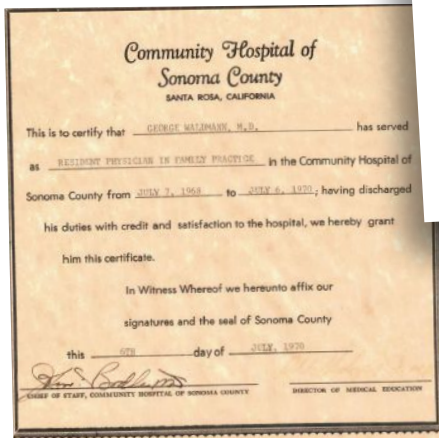
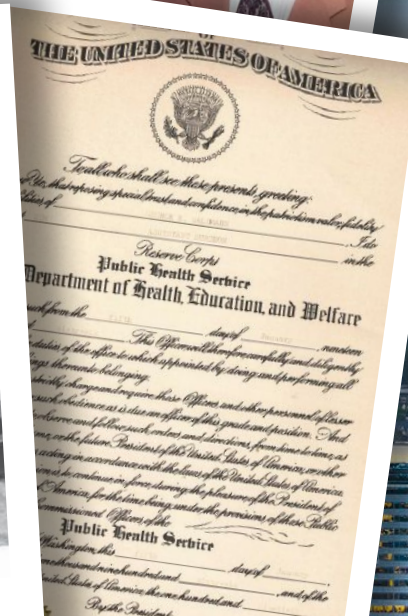


Family Physicians of Oregon

VOL • XX • NO 4 • FALL 2026



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- Dr. George Waldmann and the Birth of Family Medicine
- Shaping What Comes Next for Primary Care in Oregon
- Who Gets to Become a Family Physician?



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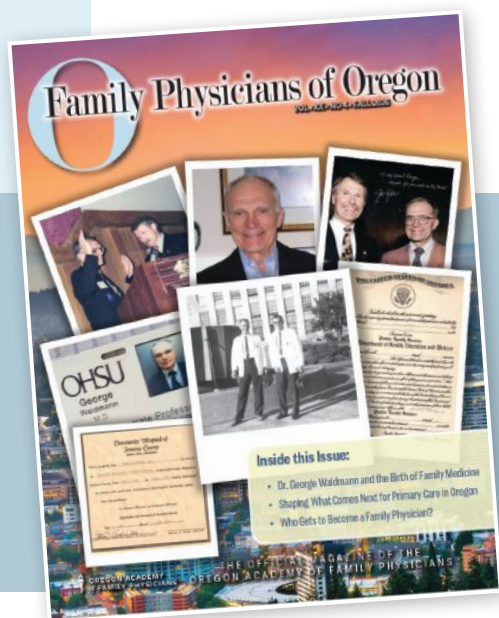
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Family Physicians of Oregon

Oregon Academy of Family Physicians
3439 NE Sandy Blvd. #264
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503.528.0961
Web site: www.oafp.org

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About the cover:

Our cover features a collection of images provided by Dr. George Waldmann, chronicling his career in family medicine. Thank you, Dr. Waldmann, for sharing these memories with us!

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OREGON ACADEMY
of FAMILY PHYSICIANS

EDITION 78

• PRESIDENT'S MESSAGE



BY ERIC M. WISER, MD, FACP, 2026 OAFP PRESIDENT
ASSOCIATE PROFESSOR OF FAMILY MEDICINE, OHSU SCHOOL OF MEDICINE AND DIRECTOR OF OREGON AHCC

A Season for Change

The great songwriter Pete Seeger wrote, "There is a season for change." We are certainly seeing that in Oregon health care.

H.R.1 is still being implemented, and some of its effects are yet to come. We know, however, that changes to Medicaid and other federal programs could mean less access to care for some patients and could deepen existing inequities. The Oregon Health Authority (OHA) will have to respond to new federal requirements and tighter budgets, and there are still many questions about what those changes will mean in practice.

I want to recognize the tremendous work happening at OHA and remind our members that family physicians are among those helping lead that work. If you would like to better understand what lies ahead, I encourage you to attend OAFP's Dec. 9 Lunch and Learn, "Updates to Medicaid," presented by **Dawn Mautner, MD.**

While we prepare for these federal changes, there is also an extraordinary amount of work happening across Oregon to strengthen primary care. OAFP and our members are helping drive many of those conversations.

This year, OAFP contributed to recommendations for system-level changes designed to strengthen primary care over the next six years. Betsy Boyd-Flynn serves as vice-chair of the Oregon Health Policy Board's Primary Care Strategy Committee, which was created following the sunset of the Primary Care

Payment Reform Collaborative. That committee is already helping shape potential legislation around alternative payment models and improvements to Oregon's primary care investment program. The goal is straightforward: move resources more effectively to primary care practices and develop better, more useful information about where those investments are going.

OAFP members are also serving on Oregon's Health Care Workforce Committee, helping shape the 2027 Health Workforce Needs Assessment and an evaluation of Oregon's health care provider incentive programs. At the same time, conversations are underway about expanding medical education beyond the Portland metro area following discussions between Oregon Health and Science University leadership and health care organizations in Southern Oregon. Expanding community-based medical education could be an important step toward addressing Oregon's persistent rural and primary care workforce shortages.

Our advocacy extends beyond government committees. OAFP has been engaged with organizations working on health care affordability, administrative simplification, workforce development and new approaches to financing primary care. We continue to explore ideas for bringing new sources of investment to independent primary care practices and are connecting researchers, funders and health care

leaders around the questions that matter most to our members.

I also want to recognize Iris Maria Chávez and her work with the Care First Coalition on issues including prior authorization, the use of artificial intelligence in payment and claims decisions, audits and clawbacks, and Oregon's practice of medicine statute. Health Care for All Oregon continues its grassroots work to build support for affordable, equitable and universal health care while educating Oregonians about the effects of federal health care cuts.

There is much more happening than I can fit into one column. OAFP members continue to participate in national advocacy through AAFP, including a strong showing at the Family Medicine Advocacy Summit in Washington, D.C., and upcoming work around turning primary care measurement into meaningful action.

Most importantly, thank you for what you do every day. The work of family physicians in exam rooms, hospitals and communities across Oregon remains fundamental to the health of our state.

If any of this work interests you, I hope you will get involved. Join OAFP's External Affairs Committee, lend your expertise to an advocacy effort or mark your calendar for our **2027 Day at the Capitol on March 16** in Salem. Our collective voice matters, and there has rarely been a more important time to use it.

A handwritten signature in dark ink, appearing to read "Eric M. Wiser MD".



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• GREETINGS FROM THE OAFP

BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR



Shaping What Comes Next for Primary Care in Oregon

Later this fall, when legislation is filed for Oregon's 2027 Legislative Session, we expect to see a proposal for Universal Health Care. There will also be several proposals for meaningful regulatory reform for health insurers. Lawmakers are drafting multiple bills to improve quality measurement. Vaccine finance reform is also possible, especially as the vaccine schedule faces new challenges. Some of these bills could bring major changes to our system. The 2027 legislative session is shaping up to be the busiest I have seen during my time at OAFP.

During this flurry of activity, the OAFP Board will meet in October to check in on progress from its last strategic plan, and regroup to plot out the next two years.

One of our main goals in the last plan was to "build and lead an enduring coalition for primary care," and to "ensure that primary care is central to the delivery of health care in Oregon by 2030." Our "Triple A Initiative for Primary Care" (TAIPC), which you can read about on our website, reflects the agreement we've reached in the primary care community and lays out a clear vision with practical steps through the 2031 legislative session.

One part of the TAIPC is supporting the new Primary Care Strategy Committee. Since April, this committee has been meeting and has approved drafting a bill to improve Oregon's primary care investment and measurement program. The committee also aims to update payment rules so

clinics can get funding for teams and technology more quickly. Next, they will work on policy proposals to strengthen the primary care workforce. I send out brief email updates after each meeting to interested members. If you want to receive these updates, please contact Louise Merrigan at louisem@oafp.org.

Opportunities to Stay Informed, Connected and Involved

This summer, when we asked our Board which issues mattered most to them, Universal Health Care came up several times. Family physicians have been involved in developing the Universal Health Plan, following OAFP's policy that supports state-based or national single-payer health care to provide coverage for everyone. At the same time, many of you are concerned about the effects of upcoming Medicaid coverage cuts. The OHA

has been holding webinars to connect with clinicians about upcoming OHP work, changes to Healthier Oregon, and updates on activity rules and medical exemptions.

It's also important to mention that the Oregon Rural Health Collaborative has started regional meetings for the Rural Health Transformation Program (RHTP). These meetings bring together health care and community partners from across rural Oregon to strengthen collaboration as we prepare for new federal investment in rural health. We've noted these meeting opportunities in our bi-weekly Membership Matters newsletter, sent via email every other Tuesday.

A lot is happening, and family physician volunteers and representatives are making a real difference in policy work across the state. In his column, **Eric Wiser, MD, FAAFP** will highlight the many ways family physicians are having an impact.

I also invite you to explore ways to strengthen your practice by joining our 2026-2027 Lunch and Learn series, held on the second Wednesday of the month from noon to 1 p.m. Upcoming sessions will cover key topics like Health and Democracy, working with

There is a great deal of change ahead, but there is also tremendous opportunity to shape what comes next.

CHWs, Vaccine advocacy and Medicaid updates. See page 19 for more information.

There is a great deal of change ahead, but there is also tremendous opportunity to shape what comes next. OAFP will continue to make sure family physicians have a voice in the decisions affecting their practices, their patients and the future of primary care in Oregon. I hope you will stay connected, stay informed and find a way to take part.



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• OAFP MEMBERS IN THE NEWS



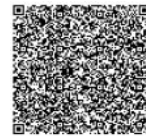
Dr. Robyn Liu

Dr. Liu Talks Importance of Back-to-School Vaccine Conversations

Robyn Liu, MD, MPH, FAAFP joined KOIN-TV in Portland to talk about the importance of keeping kids up to date on recommended vaccines as they head back to school. Dr. Liu noted that back-to-school season is an ideal time for families to check on vaccinations, since many children are already visiting their family physician for physicals and well-child checks.

"It's a great time to check in with your family doctor," she said.

Scan the QR code to watch the interview.



Dr. Akpamgbo Helps Celebrate Opening of M Carter Commons

Immediate past OAFP president **Jane-Frances Adaobi I Akpamgbo, MD** spoke at the grand opening of the M Carter Commons in Portland. The 62-bed facility will provide housing to low income seniors who are ages 55 and older. Dr. Akpamgbo was joined by former-Sen. Margaret Louise Carter, for whom the building is named, and Nkenge Harmon Jackson, CEO of the Urban League of Portland.



Dr. Jane Akpamgbo speaks at the grand opening of the M Carter Commons.



Dr. Jane Akpamgbo with Nkenge Harmon Jackson.



Dr. Jane Akpamgbo with former-Sen. Margaret Louise Carter, the first black woman elected to the Oregon legislature.



Dr. Matt Chan

Dr. Chan Wins Teaching Award

Congratulations to **Matthew G. Chan, MD**, assistant professor of family medicine at the Oregon Health & Science University School of Medicine and a primary care physician in Scappoose, on receiving the AAFP Exemplary Teaching Award for Continuing Professional Development.

OAFP Advocates for Primary Care in Washington, D.C.

OAFP members joined family physicians, residents, and medical students from across the country in Washington, D.C., for the American Academy of Family Physicians' Family Medicine Advocacy Summit, which took place June 14–16. Our delegation appreciated the opportunity to meet with Sens. Jeff Merkley and Ron Wyden, as well as legislative staff for Reps. Suzanne Bonamici, Janelle Bynum, and Maxine Dexter.

"Our stories and experiences were valued and felt powerful in helping to describe the reasons why we need chronic care management reform, Medicare Advantage prior authorization reform, and changes to the H-1B visa policy," said **Gina Miller, MD, FAAFP** who attended as a member of the OAFP delegation.

The Oregon delegation also shared concerns about proposed student loan caps and ongoing workforce challenges affecting family medicine in the state. OAFP executive director **Betsy Boyd-Flynn** presented during the summit as part of the session, "Reclaiming the Practice of Medicine: State Strategies to Address Corporate Consolidation."



Boyd-Flynn Helps Shape Oregon Health Care Reform Recommendations

Betsy Boyd-Flynn, executive director of the Oregon Academy of Family Physicians, was noted in the Aug. 6 Lund Report for her help shaping primary care recommendations aimed at strengthening Oregon's health care system. Boyd-Flynn emphasized the importance of keeping primary care and behavioral health at the center of reform efforts, particularly during significant funding cuts.



Betsy Boyd-Flynn

GINA MILLER, MD, FAAFP ASSISTANT PROFESSOR OF FAMILY MEDICINE, WESTERNU HCOM
EMILY CAMPBELL, COMMUNICATIONS SPECIALIST, WESTERNU HCOM



From the Valley: WesternU HCOM Hosts Annual A.P. Howells, DO, Endowed Lectureship, Celebrating Osteopathic Medicine's Rich History in Oregon

Western University of Health Sciences Heatherington College of Osteopathic Medicine (WesternU HCOM) was pleased to host the second annual A.P. Howells, DO, Endowed Lectureship Aug. 29-30, 2026. While the lectureship featured a hands-on introduction to evaluating and treating common musculoskeletal conditions, the event also offered an opportunity to reflect on the history and legacy of osteopathic medicine in Oregon. The event theme, "On the Shoulder of Giants," honored the pioneers who helped shape osteopathic medicine and reflected the importance of building on their legacy as health care continues to evolve.

The lectureship honors Allen Page "A.P." Howells, DO, a pioneer of osteopathic medicine in Oregon. Dr. Howells was drawn to osteopathy after receiving treatment from an early osteopath that transformed his health. After graduating from A.T. Still College of Osteopathic Medicine in Kirksville, Missouri, in 1911, Dr. Howells moved to Oregon to begin his

practice. At the time, osteopathic medicine was still establishing its place within the state's health care system. Although Oregon began recognizing the profession in 1907, many osteopathic physicians faced professional barriers, including limited hospital privileges.

Dr. Howells' commitment to service was evident during World War I, when osteopathic physicians faced significant barriers to serving as military physicians. At the time, DOs were not recognized by the U.S. military as commissioned medical officers. Determined to serve, Dr. Howells returned to medical school and earned an MD degree so that he could join the military. His decision reflected both his dedication to serving his country and his willingness to overcome the barriers facing osteopathic physicians of his time. After his service, Dr. Howells returned to Oregon and continued practicing as a DO, remaining committed to osteopathic medicine and continuing to incorporate osteopathic

manipulative medicine (OMM) into his practice.

Dr. Howells served patients in and around the Willamette Valley for more than 50 years, eventually establishing a clinic in downtown Albany. His career was marked by a commitment to holistic patient-centered care. He prioritized making medical care accessible to his patients, often traveling throughout the region to make house calls.

"He was a general practitioner, that's what they were called back in the day. He was trained to do everything and he did everything. He delivered babies, he performed minor surgeries, and he did anesthesia for other surgeons," said Dr. Howells's daughter, Jocelyn Howells. "I would walk from high school to his office to do my homework in the back room and wait for him to leave the office and then I would ride around with him on his house calls, because we didn't go home until he was done. And I remember 7 or 8 o'clock at night sometimes I wouldn't get

home because he was seeing a lot of patients. He would drive over to Lebanon, Scio, Crabtree, all those little towns around to serve people that couldn't get in to see him. He was so focused on service, taking care of his patients. And if they couldn't pay, he didn't worry about it."

Growing up, Jocelyn Howells saw firsthand what it meant for her father to practice medicine as a DO. His willingness to meet patients where they were and look beyond the diagnosis shaped her understanding of what it means to serve a community. Decades later, those values helped inspire her decision to establish the A.P. Howells, DO, Endowed Lectureship. Through the lectureship, she hopes to support future physicians who will continue to use OMM in their practices and remain committed to providing hands-on, patient-centered care.

Today, that legacy continues through WesternU HCOM and the students who are prepared to serve in communities across the Pacific Northwest. Each year, WesternU HCOM graduates approximately 100 physicians committed to advancing the principles of osteopathic medicine: treating the whole person, considering the connection between the body's systems, and emphasizing hands-on care. Through opportunities like the A.P. Howells, DO, Endowed Lectureship, students and physicians are encouraged to carry these principles into their practices and continue the legacy of holistic patient-centered care in Oregon.

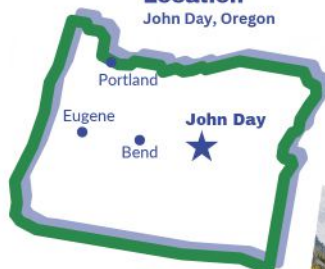
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IRIS MARIA CHÁVEZ, OAFP CONTRACT LOBBYIST - EQUITY ACTION PARTNERS

A Pivotal Year for Oregon Health Care

Fall in Oregon brings many familiar signs: changing leaves, shorter days and, every two years, campaign signs and political advertisements. This year, however, the stakes for health care policy feel particularly high. As candidates campaign for legislative seats and the governorship, Oregon is also heading toward a difficult budget conversation, one that will put the Oregon Health Plan, access to care and the sustainability of our health care system squarely in the spotlight.

The Legislature will face a significant challenge when it returns in 2027. Oregon is confronting an estimated \$421 million gap in the Oregon Health Plan budget, driven in large part by changes to federal Medicaid funding and payment policies, alongside rising health care costs and increased utilization. State policymakers, through a roundtable convened by Governor Kotek, have already been presented with more than 40 potential options for reducing OHP spending, including changes that could affect benefits and access to care.

OHP will not be the only demand on the state budget. Oregon will have to balance competing needs across K-12 education, public safety, workforce investments, and transportation. The question for legislators will not simply be how much to spend, but how to make difficult choices about where limited resources can have the greatest impact.

For family physicians, those choices matter because the consequences of budget decisions show up in exam rooms.

Changes to Medicaid eligibility, benefits or reimbursement can affect whether patients seek care, whether practices can afford to provide it and whether Oregon has enough primary care capacity to meet the needs of its communities.

At the same time, OAFP is preparing for the November election and the new Legislature that will follow. Elections inevitably bring change to the Capitol, and the people elected this fall will help determine the direction of Oregon health care policy for years to come.

One way OAFP members can participate in this work is through the Family Physicians PAC. Contributions to the PAC help support legislators and candidates who understand health care policy and the importance of a strong primary care system. Building relationships with policymakers before they are faced with difficult health care and budget decisions is an important part of ensuring that the voice of family medicine is heard in Salem.

But advocacy cannot stop at the election.

As OAFP develops its legislative agenda for the coming session, one priority is becoming increasingly clear: Oregon needs to address the administrative burden that is consuming far too much of primary care physicians' time and resources.

Family physicians entered medicine to care for patients, not to spend hours navigating duplicative paperwork, unnecessary administrative requirements, prior authorization processes and other

barriers that take physicians and their staff away from patient care. Administrative complexity also has a real financial cost for practices already dealing with staffing challenges, rising expenses and reimbursement pressures.

OAFP is working to develop a legislative agenda that can drive meaningful reform in this area, with the goal of reducing unnecessary administrative work and allowing physicians and their teams to spend more of their time doing what they do best: caring for patients.

The election, the OHP budget challenge and administrative burden may seem like separate issues, but they are deeply connected. Oregon cannot build a sustainable health care system simply by finding ways to spend less. We also need to make the system work better, for patients, physicians and the practices that provide care in communities across the state.

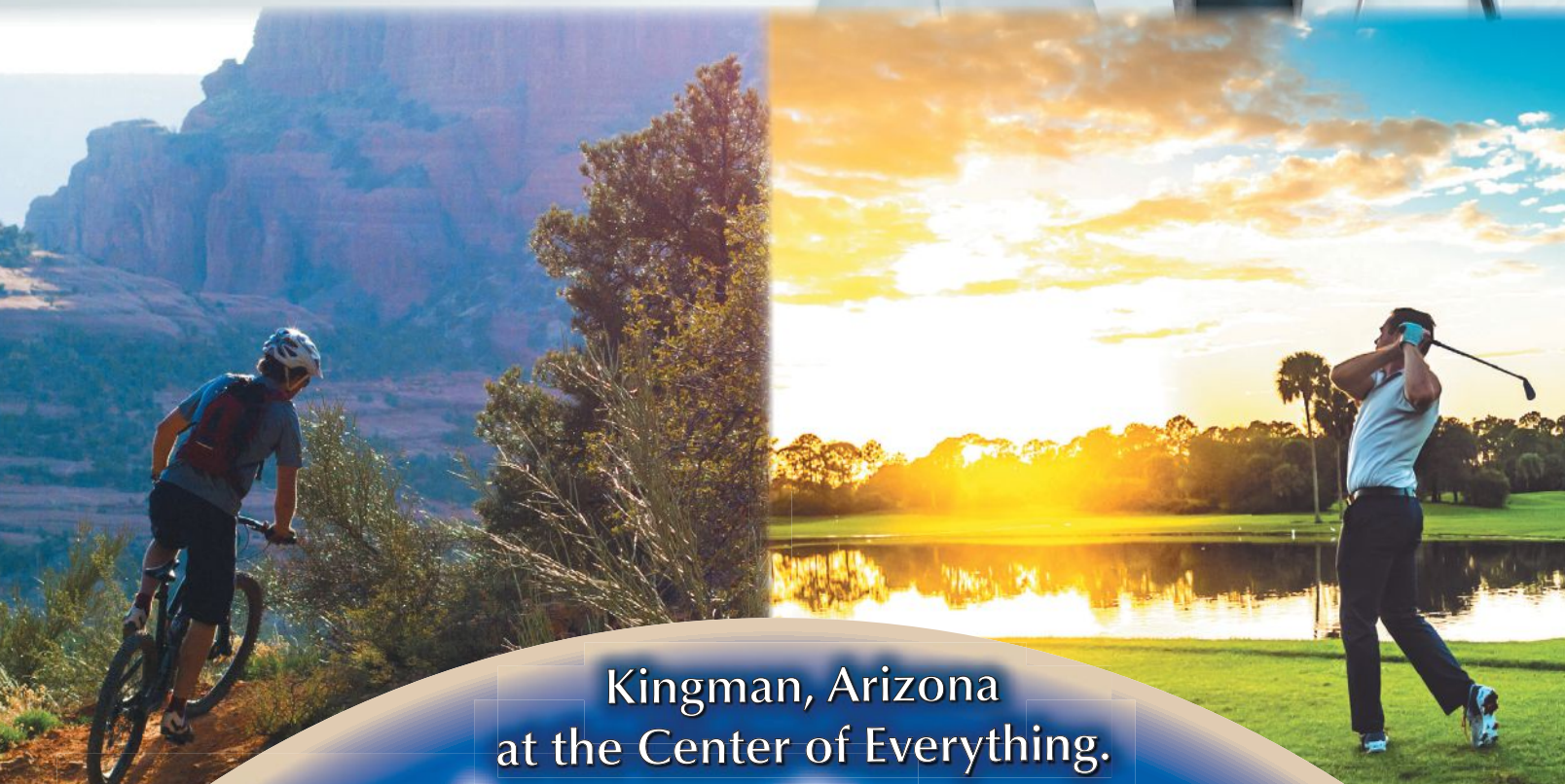
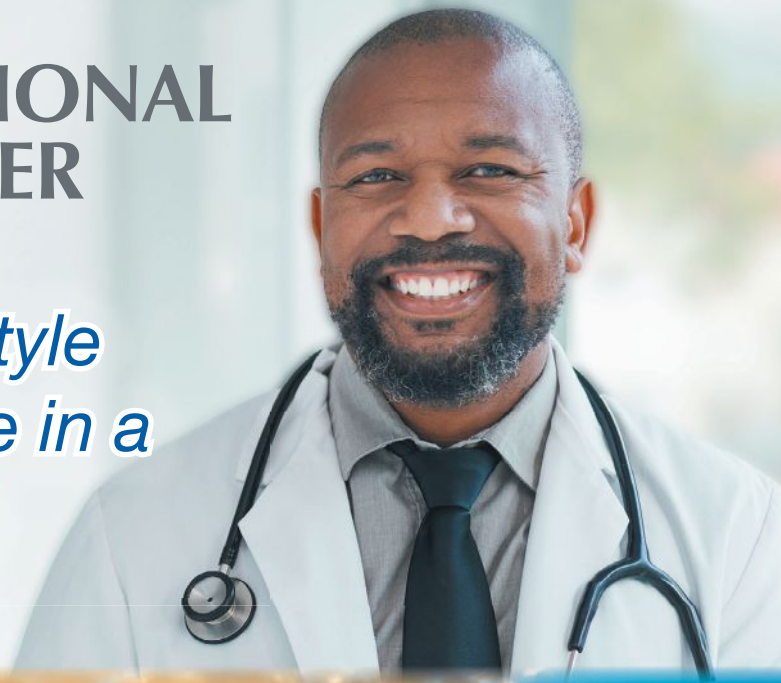
The months ahead will require difficult decisions from Oregon policymakers. Family physicians have an important role to play in helping legislators understand what those decisions mean on the ground. Whether through the Family Physicians PAC, direct conversations with candidates and legislators, participation in OAFP advocacy efforts or sharing experiences from your own practice, your voice matters.

Oregon's next chapter in health care policy is being written now. OAFP will be at the table, advocating for primary care and working to make sure that the health care system works better for the physicians who deliver it.

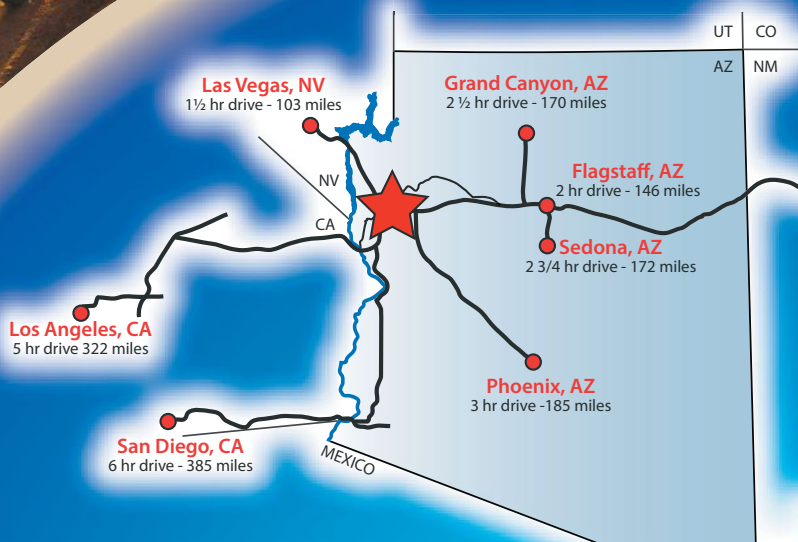


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Dr. George Waldmann and the Birth of Family Medicine

When **George Waldmann, MD, FAAFP** graduated from the University of Oregon Medical School in 1965, family medicine did not yet officially exist as a medical specialty. By the time he completed his residency just a few years later, it did. That timing places Dr. Waldmann's career at a remarkable moment in medical history, when the long tradition of the general practitioner was being transformed into the specialty now known as family medicine.

For the first two-thirds of the 20th century, general practitioners were the physicians many Americans relied on for nearly everything. They cared for children and adults, treated illnesses and injuries, delivered babies, and often served entire families over generations. But after World War II, medicine became increasingly specialized. The number of physicians entering general practice declined, prompting growing concern about whether patients would continue to have access to broadly trained personal physicians. By the 1960s, national reports on the challenges of primary care called for a new kind of generalist — one who would retain the breadth and continuity associated with general practice but receive defined postgraduate training and specialty certification.

From Engineering to Medicine

Dr. Waldmann was entering medicine just as that transformation was taking place. Born in Chicago to a blue-collar family with no tradition of attending college,



Dr. George Waldmann



Dr. George Waldmann, at right, with a classmate at the start of his third year of school at the University of Oregon Medical School, in September 1963.

Dr. Waldmann initially imagined a very different career. After the Soviet Union launched Sputnik in 1957, he became interested in engineering and the possibility of contributing to the space race. Math and science came easily but technical drawing did not at a time long before computers simplified this important engineering education requirement.

With encouragement from a friend and his own doctor, Dr. Waldmann decided to study medicine. While living in Arizona, which did not have a medical school at the time, Dr. Waldmann was able to attend the University of Oregon Medical School through the Western Interstate Commission for Higher Education (WICHE), a program that expands access to professional education in 10 health care fields. He graduated in 1965. The school later became part of Oregon Health & Science University (OHSU).



Dr. Waldmann (left) is sworn in as Oregon Medical Association President by then Oregon Governor John Kitzhaber, MD.

While initially discouraged at failing in engineering education, "I think it turned out fine," he said of the change in direction to medicine.

After completing a rotating internship at Denver General Hospital, Dr. Waldmann joined the

U.S. Public Health Service during the Doctor Draft era. From 1966 to 1968, he worked with the U.S. Public Health Service Division of Indian Health on the Blackfeet Indian Reservation

continued on page 16



LEAN BEEF IN A HEART HEALTHY DIET

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Over 30 scientific studies support lean beef as part of a heart-healthy diet. The Beef in an Optimal Lean Diet study showed that eating 4-5.4 ounces of lean beef with a DASH-style diet helps maintain normal cholesterol levels. Another clinical trial found that a Mediterranean-style diet with lean beef can reduce heart disease risk factors like total and LDL cholesterol, and blood pressure.

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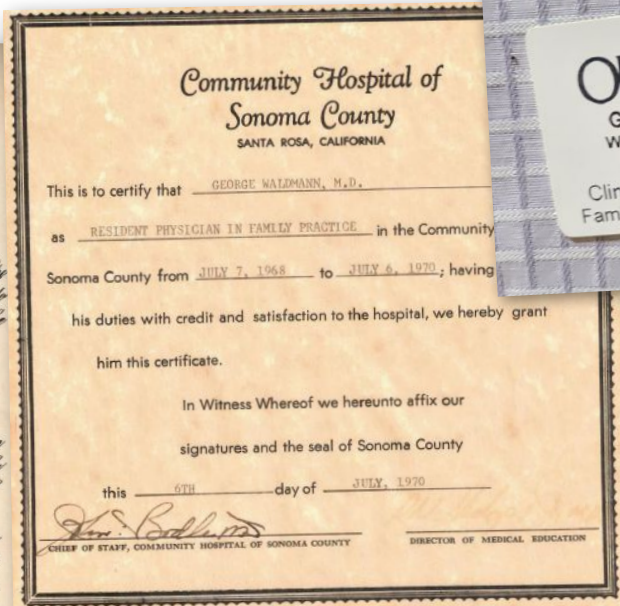
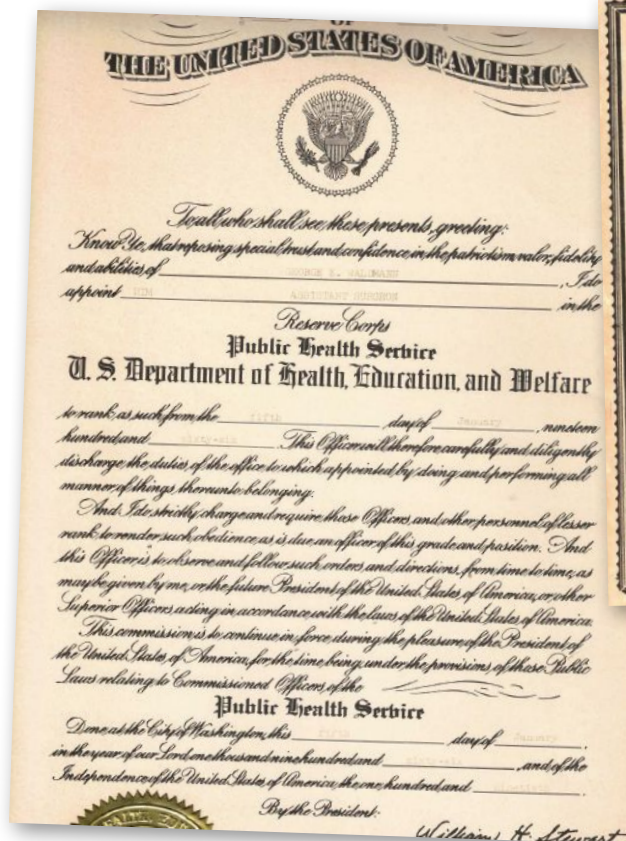
Both beef and chicken have a similar amount of protein per serving. However, you'd have to eat 8 oz of chicken to get the same amount of iron you'd get in 3 oz of beef! You'd need to eat nearly 7 times more chicken (20 oz) to meet the amount of zinc that 3 oz of beef provides!



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in Browning, Montana. Because the reservation was so remote, doctors there often had to manage complicated problems themselves because the closest specialists were 120 miles away.

"We had to do it all," he said.

At first, Dr. Waldmann saw this time as an interruption in his training, but it turned out to be a key experience on his path to becoming a family doctor.

"I've really grown to appreciate it," he said. He believes it would help all

doctors to have required community service or to work in underserved areas such as inner cities or Indian reservations.

Growing Alongside a New Specialty

After two years of providing a wide range of medical care with the Division of Indian Health, Dr. Waldmann chose to join a residency program in Santa Rosa, California. The program was known for its long tradition of training general practitioners.

A major turning point came on Feb. 8, 1969, when the American Medical Association's Council on Medical Education and the American Board

of Medical Specialties approved the creation of a certifying board in family medicine, establishing it as medicine's 20th primary specialty. The first certification examinations followed in 1970. Dr. Waldmann was training in Sonoma County Hospital's program at precisely that time, and in 1969 it was converted into a family practice residency, part of the first generation of programs built around the newly recognized specialty. That residency is still active today, now known as the Sutter Santa Rosa Regional Hospital Family Medicine Residency.

In 1970, Dr. Waldmann entered a private family practice in rural Madras, Oregon, where he remained for 27 years, caring for generations of families. Over time, his career extended beyond seeing patients. Dr. Waldmann became active in organized medicine, eventually serving as president of the Oregon Medical Association and as a delegate to the American Medical Association. He taught medical students at OHSU as a first-year medical student clinical skills lab facilitator and later served as a medical school applicant interviewer.



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He also volunteered at the Wallace Medical Concern safety net clinic in the Rockwood area of Portland.

His career later moved into health policy and medical leadership. After serving as a Medicare medical director for 13 years, Dr. Waldmann first retired in 2010 at age 70. It did not last long.

"I knew I still wanted to be involved in medicine somehow," he said. "I wasn't done yet."

Four months after retiring, he began looking for his next opportunity. In 2011, he joined CareOregon, a non-profit health plan and managed care organization, where he worked until he retired (again) 12 years later in 2023 at age 83.

Continuing to Answer the Call

Even retirement has not ended Dr. Waldmann's connection to the profession. Dr. Waldmann continues to read *American Family Physician* and other medical publications. He has also continued his voluntary board certification, recertifying eight times and most recently completing the process in 2024.

"It allows me to still understand what's going on in the profession that's been so good to me," he said.

Dr. Waldmann said he keeps his volunteer license active and is a member of the Multnomah County Medical Reserve Corps so that if there is a disaster, he can help. He said his volunteer work generally involves supervising heating and cooling shelters.

More than half a century after family medicine became a recognized specialty, the challenges facing the profession have changed. The need that prompted its creation has not. Communities still need physicians who can see the whole patient rather than a single disease, care for people

throughout their lives, and adapt their skills to what their patients and communities require. Dr. Waldmann encourages younger family physicians to embrace that breadth rather than limit themselves.

"There are opportunities galore outside of medicine when you have an MD next to your name," he said. "Think about what you are interested in and get additional training if this is not offered within your residency program."

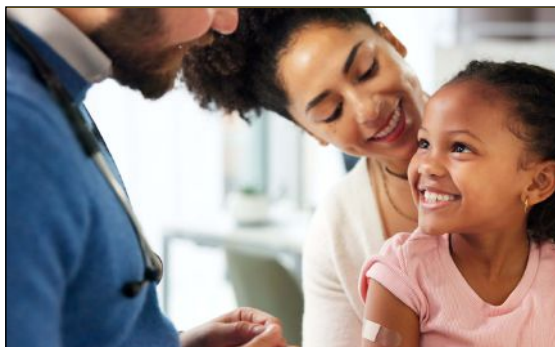
It is advice consistent with the specialty whose beginnings he witnessed firsthand: remain curious, keep learning, and be prepared to serve

wherever your skills are needed. Dr. Waldmann is still following that advice himself. One of his latest pursuits has nothing to do with medicine. He now plays the ukulele each week with a group of fellow seniors and occasionally performs.

"I'm having fun with it," he said. "It's never too late in life to learn new skills."



Dr. Waldmann (second from the left) with his ukulele group.



We are hiring!



Oregon Health & Science Department of Family Medicine is hiring physicians, advanced practice clinicians and other care team members to care for patients, including maternity and inpatient care, and to support our academic mission.

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• ACADEMY NEWS

OAFP Seeks Members for New Membership Task Force

OAFP is seeking members for its new Membership Task Force. Meetings will take place bi-monthly and will focus on member value, recruitment, retention and engagement. Please contact Louise Merrigan at louisem@oafp.org if you are interested in participating or learning more.

Save the Date for 2027 Day at the Capitol

Mark your calendar and make plans to join OAFP for the **2027 Day at the Capitol**, held in partnership with the Oregon Medical Association, American College of Physicians Oregon Chapter and Oregon Pediatric Society. Physicians, PAs, students and clinic staff are invited to Salem on **March 16, 2027**, to hear from legislative leaders, strengthen their advocacy skills and meet with lawmakers to discuss key issues affecting Oregon's medical community. Together, we can ensure family medicine and the patients we serve have a strong voice at the Capitol. Stay tuned for registration details!



This Election Year, Contribute to the Oregon PAC

The voice of family physicians has never been more important for setting direction on Oregon's ongoing health reform efforts than it is today. Your support is critical during every legislative session in Salem and one tool that ensures we are heard is the Family Physicians of Oregon PAC (OAFP PAC). The OAFP PAC exists for one reason: to be that voice speaking on behalf of the more than 1,600 family physicians in Oregon and their patients.

The OAFP PAC is non-partisan, meaning your donations help support Oregon legislators and candidates across the political spectrum who back issues crucial to family physicians and their patients. Scan the QR codes below to learn more about the PAC and its board and to join by making a secure donation.

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ABFM KSA Study Hall

Join OAFP for an ABFM KSA Study Hall on Asthma on Saturday, Dec. 5, from 9 a.m.–1 p.m. This hybrid session, led by Dr. Josh Reagan, will cover asthma diagnosis, management, co-morbidities, complications and more. Scan the code to register.



Support Future Family Physicians at the OAFP Foundation's Virtual Cheese Tasting

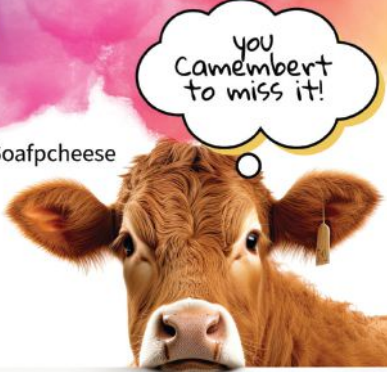
Join the OAFP Foundation for an evening of cheese, connection and support for future family physicians on **Friday, Nov. 13, from 6:30 to 7:30 p.m.** Participants will receive a cheese box by mail and take part in a virtual guided tasting, with opportunities to join in-person gatherings around Oregon and enter a charcuterie board contest. Cheese boxes are **\$80 for one or \$150 for two**, and additional donations to support students and residents are welcome. Order yours by Friday, Oct. 30 and we'll mail it directly to you so you are ready to taste along from home!

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Stay Informed with OAFP's Monthly Lunch & Learn Series

OAFP's Lunch & Learn webinar series makes it easy to stay informed on timely topics affecting family medicine — all from wherever you are. Join colleagues at noon for practical education designed to support your work with patients and communities across Oregon. Upcoming sessions include:

- **Nov. 11:** Working with CHWs Using an Age Friendly Approach to Improve Care for Older Adults, with Elizabeth Foster, MD
- **Dec. 9:** Updates to Medicaid, with Dawn Mautner
- **Feb. 10:** Improving Bright Futures Screening and Follow-Up for

Young Children: Lessons Learned from Family Medicine Sites, with Colleen Reuland

- **April 14:** Vaccine Advocacy in Long Term Care, with Sumathi Deverajan, MD

Scan the QR code to learn more and to access Zoom links to join the series.



Seeking Presenters: If you have a topic that you would like to present, or would like covered, please email Louise Merrigan at louisem@oafp.org.

OAFP Hosts Member Open House in Portland

OAFP hosted an informal open house on Saturday, July 11, at the OAFP office, located at 3825 NE Tillamook St. in Portland. The casual gathering provided an opportunity for members to connect with one another, visit the OAFP office and spend time with colleagues in a relaxed setting. Thank you to everyone who stopped by for an afternoon of conversation and community!



continued on page 20



2026 OAFP Member Directory Now Available

The 2026 Oregon Academy of Family Physicians Member Directory is available to help you connect with colleagues across the state. Use it to find family physicians in your area, grow your professional network and get to know fellow OAFP members.

Scan the QR code to access the full directory.



Save the Date: 2027 OAFP Annual Conference

Mark your calendar for the **2027 OAFP Annual Conference, happening May 13–15** at Skamania Lodge in Stevenson, Washington.

Join family physicians and colleagues from across Oregon for three days of learning, connection and camaraderie in a beautiful setting. The conference will feature engaging CME sessions, opportunities to connect with peers and programming designed around the needs and interests of Oregon's family medicine community.

More details, including registration information and the conference schedule, will be available in the coming months.



Save the date and plan to join us at Skamania Lodge!

Thank You for Answering the Call to Family Medicine

During Family Medicine Week, **Sept. 27–Oct. 3**, OAFP was proud to celebrate the family physicians who care for Oregonians at every age and stage of life. Family physicians are often the first point of contact for patients and a constant throughout their health care journey and their impact across Oregon is significant:

- **2,053 family medicine and general practice physicians serve communities across the state.**
- Oregon is home to nine family medicine residency programs, helping prepare the next generation of family physicians.
- Family medicine contributes an estimated **\$3.3 billion in direct and indirect economic activity** and **supports more than 21,000 jobs in Oregon.**

Behind every number are physicians showing up for their patients every day. In an average week, a family physician sees dozens of patients in the office while also caring for patients in hospitals, nursing homes, through virtual visits and, in some cases, in their own homes.

Thank you for the expertise, compassion and commitment you bring to your patients and communities. Your work is essential to the health of Oregon, and OAFP is proud to support you.



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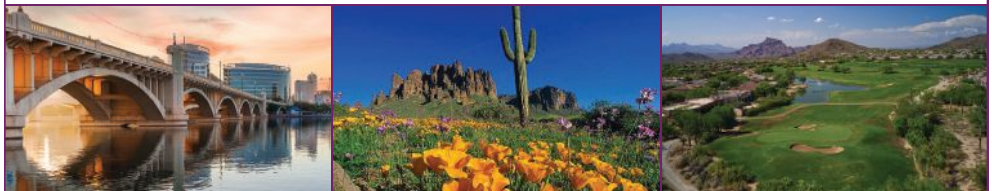
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ORCA-FM Connects Learners, Leaders and Residency Programs Across Oregon

JENNIFER HENDRICKSON,
EXECUTIVE DIRECTOR, ORCA-FM



The Oregon Residency Collaborative Alliance for Family Medicine (ORCA-FM) has been hard at work to make Oregon's family medicine residency programs stronger, connect with future family doctors, and help prepare the next generation of leaders and advocates. This summer, ORCA-FM represented Oregon at the AAFP FUTURE conference, a national event for medical students interested in family medicine. Each year, ORCA-FM helps Oregon residency

programs participate in the conference, giving them a chance to meet students considering training in Oregon. We were excited to see all nine of Oregon's residency programs at this year's conference.

Each year, about 3,500 to 4,000 people attend FUTURE. We were thrilled to welcome many of the medical students and visitors to the Oregon aisle to meet residency program representatives, ask questions, and learn more about training and living in Oregon.

These conversations continued during the Oregon Virtual Family Medicine Residency Week, held September 14-17. This online event gave applicants another chance to connect with Oregon residency programs, whether they were learning about them for the first time or following up after meeting at FUTURE. Students could hear directly from programs, explore their options, and discover what makes family medicine training in Oregon special.

ORCA-FM is also investing in the people who teach, lead, and advocate within Oregon family medicine.

The Physicians Excelling at Relational Leadership Skills (PEARLS) Program started in June 2026 and is now in its first year. This program offers two years of professional development for family medicine faculty across Oregon, plus an extra year for chief residents. PEARLS aims to build leadership skills and support faculty and residents as they take on important roles in their programs, organizations, and communities.

At the same time, ORCA-FM is choosing its next group of medical students and residents for the Oregon Policy Scholars Program. This program helps participants grow as leaders and advocates, deepen their understanding of health policy, and build the skills needed to support graduate

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medical education and a stronger family physician workforce in Oregon.

ORCA-FM brought leaders from Oregon's nine family medicine residency programs together on Sept. 11 for a full day of connection, collaboration and shared learning. Participants exchanged ideas, discussed common challenges and opportunities, and took part in informational sessions and roundtable discussions. The gathering is one of the many ways ORCA-FM supports residency programs across the state by strengthening connections, encouraging resource sharing and helping build the pipeline of future family physicians in Oregon.

As Oregon prepares for the next legislative session,



Leaders from Oregon's family medicine programs at the ORCA-FM sponsored event.

ORCA-FM will keep working with residency programs, physicians, learners, and partners to support family medicine education and strengthen the state's physician workforce.

There is still important work to do, and ORCA-FM will keep sharing updates as new plans and opportunities arise.



Oregon family medicine program representatives meet with students during AAFP's FUTURE conference.

STUDENTS SPEAK OUT!



TIFFANY TRAN, OMS II; ALAN TRAN, OMS IV; KRYSTLE PARNALA, OMS IV;
CRYSTAL PHAY, OMS III; AND HAYDEN MANNIEN, OMS II

WESTERN UNIVERSITY OF HEALTH SCIENCES COMP - NORTHWEST



Future Forward: WesternU Students Reflect on the FUTURE Conference

From July 30 to August 1, 2026, students from Western University of Health Sciences' Heatherington College of Osteopathic Medicine (HCOM) joined thousands of peers at the AAFP FUTURE Conference to explore careers in family medicine. For Oregon's students, the experience offered clarity, community, and a few unexpected discoveries.

A Specialty Built on Autonomy

For Alan Tran, OMS IV, one of the biggest takeaways was the flexibility family medicine offers.

"There is a huge amount of autonomy in family medicine," he said, "in what can be learned, practiced, and in how to provide care with different care models, such as direct primary care."

Compared with more competitive specialties, he added, family medicine students "have a lot of influence in being able to choose where we want to match."

For Krystle Parnala, OMS IV, clinical rotations have been invaluable in giving her opportunities to put what she has learned into practice. Attending the conference, however, allowed her to connect with physicians who embody the future she envisions—physicians

who share her interests but "practice them in ways [she] could have never imagined."

WesternU's Foundation Pays Off

Both students credited their WesternU education with preparing them to make the most of the conference. Krystle pointed to WesternU's balance of humanism and clinical science, specifically crediting the Clinical Medicine and Reasoning (CMR) team with building "a foundation, which is so crucial to our careers as primary care physicians."

Alan agreed, noting that the school's emphasis on clinical



and examination skills—despite the demands of Objective Structured Clinical Examinations (OSCEs), standardized patient encounters, and Osteopathic Manipulative Medicine (OMM) exams—left him “feeling very confident for both workshops and seeing patients.”

Unexpected Discoveries

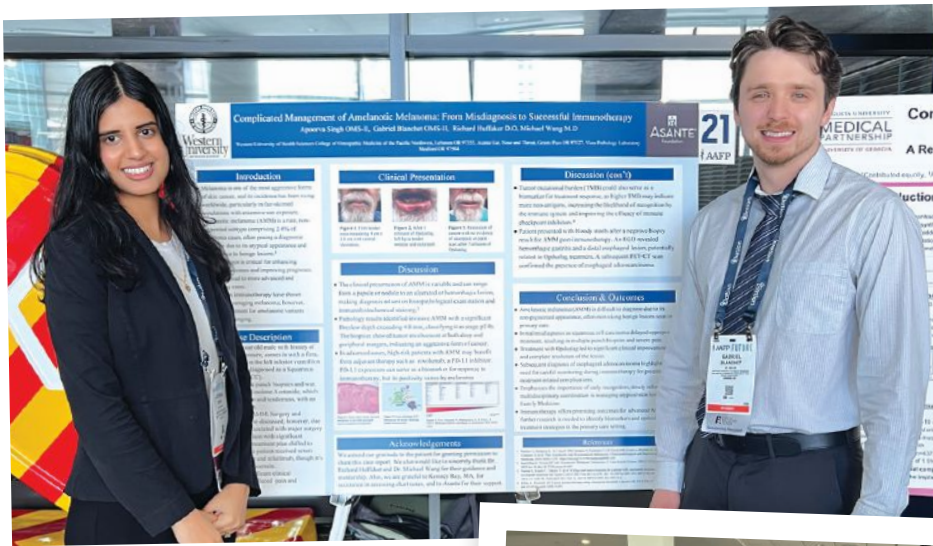
Krystle arrived at the conference with a clear vision of the broad-spectrum practice she hoped to build—and found that vision validated throughout the event. As a student interested in obstetrics, global health, OMM, preventive and lifestyle medicine, and geriatrics, “it was refreshing to see and talk to so many physicians who shared those interests,” she said. The experience reaffirmed for her just how many possibilities exist within a career in family medicine.

Alan was particularly struck by how widely OMM was embraced. He noted that both MD and DO physicians “appreciate the potential of OMM and utilize it,” including at programs without formal osteopathic recognition.

Representing Oregon on the National Stage

Each year, the OAFP selects a student and resident to represent Oregon at the AAFP National Congress of Student and Resident Members. This year’s student delegate was OMS II, Tiffany Tran, selected following her involvement in the Oregon Policy Scholars 2025–2026 cohort.

“While I’ve always leaned towards a future in primary care, attending FUTURE—thanks to the generosity of the OAFP—solidified my strong interest in family medicine,” Tiffany said. “From learning about patient care difficulties across the country to chatting with program directors, I began to understand the full breadth



of the specialty as well as visualize where I would feel most at home within it.”

The Congress itself left a lasting impression. “Sitting amongst so many purpose-driven student and resident voices during the Congress sessions was moving,” she reflected. Watching her peers debate and vote on policy resolutions reassured her that “the future of family medicine is bright under the stewardship of the next generation.”



Now back to board preparation, Tiffany says she continues to draw on that momentum to stay “fueled” as she works toward becoming a future family medicine physician.

A special shout-out to those who attended FUTURE 2026 from WesternU HCOM: Ellis Akana, OMS IV; Anthony Liu, OMS IV; Apoorva Singh, OMS IV, and Gabriel Blanchet, OMS IV.

Writers and FUTURE Attendees: Tiffany Tran, OMS II; Alan Tran, OMS IV; Krystle Parnala, OMS IV; **OAFP Board Primary Student Delegate:** Crystal Phay, OMS III and **OAFP Board Alternate Delegate:** Hayden Mannien, OMS II.



RICK MOBERLY II, MD
ASSOCIATE PROFESSOR & CORE RESIDENCY FACULTY, OHSU FAMILY
MEDICINE DIRECTOR, SOM FM CORE CLINICAL EXPERIENCE

Who Gets to Become a Family Physician?

For years, when a student has told me they are worried about the cost of medical school, I have tried to reassure them.

Medical school is extraordinarily expensive, I tell them, but federal loans have at least made it possible for students without family wealth to finance the cost of becoming a physician. The debt is daunting, but there are income-driven repayment programs, Public Service Loan Forgiveness, and careers in medicine that eventually make repayment possible.

For many of our future medical students, that conversation has now fundamentally changed.

H.R.1, enacted as Public Law 119-21, dramatically changed federal borrowing for graduate and professional students

beginning July 1, 2026. Grad PLUS loans, which previously allowed medical students to borrow up to their school's established cost of attendance, are no longer available to most new borrowers. Professional students may now borrow no more than \$50,000 annually in federal Direct Unsubsidized Loans, with a \$200,000 aggregate limit for graduate and professional education. There is also a new \$257,500 lifetime federal borrowing limit across undergraduate, graduate, and professional education. Students already enrolled and borrowing before July 1 may qualify for a limited transition exception, but students beginning their training now face a very different financial landscape. [1,2]

To put those numbers in perspective, the AAMC's 2024 debt fact card reports a median four-year cost of attendance



for the Class of 2025 of \$286,454 at public medical schools and \$390,848 at private medical schools. Among graduates in the Class of 2024 who had education debt, the median debt was \$205,000. More than half owed at least \$200,000, and nearly one in four owed \$300,000 or more. [3]

The arithmetic is not complicated.

For many students, the federal loans available under the new system will simply not cover the cost of becoming a physician.

The remaining money has to come from somewhere.

For students from families with resources, perhaps it comes from parents, savings, investments, or a home equity line of credit. For everyone else, it may mean private student loans, if they can qualify for them at all. Private loans may have variable interest rates, may require a cosigner, and generally do not provide the flexible repayment options and borrower protections available through federal student loans. [4]

In other words, we risk creating two pathways into medicine: one for students whose families can help finance their education and another, considerably more expensive and precarious pathway for everyone else.



Medicine Already Has a Wealth Problem

This change would be concerning in any profession. In medicine, it should set off alarm bells.

Our medical schools already disproportionately enroll students from affluent families. A study of U.S. medical students matriculating between 2017 and 2019 found that 50.5% came from families in the wealthiest income quintile. Nearly one quarter came from the top 5% alone.

Only 6.1% came from the lowest income quintile. [5]

Think about that for a moment.

Twenty percent of American families occupy the lowest income quintile, yet barely 6% of medical students came from those families. We are already starting with profound socioeconomic underrepresentation. Now we are asking those students to assume financing risks that their wealthier classmates may never have to contemplate.

This is personal for me.

I came from that lowest income quintile. I was the first person in my family to graduate from high school, the first to graduate from college, and the first to graduate from medical school. I did not have family wealth waiting in reserve if tuition exceeded what I could borrow. There was no financial backstop.

I became a physician because there was still a path that made it possible for someone from my background to get there.

I cannot say with certainty what I would have done if the financial barriers facing today's students had existed when I was making those decisions. But I know this: the prospect of needing tens of thousands of dollars in private financing, without family resources or a cosigner who could comfortably assume that risk, might have made medical school feel impossible before I ever had the chance to begin.

That is what worries me most about these changes. We will never know the names of the future physicians who look at the numbers and quietly decide not to apply.

These are not abstract numbers to those of us who work with medical students.

I teach students who use SNAP benefits. Our medical school maintains a Food Resource Center that provides free groceries, produce, and other basic necessities to students. [6] These students are studying for examinations, caring for patients, working long clinical days, and building the foundations of their careers while also calculating whether there is enough money for rent and food.

Now imagine telling an aspiring physician from that background that there may also be a six-figure gap between what medical school costs and what the federal government will allow them to borrow.

Then We Ask Them to Choose Family Medicine

This matters enormously for our specialty.

It is fair to acknowledge that the relationship between educational debt and specialty choice is complicated. Students' interests, values, experiences, and fit with a specialty are often more influential than debt alone. But financial considerations are not irrelevant, particularly when the nature of the debt itself changes.

Research examining more than 136,000 U.S. physicians found that among graduates of public medical schools, the odds of ultimately practicing primary care or family medicine declined at higher debt levels. The effect was also stronger among physicians from relatively lower-income backgrounds. [7]

A student considering family medicine may look at a classmate contemplating a substantially higher-paying specialty and ask a perfectly rational question: if I am going to graduate with hundreds of thousands of dollars in debt, some of it in private loans without federal repayment protections, can I afford to choose family medicine?

continued on page 28



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I worry even more about the student from a low-income, rural, first-generation, or otherwise economically marginalized background.

These are often students who have fought extraordinarily hard to reach medical school. In my advising work, many speak explicitly about wanting to return that investment to their communities. They want to practice in the places they grew up. They want to care for people who remind them of their parents and grandparents. They understand barriers to care not because they studied them in a lecture, but because they lived them.

Family medicine is often where they see themselves doing that work.

Those are precisely the physicians Oregon needs.

And they are precisely the people least able to call home and ask for another \$50,000.

What Happens to the Physician Who Wants to Do More?

Another consequence has received even less attention.

For many medical students, four years of medical school is not the entirety of their education. Some pursue an MPH because they want to work in public health. Others pursue a PhD because they hope to become physician-scientists. Some add research years, policy training, or other graduate education that equips them to improve the systems in which our patients receive care.

Under the new system, graduate and professional borrowing share an aggregate federal ceiling. A professional student who has previously borrowed as a graduate student has the amount of that prior graduate borrowing subtracted from the \$200,000 professional aggregate limit, and vice versa. A medical student borrowing near the \$50,000 annual maximum



can therefore effectively exhaust the available graduate and professional federal borrowing during four years of medical school. [2]

I have already talked with students reconsidering plans for additional degrees because they cannot afford to finance those years with private loans.

That is a loss not only for those students. It is a loss for academic medicine, public health, health policy, research, and the communities those future physicians hoped to serve.

This is Why the OAFP Foundation Matters

We cannot personally rewrite federal student-loan policy. But we can decide what we do in response.

The vision of the OAFP Foundation is simple:

Family medicine: every person, every need, everywhere in Oregon.

Our mission is **to build a healthier Oregon by investing in the education, leadership, and future of family physicians in every community.**

That mission feels especially urgent today.

Our Foundation exists to support family-medicine-bound medical students, family medicine residents,

and family physicians in Oregon. We provide scholarships, educational opportunities, support for professional development, and resources that help young physicians find their place in our specialty. [8]

Our values of **generosity, access, collaboration, and education** are not simply words on a page. They describe what this moment requires of us.

This fall, I hope you will join us for our OAFP Foundation cheese tasting fundraiser. It is an opportunity to enjoy some great Oregon cheese, connect with colleagues, and, most importantly, directly support the students and residents who represent the future of family medicine in our state.

Buy a box. Invite your colleagues. Donate. Support a student.

But also talk about what is happening.

When you meet a medical student interested in family medicine, ask what they need. Mentor them. Invite them into your practice. Help them attend a conference. Support scholarships. *Buy them lunch.* Advocate for policies that make medical education accessible without requiring inherited wealth.

Because ultimately this debate is about much more than student loans.

It is about who gets to become a doctor.

It is about whether a student growing up in a low-income family in Oregon can still imagine becoming



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OUR MISSION

To build a healthier Oregon by investing in the education, leadership, and future of family physicians in every community.

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the physician who returns home to care for that community.

It is about students like the person I once was.

And it is about whether we believe our future physicians should be selected primarily by their curiosity, compassion, perseverance, and capacity to serve, or partially by their parents' bank accounts.

Our answer will shape the physician workforce for a generation.

And it will determine whether we can fulfill the promise at the heart of our Foundation:

Every person. Every need. Everywhere in Oregon.

References

1. U.S. Department of Education, Office of Federal Student Aid. **Reimagining and Improving**
2. Congressional Research Service. **Amendments to the Higher Education Act Made by P.L. 119-21**. 2026. Congressional Research Service report
3. Association of American Medical Colleges. **Medical Student Education: Debt, Costs, and Loan Repayment Fact Card for the Class of 2024**. October 2024. AAMC debt and cost fact card
4. Consumer Financial Protection Bureau. **What Are Private Student Loans?** Reviewed May 14, 2024. CFPB guidance on private student loans
5. Shahriar AA, Puram VV, Miller JM, et al. **Socioeconomic Diversity of the Matriculating US Medical Student Body by**
6. Oregon Health & Science University. **Food Assistance and Basic Needs Support for Students**. OHSU Food Resource Center and student food assistance
7. Phillips JP, Petterson SM, Bazemore AW, Phillips RL. **A Retrospective Analysis of the Relationship Between Medical Student Debt and Primary Care Practice in the United States**. *Annals of Family Medicine*. 2014;12(6):542-549. doi:10.1370/afm.1697. Annals of Family Medicine article
8. Oregon Academy of Family Physicians Foundation. **OAFP Foundation**. OAFP Foundation page

Race, Ethnicity, and Sex, 2017-2019. *JAMA Network Open*.

2022;5(3):e222621. doi:10.1001/jamanetworkopen.2022.2621.

JAMA Network Open article

6. Oregon Health & Science University. **Food Assistance and Basic Needs Support for Students**.

OHSU Food Resource Center and student food assistance

7. Phillips JP, Petterson SM, Bazemore AW, Phillips RL. **A Retrospective Analysis of the Relationship Between Medical Student Debt and Primary Care Practice in the United States**.

Annals of Family Medicine.

2014;12(6):542-549. doi:10.1370/

afm.1697. Annals of Family Medicine article

8. Oregon Academy of Family Physicians Foundation. **OAFP Foundation**. OAFP Foundation page

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