



Family Physicians of Oregon

VOL • XV • NO 3 • SPRING 2021

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OREGON ACADEMY OF FAMILY PHYSICIANS



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Family Physicians of Oregon

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About the cover:

A great place to see Camassia in its native habitat is at the Camassia Natural Area. Located just a few miles outside Portland it is a 26 acre natural area preserved by the Nature Conservancy which includes a large Camas field that comes into bloom in April through early May.



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OREGON ACADEMY OF
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

EDITION 57

• PRESIDENT'S MESSAGE



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

Ok, what is the ICD 10 code for COVIDitis? (*Definition: If you are feeling absent-minded and forgetful, irritable, emotional, fragmented, and frayed around the edges, disinvested from things that used to feel valuable to you – generally dazed and confused*). Is there a CPT code for the five to ten minutes I spend with many of my patients discussing COVID vaccination myths? How many calls did we get today asking when our office will receive vaccines to administer?

In mid-January we received our first 100 doses of the Moderna COVID vaccine. I was in the exam room with one of my beloved patients whom I have been following for a quarter of a century. He is an older Black man with chronic illnesses; a good candidate to be on the early list for the Moderna vaccine. He was brought to the office by his daughter who came to advocate for him and to help him remember our discussion. I told him about the vaccine and how I thought he should be one of the first to receive it. His reply was "What about the Bot?" I replied, "What? Bot?" and he said, "Yeah, you know the Bot they put in the vaccine. You know the one that has a picture of the virus on it!"

Thus, we launched into a ten-minute conversation about the vaccine. I explained that it comes in a ten-dose multi-vial and the doses are drawn out into individual syringes. The syringes and needles are too small to hold a computer chip, and if they could hold chips, how would we know who received them, and how many went into each syringe? I also noted that most people already carry a computer chip that knows where they go and what they do and say. It is usually in their pocket or purse --and is called a cell phone. His daughter explained the hesitancy the Black community has with new medical treatments due to the history of the 40-year Tuskegee studies done on Black men with syphilis. I explained that I have had this vaccine and highly recommend that he receive it as well.

I saw him a few days later on a Saturday morning, getting the vaccine at our drive-through vaccine clinic.

We used the first 100 doses to vaccinate our office staff and the remainder to vaccinate some of our highest-risk patients. Many were tearful with joy after receiving their dose. One man brought a bouquet of flowers as a gesture of gratitude; he was making plans to visit his grandchildren he had not seen in a year.

It is mid-February as I am writing this letter. I have many patients, as I am sure you do, who are vaccine-hesitant or militant anti-vaxxers. I somehow seem to have attracted many into my practice. Long before COVID, I had long talks with parents who do not vaccinate their children. There are some providers in our community who will not see families who do not vaccinate.

An approach that I have read about, and try and use, is to ask these patients why they do not want to vaccinate, or why they do not want the current COVID vaccine. Many say they have done research and have concluded that vaccines are harmful. I will often ask them for the source of their information and then will discuss how these sources may not be based on good evidence. This dialogue often helps avoid a confrontation and often promotes the acceptance of vaccinations.

In our town of Grants Pass, one of our physicians arranged a video (https://youtu.be/L3qOGs7_bh0) (produced by our local CCO with at least twenty of our trusted physicians) discussing the COVID vaccine. The video, which is well-made and easy to follow and understand, has been helpful for those in our community who have been barraged by an abundance of false information.

The OAFP has been busy coordinating information about the different vaccines and the availability to our community and to our patients. Betsy Boyd-Flynn recently interviewed **Dr. Eva Galvez**, who has been prominently featured in several national news articles and interviews, about vaccine-hesitancy in underrepresented populations. You can read her interview on page six of this issue.



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FIVE QUESTIONS WITH...

BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR
EVA GALVEZ, MD, VIRGINIA GARCIA MEMORIAL CLINIC – FAMILY PHYSICIAN



Eva Galvez, MD, is an incoming Board member for OAFP. Born and raised in Hood River, she has been practicing at Virginia Garcia Memorial Clinic in Hillsboro since 2010.

Betsy: How do you think we should involve family physicians in the logistics of the vaccine effort?

Eva: Especially with marginalized communities who have mistrust because of policy that's been unfair or possibly unofficial, they'd rather go to their physician than a mass vaccination site.

Though we know citizenship status should not be a barrier to access in Oregon, we know that asking for ID can be a deterrent; having law enforcement or military officials at the site even for logistical purposes can also be a deterrent.

If you're vaccinating with your doctor, in your clinic, in a familiar location with people you know, it's easier. It's not just communities of color who are likely to avoid a mass vaccination event. Family physicians can and should be a link between public health and the community.

Betsy: What are you seeing and hearing among your patients about how they feel about the vaccine? Is there a lot of resistance?

Eva: At our clinic, we now have a goal of vaccinating 2,500 people per week, and we're getting them scheduled by many means, including calling people to get them to come into the clinic. They don't have to get on the internet or drive far. They are excited, though many do have questions about contraindications and so on. We address hesitancy and access; having our clinic in the center of the effort to reach these folks is important because we are a link to the public health effort. Our vaccination uptake is close to 90% so far.

Betsy: What's the biggest lesson you've learned about what needs to change in our health care system "After Covid"?

Eva: There are a lot. Partnerships are an important theme. A critical partnership exists between public health, community-based organizations, and clinics. We need to address the

inequities that have driven our health disparities, and that's something that's going to take a lot of work. Communities of color may be left behind in the recovery; we need to keep our eye on the ball to address the disparities and include these communities.

Betsy: What do you think Oregon has done right?

Eva: The collaboration and deep partnerships that have developed during the time of crisis. For example, Virginia Garcia partnering with Oregon Food bank to get food to patients in quarantine, partnering with Washington County to bring more testing to our patients, and finally partnerships with community-based organizations to bring economic relief to families that did not qualify for federal stimulus money are just some of the many examples of partnerships that have developed in order to meet the community's needs.

Betsy: Looking ahead to the summer as more Oregonians will be vaccinated but many will not, what do you think family physicians should be telling their patients about how to be safe?

Eva: Our messaging needs to be very strong. I strongly believe getting a vaccine is a personal choice, but people need to be armed with all the information they need to make an informed decision. We need to be careful not to alienate them, but instead to communicate to them: you can still be part of the solution.

Continue to protect yourself by wearing a mask, washing your hands, and social distancing. If you're not ready, maybe you could help a loved one or friend to access the vaccine; emphasizing this sense of community is important, though we might be in different places on the spectrum of hesitancy. Vaccination is one tool in our fight but it's not the only one. Keeping that attitude with patients can help them be more willing to talk about their hesitations.

The message should be "Here's the information about the vaccine. What questions do you have?"



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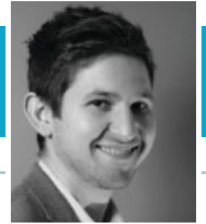


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• PUBLIC POLICY AND LEGISLATIVE AFFAIRS



SAM BARBER, LOBBY OREGON - OAFP LOBBYIST

The first legislative deadline will have passed by the time you read this article. That means that bills that have not passed out of their first committee (e.g., House Health Care) are now dead and the policies they contain are unlikely to come back this session. Writing this in mid-March, it is difficult to predict what may or may not pass, but the OAFP's priority legislation—HB 3108—is expected to pass at this point. Sponsored by Rep. Rachel Prusak (D-Tualatin/West Linn), Chair of the House Health Care Committee and a family practice nurse practitioner, the bill is the product of an interim work group that looked at ways to increase access to integrated primary care. The bill includes multiple provisions that will increase access to advanced primary care:

- Prohibits insurers from requiring multiple copays when physical health services and behavioral health services are provided in the same location on the same day.
- Bans prior authorizations for behavioral health services in PCPCHs and CCBHCs.
- For large group insurance and plans sold off the exchange, the bill requires commercial insurers to cover three primary care visits annually with no cost sharing to the patient. Insurers offering plans on the exchange must offer at least one plan in each metal tier with that level of coverage.
- Requires health insurers to assign beneficiaries to a primary care provider within the first 90 days of the plan year if the beneficiary has not chosen one already. Beneficiaries of commercial plans may change their PCP at any point after this initial assignment.

There are also some bills that the Commission on External Affairs has been working to amend. One such bill, HB 3159, seeks to expand data collection on race, ethnicity, language, disability status, sexual orientation, and gender identity (known as REALD and SOGI) by providers. The legislature required the collection of REALD data for all COVID-related encounters during the second special

Oregon does not have the information it needs to tackle the many severe health issues disproportionately impacting BIPOC, LGBTQ+ people, people with disabilities and other underserved populations.

session in 2020 to better understand how COVID-19 has affected different demographics. While well intentioned, the rollout of that data collection effort has been messy due to a lack of infrastructure at the state level and integration with the EHR, among other reasons.

HB 3159 is also well intended; Oregon does not have the information it needs to tackle the many severe health issues disproportionately impacting BIPOC, LGBTQ+ people, people with disabilities and other underserved populations. The OHA also recognizes that the REALD collection effort has been hasty, and more resources and time are needed to broaden collection of this data. However, as structured, the bill does not consider the significant infrastructure needs of the state to collect and handle the data.

The bill also leans heavily on providers to collect this data. The problem is that this is not a two-question survey, it is 43-questions long, and how such an onerous data collection effort could be implemented at the practice level remains unclear. We have been working with the bill's sponsor, Rep. Rob Nosse (D-Portland), to shift the initial point of collection to enrollment at the insurer level. This would take much of the burden off clinical settings. We have also requested that this bill be used to fund the infrastructure and stand up a work group during the interim that could report back to the legislature next fall on how to best implement this data collection effort. Our hope is that with more time and conversation, we as a state can address the many technical issues this bill highlights.

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JENNIFER E. DEVOE, MD, FAAFP, DPHIL
OHSU SCHOOL OF MEDICINE – FAMILY MEDICINE DEPARTMENT CHAIR & PROFESSOR OF FAMILY MEDICINE

COVID-19 Moving Forward

Alongside many family medicine teams across the state, OHSU's Department of Family Medicine teams are still busy pitching in to care for our communities now and in the long-run.

When states began receiving COVID-19 vaccine doses at the beginning of this year, health care teams across Oregon rushed into action to distribute them to their workforce and the community. As we all know too well, family medicine teams across the state have not slowed down; we now have a lot of experience and a lot of stories to tell about our teams rushing into action again and again.

In late January, our Family Medicine Scappoose Clinic was the first primary care clinic in the OHSU system to receive permission and doses to deliver vaccines at our community-based clinic location. The Scappoose team partnered with Columbia County's public health leaders to vaccinate home health care workers, individuals with intellectual and developmental disabilities and their caretakers, and other at-risk populations. Clinic staff and volunteers vaccinated 215 community members that first weekend, bumping it up to over 800 vaccines per weekend since starting the vaccine clinic. **Joe Skariah, DO, MPH, MBA**, even had the honor of vaccinating Oregon Governor Kate Brown at Scappoose on March 6 (www.oregonlive.com/coronavirus/2021/03/gov-kate-brown-receives-johnson-johnson-covid-19-vaccine.html).

While launching a vaccine clinic from scratch wasn't without its hiccups, the experience of being able to deliver a dose of safety to patients has been euphoric. Staff have

described it as the best days of their career. From Practice Manager Stein Berger: "It was really a joy to see how grateful they all were and to feel the incredible energy in clinic those first two days. Even though we were all wearing masks it was very clear that there were smiles everywhere." For me, it has been such a rejuvenating experience to spend several days giving vaccines in Columbia County. I can't stay away!

Throughout the Portland metro area, OHSU Family Medicine teams are working shifts at several vaccine sites – both the mass vaccination sites and community-based clinics – to schedule patients, administer vaccines, and serve as safety monitors, alongside many other teams from OHSU and metro area health systems. With hundreds of people needed to staff these vaccination sites each week, many of our non-clinical staff are taking on new roles registering patients in the electronic health record, scribing for vaccinators, and serving as greeters, traffic directors, and navigators. Our department research and administrative teams have organized a pool of volunteers available for regular, ongoing shifts.

In Klamath Falls, Sky Lakes Medical Center, which partners with OHSU on the Sky Lakes Collaborative Health Center that hosts the Cascades East Residency Program, has been setting the standard for COVID care. Work done over the past year is having lasting effects on the health systems in southern Oregon. Current and former Cascades East residents (now faculty) have led the inpatient and outpatient COVID efforts, guiding pandemic policies and procedures for the entire health care system, rolling out telehealth, and most recently setting up protocol for administering antibodies. For the first time in recent history as a reaction to COVID, Sky Lakes set up a multidisciplinary team that includes physicians, nursing leads, pharmacy leads, respiratory therapy, and others to form a committee unique to their health care system and inpatient service.

This committee will stay in place for the foreseeable future and even post-COVID to provide enhanced coordinated care for patients.

Cascades East faculty, residents, and staff have been responsible for post-vaccine monitoring and have been volunteering alongside one another on the weekends. Looking ahead, Cascades East Associate Residency Director **Holly Montjoy, MD**, says, “We’re very much dedicated to helping our health care systems administer vaccines in clinics, beyond the mass vaccination sites. We’re excited to partner with them and have greatly appreciated their support.”

In addition to supporting efforts across the state to directly administer thousands of COVID-19 vaccines each week, OHSU Family Medicine teams are also involved in efforts to share learnings with others. We quickly recognized that many primary care teams are scrambling to establish COVID-19 vaccine clinics and that early lessons we are learning at our Scappoose clinic could inform future community-based vaccination efforts. Members of the Scappoose team partnered with the department’s Center for Primary Care Research and Innovation (CPCRI) to compile a “vaccine clinic in a box” – a toolkit that community-based clinics and health centers can use to launch their own vaccination sites. It includes sample role descriptions and workflows, documents and materials needed, vaccine information, and more. It is intended to be a dynamic, collective, and shared resource. CPCRI invites users to share their experiences running vaccine clinics, so the guide can be kept relevant and up-to-date. It can be downloaded from CPCRI’s website at www.bridgetoinnovation.org/our-initiatives/covid-response.

On the one-year anniversary of Oregon’s first COVID-19 case, the *Journal of the American Board of Family Medicine* published a special issue highlighting all that family medicine is doing and learning in our response to COVID-19. Several OHSU family medicine faculty contributed.

On the policy front, researcher Nathalie Huguet, PhD, recently published a paper showing that the potential loss of pre-existing condition protection under the Affordable Care Act could have profoundly negative consequences for people of color (www.jabfm.org/content/34/Supplement/S247). Her study shows that one-third of patients with



Dr. Joe Skariah speaks with Governor Kate Brown before administering her COVID-19 vaccination.

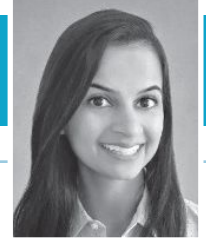
COVID-19 did not have another health condition before 2020. People of color made up a significant portion of the COVID-19 patients studied, and, because Black, Indigenous, Asian, and Hispanic residents experienced higher unemployment than Americans as a whole last year, this puts them at increased risk for losing employer-sponsored health insurance. “If COVID-19 is considered a pre-existing condition and health insurance coverage of pre-existing conditions is curtailed, the situation would be made worse, and health disparities could increase,” Huguet says. “Ensuring protection for patients with pre-existing conditions is essential to achieving health equity.”

On the clinical response front, **Anthony Cheng, MD**, authored a report on how OHSU’s primary care team envisioned and implemented the COVID-19 Connected Care Center, meeting peoples’ need for information and access to primary care while minimizing risk of infection and emergency department use (www.jabfm.org/content/34/Supplement/S170). The report shows that “with adequate resources and funding, it is possible to rapidly implement a multiphase coordinated approach to aid primary care teams on a statewide level to respond to a pandemic.”

Finally, **Andrew Bazemore, MD, FAAFP**, and I co-authored the issue’s editorial, “Primary Care in the COVID-19 Pandemic: Essential, and Inspiring” (www.jabfm.org/content/34/Supplement/S1). In it, we discuss how the pandemic further revealed the U.S. health care system’s shortcomings, while also spotlighting primary care’s ability to adapt, innovate, and respond in times of crisis. “As the largest platform of health care delivery in the United States, but the recipient of only 5% to 7% of all health care investment, primary care entered the crisis facing greater demand with fewer resources than their more heralded hospital and subspecialty peers,” we write. Yet, our response has accelerated progress toward long-held visions of primary care and public health integration. “Above all else, this pandemic has reminded us of what a resilient, inspirational, compassionate bunch of people are drawn to and found in primary care teams.”

We hope this is a message we can all carry with us as we look together toward a post-COVID world.

• MY POINT OF VIEW



SIMRAN WALLER, MD, MPH, OAFP BOARD RESIDENT DIRECTOR
ROSEBURG FAMILY MEDICINE RESIDENCY PROGRAM – RESIDENT PGY-1



Socially distanced community members waiting to be vaccinated.

Residents and faculty from the Roseburg Family Medicine Residency (RFMR) were involved in a mass COVID-19 vaccination event on Saturday, January 23rd with Aviva Health in partnership with Douglas Public Health Network.

The residents and faculty volunteered at the 12-hour event by administering screening questionnaires, vaccinating, and monitoring for reactions in over 700 patients. Patients included those in Phase 1A as determined by the Oregon Health Authority – health care personnel, EMS providers, caregivers, and those with disabilities.

It was a humbling and rewarding experience to be a part of this event and see my colleagues go above and beyond in caring for some of the most vulnerable patients in our community. **Dr. Christy Sunny**, PGY-1 resident, is one of the many examples. She reached out to a severely autistic young patient who was fearful to get the vaccine and did not want to be touched or around crowds. Dr. Sunny went out to her car and talked

I am grateful to be part of a rural residency program that is focused on patient-centered care and giving back to the community. The vaccine event was one of the many ways the residency is doing just that.

her through the process and importance of protecting herself and her parents. “After reassuring her, I was able to quickly inject the vaccine and she did great. She was happy and even gave high-fives afterward. I was glad I was able to help another person get the vaccine,” says Dr. Sunny.

COVID-19 cases have increased over the last several months in Douglas County. There have been many opportunities for the family medicine residents to become more involved with public health and the response to COVID-19, including drive-thru testing sites and providing local produce boxes to families with food insecurities due to the pandemic. It was incredible to see the residents step up again and join over 100 volunteers to coordinate and help lead teams of MAs and nurses to provide vaccinations to community members.

During the event, the response from patients was overwhelmingly positive. They were appreciative and impressed with the care of the residents and their impact to provide large volumes of vaccine to the public. Several patients commented on their professionalism, courtesy, and caring approach. As such, they even requested to follow with the residents as PCPs in their

continuity clinics at Aviva. The Roseburg Family Medicine Residency was started in a rural area where there is a great need for primary care providers with the goal that many of the residents would choose to practice rural and provide for the local community. The residents have already begun to fill that role and enthusiastically volunteer their efforts.

I am grateful to be part of a rural residency program that is focused on patient-centered care and giving back to the community. The vaccine event was one of the many ways the residency is doing just that.

Aviva Health Mass COVID-19 Vaccination Event YouTube link: <https://youtu.be/-p2CDphIjZM>



Vaccine Team busy at work



Pictured left to right: **Dr. Christy Sunny** (PGY1), **Dr. Kanani Dilcher** (faculty), **Dr. Melissa Snell** (PGY1), **Dr. Chip Taylor** (program director), **Dr. Tsz Ho (Eric) Wong** (PGY1), **Dr. Heidi Beery** (assistant program director), **Dr. Simran Waller** (PGY1)



2021 OAFP Virtual Conference

A MUST ATTEND VIRTUAL EXPERIENCE FOR FAMILY PHYSICIANS TO GATHER TOGETHER SAFELY, REMOTELY.

Join us as we gather to learn, to shine, and to connect with each other. With an agenda designed for a virtual experience, this year's conference is packed with great education. Highlights include a resident and student poster session, the OHSU Pennington Lecture, education on the emerging topic of "long COVID," a keynote speech from health care journalist and author TR Reid, and timely and important sessions on implicit bias, and diversity, equity and inclusion in medicine.

The Virtual Conference has several special offerings for our community, as well. On Thursday, attendees are invited to come together in

remembrance of those patients they've lost in this extraordinary year. That evening after the poster session, we'll offer sponsor partners from VaxCare, Jones & Roth, and Aledade the opportunity to share more about their services with registrants via brief webinars. On Friday, after a packed afternoon of educational content, our OAFP/Foundation fundraiser will feature a hosted cheese tasting from experts at Rogue Creamery, Oregon's award-winning cheesemaker, sponsored by our longtime supporters at the Oregon Dairy and Nutrition Council. An online silent auction will offer great items in support of the Foundation, as well.

As a bonus, registrants will also receive access to additional pre-recorded sessions that will be made available after the conference.

SCHEDULE OF EVENTS

| Thursday, April 22 | |
|--------------------|--|
| Noon | Bidding opens at noon for the OAFP/FOUNDATION ONLINE AUCTION. |
| 4:15 – 5:15 pm | Join us at A REMEMBRANCE GATHERING to share stories of loss in a session to support members coming together to acknowledge that loss and create a space for the particular grief physicians feel when patients die. It's also a time when we can acknowledge the trauma inflicted through racially-charged deaths and deaths by suicide, which were so acute in this devastating year. This non-religious session, convened by Dr. Bob Gobbo and facilitated by Rabbi Brian Mayer and Rev. Sung Man Kim, will include naming those we've lost, and some guided reflection. |
| 5:30 – 7:00 pm | Residents, students and fellows will present their scholarly abstracts from research, quality improvement, education, workforce, practice facilitation or implementation projects during this year's VIRTUAL POSTER SESSION. Posters will be judged by a panel of researchers, physicians, primary care staff and quality improvement experts and prizes will be awarded to the top three posters, based on clarity of presentation and scholarly rigor. |
| 7:00 – 8:30 pm | Our Virtual Champions, Aledade, Inc., Jones and Roth Healthcare CPAs and Advisors, and VaxCare, are invited to present their topics for 30 minutes each in this year's new PARTNER SESSION. |

| Friday, April 23 | |
|---------------------|---|
| 7:30 – 8:30 am | Residents and students are invited to participate in the session CROSSING THE BRIDGE – RESIDENT AS TEACHER presented by OHSU Family Medicine Residency's Program Director, Joe M. Skariah, DO, MPH, MBA and Rick Moberly, MD, OHSU's Director of Student Advising. |
| 8:40 – 9:40 am | Join the team from OHSU Health Hillsboro's new Family Medicine Residency Program to engage in WHAT ARE YOUR STRENGTHS? AN INTERVIEW SKILLS 'SPEED DATING' WORKSHOP TO HELP PREPARE YOU FOR THE MATCH AND BEYOND. |
| 9:50 – 10:25 am | Professionals from The Partners Group will teach residents and students about protecting their assets in SO...YOU'RE A DOCTOR NOW: HOW TO PROTECT YOUR ASSETS to complete the morning program for students and residents. |
| 10:45 – 11:15 am | Join your colleagues for this year's WELCOME AND KICKOFF – 2021 OAFP Virtual Conference |
| 11:25 am – 12:55 pm | You will not want to miss James L. Mason, PhD, President at Organizational Cultural Competence Assessment and Training as he presents the OPENING KEYNOTE - DIVERSITY, EQUITY, AND INCLUSION: IMPLICATIONS FOR 21ST CENTURY HEALTH CARE. |
| 1:05 – 1:50 pm | Elizabeth (Libby) G. Baxley, MD, FAAFP, Executive Vice President at American Board of Family Medicine, will bring us up to speed during the ABFM UPDATE. |

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|---------------------------|--|
| 2:00 – 3:00 pm | Learn about LONG COVID: STATE OF SCIENCE AND CARE DELIVERY MODELS during this presentation by Doctors Anthony M. Cheng and Eric Herman, from the OHSU COVID-19 Connected Care Center. |
| 3:10 – 4:10 pm | Amy Wisner, MD, FAAFP will present an OVERVIEW OF THE 2019 ASCCP RISK BASED CONSENSUS MANAGEMENT GUIDELINES to conference attendees. |
| 4:20 – 5:20 pm | Thanks to a generous donation by OHSU Department of Family Medicine, Dr. Kevin D. J. Ewanchyna will present the PENNINGTON LECTURE topic STEERING TOWARD HEALTH: THE INTERSECTION OF FAMILY MEDICINE AND PUBLIC HEALTH. |
| 6:30 – 7:30 pm | Oregon Dairy and Nutrition Council has generously funded this year's OAFP/FOUNDATION ANNUAL FUNDRAISER with a CHEESE TASTING FROM ROGUE CREAMERY . Join your colleagues for this remarkable, delicious experience. |
| Saturday, April 24 | |
| 7:30 – 8:30 am | Each year, Oregon's family physicians gather for the OAFP CONGRESS OF MEMBERS to discuss the current slate of resolutions. Hopefully, next year we can resume our yummy breakfast meetings. |
| 8:30 – 9:15 am | There is a lot to be done during the OAFP ANNUAL AWARDS CEREMONY . We will confer our new members, install new board members, announce our OAFP Family Doctor of the Year and introduce our Mary Gonzales Lundy Award Winners. |

| | |
|-------------------------|--|
| 9:30 – 10:30 am | Back by popular demand! Bill Origer, MD, FAAFP will entertain and inform us with his presentation NEW DRUGS 2021: THE GOOD, THE BAD, AND THE WORTHLESS. |
| 10:40 – 11:40 am | Beginning in July 2021, all family physicians will be required to complete one hour of cultural competence training per year. Get your feet wet with Monica H. DeMasi, MD, FAAFP , during our IMPLICIT BIAS SESSION. |
| 11:50 am – 12:50 pm | Our CLOSING KEYNOTE Speaker, T.R. Reid, will not disappoint with HEALTH CARE FOR EVERYBODY – THE NEXT STEPS. |
| 1:00 – 1:45 pm | Join OAFP's own, Senator Elizabeth Steiner Hayward, MD, FAAFP as she recaps this year's legislative session with the OREGON HEALTH POLICY & LEGISLATIVE UPDATE. |
| 2:00 – 6:00 pm | Joshua D. Reagan, MD , never disappoints his audience. Join colleagues this year to learn in our KSA STUDY HALL ON ASTHMA. Additional costs and advance registration are required. |
| Sunday, April 25 | |
| 5:00 pm | OAFP/Foundation Annual Auction will close its online bidding. |

SAVE NEXT YEAR'S DATE – WE HOPE TO SEE YOU IN BEND FROM APRIL 6 TO 10, 2022.

Oregon at its Best!



Relationships are paramount with us. We seek highly engaged physicians and staff where everyone works together toward our common vision of accessible and quality health care for our patients. With 31 clinic sites located throughout the state of Oregon, **Praxis Health** currently has needs for Family Medicine physicians in these locations:

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- SALEM | SalemPrimaryCare.com

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STUDENTS SPEAK OUT!

Oregon Health & Science University



BRANDON CAREY

My path to medicine was not a direct line, but instead an indirect path that made many stops along the way. However, it always returned to a similar theme of working with people

and developing relationships. This theme has driven a lot of decisions and is what pushed my interest in family medicine. One of the special aspects that this specialty excels in is the ability to develop lasting relationships with your patients. Long-lasting relationships allow for trust and respect to build within the patient and physician dynamic.

Before I was a medical student, I was interested in public health policy, particularly access to care and the cost of care. Those interests have not gone away, and I think fit in nicely into what I like most about the FMIG. Family medicine is a huge field and you can choose what type of doctor you want to be. In the future I want to take my experiences and stories from my patients so that I can advocate for them to help enact system-wide changes. In the field of family medicine and in the FMIG, I can help to achieve those goals and possibly introduce those ideas to students who don't know much about public health policy.



JOSHUA MARTWICK

I am ecstatic to be a part of the FMIG leadership team as our volunteer coordinator! I find the overall atmosphere in the field of family medicine to be positive and inviting

and believe that this is a direct reflection of the emphasis on relationship building between family medicine physicians and their patients. I also find the other

unique aspects of family medicine exciting, like being able to see virtually any patient from cradle to grave and encountering a breadth of pathologies on a daily basis.

During my time with FMIG, I would like to create opportunities for students in our class to connect with their communities, keeping the development of longitudinal relationships in mind. I think that when students volunteer in positions that are meaningful to them, it makes for a better experience for everyone involved, and benefits both the student and volunteer program to their fullest potential. I hope to be able to find and develop these positions and am excited to be working with the other leads to make for some great experiences this year!

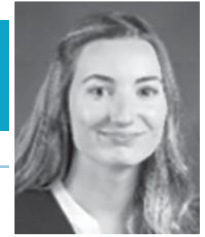


ELIZABETH QUIMBY

I'm Liz and I'm the lunch time talks coordinator for the FMIG. Prior to medical school, I served in the Peace Corps in Albania as a health educator and worked as a scribe in

the Emergency Department and at an ENT clinic. I am interested in family medicine because I like interacting with patients of all ages and seeing a multitude of complaints. I'm drawn to the long-term relationships that family medicine providers and patients can establish and being able to work on both short-term and long-term health goals. I look forward to bringing interesting and fun lunch time talks that highlight the awesomeness of family medicine as a profession.

STUDENTS SPEAK OUT!



AUDREY TAYLOR, OMS-III,
OAFP BOARD STUDENT DIRECTOR



Continuing to DREAM

Three years ago, a group of now fourth year medical students at WesternU of Health Sciences College of Osteopathic Medicine of the Pacific NW (COMP-Northwest) forged “DREAM”— Diversity Recognition Emphasized and Assimilated into Medicine—a three-day program that was intentionally designed to equip Underrepresented Minority (URM) students for medical school. The DREAM program has been held annually each summer providing students with workshops, resources, and community to help empower them while applying to medical school. The American Medical Student Association (AMSA) states that diversity among the student body is key to facilitating cultural competence among future physicians in medical education. A study conducted at UCLA found that students who attend racially and ethnically diverse medical school feel that they are better equipped to serve a diverse patient population. Physicians from underrepresented racial and/or ethnic groups are likely better able to identify and empathize with racially/ ethnically marginalized patients. AMSA also found that URM physicians are more likely to practice in underserved communities. The American Academy of Family Physicians (AAFP) has long recognized the growing diversity in the US population, and the importance of ensuring the physician workforce more closely resembles the general population. In January 2019, the AAFP reported that while family medicine has diversified in the past three decades, much work remains to better reflect the face of the whole population.



Compilation of photos featuring volunteers and participants from the inaugural 2018 DREAM program.

Clearly a diverse medical student body is important in forming culturally competent physicians and providing optimal care to the medically vulnerable. Despite the importance of representation, the current level of diversity among medical students does not accurately reflect the communities they serve. This disparity is more pronounced in osteopathic medical schools than their allopathic counterparts, leading our students to create the DREAM program. Speaking with Jordan Bilbrew, OMS-IV on his personal motivation for starting the program he explains:

continued on page 20

“Entering a career in medicine felt like shooting in the dark or punching underwater. Every step of the way was just as much of a guess as the prior. This contributes to the already overwhelming feeling of being an imposter. This double-down of imposter syndrome was only exacerbated when I was met with blatant racism from classmates, within our curriculum, and community members in this small rural, town of Lebanon, Oregon where Black folks like me make up less than 1% of the population. Being the first Black student on this campus, I did not feel safe physically or emotionally. This program was conceptualized as a response to that trauma that I was enduring – I couldn’t live with myself knowing that I did not try my best to mitigate these experiences for the Black and Brown people following in my footsteps. My ancestors paved a way for me; now it’s my turn to the same!”

The workshops and interactive lectures given during the program are purposefully crafted to emphasize empowering messages, counter notions of negative self-efficacy, and address the lack of role models for students of color who want to pursue careers as physicians. The DREAM Program equips aspiring “DREAMers” with skills such as resume building, interview skills, and personal identity development as well as a deeper understanding of the medical school application process. “DREAMers” also obtain personalized assistance with application

materials, workshops on osteopathic medicine, and a taste of medical student life, learning to perform a physical exam, attending a suturing workshop, and creating their own mini grand rounds presentation. Each year the leadership team is tasked with evolving the experience to match the specific perceived barriers to success experienced by these aspiring physicians.

Jasmine Townsley, OMS-III served on lead team for the 2019 DREAM Program found that the program had a positive effect on both the local community of Lebanon, and the participants. She was impressed by how a more homogenous community like Lebanon opened to receive students as local farms and businesses donated food, movie tickets, and bowling to participants. She also appreciated seeing the student’s growth during three short days: “these students went from wondering if they were even capable of applying to medical school to having the confidence to pursue a career of their choosing”. A sure sign of success of the program is having former “DREAMers” as current classmates at COMP-NW, as well as graduates of the program matriculating into other medical schools. Their testimonies attribute their success to this program and that only elucidates the necessity for Diversity, Equity, and Inclusion (DEI) initiatives like the DREAM Program.

While the DREAM Program could not be held in person for the 2020 session, the lead team of second year students at COMP-Northwest— Jerry Chen, Dana Parker, Kiara Mina, Arielle Magpoc and Hyoeun Tan—worked hard to adapt the program to an online format. While they recognized that two of biggest aspects of the DREAM program were the hands-on activities and in-person bonding experiences, they recognized the importance of providing



Jasmine Townsley OMS-3 teaching participants proper physical examination techniques during the 2019 DREAM program.



this resource to underrepresented pre-med students. They shipped care packages that included medical equipment such as stethoscope, reflex hammer, sphygmomanometer, and suturing

kit to 36 participants in seven different states to follow along with the program workshops. They found that the participants bonded over Zoom and remained engaged throughout the four-day program, and all the participants were eager to pursue their passion of becoming future physicians and take care of underserved communities.

Amid the COVID-19 pandemic we have had to redefine relationship building to maintain social distancing. While the world and medical school may look different these days, the goals and values of COMP-Northwest have remained the same and some things are too important to put on hold until the ill-defined resolution of the pandemic. The culture of equity and inclusion established by the founders of DREAM poses a call to action that includes sustainable practices which means overcoming an obstacle to deliver this message. Considering the recent conversation regarding the ongoing racial inequity in our nation, programs like the DREAM Program are even more important in addressing racial health inequity and the lack of diversity among physicians. The founders of the DREAM Program, Jordan Rashaun Bilbrew, Giulia Di Bella, **Jan Andrea Garo**, and Omar Rachdi, are thankful that the program will be sustainable even after they graduate through the help of the Heatherington Foundation. The Heatherington Foundation donated \$50,000 and the grant is renewable after five years. The DREAM would not be plausible without the support of organizations like The Heatherington Foundation, COMP-Northwest faculty,

staff, and students, as well as community sponsors.

Registration for the 2021 DREAM Program occurring this upcoming summer is now open. If you know a student who would be interested in the program, please urge them to apply by going to WesternU website or emailing dreamprogram@westernu.edu. Please contact dreamprogram@westernu.edu for any questions, concerns, or opportunities for collaboration/sponsorship.

- 1 Board Certified Family Physician Workforce: Progress in Racial and Ethnic Diversity



SEEKING DESIGNATED INSTITUTIONAL OFFICIAL (DIO)/FAMILY PHYSICIAN

Pomona Valley Hospital Medical Center
Los Angeles County
UCLA Affiliate
Family Medicine Residency Program

Pomona Valley Hospital Medical Center is seeking a Family Physician with GME experience as a part-time DIO/Director of Academic Affairs, who is interested in training students and residents in the health sciences. The sponsoring institution has a single ACGME residency, Family Medicine, an Urgent Care fellowship, and serves as a clinical site for several ACGME residencies, a fellowship, and local medical schools. This is a full time appointment through Premier Family Medical Associates and Pomona Valley Hospital Medical Center.

This opportunity is ideal for someone who wishes to develop their leadership skills in medical education while teaching residents, and creating a part-time clinical practice. There are several new medical schools in the surrounding area all seeking additional rotations for their students, thus offering an exciting opportunity for growth within the institution and the Department of Academic Affairs.

The residency program, 8-8-8, founded in 1997, with the full support of the sponsoring institution, is committed to academic excellence and is working toward designation as a Program of Excellence. We look for candidates who are passionate about quality resident education and patient care. Duties may include; didactic teaching, clinic precepting, and attending on the inpatient primary care service.

The sponsoring institution is a 440 bed community academic hospital, 30 miles east of Los Angeles, committed to providing high quality care to our ethnically and culturally diverse community. Pomona Valley Hospital Medical Center is a Safety Net provider; both the hospital and the Family Health Center provide care to the underserved, underinsured, and the well insured of all ages.

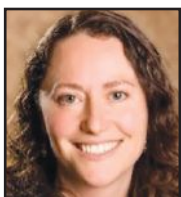
Please submit letter of interest with CV via email to:

Lynne Diamond, MD
Designated Institutional Official (DIO)
Pomona Valley Hospital Medical Center
Geriatrics, Hospice and Palliative Care Medicine
Family Medicine Residency Program
1770 N. Orange Grove Ave., Suite 201 • Pomona, CA 91767
Cell 909-451-1505 • Office 909-469-9493
Lynne.diamond@pvhmc.org

MEMBERS IN THE NEWS



Clifford Coleman, MD, MPH has been appointed as the inaugural Doris and Marks Storms Chair in Compassionate Communication by OHSU's Center for Ethics in Health Care. Dr. Coleman is a national expert in the field of health literacy and practices family medicine OHSU Primary Care Clinic, Richmond in Portland. Dr. Coleman was also featured on Oregon Public Broadcasting's "Think Out Loud" on March 1 to discuss vaccine hesitancy.



Joyce Hollander-Rodriguez, MD was interviewed by the AAFP for the article "Program Directors: Virtual Interviews Better Than Expected." Dr. Hollander-Rodriguez discussed the technological challenges faced by residency programs and candidates during the pandemic and the need for contingency plans. Dr. Hollander-Rodriguez is the Program Director at OHSU Cascades East Family Medicine Residency Program and serves as Vice-chair on the Oregon Residency Collaborative Alliance for Family Medicine (ORCA-FM) Steering Committee.



Robyn A. Liu, MD, MPH, FFAFP, recent past president of the OAFP Board and a member of the Commission on External Affairs and OAFP PAC Board, was interviewed in December by KPTV a day before receiving her 'Fauchie ouchie' vaccine. According to Dr. Liu, "It does feel like, finally, there is progress, there's something happening from the monotony and the dread that's been overlaying each day for the last nine months."



Retired family physician, **Paul S. Rostykus, MD, MPH**, was quoted in the *Mail Tribune* article "It's like a shot of hope" after volunteering to serve as a vaccine administrator and coordinator for Ashland Family Practice vaccination

events. Dr. Rostykus created safe protocols for the administration of vaccines at the Ashland events. Dr. Rostykus is also an avid telemark skier.



Evan T. Saulino, MD, PhD, was recently quoted in the *New York Times* article "Primary Care Doctors Are Left Out of the Vaccine Rollout." Dr. Saulino is a family physician in Portland, and a member of the OAFP Board of Directors. In the article, he discussed vaccine-hesitancy among patients who are distrustful of the government and how they may be more amenable to vaccinations at their doctors' offices.



Deborah Woodbury, MD, said that "family practice is pretty awesome. I get to know each patient as a whole person," in her interview with the *East Oregonian*. Dr. Woodbury, who relocated to Pendleton from Pennsylvania in the past few months, discusses her love of running and taking care of patients in the article.



Grants Pass Clinic was featured prominently in *The Atlantic's* article "Why You Can't Just Get Vaccinated at Your Doctor's Office."

Printed in late January, the article focused on the lack of availability of vaccine doses. Several members of the OAFP practice family medicine at the clinic.

If you have news to share, please contact Louise Merrigan at OAFP by email: louisem@oafp.org.

PASSAGES

Members



Albert J. Brauer, MD, 90, passed away peacefully at his home on Woahink Lake, on December 17, 2020.

A native Nebraskan, Dr. Brauer journeyed to Oregon in 1948, to attend University of Oregon. After receiving his degree, he attended University of Nebraska School of Medicine, and graduated in 1955.

Returning to Oregon was always in the cards, as he had met his wife, Alice Marie Maier, at a church service in Eugene.

After his internship at Sacred Heart Hospital and a residency at Contra Costa County Hospital in California, he was commissioned into the US Navy as a Medical Officer. After the war, Albert and Alice settled in Florence, where he practiced as a general practitioner for many years.

In 1972, while on a medical mission in Kenya, Alice was killed in a serious car accident. During his recovery, Dr. Brauer was cared for by a Catholic nun, Catherine Miskella, who left the order to become his wife. They were married for forty years until her death in 2016.

In recent years, Dr. Brauer enjoyed the companionship of Dianna Barry. He is survived by his six children: Al (Kory), Becky (Rex), Gretchen (Dave), James (Jan), Melissa and John (Suzanne); he also leaves behind grandchildren: Patrick (René), Aaron (Amber), Alayna, Matt (Amandine), Clare (Ryan), Andrew, Kelsey, Nate, Ali, Alison and William; great-grandchildren: Tate, Maeve, Evan, Cole, Leo, Drew and a newborn great-granddaughter.



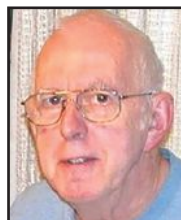
Walter C. Reynolds, MD died of non-COVID causes while in hospice on November 17, 2020 surrounded by his loved ones.

A true pioneer, Dr. Reynolds was the first Black person to graduate from the University of Oregon Medical School (now OHSU). He opened his own clinic on North Williams Ave in Portland which was known for caring for members of Portland's large, Romany-speaking community, shunned by most other doctors. He went on to lead the medical staff at Emmanuel Hospital and helped recruit minority students to OHSU.

Serving as President of the Urban League of Portland in the late 1950's, Dr. Reynolds worked to combat Oregon's deeply entrenched racism and create more opportunities for people of color.

After marrying, Mildred Eleanor Squires, the young couple settled in a white Southeast neighborhood near Reed College. His children remember neighborhood kids staring at them until the novelty of having a Black family wore off and their home became the go-to place for good food and basketball games.

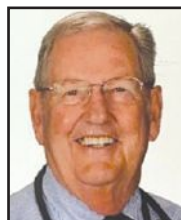
Dr. Reynolds is survived by four of his six children: Liz A. Reynolds Thomas, PhD and daughter, Ifé A. Thomas; Michael A. Reynolds (Carole); Walter S. Reynolds (Laura Clear); Lori S. Reynolds Nischol (Sunil Nischol; sons, Arjun and Armaan); his partner, Beverly J. Hilliard and her son, Gregory "Abdu" Hilliard; and many nieces and nephews.



Born in Kansas City, MO, **Charles (Chuck) Lee Schroff, MD** earned his medical degree in 1957 from the University of Kansas School of Medicine. Prior to medical school, Dr. Schroff had married his lifelong love, Mary Jane Harder, in 1953. The young couple settled in Corvallis where he practiced medicine for 37 years, before retiring in 1997.

Chuck and Mary moved to Poulsbo, WA in 1997 and later to Vancouver, WA in 2018 to be closer to family. He passed away on July 10, 2020.

He is survived by Mary Schroff, his wife of 66 years, sons Christopher and Gregory, his brothers James and John, granddaughters Avery, Gillian, Roancy and Caitlin, great grandson, Calvin, and numerous nieces and nephews.



Dr. Thomas A. Van Veen was born in Portland, OR on August 14, 1935 and passed away November 10, 2020 at his home in Stayton.

After serving in the US Marines, he enrolled at University of Portland to complete pre-med courses and graduated from University of Oregon Medical School (OHSU) in 1963.

He practiced medicine in Stayton for 51 years and was a member of the Oregon Army National Guard from 1978-1999 retiring with the rank of Colonel.

In 1971, Dr. Van Veen married Greta Cameron and was happily married for 48 years until her death in February 2020.

He is survived by his sister, Mary Lisignoli; eight children; 24 grandchildren; 30 great-grandchildren; and many nieces and nephews.

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Colleagues



William (Bill) R. Ferguson, MD earned a BA in chemistry from the University of North Carolina at Chapel Hill and stayed to earn a Doctor of Medicine in 1973. After completing his residency at McKay-Dee Family Medicine Program in Utah he established his first family practice in Albany, OR where he practiced for seventeen years.

After completing a “mini-residency” at University of California-San Francisco School of Medicine, Dr. Ferguson developed the first Occupational Medicine department at the Corvallis Clinic in 1993.

Dr. Ferguson also served on the Oregon State EMS Advisory Committee, was an instructor of navigation for the Coast Guard and an assistant professor of family medicine at OHSU. He also served as a member of the American College of Occupational and Environmental Medicine. In addition, he spent many years serving as the Linn County Medical Examiner.

Dr. Ferguson passed away on January 5, 2021 and leaves behind his wife Rita (Renshaw) of 41 years, four stepchildren, three grandchildren, four great grandchildren, one nephew and three nieces. He also leaves behind his brother Skip Ferguson and sister Holly Cable.



On October 3, 2020, **Dr. John “Catlin” Goss** passed away from complications of dementia with his family at his bedside.

Dr. Goss was born in Portland, OR and grew up surrounded by his sisters and many aunts and uncles and cousins.

Dr. Goss entered Medical School at OHSU in 1959 and in 1960 married Alyce Hoyer whom he had met during a summer marine biology course in Coos Bay.

Caitlin and Alyce made multiple moves for medical training with their three children; from St. Paul, MN to Guam and then returning to Oregon to set up a family practice in Molalla.

Dr. Goss realized his passion for surgery and pursued further training in Portland followed by a three-year residency at Virginia Mason Hospital in Seattle. He worked for a year in Bend, OR before moving to Portland to practice.

In 1984, he moved to Seattle to join Group Health Cooperative to work in the full scope of a general surgical practice. It was here that he learned that he loved to teach. After retiring, he knew that he had second thoughts

and returned to work as a surgeon then as a wound care specialist at Steven’s Memorial Hospital where he completed his career.

Dr. Goss’ volunteer medical work with Northwest Medical Teams and the University Presbyterian church took him all over the world to India, Bosnia, Haiti and Iraq. His compassion also led him to the homeless shelters and camps of Seattle. He volunteered at the Lake City Rotacare Free clinic in his last years of practice. He was an advocate for AA and Al-Anon programs helping people recover from alcoholism.

He is survived by his children Rick (Nanette), Virginia (Jim) Hale and Nancy, sisters Sue (Jack) Eberhart and Janet Johnson, his former wife Alyce, his grandchildren, extended family, former colleagues and many friends.



Stanley L. Holme, MD was born in Stambaugh, MI on February 17, 1934 and passed away in Salem, OR on July 4, 2020.

After graduating from the University of Minnesota, he went onto to the University of Michigan Medical School where he graduated in 1960. He completed his medical internship in Duluth, MN and San Antonio, TX before serving in the United States Air Force as a flight Surgeon in Grand Forks, ND.

Dr. Holme married Ruth Helgren in 1958 and in 1963 he and his family moved to Salem, OR with two main purposes, to start his medical practice and help start Trinity Covenant Church.

Dr. Holme’s medical focus was Family Practice which he went into because he wanted to make an impact on helping people in their lives. He saw the need for physicians to stay current in their practice and initiated the development of the Medical Library at Salem Hospital. Later several physicians joined him to develop a new system of monitoring the quality of important care at the Hospital. A “live audit” conference became the norm, reviewing random charts of in-patient care through a mechanism that was called Live Audit Conference. It was open to all staff members. He also served a term as president of the Salem Hospital Medical Staff.

Despite experiencing chronic health challenges in his later years, he always demonstrated perseverance and a positive approach to life’s problems. He made a point of helping others, demonstrating his genuine empathy and love for them.

He is survived by his wife of 62 years, Ruth and their three children, Dianne Holme, Mark Holme (Mary Skrzynski) and Sarah (Mike) Morelli. They have six grandchildren, Kurt, Eric, and Peter Wakeling and Tobias, Violet, and Flannery Holme.



Ernest 'Ernie' Howell Price, MD

died peacefully in his sleep, Thursday, Aug. 20, 2020, from complications of congestive heart failure.

Dr. Price spent his earlier years in Omaha, NE and enlisted in the Army Air Corps during his senior year in high school. As part of his training, he was enrolled in Michigan College, now known as Michigan State University and met his wife to be, Margaret Ann Barber, at a dance in Lansing.

When the war ended, Ernie and Margaret moved back to Omaha and he enrolled at Creighton University, earning his bachelor's degree in less than three years while selling shoes and grading papers to provide for his young wife.

After completing medical school at University of Nebraska College of Medicine and residency, Dr. Price moved to Portland, OR to build a practice with a colleague. He practiced obstetrics and family medicine for over 30 years out of their offices on 29th and Burnside.

Active in state, county and local medical societies, Dr. Price sat on several boards and taught obstetrics at Good Samaritan Hospital for 10 years. In 1991 he retired from full-time practice to work as the Medical Director for Aetna covering Oregon and Alaska.

In 1996, Ernie and Margaret moved their family to Vancouver, WA where they stayed until they returned to settle in Russellville Park Retirement Community in Southeast Portland where they lived out the rest of their lives.

Dr. Price was predeceased by his loving wife of 65 years, Margaret. He will be greatly missed by his only sibling, younger sister, Lauralee Mains of Omaha, NE; his sons and daughters-in-law, John (Norma), Mike (Ginny), David (Margo) Jamie (Stella), Kris Price, Laurel Ivers; and his 11 grandchildren; and four great-grandchildren.



Dr. Paul Young, age 82, of Buena Vista, OR died in his sleep on Monday, October 12, 2020.

Dr. Young was born in Portland, OR on June 28, 1928. He earned his undergraduate degree at Willamette

University in 1960 and completed medical school at OHSU in 1965. His residency was completed in the US Air Force in Washington, DC and Ventura, CA.

In 1968, Dr. Young joined the Independence Clinic as a family practitioner. He subsequently worked in various settings including three public jail systems and as the medical director of several nursing homes and he served on the advisory board of Blue Cross. He was known locally as "Doc Young."

In 1981 he married his second wife, Linda. They retired on the same day in 2004, spending weekends at the Oregon Coast and sharing their lives with their beloved terrier Jack

He leaves behind his wife Linda; two daughters: Kathy Heide (Bruce) and Jenni Carter (Bruce) and one son, Aaron Young (Amy); two stepdaughters Deena Fitts and T.J. Smith; grandchildren: Ashlee, Bethani, Darrah, Jack, Michael, Mikayla, Mollee, Tony and Travis; five great grandchildren, and his two sisters: Joan Eichinger and Katherine Swan.

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Conference
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46th Annual
Pacific NW Update of
OB-GYN and Women's Health
October 21-22

Reflecting on 2020



JONATHAN L. VINSON, MD, FAAFP, OAFP PAC BOARD - CHAIR
PROVIDENCE MEDICAL GROUP, LLOYD CENTER - FAMILY PHYSICIAN

It seems obvious to call 2020 a momentous year. In the midst of a health care crisis unlike anything in our lifetimes, the campaigns for elections for state

representatives and senators offered OAFP another opportunity to support candidates and elected officials who understand the issues facing OAFP members and their

patients, through campaign contributions. We are able to make those contributions because the Family Physicians of Oregon PAC had a healthy balance going into the election cycle.

Get Involved

Membership in the PAC is open to any member or friend of OAFP. We have set a goal in 2021 of doubling our membership by increasing the number of OAFP members who participate in the PAC to 50.

Participation on the PAC Board is open to any member who contributes to the PAC. It is a great opportunity for someone who wants to get involved in OAFP policy but does not have a great deal of time to give. We have two meetings per year, timed according to the primary campaign and election cycle.

Looking Ahead

Measure 107, which passed by a margin of 78% to 21%, amended Oregon's constitution to allow restrictions on contributions and campaign spending, and requires greater transparency in how political contributions are gathered, how they are spent, and how political advertising is funded. The state legislature now has the opportunity to take up campaign finance limits, and in a session when the legislature faces numerous enormous challenges, it's unclear whether they will make those moves, despite the popularity of the measure.

If and when campaign finance limits are enacted, the Family Physicians of Oregon PAC stands to benefit, as the influence of deeper-pocketed advocates will be tempered by the more-even playing field. In 2020, we gave to the following candidates:



SEEKING FELLOWSHIP TRAINED HOSPICE AND PALLIATIVE CARE FACULTY

Southern California UCLA Affiliate Family Medicine Residency Program

The Family Medicine Residency Program at Pomona Valley Hospital Medical Center is seeking a fellowship trained Hospice and Palliative Care physician to join the core faculty. This is a full time appointment through Premier Family Medicine Associates, Inc., the group that administers the residency for Pomona Valley Hospital.

This opportunity is ideal for someone who wants to teach residents while providing inpatient palliative care consults, home hospice and outpatient palliative care. The hospital has an existing, successful inpatient palliative care service with a dedicated social worker, nurse and chaplain. Palliative care is seen, by residency leadership, as essential to the education of family physicians.

The residency program was founded in 1997, now with 8 residents in each class. With the full support of the sponsoring institution, the program is committed to academic excellence. We are looking for candidates with commitment to resident education and quality patient care. Duties may include; didactic teaching, precepting in palliative care/chronic disease management clinic, attending on the primary care inpatient service (optional), palliative care inpatient and outpatient consulting, and caring for patients in long-term facilities, rehabilitation facilities, and home hospice with residents.

During the Covid-19 surge, the palliative care service played a key role in preventing the need to triage care. The sponsoring institution is a 440 bed community academic hospital, 30 miles east of Los Angeles, committed to providing quality care to the surrounding community. The residency program has a strong geriatric and palliative care curriculum in place. Eight of our graduates have gone on to geriatric, and hospice and palliative care fellowships.

Pomona Valley Hospital Medical Center serves an ethnically and culturally diverse community. The hospital is a Safety Net Provider; both the hospital and the Family Health Center provide care to the underserved, underinsured, and well insured of all ages.

Please submit letter of interest with CV to:

Lynne Diamond, M.D.

Designated Institutional Official (DIO)

Director of Geriatric, Palliative Care and Hospice Medicine

Pomona Valley Hospital Medical Center • Family Medicine Residency Program

1770 N. Orange Grove Ave. Suite 201 • Pomona, CA 91767

Office: 909-469-9493 • Cell: 909-451-1505

lynne.diamond@pvhmc.org

House

Rep. Rob Nosse (D-Portland) - WON

Co-Chair, Human Services Subcommittee of Ways & Means; Vice-Chair, House Committee on Behavioral Health; member, Joint Committee on Ways & Means

Rep. Cheri Helt (R-Bend) - LOST

Moderate R; targeted district; pro-vaccine

Rep. Maxine Dexter (D-Portland) - WON

Replaced Mitch Greenlick; pulmonologist; very health care oriented. House Committee on Healthcare, Subcommittee on COVID-19 Chair; House Committee on Judiciary, Subcommittee on Equitable Policing

Lisa Reynolds (D-SW Portland) – WON

Physician; running for Rep. Williamson's seat; Vice-Chair, House Committee on Early Childhood; member, House Committee on Behavioral Health; member, House Committee on Water

Rep. Rachel Prusak (D-West Linn) - WON

Nurse practitioner; Chair, House Health Committee, Led Universal Access to PC Workgroup; member, House Committee on Economic Recovery and Prosperity

Rep. Andrea Salinas (D-Lake Oswego) - WON

Chair, House Special Committee on Redistricting; Vice-Chair, House Health Committee; Subcommittee on COVID-19; Committee on Behavioral Health; Committee on Rules

Rep. Christine Drazan (R-Keizer) - WON

House Republican Leader; Chair, House Committee on Rules; member, House Health Committee; member, Joint Committee on Ways and Means; Subcommittee on Capital Construction; member, Joint Committee on Legislative Counsel; member, Joint Committee on Legislative Administration;

Rep. Raquel Moore Green (R-Salem) - WON

Universal Access to PC Workgroup, House Committee on Health Care; Subcommittee on COVID-19; Vice-Chair, House Committee on Behavioral Health; member, House Committee on Energy and Environment; member, House Committee on Conduct

Senate

Sen. James Manning (D-Eugene)

Chair, Committee on Veterans and Emergency Preparedness; member, Senate Committee on Judiciary and Ballot Measure 110 Implementation; member, Senate Committee on Health Care; member, Senate Committee on Rules

Sen. Tim Knopp (R-Bend)

Vice-Chair, Senate Committee on Healthcare; Vice-Chair, Senate Committee on Redistricting; member, Joint Committee on Ways & Means; member, Joint Committee on Legislative Policy and Research; member, Joint Committee on Ways & Means Subcommittee on Human Services



Current PAC members include:

David J. Abdun-Nur, MD

Patricia P. Ahlen, MD

Betsy Boyd-Flynn

T. Ruth Chang, MD, MPH, FAAFP

Stewart L. Decker, MD, FAAFP

Michael D. Goodwin, MD

Melissa A. Hemphill, MD, FAAFP

Nathalie J. Jacqmotte, MD

(Robbie) Robert D. Law, MD

Robyn A. Liu, MD, MPH, FAAFP

Gina A. Martin, MD

Eva S. McCarthy, DO

Mark S. Meyers, MD

Justin E. Osborn, MD

Janet E. Patin, MD, FAAFP

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(Liz) Elizabeth C. Powers, MD, FAAFP

Glenn S. Rodriguez, MD

Michael Z. Saladik, MD

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Daniel J. Sengenberger, DO, FAAFP

Anne C. Toledo, MD

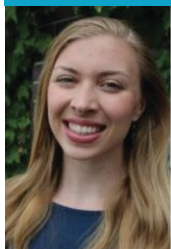
Jonathan L. Vinson, MD, FAAFP

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Congratulations on the Match!

Oregon's seven Family Medicine Residencies will welcome 54 new family medicine residents this summer.

• OHSU CASCADES EAST FAMILY MEDICINE RESIDENCY



Sylvia Blomstrand
U Minnesota MS
Duluth



Phoebe S. Hughes,
MPH
Herbert Wertheim
CM



Michael
Loebertman
U Wisconsin-
Madison SMPH



China Rae
Newman
U Arizona CM



Galen Sincerny
OHSU SM



Mikayla Stevens
OHSU SM



Colette A. Whitney
Duke U SM



Derek Wiseman
OHSU SM

• OHSU HEALTH HILLSBORO FAMILY MEDICINE RESIDENCY



Alexandra Bray
U California, Irvine
SM



Aaron Chambers
Sidney Kimmel MC



Logan Ellis
Edward Via COM



Dione Fernandez,
MS
AT Still U Kirkland
COM



Esteban Garza
OHSU SM



Justine Lawson
Pacific Northwest
U COM



Alyssa Morrow
COMP-Northwest



Justin J. Santos,
MD
U Queensland
Australia SCM

• OHSU FAMILY MEDICINE RESIDENCY



Allyson Adams
U Colorado SM



Alanna De Mello
Mayo Clinic Alix
SM-AZ



Nicholas DeFelice
U Illinois CM -
Chicago



Sara Emamian,
MPH
George Washington
SMHS



Samantha George
Albert Einstein CM



Dakota Ludstrom
U Minnesota MS



Nicholas Nowell
Virginia
Commonwealth SM



Wakaba C. Omi
OHSU SM



Lisa Royter
U Texas San
Antonio SM



Michael Sarvi
Mayo Clinic Alix
SM-AZ

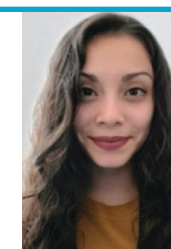


Shayna R.
Waldbaum
Chicago MS



Tiantian White
Harvard MS

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Paola Candia
Kansas City U
COM



Taylor Wrinkle
Pope
U California, San
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OHSU SM



Iman Malik, MD
U Queensland
Australia SCM



Robell Morehouse
Eastern Virginia
MS



Peter St. George
Touro U California
COM



Andrew Tobler
Rocky Vista U
COM

• ROSEBURG FAMILY MEDICINE RESIDENCY



I. Behakanakere,
MD, PhD
St. George's U SM



K. Chandrasekaran,
MBBS, MPH
Terna MC



Joshua Fisher,
MPH
Cal. Northstate
U CM



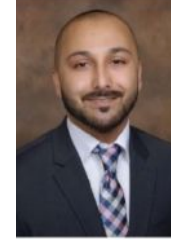
Faarina Khan,
MBBS, MPH
Dow International
MC



Sinyun Lam
Ross U SM



Misha Peel, EdM
COMP-Northwest



**Ahmad
Stanackzai, MD,
MBA**
American U Antigua CM



Daniel Sultizer
Burrell COM

• SAMARITAN FAMILY MEDICINE RESIDENCY



Meghan Bolano
Lake Erie COM



Megan Louie, DO
DeBusk COM



Zachary Mattka
Lake Erie COM



Shilpa Mulukutla,
MS
Western U COMP



Tabetha Ratliff,
MD
U Cincinnati CM



Alyssa Sipes
Midwestern U
Chicago COM



Luke Tegeler
Western U
COMP



Matthew Tom
Albany MC



Aaron Wang, DO
Touro U
California COM

The following Oregon medical students matched into Family Medicine during Match Week 2021.

WESTERNU/COMP-NORTHWEST CLASS OF 2021

| | |
|-----------------------------|--|
| Alex C. Anderson | Middlesex Hospital FMR (CT) |
| Olivia S. Anderson | Kaiser Permanente Woodland Hills FMR (CA) |
| Micah Atwood | U California San Francisco Fresno FMR (CA) |
| Nadia Z. Azhar | Central Washington FMR (WA) |
| Meredith Bell | McLaren Health Care FMR (MI) |
| Lawrence W. Hu | Central Washington FMR (WA) |
| Stephen Klippenstein | U Vermont FMR (VT) |
| Mark J. Kortbaoui | Trios FMR (WA) |
| Merna Y. Labib | Sollus Northwest FMR (WA) |
| Mafeth A. Lim | Mercy FMR (MO) |
| Audriana L. Mooth | East Pierce FMR (WA) |
| Alyssa F. Morrow | OHSU Health Hillsboro FMR (OR) |
| Rachel A. Palmer | Poudre Valley Hospital/ Ft Collins FMR (CO) |
| Misha Peel | Roseburg FMR (OR) |
| Jessica J. Roberts | Sollus Northwest FMR (WA) |
| Kate Seideman | Offutt-UNMC FMR (NE) |
| Lucas Sontra | FM of SW Washington Residency (WA) |
| Antonina Storniolo | N Colorado Med Ctr/Wray RTT (CO) |
| Luke Tegeler | Samaritan FMR (OR) |
| Jacob A. E. Uber | Portsmouth Regional Hospital/Tufts U SM FMR (NH) |

OHSU CLASS OF 2021

| | |
|--------------------------|--|
| Charles M. Baugh | Adventist Health Ukiah Valley FMR (CA) |
| Chadwick Boggess | Providence Hospital Alaska FMR (AK) |
| Amity M. Calvin | U New Mexico FMR (NM) |
| Lai Hin Kimi Chan | U California Davis FMR (CA) |
| Eva T. Davis | MultiCare Tacoma FMR (WA) |
| Andrew Duchesne | Providence Oregon FMR (OR) |
| Esteban N. Garza | OHSU Health Hillsboro FMR (OR) |

| | |
|--------------------------|--|
| Logan S. Harper | U Colorado FMR (CO) |
| Shane Hervey | U California San Francisco FMR (CA) |
| Brett Lewis | Boston Med Ctr Dept of FM Residency (MA) |
| Colin Luh | Providence Saint Peter FMR (WA) |
| Katherine Manning | Gundersen Medical Foundation FMR (WI) |
| Michaela Merrill | FMR of Idaho (ID) |
| Wakaba C. Omi | OHSU FMR (OR) |
| Arianna M. Robin | Contra Costa FMR (CA) |
| Alison Schlueter | MultiCare Tacoma FMR (WA) |

| | |
|---------------------------|---------------------------------|
| Galen Sincerny | OHSU Cascades East FMR (OR) |
| Mikayla B. Stevens | OHSU Cascades East FMR (OR) |
| Tajwar Taher | RWJ Somerset FMR (NJ) |
| Derek J. Wiseman | OHSU Cascades East FMR (OR) |
| Jingwan Zhang | Providence Saint Peter FMR (WA) |

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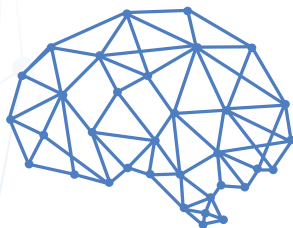
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