

Family Physicians of Oregon

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Gary Plant, MD
OAFP President



ANNUAL MEMBERSHIP DIRECTORY



Oregon Academy
of Family Physicians



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Family Physicians of Oregon

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About the Cover
Gary Plant, MD, and his wife Jill, are pictured with their three kids: Amanda, Emily and Justin.



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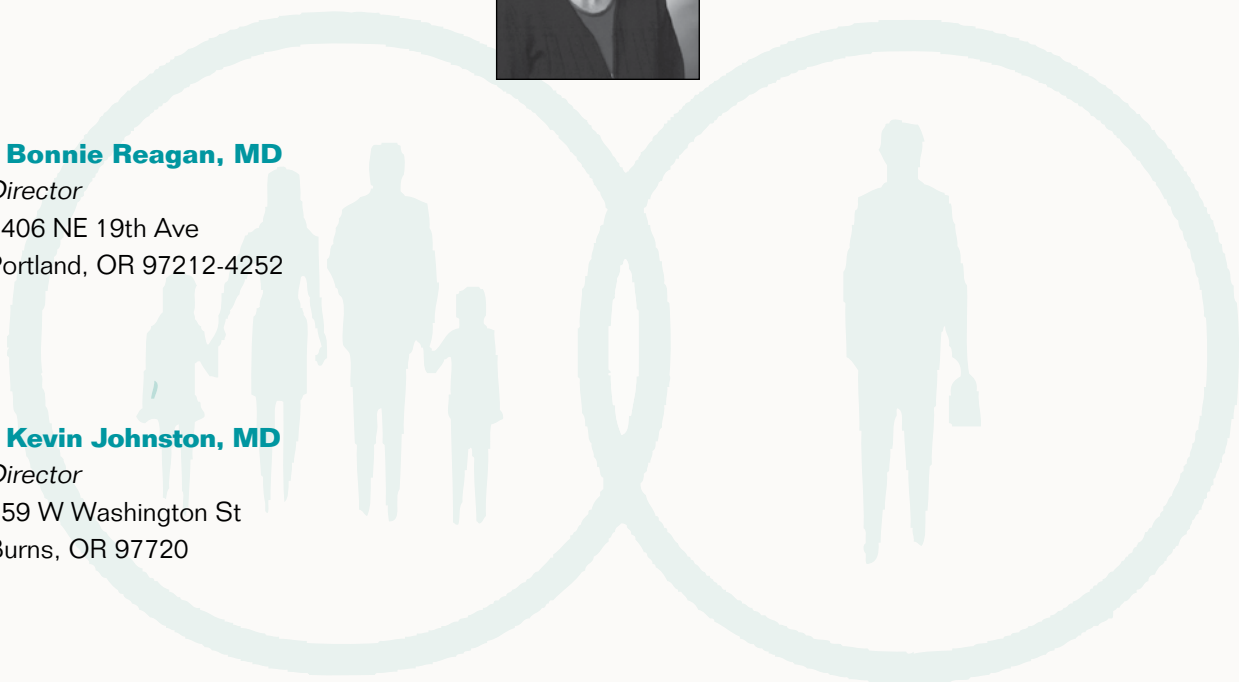
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• GREETINGS FROM THE OAFP



KERRY GONZALES, OAFP EXECUTIVE DIRECTOR

This will be a year of change for family physicians and their patients. The developments with Coordinated Care Organizations (CCO's) and Patient Centered Primary Care Homes (PCPCH's) are changing daily. The OAFP is in position to be your best resource to ease this transition.

The case for PCPCH as a model for delivering high quality care at a lower cost is becoming more obvious as pilot projects around the country are able to measure their successes. The Patient Centered Primary Care Collaborative is a coalition of more than 1,000 organizations and individuals (comprised of employers, physicians,

other health professionals, consumer and patient/family advocacy groups, patient quality organizations, health plans, hospitals and unions) dedicated to advocating for an effective and efficient health system built on a strong foundation of primary care. This collaborative has just issued a report updating their earlier reviews of the cost and quality data from 2009 and 2010. "The findings are clear, consistent, and compelling: Data demonstrates that the PCMH (primary care medical home) improves health outcomes, enhances the patient and provider experience of care, and reduces expensive, unnecessary hos-

pital and emergency department utilization. The momentum for transforming the U.S. health system is reaching the tipping point, and the PCMH and primary care are central to this goal."¹

The OAFP is in a unique position to offer one of the best resources for making the changes necessary to be a successful PCPCH – *colleagues who have been through the process*. Because there isn't one set way to create a PCPCH, sharing experiences and learning from each other is one of the most useful tools we have. The OAFP can help connect those who are well on their way to PCPCH recognition,

those who are just starting and everyone in between. We can share which resources have been most helpful to our members, post templates for common documents and help you find the expertise you need.

We have two avenues for this. The first is by attending our CME programs. In April we held our first PCPCH Learning Collaborative. Physicians brought up to three people from their clinic for a day long session led by four family physicians with considerable expertise and experience with PCPCH--**Christina Moreno, Brett White, Nick Gideonse and Bruin Rugge**. We will continue to expand and improve this type of team-based PCPCH education.

The second avenue for sharing and brainstorming with colleagues is through ShareCenter. ShareCenter is a free on-line tool for OAFP members. It is a great and unique way to connect with other OAFP members. The site allows you to ask questions, search the database, start discussions and share resources. It includes a membership directory with the option to add more information about yourself, and your practice so you can find other members with similar practices. (Visit <http://oafp-sharecenter.org/>. Your user name is your first name, underscore, your last name, i.e. john_smith. Your password is the first letter of your first name and your last name, i.e. jsmith.)

As I said, this will be a year of change for family physicians *and their patients*. The OAFP will offer materials and resources to help you educate your patients about the changes that will be occurring and how you will benefit from the new system. We have some experience with public outreach and education with **Dr. Evan Saulino's** "Saving Lives, Saving Money" powerpoint presentation. That presentation has been given more than 50 times around Oregon using OAFP vol-

unteers. We will be using the same sort of public outreach to educate the public about the incredible potential in a health care system that values primary care and what that means for them.

Thank you for your continuing membership and participation in the OAFP. To get the most out of your membership, please open our e-mails when they show up in

your in-box, contact us when you have a suggestion or concern and let us know what you would like from the OAFP. I look forward to hearing from you, at 503-528-0961.

'Nielsen, M., Langner, B., Zema, C., Hacker, T., Grundy, P., (2012, August), *Benefits of Implementing the PCMH – A Review of Cost and Quality Results*, 2012

● PRESIDENT'S MESSAGE



GARY PLANT, MD

In case you haven't heard, there is a new standard for primary care in Oregon. The Patient-Centered Primary Care Home (PCPCH) is a tiered set of standards for primary care practices around the state based on patient-centered ideas including access to care, accountability, comprehensiveness, continuity, coordination, and care centered on person and family. As a family physician in practice, you probably have the same initial reaction to this "new" concept that I had: "I've already been practicing that way for years!" And indeed, in many ways you probably have. Family physicians are trained in comprehensive, continuous care, and we like to think that we practice in a patient-centered way.

As our six-provider, privately-owned family medicine group discovered, however, there is a difference between how we *think* we are doing and how we are *actually* doing when we start measuring our own performance. As we began the process of applying for recognition as a PCPCH, we discovered that we would have to make a few changes to meet the criteria. Although we had been providing Saturday office hours for years, our after-hours telephone access was poor, and a new process was required. We had never used the CAHPS surveys be-

fore, but found it to be a useful tool for gathering insight about the experience of our patients. (For more information on the CAHPS surveys, see article at the bottom of the page.) Finally, we became more focused in our quality metrics, both in gathering the data and using it to improve the care we provide.

As a rural family practice that has yet to make the leap to electronic medical records (I appreciate your collective gasp of shock and horror), we were pretty proud to achieve Tier 2 PCPCH status after three months of focused effort by our transformation team. Our goals to achieve Tier 3 next year included implementing EMR and creating a care management program. We were therefore somewhat dismayed when the rules were published for receiving supplemental payments for the care of complex patients from the Oregon Health Authority (OHA). Bound by negotiations with CMS in order to comply with the Affordable Care Act, the OHA requirements focused mainly on care management and coordination of care in order to receive the supplemental payment.

Our transition team dug into another three tough months of work. We reasigned one of our medical assistants to be our care manager and began the arduous

task of reviewing 1,400 Oregon Health Plan patients to determine which were "ACA qualified." After my initial frustration with this new set of rules and additional requirements, I came to a realization. The activities we have to perform, track, and document are activities we should be doing anyway. Patients should have an individualized care plan for their chronic diseases. Their care should be coordinated between specialties. Their access to mental health should be facilitated by primary care, or even co-located. They should be provided with education about their own health, and they should have frank and honest conversations about their wishes for end-of-life care.

If your practice is not yet a recognized PCPCH, I encourage you to start the process of applying. The OAFP can connect you with resources to help guide you through the process. I encourage you also to identify your ACA qualified patients and report them to the state in order to collect additional payments that will support your efforts to provide the required services. The process requires some focused attention and dedication, but the care you provide will be better, your patients will be healthier, and Oregon will continue to lead the country toward the very best in primary care.

Want to Know More About the CAHPS Surveys?

The CAHPS (Consumer Assessment of Healthcare Providers and Systems) surveys are tools you can use to help advance patient-centered care in your clinic or setting.

The questions on the surveys ask consumers and patients to report on and evaluate their experiences with health care. The topics covered on the surveys focus on aspects of quality

that consumers are best qualified to assess, such as communication skills of providers and ease of access to health care services. The survey results can be used to make informed decisions and improve the quality of health care services.

For more information on the CAHPS surveys, go to <http://cahps.ahrq.gov/>.

● FROM THE HILL



JOHN SAULTZ, MD, CHAIR OF FAMILY MEDICINE, OHSU

For nearly a decade, Oregon's family physicians have been working to build a 21st century model of primary care for our state. More than half of us now use electronic health records. We are building care teams and trying to better coordinate the care of people with chronic illnesses. Many of us have extended our office hours and some have experimented with group visits. Our state has recently been chosen to participate in an ambitious Medicare demonstration project to pay for care in patient-centered medical homes in a new way, but this will involve only 75 practices. In addition, our state's Medicaid system is being reorganized into locally controlled Coordinated Care Organizations (CCO'S) that are supposed to pay for patient-centered medical homes, but these are only beginning to take shape. All of these changes should mean that our state is at the cutting edge in health reform. So one would naturally think that health plan contracts for commercially insured patients should be changing from a purely visit-based reimbursement system to one based on comprehensive, continuous, coordinated, and patient-centered care.

In spite of all our work, almost nothing has yet changed in how we are paid to deliver care. Each fall, we receive health plan contracts that we are expected to sign. For those employed by hospitals or health systems, our employers sign these contracts and we have little to say one way or another. Although the contracts become longer and more complex, they all continue to offer payment based on a resource-based relative value scale

system that is selectively unfair to primary care. We are paid for visits and we are paid poorly compared to specialists, hospitals, and pharmaceutical companies. Meanwhile, the supply of new family physicians has slowed to a trickle. Only a decade ago, the AAFP gave its gold award to medical schools that had over 30% of their graduating students entering family medicine. Silver medals went to schools over 25%. In 2011-12, OHSU was first in the nation with 23% of the 2011 graduating class in family medicine residencies and we are second in the nation averaged over the past three years at 18%. This is a nice honor, but the national bar gets lower each year. Fewer than half of the nation's first year residency positions are filled with graduates of U.S. allopathic medical schools. There is nothing we can do with the curriculum that will stop this trend. The problem lies in the marketplace our graduates enter.

It is simply a fact that practice transformation in our state is substantially

Regardless of our political opinions about the health reform process, each of us must embrace the goal of making care better for our patients and our communities. Few health care interventions are as well established as primary care in improving population outcomes at lower costs. We are not helping our patients when we sell our services for less than they are worth.

ahead of reimbursement reform. There is reason to hope this is changing, but hope will not pay the bills. Hope is not enough to attract new partners to our practices or a sufficient number of students to our residencies. Five years ago, we were optimistic; today we are tired of waiting. Will health plans and regional CCO's really pay for improved primary care? Maybe it is time for us to take responsibility for this situation. Can we really complain about the payment model when year after year, we agree to participate in it? Perhaps meaningful reimbursement reform will only happen when we insist on it.

It is time to be much more aggressive in the contracting process with health plans and to insist on payments that match the care transformation process. There is a paradox here; health care spending will not be controlled unless we spend more money on primary care. This is very well established in the health services literature. Our Academy
continued on page 10

has placed a top priority on advocacy for family physicians. The Academy has done a terrific job, but the next step is for each of us to advocate for ourselves in the contracting process with each and every health plan.

The clinical system operated by OHSU Family Medicine is comprised of five clinical practices. Three are in Portland, one is in Scappoose, and one is in Klamath Falls. Over the past five years, we have invested substantial time and money in the practice transformation process. All five practices use the same electronic health record and we have developed a comprehensive system to monitor and improve our care using real time data about our patient population. All five practices are designated as Level 3 medical homes by the state's certification process. Like the rest of Oregon's family physicians, we are still waiting on the payment system to catch up to our efforts. We have been fortunate to get research grants to study the transformation process and training grants to teach our students and residents about it. But our practices cannot sustain the improvements we've made without a profitable business plan and this requires a more dependable revenue stream that is based on more than office visits.

Regardless of our political opinions about the health reform process, each of us must embrace the goal of making care better for our patients and our communities. Few health care interventions are as well established as primary care in improving population outcomes at lower costs. We are not helping our patients when we sell our services for less than they are worth.



DOUG BARBER, OAFP LOBBYIST

The Feds Made Us Do It

Starting in July 2013, Oregon has to put \$2 million per year into a loan repayment program for primary care providers who serve Medicaid populations in rural and underserved areas.

That requirement is part of the federal waiver, signed by Gov. Kitzhaber and CMS on July 5 that allows CCO's (Coordinated Care Organizations) to deliver Medicaid in Oregon. CMS is investing \$1.9 billion in Oregon's health care transformation experiment, so CMS wants to be sure that Oregon has an adequate primary care workforce to do the job.

So the feds are making Oregon fund the loan repayment program but Bruce Goldberg, MD, director of the Oregon Health Authority, isn't complaining: "We understand that to truly transform how health care is delivered, get better health and be financially sustainable will require more primary care clinicians. Loan repayment programs have been shown to be successful in increasing the primary care work force. We hope this new investment will help communities throughout the state."

Oregon hasn't funded loan repayment since 2007

Oregon already has a loan repayment program on the books but the Legislature hasn't funded it since 2007. When the loan repayment program was funded, it traditionally received only \$400,000 per biennium. The new federal requirement is ten times that amount - \$4 million per biennium.

We understand that to truly transform how health care is delivered, get better health and be financially sustainable will require more primary care clinicians.

Scott Ekblad, director of the Oregon Office of Rural Health that administers the program, says \$2 million per year should be enough to provide loan repayment to 20 (give or take a few) doctors, nurse practitioners and physician assistants each year. "I'm very excited about the possibilities," Ekblad says. "This will give us the funding we need to help address workforce shortages in needy communities."

Sen. Elizabeth Steiner Hayward, past president of the OAFP, says many students go to medical school with the intention of going into primary care but graduate with an average of \$150,000 in debt. "Students are forced to make a choice between what they want to do and what they can afford to do. So an aggressive loan repayment program can make the difference in allowing them to enter the primary care specialty."

Questions remain

Funding for this new loan repayment requirement doesn't start until July 2013, so the Legislature has some important decisions to make during the 2013 session. The most basic question is, does the Legislature use the existing loan repayment program as the base for this funding or do they start from scratch and create a new program?

Assuming they use the current program, there are still questions that remain, including:

- Oregon's current loan repayment program includes MDs, DOs, nurse practitioners, physician assistants, dentists, pharmacists and naturopathic physicians. Do they all qualify under the federal definition of primary care?
 - Does the Legislature give the Oregon Office of Rural Health authority to enforce the waiver requirement that loan repayment recipients "serve Medicaid populations in rural and underserved areas?"
 - Can this \$2 million per year also be used to fund the loan forgiveness program the Legislature started in 2011?
 - Should the maximum annual award in the program be increased from \$25,000 to \$35,000, which is the federal standard in other loan repayment programs?
- By next spring, the Legislature and the Governor will work out the details, and beginning next summer, Oregon will have a robust loan repayment program. At \$2 million per year, it should be enough to help rural and underserved communities attract additional primary care providers they so desperately need.

STUDENTS SPEAK OUT!

Features stories from OHSU students involved in the Family Medicine Interest Group

The past few months have been exciting ones for students of the OHSU Family Medicine Interest Group (FMIG) and there has been a multitude of activities, learning opportunities, and new experiences for everyone.

This summer, students from the class of 2014 transitioned into their third year and began their clinical clerkships. Some of these students will be spending several rotations learning from rural family physicians throughout the state as part of the Oregon Rural Scholars Program. With their transition from classroom to clinic came a transition in FMIG leadership, as Joe Volpi and I have taken over as co-chairmen for Isabelle Trepiccione and Nathan Defrees. They have been excellent examples of great leadership, and we appreciate and thank them for their efforts while leading the FMIG this past year.

The class of 2015 began their second year of medical school at the end of August. During the 10 week break between first and second year many students took part in the Rural Family Medicine Experience elective. This elective, which took place in numerous rural towns throughout the state including John Day, Prineville, Klamath Falls, Cave Junction, and Wheeler, gave students an opportunity to advance their clinical skills and experience rural lifestyles and medical practices with rural family physicians. During a luncheon held at Emma Jones Hall in September, we had the opportunity to share our experiences with the OAFP Foundation Board (see foundation article page 14).

In mid-August, we welcomed a new class of medical students to OHSU. We are looking forward to the many students from the class of 2016 that will be involved



Kathy Chappelle, CO-FMIG Advisor, along with a cadre of student constituents, in attendance at the AAFP National Conference of Family Medicine.

in the FMIG. Many of these incoming students have already had a taste of family medicine this summer through the Family Medicine Summer Observership.

From July 26-28, a group of second year and fourth year students traveled to Kansas City, Missouri to attend the AAFP National Conference of Family Medicine Residents and Students. Students attended lectures on leadership, clinical skills, health policy, and career planning, took part in the AAFP Student Congress, attended a massive residency expo to learn about and talk with residency programs throughout the country, and networked with other medical students and residents from around the country. It was a very rewarding experience, and the knowledge and ideas gained at the conference has the potential to benefit all OHSU students and those they care for in the future.

At the end of May, when Joe and I took

over the FMIG, we instantly began brainstorming and planning the FMIG's activities for the coming year. We are very appreciative to have the assistance of many of our members in coordinating these activities, which include Tar Wars, the Baby Beeper program, National Primary Care Week activities, ward walks, and meet-and-greet sessions with family physicians, among others. We will also be attempting to begin new programs, including the AAFP's Ready, Set, Fit program, a program similar to Tar Wars, which educates elementary school students on the importance of exercise and nutrition.

With the many activities going on and the many students that will be involved, this is shaping up to be a very eventful, fun, and exciting year for the OHSU FMIG. We are looking forward to seeing the growth of our students and group, and are certain this will be a great year for all.



FOUNDATION NEWS



THOMAS TUREK, MD, OAFP/FOUNDATION PRESIDENT

As fall approaches, the Foundation Board looks forward to meeting with the medical students who have participated in the rural experience sponsored by the Foundation. It's a great time to appreciate the enthusiasm and intellect of these future physicians. As we go through this transitional time in the way medical care is delivered we need a strong nucleus of new Family Physicians as well as physicians in other specialties who understand and appreciate what it takes to be a quality family doctor.

Through your donations and participation you support five programs – the Laurel G. Case Award for Rural Experiences, the Mary Gonzales Lundy Award, the Tar Wars anti-tobacco education program, the Medical Ethics Lecture Fund, and the Locum Tenens Fund.

This month, during an annual awards luncheon, the OAFP Foundation honored OHSU medical students with the Laurel G. Case Award for Rural Experiences. These students, who have just completed their first year of medical school, spent time living and working with a family physician in rural Oregon over the summer. We enjoyed hearing their heartwarming stories that validate the value of family medicine and the outstanding family physicians we have in Oregon.

Each spring, the Mary Gonzales Lundy Award, named after Mary Lundy, the former OAFP Executive Director and a current member of the Foundation board, is awarded to an outstanding fourth year medical student who is entering a Family Medicine Residency.

During the 2011-2012 school year, with the support of presentations from family physicians and medical students, the messages of the Tar Wars anti-tobacco education program reached close to 2,000 fourth and fifth grade students.

Through your donations and participation you support five programs – the Laurel G. Case Award for Rural Experiences, the Mary Gonzales Lundy Award, the Tar Wars anti-tobacco education program, the Medical Ethics Lecture Fund, and the Locum Tenens Fund.

The Board appreciates the contributions you make to the Foundation whether they take place at the time of membership renewal or at the annual auction that occurs during the Spring CME Weekend. Please keep the Foundation in mind whenever you would like to make a financial contribution to the future of Family Medicine in Oregon. The Foundation Board works to be good stewards of your donations and welcome

your input on how we are doing. Thanks so much for your support.

Please fill out the form below and send your donations to OAFP/Foundation, ATTN: Lynn Estuesta, Executive Director, 809 N Russell Ste 204, Portland, OR 97227. Or go to the OAFP website (www.oafp.org), click on the Foundation site, and press the PayPal donate button. If you have any questions or concerns, please contact Lynn.

OAFP/Foundation Donation Form

YES, I want to be part of the important work of the Oregon Academy of Family Physicians Foundation. Enclosed is my tax-deductible donation.

Name _____
Address _____
City, State, Zip _____

Please use my donation as follows:

- \$ _____ Laurel G. Case Award for Rural Experience
- \$ _____ Mary Gonzales Lundy Award
- \$ _____ Tar Wars Anti-Tobacco Education Program
- \$ _____ Medical Ethics Lecture Fund
- \$ _____ General Fund
- \$ _____ Total tax-deductible donation**

Payment Options: (Please check which payment option you prefer)

- CHECK: Please make checks payable to OAFP/Foundation
- VISA MASTERCARD

Card Number: _____ Expiration Date: _____
Cardholder's billing address (if different from above): _____
Signature: _____

Please mail your contribution to: OAFP/Foundation, ATTN: Lynn Estuesta, 809 N Russell St. Ste 204, Portland, OR 97227. Thank you for your support!

Use It or Lose It

You've heard of the phrase, "Use it or lose it," right? Well nowhere is this more apropos than in Oregon. In fact, the State of Oregon wants to give you a gift of \$50; but you can't keep it. You either pay it back in state taxes, or donate the money to a qualified campaign or cause. This is known as the Oregon Political Tax Credit.

So how does that work? By donating \$50 to a political campaign of your choice, you can reduce your taxes or increase your refund by that same \$50 (assuming you pay at least \$50 in taxes). That's right — it's a full 100% credit — not a deduction.

The bottom line? By contributing \$50 to a political campaign, you can help make Oregon a better place, and it won't cost you a thing. If you are married and filing jointly, you and your spouse can donate \$100 and get it all back.

Basically any candidate or measure on the ballot in Oregon, any political party, or any political committee registered in Oregon (but not a 501 C3 nonprofit) qualifies as a political contribution credit.

Let us show you how this works:

In 2011, the political contribution could be found on line 37 on Form 40:

	32 Total tax before credits from front of form, line 31.....	32		.00
NONREFUNDABLE CREDITS	33 Exemption credit. If the amount on line 8 is less than \$127,150, multiply your total exemptions on line 6e by \$179. Otherwise, see instructions on page 18.....	● 33		.00
	34 Retirement income credit. See instructions, page 19.....	● 34		.00
	35 Child and dependent care credit. See instructions, page 20.....	● 35		.00
	36 Credit for the elderly or the disabled. See instructions, page 20.....	● 36		.00
	37 Political contribution credit. See limits, page 23.....	● 37	\$50	.00
Include proof	38 Credit for income taxes paid to another state. State: ●38y <input type="checkbox"/> Schedule included 38z <input type="checkbox"/>	● 38		.00
	39 Other credits. Identify: ●39x <input type="checkbox"/> ●39y \$ <input type="text"/> Schedule included 39z <input type="checkbox"/>	● 39		.00
	40 Total non-refundable credits. Add lines 33 through 39.....	● 40		.00
	41 Net income tax. Line 32 minus line 40. If line 40 is more than line 32, enter -0-.....	● 41		.00

Truly, giving couldn't be easier, or hurt less! Fill out the form below or go to the OAFP website today (www.oafp.org) to help us speak on behalf of the 1,400+ Oregon family physicians and the patients they serve.

Family Physicians of Oregon PAC Contribution Form

Name _____

Address _____ City _____ State, Zip _____

Contribution Amount: _____

Payment Options: (Please check which payment option you prefer)

() CHECK: Please make checks payable to Family Physicians of Oregon PAC () VISA () MASTERCARD

Card Number: _____ Expiration Date: _____

Cardholder's billing address (if different from above): _____

Signature: _____

Please mail your contribution to: OAFP, 809 N Russell St Ste 204 Portland, OR 97227

() YES, I am aware of the political purposes of the Family Physicians of Oregon PAC, understand that contributions to the PAC are purely voluntary, and acknowledge that I will not be favored or disadvantaged by reason of the amount of my contribution or the decision not to contribute.

Nominations Sought for OAFP 2013 Family Doctor of the Year

It's that time of year again! Do you know a colleague, who is a member of the OAFP, who exemplifies the finer attributes of a family medical practitioner, one who is engaged in community affairs as well as provides compassionate, comprehensive and caring family medicine on a continuing basis? If so, it's time to fill out the nomination forms for the 2013 Family Doctor of the Year. Nominations to the Academy must be accompanied by a letter outlining why the physician is deserving of this award. The nomination form listing the relevant criteria can be found at www.oafp.org. Supporting letters and other materials from the community lend weight to the nomination. The surprise announcement of the winner will be made at the Annual Spring CME Weekend held at the Salishan Lodge on April 11-13, 2013.

The deadline for the nomination is February 6, 2013. We look forward to receiving your submissions.

**SAVE
THESE
DATES**

66TH SPRING CME WEEKEND

Scientific Assembly & Congress
April 11 - 13, 2013
Salishan Lodge, Glenenden Beach

2013 LEGISLATIVE DAY

March 11, 2013
Salem, Oregon

For more information, contact Kerry Gonzales at the
Oregon Academy of Family Physicians.

www.oafp.org | (503) 528-0961 | Fax (503) 528-0996