

Family Physicians of Oregon

VOL XVIII • NO 2 • WINTER 2013

Patient-Centered Primary Care Home – Where Do You Fit In?



Oregon Academy
of Family Physicians



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OREGON ACADEMY OF FAMILY PHYSICIANS



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Family Physicians of Oregon

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About the Cover:

Discussions surrounding the Patient-Centered Primary Care Home aren't new to our members. However, as more and more clinics move towards becoming PCPCH-recognized, we wish to hear your thoughts regarding your struggles and triumphs fitting in to this new model of care.

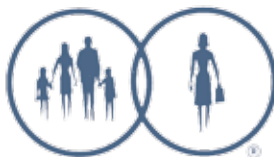


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Oregon Academy of Family Physicians



EDITION 28



EVAN SAULINO, MD, PhD

The Patient-Centered Primary Care Home Puzzle... Where Do You Fit In?

My mom is great at puzzles. I don't have much patience for them, especially complicated ones, but I liked to work on them as a kid growing up in Wisconsin, especially when we were snowed in on a blustery winter day. There was something cool about gradually seeing a picture, often of beautiful scenery *without* snow, slowly taking shape. But I always needed help with the hard parts of the puzzle. And I couldn't stand it if pieces were missing; it ruined the whole thing.

In some ways, I feel like now we're all part of a new puzzle being formed by the changing health care landscape. We're all attempting to put the pieces together without having the box top to look at and everyone is trying to figure out where (or if) they fit in.

Over the past three years, nearly half of the primary care clinics in the state have gone to great lengths to become recognized as Patient-Centered Primary Care Homes (PCPCH). Oregon's primary care community leads the country in its efforts to coordinate their patients' health care needs with attention to preventive care and wellness; no other state comes close to what we have done in this arena.

These health care delivery changes are starting to form a picture of improvement across the state. According to a quarterly report released in mid-November by the Oregon Health Authority (OHA), there has been a de-

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crease in emergency room visits and an increase in primary care visits among Oregon Health Plan patients since the beginning of the year. Through Patient-Centered Primary Care Homes (PCPCH), the primary care community has stepped up and worked hard to find innovative ways to provide better patient care and control costs, even though to date they have received little support from private insurers.

However, it looks like this piece of the puzzle is about to change.

On November 5th, *nearly all* commercial and public payers in Oregon signed a multi-payer agreement with provider groups, including the OAFP, stating that payers will:

1. Use a common definition of primary care homes and levels of coordination, based on the state's Patient-Centered Primary Care Home program.
2. Agree to include payment models to practices in their network that are based on PCPCH participation and increasing levels of patient-centered coordinated care.

3. Utilize a common set of core metrics to measure progress toward achieving outcomes.
4. Find additional opportunities for meaningful collaboration that will support the long-term sustainability of primary care homes.

This means that nearly all private and public insurers in Oregon (excluding Medicare Fee-For-Service) will offer structured payments to support Patient-Centered Primary Care Homes. As purchasers under the umbrella of the OHA – PEBB (public employees), OEBC (teachers), and Medicaid (Oregon Health Plan) – these groups are also promising to align with this agreement through their contracting processes. Practices should be compensated for the work they are doing to provide coordinated care and supported in achieving better health outcomes that meet these PCPCH standards.

The Oregon Academy of Family Physicians strongly supports the stated goals of this multi-payer strategy, and is pleased to see so many payers willing to sign the agreement (see sidebar for a list of

those who signed). We continue to be impressed by the primary care community's willingness to make substantial changes in the way it delivers care to improve patient experience, improve outcomes, and contain costs, even as payment reform has been slow to materialize. We look forward to payer actions resulting from this agreement, which should help sustain and enhance the provision of high quality care for all Oregonians.

Practices that are recognized as Oregon Patient-Centered Primary Care Homes should contact their network health plans, including the CCOs, for details about qualification, timing and specific payment models the plans will be offering.

Although potentially groundbreaking in scope and effect, we recognize the language of this multi-payer agreement was not as strong or specific as we would have liked. Therefore, we joined with our colleagues at the Oregon Medical Association, the Oregon Nurses Association, and the Oregon Association of Hospitals and Health Systems and submitted a letter prior to signing that outlined our concerns, along with a plan to determine continued support for the multi-payer agreement contingent upon the experience of our members and the patients we serve over the next 12 months. Therefore, it will be critical that we hear from you, our members, about your experiences (positive or negative) with payers' support of your PCPCH work over the next year.

Even though there appears to be an exciting picture taking shape, some OAFP members have appropriately asked me, "What do we do about all of the family physicians that are working in clinics that have not yet been recognized as PCPCHs, who may be struggling with a lack of resources? Where do they fit into this puzzle?"

These folks are asking the right question, one that is fundamental to health care access and the workforce we need

throughout our state. They are appropriately concerned about the sustainability of the small practice model; clinics that form critical pieces in the fabric of our rural communities in particular.

We cannot lose these pieces of the puzzle.

Even though the expected financial incentives from the multi-payer agreement makes it more economically appealing to become a PCPCH, those physicians in rural and/or small practice communities will need focused support from the OAFP and others in the primary care community to ensure their success in this model.

Over the last year, I have been to an astonishing variety of clinics across the state, from large 15-20 clinician practices to small 1-2 clinician practices. One of my most unexpected findings is that this model can be done well by anyone, anywhere, regardless of practice size or location. This model essentially takes "gestalt" good primary care and helps clinics demonstrate comprehensiveness, quality, value, and a patient-centered approach to payers, to themselves and to patients. It also requires clinics to evaluate what they're doing with respect to the PCPCH model, consider where they may need to improve, and fill in those needed gaps – a process that can be daunting. But with some support, at least Tier 1 PCPCH recognition should be achievable for every primary care clinic in Oregon.

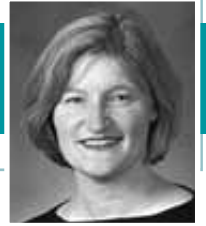
To help the OAFP develop a strategy to support those members who are not currently practicing in PCPCHs, we have engaged with health policy researchers at Portland State University. They will help us survey our members to identify barriers and needs and provide concrete strategies on how best to assist these members. The OAFP is also working with partners in the health care community to help design and implement actions to support the work of these yet-to-be-recognized clinicians and clinics.

Stay tuned as the whole picture begins to take shape.

Participating Organizations who Signed Multi-Payer Strategy to Support Primary Care Homes:

1. Aetna
2. CareOregon
3. Childhood Health Associates of Salem
4. CIGNA
5. First Choice Health
6. Grants Pass Clinic
7. Health Net of Oregon
8. Health Share of Oregon
9. Kaiser Permanente
10. LifeWise Health Plan of Oregon
11. Moda Health
12. Oregon Academy of Family Physicians
13. Oregon Association of Hospitals and Health Systems
14. Oregon Health Authority
15. Oregon Health Leadership Council
16. Oregon Medical Association
17. Oregon Nurses Association
18. Oregon Pediatric Society
19. PacificSource Health Plans
20. Providence Health & Services
21. Regence Blue Cross Blue Shield of Oregon
22. Tuality Health Alliance
23. Umpqua Health Alliance

● FROM THE HILL



LISA GRILL DODSON, MD, ASSOCIATE PROFESSOR OF FAMILY MEDICINE & AHEC DIRECTOR

All change is not growth, as all movement is not forward. ~ ELLEN GLASGOW

Change is afoot. Believe it. Family doctors across the state and nation are feeling the effects of change coming at us from every direction. We are being asked to simultaneously engage in change in nearly every aspect of what we do. "Adopt an electronic medical record," we are told. "Develop patient-centered primary care homes, initiate payment reform, implement new quality measures, join a CCO, and understand the ACA." "And while you are at it, please take a student or two, teach them to be good doctors and work in a system that we haven't fully even invented yet."

The education of the next generation of physicians is a responsibility that many Oregon family physicians have taken very seriously over the past 20 years. OAFP members from all areas of the state host and mentor medical students, and other learners, in their practices as community faculty members, many devoting hundreds of hours annually to OHSU students from the Rural and Community Health and Family Medicine Clerkships. Without OAFP member's devotion, students would not be receiving the robust community-based experiences that have become a hallmark of an OHSU medical education. But medical education is not exempt from the forces aligning for change in the health care system. OHSU and other academic institutions are feeling the pressure of change in the health care system, and are being encouraged, and even required, to make changes in

One of the key ingredients to implementing change successfully is the belief that the outcome of the change process is worth the sacrifices being made.

the education of our workforce. In response, OHSU has begun a complete curriculum revision that will take effect with the class that enters OHSU in 2014.

The last time the entire OHSU curriculum was completely overhauled was in the early 1990's. At that time, change was in large measure driven by community physicians, principally family doctors in Eastern Oregon such as **Lowell Euhus** and Scott Siebe, who called the University to task for its failure to produce the physicians needed for the care of all of Oregon's populations, especially rural and underserved communities. In response to that grassroots effort, OHSU, under the guidance of new President Peter Kohler, and Senior Associate Dean J.S. "Dutch" Reinschmidt, developed a number of significant curriculum changes designed to bring OHSU and its students closer to the population that we serve. The enduring concept of OHSU's "96,000 square mile campus" emerged from that curriculum transformation 20 years ago. That curriculum

revision brought additional resources to OHSU in the form of the Area Health Education Center (AHEC) program, and the relocation of the Oregon Office of Rural Health to OHSU from state government. These resources helped support important and innovative curriculum changes including the Principles of Clinical Medicine curriculum, early clinical experiences, and a required rural primary care clerkship experience for all medical students.

This round of curriculum reform has not been driven primarily by the concerns of community physicians, but rather by a more internally driven process related to concern for preparing OHSU graduates for the many broad challenges facing them in an evolving health care system. To get an idea of the current appetite for change in medical education nationally, 119 of 141 medical schools recently competed for \$11 million in "change acceleration" grants from the AMA. OHSU was a recipient of one of the 5-year, \$1 million grants in June.

Dean Mark Richardson frames the transformation effort with the following: “I want everybody to think about what the future will look like for our education mission, and to take the time to use your imagination to help design that future. Let’s take what is unique about Oregon and the School of Medicine and incorporate that into a new curriculum.” If we are successful in meeting that aspirational goal, we will indeed have a new curriculum to be proud of. However, the devil is in the details, and the question remains whether an internally driven effort will achieve those goals.

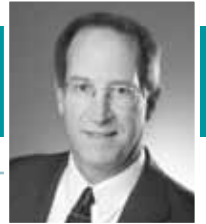
The pace of change is fierce, yet as of today, details of the new OHSU MD curriculum, particularly the clinical years, remain unavailable. The institutional commitment to the development of students prepared to enter primary care specialties and the role of community-based education is a key question that has yet to be resolved. It seems

likely that the specialty-based curriculum blocks in the current curriculum will be replaced or modified, and it is possible that at least some students will have increased community exposure. It is unclear, however, whether students will continue to benefit from role modeling from our highly ranked Family Medicine Department, and whether the new curriculum will continue to emphasize primary care. In addition, OHSU leaders have committed to having a rural experience for students, but the form, content and timing of that experience are as yet undecided.

One of the key ingredients to implementing change successfully is the belief that the outcome of the change process is worth the sacrifices being made. The question to be asked is “What additional value does this curriculum transformation bring to our students, our communities, and other stakeholders?” It is up to us as Academy members, community leaders,

practicing physicians and community-based educators to hold OHSU leaders accountable to ensure that the rhetoric and the outcome match, and that the curriculum is changing to meet the health care needs of Oregon, the educational needs of our students and the goals of health care transformation. It is also up to us to support the needs of both our medical students and our communities by making the best of whatever curriculum results from this process. Any reduction in exposure to community-based care and family medicine could result in a reduction of primary care output, which would be ill-timed and in direct opposition to what is needed by the state.

The latest information about the OHSU MD Curriculum Transformation can be found at the website, www.ohsu.edu/xd/education/schools/school-of-medicine/about/curriculum-transformation. Get involved and be sure the voice of our communities is represented.



DOUG BARBER, OAFP LOBBYIST

New Loan Repayment Program Open for Business

Oregon's new Medicaid Primary Care Loan Repayment Program (SB 440) began taking applications on December 1. Scott Ekblad, director of the Office of Rural Health at OHSU, which is administering the program, says, "The focus for this program is to increase access to newly eligible Medicaid patients." So Ekblad says priority will be given to those health care professionals who are working in underserved areas and whose practices are open to new Medicaid patients.

It's not just new physicians at your clinic who could benefit from the \$4 million that is available before June 30, 2015. A wide range of health professionals and practice sites are eligible for this new program, including:

- Physicians (MDs or DOs specializing in family medicine, general practice, general internal medicine, geriatrics, pediatrics or obstetrics and gynecology),
- Nurse practitioners (adult health, women's health care, geriatrics, pediatrics, psychiatric mental health, family practice or nurse midwifery),
- Physician assistants (family medicine, general practice, general internal medicine, geriatrics, pediatrics or obstetrics and gynecology),
- Psychiatrists (general, child and adolescent or geriatric),
- Dentists,
- Expanded-practice dental hygienists,
- Clinical psychologists,
- Clinical social workers and
- Marriage and family therapists.

The new program will pay 20% of the balance owed on qualifying loans upon program entry, up to a maximum amount of \$35,000 per year for five years. Recipients must agree to a minimum three-year obligation, but with five years of payments available, new providers could pay off \$175,000 of their loans.

Qualifying practice sites include rural hospitals, federally certified rural health clinics (RHCs), federally qualified community health centers (FQHCs), primary care sites in designated Health Professional Shortage Areas (HPSAs), and other primary care providers serving an underserved population.

For more details and applications, see: <http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/loan-repayment/ompclrp.cfm>.

Nominations Sought for OAFP 2014 Family Doctor of the Year

It's that time of year again! Do you know a colleague, who is a member of the OAFP, who exemplifies the finer attributes of a family medical practitioner, one who is engaged in community affairs as well as provides compassionate, comprehensive and caring family medicine on a continuing basis? If so, it's time to fill out the nomination forms for the 2014 Family Doctor of the Year.

Nominations to the Academy must be accompanied by a letter outlining why the physician is deserving of this award.

The nomination form and complete details listing the relevant criteria can be found at www.oafp.org. Supporting letters and other materials from the community lend weight to the nomination. The surprise announcement of the winner will be made at the Annual Spring CME Weekend held at the Portland Embassy Suites, downtown Portland on April 24-26, 2014.

The deadline for the nomination is February 6, 2014. We look forward to receiving your submissions.



WE MOVED!

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AAFP Annual State Legislative Conference Update

Last month, **Kerry Gonzales** and I represented the Oregon chapter at the AAFP State Legislative Conference. Over 100 family physicians, chapter leaders and staff members from 36 states gathered in Denver to share their experiences and participate in discussions on state health policy issues.

During two action-packed days, we networked with other colleagues and gained insights and a deeper understanding of the issues that affect family medicine. The conference topics included: Scope of Practice, Medicaid Expansion, Health Insurance Marketplaces, Opioid Abuse, State Lobbying and the Rural Workforce.

Some of the highlights of the first day of lectures included hearing about how two chapters, Kentucky and Maine, are dealing with independent nurse practitioners and the scope-of-practice issues in their states. As part of the Family Medicine for America's Health: Future of Family Medicine 2.0's (FFM2.0) ongoing efforts, the AAFP is developing messaging tactics that stress how patients want and expect to see physicians, while emphasizing the value of working collaboratively in family physician-led teams. (Look for continuing updates on FFM2 at http://blogs.aafp.org/cfr/leadervoices/entry/shaping_the_future_of_family.)

But the most intriguing talk of the day, for me, was the presentation of a revolutionary approach to the problems of malpractice and defensive medicine being proposed in the Georgia Legislature. Named the "Patient Compensation System," Georgia SB 141 would insure that all patients injured by medical practice would

During two action-packed days, we networked with other colleagues and gained insights and a deeper understanding of the issues that affect family medicine.

receive compensation (currently only 10-20% receive compensation) in a no-fault system involving expert panels. The bills bottom line for physicians? They would never be sued. Period. The proponents of this bill project huge savings by lessening the costs of defensive medicine. Despite the expected opposition from the legal community, bill sponsor, State Senator Beach, and Patients for Fair Compensation lobbyist, Wayne Oliver, expressed considerable optimism regarding the bill's passage. This one will be worth tracking!

Day two began with a discussion of Colorado's health insurance exchange. While they had some challenges, their rollout went a little smoother than the Cover Oregon experience. We also heard a panel discuss various approaches to access challenges in rural areas similar to those found in Oregon. Then a rural family physician from North Carolina led a fascinating discussion of a statewide approach to the

opioid abuse problem. They have developed a comprehensive approach entitled the "Project Lazarus Tool Kit" that can be downloaded at <https://www.community-carenc.org/media/related-downloads/pl-toolkit-pcps.pdf>.

Finally, we received an update from Kevin Burke, AAFP Director of Government Relations. He offered a cautious prediction that the dreaded SGR will be repealed in 2014. His optimism stems from a repeal plan that is both bipartisan and bicameral. While the draft plan would freeze payments for 10 years, primary care physicians stand to benefit from care coordination fees and alternate payment approaches. Over the long term the plan would move payment from a volume-based to a value-based methodology. As has been true during this long saga, finding offsets in the budget for the \$150B cost of the SGR repeal is the remaining challenge. Stay tuned.

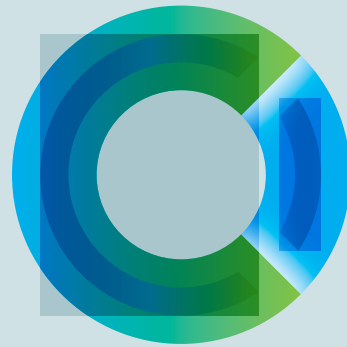


Access to Cover Oregon Has Begun

Since October, Oregonians have a completely new way to access health coverage through a central marketplace called Cover Oregon. Through this marketplace the patients you serve should be able to compare and enroll in health and dental coverage that fit their needs and budget. All plans offered through Cover Oregon cover essential health benefits including provider visits, hospital stays, maternity care, emergency room care, prescriptions, preventive care, mental health services, dental and vision coverage for kids and more.

Even patients with pre-existing conditions are able to get coverage and apply for financial assistance to help pay for premiums. For example, financial assistance will be available to individuals earning up to \$45,900 a year and a family of four earning up to \$94,200 a year.

Cover Oregon provides clear information on a range of insurance plans so individuals, families and small businesses can make side-by-side comparisons and choose the right plan for them. It includes health coverage from private insurers and public programs like Healthy Kids and Medicaid.



**COVER
OREGON™**

Enrollment began in October, and coverage begins January 2014 for those who have enrolled by December 15th. Open enrollment continues until March 31, 2014, and patients eligible for the Oregon Health Plan may apply at any time of the year. Visit CoverOregon.com to learn more, use the onsite calculator to see if you might qualify for financial help, and sign up for updates. And, if you'd like to get involved with enrollment assistance and outreach in your community, please email communitypartner@coveroregon.com.

“OH, BUT IT WAS DIFFERENT . . .”

Thoughts and perspectives from first year medical students who participated in the summer rural family medicine experience

These students have studied their lecture notes, taken exams, gone on rounds with their Portland preceptors and finished their first year of medical school at OHSU. However, before heading out on their rural family medicine experience this past summer, most wondered how the practice of medicine performed in small towns could be any different than what’s being done in Portland?

After just one or two weeks in the field, the students summed up their experiences by revealing, “Oh, but it was different.”

For the past nine years the OAFP Foundation has given OHSU medical students the opportunity to gain a better understanding of rural family medicine by providing them with a scholarship (known as the Laurel G. Case Award for Rural Experience) to live and work with a rural family physician. After a week or two in the physician’s home, clinic, hospital and community, students come away with a newfound respect for their rural colleagues, a fresh perspective on the specialty of family medicine, and an extraordinary confidence in their clinic skills.

2013 Laurel G. Case Award Recipients



Front row: Board member Patricia Ahlen, MD, Heidi Schroeder, Kayli Senz, Mari Nomura, Elizabeth Suh, Beth Krautscheid, board member Ron Stock, MD. Back row: Board member Bruce Thomson, MD, Christopher Rackoff, board member Bill Origer, MD, Kyle Muir, and Erica Hadley. Recipients not in photo: Whitney Humphrey, Max Perelman, and Elena Phoutrides. Board members not in photo: Paul Neumann, MD and Phil Unverzagt.

This year the medical students who participated in the summer rural experience worked with the following Oregon family physicians: David Abdun-Nur, Heidi Beery, Mary Lou Belozar, Leslie Brott, Bruce Byram, Spencer Clarke, Maria

Czarnecki, Keith DeYoung, Renee Grandi, Eric Lamb, Doug Lieuallen, Eric North, Senna North, Tim Peters and Liz Powers. We wish to thank this group of doctors for sharing their lives with these students.

Here's what the Laurel G. Case recipients had to say about their summer rural family medicine experience:

Even though I knew what it was like to grow up in a rural community, I did not know what it was like to be a physician in this environment. The most important thing I learned was that being a family physician in a small town (as opposed to a large city like Portland) not only changes your relationships with your patients, but also your job description. I did not truly understand the scope of this specialty until this experience...there is such a need for rural physicians who will stay with a community long term and provide preventive care for its members. Because of this experience, I can truly see myself fulfilling this need for a smaller community.

As a student it is wonderful to be in a place small enough that they can really encourage you to be hands-on and try new things. I put in my first stitches, gave my first vaccines, and assisted on a few excisions. It was also great to be able to integrate a lot of the knowledge acquired during my first year and get a reminder of what a full day of practicing medicine will be like when I put down the books a year from now.

In my opinion, rural family medicine is REAL family medicine. I want to be a doctor who can do anything from stitching wounds to delivering babies to treating a cold. I want to know all my patients' names without looking in a chart because they are members of the same small community I am a part of.

My experience demonstrated that the practice of rural medicine is a privilege, and that rural medicine is an opportunity for a physician to expand his or her practice. A rural physician personally knows each patient and establishes a wide repertoire of skills needed to confidently care for those in the community if (and when) a specialist is not available. Prior to my experience, I predicted rural medicine was a more limited form of health care delivery, but I now understand that rural medicine is comprehensive health care. My experience taught me the integral role of a family physician in the health of the community and instilled in me an interest to pursue rural medicine.

All in all this experience helped cement my passion for family medicine and gave me a renewed sense of excitement for my future as a physician.

As someone who is passionate about working in primary care for diverse, underserved populations, the summer rural preceptorship was an invaluable opportunity. In my one week I gained more hands-on experience than in a year of preceptorship in Portland, and I had one of my most fulfilling experiences in medicine so far. I absolutely loved this experience and am eager to return to rural Oregon for more training so that I can learn and contribute more as a family physician.

Through the summer rural experience, I learned that rural family physicians are specialists in their own right. They see patients in clinic and in the hospital, they perform surgery and diagnostic procedures, deliver babies, and connect to patients and their families in a way that I have never seen before. Rural family medicine physicians are like family to their patients. For this reason, I am very drawn to the idea of becoming a rural family medicine physician.

The diversity of knowledge needed by a rural family physician to diagnose and treat is truly impressive, and I love the prospect of developing into a physician with such experience and flexibility.

I just didn't realize how much I would enjoy and learn from my experience. Overall, my experience was both positive and eye opening with regards to rural medicine. The independence of practice, positive role in the community, longitudinal relationship with patients, and quality of life demonstrated have made a convincing case for rural medicine.

Yes, it does sound that practicing medicine in a rural setting is different, but for these students, being different definitely was a positive experience!

If you are interested in supporting the Laurel G. Case Award for Rural Experience that allows medical students to gain knowledge and experience in the world of rural family medicine, please contact Lynn Estuesta or go online at www.oafp.org and click on the Foundation website.

● STUDENTS SPEAK OUT!

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

Fall has been a busy season for OHSU's Family Medicine Interest Group (FMIG). With the arrival of new students on campus, we have focused our efforts on attracting new members and building a strong community among students interested in Family Medicine. To date, we have succeeded in providing a buzz of excitement around FMIG by offering educational workshops, faculty mentoring, and peer-to-peer mentoring opportunities.

In October 2013, **Senator Elizabeth Steiner Hayward** visited campus to discuss how health care reform will affect the practices of future family doctors. Senator

Steiner Hayward explored a range of topics including patient-centered medical homes, the role of nurse practitioners and physician assistants in family practice, loan repayment options, and opportunities for student advocacy for health policy change. Students left this talk enthusiastic about health policy and FMIG members are already discussing a future trip to the Capitol this spring.

FMIG has also focused on teaching practical skills for future clerkships and practice through implementing monthly skills workshops. So far we have hosted a suturing workshop assisted by **Tanya Page, MD**, where students practiced su-

We have succeeded in providing a buzz of excitement around FMIG by offering educational workshops, faculty mentoring, and peer-to-peer mentoring opportunities.

turing on pigs feet before taking their skills to the wards, as well as a breath sounds workshop led by **Scott Fields, MD**, who taught us how to recognize and interpret some of the different sounds we may be sure to hear in our future practice.

One of the major focuses of this term in the Family Medicine Interest Group is to enhance the peer-to-peer and faculty-to-peer mentoring opportunities available to FMIG members. Earlier in October, we hosted a "Meet the Docs" dinner, where students shared a meal with family doctors from a wide variety of practice styles and environments and heard their stories of how they arrived at a career as a family physician. We also recently hosted the first of many peer-to-peer mentorship dinners, in which first and second year students were able to interact with fourth year students applying for residency in family medicine. Students discussed what to expect on the wards in future years, and how to prepare to match in Family Medicine.

Overall, we are thrilled with the strong community we have begun through FMIG and are eager to build on the enthusiasm our group has created this fall as we move into the winter months.

Academy to Offer Training on New DOT Medical Examiner Certification

New requirement will go into effect on May 21, 2014

Effective May 21, 2014, all health care professionals who perform physical examinations and issue medical certificates for interstate commercial motor vehicle (CMV) drivers will be required to complete an accredited certification training course and pass an examination. Only those professionals who have fulfilled these requirements by this date will be included in the National Registry of Certified Medical Examiners (National Registry) online directory. This is imperative as only those included in this database will be able to provide a legally recognized examination for CMV drivers.



To help you meet these qualifications, the OAFP is offering an in-person training session in conjunction with our upcoming OAFP Annual Spring CME Conference. On the morning of Saturday, April 26 at the Portland Embassy Suites Hotel, members can participate in this intensive, 4.5 hour course that has been designed to meet the core curriculum for the medical examiner training in accordance with the National Registry Federal Motor Carrier Safety Administration (FMCSA) examination.

After taking our course, you will be eligible to sit for the exam. As we get closer to the training date, we will provide a link on our website to local testing sites.



Register Now for the Upcoming 27th Women's Health Winter Conference & ALSO Refresher Course JANUARY 18-20, 2014

Plan to attend the one day ALSO Refresher course and/or the two day Women's Health Conference that will be held January 18-20, 2014 at the Mt. Bachelor Village Resort in Bend. This is the **only** ALSO Refresher Course being taught in the United States in 2014, so you won't want to miss the one being held in your own back yard!

Targeting physicians, midwives, nurses and other health care providers, the ALSO Refresher Course will enhance the knowledge and skills needed to effectively manage obstetrical emergencies. **And participants who successfully complete the one day refresher course before their ALSO certification expires automatically receive an additional five years of certification.**

The next two days of the conference focus on numerous women's health issues, including Pap updates and cervical cancer screening, genetic testing, maternity care strategies and much more. You can attend workshops in the morning, and have the afternoon to ski, sled, skate, shop or relax. We are also offering two optional af-

This is the only ALSO Refresher Course being taught in the United States in 2014 . . . complete this course before your certification expires and receive an additional five years of certification.

ternoon workshops — one focusing on a variety of gynecological procedures, and the other dealing with ways to find more time in your day to optimize your practice. The next day features a choice of two Self-Assessment Module (SAM) Study Halls – Maternity Care or Heart Failure.

The ALSO Refresher Course has been accepted for up to 16.75 credits

by the AAFP. Passing either of the Self-Assessment Modules provides 12 hours of Prescribed CME Credit. The OAFP has applied for and is awaiting confirmation of 7.5 hours of Prescribed Credit for Sunday's Women's Health Conference workshops.

Go to the OAFP website (www.oafp.org) and register today!

2014 ANNUAL SPRING CME WEEKEND TO BE HELD IN PORTLAND



What else can you look forward to at this year's meeting?

- A day-long session for physicians and their clinic leaders to learn more about PCPCH;
- Required DOT training for CDL medical examiners;
- The Annual Department of Family Medicine Statewide Faculty Meeting;
- A Town Hall discussion that will provide the latest developments regarding Oregon's health reform efforts;

O AFP's 67th Annual Spring CME Weekend, the largest conference of the year, will be held April 24 - 26, 2014 at Embassy Suites Hotel in downtown Portland. An invigorating site for collaborating, dining, and exploring, the OAFP and the Oregon Rural Practice-based Research Network (ORPRN) will team up once again to provide evidence-based continuing medical education, health reform updates, and practice enhancement strategies coupled with all-important opportunities for fellowship and fun with colleagues and family members.

On Thursday, April 24, ORPRN will open the meeting with lectures focused on Citizen Engagement in Research and Healthcare Transformation. On Friday and Saturday, April 25 - 26, participants can choose from a variety of seminars, break-out sessions and hands-on workshops featuring a wide range of topics, as well as a special PCPCH track.

- A REMS (Risk Evaluation and Mitigation Strategy) Workshop dealing with extended release and long-acting opioids;
- The Friday evening OAFP Foundation Auction & Happy Hour (more information on the next page);
- The Congress of Members gathering that will enable members to guide the focus and direction of the Academy over a free lunch;
- The Saturday Celebration Luncheon where the 2014 Oregon Family Doctor of the Year is announced; and
- The Self-Assessment Module (SAM) Study Hall. In just a few short hours, you can take and pass both the written and clinical portions of the SAM and receive 12 hours of prescribed CME.

As you can see, there is something for everyone at this year's 67th Annual CME Meeting. Stay tuned for complete details at www.oafp.org. Put this event on your calendar today!



“LIGHTS, CAMERA, AUCTION”

Annual Foundation
Auction and Happy Hour
APRIL 25, 2014

Join us on Friday, April 25 at the Portland Embassy Suites Downtown – auction items will be on display all day long – making it easy for you to bid, and to bid often. At the end of day, you're invited back into the ballroom for happy hour. Come imbibe, do some last minute bidding, and participate in the live auction. You'll have a chance to purchase some great goods and services, chat with old colleagues, meet with new, raise much-needed funds for the Foundation, and still have time to head out to a plethora of great local restaurants with friends and colleagues. (The Foundation provides scholarship funds to support medical students, anti-tobacco education to fourth and fifth graders, health and fitness education for third and fourth graders, locum tenens funds, and medical lecture funds all in an effort to enhance the lives of our physicians and their communities.)

Email us for further details as we get closer to the date and to find out more about the fabulous items to bid on. If you are interested in donating an item or service, drop us a line as well! The Foundation is a 501(c) 3 charitable organization and all donations are tax deductible.

'Tis the Season!

Remember the OAFP and OAFP Foundation in Your End-of-Year Giving.

FAMILY PHYSICIANS OF OREGON PAC

The sole mission of the Family Physicians of Oregon PAC since its creation in 2008 has been to promote family physicians and family medicine. With your donations, we have successfully forged strong relationships with Oregon legislators who champion health care issues and have made a substantial impact regarding physician workforce funding opportunities. Help us continue to speak on behalf of the 1,400+ Oregon family physicians and their patients.

The time is now! Over the years many of you have taken advantage of Oregon's generous tax credit system – where the State of Oregon actually gives \$50.00 to individuals or \$100.00 to married couples who file jointly. However, it's not money you can put in your pocket; you either pay it back in state taxes, or donate the money to a political party, a qualified candidate, or a political action committee (like ours, the Family Physicians of Oregon PAC.) By donating this money to a political campaign of your choice, your refund check will actually be increased by the amount of your political tax credit; that's a full 100% credit – not a deduction!

This is your last chance to take advantage of this tax credit; new rules will go into effect in 2014. Your contributions must be made by December 31st to get credit on your 2013 Oregon tax return. Take advantage of this gift today. Go to the OAFP website (<http://oafp.org/advocacy/>) to donate to the Family Physicians of Oregon PAC.

OAFP FOUNDATION

The Foundation exists to support opportunities and activities that enhance the experiences of our physician, resident, and student members. To date, we support the following areas – the Laurel G. Case Award for Rural Experiences, the Ethics Lecture Fund, the Tar Wars anti-tobacco education program, the Ready, Set, Fit health/fitness education program, the Mary Gonzales Lundy Scholarship, the Locum Tenens Fund, and the Family Medicine Interest Group (FMIG).

As you can see, our mission is to serve you, whether you are a Life Member, a first year medical student, or somewhere in-between. We are grateful to the many members who have contributed their resources over the years to the OAFP/Foundation. With your help, we were able to give eleven scholarships to second year medical students who lived and worked with rural family physicians this past summer; present health-related educational programs to over 1,000 elementary students; provide a substantial award to a deserving family medicine resident; contribute medical supplies to the FMIG Healthcare Equality Fair; and sponsor a top-notch lecturer and author on end-of-life care.

Please head to the OAFP website (<http://oafp.org/oafp-foundation/>) to donate to the OAFP Foundation or send a check to OAFP Foundation, 1717 42nd Ave, #2103, Portland, OR 97213. The OAFP Foundation board of trustees wishes to extend our thanks to each of you for your commitment to the care of your patients, your fellow physicians, and your community.

MEMBERS IN THE NEWS

MOVERS AND SHAKERS



DR. GRACE

Wendy Grace, MD recently joined the staff at the Mosaic Medical Clinic in Madras. Before settling in Madras, Dr. Grace received her BS in Biochemistry at the University of Montana and a Master of Science at Johns Hopkins University. Before attending medical school at Case Western Reserve University, she did research for several years at the U.S. Army Medical Research Institute of Infectious Diseases. Dr. Grace completed her residency at the Family Medicine Residency of Idaho in Boise. In her spare time, she enjoys mountain biking, running, kayaking, gardening and traveling.

HONORS, AWARDS AND ACCOLADES



Senator Steiner Hayward accepts her award from Colleen Hermann-Franzen, Advocacy & Communications Manager from the American Lung Association of the Mountain Pacific.

This fall, during the Oregon Public Health Association Conference, **Senator Elizabeth Steiner Hayward, MD** received the Policy Champion Award, which is granted annually to someone who has made an outstanding contribution to advancing public health policy in Oregon.

Senator Steiner Hayward was nominated and awarded for her leadership role in championing the following bills during the 2013 Oregon legislative session that will significantly improve the health of Oregonians and for her ongoing commitment to improving access to high quality, cost effective health care for all Oregonians:

- 1) Senate Bill 436 that requires coordinated care organizations to include strategies for use of school-based health centers in community health improvement plan.
- 2) Senate Bill 444 prohibiting smoking in cars when minors are present.
- 3) Senate Bill 823 requiring the Oregon Health Authority to create new programs and expand existing programs to increase capacity statewide to provide mental health services and serve individuals with mental illness. (While SB 823 did not pass during the 2013 legislative session, Senator Steiner Hayward was a strong voice in publicly advocating for bill passage.)

INTERESTING BUSINESS WE SHOULD ALL KNOW...



DR. REAGAN

Bonnie Reagan, MD, a retired family physician who practiced at Portland Family Practice for over 20 years, has always been involved in a plethora of community and professional activities. Now, Bonnie is putting a majority of her energy working with the Oregon BRAVO Youth

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Orchestras (BRAVO), a new non-profit organization created to transform the lives of underserved children and youth through intensive, ensemble-based classical music instruction. BRAVO is inspired by El Sistema, Venezuela's national program of social change through music. BRAVO launched in September at Rosa Parks Elementary School in North Portland and includes both school day violin instruction twice a week for 150 kindergarten and first grade students as well as a free after-school string orchestra and chorus that serves 40 second and third grade students. Rosa Parks is one of Portland's most culturally diverse and highest priority schools (where 18 languages are spoken and 95% of students qualify for free and reduced lunch). Want to know how you can help this pro-

gram thrive? Check out www.oregonbravo.org for program details.

Searching for member contact information?

To get complete contact information for all AAFP members throughout Oregon and the entire United States, go to the OAFP website, <http://oafp.org/> and click on the "Members" link where you can click again to access the AAFP website. Once on this site you will just need to fill in the name of the person you wish to contact. You will receive up-to-date mailing information, as well as phone and FAX numbers. If you wish to contact the member by email, just click on the "Email this member" button. It's that easy.

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

SAVE THESE DATES

ALSO REFRESHER COURSE AND WOMEN'S HEALTH CONFERENCE

MLK Weekend – January 18-20, 2014
Mt. Bachelor Village Resort
Bend, Oregon

67TH ANNUAL SPRING CME WEEKEND

Scientific Assembly & Congress, April 24-26, 2014
OAFP/Foundation Auction, April 25
Embassy Suites Downtown Portland
Portland, Oregon

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

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