



Family Physicians of Oregon

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Family Physicians of Oregon

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About the cover:

Dr. Gary Plant and his family at their home in Madras.



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MAKING HEALTH PRIMARY

EDITION 54

• PRESIDENT'S MESSAGE



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

Greetings from your new president of the OAFP. My induction as President took place under unusual circumstances this year. Due to COVID-19 our annual meeting was cancelled and instead, our Congress of Delegates was conducted virtually. I will take this opportunity to introduce who I am and how I got here and where we hope to go.

My first memories of the practice of medicine were helping my dad (a GP in the Los Angeles suburbs). I would often go after hours to his office and help him when he placed sutures. I remember meeting an ambulance that came from the beach with a surfer who had dislocated his shoulder. We laid him down in the waiting room and both of us pulled on his arm with a foot in his armpit until we felt his shoulder pop back into place (and heard the surfer's sigh of relief).

I worked through college as an orderly in an operating room, learning the instruments and later becoming a scrub tech.

I was considering a career as a surgeon and learned a lot about surgery. However, I was taught more from the OR staff about how not to behave as a physician.

After working in the OR, I attended Keck School of Medicine at USC. I enjoyed surgery (although the working zombie lifestyle for residents was not appealing) but also liked obstetrics, pediatrics, and medicine. Someone suggested that I pursue Family Medicine but I was uncertain a full spectrum practice was a possibility in the late Seventies. I was told that if I was accepted into the right residency, full spectrum practice would be possible.

During my residency at Ventura County Medical Center (VCMC), I performed my first delivery in the room in which I was most likely born during my father's residency.

After completing residency, I set up a solo practice just down the street from VCMC. I was doing what I had set out to do - full spectrum family practice, including OB and C-sections, along with assisting local surgeons.

How did I get from sunny California to Grants Pass and then to be the President of the Oregon Academy of Family Physicians?

While practicing in Ventura, I met a lovely ER nurse, who would become my wife. Katherine was from a small town

and was intent on raising our children in an atmosphere more conducive to family life. Having been raised in Los Angeles, I thought that Ventura was a small town with only 100,000 residents. As we started our search, we were recruited by a group in Oregon. After working in Ventura for ten years in a solo practice, both Katherine and I were hired by the local hospital in Grants Pass. It was nice going from a solo practice to being employed in a group practice. Over the years, our office grew to employ five family physicians. Around the year 2000, Asante purchased the hospital and decided that it was no longer in their interest to be employing physicians and set us out on our own. We are now a physician-owned group practice.

We have been in Grants Pass for 26 years, and practice has definitely changed during that time. I went from a solo practice with paper charts and billing to our clinic being early adopters of the EMR. We have been part of an IPA that has been supportive of private physicians, and have been in a capitated practice for our OHP patients for over twenty years. We were ahead of the curve in adopting the advanced payment methods like those recommended by AAFP for those OHP patients. Our practice was the first in the state to be a Primary Care Medical Home (but not the best, I think that honor goes to Winding Waters in Enterprise, led by **Dr. Liz Powers**). We have also participated in Medicare's CPC plus program for the last number of years.

The thinning gray hairs on my head are a testament to these and many other changes in medicine (especially from the side of management) over the years. For twenty years, my practice was full spectrum. About fifteen years ago, our group decided to drop obstetrics as the number of OB providers in our community increased and our delivery numbers decreased. We have been trying to continue inpatient care.

Around six years ago, I was asked to be on the OAFP Board of Directors. I kept pushing back as I am not a fan of politics. What I have found since being on the Board is that we try to influence the politics of practicing medicine, and that is clearly important. My perspective as a physician from Grants Pass is really important as OAFP tries to represent all types of physicians from around the state on their board.

I have been very impressed with the OAFP's work around payment reform for primary care. We are also very involved with encouraging family medicine education and residencies in Oregon with our support of the newly formed Oregon Residency Collaborative Alliance for Family Medicine (ORCA-FM). We even have medical student representatives from both OHSU and COMP-Northwest actively engaged on our board.

Fast forward to April 2020, when I stepped into the role of President of the OAFP Board of Directors. We are in the midst of a crisis for family medicine – the COVID-19 pandemic. Practices around the state are facing major challenges to survive. Patient visits have dropped steeply, but the job of continuing to manage the health of our communities continues to be a priority.

As family physicians we are like pleomorphic stem cells, able to come from a common training to take many roles in practice. Some of us are practicing full spectrum family medicine, some specializing in hospitalist or ER practice. Many of our public health officers around the state are family physicians, and some are educators. We are all playing a role in this

present crisis. Despite the hardships, this has become an opportunity for change.

We have seen the hope of telemedicine become a reality within a week's period. OAFP is working tirelessly (thank you **Betsy Boyd-Flynn**, Sam Barber and the Commission on External Affairs) with state agencies to make sure that primary care providers' training and experience is used to help quell the COVID-19 outbreak. There are many with a Master of Public Health degree in our ranks, and many of our practices already employ community health workers that can work with public health officials in the tracking and tracing efforts underway.

We have long been pushing for payment reform (value-based capitated systems) and suddenly the crisis has brought this to the forefront. I am hopeful that we will find the right path to coming out stronger on the other side of this challenge. Every piece of what OAFP does helps us build toward that goal; as you can see from my ramblings above, that's a lot.

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• GREETINGS FROM THE OAFP



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

I am hard-pressed, as I'm sure many of you are, to remember a time of so much upheaval. The impact of the COVID-19 pandemic continues to ripple across Oregon, with new cases each day hovering around 200 statewide. Many counties have moved into "Phase 2" of the Governor's reopening plan.

As I write, OAFP staff have been working from their homes for more than three months. Multnomah County has only very recently entered "Phase 1" of its economic reopening plan, and COVID-19 cases are surging in several rural communities that had been spared in the early months of the pandemic.

Our community is wracked by another kind of upheaval, as well, with ongoing protests and demonstrations in cities and towns across the country that are trying to reckon with the urgent need to dismantle the structures of racism that have stood for too long. Family physicians have long recognized the unequal impact of social determinants of health, and health disparities for Black, Indigenous and people of color. The OAFP Board and President issued a statement on June 4 condemning racism and pledged to do its part to right the wrong.

The statement read, in part: "We are committed to continual education on these issues to help our members take ever-better care of their patients and communities. Through our policy-making, our advocacy and through our work in coalition, we will use our organization's platform and voice to advance the cause of equity and take action against racial injustice." You can read the entire statement online at OAFP.org.

The OAFP Commission on External Affairs put those words into action in late June, issuing testimony in support of two bills proposed during the special session that seek to stop the use of tear gas as a crowd control tool, and choke holds as a policing tactic.

Meanwhile our advocacy efforts have been manifold. We have been focused on helping to sustain family physicians' practices and arguing for a move away from fee-for-service medicine and toward alternative payment methodologies that include capitation to reinforce clinic stability. We support the potential collaboration of primary care practices and local public health authorities to care for patients who might be

diagnosed as COVID-19 positive, or who might be contacts of positive patients. We also helped shape telehealth payment parity legislation, working to extend the term during which parity would be recognized as long as possible. Finally, we weighed in on the collection of Race, Ethnicity, Language and Disability (REALD) data as part of the COVID-19 response, urging legislators to take an approach to gathering this data that is measured and supports clinics in the transition to implementing the workflow to collect that data.

Regular work for the OAFP continues. As we reported in the last issue, we made the difficult decision to cancel our in-person annual meeting, but held a successful Congress of Members anyway, and the Congress approved seven resolutions (see p. 26).

Meanwhile, the AAFP has canceled or converted to virtual events for several of its meetings, including the National Conference of Constituency Leaders, the National Conference of Family Medicine Residents and Medical Students, and the Congress of Delegates. It is impressive to see the organization work so quickly to be nimble in how they respond to changing circumstances, and we are watching carefully for lessons in how to offer robust online meetings in case limitations on gatherings last into the spring of 2021.

To help members continue to engage with OAFP and keep their CME current, we are planning to offer several CME activities virtually through the summer, including a virtual KSA on August 15, and selected free one-hour sessions from the Annual Conference in July, August, September and October.

[PS: Included with this magazine is information about a readership survey to help us better understand the value this magazine brings to you. Please see p. 27 for information about our online survey. We would greatly appreciate your feedback.]

Stay safe, healthy and informed.

A handwritten signature in black ink, appearing to read "Betsy", written in a cursive style.



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"Learning about individuals' paths, I have really found profound beauty and empowerment in the diversity within our school."

-Laura Roberson PNWU Class of 2022

FOUNDATION NEWS



BETSY BOYD-FLYNN, OAFP/FOUNDATION - EXECUTIVE DIRECTOR

We would like to thank Katie Kolonic, DO for her many years of service as President of the foundation. Katie has decided to step down to spend more time with her family. We wish her the best of luck.

We would also like to welcome the following individuals to the OAFP/Foundation Board of Trustees.

Gina Martin, MD (Sweet Home)
Rick Moberly, MD (Portland)
Amy Wisner, MD (Portland)

Despite having to hold our auction online, we were able to raise almost \$17,000 this year for the foundation. Some of the donations came in from annual donors, many were from paddles raises, auction donations, and purchases. We are also thankful for many of you who donated your conference registration fees. We received many gifts-in-kind for the auction, some of which were unable to be used due to the pandemic, but we still thank all of our donors. I was quite worried about baking a pie, and now I have another year to improve my baking skills or figure out something else creative to do.

THANK YOU TO THIS YEAR'S DONORS

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Kristin Miller, MD, FAAFP (Grants Pass)

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New Deal Distillery (Portland)

Northwest Children's Theater & School (Portland)

Nothing Bundt Cakes Tualatin (Tualatin)

Oaks Park Association (Portland)

Oakshire Brewing Company (Portland)

Open Door Community Health Centers (Arcata, CA)

Oregon Bach Festival (Eugene)

Oregon Contemporary Theatre (Eugene)

Oregon Museum of Science & Industry (Portland)

Oregon Shakespeare Festival (Ashland)
Justin Osborn, MD (Portland)
Janet Patin, MD, FAAFP (Gresham)
Daniel Paulson, MD (Eugene)
 Pendleton Round Up (Pendleton)
 Pittock Mansion Society (Portland)
Gary Plant, MD, FAAFP (Madras)
 Portland Center Stage at the Armory (Portland)
 Portland Japanese Garden (Portland)
 Portland Opera (Portland)
 Portland Spirit (Portland)
 Portland Winterhawks (Portland)
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Thank you all for your generosity and thoughtful gifts. Our Oregon medical students and Family Medicine residents are very appreciative of your dedication to their pursuit of becoming the future generation of Oregon family physicians.

If you are interested in contributing to the OAFP/Foundation with time, treasure or talent, please send an email to foundation@oafp.org. We look forward to hearing from you.

Thank you to Regence Health Plans for their sponsorship of this year's Virtual Annual Congress of Members. Their generosity and dedication to Oregon's family physicians is greatly appreciated.



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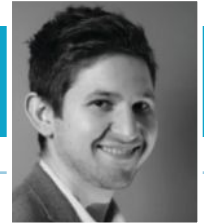
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• PUBLIC POLICY AND LEGISLATIVE AFFAIRS



SAM BARBER, LOBBY OREGON - OAFP LOBBYIST

As the pandemic continues into July, policy concepts that had significant barriers to implementation are quickly gaining traction in policy circles and the legislature. Payment parity for telemedicine has been introduced in the legislature a number of times in varied forms, but never gathered enough support to pass. But in the short span of four months, broad support for the adoption and continued use of telemedicine has emerged.

First came the Insurance Commissioner's guidance to commercial carriers to reimburse at an in-person rate. Now, with the 2020 First Special Session set to begin next week, legislators are considering passing a statutory mandate through the end of the year. The OAFP is supportive of broad parity legislation in the short term to ensure you can serve patients where they ought to be served, rather than where you can get paid. As **Gary Plant, MD, FAFP** from Madras put it, "About 50% of our visits are currently being conducted by video or telephone in order to reduce foot traffic (i.e. exposure) through the clinic and reduce PPE use (we are requiring everyone to wear a mask). Only the patients who truly need to be seen face-to-face are entering the building. It has been eye-opening to realize just how much care can be appropriately conducted over the phone or by video."

Long term, we are concerned about the trend toward on-demand virtual providers and how telehealth payment parity should be about improving patient health. And while on-demand virtual providers may be well equipped to deal with acute health issues, the OAFP is dubious about their ability to improve longitudinal health. We will be advocating for sideboards on telehealth payment parity that support the provider-patient relationship over acute care.

Broader adoption of capitated payment models is gaining traction as well. Representative Rachel Prusak (D-Tualatin) led stakeholders in the first meeting of the Universal Access to Primary Care Workgroup this June. That group will continue to meet monthly to develop recommendations for the House Health Committee to consider during the 2021 session. During the first meeting, workgroup members repeatedly spoke about:

- Statewide payment reform that includes widespread adoption of value-based payments, use of capitation among all payers for primary care reimbursement; long-term transition to population-based payment system regardless of payer source/type
- Service delivery expansion using information technology to offer services outside of physical clinic sites
- Maintaining telehealth coverage and reimbursement across payer types post-COVID-19
- The need to support rural providers, hospitals, and communities with stable financial models
- Workforce needs and challenges among Oregon's public health system and how to integrate public health into primary care and make primary care attractive for health care professionals
- The need to standardize health insurance benefits across all payers (more uniformity)

Members also identified challenges related to COVID-19:

- Potential transition of large numbers of commercially insured to Medicaid, which negatively affects current reimbursement models for both payors and providers
- Gaps in coverage and care continuity for individuals that transition coverage due to COVID-19 related issues

In the last issue I wrote about how COVID-19 has highlighted the vulnerabilities of our payment structure. Equally concerning is that the pandemic has amplified systemic inequities in health outcomes among communities of color, the elderly, and other groups historically deprived of sufficient access to care. While addressing these issues has long been a priority for policymakers, the pandemic has clearly provided a new sense of urgency. As organizations and policymakers seek to address these disparities and vulnerabilities, I am hopeful that this work can provide some of the answers.

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Gary Plant, MD, FAAFP Named OAFP 2020 Family Doctor of the Year

Dr. Gary Plant, a family physician from Madras, was recognized by the Oregon Academy of Family Physicians as the 2020 Oregon Family Doctor of the Year on April 25 during the

organization's annual meeting, which was held virtually.

Dr. Plant was honored for contributions to his practice, his local community, and his profession. Dr. Plant is the Oregon Junior Delegate to the AAFP Congress of Delegates and a member of the OAFP Board of Directors. He has been practicing family medicine in Madras for over fifteen years and is the senior partner of Madras Medical Group, a physician-owned family medicine practice in rural Central Oregon.

Dr. Plant grew up in the rural community of Philomath, Oregon and had early exposure to strong mentors in family medicine. "My own family physicians growing up—Drs. David Cutsforth and **David Grube**—were also close family friends. Their kids were my classmates, and I saw how a physician could be more than just a doctor, but an important part of the community." Dr. Cutsforth, Dr. Grube, and their partner, **Dr. Bruce Byram**, were each chosen previously as Oregon Family Doctor of the Year. "Apparently I grew up with three of the best," laughed Plant. "I would like to think that one of my own patients might go on to become a Family Doctor of the Year someday."

Dr. Plant graduated Summa cum laude from the Robert D. Clark Honors College at University of Oregon with a BA in Music and Chemistry. He attended medical School at James H. Quillen College of Medicine at East Tennessee State University where he participated in the Rural Primary Care Track. After completing his residency at ETSU Family Physicians of Bristol, TN, he returned home to Oregon.

Dr. Plant's contributions to the profession of family medicine are many. In 2004, he was awarded the Resident Teacher Award for Commitment to Family Medicine Education. During his time in Tennessee, he was a delegate to the National Congress of Student Members, and a Resident Member of the AAFP. Recently his practice was recognized as the 2019 runner-up Primary Care Clinic of the Year by the Central Oregon Independent Practice Association.

As a family physician, Dr. Plant provides a broad scope of family medicine, including inpatient and outpatient care, maternity care with C-sections, upper and lower endoscopy, and numerous office-based surgical procedures. He has been a volunteer faculty member with Oregon Health & Science University since 2004, teaching numerous third- and fourth-year medical students and second-year physician assistant students with educational experiences in rural primary care. His precepted students describe him as motivational, dedicated, approachable and highly informative. He is an outstanding role model and friend who does not hesitate to fully engage his students in the complexities, trials and tribulations of practicing medicine in a rural community. He has inspired many students to follow his path into rural family medicine.

"Students love the breadth of medicine and continuity of care they get to see here in Madras," he explained. "Some of our students will deliver more babies in Madras than they will on their OB rotation. Then, they see those babies back in the clinic the next week and see how caring for mom and baby are all intertwined."

His colleagues and staff remark that his dedication to improving the lives not only of his patients, but the lives of everyone with whom he comes into contact is unsurpassed. He goes above and beyond to make sure that his colleagues are up to date and current with the latest medical trends, equipment, and regulations. He works tirelessly to ensure that his patients receive the very best medical care and always has time to help them improve their quality of life.

The Family Doctor of the Year is selected from among excellent family physicians across the state, each of whom has been nominated with support of colleagues, practice staff, and patients. For Dr. Plant, his colleagues were effusive in their praise, using words such as "compassionate", "unsurpassed attentiveness", "dedicated", and "an excellent communicator and wordsmith." Dr. Plant has been described as "very ethical ... a positive role model to the community of Madras."



Dr. Plant is a die-hard Ducks fan.



Madras Medical Group staff.

Because social distancing prevented the customary celebration bestowed upon the OAFP Family Doctor of the Year, Dr. Plant was regaled with a video of congratulations by members of his church community, patients of Madras, colleagues around the state, and former students. His family snuck into his home office to enjoy his expression as the award was announced.

"It was a wonderful

surprise to be recognized by my colleagues from around the state," said Dr. Plant. "Family medicine is about teamwork, relationships, and caring for families within a community. The fact that nominations for Family Doctor of the Year come from patients in the community makes the award that much sweeter."

Dr. Plant describes himself as a family doctor and a family man. He is passionate about his role as a husband and a father. His wife Jill teaches music and band at Warm Springs K-8 Academy and serves as deacon at Madras United Methodist Church. Their three teenage children, Emily, Justin



(From left to right:) Gary, Justin, Amanda, Jill and Emily Plant enjoying family time during one of their frequent hikes in the majestic Oregon countryside.

and Amanda are also musicians and members of the family bluegrass band that plays at local functions.

The Plant family enjoys their time together, exploring Oregon's rivers and hiking trails, serving at their church, participating in track meets and running local races, cheering on the University of Oregon Ducks at Autzen stadium, or standing waist-deep in the Deschutes River to catch the native redbside rainbow trout with the fly fishing flies that Dr. Plant crafts at home.

Congratulations Dr. Plant. You are a stellar example of a family man and family physician.



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MEMBERS IN THE NEWS



Eva Galvez, MD was prominently featured in *The New York Times* on May 7 in "For Latinos and Covid-19, Doctors are Seeing an 'Alarming' Disparity" by Miriam Jordan and Richard A. Oppel, Jr. Dr. Galvez practices at the Virginia Garcia Memorial Health Center in Hillsboro and has been instrumental in providing testing and education to the Latino population. She successfully petitioned the state for additional protections for Oregon agricultural workers which went into effect June 1.

Dr. Galvez was also featured in the *Catholic Sentinel* on May 28 in the article "Oregon farmworkers: Vulnerable but not forgotten". As a Mexican-American and the daughter of farmworker parents, she has first-hand knowledge of the conditions that have contributed to the rise of COVID-19 cases in the communities of her patients.



Alex Kipp, MD, FAAFP, a family physician who practices in Portland, was featured prominently in an article on March 28 in the *Portland Tribune*. The article "Oregon's order to support remote health may not be enough for providers" highlights the March 24 state of Oregon order that requires private insurers and OHP networks to support providers who care for patients via telehealth. The OAFP Commission on External Affairs, of which Dr. Kipp is a member, advocated for the directive.



Abdulrahman Rahim, DO, a family medicine resident at Samaritan Family Medicine Residency Program, was chosen to have his research poster "Marijuana and Mental Health" to be presented at the National Conference of Family Medicine Residents and Medical Students. This year's conference will be a three-day virtual event.



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PASSAGES

Members



John E. White, MD

June 30, 2019

Dr. White had a full and interesting life. He travelled extensively and worked as an optometrist in California for fifteen years prior to medical school. While his wife was a foreign correspondent in China for the Philadelphia Inquirer from 1992 to 1996, he lived and worked in Beijing while caring for their children. Dr. White joined Springfield Family Physicians in late 2013. In addition to providing compassionate care for many people over the next six years, he was loved by the staff for his corny jokes and sense of humor. He leaves behind a wife and three adult children, as well as a work family, who miss him.

Colleagues



Vernon D. Casterline, MD

October 16, 2019

Dr. Casterline died peacefully at his home at the age of 102. He was born in Montana and raised in Minnesota by his grandmother. He returned to Montana to finish high school and then moved to Salem, Oregon after graduation. He attended Willamette University and worked part-time as a night orderly at the Salem Hospital. After enlisting in the Army and serving in the Medical Corps, he earned his medical degree at OHSU. In 1950 he opened his general practice, becoming Keizer's first Doctor. He married Jeannie Ryser and together they raised five children. After his wife's death in 2002, he married Geri Swope in 2006. They enjoyed twelve years together. He is survived by his five children, seven grandchildren and four great grandchildren.



Paul R. Munson, DO

March 31, 2020

Born in Klamath Falls, Dr. Munson attended Central Washington University after graduating from Klamath Union High School. Following graduation from Kirksville College of Osteopathic Medicine, he practiced family medicine in Estacada, Monmouth and Dallas, Oregon. He married Patricia Graham in 1959 and they divorced in 1997. In 2005, he married Rosalie Smith. He was an active member of the community, participating in the Rotary Club, Chamber of Commerce, Independence Elks Club, and Faith Lutheran Church. He loved sports and music and liked to dance. After retirement, he spent winters in Arizona. Dr. Munson is survived by his wife, five children, sister, seven grandchildren and one great grandchild.



Charles (Chuck) M. Pyfer, MD

May 21, 2020

Born in Iowa, Dr. Pyfer attended Simpson College followed by the University of Iowa Medical School. After completing his residency at Sacred Heart Hospital, he never left Oregon. He was a founding partner of the River Road Medical Group. In 1962, he married DoRae Cougill and raised three daughters. He was drafted in the US Army in 1968 and spent two years at Walter Reed Hospital, achieving the rank of Major and acquiring a residency in Radiology. His son was born during this time. In 1981, he met and married his current wife, Kathy Wallin. Her son joined the active family. When not practicing medicine, the Pyfers could be found skiing, biking, playing tennis and golf. He and Kathy were fortunate to have travelled the globe together. His career was cut short in December 1999 when he suffered a stroke. Luckily, he was able to maintain his active lifestyle for many years. Dr. Pyfer will be remembered for his wonderful jokes, adventurous nature, and love of his family. He is survived by his wife Kathy, three daughters, two sons, and ten grandchildren.

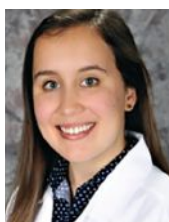
Roseburg Family Medicine Residency Welcomes Inaugural Class



CHIP TAYLOR, MD, MPH, FAFPP
ROSEBURG FAMILY MEDICINE RESIDENCY – RESIDENCY PROGRAM DIRECTOR

Rural, but not frontier, is how I describe Roseburg. Like most rural communities our population is older, sicker and poorer than their urban counterparts. Douglas County ranks twenty-ninth of thirty-five counties for health outcomes in the 2020 Robert Wood Johnson Foundation report. Scarcity of quality primary care is a significant factor in these poor health outcomes.

Four years ago, I was recruited to explore starting a family medicine residency and this July, our first class of eight residents began training. It has been a long and arduous journey. The community's response to the arrival of our residents has been overwhelmingly positive. They see that the residency will improve access to primary care and they know what this means for their personal health, for the health of Douglas County and the future health of rural Oregon. Our incoming residents are a diverse group of dedicated physicians with a wealth of life experiences. All are dedicated to family medicine, the care of the rural underserved, to lifelong learning and to personal growth. Allow me to introduce our inaugural class of residents:



Amal Alyusuf, MD, MPH graduated from Arabian Gulf University College of Medicine and Medical Sciences in Bahrain. She completed an ophthalmology residency in Bahrain before fleeing due to political unrest. Amal completed her MPH at George Washington University. She loves to read, write poetry, hike, swim and, above all, spend time with her husband and her three children.



Gabrielle Kelly, MD is a native Oregonian who graduated from Oregon Health Sciences University. She completed a general surgery internship and is excited to return home where she can enjoy distance running, baking sourdough bread, backpacking and camping. She looks forward to exploring the North Umpqua Trail and starting a garden.



Seemal Kumar, MD, MPH was born in Fiji and grew up in the Central Valley of California. She graduated from St. George's University School of Medicine where she met her fiancé who is also a family physician. Both she and her fiancé are committed to building strong patient-physician bonds and to lifestyle medicine. Seemal enjoys traveling, hiking, biking and boating.



John Melling, MD hails from Burley, Idaho. He graduated from St. James School of Medicine. Growing up in a small town, he is eager to serve in a rural community. He has a particular interest in closing the gap in mental health care. Away from the clinic he loves family time, singing, playing the guitar and piano, composing music and lyrics and looks forward to Music on the Half Shell concerts.



Ashley Sparks, DO grew up in the small town of Yelm, Washington and graduated from Pacific Northwest University of Health Sciences College of Osteopathic Medicine. Ashley intends to be a doctor who is both artful in the practice of medicine and skilled in listening and looking at problems from an alternative point of view. Kayaking, cooking, reading and yoga occupy her spare time when not exploring with her beloved dog.



Christy Sunny, MD graduated from American University of Antigua College of Medicine. She has a passion for serving the underserved from time volunteering in India and Haiti. She wants to focus on education and prevention and is an advocate of lifestyle medicine. Coming from Portland, she looks forward to exploring our community and culture.



Simran Waller, MD, MPH graduated from St. George's University School of Medicine. The granddaughter of a country doctor in India she was raised in Northern California. Simran is married to an internal medicine physician and they have a young daughter with whom she enjoys doing art projects. When not recreating Van Gogh's "Sunflowers" with her daughter she reads suspense novels, hikes and spends time outdoors.



Eric Wong, MD, MPH was born and raised in Hong Kong. He graduated from Ross University. He was inspired by the preventive, cost-effective, and proactive, whole-person integrative approach to health care in Cuba. This motivated him to pursue family medicine.

Eric comes to us from Missouri where he has been caring for an urban underserved population.

Our journey has not been without adversity and overcoming that adversity is one of our greatest strengths. We continue to recruit a strong faculty including two family physicians who have obstetrical fellowship training which

has allowed us to reintroduce family medicine maternity care back to our community after a ten-plus-year hiatus. Transitioning our teaching clinic to Aviva Health, a large federally qualified health center, has allowed us to serve the most vulnerable in our community and to benefit from HRSA Teaching Health Center funding. It goes without saying that providing excellent care to the rural underserved population is integral to the identity of our program as is an ethos of community outreach and action.

Our program is unique because we will have two teaching clinics with residents spending a half-day per week providing continuity care to veterans at the VA Medical Center, Roseburg beginning in the second year of residency. Additionally, we are able to offer residents the opportunity to become certified in Lifestyle Medicine (<https://www.lifestylemedicine.org>), to work intimately with our local coordinated care organization (CCO), Umpqua Health, and our local substance use disorder treatment provider, ADAPT.

New beginnings are exciting – filled with possibility. Our residents, faculty and our community are enthusiastic to fill in the outlines of our new program. For more information about Roseburg Family Medicine Residency you can visit our website at <https://aviva.health/rfmr-index/>.



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• FROM THE HILL



ANTHONY CHENG, MD, OHSU SCHOOL OF MEDICINE – ASST. PROFESSOR OF FAMILY MEDICINE
JENNIFER DEVOE, MD, DPHIL, FAAFP, OHSU SCHOOL OF MEDICINE – PROFESSOR OF FAMILY MEDICINE,
OHSU DEPARTMENT OF FAMILY MEDICINE - CHAIR
ERIC HERMAN, MD, OHSU – CHIEF PRIMARY CARE AND POPULATION HEALTH OFFICER

How OHSU's COVID-19 Hotline Helped Patients and Clinicians Statewide

In March 2020 as hospitals began preparing for and responding to the spread of COVID-19, Oregon Health and Science University's primary care team realized three things:

- 1. Oregonians would have questions and concerns about novel coronavirus.** Most people infected by the virus would not need to go to a clinic, an emergency department, or a hospital, but they would need advice and answers. And they would want personalized information from a primary care clinician or educator.
- 2. The demand for information would likely overwhelm primary care providers, making it difficult for them to continue to care for their patients, families, and communities.**
It may also cause thousands of mildly sick but contagious people to seek care at primary care clinics, urgent care, and emergency care sites who could be treated more appropriately with telemedicine services.
- 3. Finally, other primary care teams would need help to transform care and manage novel coronavirus on the frontlines.¹**

So, OHSU fast-tracked the development of the Connected Care Center, a statewide "hotline" staffed by clinical, educational, and operations experts assisting primary care practices – and all Oregonians – seven days a week. The Connected Care Center rolled out in three phases.

Phase 1

On March 30, OHSU launched the hotline (1-800-OHSU-CCC) to all of its patients via MyChart. Patients calling any of the hospital's ambulatory primary care and specialty clinics had the option to be directly routed to the COVID-19 hotline, where they would speak with a trained triage nurse who could

"The first week in March when we started getting calls, it was nonstop. It felt stressful and I would have a sore throat at the end of the day from talking so much."

—Sara Kersey, Family Medicine RN

"[The Inquiry Group provides] a valuable and reliable resource for patients and practitioners with easy-to-access resources. It also enhances medical student learning and teaching in a way that is not often done in a clinical setting. It felt good to know that even though clerkships were cancelled, I was still serving a purpose bigger than myself."

—Asma Lofti, MD Candidate, class of 2021

provide medical advice to patients with clinical symptoms, schedule virtual care, refer to a mobile testing site, refer to a social worker, or refer to the emergency department. (Bonus: Telehealth with nurses, doctors, and advanced practice providers allowed health care professionals who were high risk, self-isolating, or under quarantine restrictions to contribute from home.)

Test results from the OHSU Mobile Testing Sites were also managed by the hotline nurses, who called each patient with their results and provided education. An average results call lasted 30 minutes. For those patients with a positive result, each patient received three to four calls from the nurse to re-assess symptoms.

The OHSU School of Medicine COVID Inquiry Group was also founded at this time.² A group of faculty, students, and residents tackled the many questions arising from statewide sources, including Project ECHO, to create a bank of frequently asked

“Just spent 20 minutes on the phone with a rural family doc in Gold Beach. Felt like a real gift to help him out and listen to his story about practicing in rural Oregon and the very real struggles of a rural hospital and a rural practice. They’ve only had four cases and he is working through how to deal with them. We had a good discussion about dealing with an asymptomatic patient.”

—**Timothy Joslin, MD**, Family Medicine Medical Director

“We have our daughters and our grandsons over on occasion. I would just die a thousand deaths if I got the virus and passed it to my family. It’s important to me that everyone be tested. It really relieved a lot of stress for me... it just relieved my mind to know that I wasn’t going to give anybody the virus.”

—Patient surveyed after calling the hotline

questions and to ensure that the hotline was operating on the most up-to-date science.

Phase 2

In Phase 2, a central email, website, and telephone consult line was made available to primary care and specialty practices across the state of Oregon. Clinicians could email, page, or call an ambulatory care COVID-19 MD consult team with questions about symptoms, management of chronic medications, testing, and other timely concerns. The Connected Care Center also provided practice operation guidance and logistical advice on technology, workflows, cohorting patients, rotating staff, setting up drive-through testing sites, and more.

Meanwhile, OAFP reached out to family physicians across the state, polling them on their willingness to participate and their availability to take on new patients for testing and care. This allowed the Connected Care Center to direct patients to local providers connected to statewide resources.

Phase 3

On April 15, the hotline was expanded and made available for all Oregonians to call and get advice from OHSU. Patients requiring a visit were referred to their primary care physician, to regional practices open to new patients, or to OHSU immediate care clinics. COVID-19-related care was provided free of charge. Partnerships were formed with the Oregon Health Authority as a COVID-19 Healthcare Partner Resource and with the Portland Metro Emergency Response Coronavirus Checker online tool, c19oregon.com.

“Being part of the Inquiry Group was so helpful when caring for patients directly, who all had similar questions. I was able to help weed through all the noise to find evidence-based answers. I’m also the Oregon representative to the American Association of Nurse Practitioners, and was able to support folks in other states with answers to their questions. I like to think this group helped make Oregon (and maybe even the nation) a bit stronger.”

—**Laurel Hallock-Koppelman, NP**, Family Medicine Richmond Clinic

Results so far

Today, the Connected Care Center is a resource for the entire state, having fielded patient calls from 33 out of 36 counties in Oregon. Researchers from OHSU Family Medicine and the Center for Health Systems Effectiveness have been measuring the effectiveness of the hotline. Since launch, the OHSU Connected Care Center has taken over 5,825 calls (as of June 1) from patients and providers, and call volumes remain steady. In a survey of callers:

- 86% said they got their questions answered during the call
- 90% said they would recommend this service to a friend or family member
- 70% said the conversation improved their stress level about coronavirus

Our teams have discovered that patients want personalized information about whether or not to get tested, where and how to get tested, the cost of testing, and what to do if they test positive. The hotline provides them with all of this information and more.

With this work, OHSU has the opportunity to support Oregonians during future pandemic waves, increasing access to primary care and supporting the telehealth transformation. As a next step we are seeking opportunities to reach marginalized populations in collaboration with partners across the state. Thank you to all of our partners at OAFP and across the state who helped us launch the Connected Care Center and share its benefits statewide.

Citations:

1. **DeVoe J., Cheng A.**, Krist A. Regional Strategies for Academic Health Centers to Support Primary Care During the COVID-19 Pandemic: A Plea From the Front Lines. *JAMA Health Forum*. 2020 April 8.
2. **Robinson S.**; Angier H.; Pierce K.; Cheng A.; **Lewis B.**; Thind K.; **Davis E.**; Lotfi A.; **Biagioli F.** Responding to Community Questions During a Pandemic: Development of a COVID-19 Inquiry Group. *Annals of Family Medicine COVID-19 Collection*. 2020 March 28.



RODNEY TANAKA, WESTERN UNIVERSITY OF HEALTH SCIENCES - DIRECTOR OF COMMUNICATIONS

WesternU COMP-Northwest Team Publishes Article on Diagnosing Elderly Joint Pain



(Left to right) WesternU COMP-Northwest graduates and co-authors, Natalia Nakajima, Khristopher Faiss, and Syna Daudfar

A seemingly straightforward diagnosis led to a teachable moment and then a published article and a legacy project.

A team of students and faculty from Western University of Health Sciences College of Osteopathic Medicine of the Pacific-Northwest in Lebanon, Oregon published "Approach to Joint Pain in the Elderly for Osteopathic Providers" in *Osteopathic Family Physician*.¹

During her first year of medical school, COMP-Northwest graduate

Natalia Nakajima, DO'20, examined a 70-year-old patient who started noticing increasing groin, shoulder and low back pain following a trip to Hawaii. The pain was sudden in onset and worsened after long periods of rest. He could not sit or lay down for longer than 30 minutes, otherwise his pain and stiffness significantly worsened. Prior to the onset of his symptoms, he was able to run four miles a day. In the last month, the pain and stiffness had caused him to only be able to walk a mile with a

cane. Nakajima's first thought was he had either degenerative arthritis or autoimmune arthritis.

"But I didn't think this was run-of-the-mill osteoarthritis, even though I wanted to fit him into that box. I didn't know where to go from there," Nakajima said. "I was trying to essentially categorize what this patient had and trying to fill out checkboxes in a sense by categorizing him into whatever joint pathology he had."

She presented the information to her supervisor, COMP-Northwest Vice Dean and Associate Professor of Family Medicine John T. Pham, DO.

"I said, 'Why don't you broaden your horizons just a bit?'" Dr. Pham said. "He was 60-plus year-old man with hip and girdle pain. He was a jogger and now he was basically debilitated."

Dr. Pham encouraged her to develop a differential diagnosis and to ask the question "why?" He also reminded her to use the tenets of osteopathic medicine. She had learned about arthritis and joint and muscle pain in class, but for this case she also needed to consider the patient's history.

"History is telling. Polymyalgia rheumatica is not an uncommon thing. It's less common than arthritis and osteoarthritis, but you have to think

about it," Dr. Pham said. "By looking at the patient's big picture in a very holistic approach to it, that's when she came up with the diagnosis."

Developing a differential diagnosis helped guide Nakajima's follow-up questions with the patient, which led them to the diagnosis.

"I think he's a really good professor," Nakajima said of Dr. Pham. "He encourages us to go into the room with a differential diagnosis, bearing in mind the complaint that a person has. I think that was my first introduction to the important realization of that."

They conducted lab tests, but in the meantime Dr. Pham prescribed prednisone to alleviate the pain. On the second day of treatment, the patient reported complete resolution of his pain and stiffness. The test results confirmed their diagnosis of polymyalgia rheumatica.

"It was a cool project to do with our students," Dr. Pham said. "Seeing what they learn from their pre-clinical years and applying it to a real-life case scenario, and then seeing their light bulbs click is pretty awesome."

This case prompted Nakajima to develop a flow chart to help physicians diagnose patients with joint pain. She enlisted the help of COMP-Northwest classmate Syna Daudfar, DO'20, to help write the article. The two students and Dr. Pham led the project with the other co-authors, including a student from Midwestern University, contributing to writing, editing and peer review of the article.

This was Nakajima's first research project, and she was motivated to highlight how difficult it can be to diagnose joint pain in the elderly population. Daudfar said the project taught him a lot about the elderly population.

"They are significantly different than the normal adult population," Daudfar said. "Just as children are not little

adults, the elderly population is not just older adults. They have their own unique requirements in terms of their health care."

The student authors reviewed a lot of journals and looked into different presentations of joint pain. Mondays were testing days at COMP-Northwest, so after completing the test on a certain system, the students would conduct research for the article that night before delving into the next system.

"I learned to have fun with the process," Nakajima said. "It was really hard. We wanted to take time off after the test, but we realized we had to hunker down. If we wanted something to come out of this we had to put in the time. We had a lot of fun working on it with each other."

The goal of this project is to help family practitioners and others - residents, medical students, and advanced practice practitioners - to approach elderly patients with joint pain appropriately, Daudfar said. And the work continues, with current COMP-Northwest students furthering the research Nakajima and Daudfar started by developing scripts or "cheat sheets" for numerous cases to improve the medical education system.

"COMP-Northwest has the potential to develop legacy projects," Daudfar said. "You start a project and as long as faculty stays consistent and devoted to that project, we can easily hand it down to future medical students to not only extend the topics, but to provide the opportunity for our medical students to be more competitive on the research front when applying for residency."

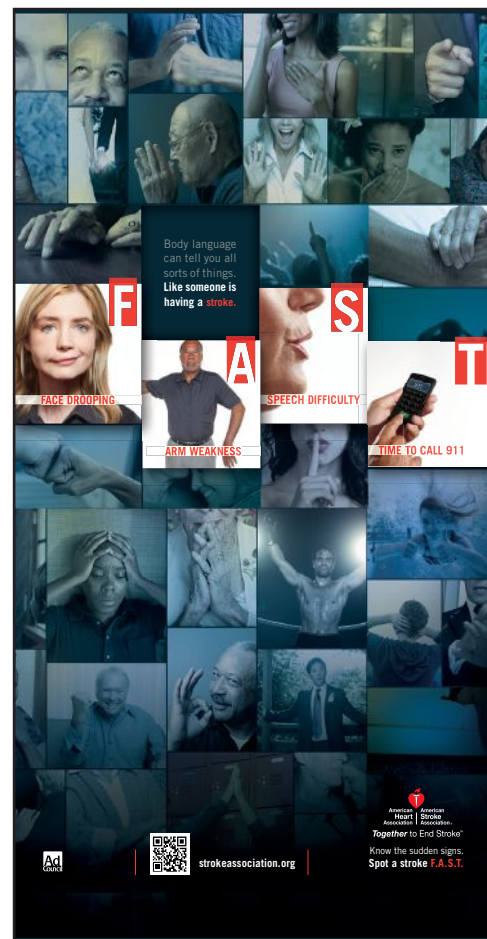
Dr. Pham said his mentors always told him to pay it forward. He mentored Nakajima and Daudfar on this article, and they in turn are paying it forward by handing the project to the next generation of students.

"Residency is very competitive. We have to give our students the

best tools possible to be competitive. Having the opportunity to do research with faculty is a benefit to them," Dr. Pham said. "They are so eager to learn from you and eager to do this work. We need to mentor and support the future generation of osteopathic physicians. That is what we are supposed to do. That is who we are."

Citation:

1. Syna Daudfar, OMS-IV, Natalia Nakajima, OMS-IV, Christopher Faiss, OMS-IV, Luke Tegeler, OMS-V, Jessica Kuo, OMS-III, **Robyn Dreibelbis, DO**, Edward Goering, DO, Emmanuel Katsaros, DO, and John T. Pham, DO. "Approach To Joint Pain In The Elderly For Osteopathic Providers." *Osteopathic Family Physician*, Vol. 12, no. 3, Apr. 2020, pp. 24-28, doi:10.33181/12033. <https://ofpjournal.com/index.php/ofp/article/view/661>



STUDENTS SPEAK OUT!

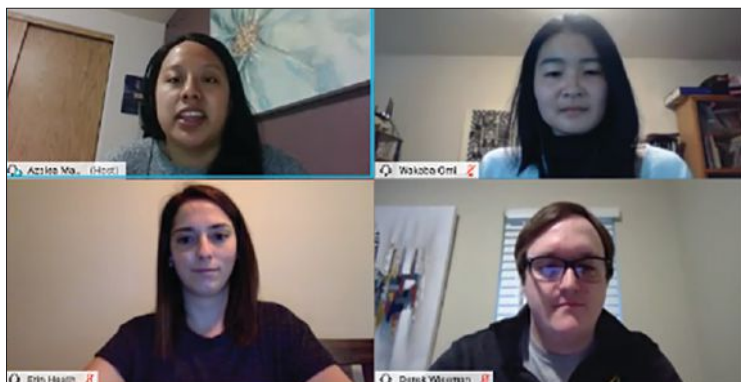
Oregon Health & Science University



Even in the challenging times of COVID-19, FMIG has been able to reorganize and reshape the activities they offer to fellow medical students. Workshop trainings with hands-on, in-person activities have been put on hold, but that didn't stop the Leads from starting a virtual journal club! Addressing both the medical students' curiosities in various medical topics presented in medical journals and videos alike, while also combatting the difficulties of social isolation, FMIG's journal club looks to establish itself as an activity that will outlive COVID-19.

The journal club's first meeting involved a discussion of three papers related to COVID-19: a paper explaining the early stages of vaccine development; a double-blind randomized control trial of the therapeutic medication Remdesivir by a group in Wuhan; and an Op-Ed from the *New York Times* discussing the ethics of using volunteers in vaccine trials. The discussion was lively and thought-provoking! FMIG looks forward to the next meeting in which they plan to discuss the difficulties with, and methods for approaching conversations with non-medical individuals about contentious scientific topics, specifically within the context of COVID and the "Plandemic" video.

On June 18, 2020, FMIG collaborated with Woodburn High School education coordinator, Azalea Martinez, to answer questions students have about medical school and being a doctor in Family Medicine. **Derek Wiseman** (Med 21), Erin Heath (Med 22), **Wakaba Omi** (Med 22), and **Trisha Chau** (Med 23, FMIG co-community outreach chair) were happy to take a break away from studying and help students during the pandemic.



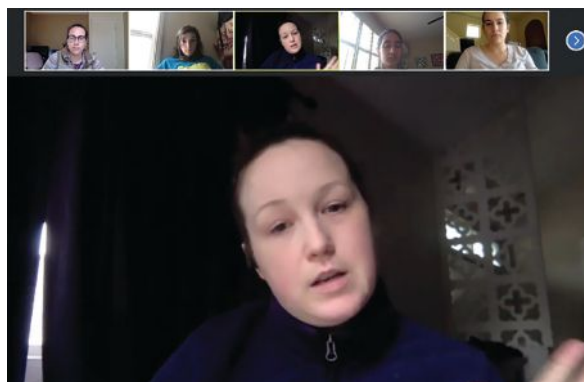
Screenshot from Woodburn High School outreach session

With all clinical activities for medical students (including ward walks led by residents) currently suspended, FMIG has had to find innovative ways to connect students who are early in their medical training with those who are further along. This spring FMIG created a mini-mentorship program for students of Med 23 who are beginning to work on research proposals for their Scholarly Project. These students were paired with past leads of FMIG to help guide them in designing studies and finding faculty advisors for their projects.

FMIG was able to utilize Webex to hold several video-based talks. In early April, FMIG invited immunology professor and OHSU alumna Dr. Jennifer Totonchy to discuss coronaviruses and the implications of the COVID-19 pandemic. In May, Dr. Deborah Fuller spoke about her team's development of a novel coronavirus vaccine. FMIG decided to suspend its previously scheduled talk in early June to focus on discussion of racism in medicine. During an open forum, students were able to talk about their experiences, share resources, and make suggestions for institutional changes. FMIG plans to continue these discussions so that future primary care doctors are better equipped to advance equity in their communities.

FMIG continues to work on their long-term project of launching an initiative aimed at improving the health of immigrant and refugee communities in the Portland area. If realized, the initiative will recruit a select number of medical students from OHSU's incoming class to serve as health navigators to improve these communities' access to quality medical care.

Please reach out to Rachel Faino (holguira@ohsu.edu) if you have any ideas or suggestions for FMIG to get involved in during this difficult time. The leads of FMIG have been truly inspired by the integral role of Family Medicine physicians in the response to COVID throughout the state of Oregon.



Screenshot from lunchtime talk with Dr. Jennifer Totonchy

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STUDENTS SPEAK OUT!



AUDREY TAYLOR, COMP-NORTHWEST - OMS 2

Nutrition in Medicine—from Classroom to Communities

The proverbial saying “you are what you eat” proves to be incredibly accurate as a healthy diet is key to preventing disease. Despite the important role that diet and nutrition play in determining health, only one-fifth of American medical schools require students to take a nutrition course, and of those that do teach nutrition courses, most teach less than 25 hours within a four year period.¹ While understanding the science of nutrition is a beast on its own, helping patients understand the role that diet plays in their health and supporting them to implement change in their life is another battle completely.

To combat this educational gap and equip students with the knowledge and skills to work with patients on nutrition, WesternU offers an extracurricular and experiential Lifestyle Medicine Longitudinal Track that includes instruction in culinary medicine, nutrition for health, exercise as medicine, weight loss, stress management, motivational interviewing and smoking cessation. Students in the track also complete a capstone project and at least one lifestyle medicine clinical rotation during their third or fourth year. **Alex Anderson**, a fourth-year osteopathic medical student (OMS4) interested in primary care and lifestyle medicine, notes, “Most medical students go to medical school with the intent of helping others—of making a difference in their patients’ lives. Lifestyle medicine allows us to directly address factors that underlie many of the most prolific diseases in the country while

WESTERN UNIVERSITY OF HEALTH SCIENCES COMP - NORTHWEST



enjoying the relationships that physicians develop with their patients.”

The Nutrition in Medicine lecture series is a favorite at WesternU and provides an opportunity for a broader range of students to enhance their knowledge of nutritional wellness. Once a month, medical students, community members and faculty pile into the lecture hall to listen to a guest lecturer speak on a nutrition topic while sharing a healthy whole food, plant-based meal

prepared by student volunteers. **Dr. Robyn Dreibelbis**, who oversees the lecture series and is the school’s Chief Wellness Officer, explains, “Many of our students go on to practice primary care, but this knowledge base is important for physicians in all specialties. The power of lifestyle choice is enormous. What we choose to eat, whether we smoke and how we move our bodies are hugely important factors in human health.”

Hannah Killian, OMS2, states that this year’s Nutrition in Medicine series “had quite the uptick in community attendance, and even welcomed a local wellness class to join in. We featured internationally renowned speakers like Dr. Michael Klaper and Dr. Kim Williams and stimulated discussion on topics ranging from sustainable cattle ranching to the gut microbiome and preventing the spread of COVID-19. We were also privileged to be the first campus nationwide to host a viewing of *The Game Changers*—a documentary following elite athletes and special ops soldiers who eat a plant-based diet as well as scientists looking to ‘change the way people eat and live.’” The opportunity to “break bread” with community members during this lecture series provides students with a unique opportunity to better understand and empathize with their patients in order to help them work towards healthier living.



Dr. Dreibelbis, Calder Dorn OMS2, Morgan Nichols OMS2, and Annie Phan OMS2 at an October Unprocessed lunch hosted by the students of the Lifestyle Medicine Longitudinal Track and MEDWell at WesternU COMP-NW.



Brian Burbidge OMS2, Calder Dorn OMS2, Hannah Huntington OMS2, and Hannah Killian OMS2 are students in the Lifestyle Medicine Longitudinal Track, showing off one of the many vegan meals prepared during their Culinary Medicine Course.

Community service is an important part of the educational process. Recently several WesternU students have become involved in two projects that aim to increase access to plant-based food options in Roseburg, Oregon. The VeggieRx Project headed by **Dr. Heidi Beery**, provides patients with a “prescription” for fruits and vegetables in the form of coupons that can be redeemed for fresh produce at participating local farmers’ markets. WesternU students assisted with enrollment and patient education as well as the collection of biometric and survey data. The students will be analyzing the effects of increased access to fresh produce on perceived health among the patients.

Jewell Roth, OMS2, believes that the VeggieRx program will benefit those receiving the produce and those prescribing it. She affirms, “(It) has the potential to create positive change and bring hope to the community. Access to fresh produce will greatly improve people’s lives and reduce their financial burden.” But Roth also reflected on the impact of the program on the students and their growth toward becoming more adept, empathetic physicians. “It

was an incredibly humbling experience to connect with the participants and better understand their view of the world, and the barriers they meet every day. Through listening to the obstacles that the people of Douglas county face every day, I hope programs like VeggieRx can be implemented in the future.”

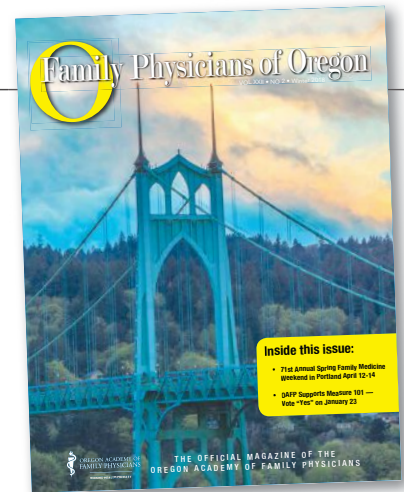
Considering the economic effects of the COVID-19 pandemic, **Dr. Chip Taylor**, received a grant from Umpqua Health Alliance to partner with a local farm in providing free boxes of produce on a biweekly basis to patients suffering from food insecurity. As student volunteer Branden Brelsford, OMS2, explains, “The biggest obstacle for patients was that veggies are expensive—they have little money to go around and a box would make all the difference.” Student volunteers from WesternU are enrolling patients and will be delivering produce boxes to the homes of patients. They will administer surveys to study the potential impact of receiving fresh produce at home on eating habits. Jacob Brown, OMS2, grew up in Glide, Oregon, a town of approximately 3,500 people just east of Roseburg. He is excited to be able to give back to his community through the food box project. “The health care shortage in Douglas County was

one of my main motivations to pursue medicine—coming back home to work on a project that directly benefits my community has been great!”

WesternU has increased teaching on nutrition and wellness in the classroom, as well as expanded education into the communities. Knowledge of the science of nutrition is not enough to assist our patients in achieving improved health and wellness. Only through building understanding of real communities and empathy for the obstacles faced by real patients will we have a chance at effecting lasting change.

Citations:

1. <https://www.hsph.harvard.edu/news/hsph-in-the-news/doctors-nutrition-education/#:~:text=%E2%80%9CToday%2C%20most%20medical%20schools%20in,in%20nutrition%2C%20it's%20a%20scandal.>



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Digest of Actions of the 2020 Congress



NATHALIE JACQMOTTE, MD, OAFP SPEAKER OF THE CONGRESS
NORTHWEST PRIMARY CARE, SELLWOOD CLINIC – FAMILY PHYSICIAN

The Oregon Academy of Family Physicians held its 74th Annual Congress of the Members virtually on April 25, 2020. This first-ever virtual Congress allowed members to offer testimony and commentary, though the technology platform was imperfect and several members did request adjustments to the format if the event is to be held virtually in the future. The Congress elected officers (see p. 27 for the complete list of the OAFP Board and officers) and adopted seven resolutions. Six of those resolutions direct OAFP's Delegates to the AAFP Congress to carry resolutions forward; however, since the AAFP has canceled the Congress and called a Special Congress, the adopted rules for the special session require that each chapter may only carry two resolutions forward; they can co-sponsor resolutions, however. OAFP Delegates will work with other states to determine where co-sponsoring resolutions on similar topics might allow more concepts to go forward.

A summary of the resolutions is listed below; the OAFP Policy Handbook has been updated to reflect these changes and is available on the OAFP website.

1: HPV Vaccination as Requirement for School Attendance

The OAFP supports the addition of the HPV vaccine to the list of vaccines required for school attendance in Oregon.

2: Opposing Laws that Criminalize the Provision of Gender Affirming Care for Transgender Youth

The OAFP supports family physicians in Oregon providing gender affirming care to all people, including transgender youth, and will carry a resolution to the AAFP Congress of Delegates to support gender affirming care for all people, including transgender youth, and to oppose the criminalization of family physicians who provide gender affirming care for youths or adults.

3: Opposing Laws that Criminalize Crossing State Lines to Obtain an Abortion

The OAFP opposes criminalizing people for crossing state lines to access abortion or to help someone access abortion, and will carry a resolution to the AAFP Congress of Delegates to secure its opposition to criminalizing people for crossing state lines to access abortion or to help another person to cross a state line to access abortion care.

4: Support Deregulating Buprenorphine Administration - X the X Waiver

The OAFP supports deregulating Buprenorphine administration by removing the X waiver, and will carry a resolution to the AAFP Congress of Delegates to secure its support deregulating Buprenorphine prescribing by removing the X waiver.

5: Writing a Position Paper on the Health Effects of Climate Change

The OAFP will carry a resolution to the AAFP Congress of Delegates directing AAFP to draft a position paper comprehensively outlining the current, likely, and potential health effects of current and predicted climate change, including but not limited to heat-related illness rates, increased range of mosquito borne disease, mental health effects stemming from forced migrations due to sea level rise, pollution, increased severe weather events, famines and droughts.

6: Endorse the Primary Care Marshall Plan

The OAFP endorses the creation and implementation of a comprehensive plan for primary care that would 1) change the way we pay for primary care, from transactional fee-for-service to prospective payment, including immediate payment of a monthly fee to cover the range of primary care services provided during the pandemic, 2) implement regulatory and payment changes to accelerate the adoption and use of telemedicine in primary care as a means of enhancing established patient/provider

relationships, 3) use federal power to procure and stockpile necessary items, like personal protective equipment, to prepare for future public health crises, and 4) tailor our primary care workforce by producing more primary care and public health workers and implement strategies to encourage their appropriate geographic distribution, and will carry a resolution to the AAFP in support of the same.

7: Vote by Mail as a Public Health Intervention

The OAFP supports vote-by-mail for local, state, and federal elections as a public health and safety measure that has the further potential to alleviate inequities in our electoral system experienced by marginalized communities, and will carry a resolution to the AAFP Congress of Delegates to secure its support for the same.

The OAFP Congress of Members also adopted Resolutions of Condolence for Galen C. Whipple, MD and Fred A. Bower, MD.

READERSHIP SURVEY

It is important to us at OAFP to understand what you, our members, want to hear about. We have created a reader survey, to be completed online, to gauge your interest and ideas about this magazine.

The survey will remain open until September 15th. The first responder will receive a \$25 Powell's gift card. When the survey has closed, we will randomly draw another name to receive another \$25 Powell's gift card.

To complete the survey, add this link in your browser window.

<https://forms.gle/imesChAfg6o6Euns6>

Thank you for your participation. It will help us to plan for the future and help us to be of service to our members.

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Appointed members are listed in blue, elected members are listed in black, ex-officio members and staff are listed in green. Terms are listed in parentheses.

Pandemic Shows Intern the Power of Family Medicine



JORDAN HOESE, MD, MPH, OHSU CASCADES EAST FAMILY MEDICINE RESIDENCY – PGY2

As a medical student, I was drawn to family medicine for its spirit of innovation, adaptability and willingness to take in stride anything that walks through the door. I wanted to be the type of doctor who valued and considered the role of public health, working to create and play an integral role in a strong and equitable health system. I wanted to be broadly trained, able to bend my scope of practice to fit the needs of my patient population.

I was told by lots of folks in medical school that this was naive and idealistic. In our system of market-driven health care and increasing specialization, they said, that type of medicine and approach to health either didn't exist anymore or never could.



Jordan Hoese, MD, MPH

Fortunately, despite going to medical school in a major metropolitan area, I met family medicine mentors and role models who assured me that what I envisioned is, indeed, possible. And now, as a family medicine resident in the midst of the COVID-19 pandemic, I am happy to report that the spirit of family medicine is not only alive and well out here in the real world, it's also supremely well suited to meet the ever-changing needs of communities during a crisis.

Here in Klamath Falls, our local health care community is primarily composed of rural family docs, who on any given day can be found working in our primary care clinics, the ER, the

ICU, labor and delivery, the operating rooms, the medicine and pediatric floors, our public health department, our top hospital leadership positions, and a variety of community-based health-oriented organizations. Although there's plenty of space for a full-scope family doctor in more urban settings (as my medical school mentors showed me!), I chose to train in a smaller, more rural community. I not only wanted experience practicing broadly in a setting with limited resources, I also wanted to have ample opportunities to get involved and learn how to effect systemic change at a local level. When I visited here for the first time, it was obvious that these family doctors, including the residents, had their fingers in every pie, helping to create and staff a strong, accessible and cogent local health infrastructure. I wanted to be a part of this community ... little did I know my intern year would be an initiation like no other.

From the early days of this pandemic, family doctors throughout our health system had task forces in every department coming up with ways to decrease community and workplace exposures, preserve healthy workforces, and continue access to quality health care delivery across a spectrum of settings and needs. And residents have been involved every step of the way in the design, implementation and ongoing monitoring and evaluation of each of our areas of pandemic response. It is not unusual for us to be so involved; our family medicine residents (and faculty!) are such a major part of the local health care workforce here that we are treated like colleagues, and we feel the responsibility to our community that comes with that title and role.

As examples, we've had a designated, quarantined flu-testing site since February -- long before actual COVID-19 testing was available -- where patients with respiratory symptoms could go get ruled out for the flu without putting others at risk and receive targeted advice based on their results. We've had designated COVID-19 units and workflows in our hospitals and clinics alike, and our residency and other clinics integrated telemedicine and phone visits seemingly without batting an eye. For weeks, we have had a designated

continued on page 30



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Eye care has changed in the 21st century, but at Oregon Eye Specialists, one thing has remained constant: a passionate dedication to a high quality of service in an environment that puts patients first. With a staff of 150, across six clinics Oregon Eye Specialists provides a full spectrum of eye care services, including ophthalmology, optometry and surgical care.

At Oregon Eye Specialists, our highly trained ophthalmologists support patients with routine eye care and treatment as well as surgical services. From macular degeneration and cataract surgery to diabetic retinopathy, dry eye treatment, and glaucoma management, the clinic's team is dedicated to providing medical care that is compassionate and exceptional.

Dedicated to our communities, in 2020, our company is partnering with the American Diabetes Association's, Tour de Cure. In 2019, the clinics partnered with the Oregon Food Bank in the "Hunger Does Not Take A Break" food drive, helping provide more than 8,500 meals to Oregon residents. And in 2018, our staff volunteered at a Portland build site, working alongside Habitat for Humanity to provide a home for low-income families.

Dedication to community and the public good is what you'll find throughout the Oregon Eye Specialists staff. A few examples include: Dr. Kelly Chung has traveled under the auspices of Health for Humanity to both Ulaanbaatar, Mongolia, and Tirana, Albania to teach local ophthalmologists how to do advanced cataract surgery. Dr. Christen Richard has volunteered with Project Erase to help youth and adults erase the gang and hate tattoos from their bodies, that can be emotionally painful reminders of the past. And Dr. Martin Balish partners with the Lions Club International to provide eye exams and cataract surgery for those in need. Each of our physicians have dedicated their time and resources to giving back to our communities.



Oregon Eye Specialists, PC
& The Sight Shop

COVID-19 phone pool, staffed mostly by residents, for triaging symptoms, ordering tests, interpreting results and providing guidance to members of our community.

Perhaps most importantly, and thanks to the tireless efforts of our local family doctors and residents, we had early and widespread access to COVID-19 testing in both inpatient and outpatient settings. We had drive-through testing in March, and by early April, you didn't even need a physician order -- anybody could be screened to see if they were an asymptomatic carrier. We've also been antibody-testing our staff and the general community for several weeks now, and ours was one of the first hospital systems in the country to roll this out. At the time of this writing, our rural county leads our state in per capita testing, all thanks to the hard work



PGY2s - Joel Klas, MD and Nick West, MD

Update on OAFP Educational Offerings

It's been an unusual year for a myriad of reasons. While it might not be as pressing as caring for patients during COVID or working to address and correct systemic racism, changing the way practicing clinicians participate in educational activities has also been on my mind. As chair of the OAFP's Commission on Education, my main duty has been to help organize our annual CME weekend. Of course, that planned April conference was sadly but necessarily cancelled due to the COVID pandemic. But rest assured the OAFP has not given up on bringing educational content to our members! In true family medicine style, when faced with a new challenge, we are learning how to adapt to the demands of our current environment. In light of restrictions on travel and the need to maintain physical distancing, OAFP is working with presenters to convert some of our planned CME content to webinars, which will be freely available to any OAFP member. We are also working to create online educational content which will be available at many time points throughout the year; look out for updates in your weekly OAFP email! Much like so many of our clinics were able to rapidly implement new telehealth platforms or triage protocols in the time of COVID, so too is the OAFP working to rapidly implement new ways to meet our members' educational needs.

Hope we're able to see each other in person at a 2021 Annual Conference. But if not, I'm confident we'll continue to adapt to whatever restrictions or requirements are in place. After all, we're family doctors; adapting to fit the needs of our communities is what we do best.

Carrie Pierce, MD
Chair, OAFP Commission on Education

of our local health care community, including a whole lot of family medicine doctors.

So many of the core tenets of family medicine lend themselves to a robust pandemic response -- comprehensiveness, coordination, collaboration, contact and even continuity. As a resident, I can speak on the phone to a patient about a COVID-19 result, have a telemedicine visit with them, and see the ripple effects of their illness and exposures on the community as they and the people they know have contact with our health infrastructure, whether that's at the health department or in our ERs or the ICU.

Of course, it takes a village, and to suggest that our local community's success in preparing for and responding to this pandemic was only the work of family doctors would be to ignore the hard work of our colleagues in other specialties (especially those working in the ER and ICU), the community and support staff. But disrupting health systems takes creativity and flexibility, and I'd like to think that the reason we are all able to work together so beautifully is because of the local culture of innovation our family doctors are brought up in and have continued to build for years and the tone they set daily by bringing all they have to the table to do what's right for the patients and population they serve.

My training and education have been disrupted in multiple ways as we respond to this pandemic. But as I consider what I was looking for a year ago, as a fourth-year medical student on the cusp of training as a rural comprehensivist, I realize I am learning every day from very real examples of how to be exactly the type of adaptable, community-oriented doctor I want to be. And for that, I am so proud and grateful.

This article was reprinted from the May 19, 2020 AAFP blog: *FPs on the Frontline*.

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