



Family Physicians of Oregon

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Inside this Issue:

- **Maternal Mortality: Pregnancy Related Cardiovascular Risk**
- **2020 Annual Family Medicine Weekend**
- **An Interview with Dr. Kevin Ewanchyna, OMA's New President**

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Family Physicians of Oregon

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About the cover:

Snowy Winter Scene with Weak Sun by toplakava. Although the lack of sunshine (and Vitamin D) can plague Oregonians during the winter months, there is still beauty to be found.



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OREGON ACADEMY OF
FAMILY PHYSICIANS

MAKING HEALTH PRIMARY

EDITION 52

• PRESIDENT'S MESSAGE



RUTH CHANG, MD, FAFP, OAFP PRESIDENT
NORTHWEST PERMANENTE, PC - CHIEF PEOPLE OFFICER & VICE PRESIDENT

Road Trip to Lebanon

It was a cool, misty, gray morning in Portland, typical for early fall. Betsy promptly picked me up from my home in Southeast Portland and drove us down the I-5 to Lebanon. We had taken the day to go visit Western University of Health Sciences College of Osteopathic Medicine of the Pacific (COMP-Northwest) campus. Betsy, who is ever thoughtful, brought a box of freshly baked oatmeal raisin cookies from a local bakery for the medical students and faculty we were going to meet. Our goal for our visit was to build relationships between the Oregon Academy of Family Physicians (OAFP) and COMP-Northwest.

According to their website, COMP-Northwest is the second medical school campus of the College of Osteopathic Medicine of the Pacific, which is the medical school of Western University of Health Sciences (Western U) in Pomona, California. Western U is a comprehensive graduate university of health professions, with nine colleges in medicine, dentistry, nursing, pharmacy, optometry, podiatry, health sciences, biomedical sciences and veterinary medicine. COMP-Northwest, an expansion site of COMP in Pomona, enrolled its first 100 students in 2011. It follows the same well-established curriculum developed at COMP during the past 35 years and is fully accredited. The faculty may be in Pomona or in Lebanon; students interact with professors on both campuses seamlessly.

At the school, Kim Ketcham, Assistant Director of Clinical Education, greeted us and we had the pleasure to meet with **Dr. John Pham**, Associate Professor of Family Medicine and Vice Dean, **Dr. Derrick Sorweide**, Assistant Professor of Family Medicine, **Dr. Robyn Dreibelbis**, Vice Chair and Associate Professor of Family Medicine and Chief Wellness Officer, **Dr. Mirabelle Fernandez Paul**, Assistant Dean of Student Affairs and **David Walls**, Betsy's counterpart from the Osteopathic Physicians and Surgeons of Oregon. We discussed various opportunities for OAFP and the American Academy of Family Physicians to support the students

who are interested in a career in family medicine. The AAFP provides funding to students interested in starting a formal Family Medicine Interest Group, or a similar club.

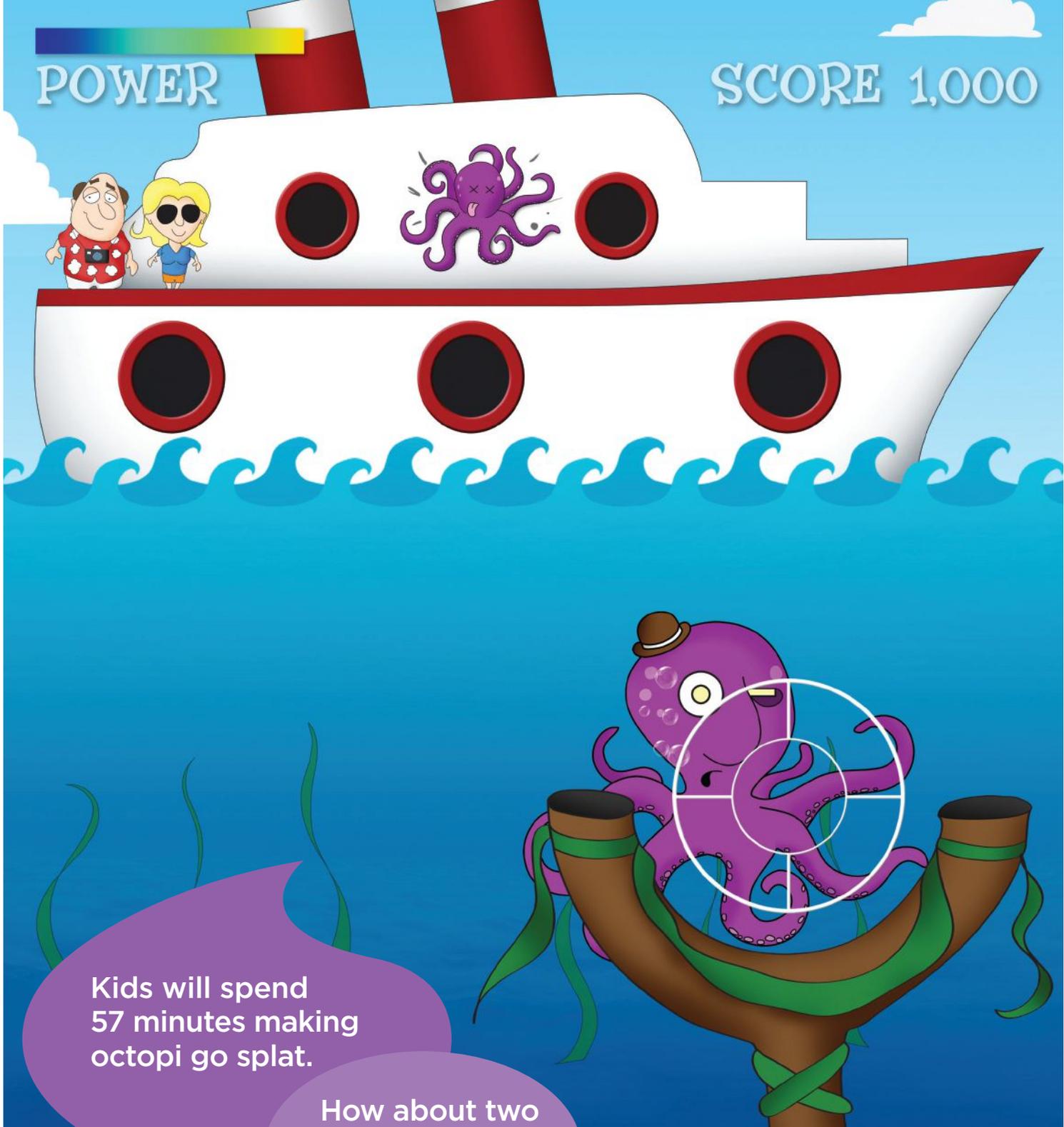
Due to a recent change in bylaws for the OAFP, we have one seat on the Board of Directors reserved for a student from COMP-Northwest, and we specifically seek students from that program to join our Commissions. We discussed how this conversation was good timing as the 2020 National Residency Match Program will combine allopathic and osteopathic residencies into one match. I was excited to see that several of the leaders in the medical school are family physicians who were very interested in promoting family medicine.

After a tour of the beautiful state-of-the-art medical school building, Betsy and I had an opportunity to meet with students who had carved time out of their busy days to meet. They were in the middle of mid-term evaluations so the conversation and cookies were a welcome break. They asked us thoughtful questions about the OAFP—what are we doing to support advocacy for family physicians and patients? What type of practices are our members in and how does OAFP support them? We then discussed a range of their future career interests from sports medicine in an urban setting to rural full scope family medicine. A couple of students expressed interest in joining our board. The students were also interested in opportunities to present posters and to network with family physicians at our spring conference.

Oregon Academy of Family Physicians values inclusion and aims to support all family physicians. With COMP-Northwest having graduated five classes of medical students, and 27% of the most recent class entering family medicine, they have become one of the main sources of future family physicians. This is a key partnership for us to strengthen and build. We look forward to seeing more of our osteopathic physician members and student members at the spring conference in Portland on April 23-25, 2020 at the downtown Embassy Suites.

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• GREETINGS FROM THE OAFP



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

OAFP Support for Residency Program Directors Enters New Phase

The OAFP's current effort to determine how best to support family medicine residency programs in Oregon began in 2016. After several meetings to discuss possible efforts, Kerry Gonzales secured a strategic planning grant from the Oregon Graduate Medical Education Consortium (OGMEC) in 2017 to accelerate those conversations. Throughout 2018 and 2019, we have pulled the program directors together to create a vision for the program, and develop a governance structure that allows the group to take action. With new significant funding from OGMEC, OAFP will expand staff capacity in 2020 and offer marketing assistance, faculty development events, and resources to connect and support FM residency programs in a program we're calling the Oregon Residency Collaborative Alliance for Family Medicine, or ORCA-FM for short.

The group considered several possibilities for ORCA-FM's structure, ranging from launching a new nonprofit entity, to seeking a sponsoring partner from OHSU or another institution, to starting out as a program of OAFP. With approval from the OAFP Board, we chose the latter option in part because OAFP is recognized as a neutral organization that can operate with lean overhead. This may help us get additional grant funding from the community to support the work. We are lucky to have OGMEC as a funding supporter, because the group understands that the work ahead is both capacity building (that is, supporting the time and effort to develop ORCA-FM's governance and operational structure, and to seek more funding) and program delivery.

Many OAFP members from the Pacific Northwest may be familiar with WWAMI, the network program housed

at the University of Washington to provide resources, research and information to member residency sites across five states. With 30 member programs and substantial direct funding from the state, WWAMI offers an example of what can be possible, though our program's scale will certainly be more modest. Another program from Colorado offers a different model of an independent organization, while California's AFP chapter offers a more limited program of networking and support to more than 60 residency programs across that state. ORCA-FM hopes to borrow from the best aspects of all these programs.



(Left to right): Justin Osborn, MD (Providence Oregon), Joyce Hollander-Rodriguez, MD (OHSU Cascades East), M. Kay Nordling, MD, FAAFP (OHSU-Tuality), Joe Skariah, DO, MPH (OHSU Portland), John Edwards, MD, MPH, FAAFP (Samaritan), and Chip Taylor, MD, MPH, FAAFP (Roseburg)

In October, most of the program directors (pictured above) met in Bend to develop a mission statement, and a vision for the organization. Oregon has five residency sites currently training family physicians, with three more sites launching in the next two years.

Justin Osborn, MD, has taken on the role of Chair

of ORCA-FM, with **Joyce Hollander-Rodriguez, MD**, taking on the role of Vice-Chair, and **Bob Gobbo, MD, FAAFP**, (not pictured) stepping into the role of Education Chair. Dr. Osborn will serve as an ex-officio liaison to the OAFP Board, helping to keep the Board briefed on the program's progress. Look for more updates in this magazine as we grow.

What's next:

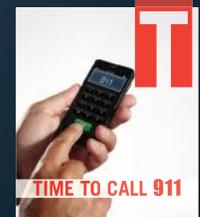
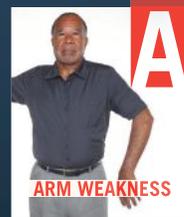
Faculty Development Event: Late winter/spring 2020

Student and Resident Educational Program at OAFP's Annual Conference: April 23

Marketing website for ORCA-FM programs: Target launch June 2020

AAFP National Conference: July 2020
Coordinated exhibits and branding

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2020 OAFP Annual Conference

A Must Attend Meeting for Family Physicians to Learn, Connect and Rejuvenate

April 23 – 25, 2020



This 2020 OAFP Annual Conference is striking a new balance. With a focused session on PHYSICIAN HEALTH FIRST, the program will blend clinical and policy education with focused opportunities to CONNECT and LEARN from your peers.

New this year, we're partnering with ORPRN as a presenting sponsor, to mix practical sessions into the entire program.

Thursday, April 23

- Half-day program for students and residents, including clinical workshops
- Half-day LEADERSHIP workshop (limited to 40 participants)
- Buprenorphine Waiver Training
- Volunteer activity
- Poster Session with students and residents
- Doctors' Jam Session

Friday, April 24

- *AAFP Physician Health First* workshop session
- Two sets of four breakout sessions – including clinical, policy, and practice topics, and an update on certification from ABFM
- ORPRN plenary session: Unhealthy Alcohol Use
- Networking breaks in the Exhibit Hall
- Foundation Happy Hour and Auction

Saturday, April 25

- Congress of Members including conferring of fellows
- Policy Update
- Pennington Lecture: Diabetes Program with **Dr. Kevin Ewanchyna**
- More breakouts including: **Dr. Bill Origer's** lecture "Drugs 2020: The Good, the Bad and the Useless", and the Oregon Wellness Program
- Celebration Luncheon including the naming of the Family Medicine Doctor of the Year
- Closing plenary session: **Dr. Eva Galvez** on Social Determinants of Health
- KSA Study Hall on Care for the Vulnerable Elderly with **Dr. Josh Reagan**
- Clinical workshop: Perineal Repair with **Drs. Bob Gobbo** and **Johanna Warren**
- Clinical workshop: POCUS with **Dr. Brandon Chase**

Over the weekend, we will also have the following available:

- Kids' Room
- Nursing Mother Space
- And more to come...

Registration will open January 1.

Sign up before February 15 for Early Bird Discounts.

Visit us at www.oafp.org/ac.

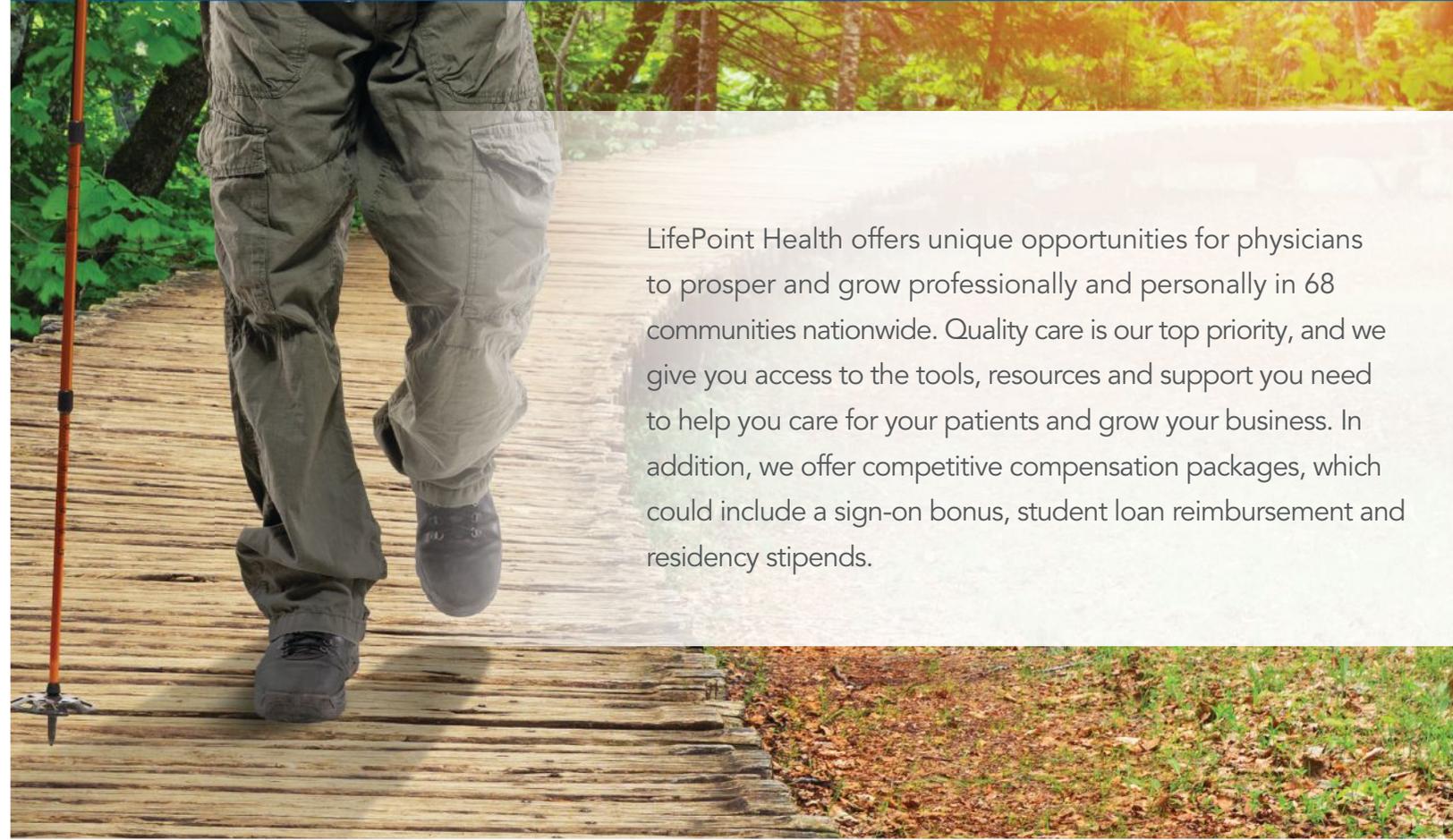


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SAM BARBER, LOBBY OREGON - OAFP LOBBYIST

Looking ahead to Salem in February

With a growing stack of legislative concepts on the table, the 2020 Legislative Session is swiftly approaching. This February, Oregon's Legislature will convene in Salem for five weeks to balance the budget and consider a limited number of policy options and funding requests. Democrats will continue to enjoy supermajorities in both chambers but whether they will be able to utilize that power is a different question.

Last session we saw Senate Republicans leave the state twice, denying the Senate a quorum to vote. The first time resulted in the death of the bill to disallow non-medical vaccine exemptions *as well as* omnibus gun control legislation. The second instance resulted in the death of many Democrats' number one priority last session, capping carbon emissions. The Democratic caucuses would love to follow through on those proposals in this session, but the question is at what cost? Without any guarantee they can keep the Republicans in the building, will Democrats risk blowing up the entire session over one or two bills? Hard to say. What we do know is there are a number of health-related bills the OAFP will be watching. Here are a few areas to keep your eye on:

Public Health - the rumor is that we will not see non-medical exemption legislation this session, but there will likely be a vaping flavor ban. Governor Brown issued an executive order doing as much, but questions of legality have it tied up in the courts. We will also see bills allowing pharmacists to prescribe HIV prevention medication (based on similar legislation passed in California) and the Nurses Association want to give nurse practitioners the authority to prescribe marijuana and CBD.

Administrative Burden and Payment – a large group of proponents will be back with a proposal to improve “utilization management” tactics used by insurers such as prior authorizations and step therapy. The Oregon Medical Association and others would like to see things like mandatory response and decision times for prior authorizations, covered alternatives when a denial is issued, and step therapy history that follows a patient from one insurer to the next. Health insurers killed the bill last session by arguing it would cause huge cost increases to public employee health plans. Rep. Rachel Prusak (D-Tualatin), a nurse practitioner who works with homebound patients, will be proposing a bill to require pay parity for telehealth services in Medicaid. Though a specific proposal is yet to come, she says it's an access issue for the patients she serves, as well as folks in rural areas.

Behavioral Health – it's no secret that there is an extreme lack of access to behavioral health care in Oregon. Hospitals are forced to board patients who show up in crisis because of a dearth of community placements equipped to handle such patients. Oregon ranks #1 among states for marijuana and pain reliever use, #2 for methamphetamine, and #4 for alcohol and cocaine. And these issues are exacerbated by a fragmented reimbursement system, a lack of housing, and significant provider shortages. The legislature has responded by forming committees in both chambers to focus on the topic and a \$15-20 million dollar investment in community mental health is already on the table.

This session, the OAFP will continue to put patients first. But improved health, patient experience and lower costs are inextricably linked with provider satisfaction, and our lens and feedback will reflect that.

Between Legislative Sessions, Work On Health Care Continues



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

As we have often noted, legislative sessions are only part of the policy making process. While OAFP has strong representation in Salem during the session, staff and volunteers continue to work between sessions as legislation gets translated into policy. In late 2018, a workgroup on Universal Access to Healthcare (UAC) concluded its work and issued findings about potential strategies; one was focused on creating a public option through Medicaid buy-in, and as of December 2019, that group is being convened by Rep. Andrea Salinas (D-Lake Oswego) to begin work in 2020.

Another workgroup tasked with exploring options out of the UAC workgroup will launch in March 2020. This group, convened by Rep. Rachel Prusak (D-West Linn), will work to ensure there are no barriers to access for primary care through simplifying how it is paid for. Prusak, who is a family nurse practitioner, invited past OAFP President **Glenn Rodriguez, MD**, to serve on that team following his work on the prior UAC workgroup.

Though the legal mechanism for the potential model for simplified payment has complex political ramifications, the idea for primary care "enhancement" was well received in the prior workgroup; legislators from both parties have been intrigued by the potential to improve care and decrease administrative cost, and six other states have worked on a primary care "trust" model. In its advocacy work,

Work in these two areas is part of OAFP's larger strategic priority of asserting the importance of comprehensive or advanced primary care, and making sure patients have access to it without barriers and making sure clinics and care providers are paid fairly for the complex work they do.

OAFP often cites the 2018 Duke study published in JAMA that showed approximately \$100k of physician time each year per primary care physician including documentation, billing, and re-work. That work is often done during evenings and weekends and is a burden on physician health and vitality. It also represents real dollars that could be redeployed to fund more and better care providers. Recognizing that primary care needs further support to fulfill the potential of the PCPCH model the state has spent seven years investing in, one way to support that is to create a shared "utility" for payment across public and private insurers, to eliminate variation in payment processes.

PCPCH Standards Update Coming Soon

Work on updating the PCPCH standards met seven times between July and December 2019. The group was tasked with updating standards last released in 2015, and those

recommendations will be released publicly in January or February.

Dr. Rodriguez participated in this work as well, and reports that a key issue he raised to the group was that a core function of the PCPCH is supposed to be communication; the group discussed the issue and identified a new standard. The group had a good spectrum of participation though engagement from private health insurers was less robust than could be ideal. Still the changes to the standards are directionally correct, and will result in better standards overall, focused on clarity and accountability, which should bolster confidence in the model among private insurers.

Work in these two areas is part of OAFP's larger strategic priority of asserting the importance of comprehensive or advanced primary care, and making sure patients have access to it without barriers and making sure clinics and care providers are paid fairly for the complex work they do.

ABFM: What's New?

Performance Improvement Requirement:

Approaches To Family Medicine Certification



ELIZABETH BAXLEY, ABFM - EXECUTIVE VICE PRESIDENT
ASHLEY WEBB, ABFM - DIRECTOR OF OUTREACH

The goal of the **Performance Improvement** (PI) requirement for certification is to demonstrate that, as a board-certified family physician, you can reflectively look at information about your practice, identify an opportunity for improvement, put an intervention in place, and remeasure to see if that change resulted in an improvement. When first established in 2004, this consisted of Performance in Practice Modules (PPMs) that were downloaded from the Physician Portfolio and completed using patient data and surveys. Today, while a similarly-constructed activity is available for this requirement, we recognize that it is far more common for family physicians to already be engaged in doing quality improvement in practice, and when that is the case, the goal of the PI requirement is already being met. We also appreciate that more options were needed for physicians whose practice scope and environment is different (hospital-based, urgent or emergent care settings, locum tenens, hospice/palliative care, sports medicine, etc.). Finally, for those physicians who are no longer clinically active, it did not make sense to continue to require a clinically based PI activity. As a result, the following changes have been made over the last five years to support greater choice and relevance while eliminating the need for unnecessary redundancy of work:

- a. The Self-Directed PI Project is best suited to an individual or

small group of family physicians to report on a project already implemented in practice, or to provide a roadmap for creating a quality improvement project that is meaningful to their current scope of practice. As more Diplomates are learning of this option, the trend toward selecting this option has grown and the feedback has been very positive. The application process has been streamlined (averaging ~10 mins to complete) to require only the necessary information to demonstrate the cycle of measure, intervention and remeasure, and to attest to level of participation in the effort. More information about this can be found in your Physician Portfolio. This pathway is ideally suited for family physicians in non-continuity practice, as it allows selection of any area of improvement they wish to make, regardless of practice setting.

- b. For larger groups of family physicians (> 10), the Organizational PI Activity option is worth consideration. If you are participating in an ACO, CIN, health system network, or similarly constructed group of physicians who are working on improving care together, your organization can apply to be a sponsor for reporting your efforts in this work to the ABFM for your PI credit. Information about this option can be found at [<https://theabfm.com/extendsponsor/>].

This pathway also allows for state chapters and other organized entities to become sponsors of Performance Improvement activities and to report on your behalf.

- c. If you are participating in NCQA recognition programs, a Practice Transformation Network, or CPC+, You may be able to receive credit for a certificate/recognition or award you have achieved for your improvement work (e.g. NCQA, CPC+, Practice Transformation Network, etc.). You can log into your Physician Portfolio and attest to your participation.
- d. If you are using ABFM's PRIME registry to help you manage data from your EHR, you can select something you wish to improve on from what is already being measured on your dashboard, implement an intervention, and PRIME will remeasure and seamlessly submit your data to ABFM for PI activity credit using the PI activity within PRIME registry.
- e. The Residency Performance Improvement Program (ResPIP) pathway is a means for residency programs to demonstrate their ability to develop and oversee the successful completion of performance improvement (PI) projects for residents and faculty that meet the ABFM Family Medicine Certification

requirements. Approved sponsors will be able to develop and oversee PI projects without having to submit an application for each activity for ABFM review. For more information go to <https://theabfm.mymocam.com/respip/>.

f. Another exciting new option is the Precepting Performance Improvement Program. If you are teaching students or residents in your practice

at a level of 180 hours of 1:1 during your 3-year stage, this option, developed through collaboration with the Society of Teachers of Family Medicine, allows you to receive PI activity credit for improving your teaching skills. Linking to an approved academic sponsor, who will help develop, oversee and report PI projects for teaching physicians, provides a pathway to earning your PI

activity credit in a new way that supports the clinical preceptor, which is vital to the training of future physicians. More information about the Precepting Program is available at <https://theabfm.mymocam.com/precepting/sponsors/>.

Oregon physicians participating in CPC+ can earn PI credit for their involvement. See below for more information.

Physicians Engaged In CPC+ Can Receive ABFM Performance Improvement Credit – Here’s How!



KAITLIN MCGUFFIE, OHIO AFP – DIRECTOR OF FOUNDATION & STRATEGIC PROGRAMS

The Comprehensive Primary Care Plus (CPC+) program is a second-phase national advanced primary care medical home model that aims to strengthen primary care through multi-payer payment reform and care delivery transformation; Oregon is one of the participating states. CPC+ includes two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices in the United States.

Participants in the program can claim American Board of Family Medicine (ABFM) Family Medicine Certification Performance Improvement credit for your involvement – providing you with 20 certification points for your current stage!

The ABFM recognizes the

work you are currently doing and understands that your involvement in the CPC+ initiative is designed to improve the performance of your practice and strengthen primary care for our country. Therefore, there is an option within your physician portfolio to include your participation in CPC+ and receive credit.

To find this option, visit your ABFM Physician Portfolio, then:

- Access performance improvement activities
- View all PI activities
- Find “Comprehensive Primary Care Plus – Certification Performance Improvement Credit”
- View more information and select start

Once you hit start, the system will walk you through a simple attestation application process.

You will then be guided through about eleven questions. Many of these questions have a dropdown answer selection, while others ask for brief information regarding your participation in the program including a problem statement, how you chose to improve care, and simple baseline and outcomes data.

Overall, this is much simpler than other performance improvement activity steps with respect to reporting data to the ABFM, because the ABFM recognizes the complex work you’re doing as a participant in the CPC+ initiative – a win, win for all!

The ABFM can also help with any specific Family Medicine Certification questions. Please call the **Support Center at 877.223.7437**, email at **help@theabfm.org**, or utilize the live chat function on the website.

An Interview with Dr. Kevin Ewanchyna, OMA's New President



BETSY BOYD-FLYNN, OAFP - EXECUTIVE DIRECTOR

Family physician **Kevin Ewanchyna, MD**, is the current Oregon Medical Association President and Vice President and Chief Medical Officer of Samaritan Health Plans. We spoke with him recently about the work he is leading in his presidential year on a type 2 diabetes prevention initiative launched in fall 2019 with the Oregon Health Authority, called Steering Toward Health. We also discussed how OMA and OAFP can work best together.

The Steering Toward Health initiative grew out of conversations with OHA and OMA about shared priorities, and is in some ways an extension of his work as a champion for expanding prediabetes screening in an ongoing campaign with AMA and CDC. Family physicians are ideally positioned for this work. "We are great diagnosticians and provide excellent treatment, but preventing diabetes and other diseases is at the heart of what we do," he says. Other collaborative work in Oregon on chronic disease, such as heart disease and stroke, is still to come.

Ewanchyna has a personal stake in the work: both his parents and his wife have the condition, and his own pre-diabetes quiz revealed real risk. He wants all patients to be armed with the ammunition they need to prevent a disease state that has disastrous – and very expensive – outcomes. The goal is to decrease incidence of type 2 diabetes, or stop people in their progression from prediabetes to diabetes. This has real potential to impact the triple aim.

Key success metrics are increased physician awareness of prediabetes as a condition they can diagnose with an ICD-10 code and manage. Oregon also needs more diabetes prevention programs regionally and statewide; tracking the number new programs will be an important marker. Importantly, increased diagnoses and incidence will likely be a positive indicator over the near term, as previously undiagnosed people are identified.

Though Oregon has done so much work on health care transformation, much more lies ahead, and family physicians have a huge role to play.

Containing Cost

Dr. Ewanchyna also serves on a governor-appointed Implementation Committee charged with setting a growth target for health care costs. He is the only practicing clinician in the group, and his experience as an employed physician and executive in a health plan, and president of the OMA, all give him an essential point of view. His task will be to balance all these roles, representing physicians but also bringing an awareness from the health plan perspective of how good utilization management tools can work.

We discussed barriers to participation in efforts like this for physicians. As an administrative physician, he is able to block his schedule but recognizes this is not possible for many. There will likely be roles for physicians to participate on task forces and subcommittees, specifically looking at evidence-based practices as a tool for cost containment. As these more focused bodies of work go forward, he will encourage the committee staff to structure participation so that clinicians can take part without disrupting their practice or patient access.

Power in Numbers

Ewanchyna emphasized his firm belief in the power of associations; he has always been a member of OMA and OAFP. OAFP membership reflects his pride as a family physician and advances his perspectives in that specialty, while membership in the OMA helps him feel connected to medicine in a larger sense. "It goes back to my premed and medical school days. We're all physicians first and foremost, and there isn't another voice in the state that represents all physicians regardless of specialty. To have effective advocacy and true communication in the state, we should belong to both," he says. The connection between the size of the organization and its ability to impact policy is clear; more members mean more strength, and the ability to take on a broader scope.

Though Oregon has done so much work on health care transformation, much more lies ahead, and family physicians have a huge role to play. Family physicians are well-skilled to incorporate strategies to address the challenges in steering

the health system's change in focus to population health, health equity, social determinants of health and mental and behavioral health. "We can use our voices to advocate for better mental and behavioral health access and care, because we know that these aspects of health must come before physical health," Ewanchyna says. More family physicians need to offer addiction and substance use disorder treatment; they can be key champions in the push to and educate patients, and use SBIRT screening to uncover alcohol use, misuse and abuse, and help direct strategies to address addiction and recovery. Family physicians are more essential than ever.

Dr. Ewanchyna will deliver the OHSU Pennington Lecture at the OAFP Annual Conference on April 25 on the Steering Toward Health initiative. The conference will offer a no-cost preconference workshop for physicians seeking a buprenorphine waiver, and experts from conference Presenting Sponsor ORPRN will offer a plenary talk on their work with experts on expanding the use of SBIRT.

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NEIGHBORHOOD MEETING PLACE: _____
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OTHER IMPORTANT INFORMATION: _____

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Family Emergency Plan



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TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
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OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

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OREGON ACADEMY OF FAMILY PHYSICIANS

2020 Annual Family Medicine Conference

Additional Support Opportunities

This year we are offering our members, friends and colleagues additional opportunities to participate and support our annual conference. Please contact Louise Merrigan at mail@oafp.org for more information. You can also find the necessary forms on our website at www.oafp.org/ac.

CONFERENCE PROGRAM BOOK _____ \$150 to \$500

Our comprehensive program book will include information about speakers, sessions, and all the necessary information pertinent to our attendees' itineraries. Post conference, a pdf of the book will be available on our website for up to one year.

Full page: inside cover (2 available).....	\$500	Half-page.....	\$250
Full page.....	\$350	Quarter-page.....	\$150

OAFP MEMBER MATTERS E-NEWSLETTER _____ \$200 to \$500

This bi-weekly newsletter is distributed via email to over 2,000 family physicians, residents, and medical students. Conference sponsors will be acknowledged in this publication.

Three months.....	\$500	One month.....	\$200
Two months.....	\$350		

CAREER OPPORTUNITIES BOARD _____ \$350

Place your 8 1/2" x 11" career listing on the job board, centrally located near Registration.

OAFP/FOUNDATION AUCTION DONATION _____ AMOUNT VARIES

Donate a gift to be auctioned off at the Annual Auction, held on Friday, April 24, 2020.

RESTRICTIONS APPLY _____

Please note that no goods or services may be advertised or exchanged . Please feel free to contact us for more information.

Calling All Primary Care Providers!

Two Opportunities to Understand Lung Cancer Screening in Oregon

Option 1: SURVEY! Please complete a brief survey (approximately 5 minutes) about the experiences of rural and urban primary care providers with lung cancer screening in Oregon.

Access the survey here: <https://octri.ohsu.edu/redcap/surveys/?s=WAK9TXKPYJ>

Option 2: INTERVIEW! We would like to conduct interviews with rural primary care providers regarding their experiences with lung cancer screening.

To participate, please contact Sarah Bumatay at bumatay@ohsu.edu or 503-494-3652.

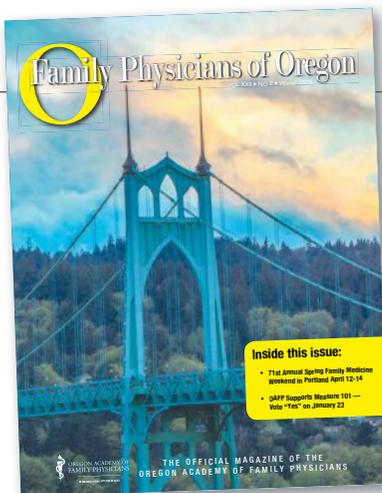
The Oregon Rural Practice-based Research Network (ORPRN) is conducting this study in partnership with the VA Portland Health Care System with funding from the Knight Cancer Institute.

We will use the findings to:

- Describe primary care clinician experiences with lung cancer screening programs across Oregon
- Identify barriers and facilitators to lung cancer screening program implementation
- Inform interventions to improve access to and quality of lung cancer screening programs in rural and urban settings.

If you have additional questions, please contact Sarah Bumatay at

bumatay@ohsu.edu or ORPRN@ohsu.edu for more details.



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THINK
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THEIR CHILD
IN THE RIGHT
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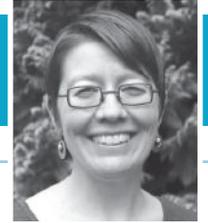


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HEATHER ANGIER, PHD, MPH, OHSU SCHOOL OF MEDICINE - ASST. PROFESSOR, FAMILY MED.

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SONJA LIKUMAHUWA-ACKMAN, MD, MPH, OHSU SCHOOL OF MEDICINE - RESEARCH PROGRAM MGR, FAMILY MED.

Dissemination and Implementation Science: *Building on Primary Care's Rich History of Practice-Based Research*

Dissemination and Implementation (D&I) Research is an emerging new scientific field, but its focus is familiar: how to get evidence into practice. New evidence that informs clinical practice is generated and synthesized into new guidelines every day, such as the preventive care guidelines created by the US Preventive Services Task Force (USPSTF). In most cases, however, the publication and distribution of these guidelines is not enough to stimulate comprehensive and lasting change across the health care system and for all populations of patients. A plethora of other strategies are often employed to offer additional support to health care teams and systems in making recommended changes.

In primary care, we have participated in and experienced many of these implementation support efforts: payment incentives, clinical decision support tools, quality measurement and reporting, best-practice alerts, chronic disease registries, health maintenance modifiers, toolkits, new workflows or clinical staffing, practice facilitators/coaches, and learning collaboratives (to name just a few!). Sometimes, it

feels like these support strategies are extremely helpful; other times, they are not helpful at all. In most cases, “one size does not fit all.” Depending on unique practice, patient, and community characteristics, different strategies will likely be needed to effect lasting change.

This is one of the problems that D&I researchers are hoping to solve. To learn more about identifying and deploying the most effective strategies to get evidence into practice, D&I researchers explore critical questions: (1) what are the most effective ways to spread information about new evidence and available guidelines; (2) what can be done to implement new evidence more quickly and completely; and (3) what are the barriers and facilitators of optimal integration of evidence into practice (e.g., workflows, payment, resources), and how do we minimize the barriers and maximize the facilitators to improve the way we’re approaching and implementing practice change.

The work done by Oregon’s family medicine teams participating in practice-based research networks (PBRNs), such as the Oregon Rural

Practice-based Research Network (ORPRN) and the OCHIN PBRN, has already helped to identify many of the factors that impact a primary care clinic’s ability to sustainably integrate new evidence. A few examples include staff turnover, payment models out of alignment, chaotic work environments, a new electronic medical record (EMR) system, an outdated EMR system, a mismatch between staff resources and necessary activities.

Primary care PBRNs are the perfect “laboratories” for conducting D&I research for several reasons. First, longitudinal relationships between practices executing multiple projects enable the improvement of research processes over time. This means that clinician–researcher partnerships do not need to reinvent the wheel, so to speak, with every new study. This can build trust, increase efficiency, streamline communication, and improve the ability to successfully implement complicated methods/protocols in a variety of different settings.

Another advantage is that practices and clinicians play a more active role in producing high-quality

research applicable to their patients, which may also streamline patient recruitment into new initiatives.

Lastly, this model allows researcher–community clinician partnerships, which are crucial to informing all stages of research. Real-world observations are necessary to properly frame research questions, to focus questions and methods on hypotheses with clinical significance and patient-centered impacts, and to interpret findings for the community setting.

The fundamental work done by PBRNs in Oregon has been instrumental in pointing D&I research teams to the most important D&I barriers and informing their development of D&I

interventions to overcome these barriers.

In partnership with primary care PBRNs, OHSU Family Medicine continues to be at the forefront of this exciting scientific work. The OHSU Department of Family Medicine and OCHIN, Inc. were just awarded a grant from the National Cancer Institute to support the development of a center focused on **B**uilding **R**esearch in **I**mplementation and **D**issemination to close **G**aps and achieve **E**quity in **C**ancer **C**ontrol (BRIDGE-C²). With a focus on cancer screening and prevention in primary care, the **BRIDGE-C²** Center will develop and test methods to understand crucial, real-world information about a

practice setting and to integrate this information into an approach that adapts and tailors support for each practice and community. Woven throughout these activities will be the Center’s focus on mentoring and training D&I research teams and leveraging collaborations to increase D&I research capacity in primary care.

This Center builds on our long tradition in Oregon of bringing together practicing clinicians and researchers to do impactful scientific work and will allow us to strengthen our infrastructure that supports generation of “practice-based evidence” for how to improve our ability to deliver “evidence-based practice.”

Family Practice and Internal Medicine Physicians



Join Our Provider Team!

Pacific Medical Group is a local, growing practice with five clinic locations in the Portland Metro and surrounding areas. We are looking for dynamic physicians to join and expand our progressive practice.

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All Pacific Medical Group clinics have received Recognition as a Patient-Centered Medical Home by the NCQA (National Committee of Quality Assurance) and the State of Oregon.

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To learn more about Pacific Medical Group, please visit our website at www.pacificmedicalgroup.com
To apply, submit CV and cover letter to Elaine Daugherty, HR Manager, by email at careers@pacificmedicalgroup.com or by fax to 503-914-0335.

OHSU Family Medicine Teams Up With OCHIN – \$7.2 Million NIH Grant



AMANDA GIBBS, OHSU KNIGHT CANCER INSTITUTE - COMMUNICATIONS MANAGER



Dr. DeVoe with a patient

Jen DeVoe, MD, DPhil, professor and chair of the Department of Family Medicine in the OHSU School of Medicine and senior research adviser for OCHIN, will lead a team of highly skilled researchers from OHSU and OCHIN.

“Tackling a problem of this size requires collaboration,” she says. “We plan to leverage and strengthen the unique partnerships between the OHSU Department of Family Medicine, the OHSU Knight Cancer Institute, and OCHIN’s well-

established national network. We will develop and incubate ideas in OHSU family medicine clinics and then disseminate effective strategies to hundreds of health centers across the OCHIN network.”

DeVoe says the development of effective strategies to improve our knowledge about how to implement cancer prevention methods to reach all patients in community health centers can reduce or eliminate disparities.

"We know what works to prevent cancer – like tobacco cessation or regular health screenings – but little is known about the best strategies to support health systems in their efforts to consistently implement those guideline-based recommendations consistently and broadly," explains DeVoe, "This study will help us make sure evidence-based care gets to every person who needs it."

The six centers all feature "implementation laboratories" involving clinical and community sites that will engage in implementation research across the cancer control continuum. These centers collectively provide leadership for an Implementation Science consortium across this and other Cancer Moonshot initiatives. Other centers are located at Harvard University, University of Colorado Denver, University of Washington, Wake Forest School of Medicine, and Washington University in St. Louis.

Research reported in this press release is supported by the National Cancer Institute, part of the National Institutes of Health under award number P50CA244289.

Please visit <https://news.ohsu.edu/2019/10/28/ohsu-ochin-awarded-7-2-million-nih-grant-to-implement-cancer-prevention-strategies-for-the-article-in-its-entirety>.

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All activities have been approved for *AMA PRA Category 1 credits*™.
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 Satellite conference sites in Coos Bay, La Grande, Klamath Falls, and Boise, ID

 Application for AAFP Credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.



STUDENTS SPEAK OUT!

Fall 2019 has been an exciting and busy time for OHSU FMIG!



Here's what we've doing:

September

In late September, OHSU FMIG supported the Sports Medicine team by helping to recruit volunteers for medical care at the Portland Marathon and hosting **Drs. Ryan Petering, JP Valette,** and **Sean Robinson** for a talk on common injuries and the role of health care professionals at sporting events. **Dr. Ben Schneider** also joined us for our annual circumcision workshop. Twelve first- and second-year students were guided on the steps to performing a successful circumcision and got some hands-on practice performing some pacifier circumcisions of their own.



Circumcision Practice: Med22 Students Ryley Saedi-Kwon and Haley Schroeder enjoy some hands-on training.

FMIG also hosted our annual "Meet the Docs" dinner. A panel of family physicians (**Dr. Sean Robinson, Dr. Amy Wisner, Dr. Rick Moberly, Dr. Sumathi Devarajan, Dr. Clea Lopez, Dr. Divneet Kaur, Dr. Lyn Jacobs, Dr. Anthony Cheng,** and **Dr. Jean Yau**) spoke to first- and second-year medical students about the wide spectrum of possibilities within family medicine. Topics included rural and urban care, supporting immigrant health, labor and delivery, and the challenges and joys of balancing a full life with full scope family medicine. Special thanks to the OAFP foundation for funding the meal!



OHSU FMIG Meet the Docs (right to left): **Dr. Sean Robinson, Dr. Lyn Jacobs, Dr. Rick Moberly, Dr. Anthony Cheng, Dr. Amy Wisner, Dr. Divneet Kaur**

September also marks the time of year where we pair incoming students with family medicine residents and upperclassman as part of FMIG's Mentorship Program. This program is designed to help incoming medical students interested in family medicine build relationships within the department and have a mentor to guide them through their time at OHSU. We hope the relationships built through the program are meaningful and last beyond their time at OHSU.

October

After a busy September and with finals week for Med22 and Med23, October slowed down a bit for FMIG. But we didn't forget to celebrate Halloween! **Drs. Jessica Flynn** and **Jean Yau** joined us for an introduction to labor and delivery. First- and second-year students learned about the stages of labor, pregnancy dating, and common complications before diving in and performing their own deliveries on some models.



A Model Delivery: **Dr. Jessica Flynn** guides first year medical student **Joey Hebl** through his first delivery.

November

In November, FMIG organized another volunteering event with Operation Nightwatch during which five students spent their Friday evening serving Portland's houseless community. Students welcomed guests and passed out food and warm drinks at the Downtown Hospitality Center.

FMIG also participated in OHSU's annual MINI-MED event, which welcomed 150-200 high school and college students from across Portland to participate in various medicine, health, and science related programming and mentorships. Two of the FMIG leads, **Alex Kiesling** and Erin Heath, along with one of their classmates, Haley Schroeder, held an IUD insertion workshop with papayas! Students were simultaneously fascinated and horrified as we explained the utility and insertion of IUDs. Many students couldn't believe when we explained that the model IUDs were actual size and far less scary than they sound. We like to think we not only trained a few potential future doctors that day, but also, with the help of the OHSU Women's Health Interest Group, promoted safe sex and empowered young women to advocate for their sexual health.



IUD Insertion Workshop: Erin Heath, Haley Schroeder, and Alex Kiesling leading a workshop for high school and college students at OHSU's annual Mini-Med event.

Some of the FMIG leads volunteered at OHSU's annual Health Care Equity Fair (HCEF). HCEF is a free health fair that provides health care services to underserved populations, including blood pressure checks, hearing and vision exams, reading glasses, women's health counseling, medication reviews, diabetic foot screenings, illness education, dental care, a hot meal, and haircuts.

Ward walks with family medicine residents came to an end for 2019 as **Dr. Justin Lee** led an exciting tour of various presentations of anemia. First- and second-year students were given the opportunity to work with several patients and hone their interviewing and physical exam skills before clerkship. We thank Dr. Lee, and many of the family medicine residents, for their dedication to teaching medical students. It has been a pleasure to learn with you all and we look forward to ward walks in 2020.



OHSU Med22 Students and HCEF Leadership Team: Rachel Caron, Phu Nguyen, Miles Fletcher, and Hannah Kim volunteering at the 2019 Fair.

Finally, FMIG hosted the talk "Can I Afford Primary Care?" This provided first- and second-year students with the opportunity to ask questions about debt management, future job possibilities, and how to have a fulfilling career with financial solvency. Students learned that there a path in primary care is certainly affordable as well as rewarding.

We closed out November by welcoming the new 2019-2020 FMIG leads over dinner and ice cream sundaes at our Leadership Dinner.



Leadership Dinner (left to right): Ryley Saedi-Kwon, Alex Kiesling, George Derk, Jessica Osborn, Joey Hebl, Alex Houck, Erin Heath, Damon Lerma, Anna Persmark (Missing Trisha Chau)

The past year flew by, and we are grateful to everyone who contributed their time and expertise, allowing us to offer students compelling talks, workshops, ward walks, mentorship and opportunities to be involved in our community beyond OHSU.

If you are interested in getting involved, OHSU FMIG leads welcome any advice, assistance, or ideas. Please email Rachel Faino at holguira@ohsu.edu if you have available resources or are willing to volunteer for lunchtime talks, workshops, or medical student mentorship.



Martin Balish, MD



Daniel Brown, MD



Kelly Chung, MD



Thomas Crawford, MD



Devin Gattey, MD



Grant Lindquist, MD



Nisha Nagarkatti-Gude, MD



Jacqueline Ng, MD



Christen Richard, MD



David Sanders, MD



Vasiliki Stoumbos, MD



Zoey Stoumbos, MD

Partnering with Oregon Family Practice Physicians
Providing Medical and Surgical Eye Care for more than 35 Years

Personalized Care, Knowledge and Kindness a Priority at Oregon Eye Specialists

Eye care has changed a lot in the 21st century, but at Oregon Eye Specialists, PC, one thing has remained constant: a passionate dedication to a high quality of service in an environment that puts patients first. With a staff of 150, across six clinics, Oregon Eye Specialists, PC provides a full spectrum of eye care services, including ophthalmology, optometry and surgical care. At Oregon Eye Specialists, our highly trained ophthalmologists support patients with routine eye care and treatment as well as surgical services. From macular degeneration and cataract surgery to dry eye treatments, and glaucoma management, the clinic's team is dedicated to providing medical care that is compassionate and exceptional.

Dedicated to our communities, in 2019, the clinics partnered with Oregon Food Bank in the Hunger Does Not Take a Break food drive, helping to provide more than 8,500 meals to Oregon residents. Further, our staff volunteered at a Portland build site, working alongside Habitat for Humanity to provide a home for a low-income family. Dedication to community and the public good is what you'll find throughout the Oregon Eye Specialists, PC staff. A few examples: Dr. Devin M. Gattey traveled with Cure Blindness to Aksum, a city in northern Ethiopia, where his team performed 550 cataract surgeries in five days in a modest hospital operating room. He has made 15 outreach trips in his capacity as an eye surgeon to places like India, Vietnam, Guatemala and Paraguay. Dr. Grant R. Lindquist and Dr. Vasiliki D. Stoumbos have traveled to Mexico with Medical Teams International to do cataract surgery for local residents in need. And over the last nine years, Dr. Daniel Brown has actively been involved with Great Shape iCARE missions, providing eye exams, prescription glasses, surgeries and education to people in Jamaica. Each of our physicians have dedicated their time and resources to giving back to our communities. Each of our physicians have dedicated their time and resources to giving back to our communities.



25 Years of Serving Oregon Physicians.

Your patients deserve our expertise.

Oregon Eye Specialists is committed to partnering with physicians across the region to improve the overall health of our community.

We work with many family practice physicians in Oregon to improve diabetic screenings, treat cataracts and address glaucoma concerns.

Together we can deliver clarity to the people of Oregon.



Martin Balish, M.D.



Daniel Brown, M.D.



Kelly Chung, M.D.



Thomas Crawford, M.D.



Devin Gattey, M.D.



Grant Lindquist, M.D.



Nisha Nagarkatti-Gude, M.D., Ph.D.



Jacqueline Ng, M.D.



Christen Richard, M.D.



David Sanders, M.D., M.P.H.



Vassie Stoumbos, M.D.



Zoey Stoumbos, M.D.

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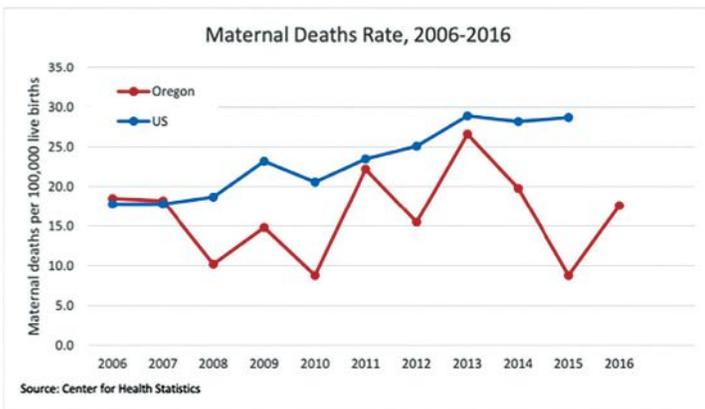


JOHANNA WARREN, MD, OHSU SCHOOL OF MEDICINE - INTERIM CHIEF PRIMARY CARE & POPULATION HEALTH OFFICER; DIVISION HEAD, CTR. FOR WOMEN'S HEALTH PRIMARY CARE; ASSOC. PROFESSOR, FAMILY MED. & OB/GYN

We are all familiar with the disturbing trajectory in maternal morbidity and mortality in the United States. Unfortunately, this trend is true for Oregon as well¹. Efforts are underway to identify, review, and analyze maternal mortality, but we all must begin to act now.

Table 1: Pregnancy-Related Cardiovascular Risk Indicators²

- Preeclampsia, HELLP, eclampsia
- Gestational hypertension
- Gestational diabetes
- Fetal growth restriction (FGR) (birth weight < 2500g at term or <5th percentile for gestational age)
- Idiopathic preterm birth
- Placental abruption
- Excessive weight gain in pregnancy, postpartum weight retention



Cardiovascular disease is the leading cause of death in women. Pregnancy is a cardiovascular stress test. It reveals a woman's future susceptibility to metabolic and vascular disease. Preeclampsia, HELLP syndrome, and eclampsia are the most studied of these pregnancy-related cardiovascular risk indicators (see table 1) and confer an increased risk of overall cardiovascular disease (relative risk [RR] 2.15, 95% CI 1.76-2.61), hypertension (RR 4.46, 95% CI 3.14-6.33), ischemic heart disease (RR 2.06, 95% CI 1.68-2.52, stroke (RR 1.53, 95% CI 1.21-1.92, and diabetes (RR 2.27, 95% CI 1.55-3.32) compared with women who have uncomplicated pregnancies³.

Pregnancy and the postpartum period are opportunities for cardiovascular risk identification and management. According to a 2019 American Academy of Family Physicians (AAFP) survey, 82% of family physicians in Oregon incorporate chronic care management into their practices, whereas only 22% of these family physicians provide obstetrical care⁴. We tend to get stuck on the latter statistic. We lose sight of the fact that the vast majority of us provide longitudinal primary care for women and their families across their lives. This includes preconception care and postpartum care, whether we explicitly call it such or not. We are responsible for supporting women in planning their pregnancies and ensuring patients are healthy prior to, between, and after pregnancy.

The underlying contributors to cardiovascular events are often present for years before the onset of clinical symptoms. Hypertension, obesity, diabetes, and dyslipidemia are not unfamiliar conditions in our practices. We now need to address these risk factors with our patients at every visit for our

reproductive age patients, not only when they seek preconception care. For those with an elevated body mass index (BMI), we have opportunity to discuss the importance of weight loss between pregnancies and empower our patients to initiate routine physical activity. For those at risk for preeclampsia and fetal growth restriction, we need to initiate low-dose aspirin. For women at risk for preterm labor, we need to discuss progesterone for prevention of preterm birth. And for all, we need to ensure our patients that are either trying to achieve pregnancy or not actively trying to prevent pregnancy are taking folic acid supplementation.

Family physicians are poised to address social determinants of health within our medical homes and to develop and implement strategies to mitigate some of the health concerns that fall upon the most vulnerable in our communities. We care for diverse patient populations and should adopt practices that reduce racial and ethnic disparities in the perinatal health of our patients.

We have worked for the last decade to support our patients in their transitions from hospital to home. The transitions for our young families demand the same attention to detail as our more medically complex adults. Just under 50% of the maternal deaths occur in the first six weeks postpartum⁵. This is often prior to any office follow-up visits. Paladine and colleagues⁶ encourage us to initiate postpartum care within three weeks after delivery for uncomplicated births, and to provide a comprehensive assessment with preventive counseling for future risk reduction during the postpartum period. Women with hypertensive disorders in pregnancy need to be seen sooner, within seven days of delivery.

Early and comprehensive follow-up postpartum care challenges our current systems. The family physicians who provide continuity primary care before, during, and after pregnancy need to drive system change to schedule more frequent and comprehensive visits for their patients. They also play a key role in educating our colleagues and teams around this paradigm shift, and adding care plans and key pregnancy-related diagnoses to problem lists. In an era of attention to hierarchical condition category (HCC) coding, we need to set the expectation for

keeping future cardiovascular risk factors front and center in the ongoing care of our patients. Most do this through use of the problem list or past medical history. There are ICD-10 codes to reflect these risk factors. I encourage you to use them. How else will we remember to screen high-risk women over time, especially when care during pregnancy may be fragmented from their primary care in their medical home?

It is incumbent upon us to ensure high quality health care for women across their lifespan. Our demonstrated dedication, dependability, and commitment to longitudinal care can begin to reverse this trend. Don't let others drive this care. Develop and incorporate ways to identify pregnancy related cardiovascular risk indicators and create care plans for the future of these women. They are your patients. The health of families and our communities depends on you.

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ANTECEDENT and PINPOINT



Your primary care clinic is invited to participate in two complementary Oregon Rural Practice-based Research Network (ORPRN) projects to address substance use disorders.

- Oregon has one of the highest rates of prescription opioid misuse in the United States and five Oregonians die each week from opioid overdoses.
- Oregon ranks eighth nationally in the number of residents who drink heavily. In 2016, 1,855 Oregonians died from alcohol-related causes – a 32% increase in the overall rate of alcohol-related deaths since 2001.

Clinics will receive FREE TECHNICAL ASSISTANCE by joining one, or both, of the projects described below. Both projects offer a menu of evidence-based activities that will be tailored to meet your clinic's needs. The projects' scope and duration can be modified for each enrolled clinic. Together, we have an opportunity to make an impact on addiction health in Oregon.

ANTECEDENT (pArtNerships To Enhance alCohol scrEening, treatment, and intErveNTion) is a 3-year study, funded by the Agency for Healthcare Research & Quality (AHRQ), to address unhealthy alcohol use in primary care. ANTECEDENT is aligned with the Oregon Health Authority (OHA) Coordinated Care Organization (CCO) incentive metric for Screening, Brief Intervention, and Referral to Treatment (SBIRT) for unhealthy alcohol and drug use. All participating clinics will receive foundational support delivered by an ORPRN team member – including a baseline assessment of SBIRT reporting, workflows, and clinic capacity; access to the SBIRT Oregon intervention toolkit and electronic

screening tools; and an exit assessment to report SBIRT performance data. Clinics that participate in ANTECEDENT can engage in a tailored supplemental support plan that could include monthly quality improvement coaching for up to 12 months (MOC Part IV credit available); access to topic-specific webinars, motivational interview training, and academic detailing; and/or health IT support for SBIRT tracking and reporting. Clinics can initiate ANTECEDENT activities between Winter 2020 and Spring 2021. To enroll or learn more about ANTECEDENT, please contact: ANTECEDENT@ohsu.edu, 503-494-4365.

The PINPOINT (PaIn and oPioid maNagement) Collaborative is a 3-year CDC-funded project that focuses on the complex and changing nature of the opioid overdose epidemic and highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. Clinics participating in PINPOINT will receive regional quality improvement training focused on chronic pain management and opioid prescribing practices and will conduct a baseline assessment with an ORPRN team member. Additionally, clinics that participate in PINPOINT can engage in a tailored supplemental support plan that could include monthly quality improvement coaching for up to 12 months (MOC Part IV credit available), topic-specific learning collaboratives, and academic detailing sessions. Clinics can initiate PINPOINT activities in May 2020 and August 2020. To enroll or learn more about PINPOINT, please contact: myersem@ohsu.edu, 503-318-2293.

ANTECEDENT and PINPOINT complement one another and have been designed for your clinic to easily engage in both with few additional meetings. We hope to work with your clinic and, together, address substance use disorders in our state!



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IT'S TIME TO HONOR AN OUTSTANDING COLLEAGUE 2020 FAMILY DOCTOR OF THE YEAR NOMINATIONS

Do you know someone who has the necessary qualities to be considered for the 2020 Oregon Family Doctor of the Year? If you have someone you would like to nominate for this prestigious award, please contact us at your earliest convenience. Once we confirm that your nominee is an OAFP member, we will discuss the process and timeline for your candidate. Next year's Oregon Family Doctor of the Year will be announced at our Annual Conference which will be held in Portland from April 23 to 25. Nominations and all supporting materials must be submitted by February 15, 2020. Please contact Louise Merrigan at mail@oafp.org. We look forward to hearing from you soon!

CONNECTING TO OAFP AND AAFP

There are many ways to connect to your academy, both on the state and national level.

Oregon Academy of Family Physicians

	Office	1717 NE 42 nd Ave, Ste 2103, Portland, OR 97213
	Website	www.oafp.org
	Phone	503.528.0961
	Email	mail@oafp.org
	Twitter	@oregonafp
	Facebook	@oregonfamilydocs
	Instagram	@oregonfmdocs
	LinkedIn	Oregon Academy of Family Physicians
	Annual Conference	April 23 – 25, 2020, Embassy Suites – Portland Register at www.oafp.org/ac

American Academy of Family Physicians

	Office	11400 Tomahawk Creek Pkwy, Leawood, KS 66211
	Website	www.aafp.org
	Phone	800.274.2237
	Email	aafp@aafp.org
	Twitter	@aafp
	Facebook	@familymed
	LinkedIn	American Academy of Family Physicians

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David Benzel, Growing Champions For Life

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