

Family Physicians of Oregon

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MAKING HEALTH PRIMARY



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of Family Physicians



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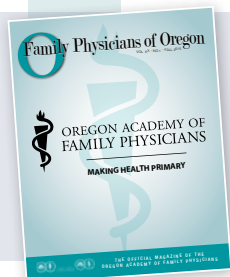
Family Physicians of Oregon

Oregon Academy of Family Physicians
1717 NE 42nd St.
Suite 2103
Portland, OR 97213
503.528.0961
503.528.0996 (fax)
Web site: www.oafp.org

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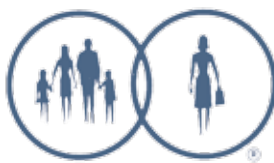


About the cover:

This summer, the OAFP adopted this new logo to strengthen the tie with the AAFP but also to distinguish ourselves in words and graphics the importance of meeting the health needs of the people of Oregon.



Oregon Academy of Family Physicians



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Created by Publishing Concepts, Inc.
David Brown, President • dbrown@pcipublishing.com
For Advertising info contact
Tom Kennedy • 1-800-561-4686
tkennedy@pcipublishing.com



• **Elizabeth (Liz) Powers, MD**

President, December 2014 – April 2016
603 Medical Parkway
Enterprise, OR 97828



• **Glenn Rodriguez, MD**

AAFP Delegate
10150 SE 32nd Ave
Milwaukie, OR 97222



• **Daniel Paulson, MD, MS**

President-Elect
2280 Marcola Rd
Springfield, OR 97477



• **Gary Plant, MD**

AAFP Alternate Delegate
76 NE 12th St
Madras, OR 97741



• **Kevin Johnston, MD**

Vice President
559 W Washington St
Burns, OR 97720



• **Evan Saulino, MD, PhD**

AAFP Alternate Delegate
4104 SE 82nd Ave Ste 250
Portland, OR 97266



• **Robyn Liu, MD, MPH**

Secretary
3303 SW Bond Ave Fl9
Portland, OR 97239



• **Michael Goodwin, MD**

OMA Trustee
18040 SW Lower Boones Ferry Rd
Tigard, OR 97224



• **Peter Reagan, MD**

Treasurer
2406 NE 19th Ave
Portland, OR 97212



• **Marc Carey, MD, PhD**

Speaker of the Congress
4104 SE 82nd Ave Ste 250
Portland, OR 97266



• **Michael Grady, MD**

AAFP Delegate
347 Fairview St
Silverton, OR 97381



• **Nathalie Jacqmotte, MD**

Vice Speaker of the Congress
6327 SE Milwaukie Ave
Portland, OR 97202



• **David Abdun-Nur, MD**

Director
741 NE 6th St
Grants Pass, OR 97526



• **Stewart Decker, MD**

Resident Director, Cascades East 2801
Daggett Ave
Klamath Falls, OR 97601



• **Heidi Beery, MD**

Director
2570 NW Edenbower Blvd Ste 100
Roseburg, OR 97471



• **Jason Kroening-Roche, MD, MPH**

Resident Director, OHSU
3900 SE Division St
Portland, OR 97202



• **Ruth Chang, MD**

Director
1700 NE 102nd Ave
Portland, OR 97220



• **Eva Sandberg, DO**

Resident Director, Samaritan Health 3600
SW Samaritan Dr
Corvallis, OR 97330



• **Rick Kincade, MD**

Director
1162 Willamette St
Eugene, OR 97401



• **Ilana Hull, MD**

Resident Director, Providence Oregon
10150 SE 32nd Ave
Milwaukie, OR 97222



• **Lance McQuillan, MD**

Director
3517 NW Samaritan Dr Ste 201
Corvallis, OR 97330



• **Matthew Sperry, MD**

Resident Director, Providence Hood
River Rural Training Track
810 12th St
Hood River, OR 97031



• **Jon Schott, MD**

Director
3950 17th St Ste A
Baker City, OR 97814



• **Ashley Bunnard**

Student Director
2801 Daggett Ave
Klamath Falls, OR 9760



• **Kerry Gonzales**

Executive Director
1717 NE 42nd Ave Ste 2103
Portland, OR 97213

• GREETINGS FROM THE OAFP



KERRY GONZALES, OAFP EXECUTIVE DIRECTOR

The mission of the OAFP is to support family physicians in their pursuit of optimal health for the people of Oregon. We take that mission seriously and have developed CME, legislative and regulatory strategies, community-based campaigns and networking/mentoring opportunities to fulfill our mission. Our goal is to have our members view their membership as valuable, even critical, to their success.

Who We Are

Nearly 80 percent of the family doctors in Oregon belong to the OAFP, giving us a strong voice in Salem, with the Oregon Health Authority and throughout Oregon communities. The OAFP is truly a community of colleagues around the state that are as dedicated to patient care as you are. Our financial situation is healthy and stable and our small one and a half person staff has over 30 years of combined experience with the OAFP.

Our Work in Oregon

We continue to work on the recruitment and retention of family physicians so when you need to recruit a new doctor, you will have plenty of high-quality candidates to choose from.

We publish a quarterly magazine, have a website, send blast e-mails and maintain a social media presence to keep members abreast of news, issues and events that are important to you.

We provide discounted CME for the best education on clinical care and the latest information about practice transformation, both for those beginning the

process and for those clinics who have already made substantial changes. Our CME conferences are not just for learning, but also for networking and fellowship with family doctors, family medicine residents and medical students around the state. At our last conference we offered 17 different break-out sessions; there is something for everyone.

We have begun offering an ALSO (Advanced Life in Obstetrics) Refresher Course every year as a benefit to our members who continue to provide maternity care. This course is shorter and less expensive than the traditional ALSO course, making it more convenient and affordable. And, as an added bonus, participants who successfully complete the course before their ALSO certification expires, automatically receive an additional five years of certification.

The OAFP is truly a community of colleagues around the state that are as dedicated to patient care as you are.

With practice transformation and PCPCH development, there is an ever-increasing barrage of requests for support, making it difficult for practices to know who to turn to for assistance. Consider the OAFP your go-to source to connect your clinic with pilot programs and resources that provide assistance specifically in the areas you have identified needing help or improvement.

Also every year we hold a Leadership Forum, identifying up-and-coming leaders within the OAFP membership and their respective communities. This dynamic group learns from each other and other respected physician leaders. The Forum brings a broad spectrum of interests and expertise to the OAFP. If this sounds interesting to you, please contact Kerry Gonzales at the OAFP.

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Greetings, continued from page 6

Recently, there has been much upheaval in the Oregon Health Authority and the Governor's office, leading to the loss of many primary care leaders and champions that have worked with the OAFP in the past. We must take this opportunity to build new partnerships and bridges to help those new to these positions understand the importance of primary care and the fundamental changes taking place in the delivery of health care.

At the center of our advocacy efforts is payment reform. As you can read in the Public Policy and Legislative Affairs article on page 16, the OAFP introduced legislation this session and have achieved the first step in making some meaningful changes to payment reform. We are forming coalitions and building agendas with stakeholders. As we approach every

legislative issue, our keystone question is, "How does this affect the health of our patients and community?"

Our Work Nationally

After a decade of work and strong advocacy by the AAFP and state chapters, the Sustainable Growth Rate (SGR) formula was finally repealed, opening the door for our federal lobbyists and legislators to concentrate on other issues of importance to family medicine.

The OAFP finds itself a leader among other state academies who are currently navigating complicated issues that we have successfully dealt with in the past, such as independent practice for Nurse Practitioners and the increase in retail clinics. Both of these issues can be seen as threats to family medicine or opportunities for collaboration.

We are promoting the Health is Primary campaign, an exciting national effort, led by the AAFP to transform America's health care system into one based on strong primary care and patient engagement. Two OAFP members, **John Saultz, MD** and **Jennifer DeVoe, MD**, have been instrumental in this broad Family Medicine for America's Health initiative.

I would like to thank each of you for your continued support of the OAFP. By continuing your membership, you confirm to us that your membership in the OAFP and the AAFP is valuable to you. To get the most out of your OAFP membership, please open our e-mails when they show up in your inbox (it isn't too often, I promise) and please contact us when you have a suggestion or concern. I look forward to hearing from you at 503-528-0961.



LIZ POWERS, MD

Bridging the Information Gap and Delving into the Domain of Transformational Research

At our last meeting, the OAFP Board of Directors discussed how we, as an organization, have evolved over the last 15 years. Initially, the Academy was focused on supporting practicing physicians with continuing education. In 2006 our scope of support broadened; we hired a lobbyist and moved into the public policy arena. We recognized that our members needed this support in order to sustain their medical practices. The key question in our advocacy efforts has been, and continues to be, "Is this in the best interest of our patients?" Our legislative successes to date have been loan repayment and loan forgiveness programs to help recruit and retain family doctors in rural and underserved areas, maintaining existing programs such as the rural tax credit and malpractice subsidies, smart use of telemedicine, and this year, the first step in payment reform (see article on page 16).

The health care system in Oregon depends on a well-functioning primary care system. Copious research shows that the best way to improve outcomes and reduce costs in a health care system is to increase access to high-quality primary care. The state of Oregon has embraced this research and has created a vast network of state-certified Patient-Centered Primary Care Homes (PCPCHs). The state's goal of having 75 percent of Oregonians established in a PCPCH is becoming a reality much faster than most believed possible.

...the OAFP is establishing a transformational research committee to study what parts of a practice are most effective and necessary for improving health outcomes for the population served by that practice and what are the associated structures and costs needed to sustain these vital components.

More than 560 primary care clinics across the state have transformed themselves to provide a new level of care, and have been certified as PCPCHs. Yet these practices are at risk due to the financial burden associated with this transformation. To provide the services necessary to become a PCPCH, and then maintain that certification, these clinics have invested significant sums in staffing and technology.

Although the primary care clinics in the state have made these investments, available funding sources have never been sustainable. Many of these practice improvements were made with grant funds, or as pieces of short-term research or pilot projects. Unfunded practices just don't have the capital to make the needed investments and lasting transformation. Acknowledging this discrepancy between what clinics

are being paid to do and what they are being asked to do, some payers have begun using alternative payment methodologies, taking the first steps away from a fee-for-service payment system. However, no payer is currently making the kind of investment necessary to sustain the PCPCH model.

Clinics have estimated that adding the services necessary to become a certified PCPCH has increased their overhead by 25 percent, but few clinics have done the calculations to detail the actual additional costs. In fact most have no idea how to even begin. Costs can be complicated to determine for a variety of reasons, including outside funding from a network of grants and pilot projects, financial contributions from outside groups (IPA or CCO), and confusion about roles and time spent. Further

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complicating this work are the anti-trust laws which prohibit clinics from discussing with each other how much they are being paid and for what services.

For Oregon to have the robust primary care system necessary to improve health and reduce health care associated costs, it must have two fundamental supports it currently lacks: financial stability for primary care and a stable primary care workforce. If we take care of the first, the second may follow.

To move forward with this challenge, the OAFP is establishing a transformational research committee to study what parts of a practice are most effective and necessary for improving health outcomes for the population served by that practice, and what are the associated structures and costs needed to sustain these vital components. The

"laboratories" for this research are the primary care practices already caring for communities across Oregon. We will work with practices that have been successful at PCPCH transformation, identifying their infrastructure needs and resource constraints.

We know that to be the most effective advocates for payment reform, we must present evidence regarding how much it costs clinics to provide the services of a PCPCH. Being able to demonstrate how much it costs to be a well-functioning clinic will give us a starting place when talking about payment reform and paying clinics what they need to sustain the changes they have already implemented. Our results will become part of the public record for the benefit of all who are interested, and not subject to anti-trust concerns.

As a result of this current research project, the Academy hopes to be able to show what it truly costs a clinic to provide this advanced PCPCH model of care. Payers and providers alike will know what financial resources clinics need to be successful as PCPCHs. Armed with this information clinics will be in a much stronger negotiating position with payers. Additionally, payers will want to know what they can expect in cost savings as a result of PCPCH-level primary care. A second focus of this project will be to look at outcomes both from a quality and a cost-savings perspective.

We as an Academy look forward to stepping into this new role, providing our members with vital information to support and sustain primary care delivery in Oregon.

Winding Waters Clinic Achieves First 3 STAR Rating



Winding Waters Clinic Staff

The Oregon Patient-Centered Primary Care Home (PCPCH) Program was established by the Oregon legislature in 2009 to develop strategies to identify and measure what a primary care home does, promote their development, and encourage Oregonians to seek care through recognized PCPCHs. The Oregon Health Authority (OHA) then created recommendations for broad implementation of the primary care home model across Oregon. Fast forward to today and you'll find that health care clinics that have been recognized by the OHA as primary care homes have made a commitment to provide high quality, patient-centered care. These physicians and their staff foster strong relationships with patients and their families to better care for the whole person. These medical homes have been able to reduce costs and improve care by focusing on prevention and wellness and managing chronic conditions. To date, more than 80 percent of the 550+ PCPCH-certified clinics in Oregon are rated as Tier 3, the

highest (or most robust) tier recognition a clinic can achieve.

However, not all Tier 3 clinics reach the same levels of performance and in February 2015, the OHA launched the "3 STAR" designation that would distinguish clinics that are considered exemplary because they have implemented exceptional transformative processes and recommended best practices into their workflow using the PCPCH model framework.

To receive the 3 STAR designation, practices must meet the following criteria:

- Be recognized as a PCPCH Tier 3 under the 2014 PCPCH Standards
- Attest to 255 points or more on the PCPCH application
- Meet 11 or more of the 13 standards listed in the OHA's PCPCH 2014 Recognition Criteria TA Guide
- Receive a site visit to verify they are meeting all the PCPCH Standards to which they attested

In June of 2015 the first-ever 3 STAR designation was awarded to a frontier clinic

in the remote northeast corner of Oregon – Winding Waters Clinic in Enterprise. We had a chance to catch up with **Liz Powers, MD**, OAFP President and a Winding Waters physician and Keli Christman, practice administrator at Winding Waters, to find out how this small-town clinic became a pioneer in health care transformation.

OAFP: What does it say to the rest of the PCPCH-recognized clinics that Winding Waters Clinic was the first to receive this prestigious 3 STAR designation?

KC: These measures are attainable. You can do it! The standards are not out of reach. And doing things in a PCPCH model positively impacts patient care.

LP: I think it says loud and clear that anyone can do this. The "3 STAR" designation sets a high standard, but you don't need to be at an academic center, or part of a big system to achieve this level of transformation.

OAFP: What are some of the things that Winding Waters Clinic has incorporated to separate itself from the rest of those practicing in a medical home model? What pieces of the primary care home model stand out to you as having the most positive impact on patients?

LP: We've been working on transformation for eight years now; this just didn't happen overnight. There have been three stages in our PCPCH journey. We started with the structural changes – we expanded our hours (7a-7p M-F, 8a-1p Sat), established 24-hour physician on-call coverage, integrated

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an EHR and moved into a new building we designed around team-based care. The next step was a cultural change – moving from physician-centric to patient-centric care. We established teamlets (consisting of a front desk person, an MA and a provider) responsible for a panel of patients. We set up a care team to help patients with care transitions and with navigating the health care system. We established a patient advisory council to help direct the focus of clinic improvement activities. The last stage is the one we're focused on currently – this is the transformation that really made "3 STAR" possible for us. We started to use data and a new set of resources (a nurse care manager, behavioral health coaches and community health workers) to really improve the quality of care provided at the clinic. We also took off our blinders and physically stepped outside of our clinic walls to partner with community organizations, using our skills, resources and expertise to affect the health of our community as a whole. We're focusing on literacy, transportation, housing, and dental health, recognizing that these impact our patients' ability to achieve optimal health. We're part of a local consortium focused on connecting people to services that address the social determinants of health. Our collective goal is that all have equal opportunities to lead healthy, meaningful, and productive lives.

KC: We've seen a tremendously positive impact having a high performing care team and integrated behavioral health coaches. Our patients have come to rely on them. And as a byproduct of transformation this has forced us to engage with payers, as we seek to get appropriate reimbursements for the additional resources we're investing. Data gives us an opportunity to show that we provide high quality care for their insured lives. We have partnered with OCHIN and the OHSU data team to give us the dashboards and reports we need to continually improve quality of care. I think the thing that is most meaningful to me is that the PCPCH mod-

We've seen these enhanced services really make a difference in the lives of our patients and I feel this is how we can best care for our community. PCPCH transformation is a way for medical clinics to move beyond our traditional 10 percent of the pie and impact some of the social determinants of health. For us the PCPCH transformation process continues to bring to light barriers to care and gaps in services. The "3 STAR" standards provide a good roadmap to start tackling some of those things. - Liz Powers, MD

el of care gives us the opportunity to build a framework to provide excellent care into the future. Quality patient-centered care shouldn't rely on a single champion. The legacy of our PCPCH transformation is that in 50 years, long after we are gone, Winding Waters will still be doing patient-centered care for this community.

OAFP: What prompted your clinic to consider applying for the 3 STAR designation?

KC: In the beginning we recognized that the future of health care was moving away from the traditional physician-centric approach. In order to care for individual patients as well as for a community, you need more than just a physician and a nurse. Additional support systems are needed to effectively care for a population. The PCPCH certification process is hard work, but its important hard work. The "3 STAR" designation gave our clinic management the chance to sing the praises of what our staff can do to impact patients in a positive way. We wanted the state to see that we are doing some really cool things here and that a small clinic can do it.

LP: The "3 STAR" attestation wasn't a stretch for us; it was a recognition of all that the staff and providers at the clinic were already doing. It felt important to recognize that work – for staff, for patients and as a way to advocate for payers supporting this

work financially. We want to be able to keep doing great things!

OAFP: Why would you encourage other clinics to apply for the 3 STAR designation?

LP: We've seen these enhanced services really make a difference in the lives of our patients and I feel this is how we can best care for our community. PCPCH transformation is a way for medical clinics to move beyond our traditional 10 percent of the pie and impact some of the social determinants of health. For us the PCPCH transformation process continues to bring to light barriers to care and gaps in services. The "3 STAR" standards provide a good roadmap to start tackling some of those things.

KC: The "3 STAR" designation helps distinguish those clinics who have pushed the PCPCH program further, doing things not captured in the original 3 tier program. Having clinics designated as "3 STAR" also says to payers who hold the purse strings that PCPCHs bring real value to the primary care system and they need to figure out a way to support this in a financial way.

If your clinic is interested in becoming eligible for 3 STAR recognition, view the information on this site – <http://www.oregon.gov/oha/pcpch/Pages/become-recognized.aspx>.

● FROM THE HILL



SCOTT FIELDS, MD, MHA,
OHSU FAMILY MEDICINE PROFESSOR AND VICE CHAIR

“Do great things.” This was a simple, yet direct, admonition from my father. He joined the Navy at 16 years of age and ultimately became a family physician, serving our community on the same street in Seattle for over 30 years. “Do great things” was never about personal victory, but rather about doing things for others.

For the past 29 years, as a member of the OHSU Family Medicine Department, I have tried to find my path to making a difference; sometimes successfully, sometimes not. This is a time of transition for me in this mission as I step down as Vice Chair and enter a new phase in my career and in my life. My partner throughout my journey has been my wife, Vicki, without whose support and understanding I would have never had even the modicum of success that I have enjoyed. We married just prior to my starting residency and she gave up one career to join me and begin another. Together, we have done great things. In reflecting on my journey, I have been blessed with fellow physicians, faculty, residents and students who also wanted to do great things.

I joined the Department in 1986 at a time of great transition. The founding leadership of the Department – **Laurel Case**, **Merle Pennington** and **Bill Fischer** – was stepping down. These community family physicians had walked away from the relative safety of practice to start the Family Medicine Department and Residency in the confines of a tertiary care university; a place that really did

not welcome them. Yet, they understood the need in our communities for family physicians and the necessity to begin to train them in our own state. Utilizing the commitment of the state’s family physicians through the OAFP, a beachhead was created on the first floor of Emma Jones Hall.

My first day as a resident was the first day for our new residency director, **John Saultz, MD**. The doors to a superior, full-scope education opened for us and all the residents who have followed. I am eternally grateful to all of my attendings from all of the departments, but particularly to **Peter Goodwin, MD**. Peter showed me that it was possible to be both technically superior as a surgeon and still focus on connecting with every patient as their family physician. I still aspire in this area, but I often think of Peter when I am challenged as a physician.

During this period, the first Family Medicine Inpatient Service began with family medicine attendings in the hospital teaching our own family medicine residents. We obtained privileges to admit to Doernbecher Children’s Hospital. We delivered babies on Labor and Delivery. John developed the first rural experiences for our residents, in addition to leading the implementation of the Cascades East Residency program. We did all of these things in order to better serve the people of Oregon. These accomplishments can easily be taken for granted now, but each step was a hard fought opportunity. This is something that we should not give up easily as we move

into our future; not because it is good for our discipline, or for our department, but because it is good for our communities.

I was the first OHSU resident graduate to join the Department in the new era. It wasn’t a unanimous decision by the faculty, but **Bob Taylor, MD** saw the potential, as he often did in young students, residents and faculty. I was deployed to work with **Bill Toffler, MD** who had been named Predoctoral Director. This role, to focus on medical student education, was new to the Department, as well as to the university. He took me under his wing and together we set about improving not only the experience that students had in family medicine, but in the entire curriculum. At that time there was no family medicine clerkship. There was no meaningful clinical experience in the first two years. The percentage of our graduates going into family medicine was less than five percent. We infiltrated the curriculum, including developing the Primary Care Clerkship which was focused in rural areas of the state. These efforts ultimately led to the Department teaching or administering over one third of the curriculum time and seeing as many as 25 percent of our graduates choosing family medicine as their career. With the current curriculum revision of the school, the principles that led to these outcomes are being challenged. With the pressures in community practice, it seems to be more difficult to engage our colleagues in the educational process. We must reaffirm the social contract of teaching the next generation. Without this commitment,

current and future students will not receive the mentorship that is so important to guiding them successfully. I owe a great debt to all of my learners; students and residents alike. I am a better doctor and teacher because of them.

We have built a strong residency in Portland and **Roger Garvin, MD** has led our transition into a four-year program. This is being done to maintain the full-scope training that we believe is needed in our communities and to enable the addition of new knowledge and skills required for today's family physicians, including leadership, process improvement and data management. We have expanded outside the walls of OHSU to include Kaiser as a partner in our residency. We now have a Rural Health Center at Scappoose, a Federally Qualified Health Center at Richmond, an HMO-based clinic at Kaiser, a suburban practice at Gabriel Park and a university-based practice at South Waterfront, all to educate our residents and serve our community. And our Cascades East Residency, started by **Jim Calvert, MD** and now led by **Joyce Hollander Rodriguez, MD**, has become nationally renowned for producing graduates who are prepared to serve rural communities throughout the country. Nowhere else in America can residents experience all of these environments during their training in such a meaningful way. Applications to both of these programs are at all-time highs. Graduating students are drawn to the type of family medicine we are teaching. These are our future partners.

The attributes of the PCMH were introduced to the department through Community-Oriented Primary Care. We began to study community needs and developed the Combined Preventative Medicine/Family Medicine program. We built a collaboration with OCHIN to focus our work in comparative effectiveness, public policy, care of the underserved,

dissemination of new process and technology and medical education. It could be argued that there are no more important areas for us to be focusing our energies. Only through understanding what works, what is cost effective, what improves access, disseminating what we learn and teaching these principles effectively, will we truly be able to address the triple aim. What we are learning matters to our communities.

In order to do this work in education and research, we needed a state-of-the-art clinical enterprise. We built the Department on the premise that only by providing cutting edge clinical care can we best educate students and residents for the future and do meaningful research on the future of health care. OHSU Family Medicine cares for almost 75,000 patients with over 220,000 clinic visits annually. We have gained the trust of our institution and the freedom to manage our own future with regards to the structure and function of our practices. This trust has led to expansion in our role in the state, including many of our faculty assisting the Oregon Health Authority. We are now managing four rural health centers associated with Mid-Columbia Medical Center in The Dalles. This is an opportunity to replicate our model of care in another environment and to learn and share. Family Medicine has unprecedented opportunities in this state on behalf of our communities. With payment reform, we can focus more on generating health and less on generating visits. We can reinvigorate our participation in care in all environments, including the home, nursing home and hospital. We can incorporate new tools, like those associated with the EHR, to improve both our processes of care and our patients' health outcomes. We need to avoid the risk of greed as more money is committed to supporting primary care and we need to avoid the moral hazards associ-

ated with managing resources and coordinating care.

All of this started from a clinic at Emma Jones in 1971, from a couple of community family docs who had a vision for what was needed for our communities. None of this was possible without the support of the Oregon Academy and you, the state's family physicians. You are the backbone of many of our communities and certainly of the health systems of those communities. You continue to play a huge role with the students, the residents and the scholarship that represents our future. And your engagement in leadership helps set the practice standards for our health system.

I am proud of what we have accomplished. But my joy has come through the relationships and partnerships which I have been fortunate to experience. Through these friendships, with mutual commitment and support, we have done much to serve our state, our learners and our patients. The Department and its mission are in strong hands with an energetic, committed faculty, all of whom have enriched my life and work. Without this committed team of people, who care both about the mission and each other, would we have been so successful?

As Vice Chair, John has given me his unwavering trust and friendship. We have supported each other when the days were tough and we have celebrated together when we have advanced our mission. Moving forward, I intend to maintain my full-scope practice of 29 years, lead the Department's Data Team, facilitate our role in The Dalles and continue my role with OCHIN. I also look forward to getting more involved in state and national initiatives. So, this is truly intended to be a transition, rather than an ending. As I step down from the role of Vice Chair, I hope to continue to meet my father's call to "do great things."



SAM BARBER, OAFP LOBBYIST

Legislature Zeros in on Primary Care Spending and Health Care Workforce Incentives

The passage of SB 231 during the 2015 legislative session ensures that by year end, every insurer, CCO, as well as the OEBB and PEBB, must report to the Department of Consumer and Business Services the percentage of their overall expenses spent on primary care. With this data, the OAFP will be able to begin to work with legislators to consider how primary care is paid for in the state of Oregon.

This same concept of reporting primary care spending took place in Rhode Island in 2009, where the Rhode Island Insurance Commissioner found that current primary care spending was 5.9 percent. Insurers were then required to raise the amount spent on primary care by one percent annually until the target percentage of 10.9 percent was reached. The goal was to raise primary care's share of reimbursement dollars to the level of high-functioning health systems in the United States and abroad. The legislation was successful in that insurers were able to increase the amount spent on primary care without an increase in the overall dollars spent. In addition, they saw insurers move toward non fee-for-service payment models, which value quality of care over quantity. This shift has helped support new delivery models in the state such as patient-centered primary care homes.

The Rhode Island model could be one option for the OAFP to take during the 2017 legislative session. Another option may be to incentivize non fee-for-service

payment methodologies. Whatever route we take, knowing how much payers are actually spending on primary care is an important first step and gives us a good platform on which to build.

Meanwhile, some legislators have taken a magnifying glass to health care workforce incentive programs such as the "Rural Practitioner Tax Credit," loan repayment and loan forgiveness. Rep. Nancy Nathanson (D-Eugene) spearheaded this effort with HB 3396. The bill sunsets all existing incentive programs in 2018 and establishes a new "Health Care Provider Incentive Fund" in its place. The goal of this bill is to force the legislature to re-think how best to use state dollars, not to get rid of workforce incentive programs.

The bill includes a study to be overseen by the Oregon Health Policy Board. The Board will report back to the legislature before the 2017 session with recommendations on:

1. The continuation, restructuring, consolidation or repeal of the incentives.
2. The priority for distribution of incentive funds allocated to the program from the Health Care Provider Incentive Fund.
3. New financial incentive programs, including:
 - a. Financial assistance programs for students in both publicly-funded and private institutions in this state that provide post-graduate training in medical fields.
 - b. Loans, grants or other financial incentives to hospitals and teach-

ing health centers for the purpose of establishing or expanding residency programs, including recommendations for the eligibility criteria, repayment provisions, interest rates and other requirements for financial incentives.

- c. Low-interest loans, short-term emergency funding or grants for type A, B and C hospitals that are at risk of closure due to financial instability.
- d. Direct subsidies or bonus payments to qualified health care providers for services provided in rural and medically-underserved areas.
- e. Creation of a retirement plan to offer to licensed or certified providers as an incentive to provide services in rural and medically-underserved areas and to medically-underserved populations in this state.
- f. The criteria for tax credits, including adding means testing or time limits.
- g. Opportunities that are available to secure private or public, local or federal, matching funds.
- h. The definitions of rural areas, medically underserved areas and qualified health care providers.

This is an aggressive timeline for such a study, and it could result in a major overhaul of incentive programs in Oregon. The focus of the OAFP will be to make sure the legislature follows through on its promise to attract and retain providers in the state, particularly in underserved rural areas.

25th Annual Family Medicine Graduation/Mentor Celebration

A Quarter Century of Recognizing the Accomplishments of Family Medicine Students and the Dedication of Their Mentors

Every year, for the past twenty-five years, the Department of Family Medicine and the Oregon Academy of Family Physicians host the Annual Graduation/Mentor Celebration to allow graduating family medicine students the chance to thank the family physicians in their lives that have made a positive impact on their careers. In turn, the evening offers the Department of Family Medicine one last chance to celebrate the next generation of family physicians before they begin their residency programs. Last spring, a number of the 18 graduating family medicine students, and their mentors, did just that.



Ben Holland with his preceptors, Miles Rudd, MD (left) and his father, Bob Holland, MD (right)



Paul Neumann, MD and Eunice Ko



John Muench, MD and Katy Schousen



Family Medicine Student Advisors – Ryan Palmer, EdD, Peggy O'Neill, Ben Schneider, MD



Robert Taylor, MD, Anita Taylor, MA, Ed, and Bill Toffler, MD

During their final year of medical school, students are asked to choose a family medicine physician who had a strong influence on why they chose family medicine as a

specialty. The Class of 2015 family medicine students chose the following physicians as their mentors: **Loren Bigley, MD**; Shawn Blanchard, MD; **Carol Blenning,**

MD; Lisa Dodson, MD; **Jessie Flynn, MD**; **Renee Grandi, MD**; Bob Holland, MD; **Gail McClave, MD**; Paul Neumann, MD; **Tanya Page, MD**; Terry Reilly, MD; **Miles Rudd, MD**; **Bruin Rugge, MD**; **Deborah Satterfield, MD**; **John Saultz, MD**; **Subra Seetharaman, MD**; **Bill Toffler, MD**; **Robert Wells, MD**; Rick Wopat, MD; and **Daisuke Yamashita, MD**.

Anita Taylor, MA, Ed, former OHSU Assistant Dean of Student Development, who was on hand at this year's event, started this celebratory event and is pleased to see the Department and the OAFP continue to support this important observance before the students set off for the next step in their careers. She mentioned that she started including this event in her presentations at the National Student-Resident Conference in Kansas City and at STFM meetings and now other family medicine departments are including this event at their schools.



FOUNDATION NEWS



LYNN ESTUESTA,
OAFP FOUNDATION EXECUTIVE DIRECTOR

For the past 20 years, the OAFP Foundation has been in existence to support the work of the OAFP and to provide scholarships and educational opportunities to Oregon family physicians, Family Medicine residents and medical students.

This coming year the Foundation board members plan on reexamining how we can best use the funds that you have placed in our care to better equip the family medicine physicians of today, as well as future family physicians.

Currently, through your donations we support four programs: the Laurel G. Case Award for Rural Experiences, the Mary Gonzales Lundy Award, the Medical Ethics Lecture Fund and the Locum Tenens Fund.

The goal of the Laurel G. Case Award for Rural Experiences, named after the first Family Medicine Department Chair at OHSU, is to allow medical students the opportunity to live and work with a rural family physician. With the recent changes to the curriculum, students no longer have time between their first and second year of medical school to take advantage of this life-changing opportunity. However, with the help of the OHSU Family Medicine Department, this experience will now be open to all OHSU medical students as an elective. We understand the value of getting students out in the field, working in clinic, in the hospital, helping with procedures and getting a taste of the continuity of care provided in a family medicine

For the past 20 years, the OAFP Foundation has been in existence to support the work of the OAFP and to provide scholarships and educational opportunities to Oregon family physicians, Family Medicine residents and medical students.

setting and we will continue to support the Department and the preceptors willing to mentor these students.

The Mary Gonzales Lundy Award, named after Mary Lundy, the former OAFP Executive Director, is awarded to an outstanding fourth year medical student who is entering a Family Medicine Residency.

To support the OAFP's broad educational goals, the Foundation supports the Medical Ethics Lecture Fund which sponsors lecturers at local or regional meetings or at our Annual Spring Family Medicine Weekend. This year we were fortunate to sponsor Dr. Teri Petterson, a Portland pediatrician. Her talk on "Adverse Childhood Experiences (ACES)/Trauma-Informed Care in the Primary Care Setting" was

well-received by her audience and she will be making a return appearance at the 2016 Family Medicine Weekend.

Along with the Locum Tenens Fund, which provides subsidies to physicians providing temporary and short-term respite to practicing physicians, the Foundation has also been able to support the efforts of the Family Medicine Interest Group, specifically during the Health Care Equity Week held at OHSU every spring. This year the Foundation sponsored the interprofessional lunchtime lecture, presented by **Sonia Sosa, MD** and **Christina Milano, MD**, from OHSU's Family Medicine at Richmond Clinic. Their lecture on their work with underserved patients struck a chord with the student audience.

Please keep the Foundation in mind whenever you would like to make a financial contribution to the future of Family Medicine in Oregon. The Board appreciates your donations to the Foundation whether you give during your typical year-end giving, at the annual auction that takes place during the Spring CME Weekend, or if you would like to give a gift in honor of, or in memory of, someone special. You can easily donate online at the OAFP website, or download a donation form – <http://oafp.org/assets/FoundationDonationForm2015.pdf> – and send it to us at 1717 NE 42nd St., Ste. 2103, Portland, OR 97213. Thank you so much for your support.

We would love to hear about programs or opportunities that you believe the Foundation should invest in that would support the expanding needs of the family medicine physician. We look forward to hearing from you.

2015 - 2016 OAFP Foundation Board Members

Dale Bookwalter, CFO

Oregon Freeze Dried, Inc., Albany

Geoffrey Carden, MD

Virginia Garcia Memorial Health Center, Hillsboro

Kathryn Kolonic, MD

Providence Family Medicine Clinic, Canby

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Director, PeaceHealth Sacred Heart Center for Medical Education, Eugene

Alexandra Verdieck, MD

OHSU Family Medicine at South Waterfront, Portland

Lynn Estuesta, Executive Director



POLST: An Important Tool for Patient-Centered End-of-Life Care

Primum non nocere means “first do no harm” and is one of the basic ethical tenets of good medical care. In the case of care at the end of life, this means doing everything for the patient that is appropriate while not doing anything to the patient that they do not want for themselves. An important tool for finding and maintaining this balance is Oregon’s Physician Orders for Life Sustaining Treatment, better known as the POLST form.

While an advanced directive can provide important information regarding the patient’s wishes in a protracted illness or coma, the POLST form provides physician orders to honor the patient’s wishes regarding more immediate decisions, including resuscitation, level of treatment and artificial nutrition. The POLST form provides guidance to EMS, emergency department and hospital personnel in a clear and concise manner that is recognized around the state.

But when is the correct time to introduce

the POLST form to your patient? In general, POLST is appropriate when you would not be surprised if the patient died within the next year. This is most often the case in patients who are elderly, frail or with multiple comorbid diseases. A conversation about POLST is also appropriate when admitting a patient to the hospital with a life-threatening disease process. It may be appropriate at the time of discharge for a patient with a high likelihood of recurrent illness. It is also appropriate for patients of any age at the time of diagnosis of a terminal disease, which may include cancer, lung disease, coronary disease, heart failure or end-stage disease of the liver or kidneys.

Once completed with the patient and signed by the physician, nurse practitioner, or physician assistant, three important steps should follow. First, a copy should be entered in the patient’s record to document their wishes for end-of-life care. Second, a copy should be submitted to the Oregon

POLST registry, which provides 24-hour access to POLST information to EMS personnel and emergency departments around the state upon request. Finally, the original (pink) form should go home with the patient and be kept in an easily-accessible location in the home (e.g., on the side of the refrigerator).

It is not unusual for patient wishes regarding end-of-life care to change over time with changing medical conditions and overall state of decline. The POLST is a dynamic document that should be reviewed with the patient periodically or with a change in condition to make sure it still reflects the patient’s current wishes regarding care at the end of life. When those wishes change, a new POLST form should be completed and submitted to the registry. The most recent POLST form trumps any previous versions.

To order POLST forms for your practice or hospital, or for more information about the Oregon POLST program, go to www.or.polst.org/professional-resources.

**SAVE
THESE
DATES**

SAM STUDY HALL
December 5, 2015, Portland

69TH ANNUAL FAMILY MEDICINE WEEKEND
Scientific Assembly & Congress, March 10 – 12, 2016
OAFP/Foundation Auction, March 11
Embassy Suites Hotel, Portland

For more information, contact Kerry Gonzales at the
Oregon Academy of Family Physicians
www.oafp.org • (503) 528-0961 • Fax (503) 528-0996

STUDENTS SPEAK OUT!

Stories from OHSU students involved in the Family Medicine Interest Group (FMIG)

As new OHSU Family Medicine Interest Group leaders, we have been busy at work to continue the great efforts of our predecessors (MS3s **Annie Buckmaster, Rita Aulie, Emma Cantor** and **Brianna Muller**). Our FMIG was honored to receive an AAFP “Program of Excellence Award” in June, which recognizes the OHSU FMIG as one of the top 10 family medicine interest groups in the country. We are very thankful to our past FMIG student leaders and current FMIG advisors for their work without which we would not have earned this prestigious award.

This summer our FMIG outreach team has been working to further engage our community. We have joined with the Ronald McDonald House to host regular volunteer nights with medical students leading activities for the families staying there. Our first activity

was a game night where FMIG members hosted a packed room of bingo complete with prizes and snacks for all participants. We are excited to keep this partnership going and hope that this is the beginning of a new tradition in FMIG. The next activity planned will be a FMIG-hosted dinner. Our members are planning a delicious and healthy meal for the Ronald McDonald families.

Our FMIG was honored to receive an AAFP “Program of Excellence Award” in June. We are very thankful to our past FMIG student leaders and current FMIG advisors for their work without which we would not have earned this prestigious award.

FMIG has been gaining skills through our workshops this summer. In May, OHSU Family Medicine residents **Kristin Bendert, MD** and **Nate Brooks, MD** met with medical and PA students to teach casting and splinting techniques, including a quick introduction to the use of the casting saw. We held another workshop in July where

continued on page 24



AHEC HPREP Summer Camp Program



Dr. Ryan Petering, MD taught students the basics of reading and evaluating imaging in primary care. We are excited to continue these workshops as we prepare for the arrival of incoming students.

In July, our FMIG had the opportunity to host nearly 50 high school juniors and seniors participating in the Area Health Education Center (AHEC) Healthcare Pre-Professional Exploration Pathway (HPREP) summer camp program. This program involves students from rural, underserved and minority communities around the state of Oregon making the trip to OHSU for a three-day summer camp to explore various health care fields. OHSU's FMIG held clinical skills sessions for these students during their visit. The four stations included vital signs, the musculoskeletal exam, the HEENT exam and a patient history station with practice clinical vignettes. We ended the session with an open Q&A panel for the

students to allow them to ask questions about the application process and life in medical school. This was a very rewarding experience for the medical student volunteers. It gave us a chance to share something we love doing with other students from many different Oregon communities.

With fall just around the corner, we are looking forward to hosting two lunchtime talks. In August, we will be hearing from Lyn Jacobs, MD, a family physician at Virginia Garcia Clinic in Hillsboro, about her experiences in migrant and farmworker health. Dr. Jacobs has also generously offered to host a harvest day at her family farm in October for medical students and faculty. This event was a huge hit last year and we look forward to exploring the farm again. In September, Eric Poolman, MD will be speaking with us about family medicine in a hospital setting. Many of us are interested in pursuing family medi-

cine, but would also like to incorporate inpatient work into our practice.

Though summer months typically lend themselves to vacation time on academic schedules, OHSU's FMIG calendar of events has been far from empty this season. We are excited to continue holding educational and enriching family medicine events and activities while engaging with the family medicine community this autumn.

2015 -2016 FMIG Leaders:

**Callia Elkhal
Claire Groth
Mallori Jirikovic
Alex Polston
Julia Ruby**

2015 -2016 FMIG Advisors:

**Peggy O'Neill
Ryan Palmer, EdD
Benjamin Schneider, MD**

Future Family Doctors Follow Their Passions to the AAFP Student Conference

The AAFP spread a simple message to participants of its recent National Conference for Medical Students and Residents. Its tagline read: “Be You!” More than any other specialty, Family Medicine’s broad scope of training prepares students to follow their individual passions in delivering health care to their communities. In lieu of this message, a group of OHSU FMIG members traveled to Kansas City to begin forging their own individual paths through family medicine.

Some students, like **Elizabeth Suh**, MS4, came to Kansas City to help find a residency program that will allow her to pursue her passion for caring for urban underserved and ethnically diverse patient populations. Others, like **Joe Reistetter**, MS3, came to Kansas City to represent OHSU in the AAFP Congress of Delegates. This body sends resolutions to the AAFP board of directors in order to provide student and resident input into the AAFP’s future directions. **Mustafa Mahmood**, MS4, is an aspiring Family Physician who hopes to act as a community leader and



Students, residents, and advisors at the AAFP Student/Resident Conference.

health advocate in the Iraqi-American community. Mustafa connected with a number of residency programs across the nation that will help him to achieve this goal.

In all, nine OHSU medical students (and future family doctors!) traveled to Kansas City together, each one with a

slightly different goal and aspiration. We came to the conference hoping to begin exploring our own individual journeys through Family Medicine. We were elated to discover that Family Medicine will allow us “Be Ourselves” while we simultaneously strive to serve our eventual communities.

2016 Family Doctor of the Year Nominations

Do you know someone who has the necessary qualities to be considered for the 2016 Family Doctor of the Year Award? If you have someone you would like to nominate, please contact us at your earliest convenience so we can confirm that your nominee is an OAFP member. We can then discuss with you the nomination categories (colleague, patient, community leader, and friend) and the minimum number of nominations we require in each category in order to lend weight to the nomination packet. As the OAFP’s Annual Family Medicine Weekend is in March next year, we request that the nomination forms be received by December 4, 2015. We look forward to hearing from you.



SAM STUDY HALL BENEFITS

Why take a SAM Study Hall? I asked myself the same question for several years before I tried it. If you are a family physician certified by the American Board of Family Medicine, then you are already familiar with the Self-Assessment Modules that make up a large part of the Maintenance of Certification process. Though time-consuming to complete on my own, taking a SAM never seemed like something I would need additional “help” doing.

However, in 2014, as I prepared for my recertification exam, I decided to take the Maternity Care SAM Study Hall at the Women’s Health Conference as part of my review. **Josh Reagan, MD** was the facilitator for the SAM Study Hall I attended. In preparation for the course, Dr. Reagan took the test beforehand and intentionally answered every question incorrectly in order to read all of the supporting evidence and teaching materials. As a result, he came to the Study Hall armed with

the correct answers and all the evidence to support them. As a group we worked through the sixty questions, discussed the merits of each answer and reached a consensus around each question. Where there was disagreement or confusion, Dr. Reagan was able to present the supporting evidence to clarify the correct answers. The time went by quickly, we interacted with other physicians from around the state and after a couple of hours we had completed the multiple-choice portion of the SAM. Each individual then took the clinical simulation on their own. The whole process took about three hours to complete, and I was done with my Maintenance of Certification for that year!

Taking a SAM at home by myself has been a frustrating experience at times. The questions with multiple correct answers are often confusing or unclear, sometimes even after reading all the supporting material. Even yelling at the computer screen doesn’t seem to help; it just worries my wife and children. I found the experience of taking a SAM in a group setting to be much more enjoyable. I learned more from discussions with my colleagues than I would have on my own. It was so much better that I chose to take another SAM Study Hall at the 2015 Spring CME meeting. If you are due to complete a Self-Assessment Module for your Maintenance of Certification, I would encourage you to sign up for a SAM Study Hall offered by the OAFP.

The next SAM Study Hall will take place Saturday, December 5 and focus on Cerebrovascular Disease. More details to follow.

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Say Hello to our New Family Medicine Interns

Forty-two interns from around the country arrived in Portland, Milwaukie, Hillsboro, Klamath Falls and Corvallis this summer to begin their family medicine residency training programs. Welcome to Oregon!

The residency program at OHSU in Portland is a four-year program, the Providence Oregon residency program is in its third year of offering a rural training track in Hood River, Samaritan Health is an osteopathic program, Klamath Falls is in its first year of admitting students from the Oregon FIRST program and Virginia Garcia Memorial Health Center is the newest family medicine residency in Oregon.

Claudia Adler, MD Providence Oregon



University of Arizona College of Medicine, Tucson, AZ

Dr. Adler received her undergraduate degree from Swarthmore College in Political Science and Education. Her experiences as a former high school teacher in East Harlem greatly shaped her decision to pursue family medicine. Her interests include women's health and mental health. Outside of work Dr. Adler enjoys dancing, running, playing piano, cooking, painting and spending time with her family.

Mustafa Alavi, MD Oregon Health & Science University



University of Illinois at Chicago College of Medicine, Chicago, IL

Dr. Alavi attended Illinois Wesleyan University, majoring in Biology and minoring in Spanish. While in medical school, Dr. Alavi joined the Family Medicine Interest Group (FMIG) and met many wonderful Family Medicine faculty members. He held leadership roles in the AAFP as the FMIG Regional and National Coordinator and as the STFM student board representative. He's interested in full-spectrum care, including sports medicine. He enjoys running, biking and hiking.

Kristopher Azevedo, MD Oregon Health & Science University



University of Vermont College of Medicine, Burlington, VT

Dr. Azevedo received his B.A. in Molecular and Cell Biology and Cognitive Science at the University of California, Berkeley. Inspired by the dedication of a family medicine preceptor who had practiced in the same small town for 30 years and the relationships she shared with her patients, Dr. Azevedo knew that family medicine is where he belonged.

He's interested in adult and pediatric primary care, preventive medicine, addiction treatment and reproductive and maternity care. He enjoys spending time with his family, hiking, camping and listening to music.

Stephanie Bosch, DO Samaritan Health



University of North Texas Health Science Center – Texas College of Osteopathic Medicine, Fort Worth, TX

Dr. Bosch earned a B.S. in Biochemistry at the Schreiner University. She became a physician to go into Family Medicine. She's interested in full-spectrum medicine and enjoys reading, hiking and crocheting in her free time.

Kristina Brown, DO Providence Oregon



Des Moines University School of Osteopathic Medicine, Des Moines, IA

Dr. Brown received her undergraduate degree from the University of Portland in Biology. Prior to attending medical school she worked at Providence Portland in the client services department. This opportunity gave her insight into the world of medicine and the roles of physicians within the hospital and clinic. She's interested in focusing on women's health as well as integrative medicine. In her free time she enjoys hiking, reading, knitting and watching movies as well as exploring Portland with her husband.

Justin Bruno, DO Samaritan Health



Arizona College of Osteopathic Medicine, Glendale, AZ

Dr. Bruno received his B.S. degree at the University of Texas at Austin. While there he spent a month in Guatemala working in a small village clinic with Cross Cultural Solutions. He realized then that pursuing family medicine would be the best way for him to give back to his community and others around the world. He is interested in full-spectrum outpatient medicine with incorporation of OMT. In his

spare time he enjoys going on adventures with his wife and seven-month-old daughter, as well as playing board games and retro videogames.

Brooke Davis, DO Samaritan Health



A.T. Still University - School of Osteopathic Medicine, Mesa, AZ

Dr. Davis earned a B.S. in Nutrition Science with a minor in Chemistry from Oregon State University. Throughout high school and college she participated, both as a student and as a mentor, in the Oregon AHEC MedStars Camp for people interested in careers in medicine. She's interested in preventive care, palliative care, hospital medicine, as well as flight medicine. Dr. Davis is on an Air Force Health Professionals

Scholarship Program and will serve on Active Duty as a physician after residency. In her free time she enjoys watching football, hiking, spending time with family and friends and playing with her two-year-old son.

Rachel Elsasser, DO Samaritan Health



Ohio University Heritage College of Osteopathic Medicine, Athens, OH

Dr. Elsasser studied Fine Arts and earned a B.F.A. from Kent State University and did her pre-med work at UCLA and Cleveland State University. While in Cleveland she worked at MedWorks where she provided free medical appointments. After seeing the need for comprehensive care in complex patients who only had episodic care, she decided to pursue family medicine. She's interested in full-spectrum care. In her free time she

enjoys drawing, cooking, baking and yoga.

Aaron Erez, DO Samaritan Health



Texas College of Osteopathic Medicine, Fort Worth, TX

Dr. Erez received degrees in Physiology and Neurobiology at the University of Maryland College Park. After participating in a four-year longitudinal family medicine and community service experience as well as a family medicine rural rotation while in medical school, he realized that family medicine would allow him to deeply connect with his patients and care for them as a whole person. He's interested in

full-spectrum medicine with a special interest in rural practice. In his free time he enjoys basically anything that allows him to be outdoors and challenge his body physically, as well as traveling, cooking and playing guitar.

Katherine Fate, DO

Virginia Garcia Memorial Health Center



Western University of Health Sciences College of Osteopathic Medicine of the Pacific, Pomona, CA
Dr. Fate received her undergraduate degree in Psychology at Pitzer College. Her primary care experiences while working at an AmeriCorps/HealthCorps clinic for the underserved combined with her love of treating people of all ages led her to choose family medicine as her specialty. Her other interests include hiking, yoga, and playing with her dogs.

Eleni Gianacakes, MD

Providence Oregon



University of Texas Health Science Center at Houston, Houston, TX
Dr. Gianacakes attended the University of Texas at Austin and received her undergraduate degree in European Studies. Her volunteer work with the homeless population, several medical rotations working with the underserved, and two family medical rotations convinced Dr. Gianacakes that family medicine was the specialty for her. She is interested in full-spectrum medicine, women's health, and educating and empowering

patients to understand and manage their diseases. Outside of work she enjoys cooking, traveling, yoga, and playing soccer.

Erin Gonzales, MD

Cascades East Family Medicine Residency



University of Colorado School of Medicine, Aurora, CO
Dr. Gonzales received her degree in Environmental Engineering at Duke University. The lifelong relationships and the continuity of care with patients she experienced while shadowing a family doctor prior to applying to medical school and completing a three-month clerkship in a family medicine practice while in medical school drew her to family medicine. She is interested in full-spectrum family medicine, adolescent health, and preventive medicine. Outside of work she enjoys gardening, doing yoga, walking her dogs and spending time with her husband and young son.

Hans Han, MD

Oregon Health & Science University



Oregon Health & Science University, Portland, OR
Dr. Han received a B.A. in Sociology at the University of California, Irvine. After working with a family medicine preceptor during his first year of medical school, Dr. Han fell in love with the breadth, variety, and continuity of family medicine. He is interested in full-spectrum medicine and working in a PCPCH. In his free time he enjoys watching sports, cooking, reading, traveling, and participating

in Brazilian jiu-jitsu.

Ben Hersh, MD

Oregon Health & Science University



Boston University School of Medicine, Boston, MA
Dr. Hersh graduated from the University of California, Berkeley with a B.A. in Public Health. Through his experiences working as a medic at the Berkeley Free Clinic, as a reproductive health specialist for Planned Parenthood, and as a co-chair of the Boston University medical student gay and lesbian organization, Dr. Hersh honed his interest in family medicine. He's particularly interested in LGBT health, women's health, addiction medicine, pediatrics and patient advocacy. In his free time he likes to travel, hike, read, cook and watch movies.

Lisa Kipersztok, MD, MPH

Oregon Health & Science University



Tufts University School of Medicine, Boston, MA
Dr. Kipersztok attended the University of Central Florida where she received a B.S. in Molecular and Microbiology. Dr. Kipersztok followed in her mother's footsteps when choosing to become a family physician. However, her experiences with AmeriCorps, her study of public health, and her work in Nicaragua all contributed to her philosophy of providing compassionate, full-spectrum preventive and acute care.

She is interested in family planning and reproductive health, obstetrics and gynecology, behavioral health and community medicine, just to name a few. In her spare time she enjoys gardening, running, traveling and cooking.

Stephanie Laudert, MD

Cascades East Family Medicine Residency



Oregon Health & Science University School of Medicine, Portland, OR
Dr. Laudert received her undergraduate degree in Human Biology from Michigan State University. In addition to the wonderful family physicians she worked with while in medical school, Dr. Laudert also participated in the Rural Scholars Program which allowed her to work and live alongside rural family physicians, helping her see that family medicine fit her personality, professional goals and lifestyle perfectly. She is interested in obstetrics and women's health as well as pediatrics and mental health. She enjoys running, hiking, reading, cooking, traveling and spending time with her family which includes an eight-month-old son and two German Shepherds.

Jennifer MacDonald, MD

Oregon Health & Science University



University of Illinois at Chicago School of Medicine, Chicago, IL
Dr. MacDonald received her B.A. in Biology at the University of Chicago. She thoroughly enjoyed every medical school rotation, but her experience raising her two children ultimately guided her decision to choose family medicine. She's interested in full-spectrum care, obstetrics and performing procedures. In what little spare time she has, she enjoys cooking, reading, traveling, beading, and sports activities.

Brett Magner, MD

Cascades East Family Medicine Residency



Georgia Regents University-University of Georgia Medical Partnership, Athens, GA
Dr. Magner earned his B.S. in Biology at Georgia State University. His family medicine rotation in a rural Appalachian community as well as his travels to Peru, Guatemala, and Ghana helped solidify his decision to focus on family medicine that will provide him with a broad skill set in low-resource environments. He's interested in pursuing full-spectrum care, rural and international medicine and wilderness medicine. He enjoys cycling, traveling, and photography during his free time.

Yu Matsumoto, DO

Samaritan Health



Tuoro University College of Osteopathic Medicine, Vallejo, CA
Dr. Matsumoto received his undergraduate degree in Global Studies – International Politics, Socioeconomics, Religion, and Cultural Ideology, from the University of California, Santa Barbara. While at UCSB he was involved with a community development project in the Dominican Republic working with Haitian refugees that became the catalyst to move his career in the direction of medicine. He's interested in traditional osteopathy, as well as integrative and functional medicine. In his free time he enjoys playing ice and roller hockey, cooking, and hiking and participating in primitive skills.

Mariah McAlister, MD

Providence Hood River Training Track



University of Connecticut School of Medicine, Farmington, CT
Dr. McAlister completed her undergraduate degrees in Anthropology and Environmental Sciences at Tulane University. Her various experiences ranging from researching primates and skinks, to waitressing around the country, to working with indigenous peoples in Peru, Guatemala and New Mexico, helped her decision to become a full-spectrum rural family medicine physician who incorporates integrative medicine into her practice. She speaks English, Spanish and Portuguese and is passionate about providing culturally-sensitive care to underserved populations. She loves to travel and experience new cultures, and above all, play outside with her husband and their two dogs.

Sam Milstein, DO Samaritan Health



Western University of Health Sciences

College of Osteopathic Medicine of the Pacific, Pomona, CA

Dr. Milstein received B.S. degrees in Biology and Latin from Bates College. Throughout medical school he was a clinic coordinator and care provider for a rural community clinic in El Fuerte, Mexico where he was drawn to the many roles of the family physician – clinician, therapist, coordinator, and administrator. He's interested in full-spectrum, direct primary care.

Dr. Milstein spends his free time fishing, hunting, gardening and cycling.

Brian Moreaux, DO

Virginia Garcia Memorial Health Center



Pacific Northwest University of Health Sciences, Yakima, WA

Dr. Moreaux received his undergraduate degree in Neuroscience at Carroll College in Helena, Montana. After working as a medical assistant for two great family physicians in Southern Oregon, his mind was set on family medicine. In his spare time he likes to mountain bike, ski, play the drums, garden and skateboard.

D. Nicole Myers, DO Samaritan Health



Lincoln Memorial University-DeBusk

College of Osteopathic Medicine, Harrogate, TN

Dr. Myers graduated from Middle Tennessee State University with a B.A. in Business Management and a B.S. in Biology. During medical school Dr. Myers completed a family medicine rotation with an experienced physician who was as enthusiastic about his practice today as he was when he was fresh out of school. Dr. Myers also volunteered overseas

and enjoyed making a difference in the lives of others. She is interested in full-spectrum, rural primary care, including obstetrics and procedures. In her free time she enjoys traveling, scuba diving, volunteering, and watching football and hockey.

Masayo Ozaki, MD

Cascades East Family Medicine Residency



University of Alabama School of Medicine, Huntsville, AL

Dr. Ozaki majored in Biological Chemistry at Grinnell College. Her previous experiences working in a public health setting and in developing countries taught her the importance of quality primary care. She is interested in full-spectrum medicine including obstetrics. Dr. Ozaki likes to run, hike, and play Appalachian music with her husband.

Gabriel Plourde, MD, MPH

Oregon Health & Science University



SUNY Upstate Medical University, Syracuse, NY

Dr. Plourde received a B.S. in Political Science from Bates College. After earning his MPH, Dr. Plourde saw the immense value in primary care. He also believes that family physicians are uniquely positioned to address health policy concerns given their familiarity with such a wide swath of the medical field. He is interested in integrative medicine and working with patients with chronic diseases. In his spare time he enjoys cooking.

Jessica Rein, MD Oregon Health & Science University



University of North Carolina School of Medicine, Chapel Hill, NC

Dr. Rein earned a degree in Biology at the University of North Carolina at Chapel Hill. Prior to medical school, she was a high school teacher in a low-income area and saw how health impacted student learning. By providing quality primary care, she hopes to improve health disparities that can prove detrimental to educational progress. She's interested in full-spectrum medicine, international health, and working in underserved communities. She enjoys singing, baking, hiking, and traveling in her free time.

Aimee Rowe, MD, MSPH

Cascades East Family Medicine Residency



University of California Davis School of Medicine, Sacramento, CA

Dr. Rowe received her degree in Religious Studies from Kenyon College. An accumulation of experiences, including attending public health school and being immersed in discussions regarding the root causes of disease, led her to family medicine. She is interested in full-spectrum care, integrative medicine and public health. She enjoys cooking, reading, traveling, and hiking.

Jessica Sanders, DO Samaritan Health



Tuoro University College of Osteopathic Medicine, Vallejo, CA

Dr. Sanders received her degree in Biology with a concentration in Anatomy & Physiology and Nutrition at California Polytechnic State University. She has had the opportunity to work in a variety of medical offices prior to medical school as well as be a member of the Flying Samaritans – a group of doctors, nurses, students and pilots caring for the underserved in remote areas of Mexico. Through these experiences

she realized that family medicine was the cornerstone to well-rounded, whole body care. She's interested in full-spectrum medicine with specific focus in Preventative Care and Dermatology. In her spare time this adventure seeker enjoys running, yoga, cooking, traveling and waterfall hiking.

Rachel Sircar, MD Oregon Health & Science University



Wake Forest University School of Medicine, Winston-Salem, NC

Dr. Sircar received a B.S. in Biology at the University of North Carolina at Chapel Hill. The combination of having the opportunity to study medical science and be involved in teaching led her to family medicine. She is interested in full-spectrum family medicine and obstetrics. In her spare time she enjoys watching college basketball, and playing soccer and piano.

Sarah Skog, MD Oregon Health & Science University



University of Maryland School of Medicine, Baltimore, MD

Dr. Skog earned degrees in Economics and French while at Vanderbilt University. While applying for medical school, Dr. Skog interviewed with a family physician and was captivated by the stories of her patient interactions as well as the breadth of her practice. She believes that family medicine is the perfect blend of medicine that will allow her to care for patients of all ages in all stages of life as well as be involved in women's

health and obstetrics. She spends her spare time exploring her new surroundings with her husband and dog, as well as hiking, biking, and running.

Jonathan Spicher, MD

Cascades East Family Medicine Residency



Penn State Milton S. Hershey College of Medicine, Hershey, PA

Dr. Spicher attended Eastern Mennonite University where he received undergraduate degrees in Biology and Pre-Med. An independent study course on public health while biking through Central and South America, led him to choose the specialty of family medicine. He's interested in helping the underserved, as well as rural, sports, and wilderness medicine. In his spare time he's enamored with all things having to do with bicycles.

Justin Sterett, MD



Cascades East Family Medicine Residency

Tulane University School of Medicine, New Orleans, LA

Dr. Sterett earned a degree in Biomedical Science from Grand Valley University. After graduating from medical school, he was a flight surgeon with the Air Force for four years. While treating malaria, gunshot wounds, and stomach aches, he fell in love with the idea of being a full-spectrum family medicine provider. He's interested in sports medicine,

international relief, and expeditionary medicine. Outside of work he enjoys photography, travel, cooking and staying fit.

Elena Styles, DO Samaritan Health



Western University of Health Sciences, College of Osteopathic Medicine of the Pacific Northwest, Lebanon, OR

Dr. Styles attended California State University, Northridge, where she received a B.S. in Biochemistry. While attending CSU she volunteered for the American Red Cross and at a local hospital. Between college and medical school she worked at the Linus Pauling Research Institute doing research on Vitamin D and the immune system. During medical school she created and led an afterschool exercise program at a local high school, provided high school sports physicals and volunteered at a free clinic. She's interested in full spectrum family medicine with a focus on preventative medicine, women's health, and pediatrics. While not working, she enjoys exercise, dance, weightlifting, traveling, and painting.

Stotz Thoda, DO Providence Oregon



Western University of Health Sciences, College of Osteopathic Medicine of the Pacific Northwest, Lebanon, OR

Dr. Thoda received his undergraduate degree from the University of Memphis in Marketing, Business and Entertainment. Dr. Thoda believes that family medicine is the perfect specialty combination to develop relationships with his patients, care for them, and be intellectually stimulated by new frontiers of medicine. Being new to the Pacific Northwest, he enjoys hiking, photography, golfing, creating and making music with artists and watching the Timbers.

Rosalicia Torres, MD Providence Oregon



Albany Medical College, Albany, NY

Dr. Torres received her B.Sc. degree in Cell Biology from the University of St. Andrews in Scotland and a B.S. in Biology from the University of Nevada Reno. After managing a student-run clinic during medical school and working in an urban underserved clinic, Dr. Torres knew she wanted to be part of a community-driven system to help deliver health care. She's interested in taking care of patients of all ages and has a strong interest in women's health. In her spare time she enjoys traveling, where she can experience and learn from new cultures.

Michael Tudeen, MD Oregon Health & Science University



University of Florida College of Medicine, Gainesville, FL

Dr. Tudeen received his B.S. degree in Health Education from the University of Florida. Prior to medical school, Dr. Tudeen volunteered in a Peace Corps Health project where he witnessed the importance and potential impact of full-spectrum primary care physicians who were trained to build local capacity and advocate for health policy changes. He is interested in full-spectrum care, maternal child health and global health. He spends his free time geocaching, hiking, and traveling around the world to get to know other cultures.

Amber Vester, DO Samaritan Health



Western University of Health Sciences, College of Osteopathic Medicine of the Pacific, Pomona, CA

Dr. Vester graduated from the University of Utah with a B.S. degree in Human Development and Family Studies. She enjoys the many different aspects available within the field of family medicine and is particularly interested in full-spectrum medicine integrated with an OMM/NMM component. One of the many draws of family medicine is the ability to provide preventive care, perform procedures, as well as to offer OMT to patients. In her spare time she likes to hike, bike, and camp with her husband and four children.

Roberto Villarreal, DO Providence Oregon Hood River Rural Training Track



University of North Texas Health Science Center – Texas College of Medicine, Fort Worth, TX

Dr. Villarreal attended the University of Houston – Clear Lake and received his B.S. in Behavioral Science and Public Service Leadership. Working as an EMT and a firefighter, Dr. Villarreal saw the extent of medically underserved populations in our country. He chose family medicine as his specialty because of its diversity – allowing him to practice emergency, cradle to grave, as well as public health and preventative medicine. In his spare time he enjoys anything that can be considered “nerdy and educational,” exploring back roads, historical buildings and anything that can improve his cooking and woodworking skills.

Joe Volpi, MD Cascades East Family Medicine Residency



Oregon Health & Science University School of Medicine, Portland, OR

Dr. Volpi received his B.S. in Human Physiology at the University of Oregon. His experiences growing up in a small central Oregon town as well as his first career as a nuclear engineer in the U.S. Navy made him realize that he wanted to work in an area that was intellectually stimulating, allowed him to fulfill his personal sense of service to others, and one in which he could interact with people. Family medicine is the perfect fit for him and he particularly enjoys practicing full-spectrum, rural family medicine as well as wilderness and sports medicine. In his free time he likes to run ultramarathons with his wife Jennifer, and attend Oregon Ducks football and track meets.

Nathanael Weigel, DO Samaritan Health



Edward Via College of Osteopathic Medicine, Blacksburg, VA

Dr. Weigel received his B.S. in Biology at Kent State University. He is interested in outpatient medicine, osteopathic manipulative treatment, and helping patients be as healthy as possible in their everyday lives. In his free time he enjoys Cross Fit training.

Maggie Wells, MD, MPH Oregon Health & Science University



Stanford University School of Medicine, Stanford, CA

Nicholas Welter, MD Providence Oregon



University of Washington School of Medicine, Seattle, WA

Dr. Welter received his undergraduate degree in Biochemistry from Santa Clara University. Prior to medical school, he worked as an EMT and realized that he wanted to spend more time with patients of all ages and become a health advocate. He's interested in full-spectrum family medicine, with a special interest in sports medicine. His hobbies and interests include mountaineering, fishing, home renovation, woodworking and sailing.

MEMBERS IN THE NEWS

NEW BOARD MEMBERS

In addition to the board members that were depicted in the summer 2015 issue of Family Physicians of Oregon, here's some information about our new student and resident directors.



ASHLEY BUNNARD

Ashley Bunnard, MS4, is a fourth year medical student at OHSU and a participant in the Oregon FIRST (Family Medicine Integrated Rural Student Training) program in Klamath Falls. Ashley will spend this coming school year at Cascades East Family Medicine Residency participating

in procedure workshops and lunchtime conferences, gaining mentors and role models in family medicine.



DR. HULL

Ilana Hull, MD is a second year resident at the Providence Oregon Family Medicine Residency Program. She earned her undergraduate degree from the University of Pennsylvania in Health and Societies before completing her Master of Science in Health Policy, Planning, and

Financing from the London School of Economics and her medical degree from OHSU.



DR. SPERRY

Matthew Sperry, MD is a second year resident in the Providence Oregon Hood River Rural Training Track. He received his undergraduate degree in Geography from the University of Oregon before getting his medical degree at OHSU. He's interested in full-spectrum family medicine, obstetrics and wilderness medicine.

HONORS, AWARDS AND ACCOLADES



DR. LAUBACHER AND DR. SCHOUSEN

For the third year in a row, the winner of the OHSU School of Medicine Edward S. Hayes Gold-Headed Cane Award was a student who matched in Family Medicine – **Bethany Laubacher**. Laubacher, who received this award at the OHSU School of Medicine inaugural honors and awards ceremony in June, began her residency this summer at the

Ventura County Medical Center in Ventura, California. This award is presented to a member of the graduation medical school class who has been selected in recognition of the compassionate devotion and effective service to the sick, with the conviction that

its holder will forever epitomize and uphold the tradition of the true physician. She stated, "I am deeply honored to have received this award, especially to have been selected in part by my distinguished peers who inspire me. I am grateful for the love and support of my family without whom I would not be where I am today. Additionally, I am thankful for the multitude of family physician role models who emulate dedicated service to our patients and guide me along this path."

Katy Schousen, who matched at the Group Health Cooperative in Seattle, Washington, received the Leonard Tow Award for Humanism in Medicine (Student) at the same award ceremony. This award is given to those who best demonstrate the Arnold P. Gold Foundation's ideals of outstanding compassion in the delivery of care; respect for patients, their families, and health care colleagues; and clinical excellence.



DR. HAN (WITH DAISUKE YAMASHITA, MD)

The Outstanding Third Year Clerkship Award was presented to **Hans Han** during the Annual Graduation/Mentor Celebration last May. This award is given to a graduating student who has a high academic ranking and has also received outstanding remarks from their preceptor during their Third Year Family Medicine Clerkship. Hans' preceptor,

Dr. Yamashita stated, "Hans' strongest asset is his ability to connect with patients and staff. Hans also gained trust from many medical assistants and office staff during his rotation. I received many compliments and praise for him from our staff. As a medical director I was asked if he would be joining our practice! And we are very pleased that he is joining OHSU Family Medicine at South Waterfront clinic as a resident this year."

HAVE AN ITEM FOR "MEMBERS IN THE NEWS?"

Family Physicians of Oregon welcomes short announcements about OAFP members and their clinics. If you have undertaken a practice move, have been the recipient of an honor or award, or just plain have interesting information to share, by all means, let us know! Tell us about your news and we will be sure to print it.

Photographs are welcomed. Send submissions to:

LYNN M. ESTUESTA, Oregon Academy of Family Physicians
1717 NE 42nd St., Ste 2103, Portland, OR 97213

2015 MEMBERSHIP LISTING BY CITY & PCPCH RECOGNIZED CLINICS ☆

*Please note that this list is continuously being updated with physicians who are working in a state-certified PCPCH, please check the oafp website for the most current listing.

ALBANY

Chapin, Pamela, MD
Chervenak, Carol, MD
Floyd, David, MD
Godek, Brent, MD★
Latta, Priscilla, MD★
McDonough, Kate, DO
Miller, Rose, MD★
Nwaele, Vitus, MBBS★
Ouellette, Laura, MD★
Potter, Michael, MD★
Robinson, Jeffrey, MD★
Schindell, Scott, MD★
Simon, Steven, MD
Thayer, Douglas, MD★
Vanasche, Tom, MD
Ward, John, MD★
Wilks, Kate, MD★
Yao, Flora, MD

ASHLAND

Candelaria, David, MD
Christlieb, Dee, MD
Dugan, Lindy, MD
Jones, David, MD, FAAFP
McDonald, Lorraine, MD
Morningstar, Howard, MD
Morris, Richard, MD★
Niehaus, Linda, MD★
Rollins, Jani, MD
Rostykus, Paul, MD
Sager, John, MD
Soriano, Miriam, MD
Steinsiek, James, MD

ASTORIA

Ashley, Scott, MD
Duncan, Thomas, MD
Huddleston, Lisa, MD
Law, Robbie, MD
Levin, Tedd, MD
Little, Roy, MD
Merrill, Katherine, MD★
Nairn, Angela, MD★

AUMSVILLE

Hadden, Scott, MD★
Hotan, Tanie, MD★

BAKER CITY

Adams Eckman, Trisha, MD★
Carroll, Neil, MD★
Irvine, William, MD★
Knudson, Melissa, DO★
Lamb, Eric, MD★
Richards, David, MD

Schott, Jonathan, MD★
Smithson, J. Daniel, MD★

BANDON

Holland, Megan, MD
Holmes, Henry, MD
McClave, Gail, MD

BEAVERTON

Bohling, Joel, MD★
Chandran, Prasanna, MD★
Corn, Gerald, MD, FAAFP
Dhingra, Anshu, MD★
Donohue, Jennifer, MD★
Edwards, Hannah, MD★
Goebel, Carolyn, MD★
Hill, Christian, MD★
Ip, Benjamin, MD
Jones, Tori, MD★
McKiel, Vanessa, MD★
Mendenhall, Andrew, MD
Pierson, Cheryl, MD, FAAFP
Rath, Brett, MD, FAAFP★
Schier, Caroline, MD★
Smith, Gregory, MD★
Sonneland, Jane, MD, FAAFP
Suk, Samuel, MD
Tran, Dat, MD
Wang, Jie, MD★

BEND

Allred, Raphael, MD
Blechman, Jennifer, MD
Boggess, Jeffrey, MD, FAAFP★
Brecke, Meghan, DO★
Burket, Bradley, MD, DMD
Busby, Tina, MD★
Clausen, Matthew, MD★
Clemens, Ann, MD
Davey, Audrey, MD★
Davey, Matthew, MD
Dubrule, Nadine, MD
Gonsky, Mark, DO
Greenleaf, Delmar, MD
Hadley, Cheryl, MD
Holloway, William, MD, FAAFP★
Hudson, Michael, MD, FAAFP
Jacobs, J. Randall, MD, FAAFP
Johnson, Paul, MD★
Knapp, Stephen, MD
Leavitt, Peter, MD★
LeBlanc, Jessica, MD★
Lin, Charlotte, MD★
Mann, Stephen, DO★
Meador, Mary, MD
Morgan, Jessica, MD★

Mucha, Terrace, MD
Purvis, Janey, MD★
Rhode, Dana, DO★
Rode, Matthew, MD
Ross, Robert, MD, FAAFP★
Scallon, Quinn, MD★
Simning, Patrick, MD, FAAFP
Tarbet, Edward, MD★
Teller, John, MD★
Towle, Mattie, MD★
Uri, Lisa, MD★
Vaughn, Ginger, MD
Weeks, James, MD★

BOARDMAN

Maher, Steven, MD, FAAFP★

BROOKINGS

Bisgrove, Michael, MD, FAAFP
Silver, Mark, MD

BURNS

Fitzpatrick, Tom, MD
Johnston, Kevin, MD, FAAFP★
King, Sharon, MD★
Laios, Sarah, DO★
Richards, Thomas, MD
Thomas, Larissa, MD★

CANBY

Bridgeman, Deona, MD★
Kolonik, Kathryn, DO★
Krawczyk-Faler, Karolina, MD★
Mitchell, David, MD★
Peter, David, MD★
Warren, Amanda, MD
Zolna, Janae, MD, MPH★

CENTRAL POINT

Hull, Brandan, MD★
Kadyrova, Elvira, MD★
Mersch, Alan, DO, FAAFP★
Olsen, Neil, MD★
Ruppert, Ronald, DO★

CLACKAMAS

Bendik Ross, Jean, MD★
Bowman, Carla, MD★
Burton, Lisa, MD, FAAFP★
Chang, Yee, MD
Constien, Daniel, MD★
Douglas, Nathaneal, MD
Hager, Dwight, MD
Jacobson, Karin, MD★
Kruger, Kristine, MD★
Lefranc, Yves, MD

Lubkin, Tanya, DO★
Madrigal, Ellis, MD★
Moffett, Larry, DO, FAAFP
Murphy, Sharlene, DO★
O'Brien, James, MD★
Orchard, Reynold, MD★
Piper, Karen, MD, FAAFP
Robinson, Mindi, MD★
Sequeira, Michele, MD★
Shayde, Eric, MD★
Soyke, Jennifer, MD, FAAFP★
Stupey, Darla, DO★
Varan, Richard, MD★
Wachsmuth, Benjamin, MD★
Wolf, Ariane, MD★

COOS BAY

Carter, Dallas, MD★
McAndrew, Thomas, MD★
Park, Jonathon, MD★
Sharman, Kent, MD★

COQUILLE

Keller, Nancy, MD★
Millet, Brock, MD★
Pasternak, Mark, MD

CORNELIUS

Burgher, Kristin, MD★

CORVALLIS

Aukerman, Douglas, MD, FAAFP
Bradford, Kristin, MD, MPH★
Carr, Margaret, MD★
Cassat, David, MD
Warren, Janet, DO
Chikkalingaiah, Nicola, MD
David, Aaron, DO★
de Soyza, Shaniika, MD
Ewanchyna, Kevin, MD
Fusetti, Lydia, MD
Gallup, Donald, MD
Garrett, Troy, MD★
Jay, Michael, MD
Leesman, Christopher, DO★
McQuillan, Lance, MD★
Origer, William, MD★
Rampton, Mark, MD★
Tatham, Elinor, MD
Bruce, Thomson, MD

COTTAGE GROVE

Agomaa, Albert, MD
Barker, Gerald, MD
Cronin, Kimberly, MD
Gabriele, Mary, MD

Harrison, James, MD
Khan, Naiman, MD

DALLAS

Chaffee, Stephen, DO★
Edwardson, Christopher, MD,
FAAFP★
Flaming, Tom, DO, FAAFP★
LaTulippe, Steven, MD★
Remington, Gina, MD
Willey, Robert, MD, FAAFP

DAMASCUS

De La Bruere, Beverly, MD
Sidey, Atarah, MD

DEPOE BAY

Flaming, Jerry, DO, FAAFP★

EAGLE POINT

Wilk, Leonard, MD★

ENTERPRISE

De Young, Keith, MD★
Grandi, Renee, MD★
Powers, Elizabeth, MD★
Witt, Laurel, MD★

EUGENE

Andresen, Pamela, MD★
Asirot, Rechelle, MD★
Balsom, William, MD★
Bigley, Lorne, MD, FAAFP★
Boespflug, Michael, MD★
Brandt, Gary, MD, FAAFP★
Brunader, Richard
Buchanan, Patricia, MD★
Byrne, Donna, MD★
Chaplin, Jill, MD★
Charbonneau, Johnna, MD
Choi, Wendy, MD★
Curtin, Paul, MD★
Daugherty, Robert, MD★
De Vera, Rensie, MD★
Doerksen, Juanita, MD★
Edsall, Jean, MD★
Emory, Sylvia, MD★
Erde, Alison, MD
Tatham, Elinor, MD
Fillingame, Ralph, MD
Ford, Sekou, MD
Garfinkel, Michael, MD★
Griffin, Galen, MD★
Hallas, Stephen, DO★
Hardwick, Tracy, MD★
Harrow, Bruce, MD

Heaman, Allen, MD
 Hodges, Holly Jo, MD
 Holtzapple, John, MD★
 House, Theresa, MD★
 Huey, Doyle, MD★
 Hurtado, Martin, MD★
 Jensen-Fox, Christine, MD★
 Jones, Brian, MD★
 Kaiser, Matt, MD★
 Kincade, Richard, MD★
 Knowlton, David, MD★
 Koester, Steven, MD★
 Lefford, Jotham, MD★
 Litchman, Mark, MD★
 Love, Christopher, MD★
 Lyon, Mark, MD★
 Mackay, Donald, DO★
 Marie, Sally, MD★
 Montoya, Justin, MD
 Moore, Beth, MD★
 Morley, Alexander, MD, FAAFP
 Morray, Darian, MD
 Morris, James, MD
 Nayak, Sushanth, MD★
 Nguyen, David, MD★
 Nicklin, Adrienne, MD★
 Nosce, Rachel, MD★
 Patterson, Thomas, MD, FAAFP
 Pham, Hang, MD★
 Pollack, Bonita, MD★
 Pomranky, Lisa, MD
 Quillin, Elizabeth, MD
 Ramoso, Wesley, MD★
 Reddy, Neema, MD★
 Reforma, Janjan, MD★
 Rennick, Ronald, MD, FAAFP
 Rizvi, Gulrukh, MD★
 Sattenspiel, John, MD, FAAFP
 Schepergerdes, Stephan, MD★
 Scurlock, Donna, MD
 Sharrer, John, MD★
 Sioco III, Jose, MD★
 Siy, Vincent, MD★
 Skellcerf, Victoria, MD
 Stowell, Christian, MD
 Taube, Michelle, MD★
 Valencia, Ria Monica, MD★
 Van Scoy, David, MD★
 Yoder, Steven, MD, FAAFP★

FLORENCE

Boespflug, Randy, MD, MBA★
 Brien, Clare, DO★
 Howison, Peter, MD★
 Jalilian-Nosraty,
 Amir-Mohammad, MD★
 McCoin, Cameron, MD★
 Pearson, Paul, MD★
 Posa, Idalee Pia, MD★

FOREST GROVE

Booth, Marilyn, MD, FAAFP★
 Gray, Timothy, DO★
 Lynch, Conley, MD★

GLADSTONE

Anderson, Derek, MD

GOLD BEACH

Williams, Reginald, MD★

GRANTS PASS

Abdun-Nur, David, MD★
 Azarbehi, Nima, DO★
 Bacolod, Ramesis, MD★
 Bergman, Stephen, DO
 Boehmer, Eric, MD, PhD★
 Boisen, Victoria, DO
 Brown, Caroline, MD★
 Currier, Randall, MD
 Dovyhh, Volodymyr, MD★
 Ermshar, Jon, MD★
 Givens, Donna, MD★
 Gleffe, Dan, MD
 Hamann, Barry, MD★
 Hancock, Brian, MD
 Hitchcock, Jeremy, MD★
 Johnson, Shae, DO★
 Lindsey, Kenneth, MD, MBA,
 FAAFP
 Luther, Andrew, MD★
 Lynch, Brandon, MD★
 Miller, Kristin, MD★
 Pilcher, Jason, MD★
 Powell, Tamara, MD★
 Procknow, David, MD
 Roberts, Tim, MD★
 Rondeau, Mark, MD
 Williams, Richard, MD★
 Wilson, John, MD★

GRESHAM

Akhtar, Filza, DO★
 Carpenter, Kevin, MD★
 Chong, James, DO★
 Clinton, Marianne, MD★
 Dunckel, Phyllis, MD, MPH★
 Falgout, Melanie, MD★
 Henninger, Amy, MD★
 Hogan, Katherine, MD★
 Leaf, Kelly, MD★
 Pajarillo, Carmela, MD★
 Patin, Janet, MD★
 Winslow, Sarah, MD, MPH★

HAPPY VALLEY

Grainger, Kevin, MD★
 McFarlane, Mhairi, MD★
 Rajani, Bhavesi, MD★

HEPPNER

Hambleton, Daniel, MD★
 Nichols, Russel, MD★

HERMISTON

Carlson, Bruce, MD★
 Earl, Derek, DO★
 Gifford, Joseph, MD★
 Nguyen, Amy, MD★
 Oconer, Joseph Tristan, MD
 Swena, Stewart, MD

HILLSBORO

Aggarwal, Meenakshi, MD
 Ayres, Soledad, MD★
 Bingham, Marc, MD★
 Carden, Geoffrey, MD, FAAFP★
 Cruz, Linda, MD★
 Currie, Stuart, MD
 Durtschi, Hyrum, DO★
 Flemmer, Kristen, MD
 Fung, Hui-Ning, MD
 Gilbert, Lisa, MD
 Gilmore, Phyllis, MD
 Goebel, Walter, MD
 Hall, Michelle, MD★
 Heydon, Kim, MD★
 Hicken, Michael, MD★
 Hoffman, Peter, MD
 Kapka, Tanya, MD★
 Katz, Jeffrey, MD★
 Kemp, Judith, MD
 Kendall, Carmen, MD★
 Khan, Hina, MD★
 Kumar, Suniti, MD★
 Kwon, Susan, MD
 Magnuson, Sharyl, MD★
 Marchand, Kristi, MD★
 McCarthy, Joseph, MD
 Melina, Carl, MD, FAAFP★
 Mendenhall, Andrew, MD
 Nelson, Christopher, MD
 Oh, Kelly, MD★
 O'Leary, Maura, MD★
 Olenick, Jeffrey, MD★
 Petrac, Natasa, MD★
 Pinn, Michael, MD
 Pitta, Sreedevi, MD★
 Pitts, Randolph, MD, FAAFP★
 Roth, Jordan, MD★
 Rothgery, Julia, MD★
 Rothgery, Marc, MD★
 Schumacher, John, MD★
 Shah, Jay, MD★
 Snodgrass, Mathew, MD★
 Tovey, David, MD
 Trajano, Nicole, MD★
 Twombly, Daniel, MD
 Uba, Angela, MD
 Uno, Elizabeth, MD★

Vo, Yen, MD
 Walia, Poonam, MD★
 Wrobel, Terry, DO, FAAFP★

HOOD RIVER

Becker, Stephen, MD★
 Brauer, James, MD★
 Buser, Nic, MD★
 Colfelt, Brenda, MD★
 DeSitter, Linda, MD
 Didier, Erica, MD★
 Dillon Kristen, MD, FAAFP★
 Fauth, Miriam, MD★
 Foster, Elizabeth, MD★
 Gay, Anthony, MD★
 Gobbo, Robert, MD★
 Gray, Tyler, MD★
 Harris, Michael, MD★
 Martin, Erin, DO
 McCormick, Maria, MD★
 Parker, Gregory, MD★
 Pennington, James, MD★
 Sjoblom, Janet, MD★
 Speck, Natalie, MD★
 Starrett, Laura, MD★
 Starrett, Richard, MD★

INDEPENDENCE

Placek, Mary, MD
 White, Keith, MD, FAAFP

JOHN DAY

Bailey, Zachary, MD★
 Hall, David, MD★
 Lieuallen, Emily, DO★

JOSEPH

Sheahan, Emily, MD
 Tallent Caine, Kirsten, MD

JUNCTION CITY

Bailey, Douglas, MD★
 Willey, Arthur, MD★
 Worthington, June, DO

KEIZER

Farnell, Gerald, MD★
 Wottge, Karla, DO
 Williams, Gerald, DO

KLAMATH FALLS

Barbee, Carl, MD
 Britsch, Jerri, MD
 Burnett, Gregory, MD★
 Burwell, Lindsey, MD★
 Calvert, James, MD★
 Chase, Brandon, MD★
 Cohen, Lawrence, MD, FAAFP★
 Coleman, Kristi, MD★
 Cooper, Siobhan, MD★

Dassoff, David, MD
 Eccles, Ralph, DO★
 Hanst, Curtis, MD
 Hempel, Eric, DO
 Hollander-Rodriguez,
 Joyce, MD★
 Honda, Adria, MD★
 Istrate, Laurentiu, MD★
 Jackman, Robert, MD★
 Kellogg, Ann, DO
 Lang, Kathie, MD, FAAFP
 Machado, Randal, MD, FAAFP★
 McKellar, Jon, MD, FAAFP
 Moisa, Radu, MD★
 Montjoy, Holly, MD★
 Mounts, Flor, MD★
 Panuncialman, Ian, MD
 Patterson, Kelly, MD★
 Smith, Dwight, MD, FAAFP★
 Tieva, Karl, MD
 Trejo, Brock, MD★
 Trobaugh, Edward, MD★
 Warren, Wendy, MD★
 Wirsing, Nellie, MD

LA GRANDE

Anderson, Betsy, MD★
 Page, John, MD
 Schaefer, John, MD★
 Schoenfelder, Ellen, MD★
 Studer, Debra Ann, MD★

LA PINE

Pennavaria, Laura, MD★
 Rosenfield, Michael, MD,
 FAAFP★

LAKE OSWEGO

Cleeton, Rebecca, DO★
 Darling, Marion, MD
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 FAAFP★
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| McCarthy, Geoffrey, MD, FAAFP | Reagan, Peter, MD | Tanner, Joan, MD | Wignall, William, MD |
| McComb, Gordon, MD, FAAFP | Remy, Delbert, MD, FAAFP | Thiringer, Sheridan, DO, FAAFP | Wilcox, Dean, MD, FAAFP |
| McLean, Rickard, MD, FAAFP | Reynolds, Walter, MD, FAAFP | Thompson, Warren, MD, FAAFP | Williams, Claire, MD |
| Mersch, Alan, DO, FAAFP | Roberts, Daniel, MD, FAAFP | Tibbles, Larry, MD, FAAFP | Williams, David, MD |
| Miller, Maria, MD, FAAFP | Rohlfing, Ronald, MD | Turek, Thomas, MD | Wills, David, MD |

2015 RESIDENT LISTING

REFERENCE FOR THE CODES

CE = Cascades East • OHSU = Oregon Health & Science University • PO = Providence Oregon
 PHRRTT = Providence Hood River Rural Training Track • SH = Samaritan Health • VGMHC = Virginia Garcia Memorial Health Center

| | | | | | | | |
|---------------------------|--------|--------------------------------|--------|----------------------------|-------|--------------------------|--------|
| Ackerman, Elyssa, MD | PO | Gower, Lynn, DO | SH | McKenna, Kathleen, MD, MPH | | Sanders, Jessica, DO | SH |
| Adler, Claudia, MD | PO | Gray, Thomas, MD | SH | | OHSU | Sanderson, Tamara, MD | OHSU |
| Alavi, Mustafa, MD | OHSU | Greene, Brett, MD | CE | Mian, Burhan, MBBS | OHSU | Schmidtbauer, Kasey, MD | CE |
| Anderson, Tovi, MD, PhD | OHSU | Gunsul, Anthony, DO | SH | Milstein, Sam, DO | SH | Shannon, Jared, MD | PHRRTT |
| Atluru, Sreevalli, MD | OHSU | Han, Hans, MD | OHSU | Moreaux, Brian, DO | VGMHC | Sickler, Janessa, DO | CE |
| Azevedo, Kristopher, MD | OHSU | Hansen, Alexis, MD | PO | Moravec, Matthew, MD | PO | Simmons, David, MD | PO |
| Bair, Teresa, DO | VGMHC | Harik, Danielle, MD | SH | Myers, D. Nicole, DO | SH | Sircar, Rachel, MD | OHSU |
| Baker, Amelia, MD, PhD | OHSU | Heinze, Julia, DO | SH | Nakhai, Maliheh, MD | PO | Skog, Sarah, MD | OHSU |
| Baker, Weston, MD | OHSU | Hersh, Ben, MD | OHSU | Nelson, Valerie, MD, MPH | PO | Smedra, Brynn, MD | CE |
| Barrett, Caroline, MD | PHRRTT | Herson, Alison, MD | OHSU | Nettleton, William, MD | OHSU | Smythe, Andrew, DO | SH |
| Bendert, Kristin, MD, MPH | OHSU | Hofmann, Makary, DO | CE | Nguyen, TuAnh, DO | CE | Sperry, Matthew, MD | PHRRTT |
| Benziger, Peter, MD | PHRRTT | Hong, Patricia, MD | OHSU | Nyamathi, Kamala, MD | OHSU | Spicher, Jonathan, MD | CE |
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| Braun, Lindsay, MD | OHSU | Iacobucci, Irina, MD | CE | Owen, Andrew, DO | CE | Stoker, Bradley, DO | VGMHC |
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| Brown, Kristina, DO | PO | Kaiser, Max, DO | SH | Paisley, Kira, MD | OHSU | Tam, Marcel, MD, MBA | OHSU |
| Bruno, Justin, DO | SH | Karplus, Caitlin, DO | VGMHC | Park, Brian, MD, MPH | OHSU | Thoda, Stotz, DO | PO |
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| Carlson, Helen, DO | CE | | OHSU | Peters, Martin, DO | VGMHC | Vester, Amber, DO | SH |
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| Cheng, Anthony, MD | OHSU | Kroening-Roche, Jason, MPH, MD | MD | Pies, Michelle, DO | SH | Volpi, Joseph, MD | CE |
| Coulter, Caroline, DO | SH | | OHSU | Plourde, Gabriel, MD | OHSU | Vu, Ly, MD | PO |
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| Decker, Stewart, MD | CE | Laudert, Stephanie, MD | CE | Polidor, Autumn, MD | CE | Watson, Michael, DO | SH |
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| Erez, Aaron, DO | SH | Liu, Ruolan, MD | PO | Rasmussen, Carl, MD | OHSU | Wells, Maggie, MD, MPP | OHSU |
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| Gimmillaro, Terena, DO | PO | McAlister, Mariah, MD | PHRRTT | Sandberg, Eva, DO | SH | | |
| Gonzales, Erin, MD | CE | McCalister, Leslie, MD | CE | Sanders, Brian, MD | OHSU | | |

Oregon Academy of Family Physicians
1717 NE 42nd St., Ste. 2103
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