

Family Physicians of Oregon

VOL XX • NO 3 • SPRING 2016



Kristen Dillon, MD

2016 Oregon Family Doctor of the Year



OREGON ACADEMY OF
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

THE OFFICIAL MAGAZINE OF THE
OREGON ACADEMY OF FAMILY PHYSICIANS



VOL XX • NO 3 • SPRING 2016

Family Physicians of Oregon

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

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.

4	President's Message
7	From the Hill
8	Save These Dates
10	Public Policy and Legislative Affairs
11	Kristen Dillon, MD 2016 Oregon Family Doctor of the Year
15	ALSO® Refresher Course Being Offered
16	Match Day 2016
17	Members on a Mission
21	2016 ORPRN Convocation
22	Highlights of the 69th Annual Family Medicine Weekend
24	"Health is Primary" Umbrella Brigade
25	Dan Paulson Installed as New OAFP President
26	Foundation News
27	OAFP in Action
28	Students Speak Out!
29	Members in the News



About the cover:

Kristen Dillon, MD, along with her family, at the Embassy Suites Hotel Portland after she was named the 2016 Oregon Family Doctor of the Year at the OAFP's Annual Spring Family Medicine Weekend.



OREGON ACADEMY OF
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

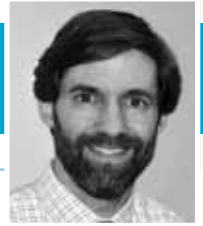


pcipublishing.com

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

EDITION 37

● PRESIDENT'S MESSAGE



DAN PAULSON, MD

I joined the OAFP board of directors six years ago never understanding, nor expecting, that I would one day become the president. In fact, I joined the board mostly because I had noticed that there weren't representatives from the Eugene/Springfield area where I live and work. It did not seem right for the second largest metropolitan area in the state to lack a representative on the board, but it took several years before I conceded that I could not complain about this unless I was willing to step in and be part of the solution. Thus, I joined the board mostly to fill that void but quickly found much better reasons to be involved. As a new board member, I found others who shared my deep passion for family medicine and a shared vision for high quality primary care.

Over the last several years I have seen our recent past presidents put this vision into action. I got to participate with the OAFP as **Gary Plant, MD** led us through a thoughtful and thorough re-writing of our principles and mission statement. (These are on our website at: <http://oafp.org/assets/Values-and-vision-Oct-2012.docx>). These principles continue to express our values well and lead us to support legislation and positions that improve the health of our patients and communities.

I was inspired by **Evan Saulino, MD's** community outreach through his "Saving Lives, Saving Money" presentation and continue to admire his steady leadership on legislative issues, including testifying before Senate and House Committees in support of primary care and family medicine in Oregon. His leadership on the Patient-Centered Primary Care Home

(PCPCH) program has helped foster the steady growth and expansion of medical homes across the state.

Year after year I have been energized and rejuvenated listening to **Liz Powers, MD** as she talks about the amazing PCPCH that she has created at Winding Waters Clinic in Enterprise. Her work is a reminder to me of the great potential of health care reform while I continue to do the day-to-day job of providing care for patients and working to meet an ever-expanding list of metrics and documentation requirements.

At our 2015 Spring Family Medicine Weekend, I was moved by **John Saultz, MD's** recounting of the origins of family medicine and his call for family physicians to exercise a "disciplined anger" in order to claim our spot at the center of the health care system; for family medicine is truly in the best position to lead health

care reform and to improve the care that is given to our patients.

I agree with John that now is the time for family medicine and primary care to step up and show what we are capable of doing for I see the development of a number of positive trends in health care:

- I see more attention being given to the central role of primary care than at any other time in my career;
- I see more widespread recognition of the value of preventive care; and
- I think that there is more understanding and recognition among health policy makers that family physicians are the ones who have the skills and knowledge to lead health care reform and to improve health care across our state.

We have many examples of how this is happening, from the more than 600 PCPCH's in the state, including the inte-

continued on page 6

The evidence is out there and it is showing what we in family medicine have known all along – that family medicine is in the best position to improve primary care in this state and that family physicians can provide the required leadership. It is our turn to lead and make sure that HEALTH IS PRIMARY.

gration of behavioral health into primary care clinics; the addition of nurse care coordinators and managers; a greater emphasis on preventive care and population health; and an increased awareness of the social determinants of health. Many of the people who are actively doing these things and leading the change are members of the OAFP and leaders in their communities. The OAFP is the place where I have come to be inspired and rejuvenated by the success stories of fellow family physicians from across the state. It is a place where we can meet to inspire each other as we continue to do this good work.

In the coming year OAFP members will have many more opportunities to lead health care reform. I encourage you to invite legislators and health policy makers to come to your clinics so that you can show them all of the things that you are

doing in your PCPCH and explain how these things impact the quality of care that you can provide to your patients and communities. Be sure to let them know how this work is, or is not, paid for. Come to Salem for our legislative day next spring, and throughout the year, to speak to your representatives again and remind them of the work you are doing. Perhaps you could testify before legislative committees in support of legislation sponsored by the OAFP. Take time to talk to insurers to be sure they know about the quality care that can come from increased investment in primary care.

I know that most of us went into family medicine to provide quality care to our patients and our communities and that we did not seek out the role of health care reformers. Instead, I think that we have grown into this role through the years as we have

seen how necessary it is to reform health care in order for us to achieve our initial goal of good quality care. This parallels my changing role as a representative of my community to the position of OAFP president; it is not a role that I sought but rather one that I grew into as I learned from those who have come before me as OAFP presidents and board members.

I believe that we are at the point where a door is open to us to push for meaningful payment reform; reform which will increase the percentage of health care money that is spent on primary care. The evidence is out there and it is showing what we in family medicine have known all along – that family medicine is in the best position to improve primary care in this state and that family physicians can provide the required leadership. It is our turn to lead and make sure that HEALTH IS PRIMARY.



JOHN SAULTZ, MD, CHAIR OF FAMILY MEDICINE DEPARTMENT, OHSU

“And yet it is the future that captures my attention now, not the past.”

As many of you know, I will resign my position as chair of the OHSU Family Medicine Department at the end of June. So this will be my last “From the Hill” column. On such an occasion as this, it is tempting to reflect on the past. I have been the department chair at OHSU for over half of my 35 years in family medicine. A lot has happened during this time, most of it good. Our department is now among the best in America in nearly every measure. As reported by U.S. News and World Report, the department is ranked fifth nationally by our peers. Our medical school is ranked fifth in primary care and tenth in rural health. Our medical student education program is sixth in the percent of our students entering family medicine. Our Portland residency is ranked in the top five nationally, our Cascades East residency is among the nation’s top rural training programs, and our research program is ranked sixth nationally in NIH funding. Our faculty has grown to 125 members representing seven different doctoral disciplines and our budget tops \$60 million annually. Our clinical practices provide over 200,000 outpatient visits and 2,400 hospital admissions each year. Few departments can match our accomplishments. And yet it is the future that captures my attention now, not the past.

Family medicine stands at a crossroads. We have become one of American medicine’s largest specialties and form the backbone of the country’s pri-

mary care system, but our health care system remains in serious trouble. Having passed health reform legislation at both the federal and state level to increase the number of people with health insurance, we are struggling to accommodate increasing demand for our services and are under increasing pressure to control cost. Hospital systems are consolidating and we are faced with critical decisions about what roles to play. One the one hand, we seek to be part of a new system and to direct its evolution; we do not practice in a vacuum. On the other hand, consolidation of the health care system may be more about market control than economic efficiency and we are tempted to oppose changes that seem to be more about doctors and hospitals than about patients and communities. Should we be leaders in a new system or should we hold out for something entirely different? Family medicine has always been a counterculture movement in American medicine, but we have also been deeply traditional in our commitment to those we serve. If we are to be leaders, where should we go? If we are to be collaborators, to whom should we listen? There is so much noise around us and so little clarity, so we tend to show up every day and simply do the best we can. Will that be enough?

Perhaps it is not as complicated as it seems. Maybe the right path for our discipline can be found in just four basic principles:

1. Paramount among these principles is to inform our patients and communities and to listen to their priorities.

If we are confused by the changes around us, we must remember that it is far worse for our patients and their families. Every day, they face confusing letters from their health insurance plans, conflicting information about what is and is not good for them, and wrenching choices about which expensive medications and tests are worth their time and money. Health care is increasingly a commodity they are being sold and they do not know what to buy.

2. A second basic principle is to build our practices on proven evidence.

Some of what we do every day has little value to patients, but much of what we do prolongs and improves lives. Knowing the difference is an essential part of our jobs, but this requires us to work together.

3. Third, we have an obligation to learn and improve every day.

Excellence is not a threshold to be attained; it is an ideal to be pursued and it is this pursuit that separates ordinary physicians from great ones. We now have tools to help us evaluate our work; we need to use them effectively.

continued on page 8

4. Finally, we need to take responsibility for our patients by projecting our presence wherever and whenever they need us.

While it is true that we will not be performing their heart surgery, we must help them to choose their heart surgeon. While we may no longer cover the emergency room, we need to direct and organize the care of our patients when such care is required. Family physicians are responsible for helping each patient regardless of their health problem or location. We need to help hospitals and specialists to be more effective at their work; our patients depend on them too. But we also need to protect patients from “care” that is more likely to harm than help them.

These four principles may seem beyond our reach, but if they are, it bodes poorly for achieving a just and efficient health care system. Our role is central to the outcome of health reform. Patients need us more than ever. So I have great hope for our future even though the challenges are substantial. I hope each of you can go to work every day with the goal of being a bit better at the end than you were at the start. Doing this for the past

30 years is exactly how our department has become what we are today. Residency applicants from all over the nation tell us they want to train in Oregon because family medicine is “more respected” in our state than elsewhere. One of my favorite questions is to ask them why they think this is the case. Few of them can produce an answer. Perhaps this respect comes from consistently demonstrating a commitment to reform and openness to new ideas while still adhering to old values about personal responsibility and a comprehensive scope of practice. This is the model of family medicine that young people seek. We need to make sure they continue to find it here.

Finally, I have many people to thank and I will not be able to name them all. I am particularly grateful to **Bob Taylor, MD** for teaching me about academic family medicine and to **Dutch Rein-schmidt, MD** for teaching me about Oregon. I have been honored to be a teacher for many of you and I am thankful for your patience with my shortcomings and for your enduring friendship. The partnership between our department and the OAFP has been a source of pride for me. Our academy has had wonderful leadership from Mary Lundy and Kerry Gonzales; they are as responsible for our department’s success as anyone.

I am grateful to the faculty and staff in the OHSU Family Medicine Department who have been my professional family for 30 years. But I am most grateful for the love and support of my wife, Sherrie, our children, and grandchildren. I plan to do more clinical work, teaching, and writing over the coming years. I will continue to attend OAFP meetings and hope to remain an effective voice for our specialty. A life well lived is not about a job, it is about pursuing a dream. Jobs end, dreams don’t.



After 17+ years as Chairman of the OHSU Department of Family Medicine, the OAFP board appreciates Dr. Saultz’ participation in the education of generations of family physicians.

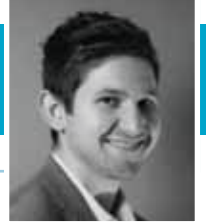
**SAVE
THESE
DATES**

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

ALSO® REFRESHER COURSE
April 30, 2016, Providence Milwaukie

**SAM STUDY HALL –
COMING IN DECEMBER**
Portland locale

70TH ANNUAL FAMILY MEDICINE WEEKEND
Scientific Assembly & Congress, April 20 – 22, 2017
OAFP/Foundation Auction, April 21
Sunriver Resort



SAM BARBER, OAFP LOBBYIST

Oregon Insurers Report Primary Care Spending

According to the “Primary Care Spending in Oregon” report issued last month by the Oregon Health Authority (OHA), Oregon’s commercial carriers spend an average of 9.9% of their premium dollars on primary care. However, there is wide variation in spending among insurers. The report details how commercial payers’ primary care spending ranged from 3% to 16% of their total dollars. If you exclude the outlier (which is Kaiser at approximately 16%) the average primary care spend for 90% of the commercial carrier population drops to 7%.

In the 2015 legislative session, the Oregon Academy of Family Physicians and the OHA successfully passed legislation (SB 231) requiring prominent commercial insurers and coordinated care organizations (CCOs) to report the percentage of medical spending that is allocated to “primary care.” The OHA developed its report based on this data.

On average, CCOs allocated 13% of their total dollars to primary care, which is a greater percentage than any other type of health care player (which, for the purposes of this report include commercial payers, PEBB and OEBB plans, and Medicare Advantage plans – see right for details). However, when you separate this data, there is extreme variability among CCOs, ranging from 7% to 31% spending allocations across the state.

It is important to know that based on the language in SB 231, payments to psy-

The OAFP and the OHA successfully passed legislation (SB 231) requiring prominent commercial insurers and coordinated care organizations (CCOs) to report the percentage of medical spending that is allocated to “primary care.”

chiatrists and OB/Gyns are included in “primary care.” While these are essential services for any population, they can also be very expensive specialists. OB care is one of the main drivers of CCO costs. Including these providers as “primary care” inflates the reported primary care spend numbers.

The Oregon Educators Benefit Board (OEBB) and the Public Employees Benefit Board (PEBB) as well as Medicare Advantage plans also report their primary care spend under SB 231. They show:

- OEBB/PEBB – 7.8%
- Medicare Advantage – 8.5%

The report also shows how much of the primary care spending in each category is fee-for-service (FFS) versus some form of alternative payment methodology (APM). Again, we see wide variability:

- CCOs – 39.2% FFS; 60.8% APM
- Medicare Advantage – 67.4% FFS; 32.6% APM
- OEBB/PEBB – 93.8% FFS; 6.2% APM
- Commercial – 97.4% FFS; 2.6% APM

During the short session in 2016, **Sen. Elizabeth Steiner Hayward** (D-Portland) amended a bill to continue the reporting requirement for the next six years. This will allow us to see how, or if, spending on primary care changes over time.

The next step in the process is the formation of a collaborative (also required in SB 231) to look at future primary care payment opportunities among all payers. This collaborative, while not mandatory, is open to commercial payers, CMS for Medicare, and CCOs as well as OEBB and PEBB. This collaborative will convene for the first time this spring.

To read the full report, go to https://www.oregon.gov/oha/pcpch/Documents/SB231_Report-to-the-Legislature_02.02.2016.pdf.

Read about the progressive study being done regarding cost estimates to sustain the PCPCH model on page 27.

KRISTEN DILLON, MD

2016 Oregon Family Doctor of the Year

“Dr. Dillon is a personal role model in her activities, not only in her local and statewide patient advocacy efforts, but also in her home life. I aspire to be like her: wise, fun, measured, experienced and involved. I hold her up as a prime example of what Oregon family physicians can be.”



Lindsey Hopper and LJ Fagnan, MD congratulate Dr. Dillon on receiving this prestigious award.

Kristen Dillon, MD, was named the 2016 Oregon Family Doctor of the Year during the OAFP's Annual Celebration luncheon held on March 12 at the Portland Embassy Suites Downtown. Dr. Dillon's husband, Hood River Mayor Paul Blackburn, their two daughters, Althea and Rosalie, her parents, Dennis and Cynthia Dillon, and Lindsey Hopper, Vice President of Medicaid for PacificSource Health Plans, were on hand for the announce-

ment. Dr. Dillon was also elected to the Board of Directors of the OAFP at the same celebration.

Upon receiving the award, Dr. Dillon stated, "I am especially honored to receive this recognition from an organization of my teachers, mentors, colleagues and friends. Family Medicine at its best is a calling, and I'm grateful to have had the opportunity to serve my community and my patients through the profession. For years I've worked mostly in

clinical care with some of my time for policy and administrative work. After standing with a foot in both worlds, I've put two feet in the boat and shoved off from the dock. I'm glad to have the support of my family medicine colleagues as I learn to serve my community through creating a better functioning health system, controlling health care costs and investing in best practices that we know improve long term health."

continued on page 12

The Oregon Family Doctor of the Year Award recognizes physicians who provide compassionate, comprehensive family medicine on a continuing basis; are involved in community affairs; and who provide a credible role model professionally and personally to their community, other health professionals and residents and medical students.

Dr. Dillon has been practicing family medicine in Hood River for the past 15 years at Columbia Gorge Family Medicine (CGFM) and is now the Director of the Columbia Gorge Coordinated Care Organization (CCO). She earned a B.A. summa cum

laude from Dartmouth College with majors in Asian Studies and Chemistry, her medical degree from the University of California, San Francisco, and completed her residency at the Fort Collins Family Medical Residency Program where she served as Chief Resident. While at CGFM she provided a full range of primary care services, including hospital, nursing home, and maternity care to a diverse population. She was a founding member of the Columbia Gorge Health Council (the governing board for the Columbia Gorge CCO), and served as the Vice Chair of the board until transitioning into her current position. Dr. Dillon has served on

the board of the Central Oregon Independent Practice Association; the board of One Community Health (the region's community and migrant health center); Oregon's Medicaid Advisory Committee; the Oregon Rural Practice-based Research Network Steering Committee; and as President of the Mid-Columbia Unitarian Universalist Fellowship.

Dr. Dillon's name will be submitted to the American Academy of Family Physicians in nomination for the American Family Doctor of the Year.

The following testimonials from Dr. Dillon's colleagues sum up how she represents the best in family medicine:

"Dr. Dillon has brought significant new depth, rigor and attention to the world of research and the opportunity to assert key questions that matter here, in our community. While she brings unparalleled analytical capacity to her work in the Gorge, and in transformation efforts, she is equally notable for her soulfulness and her intelligent and courageous conviction that "it's the relationship" which holds so much of the healing potential beyond our ability to quantify."

"After a long day that ended with an evening delivery of a baby, Dr. Dillon stopped by and let me know that the reason she is excited about the CCO work is that she feels that every baby she delivers will grow up in a community that is deeply committed to building a better future for them. Her dedication is obvi-

ous and infectious. I cannot help but believe that the care she provides to her patients reflects the commitment, compassion and intelligence she displays on a daily basis."

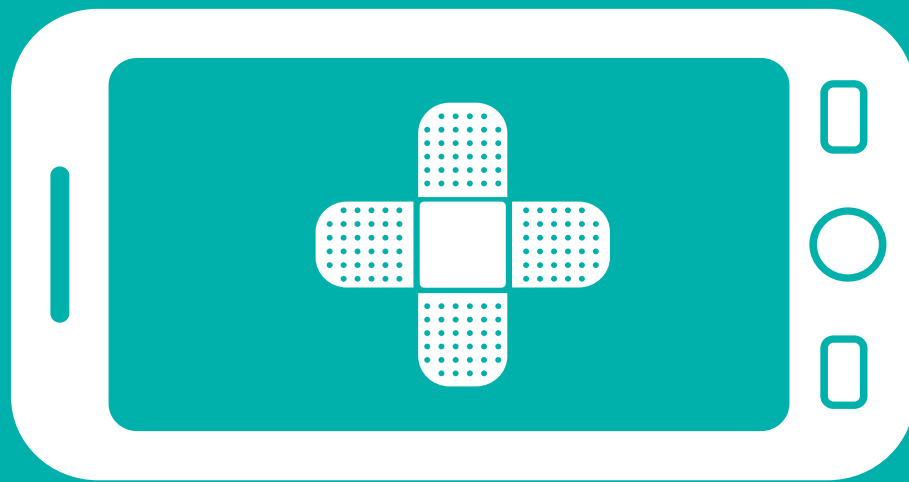
"It's apparent that Dr. Dillon is role modeling through example that all her patients, regardless of payer or ability to pay, are getting the best possible care in the most considerate manner."

"Dr. Dillon is a personal role model in her activities, not only in her local and statewide patient advocacy efforts, but also in her home life. I aspire to be like her: wise, fun, measured, experienced and involved. I hold her up as a prime example of what Oregon family physicians can be."

2017 Family Doctor of the Year Nominations

Do you know someone who has the necessary qualities to be considered for the 2017 Family Doctor of the Year Award? If you have someone you would like to nominate, please contact us at your earliest convenience so we can confirm that your nominee is an OAFP member. We can then discuss with you the nomination categories (colleague, patient, community leader, and friend) and the minimum number of nominations we require in each category in order to lend weight to the nomination packet. As the OAFP's Annual Family Medicine Weekend is in April next year, we request that the nomination forms be received by January 15, 2017. We look forward to hearing from you.

GET MORE FACE TIME



WHERE HEALTH IS PRIMARY.

 **Health is
Primary**

BROUGHT TO YOU BY AMERICA'S FAMILY PHYSICIANS

Health improves when doctors and patients spend time together.

Family doctors make it a priority to stay connected to their patients. We want everyone to have a trusted primary care doctor who is there when they need them.

Let's make health primary in America.

Learn more at healthisprimary.org.

 [HealthIsPrimary](https://twitter.com/HealthIsPrimary)

[#MakeHealthPrimary](https://twitter.com/HealthIsPrimary)

Register now for the Refresher Course

April 30, 2016 • Providence Milwaukie Family Medicine Residency

This is the only ALSO® Refresher Course being offered in 2016!

Targeting physicians, midwives, nurses and other health care providers, the ALSO® Refresher Course will enhance the knowledge and skills necessary to effectively manage potential emergencies during pregnancy, labor, and delivery. This course gives you the chance to review the most updated obstetric protocols and practices, complete with hands-on workshops and receive an additional five years of certification if the course is taken before your ALSO® certification expires. Go to the OAFP website (<https://oafp.org/events/current-topics-in-women-s-health-care-also-refresher-course>) and register today!

ALSO® Refresher Course • April 30, 2016

SATURDAY, APRIL 30

Advanced Life Support in Obstetrics (ALSO)® Refresher Course

This ALSO® Refresher Course is half the time of a regular ALSO® Course and will extend your certification by another five years! Remember, you may only take the Refresher Course before your ALSO® certification expires.

7:30–8:00 am	Continental Breakfast
8:00–8:30 am	Welcome/Introductions • Safety and Maternity Care Lecture
8:30–8:40 am	Break and Transition to Workshops
8:40–9:40 am	Workshop • Assisted Vaginal Delivery
9:40–10:40 am	Workshop • Shoulder Dystocia
10:40–10:50 am	Break
10:50–11:50 am	Workshop • Malpresentations
11:50–12:50 pm	Workshop • PPH/Maternal Resuscitation
1:00–2:00 pm	Lunch • Medical Complications Lecture Update
2:00–3:00 pm	Workshop • Intrapartum Fetal Surveillance Workshop
3:00–4:00 pm	Workshop • OB Cases
4:00–6:00 pm	Testing • Written Exam and Mega Delivery

ALSO® Refresher Course

Providence Milwaukie Family Medicine Residency • 10150 SE 32nd Ave., Milwaukie, OR 97222

Match Day 2016

S miles, hugs and tears blanketed BICC hall on March 18 as 100+ OHSU medical students opened their all-important Match Day envelopes and found out where they would be completing their residency training. Seventeen percent of the graduating class matched in Family Medicine with six students training in Oregon. Congratulations!

Congratulations to the OHSU medical students who matched in Family Medicine:

Bethany Bartlett

Naval Hospital Camp Pendleton, Oceanside, CA

Ashley Bunnard

OHSU Cascades East Family Medicine, Klamath Falls, OR

Rebecca Giusti

Icahn School of Medicine Beth Israel, NY, NY

Jessica Goman

Group Health Cooperative, Seattle, WA

Carla Graichen

University of Washington Affiliate Hospitals, Seattle, WA

Madeline Grandy

UC San Francisco, San Francisco, CA

Benjamin Houser

Providence Health, Milwaukie, OR

Min Lee

Family Medicine SW Washington, Vancouver, WA

Linda Lin

UC Irvine Medical Center, Orange, CA

Mustafa Mahmood

OHSU, Portland, OR

Dana Mirza

Eisenhower Medical Center, Rancho Mirage, CA

Lindsey Pearson

University of Colorado School of Medicine, Denver, CO

Charles Procknow

Providence Hospital, Anchorage, AK

James Rohlfig

Ventura County Medical Center, Ventura, CA

Ahson Saeed

Methodist Hospital, Sacramento, CA

Michael Saladik

Providence Health, Milwaukie, OR

Alina Satterfield

Family Medicine SW Washington, Vancouver, WA

Jillian Schroeder

Providence Health, Milwaukie, OR

Elizabeth Suh

Providence Hospital, Washington, DC

Dallas Swanson

OHSU Cascades East Family Medicine, Klamath Falls, OR

Amelie Wegner

University of New Mexico School of Medicine, Albuquerque, NM



Mustafa Mahmood and his family are thrilled to be staying in Portland as he matched at OHSU Family Medicine.



Charlie Procknow celebrates his match at Providence Hospital in Anchorage with his parents.



Overjoyed to match at the Family Medicine Residency at PeaceHealth SW Washington Medical Center, Alina Satterfield gets a much-deserved hug.



Dallas Swanson will be heading to Cascades East Family Medicine Residency in Klamath Falls.

MEMBERS ON A MISSION

Six Months Later...Our Life in Ethiopia



Drs. Andrew and Andrea Janssen with their children Isaac, Zeri and Taya.

My wife Andrea and I and our three children moved to Ethiopia in August 2015. We were fortunate to work as rural family physicians in John Day for ten years. We thoroughly enjoyed our community and the challenge of being rural docs. Yet, 20 years earlier Andrea had spent four months with Dr. Rob Congdon of Roseburg in rural Zambia. She had experienced the joy, the pain and the suffering of rural Africa caring for an abandoned orphan. That experience and God's call to use our talents where needed led to the long journey to Ethiopia. In 2011 we were able to spend five weeks teaching Family Medicine at Ruhengeri District Hospital in Rwanda. We knew we would

serve in Africa; it was only a matter of when, where and how. Over the past few years we were led to help establish and grow the first Family Medicine residency in Ethiopia. We tried to hold less tightly to the many factors tying us to American medicine and remember the struggles and joys of patients across the world.

We do not make this journey alone. Two of our three children are adopted from Ethiopia. All of them were sad and apprehensive to leave friends, family and the comforts of rural Oregon. At times I've wondered "What have we done?" yet we join a community of committed, faith-filled physicians across the world who struggle in much more challenging environments.

We come with the blessing and financial support of almost 100 people who believe that our being in Ethiopia is one small, but important, piece of caring for our neighbors even though they are half-a-world away. It is humbling in so many ways.

Our transition has been filled with challenges. From telling our story and raising support to leaving a practice we loved to helping kids adjust to a new school, these were only the beginning. Amharic is a challenging language. Living in an African city requires adjustment. The feelings of accomplishment and efficiency become much more elusive. Professionally we are amazed at residents willing to pursue a specialty with no history and no clear path. They will be the pioneers. They will define Family Medicine in Ethiopia. They have done this with no department budget and minimal faculty (read one for most of their three years). We have worked to mentor, write a national Family Medicine curriculum, and learn how they learn. We are left with questions – "What will Family Medicine look like in Ethiopia?" and "How can we develop the best possible learning environment in a very challenging medical system?" Below is a brief glimpse into our new normal.

Rounding in the small OB ward of our local hospital is another world. Two delivery beds, six labor beds, and 2,500 annual deliveries staffed almost entirely by midwives and GP's. Other patients wait in the post-partum area: multiple pre-eclamptic patients, uterine rupture, VBAC, HIV, pre-term this and that, chorioamnionitis. I feel for the woman who developed post-partum eclampsia, seizing at home intermittently for ten hours; the family felt it might

continued on page 18

be bad spirits. She came in comatose but is doing better. I watch as episiotomies are performed routinely due to scarring from female genital mutilation; twins are delivered by the 24-year-old male midwife on a regular bed; and women labor without anesthesia or the support of family. My two residents quickly become the senior providers. The one OB/Gyn appears primarily for C-sections due to commitments at the main hospital and elsewhere. To quote a GP, "We have everything. In the rural areas, it is . . . difficult." For the 80+ million Ethiopians living in rural areas, life is difficult. This is another world.

When speaking to 300+ graduating interns I once asked how many come from farming families and almost everyone raised his or her hand. Yet, like in Oregon, health care is concentrated in Ethiopia. Students attend medical school in a city, serve the required few years as a GP in a primary hospital, and leave as soon as possible. The disparity is far, far greater than in Oregon. We live in Addis Ababa, a city of 5+ million. I constantly need to remind myself that in many ways, this is not Ethiopia. We are attempting to develop primary care medical leadership that will touch the 80 million people whose lives have changed little in the past thousand years.



Andrea Janssen, MD teaching the ALSO® Course to Addis Ababa University residents.

Our residents come with all kinds of experience. A few come directly out of the six year medical school curriculum. Most have served as GPs for years. One speaks seven languages. Another started as a health officer, was trained as a trauma surgeon for six months to serve in the war with Eritrea, and now believes Family Medicine will serve his country. They are smart; they don't need lectures; they need mentoring, hope, and the courage to take leadership.

Their commitment to the people of their country inspires us daily.

How do you begin to describe the pediatric wards? In the U.S. we have teams, pharmacists, social workers, child life specialists. Here the children are lucky if their parents can stay to feed them during the entire hospitalization. Burned bodies, broken bones, and resigned spirits. One nine-year-old girl was brought in for pneumonia/TB/HIV; her mother had died the day before. Her father had died years ago. Will she be abandoned by her aunt as the boy next to her was? Perhaps she'll be malnourished in a new family as the girl next to her. All three in the shared room have HIV; they struggle not only for their lives but for love. No medicine or lab test can solve this problem. Many days there are more questions than answers. We prefer fixing problems rather than journeying with them into the pain. In a sense this is another world. In a very real sense this has always been our world, only now we share a little more deeply.

For further information, please contact Andrew Janssen or Andrea Janssen. They can also be found at Janssens in Ethiopia on Facebook.



Andrew Janssen, MD helping with a rural medical clinic.

FAMILY MEDICINE

20th Annual Pennington Lectures

Presented by OHSU Family Medicine



September 16, 2016

OHSU Campus, Portland
CME credit through AAFP

www.ohsu.edu/pennington



2016 ORPRN CONVOCATION



On March 10th ORPRN presented a very well-received Convocation of Practices which took place at the Embassy Suites Downtown Portland prior to the OAFP Spring Family Medicine Weekend. The theme of the Convocation was “Addressing Health Disparities in Primary Care,” which links directly to ORPRN’s vision statement of Connection, Involvement and Community Health. The goal of the conference was to create a conversation by listening to primary care practices and community health workers who work with the most vulnerable members of our community.

The afternoon began with a dynamic poster session which included 19 posters from ORPRN and several residencies across Oregon with informative topics ranging from colorectal cancer screening and acute mercury inhalation to Hepatitis C treatment protocol and food insecurity screenings. After the poster session, the Convocation began with a keynote presentation from Arthur

Kaufman, MD, on the “Role of Primary Care Practices in Improving Community Health.” One attendee reported after hearing Dr. Kaufman’s presentation that it was inspiring to see engagement on all levels. Elizur Bello, MSW, then moved into an engaging presentation on “Integrating Community Health Workers to Address Social Determinants of Health.” The two topics were then integrated with a panel discussion of primary care physicians and community health workers providing practical ideas on how to implement community health worker programs. To finish up the afternoon, participants had the opportunity to reflect on disparities in their own communities and brainstorm solutions in breakout sessions.

The Convocation drew around 150 attendees from very diverse communities, representing a wide range of roles. We would like to extend a thank you to everyone who participated and we look forward to widening the appeal of ORPRN’s Convocation in the years to come.

Highlights of the 69th Annual Family Medicine Weekend

At this year's Annual Family Medicine Weekend held at the Embassy Suites Portland Downtown Hotel on March 10-12, family physicians, family medicine residents, medical students and other health care professionals gathered to learn, connect and rejuvenate.

"The OAFP Has You Covered!" was the theme of this year's conference, and our goal was to "cover" our members in a variety of ways – through thought-provoking discussions, forward-thinking lectures and much-needed socializing.

The meeting began, as it has for the past several years, with the ORPRN Convocation, drawing over 100+ attendees (see article on page 21 for complete details). At

the end of the day, members attended the 17th Annual OHSU Department of Family Medicine Statewide Volunteer Faculty Meeting where members heard from **John Saultz, MD**, the outgoing OHSU chair of Family Medicine. To end the evening, participants were privileged to be entertained by the BRAVO Youth Orchestra. President and co-founder **Bonnie Reagan, MD**, spoke of how BRAVO transforms the lives of underserved youth through intensive classical instruction. The third through fifth grade string orchestra brought the audience to their feet and provided an inspirational kickoff to our Spring Family Medicine Weekend.

The next morning, mainstage lecturers AAFP President Wanda Filer, MD;

pediatrician Teri Pettersen, MD; and family physician **Robyn Liu, MD** spoke on the lifetime implications of child sexual assault and other ACEs, trauma-informed care, and poverty as a chronic disease. In regards to the morning lectures, members stated, "I had no idea of the implications; thank you for opening my eyes;" "Great lecture; will change my practice;" "I can't wait to bring this information into my practice;" "Inspiring; provokes my own thoughts about tangible changes that can be made;" and "Thank you for bringing up this topic; so important."

At lunchtime, members gathered in the hotel lobby, and under drizzly skies and with bright teal "Health is Primary"



umbrellas raised, were led by drummers to Director Park to hear Dr. Filer's encouraging message of how family physicians are transforming America's health care system. (See photo montage on page 24 for a detailed look at our member march!)

Upon returning from the umbrella brigade, members had a choice of attending twelve different breakout sessions, ranging from "Motivational Interviewing" and "Mind/Body Medicine" to "Current Treatments for Opioid Addiction" and "Integrating Behavioral Health in Your Practice;" definitely something for everyone! (Look for these presentations online at <http://oafp.org/events-cme/>)

The next morning began with a robust Congress of Members session, where ten resolutions were discussed. (*Find complete details on OAFP website.*) **Senator Elizabeth Steiner Hayward, MD**, Representative Mitch Greenlick, and OAFP lobbyists Doug and Sam Barber then responded to members inquiries during the Legislative Update regarding alternative payment methods. More learning opportunities were available throughout the day, with extended educational experiences offered through the ever-popular SAM Study Hall, Musculoskeletal Blocks and a Menopause-Manopause Clinic.

Members were able to connect at the Annual OAFP/Foundation Auction (see page 26 for complete story) and the Annual Celebration Luncheon, where students and physicians were given awards and accolades (see OAFP Family Doctor of the Year on page 11 and Members in the News on page 29 for details).

Overall, members were encouraged and enthusiastic by their takeaways from this year's conference. One member summed up her feelings succinctly, "very inspirational . . . what a great society!" As always, it was a joy to see all of you who attended this year. For all members, we hope to see you next year in Sunriver Resort, April 20 – 22, 2017.



MANY THANKS

We wish to offer a heartfelt thanks to the following sponsors of our 69th Spring Family Medicine Weekend. Their financial support helped the OAFP continue to offer vital academic information and training to our members.

FAMILY MEDICINE CHAMPION:

FamilyCare Health (and sponsor of our beautiful umbrellas!)

EXHIBITOR/SPONSOR:

ABFM
CareOregon
Disability Determination Services
EverMed PC
Intercommunity Health Network CCO



Northwest Permanente, P.C.
Office of Rural Health
Oregon Dairy & Nutrition Council
Oregon Rural Practice-Based Research
PacificSource Health Plans

PeaceHealth Laboratories
Physician Direct Services
Providence Health & Services
Yakima Valley Farm Workers Clinic

“Health is Primary” Umbrella Brigade Was a Big Hit with Members and Onlookers Alike!

On Friday, March 11, during the lunch hour of the first day of the OAFP’s Spring Family Medicine Weekend, members took to the streets of Portland en masse, walking from the Portland Embassy Suites Hotel to Director Park. The brightly-colored “Health is Primary” umbrellas were given to the first 150 conference registrants and were sponsored by FamilyCare Health. From the first drum beat to the final bullhorn, here’s a pictorial view of our member march.



DAN PAULSON INSTALLED AS NEW OAFP PRESIDENT



Surrounded by his family, including his mother, Lois Paulson; wife, Linda Hesketh; and daughters Marika and Jennika, Dan Paulson, MD takes his oath as the 69th OAFP President from AAFP President, Wanda Filer.

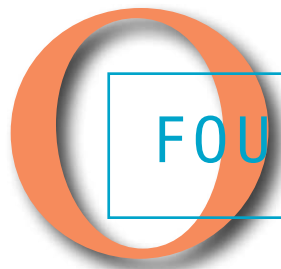
Daniel Paulson, MD, MS, a family physician who practices in Springfield, assumed his role as the 69th President of the Oregon Academy of Family Physicians at the OAFP's annual celebration luncheon held last month. Dr. Paulson has been a member of the OAFP since 2001 and on the Board of the Academy since 2010. His term as President will last one year.

Dr. Paulson is currently a managing partner at Springfield Family Physicians where he has worked since 2001 and he focuses his practice on health maintenance and disease prevention. He is the medical director for his clinic's Patient Centered Primary Care Home and the clinic is participating in the nationwide Comprehensive Primary Care Initiative. He serves on several committees for the Trillium Coordinated Care Organization including the Pharmacy and Therapeutics Committee and the Committee for Primary Care and Behavioral Health Integration. He is also the chairman of the QI committee for Lane Independent Primary Physicians and a member of the Volunteers in Medicine Medical Advisory board. He has been active in the implementation of the Patient Centered Primary Care Home standards in Lane County and across the state. Dr. Paulson is a graduate of St. Olaf College in Northfield, Minnesota and holds both M.D. and M.S. degrees from the University of Wisconsin-Madison, where he also completed his family medicine residency.



When asked what he wishes to accomplish during his term as OAFP President, Paulson said, "The OAFP is recognized as a strong advocate for its members as they work to improve the health of their patients and their communities. We will continue to support a central role for comprehensive primary care as we work for health care reforms that allow access to high quality health care for all Oregonians."

For more information on Dr. Daniel Paulson, read the President's Message on page 4.



LYNN ESTUESTA,
OAFP FOUNDATION EXECUTIVE DIRECTOR

“WE’VE GOT YOU COVERED” OAFP FOUNDATION AUCTION & HAPPY HOUR

Raffle tickets for a wine country getaway; vacation spots on the coast and in the city; one-of-a-kind, handcrafted furniture pieces; unique, hand painted decor and stunning photographs; a coveted apple pie; hard-to-find species rhododendrons; certificates to restaurants and theaters; and an unparalleled outpouring of generosity took place at this year’s OAFP Foundation



Auction. A special thanks to Springfield Family Physicians for sponsoring the Happy Hour event during the auction!

Auctioneer and fellow physician Rick Wopat, MD urged members to think of

the future of family medicine in Oregon as they raised their hands and bid on the night’s live auction items. In the end, the auction generated just under \$27,000 with proceeds going directly into mentorship, networking, education and scholarship programs and activities all centered on investing in future family physicians serving our Oregon communities.

We appreciate each of the following donors of goods, services, and cash donations for their bighearted support. We are thankful for all who attended and participated in the silent and oral auction on Friday, March 11. A special thanks to our OAFP members who contributed to the offerings at this year’s auction:

Katherine & David Abdun-Nur, MD

Patricia Ahlen, MD

- Alex + Ani
- Ali Sharifi Rugs
- Al’s Garden Center
- Ashland Springs Hotel
- Trish Banning, Hasson Realty
- Banning’s Restaurant & Pie Shop

Scott & Heidi Beery, MD

Paul Blackburn & Kristen Dillon, MD

- Bob’s Red Mill
- Broadway Rose Theatre
- Bullwinkle’s Family Fun Center
- John Case, Classic Chauffer
- Kim Childs, Keller Williams
- Jane Conley
- Cookies by Design
- Disney Resort
- Shawn & Charles Engelberg

Lynn & Jeff Estuesta

Scott Fields, MD

- Glowing Greens
- Green Springs Farm, LLC
- Lee & Scott Havens

Timothy Herrick, MD

- High Desert Museum
- Hood River Distillers
- Inn at Cannon Beach
- Inn at Spanish Head
- Julie & Mark Johnson
- Vesna Jovanovic, MD
- Lakewood Theatre Company

The Loaded Brush

- Mary & Richard Lundy
- Lisa & David Martin
- Maryhill Vineyards

Brian & Maria McCormick, MD

Buz McDonald & Peggy O’Neill

- McMenamins Pubs & Breweries
- Andrea & Denis Mehigan
- Mt. Hood Meadows Ski Resort
- Francie & Dale Naftzger
- Northwest Children’s Theatre
- Oregon Shakespeare Festival
- OMSI

Bill Origer, MD

- Duncan Parks, PhD & Nathalie Jacqmotte, MD**

Janet Patin, MD

- Pittock Mansion
- Portland Center Stage
- Portland Children’s Museum
- Portland Japanese Garden
- RedTail Golf Center
- Becky & Scott Robertson
- Salishan Spa & Golf Resort

Sherrie & John Saultz, MD

- Seattle Mariners
- Seattle Seahawks
- Kim & Jeff Spathas, DMD
- Springfield Family Physicians**
- Stash Tea
- Chris and Suzy Stutes, Cornerstone Wealth Management

Alexander Verdieck, MD

- Wanderlust Tours
- Carol & Cliff Wesner
- Keith White, MD**
- Willamette Valley Vineyards
- Ellen & Rick Wopat, MD

continued on page 27

continued from page 26



And a special thanks to our Foundation Cash Donors

PRESIDENT'S CLUB: \$1,000+

Bruce Carlson, MD
Oregon Freeze Dry, Dale Bookwalter
Sherrie & John Saultz, MD
Ellen & Rick Wopat, MD

PATRON: \$500-\$999

Patricia Ahlen, MD
Sarah Lamanuzzi &
Gabe Mayland, MDs
Susan & Fred Matthies, MD
Bill Origer, MD
Dan Paulson, MD
Bonnie & Pete Reagan, MDs
Ron Stock, MD
Rita & Tom Turek, MD

BENEFACTOR: \$250-\$499

Katherine & David Abdun-Nur, MD
Kristin Bradford, MD
Jim Calvert, MD & Wendy Warren, MD
David Gilmour, MD
Michael Grady, MD
Jan & Howard Levine
Janet Patin, MD
Gary Plant, MD
Springfield Family Physicians
Marilou & George Waldmann, MD

SPONSOR: \$100-\$249

Elizabeth Blount, MD
Michael Goodwin, MD
Mary & Richard Lundy
Mark Meyers, MD
John Sattenspiel, MD

FRIEND: \$1-\$99

Robert Taylor, MD

OAFP in Action

The OAFP supports the transformation and implementation of the Patient Centered Primary Care Home (PCPCH) model in clinical practices throughout Oregon. While making strides toward expanding the PCPCH model throughout the state, questions remain on the actual cost of implementing and maintaining a PCPCH. This is not only a barrier to change within clinical systems which have not yet adopted a PCPCH model, but also remains an unknown financial burden on current PCPCHs given the existing payment system. Although payment incentives through CCOs, the Public Employees' Benefit Board, and Aetna exist for practices to adopt the PCPCH model, it is hypothesized that the predominant fee-for-service payment system has not yet aligned with the higher quality of care PCPCHs aim to provide.

Given these facts, the OAFP has partnered with researchers at Portland State University to conduct a survey of high-achieving PCPCHs to estimate the cost of sustaining the PCPCH model. The survey titled, "Estimating the Costs to Sustain Patient Center Primary Care Homes," will not assess start-up costs of implementing a PCPCH. Instead it will focus mostly on incremental and ongoing costs, while also capturing some administrative and overhead costs related to PCPCH activities. Approximately thirty practices have been requested to participate. Depending on participation, the study hopes to conclude by June 2016. Aggregate data from this study will hopefully inform clinical practices, payers and policymakers about the estimated costs of delivering this new model of care.

STUDENTS SPEAK OUT!

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



OHSU's Family Medicine Interest Group leaders at the Global Outreach talk by Guesly Dessieux, DO, and Paul Neumann, MD

OHSU's Family Medicine Interest Group (FMIG) has been flourishing this winter. Recently, **Paul Neumann, MD** and **Guesly Dessieux, DO** spoke to a group of over twenty MS1's and PA students about their experiences serving in medical mission trips around the world. They have provided disaster relief medical services in Haiti and Nepal, as well as refugee settlement support in Syria and several countries in Africa. Through stories and pictures, students learned about the ethical dilemmas and immense rewards of serving abroad. Students were inspired to hear how Dr. Neumann and Dr. Dessieux are partners in practice at Santiam Medical Associates in Stayton and create time in their yearly schedule for global health outreach. They each set aside around six weeks a year to travel to provide health care to underserved populations.

In addition, during early March, **Scott Fields, MD** led a popular Heart and Lung Sounds Workshop that allowed MS1's to hone their clinical skills. Dr. Fields provided a systematic approach to characterizing murmurs and lung sounds that gave students confidence in recognizing the difference between aortic stenosis and

mitral regurgitation. Future events include suturing working with Joe Skariah, DO and a cadaveric joint injection workshop with **Ryan Petering, MD**. We are excited to also have **Eriko Onishi, MD** discuss palliative care in medicine with our members later this month. These workshops and lunchtime talks expose students to the depth and breadth that family medicine doctors practice on a day-to-day basis. OHSU FMIG looks forward to future opportuni-

ties to share with medical students the value Family Medicine has to offer to our communities and world.

Last month, FMIG member **Nick West** attended a workshop during the OAFP Spring Family Medicine Weekend on "Engaging Tweens and Teens." Faculty lecturer R.J. Gillespie, MD discussed the importance of tailoring appointments with his patients that are 12-18 years old in a way that promotes goal setting and patient-driven health care. It was interesting to hear how Dr. Gillespie does not offer physical examination appointments to his pediatric patients, but rather provides well-care visits. It was exciting to see how the profession of Family Medicine provides opportunities like the OAFP Conference to engage its members in collaborative discussions.

2016-2017 FMIG CO-CHAIRS

Kelsi Chan

Joseph Pryor

Emily Thompson

Nicholas West

Talitha Wilson



Paul Neumann, MD at the Global Outreach talk at OHSU.

MEMBERS IN THE NEWS

HONORS, ACCOLADES, ETC.



Ashley Bunnard, John Saultz, MD, and Brian Bettencourt, MD

Brian Bettencourt, MD, received the Lewis and Ruth Carpenter Teaching Award for Teaching Excellence in an Outpatient Setting during the Annual OAFP Celebration Luncheon. The award is given annually to a volunteer faculty member of the OHSU Department of Family Medicine who is actively engaged and committed to one-on-one teaching in the ambulatory setting and is based solely on nominations from third- and fourth-year medical students.

Dr. Bettencourt completed medical school at Jefferson Medical College in Philadelphia and is a graduate of the Kaiser Family Medicine Residency Program. He then completed a Primary Care Sports Medicine Fellowship Program at the University of South Alabama. He started out in an Emergency Medicine residency but quickly realized he wanted to know “the rest of the story” and switched into Family Medicine. Dr. Bettencourt has quickly become a valued preceptor to the students and an asset to our third year clerkship.

Ashley Bunnard received the OAFP Outstanding Student Award. Ashley has served as student representative on the OAFP board for the past two years and prior to that was an active member of OHSU’s Family Medicine Interest Group. Most recently,

she has spent her fourth year in Klamath Falls as part of the Oregon FIRST program.

Fourth year medical student, **Charlie Procknow**, received both the Robert B. Taylor Family Medicine Award and the Mary Gonzales Lundy Award. The Taylor award honors Robert B. Taylor, MD, professor emeritus and former department chair, and is given to a graduating student each year who best exemplifies the qualities of the ideal family physician. Students are chosen based on scholarship, leadership and dedication to Family Medicine as a specialty over the course of their four years at OHSU. The Mary Gonzales Lundy Award is also given to a graduating student who matches in a Family Medicine residency based on an essay that describes the individual’s top two qualities and how these qualities could be incorporated into their ideal practice. As Charlie was in Japan during the conference, he will receive both awards during the Class of 2016 Graduation and Mentor Dinner held in May.

The recipient for the 2016 Outstanding Clerkship Student Award is **Elizabeth Suh**. This award is given each year to a graduating senior who is going into Family Medicine and received honors on their Family Medicine Clerkship rotation. Elizabeth will also receive her award at the upcoming Graduation and Mentor Dinner.



Laura Gratton, DO, FAAFP, family physician at Mosaic Medical in Prineville since 2011, received the Degree of Fellow during the OAFP’s annual celebration luncheon. Dr. Gratton achieved this distinction because of her service to family medicine in her community, by her advancement of health care and by her professional development through medical education and research. She completed medical school at Des Moines University, her residency at Broadlawn Medical Center, and became the Medical Director of the Prineville clinic in 2013.

continued on page 30

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

MEMBERS IN THE NEWS

INTERESTING BUSINESS WE SHOULD ALL KNOW NEW OAFP BOARD MEMBERS ANNOUNCED



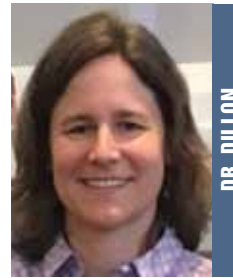
2016-2017 OAFP Board of Directors

A new slate of officers was elected at the Annual Spring CME Weekend held in Portland in mid-March. The officers are **Daniel Paulson, MD**, Eugene, President; **Kevin Johnston, MD**, Burns, President-Elect; **Robyn Liu, MD**, Portland, Vice President; **Ruth Chang, MD**, Portland, Secretary; and **Michael Goodwin, MD**, Tigard, Treasurer.

Michael Grady, MD, Silverton and **Glenn Rodriguez, MD**, Portland, are the Delegates to the AAFP and **Evan Saulino, MD, PhD**, Portland and **Gary Plant, MD**, Madras, are Alternate Delegates to the AAFP.

Marc Carey, MD, PhD, Portland, is the Speaker of the Congress and **Nathalie Jacqmotte, MD**, is the Vice Speaker of the Congress.

In addition, two new board members were elected to the existing board (which includes **David Abdun-Nur, MD**, Grants Pass, Director; **Heidi Beery, MD**, Roseburg, Director; **Rick Kincade, MD**, Eugene, Director; **Jon Schott, MD**, Baker City, Director; and **Lance McQuillan, MD**, Corvallis, OMA Delegate): **Kristen Dillon, MD**, Hood River, Director and **Melissa Paulissen, MD**, Tillamook, Director. Our new OHSU Resident Director is **Wes Baker, MD**, Portland.



DR. DILLON

Kristen Dillon, MD, is a family physician who is currently serving as the Director of the Columbia Gorge Coordinated Care Organization. From 2000 – 2015 Dr. Dillon served the people of Hood River through her private practice at Columbia Gorge Family Medicine. She received her medical degree from the University of California, San Francisco and completed her residency at the Fort Collins Family Medicine Residency Program. Read more about Dr. Dillon on page 11, Oregon's 2016 Family Doctor of the Year.



DR. PAULISSEN

Melissa Paulissen, MD, is a family physician at the Tillamook County Health Department and Centers for Family Health. She went to medical school at OHSU and completed her residency at Providence Milwaukie Family Medicine Residency. She has a particular interest in pediatrics and integrative medicine. In her spare time she enjoys traveling and playing outdoors with her husband and three-year-old son.



DR. BAKER

Wes Baker, MD, is a second year resident in the OHSU Family Medicine Residency Program. Dr. Baker received a B.A. and M.A. in Neuroscience and Behavior at Wesleyan University and his M.D. at OHSU. This native Oregonian likes to spend his free time exploring by foot and bike and cooking overly spiced foods!

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

Presorted Standard
U.S. POSTAGE PAID
LITTLE ROCK, AR
PERMIT NO. 2437