate and personal possessions would go to Salem General Hospital. Dr. Morse also gave his reasons: The hospital "has received very few bequests during its existence ... people of this community are not hospital minded, notwithstanding that said hospital is community-built and community managed ... for the benefit of all of the people of the community."

Former Salem Hospital administrator Ted Stang, who started working at Salem General in 1967, told me that he recalled seeing the hall tree in various locations through the years, the last



Morse Unit Maternity Building at Salem General Hospital

Image Courtesy of Salem Library Historic Images of Oregon

being in the first-floor waiting room at the Morse Unit. Subsequently, the hall tree was taken to Building B of Salem Hospital when demolition of the Morse Building started in late 2016.

When I first viewed the hall stand in the foundation office in February 2018, I found it to be stately in appearance, with incredible woodwork. Only minor restoration would be necessary. I instantly realized that this treasure needed to be saved to continue the remembrance of Dr. Morse, particularly following the loss of the building that for more than 60 years bore his name. And besides, I'm sentimental; my son was born in the Morse Unit.

My immediate recommendation was for the hospital to reconsider its position, based on two arguments: the historical significance of this hall tree and that Dr. Morse wanted the hospital to have it, as per his wishes. I also considered other Salem institutions: Doctors' Clinic, Willamette University, and Willamette Heritage Center. My wife also suggested to me that it would look very nice in the entry of our

older 1920s home, which it would.

In the final analysis, The Doctors' Clinic won out. In April 2018, I contacted Dr. David Edmonds, managing partner, who gladly agreed to take possession of the hall tree on behalf of The Doctors' Clinic and arranged its transfer to their facility located on the corner of Skyline Road South and Kuebler Boulevard. Today, the hall tree is nicely displayed, complete with historical plaque, up on the balcony of the clinic's two-story foyer.

And Now, The Rest Of The Story:

Can you believe that Salem Hospital now again owns Dr. Morse's hall tree? Incredible, but true. Within the last several weeks, following a series of complex purchases by Salem Health Hospitals and Clinics of several WVP-clinics, which included The Doctors' Clinic, the hall tree came full circle back to being owned by Salem Hospital. Thus, at this moment in time, Dr. Morse's hall tree stands securely within the cherished walls of his former clinic and again in the custody of the hospital he cared so much about, as per his wishes. ■■

OREGON'S FIRST MEDICAL SOCIETY IS BORN

...continued from page 14

As was the case nationally, the mainstream doctors in Oregon were able to maintain the upper hand. They outpaced their rivals in the number of medical schools started, medical societies established, and even the number of medical journals.⁵ These trends allowed the allopathic doctors to finally gain the votes needed to establish a medical society in Marion County.

The society's first official meeting was held on Oct. 14, 1870, at the Holman Building, with 14 of their 24 members attending. They adopted by-laws and a code of ethics based on those of the American Medical Association. Our society's first name was the Medical Society of the Third Judicial District. This somewhat awkward name was employed to legally incorporate the surrounding counties of Linn, Polk, and Yamhill, due to their small number of doctors. Interestingly, all of these adjoining counties would break away early on and attempt to form their own medical societies.⁶ Yamhill and Polk Societies teamed up again in 1908 before rejoining with us in 1912 to form the Polk-Yamhill-Marion Medical Society, also referred to as the Tri-County Medical Association.⁷ Yamhill fell off again sometime between 1942 and 1946 to give us the Marion-Polk County Medical Society as we know it today.⁸ ■■

¹ Davis, John E, *Doctor Willis Bent Morse: 1866-1944*, 1985, page 7.

² Dr. Cusick, who was in the first graduating class of Willamette University College of Medicine in its first class in 1867, lived at 219 Lincoln Street South, Salem, Oregon.

³ Capital Journal, July 26, 1944.

¹ Olaf Larsell, *The Doctor in Oregon* (Portland, Oregon: Binforde & Mort, 1947), 421-422. This book is an essential text of the early medical history of Oregon.

² Oregon Medical and Surgical Reporter, (1870), I: 346. This was the State's first medical journal, and was published by Willamette University Medical Faculty.

³ Ira Rutkow, *Seeking the Cure: A History of Medicine in America* (Scribner, 2010), 31-47. An excellent narrative of American medical history.

⁴ Larsell, 155.

⁵ Rutkow, 47-51.

⁶ Larsell, 423.

⁷ Larsell, 447.



3 WAYS THE SECURE ACT IMPACTS YOUR NEST EGG

BY BRENNA BAUCUM, CFP®
THE H GROUP, INC.



One of our clients, a physician, was on the cusp of retirement. He stopped by our office with a substantial rollover check from his 401(k). We looked at it together and remarked how odd it is to hold a representation of your life's work in the palm of your hands.

A sizeable, pretax account like that comes with planning opportunities and challenges. A piece of legislation passed at yearend has changed the planning that we did for this client. It's likely affecting your long-term plan too.

Like most governmental documents, the SECURE (Setting Every Community Up for Retirement Enhancement) Act is chock-full of provisions. Our aim here is to highlight the parts that are most likely to impact your nest egg.

Non-spousal IRA beneficiaries must liquidate the account within 10 years.

If you've heard only one thing about SECURE, it's probably that it ends the ability to "stretch" inherited IRA distributions for non-spousal beneficiaries. Prior to this act, IRA owners could leave their heirs as outright beneficiaries, who could then "stretch" the distributions across their own life expectancy.

For any IRAs inherited after Dec. 31, 2019, non-spousal heirs will be required to liquidate the IRA within 10 years of the inheritance. This applies to both Traditional and Roth IRA accounts and could dramatically change the tax consequences associated with an inherited IRA, depending on its type and size.

Moving forward, inherited IRA owners won't be subject to required minimum distributions until year 10. For those inheriting a Traditional (pre-tax) IRA, waiting to take the entire amount in one year could cause a tax headache since distributions will be taxed as ordinary income. This is particularly true if they were to inherit during the prime of their careers when income is typically highest.

For those inheriting a Roth IRA, on the other hand, it may make sense for inheritors to wait until the 10th year to take a distribution in order to allow the maximum amount of tax-free growth.

Your estate plan and beneficiary designations may no longer serve you the way they once did.

An overhaul of your entire estate plan may or may not be necessary, but it's a good idea to see how these changes affect your unique situation.

If your Traditional IRA beneficiary is:

Your spouse: The rules around spousal inheritance have not changed, and therefore, inheriting spouses will not be subject to the 10-year distribution rule.

Your children: They will be subject to the 10-year distribution rule and assessing your options (or, at the very least, getting a realistic picture of what inheritance as-is looks like) is probably a wise choice.

A retirement trust: Retirement trusts are typically established to serve as "see-through" or "conduit" trusts, which are designed to stretch the distributions for all beneficiaries to the age of the oldest inheritor. They rely on the old required distribution rules; therefore, some of the language within them doesn't make sense under the new SECURE Act. If you have a retirement trust as a beneficiary of your IRA, you should talk with your estate planning attorney to see if an update is necessary.

It's a good idea to explore your options.

As with all financial planning issues, your decision shouldn't be made in a silo. It will have a ripple effect on the rest of your plan. For a holistic look at the legacy you're leaving, it can be helpful to schedule a meeting with your CFP® professional, attorney and tax advisor to talk through your options and how they impact each area of your plan. Here are a few ideas for discussion:

Review insurance options. Life insurance may be a way to meet your legacy plans without the burden of income or estate taxes for your heirs. When used in combination with an Irrevocable Life Insurance Trust (ILIT), this can achieve the postmortem control and estate tax avoidance. As with all insurance products, we highly recommend you run this idea past a fee-only planner for objective, fiduciary-driven feedback before you sign anything.


Take advantage of Roth conversions. If the tax stars align, you may be able to use the years between retirement and your required distribution age to convert your pretax dollars into a Roth. This could work if defined benefit/Social Security income aren't pushing you into uncomfortable tax territory.

Charitably minded? Leave your Traditional IRA (or some portion of it) to your charity of choice. Not new to the SECURE Act, but even more important than before: if you have a charitable heart, you could consider naming your charity of choice as an IRA beneficiary. The tax liability disappears once received by the 501(c)3.


Set up a Charitable Remainder Trust (CRT). Another opportunity to learn more about if you have a charitable heart. A CRT can support you with income during life with the principal going toward your charity of choice upon your passing.

Leave your taxable account(s) to your kids. Also not new to the SECURE Act, but leaving assets in a brokerage account means that they will enjoy a step-up in basis upon your demise, essentially erasing the income tax liability associated with the inheritance.

There are many other details to the SECURE Act, including changes to the required distribution age (from 70.5 to 72), employer plans, IRA contributions and more. If reading this brought up questions for you, we hope you'll reach out. It's our privilege to team up with our client families to proactively explore the opportunities and challenges that changes like this present. 📧



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LOWERING DRUG PRICES IS SOMETHING WE CAN ALL WORK TOGETHER ON

If you listened to President Trump's State of the Union speech, you may not have agreed with a lot that he said, but if we can negotiate with pharma over the cost of prescription drugs, we all win.

Situation

It took over 1,000 pages to create Medicare part D, which went in effect in 2006 and included wording that prohibits Medicare from negotiating lower drug prices from the pharmaceutical companies. A generic pill that used to be tier 1 and cost \$8 is now considered tier 4 and costs \$95.

Background

Any discussion about health care reform would be remiss without acknowledgment of the problem created by Medicare Part D legislation. The abrupt increase in the price of prescription medications has produced a domino effect. The politicians who crafted (with the help of pharma) the bill expected the private insurance companies to do the negotiation with the pharmaceutical companies, however, that backfired. Private insurance companies are passing the increase in

drug prices to the beneficiaries in the form of higher out-of-pocket expenses.

People who had Medicare before part D was enacted did not seem to be bothered because before that, there was no drug coverage.

Millions of people who were dual eligible were switched from Medicaid drug funding to Medicare part D and found themselves unable to pay for the most basic drugs.

Assessment

Medicaid, Tricare and the VA all negotiate with the pharmaceutical companies and get the lowest prices.


The US pays the highest prices for drugs than any other country in the world. The pharmaceutical companies say they have to charge the USA more in order to continue developing better and greater drugs. Yet at least half of the newer drugs are developed at universities and biotech firms.

The major pharmaceutical companies spent more than \$23,000,000 in the first quarter of 2014, buying politicians and their vote.

The 11 largest companies recorded more than \$700 billion in profits between 2002 and 2012. These profits skyrocketed as a result of Medicare Part D, mostly at the cost of our senior citizens (like me).

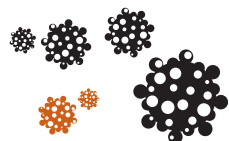
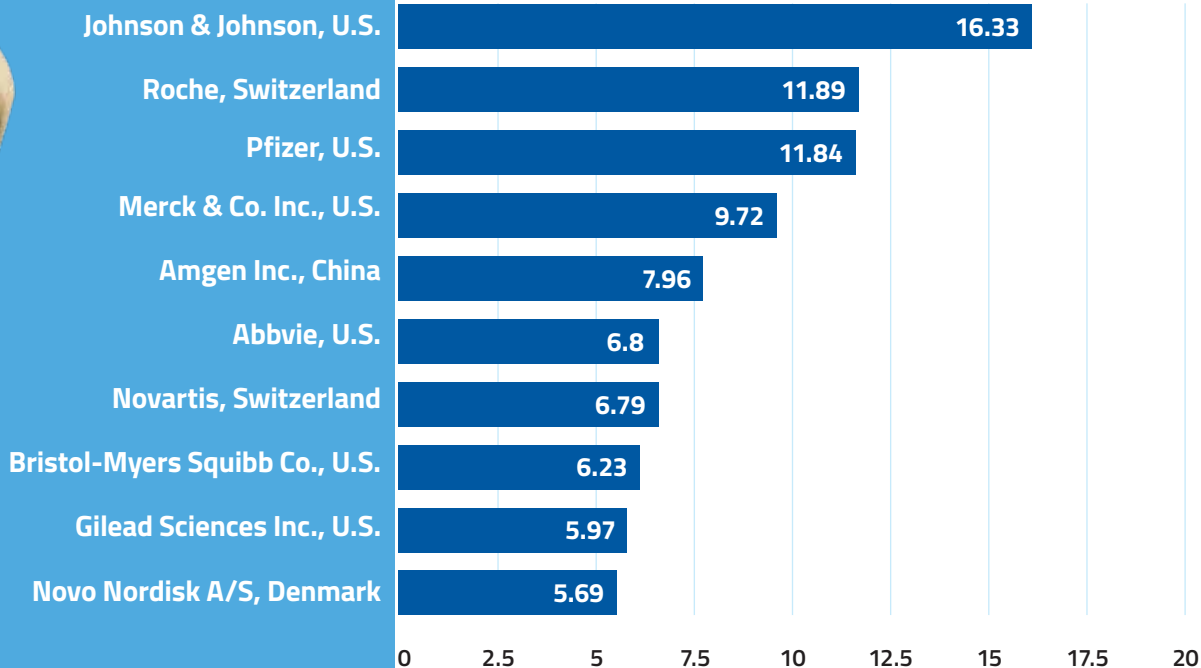
Medicare buys more drugs than any other single entity in the world.

Recommendations

- Allow the federal government to negotiate lower drug prices for Medicare.
- The federal government should fund more drug innovation at government facilities and schools.
- Better regulate the Lobby industry as it relates to Health Care issues.
- Let's pay what other countries pay. 



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Rashanda Brown, DO



Paula Spencer, DO



Christine Rue, PA-C



Alyssa Schmidt, PA-C

OREGON-BASED PRAXIS HEALTH COMES TO SALEM

New medical group picks up
handful of former WVP employees

BY HEATHER RAYHORN

Not all the former WVP medical professionals made the transition to Salem Health in January. Doctors Rashanda Brown and Paula Spencer, along with physician assistants Christine Rue and Alyssa Schmidt, joined with Salem newcomer Praxis Health in opening a primary care clinic in Salem.

Praxis Health is an Oregon-based medical group, the largest independent medical group in the state, according to the company. Made up of several smaller medical groups, its focus is on providing high-quality health care through smaller community-based clinics. Each group, Praxis said, functions like an independent group, retaining its own name and culture, combining the small-clinic environment with the support and security of a centralized administrative team.

Praxis Medical Group began with High Lakes Health Care in Bend in the early 2000s. High Lakes has since grown to 37 providers and six clinics, making it the largest provider of primary care services in Central Oregon, according

to Praxis. Praxis clinics can be found from Pendleton to Portland and down to Eugene with around 250 providers, mostly in primary care.

The new clinic, South Salem Primary Care, opened its doors Feb. 3 with the four former WVP providers. Praxis plans to expand with hopes of bringing additional primary and specialty care to Marion and Polk Counties. It provides its clientele comprehensive health care, including general, adult and pediatric services, as well as minor procedures.

Dan McCarthy, an administrator with the company, said the dissolving of WVP made it a good time to enter the Salem market.

"We believe there is always space for independent providers, for a good mix. Everyone doesn't have to be employed by one group," he said.

Dr. Brown, who has been practicing medicine in the Salem community since 2010, said she is thrilled to join South Salem Primary Care.

"This clinic is local, and as such, will focus on personalized care from a small group of providers," she said. "With the streamlined support of Praxis Health, we will be able to take the time we need to really get to know our patients and help them meet their health goals."

Located at the corner of Kuebler Boulevard and Skyline Road South, South Salem Primary Care is open 7 a.m. to 5 p.m. weekdays.

"We are excited to bring additional, much-needed primary care services to Salem," said McKenzie Kennedy, regional administrator for Praxis Health. "Dr. Brown and Dr. Spencer are well-known and loved by patients in Salem because of their exceptional patient-focused care. We are thrilled to be able to help fill a need in the community, grow this practice, and connect more Salem patients with thoughtful, thorough providers."

South Salem Primary Care is currently hiring. Learn more about the clinic at saalemprimarycare.com.

BY HEATHER RAYHORN

DOWNTOWN SALEM ART HUNT

You don't have to walk far in downtown Salem to see a variety of public art. Take a lunch break or some time before or after work to enjoy a walk and maybe a meal in downtown Salem. Here are four pieces to keep your eye out for.



The bronze and enameled steel piece Cien Anos by Oregon artist Devin Laurence Field is one of several art pieces on display outside the Salem Convention Center in its Sculpture Garden. More sculptures and paintings can be found inside the building.



Nearby, at Millrace Park on Trade Street, stands a brushed aluminum sculpture of a man holding a 5-cent piece above his head. The 10-foot tall piece is a collaboration from Native American artist Lillian Pitt and Corvallis couple Mikkell and Saralyn Hilde honoring the Bottle Bill with elements of glass and aluminum. If you look close enough, you'll notice that the legs create a negative space that looks like a Coke bottle and the top portion, the head and arms, resemble the pop top of a can. It also honors native people: The arms and rib cage mimic the designs on native basketry and petroglyphs.



Walk toward the mall to find a pair of murals on either end of Rudy's Steakhouse. On the parking garage is a mural by Blaine Fontana of a real sequoia redwood found on the other side of downtown Salem at Waldo Park on the corner of Union and Summer streets. The park, which corners off the real tree protected in 1936 by Salem state senator William Waldo, is among the smallest city parks in the world. In the alley is the lesser-seen "Mirror Maze" by Damien Gilley. The 3-D abstract painting is a funhouse of painted doors and windows that represents all the businesses downtown.



CHART NOTES - WRITER BIOS



HEATHER RAYHORN, EDITOR

After covering the Salem area for 18 years as a journalist, Heather Rayhorn is now teaching English at North Salem High School.



RICK D. PITTMAN, MD, MBA

In private vascular surgery practice for 28 years before obtaining a MBA from OHSU/PSU, Dr. Pittman works full-time as a vein and wound care specialist in the Silver Falls Dermatology Clinics and spends his spare time in the garden, behind a camera or in the workshop restoring cars.



HOWARD BAUMANN, MD

Howard Baumann retired in 2010 after 34 years practicing gastroenterology at Salem Clinic. He is a member of the American Association of the History of Medicine, the Society for the History of Navy Medicine, and is a Board Member of the Oregon State Hospital of Mental Health. He contributes regularly to Chart Notes and Historical Tidbits.



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