

Family Physicians of Oregon

VOL XVII • NO 3 • SPRING 2013

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Oregon Academy
of Family Physicians



THE OFFICIAL MAGAZINE OF THE
OREGON ACADEMY OF FAMILY PHYSICIANS

VOL XVII • NO 3 • SPRING 2013

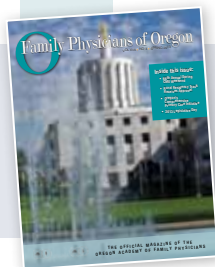
Family Physicians of Oregon

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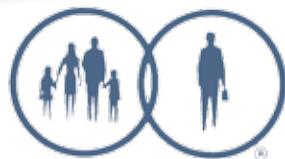
FAMILY PHYSICIANS OF OREGON is published quarterly by Publishing Concepts, Inc. in cooperation with the Oregon Academy of Family Physicians.

FAMILY PHYSICIANS OF OREGON reaches more than 4,000 family physicians and their professional associates. Medical students and staff at Oregon Health Sciences University also receive the magazine. FAMILY PHYSICIANS OF OREGON assumes no responsibility for the loss or damage to contributed material. Any material accepted is subject to revision as necessary. Materials published in FAMILY PHYSICIANS OF OREGON remain the property of the journal. No material, or parts thereof, may be reproduced or used out of context without prior, specific approval.

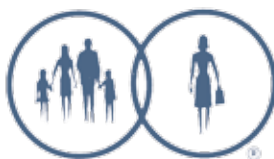
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About the Cover:
The state flags are waving on a beautiful spring day at the State Capitol in Salem. *Gary Halvorson, Oregon State Archives.*



Oregon Academy of Family Physicians



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EDITION 25

● PRESIDENT'S MESSAGE



GARY PLANT, MD

“Optimism and altruism,” I tell my medical students, “hang onto both as best you can during the next several years of your training!” It’s not a bad reminder for those of us in practice, either, to step back every now and then and remember why we chose a career in family medicine in the first place.

The past year afforded the Oregon Academy of Family Physicians an opportunity to do the same at the organizational level. As part of her Master of Public Health program at Portland State University, our recent resident board member, **Paige Hatcher, MD**, completed a strategic analysis of the OAFP. Dr. Hatcher’s study revealed the importance of reviewing and updating the current Academy mission and vision statements, to be as effective as possible in meeting the ever-changing needs of our members. To refocus our efforts and create unifying mission and vision statements, the board spent countless hours discussing the purpose and future direction of the organization. I am proud of the work that was done, the resulting statements produced, and the underlying values inherent in both statements:

- Our mission: To support family physicians in their pursuit of optimal health for the people of Oregon.
- Our vision: Health and vitality for all Oregonians.
- Our values: Justice, equality, relationships, quality, innovation, empowerment, and diversity of experiences and people.

The work that the board accomplished to craft these statements will give our organization a singular focus on helping family doctors improve the lives of our patients and communities. Every initiative brought before the board is now measured against this yardstick. Our legislative team, led by **Drs. Evan Saulino, Mike Grady, and Robyn Liu** along with our lobbyist **Doug Barber**, will use this same measure when considering our stance on a variety of proposed laws during the 2013 legislative session — *does this improve the health of our patients?*

Emerging health reforms must also be held to the same standard. CCO’s, PCPCH, electronic records, and consolidation and integration of practices into larger organizations must all be evaluated as to whether patient health improves as

a result, and any innovation that serves the practice, the insurer, the hospital, the employer, or the government, but not the patient, must be challenged and changed.

Payment reforms should similarly support the goal of improving patient health. Rather than creating new administrative burdens through documentation of ever-increasing service requirements, payment reforms should provide consistent funding for practices to promote innovation, reward quality, improve patient care, and allow family physicians to earn salaries sufficient to make family medicine a viable career option for the next generation of students and residents.

It has been my honor and privilege to serve as your president this year. With Evan Saulino, MD taking over in April, I know that the OAFP will continue to live out its mission of supporting family physicians in their pursuit of optimal health for the people of Oregon. Our chapter staff, under the direction of our executive director, **Kerry Gonzales**, is among the best in the nation. Our vision gives us direction and purpose as family physicians lead the way toward health and vitality for all Oregonians.

**SAVE
THESE
DATES**

66TH SPRING CME WEEKEND

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

- ORPRN Convocation, April 11
- OAFP Annual Foundation Auction & Dinner, April 12, 2013

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

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● FROM THE HILL



ROGER GARVIN, MD, DIRECTOR
PORTLAND OHSU FAMILY MEDICINE RESIDENCY

In the last issue of "From the Hill," **John Saultz, MD** outlined why we are changing the curriculum for our Portland residency program to adopt a four-year format. He made the case that we need to transform residency curriculum to meet the changing needs of society and to attract the best students for careers in family medicine. In this issue I will discuss what the new curriculum entails. The third installment of this series will be the resident perspective on our curriculum.

In addition to traditional resident competencies, our new curriculum focuses on increasing flexibility of training, maintaining scope of practice, addressing new competencies, increasing academic rigor and using new models of learning--all to better support the family physician's expanding role in the Patient-Centered Primary Care Home (PCPCH).

Increased flexibility in the four-year curriculum allows residents to tailor their residency training to best prepare them for their future career. Residents are required to choose an Area Of Concentration (AOC) which will provide structure to this flexibility. Each resident will have two rotation blocks in the third year of residency and four rotation blocks in the fourth year to devote to their AOC. Residents will choose an AOC, and then further refine the content through individual and group reflection, as well as discussion with faculty advisors and mentors. Residents can develop their own AOC, but we will initially offer AOC's of traditional family medicine, maternal/child medicine, rural family medicine and academic family medicine. Eventually residents might choose new AOC's such as advanced

The residents trained in this new four-year curriculum will be poised to help us all work creatively through the changes in health care that lie ahead.

practice management skills, advanced training in the information sciences, or health policy and leadership.

This increased flexibility cannot come at the expense of depth of training in a comprehensive **scope of practice**. We will continue to require all residents to become competent in inpatient and outpatient family medicine including maternity care. In addition, the fourth year of residency includes adding more emergency medicine, more care of children, more geriatrics and palliative care. By spreading the inpatient competencies over four years rather than three, residents will spend even more time in the ambulatory setting in all years of their program. In this way residents will further strengthen their skills in ambulatory medicine, particularly their procedural skills. We will continue to expand the number of high volume clinical experiences to solidify residents' procedural skills.

Training in **new competencies** is necessary for family physicians to assume their role as the bedrock of Oregon's transformed health care system. In particular, we will be addressing new competencies in team leadership, population health management and information management in several different ways. First, we are building each of these skills into our daily practice of medicine. Residents will practice team leadership, population management

and information management as part of clinic-based quality improvement teams. Residents will lead inter-professional teams as well as teams of peers. Residents will learn to ask the right questions about their practice, to assess the information they receive in response to those questions and, most importantly, to present that information to providers and staff in ways that facilitate sustained practice improvement. Second, rotations in the fourth year will focus on each of these new competencies as they are applied to the daily administration of one of our teaching clinics. Third, residents will have longitudinal, small group projects in these new competencies that are outlined below in the discussion of new models of learning.

Increased academic rigor is necessary for our specialty to continue to improve and continue to enhance our value to Oregon and the nation. Resident completion of a capstone project in research, quality improvement or curriculum design will provide this additional rigor. A capstone committee will mentor each resident through the completion of their project. Capstone projects require significant effort over the last three years of residency to produce a document which is of such quality that it can be submitted for publication. The capstone project will

continued on page 6

require collaboration within our faculty, institution and across the state. I fully expect that OAFP members might have quality improvement problems which are ripe for resident collaboration and we welcome your interest.

To maximize learning during training and develop lifelong learning skills we will be incorporating **new models of learning**. Our curriculum redesign seeks to take advantage of new developments in adult learning techniques. We will continue to have rotations but will reinforce resident competence by using simulation, team-based learning and asynchronous learning techniques among others.

Simulation is a powerful learning tool used in certification courses such as ACLS and ALSO. However, we are taking simulation beyond the CPR Annie stage. Residents use the cadaver lab to provide immediate feedback on procedure techniques such as joint injection.

Residents currently participate in Objective Structured Clinical Exams (OSCE's) designed to simulate a complete visit with an actor trained as a standardized patient. The complexity of the interactions increases in each year of the residency to test and reinforce ever more complex communication skills. We are also working to develop interdisciplinary and inter-professional OSCE's which will allow us to model, assess and measure communication between members of the health care team and patients.

Small teams of residents will participate in a longitudinal curriculum using the principles of team-based learning to become skilled at one of the new competencies. The longitudinal curriculum will be delivered over four months and requires two hours per week of independent learning using small group projects. Residents are responsible to each other and the course facilitator for work out-

side of their time together. This will allow the main focus of their time together to be directed at discussion and reflection and not information transfer.

New technologies will be used to reinforce current curriculum or to think about learning in new ways. Lectures will be converted to podcasts and reviewed at any time. This is particularly valuable as duty hour changes require night float models of inpatient coverage. Residents who may be sleeping during our traditional conference can catch up on content later that day or week. Residents can collaborate with peers and mentors in an asynchronous manner via email or other online resources.

The PCPCH is the cornerstone of our education and practice. Everything we do is designed to prepare physicians who are able to not only function in a PCPCH but who are prepared to transform the practices they join. All of our teaching practices at OHSU are recognized as tier III PCPCH by the state of Oregon. Residents were involved in LEAN training and in ongoing clinical transformation. Residents will gain even further understanding of PCPCH, CCO's and other new models of care through transforming our rural experience. Through having a designated panel of patients, residents will engage fully as partners in a group practice.

These are some of the larger changes in our curriculum but we continue to refine all aspects of the residency. My goal as program director is to prepare family physicians for a future that is somewhat unknown. The residents trained in this new four-year curriculum will be poised to help us all work creatively through the changes in health care that lie ahead.

In the next issue of the *Family Physicians of Oregon*, you will hear from some of our current first year residents who will explain why they have signed on for the four-year curriculum.



DOUG BARBER, OAFP LOBBYIST

Loan Repayment Takes A Giant Step Forward



Sen. Elizabeth Steiner Hayward



Lisa Dodson, MD



Sarah Williams



Melissa Jeffers, MD

Loan Repayment, one of the OAFP's top legislative priorities for the last three sessions, took a giant leap forward early in the 2013 session. Under the guidance of former OAFP President, **Sen. Elizabeth Steiner Hayward** (D-Portland), SB 440 received unanimous support from the Senate Health Committee.

Background

Oregon had a Loan Repayment program that made awards between 1993 and 2008. During that time, 79 health care professionals received awards. The Office of Rural Health knows that at least 41 of those 79 are still practicing in rural Oregon. During the height of the recession in 2009, the program was cut.

The New Program

CMS insisted upon inclusion of a Loan Repayment program, targeting primary care providers who serve Medicaid patients in rural and underserved areas, as part of its CCO waiver agreement with Oregon. This new Loan Repayment program will provide \$2 million in loan repayment funds each of the next two years.

Tina Edlund, policy director for the Oregon Health Authority, says CMS started with a very narrow definition of "primary

care" for this program. "They didn't even want to include ob-gyn," she says. The final deal prioritizes primary care as follows:

- Physicians (MDs and DOs) in primary care disciplines (general practice, family medicine, general internal medicine, pediatrics, and obstetrics & gynecology)
- Dentists (general or pediatric)
- Psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family specialists/therapists

Nurse Practitioners and Physician Assistants working in primary care and expanded practice permit dental hygienists were also included in this latest definition.

Sen. Steiner Hayward says the estimated \$2 million per year funding will allow them to provide loan repayment to 32 physicians and 64 others. "That is a good start," she says, "but nowhere near sufficient to address our health care workforce shortage."

Public Hearing

The OAFP had such a strong presence at the committee hearing in mid-February, they almost had a quorum for a Board meeting! Four board members — **Elizabeth Steiner, MD, Lisa Dodson, MD, Sarah Williams and Melissa Jeffers, MD** — all testified.

Lisa Dodson, MD said, "Meaningful access to health care in a reformed health care system will be impossible to achieve without an adequate supply of primary care providers..." Dodson noted that a recent study by the Oregon Healthcare Workforce Institute indicates a loss of more than 300 primary care providers in Oregon in the last two years. The pending retirement of "baby boomer" health care workers will only exacerbate the recruitment challenge. She said Oregon needs a comprehensive approach that includes loan repayment, loan forgiveness and scholarships. "We can't rely on loan repayment alone," she said.

Sarah Williams, a fourth year medical student at OHSU, is a poster child for the need for more than one program to address this problem. She told the committee she and her medical school husband will graduate with \$500,000 in debt. "At 8% interest, we will pay \$4,000 per month for 25 years," she said. Sarah received a \$30,000 loan forgiveness grant this year but would benefit from a loan repayment program. "Primary care, particularly in a rural area, is a difficult area of service because you can make twice as much in other specialties."

Melissa Jeffers, MD, who is finishing up her residency at Providence Milwaukie,



Ilana Weinbaum, Sarah Williams, Doug Barber, Elizabeth Steiner-Hayward, Melissa Jeffers

said they surveyed her graduating medical school class and found that their debt ranged from \$18,000 - \$450,000. Only 6% said their debt didn't matter in their decision about what medical specialty to pursue. Many said they didn't feel they could go into rural family medicine because of their debt load. "Removing these financial barriers is important to providing health care to all Oregonians," she told the committee.

Naturopaths Left Out

The only group left out of the new program is the naturopaths. "We worked very hard to get NPs, PAs and dental hygienists in," said Sen. Steiner Hayward. "But that's as far as CMS would budge."

The lobbyist for the naturopaths says it's ironic that naturopaths were added to Oregon's loan repayment program in 2010 when there was no funding, but omitted from the program now that it has money.

What's Next?

This new Loan Repayment program has the Governor's support and a lot of momentum in the legislature. The Joint Ways and Means Subcommittee on Human Services must sign off on the program and the House and Senate both need to vote on it. Sen. Steiner Hayward hopes all of that will happen by the end of March so the Office of Rural Health can complete rulemaking before July 1 and be ready to launch the new program as soon as the new biennium begins and the funding is available.

PHYSICIAN ADVOCACY 101

ROBYN LIU, MD, MPH
COMMISSION ON EXTERNAL & LEGISLATIVE AFFAIRS CO-CHAIR



As family doctors, we advocate on behalf of our patients all day long – with insurance companies, with specialists' offices, and even sometimes with their own families. But our professionalism demands that we go even further, working actively for the cause of quality, access, and the just distribution of resources (see *Medical Professionalism in the New Millennium: A Physician Charter*, published in 2002 by the ABIM Foundation). Many of us, though, are more comfortable with organ systems than with systems of payment and policy, and don't know where to begin.

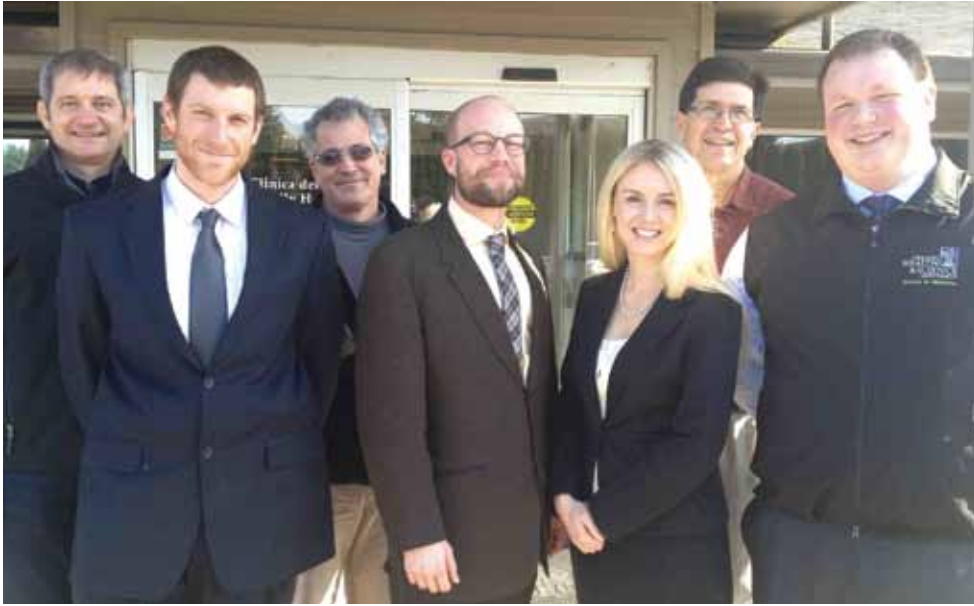
Becoming an effective physician advocate at any level of policymaking requires two major investments: *knowledge* and *relationships*. Your legislators are regularly making decisions on subjects about which they lack expert knowledge, so your first step in advocating for a necessary or desirable change is to educate yourself as much as possible on the issue. You have a great deal of credibility already just by virtue of being a physician, but knowing the nitty-gritty details of your issue will make you even more influential. You will also save yourself time if you understand who the decision makers are, so you can target your efforts, and who your allies are (people or groups already working on the issue.)

The second big step in effective advocacy is an investment in relationships. Don't just send generic e-mails – write letters by hand, and they

will be noticed! When your legislator hosts an open house or town hall, attend and introduce yourself. Phone his or her office before important votes, and after you give the assistant your position, state your credentials and offer to be a resource to the legislator if he or she has questions you can answer. If you are pleased with the way your representative voted, send a handwritten thank you note. When the representative has heard your name enough times, he or she will start to connect you with the issues you care about, and might even reach out to you in the future.

In a future article I will talk more about the use of media in advocacy, but certain principles apply whether you are speaking directly with your representative or speaking out publicly. First, boil your message down to no more than three short talking points and *practice, practice, practice* so that you can get them out immediately, and repeat them often. Second, be *cheerfully persistent* – never be rude, but don't give up either. Your message should be a positive one that you are glad to deliver, and they are glad to hear! Third, be *timely*. If you see a newspaper article or editorial that is relevant, use that opportunity to respond and make your own views known. Effective advocacy isn't as hard as most of the work you do, but it does take some effort and a stretching of your comfort zone. Fortunately, the reward of knowing you made a difference is well worth it.

Hood River Family Medicine Rural Residency Track is a Go for 2013



Medical student interviewees Aaron Zabrieski (University of Washington), and Geoffrey Dunne, Melissa Kjos and Joshua Steeves (OHSU), with community faculty family physicians James Brauer, Steve Becker and Orlando Acosta.

The Providence Hood River/La Clinica del Carino Rural Training Track (RTT) has recently received ACGME accreditation and support from Providence Health and Services to begin a Rural Training Track in Family Medicine for 2013. Rural Training Tracks are a unique way of training primary care physicians to develop the unique skill set that is required to care for rural communities, with attention to poor and vulnerable populations.

The Oregon Providence Family Medicine Residency program, based at Providence Milwaukie Hospital, will expand its first year class in the upcoming National Residency Match to include two additional residents who will be Oregon's Rural Training Track pioneers.

According to **Glenn Rodriguez, MD**, Providence Milwaukie Family Medicine Residency Director, the RTT residents' first year of training will take place at the

core residency program, with their second and third year of training happening in the Columbia Gorge community of Hood River. La Clinica del Carino Family Health Care Center (now known as One Community Health of the Columbia Gorge) will serve as the residents' pri-



Ed Freysinger, Providence Hood River Hospital CEO, Bob Gobbo, MD, RTT Site Director, and Connie Serra, MD, One Community Health lead clinician.

This accreditation would not have been possible without the enormous support and enthusiasm from the family and specialty physicians and community leaders in the Gorge.

mary care office and Providence Hood River Memorial Hospital will be their inpatient facility for adult, pediatric, emergency and maternity care.

"This accreditation would not have been possible without the enormous support and enthusiasm from the family and specialty physicians and community leaders in the Gorge. It has truly been an honor to be able to be involved in this innovative and important work" notes RTT Site Director, **Bob Gobbo, MD**. Dr. Gobbo has also been pleased with the amount of interest in the Rural Training Track from medical students. "With less than a month away until Match Day, we have interviewed 15 top notch candidates to date," states Gobbo.

STUDENTS SPEAK OUT!

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

As we made the transition to 2013, the new year brought with it many new and exciting opportunities for the students of the OHSU Family Medicine Interest Group.

When we last reported, a group of first and second year medical students interested in rural medicine had just visited Cascades East Rural Family Medicine Residency in Klamath Falls to get a feel for life and work in a rural setting. During the three days in November that the students spent in Klamath Falls, they met residents and faculty, learned how to put on a cast, hiked the hills above the lake, and even

this year's presenter for the Laurel Case Visiting Professor Lecture. Dr. deGruy shared his experiences in Family Medicine, talked about the future of medicine and Family Medicine's place in the Patient-Centered Primary Care Home (PCPCH), and how to integrate all the members and aspects of the health care team into the care of patients. He also shared his passion for behavioral and mental health, and emphasized its importance in the PCPCH. The students who attended were inspired and look forward to the challenges and opportunities to come.

fourth grade class at Alameda Elementary in Portland, and it was a resounding success. The students learned a lot and really enjoyed the interactive lessons. We appreciate Ms. Caton's willingness to try the program and thank her for allowing us to present. Another presentation will be taking place at the end of February, and hopefully there will be more to come. In the next year or two, we would like to see RSF become as popular as Tar Wars, and like Tar Wars, the program can be presented by any family physician or medical student who is willing to take the time. We've



OHSU medical students Charlie Procknow, Liska Havel, Stephanie Laudert, Joe Volpi, Divneet Kaur, Ashley Bunnard and Karl Tjeransen master the art of casting while visiting the Cascades East Family Medicine Residency.



Second year students Ben Holland and Steven Larsen present Ready, Set, Fit to an enthusiastic group of fourth grade students from Alameda Elementary.

got a quick course in wilderness medicine. The students also met fourth year students from around the country that were interviewing at the residency. It was a great experience to see how teaching and community medicine can come together. All of the students that went would recommend doing it again next year, and we plan on making a trip like this an annual occurrence for our students.

The FMIG didn't waste time getting back into the swing of things after the holidays as we started January off by having dinner and a discussion with Frank deGruy, III, MD, a nationally recognized family physician and

The persistence, commitment, and effort put forth by FMIG member and second year student **Steven Larsen** has paid off as we have finally completed our first presentation of the AAFP's Ready, Set, Fit (RSF) Program. The program, similar in format to Tar Wars, focuses on the well-being and fitness of third and fourth grade students by teaching them about exercise, nutrition, and self-esteem. Steven has been working with teachers throughout the Portland-metro area since last summer to have our medical students bring this into their classrooms. He and I made our first presentation to Ms. Caton's

gotten the ball rolling; now we are excited to see it pick up speed. *(If anyone is interested in learning more about RSF, and presenting the program in their community, please contact Lynn Estuesta at the OAFP/Foundation, estu@comcast.net)*

As spring gets closer there will be many more events happening and we will begin to make more of the various transitions that come with being a medical student. We especially look forward to taking part in the Healthcare Equality Week events, March 11-15, and will report on FMIG's part in the annual event in the next issue.



ATTEND THE MOST IMPORTANT MEETING
FOR FAMILY PHYSICIANS IN 2013!

OAFP'S 66th ANNUAL SPRING CME WEEKEND SALISHAN LODGE, GLENEDEN BEACH APRIL 11 - 13, 2013

This year's meeting will be held at Salishan Lodge and once again we are joining two meetings together: the Oregon Academy of Family Physician's (OAFP) annual Scientific Assembly and the Oregon Rural Practice Research Network's (ORPRN) annual convocation. This collaboration offers important and timely clinical and practice enhancement education for both groups. Please join us!

ORPRN CONVOCATION

THURSDAY, APRIL 11

The Social Determinants of Health –
Broadening the Focus of Primary Care

- 11:00 AM** Registration Opens
- 1:00 PM** Moving from health care to health
- 1:30 PM** What my practice has done to address the social factors contributing to health
- 2:00 PM** Potholes on the road to practice transformation
- 3:00 PM** ORPRN Study Posters
- 3:30 PM** Physician views of the medical home
- 4:30 PM** Future directions for ORPRN

5:15 PM The 8th Annual OHSU Department of Family
Medicine Statewide Faculty Meeting

5:15 PM NEW EVENT – New Physician Social

6:00 PM Western Hoedown & Barbecue

OAFP SPRING CME WEEKEND

FRIDAY, APRIL 12

- 7:00 AM** Coffee and continental breakfast
- 8:00 AM** Welcome and introductions
- 8:15 AM** Milestones and competencies for the 21st century family physician
Keynote Speaker John Saultz, MD

- 9:20 AM** Small Group Workshops (1 hour)
 1. How to coordinate concussion care
 2. The whole brain physician: practicing medicine with the brain in mind
 3. Fact or fiction? Interpreting published research
 4. **PCPCH** – Complex care management and documentation
- 10:30 AM** Small Group Workshops (1 hour)
 1. Food reactions: from allergy to intolerance
 2. Integrating behavioral health into the primary care office
 - Panel discussion – pros and cons of different approaches
 3. Bites and stings in the wilderness
 4. **PCPCH** – Patient engagement
- 11:30 PM** Lunch Break
 - Box lunches for all registered participants – view exhibits, bid on auction items, enjoy your free time, or attend another workshop
 - Free time activities: kite making workshop; guided hike
 - Workshops: Nexplanon Insertion Training; Patient Packaging and Hypothermic Wraps; or Saving Lives, Saving Money Training Workshop

- 1:20 PM** Small Group Workshops (1 hour)
1. Everyday ethics
 2. Evaluating running injuries in the clinic
 3. Hypertension treatment in patients with and without coronary artery disease
 4. **PCPCH** – Team-based care

- 2:30 PM** Small Group Workshops (1 hour)
1. Common lipid panels seen in the clinic
 2. New drugs – the good, the bad, and the worthless
 3. Lowering the risk of lawsuits and what to do when you are sued
 4. **PCPCH** – Panel management

3:30 PM Town Hall. Update on Oregon health reform

5:30 PM “Lucky Fortune” OAFP/Foundation Auction & Dinner



SATURDAY, APRIL 13

7:30 AM Congress of Members – All OAFP Members
Welcome – Breakfast included

- 10:15 AM** Small Group Workshops (1 hour)
1. Managing medication for the older adult
 2. Pelvic organ prolapse and pessaries

3. Symptom control and palliative care in advanced illness
4. **PCPCH** – Complex care coordinators

11:20 AM Celebration Luncheon
Installation of Officers and Surprise Announcement of the Oregon Family Physician of the Year!

- 1:15 PM** Small Group Workshops
1. SAM Study Hall – Health Behavior (3 - 4 hrs)
 2. Review of basic EKG interpretation (2 hours)
 3. The secondary prevention of chronic musculoskeletal pain (2 hours)

If you're interested in attending this year's ORPRN Convocation and OAFP Annual Spring CME Weekend, there's still time to sign up. You can register online at our website – www.oafp.org – or by mail or FAX. We look forward to seeing you in April!



“LUCKY FORTUNE” Annual Foundation Auction & Dinner APRIL 12, 2013

Join us on Friday, April 12 at Salishan Lodge – auction items will be on display all day long – making it easy for you to bid, and to bid often. Then, starting at 5:30 join us in the ballroom for dinner! Come imbibe, do some last minute bidding, and participate in the live auction. You’ll have a chance to purchase some great goods and services, chat with old colleagues, meet with new, and raise much-needed funds for the Foundation.

The auction is the biggest Foundation fundraiser of the year, with the proceeds going towards scholarships and educational opportunities for medical students and physicians helping those in underserved areas throughout Oregon – specifically through the Laurel G. Case Award for Rural Experiences, the Mary Gonzales Lundy Award, the Tar Wars anti-tobacco educa-

tion program, ethics lectures, locum tenens programs, and FMIG activities.

With the proceeds from last year’s auction, the Foundation was able to provide the Laurel G. Case Award for Rural Experiences to seventeen OHSU medical students between their first and second year living and working with a rural family physician; honor a fourth year OHSU medical student who is committed to family medicine with the Mary Gonzales Lundy scholarship; offer Tar Wars anti-tobacco materials and presentations to over 50 fourth and fifth grade classrooms throughout Oregon (with the help of family physicians, their staff, and OHSU medical students); co-sponsor Dr. Ira Byock’s “The Best Care Possible” lecture on the OHSU campus and purchase medical supplies for the FMIG-supported Equality Week Health Screening Fair.

With your help at this year’s auction—either by providing cash, product, service, or attending the auction—the Foundation can continue to support these worthwhile causes. And new this year, the Foundation will also be supporting the Rural Scholars Program in order to allow students to enter the program earlier in their medical school career and gain additional rural experience. The Foundation was also able to support the pilot program of Ready, Set, Fit with OHSU medical students and Portland-area elementary schools (see more information on the Ready, Set, Fit program on page 11).

Email us at estu@comcast.net or call us at 503-887-6910 to donate an item or service. The foundation is a 501(c) 3 charitable organization and all donations are tax-deductible.



Here’s your chance to win a Lucky Fortune! IT’S A 50/50 FOR \$25.00!

Just buy a fortune cookie and you could win up to \$1,250. That’s right. We are only selling 100 fortune cookies, at \$25.00 each, so your chance to win this small fortune is extremely high! If the fortune on your cookie says “WINNER” you take home half the pot which equals \$1,250!*

This lucky fortune can be yours but only if you purchase a cookie or cookies for \$25.00 each. All participants will have the chance to open their cookie during the OAFP Foundation Auction & Dinner

on Friday, April 12 to find out if they are the winner. *(Can’t make it to the auction – no worries – every cookie will be tagged with the participant’s name, so everyone has a chance to win!)*

To purchase your cookies, make your check out to OAFP/Foundation and mail to 809 No. Russell St, Ste 204, Portland, OR 97227.

**The total pot will equal the number of cookies purchased divided by two!*

Don't Wait Until the End of Your Re-election Cycle to Report Your CME!

According to the AAFP, Active and Supporting family physician members must complete a re-election cycle every three years to maintain membership. The cycle consists of earning at least 150 credits of ap-

proved CME, with a minimum of 75 prescribed credits and 25 live activities (see sidebar for credit explanations). If you are a new member, you can begin applying earned credits immediately, and be well on your way of reaching

your approved credits. If you are an existing member, and aren't quite sure where you are in your three-year cycle, visit the AAFP website to review your CME transcript, report your CME, and check your re-election status.

Report, track and plan your CME – all in one place.

Now you can report, track and plan your CME credits and requirements all on the AAFP website. An exceptional benefit for OAFP members, the AAFP reporting service tracks all reported CME and when a member has met the American Board of Family Medicine's CME requirements, the AAFP automatically notifies the Board. You can also browse suggested CME to help you create a customized plan.

Here's four easy ways to report your CME:

1. Enter CME online at www.aafp.org/my-cme (*note--your username/login is your seven-digit membership ID number and your password is typically your last name*);
2. Visit the AAFP website at www.aafp.org/mycme and print a reporting form;
3. FAX your completed CME form to 913-906-6075 or Email the form to contact-center@aaafp.org;
4. Mail your CME submission to:

AAFP CME Records Dept.,
11400 Tomahawk Creek Parkway,
Leawood, KS 66211-2672.

Remember, only CME hours earned during your three-year cycle are applicable. Please keep in mind that all hours must be earned prior to the end of the year in which your cycle ends to maintain your membership. AAFP no longer offers earning extensions, so all online quizzes and CME hours must be completed prior to your specific cycle deadline.

Types of Credit:

• Prescribed Credits

Prescribed credits include completing a fellowship, teaching, participating in a research study, most life support courses and activities produced by the AAFP including online quizzes from the *American Academy of Family Physician and Family Practice Management*, and *CME Bulletin offerings*.

• Live Activities

Live Activities are held in real time,

include two or more people and are either Prescribed or Elective credit such as medical seminars or conferences.

• Elective Activities

Elective Activities include activities approved for the American Medical Association Physician's Recognition Award "Category 1 Credit" or American Osteopathic Association credit, taking a Board certification exam, or attending medical staff or medical society meetings.

• Other Activities

Other activities that may be eligible for CME credit include advanced training, clinical research, scholarly work, or medical writing or editing (there may be limits on the number of credits from these types of activities applied to each re-election cycle).

Get the credit you deserve – if you have any questions regarding the type of credit you have or are attempting to fulfill, call the AAFP Contact Center at 1-800-274-2237.

OAFP/FOUNDATION NOW ACCEPTING PAYPAL!



Now there's a way to donate to the OAFP/Foundation with literally a touch of a button! All you have to do is go to the OAFP website (www.oafp.org), click on the Foundation site, and then press the donate button.

You might wonder what is PayPal? Basically, it's simply an easy-to-use, secure way of making online donations. PayPal accepts all major credit cards and you don't have to have an existing account to use it. Try it today to make your tax deductible donation.

CMS will Increase Medicaid Reimbursement to Primary Care Providers

In November, CMS announced that primary care providers would see an increased Medicaid reimbursement rate for two years under the federal Affordable Care Act.

Providers who bill the Division of Medical Assistance Programs (DMAP) can now self-attest to qualifying for the temporary two-year primary care provider rate increase and begin receiving the increased fee-for-service (FFS) reimbursement rate on or after April 1, 2013 (date contingent on federal approval).

To qualify for the increased FFS rate for services rendered on or after Jan. 1, 2013, providers must submit their attestations to DMAP by March 31, 2013. To learn more:

1. Read the [provider letter](https://aix-xweb1p.state.or.us/es_xweb/OHP/files/13-065.pdf) about DMAP's self-attestation process (https://aix-xweb1p.state.or.us/es_xweb/OHP/files/13-065.pdf).
2. Visit the new [ACA Primary Care Reimbursement Changes](http://www.oregon.gov/oha/healthplan/pages/tools_prov_pcp-rates.aspx) website (http://www.oregon.gov/oha/healthplan/pages/tools_prov_pcp-rates.aspx). In addition to the attestation form, the new website also features a fact sheet and resources for more information.

The Oregon Comprehensive Primary Care Initiative

Brings Health Reform to Medicare Beneficiaries



RON STOCK, MD



L.J. FAGNAN, MD



DAVID DORR, MD

Oregon, once again, becomes a national leader in health care reform and innovation by being chosen as one of seven regions nationally to experiment with a new service delivery model to Medicare patients. The Comprehensive Primary Care (CPC) initiative made possible through the Affordable Care Act is a four-year, multi-payer initiative fostering collaboration between CMS and statewide private health care payers to strengthen primary care.

This initiative complements the statewide Patient-Centered Primary Care Medical Home that strives to redesign the primary care practice, but adds a Medicare payment reform model that helps to fund practice redesign. Better care for individuals, better health for populations, and lower costs of care (the triple aim of health reform) are ardently pursued, and rewarded, through this new initiative. The CPC initiative is taking place in seven markets nationally: Arkansas, Colorado, New Jersey, New York (Capital District – Hudson Valley Region), Ohio and Kentucky (Cincinnati and Dayton Region), Oklahoma (Greater Tulsa Region), and Oregon.

In Oregon, 67 primary care practices from across the state were chosen by CMS

to participate in this initiative involving 552 primary care providers (228 Oregon family physicians) caring for over 48,000 Medicare beneficiaries. The goals of the CPC initiative match well with Oregon's other large health reform effort, the Coordinated Care Organization (CCO). Several of the participating clinics are aligning their efforts with the CCO and CPC to create even more transformation potential within the clinic.

The service delivery model tests the transformation to a model of comprehensive primary care (a medical home for Medicare beneficiaries), characterized as having the following five functions:

- 1. Risk-stratified Care Management:** Patients with serious or multiple medical conditions need more support to ensure they are getting the medical care and/or medications they need. Participating primary care practices will deliver intensive care management for these patients with high needs. By engaging patients, primary care providers can create a plan of care that uniquely fits each patient's individual circumstances and values.
- 2. Ensure Access to Care:** Because health care needs and emergencies are not re-

stricted to office operating hours, primary care practices must be accessible to patients 24/7 and be able to utilize patient data tools to give real-time, personal health care information to patients in need.

- 3. Deliver Preventive Care:** Primary care practices will be able to proactively assess their patients to determine their needs and provide appropriate and timely preventive care.

- 4. Engage Patients and Caregivers:** Primary care practices will have the ability to engage patients and their families in active participation in their care.

- 5. Coordinate Care Across the Medical Neighborhood:** Primary care is the first point of contact for many patients, and takes the lead in coordinating care as the center of patients' experiences with medical care. Under this initiative, primary care doctors and nurses will work together with a patient's other health care providers and the patient to make decisions as a team. Access to and meaningful use of electronic health records should be used to support these efforts.

The new payment model includes a monthly care management fee paid to the selected primary care practices on behalf of their fee-for-service Medicare beneficiaries and, in year's two to four of the initiative, the potential to share in any savings to the Medicare program. Practices will also receive compensation from other payers participating in the initiative, including private insurance companies and other health plans, which will allow them to integrate multi-payer funding streams to strengthen

continued on page 18

their capacity to implement practice-wide quality improvement. In Oregon the private payers participating are:

- CareOregon
- Oregon Health Authority
- Providence Health Plans
- Regence BlueCross BlueShield
- Tuality Health Alliance

Practices were selected through a competitive application process based on their use of health information technology, ability to demonstrate recogni-

tion of advanced primary care delivery by accreditation bodies, service to patients covered by participating payers, participation in practice transformation and improvement activities, and diversity of geography, practice size and ownership structure. Federally Qualified Health Centers (FQHCs), federally certified Rural Health Clinics (RHCs) and practices participating in any other CMS initiative, demonstration or program that involves shared savings, were not eligible.

The initiative has been well underway since starting in November 2012 and practices have been actively engaged in re-design efforts. As the Technical Assistance Team, we want to acknowledge and thank these practices for the hard work they have already put into this project. We look forward to learning from their efforts as they improve health care for all of us and for the communities we serve in the years to come. The following practices are participating in this initiative:

- Cascades East – Klamath Falls, OR
- Cascade Physicians – Northwest Portland, OR
- Cascade Physicians, Tualatin – Tualatin, OR
- Central Oregon Family Medicine PC – Redmond, OR
- Country Club Road Medical Center – Eugene, OR
- Family Medical Group Northeast PC – Portland, OR
- Grande Ronde Hospital Regional Medical Clinic – La Grande, OR
- Grants Pass Clinic, LLP – Grants Pass, OR
- High Lakes Health Care Eastside – Bend, OR
- High Lakes Health Care – Sisters – Sisters, OR
- Hillsboro Internal Medicine – Hillsboro, OR
- Internal Medicine Associates – Redmond, OR
- Junction City Medical Clinic – Junction City, OR
- Legacy Medical Group Bridgeport – Lake Oswego, OR
- Legacy Medical Group Canby – Canby, OR
- Legacy Medical Group Northwest – Portland, OR
- Legacy Medical Group Tualatin – Tualatin, OR
- Legacy Medical Group West Linn – West Linn, OR
- Legacy Medical Group Woodburn – Woodburn, OR
- LEMC Internal Med – Portland, OR
- LGS Internal Medicine – Portland, OR
- Michael Hicken MD PC – Hillsboro, OR
- Mountain View Medical Center – Forest Grove, OR
- Northwest Primary Care – Dwyer Clinic – Milwaukie, OR
- Northwest Primary Care – Milwaukie Family Practice – Milwaukie, OR
- Northwest Primary Care – Talbert Center – Clackamas, OR
- Oak Street Medical PC – Eugene, OR
- OHSU Family Medicine – Gabriel Park – Portland, OR
- OHSU Family Medicine at South Waterfront – Portland, OR
- OHSU Internal Medicine Clinic – Marquam Hill – Portland, OR
- Oregon Medical Group – Eugene, OR
- Orenco Station Medical Group – Hillsboro, OR
- Pacific Medical Group – Beaverton – Beaverton, OR
- Pacific Medical Group – Canby – Canby, OR
- Pacific Medical Group – North Portland – Portland, OR
- Pacific Medical Group – Tigard – Tigard, OR
- Pendleton Internal Medicine Specialists, PC – Pendleton, OR
- Physicians Building Group – Salem, OR
- Physicians Medical Center – McMinnville, OR
- Providence Medical Group Central Point – Central Point, OR
- Providence Medical Group Gateway Family Medicine – Portland, OR
- Providence Medical Group – Glisan – Portland, OR
- Providence Medical Group Gresham – Gresham, OR
- Providence Medical Group Medford Family Practice – Medford, OR
- Providence Family Medicine Milwaukie – Milwaukie, OR
- Providence Medical Group Newberg Primary Care – Newberg, OR
- Providence Medical Group North Portland Family Medicine – Portland, OR
- Providence Medical Group Phoenix Family Practice – Phoenix, OR
- Providence Medical Group at Providence St. Vincent – Portland, OR
- Providence Medical Group Sherwood – Sherwood, OR
- Providence Medical Group Southeast – Portland, OR
- Providence Medical Group Sunnyside – Portland, OR
- Rose City Clinic, LLP – Portland, OR
- St. Charles Family Care – Sisters – Sisters, OR
- Salem Health Willamette Health Partners (Edgewater Street) – Salem, OR
- Salem Health Willamette Health Partners (River Road South) – Salem, OR
- Samaritan Family Medicine – Corvallis, OR
- Samaritan Internal Medicine – Corvallis, OR
- Samaritan Pacific Internal Medicine – Newport, OR
- Santiam Medical Associates – Stayton, OR
- Santiam Memorial Hospital – Aumsville, OR
- Springfield Family Physicians – Springfield, OR
- The Corvallis Clinic, PC – Corvallis, OR
- The Corvallis Clinic at North Albany Village – Philomath, OR
- The Corvallis Clinic, Philomath Family Medicine – Philomath, OR
- The Doctors' Clinic – Salem, OR
- The Portland Clinic – East Branch – Portland, OR

THE BEST CARE POSSIBLE



That's what Dr. Ira Byock, Director of Palliative Medicine at Dartmouth-Hitchcock Medical Center in Lebanon, New Jersey, and a Professor at the Geisel School of Medicine at Dartmouth, spoke of when he addressed the audience last month at the OHSU Auditorium.

Author of numerous books and articles on the ethics and practice of hospice, palliative, and end-of-life care, Byock reasoned with the 250-plus people in attendance (the lecture was also live streamed to clinics around the region) that how we die is among the most pervasive national crises facing us today.

Byock's listeners heard him tell uplifting stories of real people during the most difficult moments in their lives and urged the audience to understand that providing the best health care is not enough; that optimal end-of-life care requires a family, a caring community, and love.

A special thanks to the OHSU Center for Ethics in Health Care, the University of Oregon Humanities Center and the Oregon Academy of Family Physicians Foundation for sponsoring this informative lecture.

2013 OAFP Legislative Day Picking Up Momentum

On March 11, OAFP family physicians, family medicine residents, and medical students gathered at the State Capitol in Salem to attend the third annual OAFP Legislative Day. Members were able to hear from a number of Oregon's health reform leaders, including Bruce Goldberg, MD, the Director of the Oregon Health Authority on CCO's, and transformation plans; Rep. Chris Garrett on medical malpractice; Georgann Helmuth, from Cover Oregon, on the insurance exchange; and OAFP Past President,

Sen. Elizabeth Steiner Hayward provided an insider's view on life at the capitol.

Members were able to meet with their legislators during pre-arranged appointments and discuss the OAFP's legislative priorities: SB 440 – the Loan Repayment bill; HB 2858 – the Loan Forgiveness bill and SB 325 – the Rural Health Tax Credit.

It was a busy day at the capitol as that same day, after hearing testimony from OAFP lobbyist **Doug Barber**, physicians **Glenn Rodriguez**, **Lisa Dodson**, **Paige**

Hatcher and student **Sarah Williams**, the House Health Committee unanimously approved the Loan Forgiveness bill and sent it to Ways and Means for budget consideration. In addition, **Drs. Gary Plant**, **Lisa Dodson** and **Molly Fauth** testified at the Rural Health Tax Credit hearing. This bill is still in the Senate Health Committee and we are working with Sen. Steiner Hayward and other members of this committee to modify the program before sending it on to the Joint Tax Credits Committee.





MEMBERS IN THE NEWS



DR. BOEHMER

MOVERS AND SHAKERS

Eric Boehmer, MD, PhD and **Shae Johnson, DO**, joined the Asante Physician Partners in Grants Pass this past fall.

Dr. Boehmer received a dual MD/PhD at Loyola University — Chicago, Stritch School of Medicine. He completed his Family Medicine residency in the International Health Track at Marshall University in Huntington, West Virginia. He is a diplomat on the American Board of Integrative Holistic Medicine. His focus is on health and preventative medicine for individuals (adult and pediatric) and their families in the whole context of their lives. Dr. Boehmer is pictured with his wife, Heidi.

Dr. Johnson, formerly the chief medical officer at Siskiyou Community Health Center, joined Asante to have a broader impact on patient care in the region. He earned his osteopathic medicine degree at A.T. Still University of Health Sciences in Missouri and served his residency at Utah Valley Family Medicine in Provo. He provides personalized primary care to adults and children with a special interest in urgent care, sports medicine, and managing chronic health conditions. He enjoys spending time with family, cycling, and fishing.



DR. JOHNSON



HAVE AN ITEM FOR "MEMBERS IN THE NEWS?"

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

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