Family Physicians of Oregon

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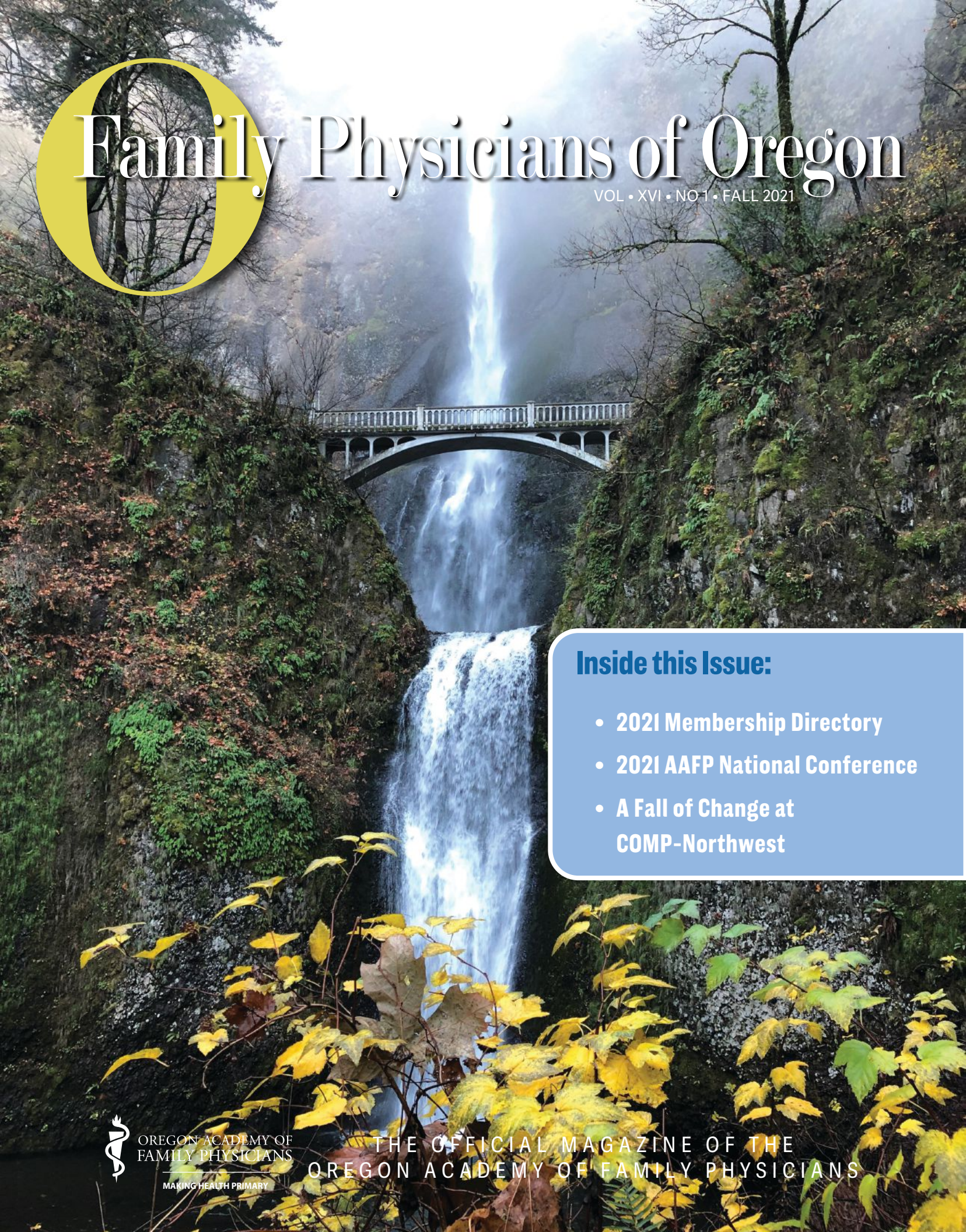

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Family Physicians of Oregon

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

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Fall at Multnomah Falls.
Photo by Lindsay Alaishuski, MD.
If you are interested in seeing your photo on the front cover of our Winter magazine, please email a copy to Louisem@oafp.org by December 1st. Winning photographer will receive a $50 Powell's gift card.

OREGON ACADEMY OF FAMILY PHYSICIANS
MAKING HEALTH PRIMARY

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David Brown, President • 1-800-561-4686 ext. 103
dbrown@pcipublishing.com
For Advertising info contact
Jesseca Youngblood • 1-800-561-4686 ext. 115
jyoungblood@pcipublishing.com

EDITION 59

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

Wilderness Medicine Propelled Me into Family Medicine

As an undergraduate, I took a 10-day certification course called the "Wilderness First Responder" (WFR for short) in order to lead backpacking trips; the best CME type experience I have had in my career. To this day I remember the final scenario - a "cruise ship crash in the Caribbean." We had to swim to rescue our fellow students (pretending to be victims). It was January in Tacoma - our "Caribbean beach" was covered in snow and the Puget Sound had ice floating at the edges.

Nowadays I get to teach Advanced Wilderness Life Support (AWLS) with the Cascades East Family Medicine Residency in Klamath Falls. Each year we bring eager learners to the Upper Klamath River for a week of rafting, practical education, and fake blood. Lots of fake blood.

In wilderness medicine training we try to make things as realistic as possible. You need to be able to control your body's fight or flight response in stressful situations so you can think calmly and clearly. If you've done it all before, stopping big bleeds becomes muscle memory and your first five steps in any emergency can be done in the first 30 seconds without thinking about what to do next. By training with fake blood and "victims" screaming and gnashing their teeth, you are prepared to deal with real blood and real scenarios without being overwhelmed by adrenaline. By *playing* the "victim" for your colleagues, you learn how important explanations and communication are to the treatment plan. In the last scenario I cooked up, the victim was snow blind and trapped upside down in a tree well after a hypothesized ski accident. Never mind that it was actually August in the high desert, Jordan acted so well we all got the chills.

While I fully believe experiential learning is the only way to do wilderness medicine, I can offer a few of my favorite tips, collected over the years. However, no matter how much you read about a traction splint for a fractured femur, there is no substitute for making one yourself out of a raft oar, some webbing, and two coffee cups. Thus, if you find your interest piqued, I would definitely recommend a hands-on course.

1. It is astonishing how much of wilderness medicine boils down to "get them stable to go back home." If you have altitude sickness, descend. If you have frostbite, get somewhere warm and stay warm. If you get bit by a snake, calm down and quickly get to a hospital for antivenom. If you get the bends, get to a decompression chamber. **The art of wilderness medicine is basically knowing how to safely and rapidly transport people elsewhere.**

2. A snow cave can increase ambient temperature by 50 degrees (-10 to 40, but it counts). To build one, make a huge pile of snow, wait until it compresses under its own weight, then dig out a tunnel and cave. Remember to make a CO2 chimney!

3. Feminine hygiene products make excellent additions to a first aid kit. Tampons for nosebleeds, pads for larger wounds or lacerations. Plus, it's a very helpful thing to have in a first aid kit for its original purpose as well.

4. MARCH. In a rescue scenario, certain things will kill a victim fast, so you address them first. **M - massive hemorrhage**. Bleeding from

the femoral artery, carotid artery, temporal artery, or brachial artery can all kill within minutes. Put some pressure on that. Use a pad and an ACE wrap to approximate a pressure bandage to get your hands free. **A - airway.** Make sure their airway is patent. **R - respirations**. Make sure they are breathing. **C - circulation.** Make sure their heart is beating. **H - hypo/hyperthermia**. Make sure the situation and the weather are not going to kill them.

5. If someone is hypothermic, take off any wet clothing and wrap them in a "hypopack," or thermal burrito. Start with a tarp, add sleeping pad (s), then three sleeping bags. Put the person in the middle sleeping bag, then wrap them up. If possible, give them some easily digested, sugary food as well.

6. You can close a scalp wound by tying the person's hair from each side across the wound.

7. Always. Carry. A. Headlamp. It is a nightmare to get caught out at night without a headlamp. Even on day hikes, carry a headlamp.

8. Carry a pregnancy test in your first aid kit. It is one of the very few things you can do to help diagnose abdominal pain in the backcountry.

9. To remove a fish hook you have several options. a) push through, cut off barb, retract. b) cut off the tail and push all the way through. c) if fairly shallow, push DOWN on the shaft and yank back out.

10. A camelback hose can make a great enema delivery system for severe constipation.

11. If you do get bit by a snake, kill it and bring it with you. Or maybe just a picture of it. Do NOT try to suck out the venom. Just wash, bandage loosely, keep the appendage below the heart, and keep heart rate low.

12. Mosquito bites, bee stings, and poison ivy all suck. There is a natural soothing remedy, however - plantago (plantain) poultice. Look up a picture - you absolutely know this plant. Just find some, mash it up, and put it on a sunburn.

13. Carry honey with you. It's great for the periodic traveler with diabetes who forgot to eat as much while hiking but took their normal dose of insulin.

14. Dehydration can look a lot like hyponatremia. Unless you get a clear story and / or see their urine, try to both feed and water dehydrated looking people.

15. Tell people where you are going and when you expect to be out.

16. You can fold the bottom of a shirt up over an injured arm and tie it tight in the back to make a makeshift shoulder sling.

17. When splinting, your goal is to immobilize the joint above and below an injured bone, or the bones above and below an injured joint.

18. When purifying water, the safest thing to do is use two methods. Boil and filter, UV and iodine, any combo will make up for the deficiencies in the other. Boiling is the most comprehensive and just reaching boiling point will kill any living thing that could make you sick, but remember that boiling point changes with altitude, so at higher altitudes letting it boil for a minute or two is prudent.

Wilderness medicine is a fabulous way to feel prepared when you journey into the woods, but it also can come into play in just about any situation where you are called to improvise. This could be on an airplane, in a city during an earthquake, or in your own cabin when help is more than two hours away. If you like playing outside, do yourself a favor and seek out a wilderness medicine course. Just make sure they include "moulage gear" or "clothing you are okay getting dirty and ripped up" in their "things to bring" list. You want an experience that uses at least a gallon of fake blood per participant. Trust me.

And please. Do not forget to bring a headlamp.

Cheers,

Stewart

BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

The Perseverance of Compassion

In every conversation I have with members these days, fatigue echoes through their words. Some share a sense of loss and bewilderment at the realization that some patients have access to overwhelming data and information about the safety and effectiveness of the vaccine, yet still there are patients who will not take that step.

In social media posts from across the country, I see that doctors and health care workers in some places have declared they will not treat those who are not vaccinated. Others advocate for rationing care to prioritize those who are vaccinated against SARS-COV-2. What I see OAFP members doing is carrying on, resolutely caring for patients through this extended crisis.

When I ask them, members have reported being spat on, berated—even being challenged to a fight – all over the vaccine. Many who work in public health capacities must also contend with public officials making moves that counter-act safety measures for misguided reasons. Everywhere it seems civility is on the decline and hostility in many quarters continues to get worse. Part of the pain for some family physicians is that, in addition to losing patients to this disease, some relationships with longstanding clients have ruptured. As I write this, cases are slightly declining, and we may be turning a corner (again), yet after the ups and downs of the last year, it is tempting to take a dark view of where things are headed.

Part of what keeps me hopeful is knowing that you are persevering. I am, as ever, profoundly proud of Oregon's family physicians. Even through your fatigue, you continue to teach me about grace, professionalism, and compassion in your commitment to your patients – including those who are vaccine resistant.

You are quick to raise persistent challenges to equitable access as a significant factor in Oregon's lagging vaccination rate, and advocate for alleviating those challenges. You speak up for nurses and other clinical workers, who are overtaxed as well. You continue to celebrate each time you are able to educate and support a patient deciding to take the vaccine. You continue to think about how you talk to holdouts, and you and your exhausted clinical teams keep tending to all of their health care needs.

It is critical that you care for yourselves and each other, as well. See the sidebar for resources you can turn to when you need support. Our job is to keep fighting for you while you keep caring for your patients, meeting them where they are.

PHYSICIAN WELLNESS

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OREGON WELLNESS PROJECT
The Oregon Wellness Program (OWP) promotes Oregon health care professionals' well-being through education, coordinated regional counseling services, telemedicine services and research. Currently, the program is open to physicians, advanced practice providers, physician assistants and dentists.

https://oregonwellnessprogram.org/

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AAFP PHYSICIAN HEALTH FIRST
The AAFP Physician Health First initiative is devoted to improving the well-being and professional satisfaction of family physicians.

https://www.aafp.org/membership/benefits/physician-health-first.html

MEDICAL SOCIETY OF METROPOLITAN PORTLAND
Online library of important topics.

https://www.msmp.org/Wellness-Library

COVID-19 CONVERSATIONS WITH CLINICIANS
Webinar series created by Tend Health.

https://www.crowdcast.io/caringforclinicians

AMERICAN COLLEGE OF PHYSICIANS
For a listing of TED Talks, Toolkits, Webinars, etc.

https://www.acponline.org/practice-resources/physician-well-being-and-professional-fulfillment/individual-physician-wellness-and-burnout-tools

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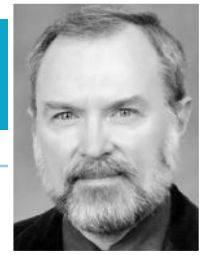

JOHN W. SAULTZ, MD, FAAFP
OHSU SCHOOL OF MEDICINE - ADJUNCT PROFESSOR OF FAMILY MEDICINE

OHSU Family Medicine's 50TH Anniversary

Family medicine has been celebrating its 50th birthday for the past four years. Our official birth as America's 20th medical specialty occurred in February 1969 with the recognition of the American Board of Family Practice. The following summer the first 15 residency programs were accredited. But our first national organization, the Society of Teachers of Family Medicine, was formed in 1967 and the American Academy of General Practice did not officially change its name to the American Academy of Family Physicians (AAFP) until 1971. I suppose 1971 could be considered the birth year for the OAFP as our state chapter in the AAFP, even though there was an American Academy of General Practice dating back to 1947. And 1971 was also the founding year for the OHSU Department of Family Medicine. So, both our academy and our medical school department are celebrating a milestone this year – happy birthday!

I want to use this moment to reflect on accomplishments and give thanks. OHSU Family Medicine has been ranked the top medical school department of family medicine in America for the past three years, but this is much more than a recognition of our faculty and graduates. From the very start, our department was built by Oregon's family physicians. **Dr. Laurel Case** was recruited to be our founding chair because of his role as president of the OAFP at that time. The original faculty was comprised of prominent community family physicians and OAFP members like **Dr. Merle Pennington** and **Dr. William Fisher**, our founding residency director. Their initial goals were to start a clinical practice at OHSU and to open an accredited residency for our state; the university-based residency at OHSU started in 1971. Like many family medicine departments in medical schools around the nation, our department was created out of pressure on the medical school by the state legislature, pressure arising in large part from family physicians and the communities they served. And like many medical schools, OHSU was not exactly happy about it. That is why all of us owe so much to Laurel, Merle, and Bill. They gave up successful practices to enter a hostile and uncertain environment and, in doing so, laid the foundation for everything that has been built since then. They were able to do this because Oregon's family physicians had their backs. From the start, OAFP members hosted our students, hired our graduates, and supported our faculty in ways too numerous to count. So, any celebration of our department's history must acknowledge that this has been and remains a team effort. The very existence of the department is an OAFP accomplishment!

In the past 50 years, our department has had only four department chairs and the university-based residency has had only five program directors. The university-based program in Portland was the only allopathic family medicine residency in our state for 23 years. When I arrived as the second residency director in 1986, there was an explicit expectation that we existed to produce family physicians for our entire state – east and west, north and south, urban and rural. We created required rural rotations for residents in the university-based program in 1991, a requirement that remains in place today. With the support of the local community in Klamath Falls, we created the OHSU Cascades East Residency in 1994 to address the needs of rural Oregon more comprehensively. Over the years, residencies opened at Providence Milwaukie, Hood River, Corvallis, Roseburg, and Hillsboro, and Oregon residency graduates became highly recruited for faculty and leadership roles nationally and internationally. But the department's mission remains focused on improving the care of Oregonians in every community, large and small.

When Laurel Case retired, **Dr. Robert Taylor** was selected to be the department's second chair in 1984. He was the author of the first American textbook of family medicine and had both research and teaching experience before moving to Oregon from Wake Forest University. Bob set out to recruit faculty from the first generation of residency graduates and his passion was to inspire medical students to become

family physicians. A required family medicine clerkship was established in 1986 and a required rural clerkship started in 1991. Nearly all the teaching in these two courses was provided by OAFP members across the state. Particular credit goes to supporters of the rural clerkship including **Drs. Lowell Euhus**, **Bob Bomengen**, and **Bob Holland**. Students were invited to OAFP meetings. Under the leadership of **Anita Taylor**, a family medicine student interest group was established that has been recognized by the AAFP as a program of excellence for over 25 years. By the end of Bob's tenure as chair, OHSU Family Medicine was consistently ranked in the top ten departments nationally in the percent of our students entering family medicine residencies. Many of Oregon's family physicians and the communities they serve today have benefitted from these programs.

When I became the department's third chair in 1998, we were growing rapidly, but our university was becoming increasingly focused on tertiary clinical care and research productivity. As state funding declined and OHSU's clinical system became more focused on specialty care, our department became dependent on our own patient population for resident experience and on our own clinical revenue to support our academic mission. So, we built new clinical practices at Richmond, Gabriel Park, and Scappoose and expanded our inpatient presence to four family medicine services in university hospital. It also allowed us enough financial security to grow without depending exclusively on university investment.

Family Medicine has always needed its own sources of scientific evidence to support and improve our models of care and education, but research was our Achilles heel when it came to academic respectability. Funding for family medicine research has always lagged behind support for disease-based biomedical research. So, adapting lessons learned from building our teaching programs, we built family medicine research in partnership with the OAFP. Together, we created a research network for rural Oregon; in 2002, **Dr. LJ Fagnan** became the first director of the Oregon Practice-based Research Network (ORPRN) with help from OAFP leaders like **Dr. Robbie Law**. Supported by a generous gift from the Kaiser Foundation, OHSU Family Medicine established our first endowed professorship in 2005 with the recruitment of Dr. Rick Deyo. We developed a focused research program on rigorous evaluation of medical education with leadership from Drs. Patty Carney and Patrice Eiff. We built a research partnership with OCHIN to study social determinants of health, population health, and health policy in a national network of community health centers with leadership from **Dr. Jennifer DeVoe**. And we recruited our current research vice chair, Dr. Deborah Cohen, to study practice transformation. In 2016, Jennifer DeVoe became our fourth chair. Under her leadership, the department has continued to grow in both size and acclaim. She now leads a department with over 200 faculty members and has taken us to an international reputation that would have been hard to imagine in 1971.

Academic health centers are not easy places for family physicians to work. We have not succeeded here because OHSU is an exception to this rule. We have succeeded by always remembering that our purpose is to inspire students and invent better ways for family physicians to do our work. Most importantly, we have succeeded because of our partnership with the OAFP and Oregon's family physicians.

FROM THE VALLEY

DERRICK SORWEIDE, DO, FACOFP
WESTERN UNIVERSITY – ASSOCIATE PROFESSOR OF FAMILY MEDICINE
COMP-NORTHWEST – ASSISTANT DEAN OF CLINICAL EDUCATION

The following is a letter to our medical students.

When soldiers come out of a battle, through the pain and the physical, emotional, and spiritual fatigue and the loss of comrades also comes a feeling of relief. That is when people begin to rebuild themselves and figure out where to put those memories away for a while so that they can feel "normal" again. Unfortunately, before that process is completed, there are times when circumstances force you to re-tie your boots and get back in the fight. This often can be much more troubling to the individual than the original battle was.

So, why am I telling you this? Because we are seeing those cracks form in many parts of society due to the resurgence of COVID. Many thought it was over. Even for those whose heads said it wasn't, their hearts so wanted it to be. It's not. I say that without any real emotion, because it is a simple fact and getting emotional about facts that you cannot change is a waste of effort. I try to save my emotions for the things that I can impact. We seldom have control over the circumstances around us, but what we do own, 100%, is how we react to those circumstances. A recent book that I read spoke about the difference between fault and responsibility. The author wrote about thinking about having your doorbell ring at 3 am on a frozen winter morning. You come down the stairs and find someone has left a baby on your step with a note that says they just cannot care for the infant any longer. That baby is not your fault, but it is now certainly your responsibility. This time of COVID is your abandoned baby.

With every challenge is a chance to learn. If you hear discussions about treatments or preventatives or anything else that conflicts with what you think, ask yourself why someone thinks like that. Read your sources, yes, but also seek out their sources. Do both with an open mind and heart and with the trained eye of a health professional that knows how to tell good research and data from bad. It's not always easy, but in doing so, you will learn lessons. Go be lifelong learners.

With every conflict is a chance to be a leader. Leaders don't widen the divides amongst people, they listen calmly to both sides, weigh all the evidence, take into account all the emotions, and seek the best overall solutions for all parties. Shouting, name calling, outrage... those are all signs of someone who has lost the intellectual battle and is trying to make it all emotional. It's human. It happens. We all have good and bad days. Show grace. Forgive those around you who are upset and scared, or just plain mad. Even if they don't think the way that you do, understand why they may be feeling that way. That does not mean that you have to change to their point of view. What it does mean is that you cannot meet outrage with outrage and expect to be part of the solution. Leaders show empathy for the individual, but do not let that persuade them for making an unemotional best call for the majority. Sometimes, leaders have to know when the discussion is not going anywhere of use, and resolve that the best solution is to follow the decisions of the other leaders around them with full faith and commitment that it serves the greater good. Go be leaders.

Physicians don't have to know it all. They do have to continue to learn, stay compassionate, and provide a safe, calm place for patients to come unload their concerns. Physicians do not have to be able to stomp out all disease. They do have to be committed, body, mind and spirit, to trying to. Go be physicians.

Humans need sleep, exercise, good food and water. They also need fresh air, emotional release, human contact, and hope. We all fatigue. Plan ahead. Hug your loved ones, eat good food, sleep when you can and exercise when you can't. Find ways to stay strong. This includes getting vaccinated, wearing your masks, and social distancing. Your chosen profession needs you in the forefront of this epidemic. Go do that, and be proud that you can. However, use common sense to decrease your risks to yourself and to others. Trust your leaders in the hospitals and clinics. Trust your PPE and procedures. Take a few extra steps to stay safe. Go be human.

This is not going to be either fast or easy. OK. Fast and easy is for everyone else. You are training to be physicians. You asked for that honor. You said you were committed to your fellow humans. Go prove it.

And, know that you are not alone. Medicine, and especially DO's, are a family. We all need the support of family at times. Just ask. If you need help, ask me, ask someone. We need you in the fight.

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

2022 Annual Auction – Celebrating 75 Years!

Can you believe that OAFP is going to be 75 years old next year? We are beginning to collect items to auction off at our Annual Auction which will be held on Friday, April 8, 2022. We are set to have the event take place in Bend during our Annual Conference. If anything changes, we know that we will be able to do another virtual weekend event.

We plan on having live auction, silent auction and online auction items and the return of our WINE WALL!

Last year we met our goal of raising $25,000 and we hope to keep the momentum going! We need your fully tax-deductible gifts to make sure that the Foundation remains sustainable well into the future. Remember that any item of time, talent, or treasure* will go a long way for our medical students and family medicine residents.

If you would like to donate items to this incredible event, please visit https://oafp.org/foundation/annual-auction/ and fill out, download and send the form to Louise Merrigan at OAFP. Email: louisem@oafp.org.

We are hopeful that we will be able to celebrate our wonderful community together in person.

*Vacation homes, sporting and concert tickets, items for the home and garden, jewelry, clothing, teaching someone how to do something that you excel at, asking a local business for a gift certificate, photography, art, and much, much, much more – all of these items make for a wonderful successful auction!

Thank you for your time.

Gina Miller, MD

Jordan Gemelas Chosen as a 2021 Pisacano Scholar

Jordan Gemelas, fourth year MD/MPH student at OHSU, was among nine individuals chosen during a nationwide search by the Pisacano Leadership Foundation. Jordan follows in the footsteps of another Oregon medical student, Nick West, MD, who was chosen for this prestigious award in 2018. Recipients of the award are outstanding medical students who have made a commitment to the specialty of Family Medicine. According to the Pisacano Scholars program they "must show demonstrable leadership skills, superior academic achievement, strong communication skills, identifiable character and integrity, and a noteworthy level of community service. Since 1993, the PLF has selected 166 outstanding medical students. Approximately 3,000 applicants representing more than 140 medical schools competed for these scholarships".

Jordan's academic interests include social risk data in primary care, health of underserved and historically marginalized populations, health policy, and teaching. He began understanding the importance of population health during his upbringing in Madras, a rural and underserved area. He noticed the profound impact of dedicated medical and public health professionals, particularly family physicians, on his community. This helped form the basis for his interest in studying public health at the University of Washington. While completing the honors track, he began to recognize the harmful impacts of separating health from health care. His longitudinal engagement with a Seattle emergency youth shelter helped him realize that we are only as healthy as our most vulnerable. These experiences drew Jordan to pursue both medicine and public health with the goal of bringing them closer together.

In medical school Jordan served as a co-lead of OHSU's Family Medicine Interest Group chapter which was subsequently named a Program of Excellence by the AAFP in 2018. While in this role, he and his colleagues implemented inpatient experiences for early medical students, a peer mentorship program, and a month-long lecture series intended to underscore the connection between family medicine and social justice. Additionally, he served on an advisory group to enhance exposure of medical students to rural and underserved community sites. Jordan served as a mentor and peer advisor for local first-generation medical school applicants and teaches quarterly science lessons at Madras High School, which he attended.

Jordan has a passion for research and its translation into policy change, and he has served as a peer reviewer for several academic journals. His research and publications cover racial and ethnic disparities, the primary care workforce shortage, impacts of the Affordable Care Act, telehealth, and integration of social risk screening in clinical settings. He enthusiastically engaged with the Oregon Policy Scholars program administered by the Oregon Residency Collaborative Alliance for Family Medicine, a program of the OAFP. At the state and federal levels, he advocated for strengthening primary care infrastructure and reducing barriers for Medicaid and Medicare patients during the COVID-19 pandemic.

Jordan enjoys playing the piano, spending time outdoors, playing chess, using his hammock, eating Greek food, and commuting by bicycle wherever feasible. He values his family, friends, and Portland's many nooks and crannies.

During his career, Jordan hopes to explore the full breadth of family medicine as much as possible, with plans to work as a broad scope provider in rural, urban underserved, academic, and community settings. Ultimately, he aims to leverage his public health and clinical training to advance the health of populations through research, teaching, leadership, policy, and direct medical care.

FERNADO J. POLANCO, MD – RESIDENT, PROVIDENCE HOOD RIVER FM RURAL TRAINING TRACK
AUDREY TAYLOR, OMS-4 – WESTERN U./COMP-NORTHWEST

A Chance to Learn, Participate and Shine:

2021 AAFP NATIONAL CONFERENCE

What a conference! The annual American Academy of Family Physicians (AAFP) National Conference provides physician, student, and resident members the opportunity to come together and revel in all things family medicine. This year's conference, held July 29 to July 31, had to be conducted virtually for the second time due to the COVID-19 pandemic. But the online platform was convenient and flexible. There were hours of live talks, many workshops, and ample opportunities for networking with other family physicians, residency programs, and exhibitors. Additionally, the conference provided a time for members to conduct AAFP business such as the discussion of concerns, the proposal of some resolutions, and the election of candidates to leadership positions.

Each state chapter of the AAFP is invited to send one medical student representative and one resident representative to the National Conference. The first task of these representatives is to promote the conference among their peers. The second is to participate in the student and resident congresses on behalf of their state constituents, speaking and voting in a way that promotes the values of their Oregon colleagues. This year **Audrey Taylor**, OMS-4 from WesternU of Health Sciences COMP-NW, was chosen as the student representative. **Fernando Polanco, MD** from Providence Hood River Family Medicine Residency, was chosen as the resident representative.

The first day of the conference, students and residents from across the country met to discuss topics of concern in a variety of areas. Taylor and Polanco both chose to attend the session on issues that pertained to education within family medicine. For example, one "hot" topic of discussion was the changes that have occurred in the residency application process as a result of COVID-19, and if virtual interviews are sufficiently fair and informative. Some others were:

- protection of the right of residents to moonlight,
- guaranteed parental leave for students and residents,
- new pipeline education programs for individuals from populations that are underrepresented in medicine,
- additional leadership training for medical students and residents.

Some of these discussions culminated in the presentation of a written resolution to be proposed.

After learning about the AAFP legislative process, the representatives were invited to form the results of these discussions into a written proposal for action. Some of the resolution proposals included:

- a formal acknowledgement of racism in medicine and measures to increase diversity in AAFP leadership through formation of an anti-racism committee,
- recognition of osteopathic manipulative medicine as a therapy for musculoskeletal pathology, and
- development of a national bureau for gun safety.

The resolutions endorsed by a vote of the student and resident congresses will be submitted to the AAFP for consideration for implementation in policies, programs, or activities.

The student and resident congress business sessions also included the election of student and resident leaders within AAFP. In presentations to the congresses, the candidates shared their unique backgrounds and talents. Their rich experiences in medical anthropology, public health, biomedical ethics and theology equipped them all to contribute something insightful and innovative to the AAFP community. The candidates also shared their inspiring commitment to excellence and their passionate care for the future of family medicine. With such well-qualified candidates from which to choose, Taylor and Polanco report they cast their ballots only after some difficult deliberation, hoping their votes best represented the desires of their respective constituencies.

OAFP member, and OHSU Portland Family Medicine Resident, **Chase W. Mussard, MD**, was elected Resident Chair of the National Conference. Chase serves on the OAFP Commission on Education and has been actively involved in AAFP national leadership since his membership on the AAFP Commission on Education.

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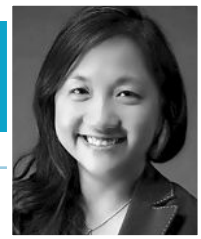


KIM YU, MD, FAAFP
ALEDADE, INC. – REGIONAL MEDICAL DIRECTOR

Survey: Physicians Believe Value-Based Care Beneficial to Patients and Practices

In March 2021, Aledade, a leading national primary care enabler with Accountable Care Organizations (ACOs) in 36 states, worked collaboratively with the Oregon Academy of Family Physicians (OAFP) to conduct a survey designed to gauge the current understanding and perceptions of value-based care among OAFP's family physician members.

Value-based care is defined by the Centers for Medicare and Medicaid Services (CMS) as a reimbursement model that ties payments for care delivery to the quality of care provided, as opposed to the more traditional fee-for-service reimbursement model, in which physicians are paid for rendering services based on bill charges or annual fee schedules. The national health care system is increasingly transitioning toward this model due to its focus on improved care delivery, improved patient outcomes, and reduced costs of care.

The survey results reveal that a majority of family physician respondents believe value-based care yields both health benefits to patients and financial benefits to practices, especially among those seeking to maintain their status as independent primary care physicians.

OAFP physicians understand the value-based care model and recognize its benefits.

The larger majority of OAFP physician members (nearly 52 percent) define value-based care as quality-driven care guided by patient preference that yields compensation for health promotion, chronic illness management, and disease prevention. These respondents describe a clear focus on patient health and outcomes in practices that have made the transition to value-based care.

A clear majority (31.3 percent) of OAFP physician members recognize that value-based care yields improved patient care, and nearly 27 percent identify improved primary care compensation as a benefit of value-based care.

This clear understanding of the model and its benefits aligns with the national movement toward value-based transformation, as represented by a 2019 APM Measurement Effort study conducted by the Health Care Payment Learning & Action Network, which found that Alternative Payment Models (APMs) are becoming the norm in the U.S. The study showed that only 39 percent of physicians remain in a traditional fee-for-service model with no link to quality and value, with the remaining 61 percent delivering care in models with at least a partial tie to quality and value.

Although value-based care is centered on putting the needs of the patient first, OAFP physicians are concerned about the perceived complexity of the transition.

Approximately one-third (28.9 percent) of respondents believe that patient well-being should be the guiding priority of the independent primary care practice, while a fifth (20.48 percent) describe "independence" as being able to make their own clinical decisions about patient care, how many patients to see and maintaining staff.

While OAFP's physicians are strong proponents of autonomy in their practices, however, they are also concerned about the perceived risks of making the transition to value-based care. One quarter of respondents believe that changing the current system of care is the most pressing risk to the value-based care transition, followed closely by the perceived complexity of the transition (22.89 percent) and financial risk and investment (18.07 percent).

Slightly more than 13 percent believe the transition is made riskier by uncontrollable patient outcomes. Other perceived risk factors include bureaucracy (10.8 percent), interference (8.4 percent), and data (7.23 percent).

Their concerns are reflected by the results of a 2019 Definitive Healthcare survey in which 25 percent of physicians cited staffing shortages, insufficient health care software and other limited resources as the biggest barriers to value-based care. As a result of these perceived challenges, the numbers of independent physicians have steadily declined, with the American Medical Association reporting that 2018 was the first year in which there were fewer physician practice owners (45.9 percent) than employee physicians (47.4 percent) as practice ownership shifts away from private to hospital-owned.

Most OAFP physicians are practicing the tenets of the quality-driven model, though many are struggling to balance their quality reporting obligations.

The value-based care model is centered around preventive care, with Annual Wellness Visits (AWVs) and Transitional Care Management (TCM) as its core tenets. The survey reveals that 78 percent of OAFP physicians are completing AWVs for their patients, and 68 percent are completing TCM activities. However, nearly 15 percent and 20 percent, respectively, are completing neither AWVs nor TCMs, and 12 percent are unsure if they are completing TCMs.

However, only 33 percent of physician respondents have a complete understanding of Hierarchical Category (HCC) risk scoring. Nearly 23 percent indicate no understanding of HCC at all, while 42.2 percent note that while HCC risk scoring is included in their EHR, they do not believe they are proficient in HCC risk scoring.

Additionally, nearly 81 percent of respondents do not know how participation in an ACO can affect their status in regulatory initiatives like MIPS. Only 18 percent of physicians understand the relationship between ACO participation and regulatory initiatives.

Further, nearly 40 percent of respondents note that while they are managing their quality reporting obligations, the process is "painful." Slightly more than 19 percent are unsure if they're managing those obligations, and 26.5 percent say they are not managing them at all. Only 12 percent are easily managing those requirements now.

These trends, again, align with nationally reported data from the AAFP indicating that 60 percent of family physicians have contracts with seven or more payers and are responsible for reporting different quality measures to each payer. The AAFP data reveals that the average medical practice, per physician, spends an average of 758 hours per year submitting quality measures - a process that could be alleviated by value-based care adoption, which increases physician access to timely, actionable patient data.

While most OAFP physicians have access to care gap data, other information - including utilization patterns and socioeconomic factors - are less accessible.

Care gaps is currently the most accessible population health data element for the majority (51.8 percent) of survey respondents, followed by recent hospitalization data (44.58 percent) and patient demographics (38.55 percent).

Physicians indicate that specialist information (24.1 percent), utilization patterns (19.28 percent), and PCP interactions and socioeconomic factors (14.46 percent) are less accessible.

The transition to value-based care, which empowers physicians with patient data at the point of care, yields an opportunity to improve patient outcomes and reduce costs of care, according to a 2020 research study published by the National Institutes of Health, which found that organizations achieved better outcomes while often lowering costs by implementing a framework centered on identifying and understanding a segment of patients whose health and circumstances result in a consistent set of needs.

Summary:

Value-based care represents an unparalleled opportunity for independent physician practices to significantly increase their income while delivering care the way they want. While value-based care has demonstrated clear benefits to physicians participating in the model, the transition can be intimidating for those unfamiliar with the transformation process and unclear about the tenets of the model. However, with the right support and an actionable roadmap for success that centers on promoting both the short- and long-term benefits of the value-based care transformation, primary practices can thrive financially by providing more proactive care for patients.

About the Survey and Respondents:

Survey responses were collected through April 2021 and tabulated and jointly reviewed by OAFP and Aledade in May 2021. Respondents included physicians in independent primary care practices (33.7 percent), hospital-owned practices (28.9 percent), Federally Qualified Health Centers (FQHCs) and Community Health Centers (CHCs) (16.9 percent), residency-owned practices (8.4 percent), Rural Health Clinics (RHCs) (3.6 percent), and teaching health centers (3.6 percent). Practice sizes ranged from greater than 50 physicians (20.5 percent) to solo practitioners (4.8 percent). More than 95 percent of respondents indicate they are currently using an Electronic Health Record (EHR) system, with the majority of respondents (57.18 percent) using an EPIC system. Slightly less than half of respondents (48.19 percent) have participated in CPC Classic or CPC+. More than 37 percent of respondents have been in an ACO, and of those, 15.66 percent indicated they do not know much about ACO work. ***Aledade was a Family Medicine Champion sponsor of the 2021 OAFP Annual Conference.***

MEMBERS IN THE NEWS

Madeline Boyd, MD was awarded the Mark Kochevar, MD Outstanding Service Award. She graduated from OHSU Cascades East Family Medicine Residency Program this summer. She had previously served on the OAFP Board of Directors as a Resident Director.

Anthony M. Cheng, MD presented to NASA in August on long COVID. Dr. Cheng was also recognized by the AAFP as a Boundary Breaker. Dr. Cheng founded the COVID-19 Connected Care Center, created a referral system to connect patients lacking a PCP with qualified family physicians throughout the state, and has been at the forefront of the intersection of public health and family medicine in Oregon.

Sarah J. K. Cook, MD received the Jim Novak Comprehensive in Family Medicine Award from OHSU Cascades East Family Medicine Residency Program. Dr. Cook was drawn to Klamath Falls because of her strong interest in practicing full scope rural family medicine with a strong emphasis on OB.

Colleen Cooper, MD earned an Outstanding 4th Year Capstone Award from Portland FMRP. Dr. Cooper studied medicine at Wayne State University School of Medicine and completed her family medicine residency at OHSU Portland FMRP this year.

Stewart L. Decker, MD, FAAFP, FWMS, has been busy writing again. Dr. Decker was one of four family physicians, nationwide, asked by the AAFP to elaborate on what being conferred as a Fellow means to him. See his writing in the next column. Dr. Decker is the President of the OAFP Board of Directors.

DOING WHAT I LOVE – By Dr. Stewart Decker

I sometimes catch myself thinking about fellowship. Not about applying for or completing a fellowship, per say, but the fellowship of people. I would be lost without the fellowship of my friends and family. I cherish time spent with people who care deeply about the same things I do, and care about me similarly.

Reflecting on the fellowship of daily life led me to reflect on the AAFP's Degree of Fellow, and I think that they are not so different. If fellowship is a group of people who care about each other and a given activity in equal measure, then the AAFP's offering fits the bill.

I earned the Degree of Fellow almost by accident, spending my time simply doing the things I loved in medicine: teaching, community development, pursuing public health, working with my local chapter concerning climate change, and working with the national Academy on changing national health policy. I was delighted when I learned that the AAFP values those same pursuits as well.

What this means is that when I stood up to receive the Degree of Fellow, I was surrounded by people who cared about the same things I cared about, and oh, what a warm and fuzzy feeling it was.

Alexander Domingo, MD earned an Outstanding 4th Year Capstone Award from Portland FMRP. Dr. Domingo studied medicine at Yale University before his family medicine residency. Dr. Domingo became a family physician because he felt the field was the most in-line with his mission to provide holistic medicine to people of all stages of line, and to provide care for underprivileged patients.

Dr. Eva M. Galvez has been a champion for migrant workers for many years, but the COVID-10 pandemic ramped up her efforts. Dr. Galvez was involved with many partnerships and organizations to shine a light on health inequities. She also recorded COVID-19 public service announcements in Spanish which aired on three Spanish radio stations and a major Spanish television station. For these reasons, Dr. Galvez was recognized by the AAFP as a Boundary Breaker. Dr. Galvez is a Director on the OAFP Board.

Brigit A. Hatch, MD recently published the following articles:
The importance of practice facilitation in primary care when a pandemic takes hold: Relationships of resilience – *Journal of Primary Care and Community Health*

Clinic factors associated with utilization of a pregnancy intention screening tool in community health centers – *Elsevier*

Understanding Health Need and Services Received by Youth in Foster Care in Community Safety-Net Health Centers in Oregon – *Journal of Health Care for the Poor and Underserved*

Dr. Hatch is an assistant professor of family medicine at OHSU and practices at OHSU Primary Care Clinic, Scappoose.

Coya Lindberg, MD received the Resident Teaching Award from OHSU Cascades East FMRP. She recently completed her family medicine residency in Klamath Falls and has relocated with her family to Colorado to practice medicine.

Holly Montjoy, MD received the Faculty Teaching Award from OHSU Cascades East FMRP. Having completed her family medicine residency in Klamath Falls, Dr. Montjoy is passionate about teaching the next generation of family physicians.

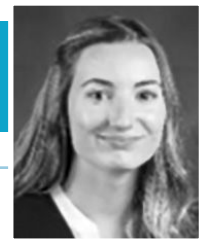
(Katie) Katherine E. Putnam, MD, MPH received both the Merle Pennington Award and the Suzanne Fornier Award. Dr. Putnam graduated in 2017 with an MD/MPH degree from OHSU. She completed her family medicine residency this summer at OHSU Portland FMRP.

Megan Quinlan, MD received the STFM Resident Teaching Award. This award recognizes teaching contributions by residents. Dr. Quinlan completed her family medicine residency at OHSU Portland FMRP this summer.

Margo Roemeling, MD received a Resident Teaching Award from OHSU Cascades East FMRP. After completing her residency this summer, Dr. Roemeling decided to stay in Klamath Falls. She will be a primary care physician at Sky Lakes Primary Care Clinic and a hospitalist at Sky Lakes Medical Center.

Congrats to **Joe M. Skariah, DO, MBA, MPH**, winner of the 2021 AAFP FPM Award for Practice and Quality Improvement! Dr. Skariah and the rest of the Scappoose vaccine clinic team will be recognized at the next Society of Teachers of Family Medicine (STFM) conference for rapidly deploying vaccines to Columbia County.

Dr. Ishmael Togamae, MD, MPH was recently interviewed by Dave Miller of Oregon Public Broadcasting's *Think Out Loud* program for his work at the weekly refugee clinic he runs at the Mid County Health Center in SE Portland. Dr. Togamae explained the processes for welcoming the refugees into the community, including providing language interpreters, treatment for PTSD and anxiety, and working with resettlement agencies to provide homes. Their goal is to enable these individuals and families to assimilate into the local population as smoothly as possible, in a manner that supports their health and wellbeing.



AUDREY TAYLOR, OMS-4

A Fall of Change at COMP-Northwest

Fall is a season of change--leaves change colors, the days shorten, and the historic return to school occurs. As we enter the school year at COMP-Northwest, we are also met with changes within the department of family medicine. With mixed emotions we bid farewell and best of luck to **Dr. Robyn Dreibelbis**, or "Dr. D" to many, as she has accepted a position as Associate Dean for Graduate Medical Education at Idaho College of Osteopathic Medicine and will be leaving WesternU COMP and COMP-Northwest in early October 2021. She was one of the founding faculty members of COMP-Northwest and has since advanced to her current position as Chair and Associate Professor of Family Medicine. In addition to teaching, Dr. Dreibelbis contributed to multiple faculty committees, has been a respected mentor and advisor to students, and has served as representative of the college on local, regional, and national platforms. She is a well-known advocate for health and wellness, and her passion for health and wellness extends beyond the classroom and clinic as she embodies healthy living.

Many students first meet Dr. Dreibelbis on the annual hike that she organizes for incoming first-year students. Each graduate of the school has been taught by Dr. D as part of the clinical skills in medicine, or what she likes to call the "how to be a good doctor" course. Reflecting on the impact that Dr. Dreibelbis has made in their lives, students had a lot to say.

Hannah Killian, OMS-3

There really aren't enough words to encapsulate the depth and breadth of everything that Dr. D is to our students, staff, faculty and community. She is a champion of excellence in all aspects, ingraining in us that "perfect practice makes perfect practice," rather than the more familiar "practice makes perfect"--especially when it comes to the lost art of the physical exam. She oozes intentionality, tenacity, humility, positivity, enthusiasm and a zest for living life to its fullest. I would not have made it on this journey through medical school without her advocacy, encouragement, and guiding example of selfless leadership. In keeping with the wisdom of Winnie the Pooh, how truly lucky I am to have known such an outstanding physician--someone who is so hard to say goodbye to.

Mackenzie Murphy, OMS-4

As I am finishing my family medicine residency applications, I have found myself reflecting on how influential Dr. Dreibelbis has been for me choosing this career path. After one conversation with her, I knew that family medicine was where I belonged; because she is the kind of physician I dreamed of becoming. Dr. Dreibelbis encompasses what it means to be an osteopathic, community-focused family physician. The mentorship she offered me and countless other students was multifaceted. She maintained an open-door policy and is a true advocate for student wellness and success. I knew that no matter the challenges I was facing on a given day, I could count on a warm smile, hug, and genuine conversation with Dr. D. The impact that she has had on the lives of her students, faculty, staff, and community in Oregon will carry on through eternity. Although she will be missed, I am excited for her new journey.

Kristina Van Nuys, Class of 2020

Dr. D has been a source of support and mentorship since my first few weeks of medical school. I knew that I wanted to learn as much as I possibly could from her after her first lecture as she just simply exuded compassion. After learning that I had recently birthed my third child, she made it a point to get to know me as she too was a mother in medical school and knew the unique challenges that I would face. She supported me through all of those ups and downs. What is so unique about Dr. D is her passion for helping her community, her drive to practice compassionate medicine, and her desire to improve the health of not only her community and her patients, but her students as well through diet and wellness education. COMP-Northwest was lucky to have her as faculty and I was even luckier to have been her student. Dr. D, I cannot thank you enough for your support and mentorship; I wish you nothing but the best in all of your future endeavors.

Reading through the multiple student responses it is obvious the profound effect that Dr. Dreibelbis has had on us as physicians and as people. If you've ever asked Dr. Dreibelbis for a letter of recommendation, you'll know that she asks for a quotation that speaks to who you are and how you try to live your life. In terms of the impact of Dr. Dreibelbis' life on others, a quote from Maya Angelou comes to mind: **"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."**

Thank you for your membership. We hope that you find value, community and opportunity within the Oregon Academy. We strive to offer you benefits and services that will help you in your practice of family medicine in our glorious state of Oregon.

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Benjamina N. Rowe Brown, MD
W. Daniel Ruegg, MD
(J.B.) John Bruin Rugge, MD

Robert W. Ruggeri, DO
Lesley I. Ryan, MD
Ahson Saeed, MD
Yasmin A. Sahul, MD
Michael Z. Saladik, MD
Lee A. Salsburg, MD
M. Olwen Sanderson, MD
Alina K. Satterfield, MD
Deborah Satterfield, MD
Evan T. Saulino, MD, PhD
John W. Saultz, MD, FAAFP
Jeanne S. Savage, MD
Kerry A. Schaefer, MD
Morgan L. Schiller, MD
Benjamin N. Schneider, MD
Eric B. Schub, DO
John P. Schumacher, MD
Thomas M. Schwartz, MD
Daniel S. Schweigert, MD
James P. Scott, MD
Cynthia J. Shaff-Chin, MD
Jay A. Shah, MD
Kimberly A. Shields, DO
Betty Shih, MD
Elizabeth R. Shih, MD
Matthew W. Shook, MD
Selena M. Sideras, DO
Jami R. Silflow, DO
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Sarah E. Skog, MD
Daniel Slowey, MD, JD
Gregory N. Smith, MD
Jeanene A. Smith, MD
Megan M. Smith, MD
Kimberly A. Smith-Cupani, MD
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Fayza I. Sohail, MD
David Solondz, MD
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Sonia E. Sosa, MD
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Duy Q. Tran, MD
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Jennifer L. Vines, MD, MPH
Jonathan L. Vinson, MD, FAAFP
Sabine Volchok, MD, MPH
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Eric W. Walsh, MD
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Leah C. Werner, MD
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C. Thayer White, MD
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Nancy M. Zink, MD

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Kody J. Seeley, DO
Laurence M. Sharp, DO, FAAFP
Ruth A. Stanhiser, MD, FAAFP
Heather J. Stearman, MD
(Chip) Harry Taylor, MD, MPH, FAAFP
Rodney E. Todd, MD

SAINT BENEDICT

Duy Duc Nguyen, MD

SAINT PAUL

Sarah M. Strawn, DO

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Bethany C. Wohletz, MD
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Mootaz S. S. Younis, MD, MBBS
Timothy T. Zuk, MD

SANDY
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Ryan E. Williams, DO

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SCIO
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SCOTTSBURG
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Hugh C. Stelson, MD, FAAFP

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SHERWOOD
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Kan Yang, DO

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Julian J. Uselman, DO

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Leslie M. Brott, MD, FAAFP
May S. Fan, MD

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Kendall E. Graven, MD, FAAFP
Raymond V. Larsen, MD, FAAFP
Burton L. Silverman, MD, FAAFP
David G. Silvestre, MD

TURNER
Randy R. Boespflug, MD, MBA

VENETA
Lawrence Lyon, MD

VERNONIA
Sheridan I. Thiringer, DO, FAAFP

VIDA
Claire P. Williams, MD

WALDPORT
Stephanie Bosch, DO

WARM SPRINGS
Melissa L. Devalon, MD

WELCHES
Bridget C. Martin, MD

WEST LINN
Kristin Bendert, MD, MPH
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Carla J. Bowman, MD
Janae Z. Brill, MD, MPH
Joyce S. Endo, MD
Amanda S. Gay, MD
Antonio M. Germann, MD
Lara E. Hall, MD, FAAFP
Anne Marie B. McCoy, MD
Sharlene A. Murphy, DO
Mindi L. Robinson, MD
Ryan G. Scott, MD
Kayce A. Spear, MD
Robert B. Wagner, MD

WILLIAMS
Thomas M. Turek, MD

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Walter R. Buhl, MD, FAAFP
Steven R. Crawford, MD, FAAFP
J. Salvador Y. de la Cruz, MD
Kent D. Fergusson MD
Michael D. Goodwin, MD
Pompy Z. Goswami, MD
Shwetha Gurram, MD
Sonel P. Patel, MD
Allan L. Paul, MD
Carolyn M. Peterson, MD
David G. Wagner, MD, FAAFP

WINCHESTER
Glen Monteiro, MD

WOODBURN
Monchito C. Entena, MD, FAAFP
Mania Kupershtok, MD

WA. BORDER TOWNS
Heather Beecher, MD
Juanita P. Doerksen, MD
Rahwa Ghebremichael, MD
David S. Hindhahl, MD, FAAFP
Faith M. Kayes, MD, PharmD
Chad C. Lowe, DO
Kristina Marchand, MD
Amy F. Nguyen, MD
Michael L. Pendleton, MD, FAAFP
Donald E. Thieman, MD, FAAFP
C. William Wagner, MD
Orville E. Weaver, MD, FAAFP

OUT OF STATE/COUNTRY
Grant P. Anderson, MD
Molly W. Anderson, MD
Frances E. Biagioli, MD
David R. Blessing, MD
Gregory P. Burnett, MD
A.V. Caldwell, MD, FAAFP
Joshua Cohen, MD
Colleen Cooper, MD
Larry R. De Lane, MD, FAAFP
Elizabeth Deyo, MD
Franklyn D. Dornfest, MD, FAAFP
Matthew S. Edmonds, MD
Kathryn Fausch, MD
Michael D. Gabe, MD
Garth G. Gulick, MD
James H. Horak, MD
Michael R. Hudson, MD, FAAFP
Paul W. Johns, MD, FAAFP
Tanya J. Kapka, MD, MPH, FAAFP
Irena Kuca, MD
Sarah A. Lamanuzzi, MD, FAAFP
David H. Lee, MD
Shoshannah Levitt, MD
Kelly P. McCarter, DO
Duane R. McCarthy, MD
Liya Milgram, DO
James F. Novak, MD, FAAFP
Michael Pinn, MD, FAAFP
Rebecca A. Preece, DO
Cmdr. Michael E. Rudisile, MD
Jonathan D. Schott, MD, FAAFP
Jose Leonardo R. Sioco, MD
Paul F. Swenson, MD
Ria Monica R. Valencia, MD
Annie M. Valente, MD
Foy E. Varner, MD, FAAFP
Robert L. Veale, MD

RESIDENT MEMBERS

OHSU CASCADES EAST

Sylvia M. Blomstrand, MD (PGY1)
Alix J. Cooper, MD (PGY2)
Ryan M. Dunkley, MD (PGY2)
German S. Ferrer, MD (PGY2)
Jordan E. Hoese, MD, MPH (PGY3)
Phoebe Hughes, MD (PGY1)
Amanda J. Kinley, MD (PGY2)
Joel D. Klas, MD (PGY3)
Margaret F. Leland, MD (PGY3)
Aaron K. Livingston, MD (PGY3)
Michael Loebertman, MD (PGY1)
China Rae Newman, MD (PGY1)
Charles A. Price, DO (PGY3)
Cole Puffer, MD (PGY2)
Carly J. Ritchie, MD (PGY2)
Jared D. Schaefer, MD (PGY2)
Galen Sincerny, MD (PGY1)
Logan Smestad, MD (PGY2)
Mikayla Stevens, MD (PGY1)
Nicholas B. West, MD (PGY3)
Colette Whitney, MD (PGY1)
Eleanor R. Wiggins, MD (PGY3)
Derek J. Wiseman, MD (PGY1)
Jennifer Wooley, MD (PGY3)

OHSU HEALTH HILLSBORO

Alexandra Bray, MD (PGY1)
Aaron Chambers, MD (PGY1)
Logan Ellis, DO (PGY1)
Dione Fernandez, DO (PGY1)
Esteban Garza, MD (PGY1)
Justine Lawson, DO (PGY1)
Alyssa F. Morrow, DO, MPH (PGY1)
Justin J. Santos, MD (PGY1)

OHSU PORTLAND

Allyson Adams, MD (PGY1)
Nathan J. Andrews, MD (PGY4)
Eric Ardman, MD (PGY2)
Brooke Bachelor, DO, RN (PGY3)
Annie M. Buckmaster, MD (PGY4)
Nicole E. Cairns, MD (PGY4)
Elizabeth R. Corwin, MD (PGY4))
Alanna N. De Mello, MD (PGY1)
Nicholas DeFelice, MD (PGY1)
Emily Dollar, MD (PGY3)
Ishak Elkhal, MD (PGY4)
Sara J. Emamian, MD (PGY1)
Omar Fares, MD (PGY3)
Julia Finch, MD (PGY2)
Samantha George, MD (PGY1)
Leah Haykin, MD (PGY2)
Kathryn Holt, MD (PGY2)
Sydney R. Landreth, MD (PGY2)
Justin Lee, MD (PGY4)
Dakota Lundstrom, MD (PGY1)
Aldo E. Martinez, MD, MPH (PGY2)
Brittany McAdams, MD (PGY3)
Laurence N. Moore, MD, MPH (PGY4)
Chase Mussard, MD (PGY2)
Sienna Nelson, MD (PGY3)
Ryan Nesbit, MD (PGY3)
Nicholas H. Nowell, MD (PGY1)
Wakaba C. Omi, MD (PGY1)
Jacqueline Parilla, MD (PGY2)
Katelyn Pavlat, MD (PGY3)
Monica Picard, MD (PGY2)
Soniya Pimparkar, DO (PGY2)
Kristin Prewitt, MD, MPH (PGY4)
Lisa E. Royter, MD (PGY1)
Melinda C. Ruberg, MD (PGY4)
Michael Sarvi, MD (PGY1)
Michelle Scheurich, MD (PGY3)
Sara Shimanek, MD (PGY3)
Eliza Slater, MD (PGY3)
Arisa Takeuchi, MBBS (PGY4)
Lindsay Thimmig, MD (PGY2)
Hilary Titus, MD (PGY3)
Patty Tran, DO (PGY4)
Alexa Tyler, DO (PGY3)
Robin K. Vest, MD (PGY4)
Shayna R. Waldbaum, MD (PGY1)
Andrew Wang, MD (PGY3)
Sophia White, MD (PGY2)
Tiantian White, MD (PGY1)

PROVIDENCE HOOD RIVER

Madeline Bierle, MD (PGY3)
Paola L. Candia, DO (PGY1)
Benjamin Coffey, MD (PGY3)
Fernando J. Polanco, MD (PGY2)
Jessica Worrell, MD (PGY2)
Taylor C. Wrinkle-Pope, MD (PGY1)

PROVIDENCE OREGON

Kelsey Andrews, MD (PGY1)
Shaina L. Belsky, DO (PGY2)
Brian Bizub, MD (PGY1)
Rachel Boneski, DO (PGY2)
Sean C. Brachvogel, MD (PGY3)
Katherine E. Cobb, MD (PGY3)
Michael R. Dirks, DO (PGY3)
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Jessica Hu, DO (PGY3)
Hannah Kadavy, MD (PGY3)
Iman N. Malik, MD (PGY1)
Lauren Moore, DO (PGY3)
Robell M. Morehouse, MD (PGY1)
Rubama Nasir, DO (PGY2)
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Tyler Reimann, MD (PGY3)
Peter J. St. George, DO (PGY1)
Jeffrey Stolsig, DO (PGY2)
Andrew Tobler, DO (PGY1)

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Indira Benakanakere, MD, PhD (PGY1)
Krithika Chandrasekaran, MBBS, MPH (PGY1)
Joshua Fisher, MD, MPH (PGY1)
Gabrielle Kelly, MD (PGY2)
Faarina Khan, MBBS, MPH (PGY1)
Seemal Kumar, MD, MBA, MPH (PGY2)
Sinyun Lam, MD (PGY1)
Misha Peel, DO, EdM (PGY1)
Melissa E. Snell, DO (PGY2)
Ashley Sparks, DO (PGY2)
Ahmad Stanackzai, MD, MBA (PGY1)
Daniel Sulitzer, DO (PGY1)
Christy Sunny, MD (PGY2)
Simran Waller, MD, MPH (PGY2)
(Eric) Tsz Ho Wong, MD (PGY2)

SAMARITAN

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Erin S. H. Lee, DO (PGY3)
Megan Louie, DO (PGY1)
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Zachary Mattka, DO (PGY1)
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Emma Murugaverl, DO (PGY3)
Patrik Osornio-Centerwall, MD (PGY2)
Tabetha Ratliff, MD (PGY1)
Jordan Reader, DO (PGY3)
Ryan Reeser, DO (PGY2)
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Elizabeth Robb, DO (PGY3)
Mary Rountree, DO (PGY2)
Alyssa Sipes, DO (PGY1)
Luke Tegeler, DO (PGY1)
Matthew Tom, MD (PGY1)
Aaron Wang, DO (PGY1)
Morgan Wimmer, DO (PGY3)
Meghan Wood, DO (PGY1)

OUT OF STATE

Mafeth Lim, DO (PGY1)
Anna Venardi, DO (PGY1)

STUDENTS MEMBERS

OREGON HEALTH & SCIENCE U. SCHOOL OF MEDICINE

Aseel Alsamarraie (MS4)
Ramin Amirsoltani, MPH (MS4)
Evan J. Barnes, MS (MS3)
Magdalena Bartkus (MS4)
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Mahtab Brar (MS2)
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Corey Gallet de St. Aurin (MS3)
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Jason Hernandez (MS3)
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Amy E. Jones (MS4)
Sunil K. Joshi (MS3)
Bettie Kareko (MS3)
Cassandra Kasten-Arias (MS4)
Alexandra Kiesling, MPH (MS4)
Caroline King (MS3)
Megan King (MS4)
Alissa Kummer (MS4)
Mimi Le (MS4)
Cristian Mendoza Ruvalcaba, RN (MS4)
Christina A. Miller (MS4)
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Malika Waschmann (MS4)
Lindsey Woodward (MS3)
Stephanie Zhao, MA (MS4)
Tristen Zimmerman (MS4)

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Bryce Beatty (OMS-3)
Forrest T. Bliss (OMS-2)
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MacKenzie Murphy (OMS-4)
Chatrathip Nasongkla (OMS-4)
Claudia Nelson, MS (OMS-3)
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