

Family Physicians of Oregon

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- Highlights From Our Family Medicine Weekend



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Family Physicians of Oregon

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About the cover:

Lorne Bigley, MD, FAAFP, took this photo of fellow family physician, Christa Danielson, MD, as their families were paddling while on vacation in Bend. At the time, Sparks Lake was very low and the fins of their boards kept scraping the bottom of the lake. At times, in the middle of the lake, they could stand up and the water didn't reach much past their ankles.



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OREGON ACADEMY OF
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MAKING HEALTH PRIMARY

EDITION 62

• PRESIDENT'S MESSAGE



NATHALIE J. JACQMOTTE, MD, OAFP PRESIDENT
NORTHWEST PRIMARY CARE, SELLWOOD

The Work Ahead

I was so grateful to be able to see some of your faces during our OAFP Spring conference! I am proud of our Oregon team; you kept people as safe and healthy as possible these challenging years.

Our OAFP team- Betsy, Louise and Kayla, did a fabulous job of putting together an inspiring and educational conference. I loved the innovations of the graphic scribes visually interpreting the panel discussions on paper. I look forward to hearing the stories of family doctors through the state with the "75 stories for 75 years" project. I left inspired by my colleagues of all ages, urban and rural, all kinds of identities- racial, cultural, gender and sexual- taking care of the human rainbow of the people of our fine state.

I will take a paragraph to introduce myself. I am excited to be your OAFP president for the next year. I was born in Belgium and English is my third language of four. I lived in five countries before the age of 21. After attending Reed College, I decided to settle in the Northwest. I have been involved with the OAFP intermittently since my return to Oregon after residency in Tacoma. I have practiced at Northwest Primary Care, a physician-owned and run private practice, in Southeast Portland and Milwaukie for the past twenty years. I am proud of the work we are doing there. My twenty years have given me a fabulous amount of patient continuity where some of the most rewarding parts of my practice reside. We teach medical students. I am on the local hospital medical executive committee. I have two daughters, a husband and a dog, all fine creatures. I love the outdoors. I love bicycling, kayaking, hiking. I love museums, plays, and like many women in their 50's, I love my book club!

We have a lot of work to do. Health outcomes have worsened over the pandemic. In addition to the death and disability caused by COVID, many chronic health conditions have gotten worse. Blood pressure is up. Alcohol use is up. Exercise is down. Weight is up. Mental health, especially in our youth, is dramatically worse. Our teams are in place to help repair from this challenging and traumatic time. The OAFP has embarked upon a project called "Building Immunity by Building Community" (BIBC) to provide a culturally-relevant and scientifically based vaccination education in support of communities most impacted by COVID-19 (see p. 10).

As an organization, we are embarking on EID work. We have begun work on an OAFP racial justice charter. We will continue to connect with public health. One of our exciting new projects is Primary Care Beyond Clinic Walls (PCBCW). Participants will establish enduring working relationships with community-based organizations working on social drivers of health and local public health through mentored development of projects aimed at improving community health needs related to inequities and social drivers of health.

We will continue to mentor the next generations and honor the work of the previous. We will continue to advocate for legislative progress towards our goals.

I wish you all joy and meaning every day.

Nathalie J. Jacqmotte, MD

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Ending
the
HIV
Epidemic

• GREETINGS FROM THE OAFP



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Returning to Semi-normal

While we were focused on putting one foot in front of the other, the world shifted a bit around us. As I write this, I and my counterparts in other chapters are planning for a year that might look semi-normal, in contrast to the last two years, which were anything but. My oldest child is heading off to college in August and the cliché is true: it feels like yesterday that he was taking his first shaky steps on our driveway.

Our annual conference in Bend in April was a success. We offered on-demand sessions alongside live sessions, so that we could build more space into the program for networking and relaxing. Members liked that we offered more food to attendees, and enjoyed the location. We welcomed more of our members to a meeting than we have in many years. Standout sessions include a facilitated panel discussion with five local and national experts about what we can be hopeful about, and what we need to work on, for primary care in the future. We welcomed AAFP President-Elect Tochi Iroku-Malize, MD, MPH, MBA, FAAFP, who delivered our closing keynote presentation on how technology will change practice in the future. Jack Westfall, MD, FAAFP, EVP of the Robert Graham Center, gave a talk about “Long Primary Care” and the idea of the conceptual shift of seeing primary care in the larger context of community need. That perspective aligns well with two projects we’ve launched this year, Primary Care Beyond Clinic Walls, and Building Community by Building Immunity (see Kayla Wright’s piece on p. 10 for more about these programs). **Ruth Chang, MD, MPH, FAAFP**, offered the Pennington Lecture on making space for everyone and everyone’s unique health care needs, and we plan to follow up on that topic with additional education about trans health care this year. See page 24 for more coverage of our annual conference.

For the past three years, I’ve had the privilege of serving on the Chapter Executive Advisory Council with AAFP. Six Chapter Executives meet three times per year with Shawn Martin, CEO of AAFP, and the executive leadership of the staff. We share our common challenges, and AAFP consults with us on potential decisions that will impact our members. One common discussion point: we would love to have better data about our members so we can better understand and meet their needs.

The AAFP census is our best shot at gathering information that helps us track how membership is changing. If you haven’t completed the AAFP Census in a few years, please take some time and do so. **If you send me your confirmation email from submitting your Census answers, I’ll buy you a cup of coffee. Really. I’ve got virtual Starbucks gift cards ready to go.**

As for the Annual Meeting, stay tuned for more details about 2023, when from April 13-15, we will be gathering at Salishan with the Oregon Pediatric Society. We are hard at work brainstorming topics for this joint meeting. The conference will have lots of shared content of interest to all attendees, and targeted information specifically for each specialty. Look for more clinical content on the program, and for creative approaches to education. We are learning to balance future planning with flexibility, which really is our new semi-normal.

Thanks for your time.

A handwritten signature in black ink that reads "Betsy".



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JESSICA WEYLER
OHSU – PROGRAM SUPERVISOR, FAMILY MEDICINE RURAL RESIDENCY

Progress On Our New Three Sisters Residency Program

Since receiving a grant from the US Department of Health and Human Services through the Health Resources & Service Administration's (HRSA) Rural Residency Planning and Development (RRPD) Program in 2020, the OHSU Department of Family Medicine is now deep into the process of developing what will be the first Graduate Medical Education Program predominantly based in Central Oregon.

The Three Sisters Residency Program will provide a unique experience where during the first year, residents will be in Portland, and in the subsequent two years, they will be in Central Oregon. While primary care is needed everywhere, we feel this program is an important step to addressing the crucial need for primary care in areas with health care gap.

Within the last year, the Accreditation Council for Graduate Medical Education (ACGME) has been working to help residencies reach rural and underserved communities, resulting in the development of the Rural Track Programs or RTPs (formerly Rural Training Tracks).

To help with the submission process, we first formed a Residency Development Team:

- **Joe Skariah, DO, MBA, MPH** the OHSU Portland Family Medicine Residency Director and Grant PI
- Jessica Weyler, BS, the Program Supervisor
- **Rob Ross, MD, FAFAP**, the Director of Education with St. Charles Health System
- **Roger Garvin, MD, FAFAP**, OHSU's Vice Chair for Education

"Madras is a thriving medical community of family physicians working across multiple practice settings to provide excellent care. Geographically, Madras is literally at a crossroads, facilitating engagement with more rural settings." - Dr. Roger Garvin

Rural Track Program: An ACGME-accredited program in which all or some residents/fellows gain both urban and rural experience with more than half of the education and training taking place in a rural area (any area outside of an urban Core-Based Statistical Area).

Rural Track Program Designation: A classification provided by the ACGME that identifies Rural Track Programs at the time of application for accreditation (Type 1) or with the approval of a permanent complement increase request and the addition of at least one new rural participating site (Type 2).

(acgme.org)

We are very excited to welcome our newest Development Team member, **Jinnell Lewis, MD**, as the Three Sisters Residency Program Director! She currently practices at the St. Charles Family Care Clinic in Madras. Dr. Lewis brings to the team a wealth of expertise and enthusiasm to the team. We would also be remiss not to mention Judy Pauwels's, MD, FAFAP, assistance with this process as our HRSA RRPD Technical Assistance Center Advisor. Additionally, we formed

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a Steering Committee, created work groups, regularly host virtual faculty development sessions, and send out a monthly newsletter in order to engage with our Central Oregon stakeholders.

We now have three work groups that meet monthly: a Community Engagement work group, a Curriculum work group, and a Housing work group. We previously had a Program Director workgroup responsible for interviewing and selecting Dr. Lewis as our Program Director. The members of each of the Central Oregon participating sites are involved in the work groups, faculty development sessions, as well as our overall Steering Committee meetings.

“The Three Sisters RTP will be the fourth Family Medicine residency program in the OHSU Department of Family Medicine. This program builds on the successes seen with our other programs. Hillsboro has had a fantastic launch now starting its second class of residents. Cascades East is one of the most highly regarded rural programs in the country, and the Portland program is routinely ranked in the top three programs in the country.” - Dr. Roger Garvin

As mentioned above, the ACGME determines if programs qualify to be designated as Rural Track Programs. This step is separate from overall program accreditation. Thanks to our Central Oregon Steering Committee and Development Team’s hard work, we received RTP designation approval! To receive RTP designation approval, we had to submit participating site

information, Program Director information, our block schedule and more. This step was essential for our overall program success.

After recently submitting for overall program accreditation, our next step is to schedule an ACGME site visit. If we receive accreditation, the program will welcome its first residents in

July 2024. We’ll be looking for applicants who are energized by small town practice of medicine and are seeking to mitigate the health disparities for rural, Native, and other underserved communities.

Stay tuned for another update in 2023!

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KAYLA WRIGHT
OAFP - ADMINISTRATIVE COORDINATOR

Building Immunity by Building Community

Building Immunity by Building Community (BIBC) is a project that aims to increase vaccine confidence in communities most impacted by the COVID-19 pandemic – communities of color and rural communities. OAFP has teamed up with Boost Oregon and the Oregon Rural Practice-based Research Network (ORPRN) to embark on this project. Boost Oregon is an organization whose mission is to empower people to make evidence-based vaccine decisions by promoting vaccination education in a variety of settings to increase vaccine confidence in Oregon’s communities. ORPRN is a network of primary care clinicians, community partners, and academicians who aim to improve the health of Oregonians and reduce rural health disparities by studying the delivery of health care, linking clinicians with investigators experienced in clinical health services research, and enhancing research skills among its members.

The Oregon Health Authority recognized a need to provide vaccine education to communities most impacted by COVID-19. Many within communities of color have faced barriers to health care and vaccines, including personal and group histories that increases distrust within the medical field and the government as well as barriers due to language, access, technology, and finances. In

order to provide these communities with evidence-based information that would allow them to feel confident in their vaccination decisions, providers from different geographic locations, of multiple cultures, and who speak different languages will serve as trusted messengers who can bridge the gaps between these communities and the health care system. The clinicians participating in BIBC are able to meet communities at their own events, develop meaningful connections with them, and empathetically respond to questions and concerns they have about vaccination.

OAFP will recruit up to twenty providers to receive culturally-robust, motivational interviewing training provided by Dr. Ryan Hassan of Boost Oregon. Providers in this project can be physicians, physician assistants, nurses, social workers, or any other clinician who is trained to provide clinical services to patients. In addition to the initial training session, providers will receive ongoing support from Boost Oregon and toolkits with slide decks, resources, and other materials that will help them facilitate workshops. Once clinicians have received their training and toolkits, they will take to the community to facilitate educational workshops that will allow individuals to gain evidence-based education about the COVID-19 vaccines in a judgement-

free space. Clinicians will provide pre- and post-workshop evaluations to participants to better understand how to best increase vaccine confidence within communities of color and rural communities. Workshops and materials can be presented in English, Spanish, and Russian, and other languages may be available upon request.

Perhaps one of the most beneficial aspects of BIBC is that the workshops will be held where communities are gathered. Workshops will take place across the regions of Oregon, and they will be held at community, church, and online events. Rather than asking communities seeking information to come to providers, our providers will be meeting the communities in spaces where they already feel a sense of belonging.

Provider recruitment for BIBC began in early March. The Train the Trainer sessions were on March 31st, April 28th, and May 26th. Trained providers will be facilitating a total of sixty workshops at community events hosted by various community-based organizations beginning in June of this year and until June 2023. Recruitment for interested CBOs is underway and will continue throughout the project. If you know of an organization that would be interested in hosting a BIBC event, please contact Kayla Wright at kaylaw@oafp.org.

Primary Care Beyond Clinic Walls

For too long, public health, primary care, and community-based organizations have shared the goal of promoting health and wellness to those they serve, yet, each sector remains siloed, making it difficult to treat people holistically and address social determinants of health. OAFP has recognized the need to take primary care beyond the office and into the community. The Primary Care Beyond Clinic Walls project was created from this need.

Primary Care Beyond Clinic Walls (PCBCW) aims to facilitate relationships between primary care physicians and community-based organizations (CBOs) through the establishment and implementation of small-scale projects based on needs identified by CBOs. We want to shift from a paradigm in which physicians are seen as the sole authority in health to a framework in which physicians take on a collaborative role in their communities. The main goal of the program is for physicians to work with community members to identify their needs, and devise ways to meet these needs by viewing the CBO as the expert. We hope the outcomes of this project will be long-lasting, sustainable relationships between primary care and the community, as well as an understanding of how to replicate such relationships in the future.

Recruitment for PCBCW began in February and ended in March. Our first cohort was selected in early April, and they quickly began the work to establish and strengthen the relationships with a CBO of their choosing. We anticipate this project to last two years, and the first iteration will close with a presentation provided by our first cohort at our annual conference in April 2023. The founding cohort will then serve as mentors to the cohort selected for the second iteration. PCBCW is set to last at least two, year-

long cycles, and we hope a third will be possible as well.

PCBCW is comprised of five OAFP members supported by a team of four staff and consultants. Each physician is given a stipend of \$2500 for themselves, and their partnering CBO is granted a stipend of \$2500 as well (if multiple CBOs are identified, the stipend is divided among them). Cohort members meet weekly with mentors on staff and monthly with the entire cohort present. Staff support cohort members by helping them conceptualize projects, provide them with resources and important contacts within the community, and providing ongoing support.

Physicians then set regular meetings with their CBO and use their CBO's goals as their North star for co-creating their projects. Once the projects are in motion, physicians will continue to discover and document what

approaches work and overall lessons learned. The outcome of the project will yield valuable information about how to form relationships with CBOs, what approaches and strategies for collaboration work, and knowledge about how to strengthen the ties that family physicians have with their communities.

This project is focused on strengthening family physicians and the communities they care for. We want to serve our communities where they are, for our physicians to feel a sense of meaning and purpose in their work, and to make health accessible in ways that make the most sense. PCBCW can create opportunities for those who have not had access to, or have had little trust, in primary care to have the opportunity to access it in a way that feels empowering and safe – outside of the walls of the clinic and among their communities.

Register Now for In-person Events!

Barring any future variants or mandates, we will be holding our CME events in-person once again! We're ready ... are you?

LEARN MORE AND REGISTER AT
WWW.OHSU.EDU/SOM/CME

• PUBLIC POLICY AND LEGISLATIVE AFFAIRS



IRIS MARIA CHÁVEZ
EQUITY ACTION PARTNERS - OAFP LOBBYIST

It's been a wild spring in Oregon, from the May primary elections (and its unfortunate problems) to a whopper of a state revenue forecast, busy legislative work days, and a few health care workgroups/ task forces we've been busy covering.

If you've been reading the news you know that our May 17th primary took a record amount of time to wrap up. The Clackamas County elections fiasco resulted in county staff having to hand duplicate a

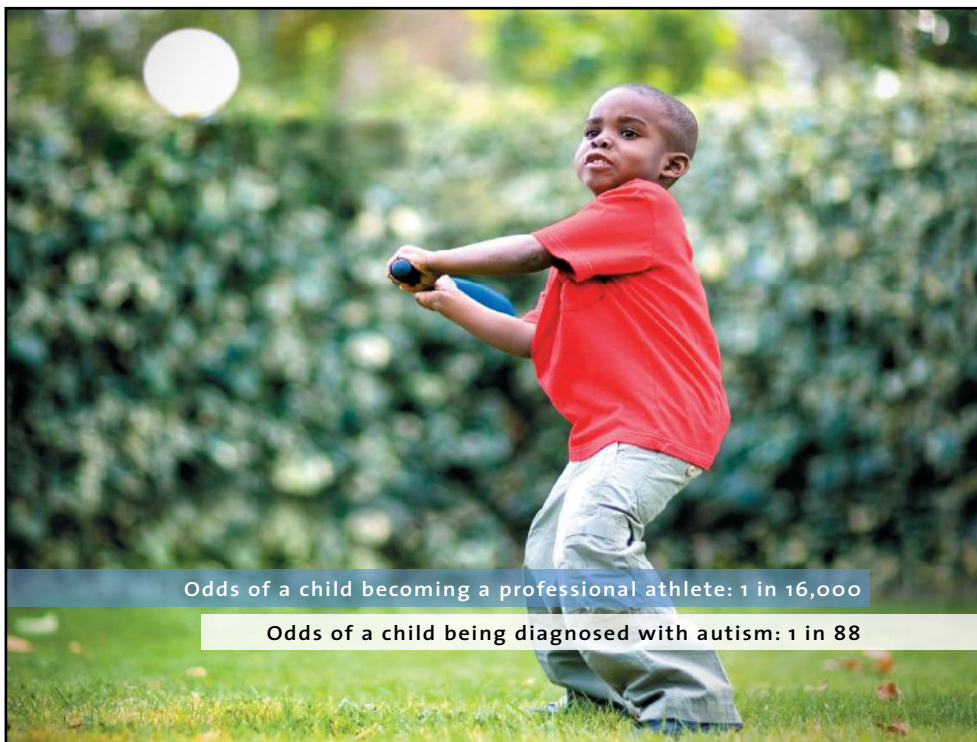
majority of county ballots. Oregon requires that elections be certified by June 13th and as of this writing we are still awaiting those results. House District 38 Democratic primary remains undecided, the race is between Lake Oswego City Councilor Daniel Nguyen and Neelam Gupta, Director, Clinical Supports, Integration, and Workforce Unit at the Oregon Health Authority (OHA). In other parts of the state we didn't see too many surprises, incumbent health

care professionals did well in their district primaries (Reps. Dexter, Grayber, Hayden, Moore Green, Nelson, Nosse, and Reynolds and Senators Kennemer, Patterson, and **Steiner Hayward**.)

From June 1-3, the Oregon Legislature gathered for the first of its Legislative Days during the 2022 interim. With three days of non-stop committee meetings, the House and Senate interim committees covered a wide range of topics — receiving updates on everything from public safety to paid family leave to wildfire preparedness.

With the federal state of emergency expected to end in the near future, the Health Care Committees received an update from OHA on the 2022 redetermination process, which could result in nearly 300,000 Oregonians losing access to the Oregon Health Plan. They also heard updates from the Bridge Plan Task Force, as well as information on Oregon's prescription drug costs, the Health Evidence Review Commission, opioid-related overdoses, options for a state-based health insurance marketplace, and much more.

This is also a time when the Senate votes on appointments to state boards and commissions and the Joint Legislative Emergency board (the e-board) meets to appropriate funds from the



Odds of a child becoming a professional athlete: 1 in 16,000

Odds of a child being diagnosed with autism: 1 in 88

Some signs to look for:

No big smiles or other joyful expressions by 6 months.

No babbling by 12 months.

No words by 16 months.

To learn more of the signs of autism, visit autismspeaks.org



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Emergency Fund for various “must fund now” programs. An appropriation of note is the e-board approval of a \$30 million investment to implement the Oregon Essential Workforce Health Care Program, established through Senate Bill 800 during the 2021 legislative session. Funds will go through the OHA and will be used to match \$45 million in federal Medicaid revenue for one-time supplemental payments to long-term care employers.

Legislators, and the public, also received an update from the Legislative Revenue Office on this quarter’s update to the Revenue Forecast. Like the revenue forecasts preceding it, over the last year and a half, this one is a whopper. This revenue forecast revealed yet another significant

spike in Oregon’s revenue. With \$5.125 billion — or 18.7% of our General Fund — in Oregon’s economic reserves, the state has finally made progress in saving to protect services during our next economic recession. Jobs, income, spending and production are all on the rise, alongside both inflation and consumer spending. Wages were the fastest growing among low-wage workers over the past several years, with some of the lowest paid workers seeing growth that has actually outpaced inflation — an unusual but welcome side effect of the pandemic pressures. With that said, Oregon’s income inequality continued to grow, with the top two economic quintiles continuing to see the most gains.

State economists did caution

to remember that part of the wealth propping up Oregon’s economy in recent years has come from federal funding, which has provided significant assistance in health care and other pandemic-related expenses. With emergency federal funding in the rearview mirror and inflation surging, it’s possible for our speedy economy to come crashing down as it tries to prop itself up independently.

As the summer progresses, we at OAFP will be following state elections and continuing our planning for the 2023 legislative session.

Family Medicine Sammamish, WA

Overlake Clinics is seeking a Family Medicine Physician for our Sammamish, WA location. Overlake Clinics offers a wide range of services, including primary care clinics with same-day appointments, to specialty clinics, on Seattle’s Eastside. Our integrated electronic health record allows for easy flow of critical health information that is highly coordinated across all of our locations. We are part of Overlake Medical Center, a 349-bed, nonprofit regional medical center offering a full range of advanced medical services to the Puget Sound region. Led by a volunteer board of trustees, we employ nearly 3,000 people and have some 1,000 active and courtesy providers on our medical staff, including more than 250 providers who are employed by the organization.

About Sammamish, WA:

- Sammamish has consistently been listed in the top 50 best places to live in America.
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The Greatest Good

MERILEE D. KARR, MD, MFA
OAFP MEMBER, FAMILY PHYSICIAN, AND WRITER



Suddenly everyone noticed the rotten-egg odor of a gas leak.

Elizabeth Klein, MD, FAAFP, had several injured patients trapped in this collapsed building, and a team to help extricate them. But the building could blow at any moment. Her patients couldn't move – they would die. She couldn't save them. But she could save herself and her team. By leaving. She knew it was the only choice.

"We had to leave them," Klein recalls, voice cracking. "In the clinic, in the hospital, we don't just leave somebody. I'll always remember that. It was really hard."

Klein helped create the Providence-Milwaukie Family Medicine residency, so she's saved a lot of lives, and lost patients she deeply cared for. But she was not ready for the painful choices that doing the greatest good for the greatest number can require.

Fortunately, her "patients" got up and headed to another building for pizza, their reward for playing earthquake victims in the Final Field Exercise of Klein's Neighborhood Emergency Team (NET) class of 2018.

NET is the Portland version of a nationwide volunteer program that usually goes by Community Emergency Response Team (CERT). Thousands of communities across the country, and dozens in Oregon, have CERT teams in place. Portland NET has a team in most of its 95 neighborhoods.

Klein joined NET because she's



Elizabeth Klein, MD, FAAFP, far right, explains a mission to her team in a NET exercise.

a natural community organizer who worries about emergencies. "Bring on the training!" she says. "I know that as a physician I will be called upon, trained or not."

NET and CERT teams take assignments like educating the public, first aid stations, and safety perimeters around hazards. But in the Pacific Northwest, Mission One is preparing for the massive Cascadia earthquake that geologists expect one of these years. Klein knows that when it happens, her patients will not go out for pizza right after. "Nobody's coming. No ambulances, no firefighters. We will have to deal with whatever happens with whoever and whatever we have. Family docs will have a lot to offer."

Southwest of Portland, Ann Marie Paulsen, MD, belongs to Tigard CERT. She works in Tigard, as Adult Primary

Care Medical Director for Portland Clinic, and has two toddlers. She joined because "You hope nothing ever happens, you hope you never have to use these skills. But the peace of mind, knowing you could survive and help others – that's powerful."



Franklin Weingarten, MD, PhD, made up as an earthquake victim for a NET exercise. When he came home that night, he opened the door and called to his wife, "Darlene, I look scary but I'm okay!"



Merilee Karr, MD, is the Medical Team Leader at a NET exercise.



Margaret Vandembark Steele, MD, operates a mobile radio during EVCNB training.

What surprised her in CERT was the advice to keep shoes and a crowbar under the bed. "If the house frame shifts, you may have to pry. You can get out of your bedroom and get to your children."

Paulsen also learned that no one survives disaster by themselves. "If I'm prepared and no one else is, that doesn't help me, because I'm the lone survivor." Her clinic has Preparedness Days, teaching staff to be resilient at home and at work.

CERT spotlights Psychological First Aid to keep survivors and rescuers emotionally present and prevent PTSD. Paulsen, a mountain climber, also applies these skills on the Mazamas Critical Incident Stress Management Team. Her team meets with survivors after wilderness accidents, "To create a space where people can talk through their experience."

Franklin Weingarten, MD, PhD, joined Portland NET because, reflecting on 35 years of solo family practice in Tualatin, "Physicians are not trained for out-of-office practice. What I found interesting in NET training was stuff you don't learn in medical school."

Like what? "Evaluating for situational safety before treating."

Besides his medical skills, Weingarten has learned ham radio, to call for help if disaster takes out communications infrastructure.

Many physicians volunteer with their local Medical Reserve Corps (MRC) to do medical work when needed, such as vaccine clinics. Volunteering with CERT differs in three ways. One, there's always some challenge to be met, not all of them medical. Two, before a disaster arrives you can proactively organize your community to be resilient. Three, you don't need an active medical license.

A disaster spurred Margaret Vandembark Steele, MD, to help create a Super-CERT. "The big storm of December 2007. We were all cut off for a week. No power, no cell. Roads were blocked by fallen trees and landslides." This was around Nehalem Bay, on the Oregon Coast. "All of us had this aha moment. Oh, my gosh. We're on our own. We'd better get organized." She smiles at the memory. "And so we did."

She had retired to Nehalem Bay after a long career at Kaiser and the OHSU Family Medicine faculty. Now she realized, "I'm switching from Family Medicine to Community Medicine."

The organization Vandembark Steele and her community built is the Emergency Volunteer Corps of Nehalem Bay (EVCNB). It contains CERT and MRC, but it's far more, a nonprofit corporation with four divisions: Outreach, Preparedness, Emergency Communications, and Emergency Response. She is EVCNB's new president.

Authors try to stay out of their stories. However, this author is part of the story.

I'm a family doctor who joined NET because my neighbors were on the team. My interest in infectious disease led me to become an expert in Disaster Sanitation, giving talks titled "You Survive the Earthquake but Die of Dysentery."

I'm now Team Leader of my small neighborhood NET. I cultivate team members' interests, because we need all kinds: Medical, Radio, Logistics, Psych First Aid and De-Escalation, Scared Kid Wranglers, and Scared Pet Wranglers.

The same principle guides my NET service and my Family Medicine career: Empowering people to save their own lives.

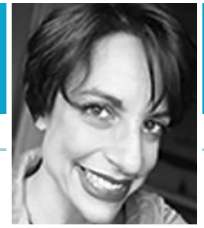
HOW TO FIND A CERT NEAR YOU

Directory: bit.ly/FindaCERT

CERT training takes 25-30 hours. There is self-paced video training at bit.ly/VideoCERT

If you can't spare the time, your local CERT still wants to meet you before disaster strikes. You are welcome to attend meetings and learn with them.

CERT is a no-cost FEMA program.



GINA A. MILLER, MD
OAFP/FOUNDATION PRESIDENT
SAMARITAN FAMILY MEDICINE RESIDENCY CLINIC - LEBANON

Award Winners

I am still riding high from seeing you all in person this Spring, what a fabulous event the OAFP put on for us in Bend! As an extrovert that thrives on interaction and physical contact with people, I have felt such a deficit in my life over the past two years and the Annual Conference was just what I needed to feel rejuvenated and ready to take on the next wave of COVID infections. It was enjoyable to meet up with our Board members, this was the first time we had ever met each other in person since I took over the helm of the Foundation Board. I am thankful to be involved in an organization full of passionate folks who are ready to help support and grow the next generation of Family Physicians.

Beyond the excitement of seeing everyone, it is with my utter delight that I get to share that your generosity helped the OAFP Foundation meet its fundraising goal for the Auction. Last year I challenged myself and you all to raise \$25,000 at the Auction and we accomplished that feat, to my great surprise, given that it was all online. This year, as a more difficult challenge, I upped the ante to \$30,000. With the support of your generous donations, we succeeded.

It is your kind-heartedness with donations of dollars and auction items that will give students and residents opportunities to relieve the burden of cost for travel to rural rotations or conferences. Your donations help in countless other ways such as supporting the Lundy and McCarthy awards that you read about in our Spring magazine, which are awarded to two MD and two DO students, respectively, who have matched into family medicine. We have an emergency fund to support residents in need during times of unexpected financial challenges. Additionally, funds are dedicated to FMIGs and the OHSU student led Health Care Equity Fair (HCEF) held annually in downtown Portland (a project near and dear to my heart as I was in the first group of students that started the HCEF in 2009).

I would love to hear any feedback or comments that you have for the Foundation Board and how we can

better serve the OAFP membership, our Oregon Family Medicine residents, or the Oregon medical students. Of course, we are always ready to accept financial donations as the Annual Auction is not our only source of funding and budget maintenance. Finally, we are open for auction donations to begin preparation for next years Annual Conference.

I hope that you all have a fabulous summer. It is a humbling yet exciting experience to continue as your OAFP Foundation Chair!

Thank you to the following for your generous donations! Because of you, we were able to surpass our goal!

David J. Abdun-Nur, MD & Katherine Abdun-Nur
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Eric M. Wiser, MD, FAAFP & Amy L. Wiser, MD, FAAFP
Lily J. Wittich, MD
Terry Wrobel, DO, FAAFP
Melanie Yacobucci
Stuart M. Zeltzer, MD

Cheers.



Gina Miller, MD

2022 OAFP ANNUAL CONFERENCE SPONSORS

Thank you to our **FAMILY MEDICINE CHAMPIONS**. As a *Pharma-Free organization, we appreciate your support and presence immensely. Your generosity helps us to provide high quality programming at our conference.*



Aledade, the leading physician enablement company, empowers physicians to succeed financially by keeping people healthy. With more than 140 value-based contracts with every type of payer, Aledade supports more than 1,000 practices across 37 states.



Whether it's health care, education or research, **OHSU Department of Family Medicine** is committed to excellence. The department is one of best academic programs in the nation, and the School of Medicine is among America's top medical schools for primary care education. We are committed to serving our patients and communities through excellence in clinical care, education, research, and leadership in Family Medicine. We strive to be a supportive and collaborative organization that transforms primary care and inspires future leaders by demonstrating the best in Family Medicine.



Oregon Rural Practice-based Research Network (ORPRN) is a statewide network of primary care

clinicians, community partners, and academicians dedicated to studying the delivery of health care, improving the health of Oregonians and reducing rural health disparities. Since our start in 2002, we have completed more than 80 funded projects and are nationally recognized for expertise in practice facilitation and implementing patient-centered primary care home (PCPCH) practice redesign initiatives.

ORPRN's mission is to improve health outcomes and equity for all Oregonians through community partnered dialogue, research, coaching, and education.



P3 Health Partners is a population health management company founded and led by physicians. Our team of health care providers and service professionals share a revolutionary vision for delivering patient care with passion and purpose. Our leadership team consists of experienced health care professionals driven by a desire to change the health care industry for the better and improve the lives of patients and providers. Our promise is to guide our communities to better health, enable providers to do the work they love, and enrich the health and

quality of life for patients. We understand the unique challenges that come with providing value-based care. That's why we've made it our mission to embrace a care model that gives patients the tools and resources they need to better manage their long-term wellness and allow providers the support they need to spend more time with patients and less time on administrative tasks and between-visit care.



With more than a century of service to Northwest communities, **PeaceHealth** strives to make health care available to everyone.

Our roots run deep in every community we serve. They do so because of our belief that our Mission, Values and Vision compel us to relentlessly pursue improving ways of providing the highest-quality compassionate health care services and care to our patients. We will have fulfilled our vision when every PeaceHealth patient receives safe, evidence-based, compassionate care: every time, every touch.

"We value everyone's contributions and expect a relationship-centered environment of humility, trust and collegiality. Mutual integrity, open communication, honesty and transparency are integral at all levels of the organization."

—Mike Metcalf, Chief Executive of PeaceHealth Medical Group

PeaceHealth consists of 10 medical centers and 139 clinics in Alaska, Oregon and Washington with more than 1,200 physicians and providers, and 16,000 caregivers. To learn more and to see our career opportunities: careers.peacehealth.org



Provider Solutions & Development is a community of experts founded within Providence, a purpose-driven, 51-hospital health system, over 20 years ago out of a clear need to change recruitment. We're not focused on quotas, and we don't work on commission. We support and serve physicians and advanced practice clinicians with heart, from residency to retirement, so you can do the same for your patients. With exclusive access to hundreds of positions across the nation, we offer holistic, personal career guidance that puts your needs first. We don't just fill positions, we fulfill individuals by taking the time to help you find where you're meant to be at every step of your journey.

Reach out today by emailing LetsTalkPSD@psdconnect.org or navigating to <https://psdconnect.org>.



Scribe-X

Scribe-X builds high-performing and customized medical scribe programs that enable health centers and clinics to reduce provider burnout while increasing revenue and reducing documentation burdens.

Our medical scribe team consists of motivated and intelligent people who desire clinical experience while pursuing a health care career of their own. Learn how working hand-in-hand with a provider can propel you towards achieving your goals.

MyTeam Medical Staffing connects outpatient clinics with the best local talent for nearly every health care opening. At the same time, MyTeam supports candidates as they find their ideal first position or take the next big step in their career. We serve both employers and job candidates effectively thanks to our team's deep experience in health care administration and clinical care. If you're hiring staff or searching for your next great job, we're here to help.



MyTeam



Stellar Health is a health care technology company focused on enabling success across the value-based care continuum by bridging the incentive gap between providers and payors. The Stellar solution is the first point-of-care, cloud-based platform that helps primary care providers continually engage with their patients by providing them real-time information and tangible action-based incentives for improving quality of care. With Stellar, providers can achieve a range of VBC goals, like improving quality scores and optimizing the patient care journey through transitions of care and high-value referrals, all with the objective of improving patient health. For more information on Stellar Health, visit www.stellar.health.



Summit Health

Summit Health is a physician led and professionally managed multispecialty group practice in Central Oregon with 9 locations in Bend, Redmond, and Sisters. Summit Health includes more than 150 providers across 30 specialties and services providing care to over 45,000 attributed lives in Central Oregon. The medical group has become the quality-of-care leader in Central Oregon, achieving a 4.9-star rating or better on nearly all value-based contracts, in the upper decile for customer satisfaction and earned a near-perfect Medicare Quality (MIPS) score of 99 out of 100 available points. Summit Health recently completed the launch of the community's first full spectrum Accountable Care Organization (ACO) in 2022.

OAFP's **FAMILY MEDICINE ADVOCATES** stayed with us through the pandemic, allowing us to hold their funds and apply them to this year's conference. Thank you for believing in us.



CareOregon

For more than 25 years, **CareOregon** has offered health services and community benefit programs to Oregon Health Plan members. Today, we support the needs of just over 500,000 Oregonians through three coordinated care organizations, a Medicare Advantage plan, a tribal care coordination program, a dental care organization, and in-home medical care with Housecall Providers. CareOregon members have access to integrated physical, dental and mental health care, and substance use treatment. We believe that good health requires more than clinics and hospitals, so we also connect members to housing, fresh food, education and transportation services. CareOregon is a mission-driven, community-based nonprofit with offices in Portland, Medford and Seaside, Oregon



MAGMUTUAL

For nearly four decades, **MagMutual** has been a leading provider of medical professional liability insurance. Today, we deliver comprehensive coverage for the practice, business and regulation of medicine to more than 30,000 health care providers and organizations nationwide. Our focus on innovation enables us to provide exceptional service, extensive support and financial benefits that result in improved outcomes and stronger PolicyOwnersTM.



The **Oregon Dairy and Nutrition Council (ODNC)** has been a trusted resource for healthy eating guidelines, emerging nutrition research, and community well-being for over a century. The ODNC works alongside health care Providers, nutrition researchers, industry thought leaders, and additionally on behalf of all dairy farm families and dairy processors throughout the state of Oregon. Building trust in the essential nutrition that Oregon dairy products provide, and lending support for those who make them, is accomplished through ongoing collaboration and involvement with school wellness groups, state health councils, industry development committees, and Provider network partners like the Oregon Academy of Family Physicians.

Thank you to our **EXHIBITORS** who value your service to all Oregonians and the profession of family medicine.



ACTIVE RECOVERY
TMS

Active Recovery TMS is a Portland-based mental health clinic specializing in transcranial magnetic stimulation (TMS) for patients with treatment-resistant depression and OCD. With six locations across the Portland metro, including Salem and Vancouver, the clinic provides patients struggling with depression and

continued on page 20

OCD with a valuable non-drug option for managing their mental health — particularly those who have not responded to multiple antidepressant treatments or talk therapy in the past — as TMS can reduce symptoms of depression or bring depression under control with minimal side effects. Learn more at activerecoverytms.com.



The mission of the **American Board of Family Medicine** is to improve the health of the public through board certification, establishment of standards for residency training, research that impacts the discipline, and leadership development for advancing the specialty. Currently, more than 90,000 family physicians are maintaining their board certification through ABFM, making it the third largest of 24 boards that make up the ABMS.



BestMind Behavioral Health offers best-in-class behavioral and mental health treatment for both Adults and Adolescents. Our providers offer medication management, TMS and Esketamine to treat Treatment-Resistant Depression, as well as ADHD, PTSD, Bipolar Disorder, Anxiety, and OCD. We are servicing Oregon with both in-person and telehealth appointments. We accept a variety of insurances, so you can get the care you need at an affordable cost. We work with licensed Psychiatrists, Certified Psychiatric Nurse practitioners and physician assistants to deliver the best care for your state of mind.



Boost Oregon empowers people to make science-based vaccine decisions for themselves, their families, and the community. We believe that every person wants to make the best health decisions but that distrust, fear, and misinformation prevent them from doing so. Through community-based, grassroots education, Boost Oregon listens to individuals, eases their fears, and presents the scientific facts. No other independent organization is doing this kind of parent-led, science-based health advocacy. We envision a world in which people's health decisions are rooted in science.



Jones & Roth Healthcare CPAs & Advisors Our comprehensive suite of services is designed for medical practices, owned by both single-providers and multi-provider partnerships, that are seeking to maximize operational and financial performance. Our Healthcare Success Plan is a proactive, year-round service plan for long-term success.

Rather than simply providing year-end tax preparation, our team provides expert guidance throughout the year for superior financial and organizational management. We also support practice owners with integrated personal tax and retirement planning strategies.

PERMANENTE MEDICINE. Northwest Permanente is the largest self-governed,

independent, multispecialty medical group practicing in Oregon and Southwest Washington. Together with Kaiser Foundation Health Plans and Kaiser Foundation Hospitals, we form Kaiser Permanente Northwest, an integrated health care program. At Northwest Permanente, we constantly seek new horizons in health, innovate our treatments and technologies, and share best practices so that our teams can bring patients the best possible care. Our more than 1,500 physicians and clinicians are leaders— in our clinics and in our communities.

For more than 80 years, we have worked regionally to provide best-in-class care for our patients. That's one of the reasons we became the world's first physician-led medical group to be certified as a B Corp - on organization that prioritizes balancing people, planet, and collective prosperity. This certification aligns with our overall commitment to our community, our workers, and the environment.



Northwest Human Services is a mission focused organization providing compassionate and professional medical, dental, psychiatry, mental health, and wraparound services for those in our community who need it most - uninsured individuals, families, the homeless, and migrant workers. Our multidisciplinary teams are fully integrated, allowing us to provide our patients with exceptional coordinated care. The leadership and Board of Directors at NWHHS support our staff with a variety of training and development opportunities as we continue to expand our programs and community offerings. We strive to instill a workplace culture based on inclusivity, open communication, and positive support.



US Army Northwest Physician Recruiters

You can make a difference in the lives of Soldiers and their families by becoming a medical officer in the U.S. Army health care team as Physicians. You can work part time in the Reserves (36 days a month) or full time as Active Duty. Take advantage of fellowship programs, humanitarian missions, tuition scholarships, stipend allowances, and loan repayment programs. Be part of the one percent by serving your country.

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EVA S. MCCARTHY, DO, OAFP VICE PRESIDENT
SAMARITAN HEALTH SERVICES FMRP - FACULTY

Racial Justice Charter

At the annual Spring conference in April 2021 a resolution was brought forth to the OAFP to join other organizations in declaring racism a public health crisis. This message was preceded by increasing awareness that decades of violence, discrimination, and institutional racism against Black, Indigenous and people of color in the United States have led to disparate health and social outcomes in these populations. In response to this resolution, the OAFP formed an Equity, Inclusion and Diversity (EID) task force as an initiative to make racial justice and health equity an essential part of our organization. One of the first orders of business for the task force was to draft an anti-racism declaration for our organization which attests to the actionable ways that the OAFP will address institutional racism and contribute to a more equitable health care system for Oregonians. The declaration was subsequently approved by the OAFP board of directors and is now published on our website. Since its inception the task force's volunteer membership has grown to include medical students from both OHSU and COMP-NW, resident, and family medicine physicians from

diverse backgrounds, practices, and experiences. Another ongoing initiative by the task force is promoting pathways into medicine for racial minority students.

Most recently, the EID task force has embarked on creating a racial justice charter for the OAFP in collaboration with the Oregon Health Equity Alliance (OHEA). OHEA is a not-for-profit collaborative run and informed by people of color whose mission is to "uplift the wisdom of our communities of color through racial justice informed health equity policy and practices". The charter will serve as a guiding document of shared values and definitions among our organization's subcommittees that will apprise our strategic planning process and help align future stakeholders with our practice of racial justice and health equity.

Over the next four weeks a subcommittee of representatives from within and outside of the organization will convene with OHEA to have challenging but necessary conversations about power, leadership, values, and policy as it pertains to upholding the OAFP's vision of health and vitality for all. The charter will be finalized by mid-summer and is

a foundational step in adopting and practicing antiracism. It will provide a unified lens by which we can examine our core values, governing processes, policy advocacy, and community coalition work. It will also provide a structured, top-down approach to integrating antiracist principles throughout the organization rather than compartmentalizing them into one subcommittee.

The OAFP has over 1,700 members and is the largest medical specialty society in Oregon. We are essential to the wellbeing of the population. We recognize that the needs of physicians and their communities are diverse. Reducing health disparities through a racial justice lens benefits everyone. When promoting health and vitality for all, we should consider the historical and ongoing ways in which our patients are disadvantaged and strive for equal investment of resources, access and opportunities in all communities. The impact that we aim to achieve through this work is a diverse, sustainable workforce that feels empowered to dismantle inequities so that every person can attain optimal health.

• FROM THE VALLEY



MIRABELLE FERNANDES PAUL, EDD
WESTERN UNIVERSITY - CHIEF DIVERSITY, EQUITY AND INCLUSION OFFICER
COMP-NORTHWEST - ASST. V.P., UNIV. STUDENT AFFAIRS, & ASST. DEAN, STUDENT AFFAIRS

The Making of History at Western U/COMP-Northwest

History was made on many levels at the 8th Commencement Ceremony of the Western University College of Osteopathic Medicine of the Pacific-Northwest that was held on May 27, 2022 in Lebanon, Oregon. Out of the 104 graduates who received their diplomas, this year 17 young physicians were commissioned into the Army, Navy, and Air Force, more than three times the average number of COMP-Northwest military graduates and a record for any graduating medical class in the nation. 28% of the graduating class will be continuing their education in family medicine residencies.

This year also marked the inaugural year for WesternU's third President, Dr. Robin Farias-Eisner who passionately declared in his keynote address "I am 500% committed to the growth and expansion of COMP-Northwest and for PT, OT, and all that will come in the future. I am 500% committed to you students, to the faculty, our staff, and to all here in this area and on this campus. I love what I see in Oregon. I am also immensely committed to rural medicine, equity, elimination of health care disparities, our rural communities, right here in Oregon. I am also committed to primary care, population health, community medicine, right here in Oregon."

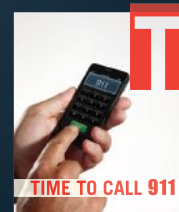
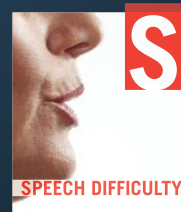
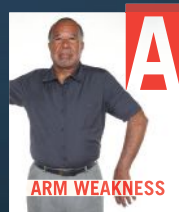
A Lebanon native has been part of the graduating class of COMP-

Northwest before, but this year's graduating class boasted two graduates who grew up in Lebanon and graduated from Lebanon High School. Dr. Whitley Nelson is excited to begin her surgery residency at Corvallis Good Samaritan Regional Medical Center and Dr. Austin Kleint will launch his pediatrics residency at Baylor College of Medicine in San Antonio, Texas.

This year's commencement exercises

were keenly awaited by many, as commencements of 2020 and 2021 were held virtually on account of the COVID-19 pandemic. This graduating class exhibited extraordinary resilience and determination, as the pandemic began just as they were wrapping up on their pre-clinical years, eager to begin clinical rotations. However, they stuck it out, making the most of any and all learning opportunities offered to them.

SPOT A STROKE



www.StrokeAssociation.org

HIGHLIGHTS FROM OUR FAMILY MEDICINE WEEKEND

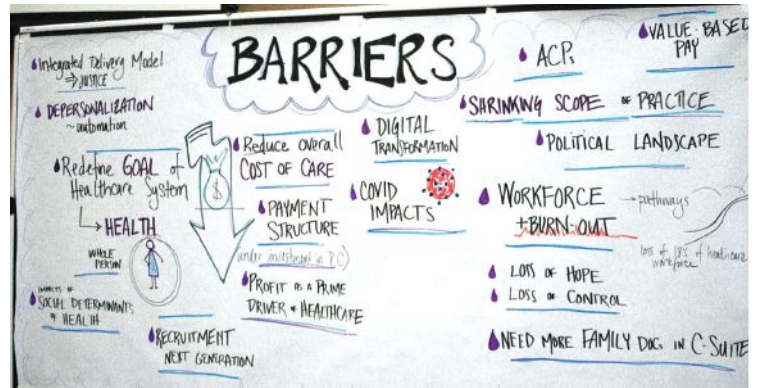
Wow! What a Conference! This year we gathered at the Riverhouse on the Deschutes in Bend from April 7-9. We had a fantastic turnout with over 150 registered attendees.

THURSDAY featured an ALSO Provider course, taught by **Drs. Kristin Bendert, Brenda Brischetto, Joe Skariah, Annie Tubman, Jonathan Vinson, and Eric Wisler**. Nearby, a handful of physicians were involved in a volunteer activity stuffing backpacks and writing inspirational notes for the residents of Bethlehem Inn, a high-barrier emergency shelter in the neighborhood. Late afternoon included **Dr. Ben Colburn's** session on the power of Storytelling to heal. Dr. Colburn is part of the Northwest Narrative Medicine Collaborative. Next, the OHSU Department of Family Medicine sponsored an informal reception with hors d'oeuvres, beer and wine to kick off our annual joint Poster Session with ORPRN, emceed by **Nancy Elder, MD, MSPH**. Over twenty posters were shown in both live and virtual presentations. Our winners this year were: First Place: **Madeline Bierle, MD** – Cost Transparency at an OCHIN Federally Qualified Health Center; Second Place: Johanna Wilson – Meeting the Challenge of an Increasing Spanish-Speaking Patient Population: Adaptation of a Medical Spanish Elective in Times of COVID-19; Third Place (tie): **Maya Herzig** – Medical “Taboo”: Internalizing Patient-Centered Language via Game-Based Learning; **Gabrielle Kelly, MD** – Roseburg Health Assessment: A Grassroots Effort; and Jordan Gemelas, MD, MPH – “Where would you put yourself on this ladder?": One-item Screening for Social Risks in Primary Care. The evening ended with the ever-popular Doctors' Jam Session, reunited after three years.



Michael Goodwin, MD enjoying the Doctors' Jam on Thursday night.

On to **FRIDAY** and early morning connection and reflection with **Dr. Mary Meador**. After a continental breakfast, the conference “officially” began with **Dr. Ruth Chang** delivering the Keynote Pennington Lecture—Equity, Diversity and Inclusion in Medicine: Building a Longer Table. The session was sponsored by OHSU Department of Family Medicine and introduced by **Roger Garvin, MD, FAFP**.



Work of the graphical scribes.

We had three terrific breakout sessions during round one: ORPRN's Anne King spoke about the social needs of patients during COVID and its effect on primary care. Jim Winkle shared ORPRN's SBIRT CCO metric, and finally Mary Meador, MD, returned to inform us how to regain connection with ourselves.

On to our second round of breakouts with: **Drs. Iman Malik** and **Fernando Polanco**, both family medicine residents, delivering implicit bias training; **Drs. Brigit Hatch** and Kate McKenna spoke about the effect of COVID on the primary care workforce and how to move forward; and finally, **Sen. Elizabeth Steiner Hayward, MD, FAFP** teamed up with our own Executive Director, Betsy Boyd-Flynn, and OAFP Lobbyist Iris Maria Chavéz for Advocacy 101.

Lunchtime let members mingle with exhibitors (see p. 18 for a complete listing), who were happy to see so many interested attendees. We are so thankful for sponsor support as it helps us to keep registration fees low while providing



Fayza Sohail, MD, FAFP, discussing a solution with Governor John Kitzhaber, MD.

a high-quality experience for our members. After lunch, AAFP President-Elect Tochi Iroku Malize, MD, MPH, MBA, FAFP, began the first of two sessions on *Future Thinking in Family Medicine*. Alongside **Nathalie Jacqmotte, MD**, our OAFP Board President, Governor John A. Kitzhaber, MD, **Liz Powers, MD, FAFP**, OAFP Delegate to AAFP Congress, and Dr. Jack Westfall, of the Robert Graham Center, attendees took part in an interactive brainstorming session about the challenges ahead for the specialty. Graphical scribes captured the session to help inform future strategic planning. The second half of the session was about hopes for the future. That afternoon, we experimented with offering meetups for

Member Interest Groups. Thank you to our MIG leaders: **Drs. William Bailey** (Independent Solo/Small Group Practice), **Stewart Decker** (Medical Aid in Dying), **Tony Germann** (Single Payer Health Care), **Joyce Hollander-Rodriguez** (Rural Health), **Carrie Pierce** (Reproductive Health Care), **Daniel Sengenberger** (Point-of-Care Ultrasound), **Steven Wahls** (Physicians for Life), **Eric Wiser** (Obstetrics) and **Mary Wunderle-McIntosh** (Breastfeeding Medicine). Visit <https://connect.aafp.org/communities> for information about other MIGs and other member groups; we will continue to search for ways to help MIG members connect locally.



Drs. Kay Nordling, Justin Osborn and Nathalie Jacqmotte deep in conversation.

Governor Kitzhaber and Senator Steiner Hayward were available for a fireside chat before our OAFP/Foundation Auction. The auction included a dinner, several silent auction items, and a handful of valuable live auction items: a handmade live-edge sofa table by **Scott Fields, MD**, a weekend beach stay, and a wedge of Rogue Creamery's award-winning blue cheese. Our two Lundy Award winners from OHSU were announced: Jordan Gemelas, MD, MPH, and **Cassandra Kasten-Arias, MD**. Our inaugural McCarthy Award Winners were **2nd Lt. Mario Gaddini, DO**, and **G. Nicole Lujan, DO**, newly graduated from Western U/COMP-Northwest. You can read about the auction and see the list of donors on p. 16.

It was not easy to get up so early on **SATURDAY** for a 7:00 am start to our Congress of Members. **Melissa Hemphill, MD, FAAFP**, our Speaker of the Congress, presided over the business of the day (see p. 27 for a list of resolutions) Dr. Iroku-Malize swore in our new board members and thanked outgoing board members (**Drs. David Abdun-Nur** and **Bhavesh Rajani**) who have spent a great deal of their time and energy for OAFP over the past few years. A current list of officers and board members is on p. 21.

Two plenary talks from Dr. Jack Westfall (Primary Care, Public Health and Social Assets – Community Health Index) and Dr. David Price (ABFM Update), bookended another round of breakouts. **Drs. Tony Germann** and John Santa spoke about the work of the Oregon's Task Force on Universal Access to Health Care, and several members of the OAFP's Equity,

Inclusion and Diversity Task Force (**Drs. Christal Crooks, Eva Galvez, Eva McCarthy, Rick Moberly, Justin Santos, Simran Waller**, and **Eric Wiser**) participated in a panel discussion about workforce pathways and obstacles faced by minorities in their journey to become physicians.

This year's celebration luncheon and announcement of OAFP Family Doctor of the Year was special to **Dr. Nathalie Jacqmotte**, who introduced our honoree **Dr. Thomas Creelman**, who will be featured in our fall issue.



Twin sisters, Drs. Eva and Olivia Galvez, enjoying the conference.

As a medical student, Nathalie was one of Dr. Creelman's students during a rural rotation. Dr. Creelman just retired from over 40 years with Indian Health Service in Warm Springs. Tochi Iroku-Malize, MD, MBA, MPH, FAAFP, delivered her closing keynote (Digital Transformation & Family Medicine) and several members were granted the degree of Fellow: **Drs. Meghan Brecke, Neil Carroll, James Chesnutt, Michael Csaszar, Sam Datta, Justin Osborn, Jonathan Schott, Fayza Sohail**, and **Johanna Warren**). Several attendees stuck around to participate in **Dr. Josh Reagan's** KSA Study Hall on Palliative Care, our first live KSA since 2019.



Drs. Nathalie Jacqmotte, Liz Powers, and Tochi Iroku-Malize during a panel discussion.

Throughout the weekend, attendees could sit down and tell their stories with scribes as part of our 75 Stories for 75 Years project. A family room was open and stocked with games, toys, and art supplies for attendees' kids. Family Physicians of Oregon's Political Action Committee (PAC) and the OAFP/Foundation were collecting donations and distributing OAFP water bottles as a thanks to generous donors.

Next year's conference will be a joint venture with the Oregon Pediatric Society, and planning is underway. **Save the date: April 13 to 15 at Salishan on the Oregon Coast. If you have any ideas about sessions, activities, or anything else, please email us at bbf@oafp.org.**

• IN MY OWN WORDS



CRAIG L. WRIGHT, MD, OAFP MEMBER
CO-FOUNDER, PHYSICIAN LEADERSHIP PROJECT

Family Physicians are well trained to manage acute and chronic medical conditions, and to consider social factors that impact their patient's health. These and other dynamics contribute to the sense that practicing primary care is increasingly challenging and complex. At the same time, the business and operational challenges are also increasing. Often, a Family Physician's training is focused on clinical skills and rarely on developing business or leadership acumen. This may contribute to tensions between the clinical and business perspectives. It is helpful to be aware of these tensions when discussing challenges and develop solutions for today's Family Medicine practices (see Figure 1).

To understand these natural tensions, let's consider how the people in these roles typically do their work. First, we know that physicians tend to interact one on one with patients and are action oriented when addressing patient needs. They are viewed as having clinical expertise and take ownership and accountability for the care of their patient. They often use clinical language and have a natural affinity towards other physicians. Administrators, on the other hand, often like to be proactive and address issues for the future. They frequently interact with groups of employees and collaborate across functions to share responsibility for outcomes. They think of the overall needs of the clinic first and speak the language of finance, which can make clinicians see them as just another "suit." The contrast between these two mindsets, language, and priorities drives misunderstandings that can lead to disruptions and even burnout. In addition, many Family Physicians practice in large organizations that can make the decision-making process even more complex and has the potential to amplify these frustrations.

In today's practice environment, both clinical and administrative perspectives are important. Family Physicians who appreciate these tensions can function as an "interpreter" between clinical and administrative perspectives and facilitate better decision-making. Every physician is a leader and has significant influence over the culture that develops around them. Therefore, improving physician leadership is a powerful antidote to the complex challenges facing primary care practices today. It is an exciting time for Family Medicine Physicians to develop new skills and perspectives that enhance their effectiveness in their personal leadership journey. In many ways, our staff, our colleagues, and our patients depend on it!

Figure 1

Physician / Clinical World	Administrator / Leadership World
Doers (mostly reactive philosophy)	Planners / designers (mostly proactive philosophy)
1 : 1 interactions	1 : n interactions
Being "the" expert and carrying full responsibility	Being one of many experts and sharing responsibility
Values autonomy	Values collaboration
Patient advocate	Organization / population advocate
Identifies with profession / specialty	Identifies with organization
Speaks language of medicine	Speaks language of finance
Affinity and respect of colleagues	Garners suspicion for being a "suit"



POLICY RESOLUTIONS

The following resolutions were discussed and voted upon at the 2022 Congress of Members.

Referred to the Board:

Protecting Old Growth Forests as an Environmental Health Strategy

RESOLVED, that the AAFP advocate for continued research into the impact of forest management strategy on population health, and consider it when developing environmental health policy.

Adopted:

Evidence-Based Nutrition Educational Content to Primary Care Providers

RESOLVED, the AAFP will advocate for equipping primary care providers with educational content regarding culturally sensitive evidence-based nutrition guidelines and tools for counseling patients regarding healthy dietary lifestyles.

Anti-Racism Praxis as a Core Competency in Medical Education

RESOLVED, the AAFP advocate for anti-racism as a core competency in undergraduate and graduate medical education.

Climate Action for the OAFP

RESOLVED that the Oregon Academy of Family Physicians provide its members and their staff with available resources, such as by posting links / resources on their website, that have already been developed to reduce the climate impact of their clinical practice and institutions, and let it be it further

RESOLVED that the American Academy of Family Physicians provide its members and their staff with available resources, such as by posting links / resources on their website, that have

already been developed to reduce the climate impact of their clinical practice and institutions, and be it further

RESOLVED that the Oregon Academy of Family Physicians develop a plan to move toward carbon neutrality by 2030, and be it further

RESOLVED that the American Academy of Family Physicians develop a plan to move toward carbon neutrality by 2030.

CONDOLENCE RESOLUTIONS

Carlos Kemper died on March 20. He had been a member since 1973.

Joan Tanner of Portland, died on December 2, who joined in 1975 and was OAFP's first female President in 1979-1980.

Gordon McComb died on September 11 and was a member since 1964.

Doug Lieuallan also died on September 11. He was a member since 1978 and served as OAFP president in 1989.

Richard "Dick" Kuehn, died August 23 and was a member since 1963.

STUDENTS SPEAK OUT!



Oregon Health & Science University

STEPHANIE ALDEN, MS - 1



Live or Virtual? Benefits of Both

To use an idiom paraphrased in OHSU Family Medicine Chair **Dr. Jennifer DeVoe's** 2021 article "Primary Care in the COVID-19 Pandemic: Essential, and Inspiring" – the horse is out of the barn. We may not find it a flattering comparison, but if the barn represents the limits, both real and imagined, around ourselves and our practices, then primary care teams are the horses and COVID-19 and the herculean innovation it spurred has let us out. With the ending of certain emergency programs comes a need to move quickly to protect these helpful practices we have developed the last three years – and stay out of the barn, as it were. As a leader of the OHSU Family Medicine Interest Group (FMIG) this year, I am currently grappling with this very thing though in an educational context. We are experiencing the joys of being able to host events in person after nearly two years of meeting online, but in this transition, we are also faced with the loss of certain benefits offered by the virtual setting.

This school year started with two classic FMIG events, "What is Family Medicine" followed by "Meet the Docs", both held virtually. As a newly enrolled first year student, the idea of going to events was intimidating, but because clicking a link and attending from home is such a low barrier to entry, I was willing to try. In both these events, expert use of the virtual platform allowed students to easily participate, and in the latter event we were able to meet many members of the specialty practicing in a wide range of clinical settings and places. I was so impacted by these and other FMIG events that I joined the leadership team, and as my fellow leads

and I look toward planning this fall's iteration of these two events I wonder how the "return to normal" will change them. I find I look forward to the gains in community while I mourn the loss of accessibility to attend, particularly for those who practice in rural and faraway places.

This is not to say these last few months have not been without opportunities to enjoy being in person! Last month the Family Medicine Interest Group was able to host a casting workshop for medical students in collaboration with some of OHSU's FM residents, an event that would have been impossible just a few short months before. The event was attended at maximum capacity and taught invaluable skills to those considering any number of specialties. We were also able to host a panel celebrating and learning from fourth year medical students who had newly matched into FM residency programs, a group that measures 13% of the 2022 graduating class. Panelists and attendees were able to attend virtually or in person, and this flexibility allowed greater and easier participation.

Coming soon our interest group plans to host more workshops, informational sessions, and maybe even a book club. We are still learning but will try to find a balance between the advantages of the old and the new. We also look to current Family Medicine physicians to do just this in their practices and know you all have a lot to teach us.

STUDENTS SPEAK OUT!



WESTERN UNIVERSITY OF HEALTH SCIENCES COMP - NORTHWEST



FORREST BLISS, OMS-2
OAFP BOARD STUDENT DIRECTOR

The Future is Bright

There are few times of the year as exciting as spring in medical education. After months of grueling applications, interviews, and hard decisions, fourth year medical students finally learn where they will be headed for the next few years of their medical training on Match Day. A couple months later, they get to celebrate their achievement at a formal commencement ceremony. It is a well-deserved respite from the intensity of medical training and a chance to reconnect with family and friends before relocating for residency. Commencement ceremonies are always permeated with an atmosphere of optimism, but this year that hope seems just a bit more compelling.

Since the pandemic started, graduates of COMP-Northwest have celebrated commencement virtually. While there is something endearing about watching students get “spotlighted” on Zoom as their name is called, surrounded by loved ones, it also lacks the finality and splendor of a traditional ceremony. On May 27th, students celebrated the first in-person graduation in two years, and although the weather was overcast, the mood was bright.

The graduation ceremony punctuated another strong residency match at COMP-Northwest and a record year for family medicine. According to data from the National Resident Matching Program (NRMP), the main residency match this year was the largest on record, including a record number of primary care positions which comprised half of all positions offered¹. Across the two Western University of Health Sciences Campuses (Lebanon, OR and Pomona, CA), 75 graduates from the Class of 2022 matched into Family Medicine programs, with seven of those matching to programs in Oregon.

On a smaller scale, there is much to celebrate back on campus in Lebanon. The University's Coronavirus

Response Team has given the green light for in-person extracurricular events to resume, with cautionary measures. This feels like a huge step towards re-establishing normalcy, especially to those students who are considering a career in Family Medicine, for whom close interpersonal relationships and community outreach are key factors. The Family Medicine Interest Group is led by newly appointed co-presidents Alvin Chen and Ming Fung. Despite new leadership and demanding preclinical coursework, the club has taken advantage of the new guidelines. Thus far they have hosted an ice cream social and oral presentation workshop and have plans for guest speakers to discuss different career paths within Family Medicine. Get to know the new co-presidents by checking out their bios below!

Our FMIG Leaders



Alvin Chen, OMS-1

My name is Alvin Chen and I'm currently a first-year medical student at Western University of Health Sciences COMP-NW. I'm originally from the Bay area and went to UC Davis for my undergraduate degree. After graduating UC Davis, I also attended a master's program and worked as a behavior technician. The reason I'm interested in family medicine is because I like how I'm able to develop a long-term relationship with my patients and can treat many members of a family.

continued on page 30



Ming Fung, OMS-1

Born and raised in Oregon, I moved to Maine briefly to earn my bachelor's degree in Biology from Colby College in 2021 before returning to Oregon to attend medical school at COMP-NW.

I am so thankful for the opportunity to attend school in Oregon where I can be close to my family and in the communities

in which I plan to practice family medicine. I am passionate about preventative medicine and can't wait to help my future patients to take charge of their health and live happier and healthier lives. In my free time, you will often find me enjoying the great outdoors fishing, skiing, hiking, and kayaking or cooking up a delicious meal.

We have all endured extraordinary challenges and hardships during the past two years. The long-term impacts

of the pandemic are still unfolding, but undoubtedly its consequences have affected every sphere of life, not least of all the field of health care. As society rebuilds from this enormous upheaval, perhaps there is no better time for hopefulness. Many of life's small gifts were once taken for granted – wellbeing, holidays with loved ones, face-to-face connections with patients, a smile from a passing stranger – and now that they have returned, we may treasure them again in earnest. Like the first green buds of spring, we cautiously welcome the sunshine, ready to finally burst into life once more.

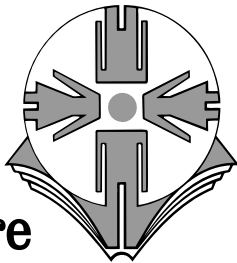
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