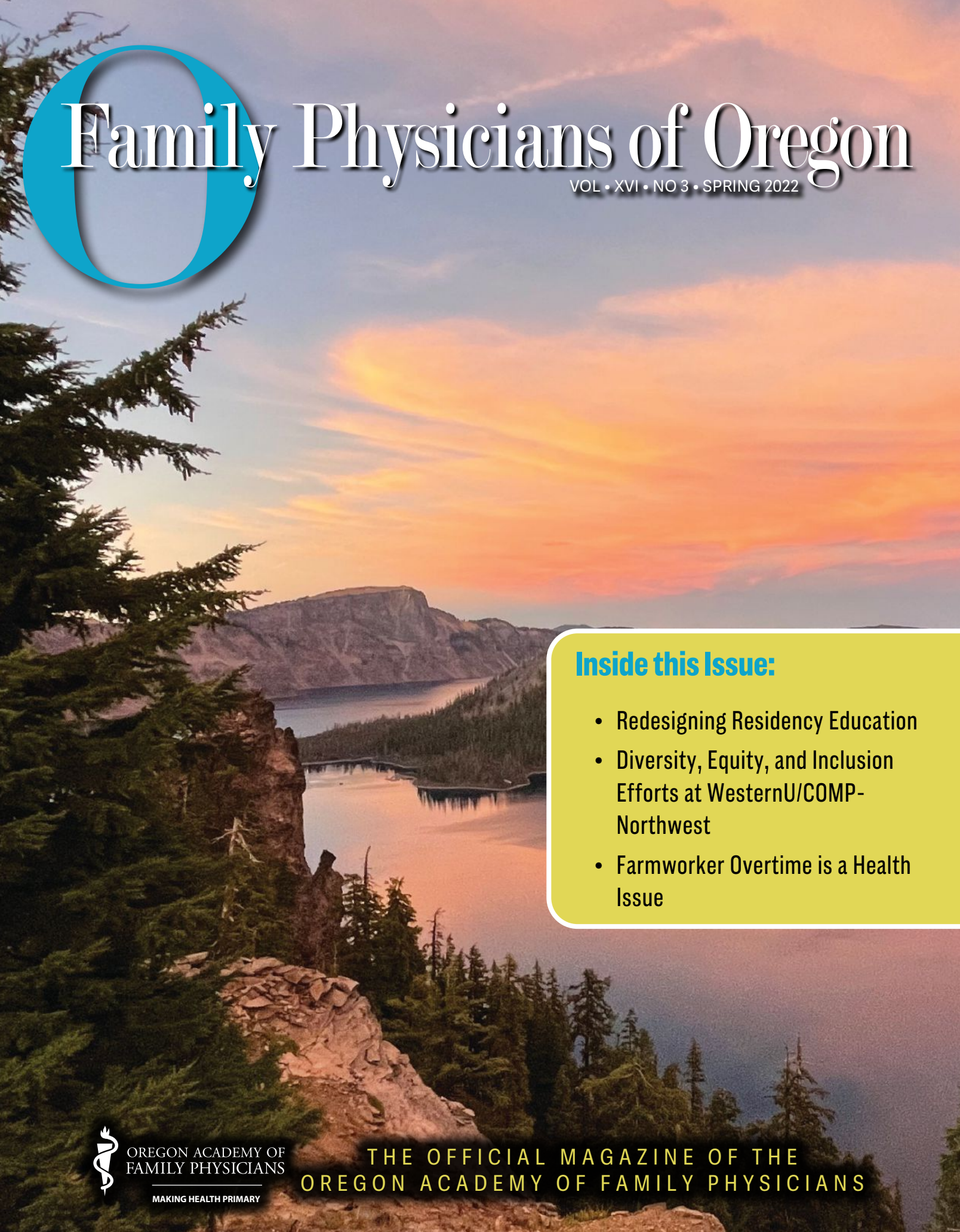

Family Physicians of Oregon

VOL • XVI • NO 3 • SPRING 2022

Inside this Issue:

OREGON ACADEMY OF FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

THE OFFICIAL MAGAZINE OF THE OREGON ACADEMY OF FAMILY PHYSICIANS

Serving Oregon Physicians for More Than 50 Years

Customized Coverage for Oregon Physicians, Created by Oregon Physicians

While other insurance carriers have come and gone, CNA has been a fixture in the Oregon marketplace, helping physicians navigate the healthcare landscape for over 50 years. Our tenured professionals average 32 years of experience, and our strong partnership with the OMA helps ensure you get the coverage you need. With local claim professionals and a comprehensive risk control program, CNA creates insurance solutions to help keep your practice running smoothly, year after year.

For more information, contact CNA's Portland office at 800-341-3684 or visit theoma.org/cna.

VOL • XVI • NO 3 • SPRING 2022

Family Physicians of Oregon

Oregon Academy of Family Physicians
3439 NE Sandy Blvd. #264
Portland, OR 97232
503.528.0961
Web site: www.oafp.org

About the cover:
Photo by Alexandra Levin, MPH. "I've visited Crater Lake in all seasons, from the deep snows of winter to the smoky, hot days of summer. Autumn will forever be my favorite time to go because the sunsets, like this one captured in late September, feel unending yet they change colors every few minutes."

FAMILY PHYSICIANS OF OREGON is published quarterly by Publishing Concepts, Inc. in cooperation with the Oregon Academy of Family Physicians.

FAMILY PHYSICIANS OF OREGON reaches more than 1,600 family physicians and their professional associates. Medical students and staff at Oregon Health Sciences University also receive the magazine. FAMILY PHYSICIANS OF OREGON assumes no responsibility for the loss or damage due to contributed material. Any material accepted is subject to revision as necessary. Materials published in FAMILY PHYSICIANS OF OREGON remain the property of the journal. No material, or parts thereof, may be reproduced or used out of context without prior, specific approval.

pcipublishing.com
Created by Publishing Concepts, Inc.
David Brown, President • 1-800-561-4686 ext. 103
dbrown@pcipublishing.com
For Advertising info contact
Jesseca Youngblood • 1-800-561-4686 ext. 115
jyoungblood@pcipublishing.com

OREGON ACADEMY OF FAMILY PHYSICIANS
MAKING HEALTH PRIMARY

EDITION 61

STEWART L. DECKER, MD, FAAFP, FWMS, OAFP PRESIDENT
SKY LAKES WELLNESS CENTER – MEDICAL DIRECTOR

Lessons Learned and Re-learned

Have you ever "re-learned" a lesson? Re-learning is when you learn something great (sometimes painful, sometimes humorous), then forget it later and have to learn the lesson all over again (sometimes painfully, sometimes humorously). For example: I have "re-learned" to always carry a headlamp, even if it's "just a day trip," four times. I've "re-learned" that I cannot, in fact, stay awake during a lecture while "just resting my eyes" at least a dozen times.

In an effort to minimize the need to relearn things constantly, when I started medical school I also started writing things down. I have a Google. doc called "things I have learned" and, when I learn a little pearl of a life lesson, I jot it down. It's thanks to this practice that I've had to learn to "just bring the ski straps," and "keep headlamps in the car, just in case," only once. It has become something of a New Year's tradition to re-read and update this document, and for this, my final article as your OAFP President, I wanted to share some of the things I learned during this year of augmented responsibility. I've refrained from including medical pearls in my running document of life truths because I wanted it to be more introspective and accessible to my family and friends, so you will not find any newly minted treatment paradigms below, but I have learned some wonderful lessons on focused leadership, sleep, meeting organization, Zoom meetings, and wellbeing.

As you may be familiar, from my previous articles, I thrive on lists. I think it says a lot about my organizational structure that I not only accept, but also rely heavily on the ugliest but most functional narrative tool in my writing. I think this is reflective of my generally "satisficer" nature - a distinction which I learned about this year in a completely different context, but one that is overall a wonderful way to help translate the actions of those around you. Let's start with that and see where it takes us.

1. Satisficers vs Maximizers. A satisficer is someone who has modest decision-making criteria and takes the first option that meets those criteria, then freeing themselves to stop thinking about the now-decided decision. Maximizers are looking to find the *best* option, so frequently spend much longer searching for options, then longer still researching, thinking, comparing, and rethinking. I want to be clear here that one is not inherently better than the other. I've just learned that I am *definitely* a satisficer, and therefore when it comes to decision-making, I have learned to be very intentional in selecting those "modest" criteria. Further, when leading an organization, I don't think one should be as profligate a satisficer as I have turned out to be, so being president for the year has been an excellent lesson in maximizing decisions. What is true, however, is knowing how you tend to make decisions helps you make better ones.
2. When you have limited time in a decision-making position it is important to use that time as best you can. This means first learning what decisions you actually have control over, and then setting goals for your organization for the year commensurate with the decisional power you have. For example: one of my goals for the OAFP was to secure a public health liaison (Ex officio member) on the board, and I feel overjoyed to report that we were successful in this goal. We also planned and received funding for flagship outreach programs and were delightfully active during this year's short legislative session with our lobbyist at the helm. If given limited time, prioritized planning must happen in order to get anything done.
3. When leading meetings, whatever time you have "budgeted" for

introductions should be secretly doubled in your mental "am I going to be on time" arithmetic. If you expect your 15 minutes of introductions to take 30 minutes and plan the rest of the agenda with a little more wiggle room, you can make up for it. However, do not make the mistake of putting 30 minutes on the schedule for introductions, because then it will *still* be doubled. :)

4. There is a *Robert's Rules of Order* adaptation for online meetings. It is dry and useful in equal measure: extremely.
5. When running meetings, one of your most important jobs is to manage time. You want good discussions to finish, you want to answer the question when everyone already agrees, and you want everyone present to feel that the time they spent at that meeting was valuable and efficiently used. In order to set yourself up for success, get good at guesstimating the time various topics will take, and make sure there are some areas where you know you can make up time if you need to.
6. Relationship capitol is the most valuable capitol. Develop relationships as often as you can.
7. Every project needs a leader. Even a wonderful idea will die a quick and lonely death unless shepherded by someone who cares about it.
8. Planning meeting times where all interested parties can be present is so nearly impossible, it is laughable. Tools like Doodle are invaluable.
9. As president of an organization like the OAFP, you will be completely useless without exceptional staff to help identify the decisions that you need to either make or have the board make at the next meeting. Without Betsy and Louise and now Iris and Kayla, I would frankly not know where to start. I suppose the lesson here is make sure that the people you work with care about the same things. Without them, I am fairly certain all would be chaos.

Thank you so much for allowing me to take part in the leadership of the OAFP this last year. I look forward to continuing to represent southern Oregon at the OAFP and cannot wait to see what happens in the coming years in our beautiful state. I think it will be an exciting time for insurance accessibility, access to primary care, and the expansion of family medicine into the public health arena (if we so choose). I, for one, am hopeful.

Cheers,

Stewart L. Decker, MD, MPH, FAAFP, FWMS

BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Getting Ready for What's Next

In late February, I joined my counterparts from other states, and several members of the AAFP chapter support team in Chicago for our first in-person meeting in two years. It was a delight and a relief to renew old connections, share experiences, and think together about what the future holds.

As I write this, we are just over three weeks away from our 75th Annual Conference, and if everything goes as it seems it will, over 150 of our members (and counting) will gather for some or all of the weekend to do the same thing. COVID has taught us never to count on anything happening until it is pretty much over, but whatever happens, we can see that interest in being together with colleagues is still high, and we are very hopeful that folks will get the benefit of togetherness in Bend in April.

In Chicago, I learned that the AAFP is continuing its assessment of the system for nominations for commissions and task forces. Leaders are reflecting on the fact that while nominees for most longstanding commissions are declining, interest in participation in the new Commission on Diversity, Equity and Inclusiveness in Family Medicine was overwhelming.

OAFP has seen a surge of interest in the work of our Equity, Inclusion and Diversity Task Force; many of the folks who are participating in this work are younger physicians and residents still in training, which may be an important signal. The one demographic group in OAFP and AAFP whose renewal levels skew lower than average is physicians in the first seven years of practice. Better understanding what matters to this group will help us serve them better.

This year is shaping up to include lots of gathering information and planning for shifts. We will conduct our first "formal" membership survey in several years during the summer. The Commission on External Affairs is assessing the changing landscape and our members' priorities for the 2023 legislative session, and the Board and OAFP leadership will meet in October for a strategy retreat. As the EID Task Force forms its agenda and plans for the coming program year and beyond, they will draw on the information we have from AAFP and from our own members, and that will in turn feed into the policy and strategy planning.

All of this together will mean that we have the best information possible to help us grow in value and relevance to our members. I am always glad to hear from members about what might make that possible.

Thanks for your time.

SCREEN FOR HIV

Ending the HIV Epidemic Starts With Routine HIV Screening.

The Centers for Disease Control and Prevention (CDC) recommends that everyone between the ages of 13 and 64 get tested for HIV at least once and that those with ongoing risk be screened at least annually. Yet 1 out of every 8 people in the United States are unaware of their HIV status.

You can play a critical role in ending the HIV epidemic by offering HIV screening to all your patients. Routine HIV screening helps to:

- Reduce HIV transmission by empowering your patients to know their status.
- Improve your patients' health outcomes by linking them to prevention or care services.
- Eliminate stigma associated with HIV testing by making it the standard of care.

Access new CDC resources on integrating routine HIV screening into your practice at: cdc.gov/ScreenForHIV.

CDC

LET'S STOP HIV TOGETHER™

Ending the HIV Epidemic

ROGER D. GARVIN, MD, FAAFP
OHSU SCHOOL OF MEDICINE, DEPARTMENT OF FAMILY MEDICINE – VICE CHAIR, EDUCATION
DIRECTOR OF GRADUATE MEDICAL EDUCATION OUTREACH AND EXPANSION

Redesigning Residency Education

This last year has been a very busy and influential one on the structure and content of residency education. I wanted to use this opportunity to give an update to the larger community of family medicine.

This summer, the Accreditation Council for Graduate Medical Education (ACGME) is expected to finalize new requirements for family medicine residency programs nationwide. While the ACGME regularly revises these requirements to keep them current with the medical landscape, once a decade, ACGME makes a major overhaul – that's this year. Leaders, learners, and physicians have had significant input into this process.

A coalition of Family Medicine organizations began the process in 2020 with surveys and focus groups with thousands of family physicians, residents, and medical students. Stakeholders drafted 31 papers proposing how family medicine residency training should change to prepare family physicians for the future. The primary focus was the current and anticipated needs society has from family physicians. That December leaders from graduate medical education, the healthcare industry, patients, and other stakeholders attended the Starfield Summit IV (Re-envisioning Family Medicine Residency Education). This group discussed the submitted papers, presented diverse opinions, and challenged both current training and new proposals.

In one of the Starfield papers, Residency Education Redesign: The Interplay of Innovation and Standardization, my colleague Patricia Carney, PhD, and I put forth several recommendations that are included in the proposed new requirements in slightly different forms:

1. Core faculty must have protected time for program enhancements, administration, evaluation, resident assessment, and scholarly activity;
2. Residency must participate in educational collaboratives that rigorously study innovation (this recommendation grew out of very successful regional collaboratives, such as our own ORCA-FM (Oregon Residency Collaborative Alliance for Family Medicine) and the WWAMI network); and
3. Core faculty are required to engage in faculty development that includes competency-based medical education using the entrustable professional activities framework, advanced curriculum development, program evaluation, objective learner assessments aligned with individualized learning plans, and increased opportunities for program directors to gain additional training in the educational sciences.

At the end of two days of discussion, attendees answered one more survey question: "If there is no change, will family medicine residencies as currently organized meet the needs of society over the next 25 years?" Nearly 95% said no.

The ACGME Review Committee for Family Medicine (RC-FM) participated in the summit as observers and were present for these robust discussions. The RC-FM has sole responsibility for describing the requirements for a family medicine residency. The committee began a separate process of scenario reviews and developed seven core themes for the new requirements:

1. Holistic clinically competent care;
2. Community-focused population health;
3. Relationship-based communication;
4. Collaborative Team-Based Leadership;
5. Lifelong Adaptive Learning;
6. Values-driven Professionalism; and
7. Technology integration.

After nearly a year of deliberation, the RC-FM released draft program requirements for public comment.

These requirements contained opportunities for increased flexibility and some challenges.

Revisions center on setting residents up for success in community-focused population health, behavioral health,

adaptive lifelong learning, and technology integration. The revision broadens the definition of collaboration so that programs are encouraged to share innovations with each other. Several proposed changes were made to improve resident well-being. Overall, the new requirements aim to give programs more flexibility to teach in ways that meet their community's needs. That flexibility came at the expense of clear requirements for many areas of family medicine training, such as gynecology or pediatric care.

The OAFP-sponsored Program Director collaborative ORCA-FM gave clear feedback to the ACGME regarding changes in faculty time, decreased curricular requirement for key portions of training, and increased support for rural programs.

Innovation like this requires faculty time and department resources, but the return on investment will be the evolution of training that ensures residency graduates are ready to provide the best in contemporary care. The investment is in the future health of the population.

In a separate but related process, the ACGME and the ABFM have announced a new initiative to once again study the optimum length of training for family medicine. Using the ACGME process for innovation, there is a call for up to 10% of all programs to apply for some form of four-year program. These would usually be in one of three forms:

1. Incorporation of accredited fellowship;
2. Areas of concentration; or
3. Incorporation of non-accredited programs.

As educators, the directors of the Oregon programs, through our collaboration in ORCA-FM, are committed to excellence in training Family Physicians for our state and the nation. This means that we see the requirement as the "floor" for training and not the "ceiling."

As all of these changes are implemented in the next year, you may be seeing some changes in the residencies with which you interact. In the future we will be hearing a lot more about residents (and physicians) as master adaptive learners, population health as an explicit part of family medicine, and renewed conversations about the length of training for family medicine. This is an exciting time to be involved in family medicine education!

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

Diversity, Equity, and Inclusion Efforts at WesternU/COMP-Northwest

Several grassroots activities geared towards diversity, inclusion and equity were underway for many years at the College of Osteopathic Medicine of the Pacific (based in Pomona, CA and Lebanon, OR). Faculty had been facilitating discussions and workshops like "Healthcare disparities in medicine", "Unconscious Bias" and other topics related to cultural competency in medicine. However, what we lacked was a purposeful integration of such important topics in the curriculum and the culture of our colleges. In July 2020, Dean Dr. Paula Crone created the Office of Diversity, Equity and Inclusion (DEI). In doing so, she was intentional in devoting important resources and provided a framework for a visionary approach to integrate DEI topics in curricular and co-curricular activities and faculty and staff development. Three key positions were created: one Chief Diversity Officer and two Directors of Anti-racist Curriculum. Additionally, a DEI Council made up of students, faculty, administration and staff were charged by the Dean to lead the college in its efforts of evaluating and modifying curriculum, creating longitudinal co-curricular programs, recruitment, leadership development, fundraising and research. The goal of the office is to proactively examine implicit bias, explore social determinants of health outcomes and empower future physicians to be effective advocates for their patients.

The DEI office, council and several faculty members have ensured that the college's longitudinal DEI curriculum is integrated into each course in the student's first two years of training. The curriculum features a concentric circles model that urges our students to start with care of self. The curriculum then moves outward to care of loved ones, care of individuals, care of organization, care of communities, then care of world. At each level the students engage in an in-class activity followed by a small group support interaction, that we call 'Care Teams'. Our ultimate goal is to provide the skills necessary to graduate DEI champions that are fluent in providing quality care to all, but importantly, the most vulnerable.

A key partner in the diversity work led by the college is the White Coats for Black Lives (WC4BL) club. The club was formed two years ago by our students and college faculty who serve as club advisors. Leaders of the WC4BL club have made great strides in leading the University towards a greater consciousness of marginalization of under-represented groups and has led the discussions of the creation of DEI Centers on both campuses. In the area of co-curricular learning the COMP DEI office developed a series of monthly lectures called 'Diversity Talks' focusing on a variety of topics such as creating a safe and welcoming environment for LGBTQ+ patients, invisible disabilities, transgender health, the unique contributions of Black healthcare providers, health disparities among Native Americans, invisibility of the Asian American identity, cultural competency in medicine, etc. Students who attend six out of the ten sessions offered each year are eligible to receive special recognition when applying to residency, called notable characteristics. They must write reflection pieces on what they learned from the Diversity Talks material and complete a capstone project where they apply what they learned in the lectures to their clinical rotations.

Our website:

https://comp-innovation.westernu.edu/dei/

Have a career. Have a life.

LIFEPOINT HEALTH®

LifePoint Health offers unique opportunities for providers to prosper professionally and personally at hospital campuses nationwide. Quality care is our top priority – we give you access to the tools, resources, and support you need to help you care for your patients and grow your business. In addition, we offer competitive compensation packages, which may include a sign-on bonus, student loan reimbursement, and residency stipends.

Join us in Making Communities Healthier.®

For more information, visit **MeetLifePoint.com**
Submit your CV for consideration to **LPNT_Provider.Recruitment@lpnt.net**

SCAN HERE
Family Medicine Opportunities

IRIS MARIA CHÁVEZ
EQUITY ACTION PARTNERS - OAFP LOBBYIST

Big Changes Coming

The 2022 legislative session has come to a close and while it didn't reach epic levels of tense like we experienced in 2020 it wasn't without tension. The last week of session was a flurry of activity, making it feel like nothing happened, but everything happened. This isn't an uncommon feeling during a short session, but it's been four years since we've had a full short session. Short session is a sprint and this year's sprint has been one of the biggest in a decade...the state had record revenue to spend ($2.7 billion), very unusual mid-biennium (ARPA funds and huge state revenues during the pandemic years), and a drive to address unfinished policy business from 2021. Frankly, we're lucky we didn't run right up to the constitutional sine die (the legislature adjourned three days before the constitutionally required sine die.)

Big things happened this session, we saw huge investments for workforce development through the Governor's Future Ready Oregon legislation (SB 1545, apprenticeships, wraparound supports for people in workforce programs, etc.), a package to help school districts recruit and retain educators (HB 4030), and bills to increase compensation and recruit nurses (HB 4003) and behavioral health workers (HB 4004).

Specifically in the health care universe, significant policy legislation was passed that will expand access, modernize care, and address issues identified in public health during the coronavirus pandemic. SB 1529 will require insurers to provide three behavioral health or primary care visits per year, without requiring a co-pay. In anticipation of the upcoming Medicaid redetermination process, and as part of an effort to move Oregon toward a public option for health insurance, legislators also passed HB 4035 that requires the Oregon Health Authority and the Dept. of Human Services to develop a process to conduct redeterminations with a focus on avoiding disruptions in coverage or care. Another highlight in the health care access space is HB 4052—a bill that will establish two culturally and linguistically-specific mobile health units for underserved communities.

Outside of policy and budget legislation passing, this session will also be remembered as the year of retirements. We started the February session with seven brand new legislators appointed to replace five who retired in the run up to legislative session and two legislators running for Governor (Reps. Drazan and Kotek), that is an unusually high number of new faces during a short session. We can expect a lot more new faces when we gavel in for the 2023 session as three prominent lawmakers announced their retirement in the final days of the short session (Reps. Anna Williams, Karin Power, Rachel Prusak) citing the unsustainability of the work due to low pay. These losses will be felt in many ways, but most notably on the House Health Care committee, which will only see one member returning to the House of Representatives in 2023. Of the ten members of the House Committee on Health Care, three are running for US Congress, four are running for state Senate seats, and one is retiring, leaving Rep. Maxine Dexter the sole returning legislator on that committee. Not to worry, there are other sitting legislators with experience and interest in the health care work and good candidates running for office that would fill out that committee.

Another notable retirement is that of Senate President Peter Courtney, who will not be seeking reelection, leaving a significant void. Senator Courtney is the longest-serving lawmaker and longest-serving presiding officer in state history, his institutional knowledge, passion and quirkiness will be much missed in the building.

With all this change, this year's election cycle will certainly be an important one and will change the face of the Oregon legislature significantly.

CARE FOR OTHERS IN A PLACE
WHERE YOU CAN CARE FOR YOURSELF.

OREGON MEDICAL GROUP

Discover work-life balance in Eugene, Oregon, a college town nestled close to the Pacific Ocean, the Cascade Mountains, clean rivers lined with hiking paths, and a culture of healthy living.

Learn more about us online or by contacting:
Nancy Dunlap, RCMSR | Director Physician Recruitment
ndunlap@oregonmed.net | 541-242-4080

OregonMedicalGroup.com ▪ Primary Care and more than 20 Specialties Near You ▪ 9 Neighborhood Locations

EVA M. GALVEZ, MD, OAFP BOARD MEMBER
VIRGINIA GARCIA MEMORIAL HEALTH CENTER – DIRECTOR OF CONFUSION

Farmworker Overtime is a Health Issue

As a proud daughter of migrant and seasonal farmworkers, I was drawn to become a physician at Virginia Garcia Memorial Health Center because of their mission to provide high-quality, culturally appropriate health care to migrant and seasonal farmworkers.

During the last 12 years, I have seen the devastating health effects caused by racially motivated inequities such as uncompensated overtime to farmworkers and their families.

The physical, mental, and social impacts of uncompensated, mandated overtime to farmworker health and well-being are undeniable. Long hours of difficult physical labor often increase the risk of injuries, exposure to pesticides and infectious diseases such as COVID-19.

The pandemic laid bare the inequities of a system that does not value the contribution of the farmworker. While the Latinx community represents less than 10% of the total population in Oregon, they were more than 30% of the positive cases. In addition, long hours that are not paid, exacerbated by already low wages, create barriers to farmworkers seeking out medical care or being able to afford medications.

One patient who comes to mind is a farmworker that I met four years ago. When I first diagnosed him with diabetes, he was in the early stages. Due to long work hours, he was not able to get to our clinic for his medications or receive support for his diabetes. He did not have the resources to buy and prepare the healthy foods he needed to keep his disease under control. As a result, he ended up with an amputation of his toe last spring.

I do not believe that farmworker overtime is a political or economic issue. It is a matter of health. For too long we have held the belief that health is about what happens in the doctor's office or the medications you take. It is far more than that. Factors such as income, housing, diet and exercise make the biggest difference of all.

We need healthy farmworkers. Good health choices are nearly impossible when you are forced to work long hours but do not receive the benefits or compensation for your work.

In addition to overtime pay, ensuring farmworkers can make a living wage, have access to healthcare and receive paid sick leave are important steps towards a healthy community.

Farmworker overtime is the first critical step toward lifting families out of poverty. The pandemic pulled back the curtain on a community we cannot live without such as health care providers, teachers, grocery store clerks and farmworkers. Farmworkers continue to be part of this essential workforce, yet they are not afforded the same right of simply being paid for the work they do.

Everyone deserves to be fairly compensated for the work they do, but for too long, Oregon farmworkers have not had that opportunity. Long, uncompensated hours in grueling conditions continue to be a major contributor to the poor health outcomes this community sees every day.

This article was printed in *The Times* on January 31, 2022.

Thursday, March 3, 2022, the Oregon Legislature approved House Bill 4002 which ensures that Oregon's agricultural workers will not be exempt from overtime wages. OAFP supported this bill.

The Core Content Review of Family Medicine

Why Choose Core Content Review?

- CD and Online Versions available for under $200!
- Cost Effective CME
- For Family Physicians by Family Physicians
- Print Subscription also available
- Discount for AAFP members
- Money back guarantee if you don't pass the Board exam
- Provides non-dues revenue for your State Chapter

North America's most widely-recognized program for:

- Family Medicine CME
- ABFM Board Preparation
- Self-Evaluation

- Visit www.CoreContent.com
- Call 888-343-CORE (2673)
- Email mail@CoreContent.com

The Core Content Review of Family Medicine

Educating Family Physicians Since 1968

Find us on Facebook

•MEMBERS IN THE NEWS

Roxanna R. Abbott, DO, was interviewed by *The Chronicle Online* regarding health care delays due to patient backlogs. She commented on the situation at St. Helens Legacy Health where she is the Medical Director. She describes how the providers try to move through visits when there are short pauses in patient in-take. The providers are also working closely with the community to address the spike in mental health issues exacerbated by the pandemic. Dr. Abbott encourages people to book appointments with their physicians for those procedures they postponed during the pandemic.

Amanda N. Aninwene, MD, is one of two physicians named to OHSU's Family Medicine Immediate Care Team. They are joined by several PAs and NPs. The four sites in which they operate are located at South Waterfront, Beaverton, Richmond, and Scappoose. Treatment of COVID in these communities has improved drastically thanks to the care and expertise of Dr. Aninwene and her colleagues.

Anthony M. Cheng, MD, was interviewed by the *Willamette Week* in January. The article described how the pandemic changed the impact that telehealth has had upon our health care system. Dr. Cheng explained the value of telehealth for follow-up visits that do not require a physical presence, such as medication follow-ups for patients seen for depression.

Eva S. McCarthy, DO, was among four Oregonians interviewed by Oregon Public Broadcasting for an article about individuals who had tested positive for COVID-19. In the article published on January 18, 2022, Dr. McCarthy detailed her symptoms, recovery, and concerns about the future. Her candid observations will assist others who are recovering from COVID-19. Dr. McCarthy is OAFP Board of Director's Vice President and the Chair of the OAFP Task Force on Equity, Inclusion, and Diversity.

Derek J. Wiseman, MD, recently conducted a workshop for the students at Oregon Tech. The hands-on training gave the students a lesson in suturing. Dr. Wiseman is a PGY1 at Cascades East Family Medicine Residency and was one of last year's recipients of the Lundy Award.

Congratulations to our members who made *Portland Monthly*'s Top Provider list this year.

ADDICTION MEDICINE
Bradley Buchheit, MD
Amanda L. Risser, MD, MPH

FAMILY MEDICINE
Amelia R. H. Baker, MD, PhD
Amany Bashir, MD, MBBCH
Sumeeth Bhat, MD
Laura K. Bitts, MD
Prasanna R. Chandran, MD
Karin T. Jacobson, MD
Tori A. Jones, MD
Cara L. C. Kawahara, MD
Brian Lindeman, MD
Aoife O'Sullivan, MD
Brett M. Rath, MD, FAAFP
Moira K. Ray, MD, MPH
Daniel M. Rosenberg, MD
Jay A. Shah, MD
Kimberly A. Shields, DO
Fayza I. Sohail, MD
Sonia E. Sosa, MD
Johanna B. Warren, MD, FAAFP

GERIATRICS
Belinda Siu, MD

SPORTS MEDICINE
Breanne D. Brown, DO, FAAFP
James C. Chesnutt, MD, FAAFP
Jonathan C. Crist, MD
Melissa A. Novak, DO
Ryan C. Petering, MD

TRANSGENDER MEDICINE
Christina E. Milano, MD

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

Award Winners

Please join us in congratulating this year's Lundy and McCarthy Award Winners. The answers to the question, "Why have you chosen to pursue a specialty in family medicine?" are shared below.

The Lundy Award was established in 2000 to honor Mary Gonzales Lundy upon her retirement after 21 years of service as Executive Director of the Academy. This fund provides scholarships to fourth year OHSU medical students who are entering family medicine residency. The two recipients were chosen by the Trustees of the Oregon Academy of Family Physicians Foundation Board on the basis of leadership, service to the community, and essays describing their paths to family medicine.

In honor of **Dr. Eva McCarthy**'s leadership and dedication to full-scope osteopathic family medicine in Oregon, and service to the Oregon Academy of Family Physicians, the Academy Foundation established the McCarthy Award, a scholarship awarded to a fourth-year Western University/COMP-Northwest student who has matched to a family medicine residency. This year's inaugural awardees were also chosen by the Trustees of the OAFP/Foundation Board on the basis of leadership, service to the community, and essays describing their paths to family medicine.

LUNDY AWARD WINNERS

JORDAN C. GEMELAS (MD/MPH CANDIDATE)

In my view, no medical specialty embodies what it means to be a physician more than family medicine. At a relatively young age I began noticing how a single dedicated family doctor could make a tremendous impact on individual patients and entire communities. I was raised in a rural, diverse, medically underserved community that relied on a handful of family physicians to help push for a healthier population and provide access to health care. I believe that patient care is augmented because of the unique relationships that family physicians maintain with their patients. I've seen these relationships facilitate more accurate and expedient diagnoses because of the vulnerability patients are willing to share, and I've seen family physicians go the extra mile to adapt a care plan to a patient's ecology. My education in public health heavily influenced my pursuit of family medicine, in part because there is a particular awareness of the limitations of biomedicine when social vulnerabilities are at play. With this perspective, I intend to work toward better ways to integrate social factors into primary care management plans throughout my career. Finally, I view the role of the family doctor in preventive medicine to be one of immense significance for patients. I've found that family physicians are able to alter patients' disease courses years before a patient would perceive any problems. I believe this helps meaningfully advance health in a way that I think I will find personally fulfilling. Ultimately, I'm excited and honored to occupy the unique role held by a family physician.

Jordan matched into Family Medicine at Contra Costa Regional Medical Center in Martinez, CA.

continued on page 18

continued from page 17

CASSANDRA KASTEN-ARIAS (MD CANDIDATE)

As the daughter of an English-speaking, US-born father and a Spanish-speaking, Mexican immigrant mother, I grew up navigating two realities of healthcare: one that was accessible and one that was not. Growing up in a low-income Latino community, I realized the privileges conferred by citizenship status, skin color, and English language proficiency. Family and friends delayed care out of fear, financial burden, and the stress of navigating the health system in a foreign language. This delay led to worsening of preventable conditions. This lived health inequity experience motivated me to advocate for marginalized patients and pursue Family Medicine, a specialty that bridges these patient and population barriers.

Beginning my journey to medical school fueled by these injustices, I volunteered as a Spanish interpreter at a Southwest Community Health Center, a free clinic where I met health equity focused physicians. Their partnership with local services to reduce the cost of care taught me the importance of knowing your community's resources to expand access. In medical school, I continued to promote accessible care by volunteering as an interpreter at free clinics and fairs, teaching my peers medical Spanish, and co-founding the Pay It Forward Mentorship Program to expand the number of underrepresented minorities in medicine who will serve as advocates for their communities.

For my family medicine rotation, I chose to spend 9 weeks at La Clinica, a rural Federally Qualified Health Center (FQHC) that serves immigrant, low-income, and houseless families. Here, I witnessed the depth of trust imparted with longitudinal relationships and the role of family physicians as patient advocates. Not only did I learn about the intricacies of prescribing Medication-Assisted Therapy, I more importantly learned how to care for vulnerable populations. During a virtual visit, a pregnant patient told me she feared her baby would be taken away because she was prescribed suboxone. After speaking with the hospital social worker, I reassured the patient and encouraged her to continue treatment. In addition to this patient-level advocacy, I spent evenings after clinic on phone banks promoting the passage of Measure 110 to decriminalize addiction and expand treatment. I look forward to working with colleagues on destigmatizing medical conditions and addressing health disparities.

Full spectrum family medicine is vital to diminishing barriers for underserved communities. When care is fragmented, we lose patients in the system, especially those already having difficulty navigating. For the houseless patient on my Sub-I with pyelonephritis and substance use disorder, full spectrum meant inpatient treatment by his family medicine team who were familiar with his medical and social needs. For the obstetric patient with arrest of active labor, this meant a c-section with her family medicine doctor instead of transferring care or hospitals. For the migrant farmworkers in my research, this means asthma exacerbation prevention and care. As a bilingual Latina family physician, I plan to practice at FQHCs where I will provide care in my patients' languages, know my community's resources, work on community projects to meet patient needs, and promote health equity policies.

Cassandra matched into Family Medicine at Sutter Medical Center of Santa Rosa, CA.

McCARTHY AWARD WINNERS

2nd LIEUTENANT (USAF) MARIO GADDINI (DO CANDIDATE)

I am passionate about pursuing a career in family medicine for many reasons. What uniquely aligns with my interest and skills are: (1) the broad practice scope available to family medicine physicians, which matches my innate curiosity and pursuit of continuous learning; (2) the ability to build intimate and often life-long physician-patient relationships, which I find distinctively meaningful and rewarding; and (3) the culture of professional collaboration and challenges of advancing integrated, holistic patient care, which resonates deeply with my experiences to date. I am confident I can bring innovation, compassion, and leadership to a career as a family medicine physician, with an unwavering focus on serving my community, advocating for my patients' long-term health, and promoting optimal well-being.

First, I am intrigued by the diverse scope of practice that encompasses family medicine, allowing physicians to practice in a wide range of subspecialties and deliver comprehensive preventative, chronic, and acute medical care. In my pre-

clinical years, I began gravitating toward family medicine, shaped by many interactions with my college's Dean while serving as President of the Student Government Association. As a family medicine physician herself, she was the first to advise me toward family medicine, observing my fascination across an array of medical concepts and my ability to seamlessly interchange between the various roles I played within the university. In clinical rotations, her sentiment continued to resonate with me as I was intrigued with each specialty I rotated through. Practicing as a family medicine physician will provide an invaluable opportunity to practice across a broad and diverse array of medical encounters and patient interactions that directly align with my passion for entering this career field.

Second, family medicine is centered around improving health through strong patient-physician relationships, and I look forward to the long-term commitment to my patients. On clinical rotations, I have had the joy of building connections with patients, while learning from them. My clinical education has been shaped by the COVID-19 pandemic. I have counseled and listened to patients about the difficulties of eating healthy during economic hardship, exercising during lockdowns, and persevering through adversity. In turn, my patients served as a confirmation of my passion for medicine and inspired me through their commitment to pursuing health improvements. I am determined to do my part to understand all aspects of my patients' lives to guide and empower them towards improved health - mentally, physically, and spiritually while looking forward to cultivating long-term professional relationships with my patients.

Lastly, I believe that strong family medicine physicians are the backbone of an effective healthcare system. I entered the medical field intending to have the most significant impact on improving health as possible. A career as a family medicine physician will give me a clear path to accomplish that goal. It will enable me to serve as my patients' first contact for health concerns, helping them to coordinate care, navigate the healthcare system, and overcome community-level obstacles and other social determinants of health while delivering exceptional clinical care.

I hope to share my passion for improving health with my colleagues and patients, and I aspire to continuously strive to optimize my contribution to medicine. I am confident I can bring compassion, innovation, and leadership to my communities as a family medicine doctor.

Mario matched in Family Medicine at Nellis Air Force Base in Las Vegas, NV.

(NICOLE) GABRIELLE N. LUJAN (DO CANDIDATE)

For as long as I wanted to pursue medicine, I knew that I wanted to build long-term relationships with patients. Working in a pathology lab before medical school was a great experience, but I realized that the patient-physician relation was either too fleeting, or non-existent. The idea of continuity of care in treating my future patients spurred a love in me for family medicine that I never imagined I could have. Additionally, my family is one of my biggest inspirations for why I have decided to become a Family Medicine physician. Being raised in a Hispanic family, I witnessed first-hand the societal barriers to health that my grandparents faced. This influenced me to become a proponent for health and wellness for underrepresented populations. My experiences have motivated me to contribute to disease prevention and health promotion in populations like the one that I grew up in. Lastly, my medical school rotations have truly cemented my passion for full spectrum Family Medicine. During each rotation, I found myself eager to learn to treat a variety of pathologies in anything from pediatric to geriatric populations. I believe that the most rewarding aspect of family medicine is not only that it allows for treatment of a diverse demographic holistically, but that it also aligns with my goal of expanding competencies in healthcare access for underserved communities.

Nicole matched into Family Medicine at Northridge Hospital Medical Center in Northridge, CA.

Oregon Health & Science University
FAMILY MEDICINE interest group

Meet Our New MIG Leaders

Stephanie Alden (she/her)

I am a first-year medical student at OHSU, and new Family Medicine Interest Group Lead. I am an Oregon native - grew up in Albany and I went to Goshen College in Goshen, IN for my undergraduate education. I took a year off after graduating and worked as a medical assistant during the first year of the pandemic and learned a lot from the family medicine physician under whom I worked. I got married in the spring of 2021 and my wife and I moved across the country that summer to attend school in the fall. We now live in Northwest Portland with our cat!

Family medicine holds a lot of appeal to me; I have enjoyed working in the outpatient setting and I like the idea of building long-term relationships with my patients. I have heard it said that family medicine can see it all, and as someone who is interested in all ages and many kinds of conditions, that appeals to me as well. Family medicine is a great context to practice LGBTQ+ affirming health care and offer hormone replacement therapy for Trans people, which was a big part of my work as a medical assistant and continues to be a passion of mine. In the Family Medicine Interest Group, I have found a like-minded group of peers and excellent, well-connected advisors. I became a lead with the hope of providing that space to more students and encouraging a love of family medicine in my class.

Anna Bloom

I am from Encinitas, CA and I am a MD/MPH student at OHSU. I first thought about a career in family medicine when I learned about the specialty at an FMIG hosted event in my first year of medical school. After several preceptorships in primary care and more FMIG events, I knew family medicine was the career for me. I am inspired by the many roles that family physicians play and love the different paths one can take within family medicine. I wanted to become an FMIG leader to connect with other students and physicians who have a passion for family medicine, as well as provide comprehensive resources for medical students interested in the field. I am particularly interested in the intersection of public health and family medicine through food insecurity research and vaccine advocacy, and have found a new interest in understanding how fatphobia operates in primary care and medical education. I look forward to hosting more events focused on improving clinical and procedural skills as well as learning from physicians about how to tailor a career in family medicine towards your interests.

Spencer Hills

I became interested in medicine, and specifically in Family Medicine, through my relationship with my family medicine physician in my hometown in rural Oregon. As a friend of the family, I got to know in him in my personal life, before later becoming his patient. Despite going to college and working in basic science research out of state, this doctor, Ben, stayed my friend and my physician when I was in town. When I was making the career change from research to medicine, he took time out of his busy professional and personal life to talk to me about the process of becoming a doctor and about being a physician. When I moved back to Oregon, he continued to mentor me as I worked in assisted living and a multi-specialty medical clinic before starting at OSHU.

Because of this relationship with Ben, my family doctor, I became interested in Family Medicine and applied to be an FMIG leader so I could continue to learn more about the practice. I saw the impact that he made on my life with the longitudinal relationship that we had, as both a doctor and friend. I look forward to learning more about continuity of care (among other things) and how this can support my future practice in Oregon.



Incorporating Lifestyle Medicine Into Everyday Practice

Free Lifestyle Medicine Resources for Physicians

THE JOURNAL OF FAMILY PRACTICE

Read *The Journal of Family Practice's* **A Family Physician's Introduction to Lifestyle Medicine** supplement.

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

Use the American Academy of Family Physicans' **Lifestyle Medicine Toolkit**.

Full Plate LIVING

Prescribe free **plant slanted nutrition programs** available online on demand.

Learn more:
ardmoreinstituteofhealth.org/resources

Ardmore Institute of Health™
Home of Full Plate Living

Oregon Academy of Family Physicians
3439 NE Sandy Blvd. #264
Portland, OR 97232

Presorted Standard
U.S. Postage PAID
Fayetteville, AR
Permit No. 986

John Gallen, MD, Asante

TAKE CARE OF COMMUNITY. TAKE CARE OF YOU.

Everything you are means everything to us.

The quality of life in Southern Oregon is as outstanding as our health care. Mountains, rivers and trails await our new physicians, advanced-practice clinicians and new graduates, offering an adventurous work-life balance.

Asante is an IBM Watson Health 15 Top Health System in the nation, with three CMS five-star hospitals. Led by a regional board that cares about you and your family, Asante is an excellent choice for work in an ideal community to live and play.

Visit *asante.org/careers* or send your CV to *provider-recruitment@asante.org*

ASANTE®

APP12525O_031422