Family Physicians of Oregon

VOL • XV • NO 1 • FALL 2020

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Family Physicians of Oregon

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About the cover:

Fall at Sweet Union Farm is always mostly orange. Photo by Stewart L. Decker, MD.

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OREGON ACADEMY OF FAMILY PHYSICIANS
MAKING HEALTH PRIMARY

EDITION 55

PRESIDENT'S MESSAGE

DAVID ABDUN-NUR, MD, OAFP PRESIDENT
MOUNTAINVIEW FAMILY PRACTICE - FAMILY PHYSICIAN

Do you remember when you had to be fitted for an N95 mask? In the hospital you would put on a mask and they would cover your head with a special hood and spray saccharin and if you could not smell it, the mask fit. I may be dating myself a bit, but we would keep the size of our N95 on the back of our name tag so that we could get the right size if we were treating an active TB patient. I think I treated my last active TB patient in the early 1980s during my residency in Southern California, long before N95 masks existed; we usually just put a surgical mask on the coughing patient.

Fast forward about twenty years, and I found my old N95 mask very useful for doing yardwork. While working around a tree in the back yard and cutting branches down without it, I inhaled dust/fungus from the branches, developing a cough that lingered for two years. I definitely wear my N95 around that tree.

Fast forward another fifteen years and now COVID has arrived. I had pulled the N95 out of the drawer again to meet a new microbe, then in September, my neighboring cities of Phoenix and Talent were leveled by a rapidly moving fire, and my N95 was on again to protect from the choking smoke.

Who would have thought that this little face covering would be there to offer protection from so many dreadful health challenges? Its versatility is like our specialty; flexing to meet the ever-changing challenges to the health of our patients. Like the mask, family medicine has been there to protect our patients' health.

Ever-changing challenges indeed! COVID 19 continues to be a major burden for our practices. In addition to actively working for relief for our members from the state, OAFP has been working to identify and bridge the gaps between public health, primary care, and community-based organizations fighting COVID. Among the possibilities are creating training materials for community health workers to better help at-risk patients understand the role of primary care in treating COVID.

Another challenge is acceptance of vaccines. With the flu season approaching on top of the COVID pandemic, we have a public that has become increasingly distrustful of vaccines. Much of this comes from distrust of the pharmaceutical companies, and more recently, governments, but a lot is fueled by social media and propagation of conspiracy theories. With a hope of a COVID vaccine on the horizon, OAFP will work with our colleagues in the medical community to develop resources for you to share with patients to help them have confidence in what comes next.

Finally, this September has brought the worst fire season Oregon has seen. My neighboring communities of Phoenix and Talent have been destroyed, and smoke in Oregon and has made breathing difficult, at best. It is just one more challenge for many of our patients, especially with lung problems. The upcoming virtual AAFP Congress of Delegates has resolutions to try and address climate change on a national level.

The OAFP is adapting our education and programming to the new reality, too. As we have announced via email, the Board made the difficult decision last month to cancel the in-person portion of the 2021 Annual Conference. Though a vaccine may be here "in time" to protect our members, the risks of gathering physicians together is still too great. As one Board member put it, "We'll be getting vaccines so we can care for people, not so that we can get together." It is especially hard to miss gathering together two years in a row, but OAFP staff and leaders are already working hard to determine how to offer valuable educational programming, and even opportunities to gather virtually for the sake of community.

Meanwhile, COVID 19 has contributed to a lot of physician burnout and many practitioners have decided to leave or retire from medicine during this time. OAFP has started a series of lunch time lectures for CME that were intended for our spring conference in 2020. The first was a talk on physician burnout and touched on how our broken health care payment system contributes to this. OAFP is intensifying our push for reducing complexity through payment reform in the state of Oregon through participation in legislative and rulemaking workgroups. Part of avoiding burnout is keeping our mission as physicians in the forefront; meeting these ever-changing challenges we face is the mission.

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•GREETINGS FROM THE OAFP

BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Troubled times and smoky skies are on my mind as I write this in early September. While the fires have not yet subsided, we know primary care clinics are parts of communities hit hard or even destroyed in the latest wave of crisis to hit Oregon this year.

The state has an enormous challenge ahead to chart a path to economic recovery, and we are still in the midst of a health emergency that seems to have hit a stubborn plateau. Oregon's recovery will need legislators from both parties who understand the issues faced by our members and their clinics. The budget crisis is sure to hit the OHA in some form; our contract lobbyist, Sam Barber, has more about this on p. 12.

A critical flaw in our health care infrastructure has been made obvious to the public during this pandemic. The effort to manage the spread of disease has revealed the gap between public health, primary care and community-based organizations that focus on social supports. These components all have roles in the state's shared vision of advanced primary care for all, yet the lack of connections among them have made the state's ability to respond to the particular needs of the most vulnerable even harder. We know that in communities where these sectors collaborate more closely, interventions such as shared testing, simpler pathways to food and housing assistance, and collaborative efforts on contact tracing can happen. We are working to better understand the keys to that kind of collaboration, and the barriers that need to be removed to enable it.

Policy and Congress: Our AAFP Delegates and Alternates participated in a virtual Congress of Delegates this month; the modified format of the AAFP Congress meant that our Delegates could only carry two resolutions forward; we ensured co-sponsorship for key issues on two others. Our policy handbook is updated to reflect all the resolutions from 2020. Visit our website to check it out, and start making plans for resolutions for 2021.

Payment reform: Evidence is mounting that payment reform that moves away from fee-for-service and favors alternative payment arrangements that feature prospective payments have critical advantages, particularly during the time of COVID.

CME Offerings: We're making a virtue of necessity in these physically-distanced times and offering virtual CME programs to members each month at no charge. We have also converted our KSA study hall to an online event, scheduled for December 12, on hypertension. We are committed to bringing our members affordable or no-cost CME options in part because we know this year has brought financial strains to many of our members. We are here for you, we continue to work for you, and we are grateful for you.

Stay safe, healthy and informed.

Update from the Commission on Education

The OAFP **2021 Annual Conference** will be virtual. We are dedicated to bringing valuable CME and other opportunities to our incredible community of members, as safely as possible.

We are working to provide you with an outstanding educational event that will allow you to connect with your peers in new ways, and make the conference accessible to even more of our members. Dates for the conference are unchanged, so hold April 22-24 on your calendars and stay tuned!

Also, make sure to mark your calendars for March 10 and 11 for our 2021 **Virtual Legislative Days**. We're planning to pair up with the Oregon Medical Association and others for briefings from legislators on the evening of March 10, and we'll have virtual visits with our Oregon representatives and senators the following day.

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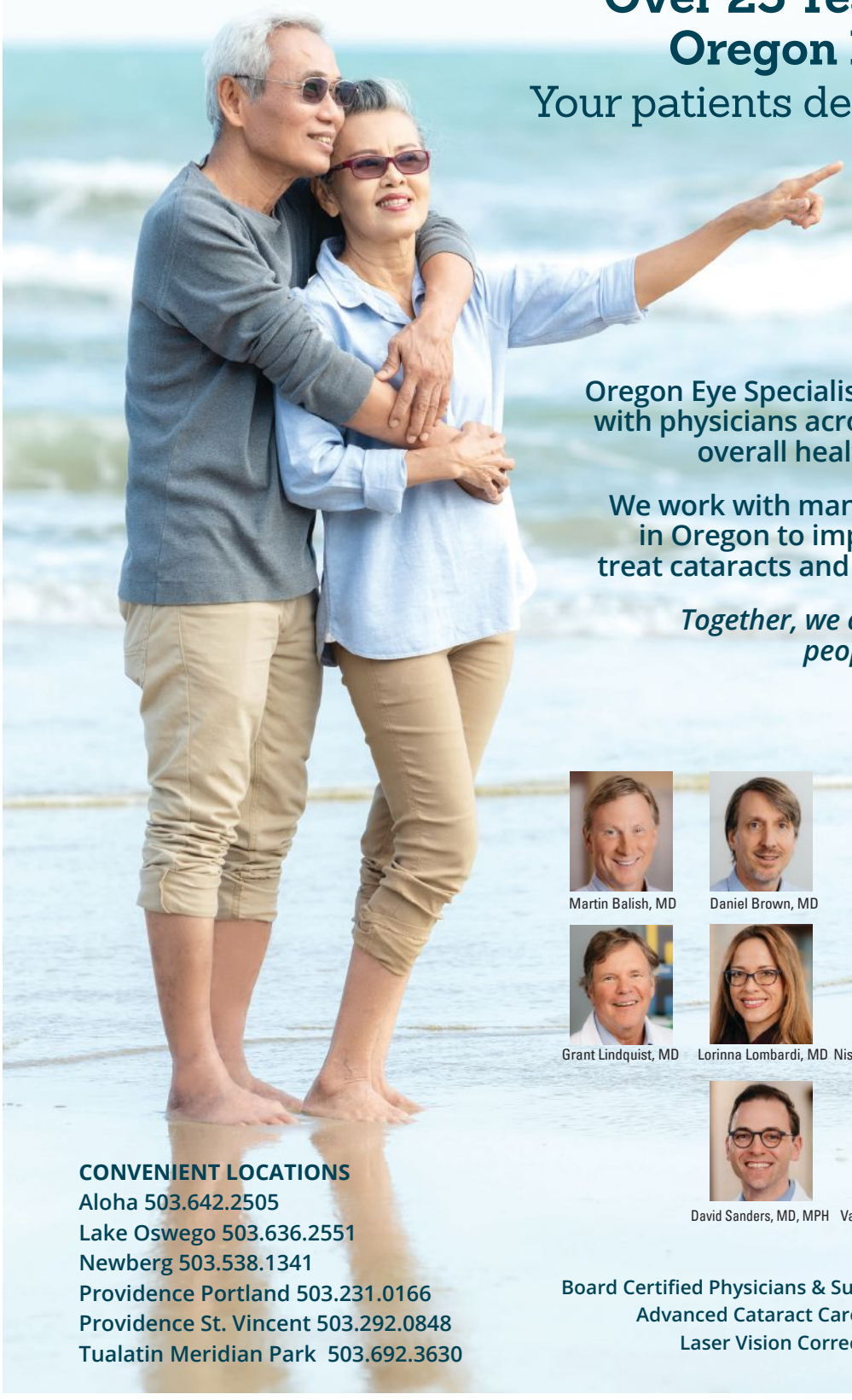

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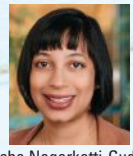
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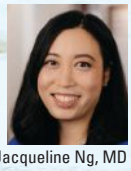
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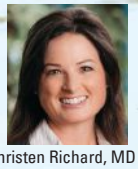
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•PUBLIC POLICY AND LEGISLATIVE AFFAIRS

SAM BARBER, LOBBY OREGON - OAFP LOBBYIST

Despite a $4.5 billion budget gap expected in the coming biennium, the Oregon Health Authority, in their 3,724 page Agency Request Budget released in early September, has requested a $1.1 billion dollar increase to its general fund appropriation. This roughly 25% increase would leverage significant federal dollars and help pay for a number of policy objectives aimed at achieving the agency's strategic plan to eliminate health inequity in Oregon over the next ten years.

These policy option packages include:

- $69 million for public health modernization
- $5 million to scale up the universally offered home visiting program passed in the 2019 session
- A new tax on beer, wine and cider to pay for behavioral health services, including substance use disorder prevention and treatment, as well as $100 million to implement recommendations developed by the Governor's Behavioral Health Advisory Council
- $200k to refine the details of a public option plan sometimes called "Medicaid buy-in"
- $19.5 million to move the Insurance Marketplace from the Department of Consumer and Business Services to the OHA, to create greater opportunities for aligned policy

Given the steep decline in revenue caused by the pandemic, and potential changes to the make-up of the House and Senate after the coming election, it is unclear whether legislators will be looking to expand the OHA's budget in the coming biennium.

More likely, the legislature will be looking at difficult cuts, and the Agency Request Budget provides a view into where the OHA might propose making them if they had to. Included in the document is a 10% Budget Reduction Scenario that lays out some devastating cuts to the Oregon Health Plan and its members.

Some of the most notable are:

- Reducing Medicaid inflation for managed care (CCOs) and the fee-for-service population from 3.4% down to as little as 1%
- Eliminating coverage of up to 25 lines on the Prioritized List—vision services for adults and children, certain mental health coverage, severe skin conditions, common painful women's health conditions, and gallbladder cancer are all within those 25 lines
- Eliminating adult dental coverage or eliminating coverage of certain services such as crowns and dentures

Complicating the budget outlook for the state are the $2 per pack tobacco tax increase on the November ballot and decreasing match rates from the federal government for Medicaid recipients. If that ballot measure fails to pass, the state could need to find hundreds of millions *more* in revenue to pay for the Oregon Health Plan.

Though these reductions are grim, at this point, they are just a proposal. The Governor will consider the agency's budget in tandem with the other state agencies requests to develop her own proposed budget. Ultimately though, the legislature has final authority over the budget and may or may not take the Governor's recommendations.

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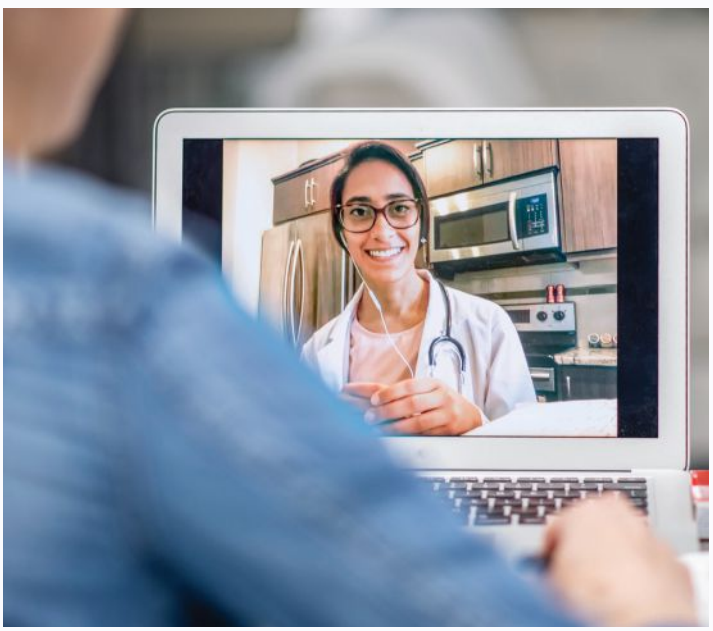

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ORCA-FM Presents a Unified Front at AAFP's National Conference

Entering the future while using back to the future...technology

On July 30, 31 and August 1, all of Oregon's Family Medicine residencies participated in the AAFP's first ever virtual National Conference. Usually, we all go to Kansas City with a team of residents, faculty, administrators and meet up with upwards of 600 other residency programs. This year, we scrambled to build virtual booths utilizing business tradeshow templates. Creative minds developed innovative work arounds with more personalized imagery and used images of their actual team, rather than the limited cardboard cut-out premade avatars.

Medical students interested in Family Medicine even came preconference and left business cards with contact information and brief blurbs stating their interest at each of our booths. When the National Conference began, there was only the staccato of frozen video and darkness of crashing servers, along with some words not worth repeating, as the whole process went down.

True to real life skills in flexibility and adaptability were rapidly deployed. Many attendees and residency folks rapidly moved to back up systems including Zoom, Web X, Microsoft Teams and even telephones! The first day was slower, but the attendees seemed to have reviewed our web sites and actually seemed better informed than some of the in-person meetings. They also represented a more diverse applicant pool than in prior years. By the last day, it seemed like we were busier.

Attendance was boosted this year as there was no need to purchase pricy airline tickets or hotel rooms. Over 2200 medical students participated in the three-day conference and were able to meet with faculty and residents from all over the country.

Our newest residency program's Roseburg Family Medicine Residency, which welcomed its first interns this year, and OHSU Hillsboro Family Medicine Residency, which will welcome its first class in Summer 2021, were both in attendance.

OHSU Hillsboro's program's faculty signed up for two-hour slots over the three days of the conference to meet with applicants and talk about the new program in Hillsboro. Because they had concerns about an overload on the system, they had created a back-up online meeting to utilize in case the AAFP system crashed. Since medical students were able to leave virtual business cards at their residency booth prior to the beginning of the virtual fair, they were able to outreach them via email and invite them to meet faculty. This approach allowed for questions and answers that were geared towards a larger group rather than dedicating time for one on one meetings. As a result, students were at their booth consistently, several of whom returned to ask more questions on Days 2 and/or 3.

Applicants and Residencies are both feeling anxious over recruiting in this new virtual world. Most Family Medicine Residency Program Directors agree that in person interviews allow applicants to get to know us on a more personable level. Many of us have reviewed the University of Arizona's Internal Medicine Residency webinar https://youtu.be/yDMaYY9_r5g on best practices for virtual interviewing. They have been doing hybrid virtual and in person interviews for

the past three years and were willing to share their learned experiences.

Lessons learned from this virtual National Conference:

1) Have backup plans and then back that up and repeat…
2) Practice processes before going live
3) Have patience and practice deep breathing
4) Applicants are as worried, if not more worried than the programs
5) Managing scheduling is lots of work and there are programs such as Thalamus that are designed to help with this process

ERAS (Electronic Residency Application Service) opened to applicants on 9/1/2020 and instead of programs getting access at the usual time, it has been pushed way out to 10/21/2020. Since that is about the time most programs begin or have begun interviewing; the schedule will be quite compressed.

The barriers to interviewing are lower due to less expense due to not having to travel. How this will be translated into program interest or even specialty interest remains to be determined.

We hope this translates into more genuine interest by applicants who may not have travelled to interview in Oregon.

ORCA-FM (Oregon Residency Collaborative Affiliation- Family Medicine has been very helpful (actually Louise and Betsy, please accept our appreciation) with figuring out how to improve our booths and then sharing how to navigate this virtual world. Various faculty at many different programs shared tips too.

ORCA- FM is planning on hosting a regional and beyond virtual pre-interview Oregon Family Medicine Residency Fair, so that interested applicants can meet and get to know all of us a little better as we begin to recruit the Class of 2024 (and hone our processes too!)

We are stronger together, particularly in these times of change.

JOSEPH BADOLATO, DO, CPD, CHCQM
REGENCE BLUECROSS BLUESHIELD OF OREGON - EXECUTIVE MEDICAL DIRECTOR

The Lasting Impacts of COVID on Oregon Health Care

What makes a worker "essential"?

I've been thinking a lot about this question as we grapple with a pandemic that has no end date. I certainly have a newfound appreciation for those who grow our food, stock our grocery shelves, ensure our municipal services can continue to operate safely and efficiently, and for the teachers and daycare workers who supervise and educate our children.

Amid the uncertainties and challenges of COVID-19, this pandemic has served as an affirmation of my choice to serve the medical profession alongside all of you. The courage and resiliency that Oregon's health care workers have shown in caring for those in need has been nothing short of remarkable.

Adapting how we serve Oregonians

As the state's largest health insurer, Regence BlueCross BlueShield of Oregon thanks you for your service, and for your partnership. Together, we've adapted how we care for Oregonians. It hasn't been an easy transition, but I wanted to take this moment to share a few of the ways the pandemic has altered how we operate, changes that will have lasting impacts well beyond a COVID-19 vaccine.

1) Ensuring members and employers have tools and support to navigate the pandemic

To ease members' access to safe and quality care beginning when the stay-at-home orders were put in place, Regence expanded access to telehealth offerings and reimbursed appointments at parity with in-person visits. As a result, telehealth visits have increased by more than 5,000%. We're also proactively reaching out to members with COVID-19 as well as high-risk individuals to offer additional support, and providing food gift cards for members who are financially struggling.

As employers grapple with back-to-work strategies, we're offering educational webinars and other resources to help them navigate next steps. And we're doing our part to help address social determinants of health in our communities. Together with our employees and corporate foundation, we've invested $10 million in philanthropic investments to care for people affected by COVID-19.

2) Deeper provider collaboration

In addition to telehealth expansion, we've taken action to expedite credentialing, accelerate provider payments, and ease pre-authorization requirements for specific services such as urgent and emergent transportation and ER visit that results in inpatient admission for COVID-19. By helping to eliminate barriers for care, our hope is that you can focus on what's most important: your patients.

"The COVID-19 pandemic has put significant financial pressure on primary care practices, and especially on independent medical groups," said Craig Wright, former CMO and current consultant with The Portland Clinic. "Regence has proactively

understood this and is partnering with these practices to help them emerge stronger after the pandemic."

3) Encouraging our employees to take care of themselves, so they can take care of others

For many workers, our relationship to our employer and physical workplace has changed dramatically since early Spring. At Regence—where 99% of our workforce is currently working from home—we are striving to find the right balance of safety and efficiency while maintaining a culture that attracts and retains top talent. This includes offering a number of new online wellness and mental health resources such as myStrength to support employees and keep them positively engaged. Earlier this summer, we provided employees with an extra day off to tend to family or simply take a mental wellness day. And we're offering free access to care.com to help caregivers navigate child or elder care, or simply find an extra hand to assist with home responsibilities.

Moving forward with resiliency

While our road is far from over, I take comfort in knowing that Oregon has been a leader in responsible, science-based action to confront COVID-19. Your collective leadership and resolve is a big reason that we've remained ahead of the curve.

Thank you for all that you do to prioritize the well-being of Oregonians. We look forward to continuing to partner with you in this mission toward better health.

Joe Badolato is an Executive Medical Director at Regence. He can be reached at Joe.Badolato@regence.com.

AMBER HOLLINGSWORTH, OHSU - COMMUNICATIONS PROGRAM SUPERVISOR

Anti-racism in Family Medicine: Then, Now, and Going Forward

When George Floyd was killed by Minneapolis police in May, it was one more brutal act of violence in the 400+ years of violence against Black people in America. But for the nation as a collective, it has proven to be a turning point. People filled the streets in protest, and everyone – in every sector of society – was called upon to reflect on their roles in perpetuating systemic racism. OHSU Family Medicine faculty, residents, students, staff, and the department as a whole are responding to that call.

Family Medicine began as a social justice movement in the 1960s, so it's no surprise our team members have long been at work combatting injustices and improving care for the underserved. But the events of the past year have shown us how much more work is left to do, not only to advance equity in our communities, but to create a more anti-racist and welcoming culture for all staff and learners within the walls of health care.

For many of our Black, Indigenous, and people of color (BIPOC) colleagues, this sharpened focus on systemic racism has been complicated. They've been asked to process their feelings alongside their white colleagues, help their white colleagues process theirs, and review and propose solutions. Sometimes this happens in a supportive group, sometimes under a spotlight.

"I'm African American. I've been living with this my whole life," says Kimilia Kent, PharmD at Family Medicine's Richmond Clinic. Dr. Kent and Kael Tarog, medical assistant and Filipino American, led an anti-racism conversation at the clinic in early June.

"I'm happy people are showing up and listening," Dr. Kent says, "but these can be difficult conversations for us." She describes the challenge of having to transition back to work after vulnerable and sometimes confrontational conversations. "I remember trying to work afterwards thinking, 'now I'm upset again.'"

Kael agrees: "Unlearning things takes a long time – it can be really uncomfortable and messy, but that's how we grow, change, and evolve. This is going to be generations of work." He stresses the importance of listening to BIPOC voices.

The department is trying to create space for those voices while not unduly burdening our BIPOC colleagues. For example, the Health Equity and Social Justice (HESJ) group has been in place for four years, but this summer it changed how it holds its discussion events.

Health Equity and Social Justice Group

HESJ creates a space for discussing and learning about issues of equity and structural forms of oppression, in service of healing and building departmental community committed to eliminating social injustices. **Amanda Aninwene, MD**, who recently completed her Family Medicine residency, is one of the group's founding members.

"I was the only Black resident here for three years," Dr. Aninwene says. "My first year, there were all these murders of unarmed Black men. I felt alone in my struggle – watching this happen then coming into work and no one was talking about it."

That's when **Brian Park, MD, MPH**, a second-year resident at the time, invited colleagues to his house to discuss how these events were impacting them

and the communities they served. The group wanted to continue the conversation, and the Health Equity and Social Justice group was formed. The residents partnered with faculty members like **Rebecca Cantone, MD**, Rebekah Schiefer, MSW, LCSW, and **Christina Milano, MD**, to elevate HESJ's profile within the department. Participation in events has grown, with an increase in support and commitment from department leaders over the last several years.

HESJ has helped foster a shared language and understanding of structural racism, and is now using racial caucusing for its gatherings: The caucus of white attendees focuses on learning about whiteness and privilege, while the POC caucus focuses on self-care practices and building communities of care. The goal of this approach is to foster healing and braver spaces for all to engage in honest, vulnerable dialogue and co-learning, without causing harm to POC colleagues.

Integrating anti-oppression into learning

Another recent Family Medicine residency grad, **Brit Nilsen, MD**, saw a need to bring anti-oppression topics into regular learning. "All residents meet for weekly lectures, but sometimes a lot of time would pass between sessions on anti-oppression topics," Dr. Nilsen says. So she, fellow resident **Maria Palazeti, MD**, and Rebekah Schiefer organized spring and fall sessions on microaggressions and discrimination for all residents.

"We modeled how it could be done twice a year, and the department has already allocated time to these topics in next year's residency schedule to really build it into the curriculum." She suggests incorporating discussions of inequalities into all lectures. "For example, if we're talking about kidney disease, let's reframe the presumed 'biological differences' as results of a racist system and history."

On this same track, third-year resident **Justin Lee, MD**, has been working on bringing Structural Competency into Family Medicine resident training. He's co-led the OHSU School of Medicine's Structural Competency course for medical students for the past seven years – it explores the ways that social, economic, legal, and cultural structures impact health, through issues such as immigration, gender, trauma, substance abuse, and racism.

"It's a curriculum that's both taught and experiential," Dr. Lee says. "We're working to make Structural Competency a model for how we systematically learn, integrate, and put practices into place around anti-racism and anti-sexism."

Looking forward

What's been great – Drs. Aninwene, Nilsen, and Lee agree – is that their ideas have been well-received in the department. They see people doing the work across all levels: learners, teachers, researchers, leaders, and staff.

But what the murders of George Floyd, Breonna Taylor, and Jacob Blake have so painfully reminded us is that addressing racism and oppression is not the work of a few passionate people – it is all of our work. Not only to learn about and act to eliminate the internalized and interpersonal forms of racism we personally perpetuate, but just as critically, the institutional and systemic forms of racism we each perpetuate every day. The energy created by the recent murders of Black individuals must move beyond words, emotions, and committees, and translate into department- and university-wide policy change and action, particularly change "that shifts power and holds people accountable," Dr. Lee says.

Dr. Nilsen reminds us that "the evaluation of our success isn't that our providers are culturally competent. It's that these known values of inequality – these known health outcomes don't exist anymore. If our patients are still suffering, it's not the end of the work."

Many in Family Medicine have committed their careers to making health care equitable. But as the recent disproportionate rates of COVID-19 across racial/ethnic identities demonstrate: health care remains a largely inequitable system. Re-building toward a truly anti-racist health care system will require intentionally unlearning the systemic practices that have been socialized within us that (unknowingly) perpetuate health inequities, and re-building a system that amplifies the voices of BIPOC and other communities most impacted by systems of oppression.

For Dr. Aninwene, it's essential that we earn the trust of the Black community now. "I want our department, our hospital to be a safe place for Black people to go in a world that does not protect them.

"This is a call to action."

For more examples of anti-oppression work in the department and info about OHSU Family Medicine's new Diversity, Equity, and Inclusion/Social Determinants of Health fundraising campaign, see the full article at on the OAFP website at: https://oafp.org/news/.

Combatting COVID-19 Through Adaptability, Coordination, and Strong Partnerships:

A Community Health Center Leads the Charge in the Columbia River Gorge

CATE HOTCHKISS
FREELANCE WRITER AND PHOTOGRAPHER

In the quiet of late winter in Hood River, Oregon, before the orchards began to bloom, One Community Health (OCH), a non-profit, federally qualified health center, buzzed with activity.

Max Janasik, OCH's Chief Executive Officer, and his staff had just ordered 1,000 COVID-19 test kits, along with boxes of extra personal protective equipment (PPE). He'd also assembled a tiger team, a small group of employees, to fast-track the implementation of telemedicine, a project originally slated to roll out over a six-month period. But by then, the coronavirus had already hit Oregon, its first case reported on February 28 in Washington County, about seventy miles west of Hood River.

"Tiger Team" busy at work

"From that point, it became a race to try and figure out how to continue to serve patients," said Janasik, who had been monitoring the spread of the virus worldwide, and predicted a similar outcome in the U.S.

By the time Governor Kate Brown issued an executive order on March 19 that temporarily barred all elective and non-urgent health care procedures, OCH had already, for a full week, revamped its entire workflow and shifted to telehealth. The problem? Patients hesitated to use it, just one of many barriers the clinic would face in the coming months as it navigated the COVID-19 crisis.

Financial Challenges

One Community Health provides whole-person, integrated primary care including physical, behavioral, oral, and preventive health services to people throughout the Mid-Columbia Gorge region, regardless of their ability to pay. It operates two locations, in Hood River and The Dalles, and also offers mobile and school-based outreach.

When the pandemic shut down most oral health care in April, dental volume dropped by over 90%, representing about a third of the clinic's revenue. Overall, patient volume decreased more than 20% that month, despite the center's new telemedicine capacity and an uptick in teletherapy visits.

"It was an all-hands-on-deck effort to encourage patients to try virtual care, and to emphasize our behavioral telehealth services, knowing that many of us were struggling with the mental health impact from COVID-19," Janasik said.

In May, telemedicine gained traction, while OCH ramped up its COVID-19 testing, having received its second significant supply of test kits. By June, patient visits had surpassed pre-pandemic levels, though operational revenues declined by almost 50%. Why? Depending on the insurer, OCH often received little reimbursement

Dr. Connie Serra and CEO Max Janasik

to administer a COVID-19 test, while it absorbed additional pandemic-related costs, such as acquiring PPE and testing supplies, as well as safety- and infection-control expenses.

Plus, the clinic was spending, out of pocket, up to $100 for labs to process uninsured patients' tests, without any reimbursement. Furthermore, some payers differentiated audio-video telehealth visits from audio-only sessions, and, oftentimes, bundled the latter with any other care the patient received within seven days. This practice decreased the number of patient encounters that qualified for reimbursement and created a time-consuming administrative burden for accounting staff.

The good news? The clinic formed a cross-functional grants team and has received multiple short-term grants to maintain staff and services, and preserve patient access to care. Grants included funding from the Oregon Health Authority for farmworker outreach; Health Resources and Services Administration for general operations; their local Coordinated Care Organization, Pacific Source, to serve vulnerable populations; and a loan from the Paycheck Protection Program to retain full-staffing levels.

Testing and Outreach

To date, OCH has conducted nearly 3,500 COVID-19 tests in Hood River, Wasco, Skamania, and Klickitat counties. Of those, the Hispanic population has tested positive at more than three times the rate of non-Hispanics, which mirrors trends across the country.

According to OCH Lead Physician **Dr. Connie Serra, MD**, a family medicine provider at the clinic since 2001, the disproportionate rates stem, in large part, from crowded living conditions among migrant farmworkers, and a reluctance to get tested. Many workers fear losing hours and income should they test positive, and worry about the stigma that sometimes surrounds the virus.

"Once these disparities and barriers became evident, we started outreach right away in our more rural areas, offering weekly COVID-19 testing and education in a culturally and language-appropriate manner," Dr. Serra said.

Few people attended their first event, held outside a school in the Hood River valley. However, the following week, once the word got out, dozens showed up. That led to more requests by orchardists and other area businesses for OCH's onsite services. To meet the growing demand, the clinic established a 10-person team comprised of physicians, physician assistants, community health workers, and administrative staff to conduct COVID-19 outreach at locations convenient for farmworkers, including directly in the orchards. They also invited community partners to provide food boxes, masks, and other essential services.

Community Partnerships

While OCH has diverted resources and redirected its outreach from combatting chronic disease to fighting COVID-19, their model, in fact, hasn't changed, Dr. Serra said. The idea, always, in rural health is to increase access to high quality health care for all people, with a focus on vulnerable populations. As she explained, strong community connections have always been a cornerstone of that approach, and, during the coronavirus, those relationships have grown even stronger, while new ones have emerged.

For instance, Dr. Serra and Trish Elliott, RN, the Hood River County Health Department Director, now text each other daily, if not hourly, to coordinate the myriad tasks involved in preventing the spread of the virus.

"Connie made the mistake of giving me her cell phone number one time," said Elliott, who laughs easily despite the immense stress she's now endured for months. She

One Community Health's Drive-Up Testing Site

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explained that these open lines of communication have played a critical role in containing COVID-19 outbreaks.

The largest to date erupted in late May at a fruit packing plant, resulting in 64 positive cases and affecting multiple counties, according to the Oregon Health Authority. When Elliott sounded the alarm, OCH, along with two other local family practice groups, tested, over five days, more than 400 of the packing house's employees, family members, and other close contacts. At one point, the health department's contact-tracing team was monitoring about 180 people per day in quarantine or isolation, and collaborating with OCH and other community partners such as The Next Door, Bridges to Health, and local food banks to provide those in need with food, medical supplies, and separate lodging.

Among those impacted by the outbreak were Rosa Luna, 62, and her daughter, Josie Luna, 35. Rosa, who grew up in Michoacán, Mexico, has sorted pears at the packing house for 16 years. She lives in the same household as Josie, a full-time translator at OCH. While awaiting COVID-19 test results, they self-quarantined at home, along with Josie's father, for several days until they received their results: fortunately all negative.

Before reentering the workplace, temperature checks, as well as face coverings were required, and which Rosa had already been wearing for months. These additional safeguards supplemented those initiated in February, such as barriers between fruit packers and sorters, and dedicated teams that alternated work weeks.

Rosa and Josie Luna

Despite the adjustment of a part-time income, Rosa has made the most of her new schedule. "I've enjoyed spending more time with my family, and walking along the Hood River waterfront," she said. Meanwhile, Josie has upped her overtime hours, some days translating around the clock on the front lines of the pandemic.

New Space

At this writing, the OCH staff has just moved into, over a single weekend, their new, beautiful, modern 38,000 square-foot building, replacing the cramped 29-year-old facility located next door in Hood River. On July 15, it opened its doors to patients, a source of light amid the gloom and uncertainty of the pandemic.

The facility's construction began before 2020 ushered in the coronavirus, but OCH was able to make changes to the HVAC system during construction, such as adding negative pressure rooms and air filtering technologies to help reduce transmission of the virus. Plus, the building's spaciousness naturally promotes social distancing.

Of course, the clinic's survival, like other community health centers across the country, depends on sustainable funding and staff retention. "If reimbursements don't increase, and short-term grants run out, we could have a major disruption in care at a time when community health centers are most needed," Janasik said. Other risks include ongoing supply-chain challenges for PPE and COVID-19 test kits, as well as the potential that the Governor could shut down all non-essential medical visits again.

Janasik and his team are preparing, to the best of their ability, for these eventualities and

others. But what brings him hope, each day, are the people who make it all work: his courageous staff, generous partners, and the altruism of the community at large, he said.

For example, the Columbia Gorge Surgery Center donated their covered entrance for drive-through testing to protect the OCH team from the cold wind and rain and make it easier for patients to get tested. And the local volunteer Facebook group, We Be Preppin', provided IT expertise to help install a point-to-point internet connection for the clinic's testing teams at the new location.

"On many levels, the crisis has revealed the best in people," Janasik said. "It's also highlighted how, when we innovate together as a community, almost anything is possible. People with wide-ranging skills have donated their time and expertise, from sewing masks to crafting Tyvek suits, all contributing in unique ways, and giving us the best chance of defeating the coronavirus."

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•STUDENTS SPEAK OUT!

Oregon Health & Science University
FMIG FAMILY MEDICINE interest group

We are excited to welcome the OHSU MD Class of 2024! They have started 100% virtually so our first meeting occurred on Webex at the Student Interest Group Fair. Though we were sad to miss our annual lawn games and ice cream sandwiches welcome event, attendees at the virtual fair brought lots of enthusiasm and great questions about Family Medicine learning opportunities at OHSU.

FMIG has been busy throughout the summer and fall despite the limitations of the COVID-19 pandemic. In June, we hosted a journal club on racism and discrimination in primary care. Our faculty advisor, **Dr. Rick Moberly**, was also in attendance and shared his strategies for recognizing and addressing racism during patient visits. In July, along with the IHI Open School, we hosted **Dr. Anthony Cheng** who discussed telehealth and the digital divide. We also welcomed OHSU MD/MPH student Tess Morrisson to talk about her research into the medical myths of obesity and how we can be partners in health with our overweight patients.

We recently recruited a number of residents in Family Medicine to serve as mentors to the new class of medical students. We hope not only that the mentees will benefit from the guidance of their more senior colleagues, but also that this will give the residents a chance to give back and participate in medical education.

In August, we hosted a journal club on the topic of skepticism and medicine, using the 'Plandemic' video as a reference point. Although a challenging topic, we explored the ways in which we as future medical professionals can work to appropriately and effectively engage with patients regarding medical misconceptions, misinformation, conspiracies and general uncertainties that surround medical and public health issues. We also invited the legendary **Dr. John Saultz** to give an overview of what Family Medicine is, which attracted many students from the new class.

Fall 2020

This September, we hosted our annual "Meet the Docs" event, where a panel of family physicians shared their stories and expertise with first and second year students. This event was particularly compelling for many of the current FMIG leads, and we hope to spark interest for Family Medicine among new students and present a vast array of career paths within the specialty, including rural practice, addiction medicine, LGBTQ+ care, obstetrics, and global health.

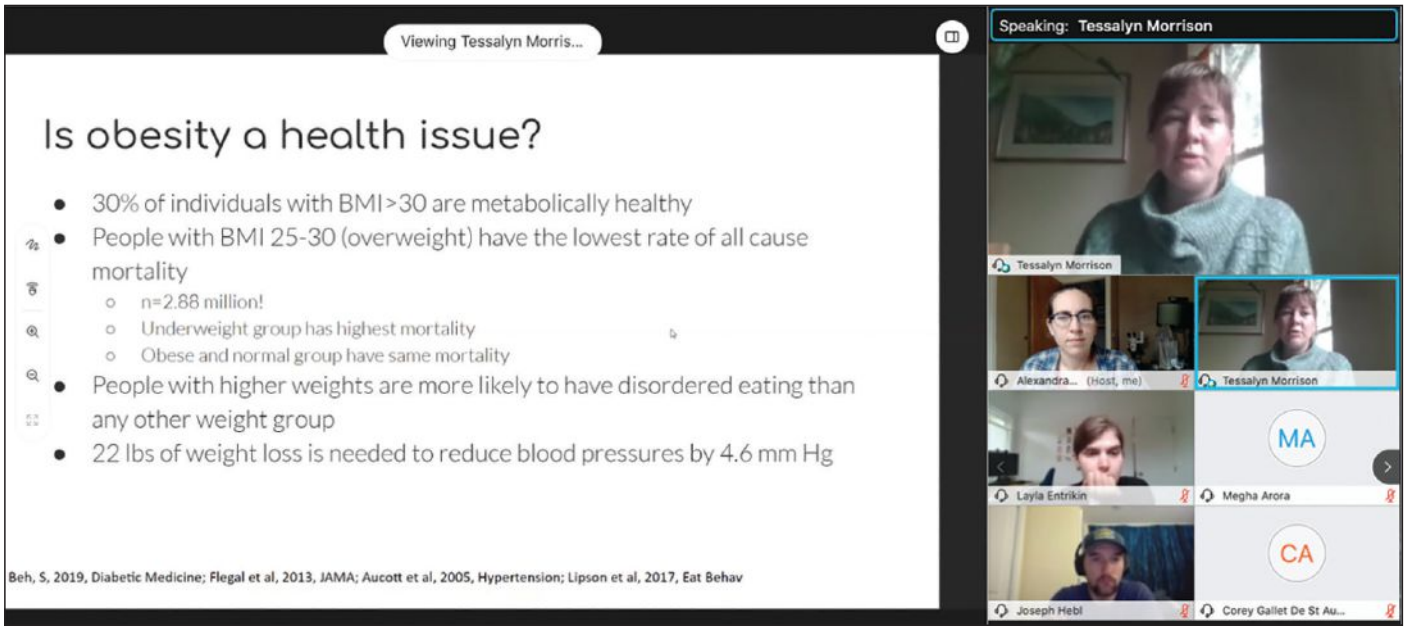
We will continue our regular journal clubs and lunchtime talks. We hope to see more members of the class of 2024 in attendance!

In August, second year students were permitted to return to in-person and virtual Family Medicine preceptorships. Here are some brief reflections on their experiences so far:

"As someone who is planning to go into family medicine, my family medicine preceptorship has been a good opportunity for me to become more comfortable working with patients in a primary care setting. At Richmond Clinic, I've been able to practice clinical skills like note-writing, history-taking, and presenting patients in a calm, welcoming environment."

- **Erin Glasrud,** MD Class of 2023

"So far my experience in family medicine has been amazing, and I think it's all due to having a good educator - my preceptor! Dr. Rosenberg has a very hands-on approach to teaching students, in that he often asks me to do things



Screen Shot from Obesity Webinar

on the spot; In three sessions I have taken several histories, given a few oral presentations, done / assisted in various physical exams, and practiced reading imaging. However, my preceptor has also made it feel very low-pressure in that he is respectful when I get something wrong or need help with something.

My favorite part of family medicine thus far has been the diversity of patients and health conditions that we get to experience. We see pregnanteetho women, children, geriatric patients, young adults, and newborns.

My particular clinic is in a low-income neighborhood. I am becoming acquainted with some of the logistical barriers Dr. Rosenberg or his patients experience, and he also often adds commentary about these experiences as well, which has been extremely valuable to me."

- Tejal Pandharpurkar, MD
Class of 2023

"One of my biggest concerns about coming into medical school was that I would completely fall out of practice with my teaching skills, as I had previously spent three years in a high school biology classroom as a teacher. I figured that rotations and shadowing would be boiled down to struggling with the medical software and writing HPI's for attendings that may or may not know my name. The beauty of family medicine is that every conversation you have with the patient is a teaching moment, and doing so in a medical setting demands a higher level of respect for the subject and for the pedagogical approach. After all, explaining to a patient the steps of an opioid taper must be far more nuanced eloquent than teaching a 9th grader the parts of a eukaryotic cell."

- Nakai Corral, MD
Class of 2023

Thank you for your membership. We hope that you find value, community and opportunity within the Oregon Academy. We strive to offer you benefits and services that will help you in your practice of family medicine in our glorious state of Oregon.

ACADEMY MEMBERSHIP YEARS

25+ = 30+ = 35+ = 40+ = 45+ = 50+ = 55+ = 60+ =

ALBANY
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Kristina E Corso, DO
Olivia M Danforth, MD
Monica H DeMasi, MD, FAAFP
David Floyd, MD
Brent W Godek, MD
Christopher Hagen, MD
Dennis W Johnson, MD
Damian Jorgensen, MD
Tien Thuy Le, DO
Emily C Looney, MD
Bethany Miller, DO
Rose C Miller, MD
Daniel B Mosher, DO
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Rebecca L Pengilly, MD
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Jeffrey E Robinson, MD
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Scott A Schindell, MD
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Alexandra Styke, DO
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Patricia L Wheeler, MD
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David D Candelaria, MD
Victoria A Cordy, MD
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James M Grebosky, MD
Judy A Hardage, MD, FAAFP
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Robert D Law, MD
Cynthia J McCoy, MD
Katherine Merrill, MD
Angela S Nairn, MD
Carin K Pluedeman, MD
Rebecca C Rueppel, MD

AUMSVILLE
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Amy Sutkus, MD

BAKER CITY
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Neil J Carroll, MD
Nate Defrees, MD
Logan C Frederickson, DO
Eric R Lamb, MD
Jonathan D Schott, MD
J Daniel Smithson, MD
Lily J Wittich, MD

BANDON
Henry H Holmes, MD
Matthew L Ingle, MD
Gail K McClave, MD

BEAVERTON
Miriam E Agisim, MD
Jason M Baker, MD
Peggy L Bandy, MD
Robert Barlow, MD
Mihaela Beloiu, MD
Nishanie J Bisorca, MD
Prasanna R Chandran, MD
Matthew I Cockett, MD
Anshu Dhingra, MD
Hannah E Edwards, MD
Parham K Ghavami, MD
Carolyn L Goebel, MD
Lucinda A Griffith, MD
Christian N Hill, MD, MPH
Tori A Jones, MD
Neeza H Kamil, MD, MPH
Monica J Kim, MD
Suniti Kumar, MD
Marcy G Lake, DO
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