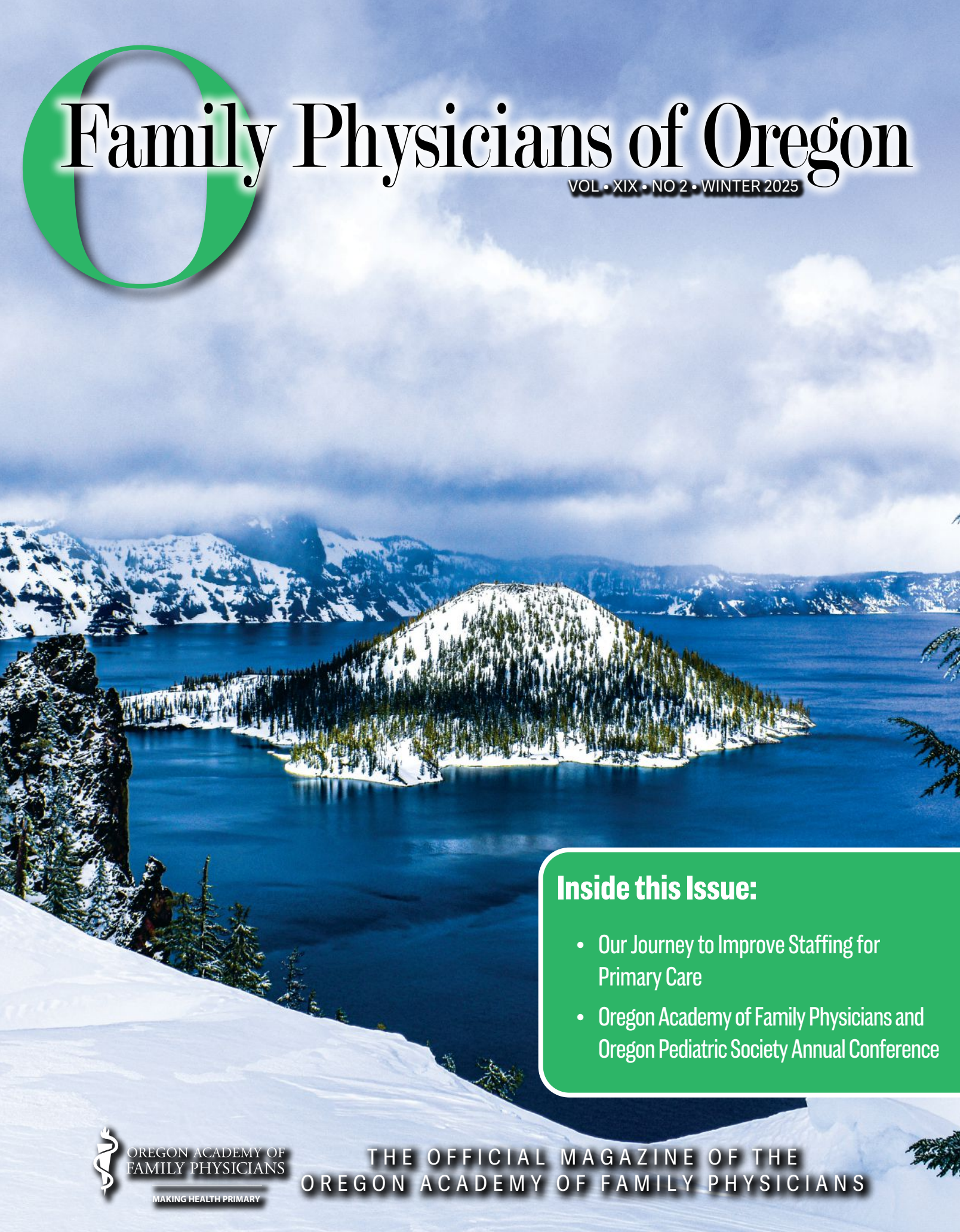
Family Physicians of Oregon

VOL • XIX • NO 2 • WINTER 2025



Inside this Issue:

OREGON ACADEMY OF FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

THE OFFICIAL MAGAZINE OF THE OREGON ACADEMY OF FAMILY PHYSICIANS

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Family Physicians of Oregon

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About the cover:
Crater Lake on a snowy, cloudy day

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OREGON ACADEMY OF FAMILY PHYSICIANS
MAKING HEALTH PRIMARY

EDITION 72

PRESIDENT'S MESSAGE

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

I hope that you all were able to find peace in little or big ways this past year and found some calm in the uncertainty. Taking time to reflect and set intentions for the New Year, I want to share some recent takeaways from the OAFP strategic planning conference that took place in October 2024 in Portland. A few members participated in a public speaking workshop facilitated by **Dr. Ruth Chang** (AAFP Alternate Delegate) which was followed by a day of robust conversation and idea sharing among the OAFP board of directors, executive staff, and board advisory consultants from Page Two Partners. The OAFP revisits our strategic plan every two years, but this year felt especially pivotal amidst recent organizational growth and the successful launch of ORCA-FM. Prior to the retreat, several board members were tasked with reaching out to members at large, asking them to comment on their professional concerns, hopes, and ideas about how the board can be more helpful to them. People expressed the value of family medicine but raised concerns about the relevance and sustainability of the specialty due to workforce shortage and competition, shrinking reimbursement for primary care services, administrative burden, and the threat of corporatization of medicine. We used this feedback to develop some broader goals for the organization to lead change rather than react to it, improve understanding of data and trends in the primary care workforce in Oregon, and re-center Family Medicine as the specialty leader of primary care in the State. The Executive Committee has also identified operational goals including building better communication strategies with members at large and refining internal processes such as position nomination to ensure that diverse perspectives are added to the board and that the organization feels inclusive to all members.

The ultimate takeaway from the day was that over the next five years, the Oregon Academy will build a coalition around the re-centering of primary care in Oregon to strengthen advocacy in payment reform, promote health equity, ensure quality resident training, and address physician retention and wellness, which will ultimately improve access to care for patients. The Commission on External Affairs has prepared for the 2025 legislative session where bills about prior authorization, increasing primary care payment rates, vaccine payment reform, and continued funding for ORCA-FM will be introduced. In November, **Betsy Boyd-Flynn** (CEO), **Dr. Jane Akpamgbo** (President-elect) and I were guests on OPB's Think Out Loud to discuss the primary care workforce shortage in Oregon, and how coalition building around decreasing administrative burden has begun with other medical chapter organizations. At the end of the planning conference, we went around the room and summarized how we were each feeling in one word, and words like "hopeful" were the most abundant. Coming into this new year I can earnestly say that I too feel hopeful about the work that we have and will continue to do on behalf of primary care in Oregon.

Coming into this new year I can earnestly say that I too feel hopeful about the work that we have and will continue to do on behalf of primary care in Oregon.

Sincerely,

Eva S. McCarthy, DO

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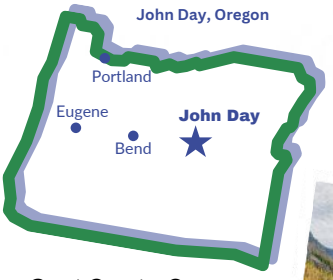

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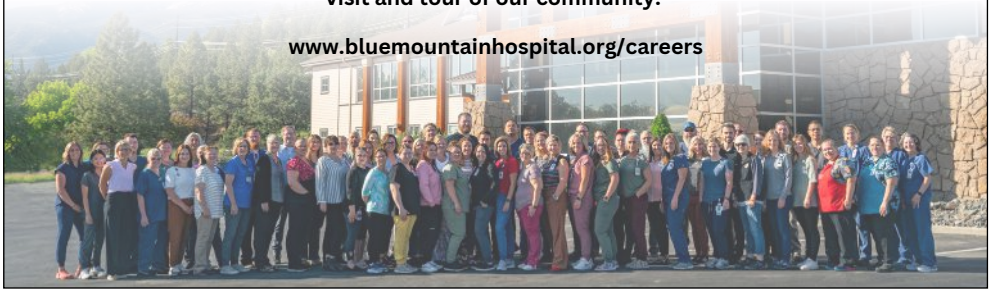

BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Galvanized for Change in 2025

Sometimes the gulf between my vantage point working with family physicians and health policy wonks becomes obvious. Recently during a Plan Design and Expenditures Subcommittee of the Universal Health Plan Governing board meeting, where I am joined by several OAFP members and other Oregonians, we discussed the levers available to plan designers to drive savings and access. Three topics were presented: provider network, eligibility, and price. Notably, administrative costs were not discussed. The cost of the care itself is the majority of "spend" but what it costs to get those dollars out the door is something that we absolutely must consider.

In December, the New York Times devoted a lot of coverage to the Dec. 4 murder of United Healthcare CEO Brian Thompson. Public reaction revealed a groundswell of anger at the health care system that I'm sure many of you see in clinic every day. Across multiple news and social media platforms, individuals are sharing stories of claims denied and care delayed, sometimes with devastating consequences. One pollster observed that a few years ago, he would hear mixed consumer views on health insurance, with wealthier people generally speaking favorably about their plans. "I don't hear that anymore…The wealth gap has closed, and there is no amount of money that can buy you good insurance."

When I talk to other folks in health policy, we often hash through all the incredibly complex overlapping problems we face, draw the conclusion that we need radical change, and then immediately dismiss the possibility of manifesting the change because the system is too large, and the disruption would be intolerable.

I argue that the system is intolerable already. It's intolerable that Oregonians sit at kitchen tables and try to understand and afford a bill for a visit they thought was covered, or try to understand the difference between care that counts against a deductible and care that doesn't. It is intolerable that inequity in health care access and health outcomes persist. It is intolerable when a parent calls dozens of "in-network" behavioral health providers seeking care for their child only to be told no.

It is intolerable that doctors have to explain again, every quarter, why their patient with COPD still needs supplementary oxygen. It is intolerable that insurance claims are sometimes denied for care that was subjected to prior authorization. It is intolerable that hospital and health care facility mergers leave patients with fewer, more expensive places to get care. It is intolerable to read that pharmacy benefit management companies were receiving bonuses from opioid manufacturers as incentives to keep the supply of those medicines flowing freely, even as evidence of diversion and misuse mounted. Finally, it is intolerable that exhausted doctors are leaving the profession, and clinics struggle to replace them.

As Americans we have tolerated the intolerable. As 2025 dawns, I believe radical change is possible. Perhaps our days of accepting the intolerable are coming to an end?

This month we will anchor a hearing for the Oregon Legislature describing the top threats to primary care. We will partner with others from the primary care advocacy community to ask legislators to bear these threats in mind as they consider legislation over the session.

We have the chance to turn a precarious situation into one where primary care is truly valued as central to health care in Oregon. Through collaboration, bold action, and leadership, OAFP is committed to driving meaningful change. Our recent Strategic Planning Process affirmed this: OAFP will be a catalyst for

innovation, and a leader in ensuring that primary care thrives.

Intolerable situations galvanize us to act. I hope you'll join us in building a better future.

Quick Hits: OAFP in Action

- October: Four family physicians and I began serving on the Plan Design and Expenditure subcommittee for the Universal Health Plan Governing Board
- November: OAFP president, **Dr. Eva McCarthy**, President-Elect, **Dr. Jane Akpamgbo**, and I were on Think Out Loud to talk about primary access, and what threatens the system.
- December: Our member on the Oregon Health Policy Board, **Dr. Tony Germann** helped work with the OHA team as they sunset the committee on cost containment (which is not working as intended) to focus on affordability.
- January: A separate group of experts (including members working in public health and in addiction medicine) are thinking together about how we can better support access to treatment for substance use disorders in primary care.
- 2025 Legislative Session: We are helping advance several bills in 2025, including: increased payments in primary care; limits on corporate ownership of health care entities; reduce the burden of prior authorization on clinicians and patients; continued work to sustain our state immunization program; support for our network for family medicine residencies.
- Ongoing: We are building connections with groups of patient advocates, such as Patients 4 Primary Care, and are designing a project to collect stories of patients and primary care clinicians to help build stories about the importance of that high-quality primary care.

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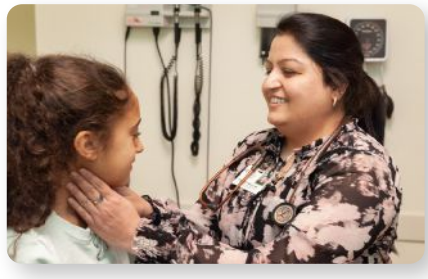

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Our Journey to Improve Staffing for Primary Care

For decades the U.S. health care system has continued to see higher health care costs, but no significant improvements in population health indicators. There's growing evidence that shows that improved access to primary care leads to improvement in population-level health outcomes, health equity, and cost.[1-2] Access to specialty care increases costs with no distributable improvement in health outcomes.[3] Continuing to function in an environment where hospitals and hospital-based systems are paid at a higher rate to provide specialty and procedure-based care, rather than increasing incentives to expand primary care, will likely not lead to population health improvements. As health care systems continue moving towards value and away from high-cost services, it's increasingly important to understand what primary care needs to be maximally successful. The journey to this end has been arduous for many of us in primary care.

Roughly ten years ago, we embraced the medical home model of care, with the understanding that greater investment in primary care staffing and services would improve health for the communities that we serve and lower overall health care costs. Under this model many practices expanded services to encompass behavioral health, care management, care coordination, and medication management. During this time, many family physicians and other primary care physicians shifted to an employed status, rather than a practice-owner status in large numbers. This led to a different set of pressures and less control in how practices are run and staffed. Hospitals and hospital-based systems now own many primary care practices and view primary care as an access point into their system to capture the downstream revenue associated with specialty services. Other system changes have also introduced new expectations for primary care, often without appropriate reimbursement or staff (e.g., quality metric reporting, responding to patient portal inbox messages, implementing e-consult recommendations).

At OHSU, we recognized that primary care did not have established baseline staffing levels or a mechanism for determining optimal staff levels to ensure we can meet system expectations and patient needs. Without an agreed upon method (e.g., a data-driven algorithm) to determine the number of staff and clinicians needed to care for patients based on their needs and complexity, we were ill-equipped to advocate for improved staffing levels. We conducted literature reviews, consulted with colleagues across the country, and learned that many leaders in primary care faced similar challenges. We discovered that many systems are "flying blind" regarding understanding what primary care needs to function. The following compounded the urgency of this problem: demand for care far exceeding supply, including increased demand for asynchronous care; increased complexity and acuity following the pandemic; and increased access issues across the health system causing more referrals to primary care that specialty settings historically handled.

To address this, we partnered with leaders across primary care and predictive analytic scientists led by Peter Graven, PhD, to help better understand our patient population, the complexity and demand, the resulting workload, and the staffing needed to effectively support it. Dr. Graven helped develop a novel approach to evaluating patient needs by placing them into "clusters," based on health conditions and other characteristics. These clusters included:

1. Pediatric under age 1
2. Pediatric chronic complex (with and without Social Complexity)
3. Pediatric non-complex chronic (with and without Social Complexity)

4. Pediatric General (with and without Social Complexity)
5. Adult Cognitive Conditions (with and without Social Complexity)
6. Adult High Substance Use Disorder Behavioral Health (with and without Social Complexity)
7. Adult Multiple Chronic Conditions (with and without Social Complexity)
8. Adult Single Chronic Condition (with and without Social Complexity)
9. Adult General (with and without Social Complexity)

Clinicians and care team members from across our primary care system helped to develop these clusters using an iterative co-design process. From there, Dr. Graven evaluated the care needs and associated workload for patients in each cluster and extrapolated this to produce data on the complexity of each clinic's panel. Staffing levels at each clinic were analyzed to determine the level of staffing compared to the workload that was expected.

Throughout the project, high-quality primary care was our north star and was defined using Barbara Starfield's framework of the Four Cs of Primary Care: First Contact (Access), Continuity, Comprehensiveness, and Coordination. We also added a fifth "C" to account for clinical quality.[1-2]

We continue to develop a mechanism and processes for determining optimal staffing levels for primary care practices, accounting for the unique needs of patient populations in different practices. Some learnings include:

1. Increased staffing levels are correlated with improved performance on closing clinical quality gaps.
2. A significant proportion of time in patient care is spent on non-visit-based work, compared to visit-based work. This finding is consistent with the experience reported by our clinicians and staff.
3. Measuring non-visit-based work proved challenging due to variation in workflows and the number of touches needed to resolve an issue. Difficulty measuring this work is a barrier in justifying more support for staff and revised payment models.
4. In addition to increasing staffing levels, we also recognize the need to reduce redundancies and boost efficiency through process improvement and training.
5. There is a high degree of variation in both staffing levels and workflows across our clinical system because of the evolution of each practice and the patient population being served. It also raises questions for how to best approach process improvement across our primary care group. Our project spanned family and internal medicine and pediatric practices; it included a federally qualified health center, a rural health center, and community- and hospital-based practices. Sub-specialty clinics within each clinic require support staff, a common feature of academic health center practices which compounded variation.

Embarking on this project is helping our team demonstrate the large amount of non-visit-based work that our primary care teams do to care for our patients. This work is difficult to measure and is under- or uncompensated. The burden of this work has also increased exponentially over recent years. This resulted in the work outpacing the teams' capacity and difficulties in maintaining the staffing levels needed to provide timely high-quality care. This has led to moral injury and distress among our teams.

Further, this work is based on our current state of staffing and performance. We have not yet identified what the "gold standard" for primary care staffing levels should be. A big step forward would be using our data to continually predict and adjust the right size of staffing in our practices based on the populations they serve. Our practices will greatly benefit from having the ability to understand these needs in real time and to adjust staff numbers frequently as patients enter the system and as their needs change. The ability to quantify the amount of non-visit-based work and the time needed to complete it, for our health system and payor partners, is also essential.

As we continue this staffing journey, we are reminded of the bigger picture: for primary care to unlock its true potential – to improve population health and health equity, while lowering overall health care costs – we will fundamentally need a different payment structure. A stronger primary care system with multidisciplinary teams and staff to do the visit- and non-visit-based work that our patients count on can improve lives and decrease total health care spending. Primary Care is more than simply an "access" point; it's the primary driver of improved health and is deserving of a robust, comprehensive staffing model.

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•PUBLIC POLICY AND LEGISLATIVE AFFAIRS

IRIS MARIA CHÁVEZ
EQUITY ACTION PARTNERS - OAFP LOBBYIST

The Oregon State Capitol was abuzz recently with the final set of "interim legislative work days" for the 2023-25 biennium, and a special legislative session, that took place in Salem the week of December 9th.

Legislators met in the Capitol for three days of informational committee hearings, primarily to hear updates on previously passed legislation, preview concepts to be unveiled in 2025, and to formally introduce their committee bills. Committee bills are pieces of legislation that are introduced by a full policy committee (not a specific legislator), though introduction by the committee certainly does not mean each committee member supports the concept introduced (as we were reminded during several committee hearings by members this week.)

Joining legislators in the building this week were many of the newly elected members of the legislature, though they are not yet sworn in, they came to the Capitol to get their bearings, meet their new colleagues, and listen in to the policy conversations they will be a part of in 2025. Also in the building were a large number of Oregon advocates, using the opportunity to be in the building with legislators to make an early case for their priorities for 2025.

Rounding out the interim legislative days week was the 2024 Special Legislative Session, called by Governor Kotek, to appropriate $218 million to cover the costs of the most expensive Oregon fire season on record. The special session was among the more unremarkable in recent memory. With broad agreement that the state must

pay bills that have grown as the state experiences more severe fire years, both Democrats and Republicans were happy to approve the money. The lone bill up for consideration, Senate Bill 5801, sailed through a legislative committee and both chambers on nearly unanimous votes in just a few hours.

OAFP, and partners, expect a busy legislative session with many bills focused on changes to health care policy that aim to address patient access, cost, and administrative issues. House Majority Leader, Rep. Ben Bowman (D-Tigard) will be re-introducing his legislation (HB 4130, 2024) to modernize Oregon's Corporate Practice of Medicine Doctrine (originally put into statute in 1947) which, if passed, would limit the growing corporate control over physician practices. Primarily, the bill would place guardrails around the PC-MSO contracting model to preserve the principal-agent relationship of physician practices and management companies. OAFP members have been closely involved in the development of House Majority Leader Bowman's legislation throughout 2024 in the lead-up to the 2025 legislative session.

We also expect to see behavioral health issues remain a central part of work done by legislators, lawmakers have approved more than $1.5 billion since 2021 to plug gaps in the state's behavioral health care system. Despite these recent increases in spending, a state-hired consultant found earlier this year that Oregon still faced a shortage of treatment beds and another report found the state needs to spend about $170 million annually over the next five years to meet the expected behavioral health bed needs. Rep. Rob Nosse (D-Richmond) is expected to have several pieces of legislation to continue investments and policy focused on workforce development, recruitment, and retention.

OAFP will be tracking a good deal of primary care, health care policy conversations during the legislative session. Look for regular communications from the OAFP team and Equity Action Partners to stay informed on introduced health care bills, important legislative developments, and opportunities to connect with your legislators.

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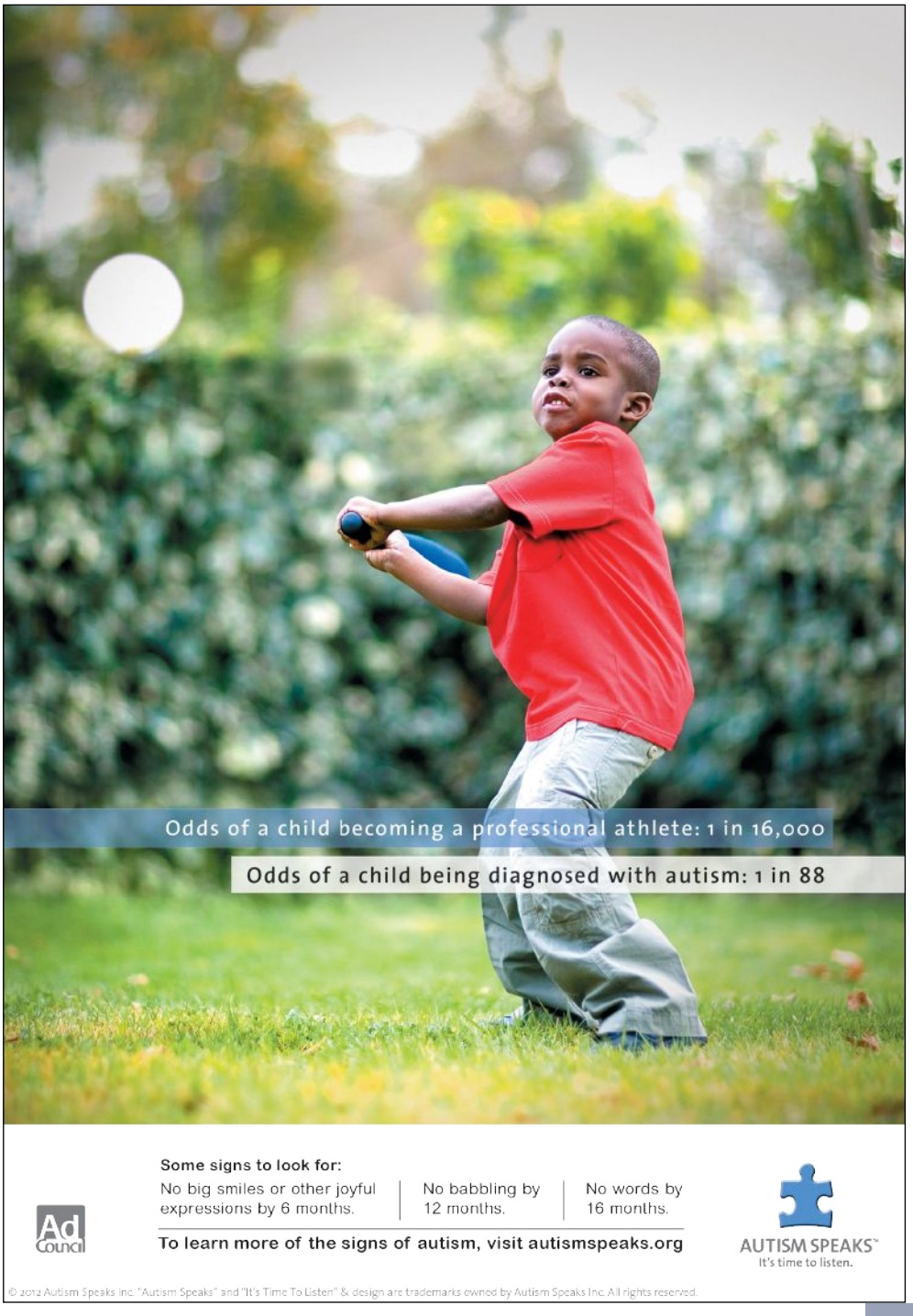

•STUDENTS SPEAK OUT!

CAROLYN GREEN – MD STUDENT, CLASS OF 2026

Oregon Health & Science University
FAMILY MEDICINE interest group

As we enter a new year, many medical students at OHSU are already well on their way to finding their place within the specialty of family medicine. The first and second-year medical students have been engaging with workshops, lunch-and-learn lectures, and preceptorship opportunities at family medicine clinics across the greater Portland area, third-year students are completing their family medicine clinic and AHEC rotations, and fourth-year students are wrapping up interviews and prioritizing their preferences for residency programs. Some students started medical school knowing they wanted to pursue a career in family medicine, while others decided to pursue family medicine after an especially impactful patient experience or rotation. Medical school, as we have learned, is the sum of thousands of individual experiences and insights, and it is exciting to think about what additional encounters may transform other students into future family medicine doctors.

This past November, a dozen currently practicing family medicine physicians gathered at the *Lucky Labrador* in Portland for the annual FMIG "Meet the Docs" event – a tradition that not only offers a cozy respite on what always turns out to be an especially rainy evening, but a wonderful opportunity for medical students to chat and connect with family medicine physicians who work in a wide variety of practice settings. This year's Meet the Docs had several new physicians in attendance, including **Drs. Hilary Gerber** and **Chris Pexton**, who care for patients at the OHSU Family Medicine Community Health Center in East Portland, **Dr. Marla Rhem**, who specializes in maternal care and obstetrics at the OHSU Richmond Clinic federally qualified health center, and **Dr. Aoife O'Sullivan**, a family medicine physician and Menopause Society Certified Practitioner who specializes in holistic care for patients experiencing menopause. Medical students from all four years attended, including several first-year students who hoped to learn more about what a career in family medicine involves. Students rotated through conversations with all the physicians in attendance, learning about opportunities in global medicine, rural health care, obstetrics, public health, and sports medicine. One industrious first-year medical student, Natalie White, even left the event with plans for a future FMIG event already in the works she -- and Dr. Gerber will be working together to host an IUD workshop in the coming months.

We are grateful for all of the inspiring family medicine physicians who have taken time to teach, advise, and welcome our FMIG medical students into the dynamic world of family medicine!

This "Meet the Docs" dinner, along with other FMIG sessions hosted by faculty and physicians from across the state, serve as important opportunities for students to connect with mentors early on in their training. As **Dr. John Saultz** reiterated in his recent "Introduction to Family Medicine" talk with students, unexpected connections can end up impacting your entire career, whether that involves traveling to work with communities in remote regions of the world or starting quality improvement initiatives at a local clinic. We are grateful for all of the inspiring family medicine physicians who have taken time to teach, advise, and welcome our FMIG medical students into the dynamic world of family medicine!

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STUDENTS SPEAK OUT!

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FAMILY MEDICINE interest group

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

Season's Greetings! As we close the fall semester at COMP-NW, it's been an exciting and busy time. In addition to our regular coursework, we participated in 'conference week' — an annual event designed to explore topics not covered in the regular curriculum. This year, with the advancement of our Simulation Lab, students had the opportunity to engage in hands-on workshops that enhanced their clinical skills, including managing vaginal deliveries, performing lumbar punctures, and placing central lines on life-like models. It was a unique opportunity for skill development. We also welcomed expert guest speakers such as Carisa Champion, DO, who shared insights from her impressive career as a general, trauma, and plastic surgeon and now, Medical Officer at NASA.

One of the highlights of the semester was the Family Medicine Specialty Interest Meeting, which took place virtually during the final days of conference week. Approximately forty students attended, eager to hear from Jenna Collins, DO, and **Gina Miller, MD**, who shared their personal journeys to Family Medicine and their experiences within the field. Both physicians spoke passionately about the unique rewards of Family Medicine, from its diverse practice opportunities to the ability to build long-term patient relationships. Their stories resonated with many students, reinforcing that Family Medicine isn't just a specialty—it's a calling. With its broad scope, continuity of care, and unmatched job stability, Family Medicine remains an essential part of the health care system, attracting students who are driven to make a lasting impact.

Looking ahead, the FMIG chapter at COMP-NW is set to transition leadership in February, and we are all excited to see the direction this dynamic group will take in its final months.

The Family Medicine Interest Group (FMIG) at our Lebanon Campus has had several events this semester involving fabulous guest speakers. In September, Dr. Cline welcomed many students over the lunch hour discussing the impact and flexibility of Family Medicine throughout his career in the Air Force and in the civilian world. In October, **Bradley Buchheit, MD**, spoke on their career in primary care with an addiction medicine focus. These were wonderful events, and drew the attention of many students, highlighting Family Medicine and the many fruitful paths it may offer to us as physicians.

Looking ahead, the FMIG chapter at COMP-NW is set to transition leadership in February, and we are all excited to see the direction this dynamic group will take in its final months. I have no doubt that the incoming leadership will continue to inspire and connect students to the opportunities within Family Medicine. As 2025 approaches, the future of Family Medicine at COMP-NW looks incredibly promising, and we are all eager to contribute to this vibrant and vital field.

Have a Happy New Year!

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•FOUNDATION NEWS

RICK MOBERLY, II, MD, OAFP FOUNDATION PRESIDENT
OHSU SCHOOL OF MEDICINE - DIRECTOR, CORE CLINICAL EXPERIENCE – FAMILY MEDICINE (FM),
OASIS CAREER ADVISOR – FM POD, ASST PROFESSOR – DEPT. OF FM,
FM CORE FACULTY– SCAPPOOSE, MEDICAL DIRECTOR – AVALON CARE CENTER SCAPPOOSE

Family Medicine is the backbone of health care, particularly in rural and underserved communities, where our ability to provide full-scope care meets the most pressing needs of patients. As president of the OAFP Foundation, clerkship director and student advisor at Oregon Health & Science University (OHSU), I see firsthand how the future of Family Medicine depends not only on supporting current practitioners but also on inspiring and equipping the next generation of physicians. The experience of the physicians at Eastern Oregon Medical Associates (EOMA) in Baker City, Oregon, as shared in a student's reflection, underscores how vulnerable physicians and communities are to corporate interests—and how critical advocacy is in the fight to protect and expand our specialty.

A Model of Full-Scope Family Medicine in Decline

Just a year ago, EOMA represented the ideal of full-scope Family Medicine. Their physicians didn't just see patients in the clinic; they managed the inpatient ward, covered obstetrics, performed colonoscopies, managed the ICU when needed, and even assisted in surgeries. This model epitomizes the breadth of Family Medicine, particularly in rural settings where resources are scarce, and physicians must be versatile.

However, a corporate entity that owned the hospital across the street from their clinic made a unilateral decision to shutter key services: the delivery center, ICU, and surgical suites. This decision, driven by the bottom line rather than the community's needs, gutted the hospital's ability to provide comprehensive care. In protest, the EOMA physicians severed ties with the hospital. Their scope of practice was abruptly narrowed to outpatient care, leading to a significant drop in both their income and job satisfaction. Worse still, the community was left to suffer.

Expectant mothers now face the logistical and emotional burden of relocating hours away for weeks before giving birth. Patients requiring hospitalization or emergency care must be flown out of the area, delaying critical interventions. The loss of continuity in care is heartbreaking—patients, once treated by physicians they trusted and knew well, are now left in the hands of transient locum tenens physicians unfamiliar with the community.

Perspectives from the Front Lines

As clerkship director and advisor to medical students, I see how stories like this one shape the decisions and attitudes of our future physicians. One student reflected on their time with the EOMA physicians and described the deep sense of loss, both for the physicians and the community they serve:

> *"FM physicians seem to be at the front lines in this war against corporate greed. I hope my generation of physicians can arm them better than this."*

The student's reflection also touched on their own aspirations to pursue full-scope Family Medicine, driven by the desire to provide comprehensive care to communities in need. Yet, witnessing the corporate-driven dismantling of rural health care infrastructure gave them pause:

> *"It was really disturbing to see that this necessity is not sufficient to maintain these services in a community like Baker when up against the interests of private equity. It also really feels less like a flexible career path now that I see how vulnerable rural physicians are when their scope depends on the availability of health care infrastructure."*

These insights highlight a troubling reality: the erosion of full-scope Family Medicine threatens not only current practitioners but also the pathway of future physicians who aspire to follow in their footsteps.

Advocacy at the Crossroads of Care

This story is a stark reminder of how corporate interests can undermine the very foundation of Family Medicine. Decisions made in distant boardrooms

have stripped a rural community of essential health care services, disrupting the lives of both physicians and patients.

The impact on the student who observed this was profound. Drawn to Family Medicine for its breadth and the opportunity to care for entire communities, they were instead disheartened by the vulnerabilities of rural health care. This experience led them to reconsider Family Medicine as a career path, viewing it as constrained by external forces beyond their control rather than as the flexible, fulfilling specialty they had envisioned.

This loss is deeply troubling—not just for the individual student, but for the future of Family Medicine. **When challenges like this drive promising medical students away from Family Medicine, the ripple effect spreads through the health care system, worsening the shortage of care and leaving countless communities without the support they depend on.**

Advocacy is essential to addressing these challenges. As Family Physicians, we must take an active role in pushing back against policies and corporate practices that erode our ability to care for patients. This means engaging in meaningful conversations with decision-makers—whether hospital CEOs, legislators, or community leaders—and organizing as a profession to demand systemic changes that protect rural health care infrastructure and support full-scope Family Medicine.

A Call to Action

At the OAFP Foundation, our mission is to support and promote Family Medicine, not just as a specialty but as a movement. Advocacy isn't a sideline activity—it's a core part of our identity as Family Physicians.

We must advocate for:

1. **Protections for Rural Health Care**: Policies that ensure critical services like obstetrics and ICU care remain accessible in rural hospitals, regardless of profitability.
2. **Physician Autonomy**: Legal frameworks that give physicians more control over their scope of practice and prevent sudden closures of essential services.
3. **Community Engagement**: Educating patients and communities about the value of full-scope Family Medicine and rallying their support in advocacy efforts.

Donate Now

Together, we can make a difference. Thank you for your support!

This fight isn't just about physicians; it's about preserving the health and dignity of the communities we serve. If we let corporate interests dictate the scope of Family Medicine, we lose not just our ability to practice fully, but the trust of the patients who depend on us to be there at every stage of their lives.

At OAFP, we are committed to empowering Family Physicians to be leaders in this fight. As a clerkship director, I am equally committed to preparing students to join us on the front lines of advocacy and patient care. Together, we can ensure that Family Medicine continues to thrive as the cornerstone of comprehensive, compassionate care.

If you believe in the importance of supporting Family Medicine and its future leaders, consider donating to the OAFP Foundation. Your donation helps support students and residents along their journey to becoming the next generation of Family Physicians.

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ORCA FM

JACKIE WIRZ, PHD, EXECUTIVE DIRECTOR – ORCA-FM
CHIEF OPERATING OFFICER - OAFP

Empowering Advocacy: The ORCA-FM Policy Scholars Program

The ORCA-FM Policy Scholars Program is an initiative designed to prepare family medicine students and residents for effective advocacy in health policy. With a focus on real-world engagement, the program equips participants with the skills and knowledge needed to navigate complex legislative processes and champion meaningful healthcare reforms.

Family physicians are uniquely positioned to understand the intersection of public policy and patient care. The Policy Scholars Program builds on this foundation by offering hands-on training in advocacy, legislative strategy, and community engagement. Participants explore diverse policy topics that reflect the pressing health care challenges faced by their communities.

This year, scholars are focusing on issues such as housing shortages, maternal and child health, health care coverage, prescription drug affordability, and the corporatization of medicine. These topics highlight the intricate connection between public policy and health outcomes, particularly for underserved and rural populations.

Through workshops and expert-led sessions, students and residents are gaining invaluable insights into the advocacy process. Highlights include sessions on crafting impactful resolutions and understanding the legislative process, led by notable speakers such as OAFP Member **Tony Germann, MD, MPH, FAAFP**, and OAFP Lobbyist Iris Maria Chávez. Scholars also benefit from focused discussions on how health care policy evolves through rulemaking, legislative committees, and advocacy organizations, giving them a comprehensive understanding of where and how policy decisions are made.

A key component of the program is Advocacy Day at the Oregon Capitol on Monday, March 3rd, which is open to all OAFP members. Scholars will meet with legislators, and exercise patient-centered advocacy directly to the decision-makers shaping health care policy. The event will kick off with a Policy Scholars alumni dinner and learning session on Sunday, March 2nd, where past participants will connect with current scholars to hear from legislators, share experiences, and build their advocacy skills.

By combining education, mentorship, and hands-on advocacy opportunities, the Policy Scholars Program ensures that family physicians are equipped to make a tangible impact on health care policy. This initiative not only empowers individual participants but also strengthens the collective voice of family medicine in advocating for equitable health care for all Oregonians.

Interested in attending Advocacy Day? Please reach out to Louise Merrigan at louisem@oafp.org.

• OAFP MEMBERS IN THE NEWS

Congratulations to the following members named Portland Monthly's Top Providers for 2024.

Tovi M. Anderson, MD, PhD (FM)

Amany Bashir, MD, MBBCH (FM)

Laura K. Bitts, MD (FM)

Breanne D. Brown, DO, FAAFP (SM)

Laura R. Byerly, MD (G)

Prasanna R. Chandran, MD (FM)

Jonathan C. Crist, MD (SM)

Sudheer Venkatraman Earanky, DO (AM)

Jessica M. Flynn, MD (FM)

Karin T. Jacobson, MD (FM)

Cara L. C. Kawahara, MD (FM)

Marcy G. Lake, DO, MPH (FM)

Brian Lindeman, MD (FM)

Christina E. Milano, MD (TM)

Rebecca K. Neborsky, MD (FM)

Melissa A. Novak, DO (SM)

Aoife O'Sullivan, MD (FM)

Heather M. Penny, MD (FM)

Ryan C. Petering, MD (SM)

Baier Rakowski, DO (FM)

Brett M. Rath, MD, FAAFP (FM)

Joshua D. Reagan, MD (FM)

Amanda L. Risser, MD, MPH (AM)

Sean C. Robinson, MD (SM)

Fayza I. Sohail, MD (FM)

Anne C. Toledo, MD (UC)

Johanna B. Warren, MD, FAAFP (FM)

Jonathan D. Wildi, MD (F)

AM = Addiction Medicine
FM = Family Medicine
G = Geriatrics
SM = Sports Medicine
TM = Transgender Medicine
UC = Urgent Care

In October, **Heidi A. Beery, MD, FAAFP,** was installed as the 149th President of the Oregon Medical Association. Dr. Beery is a family physician at Family Tree Medical Clinic in Roseburg. She has served on the OAFP Board of Directors for several years.

On November 26, **Betsy Boyd-Flynn**, **Jane Akpamgbo, MD**, and **Eva McCarthy, DO**, were interviewed on OPB Think Out Loud about the primary care physician shortage. The discussion touched on points about electronic health records, physician burnout, and primary care as the foundation of our medical and health care system.

Jen DeVoe, MD, DPhil, was appointed Vice Chair of the Patient-Centered Outcomes Research Institute Board.

Senator Elizabeth Steiner, MD, FAAFP, won her bid for state treasurer of Oregon in November. Senator Steiner has served in the Oregon legislature for the past twelve years.

Winding Waters Clinic in Enterprise were the 2024 OHSU Alumni Awardees. **Weston P. Baker, MD**, **Emily M. Knudsen, MD, MPH**, **Annika G. Maly, MD**, **(Liz) Elizabeth C. Powers, MD, MHA, FAAFP**, and **(Nick) Nicholas B. West, MD** are all primary care providers at the Clinic.

Tanie Hotan, MD, was elected President of the Marion-Polk Medical Society earlier this year.

As a little girl, Tanie had always dreamed of accomplishing three major goals: 1) being a family physician, 2) being a mom, and 3) being a respected dancer. This Fall, she was able to complete the third and final goal. She and her dance instructor/dance partner Mark Baker, competed at the Ohio Star Ball Competition. Ohio Star Ball, is the largest and most prestigious US ballroom competition. In the Latin Pro/Am division, dancing the Cha Cha Cha, Samba, Rumba, Paso Doble, and the Jive, they were awarded the Second in the nation placement!! Being a respected dancer has meant the world to Tanie. Her twenty hours per week training, her love of dance, and her knowledge of family medicine has supported this beautiful new chapter in her life. All of her patients know and support her dance passion as she supports them through their medical journey.

COMMUNICATIONS SURVEY

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Oregon Academy of Family Physicians and Oregon Pediatric Society Annual Conference

May 29-31, Riverhouse Conference Ctr in Bend, OR

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OAFP is excited to partner with the Oregon Pediatric Society for our 2025 conference – Collaboration is Key. Join us May 29 - 31st at the Riverhouse Conference Center in beautiful Bend, Oregon. Our schedule includes:

CME:

- Hands on workshops on topics ranging from POCUS to Wilderness First Aid
- Pennington Lecture – Dr. Margot Savoy discussing Humanism in Medicine
- Keynote - Dr. Paul Offit, vaccine expert and prolific author
- 16 concurrent sessions on topics including autism, burnout, menopause, ADHD, and health care legislation

Business:

- OAFP Congress
- OPS Member Meeting
- Networking with professionals in family medicine and pediatrics
- Connecting with sponsors

Fun:

- Annual auction
- Doctor's Jam sessions on Friday and Saturday evening
- Popcorn at the Poster Session

The first 75 registrants will be entered into a drawing for Dr. Offit's most recent book, "Tell Me When It's Over". Early bird pricing goes up April 15th.

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OAFP Life Member?
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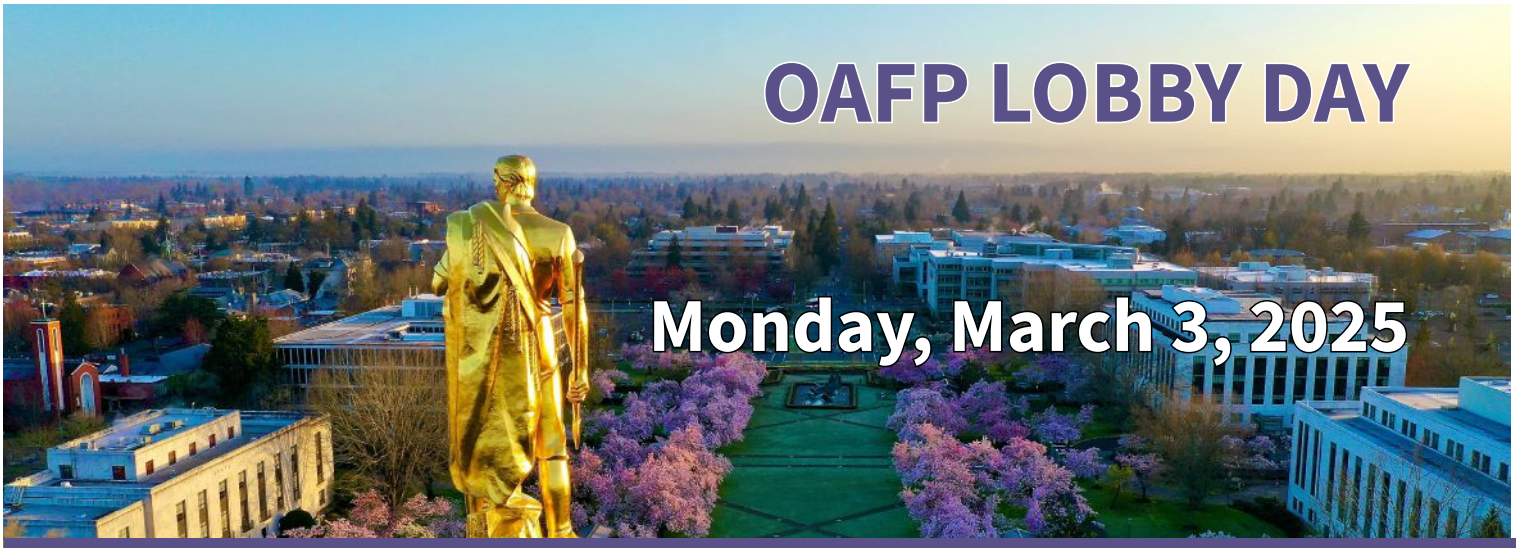

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VCC Vista Community Clinic

WELCOME TO NEW MEMBERS

Join us in welcoming the following individuals to the Oregon Academy of Family Physicians. The following individuals joined our family medicine community since the beginning of 2024.

STUDENTS

Western University of Health Sciences: College of Osteopathic Medicine of the Pacific Northwest

Sienna Allen
Katherine Andrews
Anna Bjarvin
Otis Blankenship
Samantha Bowen
Christine Broniak
Jessica Cabusog, MPH
Ashleigh Calcote, MPH, RD
Megan Chang
Alvin Chen
Rania Djemil
Kiana Fincher
Yurissa Flores
Grace Gentry
David Golub
Kiana Hafferty
Kevin Huang
Morgan Huie
Jordyn Lacey
Angela Loczi-Storm
Keanna Lundy
Stephanie Maeda
Evangeline Matley
Skyler Muchmore
Daniel Trinh
Wesley Yu

Oregon Health & Science University School of Medicine

Journey Artis
Alice Babin
Roger Bonilla, PhD
Carla Boyle
Sarah Bumatay
Emily Burns
Andi Chaloult
Marlee Chamberlain
Laura Chan
Luke Channer
Kara Cheung
Madison Cowles
George Deardorff
Sarajean Edwards
Neslihan Erbasi
Yichen Fan
Lia Gagliuso
Mako Gedi
Jacob Harwood
Henry Hays-Wehle
Matthew Henn
Gabriela Hernandez Duran
Alexandra Hoffman
Kylee Huck
Tyler Hunt-Smith
Calvin Jara
Somya Khare
Nadia King
Taryn Kucey
Amalia Larsen
Grace Marrinan
Nathan Martchenke
Madison Miller-McNeely
Michael Mudgett
Madeline Otto
Kimberly Oviedo, PA
Madeleine Parmenter
Lindsay Quinn
Rachel Reese
Jaclyn Roland-McGowan
Lily Sloan
Kyla Smart
Alexandra Stendahl
Lori Sun
Elise Thompson
Angelmary Urban
Miracle Uzoekwe
Oliver Valdivia
Kari Van Mols
Colter Voss
Laila Weatherly
Kristen Wils
Caitlyn Wong
Amanda Zucker

Other Medical Schools

Dorothy Juliet Benonaih Jumbo, MHA
Wanjiru Karanja-Senge
Raymond Nela, Jr.
Veronica Sebastian

RESIDENTS

OHSU Family Medicine Residency Program (FMRP) - Portland

Shelby Anderson, MD
Mitchell Behle, MD
Danielle Berglund, MD
Christina Cobb, MD
Rachel Craven, MD
Erin L. Johnson, MD
Austin McCauley, MD

OHSU Cascades East FMRP - Klamath Falls

Sammer Dia, MD
Diego Giraldo, MD
Matthew G. Guarino, MD
Nuri K. Hegelmeyer, MD
Ryan Morris, MD
Caitlin M. Quaempts, MD

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Ryan Ricci, MD
K. Reese Willingham, MD

OHSU Three Sisters FM Rural Track Program- Madras
Ben Khalil, MD
Callie J. Krewson, DO
Christopher D. Sutton, DO

OHSU Health Hillsboro Medical Center FMRP
Thomas Drews, MD
Genevieve Eng-Surowiec, DO
Samar Fakih, DO
Morgan Lewis, MD
Stephen D. May, MD
Will Schmidt, MD

Providence Oregon FMRP - Milwaukie
Megan Bastian, MD
Terry Garfield, MD
Alice Moon, MD

Roseburg FMRP
Nayan Bhakta, MD
Steven C. Brantley, DO, MPH
Samia Butt, MD
Landon Haslem, MD, PhD
Pavel Kolpikov, MD
Jawairiya Rasool, MBBS
Jonathan M. Williams, MD

Samaritan FMRP - Corvallis
Trevor Baley, MD
Kyle Mindick, DO
Jonathan Palmer, MD
Justin Taylor, DO
Kaylee Thomas, MD
Christopher B. Usi, DO

Samaritan FM – Newport Rural Track Program
Bao Bao Luong, DO
Cassandra Sweetman, MD
Angela Tavolieri, MD

ACTIVE MEMBERS

Albany
Siatta B. Dunbar, DO

Ashland
Peter M. Stone, MD, FAAFP

Beaverton
Christopher J. Kim, MD

Bend
Nica E. Lurtsema, MD
Joshua N. Plank, MD

Boring
Joshua M. Reese, MD

Burns
Timothy E. Tetzlaff, MD

Clackamas
Kristina B. Barley, MD
Jennifer T. Redfearn, DO
Natasha L. Rezvani, MD

Corvallis
Benjamin R. Caulum, DO

Forest Grove
Marisa Wickerath, MD

Gresham
Merna Y. Labib, DO

Happy Valley
Tetyana Odarich, MD

Hillsboro
Shajeda Borhan, MD
Lindsay A. Parlee, MD
Timothy J. Van Ert, MD

Keizer
Joshua M. Meador, DO

Klamath Falls
Po-Lun Chou, MD

Lebanon
Steven B. Anderson, MD
Susmita Chowdhury, MD

McMinnville
Tajwar Taher, MD

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Phyllis T. Dunckel, MD, MPH
Suzin M. Hagar, MD
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Jerry Wang, DO

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Jencina M. Butler, DO
Hilary Gerber, DO
Tamara Sanderson Dissanayake, MD

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Jana Mooster, MD
Marina A. Wagner, DO

Reedsport
Audrey C. Shank, MD

Roseburg
Danielle Schmidt, DO
Carmela R. Solimine, MD

Saint Helens
Deepti S. Vedere, MD

Salem
Quincy E. John, MD

Sweet Home
Rachel Palmer, DO

Tualatin
Ritu Manocha, MD

Wilsonville
Taelim Kim, MD

Woodburn
Jenna M. Donaldson, MD

ABFM CHARTER DIPLOMATES

Congratulations to the following members who have committed more than 35 years to board certification with the ABFM!

Mark M. Bajorek, MD (SW Portland)
David W. Brauer, MD (Ontario)
Randall E. Currier, MD (Grants Pass)
Patrick J. Edwards, MD (Coquille)
Scott A. Fields, MD (SW Portland)
Janice A. Lindstrom, MD, FAAFP (Salem)
John W. Maroney, Jr., MD (Vancouver, WA)
Stephen A. McLennon, MD (Hood River)
Robert S. Rath, MD (Beaverton)
Stephan M. Schepergerdes, MD (Bend)
J. William Steinsiek, MD (Ashland)
Cynthia E. Talbot, MD (SE Portland)
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