

Family Physicians of Oregon

VOL XVII • NO 4 • SUMMER 2013

John Saultz, MD
2013 Family Doctor of the Year



Oregon Academy
of Family Physicians



THE OFFICIAL MAGAZINE OF THE
OREGON ACADEMY OF FAMILY PHYSICIANS



VOL XVII • NO 4 • SUMMER 2013

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
6	From the Hill
9	Save These Dates
10	Public Policy and Legislative Affairs
11	Loan Repayment Bill Passes
12	John Saultz – 2013 Oregon Family Doctor of the Year
14	66th Annual Spring CME Weekend
16	Foundation News
17	Sarah Williams -- 2013 Lundy Award Winner
18	Tar Wars Poster Contest Winners
19	Evan Saulino Installed as New President
20	Students Speak Out
21	ALSO Refresher Course
22	Match Day 2013
23	Volunteers . . . We Want to Hear From You!
24	Choose Wisely
26	Family Medicine Graduation/Mentor Celebration
27	Four Elements Essential For A Successful PCPCH
28	Members in the News

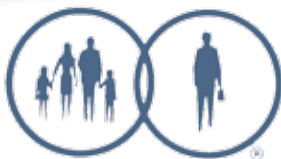


About the Cover:
Sherrie and John Saultz, MD at Salishan Lodge after Dr. Saultz was named the 2013 Oregon Family Doctor of the Year at the OAFP's annual celebration luncheon.

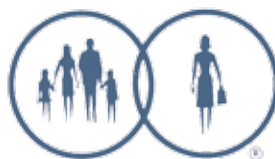


pcipublishing.com

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



Oregon Academy of Family Physicians



EDITION 26



EVAN SAULINO, MD, PhD

Bridging the Gap Between Practice and Policy

Sometimes when people hear about health care reform it can be difficult to understand what any of it means to real people and practices. Serving as your President, I hope to connect with as many members as possible to better understand your perspectives and experiences as we begin to simultaneously implement federal, state, and local practice reform.

All this change can be confusing and overwhelming. The juxtaposition of my current clinical and teaching roles with my work as the Clinical Advisor to Oregon's Patient-Centered Primary Care Home (PCPCH) Program has given me the unique opportunity to be able to bridge the gap between practice and policy and begin to see how all of the pieces fit together; to be able to identify where things are working, where there is still work to do and how we can accomplish all that is needed within the processes of health reform that are taking place.

As primary care leads the transformation in health care delivery with over 380 clinics stepping up to become recognized as Oregon PCPCHs, the importance of sharing our experiences and spreading our knowledge has become increasingly clear. If we communicate with each other, understand common barriers to improvement, share ideas to overcome these barriers, and set the standard for what constitutes high quality, high value care, we can strengthen an already strong value proposition for health care payers and policymakers. We can show them what

My work has given me the opportunity to be able to bridge the gap between practice and policy...to be able to identify where things are working, where there is still work to do and how we can accomplish all that is needed...

works, what doesn't and what support we need to provide and sustain the best quality care possible for all Oregonians.

I have the honor of visiting primary care clinics around the state when the PCPCH Program does "verification" site visits. There are some recurrent patterns we've identified that present clear needs and opportunities to foster the type of transformation of care delivery, coordination, and financing we want to see in our clinics and our health care system more widely. I want to share a few examples that demonstrate these connections and potential opportunities that begin to bridge the practice-policy divide.

Behavioral and Mental Health Integration

Breaking down the barriers between mental health and physical health is a clear goal of both the Coordinated Care Organizations (CCOs) and Oregon's PCPCH Program. Evidence supports screening for mental health, substance abuse and

developmental issues to foster early intervention and behavioral interventions to improve physical health (for example – identifying goals and barriers to changing behavioral patterns that affect physical health conditions such as diabetes, pain, and obesity). At the same time, however, clinics across the state recognize that access to mental health services has become more limited and that they have become default mental health providers. HIPAA misunderstandings have led to an historic lack of information sharing and coordination between the traditional physical and mental health settings.

Some clinics I've visited have implemented mental health screenings that have detected suicidal patients who typically wouldn't have been previously identified. Other clinics have developed agreements with local mental health providers that detail specific expectations about how to refer, coordinate, and communicate about patient care. Others have hired mental and/or behavioral health professionals to work in

their clinics to help them identify and manage these issues and to guide referrals for very complex patients. Some clinics are planning to hire mental or behavioral health providers but are unsure how to integrate them into the physical health team. And on the other end of the spectrum are clinics that aren't sure why this issue is even important or don't feel they can overcome inadequate communication with community mental health providers.

The Patient Centered Primary Care Institute (<http://www.pcpici.org/>) is currently developing technical assistance training and other learning opportunities to concretely help clinics understand how to do this behavioral and mental health integration work. PCPCHs and CCOs should share the same goals in this arena. These groups should work together to improve coordination, and it would be in the CCOs interest to provide direct financial and/or personnel to support integration with PCPCHs. (For example, funding a mental/behavioral health provider to work within the PCPCH who could help break down these physical and mental/behavioral health barriers and provide better care of high-risk populations).

Data

With EHRs, and specifically "Meaningful Use" being more widely implemented, in order to be accountable for the care we provide and identify areas for improvement, it is imperative to use the quality and quantity of data becoming available to us appropriately. Larger organization clinics often have a "data person" who can generally get their unwieldy EHR to provide quality, timely, actionable data. But smaller, independent clinics often do not have that staff luxury, unless they cooperate with others to share staff resources. Unfortunately, the sharing of timely, actionable data is unusual, even in organizations with dedicated "data people". During these onsite visits, we have found that some clinics haven't actively

thought about using data within their practices and that there is an incredible amount of untapped data stuck in EHRs.

Data sharing should not be limited to single clinicians and/or administrative staff but should be shared clinic-wide. It is remarkable to see PCPCHs figuring out how to engage their frontline staff to develop clinic-specific improvement targets, offer training around "why" these improvements are important and how their actions affect care, and disseminate timely data throughout the clinic. This clinic-wide data sharing helps develop and drive proactive care and a self-sustaining culture of improvement.

As part of the CCO agreement with the federal government, the Oregon Health Authority (OHA) is responsible for measuring and tracking 31 health care process and outcome measures; CCOs are responsible to the OHA for 16 of these – many of which are primary care measures. The quality of existing data on these measures, and our scores with the limited data we have, are less than ideal. It is therefore in the interests of both the OHA and CCOs to improve the ability to collect, share, and act on data to improve care processes and utilization. This imperative should extend to larger health systems and insurance companies as the push will be intense to ensure access and control costs (hopefully through better care) as health care coverage expands in January, 2014 and beyond.

Financing/Sustainability

At the heart of the matter is how to finance these improvements. Every clinic I've been to lists "lack of financial resources" or "the reimbursement model" as key barriers to transformation and/or continued improvement. The 68 Oregon clinics involved in the multi-payer Comprehensive Primary Care Initiative (CPCI) are considered a "toe-in-the-water" for the clinics and payers involved to fund and sustain transformational work and

track the outcomes of interventions. Besides Medicare which is paying clinics between \$20-\$40 per patient per month, I worry that the payers are significantly underfunding this work. Despite my concerns, we are seeing clinics start to add staff and implement big improvements with the CPCI investments they are beginning to receive for this PCPCH-aligned work. The Public Employees Benefit Board (PEBB), which currently contracts insurance through Providence Health Plan, pays a small per-member-per-month incentive to PCPCHs and also financially incentivizes patients to get their care in a PCPCH. Also, Aetna has begun recognizing and paying clinics that meet Oregon's PCPCH standards.

Especially in light of the incredible number of PCPCH clinics across Oregon stepping up to meet our standard of high quality, high value primary care, there are rumblings of a new multi-payer effort to do more comprehensive payment reform in Oregon to sustain these efforts. Should this not materialize or be fruitful, it would become an imperative of the OAFP, and me as President, to help develop a comprehensive "payment reform" proposal for the state.

One of the most important and effective things PCPCHs can do now is take the opportunity to engage the plans you are contracted with, discuss the direction the market is moving, demonstrate your "value proposition", and how, with the proper support, your PCPCH can be a solution to reach your shared goals of better patient care with better outcomes and lower costs.

Disclaimer: The viewpoints and ideas expressed in this article have not been reviewed or authorized by the OHA/PCPCH Program, or Providence Health Services – both of whom pay a portion of my salary. If you don't agree with the opinions expressed or don't find this information helpful, I am the only one to blame.

The Four-Year Family Medicine Residency Program – The Residents' Perspective

There has never been a more exciting time to be a family physician. The Affordable Care Act initiated an important and challenging transformation in health care delivery, focusing on access, coordination, and quality of care. There is a growing understanding that this transformation will require a new generation of leaders in primary care and public health. In response to this, OHSU has embarked upon a new path to train family physicians. We chose to join the first cohort of residents who will be trained in the new four-year family medicine curriculum at OHSU because we hope to become the primary care specialists that our patients need in a world with rapidly changing demands. What follows are our thoughts about why leadership within and through this transformation to robust primary care is so important, and why our four-year curriculum will better prepare us to be leaders in this setting.

We chose to join the first cohort of residents who will be trained in the new four-year family medicine curriculum at OHSU because we hope to become the primary care specialists that our patients need in a world with rapidly changing demands.

1. The evolving model of the Patient-Centered Primary Care Home

Patients deserve access to timely, efficient care that fits into their busy schedules. Improving access requires that practices increase access to care at the places and times that patients need them, offer group, home and electronic visits, and excel in coordinating the care of medically complex patients. In a four-year curriculum, we will have the time and energy to purposefully engage with the transformations underway at our clinical

training sites. To facilitate this, our new curriculum includes a Patient-Centered Primary Care Home (PCPCH) module in which we learn the theoretical foundation and practical application of the PCPCH. We are also guided in a robust quality improvement curriculum, attend clinic and department clinical affairs meetings and are given the support by our faculty to lead resident-driven changes within our clinics. With this knowledge and experience, we expect to be prepared to develop and lead changes in our own practices someday.

2. Leadership and team-based primary care

With improved access the shortage of primary care providers is becoming more evident. We are beginning to understand that the patient-physician dyad is an untenable model and that team-based care will be required. In the new model of primary care, physicians will provide care for the most medically complex patients in addition to managing population health and coordinating team-based care. We will be responsible for facilitating the

continued on page 8

From the Hill, continued from page 6

function of advanced practice clinicians, nurses, medical assistants and lay educators so that all health care team members function at the “top of their license”. We will also be responsible for coordinating the integration of social work, behavioral health services, and care transitions within the clinic setting. Fulfilling these responsibilities will require that we are able to lead interdisciplinary teams. These competencies are not generally considered part of a resident’s clinical training, so we are excited that our curriculum provides time to learn about our own strengths and weaknesses, understand the theories of leadership and meet successful leaders throughout the state.

We must also be leaders in active panel management and our program is preparing us for this role by teaching data collection and analysis skills. Our own clinical practice is driven in part by regular reports on our performance in department-wide quality metrics. These data are shared amongst all the providers at our clinical sites which creates an environment with transparency and a culture of continuous quality improvement. We engage productively with these performance indicators and strive to develop ways to better serve our patients. Ultimately, we see this as preparation for the role that will soon be expected of all primary care physicians within the PCPCH model.

3. Quality improvement curriculum

As a complement to the PCPCH module and leadership training, we receive longitudinal training in quality improvement beginning in our first year of residency. Through observing, participating in, and eventually leading clinic-based quality improvement projects, we learn to use quantitative and qualitative methods to plan, implement, study and codify changes that focus on bringing about

For many of us, the excitement of tailoring our fourth year to particular interests is what attracted us to a longer residency and this additional emphasis will allow us to become effective lifelong learners and teachers...

measurable improvement in patient care within a team-based model of care delivery. This year, our projects have included improving clinic-wide lipid screening, increasing immunization rates, and reducing re-admissions through specific clinic-based interventions. These quality improvement projects are entirely resident designed and conducted, often resulting in clinic-wide changes in addition to improving the health of our patients.

4. Areas of concentration

Family medicine physicians are primary care specialists and life-long learners. We continue to maintain a focus on the health of a whole person and family rather than a specific organ system or disease. With the broad scope of practice available to family physicians, however, practitioners may increase their efficacy by enhancing their skills in areas that will best serve their communities. These skill areas include education, clinical research, advocacy, hospital-based medicine, obstetrics, and a variety of less common procedures. To this end, the four-year curriculum at OHSU has established areas of concentration that will augment our generalist capabilities through more in-depth training in areas of particular interest. For many of us, the excitement of tailoring our fourth year to

particular interests is what attracted us to a longer residency and this additional emphasis will allow us to become effective lifelong learners and teachers, as well as offer our patients, and an evolving health system, a unique set of skills.

The health system and primary care are undergoing change at a rapid pace, and the above are a few examples of how our program will better prepare us. We are now focusing on keeping our patients out of the hospital by reforming payment models to promote health maintenance and preventive care. We are learning to utilize large data sets from our electronic medical records to better understand our populations and to improve the quality of the care we provide. We are redesigning the way mental health is provided in this country, embedding it in the medical home where it has belonged all along. And we are finally beginning to understand and address the social determinants of health and how they influence those we care for in our communities. All along the way we are developing lifelong, family-centered relationships that return us to the heart of why we practice medicine. These changes require the skills not only to navigate a constantly shifting health system but moreover to drive innovation needed to better serve our patients and communities.

SAVE THESE DATES

OAFP LEADERSHIP DEVELOPMENT

November 9, 2013, Portland

Learn the skills to become a leader
in your clinic and in your community.

SAM STUDY HALL

December 7, 2013, Portland

ALSO REFRESHER COURSE AND WOMEN'S HEALTH CONFERENCE

January 18-20, 2014 (MLK Weekend), Bend

67TH ANNUAL SPRING CME WEEKEND

Scientific Assembly & Congress, April 24 -26, 2014

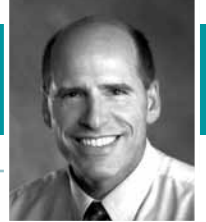
Embassy Suites, Downtown Portland

OAFP Foundation Auction and Happy Hour, April 25

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

www.oafp.org | (503) 528-0961 | Fax (503) 528-0996

• PUBLIC POLICY AND LEGISLATIVE AFFAIRS



MICHAEL GRADY, MD,
COMMISSION ON EXTERNAL & LEGISLATIVE AFFAIRS COMMITTEE



Oregon key contacts meet with AAFP Board Chair Glen Stream, MD and AAFP President-Elect, Reid Blackwelder, MD.

Every May, the AAFP hosts a Family Medicine Congressional Conference (FMCC) in Washington D.C. where they invite Key Contacts for legislators from around the country. This year, Oregon was able to send four physicians, including OAFP President **Evan Saulino**, board members **Melissa Jeffers**, **Dan Paulson**, and me.

The first day of the conference was devoted to learning the specifics of issues and legislation. We also received updates from the AAFP and FamMedPAC officers and had the chance to hear from Representatives Ami Bera, M.D. (D-CA) and Joe Heck, D.O. (R-NV). At the end of the day, the Oregon participants met to refine our talking points and assign lead roles for each of the pre-arranged legislative meetings that would take place the following day.

The next day, along with 250 colleagues from around the country, we fanned out over Capitol Hill to take our message to the Congressional members and their staffs. This year our “asks” were similar to those we made last year. First of all, Family Medicine physicians urged the Representatives

and Senators to support the Medicare Physician Payment Innovation Act (HR 574), introduced again in this Congress by Representatives Allyson Schwartz (D-PA) and Joe Heck, D.O. (R-NV). Beyond just repeal of the SGR, this legislation provides a clear path to permanent payment reform. We also asked legislators to co-sponsor the Primary Care Workforce Access Improvement Act of 2013 (HR 487). This legislation would reauthorize funding for Teaching Health Centers. This budget-neutral pilot project allows a portion of GME funds to go to community-based primary care residency programs. During our time in D.C., we heard evidence that these residencies have been successful in producing physicians that stay in underserved areas. Finally, AAFP members asked that Congress adequately fund Health Professions Programs, the National Health Service Corps and the Agency for Healthcare Research and Quality, which provides research vital to primary care medicine.

We met with Representatives Blumenauer, DeFazio and Schrader and with the staff members of Senators Wyden and Merkley.

During our meetings we received general consensus as well as enthusiastic support for our messages regarding stable and predictable payment and investment in primary care workforce training if we are going to successfully transform health care delivery.

We were able to share feedback with FamMedPAC staff who will generate some follow-up contacts and Dr. Saulino has arranged for Senator Wyden to visit his practice. I believe the trip was successful and we had a chance to get to know each other better over some good Ethiopian food!



Drs. Saulino, Paulson and Grady attend the FMCC meeting in Washington, D.C.



GOVERNOR KITZHABER SIGNS LOAN REPAYMENT BILL INTO LAW

Oregon has a new \$2 million per year (\$4 million in 2013-2015) loan repayment program for primary care providers who see Medicaid patients. Governor Kitzhaber signed SB 440 into law on May 16. Physicians, mental health providers, nurse practitioners, physician assistants, dentists, and expanded practice dental hygienists are all eligible for the program.

"We need more providers in places like Prineville," former OAFP President and State Senator Elizabeth Steiner Hayward (D-Portland) said. "More family physicians in Fossil . . . more dentists in Drain. There is an unmet need for care that this program will address." Sen. Steiner Hayward was the bill's chief sponsor. She went on to say, "This loan repayment program will help break down barriers to health care access in these underserved areas."

Sen. Alan Bates (D-Medford) who is also a family physician, said, "We need to recruit and retain high-quality primary care providers in Oregon's rural areas to make sure these communities don't get left behind. This program will give these primary care providers some relief on their medical school loans."



From left to right: Lisa Arkin, Office of Health Policy and Research; Wes Fuhrman, OHSU 3rd year Medical Student and Rural Scholar; Scott Ekblad, Office of Rural Health; Sen. Elizabeth Steiner Hayward; Lisa Dodson, MD, Director of Oregon's Area Health Education Center; Doug Barber, OAFP Lobbyist; Gov. John Kitzhaber.

The Office of Rural Health is already gearing up to administer this new Loan Repayment Program. They expect to make about 80 loan repayment awards over the next two years. That is more than they did in the previous 16 years of this program.

JOHN SAULTZ, MD

The 2013 Oregon Family Doctor of the Year



Exceptional . . . deserving . . . committed . . . understanding . . . strong . . . influential . . . visionary . . . consistent . . . supportive . . . caring . . .

Most family physicians would be content to be known for one or two of the above characteristics, but for **John Saultz, MD**, this year's 2013 Oregon Family Doctor of the Year, these descriptors encompass just a few of the ways he is regarded by his colleagues and patients.

As **Lisa Dodson, MD** announced Dr. Saultz's name at the OAFP annual Celebration Luncheon held on April 13 at Salishan Lodge, the audience applauded with enthusiasm. "In a long and distinguished career, John Saultz has been the very definition of excellence," Dodson said. "One colleague called his span of competency "incredibly wide" and letter writers extolled him as our visionary leader and moral compass, a strong patient advocate, a superb clinician and an excellent partner."

This annual award, given by the Oregon Academy of Family Physicians, recognizes physicians who provide compassionate, comprehensive family medicine on a continuing basis, are involved in community affairs and who serve as both a personal and professional role model to their community, fellow health professionals, residents and medical students.



After the surprise award was announced, Dr. Saultz celebrates with his family members.



As a practicing family physician for the past 34 years, Dr. Saultz has had a robust career that has set him apart from others in family medicine throughout the state, and the nation.

"He is an exemplary family physician who has developed a world class family medicine training program that serves as a model for the rest of the nation and has been both the academic and inspirational leader for our profession. He is a true leader, an inspiration to so many of us, and an articulate spokesman who relishes a challenge and never backs away from one."

After completing his family medicine residency at the Dwight Eisenhower Army Medical Center in Augusta, Georgia and a faculty development fellowship at the University of North Carolina at Chapel Hill, Dr. Saultz was a residency faculty member and behavioral science coordinator for the Department of Family Practice at Martin Army Hospital in Fort Benning, Georgia.

In 1986, Dr. Saultz joined Oregon Health & Science University (OHSU) as the Family Medicine residency director. In 1993, he became the founding medical director of CareOregon, the state's largest Medicaid HMO, and in 1995 was selected as the director of Oregon's statewide Area Health

...a distinctive leader who has steadfastly remained at the center for health care transformation efforts and who has made sure that Family Medicine students and residents get trained for the health system of the future, not the past...

Education Centers (AHEC). In 1998, he took over the role of Department of Family Medicine Chairperson. He has held several leadership positions over the years, including the president of the Association of Family Practice Residency Directors and the Oregon Academy of Family Physicians, and recently became president of the Society of Teachers of Family Medicine, the discipline's largest academic organization.

"Beyond being an incredible family physician to his patients, Dr. Saultz is deserving of this award for his leadership in transforming our discipline. The rest of the country looks to our state and our department as leading the way in family medicine and practice transformation due in large measure to Dr. Saultz's extraordinary skill and vision. He has recruited a remarkable group of faculty, forged strong connections throughout the state, and built exceptional clinical, educational and research programs in the department."

Dr. Saultz has also helped influence the direction of family medicine through his participation on the Residency Review Committee for Family Practice, on the Accreditation Council for Graduate Medical Education, and as a delegate to the American Academy of Family Physicians Congress of Delegates.

In addition, he is editor of Family Medicine, a peer-reviewed scholarly journal, has written a regular column, From the Hill, in

the quarterly OAFP magazine, for nearly 15 years, and is the author of three books and more than 150 journal articles and book chapters. His current research interests include continuity of care in the doctor-patient relationship, medical decision-making, primary care medical education, and the future of family medicine.

Central to all of these accomplishments, however, is his role as a family physician, caring for many of the same patients for over 25 years. In her announcement of Saultz, Dodson said that he has never lost sight of his reasons for becoming a family physician, and has remained dedicated to keeping the Department of Family Medicine focused on patients.

"Every day, Dr. Saultz lives out his commitment of what it means to be a family physician. He does this through his individual patient care; his educational commitment to residents, students, and fellow family physicians; as well as his scholarly activities that serve as the intellectual fabric of what we do on a day-to-day basis."

Surrounded by his wife Sherrie, his children and grandchildren, Saultz accepted the award saying he was honored, particularly since the award is not usually presented to an academic physician. "In the academic world, our gold standard for accomplishment is the opinions of our peers. Our papers and grant submissions are peer-reviewed and we advance from assistant professor to full professor based on this standard. But the peers that matter most to me have always been those who live out the core values of our discipline every day in full-time practice. To be recognized by this most important peer group is the highest honor I have received or hope to receive in my career."

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

66th Annual Spring CME Weekend Makes a Splash at the Oregon Coast

What does concussion care, running injuries, hoedowns, wilderness medicine, palliative care, kite making, and food reactions have in common? One hundred and fifty-plus family physicians, residents, and students from across the state of Oregon all gathered at the 66th Annual Spring CME Weekend at Salishan Lodge in Gleneden Beach to partake in these activities last month.

Mixing business with pleasure, families and colleagues were able to socialize during the western hoedown and barbecue, the guided walk on the Salishan Spit, the family kite making workshop, as well as during the new physicians' social, the Foundation auction and the celebration luncheon. Then throughout the conference,

members were able to pick and choose from over 25 workshops, engage in several PCPCH-specific courses, learn about the social determinants of health during the ORPRN Convocation, get an update on Oregon health reform, and learn about the milestones and competencies needed for the 21st century family physician from keynote speaker, and this year's Oregon Family Doctor of the Year, John Saultz, MD.

We are glad you were able to join us this year and hope you can join us again next year on April 24 – 26, 2014 when the Annual Spring CME Weekend will be held at the Embassy Suites Portland Downtown Hotel.





THANK YOU

We wish to offer a huge thanks to the following sponsors of our 66th Annual CME Weekend. Their financial support helped the OAFP continue to offer vital academic information and training that our members need to know.

GOLD SPONSORS

FamilyCare Health Plans

SILVER-PLUS SPONSORS

CareOregon

Oregon Dairy Council/Nutrition Education Services

SILVER SPONSORS

Disability Determination Services

National Networks of Libraries of Medicine (OHSU Library)

Northwest Permanente LLC

Oregon Physicians for Social Responsibility Payer Connection

PeaceHealth Laboratories

PeaceHealth Sacred Heart Medical Center

Samaritan Health Services

The Moore Center



THANKS TO THE SUPPORTERS OF THE 2013 OAFP FOUNDATION “LUCKY FORTUNE” AUCTION!

After-hours olive oil tastings and personal shopping sprees, biking adventures, fine wines, fabulous photography, hand carved crafts, gourmet dinners, scrumptious homemade pies, a kindle tablet raffle and gift certificates to hotels, restaurants, and events near and far brought out the best in the OAFP participants of this year’s “Lucky Fortune” Foundation Auction. As you all know, the OAFP/Foun-

dation is the philanthropic arm of the OAFP and the auction is our major fundraiser of the year. The totals are in and over \$22,000 was raised! Because of the generous support of donors, the OAFP/Foundation will be able to continue to support family physicians, residents, and medical students through the Laurel G. Case Award for Rural Experiences, the Mary Gonzales Lundy Award, the Tar Wars Anti-Tobacco Program,

the Oregon Consultation Project, the Ethics Lecture Fund and the Locum Tenens Program, FMIG activities, and new this year, the Rural Scholars Program.

We appreciate each of these donors of goods, services, and cash donations for their generous support. A special thanks to our OAFP members and Foundation board members (noted in *italics*) who contributed to the awesome offerings at this year’s auction:

Shannon & MacGregor Agan
Pat Ahlen, MD
Al’s Garden Center
Annie Bloom’s Books
Artist’s Repertory Theatre
Trish Banning, Hasson Realty
Company
Banning’s Restaurant & Pie House
Carolyn & Ron Brady
Broadway Rose Theatre Company
Bullwinkle’s Family Fun Center
*James Calvert, MD & Wendy
Warren, MD*
John Case, Classic Chauffeur
Leslie & Norm Castillo, DO
Cheesecake Factory
Jane Conley
Cornerstone Wealth Management
Cookies by Design, Beaverton
Crave Bake Shop
*Maria Czarnecki, MD & Brian
McCormick*
Embassy Suites Downtown
Portland

Shawn & Charles Engelberg
Lynn & Jeff Estuesta
Fathoms Restaurant
Kerry & Marc Gonzales
Jenny & Mike Grady, MD
Audrey Graham
Grand Central Lounge & Bowling
Jenny & Mike Hodulik, MD
*Justin & Joyce Hollander-
Rodriguez, MD*
Imago Theatre
Julie & Mark Johnson
Vesna Jovanovic, MD
Marcia Kies, Hasson Realty
Company
Lan Su Chinese Gardens
Lakewood Theatre Company
Sarah Lamanuzzi, MD
Jan & Howard Levine
Mary & Richard Lundy
Mark Lyon, MD
Maryhill Winery
McMenamin’s Pub
Lance McQuillan, MD

Andrea & Dennis Mehigan
Carla Mink, Mink Boutique
Susan & Tom Morris
Mt. Bachelor Village Resort
Francie & Dale Naftzger
Northwest Children’s Theatre
OMSI
Cheryl Ogburn & Andy Clark
Peggy O’Neill
Oregon Freeze Dry, Phil Unverzagt
Oregon Garden Resort
Oregon Shakespeare Festival
Oregon Zoo
Bill Origer, MD
Janet Patin, MD
Pioneer Outfitters, Brian & Susie
Thompson
Pittock Mansion Society
Gary Plant, MD
Portland Center Stage
Portland Spirit
Matt Ricker, Ricker Realty Group,
Keller Williams Realty Prof.
Molly & Glenn Rodriguez, MD

Salishan Spa & Golf Resort
Samaritan Health Services
Sherrie & John Saultz, MD
Suzanne & Chris Shepanek
Skamania Lodge
Kim & Jeffrey Spathas, DMD
Stash Tea
Deborah & Ron Stock, MD
The Meadow
The Oilerie
Peggy & Bruce Thomson, MD
Tollen Farms, Tonie Tollen
Treo Bike Tours, Phil and Kathy
Carlson
Treas Wines, Steve Jewell-Larsen
and Dave Jepson
Rita & Tom Turek, MD
Marilou & George Waldmann, MD
Wanderlust Tours
Carol & Cliff Wesner
Keith White, MD
World Class Wines

**If you were unable to attend the April auction, you can still donate to the OAFP Foundation.
Just contact Lynn Estuesta at (503) 528-0961.**

SARAH WILLIAMS

2013 Lundy Award Winner

Sarah Williams was named the 2013 Lundy Award recipient by the Oregon Academy of Family Physicians Foundation at this year's annual CME meeting. As Sarah, and her medical school husband Jay, were in Guatemala doing a medical Spanish and clinical rotation during the awards ceremony, she received her check and plaque earlier in the month from the awards' namesake, Mary Gonzales Lundy.

The Lundy Award was established in 2000 to honor Mary Gonzales Lundy upon her retirement after 21 years of service as Executive Director of the Academy. This fund provides a scholarship to a fourth year OHSU medical students who is entering a family medicine residency. The awardee is chosen by the trustees of the Oregon Acad-

emy of Family Physicians Foundation Board on the basis of an essay entitled, "My Ideal Practice" and the applicant's demonstrated record of community service, leadership roles, research, and work experience.

Sarah grew up in Beaverton, Oregon. She graduated from the University of Oregon in 2005 with a major in human physiology before becoming a PeaceCorp volunteer in Turkmenistan. She has been the student representative for the past two years on the OAFP Board of Directors, was a seasoned lobbyist championing rural medical concerns, a Rural Scholar, co-chair of the Rural Medicine Interest Group, a Gold Honor Society inductee and a Foundation for Medical Excellence scholar.

Her work overseas and at home inspires her to help individuals maximize their poten-



tial in health and life by working with underserved communities as a family physician. In June, she will graduate from the Oregon Health and Science University's School of Medicine and begin her family medicine residency at the Sutter Hospital in Sacramento, California. Congratulations Sarah!

“The Only Smoking I Do Is Salmon”



2013 Tar Wars Poster Contest Winner Sierra Bailey



Sierra Bailey receives her award for Oregon's first place poster winner at an all-school assembly with her teacher Dan King and Principal Dan Gaffney

That's the prize-winning slogan submitted by this year's Tar Wars poster contest champion, Sierra Bailey, from Dan King's fifth grade classroom at Seaside Heights Elementary School.

For over 20 years, the OAFP Foundation has supported the Tar Wars anti-tobacco education program by providing free classroom materials and sponsoring the end-of-year poster contest. The program is presented to fourth and fifth graders across the state of Oregon by family physicians, physician assistants, residents and medical students. **Dominique Greco, MD**, a family physician from Providence North Coast Clinic in Seaside, was the volunteer presenter in Mr. King's classroom. The program educates students about being tobacco free, provides them with the tools to make positive decisions regarding their health, and promotes personal responsibility for their wellbeing. The annual poster contest is an extension of the program, where students are encouraged to create original artwork and their

own positive anti-tobacco message.

Our second and third place winners, both hailing from Corvallis elementary schools, are Olivia Potter from Kristin Erickson's fifth grade classroom at Jefferson Elementary and McK-



“Don't dare smoke, you'll have a stroke” submitted by second place winner Olivia Potter.

enzie Eaton from Barb Meyers' fifth grade classroom from Wilson Elementary. **Drs. Troy Garrett** and **Daniel Barrett**, two long-time Tar Wars volunteers, presented the program materials again this year at Jefferson Elementary and Wilson Elementary respectively.

Each of the top three winners received a \$50.00 gift certificate and Sierra's poster was sent to Washington, D.C. to be judged in the national Tar Wars poster contest this summer.



“Be a Star, Without the Tar” submitted by third place winner McKenzie Eaton.

A SPECIAL THANKS TO OUR 2013 PRESENTERS:

Allison Abresch-Meyer, DO
Betsy Anderson, MD
Daniel Barrett, MD
Courtney Bell
Aubrey Bridges, PA
Mickey Brydon-Jack
Lacey Castellano
Heather Davidson, PA
Chrystal Detweiler, DO
Lara Gamelin, MD
Troy Garrett, MD

Sam Garbus
Shabnam Ghazizadeh
Dominique Greco, MD
Stephen Hallas, DO
Maya Heck
Kendall Hennard, DO
Ben Holland
Chris Kargel, DO
Divneet Kaur
Jennifer Klingner
Sam Klonoski

Beth Krautscheid
Lucy Kwong
Molly Laue
Robbie Law, MD
Chris Leesman, DO
Josh Lenhof, DO
Monica Luttrell
Kate McDonough, DO
Lance McQuillan, MD
Katie Merkle, DO
Brenda Niu

Robin Page-Echols, DO
Janet Patin, MD
Ian Penner, PA
Thu Pham
Andrew Reyna
Corbett Richards, DO
Craig Rudy
Tobin Rummel, DO
Bethany Sappington
Kaydie Sarein
Alina Satterfield

Heidi Schroeder
Isaac Siegfried
Brandon Teng
Kim Thai
Karl Tjerandsen
Steve Wahls, MD
George Waldmann, MD
Michael Walker
Weili Zhang, DO

EVAN SAULINO INSTALLED AS NEW PRESIDENT

...four things the family physician community should follow to be successful in their practices and to help lead the overall health reform transformation is to have fun, be fierce, play as a team, and communicate...

Evan Saulino, M.D., Ph.D., a family physician from Portland, assumed his role as the 66th President of the Oregon Academy of Family Physicians at the Academy's annual celebration luncheon on April 13 at Salishan Lodge. Dr. Saulino has been a member of the OAFP since 2000 and on the Board of the Academy since 2010; his term as President will last one year.

A chemistry/biochemistry graduate of the University of California at San Diego, Dr. Saulino earned his medical degree and a Ph.D. in medical microbiology and microbial pathogenesis at Washington University School of Medicine, St. Louis, Missouri. He completed his internship and residency at Oregon Health & Science University.

In his earlier years you would find Dr. Saulino practicing at Virginia Garcia Medical Center in Hillsboro and then splitting a full-time practice with his wife, **Brenda Brischetto, M.D.**, at Providence Gateway Family Medicine. Today, Dr. Saulino is a faculty member at the Providence Milwaukie Family Medicine Residency, and has a diverse practice at Providence's Southeast Family Medicine teaching clinic in Portland. Dr. Saulino works with the Providence Center for Outcomes Research (CORE) serving as the Clinical Advisor to the Patient-Centered Primary Care Home Program within the Oregon Health Authority. As part of that role, Dr. Saulino also serves as the Chair of the Expert Oversight Panel for the Patient-Centered Primary Care



Evan Saulino, M.D., Ph.D. takes his oath as 66th OAFP President from AAFP Director, Barb Doty.

Institute working to foster collaborative learning across the primary care community to help sustain and improve the care all Oregonians receive. Dr. Saulino also takes time to engage in health reform advocacy, whether that entails presenting his "Saving Lives, Saving Money" presentation about health reform, advocating for patients in Salem, or responding to the needs of being co-chair of the OAFP commission on external and legislative affairs. Dr. Saulino is also on the board of Doctors for America, a national movement of physicians and medical students who work together to improve the health of the nation and to ensure that everyone has access to affordable, high quality health care.

Dr. Saulino and Dr. Brischetto have twin girls, Camilla and Risa, who Saulino has coached in soccer for the past six years. During his acceptance speech, he challenged his peers to work both inside and outside their practices to improve health,

and told them that the four things he has taught his team since day one – have fun; be fierce; play as a team; and communicate -- are the same things that the family physician community should follow to be successful in their practices and to lead the overall health reform transformation.

When asked what he hopes to accomplish during his term as Academy President, Saulino states, "Oregon is a health reform laboratory. That's exciting because we are innovators, but we also share responsibility to make things work here. It makes me hopeful we'll have success when I see hundreds of clinics across the state stepping up to meet the challenge to provide high quality, high value care to Oregonians as Patient-Centered Primary Care Homes. This is the beginning of the story about how we can make health care work better and keep people healthier. This momentum and innovation must be fostered and sustained."

STUDENTS SPEAK OUT!

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



Physicians, family members and students enjoy the FMIG Barbecue during the annual OAFP Spring CME Weekend.

The final term of the 2012-2013 medical school year began with members of the Family Medicine Interest Group (FMIG) helping to coordinate OHSU's National Healthcare Equality Week. Held the third week in March, we brought in speakers from all sectors of healthcare (dentists, family medicine doctors, nurses, etc.) to address topics relating to healthcare equality. For example, one speaker talked about the unique cultural perspectives in treating the Vietnamese population of Portland. The culmination of the week was the day long Healthcare Equality Fair held at O'Bryant Park Square in downtown Portland. This fair helped provide a broad spectrum of healthcare services including exams, vaccinations, dental care, eye care, veterinary care, haircuts, and referrals for over 250 uninsured and underinsured Portland residents.

In April, a group of about fifteen first, second, and third year FMIG students attended the annual OAFP Spring CME Weekend at Salishan on the Oregon coast. We learned



Oregon Rural Scholars Joe Volpi, Liska Havel, and Michael Walker join FMIG advisor Ryan Palmer as they learn crucial wilderness medicine techniques during their annual retreat.

a great deal about various topics in family medicine from many of Oregon's topnotch family physicians, took part in discussions on the future of medical education and health care reform in Oregon, and had a FMIG barbecue, with some excellent tri-tip prepared by our advisor Ryan Palmer.

At the end of April, the students of the Oregon Rural Scholars Program (ORSP), most of whom are also FMIG members, attended the annual ORSP Wilderness Medicine Retreat at Panorama Lodge, just south of Hood River. There was good food and fun to be had, but more importantly, the incoming Rural Scholars learned how to triage wilderness injuries and accidents and how to provide basic care for victims in the wilderness. The current Rural Scholars who attended the retreat provided vital insight about the program, as well as tips to make the most out of our ten week Rural Scholars experience.

To cap the year off, we held our annual International Medicine and End of Year FMIG Dinner at Kells Brewpub in May. This

year's speaker was **Filza Akhtar, MD**, an OHSU Family Medicine Resident who has spent time as a medical volunteer in Guatemala and Kenya. She shared her amazing experiences with us and inspired more than a few students to follow in her footsteps. We would like to extend our appreciation, and thank her once again for speaking with us, and hope that future students have the chance to learn about her experiences.

As always happens at the End of Year Dinner, we reached another transition that comes with the progression through medical school. Joe Volpi and I handed the FMIG reins off to Charlie Procknow and Ashley Bunnard, current first years, both of whom have a deep commitment to family medicine. We wish them luck and know that the group is in good hands.

The face of the FMIG will have changed a bit, but it will continue to be a strong group of students committed to exploring and sharing the values and experiences of family medicine.

We would like to thank our advisors on behalf of the entire FMIG. Peggy O'Neill, Kathy Chappelle and Ryan Palmer have been priceless resources of information, planning, and support; they have helped make this group excellent. It has been a pleasure.

So as the summer progresses, the first year medical students will go on their final summer vacation or take part in a rural summer experience and the second year medical students will take the USMLE Step 1 and transition into their third year and clerkships. The face of the FMIG will have changed a bit, but it will continue to be a strong group of students committed to exploring and sharing the values and experiences of family medicine.

One Day Refresher Course

Advanced Life Support in Obstetrics (ALSO) certification lasts five years. Instead of going through the entire ALSO course again, come to the OAFP's one day ALSO Refresher course and renew your certification for another five years! The Refresher Course will be held in conjunction with our Women's Health Conference, MLK Weekend (January 18-20, 2014) in Bend.

MATCH DAY 2013

And the Envelope Please . . .

The applications, interviews and the rankings were behind them; the only thing left to determine was where these fourth year medical students from Oregon Health & Science University's School of Medicine (OHSU) would begin their future residency program. At 9:00 a.m. on Friday, March 15, upon opening their sealed envelope, nineteen family medicine students knew their fate.

Of the nineteen students who matched in a family medicine residency program, four will remain at Oregon residencies – Brian Garvey and Jade Koida at OHSU and Matthew Moravec and Maliheh Makhai at Providence Milwaukie Hospital.



Brian Garvey with his parents, Dennis and Kathy Garvey

Brian told us that he is thrilled to be staying in Oregon to participate in the Combined Family Medicine-Preventive Medicine Program at OHSU. "As an Oregon native, I am proud of the new direction of health care transformation in the state, from the Governor's office all the way down to each Patient-Centered Primary Care Home. My hope is that I will be able to be part of these efforts during my training, especially as it pertains to expanding care to uninsured and underserved communities in the state."



Jade Koida with boyfriend Alex Bigazzi

Jade also shares Brian's enthusiasm for the opportunity to stay at OHSU. "I am so lucky to be joining the OHSU family medicine team. Four years of residency training will provide an excellent foundation in the knowledge and skills necessary to become a quality primary care provider in today's medical home model. program has much to offer for family medicine training."

Other family medicine students were equally enthusiastic about their upcoming career transitions.



Richard Bruno with his wife, Mary Ella and daughter, Tillet

Richard Bruno, though sad to be leaving Oregon behind, matched exactly where he wanted to be. According to Richard, "I'll become the first resident to train in the joint family medicine and preventive medicine program at Johns Hopkins and Franklin Square Medical Center, while attaining a Master of Public Health from Johns Hopkin's Bloomberg School of Public Health."

And Melissa Kjos, as you can see from the picture below, can't wait to begin her new adventure. "I matched in my first choice; we are off to Pocatello, Idaho for a rural family medicine training experience."



Melissa Kjos with her Match Day results.

Congratulations to the following students who matched in a family medicine residency:

Alderson (Moffitt), Lauren
Navy Hospital, Camp Pendleton; *San Diego, CA*

Bruno, Richard
MedStar Franklin Square Medical Ctr-MD;
Baltimore, MD

Dean, Kathryn
Providence St. Peter Hospital; *Olympia, WA*

Do, Hau
UC Irvine Med Center; *Orange, CA*

Dunn, Geoffrey
Central WA Family Med; *Yakima, WA*

Garvey, Brian
Oregon Health & Science University;
Portland, OR

Green, Leah
Swedish Medical Center; *Seattle, WA*

Kjos, Melissa
Idaho State University; *Pocatello, ID*

Koide, Jade
Oregon Health & Science University;
Portland, OR

Lowell, Brian
Fam Med SW Washington; *Vancouver, WA*

Maly, Annika
Family Medicine Res of Idaho; *Boise, ID*

McKee-Kennedy, Hannah
John Peter Smith Hospital; *Fort Worth, TX*

Moravec, Matthew
Providence Milwaukie Hospital; *Milwaukie, OR*

Nakhai, Maliheh
Providence Milwaukie Hospital; *Milwaukie, OR*

Nguyen, Huong
UC Irvine Med Center; *Orange, CA*

Ordonez, Migdalia
UC San Francisco; *San Francisco, CA*

Pavlenko, Nelya
Fam Med SW Washington; *Vancouver, WA*

Pruett, Dawn
McKay-Dee Hospital Center; *Ogden, UT*

Williams, Sarah
Sutter Health; *Sacramento, CA*

VOLUNTEERS . . .

We Want to Hear From You!

Most physicians would agree that participation in community volunteer work is an integral component of medical professionalism. For family physicians, volunteerism can encompass medical missions and charity care within their own medical practice or in borders beyond, as well as projects that are non-medical in nature – advocating at the local and state level, mentoring in your local school, or organizing a citywide fun run. Both types of volunteerism serve as important roles for physicians. Community-based volunteerism can contribute needed services and provide health expertise to the public. Also, volunteerism offers opportunities for family physicians to bet-

ter understand the context of health within their own communities and to address social determinants of health through advocacy or service.

For family physicians, volunteerism can encompass medical missions and charity care within their own medical practice or in borders beyond, as well as projects that are non-medical in nature – advocating at the local and state level, mentoring in your local school, or organizing a citywide fun run.

We know that many of you volunteer in a variety of ways within your clinic and within your community to help improve the lives of others and we want to share your

stories with other OAFP members. Just let us know what you are involved in and we will do the rest! Contact Kerry Gonzales Lynn Estuesta. We look forward to sharing your stories in future issues of the *Family Physicians of Oregon* magazine, on our website, or in ShareCenter.

stories with other OAFP members. Just let us know what you are involved in and we will do the rest! Contact Kerry Gonzales Lynn Estuesta. We look forward to sharing your stories in future issues of the *Family Physicians of Oregon* magazine, on our website, or in ShareCenter.

Choosing Wisely

Helping Physicians and Consumers Discuss and Make Informed Health Care Decisions

Do you think you need an EKG as part of your annual exam? Do you insist on receiving antibiotics to cure your runny nose? Do you request to schedule a C-section to work around your schedule?

John Santa, MD, MPH, Director of the Health Ratings Center at Consumer Reports™, and Liz Baxter, MPH, Executive Director of We Can Do Better, a nonprofit organization dedicated to the mission of health reform, spoke at Portland State University (PSU) last month regarding how common tests and treatments are often overused, both because patients too often ask for them and also because doctors are too willing to abide by these requests. Sponsored by the PSU and OHSU's Institute for Healthcare Improvement Open School Student Chapter, Santa and Baxter focused the lecture on information gleaned from the *Choosing Wisely* campaign and how to present usable, understandable health comparison information to consumers.

The *Choosing Wisely* campaign is an initiative of the ABIM Foundation to encourage physicians and patients to think and talk about medical tests and procedures that may be unnecessary, and in some instances, cause harm. Consumer Reports™ has collaborated with the ABIM Foundation and over 35 medical specialty societies to launch this campaign. Consumer Reports™ will then develop and publicize materials for patients to help them engage their physicians in these important conversations and ask questions about what tests and procedures are right for them.

The American Academy of Family Physicians developed lists of "five things patients and physicians should question." The goal was to identify five tests, services, or procedures common in primary care

The *Choosing Wisely* campaign is an initiative of the ABIM Foundation to encourage physicians and patients to think and talk about medical tests and procedures that may be unnecessary, and in some instances, cause harm. Consumer Reports™ has collaborated with the ABIM Foundation and over 35 medical specialty societies to launch this campaign.

practice, strongly supported by evidence and literature, that would lead to significant health benefits, reduce risks and harm, and reduce costs.

The first list, released in April, 2012, is the collective beliefs regarding what physicians and patients should question:

1. Don't do imaging for low back pain within the first six weeks, unless red flags are present.

Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Image of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

2. Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless

symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.

Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and \$5.8 billion in annual health care costs.

3. Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.

DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.

4. Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.

There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, over-treatments and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

5. Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.

Most observed abnormalities in adolescents regress spontaneously; therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy (for non-cancer disease) and there is little evidence for improved outcomes.

For the second phase of the Choosing Wisely campaign, the AAFP identified an additional list of clinical recommendations. In February, 2013, the AAFP released five more things physicians and patients should question:

6. Don't schedule elective, non-medically indicated inductions of labor or cesarean deliveries before 39 weeks, 0 days gestational age.

Delivery prior to 39 weeks, 0 days has been shown to be associated with an increased risk of learning disabilities and a potential increase in morbidity and mortality. There are clear medical indications for delivery prior to 39 weeks and 0 days based on maternal and/or fetal conditions. A mature fetal lung test, in the absence of appropriate clinical criteria, is not an indication for delivery.

7. Avoid elective, non-medically indicated inductions of labor between 39 weeks, 0 days and 41 weeks, 0 days unless the cervix is deemed favorable.

Ideally, labor should start on its own initiative whenever possible. Higher cesarean delivery rates result from inductions of labor when the cervix is unfavorable. Health care clinicians should discuss the risks and benefits with their patients before considering inductions of labor without medical indications.

8. Don't screen for carotid artery stenosis (CAS) in asymptomatic adult patients.

There is good evidence that for adult patients with no symptoms of carotid artery stenosis, the harms of screening outweigh the benefits. Screening could lead to non-indicated surgeries that result in serious harms, including death, stroke, and myocardial infarction.

9. Don't screen women older than 65 years of age for cervical cancer who have had adequate prior screening and are not otherwise at high risk for cervical cancer.

There is adequate evidence that these screenings provide little to no benefit.

10. Don't screen women younger than 30 years of age for cervical cancer with HPV testing, alone or in combination with cytology.

There is adequate evidence that the harms of HPV testing, alone or in combination with cytology, in women younger than 30 years of age are moderate. The harms included more frequent testing and invasive diagnostic procedures such as colposcopy and cervical biopsy. Abnormal screening test results are also associated with psychological harms, anxiety and distress.

23rd Annual Family Medicine Graduation/Mentor Celebration

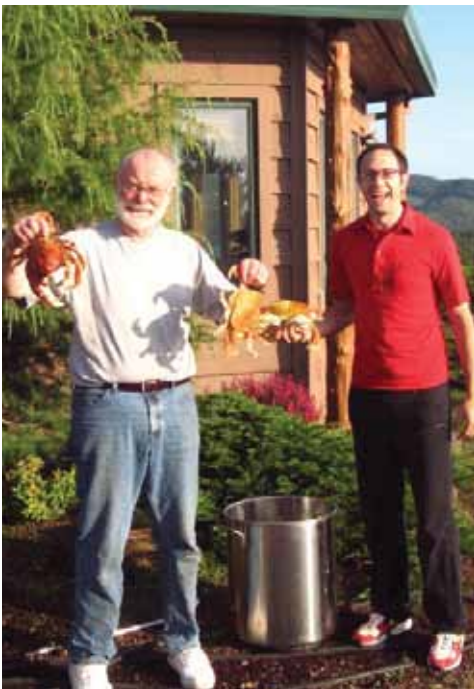
On Saturday, June 1, OHSU students, ready to depart medical school and begin their family medicine residencies, gathered at Hotel Monaco in Portland to thank the physicians who have taken the time over the past few years to provide much-needed guidance and support.

According to Migdalia Ordonez, "Anita Taylor had recommended **Christina Milano, MD** to me because of our mutual interest in immigrant health care and urban underserved medicine. As medical school challenges arose, Dr. Milano was committed to guide me, taught me to think differently, and always led by example. I am now days away from entering my first choice for residency thanks to Dr. Milano's strong support and mentorship."

Brian Garvey's decision to go into family medicine was largely influenced by the four months he spent in John Day as part of the Oregon Rural Scholars Program. "I was mentored by **Andrew and Andrea Janssen, MD**, two of the most gifted preceptors I have encountered during my four years at OHSU. They are not only quintessential family physicians, but gifted community leaders and advocates as well. Although they have their own unique style of practicing medicine, both practice with a humanism, dedication, and sense of service that has deeply inspired me."

And Richard Bruno stated that "Doc" (**Harry Rinehart, MD**) has been an inspiration to him ever since he did his weeklong Summer Observership with him before

starting medical school. Bruno explains, "The Sunday night before I worked with him in clinic, we sat at his dining room table shucking crabs we had pulled from his crab pots off Nehalem Bay and he told me he wanted me to keep a diary that week. He said he wouldn't read it, but that he wanted me to write down something that surprised me, something that inspired me, and something that touched my heart. He said that if I did that every day, I would never get tired of medicine. I have been doing this for four years and have looked back through these patient stories and rediscovered these incredible learning experiences and essentially tracked my own growth as a physician. Doc inspired me in so many ways with his selfless care of his patients and his community."



Harry Rinehart, MD and Richard Bruno



Kathryn Dean and Lisa Dodson, MD



David McAnulty, MD and Brian Lowell



Migdalia Ordonez and Christina Milano, MD

This year's 19 students entering family medicine residencies honored the following mentors: **Fran Biagioli, Lisa Dodson, Scott Fields, Jessica Flynn, Jennifer Herber, Lynn Jacobs, Andrea Janssen, Andrew Janssen, David McAnulty, Christiana Milano, Harry Rinehart, James Sinnott, Eric Walsh, Joanna Warren and Brett White.** A special thanks to the OAFP for supporting this annual event.

FOUR ELEMENTS ESSENTIAL FOR A SUCCESSFUL PCPCH

Family physicians are the backbone of Patient-Centered Primary Care Homes (PCPCH) and PCPCHs are the backbone of Coordinated Care Organizations (CCO). The OAFP has identified four elements that are essential for a successful PCPCH. As you are negotiating with your CCO, these elements will be crucial to your success:

1. PAYMENT

CCO payments to providers must align with the type of care they want the community to receive. To do that, there must be an adequate base rate to provide primary care to patients plus additional incentive payments for becoming a PCPCH and achieving quality benchmarks.

2. ALIGNMENT

PCPCH innovations should be focused as close to the patient's medical home as possible. For instance, community health

The OAFP has identified four elements that are essential for a successful PCPCH.

workers should be closely aligned with the PCPCH whether employed by the PCPCH, the hospital system, or the CCO.

Attributing patients to clinics must be done in a timely manner and should align with the wishes of patients and their families.

3. GOVERNANCE

CCOs must have inclusive and responsive leadership. The primary care physician on the CCO board should be a spokesperson for PCPCHs in the community.

The CCO must have a clear definition of its catchment area.

There must be an effective internal review process with accountability to the global budget.

Sound fiscal principles must be observed to ensure access to medical services throughout the budget year.

4. INNOVATION

Rural hospitals are vitally important to their communities. CCOs must support innovations in the way rural hospitals are paid, so they don't suffer financially as the health of the population improves.

The CCO should incentivize patients to improve their own health.

CCOs should balance freedom for communities to innovate with direct payment for health care services.

Please share your successes and your failures with our members. Log on to ShareCenter and let us know how you are implementing these essential elements.



WE'RE MOVING!

The OAFP office will be moving mid-June. Come visit us at our new locale:

Oregon Academy of Family Physicians

1717 NE 42nd Street, Suite 2103

Portland, OR 97213

Phone: 503-528-0961 • FAX: 503-528-0996

MEMBERS IN THE NEWS

HONORS, AWARDS, AND ACCOLADES



DR. DODSON

Lisa Grill Dodson, MD was honored with the Distinguished Alumna Award by the Lewis & Clark Board of Alumni for “rendering superior performance in her career field and superior service to her community.” Dodson earned her bachelor’s degree from Lewis & Clark in 1981.

Dodson, director of the Oregon Area Health Education Center and associate professor of medicine at Oregon Health & Science University (OHSU), has been a tireless advocate for health care education and for developing care for rural and other underserved populations. She has received a number of awards, including the 2010 OHSU Alumni Association Dean’s Award and the 2009 Oregon Family Physician of the Year Award. In 2009, Dodson launched the Oregon Rural Scholars program, which gives medical students a rotation in rural areas to experience firsthand the rewards and challenges of rural practice.



DR. BIAGIOLI

Frances Biagioli, MD, a Portland family physician and associate professor of Family Medicine at OHSU, was installed on April 20 as the 2013 President of the Oregon Medical Association at the OMA’s Annual General Membership Meeting. After a career in mechanical engineering, she returned to school to obtain her medical degree from the Medical College of Ohio (now University of Toledo) in 1995, and completed her residency in family medicine at OHSU in 1998. She worked in private practice until 2000 when she returned to OHSU as a member of the faculty. Biagioli is currently practicing at OHSU’s Gabriel Park Family Health Center, where she served as medical director from 2006-2008.

In addition to Dr. Biagioli, three other OAFP members were installed as OMA officers at the association’s Annual Meeting held last month: **Sylvia Emory, MD**, Eugene, President-Elect; **Nancy Hutnak, DO**, Baker City, Secretary-Treasurer; and **Ralph Eccles, DO**, Klamath Falls, Speaker.



DR. SAULTZ

John Saultz, MD, in addition to being named the Oregon Family Doctor of the Year in May, was also elected as the President of the Society of Teachers of Family Medicine. (to read more about Dr. Saultz, go to page 12.)



JEFFREY CAIN, MD AND JOHN SAULTZ, MD

Last month, the American Academy of Family Physicians (AAFP) recognized **The Oregon Health & Science University School of Medicine (OHSU)** for their outstanding contribution to building the family medicine workforce. OHSU was one of 12 allopathic medical schools nationwide to receive the 2013 AAFP Top Ten Award.

Each year during the STFM spring conference, the AAFP recognizes schools that graduated the greatest percentage of students who chose first-year family medicine residency positions. According to AAFP President Jeff Cain, MD, who is pictured presenting the award to STFM President and OHSU Family Medicine Chair, “filling the pipeline is vital to the health of America.”



DR. POWERS

Liz Powers, MD, recently received the Oregon Primary Care Association’s (OPCA) Leadership in Transformation Award. The OPCA’s award honors Oregonians who contribute to the success of the state’s network of community health centers. These health centers provide comprehensive, culturally competent

primary care to more than 333,000 Oregonians in medically underserved communities. Dr. Powers, an owner/partner at the Winding Waters Clinic in Enterprise, graduated from Stanford University School of Medicine and completed her family medicine residency at OHSU.



SARAH WILLIAMS

Sarah Williams, received the 2013 OAFP Outstanding 4th Year Graduating Student Entering a Family Medicine Residency Award. Read more about Sarah on page 17.



DR. WOPAT

Rick Wopat, MD, Samaritan Medical Home, Lebanon, was presented with the Lewis and Ruth Carpenter Teaching Award at the OAFP annual meeting. 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. Wopat has been a preceptor since 1982. The award was presented by third year medical student David Simmons, Dr. Wopat's 131st medical student! In addition to his practice at the Samaritan Medical Home Clinic, he also serves as Vice President of Community Benefit for Samaritan Health Services. He is involved with the Oregon Health Plan public policy and the Oregon Health Policy Commission.

Richard Bruno and Brian Garvey each received the Robert B. Taylor Family Medicine Award which honors graduating students entering a family medicine residency program who demonstrate the qualities of the "ideal family physician." A committee of family medicine department faculty and staff chose these recipients based on their excellent academic performance, outstanding humanitarian qualities and genuine enthusiasm for family medicine.

Both students are civically-minded, holding leadership roles on campus and medical society boards, working together on several research projects and publications as well as being Foundation for Medical Excellence Scholars, and recipients of the Gold Humanism Honor Society Award. Richard and Brian have also matched in a combined Family Medicine/Preventive Medicine Residency Program; Richard at MedStar Franklin Square Medical Center in Baltimore, and Brian at OHSU in Portland. (See more about Richard and Brian on page 20).

INTERESTING BUSINESS WE SHOULD ALL KNOW NEW BOARD MEMBERS ANNOUNCED



A new slate of officers was elected at the Annual Spring CME Weekend. The officers are **Evan Saulino, MD, PhD**, Portland, President; **Elizabeth Powers, MD**, Enterprise, President-Elect; **Lisa Dodson, MD**, Portland, Vice President; **Daniel Paulson, MD, MS**, Eugene, Secretary; and **Peter Reagan, MD**, Portland, Treasurer.

Meg Hayes, MD, Portland, and **Michael Grady, MD**, Silverton are the Delegates to the AAFP and **Glenn Rodriguez, MD**, Portland, and **Elizabeth Steiner Hayward, MD**, Portland, are Alternate Delegates to the AAFP.

Molly Fauth, MD, Hood River, is the Speaker of the Congress and **Kim Montee, MD**, Portland, is Vice Speaker of the Congress.

In addition, two new board members were elected to the board, **Ruth Chang, MD**, Portland, and **Lance McQuillan, MD**, Corvallis. **Kelly Patterson, MD**, Klamath Falls and **Nathan Defrees**, Portland, were selected as Resident Director and Student Director respectively.



DR. CHANG

Ruth Chang, MD, the Operations Director for five primary care Kaiser Permanente clinics, has been practicing with Kaiser Permanente's Division clinic since graduating from the OHSU Family Medicine Residency Program in 2005.



DR. MCQUILLAN

Lance McQuillan, MD, a graduate of the Family Medicine of SW Washington Residency Program in 2006, is currently Co-Director of the Samaritan Family Medicine Residency program and practices at Samaritan Family Medicine in Corvallis.

continued on page 30



DR. PATTERSON

Kelly Patterson, MD, Resident Director, grew up in Klamath Falls, graduated from the University of Oregon, and is currently a second year resident at the Cascades East Family Medicine Residency. She graduated from Michigan State University College of Human Medicine and is excited to be back in Oregon.



NATHAN DEFREES

Nathan Defrees, MS3, Student Director, grew up on a cattle ranch in eastern Oregon and graduated from Oregon State University with a biology degree. As a past co-chair of FMIG, a coordinator of the annual HealthCare Equality Week, a member of the medical student group that biked across

Oregon to raise awareness of rural health challenges, and a Rural Scholar, Nathan hopes to return to Eastern Oregon to practice medicine.

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

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