What are you hearing about the future of family medicine?
About the Cover:
The future of family medicine, both locally and nationally, is discussed in this issue. Read more about where our profession is heading in the President’s Message and From the Hill articles.
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When in doubt, this simple question is the guiding principle of the OAFP. We apply this consideration to every project we undertake. Over the past year the OAFP has concentrated our time and energy on four main concerns: payment reform, leadership, advocacy and education.

The OAFP continues to work with payers to reform the payment system. Our focus is on providing sustainable and robust support for a strong primary care system; one that rewards high quality, team-based care, and all the components required to deliver that care. More than two-thirds of all OAFP members are practicing in a clinic certified as a Patient-Centered Primary Care Home (PCPCH). We need to ensure that the hard work you put in to receive this certification is acknowledged with a payment system that sustains those changes. Last fall we were pleased to be one of 24 organizations signing a Multi-Payer Strategy to Support Primary Care Homes. We are now in the process of examining whether or not the promises provided in this agreement are taking place, and if not, are proposing contingency plans.

Acknowledging that family physicians are being asked to step into leadership roles now more than ever, the OAFP launched our inaugural Leadership Forum this year. We concentrated our focus on leading teams in your clinic, leading patients to better health, leading through advocacy and being a vocal leader in your community. The half-day session was well-received and we plan to continue this forum on an annual basis.

Our advocacy efforts take center stage during the Legislature’s regular session. We are extremely fortunate to have a former OAFP President in the Senate. Sen. Elizabeth Steiner Hayward is an effective advocate for our causes and has already garnered the respect of her colleagues. Because of donations to our Political Action Committee (PAC), the OAFP has been able to contribute to legislators and candidates, like Senator Steiner Hayward, who are committed to strengthening Oregon health care and ensuring that the voice of family physicians has been heard. The last legislative session was a successful one for the OAFP and family physicians. For many years we have been working to fund Loan Repayment and Loan Forgiveness programs for primary care providers. Last session we hit the jackpot as both programs were funded; $4 million for Loan Repayment and $1 million for Loan Forgiveness over 2 years.

Every year during the Legislature’s regular session we hold a Lobby Day for family physicians, residents and medical students. The OAFP has one of the best attended lobby days for medical professionals. If you have been able to join us in the past, you know that speaking with your legislators isn’t nearly as daunting or difficult as it seems, especially when we pair you with fellow family physicians, make the appointments for you in advance and provide you with talking points and position statements. Our Lobby Day will be held on Monday morning, March 9, 2015, at the State Capitol. Please plan to join us.

The OAFP provides high quality continuing medical education designed specifically for family physicians. Our big meeting of the year, the Annual Spring CME Weekend, is held every April (April 16-19, 2015, Skamania Lodge). If you do only one thing with the OAFP, please check out this conference. We routinely hear from members who have joined us in the past, that this is a “must attend” event. We offer hands-on workshops, Patient-Centered Primary Care Home sessions and relevant, timely clinical education, most of it delivered in small, informal, interactive groups. In addition to the CME, it is a chance to get to know your colleagues, hear about the latest in health reform in Oregon, interact with students and residents (your future practice partners) and help determine the future course of the OAFP through our Congress.

The Congress of Members happens every April during our Spring CME Conference, but not everyone knows what the Congress is all about. Simply put, the Congress is the mechanism for every OAFP member to have a voice in what the OAFP does. Simply by showing up to the Congress, you can put forward your initiatives, vote on creating OAFP policies and help set the course for the future. We encourage members from all around the state and with all varieties of philosophies to come to the Congress and let your voice be heard. Please make it a priority to attend!
My twin girls turned 12 this year, and I’m realizing that the beginning of adolescence is such a different experience as a parent. I feel more deeply than ever how fast time flies. It’s funny how when we think we have it all figured out that life finds a way to show us we still have so much more to learn.

As I move on from my role as President, I am also keenly aware how fast the time has gone, and how lucky I am to hold a front-row seat to the changes, some painful, some positive, that are rapidly happening throughout the family medicine community. I am inspired by the work you are doing—expanding access for Oregonians while increasing our family medicine commitment to shape care that is better for our patients and our communities. You are building the bike while riding it; an impressive feat to watch.

Throughout this past year I’ve had the opportunity to visit dozens of diverse Patient-Centered Primary Care Homes (PCPCHs) all over the state—small, large, rural, urban, independent, and in every major Oregon health system. I can honestly say I learn something new at every practice. Before this experience I thought perhaps one practice type was the “best model” or the “way of the future.” After my visits I realized I have been wrong about my assumptions. There are all types, sizes, and locations of clinics doing great things in our state. Primary care folks just seem to find niches that work. But at the same time everyone is struggling to do the work of today while innovating for the future. No one has all the answers, but most who are engaged have some answers and are willing to share. It is clear, however, that there are certain common characteristics that appear to form the foundations for clinics to successfully implement and sustain transformational patient-centered primary care efforts: motivation, leadership, data-driven improvement, team-based care, and a culture of collaboration.

Motivation may seem an obvious building block of success but it is often overlooked. Autonomy, mastery, and purpose are key components of motivation; people are not solely motivated by money. Most clinics struggle with change in part because they bypass the motivation and go straight to the task they want to tackle. These clinics may describe doing this innovative work because insurance companies, the government, or their boss told them to do so. They describe doing patient care tasks “in order to get paid.” The physicians and staff at these clinics may lack a shared vision of the future as well as the short term.

But more successful, transformational clinics are viscerally motivated to do better by the patients they serve. They may have had a seminal event or bad clinical outcome they talk about as a reason they want to improve care. At some clinics the physicians and staff truly believe they come to work to make health care better and help patients live healthier, fuller lives. They frequently share real patient examples to demonstrate where their model is working. Understanding that an empowered staff is a self-motivated staff, these clinics start new projects by teaching and

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Clinics that share resources and ideas with others, who have participated in structured collaborative learning, or who have visited other clinics to learn from their peers, tend to be much further along in their PCPCH transformation work. Communicating about why they’re doing something first, rather than jumping to what and how a task will be done. Some of these clinics have friendly competitions to make care better. They design ways to celebrate their successes, because we all tend to see our “To Do” list and overlook what we’ve actually accomplished. Clinics that pay specific attention to motivation appear to have more sustainability, reliability, and longevity to care improvements they implement, as well as more adaptability when things don’t go as planned.

Leadership which can foster or inhibit motivation and action is also a frequently overlooked component of a successful clinic transformation. Many clinics have yet to recognize that management skill is not the same as leadership, and that leadership is not a clinical skill. Concentrated and unidirectional leadership (i.e. only the clinic manager and lead clinician are leaders) may result in sporadic, short bursts of improvement, but improvement is difficult to sustain and spread. More successful clinics may follow a more diffuse leadership structure, where multi-disciplinary clinic team members are empowered to step into leadership roles, motivate and empower others, and effectively lead some aspects of the transformation. One of the most difficult things successful clinic leaders do is to recognize that many of the innovation challenges we face are not technical problems where leaders or experts can provide the best solution, but rather these are adaptive challenges where problems are often hard to define, and people doing the work must provide effective and sustainable solutions.

Structured, data-driven improvement is a mainstay of many lifestyle changes. For example, take weight loss programs that utilize "weigh-ins," or efforts to improve diabetes control by asking patients to check fasting and post-meal sugars. So it shouldn’t surprise us that when our clinics go through "lifestyle changes" we need structured, regular feedback as well. In too many clinics, data is poor quality, is kept at levels “above” the front lines, or may only be shared intermittently with clinicians. Many have attempted the “Plan” and “Do” parts of structured improvement, but only higher performing clinics do the “Study” and “Act” parts of the PDSA cycle improvement. Flourishing clinics have integrated the use of data into their daily clinic function – posting large boards of data demonstrating progress on improvement targets in patient-care areas of the clinic. Highly functional clinics have teams or clinician/MA dyads that regularly choose one care data point they want to improve and are responsible for reporting the results of their efforts in regular, multi-disciplinary meetings focused on making care better.

Team-based care is clearly critical to success, particularly when it includes multiple disciplines and patients as key members of the team. Team-based care is not specific to large clinics; it can be done successfully in small practices too. Effective team-based care is based on the philosophy that the physician does not need to do everything and is actually not the best equipped to effectively accomplish everything we know is important in PCPCH-type care. It is not about giving up control, instead it’s about maximizing the use of talent and training in our colleagues and clinic staff so doctors can focus on spending valuable time with patients. Team-based care is most effective when there are shared goals, clear roles, effective and regular communication, measurable processes and outcomes – and all of this feeds mutual trust.

Finally, a culture of collaboration is a key characteristic of success. A collaborative atmosphere within the clinic is important to ensure good quality and spread of ideas, but particularly valuable is cross-fertilization of ideas between clinics. Clinics that share resources and ideas with others, who have participated in structured collaborative learning, or who have visited other clinics to learn from their peers, tend to be much further along in their PCPCH transformation work. The more we share ideas to improve patient care and overcome barriers together, the better off all our patients and communities will be.

It seems to me that the primary care community is in a period not unlike adolescence. Adjusting to rapid change is hard, but there are successfully blazed paths to help guide us. While we may still have a lot to learn about making the changes work, we should recognize this transformation is like a butterfly metamorphosis; our future looks beautiful. If we maintain our patient-focused motivation and have support and shared learning from those around us who have figured out some things we haven’t yet, family medicine in Oregon will continue to blossom and be the foundation of a successful, high-flying, effective health system.
n my last two From the Hill columns, I spoke of our discipline’s new strategic plan, Family Medicine for America’s Health: Future of Family Medicine 2.0. As I write this column, I am in Chicago working on a series of papers describing this plan. It is ambitious and demanding for family physicians, our colleagues in practice, and for the training programs working to produce the next generation of family physicians. In the previous columns, I outlined some of its demands on us. But I did not say much about the most important demand, the demand that makes me most nervous about the entire strategic planning process.

More than anything, Family Medicine for America’s Health demands that each of us remember why we chose to be family physicians in the first place. Now I’m sure that we each had our own reasons. Some were interested in rural practice. Others might have been attracted to a comprehensive scope of practice or the deep and enduring relationships family physicians can have with our patients. But most of us knew when we chose this field that family medicine is more about what patients and communities need than what doctors want. Most of us knew there was something different about family medicine; choosing the field was at some level a rebellion against the things that are wrong about medicine in our country. For those of my generation, the writings of Gayle Stephens spoke clearly about this counterculture character of our chosen career path.1 For younger family physicians, it may have been an experience in a safety net clinic or rural practice that showed us for the first time a service ethic that went beyond expected professional obligation. Family Medicine for America’s Health is a call to renew this passion for reform and it comes at a time when many of us are in no mood to be passionate. Over the past decade, we have worked to transform our practices into medical homes, to implement electronic health records, to build care teams, and to overcome one obstacle after another that have been placed in the paths of our patients. The enactment of health reform has increased demand for our services. The substantial withdrawal of general internal medicine from office-based practice has added sicker patients to our busy schedules. More than any time in our history, we seem to be the patients’ last remaining defense as payers, insurers, and government seem paralyzed by the status quo in the health care economy. So now we have a plan that asks us to be passionate, to show leadership. Really?

Yes, really. All of the above listed problems have brought the American health care system to a crisis point. It cannot continue as things are and it seems unable to take the necessary steps on its own to right the ship. So leadership will fall to whoever has the energy and the will to get us out of this mess. Perhaps we think that health system leaders or hospital administrators will do this? Maybe we actually think government will help? What about insurance companies, or pharmaceutical companies, or medical device companies, billing specialists, or health care consultants? Here in Oregon, we have CCO’s and IPA’s, the Quality Corporation, and integrated delivery systems employing more and more of us. Most available evidence suggests that we’ll be waiting a long time if we think these groups will lead a truly effective reform process. There is too little systemic insight and too many conflicts of interest. No, I think the health care system can only be changed by the patients themselves and they will need our help and advice for this to occur.

So the biggest demand from Family Medicine for America’s Health is that we remember whom we serve and keep our eye on the only ball that really matters. Our new strategic plan is about restoring our promise to the patients and families and communities we serve and then living up to that promise regardless of the cost.

REFERENCES
1Stephens GG. Family Medicine as counterculture. Family Medicine Teacher 1979; 11:5.
On Saturday, May 31, OHSU students, prepared to embark on their family medicine residency journeys, gathered at Aquariva Restaurant in Portland to recall their experiences over the past four years, give thanks to the physicians and family members who supported them throughout this time of change, and to say their goodbyes.

Students are asked at the end of their medical school tenure to name the physician they would most like to thank as being a principal factor in their medical training. A favorite with students, Dr. Lisa Dodson is routinely named as a mentor by medical students who match in Family Medicine. In fact, ten of the twenty-three students entering a Family Medicine residency program this year gave Dr. Dodson this distinctive nod. However, this was Dr. Dodson’s last OHSU graduation dinner as she is now serving as dean of the Medical College of Wisconsin–Central Wisconsin Campus. She will be missed by all.

This year’s students entering family medicine residencies honored the following mentors: David Abdun-Nur, Mary Lou Belozer, Fran Biagioli, Alan Blake, Emma Brooks, Lisa Dodson, Jill Ginsberg, Meg Hayes, Lyn Jacobs, Andrea Janssen, Andrew Janssen, Kevin Johnston, Robbie Law, Mark Litchman, Jon McKellar, Kim Montee, Carin Pluedman, Peter Quint, Evan Saulino, John Saultz, Jeanne Savage, Harriet Schirmer, Benjamin Schneider, Daniel Smithson, Elizabeth Steiner and Rick Wopat.

A special thanks to the OAFP for supporting this annual event.

Family Medicine Graduating Students

Elyssa Ackerman
Providence Oregon

Weston Baker
Oregon Health and Science University

Caroline Barrett
Providence Oregon, Hood River Rural Training Track

Nicholas Blake
University of Montana, Missoula

Dean “Nathan” Defrees
Family Medicine Residency of Idaho, Boise

Sheili Flynn
Conroe Reg. Medical Center, Conroe, TX

Maria Hill
Swedish Medical Center, Seattle, WA

Ilana Hull
Providence Oregon

Emily Justusson
Mayo School of Grad. Medical Education, Rochester, MN

Kelsey Koenig
Medical College of Wisconsin, Waukesha, WI

Brian Lear
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Carolyn Litchman
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Autumn Metzger
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Jasminka Mujic
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Thu Pham
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Anisa Richardson
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David Simmons
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Matthew Sperry
Providence Oregon, Hood River Rural Training Track

Isabelle Trepiccione
Swedish Medical Center, Seattle, WA

Geoffrey Winder
Kaiser Permanente – Napa/Solano, CA
The OAFP Foundation, formed some 19 years ago, is the philanthropic arm of the OAFP. Our mission is to provide ongoing support to our family physicians and residents and to encourage our medical students to enter Family Medicine. But just how does that pencil out financially?

Through your donations and participation you support five key programs — The Laurel G. Case Award for Rural Experiences, the Mary Gonzales Lundy Award, the Tar Wars anti-tobacco education program, the Medical Ethics Lecture Fund, and the Locum Tenens Fund.

Every fall, the Foundation has the privilege of honoring OHSU medical students between their first and second year with the Laurel G. Case Award for Rural Experiences. This award, named after the first chairman of the Department of Family Medicine at OHSU, provides students with a one-time award to spend one or two weeks living and working with a rural family physician. This year, 15 students were able to see firsthand the differences and similarities between the practice of rural and urban medicine, and to consider the possibility of practicing in a rural setting upon graduation.

Each spring, the Mary Gonzales Lundy Award, named after Mary Lundy, the former OAFP Executive Director, is awarded to an outstanding fourth year medical student who is entering a Family Medicine Residency.

Throughout this past school year, the message of the Tar Wars anti-tobacco education program was heard by over 1,000 medical students.
fourth and fifth grade students in 15 schools throughout the state of Oregon. Over 45 family physicians, medical residents and students presented this hands-on, interactive curriculum. The Foundation supports the program by providing educational materials free of charge to the classrooms as well as sponsors a yearly poster contest complete with prizes.

In addition, the Ready, Set, Fit! fitness curriculum was piloted in four elementary schools and was enthusiastically received by the classroom teachers, the fourth grade students, and the first and second year medical students who presented the program.

The Foundation also provides funds for medical ethics lectures whether at local or regional meetings or at our Annual Spring CME Weekend. This year we sponsored keynote speaker Dr. Matthew Wynia at the annual conference. Dr. Wynia currently splits his time between administrative and research responsibilities at the American Medical Association in Chicago, Illinois and the University of Colorado, Anschutz Medical Campus. Dr. Wynia was a huge hit with our participants! If you were unable to hear Dr. Wynia at this year’s conference, you can download his presentation, “Growing Others: Physician Leadership in Transforming Health Care” on the OAFP website.

Along with the Locum Tenens Fund, which provides subsidies to physicians providing temporary and short-term respite to practicing physicians, the Foundation has also been able to support the efforts of the Family Medicine Interest Group, specifically during the Health Care Equity Week held at OHSU every spring. This year the Foundation sponsored the interprofessional lunchtime lecture, presented by Jessie Flynn, MD, OHSU assistant professor of family medicine. Dr. Flynn’s lecture, “Lessons from Founding a Free Clinic” was well received.

Please keep the Foundation in mind whenever you would like to make a financial contribution to the future of Family Medicine in Oregon. The Board appreciates your donations to the Foundation whether you give during your typical year-end giving, at the annual auction that takes place during the Spring CME Weekend, or if you would like to give a gift in honor of, or in memory of, someone special to you. Thank you so much for your support.

Please fill out the form below and send your donations to OAFP/Foundation, ATTN: Lynn Estuesta, Executive Director, 1717 NE 42nd Ave, Ste 2103, Portland, OR 97213. If you have any questions or concerns, please contact Lynn at estu@comcast.net.

Calling All Tar Wars Presenters . . .

Whether you are a seasoned presenter or a first-time novice, we need to hear from you. Every year, the OAFP Foundation sends family physicians, family medicine residents and medical students into fourth and fifth grade classrooms throughout the state of Oregon to teach these youngsters about the harmful effects of tobacco use. We provide the educational materials free of charge to the classrooms, and the one hour program is interactive, fun, and extremely popular with teachers looking for new ways to curb this age-old problem.

If you are interested in presenting the Tar Wars anti-tobacco program during the 2014-15 school year, please contact us at mail@oafp.org and let us know which school district or specific school you are willing to make a presentation. Upon hearing from you, we will attempt to match you with a classroom that best fits your locale.

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www.oafp.org
Oregon Psychiatric Access Line about Kids (OPAL-K)

A clinician-to-clinician consultation system which links qualified mental health professionals with primary care providers is ready for your call.

As the majority of children and youth with mental challenges and illnesses are seen and identified by primary care clinicians, and not mental health professionals, OPAL-K has been developed to support primary care providers serving children and adolescents throughout Oregon.

The vision of OPAL-K is to expand the availability of high quality mental health evaluation and treatment for children of Oregon through the support of the medical home, via timely psychiatric consultation, clinician education, primary care treatment algorithms, and promotion of linkages with private and public community mental health professionals.

The OPAL-K concept was created through a collaboration between the Oregon Pediatric Society (OPS), Oregon Council of Child and Adolescent Psychiatry (OCCAP), Oregon Family Support Network (OFSN), and other community stakeholders who desired more effective child psychiatric support of the medical home. David Willis, MD, president of the OPS in 2009 spearheaded the development of OPAL-K through the creation of a mental health taskforce including the aforementioned organizations. The mental health task force wanted to create a program that emulated the success of the Massachusetts Child Psychiatric Access Program (MCPAP) and the Pediatric Access Line (PAL) in Washington State. Both of these state funded programs were able to show they improved the ability of primary care clinicians to provide psychiatric care in the medical home through the use of child psychiatry consultants via a phone consultation service. In 2012 the OPAL-K start-up team obtained consultation from Barry Sarvet, MD, the medical director of MCPAP and Robert Hilt, MD, the director of the PAL programs. This led to creation of the basic model of the OPAL-K today. In 2013 with a program blueprint in hand, Governor Kitzhaber provided a state funding mechanism for the OPAL-K program through his Mental Health Investments budget plan. The state legislature supported this plan and a contract with the Addictions and Mental Health division was signed in January 2014. In less than six months, OPAL-K completed program development and staffing and started taking calls on June 18, 2014. OPAL-K is staffed by six child psychiatrists with an average clinical experience of 20 years in child psychiatry. Consultations are based on evidence-based treatment care guides. These care guides are available for download on the OPAL-K website. Care guide topics include: ADHD, Anxiety Disorders, Psychosis, and Depression.

OPAL-K IS A PROGRAM THAT:

• Provides same day phone consultation for psychiatric questions from any primary care clinician
• Provides evidence-based practice data support to primary care providers in need of psychiatric evaluation and treatment information
• Provides practical advice to clinicians providing mental health care in the medical home of Coordinated Care Organizations

OPAL-K IS NOT A SUBSTITUTE FOR:

• Emergency room assessment of psychiatric emergencies
• Inpatient psychiatric care or referrals
• Community mental health clinic programs providing specialty care to special needs youth

To enroll online go to: www.ohsu.edu/OPALK and click on “Register for OPAL-K,” or call the OPAL-K Intake Coordinator, Behjat Sedighi at: 503-346-1477. The consultation lines are open from 9 am to 5 pm, Monday through Friday. Clinicians can call toll-free at 1-855-966-7255 (1-855-96-OPAL-K).
It’s that time of year again! Do you know a colleague, who is a member of the OAFP, who exemplifies the finer attributes of a family medical practitioner, one who is engaged in community affairs as well as provides compassionate, comprehensive and caring family medicine on a continuing basis? If so, it’s time to fill out the nomination forms for the 2015 Family Doctor of the Year.

Nominations to the Academy must be accompanied by a letter outlining why the physician is deserving of this award. The nomination form and complete details listing the relevant criteria can be found at www.oafp.org. Supporting letters and other materials from the community lend weight to the nomination. The surprise announcement of the winner will be made at the Annual Spring CME Weekend held at the Skamania Lodge, Stevenson, Washington on April 16-18, 2015.

The deadline for the nomination is February 6, 2015. We look forward to receiving your submissions.
Although summer blazes on, OHSU medical students have returned to classes and are staying cool in an exciting, new, air-conditioned building on Portland’s waterfront. The halls are buzzing with exciting stories of summer adventures. For lucky students in the Family Medicine Interest Group (FMIG), these include tales from the American Academy of Family Physicians National Conference of Family Medicine Residents and Medical Students (AAFP National Conference) held in Kansas City as well as rural family medicine rotations across Oregon. We are looking forward to sharing our experiences in rural family medicine with the OAFP foundation board at a student luncheon in September.

Thirteen FMIG students participated in the AAFP National Conference in early August. Conference events included a plethora of both planned and spontaneous networking opportunities, skills workshops, and a host of presentations that were both informative and inspirational. These events gave attendees the chance to discover their place in family medicine according to their unique skills, personalities and passions. The diversity of family medicine was apparent throughout the conference, not only its signature breadth of practice, but in the people who find it their calling.

For third and fourth year medical students, the residency expo was a major highlight of the conference. Students had the opportunity to meet residents and faculty from coast to coast. They introduced themselves to recruiters and asked well-researched questions as a kind of informal interview. In turn, exuberant residents and recruiters welcomed them with colorful posters and smiling faces. The OHSU booth was particularly bustling with students excited about pursuing a future in family medicine! Later, FMIG students were fortunate to be able to personally visit with OHSU residents and faculty at a department dinner. Students interested in rural practice were equally thrilled to be invited to a reception by the Oregon Office of Rural Health, where they learned about opportunities to practice in a variety of rural settings.

Our peers joke that family doctors are stereotypically nice, and we certainly found that to be true in Kansas City! The best part of the conference was networking and socializing with a wonderful group of people. In addition to the receptions and the residency fair, FMIG students were able to spend some time in the classroom. We attended workshops and presentations ranging in subjects from heart sounds to chronic pain management to perineal laceration repair. In a wilderness medicine workshop, we learned to make tourniquets, mittens, and slings from pieces of fabric. We practiced de-crumpling each other and were challenged to figure out how to make a stretcher from a tarp and two long poles. This experience showed me that family medicine students continue to be creative and resourceful, bonding over a shared love of puzzles.

In addition to networking and learning clinical skills, the AAFP National Conference gave students the opportunity to develop skills in leadership and advocacy. FMIG leaders from all over the country started off the conference bright and early with team-building activities. We discussed the qualities of leaders and healers, and how many aspects of being a leader and a physician overlap. Students proposed their own definitions of leadership and reflected on the idea that leadership is a measure of a person’s influence. We all influence the people around us; as leaders we need to be aware of that influence in the things we say and do.

In a more formal leadership setting, students participated in the AAFP Residency Expo on the OHSU campus. Resident Brian Park, MD and OHSU Family Medicine Department Chair, John Saultz, MD answer questions from students at the OHSU booth.

OHSU FMIG leaders Rita Aulie, Annie Buckmaster and advisor Ben Schneider, MD, break the ice and solve puzzles as a team with FMIG leaders from across the country.

www.oafp.org
FMIG leader and second year medical student Annie Buckmaster (Mancini) represented OHSU as the Oregon delegate to the AAFP student congress. Over the course of the conference, delegates worked together to propose resolutions to the AAFP and had the opportunity to influence policy changes at a national level. The opening business session introduced both student and resident congresses to “Family Medicine for America’s Health,” a $20 million, three-to-five-year strategic and communications plan that will, in part, define to the public who and what we are as a specialty. We are very excited for the initiative to launch in October. Over the course of the next few days, 27 resolutions were written, testified on in committee, modified, and sent to the floor. With only a few amendments, all resolutions were passed out of the Student Congress, including a resolution co-authored by Ms. Buckmaster and Andrew Birkhead, MS4, of Tulane University. A full list of resolutions and the accompanying documents are available on the AAFP website.

The AAFP student and resident conference was a great way for us to get excited about going back to school; however, we also took a moment to look back at all the things OHSU FMIG student leaders Ashley Bunnard, Taryn Hansen, and Charlie Procknow accomplished with direction, support and encouragement from FMIG advisors, Dr. Ben Schneider, Peggy O’Neill and Ryan Palmer. Thanks to their work arranging lectures, discussion panels, workshops, service projects and field trips, OHSU FMIG was recognized as one of the ten national “AAFP Program of Excellence” award winners. This award was presented at a special FMIG breakfast and recognized FMIG excellence in organizing community service, exposing students to family medicine, and promoting the value of family medicine as primary care. Only ten FMIG’s nationwide receive this award. We hope we can live up to the example of last year’s leaders and carry the momentum of their energy and enthusiasm forward through the coming year.

2014-2015 FMIG CO-CHAIRS
Rita Aulie
Emma Cantor
Annie Buckmaster
Brianna Muller
Say Hello to our New Family Medicine Interns

Thirty-five interns from around the country arrived in Portland, Milwaukie, Klamath Falls and Corvallis this summer to begin their family medicine residency training programs. The residency program at OHSU in Portland is a four-year program, the Providence Oregon residency program is in its second year of offering a rural training track in Hood River, and Samaritan Health is an osteopathic program. Welcome to Oregon!

Elyssa Ackerman, MD  Providence Oregon
Oregon Health & Science University, Portland, OR
Dr. Ackerman received her undergraduate degree in Nutrition from Oregon State University. While at OHSU, she was an active leader in the Rural Health Interest Group, participated in the rural summer observership and rural scholars program, and spent time in Guatemala through a Spanish immersion program volunteering at a local clinic. She is interested in international medicine working with Spanish-speaking populations, sports medicine, behavioral health, and women’s health. Her other interests include long distance running, learning new recipes, hiking, gardening, and rock climbing.

Tovi Anderson, MD, PhD  OHSU
Emory University School of Medicine, Atlanta, GA
Dr. Anderson received undergraduate degrees in Biochemistry, Biophysics, and Molecular Biology at Whittman College in Walla Walla and her PhD in Genetics at Stanford University. During graduate school she realized she wanted to work directly with patients to improve their health and hopes to be able to work with patients with genetic conditions in her role as a family physician. She is also interested in women’s health, reproductive health, obstetrics, pediatrics and integrative medicine. In her free time she enjoys spending time with her husband and two young sons.

Amelia Baker, MD, PhD  OHSU
Boston University School of Medicine, Boston, MA
Dr. Baker received undergraduate degrees in Geology and Education from Bates College. After teaching middle and high school science and outdoor education, she earned her PhD from Boston University in Molecular Medicine, studying environmental toxicology, immunology, and bone health. She is excited to use her education background as a tool to help teach patients to take ownership of their health and wellness. She has special interests in maternity/obstetric care, child and adolescent health, family planning and integrative medicine. Outside of work she enjoys spending time with her husband and son, hiking, biking, and surfing.

Weston “Wes” Baker, MD  OHSU
Oregon Health & Science University, Portland, OR
After receiving his BA and MA in Neuroscience and Behavior from Wesleyan University, Dr. Baker taught elementary and middle school for several years before pursuing his medical career. His special interests are in the areas of psychiatry/obstetrics, adolescent health, sports medicine, and pediatric care. Dr. Baker looks forward to building long-term therapeutic relationships with his patients. A native Oregonian, he loves exploring new places by foot and by bike.

Caroline Barrett, MD  Providence Oregon, Hood River Rural Training Track
Oregon Health & Science University, Portland, OR
Dr. Barrett received her undergraduate degree in Spanish at Portland State University and in Biology at Concordia University. She volunteered as a Spanish interpreter for several years and served numerous times in a Guadalajara free clinic. She is interested in obstetrics and community and international health; specifically, Latino health care. Her hobbies and interests include baking, playing classical piano, reading, and gardening.

Connor Burke, MD  Cascades East
The Ohio State University College of Medicine, Columbus, OH
Dr. Burke earned bachelor’s degrees in Chemistry and Psychology at Case Western University. He met his wife, Anne Marie Kessler (also an intern at Cascades East) in medical school, where they had the opportunity to spend two months serving in a rural hospital in Uganda. He’s interested in full-spectrum medicine, serving the underserved and international health medicine. He enjoys backpacking, hiking, skiing, and travelling.

Caroline Coulter, DO  Samaritan Health
Edward Via Virginia College of Osteopathic Medicine, Blacksburg, VA
Dr. Coulter majored in Biology and minored in Psychiatry at Virginia Polytechnic Institute and State University. During medical school she set up OMT clinics and provided medical care in Honduras. Her special interests include behavioral health and promoting preventive medicine and healthy living. In her free time, she enjoys baking, cycling, and running.

Stewart Decker, MD  Cascades East
University of Minnesota Medical School, Minneapolis, MN
Dr. Decker earned his undergraduate degree in Chemistry at the University of Puget Sound. He then worked as an EMT and social worker before heading to medical school. He received a certificate in international public health in Peru, wrote a public health curriculum for a children’s after-school project, and served as project manager for an NGO, training community health workers. This all pointed him in the direction of a career where he could practice both community health and broad-scope clinical family medicine. In his spare time, he enjoys backpacking, hiking and cooking.

William “Beau” Gilmore, MD  OHSU
University of Virginia School of Medicine, Charlottesville, VA
After receiving undergraduate degrees in Biology and Kinesiology from the University of Georgia and completing medical school, Dr. Gilmore is eager to pursue his passion working with underserved populations in his role as a family physician. Dr. Gilmore fell in love with primary care for its emphasis on teams, commitment to continuity, and holistic approach to wellness. He’s excited about his move to the Pacific Northwest with his wife as they seek out new dining and music establishments, as well as challenging hiking trails.

Lynn Gower, DO  Samaritan Health
Kansas City University of Medicine and Biosciences, Kansas City, MO
Dr. Gower received her bachelor’s degree in General Science from the University of Oregon. In addition, she completed a transitional internship year at Madigan Army Medical Center in Tacoma, WA. She is a Major in the United States Army and served as a General Medical Officer for the last four years. In her spare time she enjoys gardening, reading, and spending time with her husband.

Thomas Gray, DO  Samaritan Health
Western University of Health Sciences, Pomona, CA
After receiving his undergraduate degrees in Mechanical Engineering at Oregon State University and a Master of Science degree in Mechanical Engineering from the Massachusetts Institute of Technology. After working in the engineering field for several years, Dr. Gray began working at OHSU in the clinical research investigative studies program. He found the complexities of the human body even more interesting than robotics and decided to pursue medicine. He is the thirteenth osteopathic physician in his family. He is interested in women’s health, lifestyle improvement and the pursuit of wellness. He enjoys bicycling, hiking and boating with his wife and four children.

Danielle Harik, DO  Samaritan Health
Michigan State University College of Osteopathic Medicine, East Lansing, MI
Dr. Harik received her bachelor’s degree in Biomedical Sciences at Western Michigan University. During medical school, she travelled to Peru and Guatemala, treating patients in various clinics throughout these countries. Dr. Harik is interested in international medicine, public policy, and women’s health. In her free time, she enjoys hiking, doing yoga, cooking, reading, travelling, volunteering and spending time with her family.

Patricia Hong, MD  OHSU
University of Maryland School of Medicine, Baltimore, MD
Dr. Hong received her undergraduate degree in Psychology from the University of Maryland. Her past experiences working with Habitat for Humanity, as a volunteer emergency medical technician, and as a Peace Corp worker in Albania culminated in pointing her in the direction of family medicine. She is passionate about caring for the underserved, women’s and maternal health, global health, and integrative medicine. She enjoys photography, travelling, hiking, camping, and scuba diving.
Ilana Hull, MD Providence Oregon

Oregon Health & Science University, Portland, OR

Dr. Hull received her undergraduate degree from the University of Pennsylvania in Health and Societies before completing her Master of Science in Health Policy, Planning, and Financing from the London School of Economics. She continued to explore her interest in health policy while in medical school by helping to organize student conferences, participating in various government lobby days, and working for Oregon state senator, Elizabeth Steiner Hayward. As a rural scholar working in Burns, Oregon for three months, Dr. Hull was convinced that family medicine was her specialty of choice. Some of Ilana’s hobbies and interests include travel, long-distance running, hiking and backpacking, meditation, and spending time with family and friends.

Irina Iacobucci, MD Cascades East

Stavropol State Medical University, Stavropol, Russia

After completing medical school, Dr. Iacobucci spent two years working with Dr. Spencer Clarke at his rural medical clinic in Lakeview, Oregon where she grew to love the diversity that family medicine offered, as well as understanding the importance of truly listening to, caring for, and getting to know her patients. In her free time, she enjoys spending time with her husband and chocolate lab.

Anne Marie Kessler, MD Cascades East

The Ohio State University College of Medicine, Columbus, OH

Dr. Kessler earned her undergraduate degree in the Great Books Program at St. John’s College and completed a post-baccalaureate program at Benedictine College. She lived on both coasts before settling in Ohio where she met her husband, Connor Burke (also an intern at Cascades East). She is a Schweitzer Fellow and co-founder of a volunteer organization that worked to improve the health of mothers and their children from vulnerable populations. She’s interested in maternal health, humanism in medicine, international medicine and public health. In her free time she loves to hike, ski, travel, sing, play the piano, and read.

Carolyn Litchman, MD Providence Oregon

Oregon Health & Science University, Portland, OR

Carolyn received her undergraduate degree from Santa Clara University in Psychology (with an emphasis in Psychobiology). She has provided medical care in rural Honduras and Panama with Global Medical Brigades. While serving as OHSU class vice president, she coordinated a variety of social and philanthropic events for the student body. Carolyn was elected to the Alpha Omega Alpha Honor Society during her fourth year of medical school. She enjoys cooking, playing guitar, piano, and soccer and spending time with family and friends.

Ruolan Liu, MD Providence Oregon

Oregon Health & Science University, Portland, OR

Dr. Liu received her undergraduate degree in Molecular, Cellular and Developmental Biology from the University of Washington. During medical school she served as president of the Integrative Medicine Interest Group and worked with the residents of a local retirement center. She plans on focusing her practice on Integrative Medicine and Geriatrics. She is fluent in Chinese and is an accomplished photographer and loves to travel, cook and dance.

Leslie McCalister, MD Cascades East

University of Texas Southwestern Medical Center, Dallas, TX

Dr. McCalister earned her undergraduate degree in Economics at the University of Oklahoma. While there, she worked in a free clinic assisting underserved, Spanish-speaking patients, helping her realize she wanted to practice medicine in a rural community. In her free time, she enjoys hiking, cooking, painting, and walking with her dog.

Valerie Nelson, MD, MPH Providence Oregon

University of Minnesota Medical School, Minneapolis, MN

Dr. Nelson received her bachelor’s degree in Psychology from UCLA and completed her pre-medical coursework at Portland State University. While in Oregon, she volunteered at a homeless youth clinic providing outreach care to the underserved. She plans on practicing full-spectrum medicine. Valerie’s interests include cycling, camping, dancing, reading about spirituality and brainstorming creative projects with her photographer husband.

Anna Olson, MD Cascades East

Oregon Health & Science University, Portland, OR

Dr. Olson obtained her degree in Spanish Language and Literature, while also completing her prerequisites for medical school at the University of Washington. After undergrad, she joined the Peace Corps and spent two years as a rural health and sanitation volunteer in a small town in Paraguay. While in medical school, she attended her first OAFP meeting and felt she had found her place when she looked around the room and saw that she was one of at least five people knitting. Dr. Olson enjoys exploring the mountains and lakes around Klamath Falls with her dog, Muñequi, whom she brought back with her from Paraguay.

Brian Park, MD, MPH OHSU Combined Program

University of Minnesota Medical School, Minneapolis, MN

After completing his undergraduate degree in Psychology at the University of Minnesota, Dr. Park dabbled in film production for three years while coordinating care for families of adolescents with Type 2 diabetes. With a newfound passion for addressing social determinants, he returned to Minnesota for medical school. There, he helped organize homeless communities around equitable public policies, researched and developed alternate care delivery systems for vulnerable populations, and hosted a medical storytelling radio show. Outside of medicine, he enjoys writing, biking, and cooking for friends.

Hunter Poarch, MD OHSU

University of Virginia School of Medicine, Charlottesville, VA

Dr. Poarch earned his undergraduate degree in Sports Medicine at Pepperdine University. He then worked at a VA hospital doing research on veterans who sustained spinal cord injuries and participated in medical mission trips to Uganda. He is interested in full-spectrum family medicine where he can care for people of all ages and is also interested in maternity/obstetrics, sports medicine, end-of-life care, and health policy. He enjoys exploring the outdoors by hiking, biking, and backpacking.

Autumn Polidor, MD Cascades East

University of Vermont College of Medicine, Burlington, VT

Dr. Polidor received her undergraduate degree in Studio Art at the University of Vermont. She chose family medicine for its diverse career opportunities and is especially interested in rural medicine and palliative care. In her free time, she enjoys gardening, sewing, reading, running, and immersing herself in the natural world.

JP Prouty, MD Cascades East

The University of Missouri School of Medicine, Columbia, MO

Dr. Prouty earned his bachelor’s degree in Biochemistry at Grinnell College while simultaneously playing on both the soccer and baseball teams. In his free time he enjoys playing sports, being outdoors, and playing musical instruments.

Nathan Rheault, DO, MPH Samaritan Health

Touro University College of Osteopathic Medicine, Vallejo, CA

Dr. Rheault earned a bachelor’s degree in Biology from the University of Connecticut and his MPH and DO from Touro University. During college, he was the director of a student-run health clinic and traveled to Ethiopia to complete global health research. He was led to family medicine because it allows the principles of osteopathy to be explored and practiced every day. He enjoys hiking, travelling, photography and playing tennis.

Whitney Roper, MD OHSU

University of Virginia School of Medicine, Charlottesville, VA

Dr. Roper received her undergraduate degree in Sociology at the University of Virginia. During medical school she developed an interest in caring for whole families from birth through old age and an appreciation for the social determinants of health. She loves everything to do with the outdoors – hiking, camping, biking, and horseback riding, and is excited to explore the Pacific Northwest.

Tamara Sanderson, MD OHSU

Indiana University School of Medicine, Indianapolis, IN

Dr. Sanderson received her undergraduate degree from the University of Massachusetts Amherst. She is especially interested in preventive medicine through exercise and nutrition to help improve the quality of life for patients with chronic illness and pain. In her spare time, she enjoys spending time outdoors with her husband snowboarding, mountain hiking and gardening.

David Simmons, MD Providence Oregon

Oregon Health & Science University, Portland, OR

Dr. Simmons earned his undergraduate degree at Oberlin University and a master’s degree in music from Indiana University. As a classically trained musician, Dr. Simmons performed as an opera singer for 20 years before attending medical school. He has also served as Clinic Administrator at the Outside In social service agency. He was the recipient of the 2015 James B. Reuler Award recognizing extraordinary student service at OHSU. In his free time he enjoys spending time with his teenage son and daughter.
Andrew Smythe, DO  Samaritan Health
Touro University College of Osteopathic Medicine, Vallejo, CA
Dr. Smythe earned a bachelor’s degree in Business Administration at the University of San Diego with a focus in small business management. He is a member of the Cranial Academy and the Gold Humanism Honor Society. During medical school he volunteered on an outreach mission to Peru with Health Bridges International and has also devoted time working in a rural Nicaraguan clinic. In his free time, he enjoys surfing, hiking, travelling, trying new foods, meditating and spending time with his family.

Matthew Sperry, MD  Providence Oregon,
Hood River Rural Training Track
Oregon Health & Science University, Portland, OR
Dr. Sperry received his undergraduate degree in Geography from the University of Oregon. During medical school, he and two other students biked 1,000 miles across Oregon providing town hall style presentations on the economic benefits of recruiting family physicians to a rural community. He is interested in full-spectrum family medicine, obstetrics and wilderness medicine. Dr. Sperry was elected to the Alpha Omega Alpha Honor Society during his fourth year of medical school. His interests include bicycling, skiing, carpentry, gardening, home brewing and running with his dog.

Marcel Tam, MD, MBA  OHSU
Boston University School of Medicine, Boston, MA
Dr. Tam earned his undergraduate degree in Computer Science and Neurobiology at the University of Washington and his MBA at the Boston University School of Management. His experiences building homes in Tijuana, Mexico and working as a medical assistant in a community health center in Yakima, Washington strongly influenced his decision to become a family physician. He is interested in the opportunity to coordinate patient care with clinic team members and other health care professionals, including those from non-Western medical traditions. When not practicing medicine, he plays pickup soccer, sings karaoke, exercises with CrossFit and enjoys spending time with his family.

Michael Watson, DO  Samaritan Health
Des Moines University College of Osteopathic Medicine, Des Moines, IA
Dr. Watson earned his bachelor’s degree in Biochemistry at Freed-Hardeman University. He chose family medicine because so much of this specialty is ingrained in preventative medicine and maintaining healthy function through the careful management of the person as a whole. In his free time, he enjoys practicing karate and qi gong, travelling, cooking, hiking and camping.

Bernadette Zakher, MBBS  OHSU Combined Program
University of Sydney, Australia
Dr. Zakher received her undergraduate degrees in Life Sciences and Psychology. After completing rural and urban rotations in family medicine during medical school, she was convinced that family medicine was her chosen specialty. Her special interests include women’s health, sexually transmitted infections, and preventive medicine. In her spare time, Dr. Zakher enjoys spending time with her husband and three-year-old son, reading novels, and partaking in Portland’s exceptional cuisine and coffee options.

Alexander Zweig, MD  OHSU
University of Missouri-Columbia School of Medicine, Columbia, MO
Dr. Zweig received his undergraduate degree in Political Science from the University of Missouri. He is interested in full-spectrum family medicine and looks forward to caring for the underserved, being involved in academic research, and forming public policy. As a lifelong Missourian, you’ll find Dr. Zweig cheering for the St. Louis Cardinals, though he is excited to explore all that Portland has to offer.
Roche just returned from another stint in Ghana.

with his wife to improve the health of the Ghana residents. dr. Kroening-Roche's work includes behavioral health integration and health policy payment reform. He traveled to Ghana between his first and second year of medical school and on his return founded the Rural Health Collaborative (RHC) that he now co-directs with his wife to improve the health of the Ghana residents. Dr. Kroening-Roche just returned from another stint in Ghana.

In addition to the board members that were depicted in the summer 2014 issue of Family Physicians of Oregon, here’s some information about our new OMA Trustee and our four Resident Directors:

Michael Goodwin, MD, OMA Trustee, received his undergraduate degree in Psychology from the University of Washington, and worked in college student services before returning to medical school and earning his degree from OHSU. This past year he was the Chief Resident at Providence Oregon Family Medicine Residency and is now working at Providence Medical Group-Bridgeport in Tigard.

Eva Sandberg, DO, is a second year resident at the Samaritan Regional Medical Center Family Medicine Residency Program. She earned her bachelor’s degree in Microbiology at Oregon State University and completed her medical school degree at the Des Moines University College of Osteopathic Medicine. Her professional interests include rural, full-spectrum medicine with emphases in chronic disease management and international medicine.

Jason Kroening-Roche, MD, MPH, is a third year resident at the OHSU Family Medicine Residency Program. Dr. Kroening-Roche earned his undergraduate degree in Biology-Chemistry from Point Loma Nazarene University, his medical degree from the University of California San Diego School of Medicine and his Master of Public Health at Harvard School of Public Health. He is interested in full-spectrum family medicine, behavioral health integration and health policy payment reform. He traveled to Ghana between his first and second year of medical school and on his return founded the Rural Health Collaborative (RHC) that he now co-directs with his wife to improve the health of the Ghana residents. Dr. Kroening-Roche just returned from another stint in Ghana.

Shai Rosenfeld, MD, MPH, is a third year resident at Providence Oregon Family Medicine Residency. Dr. Rosenfeld received his Master in Public Health at Tulane University, where he also earned his undergraduate degree in Molecular Biology. Dr. Rosenfeld also has a degree from the Culinary Institutes of America and has been a chef in several high-profile restaurants in New Orleans and New York City and is most interested in food as medicine.

Stewart Decker, MD, is a first year resident at the Cascades East Family Medicine Residency. Read more about Dr. Decker on page 22, “Say Hello to our New Family Medicine Interns.”

Last spring, at the Society of Teachers of Family Medicine Annual Spring Convention, the Oregon Health & Science University School of Medicine (OHSU) received an American Academy of Family Physicians (AAFP) Top 10 Award for its consistent contributions to building the family physician workforce. This is the third consecutive year that the school has received this honor. OHSU was one of ten allopathic medical schools nationwide to receive the 2014 AAFP Top Ten Award.

“. . . I commend them, their leadership and their faculty for helping ensure that Americans have access to the care they need” stated AAFP President Reid Blackwelder, MD, who is seen in this photo presenting the award to John Saultz, MD, OHSU Family Medicine Department Chair. Dr. Saultz is joined by other members of the FM department, including, from left to right Ben Cox, Scott Fields, MD, Peggy O’Neill and Ryan Palmer, EdD.

HAVE AN ITEM FOR “MEMBERS IN THE NEWS?”

Oregon Family Physician welcomes short announcements about OAFP members and their clinics. If you have undertaken a practice move, have been the recipient of an honor or award, or just plain have interesting information to share, by all means, let us know! Tell us about your news and we will be sure to print it. Photographs are welcomed. Send submissions to:

LYNN M. ESTUESTA, OREGON ACADEMY OF FAMILY PHYSICIANS, 1717 NE 42ND AVE STE 2103, PORTLAND, OR 97213, E-MAIL: MAIL@OAFP.ORG
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