

MEDICAL MATTERS



Future of Surgery

Dr. Alex Bauer leads McKenzie-Willamette's robotic surgery program into a new era of innovation.



**Financial Wellness 101:
Navigating Student Loans
March 13th**



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Initially formed as a social group for spouses and partners of Lane County physicians, the Medical Alliance has transformed into a variety of programs focused on supporting physician spouses including book clubs, play groups, philanthropic projects, and both social and educational gatherings.

Contact
info@lcmedsociety.com

Transitions & Trajectories

As a staff, we do our best to practice what we preach when it comes to wellness—consistently checking in and holding each other accountable, encouraging activities we are individually passionate about, and acknowledging when we feel burned out.

In that vein, Shondra and I had a heart-to-heart conversation a couple of years ago about what parts of our jobs we enjoyed and what parts drained our energy. So we brainstormed and explored ways to address these.

- Step 1: Make a plan to help us feel fulfilled in our roles. CHECK!
- Step 2: Implement small changes, and ultimately, propose role adjustments to the Board of Trustees. CHECK!
- Step 3: Transition into new roles. CHECK!

We are excited to announce, with the board’s support and approval, I will be moving into the position of LCMS’s executive director, while Shondra will transition to the LCMS Foundation director focusing her efforts solely on the use and functionality of its resources. Luckily, this means we’ll still be working together and are looking forward to furthering the LCMS mission.

“Shondra’s mentorship over the years has been invaluable and prepared me for what’s to come. I’m grateful for her guidance and the friendship we’ve built over the years working and volunteering in our community together.”

The goal of this decision is to ensure long-term sustainability and growth of our organization while addressing tasks

that were draining us and nurturing aspects of our work we are passionate about. It also allows us the opportunity to find balance with our personal life goals and trajectories.



This year, we will focus on building a solid foundation in our roles before pursuing new initiatives. With that in mind, we have a few key goals for the year:

- **“52 with 52 in 52”:** The team will connect with 52 physicians over the next 52 weeks to discuss member updates and explore how LCMS can provide better support. If you would like to share with us, don’t hesitate to reach out.



- **Benefits Awareness Campaign:** We’ll highlight member benefits throughout the year to remind members what they can access through our organization, including the ever-important Physician Wellness Program.

“Working with Kianna for the past seven years has been an absolute privilege. Her incredible dedication, sharp insight, and natural leadership make her the perfect person to step into this role. I’m confident she’ll take this position and this organization to new heights and inspire everyone around her, just as she’s already inspired me.”

- **Community Awareness Campaign:** Patient wellness starts with physician wellness. We’re working on sharing the LCMS narrative with our community and why what we do matters.

Rest assured, while the transition highlights new leadership roles and titles, but our commitment to working as a team to maximize the benefits and resources available to our members remains unchanged. We’re excited for what’s ahead and grateful for your continued support. ♦



Kianna Cabuco
Executive Director
Lane County Medical Society



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Chart Notes

“When I started my residency, maybe 10% of [gallbladder surgeries] were done robotically and 90% were done laparoscopically ...By the end of my five years of training, 90% of gallbladders were done robotically.”

—DR. ALEX BAUER,
REFLECTING ON THE RAPID
ADVANCEMENTS IN ROBOTIC
SURGERY. SEE HIS FULL MEMBER
PROFILE ON PAGE 14.

 Lane County Medical Society

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2025 LCMS Financial Wellness Series



LCMS is excited to present our Financial Wellness Workshops, designed to support physicians at various stages of their careers in managing their finances.

101 - Managing Student Loans (March 13th): For early-career physicians, this session explains loan providers, consolidations, repayment options, and interest rates.

102 - Budgeting and Saving (May 8th): Learn budgeting and saving strategies, explore employer retirement plans, and uphold a strong financial foundation.

103 - Generational Savings (September 18th): Plan for your children’s college education with insights on savings plans, contribution limits, and long-term strategies.

104 - Make Your Money Last (December 11th): Discover account structuring, investment options, Social Security, spending, and managing your portfolio for long-term stability.

Register online or scan the QR code for the first workshop. Don’t miss out!



RESOURCES

The Physician Wellness Program

Accessible to all Lane County physicians, offering free counseling without a diagnosis. For appointments, contact Cascade Health at 541-345-2800 to connect with certified counselors.

Mark your calendar for Board Game Night on February 7th, hosted by Dr. Nick Jones!

Throughout 2025, enjoy a variety of peer-led activities each month, organized by our LCMS Board members. These casual events are perfect for connecting, recharging, and engaging with your colleagues. Interested? Share your contact info at info@lcmedsociety.com, and the organizer will be in touch!

Let us know if you’re accepting new patients to be added to the Primary Care Open Practice list viewable on the LCMS website homepage.

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Next-Gen Healthcare

BY JIM MUREZ

PEACEHEALTH COMMUNICATIONS

Ask Dr. Kim Ruscher, the chief medical officer of PeaceHealth Oregon, to name PeaceHealth surgeons who are certified to perform robotic surgery. She'll tell you it's easier to list the providers who aren't yet certified rather than those who are. However, robotics is just one of the myriad pieces of technology PeaceHealth is adopting as it brings the latest advances to Sacred Heart Medical Center at RiverBend. Such technology helps providers treat patients more effectively, speed their recovery, and allows them to receive care closer to home.

In 2024 alone, PeaceHealth has invested in major upgrades that were once only imaginable—including tools, equipment, and software—to treat the heart, brain, and much more.

"It is truly fascinating to see how fast technology is advancing in healthcare," Ruscher says. "And PeaceHealth is committed to keeping RiverBend on the leading edge of advancements to give our practitioners the tools they need to be most effective while helping the community by providing these services locally," she adds.

Last summer, RiverBend added the da Vinci 5 (DV5) robot to its lineup. A defining feature of the DV5 is its force feedback that lets surgeons precisely feel what the robot's instruments are doing. It also has a sharper camera and monitors, better ergonomics, and more. "All of which help surgeons' performance," says Dr. Kevin Modeste a surgeon who frequently uses the DV5.

"We are doing more complex surgeries with the DV5, which is leading to increasing patient satisfaction and earlier discharge times," Modeste adds.

Those surgeries include coronary

bypass procedures and heart valve operations that RiverBend surgeon Dr. Ashok Venkataraman can now do using minimally invasive surgery.

The DV5 robot also incorporates artificial intelligence by analyzing top surgeons' procedures and then offering feedback to providers. "It's not just a surgical tool, but a learning tool to improve your accuracy and patient outcomes," Dr. Modeste says.

This year, the hospital also upgraded its Gamma Knife, which incorporates radiosurgery as a gentler alternative to open surgery and conventional radiotherapy. It targets the smallest and most challenging brain tumors and lesions with minimal effect on healthy tissue. The upgrade was part of an expansion of the hospital's robotic cranial program, including the addition of robotic brain biopsies.

Clinicians are invited to an event on March 5th at RiverBend to learn more about the Gamma Knife with Dr. Andrew Kokkino, medical director of the Gamma Knife Center at PeaceHealth Sacred Heart Medical Center at RiverBend. "The technology is so far ahead of where we were ten or even five years ago," Kokkino says. "We can now target abnormalities with pinpoint accuracy," he adds.

Last spring, RiverBend added new pulse field ablation technology, allowing surgeons to target malfunctioning areas of the heart causing atrial fibrillation specifically. It discharges a series of focused electrical pulses via catheters to destroy the problematic cells. The Oregon Heart and Vascular Institute at RiverBend was one of the first in the nation to offer the technology.

The institute is also the second in the state to offer a new procedure to address leakage in the heart's tricuspid valve—a part of the heart that previously was

unreachable via surgery—and recently added a non-invasive CT scan of the heart that replaces much more intensive procedures.

"We are limiting complications and having more success," Dr. Sudeshna Banerjee, a cardiologist at the institute, says. Upgrades in software are helping transform the experience for caregivers and patients. That includes the measured adoption of artificial intelligence system-wide throughout the hospital.

"The technology is transcribing and then summarizing directions and conversations, creating a hands-free experience for caregivers and allowing them to better focus on the patient," says Dr. Michael Geist, PeaceHealth's associate chief medical informatics officer and internal medicine practitioner, who is heading the system's AI efforts.

Geist says the platform will be able to review large swaths of medical records for caregivers to help with diagnoses and more. For patients, it will be able to simplify and explain medical bills, a doctor's note, or even an X-ray.

"It's getting rid of the friction between patients and the medical system and the doctor," Geist says, predicting even greater gains over the next 18 months. Other upgrades include launching a telehealth network in 2025 to support providers outside Eugene/Springfield with stroke resources and expertise.

All these combined will lead to accelerated advances in care for patients and give providers valuable tools that will help their effectiveness. "We are at the dawn of the next era of great change in healthcare with advances that seemed like science fiction not that long ago, and we will all benefit," Ruscher says. ♦

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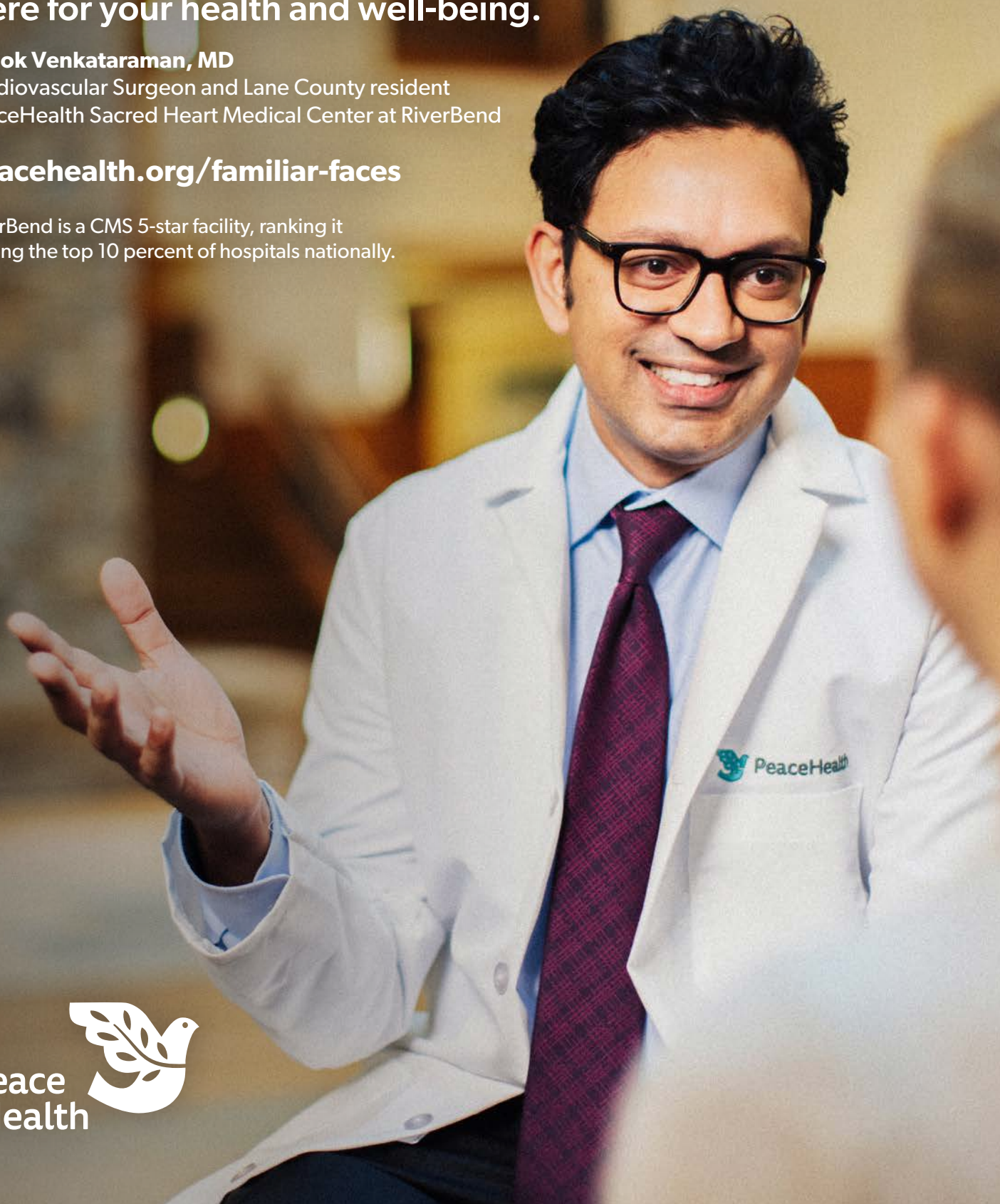
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Ashok Venkataraman, MD

Cardiovascular Surgeon and Lane County resident
PeaceHealth Sacred Heart Medical Center at RiverBend

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Lane County's Three P's of Healthcare

BY VANESSA SALVIA
FOR LANE COUNTY MEDICAL SOCIETY

As Lane County grapples with healthcare workforce shortages, AI and emerging technologies are reshaping how medical care is delivered and accessed. Dr. Patrick Luedtke approaches these innovations through the lens of what he calls “the three Ps”—examining the benefits and challenges for the Patient, Provider, and Practice.

“Several initiatives will improve access for patients,” he says. “The easiest one is telehealth. Better bandwidth, higher-resolution pictures, and a better user interface will make it easier for us to gather and review information and perform better clinical exams.”

One of the most promising developments is the integration of AI into patient triage and care management. “AI will help patients better express themselves through proctors or prompts before a patient even reaches a provider,” Luedtke notes. For instance, when patients describe symptoms such as pain, AI systems can guide patients through important details such as pain quality, location, severity, and factors making it worse or better. “Humans can do all that, but we simply don't have enough humans,” Luedtke adds.

Another AI patient opportunity is “life planning,” in which a personalized AI chatbot guides people through healthy decision-making or activity planning. Luedtke gives an example of a chatbot that reminds a patient to avoid NSAIDs and alcohol if they have heartburn since they can be triggering. AI assistants can also plan a patient's day by scheduling medical tasks such as blood draws, X-rays, and medications alongside errands like grocery shopping, picking up kids, and car maintenance.

“For people who are tech-savvy, AI

tools may be quite helpful,” he says. “For those who are not tech-savvy, the clinical enterprise may begin training patients on AI tools, in the same way we now train people with diabetes on how to use a glucometer.”

Virtual scribes are already showing promise compared to dictating notes or handwriting notes and then fixing mistakes. “There are already virtual scribes in use in some practices, and they are creating pretty good notes,” Luedtke says. One advantage of such a system is the combination of decreased provider charting time (which improves provider morale and access) with an increased face-to-face time with patients.

A significant breakthrough, expected within the next year or two, involves natural language processing in electronic health records (EHR). “AI is getting to the point now where it can deal with unstructured data, and soon we will not have to click all the clicks to enter information into electronic records,” Luedtke predicts. According to him, AI will automatically extract key information from patient and provider conversations, eliminating manual data entry while generating clinical notes and identifying needed referrals, medications, and tests.

These technologies are already making a difference in Lane County's behavioral health crisis response. Following Gov. Kotek's mandate for 24/7 behavioral health crisis coverage in all 36 Oregon counties, Lane County implemented an AI-powered image processing tool.

This tool transforms handwritten field notes into formatted electronic health records, significantly reducing documentation time for crisis responders. Before that, responders would write notes on paper while triaging, then go back to the office and enter notes into the EHR. Such a double-

entry process takes significant time, therefore limiting patient access.

The county is also leveraging AI to “cluster” patients for predictive healthcare management. For instance, people with diabetes are at an increased risk for other health issues such as stroke or losing consciousness from low blood sugar.

“You could tell AI, ‘Search my patients to find those who are most likely to go to the ED’ and it will tell you, ‘These are the 75 patients you need to pay the most attention to,’” Luedtke explains.

“AI is going to help us cluster our patients based on higher risk,” he says. “Then we can wrap more care around those patients, ultimately decreasing costs and improving their health more than we're doing now,” he adds.

Other advances include applications such as improved retinal scanning for diabetic patients. “These types of technologies will help providers fine-tune their care, providing better health and wasting less money,” says Luedtke, “because the systems will allow us to focus on those most likely to benefit from costly laser surgery,” he adds.

Some technological advances come with challenges, particularly regarding access. Luedtke acknowledges that many patients don't have a cell phone or reliable internet, which remains a barrier to leveraging some technologies. Expanding broadband access throughout the county will help increase access to advancements, such as telemedicine.

“The county's clinics are safety net clinics, and while a fair number of people who meet federal poverty levels do indeed have a cell phone and internet access, that's not always the case, nor are those systems always reliable,” says Luedtke. “We need to do better with community-level improvements to capture the greatest benefits of these new technologies.”◆

Between Ambition and Reality

BY DR. LOGAN JONES

OHSU INTERNAL MEDICINE, 2024 LCMS
ANNUAL MEETING SPEAKER

Artificial intelligence (AI) has become one of the most discussed topics, with many hoping it will solve long-standing challenges in healthcare. The optimism is understandable—AI has the potential to improve patient care, streamline workflows, and support medical education, but beneath the surface, there are significant limitations. While today's tools show promise, they often fall short of addressing the nuanced, real-world needs of medicine.

Take large language models (LLMs), for instance—they have captured public attention in recent years, producing text, visuals, and reasoning that seem impressive at first glance. Yet, a closer look reveals their shortcomings. They're generalists, not specialists. While they can generate plausible narratives that sound logical, their outputs often crumble under expert scrutiny, particularly in fields like medicine, where precision and context are critical.

The Problem with Generalist AI

Medicine operates on a level of complexity that goes beyond pattern recognition. Clinicians synthesize vast amounts of information, weigh probabilities, and apply contextual judgment—all things AI struggles to replicate. Even when fine-tuned, these systems lack the reasoning depth required to navigate the nuanced decision-making that defines clinical practice.

Consider the task of generating clinical notes. While many AI tools can process conversations and produce summaries, they often oversimplify or miss critical details when asked to integrate clinical reasoning—linking symptoms to diagnostics and outlining

the next steps. This highlights a key limitation: existing models weren't built for the depth of reasoning medicine demands. To create AI scribes that match or exceed human capabilities, especially for ambient listening and note synthesis, we must essentially teach them to think like clinicians—a significant challenge.

OHSU's Long-Term Vision

At OHSU, there's significant interest in rigorously exploring these questions. What would it take for AI systems to be non-inferior—or ideally superior—to existing tools? How do these models perform across clinical environments, from outpatient visits to ICU rounds?

These are fascinating questions, but we're not there yet. Within academics and through commercial ventures, I and others at OHSU are eager to find or develop clinician-centric tools that save time, improve the reliability and accuracy of documentation to reduce clinical errors, and take clinicians away from computers and put them back at the bedside.

As an education leader at OHSU, I'm also particularly excited about adapting AI to medical education. Imagine a tool that acts as a clinical coach, listening during teaching rounds, capturing supervisor feedback, and organizing it into actionable insights for learners. Over time, this feedback could build into a longitudinal record, helping students track growth and target areas for improvement.

For institutions, such a tool could be transformative. Faculty often struggle to provide detailed feedback due to time constraints, but AI could streamline this process, allowing educators to focus where it's needed most. Programs could also use aggregated data to identify struggling learners earlier or highlight high-performing students ready for

greater autonomy or early promotion. The goal isn't to replace mentorship, but to enhance it with data-driven insights that help both learners and educators thrive.

Balancing Hype and Reality

Despite its promise, integrating AI into healthcare presents challenges. Data privacy is critical, as these systems handle sensitive information. Compliance with regulations like HIPAA is just the start—true trustworthiness demands transparency, reliability, and minimizing biases.

Implementation adds another layer of complexity. Piloting an AI tool in controlled settings is one thing, but deploying it in the unpredictable reality of clinical practice is another. Success requires seamless integration into workflows, enhancing efficiency without adding burdens or risks.

Ultimately, AI in medicine isn't a cure-all, but a tool with tremendous potential. The gap between what's promised and what's achievable can feel daunting, but that shouldn't deter progress. By rigorously testing these tools and aligning them with the needs of clinicians, patients, and learners, we can harness AI to complement—not replace—our expertise, streamlining documentation, supporting education, and improving patient outcomes. ♦

Dr. R. Logan Jones is an Assistant Professor in the Department of Medicine, Division of Hospital Medicine, at Oregon Health & Science University. He leads educational initiatives in competency-based medical education within the School of Medicine and is actively involved in policy development and health advocacy. Dr. Jones also serves as a health technology consultant, exploring innovative ways to integrate AI into the medical profession and beyond.



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MEMBER PROFILE

Future of Surgery

Dr. Alex Bauer and McKenzie-Willamette collaborate to pursue a Center of Excellence in robotic surgery.

BY VANESSA SALVIA
FOR LANE COUNTY MEDICAL SOCIETY

At McKenzie-Willamette Medical Center, Dr. Alex Bauer is helping lead a revolution in surgical care through robotics. As chair of the hospital's robotic steering committee and a general surgeon, he's at the forefront of implementing advanced surgical technologies that are transforming patient outcomes and making minimally invasive surgeries more accessible for Lane County's residents.

Bauer represents a new generation of surgeons who trained with robotic systems as part of their standard residency programs, marking a significant shift in surgical education. "When I started my residency, maybe 10% of our gallbladders were done robotically and 90% were done laparoscopically," he explains. "By the end of my five years of training, 90% of gallbladders were done robotically."

This dramatic change wasn't limited to gallbladder procedures. Similar shifts occurred across hernia surgery, colorectal surgery, and other specialties, reflecting the growing recognition of robotic surgery's benefits and its emergence as a new standard of care.





Dr. Alex Bauer sits in one of the operating rooms at McKenzie-Willamette, featuring the da Vinci surgery robot behind him.

Advancing Our Technology

The robotic platform that is most in use is Intuitive's da Vinci (DV) platform. The DV system has had multiple iterations. "The DV5 is the new model that came out in 2024 and is revolutionizing surgery," he says.

While the technology for the DV surgical system is advanced, Bauer emphasizes that the surgeon maintains complete control throughout the procedure, without the robot performing any autonomous functions. This is an important distinction from some other surgical robots, such as the Mako, which are used in orthopedics.

"The robot isn't necessarily telling us where to dissect or guiding our hands to any specific area," he clarifies. "In its current stage, it's not even telling us 'hey, you're in a danger area' or 'hey, you're in a safe area.' The robot is simply a tool that the surgeon is in complete control of."

New Surgical Capabilities

There are substantial advantages to this approach. "Compared to open surgery, there is extensive evidence showing less pain and therefore less narcotic use after robotic surgery," Bauer notes. "We see decreased length of hospital stays, decreased surgical site infections, and decreased operative times." The enhanced visualization also reduces the need to convert to open surgery during procedures, maintaining the advantages of minimally invasive surgery.

The new DV5 model introduces groundbreaking capabilities that could further improve surgical outcomes. One of the system's most innovative features is its ability to measure and analyze the forces applied to tissues during surgery. "It now gives the surgeon useful data by measuring the amount of tension that the instruments are placing on tissues over time," Bauer explains.

For instance, if a surgeon performs the same type of procedure on two different patients, the system can compare the average force used in each case, measured in Newtons. This data becomes especially valuable when analyzing post-surgical outcomes.

If a patient develops an infection or an anastomotic leak (where surgical connections fail to heal properly), surgeons can review the force data to determine if there's a correlation with the tension applied during the procedure.

"This allows us to start correlating that data to patient outcomes to determine if we can create models that allow us to improve outcomes based on the force that we're using on the system," Bauer says. This kind of detailed feedback and analysis has never before been available to surgeons, and potentially opens new avenues for improving surgical techniques and standardizing best practices.

“New tech for the sake of new tech isn't always good... but new tech for the sake of better patient care—that's what my goal is.”

While the initial cost of robotic surgical systems is substantial, Bauer points out that the long-term benefits make them cost-effective for both patients and healthcare systems. "Readmission rates after robotic surgery compared to laparoscopic or open surgery are lower. Length of hospital stays are lower, and complication rates such as infections or re-operations

are all decreased as well," he explains.

Since joining McKenzie-Willamette in September 2023, Bauer helped grow the hospital's robotic surgery volume, working alongside colleagues in general surgery, gynecology, and urology.

In 2022, McKenzie-Willamette performed just over 100 cases per quarter. From December 2022 to December 2024, McKenzie-Willamette has doubled the volume of robotic surgery in all specialties that they're providing to the community. "I think this is a really big success," Bauer says.

Center of Excellence

The program is now pursuing designation as a Center of Excellence in robotics, which would make it only the second such center in Oregon. This achievement would reflect not just the surgical team's expertise, but also the comprehensive training and coordination of the entire operating room staff, from certified scrub technicians to anesthesiologists.

The implementation of a robotic surgery program requires more than just training surgeons. "It's the certified scrub tech who is at the bedside performing instrument exchanges with the robot," he says.

"It's also the circulating nurse making robotic supplies available and driving portions of the robot platform. And it's our anesthesiology colleagues learning how to give special medications specific to the robot, such as indocyanine green, and keeping the patient positioning and anesthetic safe throughout," he adds.

Looking to the future, Bauer sees potential for artificial intelligence to complement robotic surgery, while emphasizing that any new technology must prioritize patient care.

"New tech for the sake of new tech isn't always good," he says, "but new tech for the sake of better patient care—that's

what my goal is.” He envisions AI potentially providing real-time feedback about tissue handling or proximity to critical structures, though these capabilities are still likely five to ten years away.

Finding Community

When not in surgery, Bauer explores the outdoor opportunities around Lane County with his Bernese mountain dog, Bovie—named after the surgical instrument the Bovie cautery. They can often be found hiking Spencer Butte, Skinner Butte, or trails near his home in the Thurston area’s Mountain Gate neighborhood.

The variety of outdoor activities available, from local buttes to Blue Pool and the McKenzie Bridge area, was one of the draws that

brought him here. “You can choose a new activity every single day after work and get lost in that activity,” he says.

Bauer’s integration into the medical community was strengthened by joining the Lane County Medical Society when he arrived in September 2023.

He appreciates how LCMS brings together providers from different private offices, clinics, and hospital systems under the unified goal of caring for community members. He was particularly struck by the collaborative nature of the local medical community.

“One of my first impressions was how easy and collegial it was for providers in the community to discuss complex topics with each other and grow for the betterment of the patients as a whole,”

he reflects.

For Bauer, who was specifically looking for a positive medical culture during his job hunt, this stood out as a significant location. “Sometimes we can get stuck in this rut of ‘us versus them,’ or this hospital system versus that hospital system, or this surgeon versus that surgeon,” he reflects. “That can get quite toxic in other parts of the country.”

As McKenzie-Willamette’s robotics program continues to grow, Bauer remains focused on his core mission: improving patient care through advanced surgical techniques. His commitment to this goal, combined with the hospital’s investment in cutting-edge technology, promises to keep Lane County at the forefront of surgical innovation.◆

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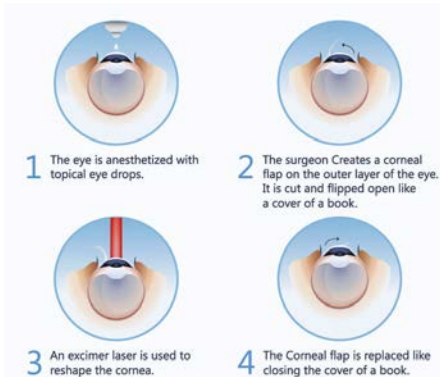
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More Than Just LASIK

BY DR. BALA AMBATI, MD, PHD

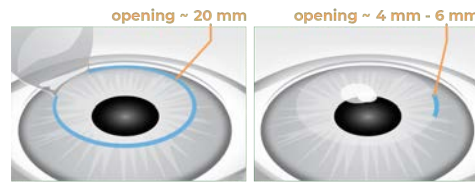
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LASIK surgery was first FDA-approved for vision correction in 1998 and has been the mainstay of vision correction procedures for patients in the decades since. After completing my residency in 2001 and a corneal fellowship in 2002, it has been an honor and privilege to help thousands of patients achieve visual freedom from glasses or contact lenses, including my wife. It has also been a pleasure to participate in a dynamic field where the options for vision correction have blossomed recently.



LASIK involves the creation of a protective corneal layer by a femtosecond laser, followed by excimer-laser reshaping of the corneal stroma to remove nearsightedness (up to 8.75 diopters [D]), astigmatism (up to 5D), or farsightedness (up to 5D).

Candidacy for LASIK involves a careful evaluation including a thorough eye exam, high-resolution topography and tomography scans of corneal shape and thickness. As well as an assessment of medications and systemic medical history including dry eye(s). For patients who are good candidates, LASIK is a wonderful procedure with outstanding results in safety, efficacy, and long-term patient satisfaction.



For patients who are not LASIK candidates, there are now several other vision correction options to consider. SMILE (approved in 2016) is a procedure where we can treat nearsightedness (up to 10D) and astigmatism (up to 3D) through a keyhole incision forgoing flap creation, which can be beneficial for patients with pre-existing dry eye as fewer corneal nerves have to recover postoperatively.



Intraocular contact lenses (ICLs) can allow treatment of patients of up to 48 years with very high myopia, up to -20D of nearsightedness, as well as patients who have thin corneas which exclude their candidacy for LASIK or SMILE. Additionally, ICLs are reversible.

For patients over 45 years old who may be experiencing focusing dysfunction (difficulty changing focus from far to near, incurring the need for bifocals or progressives), custom lens replacement with multifocal lenses or the light-adjustable lens (LAL) can be a great option.

The LAL allows in-office UV light-guided modifications of intraocular lenses after surgery and further refinement of the LAL based on patients' desires during follow-up postoperative visits, which is helpful for patients with corneal scarring, prior radial keratotomy, and/or those who are used to monovision (one eye distance, one eye near). Astigmatism correction,

multifocal lenses, and LALs are also options for those with cataracts.

For patients with keratoconus, a progressive eye disease characterized by the thinning of the cornea due to underlying collagen weakness, corneal strengthening procedures with Intacs (intracorneal acrylate support rings) and collagen cross-linking can be options to stabilize the disease, reduce astigmatism, and allow subsequent vision correction with contact lenses or ICLs.

Dependence on glasses or contacts incurs not just ongoing expense and inconvenience, but also significant risks. Bifocals and progressive glasses can increase the risk of falls and hip fractures in later life. Contact lenses dramatically increase the risk of sight-threatening corneal infections especially if patients sleep in their lenses, do not properly clean their lenses, or wear them all day, compromising corneal oxygen. Contacts can induce scarring or neovascularization, chronic dry eye, loss of post-mitotic corneal endothelial cells, and giant papillary conjunctivitis (a severe allergic reaction).

To help patients access these life-changing procedures, we offer several alternatives. SMILE is typically helpful for out-of-town patients as single-day postoperative visits are not necessary, thus avoiding the need for a hotel stay.

We also offer significant discounts for healthcare workers, first responders, students, university employees, teachers, veterans, and military personnel, including easy payment options and zero-percent financing for up to three years. ♦

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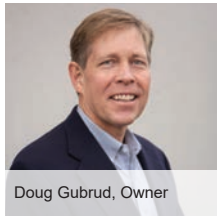


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The Limits of Clinician Vigilance as an AI Safety Bulwark

**BY DRs. JULIA ADLER-MILSTEIN,
DONALD REDELMEIER, ROBERT
WACHTER**
JAMA NETWORK

The integration of artificial intelligence (AI) into routine clinical care is accelerating. We are beginning to see scaled AI deployment focused on clinical tasks such as reviewing patient histories, drafting physician notes, offering patient instructions, and reading x-rays. AI will soon contribute to high-stakes clinical decisions such as suggesting diagnoses and recommending therapies to frontline clinicians.

As AI supports a broadening set of clinical tasks, it will evolve from a distinct, novel input into something more pervasive, customary, and subtle. This evolution is appealing because we want reliable technology to quietly work in the background to empower human endeavors.

In practice, however, this evolution should give clinicians, patients, and health care leaders pause because of two pitfalls: (1) AI is far from perfect in its outputs and (2) humans are far from perfect when tasked with double-checking the outputs of generally trusted technologies. In this Viewpoint, we explore what is known about these problems and suggest potential solutions.

The problem of how to marry human and AI can be framed by considering polar assumptions regarding AI accuracy. If AI were 100% accurate and fully reliable, the clinician would quickly learn to defer to the technology. (Of course, the clinician eventually becomes obsolete in this scenario.)

If instead, AI performs poorly with frequent inaccuracies, clinicians will stop using the output. For the foreseeable future, however, AI outputs will likely fall between these extremes: accurate enough to be useful, but imperfect enough

that clinicians will be asked to serve as double-checkers who sign off on the final note, order, or diagnosis and who will be liable for consequential mistakes.

This strategy presumes that human vigilance is a robust safety check. However, humans are terrible at vigilance.¹ The fallibility of vigilance is likely to be amplified when AI errors are surrounded by correct information, and presented in a conversational and authoritative tone, as is likely in most clinical interfaces.

Moreover, it will be natural for health care organizations to repurpose any AI-derived efficiencies into demands for higher throughput, such as by expecting clinicians to see more patients or read more radiographs in a session. This production pressure will create another impediment to human vigilance. In sum, it is perilous to assume that clinician vigilance is an acceptable safeguard against AI faults. In the metaphor of patient safety science, a human double-check at the end of an AI-heavy process is likely to be a lightweight slice of Swiss cheese.

The path forward rests on designing and deploying AI in ways that enhance human vigilance. Vigilance is the task of supervision where people become “monitors of what the system is doing rather than active participants in the workflow.” People struggle with vigilance because it requires maintaining attention without active engagement, an inherently hard task for the human brain. Perhaps clinicians can be vigilant in the near-term when AI is novel and deployed selectively, such as editing a generative AI-drafted note in a recently deployed system.

However, clinicians will rapidly become less skilled, less attentive, and less discerning as AI becomes a more ubiquitous component of their clinical work. Those implementing AI

systems, therefore, may have a relatively short window in which to find viable approaches for enhancing clinician vigilance.

Based in part on insights from other industries—including aviation and automobile manufacturing—that have been grappling with the challenge of human oversight of robust digital systems for decades, we offer 5 options for how AI could be designed to promote clinician vigilance. While any one of these options may pay dividends, we suspect that effective systems will include more than one.

First, visual cues could highlight AI output that is more uncertain and potentially faulty. This assumes the AI system “knows” its level of certainty for a specific output. If so, the AI might signal degrees of uncertainty by using color-coded fonts (eg, green-yellow-red) or other intuitive visual cues when the output exceeds a preset uncertainty threshold. Similarly, another type of uncertainty could be signaled when an individual patient is not representative of the population on which the model was trained. Of course, color-coded signaling of uncertainty needs to be used sparingly to avoid alert fatigue.

Second, clinician-level measures of active vigilance could be the basis for a system to assess whether a clinician is exhibiting automation bias. For example, is the clinician accepting AI-recommended medications 100% of the time or never editing AI-generated text? Such real-time tracking of vigilance could prompt education, feedback, coaching, and even turning off the AI for a period in serious cases.

Third, all AI-generated practice efficiencies should not be converted into expectations of higher throughput. While it is reasonable to expect some increase in throughput after AI implementation (in part to pay for the

cost of the AI), some reserve capacity needs to be retained to ensure that clinicians have time and cognitive bandwidth to exercise vigilance. Ideally, some gains should also be allocated to combat clinician burnout and promote empathy.

Fourth, introducing deliberate shocks is a more extreme approach to stimulating vigilance. Airport security organizations (eg, Transportation Security Administration), for example, insert images of firearms in baggage at random intervals as a quality-control safeguard, and similar strategies are used in hospital biochemistry laboratories.

AI tools could be programmed to introduce faulty outputs at random intervals. (Of course, the system would need to ensure that fabrications do not reach patients.) However, humans disregard surprising misinformation over time, suggesting that this approach may not durably improve vigilance. In addition, the deliberate insertion of faulty AI outputs raises complicated choices around ethics and feasibility.

Fifth, the paradigm could be shifted to design AI as exercising vigilance over clinicians. Under this paradigm, an AI model's output would only be shown to clinicians if it differs from what the clinician has initially chosen. This is analogous to a spell-checker that examines every word yet highlights only anomalies.

For example, the current paradigm of having an AI tool proactively suggest indicated medications could instead be programmed to be invoked later, and only if the clinician prescribes something unanticipated. Decades of struggling to design decision support that is non-interruptive and intervenes only when appropriate, however, illustrates just how hard this is in clinical care. Clinicians will have little tolerance for AI intervening in a burdensome manner.

Each of these potential solutions will require research to ensure they work in real-world clinical settings. In the automobile industry, for example, advising drivers to remain vigilant when their vehicle is in autopilot mode has

proven relatively ineffective.

Moreover, the erosion of skills that are never used can have devastating consequences. For example, several high-profile aviation crashes have occurred when technology malfunctioned and pilots reacted incorrectly. These problems of human vigilance, automation complacency, and selective deskilling are likely to reveal themselves in the coming years. Paradoxically, they are likely to get worse as the AI gets better because skills will further erode and vigilance will be even harder to maintain.

Asking a clinician to be an infallible double-checker of usually accurate, but periodically faulty AI is a system destined to fail often enough to substantially compromise the safety, value, and acceptance of AI. We need to anticipate this hazard, find ways to mitigate it, and do so urgently.◆

This article is from the JAMA Network (jamanetwork.com).



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Exergaming for Better Health

BY MEGAN JESSUP-VARNUM
YMCA MARKETING AND
COMMUNICATIONS MANAGER

The Eugene Family YMCA is a bustling hub, where community members of all backgrounds improve their health and well-being daily. On the second floor of the Y's new state-of-the-art flagship facility, you'll find a dynamic mix of activity. New moms bond and sweat in cardio classes in the rainbow-lit North Studio, teens learn valuable life skills and gym etiquette from personal trainers in the Teen Strength Program, and seniors gain strength by using adaptive strength training equipment. Every corner of the Health & Wellness Center offers something that members can tailor to their unique goals and needs.

A standout feature of the Y's Health & Wellness Center is its two Dividat Senso machines. Because of their floor pad and TV screen, these machines are often mistaken for Dance Dance Revolution, but they are so much more than a video game.

They are research-based cognitive motor training devices, offering a unique and interactive way to enhance both physical and mental performance. Remarkably, the Eugene Y is the only facility in the city—and one of only two in Oregon—with the Dividat Senso.

Dividat, the Senso's parent company, was founded in 2013 by a brother and sister team in Switzerland studying cognitive health. Their research revealed that “exergaming”—a combination of exercise and gaming similar to Nintendo Wii—could significantly improve cognitive health. This discovery led to the creation of the Senso platform, which features over 20 engaging science-based exergames. These games are designed to enhance cognitive

health and mobility while reducing the risk of falls.

“The Dividat Senso is revolutionizing the way we approach cognitive health and physical fitness,” said Dallas Wright, Director of North America for Dividat USA. “By seamlessly integrating research-driven cognitive exergaming, we are not just helping seniors with fall prevention; we’re expanding our reach to athletes, youth on the autism spectrum and beyond. The Senso allows individuals to engage in dual-tasking exercises that enhance neuroplasticity without them even realizing it—to them, they’re simply playing a game. It’s incredible to see the positive impact this has within communities, like at the Eugene YMCA.”

“The Dividat machine is fun, and I love how it connects my brain and body”

Since the Sensos were installed in July 2024, they have become a popular, tech-driven tool for improving cognitive-motor skills among Y members of all ages. In just six months, 140 members have logged an impressive 300 hours of activity on the two machines. The most frequently used game, Drops, demonstrates the Senso's appeal by blending fun and functionality. Resembling the classic video game Tetris, Drops has been played 2,556 times in the past six months. It is designed to enhance executive function in a rewarding, game-like setting.

“The Dividat machine is fun, and I love how it connects my brain and body,” says Jan Wulling, who regularly ends her workouts at the Y with a game or two on the Senso. “As someone who doesn’t use a lot of screens, this feels special—like playing a video game with my body! Some of the games are challenging, and I love that Drops is my favorite. It’s great to have so many options, like focusing on endurance, stability, or balance.”

Beyond fostering a stronger mind-body connection and preventing falls, the Dividat Senso helps users improve balance and coordination, and enhance reaction times by boosting reflexes and response speed.



Kim Miller, Director of Health & Wellness at the Eugene Family YMCA, in front of one of the Y's the two Dividat Senso machines, which connect the mind and body through simultaneous physical and cognitive exercises.

“It’s been so great to have the two Dividat Sensos in our facility,” says Kimberly Miller, Health and Wellness Director at Eugene Family YMCA. “These advanced devices reflect our

commitment to supporting members' wellness journeys by delivering evidence-based cognitive motor training and measurable feedback for progress tracking.

The Senso immediately sparked interest across all age groups and demographics. By integrating this system, we aim to elevate our evidence-based health programs and personal training sessions. At the Y, our focus is to serve the whole person. That means not just strengthening muscles, but strengthening the mind-body connection too."

The Dividat Senso stands out as a perfect example of how technology can merge physical activity with cognitive training to create a holistic health experience. Its impact on the Eugene YMCA community has been overwhelmingly positive.

"To me, the Dividat Senso is a

reward," Jan explains. "If I use another machine, then I get to play on the Dividat after. It's simple, intuitive and perfect for someone like me who's not super techy. Learning how to center myself and focus on my foot placement has been a huge benefit."

By blending fun, functionality, and cutting-edge research, the Dividat Senso has become an integral part of the Eugene YMCA's mission to promote healthy living. Whether enhancing cognitive abilities, improving physical fitness or simply providing an enjoyable exergame, these machines represent the future of wellness in action.◆

All Y members and guests can play seven free games on the Senso whenever they visit the Y. For \$10, Y members can receive personalized Senso onboarding with a Wellness Attendant, which includes

account set up, progress tracking, detailed game statistics and access to all 22 games on the device.



Y Member plays Drops, the most popular game on the Dividat Senso, designed to improve executive functions and reaction time.



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LCMS Events

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Community

Join **Dr. Joseph Sage on Monday, February 3rd, at 6 PM at Eugene Sleep Dental Center for a discussion on Cognitive Health and Lifestyle.** For details, email joe@candidmedical.com. Stay tuned for more upcoming talks and discussions!

Eugene Ballet invites you to The Eugene Ball: An Enchanted Evening on March 14 at Venue 252.

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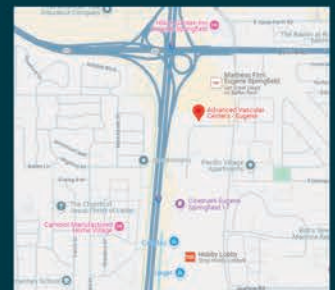
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