



# Family Physicians of Oregon

VOL ★XIII • NO 3 • Spring 2019

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- **Third Opioid Prescribing Guidelines Task Force Begins**
- **2019 Annual Family Medicine Weekend and ORPRN Convocation**
- **Match Day 2019**



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VOL ★XIII • NO 3 • SPRING 2019

# Family Physicians of Oregon

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

FAMILY PHYSICIANS OF OREGON reaches more than 1,600 family physicians and their professional associates. Medical students and staff at Oregon Health Sciences University also receive the magazine. FAMILY PHYSICIANS OF OREGON assumes no responsibility for the loss or damage to contributed material. Any material accepted is subject to revision as necessary. Materials published in FAMILY PHYSICIANS OF OREGON remain the property of the journal. No material, or parts thereof, may be reproduced or used out of context without prior, specific approval.

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**About the cover:**

Spring has finally arrived in the Pacific Northwest. The wisterias are in full bloom in Northeast Portland.



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OREGON ACADEMY OF  
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EDITION 49

# ● PRESIDENT'S MESSAGE



ROBYN LIU, MD, MPH, FAFP, OAFP PRESIDENT

Thank you for allowing me to serve as your President for the past year. I will leave you in excellent hands when we install **Dr. Ruth Chang** as your next leader at the annual meeting in May. I know that we will continue the excellent work we have begun in building a culture of health equity, enhancing existing relationships, and bringing all voices to the table.

When I took on this job, I told you my story, about how I'm very good at climbing ladders, but that I find in my own life that the world looks much more like a labyrinth. I told you how grateful I am that I am not alone on these paths, that I have so many companions on this journey, and that we are all just walking each other home. I asked you, too, to look critically at our Academy, not through a lens of tolerance or of diversity, but of justice. I asked each of you to look around, find out who's not at our table, and help us dismantle the barriers that are keeping them out.

It has been said before, many times, but I cannot help repeating that what makes the OAFP truly important is an unwavering focus on the people and communities we serve. Years ago, when I was still fairly new to the state, I attended a retreat wherein our leaders determined that there should be a litmus test for all decisions made on behalf of this body: "Is it good for the health of Oregonians?" If we could not answer "yes," then we would not pursue that policy or take that action.

At the time, I perceived that this litmus test created a real tension within our organization, and I was not entirely satisfied. After all, the AAFP and the OAFP are not patient-care or patient-advocacy groups. We are designed and built to serve the family physician. We are the place where family physicians can gather, share their concerns, find common ground, and advocate for one another. We are the source of evidence-based clinical information that helps ensure that the care every family doctor provides is the absolute best it can be. We design, promote, and hone the model of the medical home, in our efforts to achieve the Quadruple Aim and turn the ship of the American health care system in a more efficient and equitable direction. I felt, in a way, that we might perhaps be letting each other down by making *patient* health the litmus test by which we would judge all of our actions and policies. Family doctors take care of their patients - who will take care of the family doctors?

I put my doubts aside in my time serving as the leader of

the OAFP, and have returned again and again and again to that question that was laid out before me at that retreat years ago. Any time I am asked to make a decision on your behalf, it is the first thing I ask myself. Despite still feeling that tension, and believing with all my heart that our mission as an organization is to serve family physicians, I can say without hesitation that this litmus test is a very good one. It cuts through binary politics, moves us past questions of optics or "how will this play," and gives us a true north with which to align ourselves. It's my opinion that the tension we created when, as a physician education and advocacy group, we decided to make patient health our guiding principle, is actually the best thing about the OAFP.

We are designed and built to serve the family physician. We are the place where family physicians can gather, share their concerns, find common ground, and advocate for one another.

We are always going to be a body of family physicians, by and for family physicians. That is not a principle or a policy, it is not a thing we do, it is just who we are. It is right there in our name. It will always be our starting line. Where we go from there, then, is directed by what will bring the most health and the best results for all of our neighbors in and around Oregon. Bringing forward the tension between what serves family physicians, and what is good for the health of our patients, is *not* a bad thing! In fact it is the exact thing that we need to confront, in order to ensure that we will always retain our integrity and ensure our relevance. We need our patients to become our partners in helping to shape the systems of the future, and that will only happen if they trust us. Our legislators will listen to us more intently if they perceive that we are not seeking personal gain. Taking care of ourselves and one another as family physicians is what we are for - but making sure we do that only in ways that will benefit our patients is how we will change the world for the better.



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# Third Opioid Prescribing Guidelines Task Force Begins

On March 12, the first meeting of the Opioid Taper Guidelines task force took place. The group will meet monthly through August 2019. Members offer a range of experience and expertise related to opioid use, prescribing and tapering, and include a cross section of stakeholders and partners from across Oregon. Membership brings together individuals with clinical expertise, health leadership and individuals with life experience. OHA has a continued interest in transparency, so the taper guidelines task force members will meet in public, as have all prior opioid guidelines task forces convened by the agency.

Task forces convened in 2016 and 2018 produced guidelines targeted at chronic

prescribing, guidelines for dentists, and for acute prescribing. Producing these guidelines is expected to have an impact on prescribing patterns for Oregon's prescribing community. The goal throughout has been to address the epidemic of opioid use, misuse, and overdose by providing a consistent framework for optimizing care and improving patient safety at the local and regional level.

The three sets of existing guidelines are all available publicly on the OHA website, along with information about the meetings and a roster of members. Find links to the resources on the OAFP website at [oafp.org/health-reform-update/](http://oafp.org/health-reform-update/).

The OAFP Annual Spring Family Medicine Weekend, May 2-5, is offering sessions on managing MAT in a primary care practice and the Project Nurture program. Project Nurture integrates substance use disorder treatment with primary care (including pain management), prenatal care, intrapartum care, postpartum care and well-baby care that women with substance use disorders need while pregnant and in the first year of the child's life.

In addition, on Sunday May 5, we will offer the in-person component of a **Buprenorphine Waiver Training** program created by the American Academy of Addiction Psychiatry. Don't miss it! Visit [oafp.org/events-cme](http://oafp.org/events-cme) and register.

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Dr. Todd Gillingham, Owner, Gillingham Family Practice



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# The Relational Leadership Institute at OHSU

## Background

Two separate yet notable trends currently exist within Family Medicine. The first involves increasing awareness about rising rates of provider burnout—over 60% of Family Medicine physicians report burnout,<sup>1</sup> which has been shown to lead to increased disengagement and provider turnover.<sup>2</sup> Second, Family Medicine team members are leading much-needed innovations nationally in the realm of care delivery, including implementing integrated team-based care,<sup>3</sup> and addressing patient engagement<sup>4</sup> and social needs.<sup>5</sup> Both these trends represent not only a challenge for our specialty, but also an opportunity: what skills can be offered to Family Medicine teams to increase overall success (e.g., ignite more necessary innovations in primary care) and satisfaction (e.g., enhance feelings of engagement in daily work)?

Enhancing leadership capacity—specifically, equipping more leaders operating in all professions and stages of training, deploying a comprehensive set of leadership practices to manage change—is essential to seize this opportunity. However, an overreliance on traditional, hierarchical, command-and-control styles of leadership may not only constrain overall efforts in care delivery improvement, but also exacerbate burnout amongst the workforce.<sup>6</sup> As a result, calls have increased for a more relational

leadership style that empowers all members of the primary care team.<sup>7</sup> Early research into relational leadership practices—emphasizing emotional intelligence, strengths-based orientation to others, and establishing psychological safety—within interprofessional care teams have demonstrated associations with improved quality of care, provider satisfaction, and patient satisfaction with care.<sup>8-10</sup> In fact, problematic relational issues (e.g., poor coordination, communication, and collaboration), not strategic factors, were found to be the main cause of up to 88% of failed health care improvement efforts.<sup>11</sup>

## The Relational Leadership Institute

In response to the call for more relational leadership practices, the nonprofit Primary Care Progress (PCP) and the Department of Family Medicine at Oregon Health & Science University (OHSU) collaborated to develop the Relational Leadership Institute (RLI). RLI is a three-month longitudinal leadership learning collaborative engaging an interprofessional, cross-generational cohort of health care professionals and trainees. Launched in 2017, RLI intends not to replace, but rather, complement the traditional executive leadership skills (typically focused on the “what” and the “how” of work), with relational

leadership (RL) skills (focused on the “who” and the “why”) that characterize the highest performing teams in health care. RLI intends to develop relational changemakers who can enhance interprofessional teamwork within clinical care, and collaborate across professions and sectors to create the innovations required to transform health care and population health today.

RLI has completed three cohorts and its fourth cohort is currently underway. RLI’s curriculum spans ten modules delivered in 22 hours over three months. The curriculum utilizes a mixed-methods process to engage all learning styles, including: large group didactics, small group activities, one-on-one skill practice, opportunities for reflection, assigned readings, and the application of skills in participants’ professional settings. Each participant is assigned to a small group that remains intact throughout the course, and which are facilitated by two prior RLI participants. Session trainers and small group facilitators actively model RL practices to engender trust and psychological safety. For example, trainers model vulnerability and share their own personal stories at the beginning of sessions, regularly admit when they are unsure, and seek feedback from others. Furthermore, as the program has grown, a leadership pathway supporting one’s trajectory from participant to small group



facilitator to session trainer has been developed. These leadership pathway participants are supported through curricula focused on relational facilitation skills and group activities to foster a sense of “community within a community.” The leadership pathway intends to provide a mechanism for participants to continue developing their RL skills by applying and teaching newly-learned skills in a safe and supportive learning environment.

The curriculum for RLI draws on key insights from existing literature and experience in relational leadership, community organizing, social psychology, anthropology, and sociology. RLI complements traditional health care leadership practices by emphasizing the four competency domains of RL:

- **Self-management:** the ability to reflect on one’s own behavior in order to ensure ethical leadership, placing a high priority on self-awareness, learning, and being intentional about how one shows up in public spaces.
- **Teamwork:** the ability to build trust and influence others to work cooperatively and interdependently in service of a shared, meaningful goal.
- **Coaching:** the practice of facilitating the performance, learning, and development of others.
- **Advocacy:** the ability to understand one’s ecosystem, mobilize stakeholders, and sustain their commitment to change, in service of inspiring innovative initiatives across organizations, institutions, and communities.

The RLI curriculum takes participants through these competency domains over ten modules (detailed in Table 1).

## The Impact of RLI

The OHSU Department of Family Medicine has completed a mixed-methods evaluation of the two pilot cohorts of RLI (RLI 1 and 2), including assessments post-program and six months post-program. Participants have represented a truly interprofessional and cross-generational cohort, with approximately one-third of participants representing students or residents in their professions. Participants came from multiple professions including medicine, nursing, physician assistants, pharmacy, administration and public health.

In evaluating the overall course, 100% of participants of both RLI 1 and 2 agreed or strongly agreed with the statements, “I’ve learned practical skills that will help me in my work” and “I plan to use skills I have learned in the future.” Participants reported a significant increase in self-assessed competence for all 11 competencies in the four course domains (p-value range: 0.013 to <0.001). Participants also reported a significant positive shift in their level of agreement with eight of nine statements reflective of RL attitudes (p-value range: 0.041 to <0.001). The most marked shifts occurred in attitudes related to working in teams and supporting others. The proportion of participants who agreed or strongly agreed with the following statements shifted from 50% pre-RLI to 95% post-RLI: “I am confident that I can help launch a team and handle difficulties when they arise” and “I am confident I can support the growth and development of my colleagues.”

Participants seemed to retain these skills and mindsets long-term, as six months post-course, approximately 50% of participants reported that they were “moderately” or “fully” applying skills in: One-to-One Meetings, Physiology of Teaming, and 5 Dynamics. Furthermore, at six months post-program, 50% of participants of both RLI 1 and 2 agreed or strongly agreed with the statement, “I have reached out and connected with members of my RLI learning collaborative,” suggesting that RLI may facilitate long-term community building amongst participants, which may not only foster interprofessional collaborations, but also mitigate against burnout.<sup>12</sup>

## Opportunities Ahead

Based on its early successes, plans are underway for PCP and OHSU to support the University of North Carolina and the University of Utah in developing RLI within their institutions. An RLI National Collaborative team has been formed with representative stakeholders from each of these institutions, to identify how to most effectively scale and spread RLI across the country. Furthermore, due to interest from existing intact clinical care teams requesting RL skills (who cannot otherwise have all team members attend RLI cohorts simultaneously), PCP and OHSU are piloting a program bringing RL skills to intact care teams at their clinical settings. Ongoing insights and evaluations from these various relational leadership programs will enhance our understanding of other ways to effectively scale and disseminate RL practices across the health care system, in service of creating both a healthier workforce and healthier communities.

*continued on page 10*

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**TABLE 1: RELATIONAL LEADERSHIP INSTITUTE MODULES**

Module Title	Description
Introduction to the Relational Leadership Institute	An introduction to RLI, an opportunity for participants to begin developing trust in their small groups, and an overview of Relational Leadership and its competency domains
Narrative Leadership: Using Stories to Generate Trust, Connection and Action	A workshop that teaches the essential components of Narrative Leadership, a leadership technique to connect with team members, share values, and invite others to step up into leadership roles through harnessing narratives
One-to-Ones to Build Our Core Teams	An introduction to a powerful team building skill, founded on eliciting the values and experiences of colleagues in service of building a core team of engaged people who share a commitment to a vision for change
Understanding and Managing the Developmental Stages of Team	Understanding Tuckman’s Stages of Group Development, a framework for understanding team development, and methods for guiding a team through each stage of development, including through the inevitable challenges of collaborating
Understanding and Optimizing Our Approach to Work, Learning, and Collaboration	An introduction to the methodology of 5 Dynamics—a tool for understanding work and learning styles of oneself and fellow team members, and how to use those insights to optimize team performance
Meeting Management: Optimizing Success and Satisfaction	An introduction to a meeting management framework that optimizes time management and team engagement, and establishes psychological safety and trust
The Ask/Tell Spectrum	An Introductory Approach to Supporting Others’ Development and Growth: A coaching training session to develop a strengths-based approach to supporting the development of others
Conflict Transformation	An introduction to conflict transformation in which participants gain awareness of their own approaches to conflict, and learn to use the Crucial Conversations framework, a relational approach to resolving conflict
Advocate to Accelerate Change	An introduction to basic concepts of advocacy, changemaking, and power, and how to harness existing resources to better leverage diverse stakeholders’ interests to achieve accelerated change
Wrap-Up and Closure	Participants process their individual and collective takeaways, and engage in a team closure exercise aimed at honoring themselves and colleagues’ respective contributions to their personal and professional growth

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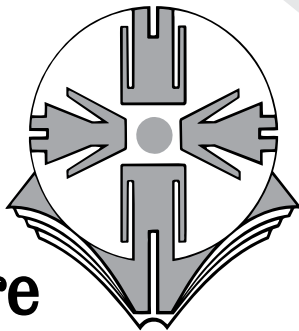
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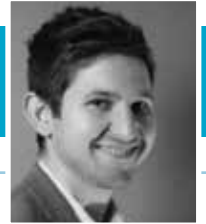
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SAM BARBER, OAFP LOBBYIST

## Immunizations and Payment Reform

For those who may have missed the OAFP Legislative Day, our members did an outstanding job engaging legislators from around the state on issues central to primary care and public health. Forty-five physicians, residents and students filled the halls of the Capitol, meeting with thirty legislators. During those conversations, members focused on two of the OAFP's top priorities this session:

The first is HB 3063, which would remove the philosophical



*Senator Elizabeth Steiner Hayward, MD addresses the OAFP attendees.*

and religious vaccination exemption for children in schools, but retain the medical exemption. The week before, a small but very vocal minority descended on the Capitol, pleading with the House Health Committee to preserve their right to keep their children unvaccinated. "We are not a state to force medical procedures on people against their will," one said. Our members spread the word that the physician community is aligned when it comes to this issue. Non-medical exemptions from vaccine recommendations lower

vaccination rates and allow the spread of diseases such as influenza, measles, mumps, whooping cough, and hepatitis in Oregon. The individual rights of a small minority should not jeopardize public health, when the science shows that vaccines are safe and effective.

It was a dramatic scene when the bill passed out of the House Health Committee the following week, as parents opposing the bill audibly wept in the audience. The Committee was split along party lines. Representative Ron Noble (R-McMinnville) summed up his colleagues' position: "When talking about the good of the whole versus the rights of the individual, in this case, I land on the rights of the individual."

While primary care has evolved to provide patient-centered, team-based care, reimbursement models have not kept up, and are largely still fee-for-service based.

Democrats unanimously supported the bill, along with an amendment to allow children who are not immunized to attend school online but would prohibit them from participating in school-related activities. It also codifies in the statute which vaccines are required and provides parents until August of 2020 to vaccinate their children.

Representative Mitch Greenlick (D-Portland) delivered a passionate monologue just before the vote. "When my father was born in 1900, the life expectancy was maybe two-thirds of what it is now. And that was because of the impact of childhood diseases. The reason life expectancy was so low, was because so many kids were killed by childhood diseases. We're worrying about 100 cases



*Doctors gathered from around the state to advocate for Family Medicine.*

of measles here, but the fact is that because of what we have done as a community, we have wiped out that scourge. Our children *live* now. And they live mostly because we do things as a community that we can't do alone."

The OAFP has also been working on SB 765 with **Senator Elizabeth Steiner Hayward, MD (D-Portland)** that would require public and private health insurers to meet targets for value-based payments to primary care. While primary care has evolved to provide patient-centered, team-based care, reimbursement models have not kept up, and are largely still fee-for-service based.

If you exclude Kaiser, which allocates nearly all primary care spending as value-based, only 2.9% of primary care reimbursement from commercial insurers is value based. Most coordinated care organizations (CCOs), on the other hand, allocate over 50% of their primary care spending to value-based payment.

**Liz Powers, MD** who runs a clinic in Enterprise, had the opportunity to testify in front of the Senate Health Committee on the bill. Dr. Powers said last year they billed 150 plans for 130 payers. "None of them cover the support services our clinic provides including a diabetic educator, clinical pharmacist, community health worker, and health coach." She said what Oregon needs is "a single primary care payment model that emphasizes alternative payment methodology." This bill wouldn't go that far, but it would ask payers to move in that direction.

Several members on the OAFP Board of Trustees have been working alongside commercial payers and CCOs as part of the Primary Care Payment Reform Collaborative to research, discuss, and advocate for a successful model of reform.



*Representative Rachel Prusak discusses prioritizing health care in her legislative agenda.*



# Sign Up Now for Spring ECHO Programs

Project ECHO is an interactive, case-based educational community originally developed at the University of New Mexico. Project ECHO has a robust hub in Oregon which builds the capacity of primary care clinicians to manage health conditions that they typically refer to specialty care.

The Oregon ECHO Network (OEN) offers multi-week interactive learning sessions with expert presenters who share their knowledge and clinicians who bring their tough cases to get feedback from their peers and specialists.

Participants have a high degree of satisfaction with Oregon ECHO

Network’s programs. “I love the practical advice that I can’t get by reading online articles,” notes one. Those who have taken ECHO also appreciate the welcoming atmosphere: “Very clear information and I really liked how [the] panel made [the] presenter feel safe.”

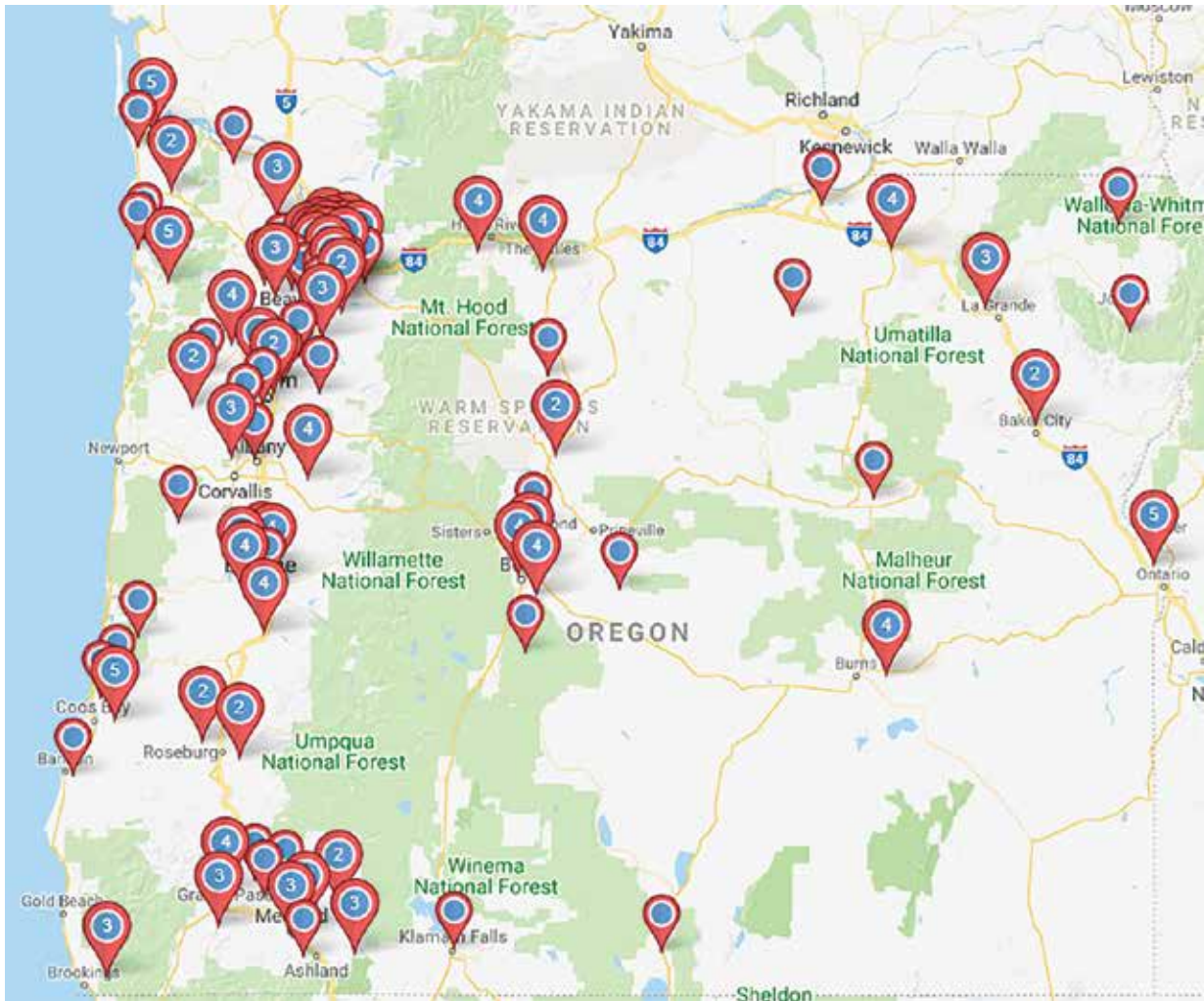
Programs are offered at no cost to participants and most offer CME. And you can now earn Part II Family Medicine maintenance of certification credits for many Oregon ECHO Network programs.

Past ECHO programs have allowed primary care clinicians to learn how to manage adult and child behavioral health issues as well as dementia both

with and without medication, and Hepatitis C and Liver Care. In addition, OEN has developed a robust slate of addiction medicine ECHO programs to help clinicians throughout the state care for those using opioids and other substances.

The Oregon ECHO Network is offering a slate of programs starting in April to help support Oregon clinicians who care for patients experiencing complex issues ranging from behavioral health to addiction.

Head to [www.oregonechonetwork.org](http://www.oregonechonetwork.org) to register for these ECHO programs and learn more about the Oregon ECHO Network.



# 2019 Annual Family Medicine Weekend and ORPRN Convocation

*A must attend meeting for family physicians to learn, connect and rejuvenate - May 2 – 5, 2019*

The OAFP and the Oregon Rural Practice-based Research Network (ORPRN) will work together to create a program that spotlights shared experiences and provide evidenced-based continuing medical education; deliver legislative updates and how these changes affect your practice; as well as offer a myriad of highly relevant topics.

Registration is available at: <https://oafp.org/events-cme/>. We look forward to seeing you soon!

We would like to thank our sponsors who have been so very generous. Please contact Louise Merrigan if you know of someone who would like to be included amongst our kind supporters.



## Family Medicine Champions



### Exhibitors



### Lawn Games Sponsor



# 2019 OAFP Annual Family Medicine Weekend & ORPRN Convocation

## *Schedule of Events*

<b>THURSDAY MAY 2 • ORPRN CONVOCATION: IMPROVING HEALTH AND REDUCING DISPARITIES</b>	
12:30 - 1:30 pm	Welcome and Introductions
1:05 - 2:05 pm	Improving Health and Reducing Disparities: ORPRN Studies and Projects
2:10 - 3:10 pm	Findings from Healthy Hearts Northwest: Research into Action
3:15 - 3:45 pm	Break and Poster Sessions
3:50 - 5:15 pm	“Headaches and Heartburn”: What Matters to You?
5:15 - 5:30 pm	Closing and Awards
5:30 - 6:30 pm	Reception for OHSU Statewide Volunteer Faculty
6:00 - 7:30 pm	OAFP Welcome Family Pizza Party
7:30 - 9:00 pm	S’mores and Sing-along at the Forest Fire Pit
<b>FRIDAY MAY 3 • OAFP SCIENTIFIC MEETING AND BLOOMING FOR BIDS AUCTION</b>	
8:00 am	Coffee and Continental Breakfast in Exhibit Hall
8:30 - 9:00 am	Welcome and Introductions
9:00 - 10:00 am	AAFP: Building for Tomorrow Today
10:00 - 11:00 am	Payment Reform, Value Based Payments, and Administrative Simplification in Plain Language
11:00 - 11:30 am	Break in Exhibit Hall
11:30 - 12:30 pm	Reproductive Health Care: Conversations for Family Physicians and Their Patients
12:30 - 1:30 pm	Lunch Break and Exhibitor Time
1:45 - 2:45 pm	Small Groups I – Choose One: (A) Extended Group Session: Reproductive Health Resources, Part 1 (B) Innovations from the Field: AHEC Scholars Share Projects and Perspectives (C) Primary Care and Hormone Therapy for Transgender Individuals across the Lifespan (D) Strategies for Integrating Lifestyle Medicine into Family Medicine
2:45 - 3:00 pm	Break in Exhibit Hall
3:00 - 4:00 pm	Small Groups II – Choose One: (A) EGS: Reproductive Health Resources, Part 2 (B) Building Partnerships to Make Change: Lessons from the Relational Leadership Institute (C) Managing Addiction in Pregnancy: The Project Nurture Model (D) Declaring War on Melanoma: Tools to Support Screening and Treatment in Family Medicine
4:10 - 5:10 pm	Small Groups III – Choose One: (A) Practicing Medicine in Today’s Compliance Driven World (B) Creating a ‘Culture of Health’ in Klamath Falls: Strategies for Community-Wide Impact (C) Studies in Physician Leadership: Tools for Team-Building & Leading Within Systems (D) Interdisciplinary Management of Opioid Use Disorder in Primary Care Settings
5:30 - 9:00 pm	BLOOMING FOR BIDS: OAFP/FOUNDATION DINNER AND AUCTION
<b>SATURDAY MAY 4 • OAFP MEMBERSHIP MEETING AND CELEBRATION LUNCH</b>	
7:00 - 9:15 am	OAFP Congress of Members
9:30 - 10:30 am	Legislative Update
10:30 - 10:45 am	Break
10:45 - 11:45 am	New Drugs 2019: The Good, the Bad and the Worthless
12:00 - 1:30 pm	CELEBRATION LUNCH and ANNOUNCEMENT OF FAMILY DOCTOR OF THE YEAR
1:45 - 5:00 pm	Knowledge Self-Assessment Study Hall: Health Behavior
5:00 - 8:00 pm	Board Meeting
<b>SUNDAY MAY 5 • WORKSHOP AND FAREWELL</b>	
8:00 - 12:00 pm	Buprenorphine Waiver Training





LYNNE ESTUESTA, EXECUTIVE DIRECTOR, OAFP FOUNDATION

## Annual OAFP/Foundation Auction & Dinner May 3, 2019

Please join us on May 3 at the Skamania Lodge where auction items will be on display all day long making it easy for you to bid, and to bid often. At the end of the day you are invited back for happy hour, conversation, more friendly bidding and a fabulous dinner to boot. Don't forget to order your tickets today at <https://www.eventbrite.com/e/oafp-family-medicine-weekend-orprn-convocation-2019-tickets-55945217652?aff=website>.

As the mission of the OAFP/Foundation is to invest in future family physicians to serve our Oregon communities, we are also giving our member physicians a chance to support a student or resident to join you at the auction dinner (there is a spot on the registration order form to do this). It is a wonderful way to show your appreciation to our family-physicians-in-training and they are honored by this gesture; it is the perfect networking situation and solidifies their feeling of participation within the organization.

As always, the auction will be filled with items lovingly made from our members; from homemade pies and furniture made with hand-selected woods to award-winning photographs and delectable wines. There is literally something for everyone. Of course, it wouldn't be an OAFP/Foundation Auction without our infamous Wall of Wine (there are plenty of pricey, delicious wines this year) as well as our entertaining live auction.

Come and spend a few hours (and a few dollars) at the auction on Friday, May 3 getting to know your members; you're sure to leave feeling uplifted by the camaraderie of this special group!

### Make your donation today!

If you would like to contribute to the auction in cash, goods, services or by sponsoring a student or resident, contact the OAFP/Foundation. You can donate online at <https://oafp.org/oafp-foundation> or send a check to



OAFP/Foundation, 890 C Avenue, Lake Oswego, OR 97034. We can't wait to see you at the 2019 Bloomin' for Bids OAFP/Foundation auction dinner which will be held at Skamania Lodge on Friday, May 3, 2019.

#### OAFP/Foundation Board Members:

- **Geoffrey Carden, MD, FAFFP**
- Lynn Estuesta, Executive Director
- **Katie Kolonic, DO, President**
- Leon McCook, MD
- Joanie Robertson, MA, MSW
- Justin Valley, MBA
- **Alexandra Verdieck, MD**
- Jessica Weyler
- Rick Wopat, MD

### Family Medicine Students and Residents – Here's Your Chance to Attend the AAFP National Conference of Family Medicine Residents and Students this Summer.

All family medicine students (M1 – M4) and residents who are interested in attending the AAFP's National Conference of Family Medicine Residents and Students that's held in Kansas City every summer are invited to apply for the OAFP/Foundation National Conference Travel Fund. The fund will cover conference expenses (airfare, hotel, transportation) up to \$600.00.

Please be sure to complete the correct application – there's one for rising M1-M3's; one for rising M4's and one for residents. Just contact Lynn Estuesta for the application and return the completed form to her by May 15, 2019. We look forward to receiving your submissions.

# STUDENTS SPEAK OUT!

ERIN HEATH, ALEXANDRA KIESLING, DAMON LERMA, ANNA PERSMARK, RYLEY SAEDI-KWON

In December 2018 OHSU's Family Medicine Interest Group (FMIG) made the transition to new leadership with cookies and conversation about ideas for the coming year. They are motivated to continue fostering excitement for family medicine and provide students with opportunities for hands-on learning, critical discussions, and community engagement. OHSU FMIG is proud to introduce the 2019 co-leads:



## *Introducing the new Leaders of the FMIG Leadership Committee*



### **Erin Heath: Event Coordinator – Workshops**

Erin Heath is a first-year MD student from Tigard, Oregon.

After falling in love with

Pullman, Washington, while visiting her junior year, Erin chose to attend Washington State University and pursue a BS in Neuroscience. Despite focusing heavily on neurology and addiction research during her undergraduate career, it is the broad spectrum of patients and lifelong relationships found in primary care that has driven her toward a future in family medicine. After growing up with a mother who had MS and experiencing her own past medical history, Erin has seen both the strengths and weaknesses of modern medicine in America and hopes to use her former perspective as a patient to help guide her actions as a physician and make quality health care more accessible for her community. Erin joins the 2019 FMIG team as Workshop Coordinator with goals to not only provide diverse educational opportunities for those currently interested in family medicine but also to educate others on how diverse family medicine can be as a specialty. In her spare time Erin enjoys spending time with friends both old and new, playing board games, and napping with her two kittens, Toothless and Chewbecca (not a typo, she just looks like a feminine Chewbacca).



### **Ryley Saedi-Kwon: Community Outreach**

Ryley Saedi-Kwon is a Pacific Northwest native from Washington who has lived in Hillsboro,

Oregon the past four years. After studying Biology at the University of Washington, she spent a year of full-time service in community building with middle schoolers in a diverse neighborhood of South Seattle. This experience sparked her determination to combine her love for biology with her passion for service and creating strong and supportive communities. She worked as an Emergency Department scribe for several years and upon entrance to medical school was drawn to primary care for its breadth of practice, emphasis on relationship building, and role of preventive care. Through FMIG's events she has been inspired by hearing the diverse ways family medicine doctors are able to connect with generations of families, advocate for their patient communities, and maintain a broad skill set. She is especially interested in serving immigrant communities and the urban underserved. As one of the Community Outreach Leads, she looks forward to creating more opportunities for students to become involved in service to local communities and to learn about Family Medicine.



### **Alexandra Kiesling: Community Outreach & Baby Cuddler project**

Alexandra (Alex) Kiesling is a native Oregonian, born and

raised in Ashland. She graduated from Tufts University's Bachelor's/MPH dual degree program with a BS in Biopsychology and an MPH with a concentration in Epidemiology and Biostatistics. During her time at Tufts, she ran Cross Country and Track and Field; worked as a research assistant in the Psychopharmacology lab; volunteered at Women's shelter; and conducted HIV drug resistance research in Namibia. After graduation, she spent a year working as a medical scribe in a variety of clinical settings, including Family Medicine, Women's Health, Urology, and Urgent Care. She also worked in a bakery that made specialty breads. Her goal is to work in primary care with medically underserved populations and to approach health care with a data-driven, public health lens that accounts for the social determinants of health. She is interested in full-scope family practice and rural medicine. Through her role as one of the Community Outreach Leads, Alex hopes to get more OHSU students involved in volunteering in the Portland Metro area. In her free time, Alex enjoys running, baking, traveling, and playing with her cat, Jack.



**Damon Lerma:**  
**Ward Walks/  
Mentorship  
Program/List Serve**

Damon came from the small rural town of Chiloquin, Oregon, where he learned early on just how impactful family medicine physicians are to their communities; especially the rural areas. He completed a BS in Biology-Health Sciences at Oregon Tech in Klamath Falls and worked with the local hospital as a rehabilitation technician in both inpatient and outpatient settings. His experiences have pointed him towards primary care for one reason - his community. Damon feels that Family Medicine can provide him with all the tools and resources he needs to provide the rural/underserved communities of Oregon with patient-centered care focused on coaching patients to become the healthiest and strongest versions of themselves in all aspects of life.



**Anna Persmark:**  
**Event Coordinator –  
Lunchtime Talks**

Anna Persmark is mostly from Eugene, Oregon, though she spent much her childhood in the woods of North Carolina. She attended Carleton College, where she found her passion for public health, critical thinking, and community engagement. After college, she spent a year in Washington, DC as an HIV counselor at a center for LGBTQ immigrant youth. That experience convinced her that she wanted to pursue medicine, and that to fully care for an individual's health, it is imperative to consider and act on the structures that lead to health inequities. In order to gain a broader perspective on health, and to spend time with her family in Sweden, she obtained her MPH from Lund University. Now, back at home in Oregon, she is excited to be a member of the FMIG team as the Lunchtime Talk Coordinator.

With big shoes left to fill following a fantastic 2018 for FMIG, this year's leads are off to a running start, hosting inpatient family medicine ward walks; discussing vaccines and how to approach hesitant parents in light of this year's measles scare; hosting documentary viewings and presenters to provide insight on how to care for our aging population; teaching suturing skills; and volunteering at Portland's

Operation Nightwatch to aid in the care of Portland's houseless population. The FMIG leads graciously welcome any advice, assistance, or ideas for how to make 2019 FMIG's best year yet and generate interest in, and excitement for, family medicine. Please email Rachel Faino at [holguira@ohsu.edu](mailto:holguira@ohsu.edu) if you have resources, ideas, or are willing to volunteer for lunchtime talks, workshops, or mentorship with medical students.



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# Match Day 2019

On Friday morning, March 15, 2019, fourth-year medical students gathered with their families and friends across the country to anxiously await the news of their futures. Here in Oregon, matches were made at Oregon Health and Science University in Portland, at Western University of Health Sciences in Lebanon. We are happy to announce that twenty-three individuals will be pursuing careers in Family Medicine. We would like to congratulate all of the medical students who will be embarking on the next phase of their medical careers, with a particular shout-out to our newly minted Family Medicine residents.

## From Oregon Health & Science University:

### **Stephen Babson**

Kaiser Permanente Northern California Program  
(Santa Rosa, CA)

### **Jeffrey Baitis**

Adventist Health Ukiah Valley Program  
(Ukiah, CA)

### **Katherine Cobb**

Providence Milwaukie Family Medicine Residency (Milwaukie, OR)

### **Ian Coe**

Montana Family Medicine Residency Program  
(Billings, MT)

### **Eric Eddy**

East Tennessee State University Program  
(Britsol, TN)

### **Deepthika Ennamuri**

University of Washington Family Medicine Residency (Seattle, WA)

### **Omar Fares**

OHSU Family Medicine Program  
(Portland, OR)

### **Emily Jack**

Family Medicine Residency of Idaho Program  
(Boise, ID)

### **John Lee**

Adventist Health Ukiah Valley Program  
(Ukiah, CA)

### **Cliff Moeckelmann**

Community Health Care Family Medicine Residency (Tacoma, WA)

### **Ryan Nesbit**

OHSU Family Medicine Program  
(Portland, OR)

### **Elke Neuenschwander**

Providence Hospital/Alaska Family Medicine Program (Anchorage, AK)

### **Andrea Nunez Morales**

University of California (Irvine) Program  
(Orange, CA)

### **Katelyn Pavlat**

OHSU Family Medicine Program  
(Portland, OR)

### **Sanjana Rao**

Community Health Care Family Medicine Residency (Tacoma, WA)

### **Tyler Reimann**

Providence Milwaukie Family Medicine Residency (Milwaukie, OR)

### **Kristen Tremaine**

PeaceHealth Southwest Medical Center Program (Vancouver, WA)

### **Andrew Wang**

OHSU Family Medicine Program  
(Portland, OR)

### **Nicholas West**

OHSU Family Medicine Program  
(Portland, OR)

## From Western University of Health Sciences:

### **Ben Fleming**

Carilion Clinic -Virginia Tech Carilion School of Medicine (Roanoke, VA)

### **Dylan Rogers**

Beaumont Health (Grosse Pointe) Program  
(Grosse Point, MI)

### **Charlie Price**

OHSU/Cascades East Family Medicine Residency (Klamath Falls, OR)

### **Mikaela Price**

OHSU/Cascades East Family Medicine Residency (Klamath Falls, OR)



*Dylan Rogers, DO '19, embraces Ben Fleming, DO '19, after learning they both matched into family medicine residency programs. (Photo courtesy of Western University of Health Sciences)*



*Elke Neuschwander, MD '19, celebrates her match during OHSU's Match Day festivities. (Photo courtesy of Oregon Health & Science University)*



*Charlie Price, DO '19, holds up his Match Day envelope before the opening ceremony at 9 a.m. Price and his wife, Mikaela, will stay in Oregon and head to OHSU's family medicine program in Klamath Falls. (Photo courtesy of Western University of Health Sciences)*

# Match Day Profiles



## Ian Coe: Advocating for rural health care

Ian Coe, 26, wants to be the family physician he never had, and the advocate that his parents taught him to be.

Growing up in Corvallis, Oregon, Coe learned tenacity and adaptability from his parents, Charles and Margaret, who navigate without the benefit of eyesight. After a high school career fair sparked his interest in medicine, he cold-called doctors' offices until he scored a job shadow at the Good Samaritan urgent care eight blocks from his home.

He was energized seeing doctors who treat a full spectrum of patients and conditions, care he and others only got in an emergency back before the state began providing health care for children who were otherwise uninsured.

Being helpful also resonated with him. Coe remembers making sure that customers didn't try to short his parents at the concession stand they ran in downtown Corvallis, or that home repairmen didn't take advantage of his parents' compromised eyesight to lollygag or make unnecessary repairs.

"I learned to ask, 'how could I be of service to my community?'" Coe said. "That mindset guided me to family medicine – family medicine doctors are highly adaptable to the needs of their community. They do what's needed."

He graduated from the University of Portland with a degree in biology, and, in medical school at OHSU, he discovered another natural fit during rural medicine rotations in Coos Bay, Klamath Falls and Scappoose. Now his top three residency program choices are Billings, Montana, where his mom grew up; Klamath Falls or Good Samaritan in Corvallis, where he started, eight blocks from his family's home.



## Mackenzie Deane and Ryan Nesbit: Giving back to their inspiration

Mackenzie Deane, 25, and Ryan Nesbit, 27, met Aug. 10, 2015, on their first day of medical school at OHSU.

They've since tackled all aspects of their medical education, from examinations to clinical rotations -- and now -- the residency match process, together as a couple.

The duo, each hailing from suburban areas outside of Portland, Oregon, credit their strong connection to family and community as the foundation for their medical careers. "Without each, we wouldn't be where we are today," said Nesbit. "It is important to us that we give back and help to enrich the health and well-being of this community further."

Deane, a graduate of Pacific Lutheran University, embraced her interest in medicine at an early age. In high school, she job-shadowed physicians at OHSU Doernbecher Children's Hospital, where she learned basic skills that proved useful during her undergraduate education when she volunteered at a local summer camp for children with diabetes. These experiences solidified her goals to pursue a residency in pediatric medicine.

As an AmeriCorps volunteer, Nesbit assisted doctors in the rural area of Walla Walla, Washington, near Whitman College where he completed his undergraduate education. His experience caring for farm workers – many of whom were underinsured – enhanced his passion for health care. A recipient of a Scholars for Health Oregon Initiative grant, Nesbit plans to care for Oregon's underserved populations, following his family medicine residency.

"Our time at OHSU has been transformative in many ways," said Deane, a Swindells Family Scholar. "Especially in gaining someone to walk beside you through both the best and most challenging times. We are eager to see what our future holds, and look forward to utilizing the mentorship and experiences we have gained to serve the communities that inspire us."

Profiles by Tracy Brawley  
Photos by Kristyna Wentz-Graff  
Both from Oregon Health & Science University

# Meet Today's Oregon Rural Practice-based Research Network

Started in 2002 with funding earmarked for improving health access in rural Oregon, six clinics, and a vision for improving health across the state, the Oregon Rural Practice-Based Research Network (ORPRN) was born. The organization has since grown to encompass more than 200 primary care practices (both rural and urban) that have joined together to develop, implement and share evidence-based practices to improve primary health care. As a practice-based research network (PBRN), ORPRN engages in participatory research that arises from priorities identified by the communities it serves, as well as partnering with investigators wanting to test or implement new ideas. ORPRN has also joined with other PBRNs around the country and Canada to form Meta-LARC, a network of networks, providing a robust infrastructure capable of managing large clinical trials. Recent studies like Healthy Hearts Northwest worked with practices to improve patient cardiovascular outcomes through hypertension control, lipid management, smoking cessation and appropriate aspirin use. New projects are underway to test the best way to prevent childhood eczema, improve adolescent vaccination and better identify patients with significant chronic obstructive pulmonary disease.

Partnering with the Oregon Health Authority, Community Care Organizations and regional health systems, ORPRN has expanded its mandate in recent years to include assisting Oregon primary care offices in practice transformation to become patient-centered primary care homes and to improve their quality improvement skills. ORPRN is also the home for the Oregon ECHO Network, which uses telehealth to connect practicing physicians and providers in interactive case



discussions and education led by regional experts.

ORPRN's future looks equally bright. It is entering a new phase as **Dr. Nancy Elder** takes the reins as director from **Dr. L.J. Fagnan**, who founded the organization and has guided it for nearly two decades. "Dr. Fagnan has created one of the most productive and well-respected practice-based research networks around, and I'm honored to be selected for the directorship on his retirement," said Dr. Elder.

Dr. Elder's goal in the role is to maintain ORPRN's excellent reputation with Oregon's rural physicians, primary care researchers and Oregon's health organizations. ORPRN is uniquely situated to create, implement and share evidence-based medicine and

clinical best practices across the state. ORPRN serves not just as a connection between academic research and community physicians, but also helps connect community physicians and other health care providers with each other and with health care organizations.

"Someday soon," Dr. Elder hopes, "Every primary care physician in Oregon will know about ORPRN and will want to be involved in some way. But that means we need to listen to the community physicians and their teams and hear what is important to them."

One way to learn more about ORPRN and help guide ORPRN's future is to attend the ORPRN Convocation prior to the Oregon Academy of Family Physician's Family Medicine Weekend on May 2, 2019. Findings from previous ORPRN projects will be presented, ongoing opportunities to be involved will be shared, and your stories, concerns and ideas will be solicited to help guide ORPRN's next decade.

