

# The Permanente Journal

**Mission:** *The Permanente Journal* advances knowledge in scientific research, clinical medicine, and innovative health care delivery.

**Circulation:** 25,000 print readers per quarter, and accessed by 700,000 unique Web readers in the last 12 months from 164 countries.



### ON THE COVER

**“Dead Vlei, Namibia 2009”** by Stuart Hahn, MD, is a photograph taken at a salt/clay pan or dry lake bed at Sossusvlei, Namibia called “Dead Vlei.” The word “Vlei” refers to a shallow grass depression or small valley. The trees are Camel Thorn Trees that died when the water vanished. Dr Hahn can see a number of symbolic interpretations of these long dead trees.

Dr Hahn retired from The Permanente Medical Group in 2010. He previously was the Clinical Director at the Sacramento Regional Appointment and Advice Call Center. He has been seriously exploring photography since 2000 and has an interest in both wildlife and landscape photography.

For more information about this or other published photographs please feel free to E-mail him at hahnsk@sbcglobal.net

Dr Hahn has been published in *The Permanente Journal* and *leaflet*.

### 95 CME EVALUATION FORM

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## ORIGINAL RESEARCH & CONTRIBUTIONS

**4 Predicting Poor Outcomes in Heart Failure.** David H Smith, RPh, PhD; Eric S Johnson, PhD; Micah L Thorp, DO, MPH; Xiuhai Yang, MS; Amanda Petrik, MS; Robert W Platt, PhD; Kathy Crispell, MD

Using data from electronic health records from a large health maintenance organization, the authors developed a model to predict the 5-year mortality or hospitalization risk for heart failure among 4696 patients who had an echocardiogram and a heart failure diagnosis from 1999 to 2004. They observed a 56% five-year risk of death or hospitalization for heart failure. The simple model includes demographic characteristics, blood pressure, renal function, and anemia status. The observed risk was three times higher in the highest-risk quintile than in the lowest-risk quintile.

**12 Napa Immunization Study: Immunization Rates for Children with Publicly Funded Insurance Compared with Those with Private Health Insurance in a Suburban Medical Office.** James C Cotter, MD, MPH

The immunization rates and health-access measures of 109 children ages 24 to 48 months, who had publicly funded health insurance (PFI) were compared with 300 children of the same age with private health insurance in the same medical practice. Children with PFI had lower rates of immunization and fluoride prescriptions; however the differences were only significant in the cohort of children age 2 years, and became similar by age 3 years.

**23 A Single-Blinded, Direct Observational Study of PGY-1 Interns and PGY-2 Residents in Evaluating their History-Taking and Physical-Examination Skills.** Sandeep Sharma MD, DrPH(c)

An independent medical observer used a yes/no checklist with 60 variables in a single-blinded observational study. Frequency tables were generated and results were based on descriptive statistics. In 7 categories aimed at chart review for accuracy, discrepancies were found between what medical interns and residents recorded in the patient's chart and the observed actions during the patient encounter. In 64%, the time spent on history taking was <7 minutes. In 72%, patients were not asked about family medical history.

**30 Early Detection of Colon Cancer—The Kaiser Permanente Northwest 30-Year History: How Do We Measure Success? Is It the Test, the Number of Tests, the Stage, or the Percentage of Screen-Detected Patients?** David Moiel, MD; John Thompson, MD

This historical review of 5458 patients summarizes colorectal cancer screening strategies for 3 decades. The number of exams and disease-stage does not accurately reflect the effectiveness of screening efforts. A better measure is the percentage of screen-detected cases. Using a good test able to reach more people rather than the “perfect test” that reaches fewer transforms an ineffective program to a successful one when the strategy moves from testing to screening.

**40 Centering Parenting: Pilot Implementation of a Group Model for Teaching Family Medicine Residents Well-Child Care.** Pooja Mittal, DO

Leaders in child health care recommend primary care physicians use a parent-centered approach, with a focus on the parent-child relationship in the context of family, culture, and community. The family medicine residency program at the University of California, San Francisco is testing a parent-centered group-care model that over a year allows residents to experience comparative development as well as interactions among a group of parents and children, and forges a stronger bond between physician and parent.

### Implementation Study

**42 Regional Expansion of Minimally Invasive Surgery for Hysterectomy: Implementation and Methodology in a Large Multispecialty Group.** Esteban Andryjowicz, MD; Teresa Wray, MD

In the US each year, hysterectomy is the second most common major operation performed in women (600,000). This article reviews the steps that a large multispecialty group used to teach non-open hysterectomy methods to improve the quality of care and decrease inpatient procedures, and therefore costs. A structured educational intervention was delivered to 350 obstetrician/gynecologists at 12 medical centers, and their 26,055 hysterectomies (2005-2010) were studied. The rate of non-open hysterectomies increased 120% (from 38% to 78%) and the average length of stay decreased 31%.

## REVIEW ARTICLES

### 48 Quality Measurement and Improvement in General Surgery.

Marisa Cevasco, MD, MPH; Stanley W Ashley, MD

Several sophisticated quality-measurement and outcomes systems have been developed including the National Surgical Quality Improvement Program, the use of selective referral and centers of excellence, the Surgical Care Improvement Project, and the World Health Organization Surgical Safety Checklist. This article reviews each of these initiatives, highlights their contributions, and discusses future directions within general surgery.

### 54 New Technology Review Process: The Laparoscopic Adjustable Gastric Band.

Sandra Arthurs, MS, BME; Yerado Abrahamian, MHS; Elizabeth L Loughren, MPH; Jo Carol Hiatt, MD; Robin Cisneros; Jed Weissberg, MD

The Interregional New Technologies Committee (INTC) considers all available published evidence on a particular technology, surgical technique, or implantable device for a specific clinical indication and provides a recommendation on the sufficiency of the evidence for determining net medical benefit. This overview illustrates the INTC process and how it supports clinical decision making.

## CASE STUDIES

### 61 A Case of an Abdominal Mass: Follicular Lymphoma.

Tina L Walker, MD; Gabriel E Lopez, MD

Follicular lymphoma (FL) the second most common subtype of non-Hodgkin lymphoma usually affects older individuals (average 63.5 years). This report describes FL in a 38-year-old woman. These patients will likely first present to their primary care physicians.

### 66 Does My Patient Have Asthma?

Eric Macy, MD, MS

A 57-year-old woman, initially seen in primary care, had diagnoses of steroid-dependent "asthma," obesity, depression, reflux, sleep apnea, pollen allergy, hypertension, hyperlipidemia, and prediabetes. The diagnosis of asthma should be confirmed by pulmonary function tests before and after bronchodilator use to document reversible airflow obstruction or should undergo a methacholine or mannitol challenge.

### 70 Suppressed Wound Healing In a Patient with Rheumatoid Arthritis Taking Leflunomide (Arava).

D Miller Wise, MD

Although patients with rheumatoid arthritis taking disease-modifying antirheumatic drugs (DMARDs) are monitored for various medication adverse events, DMARDs, and leflunomide in particular, have effects that are not observed clinically, specifically adverse effects on wound healing.

## CLINICAL MEDICINE

### 75 ECG Diagnosis: Pulmonary Embolism.

Joel T Levis, MD, PhD, FACEP, FAAEM

The S1Q3T3 sign (prominent S wave in lead I, Q wave and inverted T wave in lead III) is a sign of acute cor pulmonale (acute pressure and volume overload of the right ventricle because of pulmonary hypertension) and reflects right ventricular strain.

### 76 Image Diagnosis: Ultrasound in Right Lower Quadrant Pain.

L Paige Sokolsky, MD; Gus M Garmel, MD, FACEP, FAAEM

Doppler ultrasound is the imaging modality of choice as an enlarged, torsed ovary with peripherally displaced follicles because of vascular congestion. Because the ovary is supplied by both the ovarian and uterine arteries, a torsed ovary may have arterial flow, and medial displacement of the ovary compresses the uterus and bladder.

### 78 Dermatology Image: Erythema Multiforme.

Joel T Levis, MD, PhD, FACEP, FAAEM

Erythema multiforme is a type of delayed hypersensitivity skin reaction triggered by infection or by certain drugs. It consists of a polymorphous eruption of macules, papules, and characteristics target lesions (central bullae or vesicle with surrounding concentric rash) distributed with a propensity for the distal extremities, and minimal mucous membrane involvement with less than 10% epidermal detachment.

## COMMENTARY

### 79 Physician-Assisted Suicide and Euthanasia: Can You Even Imagine Teaching Medical Students How to End Their Patients' Lives?

J Donald Boudreau, MD

In the peer-reviewed literature there is a paucity of commentary on the interface of euthanasia and

physician-assisted suicide with medical education. This paper explores potential implications for medical education of a widespread sanctioning of physician-inflicted and physician-assisted death. Through a consequential-basis analysis, the author concludes that euthanasia, when understood to include physician aid in hastening death, is incommensurate with humanism and the practice of medicine.

### 85 Bridging Physician-Patient Perspectives Following an Adverse Medical Outcome.

Mark Montijo, PhD; Kathleen Nelson, RN, MPA; Mark Scafidi, JD; Dave St Pierre, MHROD; Dorothy Tarrant, LCSW, MPA; Jocelyne Vistan, MA; Maureen Whitmore, MA

During the course of physician-patient interactions in today's increasingly complex health care environment, conflict inevitably arises. Physicians are held to very high standards, sometimes leaving them and their patients ill-equipped to cope with medical complications and unexpected outcomes. In the aftermath of an unanticipated adverse outcome, how health care professionals deal with errors has gained greater importance and attention.

## EDITORIAL

### 89 Patient-Centered Research from Electronic Medical Records.

Mikel Aickin, PhD

Currently, perhaps the largest collection of unresolved or poorly resolved medical issues are the kinds patients present in primary care. A new electronic section of the journal, dedicated to publication of EMR-based research, is now open for article review. Encouraged article characteristics include: assessment of therapies as they are actually provided, inclusion of all relevant patients, and new analytic methods.

## NARRATIVE MEDICINE

### 92 Humanity before Science: Narrative Medicine, Clinical Practice, and Medical Education.

Samir Johna, MD; Simi Rahman, MD

It appears from the available literature that Narrative Medicine may be the answer to the current crisis in the physician-patient relationship. Its impact extends well into physicians' own wellness. Medical educators should consider incorporating narrative writings as early as medical school education and all the way into residency and fellowship education.

CME

CME credits are available online at [www.thepermanentejournal.org](http://www.thepermanentejournal.org). The mail-in CME form can be found on page 95.

## SOUL OF THE HEALER

Original Visual Art

### 39 "Angles and Edges"

J Richard Gaskill, MD

### 47 "A Bare Tree in Winter"

Mary T Shannon, MSW, MS

### 65 "Meditation on the Beach"

Mohamed Osman, MD

### 69 "Tranquil Journey on the Yangtze"

Karen C Kwock, RN