

# Oregon ACP NEWSLETTER

## Dear Oregon ACP Colleagues, Friends and Chosen Family –

### *Late Winter Greetings!*

February was Black History Month, a time intended to recognize the rich history and contributions of African-Americans to our state and country. In Oregon, this history – fraught with systemic oppression and injustice – demonstrates the determination, creativity, hope, and strength of Black people. Understanding the history of the Black experience in Oregon helps us as a physician community to understand the health disparities which we struggle to rectify every day. I invite you to learn more about the history of our Black communities in Oregon this month!

I hope you found time over the darkest months to celebrate life and recharge. As our days get longer and work reclaims much of our attention, don't forget to pause again and celebrate the coming of spring with family, friends, and our community.

*There's no sanctuary more qualified to restore one's sense of humanity than time spent around a dinner table with one's family and friends.*

– Terrance Brennan

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With that in mind, I hope you'll find time to gather with us at upcoming events (see the list of events below, check the OR ACP website to register and monitor for updates, or email [office@oregonacp.org](mailto:office@oregonacp.org) with any questions).

The sense of fellowship among peers buoys our spirits when facing difficulties and long days. Having a community who are more than "co-workers" extends our capacity to help patients dealing with hardships and ensures we see the light through the trees. (Finding time for "tree-bathing" is also highly recommended!)

Please note that providing opportunities for connection and focusing on the well-being of our internal medicine community as we come out of the pandemic years is an important priority of Oregon ACP this year. The Finance Committee chose to budget additional funding to support activities and programming with that in mind. As noted by our Wellbeing Champions who spoke during the "Governor's Hour" at the 2022 Chapter meeting, connection and social interaction protects us against other factors contributing to the high burnout rates in medicine.





Membership and member dues allow the Chapter and the College to do the work ACP does. When your renewal notice arrives in the coming months, don't delay your renewal and inadvertently lose your connection to College and Chapter updates. Your participation and support are an important part of this community and the work of the College. Please note that ACP offers special dues rate categories in recognition that members may have special circumstances in their lives.

Please check on your eligibility (Special dues rate categories).

Read on to meet our new Executive Director for Oregon ACP, to get updates on advocacy and educational resources, to find out about upcoming priorities of the College, and read a member spotlight.

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I hope to get a chance to meet many of you during upcoming events!

Warm regards,  
Jenny

Jenny Silberger, MD FACP  
Governor, Oregon Chapter of ACP

## Upcoming Events and Opportunities to Gather

### ACP Palooza

March 2, 2023 | 6:30PM | Lucky Lab in SW Portland  
(Sponsored by Oregon ACP's DEI/Membership Committee, Council of Early Career Physicians, and the Wellness Committee)

### Advocacy Day in Salem

March 16, 2023 | 8:00AM | Reed Opera House in Salem  
(Sponsored by Oregon ACP's Health and Public Policy Committee)

### Oregon Medical Association Day at the Capitol 2023

April 17, 2023 | 8:30AM  
(for the die-hard advocates among us who can't get enough in Salem!)

### Virtual Event Series,

### "Combatting Sexual Harassment in the Medical Profession"

April 4, April 20, May 3, May 15 | 6:30PM - 8:00PM  
(Sponsored by Oregon ACP/Council of Women in Medicine and the Heatherington Foundation)

### ACP Internal Medicine Meeting 2023

April 27-29, 2023 | San Diego, CA

### Leadership Day 2023

May 23-24, 2023 | Washington DC

### Oregon Chapter Scientific Meeting 2023

October 26-28, 2023 | Salem Convention Center

## Gratitude to Our Chapter Infrastructure Steering Committee Volunteer Members

I am writing with gratitude to our many Chapter volunteer members. The work of the Chapter could not move forward without ACP members in Oregon who are inspired to participate and bring their ideas to fruition. One such group this past year was the Chapter Infrastructure Steering Committee (CISC). After 8 months of careful work, the CISC disbanded in late January, quietly and without fanfare, but their work was incredibly important and worth sharing..

This group of ACP members was ably led by Dr. Adam Obley (Chair) and Dr. Alex Schafir (Secretary) and included Dr. Sima Desai, Dr. Angelina Platas, Dr. Laura Holton, Dr. Sarah Rahkola, Dr. Melinda Muller, and Dr. Marianne Parshley. Chapter leadership has noticed the incredible pace of change which the past three years have brought and initiated a process for evaluating the changing needs of our Committees and Councils.

With this ad hoc committee initiating a process of assessment last June, our longstanding executive director, Mary Olhausen, decided this offered an opportunity for her to cut back on her ever-expanding workload and she made the decision to retire from her role with Oregon ACP. This committee then found itself with the expanded task of defining the Chapter's needs, establishing how the role of executive director has changed, and managing a full transition. They rose to the occasion beautifully and we welcome a new era for the Chapter working with Mike Oechsner of Association Management Inc.





## *Welcome Mike Oechsner!*

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Mike Oechsner, a member of Association Management Inc. (AMI), assumed the role of Executive Director for Oregon ACP at the end of January. AMI is a company that supports over 50 non-profit organizations in their work. As a member of a larger team, Mike is well-supported and Oregon ACP will be positioned for further growth.

Mike is a dedicated servant leader with over two decades experience in the non-profit sector. He is an experienced leader of conferences and events with over 3,000 attendees, has had success impacting funding at state legislature level, and is a respected leader and advisory board member with the Washington Office of the Superintendent of Public Instruction.

Mike earned his Bachelor's Degree in Education and completed student teaching. While going to college, he spent time working for a non-profit organization and found his passion for non-profit to be stronger than his passion for teaching. He still is (and always will be) a lifelong learner and teacher at heart. He later went on to earn his Master's Degree in Business Administration.

In the middle of his career, Mike also spent time in the hospitality sector -- with time as Senior Sales Manager for Martin Resorts, a small family of independently owned hotels on California's Central Coast, as well as time with Red Lion Hotels in Convention Sales. An avid scuba diver, a huge fan of anything near water, and a die hard Seahawks fan - his spare time is often spent outdoors. Something Mike is very proud of is the memorial scholarship that was established for his dad in 1991 after he passed from a heart attack. Over 30 years later, the perpetual scholarship has awarded over \$200,000 to support student athletes and still holds an annual benefit slowpitch tournament each year. Mike leads the board for the scholarship and manages the IRS and administrative projects that go hand in hand with the non profit organization.

You can reach Mike using [office@oregonacp.org](mailto:office@oregonacp.org) and 877-460-5880. When you run into him, please welcome Mike to our friendly Oregon ACP community!.



## *Advocacy in 2023*

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The College advocates for us year-round without pause. There have been major policy achievements in recent years in areas including (but not limited to) climate change, racial health disparities, firearm injury prevention, pandemic-related efforts, physician wellbeing, reform of the healthcare system and access to care including comprehensive women's health care. Some of this has also resulted in development of practice resources and advocacy toolkits to help advance ACP priorities. See this sampling of online articles for more information:

- [Climate Change and Health: A Position Paper of the American College of Physicians](#)
- [Toolkit: Climate Change and Health](#)
- [Racial Health Disparities, Prejudice and Violence](#)
- [ACP's Vision for the U.S. Health Care System](#)
- [Access to Care](#)
- [Health Care During Incarceration: A Policy Position Paper From the American College of Physicians](#)
- [An Update to ACP's Women's Health Policy in the United States](#)

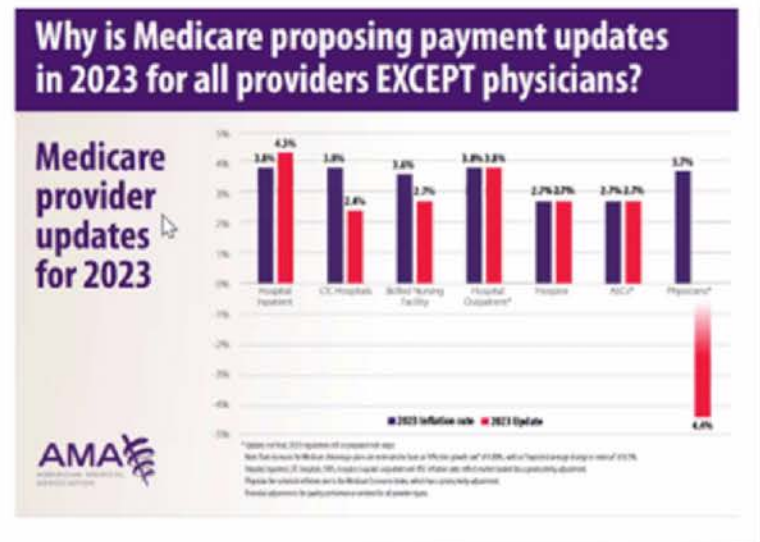
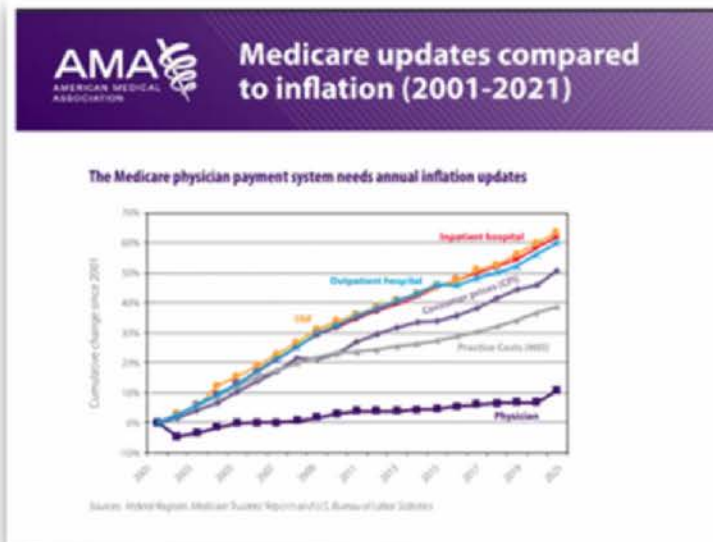
Reform of the payment model and E&M coding was a major achievement for ACP and successfully reduced documentation burden and the associated cognitive load for physicians ([2021 E/M Coding Change: Making Sense of Unexpected Findings](#)).

The goal of this change included improved compensation for cognitive care with revaluation of the work involved in comprehensive care, allowing for investment in practices performing these services. The early feedback on physicians' experience around the country demonstrates that practices may not be changing as much as hoped yet. ([Why you may not have seen a pay increase from the 2021 E/M code revaluation](#)) Many continue to wait for changes in the infrastructure resources provided to their practices in cognitive-heavy fields despite expected revenue increases for our work (December, 2022, NEJM article, [Revaluing Primary Care -- Going Beyond RVU Increases](#)). ACP's work in this area is not done.

ACP is partnering with AMA in further work on Medicare payment reforms that may help physician practices. While payment to many segments of the healthcare system as well as practice costs have grown over time, physician payments lag dramatically. ([Characteristics of a Rational Medicare Payment System](#)) This coalition supports corrections to physician payment which account for practice costs and the value physicians bring to patient care.



Strong data supports our ask to reform physicians payments.



ACP also recently joined with AMA to develop Characteristics of Rational Medicare Payment System.

While the College provides ongoing year-round advocacy for us all, the Chapter's efforts in advocacy are kicking off again soon. Key priorities for advocacy will include healthcare workforce, universal health care and access including access to women's reproductive care services, climate change and health, houselessness, the substance use disorder crisis, and firearm harm reduction. This is an ambitious list of priorities for the Chapter although some of these are carried forward from past years and this will be a continuation of work in those areas.

The Oregon Chapter Health & Public Policy Committee has formed an Advocacy Day Planning Committee again this year and is actively finalizing plans for our March 16 Advocacy Day in Salem ([Register today!](#)). Please set aside time for this event as it will inspire you and empower you! You will hear from an inspirational national physician leader about her journey into advocacy work, learn about ACP policy from a College expert, hear briefings on Chapter policy priorities from the research team who develop our leave-behinds, and hear from professional lobbyists their expert tips on how to deliver a message. After a morning of preparation, you will join a delegation on several in-person visits with legislators in Salem. We need physicians from around the state to participate as our legislators prefer to hear from their constituents. It's a wonderful way to build your confidence and start or continue your engagement with the legislative process for our patients and our profession.

Following soon after this event in Salem, we plan to have an Oregon delegation attend Leadership Day in Washington D.C. May 23-24. Volunteers are needed for this event also. This event, upon which the Oregon Chapter Advocacy Day event was modeled, brings our members' voices to Oregon Senators and Representatives on Capitol Hill. Having physicians leave their practices and travel so far from home to walk the halls of the Capitol and legislative buildings shows our leaders that we are watching and that their work matters to us. Please let us know if you would like to join the delegation. We appreciate every person who makes the time for this work!

College advocacy work starts with the Resolution process. As we approach the Spring Board of Governors meeting where Resolutions will be discussed and voted on at the business meeting, I am interested in carrying forward the comments, experience, and wisdom of members in our state. Please review the slate of 14 resolutions and send in your comments. Please indicate your support or opposition using this [electronic response form](#). Free text comments are also welcomed. If you have any questions, please contact Mary Giampietro, Board of Governors administrator, at [chapter@acpmembership.org](mailto:chapter@acpmembership.org). Thank you for your input.

(Note: Proposed resolutions should be considered confidential information and are intended to be viewed by ACP members only. Under no circumstances should proposed resolutions be shared with the news media or social networking media, nor should they be shared with other individuals and organizations. Proposed resolutions do not represent ACP policy.)



## Education Corner

With the theme of empathy in mind, I'd like to highlight several high quality educational resources for our internal medicine community. As life-long learners, educators, and those caring for communities that pose special challenges, we have an obligation – even when the situation is difficult and when forced to overcome our biases – to serve our patients well. The College provides wonderful resources to support our care of some of the most challenging or complex cases we encounter in the office, hospital, and continuum of care.

**Patient Priorities** – In late June, the Instructional Design team launched 3 CME-eligible training modules on the [Patient Priorities Care](#) approach to caring for older adults with multiple chronic conditions, replacing a previous series on the same topic. This training series supports physicians in helping patients identify their health outcome goals and in providing care and decision making that aligns with what matters most to the patient.

**Intimate Partner Violence** – Learn practical, evidence-based steps to implement safe and supportive interventions. This two-part 3 hour program reviews the [dynamics and effects of IPV](#) and presents a universal education approach that promotes [prevention and improved health and safety outcomes](#).

**Pain management** – This expansive new series of peer-to-peer [pain management learning](#).

*Empathy is a strange and powerful thing. There is no script. There is no right way or wrong way to do it. It's simply listening, holding space, withholding judgment, emotionally connecting, and communicating that incredibly healing message of "You're not alone."*

– Brené Brown

[materials](#) consists of seven core modules, with two sets of case-based studies, video presentations, and more – over 23 hours of self-paced, comprehensive content. It combines evidence-based guidance with effective management principles, providing opportunities to practice skills necessary for pain assessment, diagnostic differentials, treatment plans, and communication in partnership with patients.

**Houseless, Uninsured, Unemployed, and Underserved** – [Caring with Compassion](#) is a freely shared curriculum supporting health professionals who care for socioeconomically disadvantaged populations: homeless, uninsured, at-risk, and underserved patients. Clinicians will learn how to use team-based skills and the bio-psychosocial model to provide personalized care for at-risk patients. The curriculum is designed to support independent, self-directed learning. There are 3 main components: online modules, a learning game called "Care Consequences," and a collection of implementation resources. There are additional resources for educators included. To access the formal curriculum, create a free login. CME credit is sponsored by the American College of Physicians.

**Obesity** – As part of a new equity initiative for the College, ACP has committed to expanding resources and advocacy for obesity care in the coming years. For now, please go to the [ACP Online Learning Center](#) and search using the key word "obesity" for the many and diverse CME resources available. Be on the look-out in coming months for more educational materials addressing the care needs of people with obesity.



## Member Spotlight: Working in the Indian Health Services

If you attended the virtual Oregon Chapter Annual Meeting in 2021, you heard the Panel who discussed their experience serving the American Indian/Alaskan Native (AI/AN) communities. Dr. Philippe Champagne, MD, MPH, FAAP, FACP was one of the panelists. Philippe is also a member of the Oregon Chapter and co-chair of our Council of Early Career Physicians. This panel raised my curiosity and I've been meaning to learn more. I got a chance to catch up with Philippe recently to find out a little more about his path into caring for this community.

Philippe is Canadian-American, originally from Québec. His family moved to the United States when he was ten. Early memories of that transition included the significant stress and anxiety his parents experienced as they sorted out how to access health insurance and navigating the difficulty of getting healthcare in this country. He also recalls the scramble his parents made to become U.S. citizens before his eighteenth birthday so that he could apply to college in this country as a U.S. citizen and qualify for FAFSA. The experience of this transition clearly influenced his understanding of the difficulties experienced by those excluded from public resources. As he found himself ending his med-peds residency, he knew he wanted to provide healthcare to an underserved population and those with limited access to care.



Philippe and his wife wanted to move back to Oregon after medical school and residency in California to be closer to family so he considered positions with Virginia Garcia, several local Federally Qualified Health Clinics, and the Indian Health Service (IHS). Ultimately, he decided for a position at Chemawa Indian Health Center in Salem, Oregon, one of four off-reservation boarding schools still run by the Bureau of Indian Education.

This position appealed to him for a number of reasons. As a med-peds trained physician, he was looking for a primary care clinic that provides care to people of different ages. Although the clinic was originally set up for care of the adolescent students at the school, it is also a continuity clinic for those who have completed their education and AI/AN people who are out in the community. Students often return to get their care at this clinic because it is free, they have had a good experience getting their care there, and they know how to access their care in this clinic.

For Chemawa graduates who are not members of any of the local tribes, this clinic also fills a gap that the local tribal clinics do not. Chemawa Boarding School attracts AI/AN students from tribes around the country. Students often find in Oregon a sense of community and a beautiful place to live and some choose to stay. When tribal clinics took over federal money with the goal of self-determination, they provide their services to their own communities and do not have an obligation to care for members of other tribes. However, all federal health centers are mandated to see any member of the AI/AN community. Chemawa Indian Health Center is the closest federal clinic for many and the result is that Chemawa has more than 6000 patients who are not students at the boarding school.

Philippe began his work with the IHS as a primary care physician, eventually becoming a clinic administrator, and more recently taking on a position looking at systems of care. He shares that there are a number of aspects of working within the IHS system that are interesting, unique, and different from delivering care elsewhere in the U.S..

HS patients receive care free and without a co-payment. While the IHS has resources provided in a capitated model, appropriated by Congress each year, IHS can also bill insurance for services it provides. Patients receive the same level of care regardless of whether the patient is insured or not. Approximately 50% of patients have insurance (the majority being Medicaid) which helps with funding the services provided by the clinic and is provided as justification for chronic intentional underfunding by Congress. (In contrast, the VA system is fully capitated and funded through Congressional appropriations.)

A point of education for me who has never worked in a federal sector except during training, Philippe points out that physicians working within the IHS are not required to have a license in the state in which they work. They can work in any part of the federal system within the United States and Puerto Rico as long as they have a state license somewhere. This is also the case for physicians working for the DOD, the VA, and the State Department. DEA licenses are provided without cost, specific to the work site. During the pandemic, care was delivered through virtual means to patients who would normally have been seen at Chemawa Health Clinic, including patients who might be out of state.

For those who might consider working with AI/AN communities, Philippe shares that the IHS has provided him the opportunity to serve the kindest, most welcoming patients, and to know that what he's doing really matters. It has also allowed the "pure practice of medicine," allowing the focus to remain simply on the care being delivered separated from cost concerns. He notes that as a physician practicing in the IHS, there are opportunities for maintaining the full spectrum of one's scope of practice as well – if you care to develop a skill, you can use it. As a med-peds trained physician he is able to see both adults and children. For those trained in family medicine, there are opportunities to include OB and as an internal medicine physician, IHS allows the physician to retain the full spectrum of inpatient and outpatient medicine if that is wanted. The Loan Repayment Program through the IHS allows even those who did not seek out NHC Scholarships to offset the costs of education.

### *Congratulations to Oregon's Doctor's Dilemma Team Heading to San Diego!*

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A good time was had by all on February 16 when the Council of Residents and Fellows hosted their tenth annual Doctor's Dilemma. Dr. Avi O'Glasser and Dr. Alex Schafir organized another night of fun. The medical trivia game was MC'd by Dr. Adam Obley, who channeled Alex Trebek, and maintained the pace. Our winners this year came from the internal medicine residency program at Oregon Health & Sciences University, and they will go on to represent all of us at the ACP IMM23 in San Diego where they will be competing against teams from around the United States and from the international ACP Chapters. Here are some pictures from the event.









