

Family Physicians of Oregon

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- OAFP Advocacy Day 2025
- Congratulations to Our Incoming Oregon Residents



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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.



About the cover:
A bicycle rider in a tunnel of flowering cherry trees at peak blossom time, Capitol mall, Salem, Oregon

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EDITION 73

• PRESIDENT'S MESSAGE



EVA S. MCCARTHY, DO, CORE FACULTY, FACULTY - SAMARITAN RESIDENCY PROGRAM
PRESIDENT – OAFP BOARD OF DIRECTORS

In the final months of being the OAFP president, I have been reflecting on the strength of our membership under the weight of an unpredictable political environment that will inevitably affect health care for Oregon. To many, myself included, the challenges right now seem insurmountable. As family medicine physicians, we are committed to addressing health disparities and social determinants of health while serving our communities and providing patient-centered care that values autonomy, equity, and continuity. That cannot be done without believing to some degree that health care is a fundamental human right, which is becoming increasingly threatened by a multitude of factors.

This is not the first time in history that medicine and health care have been challenged by political and social unrest. In fact, the specialty of Family Medicine was created in the 1960s, during a period of social responsibility where “the winds were right for change” according to Drs. Gutierrez and Scheid, and a counterculture movement was taking shape against issues such as poverty, inequality, and the Vietnam War (Gutierrez and Scheid, 2002). Since its inception, our specialty has been one of adaptability and advancement in the face of obstacles, driven by self-determination and collective social service to the general population, particularly those who are underserved (Clements and Irwin, 2017).

This is another period of significant change, but here is what will not change for the OAFP. Our commitment to our values of justice, diversity, and collaboration, and the vision of achieving optimal health for all. Our ongoing efforts to create and uphold a health care system in Oregon that is patient-centered, equitable, and sustainable. Our support of our courageous members who are advocating for legislative reform, caring for rural communities, teaching in medical education, providing gender-affirming care and comprehensive reproductive medicine, working in public health, protecting their undocumented patients, and everything else that we do as family physicians.

All I can say is that we need to keep going. Amid exhaustion, uncertainty, and sometimes anger, I hold onto hope. Attending Advocacy Day on March 3rd gave me hope, across political party lines legislators seemed concerned about the workforce

This is not the first time in history that medicine and health care have been challenged by political and social unrest.

shortage in Oregon and primary care underpayment that is driving market consolidation. Sharing knowledge with my colleagues, mentoring pre-med students, working with residents, and listening to stories from my patients gives me hope that collectively there are enough of us out there who want change, and that change is possible. The future of primary care—and the well-being of our patients—depends on our ability to envision and strategically demand something better. We have done it before, and we can do it again.

Thank you for giving me the opportunity to serve as your board president this past year and I look forward to the work to come.

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Sincerely,

Eva S. McCarthy, DO



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• GREETINGS FROM THE OAFP



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Complicated Questions Without Easy Answers

This morning, I talked with a reporter from the Lund Report about the state of primary care in Oregon. We spoke for nearly an hour, and touched on value-based payment, workforce challenges, administrative burden, Medicaid payment levels, and regulatory mazes. It was like sharing a band's greatest hits album with a new fan.

He has covered health care for many years, but shared that he had recently been making connections among the shifts that have been pushing primary care, and was shocked at the scope of everything, looked at altogether. He hopes to run a series of articles exploring the state of things, and OAFP will be glad to help point him at the

stories that have the best chance of spurring the public and policymakers to implement change.

Because change is absolutely necessary. Though the legislature passed the Medicaid funding provider tax extension in February, the threat of drastic cuts to federal funds has me wondering if we should proceed through the legislative session assuming Medicaid benefits will be untouched, or whether we should plan now for a very different Oregon for the next four years at least. An analysis by the Kaiser Family Foundation found that 600,000 Oregonians could lose access to Medicaid coverage as it exists if the Federal expansion match rate

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were eliminated. The impact of that reduction would be felt across the entire health system.

In all the uncertainty, our focus on family medicine remains, and we have to keep pushing for it. Right now there is not one person at OHA who is charged with establishing a clear understanding of or responsibility for how all the programs and requirements that touch primary care interact. The agency is driving toward a clear goal—Health Equity by 2030—which absolutely requires a robustly funded, sustainable primary care workforce and infrastructure.

I would be remiss if I did not mention changes triggered by President Trump’s Executive Orders issued in the first weeks of his term. If all of the orders withstand challenges in the courts, medical and scientific research funding to universities, and agency infrastructure will have been steeply cut. We are staying closely connected with the AAFP to track the federal landscape and understand how any changes will impact Oregonians and our members.

Thanks for your time.



Quick Hits: OAFP in Action

- February: Our informal primary care advocate group met virtually to begin selecting the policy proposals we will work on to share with Oregon. First on the list is fixing Oregon’s primary care spending measurement.
- March: More than 40 members in career stages ranging from medical school through semi-retirement gathered in Salem on March 3 for our Advocacy Day. With the amazing help of Elanna Lynn at Equity Action Partners, we had 41 meetings scheduled with legislative offices, and we were able to talk to them about our priority bills.
- April: As the session reaches its halfway mark, we hope to hold the hearing on threats to primary care that was delayed from October.
- May: the Oregon Health Policy Board will meet in Corvallis and the agenda will focus entirely on primary care. OAFP staff and members are helping with planning.

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OHSU SCHOOL OF MEDICINE, DEPT. OF FM – SENIOR RESEARCH ASSOCIATE, QUALITATIVE TEAM LEAD

Our Journey to Improve Staffing for Primary Care

It is exhilarating to see a student, fellow, or junior faculty member light up when they experience the thrill of discovery while collaborating on research. Whether introducing a brief research topic or conducting in-depth research training sessions, mentoring the next generation is an essential role and a privilege for any senior researcher. The joy of being a teacher and a mentor cannot be over-emphasized. Whether it is working with a medical student on their scholarly project or adding a postdoctoral fellow or junior faculty member to a research team, the role our researchers play in mentoring can be both the most challenging and rewarding part of our careers. Many mentees are eager to learn and tackle the challenges of conducting research, and mentors are excited to share their research expertise. But we do not always know how to “be mentored” or how to “be mentors.” Thus, it is important to engage in ongoing, bidirectional conversations with each other about what mentees want to learn, what they are struggling with, and what goals they have as their project or joint project with their mentor is being implemented. There are countless examples from mentees and mentors that highlight the dual benefits of mentoring, the following examples from the OHSU Department of Family Medicine research teams are just a few:

Developing skills in research

The Nurture Oregon study is a rural integrated care model for pregnant families that includes peer support, prenatal care, substance use and mental health treatment, care coordination, and other services. This project’s research team currently mentors three medical students. The research mentors helped medical students develop capstone projects, which include gaining experiences conducting literature reviews and preliminary qualitative analysis on topics that interest them such as care continuity and peer support. One student participated in the manuscript writing process and is a co-author on a manuscript using qualitative methodology.

“As a student with minimal prior research experience, I was compelled to find a role in an established research project for my scholarly project. Under the mentorship of the Project Nurture team, I created four achievable deliverables that met my own goals as well as adding to the ongoing research of Project Nurture. Throughout this process, I had the opportunities to sit in on

data analysis meetings to better learn processes of qualitative data review, review literature and share this information with the team, and read, listen to, and compile data from peer support interviews that I then shared with and received feedback about from the Project Nurture team. With support and mentorship throughout this experience, I now feel more confident in my abilities to contribute to qualitative data analysis in a team setting.”

- Medical Student Mentee

Mentoring is a learning experience for all involved

Medical students and residents have valuable clinical experience that can directly benefit research teams and mentors. For example, in a project focusing on studying the differences between telemedicine versus in-person visit approaches for patients receiving medications for opioid use disorder, the mentees contributed important insights about care delivery, data documentation, clinical care decision-making, and shared reflections on patients’ experience, which provided the research team with valuable context to help interpret their findings.

“I ADORE mentoring! I have so many wonderful relationships with medical students. In 2023/2024, I mentored six medical students on their scholarly projects. One of my mentees, who initially wanted rural family medicine – because he grew up in rural Montana - decided to go into anesthesia. In his scholarly project, he studied the impact of a clinic-based community garden on clinic and physician knowledge about patient food insecurity – he found that the staff was more knowledgeable about the patients’ food insecurity than the physicians were. This was a really important discovery.”

- Dr. Patty Carney, Mentor

Applying learnings to clinical practice

Learners value their research experiences, especially when understanding how it applies to clinical practice. Medical students often report how they relate what they see in study data to their personal experience with patient care. In other situations, they learn about unavoidable imperfections in data, complexities of methodologies used to answer research questions, and how decisions that impact their clinical practice (e.g., care guidelines) may come about.

“Gaining an in-depth understanding of the significant changes of health care accessibility in primary care, following Medicaid expansion, has granted me a comprehensive grasp on disease management and health outcomes during my medical education and clinical rotations.”

- Medical Student Mentee

A mentor-mentee relationship can be long-lasting

For instance, in 2016 Dr. Huguet mentored a high school student eager to learn about health research. This mentoring informed the mentee’s decision to go to college and pursue an advanced degree. After finishing his master’s degree at Stanford, he expressed interest in completing a year in research with Dr. Huguet and colleagues. Together Dr. Huguet and the mentee obtained an NIH-funded diversity supplement allowing the mentee to complete his research year where he joined a team of experts studying health disparities among sexual and gender minorities. Their work created new knowledge and led to a publication and multiple presentations. This experience directly influenced the mentees’ choice of medical school and interest in the field of sexual and gender minority health. To this day, Dr. Huguet and the mentee continue to collaborate.

Mentoring can be incredibly rewarding. Like many relationships, communication and staying connected are key. Mentoring is something we should all be doing – and take pride in – for the next generation of physicians and researchers to carry this legacy forward into the future that awaits us all.

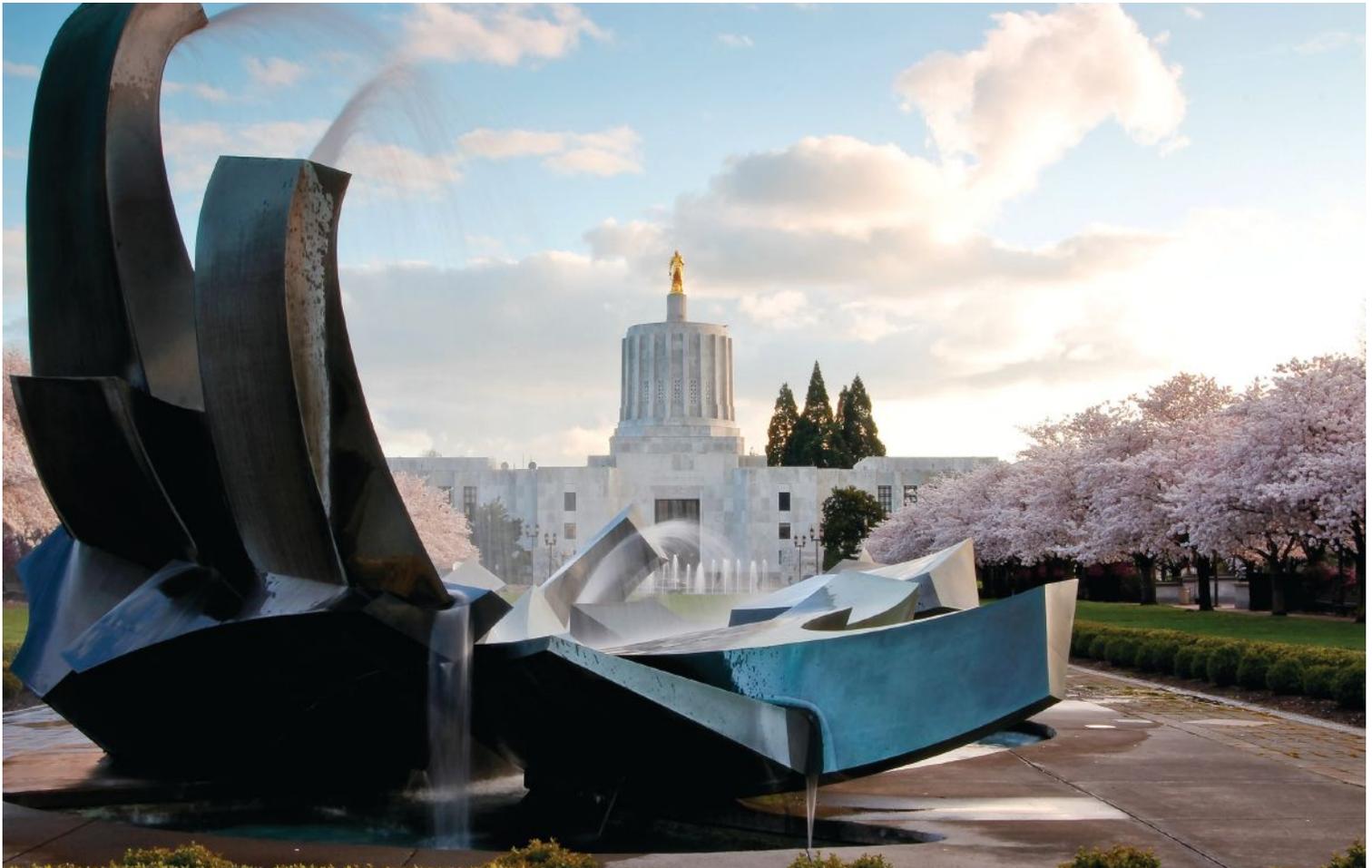
• PUBLIC POLICY AND LEGISLATIVE AFFAIRS



IRIS MARIA CHÁVEZ
EQUITY ACTION PARTNERS - OAFP LOBBYIST

Amidst a near-record number of bills being introduced (3,355), we find ourselves one-third of the way through the 2025 legislative session. Health care-related legislation is one of the most prominent issues being discussed and members of the House Behavioral Health and Health Care Committee find themselves debated in marathon-length hearings, where 212 pieces of legislation have been assigned for review (109 in the Senate Health Care Committee). Not all of those will receive a public hearing, but many will, allowing advocates, industry, and legislators to weigh in. They're weighing in on everything from creating a registry of urgent care providers to "CCO 3.0" (revisions to contracting and structure for CCOs).

The Health Care Committee chairs, Sen. Deb Patterson and Rep. Rob Nosse, are conducting this work in an environment of great uncertainty concerning the state's available revenue for spending in the 2025-27 biennium. On February 26th the Legislative Revenue Office released a semi-favorable revenue forecast, which showed that the legislature may have about \$1.5 billion in non-obligated general fund revenue to use for programs and services in the upcoming biennium. To most people, or organizations, this is a sizable amount of "cash on hand" but when you're a state operating under a \$121.261 billion budget currently, \$1.5 billion isn't likely to buy much in the way of "new" programs or services. Also, consider that Governor Kotek



has indicated a desire for \$600 million in new spending for K-12 public schools (to modernize how they calculate their "current service level") and the Oregon Department of Transportation has a projected \$354 million funding gap for the upcoming fiscal year, then you're left with only \$546 million. Further darkening the outlook is the future of federal investment into state programs, which will cause our state budget writers, Sen. Kate Lieber and Rep. Tawna Sanchez, to be cautious about new spending and are likely to decide to hold back more money than usual in the Rainy Day Fund in the event the state needs to shore up programs, like the Oregon Health Plan, after the legislative session ends.

Oregon Academy of Family Physicians is engaging on many pieces of legislation while our primary focus remains on SB 443 which would provide state general fund investment to ORCA-FM (Oregon Residency Collaborative for Family Medicine). ORCA-FM has been in operation since 2019 (funded by a mix of program fees and philanthropy), state funding, was provided for the first

time in 2023, since then the program has reached several organizational milestones including its establishment as an independent 501c(3), hiring an Executive Director, and development of organizational infrastructure necessary including fiscal controls and policies. Continued state investment is critical to continue support for our family medicine workforce development efforts.

Other bills OAFP is weighing in on include:

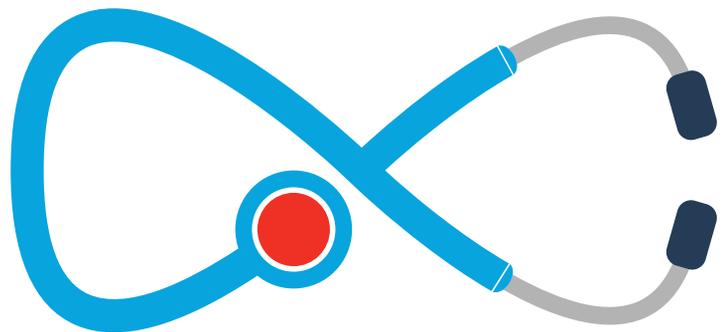
- SB 531 - funding for the Oregon Wellness Program
- SB 951 - modernization of the Corporate Practice of Medicine doctrine
- HB 3134 - Revisions to prior authorization process and rules
- HB 3554 - Small Physicians Support Act

Look to our next column to see how the Oregon Academy of Family Physicians' priority bills fared this legislative session.

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STUDENTS SPEAK OUT!



ERIN O'BRIEN POWERS – MD STUDENT, CLASS OF 2026

Oregon Health & Science University



Over the past couple of months, the FMIG OHSU leadership transitioned to a new group of students who are excited to continue building and expanding on the fantastic work of last year's team. The team has been busy brainstorming ideas for the upcoming year to promote the field of family medicine and support those already interested in this specialty.

Looking forward to the next couple of months, the FMIG group plans to host an event in collaboration with the Providence Milwaukie teaching kitchen. As many providers are aware, education on nutrition and preventative health is minimal in the first two years of medical school. We hope that this event can highlight the innovative ways family medicine programs support patients in making healthy lifestyle choices and expand students' knowledge of preventative medicine and nutrition.

Additionally, the OHSU FMIG program is hoping to host a lunchtime event on transgender health care in Oregon. Although the field of gender-affirming care has faced some uncertainty in the past couple of months, we hope to emphasize the amazing work people

are still doing despite this uncertainty. We are collaborating with OHSU family medicine **Dr. Milano** and a gender-affirming care expert for this event. We hope this talk will answer some of the questions about this uncertainty and how the family medicine community can continue supporting our patients.

Lastly, as we transition into the spring and summer months, the FMIG group will connect with first-year medical students who will begin brainstorming ideas for their scholarly project this summer, a requirement for all OHSU MD students. The family medicine program at OHSU has a robust research department, and we hope to demonstrate the wide range of research that physicians and students have done in the field to students interested in primary care research opportunities.

The new leadership team is grateful for all the inspiring family medicine physicians who have taken the time to teach, advise, and welcome our FMIG medical students into the dynamic world of family medicine! We look forward to working with this fantastic community of physicians through this next year!

STUDENTS SPEAK OUT!



KIANA FINCHER - DO STUDENT, CLASS OF 2026
STUDENT DIRECTOR - OAFP BOARD



Hello OAFP Family! I'm Kiana, the COMP-NW student representative to the OAFP Board of Directors. I'm a 3rd-year medical student looking forward to a career in family medicine here in Oregon. Given the wide variety of experiences medical students experience from school to school, I thought I'd take this opportunity to share with you the pathway a COMP-NW student takes through clinical years, and some of the challenges facing our students interested in becoming family physicians.

This time last year my class participated in our lottery system, which assigns students to rotation tracks based in various regions in Oregon, Washington, and Southern California. Approximately 1/3 of our class headed to year-long tracks in Riverside, Palm Springs, and Ventura, California. Another 1/3 stayed in the Samaritan track, traversing Lebanon, Albany, Corvallis, Newport, Lincoln City, and occasionally Eugene or Salem. The remaining portion of the class is in Tacoma, Portland, and a few in the Eugene, Roseburg, and Medford areas. These placements are based on a ranking system run by our Clinical Education department, similar to the National Residency Match Program.

As a mom to two kids and, as a medical student, I was offered priority track selection. Approximately eight students were offered this early selection due to their increased need for stability during clinical years. However, your track selection is not a guarantee you'll be within commuting distance of all your rotations. Especially since COVID, it's been difficult to maintain sufficient clerkship opportunities with our local hospitals and clinics. This is why many students must travel elsewhere for clinical experiences in core specialties, even those designated within the Samaritan track. Each student that stayed local has had to find accommodations outside the region for at least two core experiences, most commonly in OB/GYN, Surgery, Internal Medicine, and Family Medicine specialties. Some must even leave the state to find a qualified rotation.

As a mom to two kids and, as a medical student, I was offered priority track selection. Approximately eight students were offered this early selection due to their increased need for stability during clinical years.

In 4th year, COMP-NW students must complete a minimum of 32 weeks of clinical rotations. These must include an Emergency Medicine, an "audition", and a "selective" rotation. A COMP-NW recognized audition rotation has specific requirements: it must be completed at a residency program, have at least two weeks of inpatient services, and must include responsibility in admitting, treating, and discharging patients alongside resident physicians. This effectively rules out many primarily outpatient specialties as audition rotations that satisfy graduation requirements. Students can qualify for such rotations as a selective, but for those interested in FM in Oregon, we have to look either outside the specialty or state for required auditions.

We know that growing the family physician workforce in Oregon is dependent on our ability to retain doctors-in-training in Oregon. Where a student rotates or does residency has a huge impact on where they'll choose to practice later. ORCA-FM is doing a wonderful job of tackling this issue from the residency side. There's work to be done earlier in the training process as well. We need more preceptors in Oregon to contract with COMP-NW, to advocate for advancing opportunities locally and promote student retention. We also need to help family medicine applicants who wish to audition in Oregon to simultaneously meet graduation requirements. Please get in touch if you're interested in aiding us in this process.

To each of our members, thank you for choosing Family Medicine. Thank you for your efforts to promote the health and well-being of our beautiful state. And thank you for your support of the medical students who want to join you in the fight.



OAFP Advocacy Day 2025

On a brisk March morning, a diverse group of Oregon Academy of Family Physicians (OAFP) members—family physicians, residents, and medical students—gathered at the State Capitol for OAFP’s 2025 Advocacy Day. No donning their white coats, rather business attire, they spent the day meeting with legislators to advocate for the future of primary care in Oregon.

With firsthand stories, policy expertise, and a shared commitment to their communities, participants urged lawmakers to support legislation that strengthens the state’s primary care infrastructure, addresses physician burnout, ensures fair reimbursement, and protects clinical autonomy.

A Day of Dialogue and Connection

Throughout the day, OAFP members held close to forty meetings with state senators, representatives, and legislative staff. They made the case for six key bills backed by OAFP this session. Their message was clear: a strong primary care system is essential to Oregon’s health—and it’s in urgent need of support.

The group highlighted the critical need for:

- **SB 443**, which provides continued funding for the Oregon Residency Collaborative Alliance for Family Medicine (ORCA-FM), helping to grow the family medicine workforce, especially in rural and underserved communities.
- **HB 3554**, which offers loan repayment, financial assistance, and technical upgrades to support independent primary care practices.
- **SB 951**, which protects physicians from corporate interference, safeguarding their ability to make medical decisions in the best interest of patients.
- **SB 531**, which funds the Oregon Wellness Program and addresses rising rates of physician burnout.
- **SB 539**, which ensures transparency in hospital facility fees, so patients aren’t caught off guard by unexpected charges.
- **HB 2148**, which requires insurers and state agencies to set consistent reimbursement rates and invest more in primary care.

Policy Scholars Take the Lead

This year’s Advocacy Day included members of OAFP’s Policy Scholars Program—a cohort of residents and medical students learning how to be effective advocates for their patients and profession. For many, it was their first time participating in state-level advocacy, and the impact was powerful.

Talking directly with legislators about the challenges our members face in training and practice was incredibly important and validating. It reminded us our physicians and future physicians can—and should—have a voice in shaping health policy.

No Coats, Just Commitment

While no one wore a white coat, the commitment to patient care and public service was unmistakable. Participants came from across the state, bringing unique perspectives from urban clinics, rural health centers, residency programs, and medical schools. Their unified message: Oregon's primary care system is under strain, and change is both necessary and possible – **Let Primary Care Work**

As conversations unfolded throughout the day, many legislators expressed appreciation for the honest, solution-oriented tone of the meetings. They listened carefully as physicians shared how administrative burdens, outdated payment models, and workforce shortages impact the care their patients receive every day.

Looking Ahead

OAFP's Advocacy Day is more than just a calendar event—it's a reminder that policy is personal. Behind every bill are patients, providers, and communities whose futures are shaped by decisions made in Salem.

Our members showed up not just for themselves, but for their patients. In the wake of an ever-changing health care landscape, our physicians,

As conversations unfolded throughout the day, many legislators expressed appreciation for the honest, solution-oriented tone of the meetings.

residents, and students recognize their importance in making sure lawmakers understand what's really happening on the ground – and what health care professionals need to make health care accessible and affordable for all.

As the legislative session continues, OAFP will remain a strong voice for family medicine, guided by its members and their commitment to making Oregon a place where primary care can thrive—for everyone.



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OAFP 2025 FOUNDATION AWARDS

“Why have you chosen to pursue a specialty in family medicine?”



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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. Each year, the award is conferred upon two Oregon Health and Science University School of Medicine Students in their final year who have matched into Family Medicine. It is with great honor that we announce this year's Lundy Award winners.

Viviane Cahen

MD-MPH Candidate, Class of 2025
Matched into Family Medicine
Residency at Contra Costa Family
Medicine Residency (Martinez, CA)



Small and quiet, I stood in awe of the masterpiece, captivated by its vibrancy. The intricate brush strokes of the Mona Lisa were an extraordinary replica of what I perceived when I looked at someone's eyes. Such mastery takes years of practice

and cultivation of skill, to transform an unattainable ideal into a tangible reality. As an eight-year-old living in Paris, my annual field trips to the Louvre inspired me to want to express myself through painting and poetry, to reflect on the human perspective. Over time, my artistic aspirations evolved into a focus on people's narratives. Just as art aims to capture and convey the complexity of the human condition, medicine seeks to understand and address it. In hindsight, it is obvious that Family Medicine was the right specialty for me, where guiding individuals through the nuances of their own stories is at the core of each medical visit.

I began medical school at the height of the pandemic. Starting my MD-MPH degree with virtual classmates was far from what I had envisioned, but working with the Department of Family Medicine medical staff to distribute the first COVID-19 vaccine surrounded by masked faces disguising varying fears confirmed I was on the right path. The ability to provide compassionate and excellent care, while implementing actionable solutions, and advancing policy goals with far-reaching aims, was best exemplified by these family physicians.

As soon as I discovered Family Medicine, I knew this was the path that best allowed me to marry my interests and serve the community around me. Beyond taking a vital role as a physician and confidante, Family Medicine will enable me to leverage my experience as a passionate public health advocate.

As co-president of OHSU's student-run clinic for housing insecure patients, I turned my academic interest in addiction medicine and public health into treatment and policy efforts. I co-designed a referral system for medication-assisted treatment for patients suffering from substance use disorders. This has helped prepare me to provide community-oriented, preventive care in my future practice. Family Medicine extends my artistic journey into the clinical realm: it embodies my curiosity for understanding and treating multi-system diseases. It integrates patient advocacy and social medicine into daily interactions, where patients' stories drive change. Here, the characters are no longer confined to books or art but are woven into the complex tapestry of real lives.

Family physicians, like artists, seek the truth through a holistic understanding of the body, mind, and soul. My most memorable experiences in medical school involve caring for patients beyond their biomedical needs, such as picking up buprenorphine medications for a prenatal patient with fentanyl use disorder and celebrating another patient's birthday by blowing up nylon gloves into makeshift balloons. Although initially daunting, I came to value the multifaceted family physician's role in person-centered care, health coordination, and resource provision. I see no other field that so beautifully blends medicine, artistry, and service to provide the continuity patients deserve.

Transitioning from art to medicine has been a natural evolution: I approach each patient with the same empathy and respect I apply to my art. I aspire to be a full-spectrum family physician in an underserved community, providing comprehensive care, including obstetrics, and collaborating with the community on innovative public health solutions while spearheading policy changes. As I become a physician who melds scientific rigor with public health, this emphasis on community engagement and interdisciplinary collaboration is why I look forward to a career as a family physician. I look forward to contributing to the field of family medicine, merging my artistic vision with my dedication to patient care. Now, it's time to pick up my tools and practice the art of medicine.

Mitra Shokat, MPH

MD Candidate, Class of 2025
 Matched into Family Medicine
 Residency at OHSU Portland Family
 Medicine Residency



My first exposure to Family Medicine was through the Bridges Collaborative Care Clinic, OHSU's student-run free clinic. As an undergraduate, I taught educational workshops at local shelters on topics ranging from smoking cessation to

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diabetic foot care. These early teaching experiences ignited my passion for community health and health education and ultimately inspired me to pursue a master's degree in public health. During medical school, I was selected to be a co-chair for Bridges and worked closely with Family Medicine physicians to expand access to low-barrier health care for Portland's unhoused communities. My excitement for pursuing a career in Family Medicine grew as I observed how family physicians are uniquely positioned to meet the diverse and complex needs of underserved communities. I look forward to bringing my passion for health equity and community outreach to residency and to a fulfilling career in Family Medicine.

On my clinical rotations, I found that I loved the collaborative problem-solving of inpatient medicine, enjoyed working with my hands in the operating room, and valued the continuity of care and relationships built in the clinic. During my Family Medicine rotations, I saw firsthand how these aspects of clinical medicine could be integrated. I remember one patient who was admitted for bilateral lower extremity cellulitis and osteomyelitis of his foot. I appreciated the team-based approach to his care, which involved collaboration with the infectious disease specialists to decide on appropriate antibiotic coverage, the addiction team to manage his concomitant methamphetamine withdrawal, and podiatry to discuss surgical management of his osteomyelitis. A few weeks later I saw him in the clinic and observed the true scope of Family Medicine's impact as we helped manage his substance use disorder, provided wound care, and made sure he had transportation to his next follow-up visit. These experiences deepened my desire to pursue Family

Medicine, where I can blend procedural skills with patient-centered care, work in diverse settings, and bring my passion for public health into my everyday practice.

I am eager to grow into the diverse roles of a family physician in order to not just treat patients, but to empower communities, foster health literacy, and contribute to systemic changes that improve overall health outcomes.

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. Each year, the award is conferred upon two Western University College of Osteopathic Medicine of the Pacific Northwest students in their final year who have matched into Family Medicine. We are proud to announce this year's McCarthy Award winners.

Sienna Allen

DO Candidate, Class of 2025

Matched into the University of New Mexico Family Medicine Residency Program (Albuquerque, NM)



I've known that I wanted to pursue Family Medicine long before I began medical school. My own family physician combined with my rural family background played a significant role in inspiring me to pursue a career in medicine. As I progressed through my third-year rotations, my passion for Family Medicine only deepened. I discovered that I craved the intellectual demand of being well-versed in several different areas of medicine and having the emotional span to truly get to know the person and family behind the problem list.

I had the privilege of participating in several intensive Family Medicine sub-internships, including one at a rural institution in Madras, Oregon. This experience was especially meaningful because much of my extended family lives in rural communities. Growing up, I witnessed firsthand the impact of limited access to care and the challenges posed by low health literacy. This exposure solidified my professional goal of providing excellent patient education, comprehensive care, and performing a wide range of in-office procedures to bridge the gaps created by the scarcity of specialists in rural areas.

My rural medicine rotation was a transformative experience, allowing me to see what a career embracing full-spectrum care could look like. I found great fulfillment in navigating between the hospital, and community clinic, and offering continuity of care for obstetric patients. With all of these experiences, I am confident that Family Medicine is the ideal path for me to combine my diverse interests. I am eager to make a lasting impact in this field and to contribute to the communities that have shaped my perspective on health care.

Daniel Trinh

DO Candidate, Class of 2025
Matched into Family Medicine
Residency at Providence Oregon
Family Medicine Residency
(Milwaukie, OR)



My passion for Family Medicine comes from its unique ability to foster deep, long-term relationships with patients. I am drawn to the holistic approach, where understanding each patient’s values and life circumstances is integral to delivering personalized care. In Family Medicine, trust and compassion are not just important—they are transformative, empowering patients to actively engage in their health. This specialty offers the chance to guide people through all stages of life, blending clinical expertise with genuine human connection, and that is what inspires me to pursue it. Growing up with immigrant parents, I have firsthand experience with how important effective and inclusive communication is for patient care, assisting my parents with interpreting.

The impact of clear and individualized communication became a recurring theme throughout my medical training as well. Inspired by incredible leaders and mentors in my life, I found

myself gravitating to teaching and mentorship opportunities. As an osteopathic manipulative therapy (OMT) teaching fellow in medical school, I fell in love with helping students understand difficult topics. Growing up in a bilingual household, breaking down concepts in one language and translating them into another was a skill I had to develop from a young age. As family

physicians, we are at the frontlines of health care, where effective communication is particularly essential. We have a unique opportunity to equip patients with the tools to make informed decisions for their own health. Establishing rapport and building trust with patients sits at the foundation of this mission in Family Medicine.

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Match Day 2025:

Addressing Oregon's Primary Care Challenges Through Family Medicine

Each March, medical students nationwide experience a pivotal moment in their careers:

Match Day. This day determines where they will undertake their residency training, setting the stage for their future in medicine. For those entering family medicine, this day signifies a commitment to providing comprehensive, continuous care to individuals and families through every stage of life. The role of family medicine physicians is increasingly vital in today's health care landscape, as accessing primary care continues to be challenging.

The Critical Role of Family Medicine

Family physicians are the cornerstone of effective health care systems. They offer a broad spectrum of care. Managing everything from preventive services to chronic disease management. This comprehensive approach has been linked to improved health outcomes and reduced health care costs. Studies have shown that better access to primary care providers leads to enhanced management of chronic conditions and increased life expectancy.

Moreover, family physicians play a crucial role in addressing health disparities by serving diverse populations, ranging from metropolises to rural communities. Their ability to build long-term relationships with patients fosters trust and encourages proactive health management, while emphasizing holistic and patient-centered care.



Family Medicine Match Statistics for 2025

In the 2025 National Resident Matching Program (NRMP), family medicine maintained a significant presence:

- **Positions Offered:** 5,379
- **Positions Filled:** 4,574 (85% fill rate)
- **Oregon Health & Science University (OHSU):** The M.D. Class of 2025 achieved a 100% residency placement rate, reflecting the institution's commitment to producing well-prepared physicians ready to address the state's healthcare needs.
- **Western University of Health Sciences COMP-Northwest:** This osteopathic medical school also celebrated a 100% match rate, with 57% of graduates entering primary care specialties, many in family medicine.

While the overall fill rate remains robust, the slight decline in U.S. MD seniors matching into family medicine underscores the need for continued efforts to attract medical graduates to this essential field. These outcomes demonstrate a dedication to strengthening the primary care workforce and addressing the health care needs of Oregon's diverse populations.

Oregon's Primary Care Landscape

Oregon faces significant challenges in its primary care workforce. Many communities, particularly in rural areas, are experiencing shortages of primary care providers. This is leading to difficulties in accessing timely and comprehensive care. The Oregon Health Authority has identified multiple regions as Health Professional Shortage Areas (HPSAs), highlighting the uneven distribution of health care professionals across the state.

This shortage not only affects patient access but also contributes to increased workloads and burnout among existing providers. Excessive administrative tasks and high patient caseloads have been

cited as factors leading to job dissatisfaction and attrition among primary care physicians in Oregon.

Match Day 2025 highlights both the achievements and the ongoing challenges within family medicine, particularly in Oregon. As the state grapples with primary care shortages and the need for equitable health care access, the role of family physicians becomes ever more critical. Continued support for family medicine education and practice is essential to ensure that all Oregonians receive the comprehensive, patient-centered care they deserve. We need family physicians to let primary care work!



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Congratulations to Our Incoming Oregon Residents

The following individuals have matched into one of Oregon's nine family medicine residencies. We will provide you with more information in an article in the Summer edition.

AVIVA Health Roseburg

Navkiran Aujla, DO

Conor Davenport, DO

Robert Green, DO

Kevin Horton-Schleicher

Marissa Krager, DO

Katelyn Michelsen, MD

Mariya Mohiuddin, MD

India Peter, DO

OHSU Cascades East

Liana Bloom, MD

Jessica Couch, MD

Sam DeFreese, MD

Ben Fairbanks, MD

Monika Gabriele, MD

Bret Gilbert, MD

Rachel Kelsall, DO

Alma Martyn, MD

Devin Rojas, MD

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Ireland School of Medicine

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of Health Sciences College of
Osteopathic Medicine

Trinity School of Medicine

Windsor University of
Medicine - St. Kitts and Nevis

Philadelphia College of
Osteopathic Medicine

Washington State U. Elon S.

Floyd College of Medicine

OHSU School of Medicine

OHSU School of Medicine

University of Texas

Southwestern Medical
School

Geisel School of Medicine at
Dartmouth

OHSU School of Medicine

Pacific Northwest University
of Health Sciences College of
Osteopathic Medicine

Creighton University School
of Medicine

OHSU School of Medicine

OHSU Hillsboro

Angelo Lorenzo Calinga, DO

Kara Cheung, MD

Emily Clarke, MD

Nikia Evans, MD

Dean J. Hendrix Dante, MD

Joshua L. Huseby, MD

Dani Rietze, MD

Anelise Slepko, MD

OHSU Portland

Alexa Ariazi, DO

Elise Byers, DO

Ceili Charley, MD

Carol Newton, MD

Olivia Nyberg, MD

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Camille Rosson, MD

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Mitra Shokat, MD, MPH

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School of Brown University

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Touro University College
of Osteopathic Medicine -
California

Providence Hood River

Owen Lewer, MD

Tazle Markovich, MD

Loyola University Chicago
Stritch School of Medicine
University of Washington
School of Medicine
(Wyoming)

Providence Oregon

Angela E. Geiger, MD

Andrew Nelson, DO

Jordan A. Phillips, DO, JD

Molly E. Sibony, MD

Armin Takallou, MD

Daniel Trinh, DO

(Eric) Hong Ki Yoon, DO

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the Pacific Northwest
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Alan Goering, DO

Jesus Gordon, MD

M. S. "Suzzie" Gonzales, MD

Ihuoma Igwilo, MD

David Jeffrey, DO

Anthony Li, MD

Manoj Sain, MD

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Family physicians, family medicine residents, and medical students are busy people. However, each year, several of our Oregon members sacrifice free time with their families to improve the health and well-being of Oregonians by volunteering their time, talent, and treasure to the Oregon Academy of Family Physicians, the Oregon Residency Collaborative Alliance for Family Medicine, and the Oregon Academy of Family Physicians Foundation. Join us in thanking them for their service.

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