

Family Physicians of Oregon

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OREGON ACADEMY OF
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

THE OFFICIAL MAGAZINE OF THE
OREGON ACADEMY OF FAMILY PHYSICIANS



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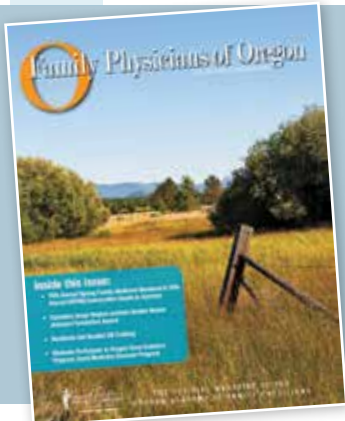
Family Physicians of Oregon

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About the cover:

Learn, Connect and Rejuvenate at the 70th Annual OAFP Family Medicine Weekend and the 15th Annual ORPRN Convocation April 20 – 22, 2017 at Sunriver Resort near Bend, Oregon. There's much to celebrate; please join us!



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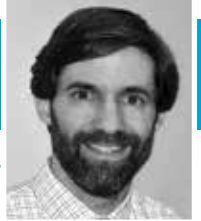


OREGON ACADEMY OF
FAMILY PHYSICIANS

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EDITION 40

● PRESIDENT'S MESSAGE



DAN PAULSON, MD

Gratitude

In the past, when I've been asked, "How are you doing?" I have often responded with "life is full." And it was. Between full-time work and family activities, from band concerts to soccer games, there was very little down time. All that came to an abrupt halt just before Halloween when I ended up on the operating table with a ruptured appendix. Suddenly, my health, which had always been an unquestioned asset, had become a vulnerability. After a week in the hospital struggling with a persistent post-op ileus, I returned home with a lot more time on my hands as I compliantly took my antibiotics and focused on regaining my own strength and health.

Although it is probably not uncommon after a surgery like this, I found that my thoughts often focused on gratitude. I was grateful for the skill of my surgeon and the improvements in surgical instruments and techniques which allowed a complicated surgery to be done laparoscopically. I was grateful for the nursing staff at the hospital that cared for me and encouraged me as I waited impatiently to regain my independence. I was grateful for my colleagues and staff at the clinic who stepped up and saw extra patients or covered my shifts with skill and grace. And I was deeply grateful to my wife and daughters whose love and support continued to boost my spirit as I worked to regain my strength and endurance. And finally, I was grateful for the good health I had before getting ill as I struggled to imagine how much more difficult this would have been if I had not been healthy to begin with.

With all this time for reflection, I recalled reading about connections between gratitude and good health. I had heard many times that people who are grateful are happier overall. Michael Schuler¹ wrote in his book *"Making the Good Life Last,"* "Think about it: have you ever met an ungrateful person who was happy?" This reflects my experience as well, but I also thought that I had seen some reports that the benefits of gratitude went further than happiness. Could having more feelings of gratitude actually translate into better health? Granted, research on a topic like this sounds to me like it would be rather "soft" compared to the placebo-

The positive effects of gratitude have been an area of active research in psychology for many years. Most of this has been directed toward a connection between gratitude and happiness or mental well-being.

controlled, double-blind studies that we look for as the standard of evidence. Nevertheless, I was able to find that some research has been done on this topic.

The highest quality study that I could find was by Paul Mills, PhD, from UC-San Diego. In this study² he looked at the effect of gratitude on 186 patients who had been diagnosed with early stage heart failure. This study found that patients who practiced gratitude by writing in a journal daily for two months had measurable and statistically significant improvements on many measures of health, including a decrease in measures of inflammatory markers in the blood. Mills' colleague, Laura Redwine, PhD, has published a similar but smaller study³ with preliminary results showing improvements in heart rate variability and decreased levels of inflammatory biomarkers in CHF patients who used gratitude journals.

The positive effects of gratitude have been an area of active research in psychology for many years. Most of this has been directed toward a connection between gratitude and happiness or mental well-being. However, as noted in a newsletter⁴ published by UMass-Dartmouth psychologists, Martin Seligman, at the University of Pennsylvania, Michael McCullough at the University of Miami and Robert Emmons at UC-Davis have started to expand their research to study the connection between gratitude and physical health markers. Some of this research is beginning to show a connection between gratitude and possible prevention of cardiac disease.

The research that I have read still falls short of the hard evidence that I usually would like to see before implementing

these ideas into my clinical advice to patients. I think that what I have read so far is showing likely associations between gratitude and better health outcomes but it is still far from showing a causative effect, and I think that these researchers would agree. Even so, my recent personal experience has stimulated my interest and made me think about ways that I could help increase gratitude in myself, my patients and my staff. To me, this looks like one of those areas where although the data on outcomes are weak at best, there seems to be almost no risk of harm.

Therefore, I am willing to start incorporating elements of gratitude research into my day. I have never been one to write journals, but I will make a more conscious effort to see the positive in each patient encounter. At the end of each day, I will encourage my staff to ask themselves about which patients we helped that day so that we can leave each day on a positive note. And I will share what I know about the possible connections between gratitude journaling and improved health outcomes with my patients. Just this week in clinic, I saw a long-term patient who had been on the same floor of the hospital I was on and under the care of the same surgeon while I was there. We both felt grateful for the care we had received and sharing our experiences with each other felt like the right thing to do. For now I, too, have a personal story of health care to share with others to which many can relate and I will be sure to make gratitude a part of my “full” life.

- 1) Michael A. Schuler, *Making the Good Life Last: Four Keys to Sustainable Living*, Berrett-Koehler Publishers, Inc. 2009, p. 203.
- 2) “The Role of Gratitude in Spiritual Well-Being in Asymptomatic Heart Failure Patients,” by Paul J. Mills, PhD, and Deepak Chopra, MD, University of California, San Diego, and Chopra Center for Wellbeing, Carlsbad, California; Laura Redwine, PhD, Kathleen Wilson, MS, Meredith A. Pung, PhD, Kelly Chin, BS, Barry H. Greenberg, MD, Ottar Lunde, MD, Alan Maisel, MD, and Ajit Raisinghani, MD, University of California, San Diego; and Alex Wood, PhD, University of Stirling. *Spirituality in Clinical Practice*, published online April 6, 2015.
- 3) Pilot Randomized Study of a Gratitude Journaling Intervention on Heart Rate Variability and Inflammatory Biomarkers in Patients With Stage B Heart Failure by Laura Redwine, et al. *Psychosomatic Medicine*. 2016
- 4) <https://www.umassd.edu/counseling/forparents/recommendedreadings/theimportanceofgratitude/> Website accessed 12/1/2016

● FROM THE HILL



DEBORAH COHEN, PHD, ASSOCIATE PROFESSOR OF FAMILY MEDICINE DEPARTMENT, OHSU

It is my pleasure to write my first “From the Hill” article on behalf of OHSU Family Medicine’s research section. The name, From the Hill, does not quite fit the nature of research in OHSU’s Department of Family Medicine. Rather, our scholars and researchers spend much time *off* the hill, out in the community. Our focus is on understanding the factors that shape family medicine and primary care innovation, and our mission is to help family physicians and their teams best serve communities about whom we all care deeply. Our “laboratories” are not filled with soapstone tables, refrigerators, beakers and other fancy instruments. Our laboratories are the communities we live in, and this makes getting off the hill to collaborate absolutely essential. I am proud to say that our research faculty excels at this.

We have a number of important local community and academic partners in our work, including: OCHIN, the nation’s largest network of community health centers, and a critical community research laboratory (located in Portland, OR); Oregon Rural Practice-based Research Network (ORPRN), a practice-based research network in Oregon; Kaiser Permanente Center for Health Service Research; a number of departments and centers at OHSU; the Oregon Health Authority; other universities and academic centers; and of course the Oregon Academy of Family Physicians.

The research we do can be loosely categorized into four overlapping areas: health policy research, dissemination and implementation research, practice transformation research, and medical education research. Our work aims to improve the health and well-being of all people, including those from vulnerable and underserved communities.

Below is a sampling of just a few of our current projects, which highlight our work in each of these areas.

Health Policy Research – Health policy changes create “natural experiments” which help us understand their impact on patients’ receipt of primary care and preventive services. In particular, implementation of the Affordable Care Act has allowed us to look at states that did, and did not, expand Medicaid. This allows us to evaluate changes in a variety of access, utilization, and health outcomes before and after the Affordable Care Act. Funded by the National Cancer Institute, OHSU Family Medicine’s ACCESS (ACCESS: Assessing Community Cancer care after insurance

Our work aims to improve the health and well-being of all people, including those from vulnerable and underserved communities.

ExpanSionS) project will look specifically at cancer prevention and primary care for cancer survivors in 700 different community health centers across 21 states. The large number and diversity of the health centers will allow researchers to compare what happens to patients in states that chose to expand Medicaid, and those that did not. With this funding and through a partnership with OCHIN, OHSU Family Medicine will better understand how we can help all of our community members fulfill their cancer care needs.

Dissemination and Implementation Research – OHSU is leading the National Evaluation of the EvidenceNOW Initiative, one of the largest research investments to date by the Agency for Healthcare Research and Quality. The initiative is supporting 1,500 small- and medium-sized primary care practices in using the latest evidence to help patients improve their heart health. Participating clinics are provided quality improvement services typically not available to a practice of their size, like onsite practice coaching, expert consultation, shared learning collaboratives, and electronic health record support. Ultimately over 5,000 primary care professionals serving approximately 8.1 million people will be reached through this initiative, including clinics that serve Native Americans, Hispanics, and medically-underserved communities in Oregon and 11 other states across the country. EvidenceNOW is working on an unprecedented scale to transform the delivery of cardiovascular preventative services in primary care, and as the National Evaluation, our role is to learn and disseminate which support strategies are most effective in those efforts. The EvidenceNOW National Evaluation will add tremendously to our ways of knowing about how to do large-scale, rapid dissemination of health care innovations among smaller primary care practices, and will identify the factors that lead to practice uptake and performance improvement.

Practice Transformation Research – We want to better understand how and why practices are able to change and improve, and to build an evidence base for what is needed to foster innovation and quality in this setting. One example is a study called CLINCH-IT (Clinical Information Needs of Community Health Centers for HIT). The goals of CLINCH-IT, funded by the Agency for Healthcare Research and Quality, are to identify clinicians’ and clinical teams’ health information needs for coordinating the care of complex patients and patients whose health is affected by social and economic factors, commonly called social determinants of health. We will use what we learn to identify health information technology solutions that better support primary care teams by giving them the information they need, right at their fingertips (at the point of care). This study is carried out in collaboration with OCHIN practices, and will generate a set of design principles and health IT tools. Eventually, these tools will be used in practice transformation efforts to enhance clinical teams’ capacity to address the medical, social, and economic needs of patients that receive care in community health centers, thereby improving the health and well-being of patients.

Medical Education Research – Duty hour restrictions and the expanding scope of Family Medicine has led some in the discipline to advocate for extending the length of family medicine residency training from three to four years. A summit was held in 2011 with major stakeholders within the “family” of family medicine to inform the ACGME Review Committee for Family Medicine (RC-FM) of the specialty’s preference for the minimum length of residency training. While no consensus was reached with regard to the optimal length of training, unanimous support was given to further research impacts of an added year of residency training. As a result, the American Board of Family Medicine Foundation, and the ACGME RC-FM agreed to sponsor and fund The Family Medicine Length of Training Pilot, a seven year study of family medicine residency programs. OHSU Family Medicine researchers are carrying out this study, the purpose of which is to examine whether extending the length of the educational program in family medicine to four years, through the development of innovative educational paradigms, further prepares family physicians to serve as physicians in a high performance health care system. The Length of Training Pilot will not only assist in the discipline’s decision to maintain or lengthen residency training, but will also contribute a broad base of data to better understand what effects length of residency training has on future scope of practice, PCMH skills, patient continuity, and preparedness for independent practice with the ultimate goal of producing highly effective Family Medicine Physicians.

In addition to our research, developing promising and passionate researchers is perhaps one of the most important activities our faculty does. Often, we do this by supporting career development awards, which are grants that allow faculty to develop their research experience and expertise. Currently, we have three faculty in the department who

have career development awards: Steffani Bailey, PhD, is examining the impact of meaningful use policy changes on assessment and treatment of smoking among community health centers, which will include identifying factors that influence the provision and receipt of treatment in these settings. **John Heintzman, MD**, is a family physician who is using electronic health record data to study access to routine preventive health services by racial and ethnic minorities in Oregon. Both Drs. Bailey and Heintzman are partnering with OCHIN. Melinda Davis, PhD, will identify and implement evidence-based interventions to reduce colorectal cancer screening and treatment disparities in rural and underserved populations. Dr. Davis is partnering with ORPRN and the Community Health Advocacy and Research Alliance on this study. Not only are these studies launching the careers of stellar researchers, they will provide valuable information to physicians and policy makers

This rich array of research demonstrates our deep and ongoing commitment to providing the scientific evidence needed to drive local change and improvement, as well as the local and national discourse on primary care and population health.

This rich array of research demonstrates our deep and ongoing commitment to providing the scientific evidence needed to drive local change and improvement, as well as the local and national discourse on primary care and population health. It is through the visionary direction of our department’s leadership, the hard work of our faculty and staff, and the community’s generous participation in our studies that our success is built. We plan to continue this work well into the future, and I personally invite you – on behalf of all of our faculty – to connect with us and to share your ideas about important topics for future studies.

Further Reading:

OHSU Family Medicine Research: www.ohsu.edu/fmresearch

OCHIN: www.ochin.org

Oregon Rural Practice-based Research Network (ORPRN): www.ohsu.edu/orprn

The National Evaluation of EvidenceNOW: www.escalates.org



DOUG BARBER, OAFP LOBBYIST

Now is the time to connect with your State Legislator

In the midst of all the upheaval and uncertainty in Washington, there is still a lot we can do and accomplish in Oregon.

Important legislation affecting how primary care is paid for could pass in Oregon during the upcoming session (see accompanying article, page 10). In addition, Oregon legislators will wrestle with bills affecting how Oregon pays for the Medicaid expansion, what to do about prescription drug pricing and the individual insurance market, how CCOs are structured, the budget gap and a host of other issues.

Although there was not much of a shift in power in the Oregon legislature as a result of the November election, there will still be many new faces next session. Other than one notable exception — a Republican won Sen. Bates' seat in Ashland/Medford — Republicans replaced Republicans and Democrats replaced Democrats throughout the state.

So even without term limits, 25% of the seats up for election in 2016 turned over. That's a lot of new legislators to get to know and a lot of new legislators who could use your help understanding the growing value of primary care and PCPCH's; how APMs work; and what they could do as legislators to help their constituents achieve better health and better health care.

Legislators hear from a lot of people. Interest groups and lobbyists, like me, are constantly trying to sway their votes. But constituents, like you, are those they care most about. They want to know what the people back home think.

Constituents, like you, are those that legislators care about most. They want to know what the people back home think.

If you didn't get to know your state legislator during the campaign, now is the time. Here's how:

Invite them to visit your clinic or to have coffee.

Offer to be a resource to them on health care issues.

Subscribe to their electronic newsletter, so you can keep tabs on their issues.

Stay in regular contact with them, by email or phone, when they ask for constituent feedback or when you hear about a bill you care about.

The relationships you build now will pay off in the years ahead.

If you don't know who your legislators are, check out the Oregon State Legislature website at <https://www.oregonlegislature.gov/FindYourLegislator/leg-districts.html>.

SAVE THESE DATES

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

ALSO REFRESHER COURSE

March 11, 2017
Portland

OAFP FAMILY MEDICINE WEEKEND AND ORPRN CONVOCATION

Scientific Assembly & Congress, April 20 – 22, 2017
OAFP/Foundation Auction, April 21
Sunriver Resort

Good News for Primary Care

The OAFP has been participating in the Primary Care Payment Reform Collaborative for the past six months. This Collaborative was formed by SB 231 to create recommendations to the Oregon Health Policy Board.

This was a large collaborative with representatives from all walks of health care. In addition to payment reform, we tackled many important topics including the need for technical assistance for clinics, a uniform set of the right metrics, the importance of data aggregation, ways to integrate behavioral health that are invisible to the providers and recipients, and the fundamental importance of patient attribution and selection.

Family medicine was a strong voice on the Collaborative with **Glenn Rodriguez, MD** and **Liz Powers, MD** representing the OAFP and **Scott Fields, MD** representing OCHIN and we are very proud of the results. The group recommended that investment in primary care should increase in the aggregate. These investments need to include resources to build and sustain infrastructure and capacity. The investments will move away from fee-for-service and towards a value-based payment approach.

Shortly after the Collaborative was launched, CMS announced the Comprehensive Primary Care Plus initiative (CPC+). After Oregon was selected for this program, the Collaborative decided to base its recommendations on the basic tenants of the CPC+ program and expand the reach of CPC+ to include all primary care patients and clinics. This means that medical clinics will work on practice transformation with actionable milestones to deliver high quality, whole-person, patient-centered care. Clinics will also use health information technology and data analytics and participate in practice learning networks. At the same time, the payers will re-design their payment system by providing non-visit based care management fees and offer shared savings opportunities.

At the same time the Collaborative was making its final recommendations, the Portland State University Report¹ was released. This comprehensive study indicates that the 647 Patient Centered Primary Care Home (PCPCH) certified clinics in Oregon saved \$240 million in the first three years, with savings increasing each year. Most importantly, it shows that for every dollar invested in a PCPCH, the return is \$13. This is powerful ammunition for both providers and payers. The study called out the two most prominent barriers to sustaining this type of primary care:

1. Existing payment models do not incentivize clinics to align with PCPCH aims.
2. Clinic leaders struggle to financially support changes for top-tier recognition.

This aligns perfectly with the recommendations of the Collaborative, which are described below.

The primary care community in Oregon is entering a new era. The changes to the delivery and payment systems seem inevitable and every

additional piece of information we receive further supports the incredible work being done by family physicians.

The Health Policy Board voted unanimously to support the recommendations and they will be included in legislation being formulated now for the 2017 session.

Highlights of Collaborative:

- The OAFP was a strong voice in the collaborative.
- The recommendations are almost exactly what we wanted; we are very proud of the result.
- All the payers at the table agreed to increase investment in primary care, even those who chose not to participate in CPC+.
- Two fortunate coincidences: CMS announced the success of CPCi and launched CPC+ and PSU released their study of the PCPCH program showing clear data about the return on investment for investments in primary care.

Collaborative Recommendations:

Measurement:

- Primary care should be measured using a limited number of standardized quality, utilization and patient-experience metrics that align with existing measurement efforts.
- A phased approach should be used, starting with metrics based on claims and clinical data that can be reported now, with a future focus on metrics based on additional data sources.
- The Collaborative will seek to align with the Health Plan Quality Metrics Committee developed in conjunction with SB 440.

Data Aggregation:

- A single source of aggregated data based on agreed-upon metrics using shared definitions for all providers and payers should be developed.
- Aggregation should follow a phased approach, starting with data that is currently being used, and leveraging existing efforts, such as Oregon's All Payer All Claims Database.
- Data should facilitate reporting on clinical and costs/utilization measures that promote triple-aim outcomes.
- Strategies should be developed to increase the timeliness of claims data.
- Aggregation should be sustainable and equitably financed through a shared utility model by all participants.

Technical Assistance:

- Primary care technical assistance (TA) should be delivered to practices and payers through a centralized structure via a sustainable, shared-funding model.
- TA activities should be data-driven; include expertise that is applicable to all populations; and leverage existing TA supports.
- TA should be evidence-based and emphasize delivery mechanisms identified as effective by providers, with a focus on peer-to-peer, on-the-ground assistance.

Primary Care Behavioral Health Integration:

- The Primary Care Payment Reform Collaborative should align with recommendations from the OHA Behavioral Health Collaborative.
- Payers should develop value-based primary care payment models that support primary care behavioral health integration.
- The Collaborative should identify, elevate and remove system and regulatory barriers for integration at the payer level through payment reform.
- Mental health and substance use carve-outs that impact behavioral health services should be invisible to service recipients and providers and not impact care.

Collaborative Governance:

- The Collaborative should continue to be the long-term convener for all payers and providers to seek alignment and agreement around sustainable resourcing for primary care infrastructure and transformation.
- The Oregon Health Policy Board should oversee the Collaborative and outline the scope and responsibilities of the group.

Payment Model:

- Goal: Develop a multi-payer (Medicare, Medicaid, commercial, publicly-funded and self-insured) primary care payment framework that fosters alignment of both payment and performance incentive methodologies.
- Over five years, align the payment models

- for all Oregon payers, all products and insured populations covered by those payers and all primary care practices providing advanced primary care.
- All payers will meet primary care spending percentage milestones to achieve a percentage that, per the evidence-base, is double the 2014 aggregate average commercial percentage spend for primary care reported in the 2016 Primary Care Spending report.
- Key milestone: By the end of 2018, payers will align with federal payment goals by encouraging 50% of all payer's primary care payment be attributed to Value-Based Payments (VBPs). The goal of VBPs is to shift from pure volume-based payment (fee-for-service payments) to payments that reward providers for improvements in quality, utilization and health outcomes.
- Using CPC+ as the guiding framework, payment models must include the following components:
 - Up to 50% fee-for-service (face-to-face visits and other easily billable services).
 - Per-member, per-month (PMPM) payments that sustainably support elements of a high-functioning primary care system such as care management and non-visit-based care.
 - Performance-based incentive payments that align with agreed-upon metrics.
 - Payment models consistent with the CME Tract 2 CPC+ model, where current rates of fee-for-service are gradually converted to non-fee-for-service payments.

For more information regarding the Primary Care Payment Reform Collaborative, SB 231, and upcoming legislation affecting family medicine, be sure to check the OAFP website, <http://oafp.org/>.

Endnotes

¹ <http://www.oregon.gov/oha/pcpch/Documents/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf>



2017 Annual Family Medicine Weekend & ORPRN Convocation Heads to Sunriver

A must-attend meeting for family physicians to learn, connect & rejuvenate



The most important meeting for family physicians to attend in 2017 will be held April 20 – 22, at the Sunriver Resort near Bend, Oregon. The OAFP and the Oregon Rural Practice-based Research Network (ORPRN) are both celebrating milestones, it's the OAFP's 70th anniversary and ORPRN's 15th and we want you to join us in the festivities!

As in the past, OAFP and ORPRN will collaborate to offer clinically-relevant continuing medical education, provide health reform updates to keep you in-the-know in this ever-changing environment, allow opportunities for members to share best practices and improve their understanding of high-functioning PCPCH practices from physicians around the state, as well as enjoy the company of friends, both new and old.

On Thursday, April 20, ORPRN will hold its annual Convocation as they celebrate 15 years as a network dedicated to improving the health of Oregonians. As ORPRN observes their Crystal Anniversary, they invite you to "Look into the Crystal Ball" and anticipate the future of research and health care in Oregon and engage in dialogue regarding how you can get involved in shaping that future. Some highlights of the afternoon meeting include:

- Former Oregon Governor John Kitzhaber will reflect on innovation, community health and primary care practice in Oregon;
- Kurt C. Stange, MD, PhD, Professor of Family Medicine & Community Health, Epidemiology & Biostatistics, Oncology and Sociology at Case Western Reserve University and Editor of the *Annals of Family Medicine* will discuss why research matters;
- Panel discussions, with the Team of the Future, including residents, physicians, practice managers and community health workers from Primary Care, Oral Health, Behavioral Health, CCOs and other regions of health will reflect on their unique and different perspectives;
- Peer discussions regarding the work being done to improve health in your communities. Celebrate the success stories, empathize over failures and identify ways to get involved in the future; and
- Poster presentations.

On Friday and Saturday, April 21 -22, the OAFP Annual Family Medicine Weekend kicks off with participants choosing from a variety of seminars, breakout sessions and hands-on workshops featuring a wide-range of topics, including timely lectures on opioid addiction and treatment, suicide prevention, trauma-informed care, Hep C, Medicare wellness visits, and an overview of the good, the bad and the useless drugs in 2017.

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

- Keynote Speaker, Kurt C. Stange, MD, PhD, (see credentials in column one);
- Keynote Speaker, Andrew Bazemore, MD, MPH, Director, Robert Graham Center Policy Studies in Family Medicine & Primary Care;
- A legislative update that will provide the latest developments regarding Oregon's health reform efforts;
- The Friday evening OAFP/Foundation "Looking Forward, Giving Back" Auction & Dinner (*see more information on page 16*);
- The Congress of Members gathering that will enable members to guide the focus and direction of the Academy;
- The Saturday Celebration Luncheon where the 2017 Oregon Family Doctor of the Year is announced;
- Saturday afternoon hands-on workshop teaching MDs various osteopathic manipulations for low back pain;
- The KSA (Knowledge Self-Assessment) Group Learning Session (formerly known as 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 KSA and receive 12 hours of prescribed CME; and
- The chance to rejuvenate in one of the Northwest's most beautiful settings -- take a trail ride, check out the state-of-the-art Sunriver Observatory, go bike riding on the 40+ miles of paved paths or share some music around the bonfire.

As you can see, there is something for everyone at this year's 70th Annual CME Meeting. Stay tuned for complete details at www.oafp.org. Put this event on your calendar today!



BY ROBYN LIU, MD, MPH, ORSP DIRECTOR AND RYAN PALMER, EDD, MFA, ORSP EDUCATION DIRECTOR

Oregon Rural Scholars Program: *Building From Success*

What was your first exposure to the unique rewards and challenges of practicing medicine in a rural community? For some of us, the small-town family doctor is what formed our first idea of who a physician is and what they do. For others, maybe a required clerkship during medical school was the first and only chance we had to see full-scope rural primary care in action. There

continues to be an acute need for medical professionals in smaller communities nationwide and we know that getting student doctors exposed to rural practice early and often increases the chances that they will choose this path for themselves.

Since 2009, students at the OHSU School of Medicine have had the opportunity to apply for the Oregon Rural Scholars Program (ORSP), a competitive, rural training track sponsored by Oregon AHEC that endeavors to maximize exposure to the rural setting. All students at the School of Medicine are required to complete at least one rural experience, but ORSP scholars go further, spending a minimum of three continuous months in a rural setting. Additionally, rural scholars receive curriculum and advising designed to deepen their interest in rural medicine.

Students apply to the ORSP during their second year of medical school and up to fifteen are admitted based on essay questions, transcripts and prior rural experiences. Preference is given to students who come from a rural community themselves and to those who intend to remain to practice within Oregon. After admission, the scholars are matched to a practice and a community that suits their unique interests and plans. Before the clinical experiences begin, the scholars research the communities where they will rotate and share their findings with each other as they begin to gain an understanding of the demographics, economics and cultural factors that make each small town unique. In the fall of the second year, rural scholars journey to Klamath Falls for a weekend retreat, where they build community, learn wilderness medicine skills and do procedures workshops with the family medicine residents. Cascades East Family

The Oregon Rural Scholars Program was created to match student passion for rural medicine with Oregon communities in search of its next generation of health care providers.

Medicine residency faculty and staff go above and beyond in hosting the retreat and many rural scholars have gone on to do their residency in Klamath Falls as a result of this early exposure to the program. This year, the students' travel expenses were covered through gracious support from the OAFP/Foundation.

The core of the ORSP experience is the clinical clerkship that occurs during the third year of medical training. Scholars spend a full twelve weeks immersing themselves in their rural community. The extended duration of this rotation allows the students to get a rich view of what their own futures could look like as rural physicians and lets them remain in a single practice long enough to become comfortable with the systems and truly add value to the clinic. During this time, ORSP students and faculty meet weekly via online video small groups. Students share clinical cases and do journal clubs as part of their ORSP curricular requirements. Additionally, these meetings help form a community of practice among scholars, building a sense of community and combating feelings of isolation that can sometimes occur for students away from friends, family and classmates.

The success of the Oregon Rural Scholars Program can be measured both in numbers and in the positive experiences that students and preceptors report year after year. Johnathan Righetti, who completed his rotation in Baker City, said,

"I have never felt so welcome or so at home; my Rural Scholars rotation has exceeded even my lofty expectations for an extended rural family medicine rotation. While in Baker City, I have gained

experience in far reaching medical disciplines such as pediatrics, geriatrics, orthopedics, obstetrics and gynecology, and general surgery. I have delivered babies, assisted in surgical cases and practiced dozens of procedures in clinic while providing modern, preventive, evidence-based medicine to the people of Baker County. I was welcomed by the community with open arms, and have found a second home in Eastern Oregon, where I very well may return to practice in the future."

Dacey Storzbach, who completed her Rural Scholars rotation in Tillamook, found a new passion through her experience:

"I've really loved learning about the community, the continuity care and getting to see what practice is like in a small town. I grew up mainly in cities, but I've always been interested in medical care for underserved populations and participating in ORSP has convinced me that I want to practice in a rural setting."

The ORSP has enrolled over 90 student physicians throughout its lifespan and data indicate that student interest in both rural practice and in generalist specialties endures beyond the completion of the program. Cumulatively, 75% of students in the program who matched upon graduation have entered targeted residencies (family medicine, pediatrics, internal medicine or general surgery). Approximately 56% of ORSP graduates have entered a family medicine residency, compared to 8.5% nationally among U.S. medical graduates. Since 2011, ORSP scholars have been able to apply for the Primary Care Loan Forgiveness awards established by the Oregon legislature. Awards of up to \$35,000 are made annually to health profession students across the state that are enrolled in their respective institution's rural training track.

Since its beginning, the ORSP has expanded in size and in depth, with the addition of five additional student slots per class as well as new community

engagement and public health curriculum. Moving forward, the ORSP will become a truly interprofessional endeavor, with students from the OHSU physician assistant and nurse practitioner programs joining in as well.

The Oregon Rural Scholars Program was created to match student passion for rural medicine with Oregon communities in search of its next generation of health care providers. The successes in meeting this goal are clear, and by expanding the scope of the ORSP to include other clinical students this program will even better meet the diverse health care needs of Oregon's rural communities.

If you wish to support the goals of the expanding ORSP program, please send your donations to OAFP/Foundation, 1717 42nd Ave., Ste. 2103, Portland, Oregon 97213 or donate online at <https://oafp.org/oafp-foundation/>.



LYNN ESTUESTA,
OAFP/FOUNDATION EXECUTIVE DIRECTOR

As the charitable branch of the Academy, the OAFP/Foundation supports the educational plans of family medicine and the goals of the OAFP in order to improve the health of all Oregonians. But with our new mission statement, *“investing in future family physicians to serve our Oregon communities,”* you may wonder how that translates into concrete, actionable plans.

In order to answer that question, the OAFP/Foundation board created a list of goals that would benefit the next generation of family physicians – both medical students and family medicine residents – with proceeds going towards mentorship, networking, education and scholarship programs and activities.

Specifically, the OAFP/Foundation seeks contributions to champion the following goals:

- To support educational and networking activities that encourage Oregon medical students to pursue the profession of family medicine.

- To increase the number of Oregon medical students exposed to rural medicine.
- To support educational and networking activities to enhance the residency experience of Oregon family medicine residents.
- To increase the number of Oregon family medicine residents exposed to rural medicine.

Your contributions to the OAFP/Foundation will help create, expand and sustain the following initiatives:

- Laurel G. Case Scholarship Fund;
- Mary Gonzales Lundy Award;
- Oregon Rural Scholars Program;
- Family Medicine Interest Group activities;
- Physician/resident/student mentorship match;
- Physician/student networking events beyond the Portland-metro area;

- Participation in the National AAFP Conference for Medical Students & Residents;
- Family Medicine Residency Forum;
- Resident social gatherings; and
- Residency rural rotation stipends.

We wish to thank all of you for your continued support of the future of Oregon family medicine. Your donations *do* make a difference. To contribute to the OAFP/Foundation, you can send a check to 1717 42nd Ave. Ste. 2103, Portland, OR 97213 or donate online at <http://oafp.org/oafp-foundation/>.

See below for details on the Foundation’s biggest fundraiser of the year.

Welcome new OAFP/Foundation Board Member:

Leon McCook, MD

Providence Medical Group – Sunset Family Medicine

Annual Foundation Auction & Dinner – April 21, 2017

“Looking Forward, Giving Back” is the theme of this year’s OAFP/Foundation auction and the directive for everything our organization envisions for the future of family medicine in Oregon. Over the past twenty-plus years the Foundation has provided scholarship funds to support medical students, resources for anti-tobacco and health and fitness education for elementary school students, locum tenens income and medical lecture funds all in an effort to enhance the lives of our physicians and the patients in their communities. With our newfound mission to focus on investing

in medical students and residents, we ask you to unite with us in raising much-needed funds to support our impending workforce.

Join us on Friday, April 21 at Sunriver Resort – auction items will be on display throughout the day – making it easy for you to bid, and to bid often. At the end of day, you’re invited back into the ballroom for wining, dining and some last minute bidding. You’ll have a chance to purchase some great goods and services, chat with old colleagues, meet with new and support Foundation-sponsored programs. Proceeds from the auction will help us carry on,

enhance and develop programs for the next generation of family physicians.

If you would like to contribute to the auction in cash, goods or services, contact the OAFP/Foundation. Or you can donate by mail or online through PayPal — <http://oafp.org/oafp-foundation/>. The Foundation is a 501(c) 3 charitable organization and all donations are tax deductible.

If you’d like to attend the auction, registration will be online soon at <http://oafp.org/events-cme/>.



Maternity Care Training during Residency Provides Positive Outcomes for Rural Physicians, Moms and Babies

“Family physicians that do maternity care are not unicorns – mythical creatures that do not exist. They are more like reindeer – uncommon, yes, but alive and well in some parts of our world.”

- paraphrased from Randy Longenecker, MD, Executive Director, RTT Collaborative

The percent of family physicians delivering maternity care has declined from 23.3% in 2000 to 9.7% in 2010. At Cascades East Family Medicine Residency (CEFM), we train physicians to practice in rural areas where there are no other specialists to provide these services. The rural Oregon communities where our graduates practice need maternity care providers that can perform routine and surgical obstetrics. As rural hospitals close their obstetric units, rural women experience poorer health outcomes than their urban counterparts. They are often late to receive care and have increased frequency of low birth weight babies.

Many of the maternity care patients at CEFM travel 90 to 120 minutes to receive care. They come from communities with small hospitals that previously provided maternity care. Jennifer, one of our maternity patients, who is having her second child, lives in Alturus, Oregon which is 90 minutes from Klamath Falls. She feels that she is lucky as both she and her husband are employed, have a reliable car and can afford the gas for the trip. Many patients from Alturus rely on state funding to pay for gas and often must arrange transportation from others. Her main concern is the drive to the hospital when she goes into labor. In the summer, delays can happen due to road construction and in the winter, due to weather. The distance and mountain passes lead to more inductions being scheduled and impacts the ability to do fetal surveillance on high-risk pregnancies.

The 24 residents at CEFM choose to train in Klamath Falls due to a desire to work in a rural area. Sixty percent of the graduates work in a community of less than 25,000. Fifty percent of our graduates practice maternity care versus only fifteen percent of graduates nationwide.

Graduates of CEFM are currently practicing in rural

Oregon and delivering maternity care in John Day, Burns, Madras and Enterprise. If family physicians did not provide maternity care in these communities, people would need to drive two to three hours for care. Our graduates chose to train in a rural residency to obtain the skills they need to care for their community. This includes a maternity care track and an option for surgical obstetric training.

Janessa Sickler, DO in John Day said, “In my current community, the next closest hospital is 2.5 hours away. It means a lot for our patients to be able to deliver their babies safely in their own community with a family doctor who they know well and with whom they have a relationship.” In addition, she states, “It is imperative that we have family doctors who can provide surgical obstetrics both as a service to our low-risk patients and in case of emergencies.”

Both Dr. Sickler and **Larissa Thomas, MD** in Burns, talk about the reliance on their partners to help with difficult cases and to assist on cesarean sections to maintain skills.

Jinnell Lewis, MD in Madras said, “The first shift I ever worked in Madras I was on call and delivered a baby with the worst shoulder dystocia I had ever encountered. My training prepared me to successfully deliver a healthy baby despite this obstacle.” Dr. Thomas states that, “Training for high-risk situations is critical. Nothing replaces the training I’ve had in residency where I had to stabilize patients and babies on the maternity floor while I waited for help to arrive.”

If there were not physicians with maternity skills in an isolated community an emergency could turn into a disaster. **Sarah Laiosa, MD** in Burns talked about a patient and baby who would not have had a positive outcome if they had been two hours away from care. A woman arrived at the hospital in labor. The baby initially

had a heart rate in the 140's that dropped suddenly to the 40's and stayed there. The baby was delivered in six minutes by cesarean section. The baby received CPR and the mother hemorrhaged. Both did well after being stabilized. Without maternity care at the local hospital and a provider who had been trained to do cesarean sections, the outcome would have been different.

There are joys and challenges for physicians who practice in a rural setting. One aspect that could be seen as positive or negative is the ability to know the people you care for outside of the medical setting. Dr. Lewis has found satisfaction in being able to care for the whole family.

Dr. Thomas discussed the ability to influence the health of a community and to see people at their best and their worst. Challenges involve the blurring of lines between professional and social life which can make it difficult to decompress.

All of the graduates felt that their training prepared them for the demands of being a family physician in a rural area. Dr. Lewis found that she had to learn how to go back and forth between the mother she had just delivered and the baby that needed resuscitation. Both were skills she was comfortable with but that she had not had to balance during her training.

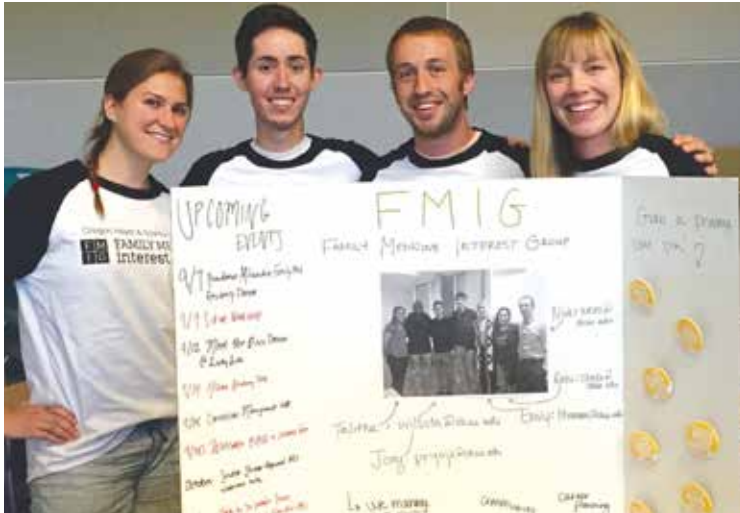
Dr. Sickler feels "It is critical that we continue to offer surgical obstetrical training to family practice residents because we make up the majority of physicians who go into rural and frontier areas. We are often the only physicians available and we must be ready to rise to any occasion in order to provide the best care for our patients."

It is critical that we continue to offer surgical obstetrical training to family practice residents because we make up the majority of physicians who go into rural and frontier areas.

STUDENTS SPEAK OUT!

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

EMILY THOMPSON, CO-CHAIR, OHSU FAMILY MEDICINE INTEREST GROUP



A few of the FMIG Leaders staff a table at an interest group fair for the new medical students. From left to right: Talitha Wilson, Joey Prior, Nick West and Emily Thompson.

The OHSU Family Medicine Interest Group (FMIG) has had a busy fall with numerous activities focused on welcoming the new medical students of the 2020 class to campus and getting them excited about Family Medicine. The FMIG Leadership wanted to engage the new students early in their first year at OHSU in order to get them thinking about a future in Family Medicine as they progress through their classes and pick specialty preferences for their first preceptorship experiences.

To kick-off the new academic year, the FMIG hosted a Meet the Docs dinner at the Lucky Lab where students enjoyed pizza and participated in an interactive discussion about the different paths Family Medicine doctors often take to their wide range of practices as told by **Sean Robinson, MD** (sports and academic medicine), **Rebecca Cantone, MD** (academic and rural medicine – Scappoose), **Jonathan Vinson, MD** (full-scope, community, and military medicine), **Leslie Brott, MD** (rural medicine – McMinnville), **Christina Milano, MD** (transgender and underserved medicine), **Matthew Sperry, MD** (resident and rural medicine – Hood River), **Fran Biagioli, MD** (community and academic medicine), and **Jennifer Devoe, MD** (the new Chair of Family Medicine at OHSU).

Joe Skariah, DO hosted two well-attended suture workshops where students learned both basic and advanced suturing techniques. Students also enjoyed the opportunity to get hands-on experience with ultrasound machines with Dr. Robinson during his ultrasound workshop. Dr. Devoe spoke to a large group of students at the Waterfront Campus during a lunchtime talk about Why Health is Primary. At another lunchtime talk,

students found out if they could afford to go into primary care. Hearing from OHSU Family Medicine resident **Brian Garvey, MD**; Office of Rural Health Deputy Director, Robert Duehmgig; and a physician recruiter from Merritt Hawkins & Associates, students were pleasantly surprised by how well they could support themselves as a family medicine doctor in the future. **Bharat Gopal, MD** of Samaritan Family Medicine Resident Clinic in Corvallis and Dr. Cantone spoke to students about their experiences treating and managing patients with chronic pain, which was well-attended and appreciated by both first- and second- year medical students. Dr. Cantone also enlisted the help of a few students to help man the medical booth at the Portland WFTDA Roller Derby Championships (see complete article on page 26). **Jim Chesnutt, MD** (sports medicine) hosted a concussion workshop that coincided nicely with the second year students Neurology block.



Dr. Joe Skariah teaches students how to suture on pigs' feet.

The OHSU FMIG and the OHSU Latino Medical Student Association (LMSA) co-hosted a discussion with Lyn Jacobs, MD about her practice at the Virginia Garcia Memorial Health Center in Cornelius and her experiences working with migrant farm workers. This was an exciting opportunity to work with passionate students involved with the LMSA while introducing the idea that Family Medicine prepares students well for working with these populations in the future. Dr. Jacobs also invited us to come work on her farm so hopefully we will have a great story to tell you all at a later date!

As the FMIG Leaders from the class of 2019 near the end of their didactic time and head into boards study period, they look forward to welcoming the future leaders of the OHSU FMIG from the class of 2020. The FMIG leaders enjoyed the opportunity to share their passion for Family Medicine with other students while interacting with the phenomenal family medicine providers of not only the Portland area, but of the entire state of Oregon. They were honored to serve as the FMIG Student Leadership this past year and are excited to see what the FMIG will do for students in the coming year.



MIKE GRADY, AAFP DELEGATE

2016 AAFP Congress of Delegates

In September, a contingent of OAFP Board members travelled to Orlando for the annual Congress of Delegates (COD), the AAFP’s legislative and electoral body. As it does annually, the COD meets for three days ahead of the Family Medicine Experience (FMX). Our delegation consisted of me, fellow AAFP Delegate **Glenn Rodriguez, MD**, alternate delegates **Evan Saulino, MD, PhD**, and **Gary Plant, MD**, OAFP President **Dan Paulson, MD** and Executive Director **Kerry Gonzales**. In addition, we were joined by **Stewart Decker, MD**, the new Resident Director on the AAFP Board of Directors and **Melissa Hemphill, MD**, the New Physician Alternate Delegate to the Congress.

The OAFP brought forward four resolutions that had been

discussed last spring at our Congress of Members meeting. The first resolution advocated making nutrition information available to attendees for the food served at official AAFP meetings; this resolution was approved. Our second resolution asked the AAFP to work with payers to increase the percentage of primary care spending across the nation and this was confirmed as current AAFP policy. A third resolution called for updating AAFP policy on climate change and air pollution to include language about “greenhouse emissions from human activities;” this change was also adopted. Finally, our resolution on gun violence as a public health issue, which asked the AAFP to send a letter to the Surgeon General calling for a comprehensive report on gun violence, was adopted with the modification that the letter would be sent to the Secretary of the Department of Health and Human Services instead. In addition, Oregon co-sponsored a second resolution around climate change that was referred to the AAFP Board. Altogether, the OAFP delegation was pleased with the reception our resolutions received at the COD.



As usual, the Congress dealt with a number of sensitive issues for family physicians. Frustrations with EHRs, PAs and MOC were reflected in resolutions. Other actions taken by the Congress included a resolution to have the AAFP support legislation to allow Medicare to negotiate drug prices. A number of resolutions around diversity issues were heard. One calling for an AAFP Office of Diversity was referred to the Board.

For me, a significant event of the COD was the apparent change in support for a single payer healthcare system. I served on the Reference Committee on Advocacy and heard testimony that was about 3 to 1 in favor, a marked change from

the usual predominance of arguments in opposition in years past. On the floor of the Congress there was a dramatic vote and re-vote, including a call from a group of six former AAFP Presidents to have this issue referred to the AAFP Board for more comprehensive study, which the Congress ultimately approved. A Report to the COD will be forthcoming at the 2017 Congress.

In voting for AAFP leadership positions, Michael Munger, MD, from Kansas, was chosen as President-elect. New Board members voted in by the Congress were: Robert Raspa, MD (Florida); Leonard Reeves, MD (Georgia); and Ada Stewart, MD (South Carolina). Our own Stewart Decker, MD, became the Resident Director. John Meigs, MD (Alabama) was installed as President.

With this report, I end my tenure as AAFP Delegate and 16 years on the OAFP Board. Being on the Board and representing you and this organization has been a great privilege and personally very rewarding. I will miss very much being on the Board and being surrounded by family physicians passionate about the work we do and willing to work to make the lives of our members and our patients better. Thank you for the honor of serving the OAFP these past years.

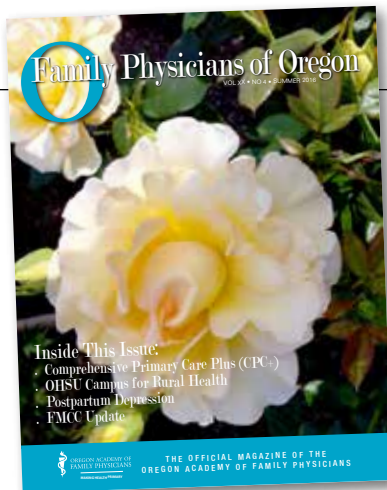
Report from the WONCA World Conference

MICHAEL GRADY, M.D.

Last November, I attended the 21st World Organization of Family Doctors (WONCA) World Conference in Rio de Janeiro. WONCA has 550,000 members and conducts world conferences such as this one every two to three years with several regional conferences around the world between these gatherings. I have attended three of the annual European WONCA meetings in the last seven years; this was the first time I had attended a “World” meeting. At the Rio meeting there were 5,100 physicians from 113 countries in attendance.

Knowing of my interest in WONCA, Chapter Exec Kerry Gonzales submitted my name and I was chosen to participate on a panel of U.S. family physicians discussing “Transformation of Healthcare in the U.S.” One of the other panelists was former AAFP President Glen Stream, known to many of us. It was an interesting format as none of the four panelists were aware of what the others were planning to discuss until a few days before the presentation. My talk acknowledged that we do not recognize a right to healthcare in the U.S. and as a result, our financing of health care is piecemeal, inefficient and unjust. Our practice of categorical eligibility for coverage, especially our reliance on employment-based health insurance, is largely responsible for our problems with cost and the large numbers of uninsured. From this perspective, I maintained that it is difficult to say that any real transformation in our health care system has occurred, even after the ACA. (Note: the talk was five days before the election!) I stated that where actual transformation is underway, in the PCMH delivery system, progress has been limited by underfunding by private payers. I also mentioned that we face severe workforce shortages in the future and that this is made worse by the burnout rate among family physicians. Fortunately, Glen’s talk from his perspective as President and Board Chair of Family Medicine for America’s Future gave the audience a more upbeat view of family medicine’s future in the U.S. with the transition to a more value-based payment system. Taken together, I felt that the panel’s efforts gave an international audience a flavor for the issues facing family medicine and health care in the U.S. The conference had many interesting features that would not be found at U.S. meetings. Recent political upheaval in Brazil was reflected in loud booing of a government health official at the Opening Ceremony. Later in the conference, there was a demonstration protesting funding restrictions for the national health care system and government efforts to privatize aspects of it. The conference was “pharma-free” and condoms were free from a kiosk in the main concourse; neither of which we are likely to see at FMX. There were many cultural events going on during the conference. My participation in a Macarena dance is hopefully nowhere recorded.

I encourage OAFP members to consider attending a WONCA conference. It is a great way to get CME, talk with FPs from other countries, compare health care systems and see some beautiful parts of the world. In 2017 there are conferences in Prague and Thailand. The next World Conference is in Seoul in 2018.



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Family Medicine Students Help Create Rural Buzz on OHSU Campus



In 2013 the Oregon Legislative Assembly created the Scholars for a Healthy Oregon Initiative to tackle the burden of student debt due to high tuition costs while attempting to address the physician workforce shortage in rural and underserved communities across the state. Through this initiative, the state provides funding for student tuition and fees for approximately six medical students (as well as 30+ nursing students, PAs and dental students) who agree to practice in an OHSU-approved rural or underserved site for a given period upon completion of their program.

Three recipients of this funding, **Nick West, Emily Thompson, and Abbie Huddleston**, all OHSU MD19 candidates, knew they would be practicing in a rural community upon graduation, but wondered what they could do now to create more of a rural presence on their metro campus. That's where Paul Gorman, MD, Assistant Dean for Rural Medical Education, stepped in. When Emily Thompson asked, "How can we promote the idea of practicing in a rural setting to other students on campus?" Dr. Gorman allowed the trio to dream big. What came out of these discussions was the creation of the Student Rural Advisory Group and the Rural Medicine Discovery Program (RMDP). According to Gorman, "I was thrilled when Abbie, Emily, and Nick showed up in my office offering their help. With their input we are able to combine high level commitment in the School of Medicine, from the Dean on down, with an authentically rural perspective that will help us get it right."

Open to all first- and second-year students, the Student Rural Advisory Group came up with a three-day program that encourages students interested in all specialties – Family Medicine, General Surgery, Urology, Internal Medicine or Emergency Medicine – to explore the possibilities of living and working in a rural community. Questions such as, "What's there to do here?" "What kind of jobs are available for my significant other?" and "How do the local schools measure up?" are all answered honestly and thoughtfully.

The first Rural Medicine Discovery Program took place at the OHSU South Coast Campus for Rural Health in Coos Bay in the fall of 2015. Since then groups of students have visited northeast Oregon including the cities of Heppner, La Grande and Pendleton; the north coast, including Seaside and Astoria; and central Oregon, including Prineville, Redmond and Madras. The program has been so well received that the new first year students have continued the program, completing their first visit to Coos Bay this past fall, and each event has a waiting list of up to 15 or so students.

During the new curriculum's scheduled enrichment weeks, students who take part in the RMDP are paired with providers based on their specialty of interest for a day of clinical experience. Emily Thompson, a

second-year medical student from Heppner, precepted with **Russ Nichols, MD**, a family physician at Heppner's Pioneer Memorial Clinic. Emily enjoyed her time in Dr. Nichols' clinic, performing physical exams, taking patient histories and helping with various procedures. In addition to a day of hands-on involvement with a rural physician, students spend the next two days networking over dinner with practitioners and clinic and hospital administrators to find out more about provider networks and the physician lifestyle, and meeting with local high school students to discuss health care careers and take part in activities unique to each town or region.

When the students were asked if there was any proof that participating in these three day rural experiences could open the eyes of fellow students regarding their place in rural medicine, the three students adamantly agreed. Here's what some of the student participants had to say about their experience:

"The Seaside enrichment trip gave me a glimpse of what a career in rural Oregon would look like; a life dedicated to caring for members of a close knit community that I would be a part of. Rural health care provides the opportunity for each physician to personalize their scope of practice. This fosters a group of health care leaders that come from a variety of backgrounds, all with great insights on how to approach complex clinical problems. Overall, the trip has prompted me to further explore the possibility of a career in rural medicine." - Katie Truong, Medical Student, Class of 2019, Oregon Health & Science University

"The opportunity to shadow and see the medical system on the coast was fantastic. I think we are exposed to only a small snippet of medicine at a tertiary care center and this trip helped broaden my understanding of what I can do as a physician. Not only did it show me what life could be like as a rural family medicine doctor but also as a rural surgeon, OBGYN, or ED doc. The trip gave me the opportunity to make connections with

physicians and communities that I may very well work with and serve one day. I think I learned so much on this trip that cannot be simulated in the classroom and I hope more students are able to have this opportunity." - Patrick Bauer, Medical Student, Class of 2019, Oregon Health & Science University

"Growing up in Beaverton, I never had any exposure to "rural life." Through the RMDP trips, I have traveled all around Oregon, including, but not limited to Coos Bay, La Grande, and Seaside/Astoria. One thing that was consistent with each of these experiences was a strong focus on "work-life-balance." With regards to work, the physicians were well integrated into their community and all held close relationships with their patients. Each trip allowed us to work with a doctor, and I recall multiple occasions where the physician knew a patient outside the doctor's office. Though this is not the case with every encounter, I think living around the people you serve helps build on the "patient-physician relationship" that is so crucial to doing the work of a physician. Not only did I see the "work" benefits, but there were also plenty of "life" benefits. I have always enjoyed the outdoors, from cycling to backpacking, and I found that a lot of the rural locations put me that much closer to the places I enjoyed spending my free time. All in all, these trips have helped expose me to the work and life benefits of working in a rural area, as well as the multiple opportunities to get involved in the community and create positive change." – Joey Pryor, Medical Student, Class of 2019, Oregon Health & Science University

Because of the overwhelming need and demand for the Rural Medicine Discovery Program, what began as a simple question in Dr. Gorman's office over a year ago, the vision of Nick, Emily and Abbie will live on for years to come, hopefully producing a more robust future rural workforce in Oregon.

The 411 on 211info

Healthy communities rely on connections to share information, to reduce social isolation and to meet people's needs before a problem becomes a crisis. *211info* is a nonprofit service that addresses the social determinants of health through a resource database and free, confidential, comprehensive referrals.

Family physicians are leading the way in health care transformation by helping consumers access social supports such as food, transportation, fitness and nutrition to help prevent or control chronic conditions. Providing access to these proven nonclinical factors through coordinated care and links between community programs and clinical providers are producing improved health outcomes.

Clinicians frequently see consumers whose health issues are exacerbated by personal and environmental issues such as the stress brought on by poverty, breathing problems that are triggered by mold, poor nutrition linked to a lack of resources and education or job insecurity caused by unreliable child care.

That's where *211info* comes in. Every year, nearly 500,000 people contact *211info* by phone, text, email, mobile app and online database. Certified community information specialists listen to consumers, gather demographic data, clarify needs and offer referrals, using a continually updated database of 42,000 programs.

We provide connections for individuals who need to know about health and social services and just as importantly, we provide those connections for clinicians, educators and case workers who are seeking community supports for their clients.

For health care professionals, a text or call to *211info* can provide quick referral information for health care consumers who may need community supports that improve the impact of medical treatment. A few examples of where *211info* can offer essential, relevant information include: support groups, assistance for paying an electric bill, food, mental health counseling, eviction prevention, early intervention programs for children, employment programs, legal aid and child care.

211info's specialists are quick, compassionate and well-versed in how to navigate government and social services. Sometimes a consumer's need is straightforward;

an individual has lost their SNAP card or their child needs a winter coat. Often, however, it's a more complex situation that requires a discussion of what need is most critical, or a more in-depth understanding of an application process, or a warm transfer to a specialized crisis hotline.

How can *211info* partner with a clinical provider? Think of a child who needs to use a home nebulizer, but the electricity has been shut off because his parents can't afford to pay their bill. A call to *211info* can provide information about the nearest energy assistance programs, the application process, hours of operation, necessary documentation and, in some areas, whether the agency currently has funding available.

In addition to social service generalists, *211info* employs subject-area experts who can assist with food resources, foster parent supports, homeless services, child care referrals, maternal and child health programs, parenting classes and early childhood resources. Many *211info* staff are culturally diverse; languages spoken at *211info* include Arabic, Cambodian, English, Hmong, Russian, Samoan, Spanish, Ukrainian and Vietnamese. All staff have access to an interpreter line with more than 200 languages.

As a nonprofit committed to innovation, *211info* is expanding into customized services such as direct lines for health care providers, geo-mapping technology, targeted data reports and systemic links among health care providers, navigators and social supports. Pilot projects are underway in several communities focusing on strategies to build individual and community health, resiliency and self-sufficiency.

211info is committed to utilizing data, experienced staff and innovative technology to build system-wide solutions for seamless health-related referrals and reporting. Last year, the Portland Business Journal recognized *211info* as On the Cusp for Technology and this year *211info* was named among the Top 100 Nonprofits in Oregon.

If you would like to learn more about how 211info can assist your organization, contact Community Engagement Manager Aimee Olin at aimee.olin@211info.org. You will also be able to speak with 211info representatives who will be participating in our Exhibit Hall on April 21 at Sunriver during the OAFP's Annual Family Medicine Weekend.

MEMBERS IN THE NEWS

TWO NEW OAFP RESIDENT DIRECTORS ANNOUNCED:



Dallas Swanson, MD, is a first-year resident at the Cascades East Family Medicine Residency Program. He graduated from Western Oregon University with a degree in Chemistry and earned his medical degree at OHSU. He likes to hike, backpack and play basketball in his spare time.



Daniel Mosher, DO, is also a first-year resident at the Cascades East Family Medicine Residency Program. He received his B.S. degree in Microbiology at Portland State University and his medical degree at COMP-Northwest. In his free time he enjoys cycling, rock climbing, leather crafting and

coffee roasting.

HONORS, AWARDS AND ACCOLADES



Stewart Decker, MD and AAFP President John Meigs, Jr., MD at awards ceremony.

This past September, during the AAFP Family Medicine Experience Annual meeting in Orlando, Florida, twelve residents from across the country were honored as the 2016 recipients of the AAFP Award for Excellence in Graduate Medical Education. These physicians were selected for their exemplary patient care, their interpersonal relationships with patients, physicians and faculty and their demonstrated leadership and community involvement. **Stewart Decker,**

MD, a third-year resident at Cascades East Family Medicine Residency was one of the twelve chosen winners; kudos to you! According to Decker, "There is nothing quite like meeting fellow residents who inspire you to think bigger, grander and longer. This is what it was like being in the room with the other GME award winners. In that room I felt awed and honored, humbled and inspired."

Here's a brief insight into why Dr. Decker was chosen as a GME winner. According to the AAFP, one of Dr. Decker's greatest professional accomplishments to date is collaborating with several fellow residents to develop a point-of-care ultrasound curriculum for their residency program. In addition to an interest in the role point-of-care ultrasound will play in the future of clinical medicine, his professional focus is on preventive medicine, public health and health policy. He is dedicated to addressing the intersection of family medicine and public health in his post-residency career. To that end, he hopes to find a position at a clinic where he can work in public health and be involved in community development and health policy. He is also interested in starting a second residency in preventive medicine.

Brianna Muller, MD/MPH Candidate 2018



Brianna Muller was recently appointed as the Student Representative to the AAFP Commission on Quality and Practice (CQP). The CQP works to improve the practice environment of family physicians. The commission studies and develops recommendations, policies and programs in the areas of health care delivery, performance measurement, practice transformation/management, quality improvement, health information technology, private sector advocacy and physician payment. Muller will serve on this commission for one year. She applied for this position because she wanted to better understand how family physicians engage with national policy that informs how primary care is practiced. Though the priority of family doctors is clinical care, her clinical experiences have illuminated how much the practice environment influences the care that is delivered to our patients. "Elements that once seemed peripheral to me, such as payment methodology and health information technology, are central to the experience of patients and providers. I am extremely excited to better understand how the AAFP CQP influences this milieu of factors in order to meet the Quadruple Aim," stated Muller.

**Kristen Dillon, MD Represents the Columbia Gorge Region;
Wins Prestigious Robert Wood Johnson Foundation Award**



*Front row: Yesenia Castro, Community Health Worker, The Next Door Inc.; Sarah Sullivan, Executive Director, Gorge Grown Food Network; Janet Hamada, Executive Director, The Next Door, Inc.; Risa Lavizzo-Mourey, RWJF; Kristen Dillon, MD, Director, PacificSource
Back row: Mark Thomas, Director of Mission Integration, Providence Hood River Memorial Hospital; Paul Lindberg, Collective Impact Health Specialist, United Way of the Gorge*

In October, **Kristen Dillon, MD**, along with five representatives from the Columbia Gorge Region, travelled to Princeton, New Jersey to accept one of seven 2016 Culture of Health prizes award by the Robert Wood Johnson Foundation (RWJF). The prize honors communities for their efforts to ensure all residents have the opportunity to live longer, healthier and more productive lives.

To become an RWJF Culture of Health Prize winner, the Columbia Gorge had to demonstrate how it excelled in the following six areas:

- Defining health in the broadest possible terms.
- Committing to sustainable systems changes and policy-oriented long-term solutions.
- Cultivating a shared and deeply-held belief in the

importance of equal opportunity for health.

- Harnessing the collective power of leaders, partners and community members.
- Securing and making the most of available resources.
- Measuring and sharing progress and results.

Chosen from approximately 200 applicant communities across the nation, the Columbia Gorge Region was recognized for bringing partners together to unite around a shared vision of health and listening to the needs of the residents themselves. These partners included representatives from county government, local clinics and hospitals, the region’s housing authority and the Columbia Gorge Health Council. According to Paul Lindberg, collective impact health specialist who worked on the project, “What set our region apart is a willingness to be open and listen to our end users and what our community actually needs and a willingness to collaborate as community partners to address those needs.”

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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

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Reviewers cited the application for the unusually strong role of health care in the region's work toward health improvement, especially the use of state-mandated Coordinated Care Organizations to create structures that had benefits beyond Oregon Health Plan members and beyond health care systems. The region also was noted for creating a broad definition of health (including the availability of healthy foods, safe and affordable housing, access to education, etc.), leadership and engagement from the region's Latino population and increasing the scope and role of community health workers.

As required of the Coordinated Care Organizations, the Gorge completed its first regional Community Health Assessment in 2013. Thirty-nine organizations participated in the process which included sending thousands of mailed surveys to residents in Oregon and Washington, as well as conducting focus groups and targeted surveys with vulnerable populations. The results showed concerns about food, housing, transportation and jobs, better access to dental and mental health services and better coordination between providers of health care and social services. From this information, according to Kristen Dillon, MD, director of the Columbia Gorge Coordinated Care Organization, the community developed 10 shared priorities and has been able to raise over \$3 million in private and federal grants to support collaborative work in those areas.

The award-winning communities join the prior years' awardees in an ongoing process of learning and sharing lessons with each other. For example, representatives from prior years have testified before Congress, participated in site visits to each other's communities and shared their community's experience with audiences in the media and at conferences. Later this year, Gorge representatives will be attending TedMed in Palm Springs and the Roundtable on Population Health conference in Oakland, California. The Columbia Gorge Region plans to use the \$25,000 cash award to support work on food insecurity issues in the region.

INTERESTING BUSINESS WE SHOULD ALL KNOW

Family Medicine Physicians Support International Roller Derby Champions



For the second year in a row, Portland All-Star Roller Derby Team, the Wheels of Justice, take first place in the 2016 Women's Flat Track Derby Association international championship match. Photo credit: Bill Zingraf.

In early November, members of the OHSU family medicine team, **Amanda Risser, MD, MPH** (Family Medicine at Richmond) and **Robyn Liu, MD, MPH** (Family Medicine at South Waterfront) could be found at Memorial Coliseum cheering on the Wheels of Justice, Portland's All-Star roller derby team, to victory in the 2016 Women's Flat Track Derby Association international championship match.

Drs. Risser and Liu are more than just passing fans. Both are members of Portland's Rose City Rollers, a roller derby organization that includes travel teams, home teams, recreational teams, as well as programs for teenage girls and those 7 – 12 years of age. Risser, also known as "Rogue One," is a skater on the High Rollers home team and spent this last season on the All Stars' B team. The High Rollers, successful in their own right, have won four home team championships. Dr. Risser also has a junior skater in the introductory skills program. Dr. Liu, or "Lioness" as she is known to her Wreckers' recreational derby teammates, also makes roller derby a family affair, with her two young daughters participating on junior teams.



Amanda Risser, MD, aka "Rogue One"



Robyn Liu, MD, aka "Lioness"

Led by primary care sports medicine physician **Ryan Petering, MD** (Sports Medicine at Gabriel Park), the doctors, along with family physician **Rebecca Cantone, MD** (Family Medicine at Scappoose) and family medical students **Joseph Pryor** and **Nick West** were kept on their toes tending to injured players during the grueling three-day competition. OHSU Sports Medicine is an official sponsor of the Rose City Rollers and along with Dr. Petering and many other volunteers, Drs. Risser and Liu also provide medical coverage throughout the season at local derby competitions. Dr. Petering comes to derby practices year-round to provide complimentary sports medicine care to all of the Rose City Rollers athletes.

Fiercely proud of their role in this organization, both Risser and Liu agree that Petering's contributions to the group cannot be overlooked. According to Risser, "Ryan is my hero in this; the benefit he and his team have brought to this organization is huge."