

# Family Physicians of Oregon

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- DOT Medical Examiner Training Offered



Oregon Academy  
of Family Physicians



THE OFFICIAL MAGAZINE OF THE  
OREGON ACADEMY OF FAMILY PHYSICIANS





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# Family Physicians of Oregon

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## ● PRESIDENT'S MESSAGE



EVAN SAULINO, MD, PhD

# BRING A POLICYMAKER TO WORK!

**P**rimary care is arguably the most complex environment to provide health care in today. With increasing numbers of patients, often with chronic illnesses taking multiple medications, sub-specialization, insurance fragmentation, and increasing volume and flow of information, primary care is getting even more complex and comprehensive. Every day is bound to involve thousands of decisions and interactions with patients, families, and entities in the community. The topics might include a three-day-old child with jaundice or a woman in preterm labor; a middle-aged patient with diabetes, hypertension, and high cholesterol with acute complaints; or an elderly patient with multiple medications in cognitive decline. It might involve admitting patients to the hospital, or seeing them right after they've just been there to help clean up the chaos that often follows. Throw in difficulty implementing and using existing EHR technology, patients speaking multiple languages, or turnover in support staff, and let's just say we primary care docs have to keep on our toes.

This is why I'm glad my clinic has a supportive team culture with hard working staff dedicated to improving our patient-centered primary care strategies. Like everyone working to innovate, we recognize we are just getting started in our efforts to improve how we work together to give the best care possible. Together we are learning how to use new tools and reorganize how we do our

*As long as policymakers don't understand how primary care works today, we're unlikely to convince them that it's a valuable foundation of our health care system. Communicating better about what we do every day is a critical bridge that we can all help build between practice and policy.*

work to help better manage this increasingly complex care environment. We try to encourage innovative solutions to problems and the spread of ideas that work. Even with the barriers we experience and work yet to be done, I'm always proud to talk about the work my clinic team is doing.

But when I talk with people who don't have a health care background, for example politicians and policymakers, I sometimes struggle to effectively describe the scope of what we do in primary care and how we're innovating to make care better. Filled with relics of ideas from last century, many seem to think primary care physicians mainly deal with patients' coughs and colds and largely play a "gatekeeper" function. As long as policymakers don't understand how primary care works today, we're unlikely to convince them that it's a valuable foundation of our health care system. Communicating better

about what we do every day is a critical bridge that we all can help build between practice and policy.

With my experience visiting clinics around the state the past 1½ years, I have become a big believer that the best way to understand what's going on is to see things in person. It's not uncommon for clinicians to visit each other's clinics; in fact, visits to existing Patient-Centered Primary Care Homes (PCPCHs) have been very beneficial for clinics about to launch into PCPCH work. But I'm also suggesting that you can bring policymakers and government representatives into your clinic as well. Let your clinic tell the story.

My clinic has had the honor of hosting U.S. Congressman Kurt Schrader from Oregon's 5th district and State Representative Alissa Keny-Guyer from House District 46, in which my clinic sits. I worked with my organization's media staff for "approval" and to coordinate the dates and times of these visits.

During a clinic afternoon (scheduled slightly lighter than normal), I took these visitors through the cycle of our care on a 30-minute tour; walking slowly around our smallish clinic, stopping to talk with key members of my team along the way. I began at the front desk by talking about wrapping care around patients, which starts with providing enough access to in-person appointments and other needed care, such as advice or support.

My clinic is lucky enough to have social work staff, so that's the next place we stopped after the front desk. Talking



about the clinic's "high risk" patients and our social workers efforts to provide the most vulnerable with support and to actively connect them with resources was a moving way to focus the visit. It also provided a bridge to talk about how their efforts save the health care system big dollars while patients' lives are improved. At the same time, we gave a clear message that the essential work accomplished by our social work staff was not "reimbursed" or subsidized by public or private payers; it's only funded through grants and financial backing through my organization.

We then talked about how patients too often "fall through the cracks" during attempted handoffs of care. Prime examples of this are referrals to subspecialists, during which miscommunication or missed connections can lead to expensive duplication of testing, poor patient care, or even harm. Our referrals coordinator explained to the group how she addresses this problem by tracking and "closing the information loop" with specialists. She gets approval from insurance, sends needed records, confirms if patients make it to their appointments, and receives notes back from the specialists. If those connections don't happen, she is tasked with tracking things down.

As we moved through the clinic, our tour allowed the visitors to understand "teams" and "co-location," view how our staff communicates and get a sense of our camaraderie.

I had them meet our care coordinator and she explained how her roles and responsibilities have changed and expanded compared to when she was a "regular MA." We are so lucky to have a co-located behavioral psychologist in the office, and talking about the work she does demonstrates whole-person care, care coordination, and patient engagement and empowerment that is inspiring. I made sure we stopped

and talked with my team "front office" person, who was brought back into the "back office" when we formed teams. She explained to our visitors how she was apprehensive at first about these drastic changes, but that she's seen how defining team roles and improving communication strategies have led to improvements in patient access, care, and feedback she receives directly from patients every day.

You could definitely see the visitors' "understanding light bulbs" turn on brighter during each of these short conversations.

We spent the last part of the hour-long visit sitting around a small table in our cluttered, but homey break room. There we focused our discussion on how support can help sustain the innovative work we're doing in primary care, and how we can support and expand the primary care workforce that is so critical to our communities' health.

Because these visits have gone so well, we're working to bring more visitors in the future. Our clinic staff is proud to talk about what they do. Policymakers leave with an understanding of the why, what, who, and how of the patient-centered primary care function in our clinic, along with a healthy dose of workforce needs, medical school debt, and residency funding discussion for good measure.

Think about inviting one of your state or federal government representatives to your clinic. It doesn't matter if your practice looks different from mine, if you have fewer staff or a smaller clinic. It's the people telling their personal stories and describing their patient care functions that matter. You can help policymakers understand what's happening on the front lines of health care today. Then, they will be better able to make connections and design policies that support, sustain, and expand primary care – the foundation of a health care system that works better for everyone.

## ● FROM THE HILL



JOHN SAULTZ, MD, CHAIR OF FAMILY MEDICINE, OHSU

*There are a number of key questions being debated in the strategic plan known as “Family Medicine for America’s Future: The Future of Family Medicine 2.0,” but the most important relate to clarifying what patients and communities can expect from a family physician.*

**A**s many of you know, I have been serving as president of the Society of Teachers of Family Medicine during the 2013-14 academic year. This has involved me directly in a series of meetings to develop a strategic plan for our specialty called “Family Medicine for America’s Future: The Future of Family Medicine 2.0 (FFM 2.0).” The planning process began last summer, is being led by the seven family medicine organizations,<sup>1</sup> and includes input from two consulting firms and scores of focus groups and constituency meetings. OAFP members can participate by joining a series of webinars being held this spring. The process should be complete by the end of this summer when a series of reports will be created, much like the Future of Family Medicine reports of 2004.<sup>2</sup>

There are a number of key questions being debated in this process, but the most important relate to clarifying what patients and communities can expect from a family physician. Family physicians currently practice in a variety of settings and provide a wide range of services, so it can be challenging to specify common elements. On the one hand, the diversity of our discipline is one of its major attractions. But if our practices have nothing in common, we cannot expect potential new patients to know what we can offer them. We have spent the past decade advocating for patient-centered medical homes (PCMH) and reform of the reimbursement system; now is the time to look at our own practices and agree on core principles. We are actively doing this in the department of family medicine at OHSU, but I think it

would be helpful for every family physician in Oregon to seriously consider the following questions:

### **1. What limitations do you place on whom you will accept as a new patient in your practice?**

Family physicians are trained to care for patients of all ages and both genders. We are expected to take care of anyone in our community that seeks our care, but few of us practice without at least some restrictions. We may not have a contract with every health plan. Some of us accept limitations that are determined by our employers. If a family physician is working at a weight loss clinic and will only see obese patients, are they practicing family medicine or are they functioning as a specialist? If all of the family physicians in a given community decide to care only for adults, how can we expect the public to know we are also trained to care for children? Do we allow our employers to determine whom we will see or should patients get to choose?

### **2. What specific level of responsibility do you agree to when you become someone’s family physician?**

Most of us agree that we will see patients in our office during our usual office hours. All of us were trained that we are also responsible to be available 24 hours a day or have a system of care to provide coverage. When patients are ill in the middle of the night, is it okay for them to get a message on an answering machine to go seek care at an urgent care clinic? Do we have an obligation to find specialty care for a man who needs surgery or can we just tell him to find a surgeon by calling his health plan? Does being a woman’s family physician mean we are responsible for her when she is hospitalized or in a nursing home? Under what conditions can we delegate this responsibility without abdicating it?

### **3. What scope of clinical skills can a patient reasonably expect of us?**

We are trained to have expertise in common medical problems and these

*continued on page 8*



are skills that nearly all of us possess throughout our careers. As we build patient-centered medical homes and focus on improving preventive and chronic illness care, we can fall into the habit of sending acutely sick people elsewhere. Is this a good thing or is it something we should resist? Referring such patients might be efficient for us. It might even be best for some of the patients. But in the extreme, how does it feel to the patient to be sent elsewhere when they feel sick so they can more easily get an appointment when they feel fine?

There are lots of questions like these that should be debated by every family medicine practice. Our educational programs are expected to teach every learner to be the patient's family physician—all the time, no matter what. We teach residents to care for patients, sick

and well, and to provide care for any patient in the community regardless of age, gender, or health condition. We teach them that it is wrong to tell patients we will be their family physician and then not answer when they call us. It makes no sense for us to teach this to students and residents if they cannot find partners who are practicing this way in the community when they complete their training.

This process cannot be about judging one another. It must be about affirming and adapting our values at a time of chaotic change in American health care. As complicated as this may seem to us, it is quite clear what patients think about these choices. The marketing surveys done by our consultants in the FFM 2.0 project have found that the American public holds the idea of a family physician in extremely high esteem. Our "brand" is ranked as highly as the Disney Com-

pany and the American Red Cross! The American people may not always know what a PCMH is, (*in fact Oregonians call this kind of care PCPCH – Patient-Centered Primary Care Homes*) but they are hungry for health care that is committed to and focused on them as individuals. Even though we need to be accountable for population outcomes, people want us to be their personal physicians. They want us to be capable and responsible in the fullest sense of these words.<sup>3</sup> Please take the time to discuss these questions with your partners and your office staff and participate in this important process.

#### REFERENCES

- <sup>1</sup>Saultz JW. Around the kitchen table. *Fam Med* 2014; 46(1): 61-3.
- <sup>2</sup>The future of family medicine: a collaborative project of the family medicine community. *Annals Fam Med* 2004; 2 (suppl 1): S 3-99.
- <sup>3</sup>Saultz JW. Responsible and capable family physicians. *Fam Med* 2013; 45(9): 665-6.



## Let Your Voice be Heard

**W**ant to make a statement? Ask a question? Set a policy? Spur some legislation?

The mechanism for doing these things in the OAFP is through our Congress of Members. If you are an OAFP member, you are welcome to participate in our Congress. Every year we streamline this session in order to make it easier and more welcoming for our members, and this year all business will be conducted in one session. If you come to the Congress on Friday, April 25th (during our Annual CME Weekend), you will have a chance to discuss some of the important issues facing family physicians. You will

When legislators, the media and the public ask, “What do family physicians think about certain issues?” you can be part of the group that answers those questions.

have a say in what the OAFP position will be on some of the controversial issues of the day and we will feed you lunch!

We will post the Resolutions to be discussed on our website and also send them out via blast e-mail. We encourage you to submit your own resolution, and if you would like, we can help you write it.

When legislators, the media and the public ask, “What do family physicians think about certain issues?” (which could include anything from payment reform, pharmaceutical influence in medicine to retail health clinics), you can be part of the group that answers those questions. We look forward to your attendance at this year’s Congress.

## Coordinated Care Organizations Report Steady Progress

**L**ast month, the Oregon Health Authority issued a Health System Transformation Quarterly Report highlighting statewide performance on key measurements, rates of health utilization, and costs through the Coordinated Care Organizations (CCOs) that serve Oregon’s Medicaid population.

Overall, data from the first nine months of 2013 show a trend towards improved care and lowered costs. Highlights include:

- ↓ Decrease in emergency room visits by 13%
- ↓ Decrease in hospitalizations for chronic conditions (32% decrease for patients with congestive heart failure; 36% decrease for patients with chronic obstructive pulmonary disease; and an 18% decrease for patients suffering from adult asthma)
- ↓ Decrease in all-cause hospital readmissions by 8%

↑ Increase in enrollment in patient-centered primary care homes by 51% since 2012 (baseline year for the program). More than two-thirds of all CCO members are enrolled in PCPCH

↑ Increase in primary care spending up 18%

↑ Increase in electronic health record adoptions from 28% in 2011 to 58% in 2013

↑ Increase in developmental screening during the first 36 months of life from 21% in 2011 to 32% in 2013

The OAFP is pleased to see that the work of the CCO’s, coupled with the efforts of patient-centered primary care homes, is showing signs of positive progress.



ATTEND THE MOST IMPORTANT MEETING  
FOR FAMILY PHYSICIANS IN 2014!

# OAFP'S 67<sup>th</sup> ANNUAL SPRING CME WEEKEND EMBASSY SUITES HOTEL DOWNTOWN PORTLAND APRIL 24 – 26, 2014

This year's meeting will be held at the Embassy Suites Hotel 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-based 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

### What is ORPRN?

Established in 2002, the Oregon Rural Practice-based Research Network (ORPRN) is a statewide organization of primary care clinicians who work with community partners and academicians to promote knowledge transfer and conduct research to reduce health disparities. ORPRN's research principles include grounding research and practice redesign implementation in the real world of busy primary care practices and their community settings. ORPRN is headquartered at OHSU, and has regional offices staffed by four Practice Enhancement Research Coordinators (PERCs).

### THURSDAY, APRIL 24

- 1:00 PM** Welcome
- 1:10 PM** Conceptual Framework for Identifying and Understanding Effective Clinical-Community Relationships

Concurrent Sessions: (Each session will be offered twice; choose two to attend.)

- 1:40 PM**
  - Practice Facilitation
  - Patient and Community Engagement
  - Practice Transformation
- 2:05 PM**
  - Practice Facilitation
  - Patient and Community Engagement
  - Practice Transformation
- 2:30 PM** Poster Session (*Rate posters for a chance to win \$100 Amazon gift card; refreshments available*)
- 3:00 PM** Summary/Report on Concurrent Sessions
- 3:45 PM** Physician/Patient Dyads
  - What is primary care from a provider vs. patient perspective?

- What elements of primary care/physician relationship are important and need to be studied?
- What research will benefit my entire community?
- Adopt a researcher – clinicians/communities work with a researcher on local questions and issues.

- 4:45 PM** Prize selection (*Must be present to win*)
- 4:50 PM** ORPRN Steering Committee Closing Remarks
- 5:15 PM** The 15th Annual OHSU Department of Family Medicine Statewide Faculty Meeting
- 5:15 PM** New Physician Get Together. *Meet your colleagues at the Embassy Suites bar to talk about the thrills and challenges of starting your medical career. The first drink is on us at this social gathering. Anyone within their first 7 years of practice is welcome.*

## OAFP SPRING CME WEEKEND

### FRIDAY, APRIL 25

**7:00 AM** Coffee and continental breakfast. *Mixed with our excellent exhibitors will be table after table of silent auction items. Come browse them all.*

**8:00 AM** Welcome and introductions

**8:15 AM** OAFP Foundation Lecture  
Growing Others: Physician Leadership in Transforming Health Care  
– Keynote Speaker Matthew Wynia, MD, MPH, FACP, Director, Patient and Physician Engagement for Improving Health Outcomes, AMA

**9:20 AM – 4:00 PM** **PCPCH Workshop**  
We invite physicians and members of their clinics to attend this day-long PCPCH Workshop.

**9:20 AM** Ongoing Challenges for Patient-Centered Primary Care Homes

**12:00 PM** Lunch break

**1:45 PM** Break out Sessions:

- Innovations for reducing utilization and optimizing the hospital-to-home transition
- Improving access beyond “Open Access” scheduling and improving clinic processes and efficiency
- Care coordination, including risk stratifying patients and proactive outreach
- Meaningful patient engagement

**4:00 PM** Town Hall

**9:20 AM** Small Group Workshops (1 hour)  
1. Seven Ways to Optimize Your Practice – Creating More Time in Your Day  
2. Osteoporosis Update  
3. Melanoma Update  
4. Why Happiness Matters: *Maternity care strategies to support long-term health and positive patient experiences.*

**10:25 AM** Break in Exhibit Hall. *Come and view the exhibits and silent auction items. The exhibitors will be raffling off baskets of goodies that you won't want to miss!*

**11:00 AM** Small Group Workshops (1 hour)  
1. What Every Primary Care Physician Needs to Know About Pain  
2. New Drugs: The good, the bad, and the worthless  
3. Emergency Department Information Exchange (EDIE)  
4. Social Media for the Family Physician Made Simple

**12:00 PM** Congress of Members  
*All OAFP members are invited. Lunch will be provided for those attending the Congress. NEW this year – only one session! All business will be conducted during this lunch period. Watch the website for a list of resolutions we will be debating and how you can provide input. Come and help set OAFP policy.*

**1:50 PM** Small Group Workshops (1 hour)  
1. Demystifying Back Pain  
2. Challenges with Celiac Disease and Gluten Intolerances  
3. Come Together: Using Motivational Interviewing to Strengthen Partnership with Patients, Part I  
4. Cervical Cancer Screening/PAP Updates

**3:00 PM** Small Group Workshops (1 hour)  
1. What's New in Diabetes Care  
2. Age-appropriate Screening for Women  
3. Come Together: Using Motivational Interviewing to Strengthen Partnership with Patients, Part II  
4. Oregon's Death with Dignity Act and What it Means for Family Physicians

**4:00 PM** Town Hall -- Update on Oregon Health Reform

**5:00 PM** OAFP/Foundation “Lights, Camera, AUCTION” & Happy Hour

### SATURDAY, APRIL 26

Small Group Workshops (Please note – starting times for the following workshops vary)

**7:45 AM** NRCME Federal Motor Carrier Safety Administration (DOT) Training Course.

**8:45 AM** Self-Assessment Module (SAM) Study Hall – Diabetes

**9:45 AM** Extended-Release/Long-Acting Opioid Risk Evaluation & Mitigation Strategy (REMS)

**1:00 PM** Celebration Lunch  
*Installation of officers and surprise announcement of the Oregon Family Doctor of the Year.*

**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](http://www.oafp.org) -- or by mail or FAX. We look forward to seeing you in April!**



# “LIGHTS... CAMERA... AUCTION” Annual Foundation Auction & Happy Hour APRIL 25, 2014

**J**oin us on Friday, April 25 at the Embassy Suites Downtown Hotel – auction items will be on display all day long. Then, starting at 5:00 join us in the ballroom for happy hour! 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 and Ready, Set, FIT! education programs,



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 twelve OHSU medical students who lived and worked with rural family physicians last summer; honor a fourth year

OHSU medical student who is committed to family medicine with the Mary Gonzales Lundy scholarship; pilot Ready, Set, FIT!, a new health and fitness education program, in metro area schools; 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); 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 attendance—the Foundation can continue to support these worthwhile causes.

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.

# SAVE THESE DATES

**67TH ANNUAL SPRING CME WEEKEND**  
Scientific Assembly & Congress, April 24-26, 2014  
OAFP/Foundation Auction, April 25  
Embassy Suites Downtown Portland  
Portland, Oregon

For more information, contact Kerry Gonzales at the Oregon Academy of Family Physicians. | [www.oafp.org](http://www.oafp.org) | (503) 528-0961 | Fax (503) 528-0996



# *Growing Others: Physician Leadership in Transforming Health Care*

## **AMA's Director of Patient and Physician Engagement for Improving Health Outcomes to Keynote Annual Conference**

**“Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others.”**

*– Jack Welch, Author, American Businessman*



Implications on how the overall changes in health care reform align with a physician's personal values, and cost control concerns in light of expensive drugs and interventions, will also be discussed.

**O**n Friday, April 25, during the OAFP's Spring CME Weekend held at the Portland Embassy Suites in downtown Portland, Matthew Wynia, MD, MPH, FACP, will explore the drivers of health reform and the competing social and professional values that these reforms must seek to balance. The concept that transforming the health care system is a complex adaptive challenge, not a technical problem with one clear solution, will also be explained. Implications on how the overall changes in health care reform align with a physician's personal values, and cost control concerns in light of expensive drugs and interventions, will also be discussed.

Dr. Wynia, Clinical Assistant Professor of Medicine in the Division of Infectious Diseases at the University of Chicago, has held several hats at the American Medical Association (AMA) over the past 17 years including Director of the Institute for Ethics and the Center for Patient Safety, and most recently, the Director of Patient and Physician Engagement for the AMA's Improving Health Outcomes focus area. In his various roles at the AMA, Dr. Wynia has overseen a wide range of projects on topics including physician professionalism; ethics and epidemics; market pressures in medicine; the role of codes of ethics; medicine and the Holocaust; inequities in health and health care; and how demographics and technology can and will change medical practice.

An author of more than 125 published articles, reports, book chapters, and a book on fairness in health care benefit design, Dr. Wynia is also a contributing editor for bioethics and public health at the American Journal of Bioethics. A graduate of the University of Oregon with duo degrees in Philosophy and Biology, Dr. Wynia attended medical school at the Oregon Health and Science University School of Medicine, and completed his residency at the New England Deaconess Hospital. An MPH in Health Policy from Harvard University School of Public Health followed.

Come hear Dr. Wynia speak at the 67th OAFP Annual Conference. It's a lecture that will surely pique your interest and get you and your colleagues talking.

# STUDENTS SPEAK OUT!

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

Winter is notoriously a busy time for medical students. While first year students slog through their Biochemistry and Histology course (infamously acknowledged as the school's most challenging), second year students begin to study the dizzyingly complex neural circuits and brain anatomy in the Neuroscience and Behavior Course. Third year students transition from having their nose in a book to applying that knowledge in a team-setting clerkship, and fourth year students are busy completing their residency interviews. All in all, the effects are normally the same – students flock to the dark dungeons of the library, and forgo extracurricular involvement.

Fortunately, our FMIG has avoided a winter slump with a flurry of activities surrounding health policy. In early December, our FMIG partnered with another campus student group, Primary Care Progress, to attend the OHA's Oregon Health Care Workforce Committee meeting. **Michael Latteri, Mengru Wang,** and I were able to sit in with this group of state-wide health professionals, led by **Lisa Dodson, MD,**



*My co-presenter, Heather Alva and I at the STFM Conference on Medical Student Education*

and weigh in on issues ranging from student debt and expanding local residency opportunities to workforce diversity and community health worker training.

In keeping with the theme of workforce expansion, the OHSU Department of Family Medicine hosted Robert Phillips, MD, for the third Annual Laurel Case Visiting Professor Lecture on January 8. Dr. Phillips, vice president for Research and Policy at the American Board of Family Medicine and a professor at Virginia Commonwealth University and Georgetown University, delivered a speech entitled, "As the Com-

munity Goes, We Go: Aligning Health Professionals Education with Mission and Being Accountable." He highlighted medical schools across the country that are implementing innovative programs to train family physicians for expanding community practice models. Following his lecture, Dr. Phillips attended a dinner with our FMIG, during which our class discussed how we can effectively promote family medicine to our classmates. Dr. Phillips also urged our members and future family physicians to take an active role in health policy and policy research.



*Dr. Phillips gathers for dinner and discussion with FMIG students, OHSU family physicians Fran Biagoli, MD and Ben Schneider, MD and OHSU Department of Family Medicine's Director of Curriculum Evaluation and Development, Ryan Palmer, EdD.*



In late January, **Heather Alva** and I, along with Lisa Dodson, MD and **Ryan Palmer, EdD**, attended the Society of Teachers of Family Medicine's (STFM) Conference on Medical Student Education in Nashville, Tennessee. We presented "MD.iabetes: An Experiential Curriculum to Teach Emphatic Care for Chronic Conditions." Alva stated, "The conference was an enriching experience and a great opportunity to meet and exchange ideas with such an enthusiastic group of students and family medicine faculty. I was excited to be interacting with my peers in a field of medicine that cares so deeply about building personal connections with both students and patients." Dr. Dodson and Mr. Palmer assisted us with course development, research framework and analysis of the 10-week elective course we facilitated last spring on diabetes care from a patient perspective.

Throughout the year a number of first- and second-year medical students have

been involved in presenting the Tar Wars anti-tobacco education program or the Ready, Set, FIT! health/fitness program to elementary school students throughout the Portland Metro area. Second year medical student liaisons, **Shabnam Ghazizadeh** and **Maya Heck**, held Tar Wars training courses in the fall, and along with 26 other medical students, offered 18 presentations, reaching approximately 550 students. In only its second year of use by OAFP members, the Ready, Set, FIT! presentations are off to a great start with student contacts, **Brook Goddard** and **Lucy Kwong** leading a group of 14 medical students who presented in seven Portland schools (see page 22 for more on the Ready, Set, FIT! program).

As we officially escape the dark depths of winter, many FMIG members have begun to participate in the planning of OHSU's upcoming Health Care Equality Week (HCEW)

events that will take place the first week of April. In addition to sponsoring a family physician to speak to medical, dental, PA, nursing, and pharmacy students on issues regarding medical issues relevant to Oregon's underserved patient populations, the students also facilitate a health screening fair. The fair, which will be held on Saturday, April 6th in O'Bryant Square, will provide medical, dental, nursing, acupuncture, and pharmacy care to Portland's uninsured population. This year we are excited to partner with Cover Oregon to help use the fair as a venue to enroll patients in the state's Medicaid expansion program.

With spring around the corner, we look forward to continuing to engage our members with volunteer events like HCEW, educational events like the annual OAFP conference in Portland, and social events to continue the vertical mentorship we began this fall.

# Extended-Release and Long-Acting Opioid Risk Evaluation & Mitigation Strategy (REMS): Achieving Safe Use While Improving Patient Care Workshop to be Offered at Annual OAFP Spring CME Conference

**F**DA statistics indicate that more than 33 million Americans, teens and older, misused extended-release and long-acting (ER/LA) opioids during 2007, up from 29 million in 2002. Yet these drugs have long been a major tool in the management of chronic pain as well as to help those who suffer from painful injury or surgery. Highly effective, yet highly addictive, the challenge posed by ER/LA opioids—patient assessment, prescribing guidelines, managing treatment and addressing alternatives when opioids fail—are critical issues that will be addressed during this three hour workshop to be held during the OAFP's Annual Spring CME Conference in Portland.

On Saturday, April 26, members of the California Academy of Family Physicians will be presenting the ER/LA Opioid REMS course following the FDA blueprint which identifies six educational units. The primary goal of this education is to increase effective and safe use of opioids and provide prescribers with viable information they can use when counseling patients about the risks and benefits of ER/LA opioid analgesic use. Utilizing dynamic media presentation tools, this critical content will be presented through a variety of formats including lecture, case study, interactive audience response activities, and open discussion.

The ER/LA Opioid REMS: Achieving Safe Use While Improving Patient Care course was developed by nationally known experts in the ER/LA opioid field. The goals and objectives of this course are as follows:



The primary goal of this education is to increase effective and safe use of opioids and provide prescribers with viable information they can use when counseling patients about the risks and benefits of ER/LA opioid analgesic use.

- Describe appropriate patient assessment for treatment with ER/LA opioid analgesics, evaluating risks and potential benefits of ER/LA therapy as well as possible misuse;
  - Apply proper methods to initiate therapy, modify dose, and discontinue use of ER/LA opioid analgesics, applying best practices including accurate dosing and conversion techniques as well as appropriate discontinuation strategies;
  - Demonstrate accurate knowledge about how to manage ongoing therapy with ER/LA opioid analgesics and properly use evidence-based tools while assessing for adverse effects; and
  - Employ methods to counsel patients and caregivers about the safe use of ER/LA opioid analgesics, including proper storage and disposal.
- If you are working with patients with addictions, smoking cessation or pain management –related issues, please register for this workshop today. You will receive three CME credits for your participation. Go to [www.oafp.org/events-cme/](http://www.oafp.org/events-cme/) and sign up to attend the 67th OAFP Spring CME Weekend held at the Portland Embassy Suites downtown hotel.



# Providence Hood River/One Community Health Family Medicine Residency Rural Training Track Update

Oregon's newest Family Medicine Residency, The Providence Hood River/One Community Health 1-2 Rural Training Track (RTT), is up and running and matched two outstanding students in 2013. RTT Resident pioneers, **Jared Shannon** ('13 University of Kentucky) and **Peter Benziger** ('13 Tufts University) are seven months into their first year and rotating alongside their classmates at the Providence Oregon Family Medicine Residency in Portland and Milwaukie. Drs. Shannon and Benziger have also been seeing patients at their continuity practice in Hood River at One Community Health (formerly La Clinica del Carino). They will be relocating to Hood River this summer for their second and third years of residency training. According to Dr. Shannon, "The Hood River RTT has been an amazing opportunity to train for a career in rural health care. Peter and I have received an outpouring of enthusiasm and support from the Hood River medical community. I'm counting down the days until I get to practice their full-time."



*Jared Shannon, MD and Peter Benziger, MD*

The level of medical student interest during this past interview season was quite impressive. Twenty-nine medical students from across the country spent a day interviewing for two open positions (twelve of the twenty-nine candidates were from

OHSU School of Medicine). **Bob Gobbo, MD**, the RTT Site Director, looks forward to the 2014 NRMP match, and noted that by the summer of 2015 the program will be full with six total residents.

Hood River physicians who took part in interviewing this year's slate of candidates and who are involved as new RTT faculty, include family physicians: **Connie Serra, Molly Fauth, Greg Parker, Erica Didier, Natalie Speck** and Orlando Acosta (One Community Health); **Steve Becker, Kristen Dillon** and **Tyler Gray** (Columbia Gorge Family Medicine); and **James Brauer** (Summit Family Medicine). In addition, Dan Seger, a PMG Rheumatologist, who has a great deal of experience in graduate medical education, participated in the interviews.

Dr. Gobbo and his faculty are developing the longitudinal curriculum for the resi-

dents' second and third year, which will be provided primarily in the Columbia Gorge community. He will be presenting the design for this innovative approach at the National RTT Conclave held in Columbus, Ohio this April. Connie Serra, the lead clinician at One Community Health notes, "It has been great to have these smart, altruistic residents working alongside our clinic staff. Morale and physician enthusiasm has been terrific and we look forward to see who we will get in the upcoming match as the pool of individuals has been remarkable. "I have always wanted to offer this type of program to those interested in rural family medicine that allows mentorship alongside those of us who have been 'doing the deal' throughout our careers. We now have that opportunity," states veteran family physician Steve Becker.



**Hood River Residency Rural Training Track Faculty:**  
*Back Row: Steve Becker, Dan Sager, Peter Benziger, Connie Serra and Kristen Dillon*  
*Middle Row: Orlando Acosta, Tyler Gray, Natalie Speck, Molly Fauth*  
*Front Row: Bob Gobbo and Greg Parker*

# Academy to Offer Training on New DOT Medical Examiner Certification

*New requirement will go into effect on May 21, 2014*



**E**ffective May 21, 2014, all health care professionals who perform physical examinations and issue medical certificates for interstate commercial motor vehicle (CMV) drivers will be required to complete an accredited certification training course and pass an examination. Only those professionals who have fulfilled these requirements by this date will be included in the National Registry of Certified Medical Examiners (National Registry) online directory. This is imperative as only those included in this database

will be able to provide a legally recognized examination for CMV drivers.

To help you meet these qualifications, the OAFP, in partnership with the Iowa Academy of Family Physicians, is offering an in-person training session in conjunction with our upcoming OAFP Annual Spring CME Conference. On the morning of Saturday, April 26 at the Portland Embassy Suites Hotel, members can participate in this intensive, four hour course that has been designed to meet the core curriculum for the medical examiner training in ac-

cordance with the National Registry Federal Motor Carrier Safety Administration (FMCSA) examination.

After taking our course, you will have earned four CME credits and will be eligible to sit for the exam. We have provided a link on our website to register for the NRCME Federal Motor Carrier Safety Administration training (requires a separate registration and payment) as well as a link to testing sites throughout Oregon. Find complete details at [www.oafp.org/events-cme/](http://www.oafp.org/events-cme/).



# MEMBERS IN THE NEWS

## MOVERS AND SHAKERS



DR. LAW

**Robbie Law, MD**, long-time family physician who practiced at Dunes Family Health Care in Reedsport since he finished his family medicine residency at OHSU in 1991, has returned to his roots. Born and raised in Astoria, Law returned in November and began practicing at the Lower Columbia Clinic with **Tom Duncan, MD** and Sue Skinner, FNP. Law states, “I like this clinic because they practice old-time medicine in terms of how they value the patient relationship, but they remain up-to-date.”

Besides being an excellent family physician, you may be surprised to know that Dr. Law has also a few other pedigrees to his name. He graduated from Stanford University with a bachelor’s in psychology. Before returning to the Northwest, he earned dialysis technician certification from Foothill College in Los Altos, California. Next up? A bachelor’s degree in biology from the University of Oregon, before attending medical school at OHSU. Welcome home, Dr. Law.

## HONORS, AWARDS AND ACCOLADES

**Jennifer E. DeVoe, MD, DPhil**, executive director of the OCHIN Practice-based Research Network and associate professor at OHSU Family Medicine, is the principal investigator on a new OCHIN research project to build a clinical research data network. In December 2013, OCHIN was awarded a nearly \$7 million grant from the Patient-Centered Outcomes Research Institute (PCORI) to support this project which aims to leverage OCHIN’s data and analytics capacity as part of a national research network.

This award was one of 11 clinical research data network projects funded nationally by PCORI. PCORI is a new federal research program that helps to improve health care delivery and outcomes by producing and promoting high integrity, evidence-based information that comes from



DR. DEVOE

research guided by patients, caregivers and the broader health care community. OCHIN’s project is entitled “Accelerating Data Value Across a National Community Health Center Network (ADVANCE).” The project will allow OCHIN to be part of PCORnet: The National Patient-Centered Clinical Research Network. This national network aims to increase the efficiency of health research. ADVANCE was selected by PCORI through a review process assessing networks’ capacity to collect comprehensive clinical data, engage stakeholders and maintain data security and patient privacy. Only 39 percent of the applicants were funded.

DeVoe, a physician-researcher who sees patients at OHSU Family Medicine at Gabriel Park, has served as OCHIN’s executive director of research for three years. OCHIN, a 17-state, non-profit health center controlled network, frequently collaborates on research projects with OHSU Family Medicine. “As a family physician-researcher, it is a great honor to have the opportunity to work with OCHIN on this exciting project,” said DeVoe. “This opportunity with PCORI comes at a time when our nation is working to transform health care and needs the best evidence possible to ensure that care is more patient-centered. I’m so proud to be serving on this team.”

OCHIN’s project will use the PCORI funds to expand and improve its member and partner organization’s systems, standardize and contribute to developing policies governing data sharing and security and protection of patient privacy. It will also refine its capacity to engage and recruit patients and other stakeholders interested in participating in research.

This is the second PCORI award that OCHIN has received. In December 2012, OCHIN was awarded \$1.8 million



over three years for a research project led by DeVoe, entitled “Innovative Methods for Parents and Clinics to Create Tools (IMPACCT) for Kids’ Care.” IMPACCT Kids’ Care works to provide patients and those who care for them with evidence-based information needed to make better-informed health and health care decisions. OCHIN was the only organization in Oregon to receive an award during PCORI’s first grant cycle.

In addition, DeVoe was recently honored with the Richard T. Jones New Investigator Award from the Medical Research Foundation of Oregon for her work at OCHIN that aims to improve access to care and health outcomes for low-income populations. DeVoe’s research has had a sizable impact on health care policy in Oregon and nationwide.

## HAVE AN ITEM FOR “MEMBERS IN THE NEWS?”

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

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

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# Medical Students Teach Elementary Students How to Make Lifelong Healthy Choices



... the choices students make today about being active, eating smart, and feeling good – three important aspects of fitness – will help them have a healthier tomorrow.

**A**ccording to several reports released by the CDC, in the past 30 years obesity has more than doubled in children and tripled in adolescents. The health effects of childhood obesity, both immediate and long-term, are grave: from running the risk for heart disease, cancer, diabetes, bone and joint problems, to social and psychological problems such as stigmatization and poor self-esteem.

Through a partnership with the AAFP and Scholastic, the Ready, Set, Fit! (RSF!) curriculum recognizes that positive lifestyle habits, including healthy eating, physical activity, and feeling good about yourself are vital in countering this devastating trend.

Aligned with national education standards, RSF! builds on core language arts, math, and health skills, and teaches third and fourth grade students about the importance of personal fitness through a balance of physical activity, nutrition, and

well-being through four lessons and interactive classroom activities.

RSF! takes into account the fact that schools play a critical role in providing opportunities for students to learn about and practice healthy eating and physical activity behaviors and that health care professionals are key role models for providing this essential information.

Last year OHSU medical students, interested in family medicine, kicked off a pilot program at a Portland elementary school where they presented the RSF! curriculum to fourth grade students. The fourth graders were enthusiastic, and the teachers confirmed that the experience and the materials were a valuable addition to their classroom.

This year, the excitement continued as additional medical students and classrooms were added to the RSF! presentation schedule. Second year students **Brook Goddard** and **Lucy Kwong** provided RSF! training to 14 first- and second-year medical students. To date, presentations have been made in seven metro area classrooms, helping to reinforce the message that the choices students make today about being active, eating smart, and feeling good – three important aspects of fitness – will help them have a healthier tomorrow.

*If you are interested in presenting this free curriculum to students in your community, please contact Lynn Estueta at the OAFP/Foundation.*



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