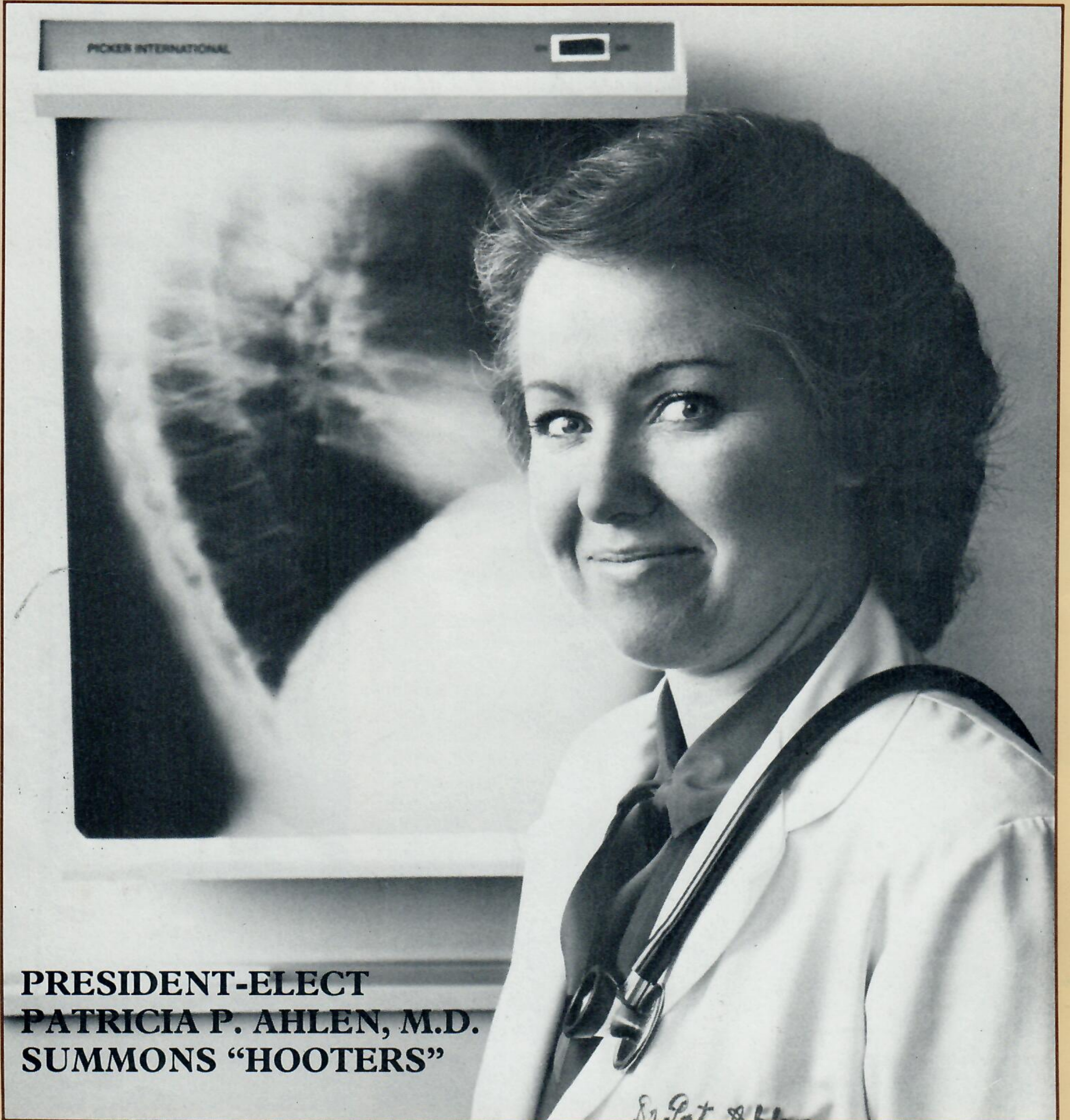


Oregon

FAMILY PHYSICIAN

OREGON ACADEMY OF FAMILY PHYSICIANS

SPRING 1987



**PRESIDENT-ELECT
PATRICIA P. AHLEN, M.D.
SUMMONS "HOOTERS"**

Dr. Pat Ahlen

Oregon

FAMILY PHYSICIAN

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SPRING 1987

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ABOUT THE COVER

Each year since 1979 the Academy has held a "Hooter's Weekend" for those who give a hoot about family practice. The meeting is timed to give maximum guidance to the incoming President, this year, Pat Ahlen, of Springfield. The incoming President has the option of whether and when and where to have the Hooter's Weekend; and Pat has chosen Depoe Bay, June 13-15, 1987.

The meeting has traditionally been an opportunity for members (*all comers*, not just officers and Board members) to get together in an informal setting and discuss the visions they have for the Academy, establish areas of emphasis, devise means of coping with new problems, review the Academy's goals and generally get acquainted with members from other areas of the state. From this meeting in the past has come the emphasis on family-centered entertainment and provisions for child care at the Annual Scientific Assembly; and other ideas to help the Academy better serve its members.

The meeting will start on Saturday morning, June 14, with continental breakfast for the physician participants; will go through lunch and finish at about 5:00 so that participants may rest briefly before returning with their spouses and kids for a family-style dinner.

The Academy has arranged for the meeting to be held at the Holiday Surf Lodge in Depoe Bay. Motel-type units are available at the same site (2 adults, queen bed, ocean view, \$40-45/night + tax; 2 adults, queen bed east view (mountainside) \$30/night + tax; 2 queen beds, ocean view \$45/night + tax; 2 queen beds, ocean view with kitchenette, \$55/night + tax. For reservations call 1-800-452-2108 and be sure to tell them you are with the Oregon Academy of Family Physicians) or stay at your favorite beach place and commute.

If you can make it for the weekend, please contact Mary Lundy at the Academy office, 224-6966 in Portland. **Pat needs your input!**

FROM THE EDITOR

The *OAFP News* has changed! After much deliberation, your Publications Committee asked for and received approval of the OAFP Board of Directors for this entirely new format. We hope you like it.

We are pleased to welcome Support Services, our new consultant firm which will be publishing the *Oregon Family Physician*. The Publications Committee will still retain complete control over the articles and advertising going into the new magazine. We found several advantages to the change. Surprisingly, our costs will be less. We expect to save \$1,300-1,500 per year. Secondly, we can provide you with more information by expanding the size of the magazine. Our new "Mediquiz" will provide relevant clinical information in a quiz format. We also hope to begin a series of Oregon family physician profiles to enable you to get to know your colleagues better. The use of medical cartoons is planned. We will be able to expand without dropping valuable regular columns such as "Members in the News" and "View from the Hill". Third, time. Our Executive Director, Mary Lundy, has spent a great deal of time preparing the *OAFP News* from beginning to end. It is hoped that she will have more time available for other Academy business.

We think this is a positive step for the Academy. We welcome your comments, suggestions, and Opinion contributions.

OAFP Publications Committee
Glenn Morgan, M.D.,
Chairman
Norman Castillo, D.O., and
Kent Sharman, M.D.

PRESIDENT'S LETTER

In our technology-oriented world, the complaint has been that the financial rewards of high tech medicine are disproportionately high. "High touch" primary care specialists are poorly rewarded. Perhaps we in primary care could tip the scale in our favor if we could define our "technology".

A critical component of medical care is ignored in the high tech-high touch controversy. I have labeled it "high think". We can then discuss the procedural, affective and cognitive aspects of medical care and relate our technology to all three. It is perilous to our patients if we discount any one of them.

I shall start with a simple example: If we do not appropriately arrange mammography (a procedure) for our female adult patients and the diagnosis of breast cancer is delayed, disaster has resulted. Not to know (cognitive) that a normal-appearing mammogram is irrelevant if a suspicious mass is clinically palpable and therefore to delay biopsy, is equally disastrous. Not to discuss the reasons for and implications of the treatment and procedures we recommend for our patients (affective skills) can also have disastrous consequences. (I shall never forget a young woman with a breast biopsy positive for cancer who was so dismayed by an insensitive surgeon that she abandoned appropriate care, flew to Europe at great financial sacrifice, and received injections of an extract of black sheep embryos, only to die a year or so later.)

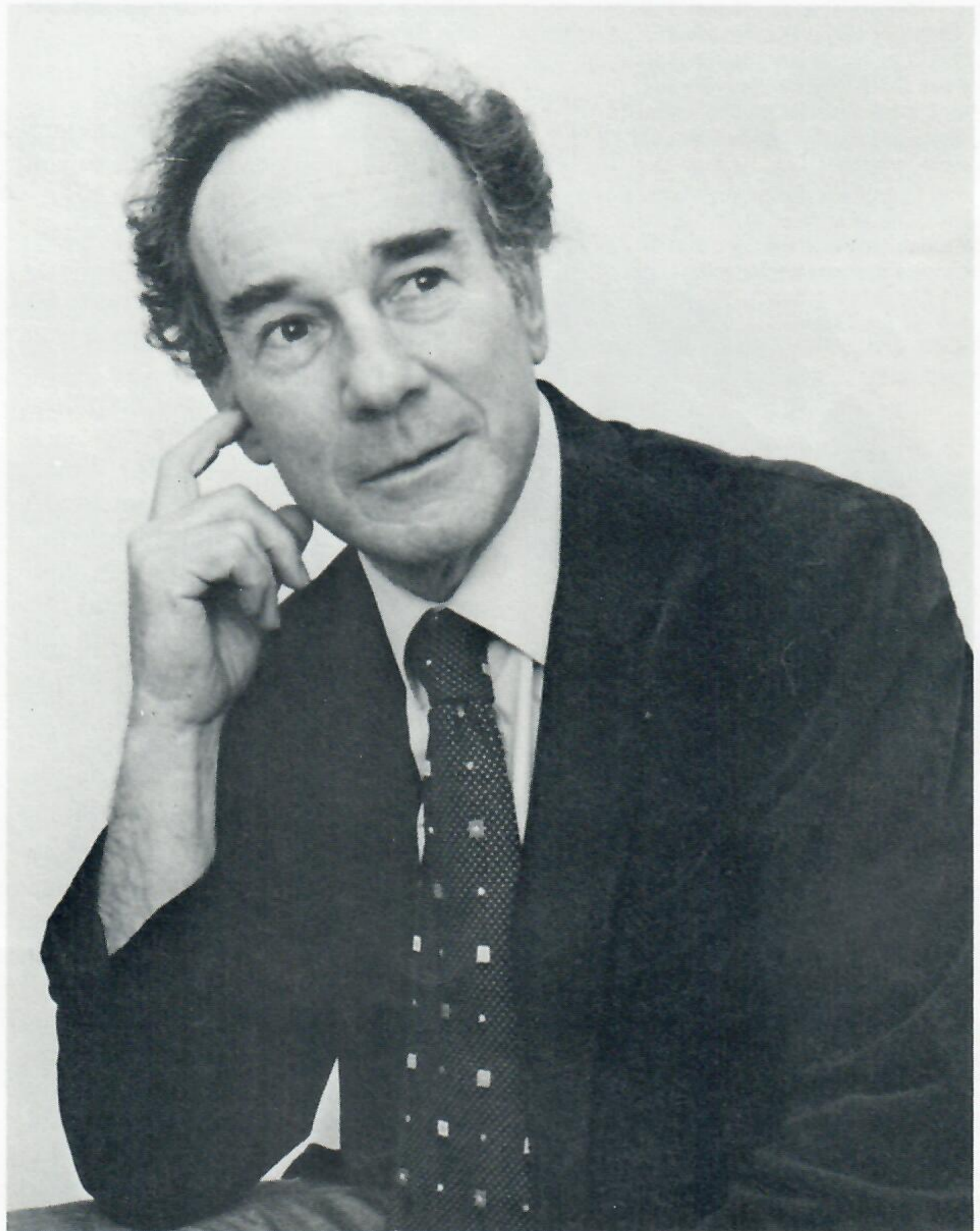
These quoted examples are uncomplicated and one-dimen-

sional. In patients where complex problems demand an expanded historical data base, the choice of several technical interventions and an awareness of the psycho-social environment in which an illness is played out, a high degree of medical competence is necessary in each of these spheres. Consultants may be experts in the parts, we must integrate care for the whole person. I believe that this case manager role is "technology" for family physicians. It's a "high think" role. It is an expert's role. I believe it demands

more attention from family physicians and more recognition within the health care industry.

One reason for cooperating with other primary care physicians is to establish and define this role. We in Oregon have initiated such a collaborative relationship and the Board of Directors of the OAFP has supported the initial contact. I believe that this relationship may result in the role being given the attention and recognition it deserves.

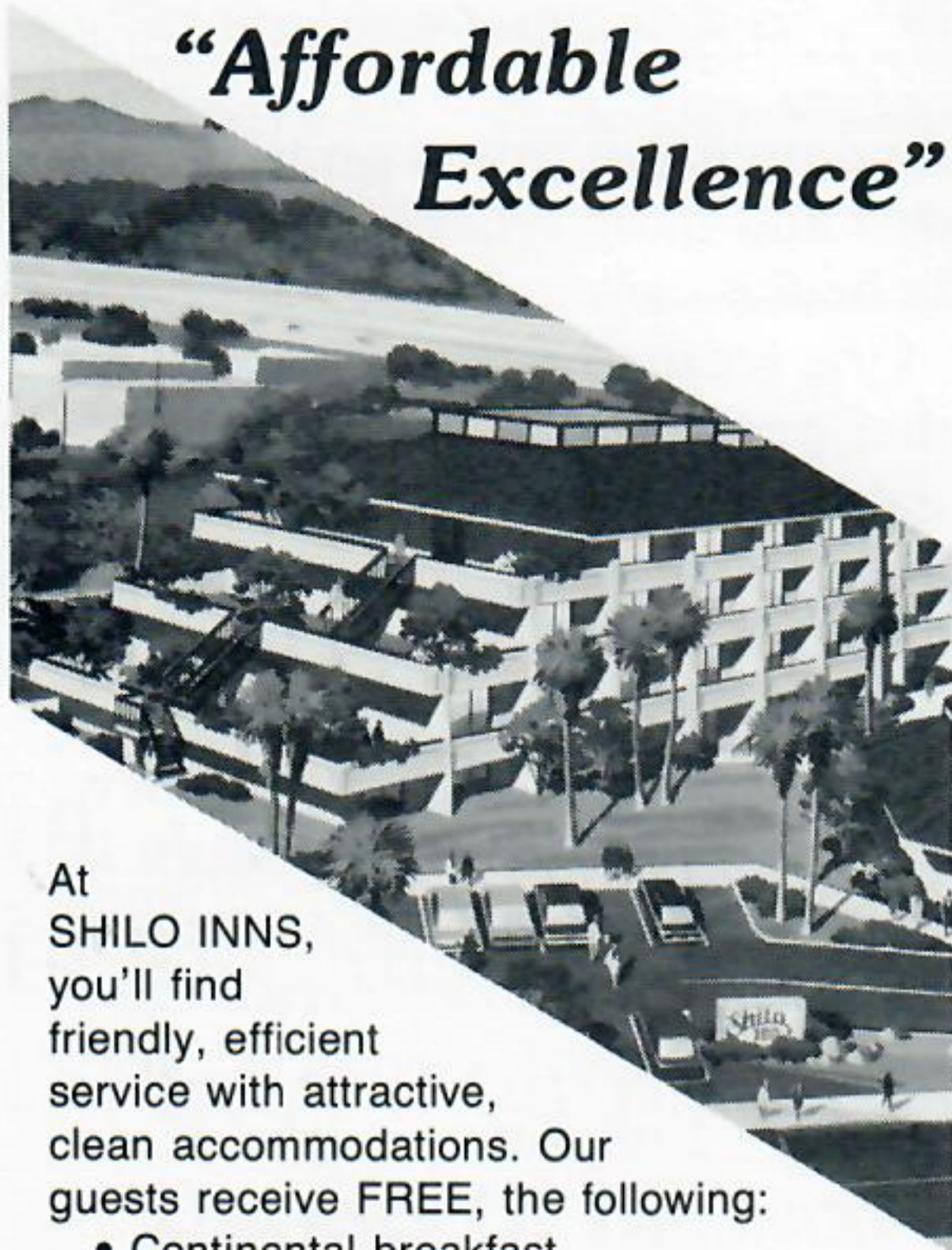
Peter J. Goodwin, M.D.
President



Dr. Peter Goodwin

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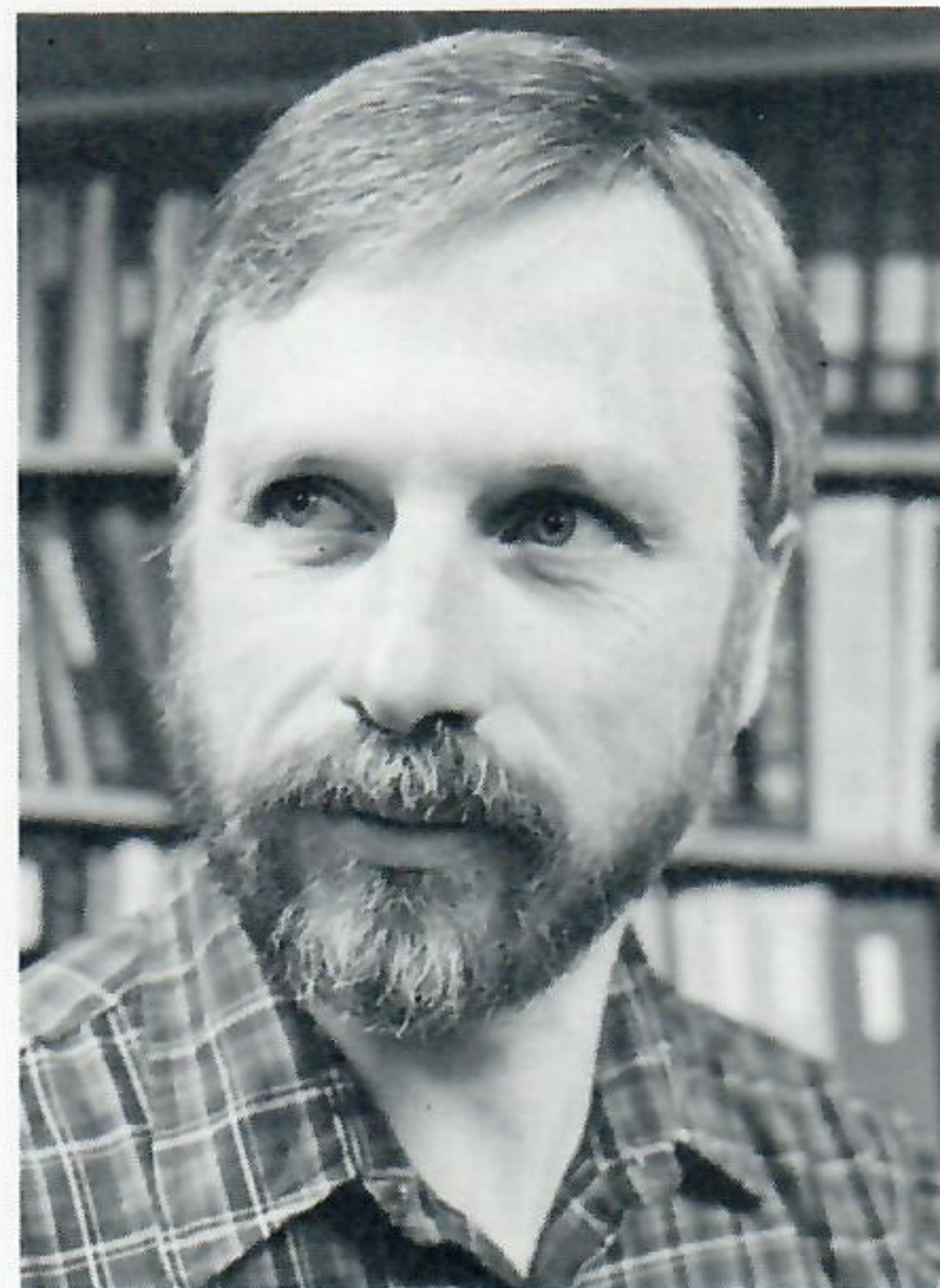
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OPINION OBACADABRA

by Richard C. Wopat, M.D.,
Lebanon



Dr. Richard Wopat

OBRA, COBRA, TEFRA, HCFA and HSQB. If these federal acronyms don't mean much to you, it's probably because you've been busier than you'd like doing what you are trained to do--caring for patients. These federal agencies and regulations didn't mean much to me, either, until the last two years. During that time, I have become increasingly informed by my involvement with OMPRO. You know OMPRO, the Oregon Medical Professional Review Organization? The group that many of you equate with the dark force and the evil empire. Before we get into this any further, I'd like to state one important fact. We *do* have quality of care problems in medicine. The AMA estimates that 10% of physicians do not give adequate quality of care. Lawyers would suggest a higher percentage. Secondly, it is clear that medicine has not adequately taken care of this problem. Especially in more rural settings, it is very difficult for physicians to adequately and appropriately monitor the quality of care of their peers and deal with problems when they become apparent. The difficulties legally, socially and politically are

easy to imagine. The idea of a statewide peer review organization is philosophically a good one. I think OMPRO can fill that need.

OMPRO is a statewide organization controlled by a Board of Trustees made up of Oregon physicians with over 100 practicing Oregon physicians doing review. A physician-controlled organization under contract with the federal government (and other, private, insurance groups), OMPRO is charged with the responsibility of controlling utilization and assuring the quality of care of patients.

An autonomous statewide, physician-controlled organization assuring the quality of patient care. Sounds good, doesn't it? Unfortunately, after two years of working with the federal government through HCFA, it has become obvious to me that that's not quite how it works. You see, since the federal government controls the bulk of the money (approximately 70% of OMPRO contracts are with HCFA), they make the rules (and change them frequently). They control the show in several ways.

First, when they send out an RFP (Request for Proposal for you pediatricians) they tell you what you'll be expected to deal with in the next contract and what the areas of concern will be. If you disagree, and suggest something you feel is more important, they will replace you with another reviewing body. In other parts of the country when an agreement with an in-state PRO was not reached, these contracts have gone to bodies in adjoining states, or other, non-physician, review organizations. With the HCFA contract, there has been tremendous pressure from both hospitals and physicians to keep control of that contract within the state. The federal negotiators understand this, and it allows them to push the review organization to the wall in terms of concessions to "get the contract".

Secondly, during contract negotiations, the federal negotiators control, to a great extent, not only *what* they want you to do, but *how* they



Dr. Richard Wopat with Ann Starckenburg, Quality Ass. Coord.

want you to do it. While their concern about outcome is understandable, I feel that the process we use to achieve that outcome should be left up to the individual organizations. However, they would like to define *both* the goals and the process. There is constant pressure to speed up the procedure, which I feel at times impinges on the physician's and hospital's rights of appeal and due process.

Thirdly, there is an ongoing review of the review organization. Both Region X (the federal local office in Seattle) and the "SuperPRO" evaluate OMPRO's process and outcome frequently, sometimes as frequently as twice a month.

Finally, there is the last turn of the screw (no pun intended). If Region X feels that OMPRO is not doing the job, not being "tough enough" as we like to say, the feds withhold payment of the contract. In 1986, Region X withheld funds from OMPRO for several months over a dispute about interpretation and enforcement of a somewhat ambiguous directive concerning hospital readmissions. Now *that's* over a barrel — not exactly what you'd call autonomous.

Enough bellyaching. Physicians tend to complain a lot and do little about the problems. Most of the time we hope the problems will go away. While I'm sure there will be continued changes in the federal program, I can guarantee it won't go away. I've reviewed the OBRA

bill (Omnibus Budget Reconciliation Act of 1986), and, believe me, you're not going to like what's going to happen within the next few years with Medicare.

Among other things it includes a regulation requiring denial of payment to hospitals *and physicians* in cases where the PRO determines there is a significant quality of care issue.

How many of you like what happened in the last few years with Medicare? But what did you do about it? Very little, I suspect, other than moan in the doctors' lounge. That's why we're in trouble. We must get involved "up front" *before* these laws and regulations are written. The Gray Panthers and chiropractors have us beat all to hell when it comes to political clout. The legislation coming out of Washington, D.C. is patient-oriented, which is good; but it needs physician input to be rational and workable. When it's written for patients and enforced by bureaucrats, most of whom have never laid a hand on a patient and none of whom seem to care much for physicians, it is understandable how doctors come out at the bottom of the heap. I think it's time we all wake up and get involved. If we don't the federal regulations will continue to roll downhill (pun intended) and we will continue to complain.

So how do we get involved? First we must *use our organizations*. The nature of politics mandates that large groups, especially those with

money, get more attention than individuals. Let me suggest that the organizations best suited to represent us are the OAFP and the AAFP. I truly believe that the OMA and AMA do not represent family physicians. The public sees most doctors as fat cats and their organizations as designed to protect their income and interests. There is little sympathy for people making an average income of \$100,000+ per year. That's where we have an advantage as family physicians. Many patients see us as friends concerned about their total wellbeing; and we don't make enough money to be "fat cats". We must take advantage of that difference, and nurture it.

Secondly, we must *make our organizations (OAFP and AAFP) more political*. We must emphasize the importance of organization and political involvement. If we don't we have no right to complain when "they do it to us".

Thirdly, we must *get educated*. We need to know what's going on in Washington and Salem *before* laws are made, and we must learn how to get our voices heard in writing rational and workable health care legislation. Certainly the medical profession is far from perfect but each of us must strive for excellence, and welcome any feedback that will help us as well as medicine in general to improve the quality of care. What's good for our patients is good for medicine.

I have always felt that 95% of the laws are written to control 5% of the people; and the same is true in medicine. What we have to do is make sure that these laws written for the 5% do not burden the other 95% to the point that physicians are driven from the practice of medicine. Most of us are in medicine to be independent and to care for patients. Medicine is still an art based on scientific principles. If we wish to maintain the freedom necessary to express that art, we must become more involved, more educated and more organized. A follow-up article in the next issue will deal with specific ways of getting involved.

TORT REFORM

The Public Policy Committee, the committee of the OAFP that concerns itself with legislation, is urging every family physician to contact members of the Senate Judiciary Committee in support of the tort reform package put forth by the Citizens' Initiative for Equity in the Legal System (CIELS) of which the Academy is a part. The Judiciary Committee has already begun hearings on various proposals for reform of the tort system, so members should contact them as soon as possible by phone or in writing, preferably the latter. They are:

Bill Frye, Chairman, Room S217
Jan Wyers, Vice-Chairman, S218
John Brenneman, Room S318
Peter Brockman, Room S316
Joyce Cohen, Room S216
Jeannette Hamby, Room S312
Jim Hill, Room S306

Address them as "The Honorable . . .", Oregon State Senate, State Capitol, Room _____, Salem, OR 97310.

MANDATORY SEAT BELT LEGISLATION

The Academy is on record in support of legislation mandating seat belt use in automobiles. The legislation failed in the 1985 session in a barrage of "personal rights" letters to legislators opposing the bill and heartfelt but meager support "mostly from doctors" (according to one legislator). If family physicians will ask patients to write in support of mandatory seat belts, the Academy will provide stamped, addressed envelopes for the use of the patients.

Legislative districts whose representatives have been supportive, seem to be leaning toward passage, or voted against but might be swayed by constituent letters, are the target of this effort. If your office is in one of the following districts, and you are willing to ask your patients to write, in their own words, in support of the legislation,

contact the OAFP office and a supply of stamped, addressed envelopes will be sent immediately for their use. Support is needed in legislative districts (representatives) numbers 3, 15, 16, 21, 23, 26, 28, 29, 30, 32, 33, 34, 35, 36, 37, 39, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 53, 54, 55, 57, 58, 59 and 60. The legislative district number is shown on the voter's registration card.

Individual letters make the difference to legislators, rather than a copy of a letter that simply has the name filled in. For this reason, ask your patients to write in their own words their support for their reasons. Some of the best reasons are:

Safety belts save lives and dollars;

Twenty-four other states have laws and all have experienced an increase in use and a decrease in fatalities and serious injuries;

This is an issue of public safety, not personal rights; and society pays the costs of fatalities and injuries.

If you would be willing to testify in support of seat belt legislation, contact the OAFP office.

OAFP MEMBERS APPOINTED TO AAFP COMMITTEES

The Past Presidents Committee is pleased to announce that of nine nominations the Committee submitted to the AAFP for appointment to Commissions and Committees, three members and our Executive Director were appointed.

Patricia P. Ahlen, M.D., President-Elect, was re-appointed to the AAFP Committee on Health Education (see related article, page--).

Daniel D. Roberts, M.D., Past President and AAFP Delegate, was re-appointed to the AAFP Publications Committee; and **Robert M. Cockburn, M.D.**, was appointed to the AAFP Committee on Bylaws. **Mary Lundy** was re-appointed to the Committee on Chapter Affairs.

Tony Wiebe, M.D. and **Bonnie G. Reagan, M.D.**, continue to serve on the Commission on Mem-

bership and Member Services.

Any member who has a special interest and wishes to be nominated for appointment to an AAFP commission or committee is urged to contact the Academy office.

SALEM FPs EFFECT CHANGES

Michael W. Kelber, M.D., Vice President of the OAFP, reports that changes in the Salem Hospital medical staff bylaws were passed elevating the family practice service to full clinical department status. Members **Michael Krall, M.D.**, **John Sattenspiel, M.D.** and Kelber started working toward the goal of department status after attending an AAFP workshop in Portland on establishing family practice departments in hospitals in March, 1985. The January action was the second try, the bylaws changes having been defeated in a November, 1986 attempt.

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MEDIQUIZ

(Choose the *one* best answer.)

- Between 1982 and 1986, the cost to the physician of the DTP dose has risen: a. 200%; b. 600%; c. 1,500%; d. 5,000%.
- In treatment of pediculosis capitis (head lice), which product took the longest time to kill all lice and left the most viable eggs after treatment? a. Pyrethins (RID, A-200 Pyrinat Shampoo, etc.); b. 1% Lindane (Kwell shampoo); c. Malathion lotion (Prioderm Lotion)
- From a recent study of 540 Danish adult adoptees, it has become clear that obesity is: a. Almost entirely genetic, with little effect from family environment; b. About 75% genetic, 25% environmentally determined; c. About equally determined; d. About 25% genetic, 75% environmental; e. Almost entirely related to family environment.



FAMILY MEDICINE ADVANCEMENT FUND

The Family Medicine Advancement Fund was established by action of the OAFP Congress of Delegates in 1983. Its purpose was the enrichment of the family practice residency experience and the practice of family medicine in Oregon. To date, a total of \$29,505 has been contributed or pledged. On the honor roll of contributors are the following individuals:

- | | |
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| Joseph P. Amato, M.D. | Dr. and Mrs. Gordon C. Myers |
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| Dr. and Mrs. James R. Morris | |

The Committee is chaired by J. Victor Vore, M.D., Portland, a Past President of the Academy. Contributions or pledges may be made by contacting the Academy office (224-6966 in Portland) or the OHSU Foundation, Mr. Mark Young (225-8223 in Portland) or Dr. Vore (286-5805 in Portland).

*Memorial contributions.

MEDIQUIZ ANSWERS

1. d. Lederle raised its costs due primarily to increased malpractice risk from 12¢ per dose in 1982 to \$11.40 per dose in 1986.
2. b. Malathion was best, killing all lice within 5 minutes and only 5% of treated eggs lived to hatch. Pyrethine killed all lice in 10-23 minutes, with 23-32% of treated eggs surviving. Kwell Shampoo, however, took 3 hours to kill all the lice, and 30% of the eggs still lived to hatch (Arch Dermat., March, 1986).
3. a. According to A.J. Stunkard, et al, there was a clear relation between the body-mass indexes of the adoptees and their biologic parents; but a lack of any relation with their adoptive parents. (NEJM, January 23, 1986) This doesn't mean, however, that all efforts to control obesity are useless. Some people just have to try a lot harder than others.

*New Tax Law
Affects Employee
Leasing Programs*

Medical offices using leased employees and/or receiving administrative and other staff services from hospitals may be adversely affected by little-known elements of the much-publicized Tax Reform Act, according to Jerome F. (Jerry) Comeau, president of Professional Business Services, Inc., a consulting firm specializing in health care business management.

The so-called "safe harbor" rules under which leased employees were not treated as employees of the professional office for employee benefit purposes have been modified, Comeau said. With the modification now in effect, using leased employees could cause the doctor's own retirement program to be in jeopardy.

A careful review of the effect of the Tax Reform Act on any professional office or clinic by a knowledgeable consultant could help to avert a shock upon the occasion of an IRS audit, Comeau said. A majority of the provisions of the new law are applicable beginning January 1, 1987, and early action could minimize the effect on a doctor's income or reduce risk to a retirement program.

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FROM THE HILL

*by Robert B. Taylor, M.D., Chairman, OHSU Department of Family
Medicine*



Dr. Bob Taylor with Dr. Lora Abell, M.D.

The Department was busy in December and January preparing for the Annual Family Practice Review held February 9-13 at the Marriott Hotel in Portland. Seven Family Medicine faculty members presented at the Review: **Peter Goodwin, M.D.**; **Margaret Vandembark, M.D.**; **Kate Comerford, Ph.D.**; **John Saultz, M.D.**; **Eric Wall, M.D., M.P.H.**; **William Toffler, M.D.**; and **Robert B. Taylor, M.D.** On Tuesday evening, a reception was sponsored by the Student Family Practice Interest Group and Marion Laboratories for medical students and physicians attending the Review.

Dean McGinty, M.D., Director of Predoctoral Education, has been nominated as the course director for a newly proposed clerkship in ambulatory care. This clerkship is being planned in conjunction with the Departments of Internal Medicine, Obstetrics/Gynecology and Pediatrics. In addition, the health promotion course for first year students, directed by **Margaret Vandembark, M.D.**, is being presented for the third year.

The Department held its fourth faculty development seminar of the

year during December. Under the directorship of **Peter Goodwin, M.D.**, faculty members spent an afternoon working with Robert Grover, M.D., considering the topic "Healthy Striving versus Perfectionism".

William Toffler, M.D., Director of Clinical Services reports that our Family Practice Center continues to see record numbers of patients. Our faculty members also continue to be available for referrals from family physicians in Oregon who wish to send patients to University Hospital; these patients can be admitted to the family practice service under our care and we will arrange necessary testing and referral.

The Family Practice Urgent Care Center, an active and integral part

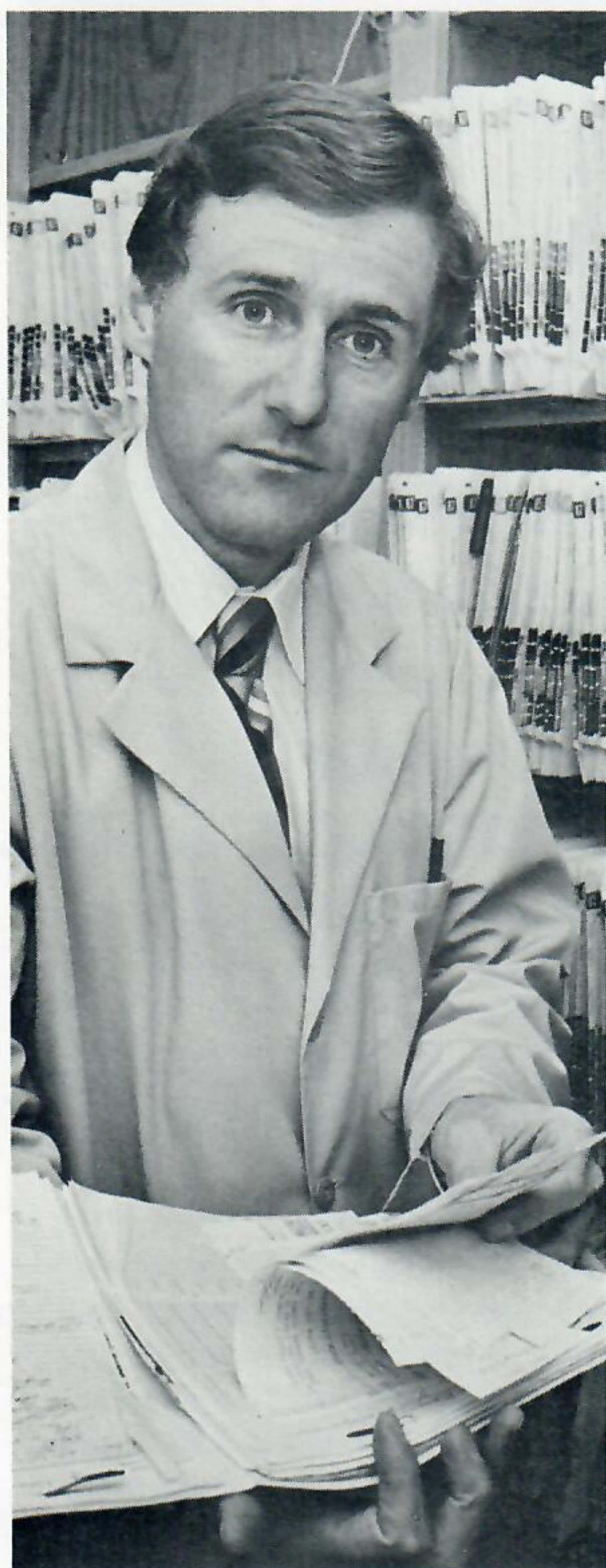
(Continued on page 13.)



UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER

MARKETING— WHY, HOW AND FOR WHOM

by Peter Schludermann, M.D.



It has been said that in the next decade, medicine will, at long last, come dragging in to join the free enterprise system. We have prided ourselves on our high levels of care, high standards of professionalism and use of new high technology in medicine. Our high costs, however, seem to be the concern of government, business and the public. In short, the pressure is on and will increase.

As medicine evolves, family physicians appear to be in an enviable place. Possessed of the broadest range of diagnostic and interper-

sonal skills for all ages, we seem to be the logical choice as “gate-keepers” of an evermore-tightly regulated system of quality care (it is hoped) controlled cost. This is both a threat and an opportunity for us.

As these changes evolve, we are seeing a proliferation of corporate medicine, with its bevy of non-physician specialists in management and marketing. Medicine will increasingly be packaged and “sold” to our patients. In relinquishing the management tasks that physicians have often done poorly in the past, we will be freed to concentrate more on the practice of medicine, although we will have lost some control in the process.

All of us, whether practicing in a large corporate HMO in a big city, or running a small “mom and pop” office in the country, will need to pay more attention to the way we run our practices.

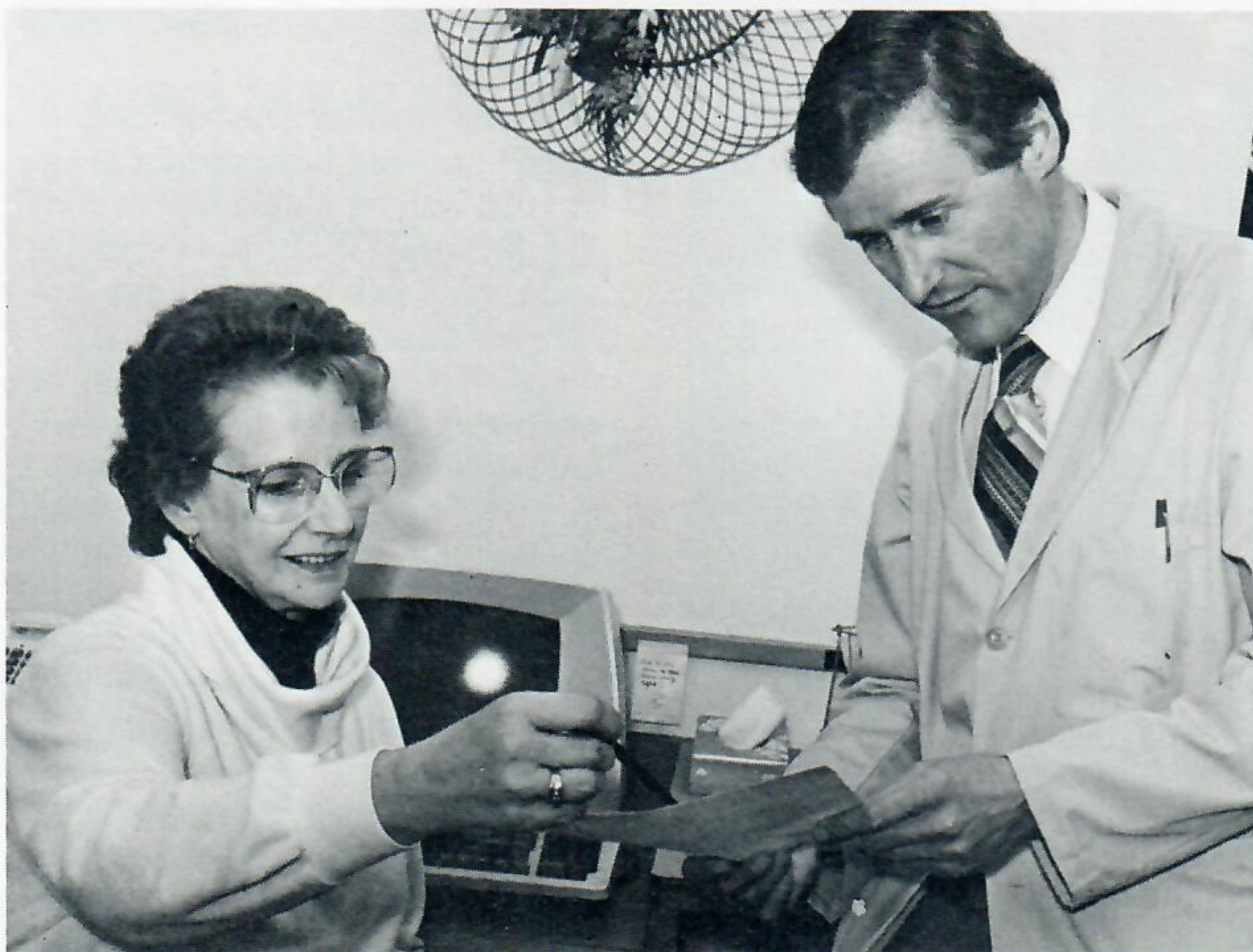
We need to think about where our patients come from, why they choose to come to us, and how we

can ensure a continued supply of patients in the future. This is what marketing is about.

Basically, it means that we need to see ourselves and our practices as **our patients see us**. Turn the proctoscope around, so to speak. Our job is to satisfy their health care wants and needs in a caring and cost-effective manner. This includes **all** interactions, from the pre-visit phone call to the office or hospital visit, to contact afterwards. We are in a “service” industry. As long as we serve our patients better than others do, there will always be a need for our services.

A future article, “Avoiding the Waiting Room Blues” will get into more specifics. As an excellent reference book, you might get *Marketing Strategies for Physicians, a Guide to Practice Growth*, by Brown and Morley, Medical Economics Books, Oradell, NJ 07649, published in late 1986. The authors were very informative speakers at the 1985 Anaheim AAFP convention.

Dr. Peter Schluderman with Ruth O'Neil, Office Manager



AAFP & HEALTH EDUCATION

by Patricia P. Ahlen, M.D.

Patient health education as a recognized, separate role of the American Academy of Family Physicians did not start until five years ago. Ideas for major projects did not really start until last year (there was little staff or money). Here is a summary of what is now available or will be soon.

AAFP is soon to release its Stop Smoking Kit. The Kit includes pamphlets that build awareness of the problem and the role of the family physician in smoking cessation.

The Home Health Library is an expanding group of multimedia patient education materials. Art Ulene, M.D. (the Today Show's family doctor) has a patient educa-

AAFP consultants develop Body Band Workout Program

tion company with which the Academy cooperates to produce audio and videotapes and booklets. Those done so far are of excellent quality. They are available at bookstores, specialty shops and family doctor's offices.

The pregnancy series had been developed with ACOG and the Health Education Committee reviewed the tapes for content and presentation and approved the Academy's endorsement. The AAFP seal is on the packaging and the tape. The exercises in the pregnancy exercise tape were produced after studying pregnant women in an exercise physiology laboratory. The Childbirth Preparation Program is a beautiful presentation of



the birth process. The company filmed fourteen labors and deliveries (two went to cesarean section). The Postnatal Exercise Program is, again, very well done. It's appropriate for those ladies in postnatal shape six years after childbirth. The lower abdomen and back receive special focus here. The Balanced Fitness Program is better founded in good exercise physiology and safety than the "celebrity" tapes. The program developed especially with AAFP consultants is the "Body Band Workout Program". It combines mild to moderate aerobics with flexibility conditioning.

We're very excited about the soon-to-be released Exercise for the Mature Adult tape. This has been

an overlooked group.

Also developed in conjunction with Art Ulene (Feeling Fine Productions) and Random House, are a series of very classy single-problem audiocassettes with instructional booklets. You can suggest these to your patients and they are available through major local bookstores or your office. Nearing release are the stop smoking audio tape that can run parallel to the Academy's Kit; and How to Deal with Headaches.

Exercises for Mature Adults tapes soon to be released.

Other titles still in production are Dealing With the Loss of a Loved One; Coping with Backache (with those exercises that take so long for the physician to describe on an individual basis) and Dealing with Sleep Problems.

Members can avail themselves of very inexpensive printed patient education materials as well. You can have printed or xeroxed unlimited copies of the Good Health newsletter you get in the AAFP Reporter. You will soon receive a ready-to-copy patient education sheet (single problem) from the Family Health Foundation. If you need more Rainbow Brite Fitness Coloring Books, send a note to the AAFP. The same goes for Drug Use Education Tips (DUET).

If you're leery of public speaking, there are four "canned" lectures printed up and ready to go from the AAFP. They concern exercise, alcohol use and abuse, diabetes and hypertension. Others are in various stages of completion. To order, you can write to the Department of Health Education, AAFP, 1740 W. 92nd St., Kansas City, MO 64114; or call 1-800-821-2512.



Dr. Gwen Isaacs with Putnam Robbins

FAMILY PRACTITIONER BECOMES DOCTOR-OWNED COMPANY'S 1,000 POLICYHOLDER

Dr. Gwen Isaacs receives policy number 1,000 from Northwest Physicians Mutual's marketing representative Putnam Robbins.

Dr. Isaacs has practiced family medicine in Portland's Gateway District for 2 ½ years. She is a graduate of University of Manitoba Medical School and served her internship at Mt. Sinai Hospital, Toronto, Canada. Her husband Jonathan Berger is a family practitioner in Sherwood.

Northwest Physicians Mutual is an Oregon, physician owned, medical malpractice insurer. The company currently insures just under 1,100 Oregon physicians, including over 100 family practice physicians.

NPM's philosophy is to bring the insuring mechanism closer to the insured: by encouraging physician involvement in the mutual company processes of underwriting, claim review and board participation.

CALL FOR NOMINEES-OAFP FAMILY DOCTOR OF THE YEAR

Each year the Oregon Academy of Family Physicians solicits from Chambers of Commerce in each community, nominations for Oregon Family Doctor of the Year. Members are also welcome to submit names of colleagues for the honor. The only fixed criterion is that the nominee must be a family physician member of the OAFP. Other criteria that may apply are: a compassionate family physician, community involvement, involvement in medical organizations, outstanding service to community hospital, etc. Previous winners have possessed diverse attributes, have been young, middle aged and retired. If you would like to see a colleague so honored, send a letter describing your candidate and his or her accomplishments to the OAFP office, 1700 S.W. Columbia, Portland, Oregon 97201, NO LATER THAN APRIL 1. Your letter may be accompanied by letters of support from the community. The OAFP Public Relations Committee reviews the nominations and chooses the winner, who is honored at the Annual Meeting.

URBAN LEAGUE HONORS WALTER REYNOLDS, M.D.

Walter C. Reynolds, M.D., Portland, was honored on February 19 by the Urban League of Portland as a recipient of one of the League's Equal Opportunity Awards. Dr. Reynolds, a member of the OAFP for 30 years, was said to exemplify "a commitment . . . to help fight the problems that always diminish a city." Dr. Reynolds was instrumental in establishing the now-defunct Emanuel Hospital family practice residency program. He maintains a solo practice in N.E. Portland.

*Here's
to your
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The Valley River Inn, home of the "delicious dreams apple," wishes the Oregon Academy of Family Physicians all the best.

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BILLING TECHNOLOGY FOCUS OF COMPUTER SHOW

Electronic billing technology for medical providers will be the focus of a computer and software show co-hosted by Oregon's Adult and Family Services Division and Aetna Life Insurance Company, the Medicare administrator for Part B in Oregon. The show is on May 7 and 8, 1987 at Portland's Red Lion Inn at Lloyd Center, and has free admittance to medical providers. The trade show begins at 9:00 a.m. both days.

The show will offer providers information on the advantages of electronic billing systems. Computers are changing the way many medical providers do business in

*Increasing numbers
of individuals
and clinics are
moving to office
automation.*

Oregon, as personal computer systems become standard office equipment. Increasing numbers of individuals and clinics are moving to office automation. Research done by Adult and Family Services Division has shown that claims billed by electronic media have fewer errors, and faster payment than paper claims. On the average 80-90 percent of all electronic claims are error free and processed within two weeks of receipt.

Adult and Family Services has expanded its internal capabilities to accept electronic media claims (EMC). Beginning in March, AFS will accept billing by modem tele-

communications and by floppy disk. Currently, the agency has the ability to receive electronic billing by ninetrack magnetic tape.

Part B Medicare (Aetna) has been receiving electronic claims since 1982. Aetna currently accepts electronic media claims (EMC) via nine track tape, telecommunications and via the NEIC Network. The trend towards electronic claims is increasing, and Aetna is committed to expanding its EMC capabilities to meet the needs of the medical community.

The show will feature guest speakers and exhibits by many major software, hardware, and billing service vendors throughout Oregon. AFS encourages all health care professionals to attend the EMC Trade Show. Overnight accommodations may be arranged with the Red Lion at a special discount rate to trade show attendees of \$65.00 per night for single rooms and \$75.00 per double. Reservations must be made through the Red Lion. For information on rooms contact the Red Lion at (503) 281-6111 and mention the EMC Trade Show.

For more information on the Electronic Media Show contact the Adult and Family Services Electronic Media Claims Project Staff at (503) 378-4737.

OB SKI II

The second OB Ski was held at the Inn of the Seventh Mountain on Friday and Saturday, January 23 and 24, 1987. The program featured **Drs. Paul Kirk and Richard I. Lowensohn**, of the Department of Obstetrics and Gynecology, OHSU; and a team from the OMA Loss Prevention Program including **Thomas L. Miller, M.D.**, family physician, and **John Hart**, defense attorney. Thirty-two family physicians attended the meeting.

John Ahlen, M.D., Eugene, videotaped the meeting, and the videotape is available upon request from the Academy. No CME credit will be given for viewing the videotape, the members will be charged

only the cost of postage for mailing the tape. Contact the Academy office, 224-6966 in Portland.

BOARD BRIEF

The OAFP Board of Directors met on January 30, and took the following action:

Accepted the December statement of income and expenses showing total assets of \$28,188,

Accepted the report of the Nominating Committee (see related story).

Approved the Education Committee's recommendation that the videotape of the OB Ski be made available to members,

Approved the Public Policy Committee's recommendation that **Dorin Daniels, M.D.**, Ontario, be commended for his leadership of the Oregon Health Council and its publication of *Oregon Health Policies*;

Approved the recommendation of the Public Relations Committee that the Academy have a booth at the Seaside (Health Educators) Conference, and that the Academy provide a team to Channel 10 to receive calls during public broadcasting's pledge week;

Chose a name for the Academy's new magazine, "*Oregon Family Physician*";

Approved continuing dialogue with OSIM and Oregon Academy of Pediatrics as to subjects of mutual concern;

Approved new members as follows:

Heather Beecher, M.D., Portland, Active, transfer from MO; **James Harding, M.D.**, Portland, Affiliate; **Carolyn Hokanson, M.D.**, Lake Oswego, Active, transfer from WA; **Michelle Petrofes, M.D.**, Reedsport, Active, transfer from CA; **Monnique Singleton, M.D.**, Pendleton, Active, transfer from DE; **Elaine Sue Vale, M.D.**, Portland, Active, transfer from WI; and **George A. Whang, D.O.**, Chiloquin, Active, transfer from OH. Minutes of the Board of Directors meetings are available upon request from the Academy office.

FROM THE HILL

(Continued from page 8.)

of the Family Practice Center, also continues to see record numbers of patients. The two physicians most responsible for this increase are **Jeffrey Olenick, M.D.**, and **Caroline Brinkley, M.D.**

The research section, under the leadership of Eric Wall, M.D., M.P.H., has just complete a study comparing various analgesics in the treatment of headache.

Congratulations to John Saultz, M.D., Residency Director, who has just been elected President of the Portland Regional Academy of Family Physicians.

Scott Fields, M.D., first year resident, set an all-time record for deliveries — 117 infants delivered — during his obstetrical rotation.

Robert B. Taylor, M.D., Chairman, presented the workshop, "Writing for Publication" on January 14. The workshop was presented for the second year to full time and volunteer faculty members of OHSU.

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PROGRAM SET FOR 40TH SCIENTIFIC ASSEMBLY

Procedure workshops will kick off the OAFP 40th Annual Scientific Assembly on Thursday morning, May 7. Workshops on Colposcopy, X-Ray (bring your own films), Dermatological Office Procedures (Freezing, Punching & Shaving) and Casting and Splinting. There will be a \$25 charge for each of the Workshops, and registrants will have the opportunity on Thursday morning to take two workshops (except colposcopy, which will run from 7:30 a.m. to 12:30 p.m.). The general scientific sessions on Friday and Saturday mornings offer speakers on Alzheimers Disease; The Acute Abdomen in the Elderly; research papers on 24-hour blood pressure monitoring and rubella immunization; The Post-Menopausal Patient; The Aging Knee; Newer Modalities of Treatment in Cardiology; Cholesterol, Fat and Fish; Depression in the Elderly; Drug Actions & Interactions in the Elderly; Prostate Problems—Diagnostic Clues and Treatment. Each of the morning speakers will present two small group sessions on Friday and Saturday afternoons. Thursday afternoon is reserved for fun, including a raft trip, running and golf. As always, there will be plenty to do for both physicians and spouses. The Friday agenda includes a slightly revised Keg and Oyster (revised to Beef and Brew); Saturday is the day for the All Member and Spouse Luncheon which features the announcement of the Oregon Family Doctor of the Year and the announcement of successful candidates for OAFP offices for the 1987-88 Academy year; and the "theme banquet" in the evening. Programs will be mailed in late February or early March. Mark your calendar now for a lively learning and leisure experience.

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OPPORTUNITIES SOUGHT & OFFERED

Robert Chiapuzio, MD available for locum tenens. Contact Dr. Chiapuzio at PO Box 8224, Black Butte, OR 97759; or phone (503) 595-2128.

Nick Giannone, MD FP resident graduated Dec '86 seeks Portland practice opportunity, would consider Eugene or Salem. Contact Dr. Giannone at 3535 Gates Blvd #100, Port Arthur, TX 77642 or phone (409) 721-6131.

Michael J. O'Neill, MD FP resident graduating 1987, looking to join/form small group of FPs interested in providing most medical services, including OB. Available 7-87. Send inquiries to Michael O'Neill, MD, 107 Garden, Duluth, MN 55812. Well send CV.

Benjamin E. Kenagy, MD available for locum tenens in OR. Contact Dr. Kenagy at 1636 Oakpatch, Eugene, OR 97402, or phone (503) 485-8596.

ASTORIA practice opportunity available for Board cert, residency trained FP. Private practice clinic space available with some shared services. CV to Patty House, Health Resources Services, Virginia Mason Hospital, PO Box 1930, Seattle, WA 98111; or phone (206) 223-6351.

TIGARD group wants residency trained FP to join FP group July, 1987. Needs OB. Contact R.

Martin Johnson, MD, (503) 684-0475, or write 13200 SW Pacific Hwy, Tigard, OR 97223.

BAKER seeks residency trained FP to join established 3-doctor FP group. Contact Robert M. McKim, MD, Rt. 1 Box 2A, Baker, OR 97814; or phone (503) 523-4415.

BEAVERTON seeks FP with ER experience for unique practice opportunity in urgent care setting. Contact Eileen Newkirk, 11385 SW Scholls Fy Rd, Beaverton, OR 97005; or phone (503) 641-2791.

BEND experienced primary care physician needed to staff immediate care center. Excellent opportunity! ER or FP background preferred. Contact Bill Wagner, MD, 2500 NE Neff Rd, Bend, OR 97701; or phone (503) 382-4321, ext. 7100 (office) or (503) 389-1497 (res.)

BURNS excellent opportunity to assume on-going group family practice. Rural, with recreational advantages and flexible working environment. Send CV to Burns Clinic, PO Box 193, Burns, OR 97720; or call (503) 573-2074.

BURNS two Board certified residency trained FPs needed immediately for expanding family practice group in friendly ranching-lumbering town. Regional popula-

tion 8,000. Adjacent to 40-bed hospital. Partnership affiliation with 30-doctor multi-specialty clinic in neighboring city. Excellent hunting, fishing and camping. Salary to partnership with generous benefits. Send CV to R.H. Ettinger, MD, Bend Memorial Clinic, 1501 NE Medical Center Dr, Bend, OR 97701; or phone (503) 382-2811.

COOS BAY established multi-specialty group practice seeks additional Board certified residency trained FP w/OB. Contact Kent Sharman, MD, 1900 Woodland Drive, Coos Bay, OR 97420; or phone (in Oregon 1-800-452-5863) or (outside Oregon) (503) 267-5151.

CORNELIUS Virginia Garcia Memorial Clinic looking for FP to start July '87. Spanish-speaking. Contact Greg Mecklem, MD, 85 N. 12th, Cornelius, OR 97013; or phone (503) 648-2161.

CORVALLIS family physician seeks Board certified residency trained associate. Send CV to Norman W. Castillo, D.O., 1767 NW Kings Blvd, Corvallis, OR 97330 or phone (503) 757-8257.

CORVALLIS family practice seeks residency trained DO to join rapidly growing practice. Skill in manipulative therapy required. Contact Ian Duncan, DO or Theresa Duncan, 1807

NW Kings Blvd, Corvallis, OR 97330 or phone (503) 758-9335 or 757-3504 (res.)

COTTAGE GROVE seeks Board certified FP with OB. Contact James R. Morris, MD, 303 Main, Cottage Grove, OR 97424, or phone (503) 942-2401.

DALLAS, OR established 4 FP group seeks residency trained MD or DO to join active growing practice. Currently includes surgery, OB, pediatrics, geriatrics. Primary and satellite offices new and well-equipped. Contact Jerry Flaming, DO, 1000 SE Uglow, Dallas, OR 97338; or phone (503) 623-8376 or (503) 623-9615 (res.)

ENTERPRISE-JOSEPH young Board certified FP seeks help in solo practice. Strong skills in OB and interest in out-of-hospital birth essential. Full range of family practice, incl. surgery if trained. 25-bed hospital with CCU, OB, ER surgery. Ideal part-time position in beautiful mountain setting. Contact Michael Driver, MD, 200 E Greenwood, Enterprise, OR 97878; or phone (503) 426-4946.

EUGENE seeks Board certified FP, no OB. Industrial area of Eugene, salary for 1 yr, opportunity for partnership. Contact Mylon Buck, MD or Ed Sargent, MD, 1110 Fairfield, Eugene, OR 97402; or phone (503) 689-6400.

EUGENE seeks Board certified/eligible FP with interest in OB & ER to join long active 8-person department in forward looking group with its own HMO. Contact Larry Hirons, MD, Eugene Clinic, 1162 Wilamette, Eugene, OR 97401; or phone (503) 687-6202.

FLORENCE family practice Central Oregon Coast, seeks primary care physicians. Excellent opportunity for husband-wife team. Busy 30-yr-old diverse practice in progressive growing community. New hospital to open in 2 yrs. Prime recreation area. Easy 60-min. access to Eugene. First yr salary plus production income with partnership potential. Contact A.J. Brauer, MD, Florence Clinic, PO Box 490, Florence, OR 97439.

FLORENCE Why not work for yourself and perhaps retire early? Busy family practice needs buy-in associate to gradually assume operation of practice. Full service, well equipped clinic. Excellent opportunity for FP interested in OB and all other facets of general practice. Must be residency trained or Board certified in FP. Contact Richard W. Ulman, MD, PO Box 550, Florence, OR 97439; or phone (503) 997-2980.

FOREST GROVE Marilyn Booth, MD seeks residency trained FP to join practice 30 minutes from downtown Portland. Some OB. Write Dr. Booth at 3201 19th Av #F, Forest

Grove, OR 97116 or phone (503) 357-7194.

GRANTS PASS Board certified FP sought to take over thriving 10-year-old practice, presently includes OB. 4-man on-call association. Solar office with x-ray available. Contact Bernard W. Hill, MD, 1587 NW Washington, Grants Pass, OR 97526; or phone (503) 476-0801 (office) or 476-0644 (res.)

HEPPNER seeking residency trained FP for private practice incl. OB, potential for development of surgery. Support available. Contact John Ochsner, Adm., Pioneer Memorial Hosp, PO Box 9, Heppner, OR 97836; or phone (503) 676-9133.

INDEPENDENCE established Board cert. FP seeks associate partner in new 4000 sq ft facility w/complete lab, X-ray and emergency services. Good opportunity for 2 finishing residents who wish to practice together. Contact Richard Brust, MD, 1430 Monmouth St, Independence, OR 97351; or phone (503) 838-3553 or 838-1375 (res.)

JOHN DAY excellent private practice opportunity in beautiful rural area. Free rent available for 1 year in well maintained clinic building on hospital grounds. Other attractive benefits offered. Must deliver babies. Send CV or contact Donna Krause, Administrator, 170 Ford Rd, John Day, OR 97845; or phone collect (503) 575-1311; or Joseph Gifford, MD,

Chief of Staff, Prairie City, OR 97869; or phone (503) 820-3347.

LaGRANDE well established practice for sale, including office equipment, 30,000 people in drawing area, close to 82-bed hospital. College town, skiing, fishing and hunting. Terms negotiable to Board cert. FP who wants to do OB. Contact Donald Rose, MD, 710 Sunset Dr,

LaGrande, OR 97850; or phone Dr. Rose at (503) 963-4139.

LAKEVIEW well established solo FP seeks young, Board cert. FP to join practice. Excellent opportunity in beautiful SE Oregon for all areas of family practice. Contact William J. Strieby, MD, 733 1st St, N., Lakeview, OR 97630; or phone (503) 947-2331 or 947-2410 (res.)



AAFP Announces...

Change in Active Membership Requirements

The AAFP Congress of Delegates has approved amending requirements for Active membership... AAFP Bylaws now state "Physicians first admitted to active membership after December 31, 1988, must have satisfactorily completed a three-year family practice residency program approved by the Accreditation Council on Graduate Medical Education."

Current Active Members:

This announcement is to reassure you that your membership will not be affected by this change.

Non Members or Affiliate Members:

If interested in becoming an Active member, you're encouraged to take immediate action. Remember... December 31, 1988 is the deadline.



Family Physicians
joining together

Questions??
Call AAFP Membership Division
1-800-821-2512

LEBANON well established FP seeks Board cert. associate, some OB. Contact Dennis Wessels, MD, 165 Main, Lebanon, OR 97355; or phone (503) 451-1311.

LEBANON seeks residency trained family physician to join 2 young FPs in complete spectrum of family practice, including OB. Contact Richard C. Wopat, MD, 191 Main, Lebanon, OR 97355; or phone (503) 451-1031.

MILWAUKIE area 2-doctor clinic seeks residency trained FP to join 30-year old practice. Contact James E. Davis, MD, 7000 SE Thiessen Rd, Milwaukie, OR 97267; or phone (503) 659-1366.

MYRTLE POINT, 3 FPs seek associate to replace senior member in family and OB-oriented practice. Acute 30-bed hospital 10 minutes away, call sharing among 4 other physicians. Contact Reed Gurney, MD, 637 Ash, Myrtle Point, OR 97458 or phone (503) 572-2111.

NEWPORT clinic seeks residency trained FP to join practice. Send CV to Peter Cookson, MD, 351 SW 7th, Newport, OR 97365 or phone (503) 365-9436.

PORTLAND two Board-certified family physicians looking for a third Board Cert/Board eligible family physician to join them in summer of 1987. Both physicians are involved in general family practice except no OB or in-hospital

surgery. Both will ideally work part-time and a third ideally would be available to work half-time to 2/3rd time. Contact Karen Erde, MD or Kathleen McAuliffe, MD at (503) 257-7773.

PORTLAND (west) Qualified physicians for moderate volume "urgency-type" setting. Excellent remuneration, approx 30 hours per week, some evening and weekend work. Contact Western Oregon Emergency Physicians, PC, 9205 SW Barnes Rd, Portland, OR 97225; or phone (503) 291-2041.

PORTLAND positions available for FPs in small, full-service group practices affiliated with HealthLink system. Competitive compensation and benefits package. Require Board cert./Board eligible. Send resume to Margaret Hoopes, HealthLink, 5230 SW Macadam Av, Portland, OR 97201

REDMOND sunny Central Oregon. Residency trained FP needed to join 9-year-old practice with lab and x-ray, OB included. Contact Robert Guild, MD, 1228 N Canal, Redmond, OR 97756; or phone (503) 548-6131.

REDMOND looking for residency trained FP to join five physician group with OB. Contact Michael Price, MD, 211 NW Larch, Redmond, OR 97756 or phone (503) 548-2164.

REDMOND residency trained FP or EM physician needed to work

12-24 hour shifts in small rural hospital. Contact Michael Price, MD, 211 NW Larch, Redmond, OR 97756 or phone (503) 548-2164.

ROSEBURG Pain Center Co-Medical Director wanted. Excellent position for MD seeking more intensive medical involvement with fewer patients. Join current medical director and proven treatment team in moderate expansion plans. Team includes PT, pain therapist, RN, psychologist, exercise therapist, vocational counselor, biofeedback clinician and drug and alcohol counselors. Position involves medical supervision of a group of patients. Good communication skills essential. Could start full or part time. Call Hank Holmes, MD, (503) 440-2437 or 849-2229 (res.) or Ann McKinney, Director (503) 440-2437 or 673-0957 (res.)

SALEM multi-specialty clinic seeks residency trained FP to join department of five FPs, no OB. Contact Yvonne Carscadden, Administrator, 2020 Capitol St, NE, Salem, OR 97303; or phone (503) 399-2470.

SWEET HOME busy practitioner seeks associate. Position available immediately. Sweet Home is located near Bend on the west side of the Cascade mountains. Population 7,000. Contact Bruce E. Matthews, MD, 625 Long St., Sweet Home, OR 97386; or phone (503) 367-5158; or contact Linda Lucero,

Office Manager, same address.

WINSTON practice opportunity for 2 FPs in community of 3,500. Referral area nearly 10,000 with only one other physician in area. Full equipped office. Two outstanding hospitals of 125 beds each and privileges available in all qualified area, including C-section and ICU. Excellent family environment, good schools, great fishing, hunting and hiking nearby. For details contact Imalee VanDerMark, PO Drawer 670, Winston, OR 97496; or phone (503) 679-5833.

OFFICE EQUIPMENT

Richard Bernard, MD, has joined Dr. Doug Graham and has surplus medical, surgical and orthopedic instruments and equipment for sale. Contact Dr. Bernard at 3800 SW Cedar Hills Blvd, Beaverton, OR 97005; or phone (503) 643-9502.

E. Lew Hurd, MD has some office equipment and Hamilton exam table and pediatric table, misc. small equipment. Write E. Lew Hurd, MD, 828 Calapooia Av, Albany, OR 97321; or phone (503) 926-3031.

John P. Russell, MD is retiring and has exam room and office equipment for sale, including x-ray and surgical instruments. Contact Dr. Russell at 710 NW Midland, Grants Pass, OR 97526 or phone (503) 476-3617.

MEMBERS IN THE NEWS

Michael Price, Redmond, was elected President of Central Oregon District Hospital Staff, according to a story in the *Bend Bulletin*.

A quarter-page feature story in *The Dalles Chronicle* described **Walt Buhl's** work in "Hello Dolly" a production of The Dalles High School drama department. Also in the cast were his son, Erik and daughters Laura and Robin. The article was also a farewell, as Dr. Buhl and his family have moved to Milwaukie and he has joined Milwaukie Family Practice Group.

Charles Bury, **Jon McKellar**, **James Beggs** and **William Bartlett** will share Klamath County Medical Examiner duties, according to an article in the *Klamath Falls Herald and News*.

Edward A. Helman will function as Secretary for the Jackson County Medical Society, and **Aubrey M. Hill** will be a delegate to the OMA House. Dr. Hill is also an Alternate Trustee of the OMA Board of Trustees. **Daniel Heyerman** will chair the Rogue Valley Medical Center Department of Family Practice. **Bruce Johnson** is currently President-Elect.

Anita Taylor (wife of Robert B. Taylor, Chairman of the Department of Family Medicine, OHSU) has written a book, "How to Choose a Medical Specialty", published by W.B. Saunders Co, Philadelphia, 1986. It was favorably re-

viewed in *JAMA* in December.

William Bailey, who was an active member of the Student Family Practice Interest Group while at OHSU, was described in a column in *Connection*, a publication of Newberg Community Hospital, as was **David Krier**, Carlton.

Douglas Flaiz, Hermiston, was named Chief of Medical Staff at Good Shepherd Community Hospital for 1987, according to the *Pendleton East Oregonian*. He succeeds **Marvin John**.

A half-page story in the *Bend Bulletin* described the problem of family physicians doing OB, and quoted **Stephen Knapp**: "I sometimes wonder why I get up in the middle of the night to deliver babies, especially if the malpractice premium rates keep going up to the point to where I'm losing money every time I do it." Also quoted extensively in the story was **George Waldmann**, who has been active in getting out the story from the family physician's point of view. Dr. **Mark Valenti** was also interviewed and quoted in the story.

Tom Duncan, Drain, responded to an article in the *Eugene Register Guard* concerning the cost of medical care by pointing out the average family physician's overhead and comparing it to reimbursement by Medicare and AFS . . . "rest assured, not all doctors get rich."

Michael Kelly has become chief of staff of Josephine Memorial Hospital, according to an article in the

Grants Pass Daily Courier.

The *Redmond Spokesman*, *Tillamook Headlight Herald*, *Hermiston Herald*, *McMinnville News-Register*, *Redmond Spokesman*, and *Klamath Falls Herald and News*, were among Oregon publications using the holiday tips release sent out by the Oregon Academy of Family Physicians to all local newspapers in November.

The *Ashland Daily Tidings* announced the election of **David Jones** as Chief of staff and **Jerome Nitzberg** as Chief of Staff-Elect.

Ernest Price authored an article in the *Portland Senior Citizen News* about winter health tips for seniors.

Robert Taylor was named chief of staff at Cottage Grove Hospital for 1987, according to a two-column article in the *Cottage Grove Sentinel*.

Michael Pendleton presented a "preventative maintenance schedule for the human body" in a program sponsored by the Hood River School District Community Education. He discussed "The Aging Process" according to the *Hood River News*.

Lance Loberg was the subject of a 4-column article including a large photo in the *Woodburn Independent*. Dr. Loberg returned to the *Salud de la Familia* clinic in Woodburn. Dr. Loberg speaks English and Spanish and hopes to take a short-term assignment in Central America in the future.

"DISEASES OF THE MONTH"

The Office of Disease Prevention and Health Promotion, USPHS announces that March is Hemophilia Month, Mental Retardation Month, National Eye Donor Month, National Kidney Month, National Nutrition Month, and Red Cross Month. March 15-21 is National Poison Prevention Week, and March 22-28 is Children and

Hospitals Week. April is Cancer Control Month, and April 5-11 is National Medic Alert Week; April 5-11, National Building Safety Week; April 7 is World Health Day and April 7-13 World Health Week; April 19-25 is National Bike Safety Week; April 25-May 1 is Hemochromatosis Week. April 25-May 1 is Save the Children Week, April

26-May 2, National Organ Donor Awareness Week and April 27-May 3 is Clean Air Week. May is National Food Health Month, National Blood Pressure Month, Better Hearing and Speech Month, National Physical Fitness and Sports Month, Mental Health Month, Correct Posture Month (sponsored by American Chiro-

practic Assn.) National Arthritis Month, Older Americans Month, and American Bike Month, and May 1-7 is National Physical Education and Sports Week; May 3-9 National Tuberos Sclerosis Week, May 8 is World Red Cross Day, May 9-15 National Digestive Diseases Awareness Week; May 10-16, National Hospital Week; May

10-16, National Nursing Home Week and National Skin Cancer Detection Week. June is Dairy Month, and June 7-13 is National Safe Boating Week and National Scleroderma Awareness Week; and June 14-20 is National Safety in the Workplace Week (at the behest of the American Society of Safety Engineering) and June 21-27 is also

National Safety in the Workplace Week, so designated by the National Safety Council.

Because publicity is the whole reason for such designations, your patients may be reading about various diseases and preventive methods. Be prepared to answer questions if they arise.

NOMINATING COMMITTEE REPORT

The Nominating Committee consisting of **Patricia P. Ahlen, M.D.**, Springfield; **Daniel D. Roberts, M.D.**, Central Point; and **Peter Schludermann, M.D.**, Hillsboro, presents the following slate of officers for election by the membership for the 1987-1988 Academy year:

| | |
|-----------------------------|--|
| For President-Elect | Michael W. Kelber, M.D. , Salem |
| For Vice President | Richard C. Wopat, M.D. , Lebanon |
| For Secretary | Michael A. Krall, M.D. , Salem |
| For AAFP Delegate | Joan K. Tanner, M.D. , Portland |
| For AAFP Alternate Delegate | Robert M. Cockburn, M.D. , Portland |
| For OAFP Board of Directors | Janet Kelly, M.D. , Scappoose |
| (two to be elected) | Jock T. Pribnow, M.D. , Salem |
| | Paul Sanders, M.D. , Hood River |
| | Walter Shaffer, M.D. , Seaside |

Pursuant to the OAFP Bylaws, a list of candidates shall be mailed to each voting member of the OAFP at least 60 days prior to the election day. **Any ten or more voting members may nominate one or more persons for such offices by petition filed with the Secretary not less than 45 days before the first day of the Annual Session (May 7) or Monday, March 23, 1987.** The Secretary shall then forthwith prepare an official ballot containing the names of all nominees and mail the ballot not less than 30 days before the Annual Meeting to each voting member at the member's last known address.

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“Family Medicine Update” will be broadcast on Lifetime cable television during the following days and times: Sundays at 11:30 a.m. eastern standard time; Mondays at 12:30 a.m. eastern standard time; Tuesdays at 6:00 a.m. eastern standard time; and Thursdays at 6:00 a.m. eastern standard time.

The monthly program topics are:

| | |
|-----------|--|
| January | “Office GYN Procedures for the Family Physician” |
| February | “Sexually Transmitted Disease” |
| March | “Office Surgery” |
| April | “Cardiac Arrhythmias” |
| September | “Contraception” |
| October | “Anemia” |

These programs will be repeated in May through August and November and December during the days and times outlined above.

CME, APRIL, MAY, 1987

(5 hours and over, submitted to date. P=Prescribed; E=Elective)

April

- 5-6 ACLS Cert, Portland Adventist, 17.5 hrs P
6 ACLS Recert., Portland Adventist, 7 hrs P
30-May 1 Reducing the Risks for Mother and Baby, Emanuel Perinatal Center, Marriott Hotel, Portland, 14 hrs P

May

- 1, 2 Chronic Pain: Benign and Malignant, Sacred Heart Hosp, Eugene, 9 hrs P
7-10 **40th Annual Scientific Assembly, OAFP, Ashland Hills Inn, 18.5 hrs P**

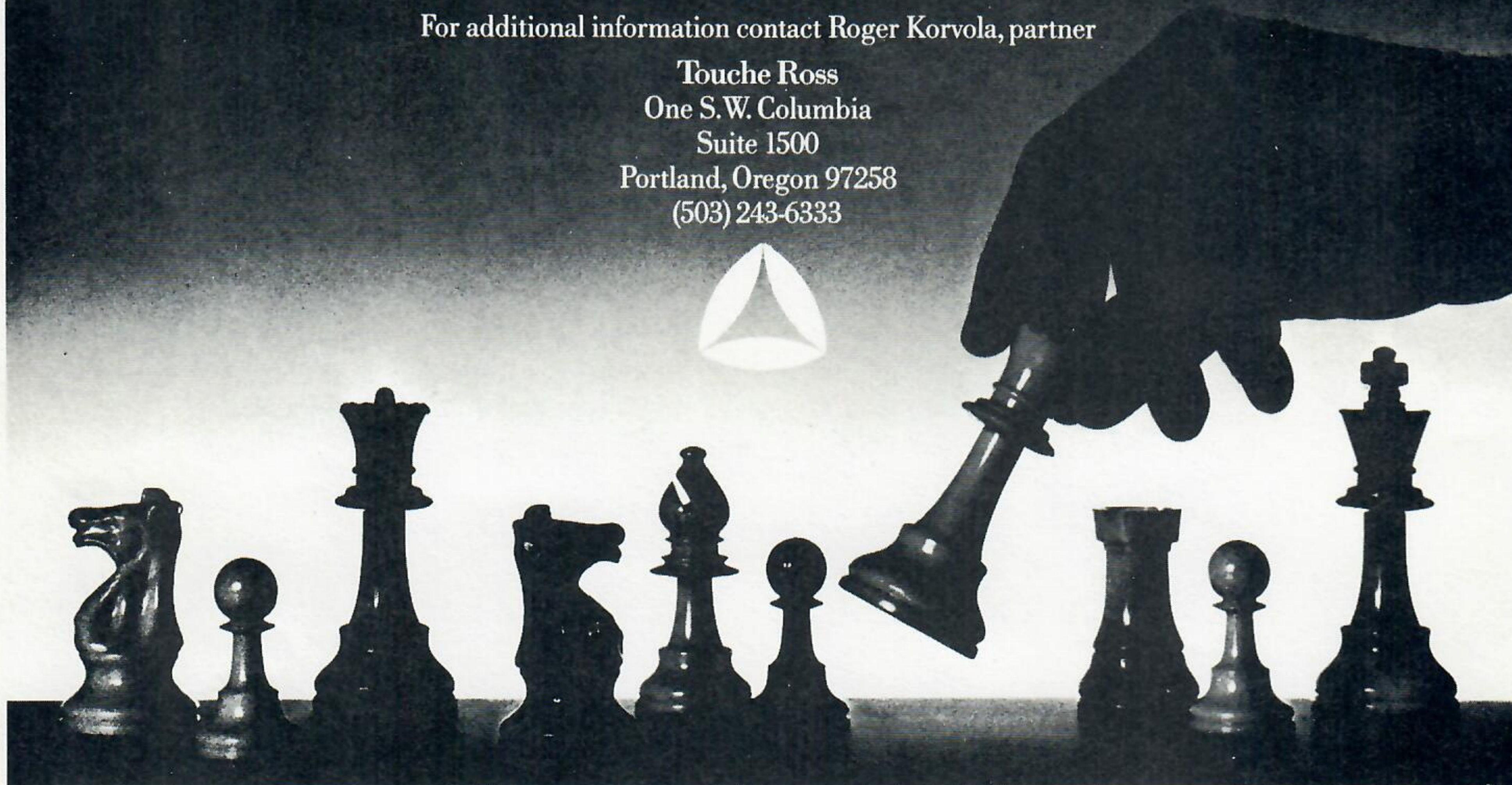
Members may call AAFP CMER 1-800-821-2512 for information on meetings by date, location or subject, for any meetings submitted by the sponsor for AAFP credit, and approved.

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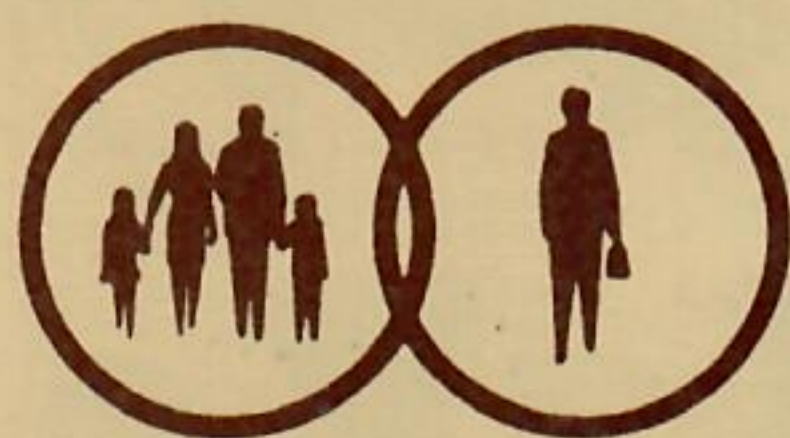
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