Family Physicians of Oregon

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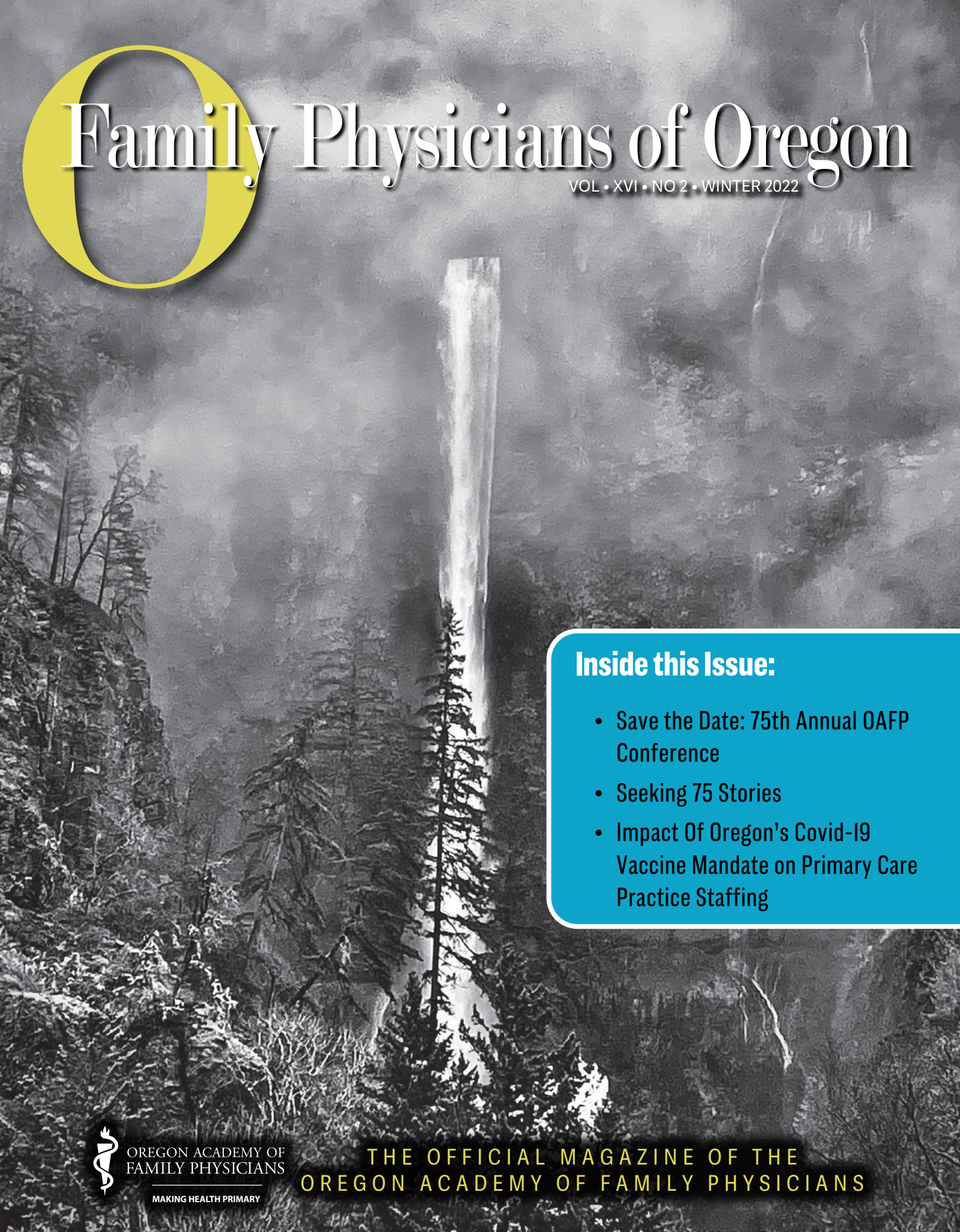

Inside this Issue:

OREGON ACADEMY OF FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

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Family Physicians of Oregon

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About the cover:
A. Adams does M. Falls with an i-Phone.
Photo by Dr. Dan Twombly.

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OREGON ACADEMY OF FAMILY PHYSICIANS
MAKING HEALTH PRIMARY

EDITION 60

•PRESIDENT'S MESSAGE

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

When I was applying for residency programs, I had planned on going to a joint preventive medicine/family medicine program. At the time, there were only eight slots nationwide, so I applied for rural family medicine residencies as "backups." However, when actually interviewing in places like Alaska, Minnesota, Colorado, and Oregon I realized that the connection I had with rural communities and full-spectrum family medicine made it worth it to start with a full family medicine program and then do a second residency in preventive medicine thereafter. I chose my residency because of the program, location, and director, but I fully anticipated that I would jump from one residency to the next in pursuit of a career straddling public health and family medicine.

Upon graduation, the aforementioned and endlessly wise program director recommended I try to talk hospital systems into offering me the job I wanted before I locked myself into another two years of training. Lo and behold it turns out hospitals are interested in keeping their communities healthy.

However, I felt that in order to fully and skillfully serve the public health needs of my community I had better pursue some training, if not a fully-fledged residency program, then at least a master's in public health. Thus, I found myself enrolled in the Johns Hopkins distance learning MPH program just two months after starting my job at Sky Lakes.

I can joyfully report that I finished that program just last week. Four years and 35 classes later, I can confidently say that the program has changed my approach to public health and, for me at least, was worth doing. Lucky for you, I have been keeping track of the nuggets that have been most impactful and will spare you the chore of actually doing an MPH by sharing a few of them with you. While I would hesitate to put "read Stewart Decker's OAFP article once" on your public health resume, perhaps you can use the following to kindle an interest or spark an idea.

1. Public health is not just about preventable infectious disease, but it is important to know that some people think that this is the limit of its scope. Public health assumes a social justice perspective meaning when a pattern (ANY pattern) of atypical morbidity or mortality emerges, then any contributing factor is within the scope of public health.
2. Changing the built environment is a great way to enact community-wide change. This can be as small scale as moving the fruit right next to the checkout area in your hospital cafeteria to pitching new greenspaces for your community: changes to the space in which we live inevitably change the decisions we make. There is a lot of data behind this, but briefly, it's worth knowing that people are more physically active if their sidewalks are wider, prettier, well connected, and better lit, and if there are bike lanes and crosswalks and lots of destinations in a small area.
3. One of the most important things we can do with behavioral economics is find ways to make "externalities" more salient. Externalities are "a side effect or consequence of an activity that affects other parties without this being reflected in the cost of the goods or services involved." People almost always think in terms of costs and benefits, so using these terms when describing options helps individuals make their decisions.
4. An important externality is carbon emissions, and one way of making those externalities tangible is with a carbon fee and dividend. This was debated in the Oregon Legislature the last few years, and as you may recall was a little contentious. For now, I just think it is a great example of an attempt to make tangible an externality.
5. Campaigns come from organizations, not the other way around. If you are interested in a topic enough to consider making a campaign, try to start an organization first. If you do, try to make it as broad-based and diverse as possible, and if you succeed, you will have a team with which to start your campaign.
6. And perhaps most importantly, for any issue there will be one or two key decision-makers. Those people will have a handful of influential people surrounding them. These two groups, the decision-maker, and their advisors, are your targets, so focus on them. Don't waste time and resources on people who cannot affect the outcome or will not change their minds. At city council meetings there often is one swing vote, so you need to tailor your argument to that person and their interests. Regardless of why *you* support something, you need to find why the one key decision-maker should support it and hammer those points home.

Thanks again for listening.
Cheers,

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

Hiring
Family Medicine
Physicians

Position Highlights:

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BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Optimism in the New Normal

As we look forward to a busy 2022, we have so many NEW reasons to be grateful. Read on about our new projects:

Collaborative Work on Vaccine Hesitancy

This month we are launching a project in collaboration with Boost Oregon for ORPRN. We will help recruit physicians and other professionals to be trained as vaccine hesitancy educators. Speakers will receive CME-accredited training on evidence-based information and will be matched to events we will schedule at the request of various communities. Speakers will receive a stipend for each event where they speak. We're seeking participants all over the state, but we are particularly looking for participants with cultural fluency within the communities who are most vulnerable in the ongoing COVID pandemic. We particularly hope to reach Oregonians who speak Russian, Mandarin, and Spanish. We also hope to work with rural Oregonians through civic and faith communities.

Primary Care Beyond Clinic Walls

We will launch a pilot program to help at least five members design and execute a small-scale collaborative project with their local public health agency, and a community-based organization in their community. The purpose of the project is to build relationships across sectors that support better solutions for community health challenges, and to empower physicians through collaboration to address some of the key problems that drive stress and burnout. Participants will receive a stipend, mentoring, and ongoing support through the six-month span of the project cycle. This work is funded through OAFP dues, and through grant support from several sources including CHAP Health, the American Board of Family Medicine, and others.

New focus on Equity, Inclusion, and Diversity

The Task Force, chaired by **Dr. Eva McCarthy**, was formed in 2021, and now numbers 17. The group is working to influence all OAFP efforts from education to advocacy.

New staff

This year we will expand OAFP staff to support our new projects. With new programs, the growth of existing programs such as ORCA-FM, and new task forces and subcommittees, the OAFP will add another staff member to take on critical tasks and keep our member services strong.

New offerings at the Annual Conference

This year we'll offer more opportunities to gather and connect with your peers as part of the program.

OAFP leaders have been working hard to make sure that the organization stays on track. In the past couple of years, we have all learned how easily our plans can be changed profoundly by events outside our control. You all have proven to us, and we have learned, that whatever comes, we will be able to face it, together.

Thank you for being part of our community.

SAVE THE DATE

for the

75th Annual OAFP Conference

April 7 - 9, 2022 *in* Bend

This year, we're focused on renewal.

More time to connect. More focus on you.

More ways to learn. More joy.

Registration opens December 29, 2021. Vaccination required.

JOIN US FOR:

75th Anniversary Storytelling - we plan on collecting stories from our members to celebrate 75 years of OAFP

ALSO Refresher Course - newly required in some health systems ● Break-out Sessions - Implicit Bias training, and much more

Celebratory Lunch - where we announce the OAFP Family Doctor of the Year ● Congress of Members - engage in policy in person

Family Activities - opportunities for your family to explore Bend ● Fireside Chat - join the informal conversation in a comfortable setting

Keynote Speakers - prominent individuals sharing exciting words ● KSA Study Hall - Palliative Care with our own Dr. Josh Reagan

Member Interest Groups - meet with colleagues to discuss common interests ● OAFP/Foundation Auction - let the bidding begin

On-demand content - earn valuable CME on your own time ● Poster Session - formatted for in-person and remote participation

Remembrance Ceremony - remember colleagues, patients, and friends ● Various Receptions - congregate and converse in person

OREGON ACADEMY OF FAMILY PHYSICIANS

years

of making health primary

Visit www.oafp.org/annual/ for registration links and more information

AMBER HOLLINGSWORTH
OHSU SCHOOL OF MEDICINE – DEPT. OF FAMILY MEDICINE, COMMUNICATIONS PROGRAM SUPERVISOR

Innovating Health Equity Research

At OHSU Family Medicine, our researchers are discovering ways to make health care more equitable – not just the care itself, but how we share our knowledge for others to implement too. And the projects span the spectrum from mining large data sets to gathering the unique individual perspectives of those who are systematically harmed. Achieving health equity is occurring at FM by transforming both ends of the scale, by affecting big, national policy changes and through meaningful human-to-human interactions.

Here are just a few examples of the work being done on the health equity front.

Primary care for Latino patients

The PRIMER Lab (www.primerlab.org) is a group specifically seeking to understand the delivery of quality and equitable primary care among Latino/a/x patients in Oregon and nationwide. While we know that Latino patients face numerous health disparities in general, Miguel Marino, PhD, and John Heintzman, MD, lead a group of numerous colleagues and learners in asking questions about whether or not these disparities are exacerbated or mitigated by primary care delivery, especially in community health centers (where Latino patients disproportionately receive care).

Their projects include:

- **Bettering Asthma Care in Kids – Geographic Social Determinants Data to Understand Disparities (BACKGROUND).** This project, funded by the National Institute on Minority Health and Health Disparities, looks at asthma care in Latino children. It has repeatedly found that Latino children, especially Spanish preferring Latino children, often receive more asthma care than their white counterparts (prescriptions, immunizations, visits). This sheds important light on the crucial role of community health centers (CHCs), and suggests that, especially in asthma, inequities may lie more heavily in factors outside of the CHC for this population.
- **PAST-DUE (Prevention and Social Determinants: Disparities and Utilization in Latino Elders).** This project, funded by the National Institute on Aging, examines preventive service delivery in older Latinos in CHCs. While many analyses are still ongoing, this project is beginning to show that equity in service delivery depends heavily on the specific service, with Latino patients receiving many in-clinic services, but demonstrating potentially more barriers to services that require more follow ups or referrals.
- **FOCUS: Foreign-born Latinos Cardiovascular Screening.** This project, also funded by the National Institute on Minority Health and Health Disparities, is just beginning, but aims to examine cardiovascular risk factor screening, detection, and early treatment not only by ethnicity and language, but by place of birth as well.

The PRIMER Lab has also hosted numerous learners, from medical students to post-doctoral fellows, in order to impact the next generation of health equity researchers and ground quantitative equity research training in real world outcomes and care delivery.

Race/ethnicity and aging

Ana Quiñones', PhD, research focuses on older adults with multimorbidity patterns, analyzing how it develops and evolves differently for people from different racial and ethnic backgrounds. "There's real potential here for better understanding how multiple disadvantaged groups – borne out by low socioeconomic status, race/ethnicity, and potentially, immigrant populations – age differently, and understanding how that translates into premature aging," she says.

Dr. Quiñones is heading up several projects. One involves changes in multimorbidity over time, looking at the epidemiology of multimorbidity for racially/ethnically diverse older adults (CHIMED). Another looks at the implications of coexisting conditions with dementia (MEMORABLE), and another, in partnership with OCHIN,

investigates multimorbidity patterns among safety-net patients (ACHES).

She also heads the health equity team for the National Institute on Aging IMPACT Collaboratory, a national effort to build the nation's capacity to conduct pragmatic clinical trials for people living with dementia and their care partners. Her team thinks about issues of diversity and inclusion in trials, and is contributing toward developing a repository of information, resources, and best practices on how to conduct these trials under real-world conditions.

Through her research she aims to show how health care systems — along with community resources, programs, and other services — should be designed to support wellbeing and foster high quality of life.

Human-centered health care

At OHSU's RELATE Lab (relatelab.org), Director **Brian Park, MD, MPH**, and his team are working to co-create a more human-centered, equity-promoting health system. Through their Relational Leadership Institute, they are cultivating psychologically safer and more inclusive spaces to strengthen teams – fostering processes that integrate all team members' voices and perspectives, and re-humanizing people and systems.

"Relationships are the fundamental unit of change," says Dr. Park. "Through centering relationships in collaborations, we believe we can support the health care system and community leaders to transform health and health equity."

The RELATE team is currently developing a relational leadership tool to gauge the extent to which a leader or a team is practicing skills that foster inclusion. This tool should be available for primary care clinics to use by next summer.

The Lab is also partnering with community members to narrow power differentials among health care, patients, and community organizations; its Health Equity And Leadership at Richmond (HEAL-R) program integrates community organizing into health systems to promote community-powered policy change.

Meeting regularly on an ongoing basis, patients and community members – those historically excluded from the health care system and who are most harmed by it – are the ones guiding the solutions. The Lab is assessing the impacts of this type of community organizing during and beyond the pandemic.

The Lab's work found that community organizing helped unlock cross-sectoral collaboration (e.g. education, housing, and nonprofits) during the pandemic because (1) community organizing engages the relational aspects of organizations' work and forges trust between individuals; and (2) pre-existing networks built on trust and shared values are ready to rapidly engage during a crisis. The goal is to mobilize historically excluded communities to co-transform the health care system into more equitable processes and spaces.

All this work is only so good as long as it's applied broadly. Which is why the RELATE Lab team is exploring ways of disseminating research non-hierarchically. Of course, publishing in academic journals is an important piece of knowledge sharing, *and,* Dr. Park asks, "How can we share outcomes that matter with people, in ways that make more sense to everyone?" Solutions look like data visualization, explainer videos, working directly with community partners – the goal is to embed anti-oppressive values in dissemination, so that anyone can access and implement the findings.

These are just a handful of the efforts our team is making to improve health equity, in partnership with the patients, communities, and organizations in our clinics and across the country. With information, innovation, and humanity, we can transform what it means to give and receive care in America.

The Corvallis Clinic, a physician-owned, provider-led multispecialty group with a rich 70+ year history of providing exceptional patient care, is actively recruiting family medicine physicians.

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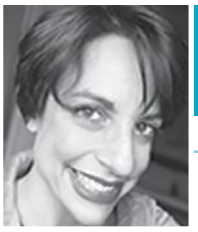

GINA A. MILLER, MD
OAFP/FOUNDATION PRESIDENT
SAMARITAN FAMILY MEDICINE RESIDENCY CLINIC - LEBANON

Happy New Years!

We have some very exciting news this month.

New Scholarship

In 2002, the OAFP/Foundation established the Lundy Award for graduating OHSU allopathic medical students matching into a family medicine residency. This prestigious scholarship is named after Mary Gonzales Lundy who served as Executive Director of the OAFP for 21 years and was passionate about family medicine training. At the time, OHSU was the only medical school in Oregon; an allopathic-specific award made perfect sense.

In 2011, Western University/COMP-Northwest graduated its first class of osteopathic medical students. This past year, our Board of Trustees voted to establish a parallel award for the graduating students at Western U/COMP-Northwest. We are proud to present the McCarthy Award!

Eva S. McCarthy, DO is board certified in Family Medicine and Osteopathic Manipulation by both American Osteopathic Board of Family Physicians and the American Osteopathic Association. She practices outpatient family medicine with non-operative obstetrics and general pediatrics at Santiam Hospital, Sublimity Medical Clinic.

Dr. McCarthy grew up in Corvallis and discovered osteopathic medicine while studying microbiology as a premed student at Oregon State University. After spending a month shadowing with **Norm Castillo, DO**, she decided to pursue her medical degree at Des Moines University of which Dr. Castillo was a graduate. During her third year of school, she was one of six students in a rural clinical rotation in Casper, WY, and found the experience to be formative and inspired her to practice rural primary care. She completed her family medicine residency at Samaritan in Corvallis and went on to practice frontier medicine in Burns.

In addition to her professional duties, Dr. McCarthy has served on the OAFP Board of Directors since 2014, initially as a Resident Board Member. Presently, she is the Board's secretary and is the Chair of the newly formed, Task Force on Equity, Inclusion and Diversity. Her commitment to the profession and organized medicine is what led the OAFP/Foundation to select her as a namesake for this new prestigious award.

Auction 2022

You may not be aware but the OAFP is celebrating its 75th anniversary in 2022. As we hope to meet in-person in Bend from April 7 to 9, 2022 for our annual conference, we have begun planning our Annual Auction and Fundraiser. We are soliciting items for this event and would love if you have time, treasure, or talent to donate. Please refer to the sidebar for ideas!

Remember that all gifts to the OAFP/Foundation are tax-deductible! We are hoping to embark upon some future giving opportunities for underrepresented medical students and residents. Please give generously as it will assist us in creating a more equitable environment for all students and residents who wish to enter the incredibly rewarding field of family medicine.

Thank you for your time.

Vacation rentals – Can you spare a week/weekend?

Sporting tickets – Are you a season ticket holder and want to share a game? Do you have an extra ski pass that you can share?
TicketsatWork.com – If you work at OHSU, you have access to discounted tickets that you can purchase and donate.
Personal passions – Teach a class in gardening, knitting, baking, fishing, wilderness medicine, ETC!!! If it floats your boat, there may be others in the lake who want to paddle.
Gift certificates – Ask your local merchants and restaurants to donate to this worthy cause!
Concert & theatre tickets – Everyone is eager to reconnect with the arts!
Spa services – We all need a little bit of self-care.
Home & Garden – Beautiful items for indoor and outdoor living. Pillows, vases, photography, plants, furniture, etc.
Accessories for him and her – Leather and lace, powder and pomade, bangles and baubles. Beauty to behold!
Sporting goods – It's all game! Golf clubs, fly fishing ties, sports memorabilia, hiking gear.
Books and stationery – Share your favorite literature and handmade cards.
75th Anniversary Baskets – Have your practice put together a basket to celebrate our anniversary!
Cash – Donate directly to show your support.

If you think it is valuable, someone else will as well. We need your participation to support the next generation of Oregon's family physicians.

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IRIS MARIA CHÁVEZ
EQUITY ACTION PARTNERS - OAFP LOBBYIST

Interview with Iris

Tell us about your background: how did your professional path lead you to OAFP?

I have been working in the area of policy advocacy (at the state and federal levels) for 15 years, since completing my Master's in social work and working as a school social worker in the Chicago Public Schools (CPS). My experience as a social worker with CPS opened my eyes to the "systems problems" that were hindering my students from truly engaging in their education and developing socially, and that led me to begin work organizing community-based organizations in advocacy around a host of issues young people are impacted by (primarily school-based issues.) I spent over ten years specifically doing education justice advocacy (with national civil rights organizations) and in that work, I came to see how interconnected systems problems impact a child, a family's, and a community's opportunity to thrive. I began to volunteer on boards that worked on non-education issues, such as criminal justice and housing affordability. When I had the chance to start my own public affairs company, I found myself incredibly excited about the opportunity that opened up to expand the focus of my professional work and I began to work doing community engagement, policy development, and lobbying with organizations engaged in a diverse array of issue areas. Core to our work together, whether it's the criminal justice, education, or health issues, is a focus on community: how systems are not working for people in the community and how communities can express agency in the development, passage, and implementation of policies. As a firm, Equity Action Partners works with organizations that are committed to centering people in their systems design and policy development work. In conversations with colleagues, staff, and members of OAFP, I found an immense synergy in my values and that of the organization. Understanding how committed OAFP and its members are to ensuring that health systems and policies create access and affordable health care made the partnership an obvious good fit!

What was a time you felt like the power of coalition was critical to the passage of a bill, and how that might translate to OAFP's priorities?

In much of the coalition work that we do, the coalitions with the most success are those that are composed of organizations and individuals representing a diversity of perspectives and capacities. In 2021, I represented two re-entry/behavioral health service providers on the Transforming Justice Coalition, which came together to pass a comprehensive piece of legislation intended to improve how many different aspects of Oregon's criminal justice serve people who come into contact with it. Our coalition, because it engages impacted individuals in the policy development, lobbying, and messaging development (as well as our most traditional advocacy, policy, and research organizations) was able to bring a diversity of voices to the lobbying effort. Not only were we able, as a coalition, to have "the right messenger" for each legislator we were also able to have impacted folks educating legislators on what these policies look like on the ground. Leading several legislators to a new understanding of, and appreciation for, the impact of state policy on individuals. Legislators, given social and economic events of the last few years, are increasingly interested

in hearing from people in the community on how their legislation may help or harm.

For OAFP, given the organization and its members focus on advocating for health system (and other) policies that support people to access the care they need affordably in order to lead healthy lives, coalition building just makes sense to advance OAFP's legislative priorities. As legislators are becoming increasingly wary of the "establishment" organizations, building coalition with organizations who represent and work with the variety of people impacted by a policy is critical (think; patients themselves, patient advocacy organizations, non-traditional health community-based organizations, physicians, civil rights/social justice advocates). Not only is building coalition with diverse stakeholders essential in passing good policy, it's also the right way to do policy advocacy. The diversity of voices helps legislators understand the levels of impact and need for a particular policy *and* you engage people who are impacted on all the levels of the system.

What do you think the biggest challenge ahead for OAFP is in the 2022 legislative session?

I believe that the biggest challenge facing OAFP in the 2022 session is related to the short, fast, unpredictable nature of a 35-day legislative session. As it relates to legislation we'd like to see pass, we'll need to use January 2022 to be fairly aggressive in identifying/developing legislative champions, engaging with interested partners to do the same, and mitigating the impact of unsupportive legislators and organizations. We will also need to be hyper-vigilant in monitoring legislation of interest to ensure that our perspective is considered, and that half-baked/bad policy doesn't get rushed through the short legislative process.

What would you say to members who want to get engaged in our legislative process?

Do it! Reach out to us about how you can be more engaged. We always benefit from a diversity of perspectives within the family physician space and having an organized group of family physician advocates during a quick/dirty short legislative session will help our efforts.

You can also start by figuring out who the legislators are that represent your area, or your clinic/workplace, and reaching out to those legislators to introduce yourself and the work you do. Legislators tend to be very responsive to people in their districts and welcome the opportunity to learn more about what's happening. Having a coffee or coordinating a visit to your clinic is a great way to start developing a relationship with legislators and getting started engaging in policy and legislative advocacy.

Key Contacts:

It's important for OAFP to have members who form good relationships with legislators who often deal with health care issues. The goal is to identify members who could reasonably expect the legislator to answer the phone if they call. If you know your legislator slightly, we can help you deepen that relationship by coordinating a clinic visit. When legislators visit primary care clinics, they really "get" the issues we're passionate about in a deeper way.

We need "Key Contacts" for the following legislators:

Senate Health Committee

Chair:	Senator Deb Patterson
Vice-Chair:	Senator Bill Kennemer
Members:	Senator Lee Beyer
	Senator Dennis Linthicum
	Senator James Manning Jr.

House Health Committee

Chair:	Representative Rachel Prusak
Vice-Chairs:	Representative Cedric Hayden
	Representative Andrea Salinas
Members:	Representative Teresa Alonso Leon
	Representative Wlnsvey Campos
	Representative Maxine Dexter
	Representative Raquel Moore-Green
	Representative Ron Noble
	Representative Sheri Schouten
	Representative Suzanne Weber

Ways & Means

Co-Chairs:	**Senator Elizabeth Steiner Hayward, MD, FAAFP**
	Representative Dan Rayfield
Co-Vice Chairs:	Senator Fred Girod
	Representative David Gomberg
	Representative Greg Smith
Members:	Senator Dick Anderson
	Senator Lew Frederick
	Senator Jeff Golden
	Senator Chris Gorsek
	Senator Bill Hansell
	Senator Betsy Johnson
	Senator Tim Knopp
	Senator Kate Lieber
	Senator Kathleen Taylor
	Senator Chuck Thomsen
	Representative Janelle Bynum
	Representative Christine Drazan
	Representative Susan McLain
	Representative Rob Nosse
	Representative E. Werner Reschke
	Representative Tawna Sanchez
	Representative Janeen Sollman
	Representative Duane Stark

COMMITTEE WORK

OREGON RESIDENCY COLLABORATIVE ALLIANCE FOR FAMILY MEDICINE

Every ten years, the Accreditation Council for Graduate Medical Education (ACGME) evaluates its program requirements and makes recommendations for change. ORCA-FM members have been busy reviewing the proposed recommendations and will be submitting a feedback statement to the ACGME.

In 2022, recruitment will begin for two new family medicine residencies in Oregon, bringing the number to nine programs. Madras will welcome a rural program in conjunction with OHSU and Newport will be the location of Samaritan Health System's new rural program.

Chair: Joyce C. Hollander-Rodriguez, MD
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Justin E. Osborn, MD, FAAFP
Joe M. Skariah, DO, MBA, MPH

OAFP COMMISSION ON EDUCATION

OAFP's Commission on Education has been meeting regularly to plan the 2022 Annual Conference. In addition to in-person CME, there will be Virtual On-Demand sessions for attendees. Other offerings will include a day-long ALSO Refresher course, KSA Study Hall on Palliative Care, Implicit Bias training, Member Interest Group gatherings, and a Fireside Chat. Outside of the conference, the commission planned a Virtual KSA Study Hall on Care of Children which was held in December. The Commission is also open to suggestions to members for Lunchtime Lectures and other educational offerings.

Chair: Fayza I. Sohail, MD
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ORCA-FM Liaison: (Bob) Robert W. Gobbo, MD, FAAFP
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Jacquelyn Serrano, MD, MPH, FAAFP
Eric M. Wiser, MD, FAAFP
Chase Mussard, MD

OAFP COMMISSION ON EXTERNAL AFFAIRS

Last August, the commission interviewed several candidates for the position of OAFP Contract Lobbyist.

Iris Maria Chavez, of Equity Action Partners, began the work of advocating for Oregon's family physicians in early September. Over the past few months, the commission has been weighing in on several important issues including rulemaking processes for legislation passed in 2021, encouraging a local health system to allow primary care physicians to prescribe PrEP therapy, and working to ensure the passage of our priority legislation in 2021, the "universal access to primary care" bill, which ensures that every health plan in Oregon would offer at least one product that allows up to three PCP visits without out-of-pocket costs, and removes administrative barriers to same-day behavioral health visits for patients needing integrated care.

Co-chair: Brian E. Frank, MD
Co-chair: Evan T. Saulino, MD, PhD
Student Member: Alexandra Houck, MPH
Resident Member: Justin Lee, MD
OAFP Lobbyist: Iris Maria Chávez
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OAFP NOMINATING COMMITTEE

OAFP welcomed Dr. Jane Akpamgbo to the Nominating Committee in November. As Dr. Akpamgbo serves on the Task Force for Equity, Inclusion and Diversity, and the OAFP Board of Directors, she will join the committee in reviewing OAFP leadership nomination processes. The committee is also looking at potential candidates for any open seats on the OAFP Board of Directors, and other commissions, committees, and task forces.

Chair: Stewart L. Decker, MD, MPH, FAAFP, FWMS
EID Liaison: (Jane) Jane-Frances I. Akpamgbo, MD
Members:
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Eric M. Wiser, MD, FAAFP

TASK FORCE ON EQUITY, INCLUSION & DIVERSITY

In October 2021, the OAFP Board of Directors voted to adopt the OAFP Anti-Racism Declaration created by the Task Force on Equity, Inclusion & Diversity. The task force welcomed several new members, created a page on the OAFP website, presented ideas for programming to the Commission on Education, and has created an Anti-Racism Declaration plan to address OAFP's strengths and weaknesses. Future projects include creating more equitable pathways to family medicine for underrepresented medical minorities. The Task Force meets every other month and is open to all OAFP members.

Chair: Eva S. McCarthy, DO
Members:
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Forrest Bliss, OMS-2
Christal V. Crooks, MD
Eva M. Galvez, MD
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Justin J. Santos, MD
Ashley Sparks, DO
(Yoli) Yolanda B. Suarez, DO
(Annie) Anna M. Tubman, MD
Simran Waller, MD, MPH

OAFP/FOUNDATION

The OAFP/Foundation sent out emails to members in early December and created social media posts on Giving Tuesday as part of the End of Year Annual Giving Campaign. They created a new DO scholarship named after Dr. Eva McCarthy and have begun fundraising for this award and the Lundy Award, both of which will be announced at the Annual Conference. The fundraising subcommittee is looking at new ways to engage members and solicit donations. Procurement of items for the 2022 Annual Auction has begun as well. See p. 10 for more information.

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Corbett Richards, DO
Lily J. Wittich, MD

FAMILY PHYSICIANS OF OREGON POLITICAL ACTION COMMITTEE

The PAC sent out letters to members in late October in an effort to fill the coffers. With redistricting, and a new gubernatorial race in the future, it is important that the PAC have sufficient funds to support worthy candidates. OAFP's new lobbyist will be briefing PAC members in late January about the 2022 Short Session in a Virtual meeting open to PAC donors. See p. 17 for more information.

MEMBERS IN THE NEWS

Eva M. Galvez, MD represented Oregon in the AAFP series Real Talk for Family Docs on December 7, 2021. This impactful event was set up for AAFP student members to hear about the journey of various family physicians and the stories of the impact they are having through their current practices. After hearing from the physicians, students were split into virtual small groups where they could learn from each of the physicians and ask questions. Dr. Galvez serves on the OAFP Board of Directors and practices at Virginia Garcia Memorial Health Center in Hillsboro.

Antonio Germann, MD, MPH, was a Guest Columnist for The Oregonian in October 2021. Dr. Germann is a rural doctor at Legacy Silverton Medical Center and a member of Oregon's COVID-19 Medical Advisory Panel. The article can be found at https://www.oregonlive.com/opinion/2021/10/opinion-health-care-vaccine-mandate-is-about-the-patients-not-the-caregivers.html. Dr. Germann has been an active member of the OAFP Commission on External Affairs.

Senator Elizabeth Steiner-Hayward, MD, FAAFP was awarded the OMA Presidential Citation for her strong advocacy of health care providers and patient care. Through her role as Chair of the Ways and Means Committee and Chair of the Oregon Legislature, Senator Steiner-Hayward has been a strong proponent to increase the tax on tobacco projects, she has secured additional dollars for the Health Care Provider Incentive Fund, and she led the passage of the Family Connects program which offers a home health visit from a nurse to all families with a newborn child.

Eric M. Wiser, MD, FAAFP was named one of two 2021 Oregon Medical Association Doctor-Citizens of the Year – an award that is presented to physicians who generously donate their time to community activities and who tirelessly work to further the art and science of medicine.

Dr. Wiser is the Interim Director for Oregon AHEC, a faculty member for the Oregon ECHO Network, a volunteer for the Oregon Medical Reserve Corps, and president of Neighborhood House. In addition to serving on the OAFP Board of Directors, Dr. Wiser also serves on the Oregon Rural Health Association Board of Directors, and Rural Health Coordinating Council.

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Virtual Pre-session Briefing with OAFP's Lobbyist, Iris Maria Chávez

Wednesday, January 26, 6:30 – 7:30 pm

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Mark S. Meyers, MD (Secretary/Treasurer)
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Keith A. White, MD, FAAFP*

**New members*

CHRYSTAL BARNES
ORPRN – RESEARCH ASSISTANT

IMPACT OF OREGON'S COVID-19 VACCINE MANDATE ON PRIMARY CARE PRACTICE STAFFING:

RESULTS OF AN OREGON RURAL PRACTICE-BASED RESEARCH NETWORK SURVEY

Over the last eighteen months, primary care clinics in Oregon have been taxed by the COVID-19 pandemic. A rapidly changing landscape of primary care practice, along with increased demands during a time of unique individual and community stresses, contributed to dramatic staff shortages in a setting already burdened by insufficient staffing. As of July 2021, every county in Oregon experienced partial or full health professional shortages.[1] To protect the health of the state's healthcare workforce and the patients that it serves, Governor Kate Brown announced on August 19, 2021 a mandate requiring all healthcare workers to receive COVID-19 vaccination, effective October 18, 2021.[2] The Oregon Health Authority has described vaccination patterns among individual licensed clinicians, but little is known about impacts on primary care clinics – a critical frontline resource in addressing the pandemic and a trusted source of healthcare to the majority of Oregonians.[3]

To better understand the effects of the vaccination mandate on primary care clinics, researchers at the Oregon Rural Practice-based Research Network (ORPRN) surveyed primary care clinicians and staff across the state. ORPRN is a primary care research network located in the Oregon Health & Science University (OHSU) School of Medicine that strives to improve health outcomes and equity for all Oregonians through community partnered dialogue, research, coaching, and education.[4] Leveraging ORPRN's robust relationships with over 400 primary care clinics across the state, the survey was sent electronically to ORPRN's digital mailing list on October 28th along with targeted follow-up to improve geographic representation through November 12th.

Responses were received from 119 participants from 93 unique primary care clinics throughout Oregon. Respondents represented 29 of Oregon's 36 counties, which can be seen in Figure 1, and were approximately evenly distributed across rural and urban clinics. Over a third of clinics were small (fewer than 5 providers), one fourth were medium sized (5-10 providers), and the remaining third were large (more than 10 providers). Respondents included physicians, nurse practitioners and physician assistants, medical directors, nurses, office managers, and behavioral health providers.

As seen in Figure 2, 45% of clinics reported that staff had resigned, been put on leave, or been terminated because they chose not to receive vaccination

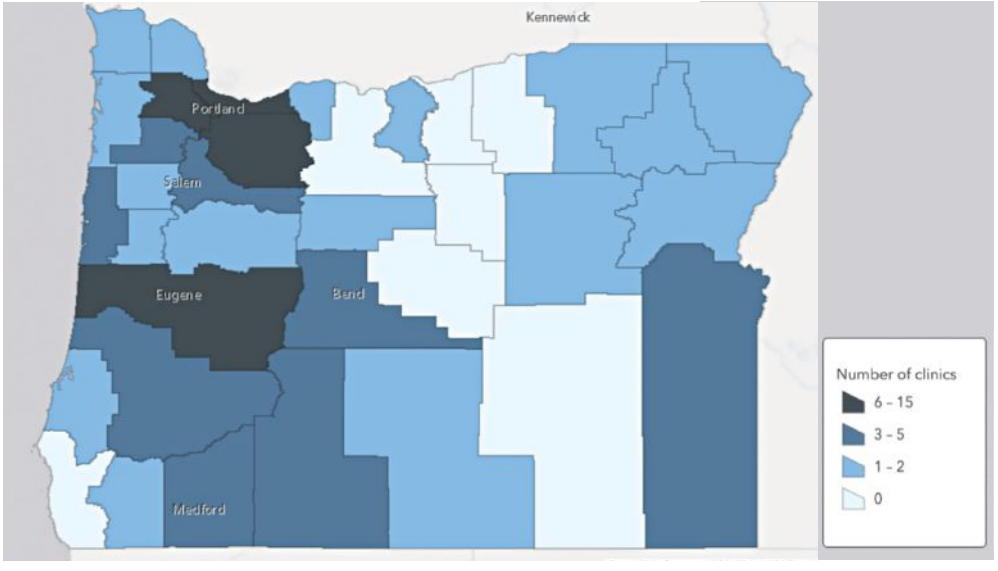

Figure 1. *Map of number of clinics participating in the survey by Oregon county*

against COVID-19. Additionally, 52% of clinics reported that staff had received approval for a medical or religious waiver, exempting them from the vaccination requirement. Rural clinics were more likely to experience staff loss than their urban counterparts (50%, compared to 39%) and approve vaccination waivers (69% compared to 35%). Approximately one-third of clinics reported that the vaccination mandate had significant or very significant impacts on clinic staffing, as seen in Table 1. Rural clinics were more likely to report significant or very significant impacts (43% compared to 24% of urban clinics).

Among clinics reporting significant staffing impact, participants described remaining staff taking on new and increased tasks from their previous roles. For a few clinics, this has led to a reduction in services offered, fewer available appointments, increased response times to patients' calls and messages, and delays in laboratory processing times. For example, one participant shared how their operations have changed due to the mandate: *"We've had to have temporary closures, move staff between sites, and move to more telemedicine visits rather than in person [. . .] if anyone else calls out, there is no back up."* Several other respondents noted they increased their use of telemedicine to help them through the staffing shortage.

Staff morale also suffered, according to respondents. A common thread among both rural and urban clinics was increasing stress and tension during the months leading up to the vaccination deadline. Divisions that already existed in the community now manifested in the clinic. According to one respondent, *"[The vaccine mandate] initially destroyed the morale, pitting those who were vaccinated against those who weren't."* According to another respondent, the mandate *"made employees distressed by having to choose between employment and being injected with a vaccine they did not want"* and *"it caused conflict with peers feeling they were being put at risk by those not vaccinated."*

In some clinics, the feared staffing impacts did not manifest. One respondent noted, *"There was a lot of concern that we were going to lose multiple staff members . . . but we ended up accepting all but one religious exemption and so staff attrition was minimal, but it was very impactful to the morale of the staff."*

This survey of Oregon primary care providers and staff highlights some of the direct impacts of the COVID-19 vaccination mandate for

continued on page 20

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continued from page 19

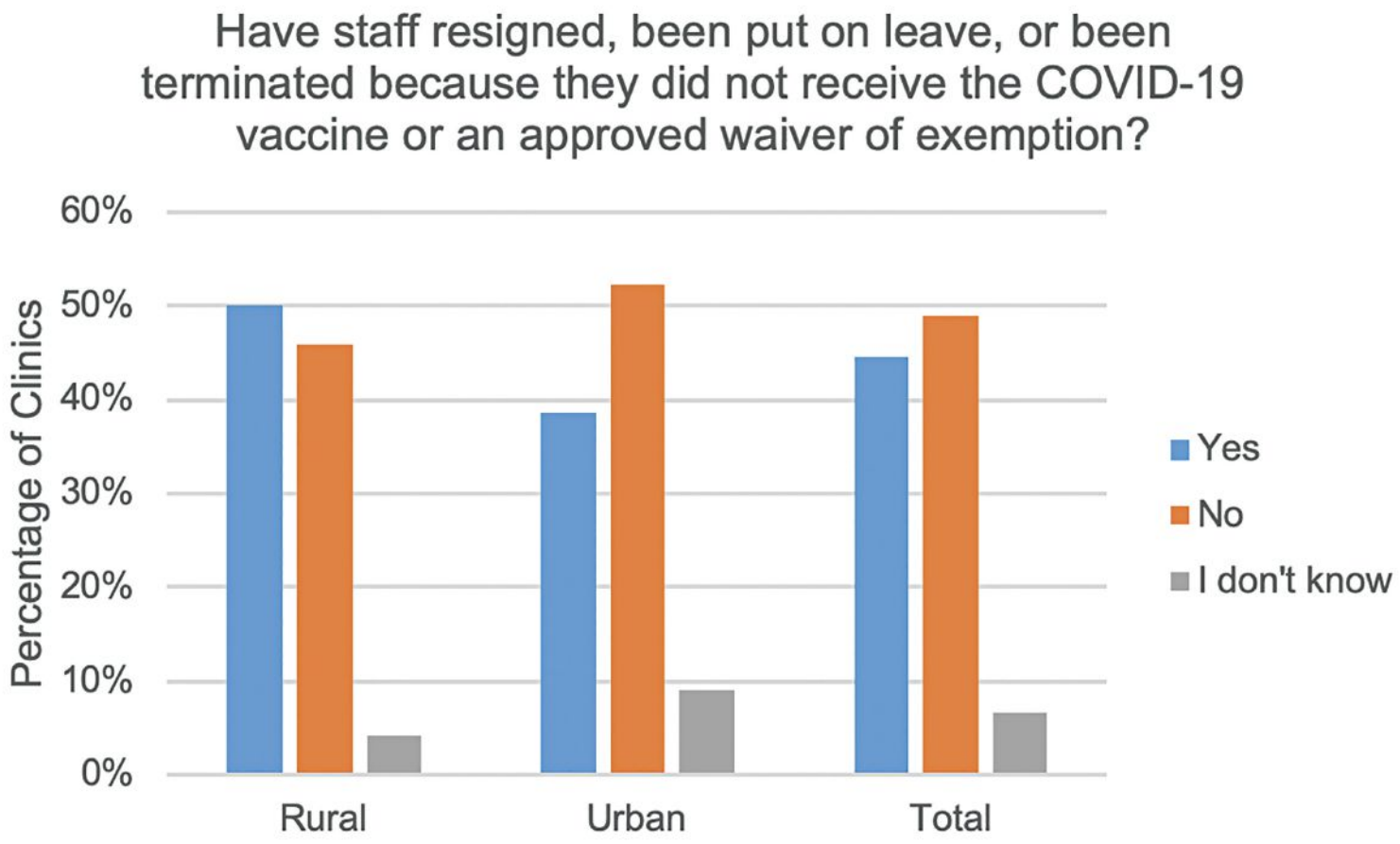

Figure 2. *Loss off staff by rurality*

Table 1. *Rating of impact of mandate by rurality*

Impact of COVID-19 Vaccine Mandate on Staffing by Rurality				
	No impact	**Minor impact**	**Significant impact**	**Very significant impact**
Rural	13%	45%	30%	13%
Urban	28%	48%	17%	7%
Total	20%	46%	25%	10%

healthcare workers. Respondents overwhelmingly supported COVID-19 vaccination for both their staff and patients, but the mandate was not as universally accepted. Clinics reported a wide range of impacts, with almost half losing staff members. With an already strained and limited primary care workforce, this raises concern. Additionally, impacts were disproportionately felt among rural clinics, often in areas hard hit by the COVID-19 pandemic and already suffering from limitations in healthcare access and staffing. Finally, differences in waiver acceptance policies raise concerns regarding disproportionate health and equity impacts for patients across health systems and create difficult decisions for clinic leadership. Taken together, the stories from Oregon's rural and urban primary care clinics demonstrate significant, though not universal, staffing impacts of the vaccination mandate for primary care healthcare workers.

The effect of these reported staffing challenges and their potential downstream ramifications on healthcare access, quality, and equity must be balanced with the

positive impacts of the vaccination mandate – safer primary care clinics with fewer COVID-19 infections among healthcare workers and between patients and staff. It is also difficult to predict the long-term effects of these current staffing strains, as the most impacted clinics quickly work to hire additional staff. The stresses many clinics felt during the months leading up to the mandate's deadline, however, were clearly described, including uncertainty about the role of exemptions to vaccination, existing community discord over vaccinations, and existing short-staffing. Except for a few clinics who indicated that their staff had already been fully vaccinated, those who strongly supported the mandate acknowledged it created challenges in their clinics. As the last 18 months have demonstrated, however, primary care is resilient. At a time when healthcare workers have been asked to go above and beyond, as one respondent commented, *"We will get through this short-term time of stress and be left with a staff that has the interests of patient and each other at heart."*

Thank you to the other contributors to this article: Erin Kenzie, PhD, MSc, NithyaPriya Ramalingam, PhD, Eliana Sullivan, Melinda Davis, PhD, **Brigit Hatch, MD, MPH,** Mellodie Kinkade, Kylie Lanman, **Nancy Elder, MD, MPH**

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OREGON ACADEMY OF FAMILY PHYSICIANS

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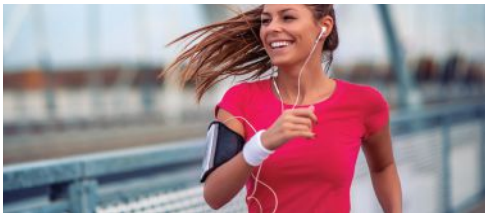
SEEKING 75 STORIES

In celebration of OAFP's 75th anniversary in 2022, we are collecting stories from members. These stories can be written or oral histories. If you are not able to write down your own story, we will be recruiting medical students to interview members interested in sharing their family medicine histories.

We would like to know:

- when you decided that family medicine was right for you;
- who inspired you to go into family medicine;
- what training was the most influential;
- have any experiences or patients changed the way you look at the world and how;
- etc...

If you would like to share your story, please email Louise Merrigan at **louisem@oafp.org**. If your story is already written, send it along.



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