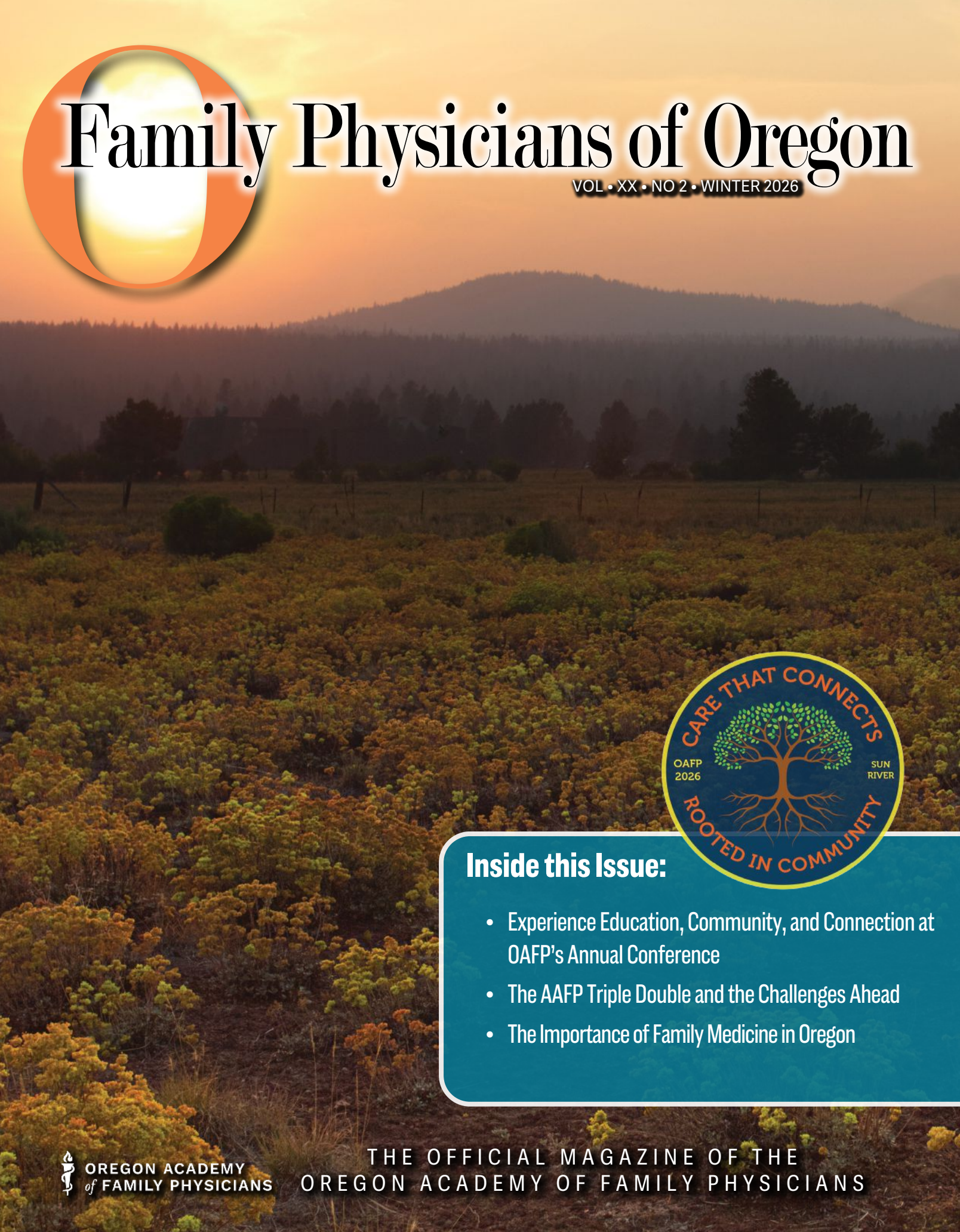
Family Physicians of Oregon

VOL • XX • NO 2 • WINTER 2026



Inside this Issue:

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THE OFFICIAL MAGAZINE OF THE OREGON ACADEMY OF FAMILY PHYSICIANS

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Family Physicians of Oregon

Oregon Academy of Family Physicians
3439 NE Sandy Blvd. #264
Portland, OR 97232
503.528.0961
Web site: www.oafp.org

About the cover:
When the smoke from forest fires moves into the Sunriver area, it makes for some interesting sunsets. The plants in the foreground glowed in the sunset light. Photo by Bonnie Moreland.

Family Physicians of Oregon is published three times a year by Publishing Concepts, Inc. in cooperation with the Oregon Academy of Family Physicians.

Readership of this publication includes more than 1,800 family physicians and their professional associates. Medical students and staff at OHSU and Western U/COMP-Northwest also receive the magazine.

OREGON ACADEMY of FAMILY PHYSICIANS

EDITION 76

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

From Funding to Vaccines

Key Issues Impacting Oregon Family Physicians

Funding Instability Creates Concerns for Quality Reporting

OAFP continues to closely monitor developments related to Medicaid quality improvement funding. While Oregon was able to stabilize 2025 funds, additional cuts are anticipated. In October, OAFP Executive Director Betsy Boyd-Flynn provided testimony for the Oregon Health Authority's Metrics and Scoring Committee to outline the implications of losing Quality Incentive Pool (QIP) funds. Quality reporting represents a significant financial burden for clinics and is a major contributor to stress and burnout among primary care teams. Although clinics have invested substantial effort to demonstrate improvements in care, the return on that investment is diminishing. As performance metrics improve, many clinics are also reaching the practical limits of achieving statistically meaningful gains.

QIP funds have been critical in sustaining this work. OAFP urged legislators that if these funds are not restored — or are further reduced — quality measures should be narrowed to those most directly tied to improving access to care. New patient wait times to see a family physician in Portland have reached 45 days, and access consistently ranks as the top priority for patients in the health care system. To address this growing concern, Betsy encouraged the committee to refocus efforts on ensuring Oregon residents have access to coordinated, high-quality, team-based comprehensive primary care.

OAFP will continue to closely track these decisions and advocate for adequate funding that supports the health and well-being of Oregon's most vulnerable communities, while protecting our primary care teams from burnout. The Oregon Health Policy Board recently voted to create a Primary Care Strategy Committee and OAFP is hopeful we will have a representative on the committee.

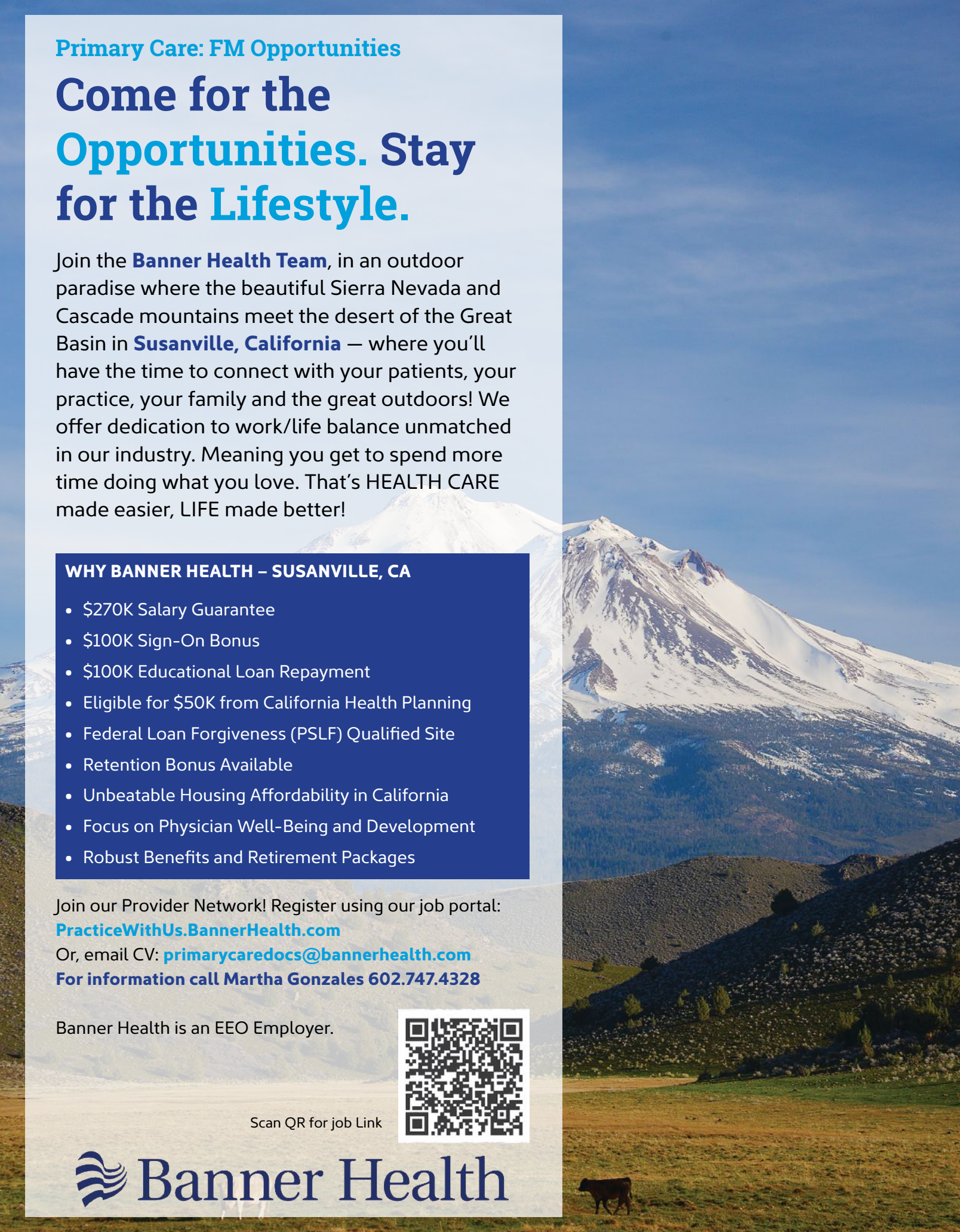
Oregon Receives Major Rural Health Investment

There is also positive news to report. Rural health transformation plans are continuing to take shape through the Oregon Health Authority (OHA), and OAFP is working to position the Oregon Residency Collaborative Alliance for Family Medicine (ORCA-FM) to support key workforce components of these efforts. In December, the Centers for Medicare and Medicaid Services (CMS) announced that Oregon will receive $197.3 million to support rural health care communities. These funds are intended to strengthen the rural health workforce, modernize facilities, and support care models that bring services closer to patients' homes.

While OAFP is grateful for this investment and looks forward to helping ensure the funds are used effectively, concerns about the state's Medicaid budget remain. CMS rules limit the use of these funds, allowing no more than 15 percent to be allocated directly to provider payments — despite the financial strain many providers face from reduced Medicaid reimbursement. A recent Oregon Public Radio report noted that 14 of the state's 37 rural hospitals lost money caring for patients in 2025.

"While this much-needed boost can't make up for the substantial federal funding cuts we anticipate in the coming years, OHA is committed to using this opportunity to support as many promising and sustainable rural health solutions as possible," said the OHA Health Policy & Analytics Director in a press release.

continued on page 6



Primary Care: FM Opportunities

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continued from page 4

OAFP Continues to Monitor Immigration Enforcement Issues

Recent immigration enforcement actions have sparked protests and concerns in our communities. Just a few days after an ICE agent fatally shot Renee Nicole Good in Minnesota, a Border Patrol agent shot and wounded two people in Portland. Following the Oregon shooting, Portland Mayor Keith Wilson demanded an investigation and called ICE to halt operations in the city.

There are many negative repercussions related to immigration enforcement, including members of our communities being too scared to access health care. The AAFP is clear in its support of basic human rights and affirms that standards of care should be upheld without compromising the rights of migrant, asylee, or refugee patients. The Academy also supports equal privacy protections for medical records, regardless of documentation status. In her column on page 16, **Dr. Eva Galvez**, Chair of the OAFP Task Force on Health Impacts, discusses how immigration enforcement is affecting care in our communities and highlights a proposed bill that would prohibit immigration enforcement from accessing non-public areas of clinics and hospitals without a valid judicial warrant.

Revised CDC Immunization Guidance Sparks Concern

In January 2026, the Centers for Disease Control (CDC) announced significant changes to its childhood immunization schedule, reducing the number of vaccines recommended for all children. Under the revised guidelines, the CDC **limited its universally-recommended** vaccines to measles, mumps, rubella, polio, pertussis, tetanus, diphtheria, Haemophilus influenzae type B (Hib), pneumococcal disease, HPV, and varicella. The CDC now recommends vaccination against respiratory syncytial virus (RSV), hepatitis A, hepatitis B, dengue, meningococcal ACWY, and meningococcal B **only for high-risk populations**. The CDC also recommends that rotavirus, COVID-19, influenza, meningococcal disease, hepatitis A, and hepatitis B be considered for children **through shared clinical decision-making.**

OAFP is deeply concerned about the potential impact of these changes on the health of patients of all ages and we do not support the updated CDC schedules. These revisions rely on a comparative assessment of international immunization schedules and are not based on new evidence or research. This approach ignores critical differences in health care systems and disease burden and discounts the expertise of family physicians who are committed to protecting children from preventable disease and harm.

Instead, we encourage our members, their families, and their communities to follow immunization schedules grounded in the best available science. The AAFP's recommended schedule can be found in the Immunizations and Vaccines section of its website and also on pages 22 and 23 of this magazine. Thank you to those members who have utilized AAFP's Speak Out to voice concerns with your congressional members. Please continue to keep an eye out for more updates on vaccine policy changes and for opportunities to make your voice heard.

OAFP will continue advocating for policies rooted in evidence, focused on access to care, and supportive of family physicians, their teams, and the patients they serve.

• OAFP MEMBERS IN THE NEWS

Liu Elected to AAFP Board

Dr. Robyn Liu

Congratulations to **Robyn Liu, MD, MPH, FAAFP** for being elected to the American Academy of Family Physicians (AAFP) Board of Directors. This is a proud moment for Oregon's family medicine community and a testament to Dr. Liu's steady, values-driven leadership.

In her remarks, Dr. Liu reminded us: "Every American deserves a family physician, and, no less importantly, that every family physician deserves joy."

As a Board member, Dr. Liu will help guide AAFP's national agenda — championing primary care access, physician well-being, evidence-based care, and health equity — while elevating the voices of family physicians, residents, and students across the country.

Germann Named Doctor Citizen of the Year

Dr. Antonio Germann

Antonio Germann, MD, MPH, FAAFP was recently named the 2025 Oregon Medical Association Doctor Citizen of the Year, a recognition that celebrates physicians whose commitment to community extends well beyond clinical practice. A longtime family physician and community leader, Dr. Germann embodies what it means to serve with heart. Through his work in patient care, mentorship, and community engagement, he has strengthened the fabric of Oregon's health system and inspired countless others to do the same.

This award honors Dr. Germann's dedication to his patients and his deep investment in improving the lives of those around him, through advocacy, service, and a steadfast belief in the power of primary care.

Akpamgbo Wins JEDI Award

Dr. Jane Akpamgbo

Congratulations to OAFP President **Jane-Frances Adaobi I Akpamgbo, MD** on being named the 2025 recipient of the Oregon Medical Association's Justice, Equity, Diversity, and Inclusion (JEDI) Award. This award honors a physician who has made outstanding contributions to advancing diversity, equity, and inclusion in medicine — through mentorship, advocacy, and compassionate leadership.

Dr. Akpamgbo embodies these principles every day. Through her work in family medicine, she has been a tireless advocate for culturally responsive care, community partnership, and inclusive pathways for the next generation of physicians. Her leadership inspires colleagues across Oregon and beyond to create a more just and equitable health care system for all.

BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

The AAFP Triple Double and Challenges Ahead

As you've read in this issue's President's column, OAFP continues to work diligently at the state level to support primary care and Medicaid reimbursement, while closely monitoring how Quality Incentive Pool funding cuts could further strain our already overburdened primary care teams. We also are engaged in discussions about federal policy that intersect with our local efforts, including rural health transformation plans. Our Academy remains steadfast in its fight to support primary care physicians, their patients, and communities at the local, state and federal level, and across the many areas where those efforts overlap.

In November, I went to Minneapolis for a meeting of the National Association of Community Health Clinics (NACHC), where state-level leaders from family medicine gathered with leaders from federally qualified health center communities (we met with Oregon Primary Care Association) to talk about addressing emerging health care issues and how we can collaborate more closely. The meeting advanced NACHC's goal of positioning community health centers as employers, providers, and partners of choice. We have a great relationship with the Oregon Primary Care Association, which serves the state's federally qualified health centers (FQHCs), and this was a great opportunity to continue and deepen our partnership.

During the meeting Asaf Bitton, MD, MPH, Associate Professor of Health Care Policy at Harvard Medical School, spoke to the group about the joint initiative of AAFP and NACHC, the "Triple Double" – a basketball reference. This sets the goal to transform American primary care by 2030 through:

- doubling primary care spend (from about 5% to 10%)
- doubling the number of people cared for at CHCs annually (from about 10% to 20%)
- doubling the percentage of new physicians entering primary care (from roughly 20% to 40%)

While Oregon has made meaningful progress since 2015 in increasing investment in primary care, our work is far from complete. Strengthening primary care in Oregon requires a combination of immediate action, medium-term intervention, and the development of a long-term strategy to enhance this critical component of Oregon's health care system. If you haven't already, I encourage you to watch our December 2025 webinar, Investing in Primary Care: How Much Is Enough? I was joined by President of Partnership for a Healthy Lincoln Bob Rauner, MD, MPH, FAAFP, to explore the challenges of defining primary care, measuring primary care spending, and understanding what an outcomes-based level of primary care investment could look like. Dr. Rauner and I are both engaged with the Primary Care Investment Network, a group of interested folks from more than 20 states across the country trying to drive primary care policy. During the webinar, I shared Oregon's primary care spending dashboard, compared primary care payment rates between 2010 and 2025, and discussed the future initiatives we are supporting.

Scan the QR code to watch the Investing in Primary Care webinar.

Late last year, I was honored to be asked by former Oregon governor John Kitzhaber to gather primary care recommendations for an advisory group guiding broader structural changes to Oregon's health care system. These recommendations extend beyond the immediate challenges posed by looming budget cuts. To inform this effort, we looked to national best practices, including a September 2025 review by

the National Academy for State Health Policy (NASHP) of policies and legislation supporting primary care across the U.S. We used their menu of policy options to shape our roadmap for advancing high-quality primary care investment and resilience.

While discussions for the 10-year framework continue, I'd like to share a snapshot of preliminary recommendations for 2026. We urge immediate action on the following items:

- Preserve the 2025 Quality Incentive Pool funds that are distributed to primary care clinics, ensuring QIP funds effectively support primary care in all CCOs.
- Support the Oregon Health Policy Board's forthcoming Primary Care Committee.
- Following the example of CMS and CMMI programs, pursue radical simplification of Oregon's primary care quality measurement programs via the CCO Metrics & Scoring Committee.
- Pause further implementation of REALD/SOGI data collection for at least three years, revisit program design with the aim of maximizing patient protection and privacy, shifting data collection out of the clinical setting.
- Assess the impact of the Cost Growth Target work on primary care clinics and develop modifications to exclude independent primary care-only practices and better capture the drivers of cost.
- Fund the Oregon Wellness Program to support licensed clinicians, and ensure continuous funding support in the future.
- Fully fund Oregon's Vaccine Access Program.

I met with Gov. Kitzhaber in January to discuss our preliminary 7-year framework of recommendations and the conversation was encouraging. As this work evolves, OAFP will remain committed to keeping members informed and engaged. Primary care is the foundation of a high-functioning health system, and through sustained advocacy, strategic partnerships, and evidence-based policy, we will continue pushing for the investment and support needed to ensure its future in Oregon.

FARAZ GHODDUSI, MD, ASSISTANT PROFESSOR AT OHSU FAMILY MEDICINE,
AND ISHAK ELKHAL, MD, ASSISTANT PROFESSOR AT OHSU FAMILY MEDICINE

AI in Family Medicine:

Promise, Pitfalls, and Policy Ahead

Artificial intelligence (AI) is no longer a futuristic concept whispered about at tech conferences or discussed as a theoretical resource at AAFP conferences. It is in our clinics, our inboxes, and more often than we realize, our exam rooms. Over the past year, we have watched AI move from an abstract theory to a practical tool, helping family physicians reduce documentation burdens, support complex care decisions, and even reconnect with the joy of patient care. This technology also presents new challenges that fundamentally shape what it means to practice medicine with compassion and sound judgment.

A Tipping Point in Primary Care

For most of us, charting after hours was simply part of the job. That is beginning to change as many Oregon practices are experimenting with AI-powered scribes that listen to patient visits and generate draft notes, allowing clinicians to shift their focus away from documentation and back to the patient during the encounter. In that sense, AI may represent the stethoscope of the 21st century: a tool that enhances our ability to listen, observe, and act with precision. While companies like Abridge and Nuance primarily serve major health institutions like OHSU, Providence, Kaiser, etc., smaller platforms like Empathia.ai have made this technology more accessible for community clinics. Many of these smaller platforms offer free or limited-use options that nearly eliminate barriers to entry entirely!

> Just as with past advancements in primary care, from the stethoscope to point-of-care ultrasound, it is our responsibility to examine new technologies and their role in the care we deliver.

That said, documentation relief is only part of the picture. AI is also supporting clinical decision-making, from differential diagnoses to chronic disease management and risk prediction. AI has expanded into population health, where predictive algorithms can flag patients at risk of uncontrolled diabetes and prompt cancer screenings. Many of our patient-facing websites also use chatbots and tools to improve accessibility for the populations we serve.

Challenges and Risks

But every new tool carries risk. We have already seen examples of AI systems that "confabulate" false information, amplify biases present in training data, or fail to recognize subtle cultural and clinical context. A blood pressure summary might be technically correct while missing the nuance of a patient's social stressors or health literacy.

Privacy is another concern, as many AI tools rely on large datasets and third-party servers. Even when de-identified, sensitive data becomes vulnerable if not properly governed. There is also a concern that if AI does too much for us, physicians could lose critical clinical skills, much like earlier worries that X-rays could eliminate the need for a physical exam.

Charting the Path Forward

Time and again, we have seen the consequences of specialty-led or exclusively academic endeavors, which are often shortsighted and fail to capture the nuance of real-world patient care. Although the field remains in its infancy, policy development is underway. Here in Oregon, we have an opportunity to lead. Not only through the Oregon Health Authority (OHA) or our academic centers, as they explore frameworks for responsible AI integration, but through the voices and experiences of the clinicians practicing and caring for our patients. Effective policy can't be made from the top down. As family physicians, we must have a seat at the table. We are closest to the patients, the workflows, and the unintended consequences of change. As such, our voices are needed in discussions about what "AI in healthcare" should look like, especially in a state that values equity, community-based care, and patient-centered medicine.

Just as with past advancements in primary care, from the stethoscope to point-of-care ultrasound, it is our responsibility to examine new technologies and their role in the care we deliver. Family physicians can lead the way by trying these newly-advertised technologies while closely evaluating the output. Discoveries such as new workflows to streamline documentation or the use of AI tools to support more effective training for future medical students, have the potential to make a big impact. Above all, learning from one another will help us achieve our shared goal of providing excellent care for our patients in a sustainable fashion.

GINA MILLER, MD, FAAFP
ASSISTANT PROFESSOR OF FAMILY MEDICINE
AND EMILY CAMPBELL

WesternU's Collaborative Approach to Medical Education

Medicine is often portrayed as the work of individuals, brilliant minds making decisive choices in moments of urgency. Yet, the reality of medical education tells a different story. From the first day a student steps into a classroom, learning medicine is an inherently collaborative endeavor, shaped by shared knowledge, collective problem-solving, and partnerships that extend far beyond campus walls. At Western University of Health Sciences, collaboration is not an abstract ideal; it is a guiding principle woven into how we teach, learn, and serve.

This commitment is evident in WesternU's participation in the annual Health Care Equity Fair in Portland. In October, students and faculty from the College of Osteopathic Medicine of the Pacific-Northwest, which is in the process of transitioning to its new name, the Heatherington College of Osteopathic Medicine, joined peers from multiple institutions to provide free osteopathic treatment to Portland's uninsured and underinsured residents. COMP-Northwest students worked alongside health care professionals, OHSU students, and local volunteers to plan and execute the event, gaining practical experience in teamwork, communication, and patient-centered care while learning to appreciate the skills and perspectives of other health care disciplines.

WesternU and OHSU students partner to organize the OHSU Health Care Equity Fair, providing hands-on care to uninsured and underinsured patients.

*WesternU's **Dr. Gina Miller** and OHSU faculty member Emily Jacobsen, PA-C, work together at the OHSU Health Care Equity Fair.*

At WesternU, we extend that same spirit of partnership in work with undergraduate institutions across the state. The new WesternU–University of Oregon Pathway Program provides UO pre-health students with a structured

route into medicine and physical therapy. By offering guidance, mentorship, and support, the program prepares students for the academic and professional demands of medical school while fostering early engagement with WesternU's collaborative learning environment. These partnerships ensure future health care professionals enter their programs ready to thrive in team-oriented settings, while also laying the groundwork for thoughtful expansion of WesternU's health care education offerings in the years ahead.

WesternU invites practicing physicians across the state to continue to engage with COMP-Northwest as mentors, preceptors, and clinical partners, helping to strengthen pathways for students interested in serving rural and medically underserved communities throughout Oregon. With more than 50 percent of COMP-Northwest graduates entering primary care residencies each year, these partnerships play a critical role in preparing the next generation of family physicians committed to compassionate patient-centered care.

By fostering partnerships with health care professionals, students, and universities, WesternU prepares future physicians who are not only skilled and compassionate but also ready to thrive in team-based, patient-centered care. In this way, collaboration is both a learning tool and a guiding principle, shaping students who will make a meaningful impact on the communities they serve.

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

THE IMPORTANCE OF FAMILY MEDICINE IN Oregon

Family physicians are residency-trained, primary care specialists dedicated to treating the whole person. With a focus on prevention, primary care, and overall care coordination, family physicians provide a wide variety of clinical services, and, when necessary, refer their patients to a specialist, while continuing to advocate for that patient's care.

Family Physicians in the U.S. Health Care System

More Americans depend on family physicians than on any other medical specialty. AAFP members are the main source of primary health care for the Medicare population and see a large proportion of new Medicaid beneficiaries.[1]

- **87%** participate in traditional Medicare
- **78%** accept new Medicare patients
- **60%** accept new Medicaid patients

Family Physicians[2,3,4] in *Oregon*

2,053	9	1
Family Medicine/General Practice[2]	Family Medicine Residency Programs[3]	Teaching Health Center Programs[4]

Physician Shortage[5] in *Oregon*

61	2,190,262	61
Health Professional Shortage Areas	people living in a Health Professional Shortage Area	Medically Underserved Areas

38% increase (1,174 physicians) needed by 2030[6]

Family Medicine's Contribution to the Economy

$3.3 billion	21,786	$1.8 billion
In Direct and Indirect Economic Output	of Jobs Direct and Indirect Positions	in Direct and Indirect Wages and Benefits

In a week, the average family physician:[7]

MON	TUES	WED	THURS	FRI
sees 65 patients in the office	makes 7 hospital visits	makes 3 nursing home visits	hosts 8 e-visits	makes approximately 1 house call

AAFP Headquarters
11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2680
(800) 274-2237 • (913) 906-6000 • fp@aafp.org

AAFP Washington Office
1133 Connecticut Avenue, NW, Ste. 1100, Washington, DC 20036-1011
(202) 232-9033 • Fax: (202) 232-9044 • capitol@aafp.org

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7. AAFP 2021 Practice Profile Survey

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

Immigration Enforcement Does Not Belong in Health Care Spaces

Over the past several months, as immigration enforcement actions have intensified in our communities, fear has begun to shape how our patients access care. Many are missing appointments, delaying follow-ups, postponing preventive visits, and leaving chronic conditions unmanaged. Some are even avoiding insurance enrollment renewal, perceiving it as a trap, rather than a benefit.

Hospital colleagues have shared troubling accounts of immigration enforcement entering care spaces: patient privacy violations, intimidation of staff, and the use of excessive force. These encounters erode trust and undermine the promise we make to protect those who seek our care.

This state legislative session, due to the strong advocacy of nurse and physician activists, a new bill that takes an important step toward restoring safety in our health care settings has been drafted. The legislation, Senate Bill 1570, is sponsored by Sen. Wlnsvey Campos (D-District 18) and Rep. Farrah Chaichi (D-District 35) and is modeled after California Senate Bill 81, which was signed into law in October 2025. The bill would prohibit immigration enforcement from accessing non-public areas of clinics and hospitals without a valid judicial warrant, and it would strengthen privacy protections so that patients can seek care without fear.

Family physicians Lyn Jacobs, MD (third row, second from the left in a black coat) and Melissa Belli, MD (fourth row, second from the left in a purple coat) attend a protest against ICE in downtown Portland.

I urge us all to learn more about this legislation and to consider contacting your legislators to share why it matters to you as a family physician. You can easily locate your legislator by visiting oregonlegislature.gov and scrolling down to the "Find Your District and Legislators" tool. Our call to action is grounded not only in the belief that health care spaces must remain places of healing and safety, but in our professional, moral, and ethical duties to protect our patients.

> Hospital colleagues have shared troubling accounts of immigration enforcement entering care spaces: patient privacy violations, intimidation of staff, and the use of excessive force. These encounters erode trust and undermine the promise we make to protect those who seek our care.

Oregon Health & Science University
FAMILY MEDICINE interest group

ERIN O'BRIEN POWERS,
FMIG VICE PRESIDENT, CLASS OF 2026

OHSU FMIG Celebrates a Year of Growth, Hands-On Learning, and Leadership in Family Medicine

The Oregon Health & Science University FMIG wrapped up 2025 with two exciting events: our annual "Meet the Docs" event and a vasectomy workshop for first-year medical students. "Meet the Docs" showcased the many opportunities in family medicine, including surgical obstetrics, addiction medicine, adolescent medicine, and numerous practice settings ranging from county health centers and Federally-Qualified Health Centers (FQHCs) to academic and direct primary care clinics. We had a fantastic turnout and it was incredible to see all the medical students interested in pursuing careers in family medicine alongside the outstanding physicians who support and inspire them!

The vasectomy workshop gave first-year students a valuable hands-on opportunity to practice procedural techniques using vasectomy models, paired with an overview of the procedure. Thank you so much to the excellent OHSU family medicine providers who took the time to help facilitate this workshop and demonstrate one of the many procedures family medicine providers can perform.

As we enter 2026, I want to reflect on the great work the FMIG team has accomplished over the past year and note the new adventures ahead. Our board members, now in their second year of school, jumped headfirst into their roles a year ago, hosting numerous workshops and talks for their peers, including IUD insertions, and a new discussion "Movement is Medicine" by an OHSU family medicine physician specializing in lifestyle medicine. We wish our second years the best of luck as they study for Step 1 and begin their clinical rotations!

Our board officers and leadership team are also transitioning to their next chapter this summer: family medicine residency. Our board officers and co-presidents led many of our workshops and talks while balancing demanding third-year schedules filled with sub-internships and board exams. We spearheaded several new events, including a Providence teaching kitchen workshop and a discussion on exploring the role of social workers in primary care clinics. One of our board officers also stepped into a new lead research role, helping students connect with family medicine research opportunities.

I would be remiss if I did not express how grateful all of the family medicine–bound fourth years (myself included) are for the ongoing support of our family medicine advisors. We are truly grateful for the personal statement and ERAS application workshops and countless one-on-one advising meetings.

Finally, it is time to pass the torch to the next group of students who will continue the FMIG team's fantastic work. We look forward to seeing all they accomplish! As always, the FMIG team is extremely grateful to the fantastic family medicine physicians who support this interest group and mentor students interested in this amazing field of medicine.



WESTERN UNIVERSITY OF HEALTH SCIENCES COMP - NORTHWEST
FAMILY MEDICINE interest group

CRYSTAL PHAY, VICE PRESIDENT; ASHLEY KAO AND OTIS BLANKENSHIP, CO-PRESIDENTS AT AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS (ACOFP) WESTERNU COMP-NORTHWEST CHAPTER

A Year of Growth, Service, and Leadership: ACOFP at WesternU Oregon

The American College of Osteopathic Family Physicians (ACOFP) at WesternU Oregon began 2025 by welcoming a new leadership team: Co-Presidents Ashley Kao and **Otis Blankenship**, Vice President **Crystal Phay**, treasurer Tasha Kotz, and Outreach Coordinator Mindy Nguyen. The year focused on service, education, and preparing students for careers in family medicine.

Spring started with an empowering talk by Andrew Pardi, a fourth-year student who shared insights from his background in social work. His presentation, "What Social Workers Wish Physicians Knew," highlighted community resources and the importance of interprofessional collaboration in addressing patients' socioeconomic needs.

One of the year's most impactful events was the first Rural Health Care Equity Fair in Lebanon, organized and led by ACOFP officers (Ashley, Crystal, and Mindy), other student leaders, and **Dr. Gina Miller.** ACOFP members volunteered to provide vitals checks as part of a broader range of services, including youth physicals, general health screenings, Osteopathic Manipulative Treatment (OMT), nutrition education, and more. The event highlighted the role of osteopathic physicians in community-based care.

ACOFP also hosted its annual "Meet the Matched" panel, which connected current students with fourth years who had successfully matched into family medicine residency programs. The club closed out the semester with "Owning a Private Practice," in collaboration with the Internal Medicine Interest Group, where practicing physicians shared their experiences running private clinics.

At the beginning of the 2025–2026 academic year, ACOFP organized and led hands-on learning sessions for first-year students through the annual Mock Standardized Patient (SP) Encounter. The experience offered valuable feedback for the students ahead of official SP Encounters. In collaboration with the Student American Academy of Osteopathy (SAAO), **Dr. Meagan Smith**, and **Dr. Luke Tegeler**, ACOFP held a workshop on integrating OMM into primary care — highlighting when and how to apply osteopathic treatments effectively in clinical settings.

Club members also attended sessions from Oregon family medicine residency programs and a new opportunity in Chico, California. The semester ended on a celebratory note at the OAFP Foundation's Cheese Tasting and Charcuterie Board event, where students connected with local physicians, gained insights into the profession, and created charcuterie boards.

The momentum continued into 2026, when in January, the organization partnered with the Lebanon Boys & Girls Club to support after-school mentorship and service activities, with plans to volunteer monthly. The club is also preparing for a guest lecture with **Dr. Andrew Chang** of Osteopathic Physicians and Surgeons of Oregon (OPSO), who will speak on palliative care and delivering difficult news. Club leadership will soon transition to the Class of 2029, and the members are preparing to return and help at the Rural Health Care Equity Fair this May for the Lebanon and surrounding communities.

Through every event and initiative, ACOFP has remained grounded in its mission: to support future osteopathic family physicians through service, mentorship, and community engagement. WesternU has taught us to become excellent health care professionals, and the Oregon community has been so supportive of our dreams. We're proud of all we accomplished this year and excited to see how ACOFP continues to grow.

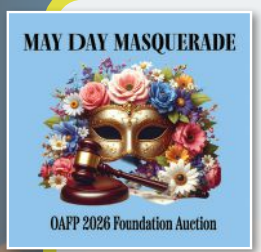
Join your colleagues at the OAFP Annual Conference at Sunriver Resort in early May. This year's Care that Connects – Rooted in Community Conference will take place Friday, May 1 and Saturday, May 2. Friday's schedule will include a POCUS workshop and ALSO provider course. On Saturday, we are excited to bring back an in-person poster session for the first time since before the COVID-19 pandemic.

In addition to several hours of plenaries, breakouts, and panels, a KSA study hall will be included with your conference registration and will take place on Saturday afternoon. Don't miss the Doctor's Jam Sessions on Friday and Saturday evenings and the all-attendee Welcome Reception on Friday afternoon.

We encourage you to stay at Sunriver Resort and use the OAFP room block. Filling our contracted rooms helps the Academy avoid a financial penalty, and staying on-site means you won't miss any of the fun!

Scan the QR codes below to register for the conference and book your rooms. You can also visit oregonacademyoffamilyphysician.regfox.com/2026-oafp-conference.

Experience Education, Community, and Connection at OAFP's Annual Conference



Dance, Bid, and Give Back: Join the OAFP Foundation's Auction

Join the OAFP Foundation for its annual auction. This year, we're thrilled to welcome back Dr. Tanie Hotan, also known as The Dancing Doctor, who will dazzle the crowd with two dance demonstrations and lead a group dance lesson.

We plan to open the online silent auction a month in advance, with a target launch date of April 1. The live auction will feature several exciting items, including the return of the Golden Ticket, which allows one lucky winner to choose any live auction item for just $100.

This year's theme, May Day Masquerade, celebrates the arrival of spring with a festive twist and will feature beautiful masks and dancing. Make a mask in the Exhibitor Hall on Friday or bring your own. Dressing up is encouraged and part of the fun, but all are welcome in whatever attire feels most comfortable (yes, even formal fleece).

OREGON ACADEMY of FAMILY PHYSICIANS FOUNDATION

If you're interested in donating an item, we've made it easy this year with a simple online form. You can purchase your auction ticket when you register for the conference, or, if you're unable to attend the conference, you may register separately. Review the QR codes to locate the appropriate signup form.

OAFP Foundation's mission is to build a healthier Oregon by investing in the education, leadership, and future of family physicians in every community. Support the values of the OAFP Foundation – generosity, access, collaboration, and education.

Register for the Annual Conference

Book Your Room

Purchase Auction Tickets Separately

Donate to the Auction

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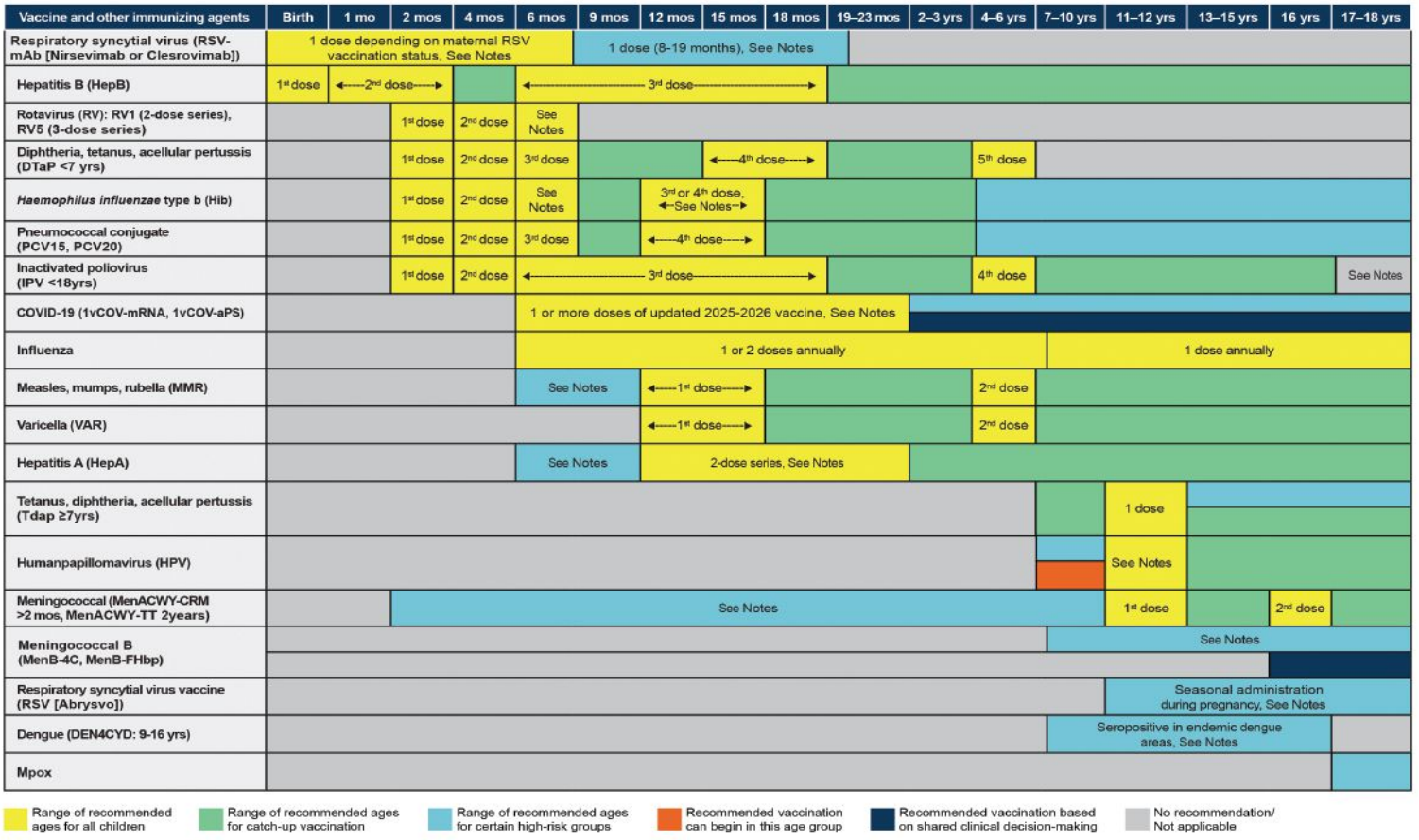
Birth Through Age 18 Immunization Schedule from AAFP

This version of the immunization schedule has been adopted by the American Academy of Family Physicians. Scan the QR code to view the 2025 Child Schedule.

Schedule Based on Age Group

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).



8/28/2025

AMERICAN ACADEMY OF FAMILY PHYSICIANS | RECOMMENDED ADOLESCENT IMMUNIZATION SCHEDULE, 2025

Schedule Based on Medical Indication

Recommended Child and Adolescent Immunization Schedule by Medical Indication, United States, 2025

Always use this table in conjunction with Table 1 and the Notes that follow. Medical conditions or indications are often not mutually exclusive. If multiple conditions/indications are present, refer to guidance in all relevant columns. See Notes for medical conditions or indications not listed.

Vaccine and other immunizing agents	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 percentage and count[a]		CSF leak or cochlear implant	Asplenia or persistent complement component deficiencies	Heart disease or chronic lung disease	Kidney failure, end-stage renal disease or on dialysis	Chronic liver disease	Diabetes
			<15% or <200/mm$_3$	≥15% and <200/mm$_3$						
RSV-mAb (nirsevimab or clesrovimab)		2nd RSV season		1 dose depending on maternal RSV vaccination status, See Notes			2nd RSV season for chronic lung disease See Notes	1 dose depending on maternal RSV vaccination status, See Notes		
Hepatitis B										
Rotavirus		SCID[b]								
DTaP/Tdap	DTaP Tdap: 1 dose each pregnancy									
Hib		HSCT: 3 doses	See Notes			See Notes				
Pneumococcal										
IPV										
COVID-19		See Notes								
Influenza inactivated		Solid organ transplant: 18 yrs, See Notes								
LAIV4							Asthma, wheezing: 2-4 years[c]			
MMR	*									
VAR	*									
Hepatitis A										
HPV	*	3-dose series, See Notes								
MenACWY										
MenB										
RSV (Abrysvo)	Seasonal administration, See Notes									
Dengue										
Mpox	See Notes									

Recommended for all age-eligible children who lack documentation of a complete vaccination series

Not recommended for all children but is recommended for some children based on increased risk for or severe outcomes from disease

Recommended for all age-eligible children, and additional doses may be necessary based on medical condition or other indications. See Notes.

Precaution: Might be indicated if benefit of protection outweighs risk of adverse reaction

Contraindicated or not recommended
*Vaccinate after pregnancy, if indicated

No Guidance/ Not Applicable

a. For additional information regarding HIV laboratory parameters and use of live vaccines, see the General Best Practice Guidelines for Immunization, "Altered Immunocompetence," at www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html and Table 4-1 (footnote J) at www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html

b. Severe combined immunodeficiency

c. LAIV3 contraindicated for children 2-4 years of age with asthma or wheezing during the preceding 12 months.

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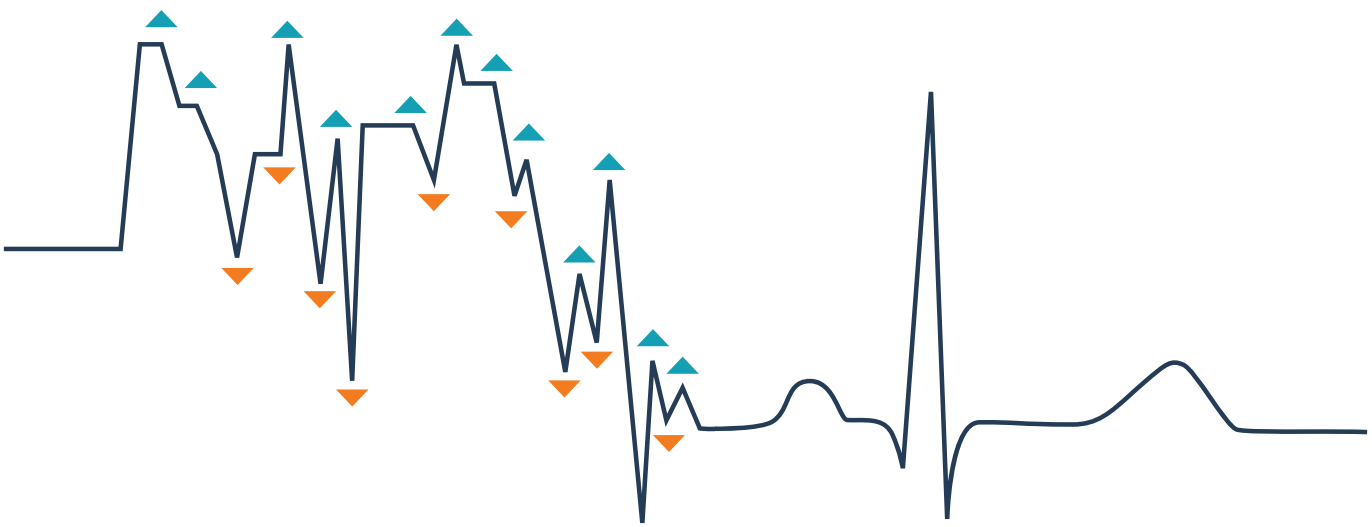

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