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OREGON ACADEMY OF FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

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Family Physicians of Oregon

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About the cover:
Salt Creek Falls is one of the many waterfalls reachable as a day trip from Klamath Falls. There is a path all the way to the bottom, if interested and adventurous.

OREGON ACADEMY OF FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

FAMILY PHYSICIANS OF OREGON is published quarterly by Publishing Concepts, Inc. in cooperation with the Oregon Academy of Family Physicians.

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EDITION 48

PRESIDENT'S MESSAGE

ROBYN LIU, MD, MPH, FAAFP, OAFP PRESIDENT

An indispensable key to accomplishing any goal is cultivating the right relationships, and the OAFP's mission to improve the health of all Oregonians is no exception. Since I have held the privilege of this office, the OAFP has built on partnerships with a number of other health-driven organizations on a variety of issues. Through a resident-driven initiative, we submitted a letter protesting the inhumane lack of care provided to asylum-seekers held at the Sheridan prison. During the state gubernatorial campaign, we joined forces with our primary care colleagues in the Oregon Pediatric Society and the Oregon chapter of the American College of Physicians to demand that physicians in the public eye promote evidence-based vaccine policies. These same two physician groups joined with the OAFP to submit joint public comments to the Department of Homeland Security on proposed changes to immigration rules. Relationships like these help us to broaden our focus on the issues that impact primary care in our state, and they provide us with extra muscle in our communications to policy makers and the public.

One subject that has been important, and yet hard to wrap our minds around as an organization, are the social determinants of health. In November, Betsy and I were honored to attend the annual Health Equity Dinner, hosted by the Oregon Latino Health Coalition (OLHC). The keynote speaker for the evening happened to be an OAFP member, **Dr. Eva Galvez**. Her powerful words illuminate the connections between medicine, health equity, and social justice as we work to create better health for all. Thanks to this connection, the OAFP has begun to open conversations with the OLHC to find the synergies in our work, so that we might begin to amplify one another's voices in the places of power. And in that spirit, I would like to use the rest of this column to share with you some of Dr. Galvez' remarks from her keynote address:

"Being a doctor, literally for me, is a dream come true. It is a career that I was drawn to at the age of 12, but it seemed nearly impossible for me to achieve as a young girl. In fact, statistics in this country said that the odds were against the daughter of a Mexican immigrant and a migrant farmworker growing up to be a doctor. But I'm proud to say that with much hard work, determination and the endless support of many, I have been practicing medicine for more than ten years, and every day I have the great honor and privilege of caring for the community that I love. As a physician, when I look into the faces of my patients, I don't just see ailments and illnesses, I see the faces of my parents, family and friends. I see the faces of people who came here to this country, not for a hand out, but simply for the opportunity to pursue a life with dignity. I see a people who are courageous, resilient, and generous. A people with a rich culture and traditions that molded me into the person that I am today.

"I was born and raised in Hood River, Oregon. For the first ten years of my life, it was a small, rural town that was sustained mostly by its robust apple and pear industry. These large orchards and the opportunity for work are what drew my parents to the area over forty years ago. My father is from Jalisco, Mexico, and as one of the oldest out of 11 children, he left the comfort of his small town and immigrated to the U.S. with the hopes and dreams of any immigrant that comes to this country, to create a better life for himself and the family that he left behind. My mother was born into a family of migrant farm workers and spent the early years of her life moving from town to town in the state of California. At 18, her family moved to Oregon to work in the apple and pear orchards of Hood River. My parents met and married in Hood River and, as they had hoped, found steady work as seasonal farm workers. As they raised my siblings and me, they worked hard to create a home with stability and love. The early years of my childhood were idealistic, sheltered from the realities of the outside world, as I was surrounded by my loving parents and a tight knit community of family and friends, most of whom were seasonal and migrant farmworkers with roots in Mexico. But this safe cocoon in which I was raised started to dissolve as I moved to middle school. Through my own personal experiences and those of family and friends I began to see that racism, discrimination, and poverty were pervasive in my community and that it was undermining our ability to live out healthy lives. The injustice of this reality compelled me to do something that would help improve the lives of those around me. Most importantly, I wanted to do something that would put me on the front lines of alleviating suffering, providing comfort, healing and hope to the most needy, and it was in that spirit that I found my inspiration to become a doctor.

"Despite excellent training, I started to grapple with the reality that my skills alone were not enough to bring health to my community. I began to see that simply telling my patient to exercise was not enough to treat their obesity, that simply increasing my patient's insulin dose was not enough to achieve good diabetic control, and that treating depression and anxiety was much more than just prescribing a pill and giving a referral to a counselor. The fact is that only 10% of our health is determined by the work that I was trained to do, the other 90% is determined by other factors such as where we live, where we work, a person's education level, are they rich or poor, and finally, what I refer to as our social environment, that is, do you live in a supportive environment? Do you live in an environment where you feel valued, loved, and a sense of belonging? So over the years, I have come to recognize that creating a healthy community requires more than just a talented health care team. As clinicians we must reach out to people

outside of the health care field and take a comprehensive approach in tackling the issues.

“Although I have come to have a deeper understanding of the complexity of bringing health to my community, I remain enthusiastic and fully committed to my work. Medicine allows me to develop deeply personal relationships with my patients. It is in the context of these relationships, built on trust and mutual respect, that I have the wonderful privilege of walking with my patients on their journey to a life of better health. So it is with this thought in mind that I would like to share a patient story with you. This is about a 41-year old female patient, an immigrant from Guatemala. I met her two months ago when she came in to establish prenatal care with me. Something that I do at all of my first patient visits, in addition to taking a detailed medical and family history, is to take a detailed social history. I ask them about their journey to this country, where they live, what worries them the most, and what life is like for them. This patient shared with me that two years ago her son was a target of the mara gangs and she feared for his life. This compelled her to flee Guatemala with her son to the U.S. She made the difficult decision to leave her 14-year old daughter behind, as she understood that the journey was dangerous and that the three of them traveling together would be less likely to make it to the U.S. But last year, when she learned that her teenage niece had been brutally raped by a mara gang, she decided to use all of her savings to have her daughter brought to the U.S. Her daughter is now living with her safely in the area, but not surprisingly, is facing significant health challenges arising from the trauma that she has experienced. Fortunately, her daughter is receiving comprehensive primary care and mental health services through my clinic. Despite the suffering that my patient and her family have faced, my patient, who is now 22 weeks pregnant, is doing well. I just saw her for a visit yesterday and her face was glowing as she shared with me that she is having a boy. Over our visits, as we have come to know each other, she has shared with me stories of life back in Guatemala. She has told me that she never had prenatal care, and that for the first time in her life she is experiencing the joy of a pregnancy, and feels hopeful for what the future holds for herself and her children.

“My patient and her family’s amazing story would not have been possible without the work of the many people in this room, who have helped secure health care for all children and pregnant women in our state. However, it is also a staunch reminder that much work remains to be done. We now have a deeper understanding of the health effects caused by trauma and prolonged stress. We know that people who live in poor conditions and suffer from toxic stress are more likely to suffer from all illnesses and are more likely to die at a younger age. Therefore, as a community, we need to join forces to look for solutions in order to mitigate effects of toxic stress that is so often at the core of poor health in our community. How do we do this? We need research to increase our understanding of interventions that work for our community. We need research to better understand what builds resilience within our families. We need funding for early childhood education. We need funding for programs that support healthy parenting styles and foster healthy lifestyles. We need safe and affordable housing. We need law enforcement to enforce laws that promote safety, not fear. We need policies that include health care for all, including the undocumented. We need workforce training on cultural competency and we need programs that support and encourage our Latino youth to get a higher education, and particularly to enter the health care fields. This list is long, but I am confident that with a concerted effort between clinicians, educators, law enforcement, community programs, public health, law, and policy makers, we can accomplish these things. My experiences as a physician have taught me valuable lessons, but it is my community that continues to teach me about compassion, generosity, resiliency, and hope.

“Those of you serving our community would agree that on a daily basis we hear these stories of suffering and injustice. Embedded in these tales are stories about sacrifice, love and hope. It these incredible stories that continue to inspire me and give me the momentum to continue my work. Therefore I ask, as we form partnerships to look for solutions to reduce health disparities, that we not forget that the most important alliance that we have is our community. One of the guiding principles, as we form alliances, should be a continued connection to our culture and our rich traditions. I believe that a strong sense of cultural identity promotes self esteem and resilience, as well as buffers against the effects of toxic stress. A strong cultural identity also makes us feel connected to one another, which is vital, because my experience as a physician has taught me that perhaps the most important determinant of health is not whether you have a gym to go to or if you have access to a doctor, but whether you feel valued, loved and connected to others, and whether you feel a true sense of belonging within society.

“I believe that service and leadership comes in many forms. We all contribute in different ways like the activist leading a coalition to combat racist policies, to the promotora that provides education on managing chronic illnesses, to the mentor that helps our Latino youth with college applications or the parent that teaches ballet folklorico to our children. We can all be a part of this story. It is stories that can lead us to a deeper understanding of the injustices that people face, and I believe that it is with these stories behind us that we have the power to change the minds of an entire nation. We are in a crucial time in the history of this nation, and lately it feels as if there is a storm raging against our community and other communities of color. I ask you to join me on my journey in bringing health to the community that has shaped me. I ask that you share your talents and gifts to work with me and others to ensure that every human life has the opportunity to reach their highest potential. I believe that a fight for health equity is a fight for social justice, and when we fight for social justice we are saying loud and clear that we believe that every person has the right to a life with dignity.”

•FOUNDATION NEWS

LYNNE ESTUESTA, EXECUTIVE DIRECTOR, OAFP FOUNDATION

A few years back when the OAFP/Foundation board revamped its mission to "investing in future family physicians to serve our Oregon communities," one of our goals to accomplish this mission was to increase the exposure of medical students to rural medicine.

Through this goal, the Foundation provides travel stipends for students participating in rural preceptorships to ensure that the cost barrier is not impeding them from exploring what it may be like to practice in a rural setting.

Brett Lewis, a third-year OHSU medical student interested in family medicine, completed a three-month rotation this past summer in the Warm Springs/Madras area of Oregon.

Brett with her preceptors, Thomas Creelman, MD and Rachel Locker, MD.

Here's her story:

One of the reasons I chose to attend OHSU was my interest in rural medicine, particularly working with indigenous communities. After working for an organization that trained and supported Native health care providers in Navajo Nation, I had a strong interest in Native health care but wanted a long-term clinical experience to see if I could see myself, a non-Native from the suburbs, practicing rural medicine as a career. My three months on the Warm Springs Indian Reservation not only solidified my desire to collaborate with rural, traditionally underserved communities, but taught me what it meant to be both a provider and a guest in a community that's not my own.

In an acclaimed TedTalk, Nigerian novelist Chimamanda Adichie warns her audience of the danger of a single story -- of an individual, a country or a people. For America's indigenous peoples, too often the story is that of alcoholism, substance use and poverty. I could easily tell such a story, for I saw all of that in numbers while I was a rotating medical student on the Reservation. As a medical trainee who sees people (often the most vulnerable) at their most vulnerable, many of my patients would come in with injuries from an intoxicated altercation or with bed bugs they got while hopping from one relative's house to another relative's house in search for a stable place to live. But the problem with that stereotype is that it takes one of the most visible, superficial problems and reduces an entire population, and the entire history of a population, to its simplistic image.

In Warm Springs, I learned how essential taking a good history is in avoiding the misdiagnosis of a symptom as a condition. I learned to see alcoholism, diabetes and poverty as symptoms of a much larger and too often forgotten condition: that of intergenerational genocide, relocation and cultural erasure. While I hoped to be able to help my patients, I learned that perhaps the most beneficial thing I could do was to listen, engage and remember that while on the Reservation, I was first and foremost a guest.

I strongly believe in the power of representation and of having leaders who look like those from the community they serve. I'll never truly understand where my patients are coming from or what's best for a community like Warm Springs. For this reason I hope that instead of me, there will be Native leaders making the big decisions that will affect their community. Yet at times, in thinking about my future desire to work for Indian Health Service or a tribal clinic, I can't help but lament that I'll never be a true member of the community I hope to serve, and therefore never have the type of impact I hope to make.

Brett, after a day of huckleberry picking.

However, I've come to realize that while I may always be considered a guest on the Reservation, it doesn't necessarily mean I'm not welcome. I think about all the strong relationships I've made

with patients and co-workers, as well as all the good that has come out of my stay; both for me, and hopefully for my patients. I think about my last day in clinic, when the clinic team showered me with a surprise going away party, through which my colleagues expressed their gratitude for my presence and gifted me with a piece of their heart, history and community. I think about my preceptor, **Thomas Creelman, MD**, who as a non-Native has made his home here next to the Reservation and has been a provider at Indian Health Service in Warm Springs since 1973. He has seen patients he delivered become grandparents. One patient told me proudly that Dr. Creelman had birthed her daughter. “No,” he corrected her. “You birthed your daughter. I caught her.” I’ve come to realize that true allyship, given through time, dedication and humility, can be a powerful form of impact unto itself.

After spending a summer in the community, the images I take away from my time in Warm Springs are not of violence and substance abuse, although some of them are of patients I became close with who suffered from both, but of pride and community. My stories consist of teenagers balancing traditional dances with basketball practice; a young man in his inmate’s orange jumpsuit describing his dream of becoming a graphic designer; and a young girl who refused to wear dresses, even after getting her head shaved due to a lice infestation, because she wanted to dress like her single father. My memories of Warm Springs include picking huckleberries on the slopes of Mount Hood, lifting weights in the Community Center, participating in a traditional feast in the He He Longhouse and volunteering for Portland to Coast with the Warm Springs team “No Fear.” There are so many stories to be found in Warm Springs and I am so grateful for the opportunity to have been around for a few.

Brett (in the middle) with the lunchtime fitness class at the Warm Springs Community Center.

If you would like to contribute to this goal or any of the other projects that support our family medicine students and residents, you can give online at https://oafp.org/oafp-foundation/ or send a check to OAFP/ Foundation, 890 C Ave., Lake Oswego, OR 97034. We also can’t wait to see you at the 2019 Bloomin’ for Bids OAFP/Foundation Auction Dinner which will be held at Skamania Lodge on Friday, May 3, 2019.

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JENNIFER DEVOE, MD, DPHIL
SONJA LIKUMAHUWA-ACKMAN, MD, MPH & DEBORAH COHEN, PHD

Center for Primary Care Research & Innovation

Recently, OHSU's primary care clinical system moved towards greater collaboration and coordination across General Internal Medicine, General Pediatrics, Family Medicine, and the Center for Women's Health, through the formation of the OHSU Primary Care Leadership Council (PCLC). The PCLC sets joint quality and operations goals and workplans across primary care departments and coordinates efforts to measure and test strategies to achieve those goals. Given the great primary care research and innovation work being done across OHSU, we recently launched efforts to create a complementary initiative that will recognize and support the work of OHSU's collaborative community of primary care scholars to inspire innovation, learning, and discovery in primary care research.

These efforts led to a new OHSU Center for Primary Care Research and Innovation (CPCRI) that aims to build on OHSU's strong track record and reputation as a national leader in the emerging scientific field of primary care research. Our mission is to develop collaborative relationships and supportive infrastructure for strengthening primary care research and innovation across many disciplines, including medicine, nursing, pharmacy, public health, and more. We aim to inspire positive change in the OHSU health care system and to position OHSU as an international leader in primary care innovation.

We will continue to:

- Ask and answer the critical questions for primary care transformation and advancement.
- Provide evidence and enhance laboratories for primary care innovation and education.
- Create a central gathering point and support network for primary care scientists to promote a culture of change and innovation.

Our mission is to develop collaborative relationships and supportive infrastructure for strengthening primary care research and innovation across many disciplines, including medicine, nursing, pharmacy, public health, and more. We aim to inspire positive change in the OHSU health care system and to position OHSU as an international leader in primary care innovation.

In its first two years, the Center will continue, and expand on, an "embedded primary care researcher" fellowship program launched in the Department of Family Medicine in 2017; continue efforts to identify opportunities to build scholarly learning communities of clinicians, educators, and researchers to enhance multidisciplinary and multigenerational collaboration; and host or co-host quarterly primary care research events with speakers and social activities, in partnership with affiliated departments and other interested collaborators. Family physicians and others engaged in primary care across Oregon can register to participate in these activities at: www.ohsu.edu/school-of-medicine/center-primary-care-research-and-innovation.

Oregon has been a leader in developing new methods for studying primary care, generating new evidence, and facilitating the translation of discoveries into clinical practice. The Center aims to support and enhance this work. For example, we have learned important lessons from the practice facilitation model implemented by the Oregon Rural Practice-based Research Network (ORPRN) and other promising models that help to successfully transform primary care. Dr. Deb Cohen and her ESCALATES team are conducting the national evaluation of the EvidenceNOW project and learning more about the critical aspects of a sustainable Primary Care Extension Program (including the infrastructure to generate, incubate, adapt and disseminate primary care discoveries into primary care). The CPCRI will provide a hub to learn more about successful methods and how to disseminate successful interventions more broadly across the state.

Here are some of the critical topics and questions that our Center is poised to ask and answer:

Primary Care Functions, Teams, and Measurement: What are the most important components, functions, and attributes of primary care and how do we better measure these key aspects? Who is on the team, and how does the team work most effectively together? How can we do a better job of measuring what matters? How can we measure what contributes to better health (not just better business)?

Primary Care Payment and Spending: How should we pay for primary care? Is there a need to realign financial (and other) incentives to strengthen comprehensive primary care? How do we define and measure the amount spent on primary care? If we need to increase this amount, how do we do it?

Primary Care Science: How do we define primary care research? How do we build and sustain primary care laboratories? What is the primary care research infrastructure needed to produce scientific evidence to inform current and future primary care delivery and relevant policies?

Primary Care Education: What are the best models for educating the future primary care workforce? What are the best models for academic-community partnerships to enhance education? How do we create sustainable models for moving training programs into communities?

Strengthening the Primary Care Bridge between Public Health and Medicine: What further critical structures/transformations/innovations/discoveries are needed in primary care delivery to most significantly improve health? What are the pathways and mechanisms for how primary care can serve to reallocate downstream health care resources upstream? What are the most effective models for how primary care can identify and address patients' (and communities') social and environmental determinants of health?

An Incubator of Primary Care Innovation and Ideas: How do we share best practices around the OHSU health system, Oregon, the United States and the globe? How do we build sustainable primary care extension programs? Primary care discoveries must be generated, incubated, adapted, and disseminated widely – what is the infrastructure needed for doing so?

What topics are most important to you? We would love to hear from you! https://www.ohsu.edu/school-of-medicine/center-primary-care-research-and-innovation.

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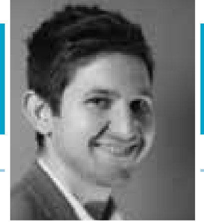

SAM BARBER, OAFP LOBBYIST

Filling the Medicaid Budget Hole

In December, Governor Kate Brown released her proposed 2019-21 recommeded budget. The budget totals $23.6 billion in state General Funds. Approximately 50% of the Governor's proposal would go to education and 27% would pay for human services. Her budget also includes a proposal to fill the $722.5 million hole needed to pay for Medicaid. Her plan relies on increased assessments on hospitals and insurers, a new tax on large businesses who do not meet threshold health care contributions on behalf of their employees, and a $2 increase to the tobacco tax.

Since 2003, Oregon has relied on the so-called "provider tax" to pay for its share of Medicaid. The federal match rate for the Medicaid expansion population decreases for the final time over the course of the 2019-21 biennium. The existing tax also sunsets in 2019, and so the legislature will need to pass a Medicaid revenue package if it wants to preserve its precious General Fund dollars for education.

The beauty of the "provider tax" is that the state receives federal matching funds in addition to tax revenue. Every state, except Alaska, uses provider assessments to help finance their Medicaid program. By increasing the hospital assessment to 6% of net patient revenue, the Governor's proposal maximizes that federal match.

Health insurers will continue to be taxed under the proposal as well. Governor Brown's proposal raises the tax rate from 1.5% to 2% and brings in self-insured employers that purchase "stop-loss" insurance to minimize losses.

But the other two proposals to fill the hole are more difficult politically. The Oregon Health Authority says there are 44,000 Oregonians working more than 30 hours a week at businesses with 50 or more employees who are enrolled in the Oregon Health Plan. The Governor's proposal would tax those businesses that are getting a "free ride", but the mechanics of how to implement such a tax could prove difficult. Any tax on business will be met with scrutiny.

The $2 increase to the tobacco tax is sure to be referred to the ballot either by the legislature or by petition, though it would bring Oregon in line with California and Washington.

The beauty of the "provider tax" is that the state receives federal matching funds in addition to tax revenue.

Brown's proposal is a starting point for the budget negotiations that will take place during the legislative session. Democrats secured a supermajority in both chambers in the most recent elections, meaning they can pass revenue-raising measures without a single vote from Republicans. But if revenue proposals are too ambitious, it may prove difficult to gather enough votes, even with supermajorities.

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Don't Wait! Application Deadline for ABFM Pilot is January 25

The American Board of Family Medicine (ABFM) launched a pilot project in December 2018 that could provide an alternative path to the ten-year recertification exam. The idea is that participants in the program will answer 25 questions every quarter on varying topics in a process modeled on the Continuing Knowledge Self-Assessment platform.

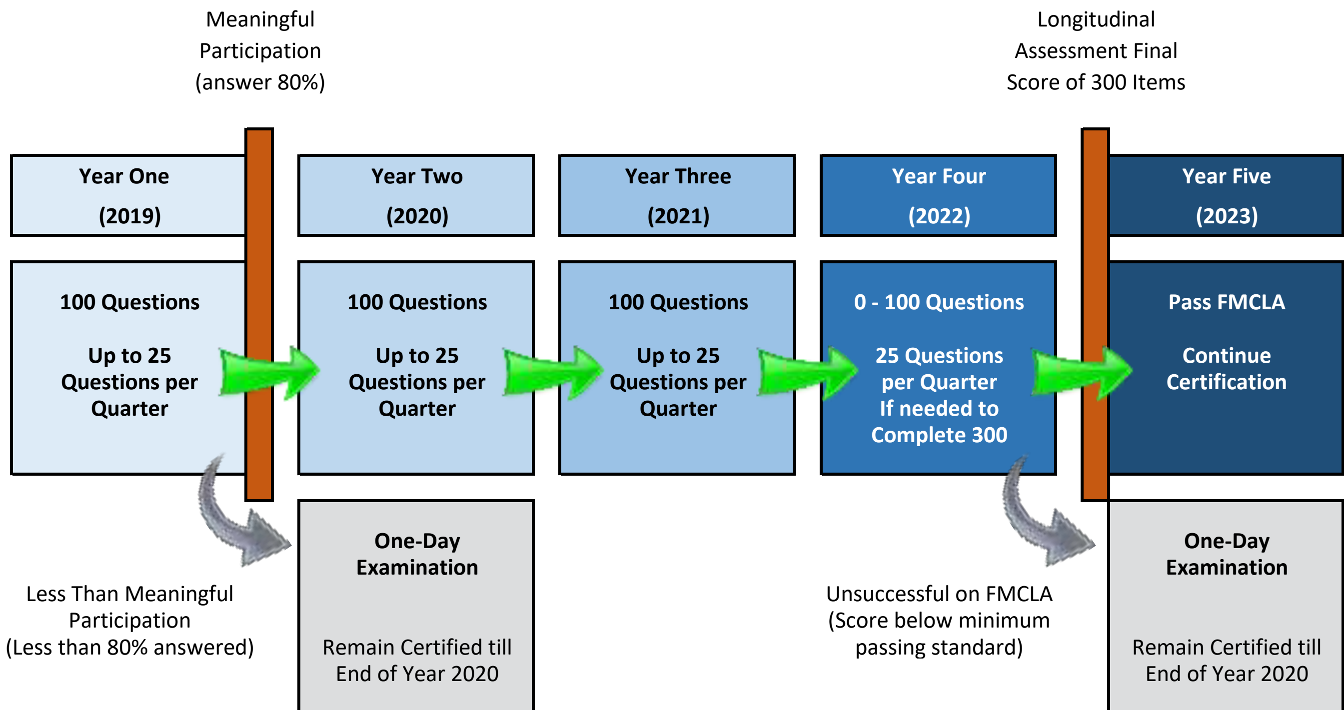
The ABFM believes this approach is more aligned with adult learning principles, and when coupled with modern technology, promotes more enduring learning, retention, and transfer of knowledge than episodic examinations.

In order to complete FMCLA so that it satisfies the 2019 examination requirement, participants need to answer 300 questions over a four-year time period and achieve a passing score. Since the platform delivers 25 questions each quarter, FMCLA provides you with flexibility to complete the entire process in three years or extend to a maximum of four years. The FMCLA pilot program is designed to maintain the same high standards as the examination. The cut score for the longitudinal assessment will be just as rigorous as the one-day examination.

> Early registrants maximize their time to answer recertification questions.

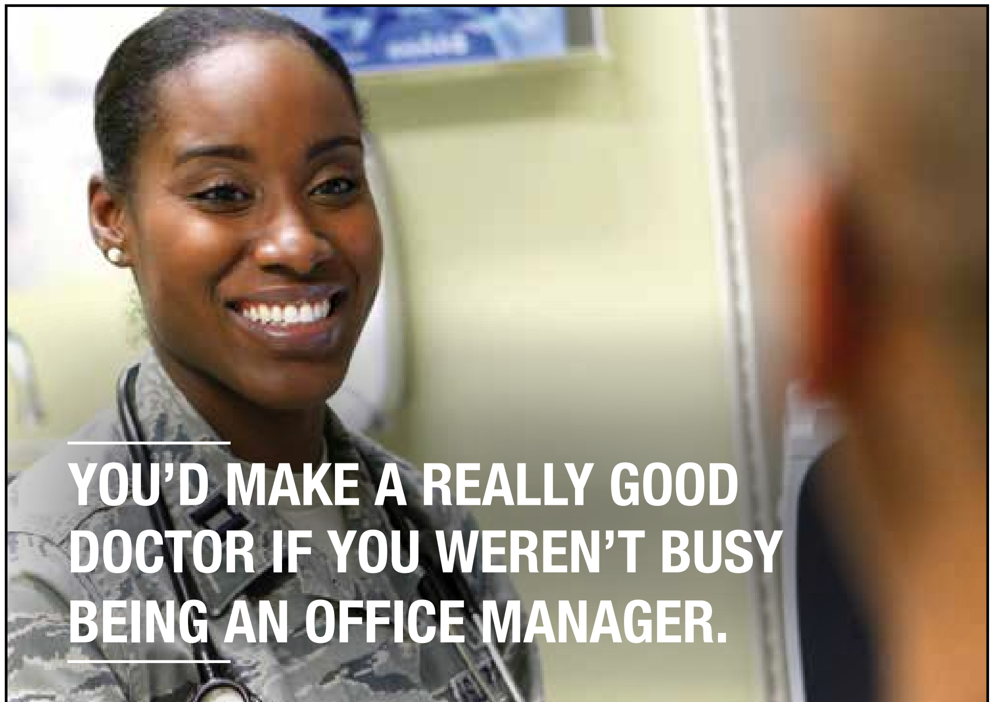
The pilot project is intended to generate data for the ABFM to help them assess the effectiveness of the approach. Participants must meet an 80% participation threshold in year one to be able to continue in the pilot over the full four years.

Pilot participants must be in their tenth year of certification in 2019 and indicate they want to participate in the pilot at the time that they apply for recertification. **Learn more about the program at https://www.theabfm.org/moc/fmcla.aspx.**



I DON'T LIKE LOOKING PEOPLE IN THE EYE

Jacob Sanchez
Diagnosed with autism



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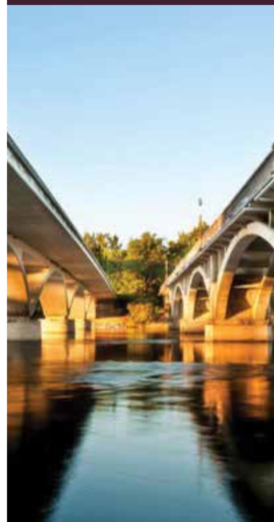

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•STUDENTS SPEAK OUT!

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

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

These cookies were decorated by the team of FMIG leads from 2018 and our new leads for 2019.

As the 2018 leaders, we are getting ready for our clinical rotations starting in early spring this year, and we want to take a moment to thank our wonderful support team, without whom this group couldn't be where it is today. Rachel Faino, **Rita Lahlou, MD**, Peggy O'Neill, Jessica Weyler and **Jessica Rein, MD** you are amazing and we thank you. You have a passionate team of first-years to take FMIG to the next level in the upcoming year!

Sara Hays

From my perspective as the FMIG Workshops Coordinator, the past few months have flown by. Of all the events we've held, my favorite was our Well-Child Check Workshop. This workshop took place in late November with **Amy Wiser, MD** and Bre Gustafson, both from the OHSU Family Medicine department. Over the course of an hour, Dr. Wiser taught about 20 students tips and tricks for performing well-child exams and allowed us to see her work in action as she did mini exams with Bre's two sons, Ezra and Jude. With the lessons I've learned from these and many other events over the past year, I look forward to starting the clinical phase of my medical education and finally stepping into the family medicine field. For the coming year, my position will be taken over by first-year medical student Erin Heath, who is already planning out the many workshops to be held over the next year. There are good things to come for OHSU students interested in learning new skills for family medicine!

Hannah Jacob

We had many opportunities to serve the community in the month of November. I enjoyed playing an active role in planning the OHSU Health Care Equity Series Health Care Fair, which was held on November 3 at Pioneer Square. This year, the fair was able to provide free health screenings and services to over 250 underserved Oregonians. OHSU Family Medicine physicians, **Eric Wiser, MD, Rebecca Cantone, MD, Lisa Kipersztok, MD, MPH, Timothy Herrick, MD,** and **Rita Lahlou, MD** generously supported us in making the fair a success by volunteering and giving of their time and expertise. Witnessing these compassionate physicians provide care and teaching other medical students was truly inspiring. Similarly, interacting with members of the Portland community experiencing homelessness at Operation Nightwatch later on in the month helped me maintain perspective in the midst of studies. FMIG members had the opportunity to learn from a vulnerable population, hear their stories, and provide companionship by playing games and passing out coffee, food, and clothing. In the coming months, I'm looking forward to connecting with patients and hearing their stories through my experiences in Family Medicine clinical rotations. We're excited to see FMIG continue to support our community under the leadership of **Ryley Saedi-Kwon** and **Alex Kiesling** as our new Community Outreach leads!

Meet the new team of FMIG leads!
From left to right (at back): Jordan Gemelas, Sara Hays, Amity Calvin, Derek Wiseman, Hannah Jacob, (front) Damon Lerma, Erin Heath, Anna Persmark, Alex Kiesling, Ryley Saedi-Kwon

First-year medical students listen to a panel of Oregon family medicine physicians.

Amity Calvin

One of my favorite FMIG events from this past year was "Meet the Docs", our annual panel of family physicians held at the beginning of our new OHSU first-year students' medical school epoch. This gives us the chance to introduce the world of family medicine and dive into the paths, practices, and perspectives of a wide variety of our providers. We were able to gather family physicians to represent each of the following realms: global health, migrant health and immigration advocacy, local health policy, end-of-life care, direct primary care, sports medicine, military health, LGBTQ health, and addiction medicine. And as family doctors tend to do, many of these providers work in more than one of these realms. For many of the first-years who attended, we heard feedback that this was the first time they'd really understood what family medicine is and just how spectacularly broad it can be. For me, it feels like the epitome of a "choose-your-own-adventure" career. I'm very excited to be heading to Klamath Falls this summer for my three-month family medicine rotation as an AHEC Scholar. In Autumn, I'll be working with a Portland organization called Health Bridges International in rural Peru, and learning about the role of full scope medicine abroad.

I'll be handing off the role of Lunch Talks coordinator to Anna Persmark of the 2022 class. She's full of energy and spirit and will be an amazing representative for our field.

Derek Wiseman

During the past few months, many of my favorite medical school and FMIG moments have occurred. In particular, I found it extremely meaningful to interact with Portland's homeless/underserved populations while volunteering at OHSU's Health Care Equity Week, and at Operation Nightwatch, a local homeless resource. Listening to their stories and learning from them has taught me a lot about myself and humanity. Another pivotal experience was my first baby delivery. Through the FMIG Baby Beeper program, I followed a patient through prenatal visits and was able to assist with the delivery. It was an incredible privilege to be present for such a magical life-changing moment. These experiences, and many others, have reinforced my interest in pursuing family medicine. This coming summer I will be spending 12 weeks in Grants Pass on my Family Medicine core rotation through the AHEC Scholars program. Being an FMIG co-lead has been a great honor, and I look forward to seeing what the next group of FMIG leaders accomplish.

Hannah Jacob, Dr. Lisa Kipersztok, and Michael Love in front of the Health Care Equity Health Fair, where free services were provided to underserved Oregonians.

Jordan Gemelas

When I reflect back on the last year as a co-lead of the OHSU FMIG, I remember the inspiring people. My interest in family medicine has only grown over the past year of workshops, panels, conferences, and mentorship but I believe it's the people who make family medicine what it is. There are too many people to name, but everyone who has supported FMIG and who has taken time and energy to engage with us this year has been absolutely vital to our success. It's clear to me that family doctors love what they do, their relationships with patients, and the impact they have on health around the state. I am truly excited for what my medical education holds in store and I can't wait to continue my exploration of family medicine in clerkships.

To maximize the number of students who are involved in FMIG, the co-leads change every year. However, I fully intend to continue being an active member of FMIG as a student and volunteer. My role as Mentorship and Ward Walk coordinator will be passed on to Damon Lerma. I am confident that he and the other new co-leads will continue the spirit of dedication that fueled our team over the past year!

2019 Annual Family Medicine Weekend and ORPRN Convocation

Learn, Relax, and Rejuvenate at Skamania

© Patrik Argast

The most important meeting for family physicians to attend in 2019 will be held May 2-5 at Skamania Lodge in Stevenson, Washington. The OAFP and the Oregon Rural Practice-based Research Network (ORPRN) will work together to create a program that spotlights shared experiences and provides evidence-based continuing medical education; delivers legislative updates and how these changes affect your practice; as well as offering a myriad of highly relevant topics.

On Thursday, May 2, join ORPRN at their annual convocation highlighting the ORPRN mission to improve the health of rural Oregonians by promoting knowledge transfer between communities and clinicians.

On Friday and Saturday, May 3 and 4 the OAFP Annual Family Medicine Weekend begins with lectures, breakout sessions, and hands-on workshops; our KSA Study Hall will complete the programming on Saturday.

On Sunday, May 5, we will offer a special buprenorphine waiver training workshop.

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

- Thursday evening Welcome Dinner for Families*
- The return of Dr. Bill Origer's highly recommended lecture "Drugs 2019: The Good, the Bad and the Useless"
- Campfire sing-along and S'mores with our guitar-toting doctors*
- Important policy updates
- The Friday evening OAFP/Foundation Auction & Dinner*
- Many more workshops and breakout sessions on topics that matter most to family physicians in Oregon, in a program designed by OAFP members from around the state
- Another outstanding KSA Study Group Learning Session with Josh Reagan, on Health Behaviors (8 hours of prescribed CME in a few short hours)
- The 2019 Congress of Members that empowers members to guide the focus and direction of the Academy
- Saturday afternoon Celebration Luncheon when the 2019 Oregon Family Doctor of the Year is announced, and new Academy Leaders will be installed
- Waterleaf Spa for relaxation and rejuvenation*
- An optional Brewery Tour*
- The chance to explore activities including: ziplining, golf, axe throwing, hiking, and aerial park adventures*
- Sunday morning Buprenorphine Waiver Workshop
- Unparalleled camaraderie and community with other Oregon family physicians
- Or… just soaking in the natural beauty of Skamania Lodge and the location*

*These activities are also open to our members' guests. Refer to registration page for costs.

The 2019 OAFP Annual Family Medicine Weekend and ORPRN Convocation has something for everyone. **Registration will be available at www.oafp.org beginning February 1, 2019.**

Legislative Day 2019

One voice advocating for patients across Oregon

The OAFP has successfully advanced legislation in 2015 and 2017, and this year we will build on our progress with a new payment reform bill to further improve primary care spending reporting. Oregon's legislators need to hear from you about why it matters to you, your patients, and your communities.

Join us at the Capitol to hear from Oregon's leaders in health care reform, have face-to-face discussions with your legislators, and talk with colleagues about issues that are critical to family medicine.

We will convene at the Oregon State Library to hear from Oregon's leaders in the morning, and OAFP staff will schedule appointments for you and your elected Representatives and Senators enabling you to share your stories and advocate for our 2019 legislative priorities.

When:
Mon, March 4, 2019
8:00 AM – 1:00 PM PST

Where:
Oregon State Library Building
250 Winter St NE, Rooms 102 & 103
Salem, OR 97301

Who:
Oregon Family Physicians interested in making a difference!

Register Today to Make a Difference! www.oafp.org/events-cme/
We look forward to seeing you on the 4th!

Klamath County Wins Culture of Health Prize

STEWART DECKER, MD

A young girl connects with her heritage during a Klamath Falls celebration.

Communities need a personality. Eugene is a college town, Portland is weird, Bend is for adventurers, and for a long time Klamath Falls was a place that "used to be a logging town." Or, for the cynical among us, it was "the county that ranked last in health outcomes for a decade."

I've lived in Klamath for the last four and a half years, and the words that I, as a shameless optimist, would use to describe Klamath's personality would be "waking up to our own quiet greatness." We are a place that is only recently realizing our resources, potential, and worth. We are a small pond with many industrious, kind, thoughtful, and ambitious fish who are eager to make life a little healthier, easier, more adventurous, and free.

Importantly, Klamath is full of people who think both wishfully and act decisively. We are farmers, business people, hospital CEOs and ranchers who decide to do a little extra to make these "wishful" thoughts become reality. As a result, we have new CSAs, new walking paths, new protected bike lanes and trails, new parks, new wellness centers, improving high school graduation rates, and new grocery stores.

In 2018, all that hard work was recognized, on a national scale. The **Robert Wood Johnson Foundation (RWJF)** is, to quote their website, "the nation's largest philanthropy dedicated solely to health." Each year they award the **Culture of Health Prize**, which goes to "honor communities for efforts to ensure all residents have the opportunity to live healthier lives." **This year, Klamath was one of four national winners, out of 200 applicants.**

In order to win this prestigious prize, a community has to demonstrate excellence in each of six categories:

1. Defining health in the broadest possible terms.
2. Committing to sustainable systems changes and policy-oriented long-term solutions.
3. Creating conditions that give everyone a fair and just opportunity to reach their best possible health.
4. Harnessing the collective power of leaders, partners, and community members.
5. Securing and making the most of available resources.
6. Measuring and sharing progress and results.

In their article on Klamath Falls, the RWJ Foundation lays out beautifully how the work being done in Klamath Falls resonates strongly with these ideals. We understand that health is not just the absence of disease, but includes the mental, physical, and social wellbeing of both individuals who make up a community and the community itself. Moreover, we know that good health includes feeling safe, secure, supported, loved and worthy of love. These things are not possible as an individual; they require a healthy community. In Klamath Falls we have a hospital system that builds parks; a parks system that helps fight crime; a city council that builds bike lanes in neighborhoods the local university has found to be the most impoverished through GIS studies; farmers who help other farmers sell their produce locally to individuals, schools and businesses; businesses that help high school students graduate; and a Klamath Regional Health Equity Coalition with more than two dozen partners. We have the Klamath Tribe overcoming generational trauma by intentionally building empathy between neighbors, and by taking other marginalized populations under their wing. We have tantalizing forests just outside of town and 28 new miles of trail on which to explore them.

It is good for a community to have a personality, and I am so glad that Klamath Falls is developing a personality focused on health. It is important to know that while the RWJ Foundation's prize is a big deal, it did not in any way bestow upon us this culture of health. It merely recognized the work that we had already been doing, and will continue to do. I cannot wait to see where Klamath Falls is five years from now: hopefully still small enough that you know your neighbors; healthy enough that you love them, too.

Local farming provides valuable healthy resources for the community.

WORK
LIFE
BALANCE?
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Come work where you can balance work and life.

To learn more go to SkyLakes.org/Culture

SKY LAKES
MEDICAL CENTER

My Rural Experience

KASSEL GALATY, 2018 AHEC SCHOLAR

Jefferson County Fair

For three months I lived in Madras, Oregon doing my rural family medicine rotation. When I would tell people where I was staying for the summer, some people recognized the name. If they didn't, I'd explain that it was the first town you drove through after the pass over Mt. Hood. If I was still met with blank stares I would say, "You know, where the Safeway is," and recognition would register across their faces.

From the beginning of medical school, I knew I wanted to study medicine in a rural community. Though I had lived in Portland since I was ten years old, for the two years before medical school I had lived in an isolated town high in the Peruvian Andes. I was in the Peace Corps and working as a Community Health Volunteer. I had joined the Peace Corps because I wanted to spend time working in a public health setting testing my determination to become a physician.

Spoiler Alert: It was what I really wanted and where my passion lay.

Medical school is often described as trying to drink out of a fire hose—there's more coming at you than you can possibly retain, but you do the best you can regardless. The fire hose never turned off while I was in Madras, but during my time there, I felt like a valued member of the medical team and had the chance to fully appreciate what life as a rural physician would entail—it was as if I had found a handle to hold on to as I continued to get soaked.

There are countless moments when I was impressed by the ways the staff at Madras Medical Group reached out and worked with the community. A prime example is their approach to sports physicals. For two nights the entire medical community worked together, staying late and donating their time and energy to free sports physicals for the teenagers in Madras. Everyone would fuel up on pizza, and then an assembly line of evaluation would begin. The physical therapists did the musculoskeletal exams; the fire department tested blood pressure, and performed ear and eye exams; and physicians from all three clinics in town listened to the hearts, lungs, and abdomens of the young athletes.

That generosity and willingness to help was essential to the community project I did as part of my rotation. One of the greatest lessons I had learned from my time in Peru is that I am most successful when I am passionate about a project. I decided to focus on early childhood literacy. I read voraciously as a child, and those childhood books helped make me who I am today. Every step of my project was supported and improved by input from the community around me. I reached out to the local library to get posters and fliers to advertise their Storytime in the clinic. They offered to donate the children's

Brett and me riding horses at Margot's ranch. I'm the one in the maroon shirt.

books they had pulled from the shelves for the clinic to use as reading material in the waiting room and to help pilot a book distribution system. I mentioned my project to one of the public health coordinators in town and she told me about Dolly Parton's Imagination Library. It's a national program that sends age appropriate books every month to children's homes from birth to age 5. It was already fully funded in Jefferson County, so I worked with the MAs at the clinic to incorporate enrollment in the program as part of every Well-Child Check. There's a national program called Reach Out and Read (ROR) that provides books and training to primary care clinicians. When I told **Dr. Kristin Delamarter**

about ROR, she told me how she had used the program during residency and thought it would be great to incorporate it into MMG's practice. I felt supported, included, and like a member of the team.

The feeling of belonging wasn't just limited to the scope of my medical education. I learned to drive a stick shift that summer. The mother of a medical student from Madras, despite never having met me, offered to teach me when I reached out. The only problem? She didn't have a stick shift vehicle. Her obvious solution? Ask to use **Dr. Gary Plant's** car (which he generously agreed to let me use). I drove in that same car when I went to the funeral parlor with Dr. Plant to see him work in his capacity as medical examiner and see how our responsibility to patients doesn't end when they've died.

I could give you a better sense of the richness of my summer if I showed you the pictures of the hikes I took up in the forests and trails of Mt. Jefferson, or if I recounted how many shooting stars I saw during the Perseids meteor shower when I camped with friends at Paulina Lake, far from the lights of any city. I could show you the cards the staff gave me as a birthday gift, as a condolence after my grandmother died, and as a goodbye when I left. I'd have to tell you about how Margot, one of the RNs, invited me to come over to her farm and ride horses with her. Together with my classmate Brett, who was studying family medicine at the Warm Springs Reservation nearby, we rode horses through Margot's fields and watched her Cattle dog herd the livestock.

The small scale of the clinic and the relationships the physicians diligently worked to cultivate, helped foster my own sense of responsibility toward the patients. On the weeks my pregnant patients were due, I would sleep with my phone on my pillow, ready to be woken up and called in for the delivery. I'm still early enough in my career that a phone call at 3 am feels exciting as adrenaline surges through my veins. It's a chance to prove my commitment to my patients and my dedication to my field. I learned sterile techniques during the six Caesarean sections in which I participated. The OB nurses helped teach me how to read fetal heart strips, called me when an unexpected delivery came to the hospital, and showed me where to catch some sleep while we waited for a cervix to dilate. I watched the doctors coach their patients and imitated their techniques and encouraging tones (the highest form of flattery, right?). There are children in this world whom I have caught with my own hands and lifted onto their mother's chest at the moment of their birth. I've helped give them their initial vaccines and watched them grow. By the end of medical school, I'll probably end up having delivered more babies on my family medicine rotation than I will have on my OB/GYN.

I don't know yet in what I am going to specialize. I still feel like a pluripotent stem cell. But on each rotation I've had since my rural experience, I find myself holding it up against my time in Madras. How does it compare? Do I feel as fulfilled? Do I think it will give me the same breadth of opportunities? Will it give me the time and space to balance my work and passion for medicine with my other passions—for swimming, reading, hiking, and cooking? Did I feel as connected and valued as I did in Madras? Working in a rural community helped renew my passion for medicine and reminded me of those days in Peru, when I fully committed to pursuing a medical career. My time in Peru made me realize that I wanted to be a doctor because I never wanted to feel limited in how I could impact a patient's care. Being in Madras let me see and work with people living that reality. They wore the hats of primary care, hospitalist, and surgeon. They were as invested in prevention as they were in urgent care. They were living the life I had imagined years before. As someone who grew up in a city, my truth is that living in a rural area means leaving the community I have in Portland and creating a new community for myself. Now, I feel like this would not only be possible but would be well worth the effort.

Canyon Creek meadows hike, with Three Fingered Jack and wildflowers

The last thing I did in clinic was remove a basal cell carcinoma from my patient's neck. It was a moment of triumph, and the accumulation of three months of working closely with the staff in Madras. The MAs (shout-out to April, Bonnie, Mary, Nohemi, and Jessie) knew I loved doing procedures. They made it their mission to tell me about any clinic-scheduled or urgent care procedures. Dr. Plant spent his day off to teach me and another med student how to suture on pig's feet. **Dr. Nick Blake** stopped in, watched us diligently practice our wrist turns, and mentioned that I could help him remove the cancer on a patient whom he allowed me to do my first shave biopsy on last week. On my last day in Madras, after I had packed the car, I came back to the clinic. The MA had laid out gloves in my size next to Dr. Blake's. We came into the room, and Dr. Blake handed me the scalpel. If my months in Madras were a 1980s teenage rom-com, this is the scene where the guy gets the girl and the girl ends up being prom queen. Pure and utter triumph. What's the well-worn phrase we trot out? "See one, do one, teach one". I'm two-thirds of the way there.

OAFP Seeking Input on Resolutions from Members

STEWART DECKER, MD

When I was a medical student I was introduced to the world of health policy and public health through the magic of resolutions. Each year I would go to the National Conference and try to get the AAFP to fund studies of single payer health plans, or divest from big oil, or decry direct to consumer pharmaceutical advertising. I loved it, and I felt I was pushing the AAFP, and subsequently the nation, to do some things better. I felt like I had found the lever with which we could move the world. I still believe this. When I graduated residency I felt a little adrift - I was without my lever. Thankfully, I quickly learned of the avenue for resolutions passed through the state chapters. This, then, is the lever I currently use to shake things up.

As Chair of the External Affairs Commission at the OAFP, I am pleased to announce that one of the things we have decided to do is help family physicians write resolutions. If you have an idea that you want to see the OAFP, or even AAFP, pursue, start drafting a resolution, and when you get stuck, send it our way.

We hope that this will lead to an influx of well researched, well thought out, and well drafted resolutions. **Please send your ideas to our Executive Director, Betsy Boyd-Flynn.** I look forward to reading your ideas.

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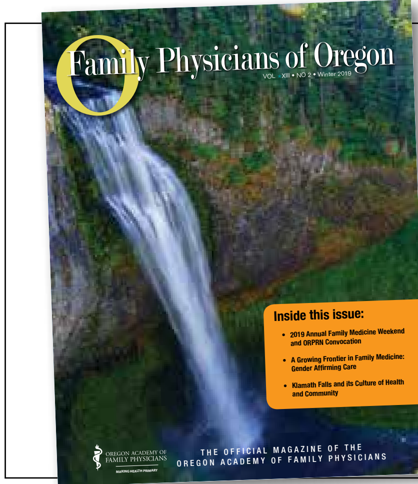

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A Growing Frontier in Family Medicine: Gender-Affirming Care

CHRISTINA MILANO, MD, ASSOCIATE PROFESSOR AND
CO-FOUNDER OF THE OHSU TRANSGENDER HEALTH PROGRAM,
OHSU DEPARTMENT OF FAMILY MEDICINE

Transgender. Gender Diverse. Gender Nonbinary. These may be terms you've known all your life, terms you've only just come to encounter in the last few years, or terms that are entirely unfamiliar. Our society's understanding of gender identity is expanding at a breathtaking pace, and so, too, the language to describe this complex aspect of our identities.

It was a thrill to open my mailbox this month and see the cover of the current AAFP journal (December 1, 2018), featuring "Caring for Transgender and Gender Diverse Persons: What Clinicians Should Know" as the lead article.[1] Gender-affirming care (care of a patient that both honors and adapts to the gender they know themselves to be) is squarely within the scope of a family practice physician, encompassing both primary care over the lifetime and gender-affirming hormone therapy.

Gender incongruence (the mismatch between phenotypic sex and known gender identity) remains a major risk factor for depression,

THP Members at the Richmond Clinic provide compassionate, focused care for Transgender and Gender Diverse Persons. Photo by Eleanor Gorman

In the words of a beloved Transgender patient of mine who lives on Oregon's coast, "…having a body more consonant with my mind is an incredible gift and an amazing relief."

suicidality and avoidance of necessary and preventive medical care, largely due to the recurrent trauma of rejection and discrimination.[2] Ensuring that Transgender individuals have easy access to safe and competent care is a matter of health equity and saves lives.

Here in Oregon, we've made significant strides in making gender-affirming care both accessible and affordable for most Oregonians. In 2012, Oregon's Insurance Division issued Bulletin INS 2012-1,[3] explicitly articulating the need for parity in health care services as it relates to gender identity. This ensures that medically necessary treatments covered for cisgender individuals (patients who feel their phenotypic sex and gender identity align) would, by law, need to be covered for Transgender individuals. Beginning in 2015, the Oregon Health Authority approved Gender Dysphoria (ICD-10 F64.0) as an "above the line" diagnosis, extending Medicaid coverage for pubertal blockade (for youth), hormone therapy and most gender-affirming surgeries.[4]

In the years that have followed, OHSU has seen a remarkable growth in the number of Trans-identifying patients seeking care. At last count, we've identified 1,200 gender diverse patients to be currently established in our Family Medicine clinics. OHSU Family Medicine is an anchor member of OHSU's Transgender Health Program – an interdisciplinary team of providers, staff and community members working in a collective manner to optimize the experience of Transgender individuals who visit our health center.[5] Among our more recent activities, we've revamped the signage on all bathrooms throughout the campus, incorporated gender diverse peer volunteers into our clinics and inpatient settings, produced a series of recurring patient education classes, and conducted cultural competency trainings for over 8,000 employees. In Spring of 2019, fourth-year OHSU Family Medicine resident, **Ben Hersh, MD**, will oversee the first Transgender-focused OSCE for Family Medicine residents at our patient simulation center.

Throughout Oregon, interest and advocacy is on the rise to improve the experience of Transgender individuals seeking care. Just last month, St. Charles Health System in Bend made the trauma-informed decision to remove the gender designation from patient identification bracelets.[6] This was in direct response to a Trans Health training organized by a grass-roots group of community members and providers – The Central Oregon Transgender Healthcare Coalition. St. Charles Health System's leadership promptly recognized the harm that can be incurred by having the wrong gender designation on a wristband – also known as a "misgendering mishap" – and implemented the change. Transgender-focused trainings have also recently occurred in Klamath Falls, Eugene, Springfield, Salem and at our OAFP Spring Conference.

I remain optimistic for the future of Transgender care in Oregon as I hear from countless family medicine residents and students who wish to gain competence in meeting the health care needs of this vulnerable community. To expand your own knowledge, I recommend the December 1, 2018 AAFP journal article (per above), the Endocrine Society 2017 Guideline "Endocrine Treatment of Gender-Incongruent Persons",[7] "UCSF's Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People",[8] and the WPATH Standards of Care, v.7,[9] all of which are freely available online.

In the words of a beloved Transgender patient of mine who lives on Oregon's coast, "…having a body more consonant with my mind is an incredible gift and an amazing relief."

1. https://www.aafp.org/afp/2018/1201/
2. http://www.ustranssurvey.org/
3. https://dfr.oregon.gov/laws-rules/Documents/Bulletins/bulletin2012-01.pdf
4. http://www.basicrights.org/wp-content/uploads/2015/09/OHP_FAQ_For_Individuals_Nov_2015.pdf
5. https://www.ohsu.edu/xd/health/services/transgender-health/
6. https://www.bendbulletin.com/localstate/6679740-151/st-charles-removes-gender-from-patient-id-wristbands
7. https://www.endocrine.org/guidelines-and-clinical-practice/clinical-practice-guidelines/gender-dysphoria-gender-incongruence
8. http://transhealth.ucsf.edu/
9. https://www.wpath.org/publications/soc

Assistance for Improving PDMP Access

Oregon Health Authority has joined Oregon Health Leadership Council (OHLC) and Appriss Health to launch the statewide Prescription Drug Monitoring Program (PDMP) Integration initiative. For the first time, authorized Oregon prescribers and pharmacists can have one-click access to PDMP data within their own electronic workflow. This initiative aligns with broader state and federal efforts to increase the use of PDMPs to reduce inappropriate prescriptions, improve patient outcomes, and promote more informed prescribing practices.

Currently, Oregon prescribers and pharmacists must log in to separate systems to query patient PDMP information, which takes important time away from patient care. Integration simplifies the patient query process by making PDMP data directly available to prescribers and pharmacists in their daily workflow. This point-of-care integration increases the ease of access to and use of PDMP information for making critical clinical decisions, including the prescribing and dispensing of controlled substances, as well as patient care and safety.

For more information, access the HIT Commons eNewsletter on the OHLC's website at http://www.orhealthleadershipcouncil.org/hit-commons/

The Benefits to Prescribers

- **Faster**
  One-click access from within your electronic workflow without needing to enter and search for your patient

- **Simpler**
  Allows prescribers and pharmacists to retrieve PDMP data without the need to memorize passwords or log into a different system

- **On Demand**
  Utilize PDMP data at the point of care, for help in prescription and clinical decision making

Up to **4 mins/patient**
time savings reported

Oregon Medicaid Meaningful Use Technical Assistance Program

The Oregon Health Authority (OHA) and OCHIN have teamed up to bring Oregon's Medicaid providers the Oregon Medicaid Meaningful Use Technical Assistance Program (OMMUTAP). The program offers a suite of no-cost services to help you:

- Meaningful Use/MIPS Compliant Risk and Security Assessment
- Effectively access and use patient information when and where it is needed, and meet CCO reporting measures
- Achieve Meaningful Use and qualify for financial incentives

OMMUTAP's technical assistance services are available to the following health care providers throughout Oregon who treat Medicaid patients:

- Physicians (MD/DO/ND)
- Nurse Practitioners, including Certified Nurse Midwives
- Physician Assistants who furnish services in a Federally Qualified Health Center or Rural Health Clinic that is led by a PA
- Dentists

More information about OMMUTAP, including a full menu of services is available on the web.
There are limited enrollment spots remaining and OCHIN is now scheduling assistance through the remainder of the program.

To enroll, please contact:

Courtney Stennick, Program Manager
stennickc@ochin.org
503.830.9636

Kavon Wynia, Account Manager
wyniak@ochin.org
503.943.2563

Oregon's Medicaid Meaningful Use
Technical Assistance Program

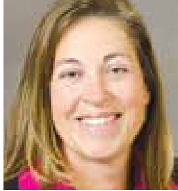
COMMUNITY OPPORTUNITIES ON WEBSITE

We have created a space for our members to search for TA (technical assistance) and research opportunities on our website.

Visit www.oafp.org/community to learn more.

If you know of other resources, we would love to hear about them.
Contact Louise Merrigan at OAFP.

•MEMBERS IN THE NEWS



AAFP Nominated Family Physician Selected to PCORI Board of Directors

On September 25, **Jennifer DeVoe, MD, DPhil** was appointed to serve on the Patient-Centered Outcomes Research Institute (PCORI) Board of Governors. Dr. DeVoe is Professor and Chair of the Department of Family Medicine at OHSU.

Family Medicine Champion Advances in Salem

OAFP Past President **Senator Elizabeth Steiner Hayward, MD**, was recently appointed with Sen. Betsy Johnson as Joint Co-Chair of the Joint Ways and Means Committee for the upcoming legislative session. This is the second most-powerful position in the Oregon Senate, sharing responsibility for setting the state's budget.

Congratulations to Klamath Falls!

Klamath Falls was selected as a winner of the Robert Wood Johnson Foundation's Culture of Health Award. This program recognizes innovative cross-sector collaboration to make a difference in the health of a community. Kudos to our members in Klamath Falls for your incredible work!

Member Honored with JADECOM Award

Daisuke Yamashita, MD practiced as a general practitioner and educator while in his home country of Japan. In 2006, he moved to the US and began his family medicine internship at OHSU. A 2009 graduate of the program, he completed a two-year fellowship in leadership at OHSU Family Medicine. Presently he is an assistant professor of Family Medicine at OHSU.

Since relocating to Portland, Dr. Yamashita has returned to Japan to provide site visits, conduct workshops, give lectures, and provide assistance to JADECOM's Exchange Program. In March 2011, he participated in the disaster relief work for the Tohoku earthquake and tsunami. For four weeks, he assisted at the Onagawa Community Medical Center which is operated by JADECOM.

OHSU leaders and trainees and JADECOM leaders gather to celebrate Dr. Daisuke Yamashita as inaugural recipient of the JADECOM Scholar in Family Medicine. (Photo by OHSU)

•FROM THE OMA PRESIDENT

FRED C. WILLIAMS, MD, PRESIDENT, 2018-19, OREGON MEDICAL ASSOCIATION

When Nessi, my wife of 43 years, swore me in as 144th President of the Oregon Medical Association in September of 2018, I delivered an installation address with a triple appeal for diversity, equity, and justice. This column is a distillation of those remarks.

My mother was an intelligence officer for the U.S. Air Force, my father a head and neck surgeon and a Korean War soldier in the recently desegregated U.S. Army. I was born in Tokyo, earned my medical degree in Texas, and completed residencies in California and Arizona.

And I've always felt very much at home in Oregon. This year I was even in the Gaston, Oregon annual parade, dressed as a continental soldier complete with rifle and tricorn hat. I feel it was appropriate for me to dress this way because up to one in ten of the soldiers in the continental army were black. I am proud of the U.S. flag and what it stands for, even though we do not live up to its ideals 100% of the time.

I have three appeals to make of you, readers.

My first appeal is for diversity, in our Oregon society, and in our medicine. Oregon history offers plentiful and painful examples of the mistreatment of Native Americans, and African Americans, as well as the Chinese, the Japanese, Hispanics and Latinos, the gay community, and women.

Carrying this idea over into science, it's been proven: lack of diversity is economically and medically bad for us. Additionally, deadly mistakes can be made when there is a lack of diversity in research participants. So how do we improve it?

This brings me to my second appeal, for equity. We need to understand the economics, living conditions, hazards, concerns, cultures, religions, and personalities of the patients we treat. Coordinated Care Organizations (CCOs) have been overwhelmed, so we can and must pick this idea back up and move it forward. Medical societies and associations are perfect vehicles for reinvigorating a comprehensive review of patients' circumstances, so Oregonians will get what they need.

These are big ideas. How do we sustain them as we move forward? **That brings me to my third appeal: for justice.**

Injustice is in conflict with our medical morality. We need to get involved whenever there is injustice—children separated from mothers, women harassed in the workplace, our fellow citizens shot and killed by the people whose job it is to provide security—we can't just sit around if we truly care about the health of our society. People need to know we are on their side.

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These are my three appeals: improved diversity, through equity, sustained by justice. Please join me in making this a reality. I look forward to a challenging and successful year, working with you to bring about a better Oregon for us all.

Oregon POLST Version 13

The 2019 Oregon POLST Form (version 13) will be effective on January 2, 2019. The Oregon POLST Coalition asks that all health systems implement the use of the 2019 form by April 8, 2019. Like all previous versions, the 2019 form is a result of changes and updates suggested by POLST stakeholders, quality data from the Oregon POLST Registry, and published research. The summary of the changes can be found here and in the Oregon POLST Professional Resource Library.

The 2019 form will be available to order online on December 21, 2018, and entities interested in printing their own forms should contact the Oregon POLST Program at polst@ohsu.edu.

2019 Family Doctor of the Year Nominations

Do you know someone who has the necessary qualities to be considered for the 2019 Oregon Family Doctor of the Year Award? If you have someone you would like to nominate, please contact us at your earliest convenience so we can confirm that your nominee is an OAFP member. We can discuss with you the nomination categories (colleague, patient, community leader and friend) and the minimum number of nominations required in each category to provide a robust nomination packet.

As the OAFP's Family Medicine Weekend will be held May 2 - 5, 2019, we request that the nomination information be received by February 15, 2019. Here's a link to the nomination form: https://oafp.org/dr-of-the-year/. We look forward to hearing from you.

SAVE THESE DATES

For more information, contact Betsy Boyd-Flynn at the Oregon Academy of Family Physicians
www.oafp.org • 503-528-0961

LEGISLATIVE DAY

March 4, 2019
Salem, OR

72ND ANNUAL SPRING FAMILY MEDICINE WEEKEND & ORPRN CONVOCATION

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

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Clinical trials bring us closer to the day when all cancer patients can become survivors.

Clinical trials are an essential path to progress and the brightest torch researchers have to light their way to better treatments. That's because clinical trials allow researchers to test cutting-edge and potentially life-saving treatments while giving participants access to the best options available.

If you're interested in exploring new treatment options that may also light the path to better treatments for other patients, a clinical trial may be the right option for you. **Speak with your doctor and visit StandUpToCancer.org/ClinicalTrials to learn more.**

Sonequa Martin-Green, SU2C Ambassador

Stand Up To Cancer is a division of the Entertainment Industry Foundation, a 501(c)(3) charitable organization.

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