

Family Physicians of Oregon

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Family Physicians of Oregon

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EDITION 74

• PRESIDENT'S MESSAGE



JANE-FRANCES ADAOBI | AKPAMGBO, MD,
KAISER PERMANENTE – WEST SALEM MEDICAL OFFICE
PRESIDENT – OAFP BOARD OF DIRECTORS

Thank you for trusting me to step into the role of the president for the next year. I'm so proud to do so. It's been a long road for me.

I started formal education when I was three years old. I still remember my parents dropping me off early in the mornings at kindergarten as they took off downtown to work. I graduated from medical school 34 years ago. I have practiced as a physician in North America, including Canada and the USA, for 29 years and have been a member of the AAFP for over 25 years.

I joined the OAFP in 2012 when we relocated to Salem from Washington state. I am proud to have had a key role in the founding of Kaiser Permanente's Center for Black Health and Wellness. I'm a pioneer physician for the center in the sense that I was the physician on the team that stood up the center, including writing the care model for the center. I chose not to relocate to Portland, where the center is now located, but instead I stayed in Salem and maintained my practice there. I still care for Black patients in a primary care office. Somehow, they find me.

I was instrumental in vetting, interviewing, and hiring process for the doctors who now work at the center. I recruited **Dr. Christal Crooks** to serve as my doctor and we had **Dr. Ruth Chang** as our sponsor. The center will continue to expand its services to offer specialists. That work allows me to continue to do my part to address the persistent health disparities experienced by Black people in the United States and here in Oregon.

Last year, I participated in the OAFP's Primary Care Beyond Clinic Walls program, and I partnered with the Sickle Cell Foundation of Oregon to work on systemic change to ensure patients with this debilitating disease get better care. That work, in fact, led to a piece of legislation under consideration in Salem [at the time this was written], House Bill 2940, which will provide emergency department real-time notification that identified patients with human fibromyalgia and provide information on how to contact a hematologist.

I was proud to advocate for the bill at the OAFP's advocacy in March and testified in the Oregon House of Representatives. I have treated a number of patients with sickle cell anemia and sickle cell trait during medical school at the University of Benin Teaching Hospital and in residency at Cook County Hospital in Chicago, and I have a handful here in Salem. It is encouraging to feel that as one individual, I can help start a process to improve care for patients I may never treat myself.

Understanding our power as family physicians is so very important. As **Dr. Eva McCarthy**, our past president had mentioned in October last year, the board met for its bi-annual strategic planning exercise. Over the course of the day and a half, we talked about the worries and challenges we all face together and how we can best direct the power of the OAFP. We have been putting additional emphasis on building connections with other organizations and with the National Experts on Primary Care Policy, we will continue that work into the next year. We are building on the expertise of our members and friends of primary care here in Oregon and creating a shared vision for better primary care for everyone because we know our current system cannot continue as it is.

We need people working in primary care. We need the administration of primary care not to be so hard and so wasteful for our members' time as many of us fight to get approval to provide the care our patients need. We need a system to pay for all it expects primary care to do, and we need to be sure that we can provide the care we believe to be appropriate for our patients regardless of national political shifts.

We are not the only organization that recognizes a problem. This year, more than 20 bills were introduced that touch some part of primary care. The bills advocated for change, such as:

- Exploring and launching an additional public medical school in Klamath Falls.

- Strengthening the existing corporate practice of medicine law to be sure physicians continue to make decisions about patient care.
- Gathering better workforce data.
- Widening paths for clinicians who have moved to the U.S. after practicing abroad to safely return to practice here.
- Administrative simplification.
- Raising payment levels for primary care.
- Increased funding for the Oregon Wellness Program, which aims to help all licensed clinicians in times of distress.

We have worked alongside advocates proposing these bills and we realize that the committees that considered them are not challenged to determine how they all fit together. Our legislators need the bigger picture, and Oregon needs a broader and firm vision for what primary care can be.

We provided testimony in Salem along with the Oregon Primary Care Association, a pediatric IPBA based in Portland, and a primary care clinic in Grants Pass to offer testimony to the House Behavioral Health and Health Care Committee on the troubled state of

primary care. **Dr. Brian Frank** and Betsy Boyd-Flynn spoke on behalf of our members. And this is only the start of those conversations.

Also in May, ORCA-FM's Former CEO, Jackie Wirz, was invited to speak to the Senate Health Care Committee in an informational hearing about the primary care workforce and was able to connect that complex problem to the work to bring ORCA-FM to life and advocate for continued funding for that effort through Senate Bill 443.

Looming over all of this is a threat of dramatic cuts to federal funding for Medicaid, among other potential threats to public health funding, vaccine access, and more. While most of OAFP's efforts are focused in-state, family physicians are essential adjuncts to the AAFP's federal advocacy staff.

I urge you all to sign up for speak-out alerts from the AAFP and let your elected representatives and senators hear from you often. I hope each of you feels the connection and power we hold. As president, I pledge that your board will continue to build that power and use it for what's best for our patients and for our primary care teams.



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• GREETINGS FROM THE OAFP



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Health care is facing significant uncertainty as federal budget proposals take shape, impacting state funding. Oregon's legislative session ended on time, but many pieces of health care legislation were not funded, including our priority bill, 443, which would have provided continued funding for the Oregon Residency Collaborative Alliance for Family Medicine. Most agencies anticipate budget cuts, raising concerns about the ability to sustain key programs.

I attended a June webinar where policy experts discussed the proposed Medicaid and Medicare funding cuts in the House and Senate budgets. Surprisingly, the Senate version, released June 17, includes steeper Medicaid reductions than the House version, particularly affecting the 41 states that expanded Medicaid. Oregon and 46 other states fund Medicaid through provider taxes, which would be reduced under the proposal. These cuts will ripple throughout the health care sector, affecting patients regardless of Medicaid status.

Rural hospitals across Oregon face potential closure if these cuts take effect, exacerbating health care access issues and straining local economies due to job losses. Our delegation to Washington for the AAFP Family Medicine Advocacy Summit urgently advocated against these devastating reductions.

Regardless of federal policy changes, Oregon has committed to extending Medicaid benefits using state dollars to eligible individuals lacking citizenship documentation. The Healthier Oregon Program helps vulnerable populations access primary and specialty care before emergencies arise. Troublingly, federal agencies recently requested Medicaid data on these participants, intending to share it with Immigration and Customs Enforcement for unclear use. The lack of transparency in the demand raises fears of deportation, particularly as immigration enforcement intensifies. It also raises questions about the wisdom of collecting some types of data in other contexts.

I am gravely concerned about the potential for unintended consequences of Oregon's efforts to address disparities by collecting detailed, personally identifiable data. In 2021, the legislature mandated the collection of race, ethnicity, language, disability (REALD), and sexual orientation and gender identity (SOGI) data. Advocates for the effort argue that identifying and tracking care for marginalized populations will help inform interventions to reduce disparities.

OAFP supported the intent behind the legislation but cautioned that data collection could burden clinicians. Despite participation in the rulemaking process, when we and others raised concerns about protecting privacy and preserving clinician-patient relationships, our input had minimal impact. While full implementation of the REALD-SOGI program is set for 2027 when the database is complete, many clinics have begun piloting the data collection, expanding the state's dataset.

Up to now, the Oregon Health Authority has not clarified how the data will be used, meaning clinicians cannot provide detailed reassurances to patients who may worry about answering these questions. Family physicians who are concerned about the potential unintended impacts to their doctor-patient relationship may want to discuss those concerns with organizational leadership, and ensure patients understand that participation in the survey is voluntary and does not impact care. We hope additional guidance will emerge from the Oregon Attorney General's office and the Oregon Health Authority in the months ahead. We will share that information with members as soon as we have it.

A quote I hold onto states, "*Optimism isn't principally an analysis of present reality...It is a moral posture toward the world we find ourselves in.*" I am working to hold on to optimism.

A handwritten signature in black ink, appearing to read "Betsy".

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Catching up with the Hillsboro Medical Center (HMC) Family Medicine Residency program

OHSU Family Medicine had many reasons to celebrate the 2025 Match results. All four residency programs successfully filled, with the HMC Family Medicine Residency Program being one of them. This will be its 5th class of residents. Since its beginnings in 2021, the mission of the HMC Family Medicine Residency Program has been to train family medicine physicians and community leaders who are equipped to provide exceptional full spectrum, team-based care for diverse rural and underserved communities.¹ Interns who begin this program are typically drawn to training in family medicine in a community facing hospital because of the many integrated opportunities to work with and within the local community. Program leaders are looking to train a strong family medicine physician workforce of people who are committed to working in Oregon's rural and underserved communities. In May 2023, we covered how "Hillsboro Family Medicine Residents are pioneering Community-Based Care."² Now as the program graduates its second class, the sentiments of this statement remain truer than ever. With a strong foundation built, our program's mission is being accomplished and guiding our ongoing work in more ways than one.

What integrated community opportunities look like:

The city of Hillsboro (and surrounding areas) remains a vibrant and diverse community. Our residency clinics serve many patients who identify as Latinx and/or Pacific Islander/Native Hawaiian. We serve a large Spanish-speaking population. Several residents and faculty regularly use their Spanish speaking skills and may improve their skills by participating in Spanish classes paid for

by the residency program at a local community college. Community medicine facing experiences are integrated throughout the three-year residency journey starting during intern orientation which includes sessions where interns are sent out into the community in teamlets. Last year, these sessions focused on learning more about addiction medicine resources in the community and getting to know community partners as peers and care team members. Residents have the opportunity to participate in local health fairs and other fun community events throughout their training. According to program director, **Kay Nordling, M.D.**, "It's exciting to see our residency program continue to collaborate with our community partners which are now leading to resident scholarship projects like the high school mentorship program and fall risk screening, both of which were accepted as posters at OAFP and STFM respectively."

Meeting patients and communities where we are:

All residents get an idea of high functioning community teams through their work with the Salud van, for example. Since 1992, ¡Salud!'s mobile unit has provided care to vineyard stewards in the very fields they tend. It enables the bilingual, bicultural medical staff to deliver preventative health care to worksites across Willamette Valley.³ Even medical students who rotate in Hillsboro get to experience the Salud van. Residents also have an opportunity to work in neighboring cities like Forest Grove where they have presented health talks at Adelante Mujeres, a multifaceted program run for Latinas by Latinas. Adelante Mujeres host farmers' markets, English classes, job training, finance classes, and has an emphasis on food and nutrition.

In the Fall of 2023, residents took part in a nutrition based didactic hosted by Adelante Mujeres. One of the residents taught a class on nutrition and the site demonstrated how to cook a healthy vegetable dish. Thanks to the generosity of the COMPADRE grant (a joint grant between OHSU and UC Davis supporting residency training in rural areas), the residents used vouchers to purchase vegetables featured in the cooking demonstration from the local farmer's market. The residency team was invited back to share their clinical knowledge by giving several informal talks, covering topics such as nutritional supplements or heat issues.

Ka 'Aha Lāhui O 'Olekona (KALO) is another local organization partner to the provides health programs for Native Hawaiians/Pacific Islanders living in Oregon. The residency team has participated in multiple health fairs with them, one of which was a fundraiser after the fires in Lahaina, Maui in 2023.

Last year, the team visited Hidden Creek Community Center, a newer organization to Hillsboro, filling the need of providing a fall risk screening session and hopes to return in the future to focus on a pediatric safety session. The residency team is also cultivating relationships at Hillsboro High School, over the last few years they have met with the Sports Medicine students to teach them about portable ultrasounds, casting, and biopsies. These learning opportunities tie in with information on how to apply to college and what classes to prioritize for those interested in the medical field.

To broaden their exposure to rural medicine, residents also have access to the Rural and undeserved health (RUSH) selectives. These clinical rotations are geared towards more remote and rural locations, providing experiences to help residents decide on where they want to work and demystifying potential rural job sites throughout Oregon from Astoria to John Day. Residents learn about rural global medicine with the Department's collaboration with our partners at the Japan Association for Development of Community Medicine (JADECOM). These programs highlight a few of the unique ways in which the program integrates with rural communities.

Growing family medicine physicians

Residents see patients at the three HMC clinical sites, their two continuity clinics in South Hillsboro and Orenco, and at the HMC Forest Grove RUSH site working with family medicine faculty. Over the years, maternity care at all three sites has continued to grow, increasing

opportunities for residents to participate in continuity deliveries. A new partnership with a local federally qualified health center, Neighborhood Health Center (NHC), has further increased these opportunities, and the residency team now receive maternity care referrals from NHC. They also have been building a unique partnership with the Washington County Jail and are providing maternity care to incarcerated patients in the county.

Where are we going?

In 2024, our program graduated our inaugural class. 67% of graduates from our first two classes are now serving in underserved settings, including federally qualified health centers and rural health clinics. We are grateful to have graduates staying nearby in Forest Grove and the Oregon coast, and one graduate is pursuing additional training as an OHSU Primary Care Sports Medicine fellow. Further, eighty percent of graduates stayed in Oregon, and ninety-five percent stayed in the Pacific Northwest region. The first class took their boards in April 2024, receiving marks above national average. We are incredibly thankful for the support and well-wishes from across the OAFP community. We are thrilled and proud to report that we are meeting important goals and milestones as the program grows, which will ensure our program is fulfilling its mission.

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IRIS MARIA CHÁVEZ, OAFP CONTRACT LOBBYIST - EQUITY ACTION PARTNERS

End of Session Reflections:

Progress Amid Right Margins and Tighter Politics

As the 2025 Oregon legislative session nears its conclusion, it has become clear that progress on primary care policy has been shaped as much by political crosswinds and budgetary strain as by policy merits.

The tone was set in May, when the state's latest revenue forecast showed a decline of nearly \$400 million in projected general fund revenue from what had been a cautiously optimistic February forecast. This shift narrowed legislative leaders' options considerably. While the February outlook left roughly \$1.5 billion in unobligated general funds for the 2025 - 27 biennium, that surplus quickly shrank in the face of competing needs, including \$600 million for K-12

modernization, a \$354 million transportation deficit, and escalating wildfire response costs.

Legislative budget writers, Sen. Kate Lieber and Rep. Tawna Sanchez, signaled early on that these pressures would make investments in "new" or "non-critical" services extraordinarily difficult. As a result, despite broad legislative interest in primary care workforce development and access expansion, many priority proposals, particularly those requiring new general fund allocations, never made it to the Ways & Means Subcommittee for work.

For the Oregon Academy of Family Physicians, that reality stung most in the form of SB 443, our flagship bill to sustain and expand the Oregon Residency

Collaborative Alliance for Family Medicine (ORCA-FM). ORCA-FM has demonstrated strong progress since receiving its first-ever state investment in 2023: establishing itself as an independent nonprofit, hiring an Executive Director, and building a sustainable administrative foundation. Yet despite legislative champions and clear support, SB 443 was not included in the final budget framework. The same fate befell HB 3554, which sought to expand support for small and rural primary care practices, another missed opportunity to bolster the very foundation of Oregon's health care system.



Still, amidst the financial constraints, it wasn't all bad news.

The OAFP backed a suite of legislation that did pass and will improve practice conditions, expand the health workforce, and protect vulnerable populations. SB 951 and its companion HB 3410 modernize Oregon's outdated corporate practice of medicine framework, creating more flexibility in practice models. SB 476 opens a new licensure pathway for internationally trained medical graduates, helping address workforce shortages. Meanwhile, the passage of SB 690 and SB 692, both part of Senator Reynolds' "M omnibus" package, represent significant strides in maternal and child health—providing eviction protections for families with infants and expanding access to doula services.

We also saw movement on critical patient and provider protections, including HB 3134, which reforms prior authorization processes; HB 2540, tackling out-of-pocket expenses; and HB 2940, addressing care for individuals with hemoglobinopathies.

What made achieving even these wins difficult was not just the budget, but the politics. This session was marked by an unusual degree of intra-party tension, especially among Democrats, alongside persistent partisan gridlock. Key packages, most notably a long-anticipated transportation funding deal and comprehensive wildfire resilience investments, remained mired in disagreement well into the final days, with the transportation package's demise the final act of the 2025 legislative session.

In this challenging context, every legislative victory on primary care policy was hard-won. And while we are disappointed by the lack of investment in critical workforce infrastructure like ORCA-FM, we remain grateful to our champions in the Capitol who continue to believe in and advocate for the central role family physicians play in Oregon's health care system.

We'll now turn our attention to the interim, to building relationships, refining proposals, and continuing to make the case that investment in primary care is not just "nice to have," but essential for Oregon's health care future.



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STUDENTS SPEAK OUT!



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

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“Tell me what you eat on a normal day?” As a medical student interested in family medicine, I’ve participated in many annual wellness visits and have been taught to ask about lifestyle, including questions about nutrition and exercise many times, beginning with the question posed above. Depending on the patient, the answer to this question widely varies. Some patients are implementing healthy eating and regular exercise on their own, while others know what they need to do but haven’t quite

made the change. For many, there are barriers to making these lifestyle changes, such as cost, lack of knowledge about healthy eating, or lack of time.

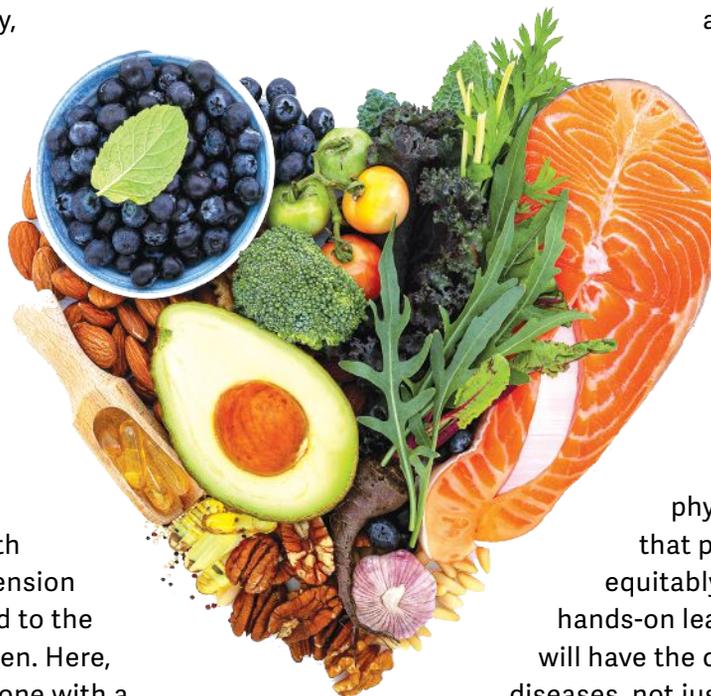
Now, imagine that instead of giving a spiel on eating more fruits and veggies, an alternative could be offered. At the Providence Family Medicine Clinic, patients with chronic health conditions such as hypertension or diabetes, can be referred to the Providence Teaching Kitchen. Here, patients can meet one-on-one with a nutritionist and participate in group cooking classes that focus on disease prevention and treatment through food. Furthermore, the teaching kitchen features a food pantry stocked with healthy food on-site for patients who face food insecurity.

Last month, OHSU students and Providence FM residents had the opportunity to experience this

hands-on teaching kitchen experience at an OHSU FMIG event. The evening began with refreshing, bubbly water with crushed berries and mint, followed by a brief 101 on knife safety and a demonstration of how to make tofu salad rolls. Shortly after, the students and residents were set loose to begin making salad rolls, accompanied by a delicious peanut sauce. Once created, we dug into the tasty salad rolls, sampling the different versions of peanut sauce from each

group, and were surprised with an almond flour cake with lemon ricotta cream for dessert already made by the teaching kitchen staff. The evening concluded with a Q&A session, as well as a tour of the pantry and the Providence Garden nearby, where the produce is used in the teaching kitchen.

As a future family medicine physician, opportunities that promote lifestyle changes equitably, with opportunities for hands-on learning, give me hope that I will have the chance to prevent chronic diseases, not just treat them. Although there is limited education on lifestyle in medicine in medical school, a growing group of physicians is addressing this disparity and finding ways, such as this one, to make meaningful impacts on their patient’s lives and educate physicians and future physicians on the power of food as medicine.



STUDENTS SPEAK OUT!



WESTERN UNIVERSITY OF HEALTH SCIENCES COMP - NORTHWEST



KIANA FINCHER, DO STUDENT, CLASS OF 2026,
STUDENT DIRECTOR – OAFP BOARD OF DIRECTORS

Bridging The Language Gap:

A Medical Student's Reflection

Hello OAFP Members! It's been one year since I started with the OAFP, and I look forward to the year to come. For me, this summer is one of reflection as I prepare my application for residency. I have been busy writing my personal statement and summarizing all my activities into a digital summary to show what I can offer to the field of Family Medicine. In continuation of that reflection, I would like to speak on a topic that seems a common challenge for any health care provider – the language barrier.

For context, I'd like to tell you a bit about why this topic interests me. Like many in high school, I enjoyed my Spanish courses but struggled to build confidence in the language with the limited time available for study. While in college, I chose to dive deeper into the language and various Spanish speaking cultures, earning a minor in Spanish and studying abroad briefly for an "immersive" experience. While my Spanish improved over this time, I certainly hadn't become fluent. Upon my acceptance to medical school, I was hopeful to continue improving my Spanish – but the overwhelming courseload squashed this desire quickly. I truly didn't think I could fit another piece of information into my brain.

My first day on clinical rotations, I desperately wanted that time back. I immediately began working with Spanish-speaking patients and realized how frustrating the virtual interpreter services must be for them. My language skills were enough to tell when an interpreter was effective, and when they were almost a hinderance to the visit. Some patients would become anxious when they had to repeat themselves for the interpreter, or when we had to wait for translations. With even the best interpreter service, our visit time would be cut short, and patient education would be left as "homework" instead of valuable time for teaching and connection.

I'd like to encourage other providers on their language development journey to continue pursuing these skills; the difference you can make in your patients' lives will grow with you.

There have been several moments when push came to shove. I've been in rooms where interpreter services simply weren't available, most commonly due to technology failure but also due to patient acuity. On the labor and delivery floor in December 2024, both factors played a role with a Spanish-speaking G3P2 patient who presented in active labor. As soon as I introduced myself and the provider in Spanish, this patient clung to me like I held her last ounce of strength. I became her advocate during that labor as I coached her through her contractions, and within the hour she safely delivered a beautiful baby girl.

What I've learned through these experiences is the importance of lifelong learning. First, we are never masters of our field. There is always more to learn, more to experience, and mistakes to make. This lesson is especially important in learning a language, where trying and failing is crucial to the learning process – no one goes from grammar lessons to forming perfect sentences through a single conversation. I must continue to boldly fail in real time, so that eventually my Spanish-speaking patients will receive the same experience with their physician as their English-speaking counterparts. I'd like to encourage other providers on their language development journey to continue pursuing these skills; the difference you can make in your patients' lives will grow with you.

• ANNUAL CONFERENCE

HANNAH FABIAN,
OAFP - ADMINISTRATIVE AND COMMUNICATIONS COORDINATOR

Collaboration, Conversation and Courage: Highlights from the 2025 OAFP and OPS Annual Conference

Family physicians, pediatricians, residents, and medical students from across Oregon gathered in Bend, Oregon, May 29–31 for the 2025 Oregon Academy of Family Physicians and Oregon Pediatric Society Annual Conference. Held at the Riverhouse Conference Center, this year's theme, "Collaboration is Key," echoed throughout the weekend as health care professionals engaged in hands-on workshops, inspiring lectures, lively

networking, and critical organizational decision-making.

A Hands-On Start

The conference kicked off Thursday with practical, skills-based workshops designed to sharpen clinical expertise. Attendees explored Point-of-Care Ultrasound (POCUS) applications in primary care under the guidance of **Dr. Yolanda B. Suarez**, and many

participated in the Nexplanon insertion workshop led by **Drs. Robert Gobbo** and **Johanna Warren**.

Friday: Science Meets Humanity

Friday's agenda combined cutting-edge science with reflections on the heart of medicine. **Dr. Margot Savoy** delivered the Pennington Lecture, emphasizing the need to preserve humanism in an increasingly complex health care system. Later, vaccine expert Dr. Paul Offit captivated the audience with his keynote address, offering timely insights into vaccine innovation and public health communication.

The afternoon featured a robust lineup of concurrent sessions, covering topics from mental health to health equity. The Student and Resident Poster Session showcased the research and innovation of Oregon's future health care leaders, providing a fast-paced, engaging platform for knowledge sharing.

The evening brought the community together for the much-anticipated OAFP Foundation Auction and Dance Showcase. This year's Havana Nights-themed event featured lively entertainment, group dance lessons with "The Dancing Doctor" **Tanie Hotan**, and spirited bidding on auction items—all to support scholarships and educational opportunities for medical students and residents.

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Saturday: Business, Advocacy, and Music

Saturday morning began with the annual OAFP and OPS business meetings. For the Oregon Academy of Family Physicians, the Congress of Members provided an opportunity to shape the organization's future policies and advocacy efforts.

This year, six member-submitted resolutions addressed some of the most pressing issues in family medicine and public health, including language interpretation services, health care for people experiencing homelessness, immigration protections, telehealth for incarcerated individuals, representation in medical imagery, and end-of-life care.

The Congress affirmed the Reference Committee's recommendations as follows:

Resolutions Adopted with Amendments:

- Reducing Barriers to Medical Language Interpretation Services

- Health care for People Experiencing Homelessness
- Telehealth for Incarcerated Individuals

Resolutions Adopted as Written:

- Protecting Patients from Immigration Enforcement in Health Care Settings
- Voluntarily Stopping Eating and Drinking at End of Life

Resolution Referred to the OAFP Board:

- Representation in Images in Family Medicine

Resolutions supporting increased access to health care for people experiencing homelessness and improved care transitions for incarcerated individuals will now be carried to the AAFP Congress of Delegates for consideration at the national level. The OAFP Policy Handbook will also be updated to reflect the newly

adopted language interpretation policy, ensuring this important issue remains a priority.

The morning concluded with two plenary sessions before attendees enjoyed additional breakout discussions, networking, and the ever-popular Doctors' Jam Session—a lively tradition where instruments and voices filled the halls with music and camaraderie.

Looking Ahead

From hands-on learning to heartfelt conversations and meaningful advocacy, the 2025 OAFP + OPS Annual Conference reflected the collaborative spirit that defines Oregon's medical community. As family physicians and pediatricians navigate the evolving health care landscape, gatherings like these remind us that by coming together, we amplify our voices—and our impact.

We hope to see you next year in Sunriver, April 30 - May 2, 2026!



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THANK YOU TO OUR SPONSORS!

We would like to thank the following organizations for their support of our Collaboration is Key 2025 Annual Conference which took place May 29 – 31 in Bend. We are grateful for your commitment to the practice of family medicine.

PRESENTING SPONSOR



Oregon Residency Collaborative Alliance for Family Medicine (ORCA-FM) is a residency network supporting the continued excellence and development of family medicine residencies in Oregon.

Oregon is home to nine family medicine residencies that offer exceptional opportunities for medical students to be trained in full-spectrum family medicine.

ORCA-FM enhances the ability of these Family Medicine residencies to improve the health of our communities through training comprehensive high-quality family physicians and fostering leadership and innovation in primary care.

GOLD SPONSORS

OHSU Family Medicine has historically been ranked as one of the top academic programs in the nation. They are committed to serving their patients and communities through excellence in clinical care, education, and research. They are transforming primary care and inspiring future leaders by demonstrating the best in Family Medicine.



Oregon Parks Forever supports programs and projects that enhance the experience and increase opportunities for everyone to use Oregon's parks and natural spaces.

They support this mission by being a catalyst, partner and fundraiser for programs and projects that meet this commitment. The organization may play roles as an advocate, incubator, facilitator, or resource, building partnerships, and increasing public awareness about educational and recreational opportunities available in Oregon's parks, rather than an implementer of programs.

Oregon Parks Forever is funding Track Rx, a program to allow family physicians and pediatricians to prescribe hikes and hear back when the prescriptions are fulfilled.

Their vision is that Oregonians and visitors, now and in the future, feel welcome and have the opportunity to have meaningful experiences in Oregon's world-class parks and natural spaces.



The **Southern Oregon Alliance of Physicians and Providers (SOAPP)** is a 501(c)(3) nonprofit organization dedicated to recruiting and retaining Physicians & Providers to Southern Oregon. Founded by local physicians, SOAPP addresses the region's health care workforce needs - especially in primary care—by supporting providers through the recruitment process and helping them explore career opportunities across Jackson and Josephine counties.

SOAPP offers personalized support and arranges community visits so providers can experience the area firsthand. Southern Oregon is known for its vibrant small towns, welcoming communities, and access to world-class outdoor recreation - including rafting, skiing, hiking, and wine tasting - alongside cultural gems like the Oregon Shakespeare Festival and Crater Lake National Park. With a strong focus on building meaningful connections between providers and the community, SOAPP aims to strengthen the local health care system and, as it grows, expand its support to a broader range of specialties.

SILVER SPONSORS



Family Connects Oregon (FCO) is a universally-offered nurse home visiting program that's currently available in 12 counties throughout Oregon (and will be statewide.) The evidence-based program offers families up to three home visits from a Registered Nurse (RN) starting around three weeks after the birth of a newborn. The home visits are available at no cost to families, regardless of income or insurance type. FCO has positive impacts on communities and advances health equity.

During a Family Connects Oregon visit, the RN:

- Weighs the baby
- Does a wellness check on the newborn and those caring for the baby
- Provides infant feeding support whether the family is providing breastmilk or formula
- Works with the family to assess their strengths, challenges, and needs
- Identifies support services, such as peer support groups, lactation or feeding classes, WIC, and other home visiting programs to connect the family to.



The **Oregon Dairy Council (ODC)** has been a trusted resource for evidence-based nutrition education and health promotion for over a century. They are constantly working to improve the health

of Oregonians through collaborative partnerships with Family Physicians, Pediatricians, Dietitians, health care system thought leaders, universities, and public health organizations.

ODC is proud to support the work of OAFP & OPS in their pursuit to optimize the health and vitality of all Oregonians, and to ensure a bright future for Family & Pediatric Medicine in our state.

They encourage you to visit www.ORDairy.org/wellness for a variety of evidence-based tools to help the patients, families, and clients you work with to live their best lives. They would love to connect!

Please reach out to their Nutrition Director, Lewis Martin (Lmartin@ordairy.org) to chat about how ODC can support nutrition education for your practice through patient resources, learning activities, and more.



The **Oregon Rural Practice-based Research Network (ORPRN)** was established in 2002 at Oregon Health & Science University. ORPRN's mission is to improve health for all Oregonians through community partnered research, education, and policy. ORPRN's work is anchored around primary care and includes health care research, quality improvement projects, and practice transformation efforts. The network engages with clinics in rural Oregon and across the state.

In addition to research, ORPRN houses the Oregon ECHO (Extension for Community Healthcare Outcomes) Network (OEN), a statewide telementoring platform for teaching community providers to deliver best-practice medical services. ORPRN's health policy implementation program provides consultation, technical assistance, and educational programs to advance health for vulnerable populations.

To learn more about ORPRN, and to get involve in their ongoing projects, please visit the Contact Us page on their website (www.ohsu.edu/orprn) to sign up for their newsletter or email orprn@ohsu.edu.

Erin Hurley, MD is a physician, certified coach, and founder of **Transformational Doc**, where she offers consulting that serves as *holistic wellbeing support for the health care provider*—bringing joy and balance back to the practice of medicine.



With over 20 years of experience as a physician leader, Erin delivers trauma-informed guidance and research-based strategies that help clinicians move beyond burnout and chronic exhaustion.

Her 1:1, small group, and clinic-based consulting programs provide practical tools to reclaim time, restore energy, strengthen leadership, and build sustainable careers that protect long-term wellbeing.

Her belief: You don't have to choose between a successful medical career and a meaningful personal life—you can have both. This is real-world, physician-informed support that works.



Western University of Health Sciences

(www.westernu.edu), located in Pomona, Calif. and Lebanon, Ore., is an independent nonprofit health professions university, conferring degrees in biotechnology and pharmaceutical sciences, dental medicine, medical sciences, nursing, optometry, osteopathic medicine, pharmacy, physical therapy, physician assistant studies, podiatric medicine and veterinary medicine.

WesternU is home to WesternU Health, where the best in collaborative health care services is offered.

EXHIBITORS

Founded in February 1969, the **American Board of Family Medicine (ABFM)** - *formally American Board of Family Practice or ABFP* - was approved by the Liaison Commission for Specialty Boards (LCSB), the group that reviews and approves applications for American Board of Medical Specialties boards (ABMS).



Established to serve the public, ABFM became the 20th medical specialty to be recognized by ABMS and subsequently committed to a vision of ensuring optimal health care for all people and communities that family physicians serve.

The mission of the American Board of Family Medicine is to improve the health of the public through board certification, establishment of standards for residency training, research that impacts the discipline, and leadership development for advancing the specialty. Currently, more than 100,000 family physicians are maintaining their board certification through ABFM, making it the third largest of 24 boards that make up the ABMS.

continued on page 18

Beginly Health is a job-matching platform designed to connect physicians and APC's with roles that align with their clinical expertise, lifestyle, and long-term goals. Their platform delivers highly personalized job matches while keeping your identity confidential until you're ready to engage.



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For 30 years, **CareOregon** has offered health services and community benefit programs to Oregon Health Plan members.

Today, CareOregon supports the needs of more than 500,000 Oregonians through three coordinated care organizations, a Medicare Advantage plan, a Tribal Care Coordination program, a dental care organization, and in-home medical care with Housecall Providers.

CareOregon members have access to integrated physical, dental and mental health care, and substance use treatment. They believe that good health requires more than clinics and hospitals, so they also connect members to housing, fresh food, education and transportation services.

CareOregon is a mission-driven, community-based nonprofit with offices in Portland, Medford and Seaside, Oregon. To learn more, visit www.careoregon.org or follow them on social at @CareOregon (LinkedIn, Facebook, Twitter, Instagram).

Equip is a fully virtual treatment of eating disorders for all ages, all genders, all eating disorders, and in all 50 states.



They don't require a diagnosis for a referral and they never have a waitlist. Equip provides every patient/family with a 5-person multidisciplinary treatment team consisting of a medical provider, therapist, dietitian, mentorship, and psychiatry. They utilize evidence-based treatment and meet families where they're at for treatment. Programming is all individualized, and customizable around a patient's/family's life.



Northwest Permanente

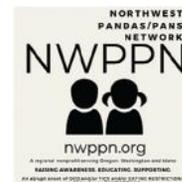
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join more than 1,300 physicians delivering coordinated, evidence-based care to over 600,000 Kaiser Permanente members in Oregon and Southwest Washington. Their physician-owned and led group is a collaborative, mission-driven environment without the administrative friction of insurance approvals.

They have a variety of Family Medicine roles available and offer flexible opportunities with exceptional compensation and comprehensive benefits including:

- Generous sign-on bonuses for PC hires
- Public Service Loan Forgiveness across all specialties
- Student Loan Assistance Program
- 21% employer contribution to retirement (via 401k and Pension)
- A little over 6 weeks of time off per year for a full-time physician (not including holiday time off)

Northwest PANDAS/PANS Network (NWPPN) is a 501(c)(3) nonprofit serving Oregon, Washington, Idaho and Alaska.



Their mission is to raise awareness about the post-infectious neuroinflammatory disorders known as PANDAS/PANS in our local communities. An abrupt onset of obsessive-compulsive disorder, or tics, or eating restrictions should prompt evaluation for PANDAS/PANS. It is important to note that there is no test that can confirm or deny diagnosis (including a rapid strep). First line treatments include anti-inflammatories and antibiotics. Any medical clinician can find a step-by-step flowchart on how to approach diagnosis and treatment at PANDAS Physician Network (pandasppn.org). Their nonprofit offers FREE education via virtual presentations. They also maintain a list of treating providers in the Northwest.

If you suspect a child, adolescent or young adult has PANDAS/PANS, please direct them to NWPPN.org for support and services. PANDAS/PANS are real disorders that require medical intervention and treatment. Visit www.nwppn.org for more information.

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Shriners Children's is a leader in providing care for orthopedic conditions, burn injuries, spinal cord injuries and other spine disorders, rehabilitation, sports injuries and craniofacial conditions. They also offer specialized services, including orthotics and prosthetics and motion analysis. Shriners strives to provide the care and support our patients need to reach their goals and discover their full potential. All care and services are provided regardless of the families' ability to pay or insurance status.

To view their full range of specialties, please visit shrinerschildrens.org.

Founded and led by physicians, **The Doctors Company** (thedoctors.com) is relentlessly committed to advancing, protecting,



and rewarding the practice of good medicine. The Doctors Company helps hospitals and practices of all sizes manage the complexities of today's health care environment—with expert guidance, resources, and coverage—and is the only medical malpractice insurer with an advocacy program covering all 50 states and the federal level.

The Doctors Company is part of TDC Group (tdcg.com), the nation's largest physician-owned provider of insurance and risk management solutions. TDC Group serves the full continuum of care, from individual physicians to academic medical systems—over 110,000 health care professionals and organizations nationwide—with annual revenue of \$1 billion, and over \$7.3 billion in assets.



The **Oregon Workers' Compensation Division (WCD)** administers the Medical Arbitrator Program consisting of physicians who perform impartial examinations of

injured workers. These examinations help the division resolve disagreements over impairment findings used at post closure reconsideration requests. WCD schedules and coordinates medical arbiter exams. Fees are based on the complexity of the exam; the number of body areas to be evaluated; the size of the medical record to be reviewed; and the arbiter report. Medical arbiters have informal, nonbinding relationships that allow for a certain degree of protection against malpractice and liability. Oregon law appoints arbiters as agents for the Department of Consumer and Business Services, and they are not subject to administrative or civil liability. ORS 656.327(4)

The Mission of the **Virginia Garcia Memorial Health Center** is to provide high quality, comprehensive, and culturally appropriate primary health care to the communities of Washington and Yamhill counties with a special emphasis on migrant and seasonal farmworkers and others with barriers to receiving health care.



Virginia Garcia Memorial
HEALTH CENTER

At Virginia Garcia, each patient is assigned to a provider team that gives them access to primary care, behavioral and mental health, pharmacy, dental and vision services. Through team care, providers get to know their patients and are better able to manage chronic conditions and improve health outcomes.

HOSPITALITY HEROES



Northwest Medical Homes is the largest independent primary care group in Lane County. Eugene/Springfield is the second largest metropolitan area in the state and home to the University of Oregon. They are not a multi-specialty group, they intend to practice the best Family Medicine, and ONLY Family Medicine.

Northwest Medical Homes continues to grow and are known as one of the leaders in primary care transformation in the county and in the state. Their three clinics are recognized by the Oregon Health Authority as Tier 5 Patient-Centered Primary Care Homes (the highest level). They have integrated behavioral health providers, care managers, and clinical pharmacists in the clinic every day of the week. They have on-site lab, X-ray, mammography, funduscopy, and ultrasound.

Northwest Medical Homes is always looking for outstanding providers to join their team.

OAFP's 2026 Conference will take place in Sunriver, OR from April 30 to May 2, 2026. If you know of an organization that is interested in sponsoring/exhibiting, please email Louise Merrigan at louisem@oafp.org.

• HEALTH IMPACTS TASK FORCE



EVA M. GALVEZ, MD, FAAFP, SITE MEDICAL DIRECTOR – VIRGINIA GARCIA MEMORIAL HEALTH CENTER
CHAIR, OAFP TASK FORCE ON HEALTH IMPACTS
SECRETARY, OAFP BOARD OF DIRECTORS

Since my last article in the OAFP journal, the world seems like a very different place. A whirlwind of federal orders and actions has felt dizzying. Attacks on diversity initiatives, immigrants, and transgendered people feel like an injustice to my community and the people I love and have dedicated my life to serve.

For me working in a community health center that gets federal funding, we find ourselves walking a

fine line between our commitment to serving vulnerable populations while not taking a misstep that could make us a target of funding loss.

During those first dark weeks of winter, I walked around with feelings of despair, overwhelm, and disillusion. However, as spring emerged, through conversations with family, friends and colleagues, I began to feel embers of hope. My “aha moment” happened at a

task force meeting when my wise colleague, **Dr. Christal Crooks**, reminded me that as women of color, we may feel powerless, but simply being a physician, is a privilege that sets us apart. As I pondered this more, I began to realize that with this privilege comes the power to influence, and my capacity to influence is bolstered by being a member of OAFP and AAFP.

We're Hiring!



Virginia Garcia Memorial
HEALTH CENTER

OUR MISSION is to provide high quality, comprehensive, and culturally appropriate primary health care to Washington and Yamhill counties with a special emphasis on migrant and seasonal farmworkers and others with barriers to receiving health care.

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This gave me the courage to write my very first resolution to the OAFP Congress of Delegates: "Protecting Patients from Immigration Enforcement in Health Care Settings." This resolution passed unanimously. A heartfelt thank you to **Gary Plant, MD, FAAFP** for helping me revise and edit so that my words were succinct, yet the essence of my message was not lost. I am proud to say that two other members of our Taskforce, **Dr. Christal Crooks** and **Dr. Eva McCarthy**, introduced resolutions and both of these were also passed unanimously. Dr. Crook's resolution: Representation in Images in Family Medicine and Dr. McCarthy's "Reducing Barriers to Medical Language Interpretation Services in Oregon."

So what else has the Task Force been up to? In the winter we had a rich discussion talking about our concerns around SOGI and REAL-D data collection, and last month, we hosted a very informative closing plenary at the OAFP Spring Conference. But in many ways, I believe that our most important role has been to serve as a place of comfort and refuge, a safe space to talk about our everyday challenges and fears. We know that we face many challenges and much work lies ahead, but, despite this, our task force remains intact and strong. We will continue because we know that diversity in thought, people, and opinion makes us a stronger academy. But most importantly, we believe that diversity in medicine matters to the patients we serve.



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• FROM THE VALLEY



GINA MILLER, MD, FACP, WESTERN UNIVERSITY COMP-NORTHWEST - ASSISTANT PROFESSOR OF FAMILY MEDICINE
OAFP FOUNDATION - IMMEDIATE PAST PRESIDENT
OAFP BOARD OF DIRECTORS - FM FACULTY LIAISON



COMP NW Department of Family Medicine

Spring in the Department of Family Medicine is never a quiet season. It's a delightful whirlwind of learning, laughter, and a fair bit of caffeine. As the academic year came to a close, we found ourselves surrounded by incredible students, meaningful collaborations, and a calendar full of hands-on opportunities to grow together.

We were lucky to have several fourth-year students join us for their Academic Medicine Rotations. They dove into teaching with creativity and energy, helping to craft dynamic sessions for both pre-clinical classes. Their efforts made the classroom a more engaging, student-centered space. One especially motivated third-year student even returned (during their board study time!) to lend a hand. Clearly, the Department is building a reputation not only for academic rigor, but for being the place you want to be, regardless of what year you're in.

Our first-year students continued their journey into clinical medicine with a focus on physical exam skills. This spring marked their first Clinical Competency Exam (CCE), where they demonstrated growing mastery across six body systems. They also rolled up their sleeves, literally,

for venipuncture and suture workshops. While they practiced drawing blood on one another, rest assured, the suturing stayed on synthetic skin...for now.

Our second-year students kept the momentum going with even more immersive experiences. They participated in our inpatient hospital rounding event in the SIM lab, honed suture skills during

class, and continued to refine their oral presentations and physical exam techniques. All of this led up to their OSCEs and Clinical Performance Evaluations (CPE), giving them a solid foundation as they prepare to transition into third year. One special highlight: a trip to OHSU for pelvic, breast, and rectal exam training with live models. These sessions, guided by Sensitive Exam Teaching Associates (SETAs), provided a compassionate, safe, and structured environment for learning essential clinical skills. We're grateful for this ongoing partnership with OHSU, which makes such a meaningful learning experience possible each year.

This spring also marked the launch of an exciting new tradition: the inaugural Rural Health Care Equity Fair, hosted at the River Center in Lebanon. Organized by three powerhouse first-year medical students—Tiffany Tran, Ashley Kao, and Eliora Olivares—the event brought together over 100 student volunteers from COMP-NW and CHS-NW, along with faculty, pre-medical students from OSU, and a host of community partners. Attendees were offered free health services including screenings, youth physicals, OMT demonstrations,

We're leaning into our identity as a joyful, rigorous, and collaborative learning community.

Academic Year 2025-2026 promises to be another year of growth, innovation, and maybe even a few inside jokes that only family med folks truly appreciate.

and health education on everything from mental wellness to infant development. Community members could even sign up for the Oregon Health Plan or get connected with local clinics and resources like PALs, our pro bono PT clinic. The day was filled with gratitude, connection, and the kind of joyful energy that makes medicine feel human again. As one guest put it after their first-ever OMT session: "It was amazing—I definitely want to find someone who can keep doing that for me!" We're proud to say the Rural Health Care Equity Fair will return annually as a springtime staple, building healthier connections across our community one conversation (and cervical spine adjustment) at a time.

Meanwhile, our faculty never stopped moving. Dr. Jenna Collins wrapped up her Senior Leader Development Program (SLDP) fellowship with a capstone presentation at AACOM, exploring trends in pre-clinical preparedness among osteopathic medical students. She also attended the Academic Consortium for Integrative Medicine and Health in Seattle. Dr. Shelly Spiller made waves at both the ACP State Chapter and National Conferences. Dr. Kristen Brusky attended and taught at the AOCPRM Conference in Seattle. And I found joy (and purpose) at several events close to my heart: the Postvention Summit on Suicide, OPSO and OAFP's lobby days, and my perennial favorite—the OAFP Annual Conference. At the OAFP Advocacy Day 2025, our team of family medicine champions, from physicians to residents to students, advocated for policy changes to grow residency training capacity (Go

ORCA FM!), expand loan repayment opportunities, and tame the prior authorization beast (a creature we all know too well).

As we look ahead to the next academic year, the excitement is building. Our team in the Department of Family Medicine is already deep in preparation mode, thoughtfully refining the pre-clinical curriculum with new ideas,

fresh energy, and a healthy dose of enthusiasm. We're leaning into our identity as a joyful, rigorous, and collaborative learning community. Academic Year 2025–2026 promises to be another year of growth, innovation, and maybe even a few inside jokes that only family med folks truly appreciate. Stay tuned!

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Each year, the OAFP Foundation hosts an annual auction. This year, they turned up the heat with a spectacular Latin Dance Showcase by **Dr. Tanie Hotan** (The Dancing Doctor) and her dance partner, Diego. Tanie and Diego treated the crowd to two dance showcases and a group dance lesson. **Dr. Gary Plant** returned as the Live Auctioneer. **Dr. Gina Miller** took up the mike again for the Paddle Raise and OAFP Foundation's President, **Dr. Rick Moberly** conducted the Awards Ceremony for the Annual Lundy and McCarthy Awards. Close to 100 participants had a lovely evening.

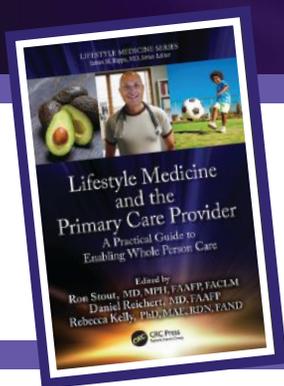
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