

# Family Physicians of Oregon

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- Miriam (Molly) Fauth, MD 2018 Oregon Family Doctor of the Year
- Brianna Muller 2018 Lundy Award Winner
- Robyn Liu Installed as New President



OREGON ACADEMY OF  
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

THE OFFICIAL MAGAZINE OF THE  
OREGON ACADEMY OF FAMILY PHYSICIANS



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# Family Physicians of Oregon

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### About the cover:

Molly Fauth, MD, surrounded by her family (from left to right, Samuel, Eric and Matthew) was named the 2018 Oregon Family Doctor of the Year at the OAFP's Spring Family Medicine Weekend held in Portland.



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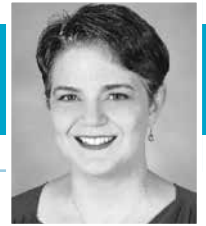


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## ● PRESIDENT'S MESSAGE



ROBYN LIU, MD, MPH, FAFP, OAFP PRESIDENT

I have been attending national and state academy events several times a year for the past decade, and every time I find myself asking what it is that makes gathering together as family physicians worthwhile. It's important for us to share the knowledge we have with one another so that we can all practice better medicine. We need to tease out the common problems that we all face in practice so that we can join our voices in advocating for a better way ahead. These are the value propositions I use to "sell" the academy to people who've never attended an academy meeting. But I would be lying if I said that those are the real reasons I participate.

"At the end of the day," said a man named Richard Alpert, better known to spirit-seeking baby boomers of the 1970s and 80s as Ram Dass, "we are all just walking each other home."

In reflecting on my own path thus far, two images come to mind. One is a ladder. A big part of a medical career feels like a ladder that you climb. But right now, I find myself looking around and noticing that there no longer seems to be a ladder. My landscape now looks much more like a labyrinth. Ladders are wide enough for only one and they go in two directions: up, which is right and good, or down, which is wrong. Labyrinths are spread out and it's not clear where the path is going and no path is right or wrong. Labyrinths don't have a beginning or an end and sometimes you feel like you're doubling back on land you've already trod.

Having a career in medicine involves a lot of climbing; so-called "leveling up." Get into college, graduate, take the MCAT, get into

"At the end of day, we are all just walking each other home."

Ram Dass

medical school, pass the USMLEs, graduate again, match into a residency, graduate AGAIN, find a job, work your way up. This kind of thing is *tailor-made* for someone like me, a self-avowed achievement junkie. I am really good at titles and elections and things of that nature. If you are familiar with something known as the Enneagram, I am Type 3, "the performer." I like it best when I don't have to search myself too hard. Instead, I look around me, read the room, figure out the rules and work out how to make myself successful in that space. The more clear-cut the rules are, the easier it is for me.

Climbing the ladders in medicine has treated me very well. I received my top choice residency and I'm now on the faculty of that very prestigious department. I've served my profession on the national level as an AAFP board member and my name is well-known to the movers and shakers in our profession. Since I started my family medicine career in Kansas and moved to Oregon a few years later, I made it a goal to focus my energy at the state level and today you have made me your president. The rules and procedures I had to follow to make it to where I am were, all things considered, pretty straightforward and success has been fairly linear. Up the ladder, rung by rung, just taking each next step as it's laid out before me, surmounting it and moving on.

That is a really nice, boring life story. It is

also dreadfully incomplete; a lie by omission. You see in 2012, I was finishing up my term on the AAFP board and had been appointed to the OAFP faculty. I had purchased a great home in Portland and was starting to feel like hot stuff. I was traveling all the time and I was *in demand*. Then a surprise pregnancy knocked me down and just kept on punching. For nine months I was too sick to do much of anything besides go to work and come home to lie down; and for an additional four months I had a very difficult infant. I had to cut out almost everything I was doing except for the things I was actually getting paid to do. I took that as a lesson from the universe that I needed to slow down, appreciate my husband and family more and exercise greater humility.

When the universe was done with that lesson and I was feeling well again and could leave the house, my daughters and I found roller derby. Here was an entirely new thing to work on and level up in. And like I always had before, I did it. I did it for about 11 months and then I fractured my kneecap at the end of 2014. That slowed me down for a while and I told the universe, "Hold on, we did this one already!" I had learned about slowing down and enjoying the journey for its' own sake. I started volunteering as a non-skating official and a coach, things that would allow me to hang on to some degree of status even though I wasn't able to work on the track quite like I

wanted to. But, as my friend Karla told me, if the universe wants you to know something, it will keep repeating the lesson until you learn it. I thought I was still on the ladder, just maybe down a peg for a bit, but still climbing.

We'll fast-forward to 2018 – maybe the time that those other two lessons were actually preparing me for. I started out New Year's Day not having done anything to deserve the sudden crippling arthritis pain in my knee; the one I had fixed back in 2015. Without any new injury, I was struggling to walk unassisted, let alone skate or play a contact sport. Back in the orthopedics clinic, I had to mentally and physically prepare myself to go through a pretty big surgery. Just as that was getting underway, I found out that in the coming academic year, I would be given the opportunity to try something new because the funding I had relied on for half my salary would not be renewed come July 1.

So, that's the kind of news that makes

you take a deep breath. But remember, I'm an achievement junkie! Performer! Learn the rules of the environment and follow them to victory. I looked around for a rung and found ... no more ladders. There were no flags pointing the way to the next level of status. There were all kinds of paths around me; they were very spread out, some more hidden than others, none really seeming to have a clear beginning or end. I found myself in a labyrinth.

So now, we come back to Mr. Alpert, and the notion of walking each other home. In the midst of healing my physical body from surgery and with my professional future a big, hanging question mark, I surprised myself. In the absence of straightforward rules and signals toward how to gain success, I did something contrary to the very core of my nature: I made my struggles and fears public. I was able to do that because I looked around myself and I recognized my family medicine family. My community of like-minded,

thoughtful, smart, successful friends who, I was confident, truly care about me and would do anything for me.

If you've ever read or listened to Brene Brown, you know where this is going; that my vulnerability proved to be strength. I reached out and my family medicine family reached back. Several of them said those incredibly potent words, "Me too; I'm going through the same thing." There aren't any ladders in sight. But on this labyrinthine field we are now walking each other home. Sometimes we pass and we give each other a smile or a high five or a hug. Sometimes we are side by side. Sometimes the ground looks almost, but not quite exactly, like where we've been before. But always, we know we are not alone. And that's the real reason I'm here.

I look forward to working with you this year as your OAFP President. If you have any questions or concerns, please contact me.

# ● GREETINGS FROM THE OAFP



BETSY BOYD-FLYNN, OAFP EXECUTIVE DIRECTOR

I am proud and excited to join the OAFP as Executive Director. Though I have had the chance to work in and around the Oregon health care community for nearly 15 years, taking on this role is a kind of homecoming. When I moved from Atlanta to Portland with my family in 2004, I continued working for the American College of Rheumatology in communications and media relations. In 2007, I joined the Oregon Medical Association (OMA), first as the Director of Communications and later as the Deputy Executive Vice President.

The years I spent at the OMA were filled with rapid change as health care and Medicaid reform efforts gained steam. I worked with many Oregon physician leaders with differing perspectives on what “ails” our health care system and what would need to change to make it better. While helping the OMA to navigate through that period, I became fascinated by health policy, which led to my next role.

I joined the Oregon Health Care Quality Corporation (Q Corp) in 2014. There, I learned about the impact and role of quality measurement in health care and the tremendous complexity vexing physicians and their practice staff as they work to care for patients while trying to sustain their own health and careers. From there, I joined a small health IT consulting firm and focused on helping state Medicaid agencies fund their technology infrastructure investments.

These experiences led me “home” to the OAFP, which plays a unique role in the health care community. The OAFP is well-poised to capitalize on its advocacy and policy successes. We are able to raise the voice of the specialty even more forcefully as the stakes for health reform and the impact of the physician workforce crisis grow clearer. As we work to support the physicians who are often on the front lines of a rapidly changing profession, these are exciting days indeed. More than ever, family physicians need education and fellowship alongside practice and policy advocacy. The 2018 OAFP Spring Family Medicine Weekend was a fantastic example of both.

In April, OAFP members gathered for the Spring CME meeting and the annual Congress of Members. As I write this article, news has broken of another school shooting, this

one just outside Houston. A recently-released position paper from the AAFP recognizes gun violence as a “national public health epidemic.” One of the resolutions that generated significant debate during the Congress pertained to gun safety. For me, the tone and substance of the discussion reinforced the value of this organization to the community.

I was struck by the civility of the discourse as members shared differing perspectives. In the end, the OAFP Delegates to the AAFP Congress of Delegates will carry a resolution forward asking the AAFP to “support sensible restrictions on gun ownership at a state level, support enforcement of existing gun laws and support state laws that would protect children from dangerous and unsupervised gun use.”

We all have a voice in this debate and we all have a stake in the civic challenge of making our children and communities as safe as they can be. One of the obstacles we face is figuring out how to really hear each other and distill and weigh the evidence to find solutions. If the United States can follow the example of the OAFP members, I believe there is hope for progress.

I would be remiss if I didn’t acknowledge that my path is made both easier and a little daunting by the phenomenal work of **Kerry Gonzales**, who is retiring this summer after more than 27 years of dedicated service to the OAFP. In recent weeks and months, I have had an opportunity to meet many of her colleagues from other states and OAFP members from across Oregon who have shared glowing words of praise for her kindness, her leadership and her effectiveness.

Again and again, I have heard Kerry thanked for her ability to seek out, identify and support leaders in the specialty, many of whom are doing the hard work of health reform. Through it all, she’s managed an organization that is high-functioning, financially sound and viewed as a respected collaboration partner in the wider community. My goal is to be as valuable to the OAFP as Kerry has been and to get to know OAFP members and their needs, priorities, hopes and goals as thoroughly as I can.

Please feel free to reach out to me with your questions and concerns at 503-528-0961. I look forward to working with you.



DEBORAH COHEN, PHD, PROFESSOR AND CLAIRE DIENER, SENIOR RESEARCH ASSISTANT, OHSU DEPARTMENT OF FAMILY MEDICINE

## Early Findings from EvidenceNOW Evaluation Touch on More Than Cardiovascular Health Improvement

In 2015, the Agency for Healthcare Research and Quality (AHRQ) launched one of the largest studies of primary care ever funded in the United States, called [EvidenceNOW: Advancing Heart Health in Primary Care](#). The aim of this initiative was to work with small-to-medium-sized primary care practices (practices with fewer than 10 clinicians) across the country to improve their ABC'S of heart health: aspirin use by high-risk individuals; blood pressure control; cholesterol management; and smoking cessation. Seven grants (called Cooperatives, what we refer to later as health care extensions) were awarded by AHRQ to implement on-the-ground quality improvement strategies across 12 states, touching more than 1,500 practices and 8 million patients. One of these Cooperatives, Healthy Hearts Northwest, includes practices from Washington, Idaho and Oregon. Some of you may even be involved with Healthy Hearts Northwest.

An eighth AHRQ grant was awarded to Deborah Cohen, PhD of Oregon Health & Science University (OHSU) to perform an independent evaluation of the work done by the seven Cooperatives. This national evaluation is called [ESCALATES: Evaluating System Change to Advance Learning and](#)

Most electronic health records (EHRs) in their current forms do not work for QI and do not live up to the expectation that they could be used as a powerful tool for improving the quality of primary care delivery. This reality is a frustration you may have experienced firsthand.

[Take Evidence to Scale](#). The ESCALATES team was tasked with identifying what is required to see improvements in ABC'S, and in practice capacity in general. Although the mission of EvidenceNOW is driven by the ABC'S of heart health, the breadth of learnings from this initiative extend beyond cardiovascular health. Our team is privileged to be tasked with discovering, analyzing and sharing the learnings of the initiative with you.

### **Creating the Infrastructure for EvidenceNOW: Health Care Extensions**

With goals as expansive as those of EvidenceNOW, creating a structure by which each Cooperative could connect and work

with the more than 200 practices across their region was critical. In order to do this work, Cooperatives did not 'reinvent the wheel,' but rather used an infrastructure and diffusion model that have been successful since the beginning of the 20<sup>th</sup> century in the agricultural sector.

In 1914, under the Smith-Lever Act, the Cooperative Extension Service was established, bringing county, state and federal partners together with the goal of making food more affordable and accessible. Through this extension program, the federal government funded each state's land-grant university to establish a bidirectional communication plan between farmers and the university, encouraging the diffusion of

agricultural knowledge and innovations.<sup>1</sup> In Oregon, for example, the land-grant university was Oregon State University. In EvidenceNOW, each of the Cooperatives are taking similar steps by engaging partners in their respective regions to provide resources supporting the diffusion of innovation to improve capacity and cardiovascular preventive care in primary care practice.

Cooperatives (or health care extensions) in EvidenceNOW vary in size, structure, partnerships and their state of development. Some extensions cover a single city or state with one 'hub,' while others cover a region of multiple states with several partners. Despite these differences, each Cooperative developed relationships with local and state organizations and each had the same foundational elements and expertise to provide practices in their regions with assistance. Cooperatives provided technology and quality improvement (QI) support to identify and address performance gaps; worked to build practices' capacity for change, helping them learn more about evidence and develop motivation, resilience and change capacity; and built linkages between practices and community resources that could help address patient needs.<sup>1</sup> To learn more about the work of health care extensions in EvidenceNOW, see: *Ono S, et al. Taking Innovation To Scale In Primary Care Practices: The Functions Of Health Care Extension. Health Affairs, February 2018.*

### EHRs Do Not Work for Quality Improvement

Most electronic health records (EHRs) in their current forms do not work for QI and do not live up to the expectation that they could be used as a powerful tool for improving the quality of primary care delivery. This reality is a frustration you may have experienced firsthand. Between 2015 and 2017, the EHR Incentive program set 17 core standards for the meaningful use of EHRs for improved care, and defined these in stages 1 and 2 of the meaningful-use program. In 2016, the Quality Payment Program was developed as a way to streamline quality-reporting programs, as a growing number of practices were submitting their quality data electronically.<sup>2</sup> Being able

to accurately measure and produce reports on clinical quality measures (CQMs) became a core expectation of meaningful use and the subsequent Quality Payment Program, and the Office of the National Coordinator for Health Information Technology (ONC) worked with the Centers for Medicare and Medicaid Services (CMS) and stakeholders to establish a set of certification criteria for EHRs.<sup>2</sup> Use of ONC-certified EHRs became a core requirement of meaningful use under the assumption that if practices used a certified EHR, they would be able to both produce CQM reports and use their data for QI efforts.

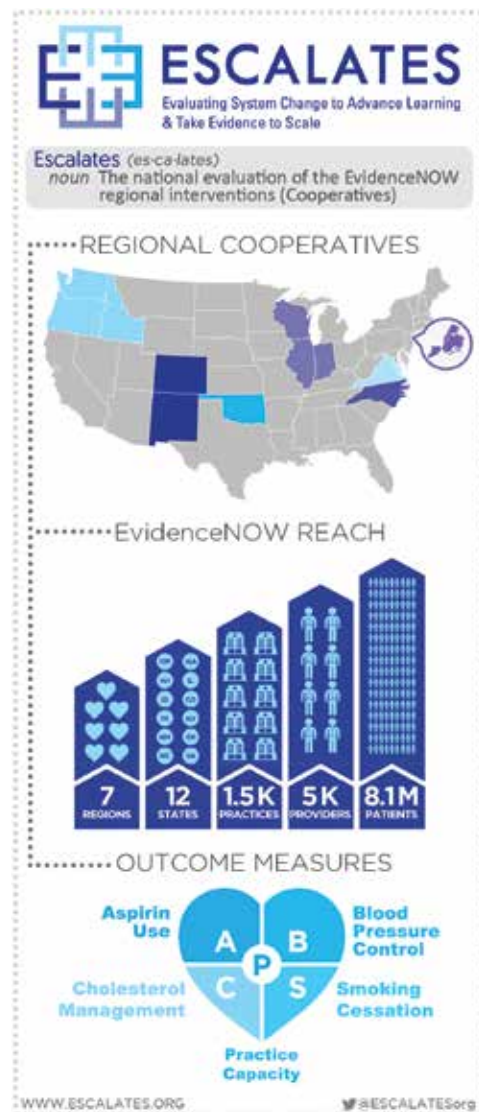
After looking at practice-level survey data and collecting fieldnotes and interview data from 41 practice facilitators during visits to each Cooperative, we found that EHRs in

fact lack the basic functionality needed to make them usable for data-driven quality improvement.

In the EvidenceNOW cohort, 93 percent of all practices used an EHR, 81 percent of which were ONC-certified. Furthermore, 60 percent of practices also participated in meaningful-use stage 1 and 2,<sup>2</sup> but even in these circumstances, the EHR-generated reports practices received were insufficient for QI work. Practices could not customize their reports, and it was costly and time-prohibitive to have vendors create reporting functionality that would fit their needs. EHRs were also slow to incorporate new clinical guidelines, an important element in reporting and especially in QI. And, there was a lack of simplicity in EHR documentation workflows. This resulted in a need for a lot of external support in order to get practices' own data out of the EHR backend. Ultimately, we found that EHRs were simply not set up to do QI and there is significant room for improvement.

Happily, we did find that practice facilitators had many ways of helping practices engage in QI, regardless of their access to reliable CQM data. For instance, if a practice did not have any CQM data available, facilitators worked on improving clinical techniques and practice workflows.<sup>3</sup> If practices did have CQM data but it was viewed as inaccurate, facilitators focused efforts on improving practices' workflows and enhancing documentation.<sup>3</sup>

To learn more about the challenges that practices face in using EHRs for QI see: *Cohen D, et al. Primary Care Practices' Abilities And Challenges In Using Electronic Health Record Data For Quality Improvement. Health Affairs, April 2018.* To learn more about how facilitators overcome these challenges and help practices with improving quality despite imperfect data see: *Hemler J, et al. Practice Facilitator Strategies for Addressing Electronic Health Record Data Challenges for Quality Improvement: EvidenceNOW. The Journal of the American Board of Family Medicine, May 2018.*



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### **Opportunities for Quality Improvement: Practice Resilience Despite Challenges**

Despite many challenges, primary care practices are generally resilient. We wanted to better understand what practice characteristics resulted in higher (or lower) use of QI strategies (e.g., providing information and skills training, removing or reducing barriers to better quality of care). Using the Change Process Capability Questionnaire (CPCQ) Strategies Scale, we found that some key characteristics had a positive association with practices' use of QI strategies. Two notable characteristics that positively affected practices use of QI strategies were: having practice staff routinely discuss clinical quality data, and the practice not experiencing any major disruptive events in the prior 12 months.<sup>4</sup> For more details, see: *Balasubramanian B, et al. Use of Quality Improvement Strategies Among Small to Medium-Size US Primary Care Practices. The Annals of Family Medicine, April 2018.*

### **There Is Still More Learning and Sharing to Come: Join the ESCALATES Journey**

At the time of this publication, ESCALATES is entering into its fourth funded year, which will be an exciting year of learning from the EvidenceNOW initiative. This year we are looking forward to analyzing and sharing longitudinal data from the work the Cooperatives did around the ABCS measures, sharing learnings

about clinician and staff burnout, analyzing the cost of creating a health care extension, and more. Keep up to date with what we are learning by following us on Twitter ([@ESCALATESorg](https://twitter.com/ESCALATESorg)) or visiting the ESCALATES website, [escalates.org](https://escalates.org). There you can sign up for a newsletter highlighting new findings and published papers detailing new learnings of the initiative.

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SAM BARBER, OAFP LOBBYIST

# Common Credentialing on the Horizon

Oregon's new Common Credentialing Program may be up and running as early as this fall. Historically, each insurer and hospital credentials health care practitioners independently, resulting in a duplication of efforts for both credentialing organizations and practitioners. Oregon first tried to reduce this administrative burden by mandating a standardized credentialing form, but this has not solved the issue as most insurers and hospitals require additional information. Some organizations work with a common credentialing database already, but because it is not ubiquitous, its potential is limited.

To combat the problem on a broad level, **Senator Elizabeth Steiner Hayward, MD** (D-Beaverton) and the late former Senator Alan Bates (D-Ashland) passed SB 604 in 2013. The bill created the Oregon Common Credentialing Program (OCCP), which is set to go live this fall.

The OCCP will act as a centralized database for credentialing organizations to collect the information they need to credential or re-credential all health care practitioners in the state. The overall aim is to minimize administrative burden for practitioners and redundant information gathering by credentialing organizations. "It would be inspiring to know that we could actually simplify a process rather than continue to add layers of complexity to an already overloaded system," says Jane Conley, Practice Administrator for Springfield Family Physicians.

According to the Oregon Health Authority (OHA), participation by practitioners and credentialing organizations will be required by November 5, 2018

though there is some uncertainty about whether they can get the program up and running that quickly. The Oregon Association of Hospitals and Health System, for example, has told the OHA that the implementation timeline is too quick.

Practitioners will pay a one-time set up fee of \$150 in order to have their information in the OCCP database, but will not have an annual fee. They will also be required to attest to their information every 120 days, though they can designate someone else to submit the documentation. If you are credentialed by only one organization, you will not have

to attest every 120 days but must update when changes occur or for re-credentialing. The information submitted to the OCCP will be used by credentialing organizations (i.e. hospitals and insurers) to credential providers. The OCCP will not make final decisions about whether a practitioner is credentialed or not. Credentialing organizations will likewise have set up fees as well as subscription fees of \$90 per practitioner.

The Oregon Health Authority will administer the program and will conduct trainings and outreach prior to the November 5, 2018 enrollment deadline.

# Molly Fauth, MD 2018 Oregon Family Doctor of the Year



*“Positivity oozes from Molly. She treats every person she encounters as her absolute equal. Her genuine spirit is felt by everyone who knows her as a friend, peer, patient or community member.”*

*Molly and her colleagues from One Community Health.*

While attending the Annual OAFP Spring Family Medicine Weekend in April, **Molly Fauth, MD**, spent time participating in workshops, reconnecting with her peers and bidding on auction items with her dad. Little did she know that her weekend would end on such a high note. Read on to see in Molly’s own words the emotions she felt when she was announced as winner of the 71<sup>st</sup> Oregon Family Physician of the Year.

“Imagine, if you will, sitting at the annual meeting of the state chapter of your profession. You are listening to the presentation of the award for the professional of the year in your field, a presentation you always look forward to hearing because the amazing people who win this award inspire you every year to work harder, try new things and be better at what you do. Now, imagine your surprise when the opening comments about this year’s winner are quotes from an editorial you wrote to your local newspaper.

As it slowly dawned on me that this year’s presenter was talking about me, several emotions flooded over me. Disbelief. Excitement. Humility. Pride in our community. Gratitude for being able to be a part of that community. I am proud and thankful to be honored by this prestigious award. This award in particular is most important to me because of the way that you win it, representing what I have wanted to be since I decided to go to

medical school: a true family physician. It is not solely based on the things that are learned in medical school. To win, you must be nominated by your peers and have support from all aspects of your community—coworkers, patients and members of groups in which you participate. Winning this award is especially meaningful because it shows me that the love I have for my community is reciprocated in kind. By that same token, the celebration and honor of this award really should be shared by everyone who touches my life.

In this current time of high reports of physician burnout, I am blessed to be working in an environment that supports and inspires me. I am eternally grateful for **Tina Castanares, MD**, for having the vision of this amazing clinic so long ago and the strength and willpower to make it a reality, thus creating my dream job. I am thankful for our CEO, Dave Edwards, for his steady leadership and strong sense of mission, allowing us to do what is best for our patients. I am blessed by my



*Molly celebrating with her dad, Tom Duncan, MD, and her mom, Ruthann Duncan.*

One Community Health colleagues, who motivate me every day to go the extra mile and be a better family doctor. I am thankful for my clinic team, all of whom have the same dedication and compassion for our patients as I do. Above all, I am honored by and grateful for my patients, who choose me to be a part of their family and their life. They make it all worthwhile.”

Dr. Fauth was also completely caught off guard by the plethora of family, friends and co-workers who came from Hood River to be able to see her win this prestigious award. They were secretly tucked away in the hotel restaurant until the award was announced when they could finally cheer and release all the pent up excitement they had been waiting so patiently to share with Molly.

Dr. Fauth received a bachelor’s degree from Linfield College and her medical degree from the University of New Mexico School of Medicine before completing her residency at Cascades East Family Medicine in Klamath Falls. In addition to being deeply passionate about the field of family medicine, she’s particularly interested and skilled in obstetrics/gynecology/ prenatal medicine; pediatrics; diabetes; preventative medicine; family health; and farmworker health. Bilingual in Spanish, Fauth moved to Hood River in 2005 to accept what she calls her “dream job” at One Community Health, which was then called La Clinica del Cariño.

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.

Past Oregon Family Physician of the Year and fellow Hood River physician, **Kristen Dillon, MD**, presented Molly with this award. Here are some of the thoughts provided by those who nominated her:

*“Molly is fearless. She does not shy away from challenges and is a champion for her patients and the needs of the poor and vulnerable in our community.”*

*“She is an excellent role model; she is intelligent, confident, compassionate, and extremely likable.”*

*“As a newer clinician, I go to Molly often with questions. Her sound medical knowledge and thoughtful, patient-centered approach give me inspiration*

*and a true mentor to emulate. She is a considerate teacher who provides kind and practical feedback.”*

*“She is an advocate for the vulnerable members of the community; regularly volunteering at our warming shelter for the homeless including overnight shifts on a regular basis.”*

*“Molly’s compassion for people makes her stand out. She truly cares with all her heart.”*

### **2019 Family Doctor of the Year Nominations**

Do you know someone who has the necessary qualities to be considered for the 2019 Oregon 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 discuss with you the nomination categories (colleague, patient, community leader and friend) and the minimum number of nominations required in each category to provide a robust nomination packet. As the OAFP’s Family Medicine Weekend is in May next year, we request that the nomination information be received by February 15, 2019. We look forward to hearing from you.



# Announcing a Special Offer From the ABFM

## PRIME REGISTRY™

Improving America's Health

The American Board of Family Medicine (ABFM) invites board-certified family physicians to enroll in PRIME Registry™ free for the first three years.

PRIME Registry™ is a practice and population data tool developed by the ABFM that safely extracts patient data\* from your electronic health records (EHRs) and turns it into actionable measures, presented in an easy-to-use, personalized dashboard, maintaining its full confidentiality. PRIME not only simplifies quality reporting for payment programs such as MIPS and CPC+, but also allows you to better evaluate aspects of your practice, patient groups, and individual patients, illuminating gaps or successes in patient care.

Another bonus for ABFM Diplomates is the integrated Performance Improvement (PI) activity tool which allows

Diplomates to easily use EHR data to complete PI activities and earn points toward the ABFM continuous certification requirements.

Coming this summer, the PRIME Registry™ will add social determinant and community resource data showing clusters of disease, poor outcomes and community resources for patients and clinics via the new Population Health Assessment Engine (PHATE™).

By enrolling in the PRIME Registry™ now, you will secure free MIPS reporting through 2019 and you will be able to take advantage of all the features the PRIME Registry™ has to offer.

Ready to get started? Enroll at

[primeregistry.org](http://primeregistry.org). Have questions? Email [prime@theabfm.org](mailto:prime@theabfm.org) or call 877-223-7437. **Physicians must sign up before July 31, 2018 to be ready for 2018 MIPS reporting.** The PRIME Registry™ is free to the first 2,000 board-certified family physicians who sign up so don't delay.

*\* All registry data are maintained in compliance with HIPAA, subject to a Business Associates Agreement, but the ABFM has gone farther to protect your data. The registry vendor has no rights to use identified data without your permission, and the ABFM purposefully cannot touch patient data except for research purposes and after Institutional Review Board approval.*

## OPAL-A to Launch Soon

We are very pleased to announce the development of the Oregon Psychiatric Line about Adults (OPAL-A). OPAL-A is a state-funded telephone consultation service that allows primary care providers in the state of Oregon to call and consult with a psychiatrist, regardless of the insurance status of the patient, or the location of the provider. Geriatric psychiatry will be a component of this program.

The vision of OPAL-A is to expand the availability of high quality mental health treatment to the adults of Oregon within the medical home through:

- Timely psychiatric consultation
- Clinician education
- Primary Care treatment algorithms

OPAL-A is based on the successful OPAL-K (Oregon Psychiatric Access Line about Kids) program and will be housed at OHSU. For questions, or pre-registration, please call (503) 346-1000.

**Launch of the OPAL-A is anticipated to be October 1, 2018.**

# Youth and Electronic Cigarettes

## *A New Generation of Tobacco Users*

ERIKA WESTLING, PHD, RESEARCH SCIENTIST, OREGON RESEARCH INSTITUTE



high tech and modern and are available in many appealing flavors.

Although there are no studies on the health effects of long-term e-cigarette use, nicotine in any form is known to be addictive and harmful to adolescent brain development. Exposure to nicotine during adolescence can

are significantly more likely to use marijuana after initiating use of e-cigarettes, and they are also significantly more likely to vape marijuana, compared to marijuana-users who have not used e-cigarettes.

After decades of successful anti-tobacco campaigns and restricted marketing of cigarettes, youth correctly perceive cigarettes as risky and addictive. However, tobacco companies are using the same marketing tactics with e-cigarettes as they used with cigarettes, as there is little regulation on e-cigarette marketing. Marketers are successfully removing “cigarette” from the device terminology so to distance e-cigarettes from other tobacco products, and are using marketing themes that appeal to youth such as independence, social acceptance and freedom. Thus, smoking is becoming “renormalized” for these youth who grew up in an era of restrictions on conventional cigarette marketing and successful anti-

Smurf cake, unicorn milk, gummi bear, blue raz cotton candy and churros are some of the most popular e-liquid flavors individuals are using with electronic cigarettes, also known as e-cigarettes, vaporizers, JUULs, e-pens, vape pens, vape sticks and e-hookahs. These devices deliver nicotine and other harmful substances via heating liquid into inhalable aerosol and are increasingly popular.

disrupt the growth of brain circuits that control attention and learning and can have lasting effects such as impulse control issues and mood disorders. In addition, use of e-cigarettes poses a health risk distinct from that of cigarettes, causing damage to the lungs and exposure to toxic carcinogens (Hess et al., 2017; Muthumalage et al., 2018; Rubinstein et al., 2018). E-liquids with sweet or fruity flavorings



*Various marketing tactics to help tempt youth and teens include appealing flavors and modern packaging.*

While youth rates of smoking conventional cigarettes are at record lows, youth use of e-cigarettes has risen dramatically since their introduction to the U.S. market in 2007. By 2014, youth were using e-cigarettes more than any other tobacco product. While e-cigarettes may be harm-reducing for adult cigarette smokers, if they are able to switch from smoking cigarettes to e-cigarettes, for youth they pose a risk to public health. E-cigarettes are especially enticing to youth as they can be used surreptitiously, have little to no odor, look

that are likely to appeal to youth also expose users to chemicals such as diacetyl, vanillin, and acetyl propionyl (associated with respiratory disease) at levels that exceed safety limits (Tierney et al., 2016).

Beyond the direct health risks of e-cigarette use, youth who use e-cigarettes are likely to initiate use of combustible tobacco products in the future and to co-use e-cigarettes with other substances, such as marijuana (Westling et al., 2017). Longitudinal research at the Oregon Research Institute shows that Oregon youth

smoking messaging campaigns.

A newer product, JUUL, contains as much nicotine as a pack of cigarettes in one e-liquid cartridge, has no discernable odor or vape cloud and is marketed primarily at the point-of-sale and on social media; venues youth frequent. Teachers and parents are often unaware that these devices are for vaping nicotine, as they resemble flash drives. Middle and high school students report using them in classrooms undetected and they have become a status symbol.

Majorities of youth perceive e-cigarettes as having a low risk to health and addiction, do not know that they (almost always) contain nicotine and are unaware that they are inhaling harmful substances in the aerosol. They report easy access to e-cigarettes via friends, family members, convenience stores and the internet.

Other health risks associated with e-cigarettes include an increase in e-liquid poisoning in children younger than six; exposure or ingestion of e-liquids at these young ages can result in acute toxicity. There are also dangers associated with second- and third-hand exposure; like cigarettes, second-hand exposure to vape clouds is problematic, and when the aerosol settles on surfaces it leaves a film that exposes pets and young children crawling on the floor to toxins. Finally, there are multiple injuries associated with exploding or malfunctioning e-cigarettes every year, including severe burns, facial injuries or the loss of a body part.

To prevent or decrease use of e-cigarettes, health care providers can educate adolescents about the risks of nicotine, the risks of addiction and of the carcinogens present in e-liquids. Talking to kids about how tobacco companies market their products and how they are hoping to attract new e-cigarette users to replace conventional cigarette smokers so the companies can make more money, can encourage teens to think critically about tobacco marketing.

Parents are encouraged to set rules and expectations around e-cigarette use and to communicate these expectations to their children. Talking to kids about what they would do if a peer were to offer them an e-cigarette can provide a safe place for them to practice declining. Kids who are willing to use an e-cigarette if one was offered are significantly more likely to initiate use in the future, so addressing youth attitudes towards e-cigarettes prior to use is a great time to intervene and prevent future use.

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# Highlights of the 71st Annual OAFP Family Medicine Weekend

The 71<sup>st</sup> Annual OAFP Family Medicine Weekend and ORPRN Convocation took place in mid-April in Portland with a record-number of new members in attendance and a renewed energy by our members to learn from and connect to one another.

The conference began on April 12 with the ORPRN Convocation with ORPRN's founding Director, **LJ Fagnan, MD**, who is stepping down from his leadership role this summer, delivering the keynote presentation, "ORPRN Travels on Blue Highways." He reflected on the many ways he has been personally pulled by the backroads, and how this has shaped ORPRN as an organization. In 2002, ORPRN began its work with ten practices and the mission to connect rural Oregonians through research projects.



*LJ Fagnan, MD delivering keynote address at the ORPRN Convocation*

Since then, ORPRN has led 90 research studies and gained nearly 300 clinical partners.

In addition, **Jennifer DeVoe, Chair, MD, DPhil**, Department Chair of Family Medicine, OHSU, led a discussion on "Population Health and Primary Care."

Staff and investigators then presented the ORPRN Study Findings Hour which was a highlight of the event for many participants. These informative and engaging presentations provided information on nine of ORPRN's active studies.

The afternoon concluded with a series of break-out sessions on complex, urgent topics affecting research and health care today, such as: difficult conversations around advanced care planning and substance abuse; confronting sexism in medicine; social determinants of health; and the importance of the clinic team.

Later in the day members gathered in the Embassy Suites wine cellar for a kickoff reception; it's always a highlight to see old friends reunite and new friendships being formed.



*Jen DeVoe, MD at the Family Medicine Statewide Volunteer Meeting*

The next morning the OAFP Family Medicine Weekend started bright and early with Jen DeVoe, MD, DPhil giving an update at the Family Medicine Statewide Volunteer Meeting. Here's what was reported at the meeting:

- The OHSU Family Medicine Department continues to grow in size and scope throughout the Portland area with recent expansions into Beaverton and Orenco Station. The Department has also entered into an agreement with Tuality Hospital in Hillsboro with some discussion of residency expansion at that site.
- Three new Vice Chairs are now in place: **Fran Biagioli, MD**, is Vice Chair of Family Medicine Education (medical student, residency and faculty); Deb Cohen, PhD, is Vice-Chair of Research; and **Bruin Ruge, MD**, is Vice Chair of Clinical Operations. In addition, **Eric Wisner, MD** has been hired to lead the Oregon Rural Program, continuing the Department's commitment to serving our rural physician colleagues and those students interested in pursuing a career in rural medicine.
- Twenty-five graduating medical students out of a graduating class of 140 matched into Family Medicine.

The morning session was filled with keynote speakers Patrick Allen, the new Director of the Oregon Health Authority; Michael Munger, MD, FAFAP, AAFP President, who spoke on Preventing Burnout and Promoting Wellness; and **Glenn Rodriguez, MD**, who expressed his thoughts on change in the workplace with his talk on "Learn the Flowers: Finding Joy in the Transformation of Family Medicine."

*"This was very inspirational. Nice to feel like the person in charge of OHA is such an advocate for primary care." "This makes me optimistic." "I was very impressed."*

*"Best presentation from AAFP President yet." "Informative and applicable. Well organized." "Excellent discussions."*

*"Really appreciate Glenn's thoughtful reflections and vulnerability which allows people's core motivations – why I do what I do – to be accessed." "Very enjoyable. Good reminder in this crazy time of transformation about the wonders of this amazing job we have." "Heartwarming and personal."*

Over the lunch hour **Senator Elizabeth Steiner Hayward, MD**, and Multnomah County Commissioner and ER physician Sharon Meieran, MD, talked about the intersection of politics and medicine.

After lunch, participants attended a plethora of breakout sessions ranging from information about early dementia, long-acting reversible contraception, IUD insertions, open notes, direct primary care, using scribes and suicide prevention.

The evening concluded with successful OAFP/Foundation Auction and Happy Hour (see page 22 for more details).

Early Saturday morning the attendees were back at it participating in the Congress of Members discussing and passing eight important resolutions:

- 1) The OAFP will adopt the AAFP's white paper, "Advanced Primary Care: A Foundational Alternative Payment Model (APC-APM) for Delivering Patient-Centered, Longitudinal and Coordinated Care" as our recommended payment model for primary care. The OAFP will introduce this model to the Payment Reform Primary Care Collaborative with the recommendation that it be adopted.

- 2) The OAFP delegates will introduce a resolution requesting the study of the creation of an AAFP Affiliate Membership category for Family Medicine Clinic Managers and Administrators.
- 3) The OAFP will create a Task Force to explore the option of introducing legislation to the Oregon legislature to create the Oregon Primary Care Trust Program.
- 4) The OAFP will bring a resolution to the 2018 AAFP Congress of Delegates asking that the AAFP support the concept of each patient having their own lifetime, unified, comprehensive health record that can be made available to physicians, family members and research organizations with their consent.
- 5) The OAFP's AAFP Delegates will take a resolution (or resolutions) to the AAFP Congress advocating for sensible restrictions on gun ownership and laws that would protect children from dangerous or unsupervised gun use.
- 6) The OAFP will submit a resolution to the 2018 AAFP Congress of Delegates calling on the AAFP to engage in efforts to overturn the Risk Evaluation and Mitigation Strategies (REMS) classification on mifepristone.
- 7) The OAFP will bring a resolution to the 2018 AAFP Congress of Delegates to support measures to decrease maternal mortality in the United States including the following clauses: 1) The AAFP will advocate to the ADGME to increase training in preconception care, inter-conception care and complications of maternity care; 2) The AAFP will advocate for evidence-based measures known to decrease maternal mortality; 3) The AAFP supports the Office of Diversity to develop or collaborate on a curriculum in implicit bias and reproductive justice principles for presentation at state and national AAFP CME conferences to combat discrimination and bias from health care providers; 4) The AAFP will support maternal mortality review committees and advocate for state

and federal legislative support for their establishment and maintenance; and 5) The AAFP will support and advocate for legislative initiatives to fund research to further understand both the high rate in the U.S. and the disparities in maternal mortality rates.

After the Congress of Members, participants engaged in **Bill Origer's** presentation on "New Drugs 2018: The Good, the Bad and the Worthless" as a mainstage lecture:

*"Yes, this talk is always very helpful and informative. Reaffirmed my suspicion of some meds and confirmed my decisions to continue to do what I'm doing with other drugs." "A great review that influences me in subtle ways every year." "Dr. Origer's talk was excellent, engaging and informative."*

Members then heard from **Sen. Elizabeth Steiner-Hayward, MD** and lobbyist Sam Barber, during the Legislative Update.

An optional Knowledge Self-Assessment Study Hall on Preventive Care was presented in the afternoon with **Josh Reagan, MD** once again taking the lead. This is group learning at its finest according to those who take and pass the course.

The conference ended where it began: on a high note during the Celebration Luncheon where awards were presented, new board members were announced, retiring executive director Kerry Gonzales was applauded and the 2018 Family Doctor of the Year was revealed (see page 12 and 13 for complete details.)

We look forward to seeing you next year at the Skamania Resort on May 2 - 5, 2019.

#### **MANY THANKS**

We wish to thank the following sponsors of the 71st Annual Spring Family Medicine Weekend. Their financial support helped the OAFP continue to offer vital academic information and training to our members.



*Three generations of executive directors – Mary Gonzales Lundy, Kerry Gonzales, and the newest executive director, Betsy Boyd-Flynn.*

#### **FAMILY MEDICINE CHAMPIONS:**

##### **AllCare Health**

AllCare Health is a physician-led, integrated health organization based in southern Oregon. As a certified B Corp, they are dedicated to giving back to the community and improving the overall health of those they serve.

##### **c.h. Physical Therapy**

Since 2002, c.h. Physical Therapy has emphasized exercise therapy (ET) in treating patients with chronic conditions (e.g., obesity, chronic pain, arthritis and diabetes). Patients are taught how to effectively strengthen, stretch, perform endurance exercises and eat healthfully so they can self-manage at home and/or health club. We are the only PT clinic in Portland with a standardized, peer-reviewed, post-doctoral training program in ET that all PTs must complete before seeing patients, fostering consistent care at our six locations. Our PT is covered by insurance (including Medicare and Medicaid) and we do not use aides or assistants.

##### **CareOregon**

CareOregon is a non-profit that has been involved in health plan services, reforms and innovations since 1994. We serve both Oregon Health Plan (Medicaid) and Medicare members. Their mission is cultivating individual well-being and community health through shared learning and innovation. Their vision is healthy communities for all individuals, regardless

*continued on page 20*



of their income or social circumstances. They focus on the total health of their members, not just traditional health care. In teaming up with members, their families and their communities, CareOregon helps Oregonians live better lives, prevent illness and respond effectively to health issues.

### Legacy Health

Whether we realize it or not, our legacy is something we create together every day. It's the way we live our lives and what we teach the next generation. It's what we do and why we do it. At Legacy Health, our legacy is doing what's best for our patients, our people, our community and our world. Our fundamental responsibility is to improve the health of everyone and everything we touch – to create a legacy that truly lives on. Ours is a legacy of health and community; of respect and responsibility; and of quality and innovation. It's the legacy we create every day at Legacy Health.

### Kaiser Permanente

For more than 70 years, KP's approach



Members take time during the conference to visit the exhibit hall.

to health care has differed radically from that of our competitors. Treating illness is important – but it's not enough. Good health means more than just not being sick. It also means leading your life with the overall sense of wellness and taking charge of your health so you feel empowered to get the most out of every stage of your life. The founding vision is still our guiding principle. Our service credo says it all: Our cause is health. Our passion is service. We're here to make lives better. And because we serve people and communities around the country, we have the unique opportunity and privilege to make millions of lives better.

### EXHIBITORS/SPONSORS:

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- Oregon Dairy and Nutrition Council
- Oregon Immunization Program
- Pacific Medical Group
- Shriners Hospitals for Children – Portland
- U.S. Army Health Care Recruiting
- Yakima Valley Farm Workers Clinic

## Report From The Field: 2018 Family Medicine Advocacy Summit



BY MICHAEL GOODWIN, MD, OAFP TREASURER

It was an honor to advocate on behalf of Oregon's family physicians and our patients at the Family Medicine Advocacy Summit (FMAS) on May 21 – May 22, 2018 in Washington, DC. Our Oregon delegation included OAFP immediate past president, **Dan Paulson, MD**, from Springfield; current president, **Robyn Liu, MD**, from Portland; frontier family doc, **Liz Powers, MD**, from Enterprise; and me, **Michael Goodwin, MD**, your OAFP treasurer, practicing in Tigard.

On day one, we focused on understanding the current political climate in Washington and the AAFP's identified legislative priorities. These included bills and proposed bills related to the

opioid crisis, chronic pain research, ensuring more cost-effective access to primary care visits for patients with high-deductible health plans, increasing physician training in rural areas and improving maternal mortality. There was also time to learn more about how to improve our advocacy throughout the year and speak out on important issues that affect family doctors and our patients.

On day two, family doctors from all over the United States fanned out across Capitol Hill to meet as constituents and key contacts with representatives and senators as well as their legislative staff. We shared our patient stories and educated them about the "ground truth"

we see every day on the front lines in primary care. We were able to take abstract concepts from proposed bills and make them more concrete for our elected policy makers and their staff. Over and over we were reminded of the importance of telling our stories and the stories of our patients to humanize these health policy conversations. We found our Oregon congressional delegation and their staff to be receptive to the issues we brought to them, concerned about the future of primary care and Family Medicine and full of insightful and thoughtful questions about these topics. Perhaps more importantly, we had the opportunity to continue to build connections



Liz Powers, MD and Dan Paulson, MD meeting with Rep. Peter DeFazio.



Off they go! Oregon delegates head to DC from PDX to advocate for their patients.



Our OAFP "A" team at work: front – Liz Powers, MD and Robyn Liu, MD; back – Dan Paulson, MD and Michael Goodwin, MD

and relationships with our lawmakers and their staff members to extend these conversations throughout the year. For instance, Liz was able to invite Senator Wyden and his staff to tour her practice, the Winding Waters Clinic, to see first-hand a high-functioning patient-centered primary care home, as part of a visit to Joseph for a Wallowa County town hall meeting.

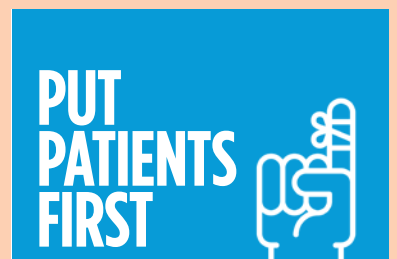
At the end of the second day, our delegate group was invited to a meeting with Shawn Martin, AAFP senior vice president of advocacy, practice enhancement and policy. We considered the all-important challenge of how to define primary care when determining the portion of health care dollars in our conversations with insurers and policymakers; a timely issue for Oregon's Multi-Payer Collaborative charged with increasing investment in primary care in Oregon.

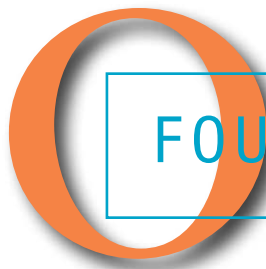
I found myself reflecting on several items after the trip:

1. A family doctor and an elected lawmaker share some similar challenges: Our days are full to the brim with folks that need to be seen and heard; we often must look for creative solutions or compromises; our long days are booked or overbooked with appointments every 15 or 20 minutes; our attention is pulled in many directions by many competing priorities; we often have to put out fires and respond to crises; our attention is focused on the needs of both individuals and broad populations; and we also have well-educated teams surrounding us to extend our ability to serve the needs of our patients or constituents.
2. Participating directly in democracy is a powerful thing. As frustrating as advocacy work can be, our elected officials work for us and do want to hear from us.
3. Family doctors have a growing and powerful voice in Washington, enhanced when we focus on how to best serve our patients and communities. We can amplify the needs of our patients and tell their stories.
4. Narratives carry real power to influence policymakers, who ultimately are just regular people like you and me and our patients.

**You may be thinking, "that's great, but I'm so busy, what can I do?" I recommend the following:**

1. Attend a legislator's town hall in your district. Share the challenges your patients, practices and communities are facing. Get to know your legislator and their staff and invite them to tour your clinic.
2. Check out the AAFP's advocacy tools at <https://www.aafp.org/advocacy.html> and join the AAFP's Family Medicine Action Network (FMAN). Use the Speak Out tool to quickly and easily add your voice to these issues and send tweets or e-mails to your lawmakers.
3. Contribute to FamMedPAC and Family Physicians of Oregon PAC. Look for an Oregon PAC communication coming your way soon.
4. Send a "Put Patients First" postcard to your legislators. We see this as an effective resource for our members to easily connect with their elected officials. If you want us to send you a postcard for your use, or multiple postcards for your clinic or community use, please contact us.





LYNN ESTUESTA,  
OAFP FOUNDATION EXECUTIVE DIRECTOR

## 2018 OAFP/Foundation Auction Brought Out the Best in Our Members



*Students join Gary Plant, this year's auctioneer, to thank the auction attendees for their participation helping with student and resident scholarships.*

The talents and generosity of our members were on full display at this year's OAFP/Foundation auction which took place at the Embassy Suites Hotel in downtown Portland during the Annual Spring Family Medicine Weekend on Friday, April 13.

Whether you were in the market for pies, rhodies, artwork, fine wines or a myriad of items from donors throughout the state, the OAFP/Foundation had something for everyone.

Another year, another fun-filled evening culminating in member camaraderie, over-the-top generosity and unparalleled support for our future family physicians – to the tune of \$33,000+.

We are thankful to all who participated in this year's auction. We appreciate each of the following donors of goods and services for their support (OAFP members and staff highlighted in bold):

- A-1 Beach Rentals
- Al's Garden Center
- Trish Banning, Hasson Realty
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- Fran Biagioli, MD**
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Northwest Children's Theatre  
Peggy O'Neill  
Oregon Shakespeare Festival  
Oregon Symphony  
Oregon Zoo

**Bill Origer, MD**

Pittock Mansion

**Kelly Patterson, MD**

**Gary Plant, MD**

Portland Center Stage  
Portland Children's Museum  
Portland Spirit  
Portland Trail Blazers  
Becky & Scott Robertson

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**And a special thank you to our Foundation  
Cash Donors (OAFP members in bold):**

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MD, PhD**

**Bruce Carlson, MD**

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Kim Childs, Keller Williams Realty

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Peggy O'Neill & Buz McDonald  
Francie & Dale Naftzger

**Dan Paulson, MD**

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**Springfield Family Physicians**

**Anita and Robert Taylor, MD**

**Rita and Tom Turek, MD**

**Judith Steyer, MD**

**Ron Stock, MD**

Chris Traver

**Marilou & George Waldmann, MD**

# Brianna Muller

## 2018 Lundy Award Winner

The OAFP/Foundation provides a scholarship every year to an OHSU graduating medical student who is entering a family medicine residency. This award, known as the Mary Gonzales Lundy Award, was established in 2000 to honor the retirement of Mary Gonzales Lundy who had served since 1979 as Executive Director of the OAFP.

The awardee is chosen by the OAFP/Foundation trustees on the basis of answers to a variety of essay questions that get to the heart of why this student sees herself or himself as a valuable addition to the specialty of family medicine.

Year after year, Foundation board members wrestle with how to choose one student from among the many stellar family medicine candidates vying for this award. What we have come to realize is that the OHSU Family Medicine Department is helping to produce some of the finest soon-to-be physicians and that bodes well for the discipline of family medicine.

This year the OAFP/Foundation chose **Brianna Muller** to be the 2018 recipient of the Mary Gonzales Lundy Award. Brianna was out of town during OAFP Celebration Luncheon in April, so this article will serve as an introduction to Brianna and why we felt she exemplifies this award.

After graduating from Notre Dame with a BA in Anthropology, Brianna worked as an AmeriCorps Patient Navigator and as a research assistant in a pain clinic before deciding that she wanted to attend medical school. Once she began her medical school training, Brianna engrained herself in a plethora of health-related volunteer roles – co-leader of OHSU’s Family Medicine Interest Group (FMIG), an OHSU Rural Scholar participant, student representative on the OAFP board of directors, the Oregon delegate on the AAFP’s Student Congress of Delegates and the AAFP’s Commission on Quality and Practice student representative. She not only took on a multitude of local and regional leadership and service roles, but was also the OHSU medical student representative to the JADECOM Exchange trip to present her findings at the Japan Primary Care Association National Conference in Takamatsu, Japan in the summer of 2017.

When asked why she chose to pursue family medicine Brianna told the Foundation members that “she loves the stories that we are privileged to hear as family physicians. These stories are woven together over time to create meaningful relationships with people who constantly teach us about the vast depth and breadth of what it means to be human. I feel most alive when I am hearing patients describe their joys, their pains, their hardships and their hopes. I pursued family medicine to be an advocate for marginalized communities, as we learn the nuances of communities and families that we serve in a way that no other specialty can.”



When Brianna was informed that she was the winner of this award, here’s what she had to say. “I was incredibly honored to be receiving (this award). I feel humbled given the fantastic group of my peers going into family medicine; so many of them that embody the values of the Lundy Award. I have learned so much from these individuals and feel fortunate to call them my classmates and my friends, as I am constantly being lifted up and supported by them. Many of the things I have been able to experience in medical school is a direct result of the generosity of the OAFP and the OAFP/Foundation, as well the amazing family physicians I have been able to work with across Oregon.

I have so much gratitude for this outstanding community of peers and mentors alike, as they truly represent the values of family medicine and have demonstrated what it means to care for patients and to promote wellbeing in their communities. I know that I will carry these lessons with me for the rest of my career as a family physician.”

Congratulations Brianna; we look forward to hearing your stories as you begin your career at the University of New Mexico School of Medicine in Albuquerque. To read about another award that Brianna received at the end of her medical school career, go to page 30.

Please contact the OAFP/Foundation at [mail@oafp.org](mailto:mail@oafp.org) if you are interested in donating to the Lundy Fund.

### Past Lundy Award Recipients

2002	Marc Carey, MD, PhD	Providence Medical Group SE, Portland
2003	Eric North, MD	Hope Family Medicine, Silverton
2004	Jason Kuhl, MD	Providence Medical Group, Medford
2005	J. Ryan Marlin, MD	Delta Family Physicians, Delta, CO
2006	Stacia Munn, MD	St. Luke’s Capital City Family Medicine Clinic, Boise, ID
2007	David L. Hall, MD	Strawberry Wilderness Community Clinic, John Day
2008	Jennifer Holliday, MD, MPH	Family Medicine Health Center, Boise, ID
2009	Jill Rasmussen Campbell, MD	Presbyterian Medical Services, Santa Fe, NM
2010	Patrick O. Kinney, MD	St. Luke’s Payette Lakes Medical Clinic, McCall, ID
2011	Michael Goodwin, MD	Providence Medical Group Bridgeport, Tigard
2012	Britt Severson, MD, MPH	Clinica Family Health, Thornton, CO
2013	Sarah Williams, MD	Klamath Open Door Family Practice, Klamath Falls, OR
2014	Nathan Defrees, MD	Family Medicine Residency of Idaho, Boise, ID
2014	Ilana Weinbaum Hull, MD	Providence Oregon Family Medicine Residency, Milwaukie
2015	Joseph Volpi, MD	Cascades East Family Medicine Residency, Klamath Falls
2016	Charlie Procknow, MD	Providence Hospital, Anchorage, AK
2017	Rita Aulie, MD	Cascades East Family Medicine Residency, Klamath Falls
	Bryan Wu, MD	Valley Medical Center, Renton, WA

# Robyn Liu Installed as New President

Robyn Liu, MD, MPH, FAAFP, a family physician who practices at OHSU's South Waterfront Family Medicine Clinic, assumed her role as the 71st President of the Oregon Academy of Family Physicians at the OAFP's annual celebration luncheon held in April. Dr. Liu has been a member of the OAFP since 2011 and on the Board of the Academy since 2014. Her term as President will last one year.

Dr. Liu received her medical degree at the University of Kansas School of Medicine in 2003 and completed her residency in 2007 at the OHSU Family Medicine & Preventive Medicine Combined Residency Program. She also received her MPH in 2007 from Portland State with an emphasis on health management and policy. From 2007-2011, Dr. Liu was a staff physician with Greeley County Health Services in Tribune, Kansas. In 2011, Dr. Liu returned to OHSU, where she is an Assistant Professor of Family Medicine, providing full-scope family medicine with maternity care, obstetrics and well-baby care at OHSU Family Medicine at South Waterfront. From 2014 – 2018 Dr. Liu was the Director of the Oregon Rural Scholars Program. In addition, Dr. Liu works as a Clinical Epidemiologist with the Center for Evidence-based Policy at OHSU.

Dr. Liu is active locally and nationally in regards to health care systems leadership. While practicing in Kansas, she served on the Board of Directors of the Kansas Academy of Family Physicians and led its Practice



*Joined by her husband, Jonathan Liu, Robyn Liu, MD, MPH, FAAFP takes her oath as the 71st OAFP President from AAFP President, Michael Munger, MD.*

Enhancement Committee. From 2011-2012 she represented New Physicians nationally on the American Academy of Family Physicians Board of Directors. She also served the national organization in the Commission on Health of the Public & Science. In 2012, she took on the role of OAFP Legislative Affairs co-director and began participating on the Legislative Committee of the Oregon Medical Association.

After her installation Liu stated, "I'm grateful for the opportunity to lead an organization of wise and dedicated physicians who work together for the better health of all Oregonians. I hope to shine a light on the under-represented populations we serve, and invite a broader diversity of leaders to the table."

For more information on Dr. Robyn Liu, read the President's Message on page 4.

# STUDENTS SPEAK OUT!

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

FMIG CO-CHAIRS AMITY CALVIN, JORDAN GEMELAS, SARA HAYS, HANNAH JACOB AND DEREK WISEMAN

It's been a very busy spring for FMIG. Since this past March, we've organized a number of events for OHSU FMIG students, faculty and community members. From running ultrasound workshops to volunteering with the PNW Mobile Health Association Day of Service Mobile Health Fair, we've kept our members on their toes and honed their skills in a wide range of fields. Most recently, our leadership team has been working on hosting new events and programs, including the Baby Beeper program, our Ward Walk program and events focused on end-of-life care. We've highlighted a few of these programs below to give you a glimpse into our FMIG activities.



*FMIG students take a break from blood pressures, glucose checks, and patient education to pose for a photo during the 2nd PNW MHA Day of Giving.*

Over the past few months, the FMIG community outreach leads have been working to reestablish the Baby Beeper Program. This program aims to further introduce medical students who took the Family Medicine Labor and Delivery elective course to family-centered maternity care, labor and delivery with real patient encounters. Upon completion of the course, interested students are paired with a patient and family medicine provider, attend at least two prenatal visits throughout the course of the pregnancy and have the opportunity to be present for labor and delivery. After gaining invaluable knowledge and skills from the elective course, the FMIG co-leads hope to support students in developing longitudinal relationships with patients and gain a more in-depth look at how the information learned is applied clinically.



*Dr. Sean Robinson shows students Jordan Gemelas (left) and Chris Gaulty (right) how to distinguish the common fibular nerve on ultrasound.*

Additionally, our FMIG team is proud to announce that we've revived our program for monthly Ward Walks at the OHSU Hospital. With our primary focus on patients admitted to the family medicine ward, this program is designed to expose students to the role of family medicine in the ER and inpatient settings. Family medicine residents, including **Jessica Rein, MD**, **Mustafa Alavi, MD** and **Jenan Hilal, MD**, have volunteered to lead these sessions, during which students spend about an hour learning about patient cases, reviewing charts and practicing physical exam techniques. The focus of each Ward Walk has aligned with the didactic curriculum, addressing renal, pulmonary and GI disease. These sessions have been well received and many students have been surprised to learn about the involvement of family medicine physicians in the inpatient environment.

Furthermore, in an effort to generate more unique and enriching experiences, our recent lunch events have focused on Hospice and Palliative Care; certainly a less-discussed subfield of family medicine among new medical students. Since our curriculum does not address end-of-life issues and the associated difficult conversations until the end of our didactic years, we sought to help fill the gap. As part of this, we hosted documentary screenings of Atul Gawande's "Being Mortal" and also "How to Die in Oregon," which dives into Oregon's Death with Dignity Act. More recently, we also had a panel of hospice physicians

talk with our classmates about their work and experiences. The panel was followed by an Advance Directive workshop, in which students were walked through the process of writing their own advance directive and also discussed how to have these tough conversations with patients and their families. These sessions opened the eyes of our attendees to many facets of family medicine that they had yet to explore.

On top of this, the coming months have a number of exciting events in store. Throughout the month of June, we've organized a lecture series dedicated to addressing societal inequities in health care. This series will feature **Jennifer DeVoe, MD, DPhil** speaking on health insurance; **Christina Milano, MD** on transgender health and advocacy; and Lyn Jacobs, MD on immigration. We're also looking forward to helping our fellow students develop their clinical skills through upcoming workshops, including advanced suturing technique and circumcision. With a lively schedule and a new class of incoming students soon to arrive, the summer is looking bright for FMIG and the OHSU community.





# MEMBERS IN THE NEWS

## HONORS, ACCOLADES, ETC.



"JAY" RUBY

**Julia "Jay" Ruby** received the 2018 Outstanding Clerkship Student Award at the Graduation Mentor Dinner held in May. This award is given each year to a graduating senior who is going into Family Medicine and received honors on their Family Medicine Clerkship rotation. Julia will be entering her

Family Medicine Residency at the Swedish Medical Center in Seattle, Washington this summer.



BRIANNA MULLER

Fourth year medical student, **Brianna Muller** received both the Robert B. Taylor, MD Award and the Mary Gonzales Lundy Award. The Taylor award honors **Robert B. Taylor, MD**, professor emeritus and former department chair, and is given

to a graduating student 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. For more information regarding Muller's receiving the Lundy Award, please go to page 24.



DR. PLANT

**Gary Plant, MD**, is the 2018 recipient of the Lewis and Ruth Carpenter Teaching Award for Teaching Excellence in an Outpatient Setting. This award is given annually to a community physician who is actively engaged and committed to one-

on-one teaching in an ambulatory setting. Selection of the recipient is based on past and present student evaluations and continuity of service to the Department of Family Medicine.

Dr. Plant has been practicing family medicine at Madras Medical Group for the past 14 years. He received his medical degree from East Tennessee State University (ETSU) James H. Quillen College of Medicine. His education included a rural primary care track, providing multidisciplinary education focused on issues of primary care in rural areas. He completed an accelerated family medicine residency at ETSU Family Physicians of Bristol, Tennessee in 2004.

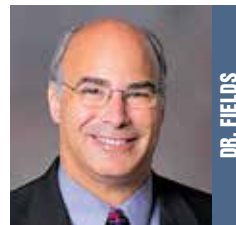
"Teaching medical students is a great way for our practice to stay current," explained Dr. Plant. "Much like a three-year-old, a medical student has a frustrating habit of always asking 'Why?' and expecting the teacher to explain the reasoning behind the decisions we make. There can be a tendency in medicine to rely on the way we were taught years ago, and the most recent best evidence often changes our approach to managing conditions we've taken care of for years.

By asking questions, medical students keep us up to date on our knowledge and decision-making."

Students who come to Madras to learn about rural primary care enjoy the sunny weather and outdoor opportunities as well as the broad scope of practice demonstrated by the physicians practicing at Madras Medical Group.

"Rural communities with critical access hospitals provide an opportunity for family physicians to take advantage of the full scope of their training," said Dr. Plant. "Taking care of patients in the hospital, in the clinic, in the nursing home, in the birthing center, and in the operating room gives students a sense of the impact they could make on the health of a community as a rural family physician. By the end of a 12-week Rural Scholars rotation, our students are seeing patients at the grocery store they have helped care for through our practice. It's small-town medicine at its finest!"

During the Family Medicine Graduation Mentor Dinner held in May, two new medical student faculty teaching awards were presented to honor two long-term physicians, **Scott Fields** and **William Toffler**, who built OHSU Family Medicine's reputation for excellence in medical student education during their tenure. They are the first recipients of these new awards.



DR. FIELDS

**Scott Fields, MD, MHA**, received the Outstanding Medical Student Teaching and Mentoring Award (named in honor of his long-time career as an OHSU faculty member and his role as former Vice-Chair of the Department of Family Medicine.) Dr. Fields completed his family medicine residency at

OHSU in 1989 and after completing a faculty development fellowship, joined the faculty of OHSU's Department of Family Medicine. He has focused over the past 30 years on the education of students and residents and on the expansion of family medicine clinical services to the community.



DR. TOFFLER

**William Toffler, MD**, received the Medical Student Didactic Teaching Award (named in his honor of being a long-time OHSU faculty member, former Department of Family Medicine Medical Student Education Director and Family Medicine Clerkship Director).

Next month, Dr. Toffler has been associated with OHSU for thirty-three years, beginning with medical student and resident rotations in Sweet Home to being director of the initial stages of the family medicine student education section helping it grow into the extraordinary program it is today. For the past two years, Dr.

Toffler has been working half-time seeing patients and continuing his involvement with student and resident teaching within the patient care setting.

Toffler stated that, "I have been blessed to have been given the opportunity to play a significant role in the education of literally thousands of Oregon medical students over the past three decades; this opportunity has been among the most gratifying aspects of my career as a family physician."



## NEW BOARD MEMBERS ANNOUNCED

A new slate of officers was elected at the Annual Spring Family Medicine Weekend held at the Portland Embassy Suites hotel in April. The officers are **Robyn Liu, MD, MPH, FAAFP**, Portland, President; **Ruth Chang, MD, MPH, FAAFP**, Portland, President-Elect; **David Abdun-Nur, MD**, Grants Pass, Vice President; **Kristen Dillon, MD**, Hood River, Secretary; **Michael Goodwin, MD**, Tigard, Treasurer and **Dan Paulson, MD**, Springfield, Immediate Past President.

**Glenn Rodriguez, MD** and **Evan Saulino, MD, PhD**, both of Portland, are the delegates to the AAFP and **Gary Plant, MD, FAAFP**, Madras and **Liz Powers, MD**, Enterprise, are alternate delegates to the AAFP.

**Nathalie Jacquemotte, MD**, Portland, is the Speaker of the Congress. **Heidi Beery, MD**, Roseburg, is our OMA Trustee.

In addition, three new board members were elected to the existing board (which includes Board Directors **Melissa Paulissen, MD**, Tillamook; **Jonathan Vinson, MD**, Portland; and **Katie Kolonic, DO**, Milwaukie): Directors **Stewart Decker, MD**, Klamath Falls; **Eva McCarthy, DO**, Burns; and **Eric Wisner, MD**, Portland.

The resident directors are **Zach Nankee, DO**, Samaritan Health Family Medicine Residency; **Michael Saladik, MD**, Providence Oregon Family Medicine Residency; and **Dallas Swanson, MD** and **Dan Mosher, MD**, Cascades East Family Medicine Residency. The student director position as well as the resident directors for the Providence Hood River Rural Training Program and the OHSU Family Medicine Residency will be posted in the fall issue of the *Family Physicians of Oregon*.



DR. DECKER

**Stewart Decker, MD**, received his medical degree from the University of Minnesota Medical School and completed his residency in family medicine at the OHSU Cascades East Family Medicine Residency Program in Klamath Falls. Dr. Decker has been a board member since 2017 and was previously a resident director on the board. He currently practices family medicine at SkyLakes Medical Center in Klamath Falls.



DR. MCCARTHY

**Eva McCarthy, DO**, received her medical degree from Des Moines University in Iowa and completed her residency training in family medicine at the Samaritan Family Residency Program in Corvallis. Dr. McCarthy was a resident director for two years while at Samaritan. She practices family medicine at Harney Hospital Family Care in Burns.



DR. WISER

**Eric Wisner, MD**, received his medical degree from Temple University School of Medicine and completed his family medicine residency at the St. Vincent's Family Medicine Residency in Erie, Pennsylvania. He also completed a six month Obstetric fellowship at Family Medicine Spokane. He currently practices at OHSU Family Medicine at Gabriel Park in southwest Portland and has recently become the Department of Family Medicine Director of Rural Medical Student Education.

# SAVE THESE DATES

For more information, contact Betsy Boyd-Flynn at the Oregon Academy of Family Physicians  
[www.oafp.org](http://www.oafp.org) • 503-528-0961

## 22ND ANNUAL PENNINGTON LECTURES IN FAMILY MEDICINE

September 21, 2018  
Center for Health & Healing, Portland

## LEGISLATIVE DAY

March 4, 2019  
Salem, OR

## 72ND ANNUAL SPRING FAMILY MEDICINE WEEKEND & ORPRN CONVOCATION

Scientific Assembly & Congress, May 2-5, 2019  
OAFP/Foundation Auction, May 4  
Skamania Lodge