

# Family Physicians of Oregon

VOL • XIV • NO 3 • Spring 2020

HOPE  
FENCE

KEEP FRIENDS CLOSE  
KEEP HAND SANITIZER  
WASH CLOSER  
SANITIZER ~~VIRUS~~  
WASH YOUR HANDS

HUMANITY

THE SUN  
WILL COME  
OUT  
TOMORROW

## Inside this Issue:

- Oregon Wellness Program
- New Veterans Rural Health Resource Center Launches in Portland
- Jumping In at a Time of Need

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OREGON ACADEMY OF FAMILY PHYSICIANS



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VOL • XIV • NO 3 • SPRING 2020

# Family Physicians of Oregon

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### About the cover:

These panels are from the Hope Fence which was created in Northeast Portland's Hollywood neighborhood during the first few days of the COVID-19 pandemic. It's a creative reminder of hope and community spirit when social distancing keeps us physically apart.



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OREGON ACADEMY OF  
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

EDITION 53

## • PRESIDENT'S MESSAGE



RUTH CHANG, MD, FAFP, OAFP PRESIDENT  
NORTHWEST PERMANENTE, PC - CHIEF PEOPLE OFFICER & VICE PRESIDENT

# OAFP Board Clarifies Focus on Evolution, Advocacy, Education and Workforce

Why do we exist? What is our purpose? What do we value? Where do we want to be three to four years from now? How do we get there? When everything feels like a priority, how do we narrow down our top ones?

These may sound like large philosophical questions in the examination of a life well lived. And these are the key questions that were top of mind for the Oregon Academy of Family Physicians (OAFP) board of directors in October and part of January board meetings as we tackled our long-range planning.

The long-range planning process creates a space and time for the board to step back and ask ourselves what is our true north? What are the values of our organization? As a membership organization, what value do we bring to our members? We spent our sessions debating these issues and updated our mission, vision, and values (see next page for the statements). We also created a new member value proposition.

Through this process, we identified our four pillars of work and two foundational priorities.

- First, the OAFP will continue to focus on supporting members in our ever-evolving landscape of family medicine to achieve their personal and professional goals. In our previous long-range planning session, we named this area "transformation" and now we have deliberately renamed it "evolution." Transformation implies there is an end state. Evolution acknowledges that change is the only constant we have in health care.
- Second, through advocacy, the OAFP will support initiatives that promote quality health care that is accessible, sustainable and equitable. Certainly, we will continue to advocate on behalf of our patients and our members via the Oregon legislature and in the years ahead, we will incorporate other venues of advocacy. For example, we will focus on building

partnerships with individuals and organizations that align with our mission.

- Third, we will provide quality education for family physicians and the health care team. We are committed to convening our annual conference, and to expand educational opportunities outside of this conference. We also strategically want to increase student attendance.
- Fourth, the OAFP will focus on nourishing a robust family medicine workforce, fully capable of meeting Oregon's needs. This is about our future and the next generation of our physicians and care teams. We will work to promote the vitality and longevity of practice as well as support graduate medical education (GME) development in the state. We are off to the good start with the establishment of Oregon Residency Collaborative Association for Family Medicine (ORCA-FM). The problem we are trying to solve with this work is that we currently only train and graduate half of the family physicians this state needs. We are excited to see what ORCA-FM can catalyze with regards to expanding GME in the state of Oregon.

The foundation underpinning our pillars incorporates equity, inclusion, diversity and wellness, and through these lenses, we communicate and execute on the priorities. These concepts do not live separately from our strategic foci but rather serve as the framework through which we approach the work.

Thank you for taking the time to read this message and to stay connected with the OAFP. This is my last note as President of the OAFP and it has been a pleasure and an honor to serve in this role. Although we were not able to meet this year at our annual conference, I look forward to connecting with you personally in the future.



Martin Balish, MD



Daniel Brown, MD



Kelly Chung, MD



Thomas Crawford, MD



Devin Gattey, MD



Grant Lindquist, MD



Lorinna Lombardi, MD



Nisha Nagarkatti-Gude,  
MD, PhD



Jacqueline Ng, MD



Christen Richard, MD



David Sanders, MD, MPH



Vasiliki Stoumbos, MD



Zoey Stoumbos, MD

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**Personalized care,  
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Eye care has changed a lot in the 21st century, but at Oregon Eye Specialists, PC, one thing has remained constant: a passionate dedication to a high quality of service in an environment that puts patients first. With a staff of 150, across six clinics, Oregon Eye Specialists provides a full spectrum of eye care services, including ophthalmology, optometry and surgical care.

At Oregon Eye Specialists, our highly trained ophthalmologists support patients with routine eye care and treatment as well as surgical services. From macular degeneration and cataract surgery to dry eye treatments, and glaucoma management, the clinic's team is dedicated to providing medical care that is compassionate and exceptional.

Dedicated to our communities, in 2019, the clinics partnered with Oregon Food Bank in the Hunger Does Not Take A Break food drive, helping provide more than 8,500 meals to Oregon residents. Further, our staff volunteered at a Portland build site, working alongside Habitat for Humanity to provide a home for a low-income family.

Dedication to community and the public good is what you'll find throughout the Oregon Eye Specialists staff. A few examples, to name a few: Dr. Devin Gattey traveled with Cure Blindness to Aksum, a city in Northern Ethiopia, where his team performed 550 cataract surgeries in five days in a modest hospital operating room. He has made 15 outreach trips in his capacity as an eye surgeon to places like India, Vietnam, Guatemala and Paraguay. Dr. Grant R. Lindquist and Dr. Vasiliki Stoumbos have traveled to Mexico with Medical Teams International to perform cataract surgery for local residents in need. And over the last 9 years, Dr. Daniel Brown has actively been involved with Great Shape iCARE missions, providing eye exams, prescription glasses, surgeries and education to people in Jamaica. Each of our physicians have dedicated their time and resources to giving back to our communities.



# • GREETINGS FROM THE OAFP



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

## Unprecedented Times

By now all of you know we made the difficult decision to cancel our annual meeting for the first time in 73 years. The OAFP Executive Committee and members of the Commission on Education made the call on March 12. The speed with which we went from “maybe we should think about a delay” to “we should definitely cancel” was dizzying – the spread of this disease is breathtaking. It was a hard decision to make, because we know the meeting is more than education. We know that so much of what makes the meeting valuable is the chance for members to be in community and fellowship with each other. Especially when times are tough, community and fellowship are so important.

Even if it were somehow not the case that you were needed in this crisis in your communities, we know that bringing any group of people together where there would be a chance that a dangerous contagious disease would spread would be irresponsible.

For those who worked with us to plan an amazing meeting, we are so grateful. For the speakers who offered their wisdom for our program, we are hopeful that we can work with you on a future event. We are grateful to our long-time partners at the Embassy Suites in Portland, who worked with us to ensure the OAFP wouldn't suffer financially for this decision. We hope to bring our conference back there in 2022.

We took over management of the OAFP Foundation as of January, after Lynne Estuesta announced her retirement in October 2019. We are looking forward to the opportunity to work closely with the Foundation board and OAFP board to continue to support medical students and residents with the programs the Foundation has built over the years. We have moved the auction online this year, and we still had a successful fundraising effort with a digital giving campaign, with many of our members choosing to donate their registration funds to the Foundation in lieu of a refund. We are so grateful for your support of this important work

to help draw medical students and residents into the family medicine community.

For the rest of the spring, our efforts have been focused on advocating for you at the state and federal level to get the resources and protection you need to keep your doors open during this unprecedented crisis, and keep treating your patients. That means pushing Governor Brown for an enforceable statewide stay-at-home order. We pushed Insurance Commissioner Stolfi to force insurers to expand payment for telemedicine and ensure parity for in-person services. We know that a switch to 100% telemedicine, at current reimbursement levels, would be financially devastating for most small family medicine clinics.

We've also been urging state emergency response planners to be more deliberate and thoughtful about how to engage community physicians in preparing for the surge in cases that, as of this writing, has only begun. We have worked with OHSU and the Oregon Health Authority to find the best ways to engage retired physicians and medical students to help in these difficult times.

We know family physicians are on the front lines of the response to COVID-19, and we know that you can't be expected to do your work without access to COVID-19 test kits, and without personal protective equipment to keep you and your staff safe. While the response to the pandemic must be community-wide, resources must be distributed across the community in the medium-to-long term. Please keep us informed if there is anything you need. We remain so proud to support you helping your communities in this unprecedented time.

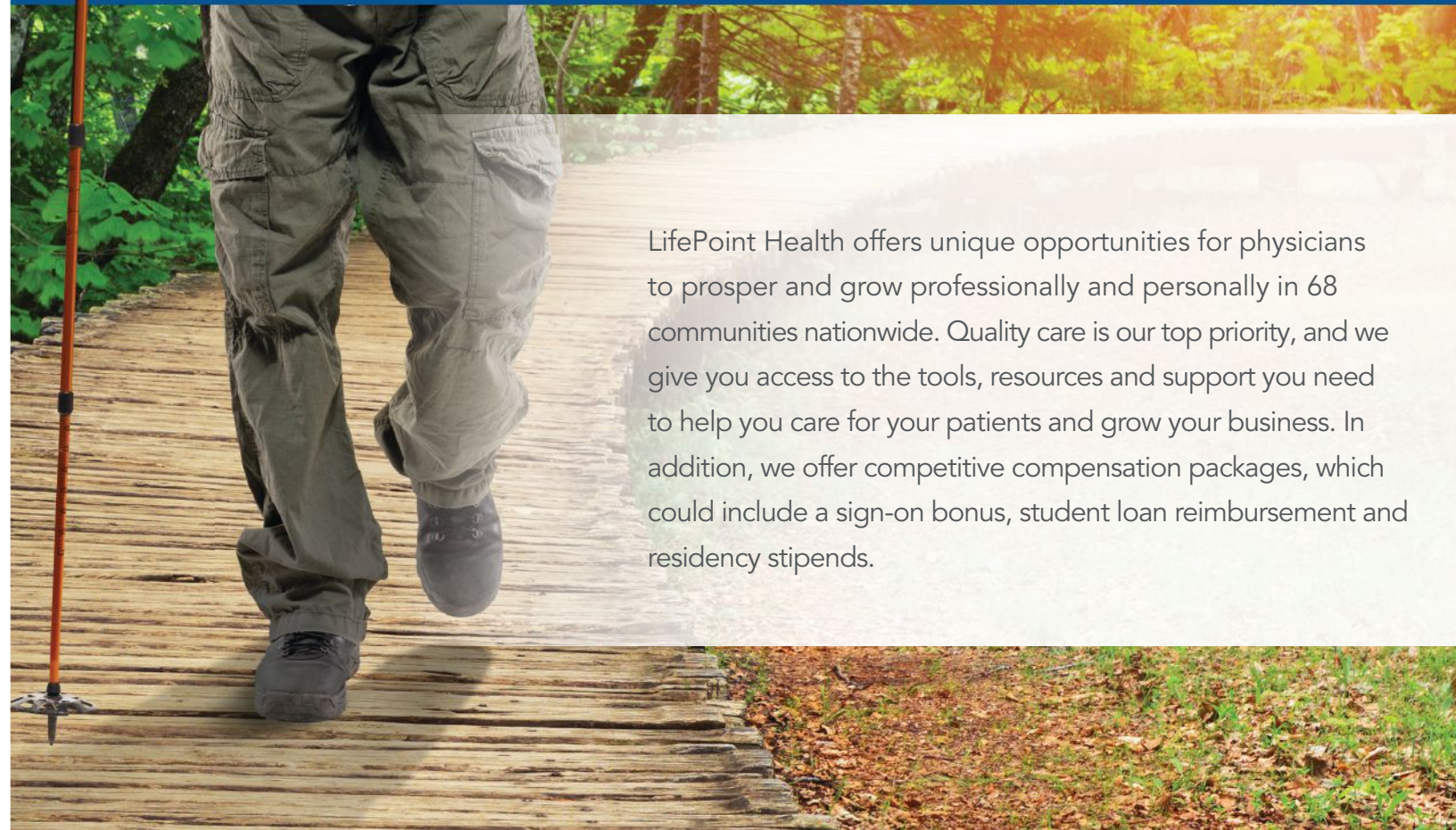
A handwritten signature in black ink, appearing to read "Betsy".



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BETSY BOYD-FLYNN, OAFP/FOUNDATION - EXECUTIVE DIRECTOR

## Triple Lundy

The Lundy Award was established in 2000 to honor Mary Gonzales Lundy upon her retirement after 21 years of service as Executive Director of the Academy. This fund provides a \$3,000 scholarship to a fourth year OHSU medical student who is entering a family medicine residency. The awardee is chosen by the trustees of the Oregon Academy of Family Physicians Foundation board on the basis of the answers to several questions, and the applicant's demonstrated record of community service, leadership roles, research, and work experience. This year, due to the quality of the nominees, three students received the Lundy Award – Emma Felzien, Caroline Jolley, and Yoana Kanev.



**Emma Felzien**

*Discuss a lesson a patient has taught you and how you plan to integrate that experience into your future responsibilities as a physician.*

On an oncology rotation, I met an incredible woman who had battled cancer for sixteen years. She knew she was nearing the end of her journey and she chose to use her last days spreading hope. When I met her she kindly told me her story. "I've had a beautiful life. I've survived years of cancer, multiple surgeries and organ

transplants...Life goes quick. Don't waste your life, not a minute of it." She reminded me the value of time, and how much difference a kind word can make. I will practice with purpose, kindness, and joy.

*What does the Lundy Award mean to you?*

I am humbled and honored to receive the Lundy award. These past four years have been absolutely incredible - in part because of the various experiences I've had in medicine, but mostly, I admit, I am privileged to be surrounded by the best people. My Family Medicine physician mentors have gently guided me along the way (I think many of them knew I'd be a family physician before I did). Mentors, peers, and various team members have made medical school an adventure I would gladly do all over again. Thank you to the OAFP and all who have invested in medical students: this is a crucial time for us and your support means more than you know. Now this season is coming to an end and I am preparing for residency; I hope I make Mary Gonzales Lundy proud by living out her legacy as I grow into a family medicine physician.

Before medical school, Emma graduated Summa Cum Laude with a Bachelor of Science from Corban University in Salem. She majored in Health Science and minored in Biblical Studies. Emma matched in Family Medicine & Obstetrics at University of California - Davis. She looks forward to returning to Oregon after residency.





**Caroline Jolley**

*Why have you chosen to pursue a specialty in family medicine?*

I entered medical school with the goal of providing primary care to residents in my community in Wyoming. In my first-year pre-clinical preceptorship, I saw full-scope family

medicine in practice, ranging from outpatient clinic to maternity care to sports medicine. I immediately found the breadth of family medicine appealing; I could see all of these areas of practice being needed in my rural home. I chose family medicine because the specialty gives me the opportunity to care for everyone from pediatric to elderly patients, while using a broad-spectrum toolkit of skills, knowledge, and procedures to best serve my community.

*What does the Lundy Award mean to you?*

I am incredibly honored to be a recipient of the 2020 Lundy Award. One of the joys for me of my medical school experience has been getting to know so many remarkable family medicine physicians practicing across Oregon. It means a lot to me to have this recognition from the OAFP, knowing how much I value its members as my mentors and teachers these past four years.

Caroline earned her Bachelor of Arts in Neuroscience and Behavior at Vassar College in Poughkeepsie, NY. She matched in Family Medicine at Swedish Medicine’s Rural Training Track in Port Angeles, WA. She hopes to return to Oregon after she completes her loan forgiveness contract with Western Interstate Commission for Higher Education (WICHE) in Wyoming.



**Yoana Kanev**

*Please describe which of your accomplishments is the most meaningful to you and why.*

Nine years ago I moved to America after graduating high school in my home country, Bulgaria. I left my family and friends behind to be with the one I love and marry him. Knowing

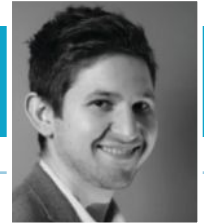
very little English, I knew the transition would be hard but I jumped feet first into the challenge. The change made me stronger, more adaptive, and best of all, fearless. I knew I wanted to pursue a career in medicine and moving to a different country was not going to stop me. My strong desire to become a doctor did not fold under the robust demands. Quickly learning English, I dotted every “i” and crossed every “t”, focusing on the goal one small step at a time. With that determination in mind, I’m committed to be the best family doctor I can be.

*What does the Lundy Award mean to you?*

I’m honored to have been chosen as a recipient for the 2020 Lundy Award. I know all of my fellow classmates going into Family Medicine are amazing people with a lot of achievements deserving this award as much as I do, which makes it even more special for me. This award has taken on a significant role in shaping enthusiastic and dedicated students and stimulating them to continue being devoted to the career of family medicine. I hope to honor Mrs. Lundy’s award with my devotion to the profession and commitment to continue to aspire future family doctors.

Yoana earned her Bachelor of Science at Portland State University before entering medical school. She has matched in Family Medicine at PeaceHealth Southwest Medical Center in Vancouver, WA. She plans on returning to Oregon after residency.

Congratulations to these three graduates of OHSU. We wish them the best of luck as they move forward in their careers as Family Medicine residents. We look forward to seeing them back in Oregon in the future.



SAM BARBER, LOBBY OREGON - OAFP LOBBYIST

## Exposing the Cracks in Fee-For-Service Health Care

As I write this, we are in the depths of the COVID-19 pandemic. The Governor issued a shelter-in-place order early last week, and the CARES Act just passed Congress.

Meanwhile, primary care clinics are struggling to stay open. Not because their providers are getting sick, or because their employees don't have childcare for their kids, but because revenue streams built around face-to-face encounters have dried up.

Earlier this week, Insurance Commissioner Andrew Stolfi provided guidance to public and private insurance plans that they must cover more services through multiple telehealth platforms in order to limit in-person contact during the COVID-19 outbreak. This is an excellent step in the right direction, but we know that clinics are still facing significant hardship in providing and billing for telemedical services.

Many clinics have reported 50% decreases in visits. And of the remaining visits, many have moved to telephonic or virtual visits, which even with the Commissioner's guidance, are seeing varying levels of reimbursement. Other clinics have reported that one video conference call takes nearly 20 minutes of staff time to coordinate. Not only is this bad for patients with chronic diseases, behavioral health crises, or other health issues, it is also financially unsustainable.

For sick people trying to get care in the COVID era, access is a nightmare. Primary care has to be there for these patients during this time. To imagine that in a health care crisis, we would allow the delivery system to close because of our payment system is absurd.

We hope that Commissioner Stolfi will take stronger action by *requiring* pay parity for all telehealth services.

One beacon of hope in this crisis, if there is one, is that the cracks in our transaction-based payment system have been exposed. And perhaps this time policy leaders will take lasting action.

This would at least provide some means for clinics to keep their doors open. The small business loans, loan forgiveness and tax relief in the CARES Act may also provide some liquidity for clinics. Washington State recently passed permanent pay parity for telemedicine, and moved up the implementation in response to the crisis. Will Oregon follow suit?

One beacon of hope in this crisis, if there is one, is that the cracks in our transaction-based payment system have been exposed. And perhaps this time policy leaders will take lasting action. From where I stand, telemedicine is just the tip of the iceberg. It's time to re-assess what we've come to accept: that your primary care provider (PCP) is dictated by what insurance you have, that clinics must have multiple full-time employees (FTE) in order to manage reimbursement, and that when a crisis arises, clinics are asked to do more with less.

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- Signing bonus
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To learn more about Pacific Medical Group, please visit our website at [www.pacificmedicalgroup.com](http://www.pacificmedicalgroup.com)  
To apply, submit CV and cover letter to Elaine Daugherty, HR Manager, by email at [careers@pacificmedicalgroup.com](mailto:careers@pacificmedicalgroup.com) or by fax to 503-914-0335.



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# Oregon Wellness Program Tackles Physician Burnout



DONALD E. GIRARD, MD, MACP, OREGON WELLNESS PROGRAM - CHAIR, EXECUTIVE PROGRAM  
OHSU SCHOOL OF MEDICINE - PROFESSOR OF MEDICINE EMERITUS

Physician burnout is a major concern for health care professionals and their patients. For myriad reasons, doctors, in particular, have become professionally emotionally exhausted, developed cynical, negative attitudes and behaviors, and at one end of the continuum left the profession or developed substance use and mental health disorders, and committed suicide. As a result, patients have suffered from inattention and poor care.

**We have a great resource in Oregon.** Modeled on the OHSU Resident and Faculty Wellness Program developed and implemented in the early 2000s, and highly successful in helping distressed resident physicians, the Oregon Wellness Program (OWP) was launched formally in 2018 to help Oregon health care professionals prevent and address burnout. All licensed Oregon physicians, physician assistants and advanced nurse practitioners are eligible to receive eight private counseling visits per year. The visits are voluntary only, free, confidential, and provided in person or by telemedicine. Services are given by vetted psychologists or psychiatrists. Visits require only name and contact phone number; no records are accessible. Visits are provided through contact with a central call number, (541-242-2805; [oregonwellnessprogram.org](http://oregonwellnessprogram.org)) and are provided within 72 hours.

All service providers are psychologists or psychiatrists experienced in providing health care professionals' care and 13 have been vetted to date. Located in four cities, including Portland, Eugene, Salem and Bend, with two more in-person sites under development in Coos Bay and Medford, plans are underway for sites in eastern and southern Oregon. Telemedicine visits are offered by select clinicians for licensees unable to access local in-person sites or

who prefer the telemedicine modality.

The OWP is overseen by an executive committee which has exclusive authority for the program. Community leaders in medicine throughout the state are represented in the Oregon Wellness Coalition, which advises the program.

The OWP has been fortunate to partner with the Foundation for Medical Excellence, a 30 year highly reputed medicine advocacy institution for the northwest United States. As the OWP fiduciary, it has helped the Program receive sufficient funds to support all program services' billings. Major donors have included one major academic center, several large health systems and funds approved by the Oregon legislature. No funds have been used for any other program needs beyond administrative support.

A confidential research program has been designed and implemented to determine:

- a) the demography and state of burnout for those who use the program;
- b) whether the program is helpful in attenuating burnout markers; and
- c) what changes might be made to improve the program.

To date, 1,000 visits have been provided for 400 licensees. Physicians (MD, DO) represent the largest cohort followed by physician assistants and advanced degree nurses. The average client is mid-career and primary care disciplines are most represented. More women than men have used the services. Growth in the program has been steady, as the program designers had planned. While OWP marketing strategies have been sought and established, it has been very circumspect in advertising; to ensure privacy and respect for users. The program authors believe that direct

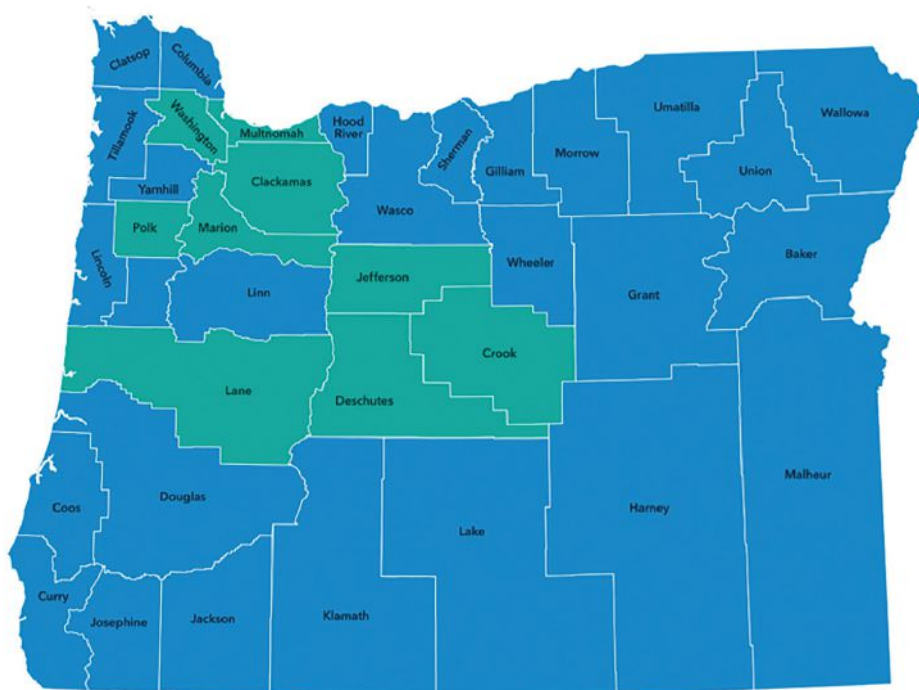
interpersonal communication is the most appropriate method for bringing in new clients. **Program confidentiality is its important central tenant.** Of note, there have been no complaints about breach of confidentiality— none.

In sum, the OWP is available to provide help for Oregon’s health care professionals to preserve their personal and professional wellness or to reestablish it. Simply call 541-242-2805.

**Mission**

**The Oregon Wellness Program (OWP) promotes Oregon Healthcare Professionals’ well-being through education, coordinated regional counseling, telemedicine services and research.**

The areas currently served by OWP are highlighted in green.



# Oregon at its Best!



The largest independent medical group in Oregon, **Praxis Medical Group** is a family of community-based clinics. We are dynamically different than what physicians find elsewhere. We are not big box health care. Rather, we offer the collegiality of a small neighborhood clinic environment, where each practice functions much like an independent group, and each provider retains a great deal of autonomy.



Relationships are paramount with us. We seek highly-engaged physicians and staff where everyone works together toward our common vision of accessible and quality health care for our patients.

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- Portland suburbs – [PacificMedicalGroup.com](http://PacificMedicalGroup.com)
- Bend – [HighLakesHealthCare.com](http://HighLakesHealthCare.com)
- Eugene, Springfield – [OakStreetMedical.com](http://OakStreetMedical.com) and [ThurstonMedicalClinic.com](http://ThurstonMedicalClinic.com)
- Rural northeast Oregon – [PendletonFamilyMedicine.com](http://PendletonFamilyMedicine.com) and [LaGrandeFamlyMedicine.com](http://LaGrandeFamlyMedicine.com)
- Salem – [SalemPrimaryCare.com](http://SalemPrimaryCare.com)

To learn more about our family of medical clinics, you can reach out directly to:

**Barbara Stoeven**  
*Provider Recruitment*  
**541-706-5790**

[bcstoeven@praxismedicalgroup.com](mailto:bcstoeven@praxismedicalgroup.com)



For more info, please visit our website at: [praxismedicalgroup.com](http://praxismedicalgroup.com)

# New Veterans Rural Health Resource Center Launches In Portland



TRAVIS LOVEJOY, PHD, MPH, VETERANS RURAL HEALTH RESOURCE CENTER – CLINICAL DIRECTOR  
SARAH ONO, PHD, VETERANS RURAL HEALTH RESOURCE CENTER – OPERATIONS DIRECTOR

Congress established the Veterans Health Administration (VHA) Office of Rural Health (ORH) (<https://www.ruralhealth.va.gov/>) in 2006 to conduct, coordinate, promote and disseminate research on issues that affect Veterans who reside in rural communities. ORH fulfills its mission by working through its field-based Veterans Rural Health Resource Centers (VRHRCs) to support targeted research, developing innovative programs, and identifying new care models. As of October 2019, ORH launched a fifth VRHRC housed at the Portland VA Medical Center, with a focus on developing approaches to improve access to, and quality of, medical care received by Veterans in rural areas.

The Portland VRHRC is led by co-directors Travis Lovejoy, PhD, MPH, and Sarah Ono, PhD. Dr. Lovejoy is a clinical psychologist with specialized training in pain psychology and substance use disorders. His research interests include the development, testing, and implementation of clinical and health services interventions that improve individual and population health. He is a faculty member in the Department of Psychiatry and School of Public Health at Oregon Health & Science University. Dr. Ono is a cultural anthropologist with extensive ethnographic and qualitative data experience. She has experience conducting research that targets, impacts, and seeks to better understand health in rural communities. Dr. Ono has helped to advance Veteran engagement in research nationally. She is on faculty in the Department of Family Medicine at Oregon Health & Science University.

Although the VRHRCs are national centers, it is a great advantage to our Northwest region to have

the newest center physically located in Oregon. As satellites of ORH, the VRHRCs are poised to identify stakeholder needs across the country. The Portland team is especially interested in hearing from Veterans, health care providers, and community organizations about work that is already being performed in rural contexts and other ideas communities have for strengthening collaboration with the VA to better serve rural Veterans. As Dr. Ono notes, *"People already know what is working in their community. Through the Center we can get their ideas on a path towards systematic innovation. We want to hear from the field, to bring multiple perspectives to thinking about possible solutions."*

The VRHRCs are also designed to support innovation by rapidly piloting ideas and moving successful strategies towards enterprise-wide expansion. Dr. Lovejoy remarks, *"The Center is an access point for ideas. We want to get community-based needs into the discussion with VA researchers and clinicians. The VRHRC is a mechanism to organize all these efforts in a streamlined and responsive approach to care."*

The Portland VRHRC team appreciates that in rural communities, family physicians are the cornerstone of medical care. Drs. Ono and Lovejoy would like to find ways to partner with family physicians and other providers throughout the rural Northwest in order to innovate and generate new solutions that will allow rural Veterans, and their broader communities, to thrive.

If you'd like to learn more about the VRHRC, or have feedback or ideas for ways to collaborate, please contact center administrator: Melissent Zumwalt at [Melissent.zumwalt@va.gov](mailto:Melissent.zumwalt@va.gov)

## MEMBERS IN THE NEWS



**Dr. Stewart Decker's** post was featured as a contribution to the AAFP's New Physician blog. The topic was "Small Steps Are Key to Making Resolutions Stick." His article "Where to Start?" discussed how "the best and most difficult medicine is changing your

life." His advice is to "slowly progress. You don't need to change everything in one day, but you should stick with the changes you make. Make something habitual...If you fail, try again. If you are successful 10% of the time, your 80-year old self will be that much better off, so it's worth trying again and again and again."



**Nancy Elder, MD** was quoted in the New York Times on Monday, March 2, 2020 in the article "Stop Touching Your Face?" written by Tara Parker-Pope. "Scratching the nose, rubbing your eyes, leaning on your chin and your fingers go next to your mouth —

there's multiple ways we do it," said Dr. Nancy C. Elder, a professor of family medicine at Oregon Health and Science University in Portland who has studied face touching among doctors and clinic staff members. "Everybody touches their face, and it's a difficult habit to break."



**Teresa Everson, MD, MPH, CPH** completed her service on the Commission on Quality and Practice for the AAFP. Her efforts, leadership and commitment helped the AAFP achieve the high standing it enjoys in the eyes of its members, other

physicians, and the American public.



**Senator Elizabeth Steiner Hayward, MD, FAAFP** can be seen in several episodes of the Netflix documentary series, *Pandemic: How to Prevent an Outbreak*.



**Eric Wiser, MD** was named Interim Director of AHEC following Curt Stilp's departure to George Fox University at the end of December 2019. OHSU will conduct a national recruitment effort for the next AHEC Director.

Many of our members rose to the top of *Portland Monthly Magazine's* 2020 Medical Providers list.

Family Medicine:



**Carol Blenning, MD**



**Emma Brooks, MD**



**Cliff Coleman, MD, MPH**



**Jessie Flynn, MD**



**Sonia Sosa, MD**



Transgender Medicine:  
**Christina Milano, MD**



Sports Medicine:  
**Melissa Novak, DO**

# Jumping In at a Time of Need



ERIN HOOVER BARNETT, OHSU SCHOOL OF MEDICINE - DIRECTOR OF COMMUNICATIONS, SENIOR ADVISOR



## More than Two-Thirds of OHSU's MD Class of 2020 Graduated Early

From left, Alix Cooper, MD, and German Ferrer, MD, are among a small group of OHSU MD Class of 2020 students graduating early and stepping straight into residency training to serve during COVID-19. They will train at Cascades East Family Medicine Residency Program in Klamath Falls with program director Joyce Hollander-Rodriguez, MD, right. (OHSU)

A week ago, fourth-year medical students Alix Cooper and German Ferrer were celebrating acceptance to the Cascades East Family Medicine Residency Program in Klamath Falls with a Match Day hike around Upper Klamath Lake.

In just a few weeks, Cooper and Ferrer will join a small group of their classmates who are stepping

straight into their residency programs nearly three months early to help expand the healthcare workforce amid COVID-19.

They are among 104 fourth-year students – 68% of MD Class of 2020 – to not only match into residencies but also complete their MD graduation requirements on March 20, the end of winter term, thanks to the OHSU School of Medicine competency-based curriculum in which students progress based on skill mastery not seat time.

Each year since the first cohort completed the full four years of the YOUR MD curriculum, more students have graduated early. In the MD Class of 2018, 32 students, or 25 percent of their class, graduated early; in the MD Class of 2019, 60, or 48 percent of the class, did so.



## Moving up start date to lend more hands

But this year, for the first time, OHSU overcame the regulatory hurdles to onboard residents early to help meet COVID-19-related workforce demands. As many as five OHSU MD graduates will start training in OHSU residency programs in April, rather than the traditional July 1 start. New York University Medical School, in the new epicenter of the outbreak, announced this week that it will let all of its fourth-year students graduate early “to get more physicians into the health system more quickly.”

In addition to Cooper and Ferrer reporting to family medicine in Klamath Falls, one classmate will start in the emergency department, positions for two others are being discussed and possibly more will onboard early over time, all foregoing hard-earned time off to serve.

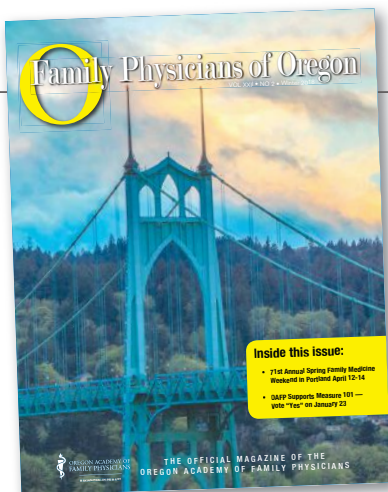
“We are thrilled to see so many of our students reap the benefits of completing medical school early, not only lowering their debt but, for those doing residency at institutions like OHSU, being able to start immediately contributing at such a crucial time,” said George Mejicano, MD, Senior Associate Dean for Education, OHSU School of Medicine. “We’re grateful to our clinical departments and residency programs that are able to make the time to bring on these new team members.”

Cooper and Ferrer already spent their fourth year of medical

“We are thrilled to see so many of our students reap the benefits of completing medical school early, not only lowering their debt but, for those doing residency at institutions like OHSU, being able to start immediately contributing at such a crucial time,” said George Mejicano, MD, Senior Associate Dean for Education, OHSU School of Medicine.

school at Cascades East Family Medicine clinic in Klamath Falls through the OHSU Oregon FIRST program, which brings in fourth-year students to help care for patients in this rural county. They are joining a cohort of Oregon FIRST alumni also training at Cascades East, extending their rural service.

“I’m very glad we have the opportunity to start early,” Ferrer said, “and help our medical community through this time.”



### For Advertising Information

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jyoungblood@pcipublishing.com

## CONTINUING MEDICAL EDUCATION

### Rescheduled Spring 2020 Programs

When Things Go Wrong in the Outdoors | September 18

Pediatric GI for Primary Care | November 13

Managing Autism and Other Developmental Disabilities | December 11

### Featured Online CME Activities

COVID-19 and SARS-CoV-2: A Background

Early Psychosis Intervention

Functional Anatomy Part II: Hands On - The 60 Second Clinical Exam

To learn more and register  
[ohsu.edu/som/cme](https://ohsu.edu/som/cme)

### Coming up this Fall

15<sup>th</sup> Annual NW Regional Hospital Medicine Conference

Sexual Health 101

44<sup>th</sup> Annual Pacific NW Update in OBGYN & Women's Health

15<sup>th</sup> Annual Pediatric Review and Obesity Update

Musculoskeletal Update: New Approaches to Understanding and Managing Pain

All activities have been approved for **AMA PRA Category 1 credits™**.  
MOC Part II is available for most activities.

DIVISION OF CONTINUING PROFESSIONAL DEVELOPMENT





JOAN FLEISCHMAN, PSYD, OHSU DEPT. OF FAMILY MEDICINE - BEHAVIORAL HEALTH CLINICAL DIRECTOR  
OHSU FAMILY MED. (RICHMOND) - PROGRAM COORDINATOR, MEDICATION-ASSISTED TREATMENT PROGRAM

## OHSU is Responding to the Opioid Epidemic, Are You?

Across our institution, medication for opioid use disorder (MOUD) is being delivered with novel and innovative approaches. As the Behavioral Health Clinical Director of OHSU Department of Family Medicine and Program Coordinator for the Medication-Assisted Treatment (MAT) Program at OHSU Family Medicine at Richmond, I have been leading this work along with many other esteemed colleagues.

I oversee our multidisciplinary program which is fully integrated into primary care caring for close to 400 people with OUD. In addition the primary care programs, OHSU houses:

- A rapid referral process for patients presenting in the emergency department
- A low-barrier, bridge clinic for patients while they establish care in the community
- An inpatient addictions service
- And a program for pregnant patients on MOUD.

Our programs are known for their harm reduction and relationship-based approach. We tolerate periods of instability and avoid practices that evoke shame.

Even more exciting is that our faculty are engaged in training providers across the state to deliver this care. OHSU's M.D. program has also committed to this training as part of their core curriculum.

This means that all physicians graduating from OHSU will have their training required to provider MOUD anywhere in the US.

Oregon has made MOUD a priority. There are CCO metrics that directly address initiation and engagement in MOUD. From my experience working with health care systems across the state, there is an eagerness for providers to get the training and experience needed to do this work in Oregon and there has been an effort to offer the training in the rural and frontier areas of the state.

Many Oregon providers have been getting their DATA2000 waiver to prescribe buprenorphine for OUD - but are they using it?

Unfortunately, barriers still exist for providers to feel comfortable using their DATA waiver to treat OUD in their setting. Below I offer some advice from my experience doing this work in primary care because I believe it is important to dispel myths that may be barriers for providers to offer this life saving treatment across our state.

### Myth #1: Mental Health Treatment is Required

Not all patients need counseling to recover from OUD. Unfortunately, counseling is often mandatory for patients receiving buprenorphine. Buprenorphine should never be withheld

from someone who declines counseling. The more important consideration is less about addressing underlying mental health conditions, but if they are decreasing their opioid use and taking the buprenorphine. The medication is a lifesaving, harm-reducing intervention; counseling is secondary and should be treated as such.

*Note: Certainly some patients greatly benefit from counseling; there are some patients for whom counseling will be an important part of their treatment plan once they are stabilized on buprenorphine. I encourage counseling to be offered several months after induction when their lives are starting to stabilize, and they gain insight into underlying factors, or wish to plan for their futures.*

### Myth #2: Patients Must Have a Behavioral Health Assessment

Patients should be initiated on MOUD as quickly as possible. Yes, they need assessment of some kind (medical, nursing, psychosocial); but providers should not build systems that require elaborate behavioral health intakes. These systems act as barriers to treatment and put patients' lives at risk. Although the need for medication should not be seen as a crisis, there should be a sense of urgency to initiate treatment. Each day that a patient cannot access buprenorphine is a day they are at risk

of death. Although it is helpful to have your behavioral health provider meet the patient and assess their appropriateness for treatment in your setting this brief assessment should not delay initiation.

### Myth #3: Induction Must Be Observed

More and more of our medication inductions are being done at the patients' home because it is often more patient-centered. Home inductions can be accomplished as safely as office-based inductions. Providers should move to home-based induction when possible for several reasons including patients must be in a level of withdrawal that is uncomfortable, patients may live a great distance from your setting, and your setting may not have a space where patients can sit during the induction. Home inductions are often less burdensome on the clinic as it doesn't use as much staff or space and is more comfortable and convenient for the patient. Home inductions remove a barrier to treatment and reduces the burden on the medical setting.

### Myth #4: Buprenorphine is Treated like an Full Agonist

Stigma and misunderstanding can color patient, family member, and provider views on buprenorphine. Patients and families benefit from education about buprenorphine its similarities and differences to other medications and substances. Harm reduction principles should be offered and explained. An example of this:

*Yes, buprenorphine is "trading" one drug for another. It is trading a drug that will kill you, heroin/fentanyl, for a drug that won't kill you, buprenorphine.*

Patients and families become allies in treatment when they understand the relative safety of buprenorphine.

### Myth #5: Trauma Must Be Screened For and Treated

Approximately 75% of people being treated for substance use disorders (SUDs) report a history of adverse childhood experiences (ACE). Rates of trauma are high in this population. I would argue that screening for something we know that most patients have is not a good use of our time. Instead I propose the use of a universal precaution approach to trauma informed care (TIC). With universal precautions, TIC is provided regardless of knowledge of whether someone has a trauma history. Addressing past trauma and current toxic stress should not be a requirement for treatment.

*Note: Although, addressing underlying mental health conditions including PTSD and trauma history can be beneficial, buprenorphine is a lifesaving medication and some patients can recover from OUD without addressing their trauma.*

### Myth #6: Patients Must Attend Groups

MOUD treatment needs to be individualized. For some patients a group medical visit or support group will be a helpful format for them to engage in treatment. For some patients group treatment is not something that they feel comfortable doing for a variety of rational reasons. I discourage mandated groups and they shouldn't be a requirement of treatment.

### Myth #7: The Providers Are the Only Team Members Who Need Training

Something that I have learned over time is that providing MOUD in your clinic requires a culture shift. I have found that it takes training our entire staff on the intersections of trauma, substance use disorders, and mental health. I have found that we need to provide education on SUDs; dispelling myths about addiction and promoting harm reduction principles. Behavioral health providers can help train

staff about MOUD and help to reduce the stigma that is still prevalent in our communities and nationally.

With these points in mind and knowing the great need for this work to spread across Oregon, I encourage family physicians to peruse their DATA2000 waiver and use it! I suggest finding a provider who has been doing this work for a while and asking for formal or informal mentorship. I encourage providers to advocate for MOUD to be offered in their system. There are many resources out there to support this work. Below I have listed a few that can help providers who are just getting started.

For trainings and mentorship in your area go the **Providers Clinical Support System**: <https://pcssnow.org/medication-assisted-treatment/>

For further information and training on substance use disorders in hospital care go to the **Oregon ECHO Network**: <https://www.oregonechonetwork.org/sud-in-hospital-care>

For guidance and support for the provision of MOUD go **SAMHSA's to TIP 63: Medications for Opioid Use Disorder**: <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder>

For further questions and information about OHSU Family Medicine at Richmond MAT Program, contact Joan Fleishman, PsyD at: [fleishma@ohsu.edu](mailto:fleishma@ohsu.edu).

### Articles that inspired this piece:

Wakeman, S. E., & Barnett, M. L. (2018). Primary Care and the Opioid-Overdose Crisis – Buprenorphine Myths and Realities. *The New England Journal of Medicine*, 379(1), 1–4. <http://doi.org/10.1056/NEJMp1802741>

Martin, S. A., Chiodo, L. M., Bosse, J. D., & Wilson, A. (2018). The Next Stage of Buprenorphine Care for Opioid Use Disorder. *Annals of Internal Medicine*, 169(9), 628–635. <http://doi.org/10.7326/M18-1652>

# Family Medicine Leadership in Oregon

The **OAFP BOARD OF DIRECTORS** actively participates in organizational planning and decision making. They will always put the interests of the Oregon Academy of Family Physicians above their own personal and professional interests. They ensure that the organization complies with all applicable federal, state, and local laws and regulations and that it remains committed to the mission. The board also acts in a fiduciary role, overseeing and approving budgets and finances.

**EXECUTIVE OFFICERS** serve one-year terms.

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Carrie Pierce, MD  
Vice Speaker of the Congress  
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AAFP Alternate Delegate  
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Heidi Beery, MD  
Eva McCarthy, DO  
Bhavesh Rajani, MD, MBA  
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Anne Toledo, MD

**RESIDENT DIRECTORS** typically serve two-year terms. Only one Resident Director will have voting rights and is nominated and confirmed by the Board of Directors.

Madeline Bierle, MD  
Providence Hood River  
Madeline Boyd, MD  
Cascades East  
Sebastian Reeve, MD  
Providence Oregon  
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Jean Yau, MD  
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VACANT  
Roseburg  
Stuart Zeltzer, MD  
OHSU - Voting Member

**EX-OFFICIO MEMBERS** report to the board on matters that have a direct impact upon the mission of the OAFP. They represent organizations with whom the OAFP has a relationship.

Justin Osborn, MD  
ORCA-FM Chair  
Jen DeVoe, MD, DPhil, FAAFP  
OHSU Faculty Member  
VACANT  
COMP-Northwest Faculty Member

**STUDENT DIRECTORS** serve two-year terms and have no voting rights.

Audrey Taylor  
COMP-Northwest  
VACANT  
OHSU

**STAFF** are involved with coordinating meetings, providing meeting materials, taking minutes and assisting board members with communication.

Betsy Boyd-Flynn  
OAFP, Executive Director  
Sam Barber  
Lobby Oregon, OAFP Lobbyist  
Louise Merrigan  
OAFP, Program Director

The **EXECUTIVE COMMITTEE** is comprised of the current President, President Elect, the Immediate Past President, and one at-large board member. The at-large member is selected at the summer board meeting. The Executive Committee is convened when an important decision must be made and there is not time to engage the whole board of directors.

David Abdun-Nur, MD  
Betsy Boyd-Flynn  
OAFP, Executive Director  
Ruth Chang, MD, MPH, FAAFP  
Stewart Decker, MD  
TBA  
At-large Member

The **BYLAWS COMMITTEE** reviews and revises the current bylaws at the request of the Board of Directors.

The **COMMISSION ON EDUCATION** develops the program for the annual meeting, identifies faculty and provides additional programming assistance if needed.

Betsy Boyd-Flynn  
Nancy Elder, MD  
ORPRN Liaison  
Teresa Everson, MD  
Bob Gobbo, MD, FAAFP  
ORCA-FM Liaison

\*Carrie Pierce, MD  
Amanda Risser, MD, MPH  
Jacquelyn Serrano, MD, MPH, FAAFP  
Fayza Sohail, MD  
Eric Wiser, MD

The **COMMISSION ON EXTERNAL AFFAIRS** is responsible for staying up to date on state and federal legislative and regulatory issues. They develop position papers, participate in coalition development and participation and oversee the Key Contacts program.

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Sam Barber  
Betsy Boyd-Flynn  
Ruth Chang, MD, MPH, FAAFP  
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Melissa Hemphill, MD, FAAFP  
Caroline Jolley, MD  
Alex Kipp, MD, FAAFP  
Robyn Liu, MD, MPH, FAAFP  
Gina Martin, MD  
Glenn Rodriguez, MD  
Michael Saladik, MD  
Evan Saulino, MD, PhD  
Anne Toledo, MD  
Stuart Zeltzer, MD

The **FINANCE COMMITTEE** reviews the monthly financial statements and prepares the annual budget.

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Betsy Boyd-Flynn  
\*Michael Goodwin, MD  
Eva McCarthy, DO

The **NOMINATING COMMITTEE** is always chaired by the Vice President and includes two other board members. The Nominating Committee is selected at the summer or fall board meeting and reports their slate of candidates at the winter board meeting.

David Abdun-Nur, MD  
Betsy Boyd Flynn  
\*Nathalie Jacqmotte, MD  
Liz Powers, MD, FAAFP

The **POLITICAL ACTION COMMITTEE (PAC) BOARD** provides the opportunity for individuals interested in the future of health care and family medicine to join together to contribute to the support of politicians and issues that conform to the principles to which the OAFP is dedicated. The OAFP PAC is the political action arm of the organization and is independent, autonomous and not affiliated with any one political party.

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Michael Saladik, MD  
At-large Member  
\*Jonathan Vinson, MD, FAAFP

The **OAFP/FOUNDATION BOARD OF TRUSTEES** is mandated to make decisions relating to the finances, foundation programs, awards, and fundraising initiatives. They will uphold and promote the OAFP/Foundation mission and work to ensure the financial stability of the organization.

Betsy Boyd-Flynn  
OAFP/Foundation, Executive Director  
Kathryn Kolonic, DO, MPH  
President  
Louise Merrigan  
Foundation Coordinator  
Richard Moberly, MD  
Joanie Robertson  
Justin Valley, MBA  
Alexandra Verdieck, MD, FAAFP  
Amy Wiser, MD

The **ORCA-FM TASK FORCE** provides oversight and counsel to the leadership of ORCA-FM. This group has the responsibility for reviewing the annual budget and work plan of

ORCA-FM, and ensuring on behalf of the OAFP board that the workplans for ORCA-FM are aligned with the strategic priorities of the OAFP, though they must be independent of them.

Betsy Boyd-Flynn  
Stewart Decker, MD  
Roger Garvin, MD, FAAFP  
Justin Osborn, MD  
Liz Powers, MD, FAAFP  
Glenn Rodriguez, MD

The **OREGON RESIDENCY COLLABORATIVE ASSOCIATION FOR FAMILY MEDICINE (ORCA-FM) BOARD** will oversee and ensure that ORCA-FM remains true to its mission to enhance and expand the family physician workforce for Oregon through collaboration on training, faculty development, research and recruitment and providing assistance with the development of new programs.

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Roger Garvin, MD, FAAFP  
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M. Kay Nordling, MD, FAAFP  
\*Justin Osborn, MD  
Joe Skariah, DO, MPH  
Chip Taylor, MD, MPH, FAAFP

#### \*Chairs

Please contact Betsy if you are interested in future roles and participation. Presently, the Commission on Education, Commission on External Affairs, PAC Board, and OAFP/Foundation Board provide great opportunities for interested candidates.

# STUDENTS SPEAK OUT!

With last year's FMIG leadership team now off on their clinical rotations, the torch has been passed to the new leaders for this year. They plan to continue the good work of their predecessors in promoting family medicine at OHSU and advancing the values at the core of family medicine in the wider community. They have an ambitious agenda for this year, including a project that bridges global health with family medicine (more on that later). First, the new leaders behind FMIG would like to introduce themselves and share what inspires their passion for this specialty.



**Joey Hebl**

Joey is a proud cheesehead from Wisconsin. Thoroughly worn by harsh midwestern-winters, he traveled west to study Spanish and Biology, and play a little baseball in southern California at Pomona College. After graduation, Joey spent time interning at the Public Health

Department in Richmond, California, working to increase the awareness surrounding workplace hazards in the construction industry. Guided by his interests in primary care medicine and community health, he hopped on I-5 and headed north to OHSU.

Joey's interests in medicine stem partly from his family. His father is a Family Medicine-trained physician who practices occupational health in western Wisconsin. His eldest sister is a practicing OB-GYN in San Francisco, and his other siblings practice varying forms of alternative, holistic wellness from teaching yoga classes to playing music. He is fascinated by health sciences and inspired by the human condition. Joey is looking forward to a future career in which he can develop longitudinal relationships with patients, help empower communities to tackle health and wellness issues, and work with other providers who are down-right pleasant people. To him, family medicine is the specialty best suited for achieving these goals.



**Trisha Chau**

Trisha was raised by a single parent, who inspired her to go into the medical field. She became interested in family medicine after she shadowed a family doctor in high school and appreciated the longitudinal care the physicians have with their patients.

She went to Oregon State University for her Bachelor's Degree in Biochemistry/Molecular Biology. Before going to medical

Oregon Health & Science University



school, she was a fellow at the National Institutes of Health, assisting with finding a novel treatment to kill mycobacterium in patients with chronic pulmonary diseases. Outside of school, she competes in judo tournaments, travels, and learns foreign languages. Her goal is to provide care to the underserved and minority communities.



**Alex Houck**

Before Alex decided she wanted to go to medical school, she was an archaeologist. On a dig in the eastern Sierra, she was working with the Kucadikadi Tribe to establish federal recognition using archaeological evidence. In the process, Alex met with tribal leaders who

told her about the challenge of accessing primary care in their remote part of the state. This was a big part of her inspiration to go to medical school. Alex is excited to train in family medicine because it will give her the skills needed to comprehensively serve communities with fewer resources than urban areas.

Before medical school, Alex completed an MPH that emphasized public health practice. Courses on community-based participatory research were particularly exciting to her as they bridged the gap in her mind between community health research and individual relationships with patients. Family medicine is the ideal place for her to balance meaningful, long-term patient care with research aimed at advancing health equity.

Alex knew for a while that family medicine was her place, but she came to medical school with an open mind. That said, nearly every interaction she has had with family doctors and Family Medicine faculty has just confirmed her love. To Alex, family medicine feels like home and she is excited to be here!



**George Derk**

George grew up in southern California, went to college in the Bay Area, moved to Virginia for graduate school, and has now made Oregon his new home. Before he wanted to be a doctor, George wanted to be a teacher, and he taught college courses on modern literature

while completing his Ph.D. in English. A growing interest in the medical humanities and narrative medicine eventually inspired him to leave behind academia's abstract discussions of ideas for medicine's hands-on work that has real-world impact.

He is drawn to family medicine because he believes its ethos most closely aligns with that of the humanities, specifically in its holistic approach to care and its advocacy for a more equitable delivery of care. He is thrilled to be a medical student at OHSU with its robust tradition of family medicine and is honored to be one of the leaders of FMIG. As the organizer of ward walks and the mentorship program, he hopes to create a bridge between residents and medical students to inspire excitement in—and encourage others to pursue—family medicine.



### Jessie Osborn

Jessie's inspiration for pursuing family medicine originally stemmed from her work as a rowing coach. She spontaneously moved to the East Coast after college for the sake of adventure and a job opportunity in a virology research lab. There, she started coaching at a

non-profit organization that provided a free rowing program for kids from under-resourced areas of New York City.

Simultaneously, Jessie spent four years working in KSHV virology and HIV immunology research labs, but she couldn't shake the feeling that this wasn't the career for her. She enjoyed research, but there was some critical element missing. Through coaching, she discovered that she was craving a career that fostered longitudinal relationships like the ones she had developed with athletes and their families, while also incorporating improvement of community health with preventative care and wellness.

Additionally, working with this population of athletes and their families inspired her to work with underserved populations in her future career. Specifically, these realizations sparked her interest in family medicine. For her, family medicine was the perfect combination of longitudinal care, community involvement and research opportunities.

Jessie loves that family medicine provides a breadth of opportunity to explore her interests in sports medicine, global medicine, working with underserved communities and research. As a part of the FMIG leadership team this year, she hopes to help other students discover the same breadth of family medicine that she was exposed to through FMIG events during

her first few months at OHSU. Her primary goal as an FMIG community outreach lead this year is to help establish long-term volunteer opportunities with organizations throughout Portland for students to experience the impact of longitudinal care. Most of all, she is excited to continue to explore family medicine and help others do the same!

### Concluding Recap

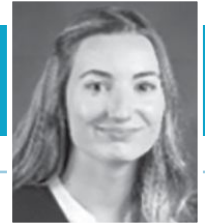
The new FMIG leadership hasn't wasted any time in kicking off their tenure. They hosted a lunchtime talk with **Holly Hofkamp, MD** who discussed how she integrates gender affirming care into her primary care practice. They organized a session on financial wellness for medical students during their enrichment week. Many more activities are already scheduled, including volunteer events with the Casey Eye Institute at NARA Indian Health Clinic, a talk on the impact of Covid-19 on rural primary care, and volunteering with the Shamrock Run medical team under the direction of **Sean Robinson, MD**. The first FMIG ward walk of the year will be led by **Ishak Elkhail, MD** who will guide a group of medical students as they gain clinical experience relevant to their recent coursework on the cardiovascular system. Finally, the FMIG leads and the faculty liaison, **Richard Moberly, MD**, have set themselves the goal of launching an initiative aimed at expanding access to and improving the quality of care for refugees in the Portland community. While still in the planning phase, the initiative will expand FMIG's focus to include global health and further the mission of Family Medicine to serve marginalized communities.

If there are any resources, ideas, or other suggestions that you'd like to share with FMIG—or if you'd be willing to sign up for lunchtime talks, workshops, or mentorship—please reach out to Rachel Faino at OHSU.



OHSU medical students discuss gender affirming care in Family Medicine with Dr. Holly Hofkamp.

# STUDENTS SPEAK OUT!



AUDREY TAYLOR, COMP-NORTHWEST - OMS II



## Expanding the OAFP Family

Thank you for the opportunity to introduce myself and my medical school to the OAFP family. I am the daughter of a family physician and I grew up immersed in the principles of family medicine. I chose WesternU, College of Osteopathic Medicine of the Pacific-Northwest (COMP-Northwest) because my personal philosophy of health aligned well with the principles of osteopathic medicine and I felt drawn to the close supportive community that is COMP-Northwest.

In many ways the tenets of osteopathic medicine align with the values of the OAFP and the principles of family medicine. Nationwide, nearly 57% of osteopathic physicians (DOs) practice in primary care, and 32% practice specifically within family medicine.

COMP-Northwest is the second medical school campus of WesternU College of Osteopathic Medicine of the Pacific located in Pomona, California. WesternU was founded in 1977 and has since grown into a school of 3,800 students in nine different health science colleges. Initially a Northwest rotation track of its parent program, COMP-Northwest was established in 2011 on the Samaritan Health Sciences Campus adjacent to Lebanon Community Hospital. The Lebanon campus uniquely provides the resources of a large institution with the tight-knit community feel that comes with an on-campus class of approximately 110 students.

Osteopathic Principles	Family Medicine Principles
The body is a unit, and the person represents the combination of body, mind and spirit.	The focus of a family physician is the whole person.
The body is capable of self-regulation, self-healing and health maintenance.	Family physicians shepherd patients of all ages through the complex health system and coordinate the care of their health.
Structure and function are reciprocally interrelated.	Unlike other narrowly focused specialties, family medicine includes the biological, clinical, and behavioral sciences, encompassing all ages, sexes, each organ system, and every disease entity.
Rational treatment is based on an understanding of these principles: <ul style="list-style-type: none"> <li>• Body unity;</li> <li>• Self-regulation and;</li> <li>• The interrelationship of structure and function.</li> </ul>	The patient-physician relationship is at the heart of family medicine. By building relationships with their patients over time, family physicians are able to develop a comprehensive understanding of their patients' health, and offer insightful, personal guidance and treatment.



*Class of 2023 in front of school building at beginning of their first year of medical school*

Over the past five years, an average of 27% of COMP-Northwest graduates have matched into family medicine, which is more than twice the national average of 12%. A breakdown of class size and number of students entering family medicine in the past five years may be found in the following table. As part of the effort to increase and support the family medicine workforce from the time students choose family medicine through completion of their career, the OAFP strives to build partnerships with state and regional medical education programs. The board recently welcomed me as the student representative from the COMP-Northwest to serve on the OAFP Board and it is a true honor and privilege to serve in this capacity.





Patricia Nguyen and Jane Pan at a suturing workshop put on by the Family Medicine Interest Group last fall



Ed Goering, DO, and Charles Ross, DO, with students at the annual Rural Health Fair held at the Lebanon Walmart

Year	FM	Class	% FM
2015	23	96	24%
2016	27	105	26%
2017	33	95	35%
2018	24	102	24%
2019	27	104	26%
5-year	83	302	27%

- Osteopathic Principles. Available at <http://osteopathicmedstudent.com/prospective-students/osteopathic-principles/>.
- Family Medicine: Comprehensive Care for the Whole Person. Available at <https://www.aafp.org/medical-school-residency/choosing-fm/model.html>.
- History of WesternU. Available at <https://www.westernu.edu/university/university-about/university-history/>.

According to **Robyn Dreibelbis, DO**, chair of the Department of Family Medicine at COMP-Northwest, the “culture of family medicine is baked into the student experience.” The pre-clinical curriculum is heavily taught by faculty, who also develop personal relationships with the students. This has fostered opportunities for mentorship through unique programs around rural health, lifestyle medicine, physician leadership, and community service. A partnership between OAFP and COMP-Northwest is exciting in that it expands the network of family medicine role models for students; creates better family doctors for our patients in the future; and hopefully creates a larger and more collaborative workforce of family physicians in Oregon.

- Osteopathic Medical Profession Report 2018. Available at <https://osteopathic.org/wp-content/uploads/2018-OMP-Report.pdf>.

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# #MATCHDAY2020



LOUISE MERRIGAN, OAFP - PROGRAM DIRECTOR & FOUNDATION COORDINATOR

## Social Distancing Match

Each year, on the third Friday of March, thousands of medical school graduates and “almost-graduates”, have opened envelopes that determine their future in the company of their classmates, mentors, friends and family. Every medical school adds its own distinctive flair to the day with ceremonies, cookies, balloons, and champagne. Most doctors will remember their own Match Day experience for their entire medical career as a joyous and life-changing event.

How do you celebrate when you cannot gather? How can you share your news when you are mandated to maintain a social distance of at least six feet with the “other” people in your life? The answer is #MatchDay2020.

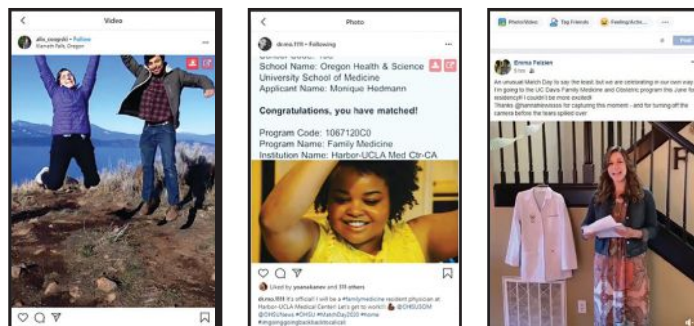
We are sharing with you some social media posts generated by our own Oregon medical students who matched this year.

**Monique Hedmann, MPH** hosted a small brunch at her father’s home in southwest Portland. She celebrated with her father and two classmates. She will be moving to Torrance, CA for her Family Medicine rotation at Harbor-UCLA Medical Center.



**Caroline Jolley** celebrated at home with her parents and grandma over a waffle brunch. She matched in Family Medicine/Rural Swedish Medical Center in Port Angeles, WA.

## Presenting OHSU MD Class of 2020 – Matching in Family Medicine



**Alix Cooper** celebrated with fellow OHSU Class of 2020 medical student, German Ferrer, and their wives while hiking above Upper Klamath Lake. Both Alix and German will be staying in Klamath Falls for residency at Cascades East Family Medicine Residency.

**Emma Felzien** celebrated with her family. She matched in Family Medicine/OB at UC Davis Medical Center in Sacramento, CA.



**Yoana Kanev** celebrated with her husband Kay and son Mika. Yoana matched in Family Medicine at PeaceHealth Southwest Medical Center in Vancouver, WA.

*continued on page 28*

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continued from page 26

## Other OHSU Family Medicine Matches

- Julia Barton: Tideland Health in Myrtle Beach, SC  
Ashley Brignac: U Texas at Austin Dell Medical School in Austin, TX  
Melissa Bruebaker: Camp Pendleton – Military in Oceanside, CA  
Alec Contag: Scripps Mercy Hospital in Chula Vista, CA  
**Michael Cook:** PeaceHealth Southwest Medical Center in Vancouver, WA  
**Siri Erickson:** U Kansas SOM in Wichita, KS  
Yulia Kotlyar: PeaceHealth Southwest Medical Center in Vancouver, WA  
**Emily Macias:** Adventist Health White Memorial in Los Angeles, CA  
Blake McConnell: U Utah Health in Salt Lake City, UT  
**Alexandra Ninneman:** U New Mexico SOM in Albuquerque, NM  
Lindsay Parley: PeaceHealth Southwest Medical Center in Vancouver, WA  
Johnny Saechao: Valley Health System in Las Vegas, NV  
**Marta Schenck:** U Utah Health in Salt Lake City, UT  
**Kyle Scroggins:** John Muir Health in Walnut Creek, CA  
**Jennifer Tsai:** John Muir Health in Walnut Creek, CA

## Presenting COMP-Northwest Class of 2020 Family Medicine Residents

- Tara Arbogast:** MultiCare Good Samaritan Hospital in Puyallup, WA  
**Ethan Chang:** Valley Medical Center in Renton, WA  
Luke Conklin: St. Louis U in St. Louis, MO  
Jason Dorian: U Arizona COM in Tucson, AZ  
**Christopher Grijalba:** UNC Hospitals in Chapel Hill, NC  
**Alexi Johnson:** Louisiana State U SOM in Kenner, LA  
**Veronica Lawrence:** Family Medicine Residency of Idaho  
Alecia Lentz: Metro Health/ U Michigan Health in Wyoming, MI  
Keith Messenger: U Texas at Austin Dell Medical School in Austin, TX  
Leah Nelson: East Tennessee State U in Kingsport, TN  
Ryan Reeser: Samaritan Health Services in Corvallis, OR  
**Chelan Ropert:** Indiana U SOM in Indianapolis, IN  
**Whitney Shirley:** Yakima Valley Farm Workers Clinic in Grandview, WA  
Anne Tran: Metro Health/ U Michigan Health in Wyoming, MI



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## We Welcome the Following Future Family Physicians to Oregon.

### OHSU Family Medicine Residency in Portland

Eric Ardman: U Miami  
Leonard M Miller SOM  
Julia Finch: U Chicago  
Division of the Biological Sciences- The Pritzker SOM  
Leah Haykin: Icahn SOM at Mount Sinai  
Kathryn Holt: U Michigan Medical School  
Sydney Landreth: Medical U of South Carolina COM  
Aldo Martinez: Loyola U Chicago Stritch SOM  
Chase Mussard: East Tennessee State U James H Quillen COM  
Jacqueline Parilla: Rutgers New Jersey Medical School  
Monica Picard: U Pittsburgh SOM  
Soniya Pimparkar: Pacific NW U of Health Sciences College of Osteopathic Medicine  
Lindsay Thimmig: Georgetown U SOM  
Sophia White: Weill Cornell Medicine

### Cascades East Family Medicine Residency – Rural Family Medicine Residency in Klamath Falls

**Alix Cooper:** OHSU SOM  
Ryan Dunkley: U Minnesota Medical School Duluth  
German Ferrer: OHSU SOM  
Amanda Kinley: U Washington SOM – Wyoming WWAMI  
Cole Puffer: U Minnesota Medical School Duluth  
Carly Ritchie: U Minnesota Medical School Duluth  
Jared Schaefer: St Louis U SOM  
Logan Smestad: U Minnesota Medical School Duluth

### Samaritan Health Services Family Medicine Residency in Corvallis

Ashkan Abedini: American U Antigua COM  
Thomas Crum: Philadelphia College of Osteopathic Medicine  
Lawrence Hou: Touro College of Osteopathic Medicine – New York  
David Lee: U Nevada - Reno COM



Daniel Mortens: Midwestern U College of Osteopathic Medicine  
Patrik Osornio-Centerwall: Universidad de Montemorelos  
**Ryan Reeser:** COMP-Northwest  
Camille Reynolds: Pacific NW U of Health Sciences College of Osteopathic Medicine  
Mary Rountree: Rocky Vista U College of Osteopathic Medicine

### Providence Oregon Family Medicine Residency in Milwaukie

Shaina Belsky: U New England College of Osteopathic Medicine  
Rachel Boneski: Pacific NW U of Health Sciences College of Osteopathic Medicine  
Rubama Nasir: Touro College of Osteopathic Medicine – New York  
Triet “Tom” Nguyen: Touro College of Osteopathic Medicine – New York  
Bao Tran Nhan: UC Denver SOM  
Ethan Prairie: U New Mexico SOM  
Jeffrey Stolsig: AT Still U of Osteopathic Medicine

### Providence Hood River Family Medicine Rural Residency Program in Hood River

Fernando Polanco: St. George U SOM  
Jessica Worrell: U Oklahoma COM

### Roseburg Family Medicine Residency’s Inaugural Class

Amal Alyusuf, MPH: Arabian Gulf U COM and Medical Sciences  
Gabrielle Kelly: OHSU SOM  
Seemal Kumar, MPH: St. George U SOM  
John Melling: Saint James SOM  
Ashley Sparks: Pacific NW U of Health Sciences College of Osteopathic Medicine  
Christy Sunny: American U Antigua COM  
Simran Waller, MPH: St. George U SOM  
Eric Wong, MPH: Ross U SOM

We would like to congratulate all of the Oregon medical students who placed in Family Medicine residencies and congratulate and welcome all of the Family Medicine residents who will be joining us in Oregon.

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