

Family Physicians of Oregon

VOL • XVIII • NO 3 • SPRING 2024

Inside this Issue:

- OAFP Foundation Awards
- Match Day 2024: Oregon Achieves 100% Fill Rate in Family Medicine Residencies



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FAMILY PHYSICIANS

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*Learn more at valleymed.org/provider-benefits



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Shannon Markegard, DO



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CONTACT: Mindy Schneider
Provider Recruiter
PhysicianRecruiting@valleymed.org



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To learn more about provider careers at Valley, visit valleymed.org/job-openings.



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4	President's Message
5	Greetings from the OAFP
6	From the Hill
8	Public Policy and Legislative Affairs
10	From the Valley
12	OHSU Students Speak Out!
13	Western U/COMP-Northwest Students Speak Out!
14	OAFP Foundation Awards
18	Match Day 2024
20	ORCA-FM Updates
22	Foundation Auction Donors

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Readership of this publication includes more than 1800 family physicians and their professional associates. Medical students and staff at OHSU and Western U/COMP-Northwest also receive the magazine.



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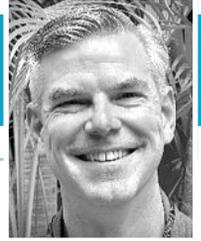


OREGON ACADEMY OF
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

EDITION 69

• PRESIDENT'S MESSAGE



JONATHAN L. VINSON, MD, FAAFP, OAFP PRESIDENT
PROVIDENCE MEDICAL GROUP - LLOYD CENTER, PORTLAND
FLIGHT SURGEON, OREGON AIR NATIONAL GUARD

Stay Engaged

This column marks the end of my year as OAFP President. I remain humbled by the dedication of our colleagues and the OAFP staff; I appreciate the honor of serving on this Board for nearly a decade. It's been a tremendous growth and learning experience as well as a window into the evolution of our profession.

The year has gone by quickly, yet the pace of change in our profession allows no moss to grow on the Academy. Much has changed in our organization and our State. Both Betsy and I have been telegraphing the expansion of our mission set and our staff; hopefully by the time you read this some of you will have met Jackie Wirz, our new COO and ORCA-FM lead. Her engagement dramatically expands the bandwidth we have to apply effort where it is needed. And speaking of ORCA-FM—an organization that started as nothing more than a good idea when I first joined the Board—it has fully gestated and been birthed as it's own entity

Here is what hasn't changed: I still believe that what we train to do is wholly worthwhile, and that our colleagues represent the very best of medical practice, stewardship, ethics, and vision. I still believe that "diversity," though the word has been used as a political cudgel, remains a Good Thing for family physicians and for our patients. Most every family physician I know chose our specialty partly or entirely out of a desire to treat diverse patients with diverse conditions. The variety in our clinic day cannot be replicated anywhere other than an emergency department (many of which are staffed by FP's). The sheer breadth of knowledge, experience, hobbies, philosophies, backgrounds, and career paths of our colleagues continues to impress me and to renew my enthusiasm for Primary Care.

I still see the progressive corporatization of American medicine as a threat to physicians, patients, and the

I still see the progressive corporatization of American medicine as a threat to physicians, patients, and the physician-patient relationship.

physician-patient relationship. However, no remedy is forthcoming from industry, legislation, or academia. Each of us, individually (collectively?) must decide how to respond to the regulatory and financial pressures that are imposed upon us and our patients. "Fixing" this problem for all is a mirage, but we are so much stronger and better together than alone. Keep talking to your fellow physicians; keep attending conferences; keep engaging in conversations with electeds, students, residents, and patients. Investors hold health care corporations accountable for profit. We need to hold them accountable for health and safety—our patients' and our own.

Best Regards

A handwritten signature in black ink, appearing to read "Jonathan L. Vinson". The signature is fluid and cursive, with a large initial "J" and "V".

Jonathan L. Vinson, MD, FAAFP

• GREETINGS FROM THE OAFP



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Visibility Matters

As I write this, our Annual Conference is weeks away, and we are hard at work preparing for the policy discussions to come at the Congress of Members, the workshops that will teach attendees practical skills, and the social and networking opportunities that will help attendees reconnect and refill their cups. If you were able to join us, THANK YOU. If not, stay tuned for details about next year. We're partnering once again with the Oregon Pediatric Society and adding the Oregon Council of Child and Adolescent Psychiatrists to help share information and expertise to serve Oregonian kids better.

The 2023 legislative session was surprisingly full of substantial policy legislation despite expectations that it would largely address budget adjustments. Our members provided testimony on an important bill, HB 4130, to limit how much influence corporations who invest in medical facilities can have over decisions that impact medical care. In Oregon our statute that requires majority-physician ownership of medical facilities still allowed situations where, after sales, a physician could be designated as an owner, but their real authority to make decisions about the clinic would be constrained by any corporate owners. The bill also would have forbidden non-compete clauses which would help communities maintain access to clinicians even through employment changes. The bill was not successful, but will almost certainly be introduced again.

The major focus of the session was the double challenge of homelessness and substance use disorder wracking so many of our communities. Much of the high-profile legislation related to directing resources to support care for Oregonians with substance use disorders. We are pleased to see so much effort directed at this difficult set of challenges, at the same time that we are raising the profile of family physicians and family medicine clinics as an asset and partner for the fight. We know our members are already providing a substantial volume of behavioral health care; as the state finds innovative ways to connect care and resources, it's critical that they include family medicine in the programs that will provide support and technical assistance.

Meanwhile, we're doing what we can to help members who want to "up-skill" in this area, so that the number of clinicians who can provide these services will increase. In the fall, we partnered with the grant-funded Opioid Response Network to offer two day-long educational summits covering the "Science and Practice of Treating Opioid Use Disorder in Primary Care." Several members left the events energized and interested in implementing this care into their practice. If you want to learn more or be connected to technical assistance through the Opioid Response Network, contact Louise.

Have you ever contributed to the OAFP PAC? Our PAC makes campaign contributions for state legislative candidates from both parties. With significant turnover in the legislation in the past two years, it's a great time to support our work to help tell the story of family medicine and primary care to legislators across the state. Spring is a great time to make your annual contribution.

Thanks for your time.

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



CO-DIRECTORS OF THE PRIMER CENTER: MIGUEL MARINO, PHD AND JOHN HEINTZMAN, MD, MPH

An Oregon Center Dedicated to Understanding Equity in Primary Care to Latino Patients

In January 2023, the Silver Family Foundation awarded an OHSU Faculty Innovation Award to Miguel Marino Ph.D., Director of Biostatistics Core in the Department of Family Medicine at OHSU. This three-year award formalized the establishment of the Primary Care Latino Research Equity (PRIMER) Center (www.PRIMERlab.org). The PRIMER Center is a NIH and foundation-funded portfolio of work, co-directed by Dr. Marino and John Heintzman M.D. M.P.H., both associate professors and longtime faculty in the department, dedicated to furthering the understanding of equitable primary care delivery and its barriers in Latinos, by quantitatively examining primary care datasets in national populations. The center seeks to influence the national conversation on health equity in this population by providing rigorous, peer-reviewed science to inform policy, care reform, care improvement, and better health.

The PRIMER Center's research work focuses on the primary care delivered to Latino patients in our nation's community health centers. Center investigators execute projects examining the association of Latino ethnicity and especially Latino subgroups (preferred language, place of birth, ethnic subgroup, insurance status, others) on the utilization of primary care for prevention and the care of acute and chronic diseases. Center investigators also focus on the social determinants of health, including the use of geocoded community data to better understand the impact of communities and neighborhoods on care utilization. The center has received funding for six federally funded (by the Agency for Healthcare Research and

Quality and the National Institutes of Health) projects in the last seven years, encompassing everything from childhood asthma to cancer prevention, to the effect of telemedicine visits on diabetes control. For example, in a project funded by the National Institute of Minority Health and Health Disparities, the team found that while Spanish-speaking Latino children were more likely to have asthma exacerbations than other groups of children, they were more likely to go to the clinic rather than the Emergency department, and were more likely to present to the clinic for regular chronic and preventive care. These findings demonstrate the nuances of health equity research; sometimes our systems do well in some ways and not others. The center's work tries to understand these nuances in providing primary care to Latino communities.

The PRIMER Center maintains a longstanding, successful partnership with OCHIN, Inc, a non-profit supplier of Epic © electronic health records to community health centers nationwide, and maintains a hosted, linked EHR-based dataset for this network.

The center mentors and trains learners and early career scientists from diverse fields. It supports a wide range of learners (graduate students to early career faculty) in understanding the quantitative analysis of health services research questions aimed at improving equitable primary care delivered to Latinos and incorporates a diversity of learner-initiated projects into its work. Mentoring from center faculty and staff encompasses the basics of equitable primary care delivery, quantitative study design and analysis, team science, and scientific writing.

As stated above, the PRIMER Center is dedicated to training a diverse next generation of researchers. Co-directors Drs. Heintzman and Marino routinely mentor medical students, biostatisticians, and post-doctoral trainees, involving all in the execution, dissemination, and publication of science. They also have started the bimonthly Latino Health Services Research Seminar, an online interactive seminar where national thought leaders in Latino Health Services research will deliver virtual presentations, with question-and-answer sessions, on latest findings, current challenges, and future directions for the field.

The center also hosts a yearly Latino Primary Care Summit, dedicated to gathering academics, frontline clinicians, and community advocates to set a national research agenda for Latino health equity research in primary care. Last year's inaugural Summit hosted over 50 national experts, clinicians, patients, to discuss this agenda, using the Latino Paradox (an epidemiologic phenomenon whereby Latino individuals in the United States may have a lower all-cause mortality than socioeconomically matched comparators) as a springboard for discussion. The Summit discussions produced a 30-

page report which was distributed to national equity research and policy leaders. The report identified six key categories in which more knowledge is needed to advance Latino equity in primary care. The first two categories dealt with the Latino Paradox itself, namely that the idea needs regular evidence synthesis and consensus, and that data collection efforts that more accurately and ethically characterize Latino communities need to be standardized. Family physicians and the clinics they serve can lead the way in these endeavors. Other categories included the need to tailor primary care practice/workflows to care for Latino communities, the need to specifically tailor and understand the impact of social risk screening on Latino communities, how to develop long term research-clinic-community partnerships, and how to continually innovate and make the workforce more representative. The second annual Summit will be held this spring, in Portland, Oregon, on April 8 - 9, 2024, around the theme, "Chronic conditions in Latinos: Trends, Innovations and Care for the Future". The team looks forward to another fulfilling and exciting discussion at that meeting. For inquiries about the center's work, please reach out to Miguel Marino (marinom@ohsu.edu) or John Heintzman (heintzma@ohsu.edu).

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• PUBLIC POLICY AND LEGISLATIVE AFFAIRS



IRIS MARIA CHÁVEZ
EQUITY ACTION PARTNERS - OAFP LOBBYIST

The Oregon legislature gavelled out a hectic and productive short legislative session on March 8th, 2024 – three days sooner than constitutionally required to, surprising some pundits given some legislation left unfinished because of the early adjournment. As expected, the legislative session focused primarily on three big issues: Measure 110 repeal and reform (2020 voter approved decriminalization of possession of controlled substances), Governor Kotek’s housing production package (which failed in the final days of the 2023 legislative session), and campaign finance reform. A few pieces of health care policy legislation did pass, though more were left undone than were passed this session. This shouldn’t be seen as unusual or problematic, necessarily, as short sessions tend to be limited to “fixing” legislation passed in previous years, agency budget realignments, and any pressing matters that cannot wait another year to address.

HB 4002, legislative leadership’s repeal/reform of Measure 110, passed with healthy majorities in both Chambers but not without a tense and heavily negotiated process. The bill contains a myriad of policy issues, from the re-criminalization of possession of controlled substances to the easing of barriers for use of medication assisted treatment (MAT/MOUD) for people experiencing substance use/opioid use disorder. The legislature also provided \$211 million in funding in shovel-ready projects and programs to expand

behavioral health treatment capacity, apprenticeships and training for behavioral health workers, Medication Assisted Treatment (MAT) in jails, addiction prevention programs and education, deflection-to-treatment programs, drug courts, and criminal justice system capacity. For a deep dive on the legislation visit the Oregon Academy of Family Physicians websites for legislative updates.

The Oregon Academy of Family Physicians got deeply involved in a bill brought forward by Rep. Ben Bowman (D-Tigard), HB 4130, that would have updated the existing Corporate Practice of Medicine Doctrine. Specifically, it would have limited corporate entities

control of medical practices by allowing them to own only up to 49% of any medical practice and keeping corporate entities out of leadership decisions. OAFP members, along with members from the Oregon Nurses Association, Oregon Pediatric Society, American College of Physicians - OR Chapter, and many other provider organizations to develop the legislation and support it through the legislative session. For some star power, former Gov. Kitzhaber and former OHA director Dr. Goldberg visited the Capitol to testify (twice) in support of the bill. Unfortunately, while the bill was widely supported in both the House (where it passed 42-12) and the Senate, leadership in the Senate chose



to keep the bill from advancing this session in the face of strong industry opposition. OAFP will continue to work with Rep. Bowman, and partners, to further refine the legislative concept and re-introduce it in 2025.

As we look ahead to our work, OAFP will begin to engage in this year's elections with primary races occurring on May 21st to help narrow the field of candidates and then toward November 2024. Notable races, this cycle, include a couple of clinicians and friends of OAFP: **Sen. Elizabeth Steiner, MD, FAAFP** (D-Portland) is running for state treasurer and Rep. Maxine Dexter (D-Portland) for a US Congressional seat. Now that filing deadline, for the primary, has passed read on for what we know about who is running for what.

Statewide Office

Sen. Elizabeth Steiner, MD, FAAFP (D-Portland) was the first candidate in the race for Treasurer, filing in September. She will likely face Sen. Brian Boquist (I - Rural Polk & Yamhill Counties) in the general election, who filed near to the filing deadline.

Current *Treasurer Tobias Read* is seeking the Secretary of State position against a field of five fellow Democrats, including *Sen. James Manning* (D-Eugene). Whomever wins the Democratic primary for this race will face *Sen. Dennis Linthicum* (R-Klamath Falls) in the general election (who cannot run for Senate reelection due to Measure 113, concerning legislative absences).

Legislative Races

Sen. Michael Dembrow (D-Portland) announced his retirement and *Rep. Khanh Pham* (D-Portland) is the only candidate filed for his 23rd District seat. *Rep. Brian Stout* (R-Columbia City) announced his departure from the

legislature after one term at the beginning of the 2024 session.

Three familiar faces from the Republican Party make their return to the ballot this spring, with *Christine Drazan*, *Bruce Starr* and *Mike McLane* each filing for seats in the Oregon Legislature. Drazan, who stepped down from the Legislature to run for governor in 2022, will now challenge her

replacement *Rep. James Hieb* (R-Canby). Drazan was the House Republican Leader until 2021.

Running to replace Rep. Dexter is three Democrats, including Dr. Brian Duty, a practicing surgeon, and two Republicans.

Only time will tell which of these races becomes particularly competitive and we'll keep you in the know in the next OAFP magazine.



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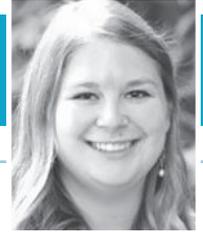
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• FROM THE VALLEY



KIANA FINCHER
WESTERN UNIVERSITY/COMP-NORTHWEST – OMS-II

The Latest Updates

Happy Spring! My name is **Kiana Fincher**, I've been given the great honor of serving as the Student Director for COMP-NW, and will be joining the OAFP Board for the next few years. I have always been an Oregonian, born and raised in a little "town" called Trail in Southern Oregon. This rural area shaped me into who I am today, and drives me towards a career in Family Medicine. I am currently an OMS-II here in Lebanon, and have enjoyed living here with my husband, Brandon, and our 2 children, Blake (3 years) and Eli (8 months).

As a second-year student preparing for my first round of board examinations, I took great joy in witnessing our Match Day 2024 on March 15th. When you're that deep in textbooks, Match Day feels like the medical students' Super Bowl! This year, the College of Osteopathic Medicine of the Pacific boasts a 99% placement rate, with 55% of these going into primary care. From the Oregon campus, out of the 50 students who responded we have 14 who matched into Family Medicine, 5 of whom will train here in Oregon.

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One of these Oregon FM trainees is our very own **Forrest Bliss**, who previously held this role and will soon be found at Samaritan Health Services in Corvallis, Oregon. Additionally, he has been selected to receive the McCarthy Award from the OAFP Foundation. Congratulations Forrest! Other Family Medicine programs expecting new COMP-NW grads this July include Samaritan Health Services in Newport, OHSU in Portland, and Roseburg Family Medicine. We could not be prouder of our newest soon-to-be Osteopathic Family Physicians.

According to the National Residency Match Program, Oregon filled 57 of it's 59 residency positions in Family Medicine this year. 14 D.O. physicians will begin their training this summer, making up 36% of FM trainees in the Beaver State.

In other news, the ACOFP Student Interest Group in Lebanon welcomed ACOFP President Dr. David Park, D.O., for a presentation entitled "Show Me the Money". In early February, Dr. Park illuminated over 50 students on the values of training as an osteopathic family physician, and ways to optimize income as a family doctor. By the end of his discussion, students

As a second-year student preparing for my first round of board examinations, I took great joy in witnessing our Match Day 2024 on March 15th. When you're that deep in textbooks, Match Day feels like the medical students' Super Bowl!

were empowered to pursue a career in Family Medicine without financial fear.

I'd like to take this opportunity to thank the OAFP for welcoming me into the fold. I am excited to engage in this new role and intend to serve my peers and mentors well! All the best from COMP-Northwest!

WE'RE HIRING

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Jane Akpangbo, MD is part of the KPNW group launching the Center for Black Health and Wellness

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- **Nurse Practitioner**
PRIMARY CARE
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PRIMARY CARE

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For more about CBHW and current openings

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STUDENTS SPEAK OUT!



LYNN BAJOREK (MD '25)
OHSU SCHOOL OF MEDICINE – FAMILY MEDICINE RESEARCH FORUM
TYLER HUNT-SMITH (MD 'XX)
OHSU SCHOOL OF MEDICINE - FMIG CO-LEAD
JONATHAN SISLEY (MD '25)
OHSU SCHOOL OF MEDICINE – FAMILY MEDICINE RESEARCH FORUM

Oregon Health & Science University
FM **FAMILY MEDICINE**
IG **interest group**

FMIG Activities

The week before the 2024 Match, on the day of the OHSU Scholarly Project Capstone poster session, the Family Medicine Research Forum (FMRF) gathered a group of students to discuss primary medicine research. Fourth year students matching into family medicine shared their research experience and imparted wisdom to other students on various topics including: how they found a mentor, the development of their research question, methods used in their research, and how they chose to pursue a career in family medicine. In attendance to celebrate the students' work were also the mentors who guided the students through their research experience, including department chair, **Dr. Jennifer DeVoe**.

Second year student planning on pursuing family medicine, **Hana Warmflash**, reflected on the event saying, "it was great to hear about different projects and realize that it can look a lot of different ways, from QI projects in primary care clinics to massive dataset analyses. I'm excited to have peers and mentors to reach out to as I figure out what I'm interested in."

The FMRF's goal is to engage students in primary care research and promote connections and collaboration with faculty. Later this year, the group plans to host a session with first and second years on "What Does Primary Care Research Look Like?" and the importance of ongoing research in the primary care space.

FMIG Vasectomy Workshop

FMIG held a vasectomy workshop on March 13th for medical students from all current classes, led by **Dr. Kristin Gilbert**, an Assistant Professor of Family Medicine at OHSU. Dr. Gilbert demonstrated the process of consenting patients for vasectomies, the conversations that should be had prior and after the procedure, preparation for the procedure, as well as best practices for carrying it out in the hospital, clinic, or—if circumstances require—the dining room. Dr. Gilbert also answered questions about vasectomies and other sexual health procedures. The workshop allowed students to learn about and practice vasectomies and administering local anesthetics on models in the classroom. We look forward to more student workshops and hands-on activities throughout the year!



STUDENTS SPEAK OUT!



WESTERN UNIVERSITY OF HEALTH SCIENCES COMP - NORTHWEST



FORREST BLISS, OMS-IV
OAFP BOARD STUDENT DIRECTOR

Finances of Family Medicine and the Pitfalls of Comparison

When done on the basis of compensation alone, choosing a specialty can feel a bit like buying a new television from Costco. You enter the store thinking that you want a 45-inch screen, but upon seeing the 80-inch screens right inside the entrance, this now seems far too small. The feeling is only reinforced as you watch several carts with giant television boxes roll by, ready to be taken to their new homes. In your excitement it is easy to forget that you will need to rent a moving truck just to transport the television home and you probably don't have a wall in your house with enough free space to mount it. In this frenzied environment, it is easy to forget that 45 inches is fairly large and might actually be a better fit for your space and your family.

Similarly, I believe that many students enter medical school considering Family Medicine as a potential specialty. As they watch their student debt grow with each term, more highly compensated specialties become increasingly attractive. The point here is not to downplay the importance of other specialties or to comment on whether or not their compensation is justified. It bears mention, though, that even the lowest paid specialty still has an average income among the top 5% of earners in this country. To lose sight of this in favor of simple comparisons between medical specialties is a disservice to both Family Medicine and students considering it.

COMP-Northwest students had the privilege of hearing a talk on this subject from the current president of the American College of Osteopathic Family Physicians (ACOF), David Park, DO. Dr. Park spent the evening of January 31 having dinner with incoming and outgoing leadership of the school's ACOFP chapter (pictured on the right), then gave a talk to all interested students on February 1 called *Show me the Money!* In the talk, he highlighted the upward trend of Family Physicians' compensation during the past



few years and stressed the benefits of shorter postgraduate training in the scheme of career-long earning potential. He also emphasized the versatility of Family Medicine, which allows Family Docs to work in a wide range of practice settings with varying job responsibilities, and he proposed that Family Medicine might be more accurately rebranded as "Comprehensive Medicine".

Branding and catchy titles aside, the basic facts remain the same: Family Physicians are in demand now more than ever, a trend that is only going to increase during the next couple of decades according to workforce forecasts. With basic supply and demand principles on our side, and a career that remains as fulfilling, intellectually stimulating, and flexible as ever, Family Medicine may be more attractive than first impressions suggest. Perhaps that 45" television is the right choice after all.

References:

<https://www.medscape.com/sites/public/physician-comp/2023>

<https://www.mgma.com/data-report-provider-comp-2023>

OAFP FOUNDATION AWARDS

The award recipients were asked “Why have you chosen to pursue a specialty in family medicine?” Their answers are shared below.

The Lundy Award

The Mary Gonzales Lundy Award is a scholarship award named in honor of Mary Gonzales Lundy, former Executive Director of the OAFP and a dedicated supporter of the specialty of family medicine. It is with great honor that we announce this year’s Lunch Award winners.



Jose Manuel Carrillo-Castro
MS-4, Oregon Health & Science University School of Medicine
Matched into Family Medicine Residency at Providence Oregon (Milwaukie, OR)

Family medicine gets at the spirit of what motivated me to pursue medicine as a kid in the first place. Back then growing up in Peru, when I pictured using my knowledge of science to be a healer for my community, there was a simplicity in my view that this role would simply be helping people feel better in general, without necessarily being specific in medical problems. In the present day, I would frame this as treating the whole person. I came to learn later that Western medicine tends to be very problem-centric and that people often more than often specialize after medical school. As I went through medical school, absolutely fascinated by every organ system and specialty that we encountered, I wondered how I would ever choose. Around that time, I also realized something – family medicine doctors didn’t just treat specific problems, organ systems, disease etiologies, or age ranges. I would not be someone’s “heart doctor,” I would simply be “their doctor.” This is a distinction both in scope of practice but also the intimacy of the relationship that one gets to have with their patient. I had known from the start that I wanted to work with underserved populations and have social justice be an integral part of my practice, and it did not take long in my

clinical experiences to see that family medicine was the specialty that integrated all these things into practice. The spirit of family medicine is in treating the whole person, integrating care and getting to know your patients well enough (in the sense of their mental health, family, community, etc.) to provide the vision of care that drove me to pursue medicine as a kid and guided me in my community service efforts - and that is why I have chosen to pursue family medicine.



(Lexie) Alexandra Wulf
MS-4, Oregon Health & Science University School of Medicine
Matched into Family Medicine Residency at University of Colorado Rural Training Track (Denver, CO)

I initially became interested in family medicine when I was an emergency room medical scribe in rural Oregon. I witnessed repeat patients with chronic, complex medical conditions and multiple comorbidities use the emergency room as their primary care, either because limited access to a primary care physician or lost to follow up. Soon after, I became a medical scribe trainer and worked many months with family medicine physicians, where I observed touching relationships between provider and patient that can only be made through years of trust and respect for one another. Thus, I came into medical school with the desire to pursue family medicine and my time in the clerkships further solidified this-- specifically, rural family medicine.

During clerkships, I was drawn to the variety of family medicine patient populations, from delivering babies to doing home visits for elderly patients on hospice. I was drawn to caring for the parent-child dyad and the continuity of being there for one of the most transformative times in a person’s life, to coaching through childbirth, to close post-partum visits where it is imperative to create an open space for honest conversations about both parents’ mental

health. In my geriatrics rotation, I found purpose in navigating the complex balance of health conditions, debating the risks and benefits of each treatment, in an effort to improve overall functioning and quality of life. I observed goals of care conversations, where direct transparency were the norm, allowing patients and their loved ones to process the information, thus allowing timely intervention. I envision myself continuing comprehensive care for generations of people; tailoring each visit to the dynamics of the human body.

I applied into rural family medicine residencies with the desire to practice in rural, underserved areas in Oregon after I graduate. Rural communities need family medicine physicians due to the “rural mortality penalty”: increased rates of preventable mortality and preventable hospitalizations; high numbers of emergency room visits; increased barriers to care (transportation, communication, finances, low health literacy, etc.); food deserts; and increased socioeconomic disparities. I came into medicine with the desire to serve people with compassion, and I believe this is best fulfilled by caring for those most cast out by society.

I will never forget working in the emergency room during my rural family medicine rotation in Enterprise, OR after a state of emergency declaration secondary to a hailstorm that destroyed homes, shut down the power in assisted living facilities, and caused numerous lacerations and broken bones to those caught outside in it. I recall walking home at 3 AM staring up at the full moon, listening to the crickets chirp, with a slight smile and an overwhelming feeling of gratitude and humility for the opportunity of being a frontline worker in a time of crisis.

The McCarthy Award

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 OAFP/Foundation established the McCarthy Award, a scholarship awarded to a DO student who has matched into a family medicine residency. We are proud to announce this year’s McCarthy Award winners.

continued on page 16

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Forrest T. Bliss

OMS-IV, Western University of Health Sciences College of Osteopathic Medicine of the Pacific Northwest
Matched into Family Medicine Residency at Samaritan Health Services (Corvallis, OR)

I entered medical school as a non-traditional student: a homeowner, happily

married, with two children and years of work experience in well-paying customer service positions. Largely through my privilege, I was able to consider and pursue professional success on a more personal level than simply providing for my family. For me, a successful career would have the following elements: service to others, intellectual challenge, and opportunity for lifelong growth and education. Medicine was the ideal fit.

My interest in Family Medicine started before entering medical school and has only strengthened with the progression of my education. The Family Physician has a special ability to connect seemingly disparate pieces of clinical information, understand them in the social context of the patient and community, and then come up with a solution that is individualized to the human being in front of them.

I have heard this referred to as generalism, and the idea of generalism as a form of specialization has always appealed to me, requiring both interpersonal skills and analytic reasoning in a way that is uniquely compatible with my aptitudes and career goals among medical specialties.

When I chose to study Spanish as an undergraduate student, I sought to expand my ability to forge genuine human relationships, especially with individuals who have backgrounds that are distinct from my own. My time volunteering as an interpreter and my interactions with Spanish-speaking patients while on rotations have validated my desire to establish these bonds. Both experiences captured some of the most important aspects of medicine in my mind: empathetic communication, recognition of social determinants of health, and chronic disease education.

While working with the Oregon Academy of Family Physicians (initially on the Equity, Inclusion, and Diversity task force and later as Student Director, representing my

school on the Board of Directors) I have been exposed to physicians from a multitude of practice backgrounds. Most of them are in primary care settings, but the scope of their practices and the communities they serve vary considerably. I intend to provide primary care in Oregon upon completion of my training, with an emphasis on care for underserved populations, however I recognize that many of the specifics will be determined along the way. My education and extracurricular activities have sparked my interests in lifestyle medicine, pediatrics, mental health, osteopathic manipulative treatment, procedures, and medication-assisted treatment, among others. The flexibility to adapt my future career to meet a community's needs and accommodate my aspirations is a significant allure of Family Medicine.

The vast breadth of knowledge that is required of family physicians is appealing to my curiosity and view that learning should be a lifelong pursuit. I fiercely oppose the (unfortunately common) notion of Family Medicine as a “fallback specialty”, chosen by those who are unable to match into a more prestigious and/or lucrative area of medicine. The specialty can produce enormous improvements in individual and population-level health outcomes, an undertaking that undoubtedly requires the commitment of curious, hardworking providers. I have excelled in my preclinical and clinical education and am currently ranked second in my class, and I believe that Family Medicine is the optimal specialty for the most dedicated and compassionate that medicine has to offer. With continued hard work, devotion, and passion for exceptional patient care, I look forward to one day counting myself among these ranks.

I enrolled in medical school as a non-traditional student and have continued to identify strongly with this status. Through the first three years of school, my family has grown to five children, two of them through the foster care system, and my experience as a father has helped me to develop patience and empathetic listening. I have found ways to balance the demands of family and medical school, which have required focus, prioritization, and reliability. I now consider myself to be non-traditional in another way: in today's rapidly changing healthcare landscape, I have chosen to pursue a career in Family Medicine because I believe that generalism, interpersonal connection, and preventive healthcare are more fundamental than ever to the practice of exemplary medicine.



L.J. Scott McKenzie
 OMS-IV, Western
 University of Health
 Sciences College of
 Osteopathic Medicine of
 the Pacific Northwest
 Matched into Family
 Medicine Residency at
 Oregon Health & Science
 University (Portland, OR)

My favorite
 encounters revolve

around the education process and mediating life's
 transitions alongside patients and their families.

As one who has always had many interests (e.g.
 I studied human biology while getting a minor in
 biomedical engineering and pursuing liberal arts
 courses in English, ethics, and philosophy through
 the Boise State Honors College before seeking
 out extracurriculars in complementary medicine,
 nutrition, spirituality, equity, diversity, and inclusion
 during my medical training), family medicine naturally
 aligned with my natural curiosity of learning with and

for others. Going beyond the hard science of health
 states and into the biopsychosocial realms just fits for
 me. There was never a subject or rotation in medical
 school I did not like, and there has not been a patient
 population that has pulled at my heart strings more
 than another—I find fulfillment in working with all
 ages and stages. From the excitement of soon-to-be
 parents at their first prenatal appointment, to the
 grief of a family sitting at their dying partner and
 parent's bedside, each act, thought, and moment
 ripples for better or worse. During these times I strive
 to provide sensitive, curious, insightful responses or a
 fist bump and "Go team!" attitude.

It brings me a lot of joy to know I will be well
 equipped to meet so many individuals where they
 are as a family medicine physician, and that the
 relationships I will form along the way will benefit
 entire family units, including my own. It is a privilege I
 eagerly await!



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Match Day 2024: Oregon Achieves 100% Fill Rate in Family Medicine Residencies

March 15th marked the culmination of months of anticipation for medical students across the United States as the National Resident Matching Program® (NRMP) revealed the results of the 2024 Residency Match. Amidst the excitement, Oregon stands out with a significant achievement: a 100% fill rate for the 59 Family Medicine residency positions.

The NRMP released data that showed of the 44,853 applicants who certified a rank order list, 41,503 secured positions across 6,395 residency training programs nationwide.

The breakdown of filled slots across various Oregon Family Medicine residency sites is as follows:

- Cascades East/OHSU - Klamath Falls: 9/9
- OHSU - Portland: 12/12
- OHSU - Hillsboro: 8/8
- OHSU - Three Sisters Madras: 3/3
- Providence Oregon - Milwaukie: 7/7
- Providence - Hood River: 2/2
- Roseburg - Roseburg: 8/8
- Samaritan - Corvallis: 7/7
- Samaritan - Newport RTT: 3/3

This accomplishment underscores the commitment of Oregon's medical community to ensuring access to primary care services across the state. Even though Family Medicine had a relatively high percentage of unfilled positions nationally (12.3%), Oregon bucked the trend with a perfect match rate. This includes filling all three new



ORCA-FM staff visited OHSU Match Day and presented future Family Medicine Residents with these delightful cookies and stickers.

positions with OHSU – Three Sisters in Madras, Oregon.

In addition to the success in Family Medicine, Oregon's medical education landscape also witnessed a significant emphasis on primary care. The Oregon Health & Science University (OHSU) class of 2024 had 45% of its graduates opting for primary care fields. Remarkably, 16%

of these graduates chose to specialize in Family Medicine, indicating a strong commitment to addressing primary care needs in the state. Western University/COMP-Northwest, Oregon's only Osteopathic school, also had an extremely successful match day resulting in an incredible 23% of students matching into Family Medicine residencies.

A special shout out to Forrest Bliss, COMP-Northwest's student director on the OAFP Board. Forrest has matched into a Family Medicine residency at Samaritan Health Services in Corvallis. We are thrilled that he will be staying in the Willamette Valley for his continued training!

As Match Day celebrations spread across the country, Oregon's achievement serves as a testament to the collaborative efforts of medical institutions, educators, and aspiring physicians in ensuring the availability of vital healthcare services to communities statewide.

Congratulations to the following Oregon medical students who matched into Oregon's residencies:

OHSU Cascades East (Klamath Falls) – Zbigniew "Z" Sikora (OHSU)

OHSU Health Hillsboro – Samar Fakih (COMP-NW), Morgan Nichols (COMP-NW), Kiran Virani (COMP-NW)

OHSU Portland – Alyssa Andretta (OHSU), Anna Bloom (OHSU), Brandon Carey (OHSU), L.J. McKenzie (COMP-NW), Keaton Weil (OHSU)

Providence Oregon (Milwaukie) – Jose Carrillo-Castro (OHSU), Layla Entrikin (OHSU), Alexis "Lexi" Leonetti (OHSU), Maria Wetzel (OHSU)

Roseburg – Morgan Wardle (COMP-NW)

Samaritan (Corvallis) – Forrest Bliss (COMP-NW)

Samaritan RTT (Newport) – Bao Luong (COMP-NW)

OHSU Three Sisters RTP (Madras) – Ben Khalil (OHSU)

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The Oregon Residency Collaborative Alliance for Family Medicine Launches as a Nonprofit to Elevate and Support Family Medicine Residency Programs in Oregon

Taking a significant stride towards bolstering advocacy and leadership in family medicine, the Oregon Residency Collaborative Alliance for Family Medicine (ORCA-FM) has officially debuted as a nonprofit entity. This milestone marks the culmination of years of collaborative effort and strategic planning aimed at advancing the field of family medicine in Oregon and ultimately improving the health of our communities.

The journey towards establishing ORCA-FM as a nonprofit entity has been a carefully orchestrated endeavor, characterized by milestones and achievements:

- **2017:** Initial planning meetings laid the groundwork for ORCA-FM's inception, supported by a planning grant from the Oregon Graduate Medical Education Consortium.

- **2018:** Further strategic planning ensued, focusing on coordinating educational initiatives such as Advanced Life Support in Obstetrics courses and exploring opportunities for rural program expansion.
- **2019:** Participation agreements were formalized, solidifying ORCA-FM's commitment to collaboration and engagement across various family medicine programs in Oregon.
- **2020:** A pivotal year marked the launch of the Oregon Policy Scholars Program, designed to cultivate advocacy skills among residents, medical students, and faculty members. Additionally, the organization piloted an Implicit Bias curriculum and hosted its inaugural Virtual Residency Fair.
- **2021:** ORCA-FM continued to expand its impact with the introduction of legislative proposals and the successful execution of a second Virtual Residency Fair, attracting participants statewide.
- **2022:** The organization's efforts were further buoyed by the passage of SB 409, securing essential funding for its operations. Formal incorporation as a nonprofit entity followed, alongside the appointment of a

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dedicated board and the pursuit of additional funding opportunities.

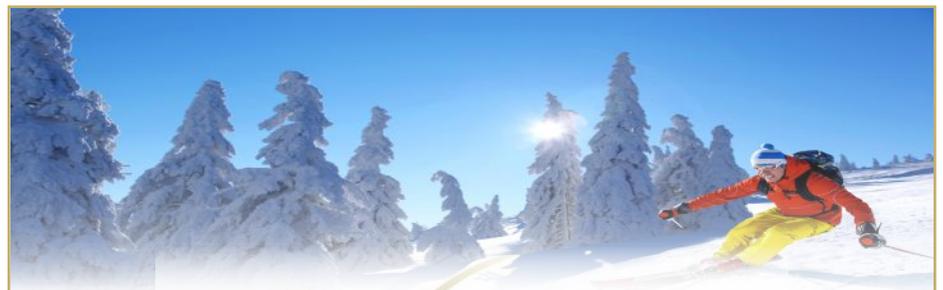
- **2023:** With state funding secured, ORCA-FM transitioned into a fully operational nonprofit organization, poised to lead advocacy efforts in family medicine.

ORCA-FM recently held a retreat with Program Directors, Board Members, and advisors to chart out the next steps for the rapidly growing organization. Key take aways include finding more connections between the nine residency programs in the State of Oregon and building on unique attributes and opportunities within the state. As we chart a course towards a healthier and more equitable future, ORCA-FM invites stakeholders from across the healthcare spectrum to join hands in realizing its vision of a thriving family medicine landscape in Oregon and beyond. We welcome your input! Reach out to ORCA-FM's Executive Director Jackie Wirz at any time with your thoughts and comments (jackie@oafp.org).

As ORCA-FM embarks on this new chapter as a nonprofit entity, its

mission remains steadfast: to elevate the practice of family medicine through collaboration, advocacy, and innovation. By providing a platform for knowledge exchange, skill development, and

collective action, ORCA-FM aims to empower a new generation of leaders in family medicine, poised to drive positive change in healthcare delivery and policy.



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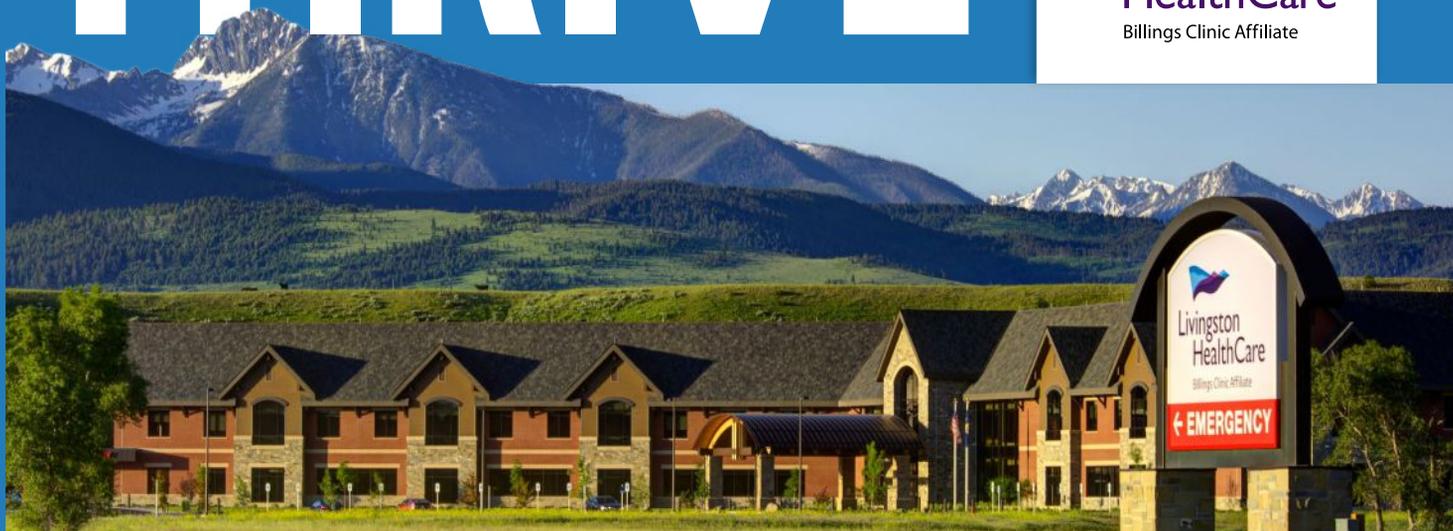
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