David Gilmour, MD
2015 Oregon Family Doctor of the Year
President’s Message

From the Hill

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The 2015 Oregon Family Doctor of the Year

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About the cover:
David Gilmour, MD, and his wife Kim, after he was named the 2015 Oregon Family Doctor of the Year at the OAFP’s Annual Spring Family Medicine Weekend.

Bottom left-hand photo on page 18 taken by Adam Murray.
The Oregon Academy of Family Physicians Annual Scientific Assembly and the Oregon Rural Practice-based Research Network Annual Convocation took place at Skamania Lodge in April. It was a lovely location, with amazing weather. It was also a time to learn, connect and rejuvenate our passion for what we do for each other, our patients, and our communities. John Saultz, MD gave an impassioned presentation on the history of our specialty, from its inception as a revolutionary discipline through today’s time of uncertainty and change. John made a compelling case for why it is again time to be revolutionaries – reigniting interest in our discipline and shaking up the entire system.

We’re not simply experiencing a period of health care transformation. We are also witnessing a time of health industry transformation. In particular, the health industry is transitioning from a price-insulated patient to an accountable patient; somewhat analogous to the transition from a pension plan to a 401k. This means patients are demanding more for their dollars. They want affordable (price-transparent), on-demand (walk-ins seen within 30 minutes), tailored services (provider interaction that matches expectations) preferably in a comprehensive one-stop shop (provider, lab, pharmacy, x-ray). Others are already pushing the boundaries. So, what can we learn from what’s taking shape?

We are certainly seeing the beginnings of disruptive change. The expansion of retail clinics nationwide speaks to an understanding of consumer need and consumer preference. At the AAFP’s national leadership conference for example, family docs from around the country learned that Walmart plans to have comprehensive primary care in all of its stores, with a flat per-visit fee of $40, including “wellness & preventive care, primary acute care, management of chronic conditions, referrals to specialists, and lab tests & immunizations.” We all know how Walmart’s $4 prescriptions shook up pharmacies, and they are only one change agent entering primary care.

A handful of clinics across the country are working to become radically customer-oriented to achieve the patient-defined triple aim: care that is affordable, on-demand and tailored to meet the individual’s need. Medical homes are designing everything from buildings (where instead of being greeted by someone at a reception desk, patients walk into a community space and are met by a navigator who walks them through their visit), to workflows (including smaller patient panels with multidisciplinary support and the capacity to provide comprehensive management), to expanded care options (where patients access care in the way that is most natural for them, including self-service or online options that don’t require a clinic visit – i.e. disintermediation) in such a way as to put patients’ experiences of care first and foremost.

It is true that the needs for chronic care management are very different from services needed to keep low-risk patients healthy. The PCPCH model creates an infrastructure with the capacity to provide comprehensive care management for high-cost patients, with the goal of avoiding the need for many high cost services. This, however, is only the tip of the iceberg. More challenging is the group of patients with chronic conditions who have the potential to become high-cost patients. Each PCPCH must proactively identify and provide services for these patients, before the patients even anticipate needing care, in order to ensure rising risks don’t become costly disease.

So how does a PCPCH become all things to all patients? First, we cannot have healthy people periodically going to the nearest retail clinic while only the sickest remain loyal to a PCPCH. Patients do best when they build relationships with a provider and care team, and when they are cared for in the context of their families and communities. As I see it, Primary Care Homes must develop a radical patient orientation, far beyond the tenets of the chronic care model.

Yet, how do we get there? I’m already concerned about staffing levels required for PCPCH, and the growing, but still scant, reimbursement for additional staff and services. In my clinic alone, staffing costs are up more than 30% over last year. If primary care in general, and the
PCPCH model in particular, is to continue to reduce overall system costs and help patients improve health, we’ve got to advocate for the funds to build care teams and revolutionize how we operate. Currently, we’re being asked to expand access and improve health (with resultant lower costs to insurers), without a significant change in investment in primary care. One of the things we’re starting to do in my community is expand our care team to include non-medical staff, community partners and patients themselves. This has already allowed us to share expertise and resources and do more with all available funding. But the resources are insufficient for the expansion and transformation still needed. We have to demand more. And we have to demand different.

Shifting to value-based payments and alternative payment methodologies will make change more feasible. Payment reform is not just a way to provide resources for Primary Care Homes to manage complex patients, but could also enable a shift to a radical patient orientation. For example, according to the Executive Director of the Center for Care Innovations, Veenu Aulakh, “Value-based payments will fundamentally alter the model of care in California’s Safety Net clinics. Instead of being “delivered” from clinician to patient, care will be co-created by an expanded care team that includes the patient and the community at large. Patients will not only be collaborators, they will also be customers who are able to access care in the locations, times and channels that work best for them. All touch points – whether physical, digital or social – will be designed from the customers’ perspective and will reach members who may not currently access care in the clinic.” Instead of getting reimbursed for visits, alternative payment methodologies provide predictable up-front dollars, allowing Primary Care Homes to staff care teams to manage rising risk patients and provide non-physical care touches, or home visits, when appropriate.

We have always been strong, effective advocates for our patients. Now we need to be vocal in our demands for the resources to grow and strengthen primary care, enabling Primary Care Homes to pursue radical patient orientation, with high functioning multidisciplinary teams that help patients achieve wellness, while closely managing the costs borne by all stakeholders. Our advocacy could be just the spark we need to reignite interest in family medicine within our specialty and for future generations of family doctors.
For this edition of “From the Hill,” I’d like to offer you a perspective from “East of the Hill” – east of the Cascades, that is. We have a new program that has started at OHSU’s Cascades East Family Medicine Residency in Klamath Falls that offers a new way of training medical students for family medicine and rural health.

Oregon FIRST is the Oregon Family Medicine Integrated Rural Student Training program. In this new program we offer a way for selected medical students to spend their fourth year of medical school in Klamath Falls with the anticipation that they will enter residency at Cascades East with a broader and more hands-on set of clinical skills that will increase their residency-readiness. They spend the year based at Cascades East participating in procedure workshops and lunchtime conferences, gaining mentors and role models in family medicine.

The Oregon FIRST program started as an idea shared by Cascades East Faculty, Lisa Dodson, MD, and Ryan Palmer, of the Oregon AHEC Program. While any student interested in comprehensive rural family medicine training is eligible to apply for Oregon FIRST, it works well as a natural progression for students in the Oregon Rural Scholars Program who spend 10 to 14 weeks of their third year clerkships in a rural community.

Adding a new twist to the fourth year experience, the students have a half day per week of longitudinal clinic in the family medicine practice throughout this fourth year. Regardless of the rotation they are completing, they return to the clinic for their continuity clinic, much like residents do. We have structured this clinic so that they are the PCP with their patients, rather than seeing patients from their preceptor’s panel. They develop a small panel of patients over the course of the year, with close mentoring and supervision from a consistent preceptor. Over time, we anticipate providing information regarding panel management skills, population-based health, and patient-centered medical home principles early on in their training experience.

As a specialty, we are asking ourselves what our length of training should be. We have excellent pilot programs and studies that are ongoing and the OHSU Portland residency program is engaged in this process as a four-year program. At Cascades East, we have asked ourselves if we can train comprehensive family doctors using the existing time in more efficient ways. We worry that adding an additional year to training exacerbates workforce issues, student debt concerns, and lengthens one of the longest medical training systems in the world.

A potential alternative is to use the fourth year of medical school to enhance practical hands-on skills and integrate undergraduate medical education with graduate medical education. So often, the fourth year of medical school is spent on completing a few required courses, and the remainder of the year is spent interviewing, taking an international elective, or simply rejuvenating prior to starting residency. By minimizing the time needed for interviews, increasing the continuity experience, and building a breadth of selectives, we hope to give the students an enhanced experience that allows them to hit the ground running on day one of internship. In a sense, they are starting to tackle some of their residency tasks before they even start residency.

The program is just completing its first year, and Joe Volpi and Stephanie Lauder (read more about Volpi on page 16), the first two Oregon FIRST students, will be starting residency at Cascades East at the continued on page 8
end of June. Hearing them reflect on their experiences has been fascinating and we hope to learn more as we observe their developmental process through residency. We are pleased to welcome Ashley Bunnard to the Oregon FIRST program this summer.

According to Joe, “The Oregon FIRST program was invaluable to my medical education. It allowed me to really focus on learning instead of worrying about where I was going to be doing my residency in the next year. It also allowed me some unique experiences that other students didn’t get in the course of their training. For example, I had continuity clinic every Tuesday where I began to manage my own patient panel, under the supervision of a preceptor. Few students get to learn medicine this way and that is how most of medicine is practiced! My fourth year was my favorite year of medical school because, even though I was putting in more hours, I felt like I was getting more knowledge in return and learning it all in the context of how medicine is actually practiced in a community versus an academic center.”

Stephanie agreed with Joe’s observations regarding the program. “The Oregon FIRST program has allowed me to get the most out of my fourth year of medical school. My rotations were centered around the local hospital and clinics, so I was given the chance to work alongside my future colleagues and to become familiar with the community and local resources. I think the most enriching component was the continuity clinic. I was assigned my own panel of patients from a variety of backgrounds, and my role in their care was as a primary care provider. On no other rotation as a student was I given so much autonomy, allowing me to build strong relationships with my patients and put into practice my decision-making skills. I feel much more prepared for my intern year than I would have if I had taken a more traditional route through my fourth year.”
DAVID GILMOUR, MD
The 2015 Oregon Family Doctor of the Year

On Saturday, April 18, surrounded by family, lifelong friends, patients, and colleagues at the OAFP’s Annual Celebration Luncheon, David Gilmour, MD received the highest honor bestowed by the OAFP -- the 2015 Oregon Family Doctor of the Year Award. Upon receiving the award, Dr. Gilmour stated, “It has been an honor to have been a member of the only organization in our state that has represented all family physicians. I feel privileged to have been a part of the life journey of so many patients and their families during my thirty-four years in Central Point. I am truly humbled by the award and by all of the kind comments from patients, colleagues, family, and community members that made this possible.”

The Oregon Family Doctor of the Year award recognizes physicians who provide compassionate, comprehensive family medicine on a continuing basis; are involved in community affairs; and who provide a credible role model professionally and personally to their community, other health professionals and residents and medical students. Those who sent in letters of praise all lauded the compassion, respect, sincerity and humility of this small-town physician who led a big-hearted life of service and dedication to his community, confirming that he indeed exemplifies the essential characteristics for this prestigious award.

After reviewing more than thirty nomination forms received by the OAFP in support of Dr. Gilmour, L.J. Fagnan, MD, who presented the award, mentioned that this particular form asks the supporters to list their relationship with the family physician nominee – choosing from colleague, patient, friend, and other. Though there was a fairly equal distribution across all categories, almost every nominating individual checked the friend box. According to Fagnan, “family medicine is a relationship-based specialty and I can think of no higher honor than to be considered a friend by those lives we touch.”

Dr. Gilmour celebrates his award with his family.

Dave Gilmour, MD receives congratulations from L.J. Fagnan, MD.

Dr. Gilmour attended medical school at M.S. Hershey Medical Center of Pennsylvania State University where he spent a
majority of his fourth year as a research assistant in Addis Ababa, Ethiopia for a collaborative study sponsored by the medical school and the Ethio-Swedish Pediatric Clinic. He followed up medical school with a pediatric internship at Case-Western Reserve University Hospitals in Cleveland, Ohio. He then worked with the U.S. Peace Corps in Western Samoa as a physician volunteer and served as a medical officer for the U.S. Public Health Service in New Mexico working with the Navajo and Zuni population before completing his family medicine residency at the University of Hawaii, Kaiser Hospital Family Medicine Residency in Honolulu.

“Dr. Gilmour’s warmth and informality belies his underlying brilliance and total commitment to the highest standards of quality and integrity in everything he’s involved with. His experience in the Peace Corp and the Indian Health Service prior to joining the Central Point Medical Group gave him a rich background in compassionate care.”

Dr. Gilmour served as a family physician at the Central Point Medical Group, its successor, Providence Medical Group/Central Point, and the Medford Medical Clinic. After 34 years of practice in southern Oregon, he retired at the end of March, 2015.

“Dr. Gilmour has been our family physician for thirty-four years caring for our sons, my husband and me. His compassion, competency and great personal care is unequaled.”

His reach extended far beyond the exam room as he also served as a Jackson County Health Officer, school board member, Central Point City Councilor, and Jackson County Commissioner. While County Commissioner, he was a liaison to the following advisory committees: environmental health, commission on children and families, local alcohol and drug prevention, mental health and public health.

“Dr. Gilmour’s care, compassion and dedication to bettering lives were extended to the community through his service as county commissioner, school board member and city councilor.”

Before Oregon, or most of the country, had even heard of patient-centered primary care standards describing behavioral health integration, Dr. Gilmour promoted the destigmatization of mental illness and addressed alcohol and drug prevention. He also successfully promoted a city-wide smoking ordinance (only the second city in Oregon to do so at that time) and effectively supported the opening of one of the first student-based health clinics in an Oregon high school.

“I can’t imagine a better role model than Dr. David Gilmour. He is a caring, knowledgeable physician who makes his patients feel that they are his only priority; a county commissioner who was always ready to listen and take action to improve the quality of life for the local communities; and someone who was willing to take a stand regardless of politics in order to do the right thing for the people. It does not get much better than that as a role model, both personally and professionally.”

Congratulations to David Gilmour, MD, the first southern Oregon family physician to win this award in over thirty years! Dr. Gilmour’s name will be submitted to the American Academy of Family Physicians in nomination for the American Family Doctor of the Year.

2016 Family Doctor of the Year Nominations

Do you know someone who has the necessary qualities to be considered for the 2016 Family Doctor of the Year Award? If you have someone you would like to nominate, please contact us at your earliest convenience so we can confirm that your nominee is an OAFP member. We can then discuss with you the nomination categories (colleague, patient, community leader, and friend) and the minimum number of nominations we require in each category in order to lend weight to the nomination packet. As the OAFP’s Annual Family Medicine Weekend is in March next year, we request that the nomination forms be received by December 4, 2015.
On Friday, March 20, fourth-year medical students from around the country took part in the largest medical residency match in history. In total, close to 17,000 U.S. allopathic students matched to one of the 27,000-plus first-year positions offered in the 2015 Match.

At OHSU, 122 medical students gathered at the BICC Library with family, friends, and mentors to find out where they would begin their residency; 18 of those students chose Family Medicine as their specialty and three of the 18 will train in Oregon.

Eighteen OHSU Family Medicine Students Met Their Match!

Congratulations to these OHSU medical students who have matched in Family Medicine:

**Kaeley Anderson**
Swedish Medical Center, *Seattle, WA*

**Hans Han**
Oregon Health & Science University, *Portland, OR*

**Benjamin Holland**
Family Medicine Residency of Idaho, *Boise, ID*

**Patrick Hudson**
Tacoma Family Medicine, *Tacoma, WA*

**Divneet Kaur**
University of Wisconsin School of Medicine & Public Health, *Madison, WI*

**Eunice Ko**
Swedish Medical Center, *Seattle, WA*

**Bethany Laubacher**
Ventura County Medical Center, *Ventura, CA*

**Stephanie Laudert**
OHSU Cascades East Family Medicine, *Klamath Falls, OR*

**Molly Laue**
Group Health Cooperative, *Seattle, WA*

**Devin Lee**
Aurora St. Luke’s Medical Center, *Milwaukee, WI*

**Phebe Matsen**
Lancaster General Hospital, *Lancaster, PA*

**Andrew Reyna**
David Grant Medical Center, *Travis AF, CA*

**Kathryn Rompala**
Family Medicine of SW Washington, *Vancouver, WA*

**Basma Saadoun**
University of Arizona Family Medicine Residency, *Tucson, AZ*

**Katy Schousen**
Group Health Cooperative, *Seattle, WA*

**Andrew Thomas**
Idaho State University, *Pocatello, ID*

**Joseph Volpi**
OHSU Cascades East Family Medicine, *Klamath Falls, OR*

**Moon Yoon**
University of New Mexico School of Medicine, *Albuquerque, NM*
Once again, 2015 marked another successful year for the Oregon delegation at the Family Medicine Congressional Conference (FMCC) held in Washington, D.C. last month. FMCC is an annual meeting where family physicians from across the country come together to talk with legislators about important health care legislation. I have been fortunate to attend FMCC three times, and every year I go, I am very proud to be a member of our chapter.

Advocacy is deeply important to the OAFP. We are doing good work for our patients, our communities and our profession. Attending the FMCC allows us to take that message to our legislators in Washington, D.C. We can represent both Oregon and the National Academy with a unified voice, pushing toward policy changes that recognize health is primary.

I joined Drs. Evan Saulino and Michael Goodwin, Cascades East intern, Stewart Decker, MD (who won a competitive scholarship to attend) and Kerry Gonzales in speaking on behalf of Oregon. Just a short time after an invigorating annual spring CME weekend at Skamania, our group was ready for lively discussions and brainstorming.

The first day of FMCC showcased speakers and panels including AAFP leadership, health policy advocates and lobbyists, and even a visit from Representative Phil Roe, MD (R-TN). We covered the evidence supporting strong primary care, medical homes, difficulties facing rural and solo docs, as well as issues our patients face. In breakout sessions such as “Advocacy 201,” we learned practical tips like how to phrase an “ask” and how to stay connected with legislators back home. The second day we met with Oregon’s members of Congress.

“Nowadays I walk into the room, I say SGR, I drop the mike and I leave. – Rodney Whitlock at #FMCC2015” – Tweet

With SGR behind us – let’s all take another collective sigh of relief – the AAFP was able to focus on other legislative priorities this year. In addition to thanking our legislators for supporting the “permanent doc fix,” we had 3 primary asks:

- GME reform: We asked our legislators to pressure the U.S. Government Accountability Office (GAO) to study graduate medical education (GME) funding. Each year, over $13 billion taxpayer dollars fund GME, which is not training the workforce America needs.
each year. A GAO study would provide transparency and help shift toward more primary care slots.

- Title VII funding: Fortunately, the Teaching Health Centers and National Health Service Corps programs have been funded for another two years. We asked for longer term funding so that these programs can plan for the future with more stability. We also asked for additional funding for Agency for Healthcare Research & Quality (AHRQ) so it can continue studying patient-oriented outcomes and inform doctors about the latest evidenced-based practices.

- Assisting Caregivers Today caucus: We asked our legislators to join the ACT caucus to help support family caregivers. The caucus is working to find the best way to care for our patients in communities and with primary care teams.

In Oregon, we are blessed with legislators who enthusiastically partner with family doctors. We met with staff for Senators Wyden and Merkley, and we met directly with Representatives Schrader, Blumenauer, and Walden. Local constituents led each meeting, focusing on how these “asks” effect our local communities and workforce.

We also had some national backup: AAFP President Ron Wergin, MD, and former OHSU medical student Richard Bruno, MD, joined us for our meeting with Representative Earl Blumenauer and AAFP Board Chair, Reid Blackwelder, MD, and AAFP lobbyist Andrew Adair, joined our meeting with Senator Wyden’s staff.

“Oregon sure knows how to have fun! We also take the stairs! #FMCC2015” – Tweet

The Oregon delegation also made time to enjoy the Capitol. We planned our legislative appointments while walking around the monuments and eating tapas together. We made sure to talk about hiking and biking while bonding with our legislators. It was obvious to everyone that the OAFP has fun together and that we care about each other as much as we care about our patients.

I left FMCC invigorated and passionate about family medicine. With the repeal of SGR (read more about this on page 30), this is an exciting time to be in primary care. There is much work to be done, and we have the opportunity to be at the table, defining the future of our field. I have never been more honored to be a family physician and an Oregonian. In closing, here is my favorite quote from the conference, immortalized on twitter:

“Not only does family medicine have the message, family medicine IS the message! #FMCC2015 #FMRevolution #huzzah!” – Tweet
Every year at the annual OAFP meeting, the OAFP/Foundation presents a scholarship to an OHSU graduating medical student who is entering a Family Medicine residency. The award, known as the Mary Gonzales Lundy Award, was established in 2000 to honor the retirement of Mary Gonzales Lundy who served since 1979 as Executive Director of the Oregon Academy of Family Physicians. The awardee is chosen by the trustees of the Oregon Academy of Family Physicians Foundation on the basis of an essay that describes the individual’s top two qualities and how these qualities could be incorporated into their ideal practice, as well as having the candidate describe a situation that challenged them personally and how they overcame this challenge.

In a field of excellent candidates, the Foundation was honored to announce the 2015 Lundy Award winner, Joseph Volpi, at the annual celebration luncheon.

Joseph grew up in Prineville, Oregon and his dedication to community service and his leadership skills have been inherent throughout his life. He graduated from the University of Oregon in 2010 with a major in Human Physiology after serving six years in the U.S. Navy as a nuclear electrician’s mate. He’s a Rural Scholar, was the co-chair of both the Family Medicine Interest Group and the Rural Medicine Interest Group, coordinated OHSU’s Healthcare Equity Week, was one of two students selected into the inaugural Oregon Family Medicine Integrated Rural Student Training Program (read more about this program on page 7), and has been a medical volunteer for several community and hospital-based organizations throughout his college and medical school careers.

Upon receiving this award, Joseph stated that he was “honored to be the next awardee in a long line of distinguished physicians that have previously won this award.” In June, he will graduate from the Oregon Health and Science University’s School of Medicine and begin his family medicine residency at OHSU’s Cascades East Family Medicine Residency in Klamath Falls.
Family physicians, medical students, and residents came from near and far to attend this year’s conference at the picture-perfect setting of Skamania Lodge in the Columbia Gorge.

As has been carried out successfully the past several years, the ORPRN Convocation kicked off the weekend of learning. ORPRN’s theme, “Walking the Ledge – Dangerous Ideas and Innovation in Primary Care” and the presenters discussing the subject, filled the room with clinicians, practice managers, and CCO staff eager to discover more about primary care for patients with complex health care needs; behavioral health integration in primary care practices; oral health and community-oriented primary care; and new models of payment.

Members then had the opportunity to attend the New Physicians Social Hour, the 16th Annual OHSU Department of Family Medicine Statewide Volunteer Faculty Meeting or the Family Dinner at the Columbia Gorge Interpretive Museum. The crisp, clear night ended with a late-night jam session around the bonfire enjoyed by all.
Though the summer-like weather couldn’t have been more cooperative for our outdoor social events, there was much in store for the 200 conference attendees to keep them content, and inside, for the rest of the weekend.

John Saultz, MD, OHSU’s Family Medicine Department Chair, opened the OAFP conference with his moving keynote, “Our Moment in History: The Importance of Family Medicine Today” and Reid Blackwelder, MD, AAFP board chair, dovetailed his lecture with information on “Family Medicine for America’s Health.” One attendee summed up Saultz’s speech as “inspirational; the kind of speech my generation will be referring to for years to come.” (You can view Dr. Saultz’s complete presentation at http://oafp.org/)

Thoughtful discussions, meaningful examples, and powerful takeaways were provided throughout the 17 breakout sessions over the next two days of the conference. Whether learning about the use of herbal remedies and new drugs on the market, to nutritional therapy and providing quality care to LGBTQ patients, the conference had something for everyone. With blue skies and temperatures rising, many participated in the guided hike during Friday’s lunch time options. Those that stayed behind were able to learn how to use social media in their practice or choose from the many round table options – cost of care, early discussion and resolution update, international disaster relief medicine, loss and retention of skills, as well as time-saving tips for successful completion of ABFM’s Part IV.

Members were also able to participate in the Congress of Members, where they discussed and brought forth resolutions, as well as the Town Hall, where they heard from lobbyists Doug and Sam Barber, and Senator Elizabeth Steiner Hayward, MD who provided an in-depth perspective of current Oregon legislative policy and issues affecting family medicine.

continued on page 20
On Friday evening, old friendships were renewed and new bonds created at the OAFP Foundation Dinner and Auction (see page 22 for complete story), and the medical student barbecue hosted by Ryan Palmer, EdD, Director of OHSU Curriculum and Development and Co-Advisor of the Family Medicine Interest Group.

Participants also had opportunities for extended learning experiences with the SAM Study Hall on Pain Management and the ALSO Refresher Course.

The weekend culminated with moving acceptance speeches from our physician and student award winners, as well as from David Gilmour, MD, our 2015 Family Physician of the Year (see pages 10 – 11 for more details).

For those of you in attendance this year, we are glad you were able to join us. For all members, we hope you can join us next year when we host the Annual Spring CME Weekend on March 10 – 12, 2016 at Portland Embassy Suites.

THANK YOU
We wish to offer a heartfelt thanks to the following sponsors of our 68th Spring Family Medicine Weekend. Their financial support helped the OAFP continue to offer vital academic information and training to our members.

FAMILY MEDICINE CHAMPIONS:
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Yakima Valley Farm Workers Clinic
ZoomCare
“Place Your Bets on the Future of Family Medicine” Foundation Auction

Slices of mouthwatering apple pie and soon-to-be picked Oregon cherries; Pendleton blankets for babies and big people; home-cured elk sticks and home-grown lamb; breathtaking photography, unique one-of-a-kind furniture pieces, rare rhodies and exclusive hand-tied fishing flies; getaways to the beach, to the mountain and to the hills. Throw in a huge portion of generosity and you have this year’s OAFP Foundation Auction.

The annual Foundation Auction isn’t just a fundraiser however; we think of it as more of a “fun raiser.” It’s a joy to watch our members greet old colleagues and catch up on the latest news regarding their family members, but it’s even more exciting to see new relationships form. If you’ve never been to an OAFP auction, plan on joining us next year in Portland on March 11, at the Embassy Suites Hotel.

Encouraged by our quick-witted, kindhearted auctioneer, Rick Wopat, MD, auction participants helped us raise a record-setting $30,000! These funds will continue to support medical students working in rural clinics, scholarships for medical students entering family medicine residency programs, FMIG activities, ethics lectures at state conferences as well as workshops like the one presented by Teri Petterson, MD, on Adverse Childhood Experiences/Trauma-Informed Care in the Primary Care Setting at this year’s annual meeting.

During the coming year, we look forward to working with our members to determine additional needs and how the Foundation can help meet the growing demands placed on family medicine.
We appreciate each of the following donors of goods and services for their generous support. We are thankful for all who attended and participated in the silent and oral auction on Friday, April 17. A special thanks to the OAFP and Foundation Board members who contributed to their offerings at this year’s auction:

Al’s Garden Center
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Artists Repertory Theatre
Ashland Springs Hotel
Trish Banning, Hasson Realty
Banning’s Restaurant & Pie Shop
Carol & Ron Brady
Scott & Heidi Beery, MD
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Bullwinkle’s Family Fun Center
John Case, Classic Chauffer
Cornerstone Wealth Management, Chris and Suzy Stutes
Jane Conley
Cookies by Design
Shawn & Charles Engelberg
Lynn & Jeff Estuesta
Kerry & Marc Gonzales
Grand Central Bowling
Linda & Jack Griffin
Meg Hayes, MD
High Desert Museum
Imago Theatre
Inn at Cannon Beach
Inn at Spanish Head
Julie & Mark Johnson
Kevin Johnston, MD
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And a special thanks to our Foundation Cash Donors

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Marc Rampton, MD
Alisha Saultz, MD
Ann & Wally Shaffer, MD
Wendy Warren, MD

Patron: $500-$999
Kristin Bradford, MD
Sara Lamanuzzi, MD
Lance McQuillan, MD
Bonnie & Peter Reagan, MDs

Sponsor: $100-$249
Scott & Heidi Beery, MD
Shawn & Charlie Engelberg
Lynn & Jeff Estuesta

Friend: $1-$99
Elizabeth Blount, MD
Deb & John Hollister
Dakota Wallock, fifth grade student in Laurie Dougherty’s class at Seaside Heights Elementary in Seaside, was thrilled to hear that his poster had been awarded first place by the members of the OAFP who were in attendance at this year’s annual conference. He told us that “Being tobacco-free is very important. I know ten or more people who used to smoke. That is way too many. Even if I knew one person who smoked, that’s still too many. When you smoke, you are destroying yourself. I don’t want to destroy myself.” His poster poses the question, “Which team are you on?” with the characters in the boxing ring depicting life or death (tobacco). This honor earned Dakota and the other two poster winners a certificate of achievement and $50.00 from the OAFP Foundation. Our second and third place poster winners are both from Wilson Elementary in Corvallis. Over the years, students in Barb Meyers and Paul Bradley’s fifth grade classrooms have been finalists in the Tar Wars poster contest, and this year was no exception. Bailey O’Briant in Mr. Bradley’s class took the second place award with her poster that states, “Take Tobacco Out of this World” and Allie Webb-Bowen, from Ms. Meyers’ classroom, came in third place with her poster that declares “Let’s Make a Smoke Free Galaxy!”

For over 20 years, the OAFP Foundation has supported the Tar Wars anti-tobacco education program by providing free classroom materials, physician and medical student presenters, and an end-of-year poster contest. The program is provided to fourth and fifth grade students throughout the state of Oregon.

Dominique Greco, MD, the family physician from Providence Medical Group Seaside who presented the program at Seaside Heights Elementary, believes
that the “Tar Wars program is an excellent way to reach kids at an early age regarding the dangers of tobacco use. It is structured to be fun and engaging. I enjoy hearing the students reactions and comments to the information that is presented and they always have really great questions.” Daniel Barrett, MD, was the Tar Wars presenter at Wilson Elementary.

The program is designed to teach fourth- and fifth-grade students about the harmful effects of tobacco use, the costs associated with using tobacco products, and the advertising techniques used by the tobacco industry to market their products to youth. The interactive program provides the tools students need to help them make positive decisions regarding their health. The annual poster contest is an extension of the program, allowing students to create original artwork and their own anti-tobacco message.

A special thanks to our 2015 presenters:

According to the AAFP, there is strong evidence that advice from a health professional can more than double the success rates of smoking cessation. Thank you to our presenters who gave their time to preclude young children from using tobacco products:

Allison Abresch-Meyer, DO
Kevin Allan
Holly Balsbaugh, FNP
Daniel Barrett, MD
Chris Barton
Annaleigh Boggess
Aubrey Bridges, PA
Emma Cantor
Carly Chambers
Heather Davidson, PA
Andrew De La Paz
Chrystal Detweiler Schwartz, DO
Callia Elkhal
Kevin Ewanchyna, MD
Sarah Fausel
Lara Gamelin, MD
Brian Garvey, MD
Troy Garrett, MD
Dominique Greco, MD
Danielle Harik, DO
David Hays, MD
Dagnie Howard
Roheet Kakaday
Christopher Kargel, DO
Amanda Keith
Jin Koh
Bryce Lambert
Kyle Lenz
Casey Luce
Lance McQuillan, MD
Lon McQuillan, MD
Lauren Noll
Neil Olsen, MD
Janet Patin, MD
Ian Penner, PA
Jessica Petrovich
Neela Ramanujam
Alexandra Rich
Claire Sahlberg
Eva Sandberg, DO
Kaydie Satein
Florence Shin
Tameka Smith
Eryn Stubblefield
Steven Wahls, MD
Steve Wells, MD
Michael Watson, DO
Keith White, MD
HSU’s Family Medicine Interest Group (FMIG) plans, activities and scheduled events did not slow down during the winter and spring months. In mid-February seven students went to Klamath Falls to visit the Cascades East Rural Family Medicine Residency Program. First- and second-year students were inspired to learn about rural practice in Oregon and the great opportunity for training that is available in Klamath Falls.

We continued our series of extraordinary skills workshops with a Level II Suture Workshop led by Joe Skariah, DO, the Medical Director at OHSU Family Medicine at Scappoose. This was an opportunity for students who had participated in the Level I workshop earlier in the year to continue to develop this important skill. Following that was the Circumcision Workshop led by FMIG faculty advisor, Ben Schneider, MD.

With the spring also comes the return of our MS4s from the interview trail. FMIG hosted a post-interview dinner that gave students the chance to share stories from their experiences and gather together before Match Day.

Right before Spring Break, students had a chance to have lunch with Andrew and Andrea Janssen, MDs, to hear about their work in rural Oregon at the Strawberry Wilderness Community Clinic in John Day, as well as their upcoming work in Ethiopia.

Our monthly brown bag series continued with a session in April entitled, “Can I Afford to Go into Primary Care?” We had a broad range of panelists, including Bru-
in Rugge, MD, (OHSU Family Medicine at Scappoose), Jo Isgrigg (Director, Oregon Workforce Institute), Diane Hutson (Administrator at a rural clinic in The Dalles), and Jinnell Lewis, MD, (St. Charles Family Care) who joined us by teleconference from Madras. It was a wonderful chance for the panel to dispel some myths and discuss options about loan repayment, and to have a frank discussion about salaries and demand for family physicians in our state and beyond.

At the beginning of April, FMIG teamed up with the OHSU’s Rural College and AHEC to provide high school students from Woodburn and North Salem an introduction to career opportunities in healthcare and primary care as well as information on the types of programs that could help them achieve their goals. FMIG student leaders conducted a panel on being a medical student and lead a hands-on physical exam workshop with members of the Rural College.

Students from all four classes attended the annual OAFP Family Medicine Weekend at Skamania Lodge. Students were able to take part in workshop sessions, the Congress of Members discussions, the Town Hall legislative update, as well as the celebration luncheon and the afterhours jam session with other OAFP members.

This year’s Healthcare Equality Week was a great success! FMIG and the HCEW crew, led by student member Taryn Hansen, want to thank the OAFP Foundation for their continued support of this event. With the help of the Foundation we were able to host a lunch time talk and help with supplies for the health fair. The lunch featured Sonia Sosa, MD and Christina Milano, MD, from OHSU’s Family Medicine at Richmond, who spoke about their work with underserved patients in various capacities. The talk brought together PA, Nursing, Dental and Medical students.

Finally, FMIG continued our collaboration with the OHSU Health Policy Interest Group on the passage of a HB 3041 that will allow sunscreen in Oregon public schools. Since our last update, the bill passed unanimously out of House and Senate Committees on Health Care and will now go back to the House for approval of amendments. Students testified in front of both committees and are feeling hopeful that the bill will pass through the Senate and soon be signed into a law. Special thanks to Sen. Elizabeth Steiner Hayward, MD, along with many of her colleagues, for their support and encouragement on this bill. FMIG members were no strangers to the Capitol this session, for seven students also attended the OAFP’s lobby day in Salem.

It has been an exciting and busy past few months for the OHSU Family Medicine Interest Group and this term has been a great way to wrap up a really successful year in Family Medicine advocacy and education. In April we welcomed our new FMIG leaders into the fold. Please join us in welcoming Med18 members Jay Ruby, Alex Polston, Callia Elkhal, Claire Groth and Mallori Jirikovic.
HONORS, AWARDS AND ACCOLADES

OHSU School of Medicine Receives AAFP Top 10 Award for Family Medicine

Each year, the American Academy of Family Physicians recognizes the top ten allopathic medical schools in the country for matching the highest proportion of their medical school graduates into family medicine residency programs in the U.S. For the fourth consecutive year, Oregon Health and Science University School of Medicine ranked in the top 10 with 16.9% of their medical students choosing the specialty of family medicine (see article page 12.)

AAFP President, Robert Wergin, MD, presented the award to the Family Medicine department faculty at the Society of Teachers of Family Medicine Annual Spring Conference held in April in Orlando.

Jennifer DeVoe, M.D., D.Phil., Family Medicine at Gabriel Park, is the recipient of the OHSU School of Medicine Alumni Association’s Early Career Achievement Award. The award is presented to an alumnus or alumna from the OHSU School of Medicine who has made significant career contributions in improving health and social welfare in a community setting or in the areas of scientific research or academia within 15 years of graduation. Much of DeVoe’s research focuses on access to insurance. She is currently the principal investigator on a project designed to develop and expand a health data network that will be part of a national research network as well as the principal investigator on an NIH National Heart, Lung and Blood Institute study on Medicaid in community clinics. Last year, she completed a study on how changes to families’ insurance affect children’s health care. We look forward to hearing more about Dr. DeVoe’s work in the coming years.

Fourth year medical student, Benjamin Holland, received the Robert B. Taylor Family Medicine Award. The award honors Robert B. Taylor, MD, professor emeritus and former department chair, and is given to a graduating student each year who best exemplifies the qualities of the ideal family physician. Students are chosen based on scholarship, leadership and dedication to Family Medicine as a specialty over the course of their four years at OHSU. Ben was raised in John Day, under the tutelage of his family physician dad, Bob Holland, MD, and learned what it meant to be a rural physician from one of the best. Ben was a Rural Scholar, and chair of both the Family Medicine and Rural Medicine interest groups. Ben is excited to be doing his residency at the Family Medicine Residency of Idaho in Boise—the perfect place to hone his skills as a rural family doc.

Jim Novak, MD, received the Lewis and Ruth Carpenter Teaching Award for Teaching Excellence in an Outpatient Setting during the Annual OAFP Celebration Luncheon. The award is given annually to a volunteer faculty member of the OHSU Department of Family Medicine who is actively engaged and committed to one-on-one teaching in the ambulatory setting. Jim has been a member of the Department of Family Medicine’s volunteer faculty since 1992. He was an integral part of developing the Cascades East Family Medicine Residency Program, worked with third year clerkship students as part of the rural clerkship, and he and his wife, Marilyn, hosted numerous medical students as part of the summer observership program.

Janet Patin, MD, FAAFP, family physician at Dunes Family Health Care in Reedsport since 1997, received the Degree of Fellow during the OAFP’s annual celebration luncheon. Dr. Patin achieved this distinction because of her service to family medicine in her community, by her advancement of health care and by her professional development through medical education and research.

BRAVO Youth Orchestra’s Founder and President, Bonnie Reagan, MD, was honored as the inaugural recipient of the Schnitzer Wonder Award for outstanding service to the community through arts. The award was presented by Jordan Schnitzer and the Oregon Symphony Orchestra President, Scott Showalter, at the Oregon Symphony Honors Gala on April 16. This followed a stirring performance by BRAVO Youth Orchestra onstage at the Arlene Schnitzer Concert Hall alongside the Oregon Symphony.

BRAVO transforms the lives of underserved youth through intensive classical music instruction that emphasizes collaboration, promotes self-confidence, and creates a community where children thrive. For more information on the program, go to oregonbravo.org.
Glenn Rodriguez, MD, Past OAFP President and current OAFP and OMA board member, was presented the Dr. George E. Miller Patient Safety Award at the OMA’s annual meeting held on April 25 in Portland. Dr. Rodriguez received this award for his years of dedication to improving quality at area hospitals.

The award honors the legacy of George E. Miller, MD, a pediatrician and dedicated advocate for improving patient safety who passed away in 2007. Dr. Miller was appointed by Governor Kulongoski to the Oregon Patient Safety Commission when it formed in 2004.

Rodriguez is the Director of the Providence Oregon Family Medicine Residency Program in Milwaukie, sees patients at Providence Medical Group SE, was the chairman of the first board of directors for the Patient Safety Commission and has served on multiple statewide workgroups and committees on quality, metrics and outcomes. He speaks to national audiences on quality improvement issues and has implemented clinical improvement programs in a variety of health care settings.

In addition to Dr. Rodriguez’ award, two additional OAFP members were recognized at the OMA annual meeting. Sylvia Emory, MD, was installed as the OMA Immediate Past President and Kevin Ewanchyna, MD, was installed as an OMA Member-at-Large. Dr. Emory practices at Oregon Medical Group’s Westmoreland Clinic in Eugene and Dr. Ewanchyna is currently the Chief Medical Officer for Samaritan Health Plan Operations and sees patients at the Samaritan Urgent Care clinics in Corvallis and Albany.

Movers and Shakers

Stephanie Casey, DO, a recent graduate of Cascades East Family Medicine Residency Program will join the Lower Umpqua Hospital District and Dunes Family Health Care (DFHC) this month. While at Cascades East, Dr. Casey did a rural rotation at DFHC and knew she wanted to make Reedsport her home.

Interesting Business We Should All Know

A new slate of officers was elected at the Annual Spring CME Weekend held in Portland in mid-April. The officers are Liz Powers, MD, Enterprise, President; Daniel Paulson, MD, Eugene, President-Elect; Kevin Johnston, MD, Burns, Vice President; Robyn Liu, MD, Portland, Secretary; and Peter Reagan, MD, Portland, Treasurer.

Michael Grady, MD, Silverton, and Glenn Rodriguez, MD, Portland, are the Delegates to the AAFP and Elizabeth Steiner Hayward, MD, Portland, and Gary Plant, MD, Madras, are Alternate Delegates to the AAFP.

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

In addition, two new board members were elected to the existing board (which includes David Abdun-Nur, MD, Grants Pass, Director; Ruth Chang, MD, Portland, Director; Lance McQuillan, MD, Corvallis, Director; and Heidi Beery, MD, Roseburg, Director; and Michael Goodwin, MD, Portland, OMA Delegate): Rick Kincade, MD, Eugene, Director; and Jon Schott, MD, Baker City, Director.

Rick Kincade, MD, has been with PeaceHealth Medical Group (PHMG) as a family physician since 1993. He is currently the PHMG Physician Council Chair and the PeaceHealth Oregon West Network Medical Director for Community-Based Services. He is a member of the Trillium CCO Board of Directors, the Trillium CCO Clinical Advisory Panel and the CCO Community Advisory Council. In 2011, Dr. Kincade completed a three-year role as Interim Senior Vice President for the PHMG Practice Development and

Jon Schott, MD, is a family physician who has been practicing in Baker City since 1999. He and several other family physicians established Eastern Oregon Medical Associates and in 2010 became affiliated with St. Luke’s Health System and their practice is now referred to as St. Luke’s Eastern Oregon Medical Associates. He is currently the Medical Director of the Pine Eagle Clinic in Halfway, the Baker County Health Department and the St. Luke’s Division for Rural Clinics. He was the 2014 Oregon Family Physician of the Year.

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
In a historic move, long-awaited by the health care community, Congress recently passed HR 2, the Medicare Access and CHIP (Children’s Health Insurance Program) Reauthorization Act of 2015. This Act, backed by strong bipartisan support, permanently repeals Medicare’s broken Sustainable Growth Rate (SGR) formula and ensures significant reforms moving forward regarding how Medicare pays physicians who focus on better care and lower costs. Sen. Ron Wyden (D-OR) called the bill’s passage “a milestone for the Medicare program, a lifeline for millions of older people. The Senate is voting to [get rid of] the outdated, inefficiency-rewarding, Medicare reimbursement system.”

The measure includes replacing the SGR with an increase of 0.5% in Medicare physician reimbursement starting in July, 2015, and then annual 0.5% increases lasting through 2019. Under the new legislation, the updated payment will not change from 2020 through 2025. However, physicians in alternative payment methods, such as patient-centered medical homes, would earn a 5% update in yearly payment rates. The measure also consolidates various reporting programs, such as the Meaningful Use program for electronic health records and several quality reporting programs, into a new, merit-based incentive payment system and would incentivize physicians to participate in alternative payment models such as accountable care organizations (ACOs). In addition, the bill extends the Children’s Health Insurance Program as well as funding for community health centers and the National Health Service Corps.

After more than a decade of work by physicians and lawmakers to reform Medicare payments to physicians, a special thanks goes out to the myriad of Academy members who made calls and emails to their congressional representatives in support of HR 2; your collective voices were heard!

“For more than a decade, elderly and disabled Americans didn’t know whether they would continue to receive the medical care they needed,” AAFP President Robert Wergin, M.D. stated. “They couldn’t count on whether they could see the physician they’d had for years. But with today’s passage of the Medicare Access and CHIP Reauthorization Act, these patients can put those worries behind them.”

Senate Bill 231 – Where it Stands

SB 231, the primary care data reporting bill, would require the following:

- The Insurance Division and the Oregon Health Authority define primary care spending;
- Insurers report their primary care spending by December 31, 2015;
- A voluntary collaborative to discuss payment methodologies, best practices, and technical assistance be created; and
- This collaborative have anti-trust protection.

SB 231 has passed the Senate and is awaiting action in the House Health Committee. We will keep you apprised of further action regarding this bill on our website – http://oafp.org/.

SAVE THESE DATES

**PENNINGTON LECTURES**
August 7, 2015, Portland

**69TH ANNUAL FAMILY MEDICINE WEEKEND**
Scientific Assembly & Congress, March 10 – 12, 2016
OAFP/Foundation Auction, March 11
Embassy Suites Hotel, Portland

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