



# Family Physicians of Oregon

VOL XXII • NO 2 • Winter 2018

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- 71st Annual Spring Family Medicine Weekend in Portland April 12-14
- OAFP Supports Measure 101 — Vote “Yes” on January 23



OREGON ACADEMY OF  
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

THE OFFICIAL MAGAZINE OF THE  
OREGON ACADEMY OF FAMILY PHYSICIANS



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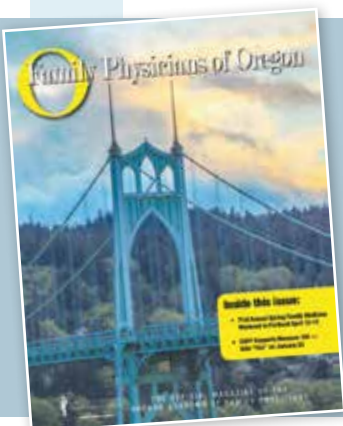
# Family Physicians of Oregon

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### About the cover:

Learn, Connect and Rejuvenate at the 71st Annual OAFP Family Medicine Weekend and the 16th Annual ORPRN Convocation, April 12 - 14 at the Portland Embassy Suites Hotel Downtown. Registration is now open at [www.oafp.org](http://www.oafp.org). The photo depicted is Portland's iconic St. John's Bridge, one of only three suspension bridges in Oregon and just minutes from downtown Portland.



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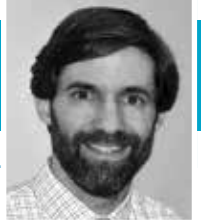
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OREGON ACADEMY OF  
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

EDITION 44



DAN PAULSON, MD

## Health as a Right

One of the topics that has come up during the last year has been whether there is a right to health care. This was mentioned at the annual Oregon Rural Practice-based Research Network (ORPRN) convocation in Sunriver by keynote speaker John Kitzhaber. It came up again at the annual Congress of Delegates (COD) of the AAFP when several states put forward similar resolutions calling on the AAFP to declare its support for health care as a right. This topic and the AAFP resolutions led to very rich and thoughtful discussions amongst the Oregon delegation to the COD. The testimony to the COD reference committee about these resolutions was comparable. This testimony ultimately led to a somewhat different and arguably better resolution which was adopted by the AAFP Congress of Delegates. For me all of these discussions have resulted in a deeper understanding and appreciation of the OAFP positions regarding the provision of health care in our communities.

For years, I really didn't question the seemingly straight forward notion that we should all have a right to health care. This was certainly an idea that permeated discussions surrounding the Affordable Care Act and was sometimes a part of the debate over efforts to repeal the ACA. Former Governor Kitzhaber challenged this notion for me

The final resolution that was presented to the COD supported the right to be healthy and that access to quality, appropriate health care is an essential part of being healthy.

when he stated that he did not support a right to health care. He reframed this topic by stating that he supported a "right to be healthy."

At the AAFP COD, there were a set of overlapping resolutions brought by several state chapters which asked the AAFP to adopt a policy in support of the right to health care. These were debated in the reference committee testimony and amongst the OAFP delegation, adding more depth and nuance to this idea. If we, as physicians, state that people have a right to health care, are we arguing that they should have the right to come and pay us for our services? Framed in this way, the idea seems selfish and self-serving. On the other hand, are we stating that people have a right to our services whether they choose to pay for them or not? Seen in this light, this is not a position that many of us could support. So what is the middle ground that we, as physicians, can and should support?

Ultimately, the COD, with some

prodding from the Oregon delegation, came around to a position more in line with former Governor Kitzhaber. The final resolution that was presented to the COD supported the right to be healthy and that access to quality, appropriate health care is an essential part of being healthy. The resolution that ultimately passed followed language more in line with the policy of the World Health Organization which states that the "right to health includes access to timely, acceptable, affordable health care of appropriate quality."

I feel very comfortable with this resolution. I think that it addresses the question about a right to health care in a way that both acknowledges the central role of quality health care for all but at the same time broadens the discussion in a valuable and worthwhile manner. It is also in line with the position of the OAFP to "improve the health of our patients and communities."

The national discussions on health care lately have centered primarily

on access to affordable care, with an unspoken assumption that this would lead to better health. When the focus is shifted away from health care and insurance and onto health, the conversation expands. When we talk about improving health, we can include many other important questions which have a clear impact on the health of our patients and our communities: How does someone stay healthy if she/he is living in a car? How does someone stay healthy if their next meal is uncertain or if they live in a “food desert” where healthy foods are hard to find. Certainly access to clean drinking water and avoidance of a polluted environment are also important. What role does safe, accessible transportation play? Is productive employment part of staying healthy? Or are unsafe, stressful work environments making people less healthy? What about access to good education, safe parks, as

well as good walking and biking paths? Clearly there is more to good health than simply access to health care.

I think that it is good to broaden this discussion because access to health care does not, by itself, lead to better health. I can think of several patients for whom this is true. TB is a stroke survivor who is diabetic and can't inject her own insulin since her right arm is paralyzed. Until she could get into a supportive living situation with someone who could manage her insulin (and diet), we were likely never going to be able to control her diabetes. AC needed back surgery but how could she recover from this when she was living in a tent down a steep embankment? GC eats fast food two times a day because his studio apartment does not have cooking facilities and he has limited knowledge of how to eat healthy. I encourage my patients to get 150 minutes of exercise

per week but in a neighborhood with no sidewalks and poor lighting, this isn't easily achievable. For patients such as these, access to health care is insufficient to achieve good health.

It is good that the OAFP has an emphasis on improving health for our patients and our communities and that this concept guides our discussions. I am glad that the AAFP adopted this revised resolution and I hope that this principle can be incorporated into Academy policymaking decisions. I think that this idea fits into the Oregon's Patient-Centered Primary Care Home program. It is a concept that I am discussing with my partners and colleagues in clinic and one that I hope we are putting into practice every day. For the promotion of good health is richer and much more important to our patients and communities than a narrow focus on providing health care.

## ● FROM THE HILL



JENNIFER DEVOE, MD, DPHIL, CHAIR OF OHSU FAMILY MEDICINE DEPARTMENT IN COLLABORATION WITH ERIK BRODT, MD AND MARISSA FUQUA MILLER

# The Northwest Native American Center of Excellence: Highlighting Tribal and Rural Workforce Development

*American Indian and Alaska Native people face significant health disparities, which are further compounded by a shortage of health care professionals who serve Native people. We aim to change this by training Native providers and equipping the health workforce of tomorrow to better meet the needs of tribal people.*

Erik Brodt, MD, Director, Northwest Native American Center of Excellence, Assistant Professor of Family Medicine, OHSU School of Medicine

### An Overview

American Indian and Alaska Natives (AIAN) are at higher risk than the general population for many health problems and they experience higher rates of death from various causes. While all-cause, age-adjusted death rates for both AIANs and whites declined for much of the 20th century, in the mid-1980s these rates began to increase for AIANs.<sup>1</sup> Overall, AIANs have a lower life expectancy than the general population. Across the three-state (OR, WA, ID) Portland Area Indian Health Service (PAIHS) Region, during 2006–2009, all-cause mortality for AIANs was greater than for whites, with rates ranging from 20% (ID) to 60% (WA) higher.<sup>2</sup> Unintentional injury, diabetes and liver disease account for proportionally-higher deaths for AIANs compared to whites.<sup>2,3</sup> The PAIHS estimates that 12% of AIANs living in the three-state region have diabetes.<sup>4</sup> Compared to non-Hispanic whites, AIAN diabetes mortality is higher, with the greatest disparity in Washington (RR=2.9) and the least in Idaho (RR=2.6).<sup>4</sup> The burden of preventable disease morbidity and mortality weighs heavily on AIAN communities in the PAIHS Region.

As a primary care provider, these statistics may not surprise you; if you work in a tribal or rural practice in Oregon, these statistics are likely an everyday reality for your practice and your patients. Over the past two years we have visited with community members, providers and delegates of the 43 federally recognized tribes of the Pacific Northwest. The themes of discussion are consistent at every site. Four areas of priority continue to surface during our visits: 1) educational opportunities for Native youth and rural students, 2) mental health, 3) opiate and substance abuse, and 4) childhood obesity prevention.

To address some of these challenges, we have launched the Northwest Native American Center of Excellence (NNACOE). NNACOE is a unique partnership between the Northwest Portland Area Indian Health Board (NPAIHB), Portland State University and OHSU. Together we will enhance and build upon existing programs and key relationships to:

- increase the number of AIANs in health professions,
- train the health leaders of tomorrow in AIAN health issues, and
- increase tribal-academic partnerships in education and research.

OHSU recruited its team of AIAN faculty and educational experts to develop and lead efforts across OHSU, Oregon and the region. The AIAN-led team will rapidly accelerate current progress in producing a health workforce better trained to meet the needs of tribal and rural communities. Ultimately, NNACOE stands to improve access to high-quality, safe and culturally humble health care for tribal and rural communities. Through the establishment of the Pathways Into Health: Northwest Native American Center of Excellence, OHSU will be a premier resource for integrating academic training, research and improved health for AIAN people.

### A Closer Look

NNACOE has a particular focus on inspiring the next generation of health professionals. Few AIAN role-models exist in the health care workforce, which prevents AIAN youth from seeing their “future self” as a health professional. Thus, we are excited to partner with two novel social media programs: WE ARE HEALERS ([www.wearehealers.org](http://www.wearehealers.org)) and We R Native ([www.wearenative.org](http://www.wearenative.org)), which utilize AIAN-specific media to inspire AIAN youth to pursue health careers. WE ARE HEALERS tells the personal stories of AIAN health professionals and provides a mechanism to directly connect students with educational enrichment programs. We R Native is a comprehensive health resource for AIAN teens and youth, providing content and stories that promote holistic health and positive identity. Youth who join the initiatives and indicate interest in health careers are connected to a “health pathways coach” who do routine follow up and encourages these students along a health education pathway. This spring we are piloting the “Tribal Health Scholars” externship program at the Warm Springs Health and Wellness Center. The program will introduce AIAN youth to the culture of health care and future career possibilities through a comprehensive shadowing experience.

The NNACOE will also incorporate new curricular components addressing minority health issues and health equity into all OHSU medical and PA student programs. We will conduct a “Seminars in Native American Health” series, focused on contemporary topics in AIAN health, which will be open to all students and the public. Additionally, OHSU will offer a “Native American Health Pathway” to provide a deeper dive into AIAN health topics for medical and PA students interested in AIAN health careers. This pathway will involve tribal research

experience, tribal clinical rotations, community service and practicums in AIAN lifeways.

Tribal voice and community engagement is central to the success of the NNACOE. The NNACOE Tribal Engagement team aims to navigate and strengthen important partnerships between OHSU, the Northwest Portland Area Indian Health Board, the Indian Health Service and tribal nations. The Director of Tribal Engagement will attend regional meetings with the NPAIHB and PAIHS to build awareness of the work of the NNACOE, report on activities and seek input from tribal leaders. The Tribal Engagement Team’s work will permeate and enhance nearly all components of the NNACOE’s activities in order to improve the success of NNACOE for tribal communities, their citizens and all partner organizations.

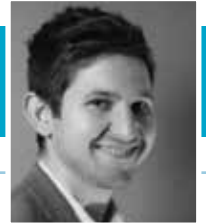
### How to Get Involved

The OAFP community can be a great partner in the Center’s goals. We encourage you to join our efforts to support students and engage with our activities. Please refer any AIAN students interested in health careers to our program. We can also connect you with AIAN students who are seeking mentorship and shadowing opportunities. We would love to meet you at one of our “Seminars in Native American Health.” Please join us at these quarterly events; all are welcome. For more ways to engage, please contact the Center’s program manager, Marissa Fuqua Miller. To learn more visit [www.ohsu.edu/NativeHealth](http://www.ohsu.edu/NativeHealth).

*The Northwest Native American Center of Excellence at OHSU is made possible through a five-year grant from the U.S. Department of Health and Human Services, the OHSU School of Medicine and the support of all 43 federally recognized tribes of the Pacific Northwest.*

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SAM BARBER, OAFP LOBBYIST

## OAFP Supports Measure 101 – Vote Yes on January 23rd

The 2017 legislature worked with hospitals and insurers to put together a package of cuts and new revenues to close a \$934 million gap in Oregon’s Medicaid budget. The package allowed lawmakers to continue offering Medicaid benefits to an additional 340,000 Oregonians, mostly single adults, who would have otherwise lost their coverage. The package also establishes a two-year reinsurance program, to reduce premiums in the individual commercial market.

The **Medicaid Budget Package** includes:

Agency savings	\$171 million
CCO rate of growth reduction from 3.4% to 2.7%	\$ 36 million
Elimination of hospital transformation program	\$ 68 million
Increased hospital tax – new true tax – on DRG hospitals	\$120 million
New rural hospital tax	\$ 90 million
OHSU intergovernmental transfer	\$105 million
CCO and commercial insurer 1.5% premium tax	\$205 million
General fund increase	\$139 million

TOTAL    \$934 million

Republicans Rep. Cedric Hayden (R-Cottage Grove) and Rep. Julie Parrish (R-West Linn) objected to the package, arguing that it taxes the wrong things and drives up the cost of health care for everyone. Hayden and Parrish gathered the requisite 60,000 signatures to refer two components of the package to the ballot.

On January 23<sup>rd</sup>, voters will be asked to approve Measure 101—the 1.5% tax on commercial health insurance plans (individual, small and large group) and the 0.7% new “true” tax on the large (DRG) hospitals. A “yes” vote means they support the taxes; a “no” vote means they oppose the taxes.

On January 23rd, voters will be asked to approve Measure 101—the 1.5% tax on commercial health insurance plans (individual, small and large group) and the 0.7% new “true” tax on the large (DRG) hospitals.

If voters say “no,” 340,000 Oregonians could lose their Medicaid coverage. If that happened, Oregon’s health care providers would lose the \$1.8 billion in federal funds the Medicaid expansion brings with it. To avert that crisis, legislators would have to find new revenues or cut other budgets to fill the \$200 to \$220 million hole Measure 101 would create.

If voters say “no,” the second year of the commercial reinsurance program would also likely be eliminated. The first year savings have already been built into policies sold for 2018. If the reinsurance program is eliminated, group insurance plans would pay \$5 less per month while individual insurance plans would cost \$25 more per month.

Much of the health care industry has aligned in support of the ballot measure. Even the entities being taxed such as insurers, hospitals and CCOs are in favor of the package because their tax dollars leverage more than doubles the amount in federal funds. Providence, PacificSource, PeaceHealth, Legacy, Kaiser, CareOregon and unions like SEIU and OEA have all donated to the “Yes” campaign.

Please join OAFP in supporting Measure 101.

# Healthy, Sustainable, Rural Communities – *See How It's Being Done In Enterprise*

**Liz Powers, MD,** innovations director and family physician at Winding Waters Community Health Center in Enterprise and Bruce Goldberg, MD, senior associate director at the Oregon Rural Practice-based Research Network at OHSU were the featured panelists at a November City Club of Portland Friday Forum entitled, “Rural Health Care in Oregon.”

Serena Cruz, Executive Director of the Virginia Garcia Memorial Foundation, moderated the forum. The City Club of Portland is a research-based civic organization that examines issues of importance to the Portland metro area, the state and society as a whole.

Knowing that one in three Oregonians live in a rural or frontier community, Cruz queried the two physicians regarding the challenges of health care in these communities, the lack of physicians in rural areas and what must be done to raise the quality of health care provided in these regions. Powers and Goldberg told their own stories working in rural practices and recommended methods for Oregon to meet the needs of its rural residents. Though this information may not be new to those who have been working in the trenches for years, the forum discussion brings to light the importance of being a leader in your community and working with other committed community partners to ensure healthy, sustainable communities.

People living in a rural community, on average, tend to be older, poorer, have shorter life expectancies, higher death rates from multiple chronic diseases and limited access to health care when compared to Oregonians in urban areas. To exacerbate



Liz Powers, MD

matters, there are fewer family physicians and health care professionals in general to serve these vast regions. Dr. Powers stated that there are seven family physicians serving 7,000 people in Wallowa County across all domains of care – clinic, inpatient, urgent and emergency care. Many of her patients are self-employed (loggers, ranchers), unemployed or seasonal workers, meaning

that access to insurance is unpredictable and medical bills can quickly become financially disastrous. With a geographic area of more than three thousand square miles, and with no regular public transportation, getting to and from appointments in Wallowa County can also be difficult. Dr. Goldberg summed up the barriers by saying, “You have sicker patients – deaths to suicide, cardiovascular disease, cancer and diabetes are 40 – 50% higher than in urban areas – coupled with fewer providers and less socioeconomic support.”

That said, Dr. Powers absolutely recognizes the benefits of living and working in a small community. Because there are fewer health care options in close proximity, there is less fragmentation of care. Coordinated, full-scope primary care, with referrals to specialty care, can meet the vast majority of a patient’s health care needs. In Wallowa County, this full-scope care means that Dr. Powers sees patients in their homes, in clinic, at the hospital (inpatient and ED) or assisted living facilities. Winding Waters and Wallowa Valley Center for Wellness, Wallowa County’s specialty mental health agency, have partnered to provide “Health on Wheels,” a mobile outreach clinic that journeys to outskirt

communities providing mental health and primary care services. Winding Waters also leverages access to OHSU’s project ECHO, which connects primary care providers with real-time reviews of chronic and complex illnesses allowing the physicians to treat their patients in clinic and increasing patient access to care. Finally, Winding Waters uses their in-house telehealth robot both for specialist patient visits and for specialty care consults.

Despite the challenges of frontier medicine, Winding Waters itself is an innovative Community Health Center that utilizes a team-based, patient-centered approach to serving Wallowa County. Winding Waters seeks to improve community health by addressing more than the 10% of health impacted by traditional medical care. For example, in October of 2015, when it became clear that staff and patients alike were having severe difficulty finding reliable, flexible child care, Winding Waters started its own state-certified child care center. Starting with just a handful of kids, the child care center has grown to accommodate twenty-two children with an infant and toddlers’ area, a preschool curriculum and an after-school program.

Winding Waters works closely with many community partners to expand the scope of services available to patients. One example of this is their partnership with Building Healthy Families (BHF), an organization that promotes a child’s healthy development, early literacy and school readiness by providing support and education to families. BHF staff members are located in the clinic and perform developmental screening assessments at all well child visits. BHF staff also helps support the clinic’s Reach Out and Read program. According to Powers, “The



partnership with BHF furthers the clinic's work to promote health and wellness by addressing social factors such as low literacy. Research has shown that low literacy levels correlate with poor health outcomes."

Ms. Cruz asked what policy changes the panelists would like to see to benefit rural practitioners the most. Dr. Powers reiterated the value of team-based care for being able to recruit and retain providers and avoid burnout. She talked about how the Coordinated Care Organizations were making strides in encouraging these types of transformative changes throughout the state. However, something that greatly affects Powers and her rural peers is the need for standardization of payment and financial support for non-encounterable services from all insurance companies. Dr. Powers shared that in the last year Winding Waters has billed 133 insurers with 150 different insurance plans. Among those plans are a few that value team-based care,

but the vast majority do not contribute to its development.

Speaking of insurance, the January special election was the next subject of the forum. Oregon Measure 101, Healthcare Insurance Premiums Tax for Medicaid Referendum (read complete details on page 8, Public Policy and Legislative Affairs) is being endorsed by the OAFP, other Oregon physician groups, the Hospital Association, the unions and nearly all insurers. In a nutshell, the measure relates to a bill passed by state legislators in July, which would temporarily tax some hospitals, insurance companies and a few other entities to make up for a Medicaid funding shortfall. Some call it a "provider tax," some an "assessment," but what it means is that several health care providers and organizations will pay a little extra for the next two years and some people could see a slight increase in their insurance premiums. In exchange, nearly 400,000 low income Oregonians will be able to maintain

their current insurance coverage.

If the measure passes, it will enable many low income people in rural Oregon to continue to access their health care without fear and shame of unpayable bills. It will help rural providers continue to serve in this tumultuous health care landscape where, it often seems, that you have to go big or get out. On the other hand, if this measure fails, the uninsured rates in Wallowa County alone will certainly increase to 20% or higher. Rural Critical Access Hospitals could potentially be forced to join a larger system or risk going out of business. Mental health agencies and primary care clinics will also suffer serious system setbacks if Measure 101 does not pass.

Our thanks to Dr. Powers and her team at Winding Waters Clinic for their commitment to innovation, transformation and for the care they show their patients every day.

To hear the entire segment, go to <https://www.youtube.com/watch?v=zC73EvZB8H8>.

# OHSU Medical Students Explore Rural Communities and Practices

Attracting medical students to practice in rural communities is a perennial challenge. In Oregon, programs such as Scholars for a Healthy Oregon Initiative and the Oregon Rural Scholars Program help support students who are committed to rural practice. But what about students who don't know about rural practice or haven't considered it? How can these students learn about rural medicine to find out if it might be right for them?

The OHSU School of Medicine's Rural Medicine Discovery Program is one way to help address this need. The brainchild of medical students who grew up in rural Oregon, the program aims to show students that rural Oregon communities are great places to live, work and play. The program targets medical students at an early stage in their education, before they have chosen where to go for clinical rotations later in their training. While every OHSU medical student must complete at least one month of training in a rural setting, this program ideally will inspire students to choose more rural clinical experiences and potentially lead to more graduates launching their careers in rural communities.

*"I learned that areas in Oregon I had not previously considered offer great potential as a permanent home for my family. After this enrichment experience, my wife and I are planning a trip to further explore the area."* Jason Herfindal, MS1

In October, with help from the OAFP/Foundation and local partners, the OHSU Campus for Rural Health centers in Klamath Falls and Coos Bay hosted groups of students during a week-long



From left to right: OHSU medical students Jason Herfindal, Joseph O'Sullivan, Charles Baugh, Grant Marquart, Tajwar Taher and Adam Penrose participated in the fall Rural Medicine Discovery Program held in Coos Bay.

"enrichment" break in their studies. Each student spent a half day shadowing a local physician, providing a chance to learn how rural practice can be different from what they observe in the big city, including advantages and challenges. Physicians from the North Bend Medical Center, Bay Clinic, Cascades East Family Medicine Clinic and Sky Lakes Family Medicine Clinic graciously hosted the students for their shadowing experience.



Medical students participating in the Rural Medicine Discovery Program had the opportunity to discuss career options with Bandon high school students.

*"The physicians really felt like they were part of the community and knew their patients on a deeper level. I learned that rural medicine can be difficult sometimes, especially when you don't have the staff or resources of larger facilities. But overall, it is an incredibly rewarding area to practice medicine. Thank you again for such a wonderful experience!"* Joseph O'Sullivan, MS1

In addition, Campus for Rural Health coordinators organized opportunities to explore the communities and meet people who live in the area. Students met with local health system leadership and physicians and even offered health career advising to high school students.

*"I enjoyed getting to speak with the high school students. While it was a quiet group, I felt they enjoyed hearing about our experiences. It also felt like I was giving back to a small town community. It was a very nice experience and I would have enjoyed more time with the high school students."* Charles Baugh, MS1



*Jenssy Rojina, Pedro Abdala, Alix Cooper and Gregory Dallas help an injured patient (Jonathan Spicher, MD), during their wilderness simulation.*

Combining clinical training with typical rural Oregon outdoor experiences, the Klamath Falls team offered a workshop including fishhook and ring removal techniques followed by a wilderness medicine hike in which students encountered simulated injuries. Of course, the students also enjoyed downtime to simply explore and learn about these unique communities.

The Klamath discovery shadow, workshop and wilderness medicine experience would not have been possible without the combined efforts of the following Cascades East Family Medicine and Sky Lakes Family Medicine physicians and residents: **Dwight Smith, MD, Joyce Hollander-Rodriguez, MD, Wendy Warren, MD, Kristi Coleman, MD, Makary Hofmann, DO, Hannah Jantzi, MD, Jonathan Spicher, MD, Kyleen Luhrs, MD, Rita Aulie, MD, Lisa Pearson, MD** as well as specialists Karl Wenner, MD and David Souza, MD.

*“One thing I observed about rural communities is that the people value continuity and reliability more so than their urban counterparts. Many of the folks I interviewed while visiting local businesses consistently expressed their appreciation of physicians that stuck around for a while. The trusting relationship is the core of their satisfaction with health care.” Tajwar Taher, MS1*

*“Both places I visited, La Grande and Klamath Falls, had a special “connectedness” feeling. Friendly greetings and*

*conversations in the hallways of clinics/hospitals and local grocery stores gave the sense that people knew and cared for one another.” Jenssy Rojina, MS2*

In the future, the Rural Medicine Discovery Program will provide students an opportunity to learn about medical practice in other rural communities throughout Oregon, during breaks in their 18-month preclinical curriculum. Though it is too early to estimate the impact of the program, students’ reactions to the program suggest it is having positive effects:

*“As someone who was already interested in both rural and family medicine, this trip only confirmed my desire to do both. . . . It stoked my interest in seeking out a rural family medicine residency program rather than one at a large urban academic center.” Alix Cooper, MS2*



*Back: Alix Cooper, Jenssy Rojina, Jonathan Spicher, MD, Gregory Dallas, Kyleen Luhrs, MD, Lily Cranor, Madeline Boyd  
Front: Pedro Abdala, Lisa Pearson, MD and, Rita Aulie, MD.*

*If you are interested in contributing to the OAFP/Foundation’s Rural Medicine Discovery Program fund, which provides housing and travel stipends to students who wish to experience life and work in rural Oregon, please contact OAFP/Foundation Executive Director Lynn Estuesta or pay using our secure site at <http://oafp.org/oafp-foundation/>.*

# 2018 Annual Family Medicine Weekend & ORPRN Convocation

*A must-attend meeting for family physicians to learn, connect & rejuvenate  
April 12 – 14, 2018*

The most important meeting for family physicians to attend in 2018 will be held April 12 – 14, 2018 at the Embassy Suites Hotel in downtown Portland. The OAFP and the Oregon Rural Practice-based Research Network (ORPRN) will tag team their shared experiences and provide evidenced-based continuing medical education that can be put to use right away; deliver legislative updates and how these changes affect your practice; as well as offer a myriad of highly relevant topics such as effective contraceptive use, physician wellness, suicide prevention, the use of scribes, dementia and physician insights and directives regarding high-functioning PCPCH clinics.

On Thursday, April 12, join ORPRN at their annual convocation highlighting the ORPRN mission of *Connecting, Involvement and Community Health*. Over the course of the afternoon discussions will focus on how to build trust and relationships with your community, patients and colleagues.

On Friday and Saturday, April 13 – 14, the OAFP Annual Family Medicine Weekend begins with lectures from AAFP President Michael Munger, MD, Pat Allen, OHA Director and **Glenn Rodriguez, MD**. Members will then choose from a variety of breakout sessions, lectures and hands-on workshops.

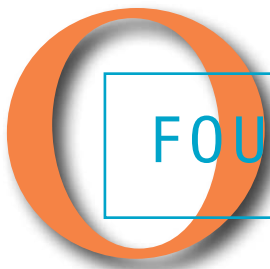
*What else can you look forward to at next year's meeting?*

- Thursday evening Welcome Reception in the hotel wine cellar;
- The return of Dr. Bill Origer's highly recommended lecture -- "Drugs 2018: The Good, the Bad and the Useless;"
- Friday lunchtime discussion with panelists, **Sen. Elizabeth Steiner-Hayward, MD** and Sharon Meieran, MD, an emergency medicine physician and Multnomah

County Commissioner, on "The Intersection of Politics and Medicine."

- The Friday evening OAFP/Foundation "Looking Forward, Giving Back and Beyond" Auction & Happy Hour (*more information on page 16*);
- The Congress of Members that empowers members to guide the focus and direction of the Academy;
- A legislative update that provides the latest developments regarding Oregon's health reform moderated by Sen. Elizabeth Steiner Hayward, MD and OAFP lobbyists Doug Barber and Sam Barber;
- The Saturday afternoon Celebration Luncheon where the 2018 Oregon Family Doctor of the Year is announced;
- The KSA (Knowledge Self-Assessment) Group Learning Session. In just a few short hours you can take and pass the written portion of the KSA and receive 8 hours of prescribed CME; and
- The chance to wander the city of Portland, see the apple blossoms in bloom and eat from a plethora of award-winning restaurants and food carts.

The 2018 OAFP Annual Family Medicine Weekend and ORPRN Convocation has something for every stage in your medical career. Register today at [www.oafp.org](http://www.oafp.org).



# FOUNDATION NEWS



LYNN ESTUESTA,  
OAFP FOUNDATION EXECUTIVE DIRECTOR



*Investing in future family physicians  
to serve our Oregon communities*



LOOKING FORWARD  
GIVING BACK *and Beyond!*

## Annual OAFP/Foundation Auction & Happy Hour — April 13, 2018

Join us on Friday, April 13 at the Portland Embassy Suites Downtown – auction items will be on display all day long – making it easy for you to bid. At the end of day, you’re invited back into the ballroom for happy hour. Come have a beverage with old colleagues and new friends, do some last minute bidding and participate in the live auction. You’ll have a chance to purchase some great goods and services, 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.

Last year we began the “Looking Forward, Giving Back” campaign to jumpstart our new mission of investing in future family physicians to serve our Oregon communities. That means providing funds to family medicine students and residents in the areas of scholarships, education, networking and mentorship. We want to ensure that the family physician pipeline continues to remain strong and to be able to offer the finest medical care and access for all Oregonians.

This year we are kicking our campaign up to the next level --- “and Beyond!” to help us expand our program offerings and reach more students and residents. Our goal is to raise \$30,000; remember the OAFP/Foundation is a 501C3 charitable organization which means your donations are tax deductible. Auction proceeds meeting the following goals:

### Support educational and networking activities that encourage Oregon medical students to pursue a career in family medicine.

- AAFP National Conference for Family Medicine Residents and Medical Students — *Conference scholarships*
- FMIG Lecture Series—*Meet the Docs and Can I Afford to Go into Primary Care?*
- Mary Gonzales Lundy Award—*Outstanding fourth-year medical student award*
- Student/Physician Networking Opportunities

### Increase the number of medical students exposed to rural medicine.

- Laurel G. Case Scholarship Fund—*Travel stipends for rural rotations*
- Oregon Rural Scholars Program—*Travel stipends*
- Rural Medicine Discovery Program—*Travel and housing stipends for rural enrichment experiences*

### Support educational and networking activities to enhance the residency experiences of Oregon family medicine residents.

- Residency Emergency Fund
- Resident Networking Opportunities
- Funds for Poster Presentations

### Make your donation today!

If you would like to contribute to the auction in cash, goods or services, contact the OAFP/Foundation. Or you can donate by mail at 1717 NE 42nd Ave, Ste 2103, Portland, OR 97213 or online through PayPal: <http://oafp.org/oafp-foundation/>. If you’d like to attend the auction, register online at <http://oafp.org/events-cme/>.

### OAFP/Foundation Board Members:

- . Geoffrey Carden, MD
- . Lauren Cover
- . Lynn Estuesta, Executive Director
- . Katie Kolonic, DO, President
- . Leon McCook, MD
- . Peggy O’Neill, Treasurer
- . Christine Traver
- . Alexander Verdieck, MD
- . Rick Wopat, MD

# Health Care Equity Week 2017 – *Opening hearts and minds of Oregon medical students*

CAROLINE JOLLEY, OHSU SCHOOL OF MEDICINE CLASS OF 2020

On a rainy Saturday morning in October, I joined my fellow Health Care Equity Week volunteers to fill Pioneer Courthouse Square in downtown Portland, Oregon with tents and booths containing health screenings and information about local social and health services. The pop-up fair provided free basic medical care, dental screenings, vision services and veterinary care to anyone in need. A volunteer team of health professional students from Oregon Health and Science University (OHSU), Oregon State University, Pacific University and University of Western States organized the fair, now in its twelfth year.

As a medical student at OHSU, I had worked with my fellow students for months as we planned the various health services,



*Victoria Trump-Redd, MD Candidate, 2020, hands out information about local social services.*



*Greggory Dallas, MD Candidate, 2020, and FMIG Co-Chair, assists patients at the triage tent for the Primary Care Station.*

coordinated with community organizations and fundraised to support the event. A few minutes before the fair started, as I glanced up from arranging check-in paperwork, I saw the line of people waiting for the fair's services, bundled in jackets and hats, some with backpacks and bags full of their belongings by their feet. In a few minutes, they would be receiving medical care that they otherwise would have been unable to afford. When confronted with the enormity of the American health care system and the barriers so many patients face in receiving care, it becomes easy to think that my work in health care barely makes a difference. But in this moment at the Health Care Equity Week fair, I was struck by the realization that this array of screenings and services would certainly matter in the lives of the people standing in line.

OHSU Department of Family Medicine health care providers **Eric Wiser, MD; Lisa Kipersztok, MD, MPH; Jennifer Willingham, MD; Eriko Onishi, MD;** and Aubrey Bridges, PA-C, led the primary care station, where fair attendees presented for everything from management of hypertension, lipid disorders and diabetes to wound care. The scene at the station was one of steady action all day. Foreign language interpreters moved from room to room in the canopied tents, while medical students from the OHSU Family Medicine Interest Group welcomed patients into their triage tent. Inside the triage area, students took vital signs and medical histories, leaning in closely to hear each patient's story. Supplies for the primary care station were generously provided by a grant from the Oregon Academy of Family Physicians Foundation. Items supplied for the station included otoscope tips, cotton swabs,



*Jasmina Paillet and Christine Nguyen, OHSU MD Candidates, 2020, pack up personal hygiene supplies to provide to health fair attendees.*

alcohol prep pads, hydrogen peroxide, exam table paper, wound saline flush and hand sanitizer. OHSU medical student Ruth Khosavanna managed purchasing for the station, and she described the

experience, saying, “Having the medical supplies available at the site was one of our priorities during the planning process. Having a budget available to purchase needed items was helpful and made things go that much smoother.”

For many of the fair attendees, inadequate housing, food insecurity and the inability to purchase basic hygiene supplies limits their health and wellness. The team handed out personal hygiene supplies like soap, shampoo, razors and combs, as well as tarps and blankets, to the 169 fair attendees.

The fair aimed to provide care for residents of the Portland Metropolitan Area who are uninsured and underinsured, with deductibles or co-payments that are unaffordable for them. Anyone who needed care was served, regardless of insurance status, residency or proof of income, providing access to those who are otherwise lost through gaps in health

care coverage and affordability. As a future physician, I rarely spend time outside of the walls of clinics, hospitals and classrooms. I rarely see the members of my community who are unable to afford or access health care. This fair was special for me because it created an opportunity to go outside of the clinic walls and to reach out to people who needed our help but couldn’t get it otherwise. These are the patients who are invisible to the health care system, and this health fair provided an opportunity for us to see them. Speaking with fair attendees, listening to their stories and helping to be a part of providing care for them reminded me that to be a physician is to reach outwards into my community and to seek out the people who need the most help. I left Health Care Equity Week’s health fair feeling inspired to find the places where I can do the most good, recognizing the impact I can have for even just a few people.

# STUDENTS SPEAK OUT!

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

BY ROSE CHUONG, GREGGORY DALLAS, EMMA FELZIEN, AND BRETT LEWIS

This quarter has been a time of transition. As second-year students, we're concluding our pre-clinical studies and preparing to begin our clinical training. At the same time, we've been spreading the word about FMIG to the new MS1 class and recruiting a new crop of student leaders.



*FMIG Leadership Teams. Back row, incoming team: Amity Calvin, Derek Wiseman, Hannah Jacobs, Jordan Gemelas and Sara Hays. Front row, outgoing team: Greggory Dallas, Brett Lewis, Rose Chuong and Emma Felzien.*

In September, we hosted *Meet the Docs*, an annual event that facilitates connections between community physicians and students. This year, thanks to support from OAFP/Foundation, we were able to provide a delicious dinner to more than 40 first- and second-year students as they spoke with a panel of seven physicians from around the Portland area. Our aim with *Meet the Docs* is to help students learn about the many paths available within family medicine, and to help them envision themselves as members of that community. We loved hearing their questions and watching them build connections to one another and to our panelists.



*Meet the Docs panelists share stories about their experiences as family medicine practitioners. From left: Johanna Warren, MD, Jonathan Vinson, MD, Clea Lopez, MD, Lyn Jacobs, MD, Tom Phantavady, MD. Not pictured: Dr. Christina Milano.*

In October, we followed up the success of *Meet the Docs* with another popular event, entitled *Can I Afford to be a Primary Care Provider?* OAFP/Foundation played a key role here, too, helping us host lunch for nearly 60 students. Our guests, **Sam Crane, MD, MPH** and Mike Martin, CFO of OHSU Family Medicine, discussed the economic realities for primary care physicians. This is a major area of concern for students who often worry about family medicine docs being overworked and underpaid. It was a relief to look at the data and hear about real experiences, rather than just relying on the rumor mill.

Additionally, we collaborated with Providence Hospital's new teaching kitchen program to host a *Food as Medicine* workshop. Sixteen FMIG members toured their beautiful facility and had our own cooking class as we learned about the ways that physicians and patients are taking advantage of this new and exciting resource.



*FMIG members work together to prepare a meal at the Providence Teaching Kitchen.*

We also joined forces with another student organization, the Latino Medical Students Association, to bring in Lyn Jacobs, MD of Virginia Garcia Memorial Health Center for an inspiring discussion of her work with underserved and migrant patients.

Throughout the past year, we've felt privileged to be part of the FMIG community and to be able to serve as student leaders. We're so pleased to be passing the torch to a new team of students who will lead FMIG for the next year and look forward to continuing our own journeys into medicine.



# MEMBERS IN THE NEWS

## MOVERS AND SHAKERS



DR. JOHN EDWARDS

**John Edwards, MD, MPH, FAFP** is the new program director for the Samaritan Family Medicine Residency Program in Corvallis. Before joining Samaritan, he was the Deputy Commander for Health Readiness at Madigan Army Medical Center and was previously the Family Medicine Residency director at Madigan. He received his medical degree at the Uniformed Services University of the Health Sciences, completed his family medicine residency and Faculty Development Fellowship at Madigan Army Medical Center and his Masters of Public Health from the University of Washington School Of Public Health.

## INTERESTING BUSINESS WE SHOULD ALL KNOW



### OAFP Members at 2017 AAFP Congress of Members

In September, OAFP members **Glenn Rodriguez, MD** (AAFP Delegate), **Evan Saulino, MD, PhD** (AAFP Delegate), **Gary Plant, MD** (AAFP Alternate Delegate), **Liz Powers, MD** (Alternate Delegate), **Melissa Hemphill, MD** (AAFP Alternate New Physician Delegate), **Stewart Decker, MD** (Resident Member of AAFP Board) and **Kerry Gonzales** converged at the AAFP's Congress of Delegates in San Antonio, Texas to lend their voices and their

opinions on how to shape the future of family medicine. Major themes at the 2017 meeting included physician well-being, maintenance of certification and single payers.

The three resolutions set forth by the Oregon delegates were reaffirmed as current policy and are currently being addressed: (for complete details on each of the resolutions, links have been provided.)

- *Resolution No. 402 (Oregon A) – Raising the Legal Age for Purchasing Tobacco Products to 21*  
<http://www.aafp.org/about/governance/congress-delegates/2017/resolutions2/oregon-a.mem.html>
- *Resolution No. 403 (Oregon B) – Sugar-Sweetened Beverages*  
<http://www.aafp.org/about/governance/congress-delegates/2017/resolutions2/oregon-b.mem.html>
- *Resolution No. 404 (Oregon C) – Integrating Public Health and Family Medicine*  
<http://www.aafp.org/about/governance/congress-delegates/2017/resolutions2/oregon-c.mem.html>

## 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 THE DATE

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

## 71ST ANNUAL SPRING FAMILY MEDICINE WEEKEND & ORPRN CONVOCATION

Scientific Assembly & Congress, April 12 -14, 2018  
OAFP/Foundation Auction, April 13  
Embassy Suites Hotel Downtown Portland