VOTE IN THE OREGON CHAPTER GOVERNOR-ELECT ELECTION!

Dear Member of the Oregon ACP,

As candidates for Governor-Elect of the Oregon Chapter of the ACP, we are writing to encourage your participation in the election this month. This winner will be governor-elect from April of 2024 until April of 2025, and then governor until April of 2029.

A large turnout encourages everyone, and so voting is one of the easiest actions that you can take to support our chapter. Your ballot and supporting materials were sent to your email on September 29.

Please take a little time to review them and then submit your vote by the deadline of November 3rd.

With gratitude,

Dr. Adam Obley and Dr. Alex Schafir

GOVERNOR’S MESSAGE

Dear Oregon ACP Colleagues and Friends,

Four years ago I wrote about physician autonomy when describing my reasons for being an active ACP member. I have been reflecting on this purpose recently, a purpose which ultimately led to me representing Oregon ACP as governor.

Those who offer their time, energy, and intelligence in service of our Chapter have consistently been people who embrace the identity of this community, an identity synonymous with integrity, humanism, and the constant pursuit of excellence in internal medicine. It has been four years; you have been called upon again to reflect on what is needed now and to choose the next governor. (Ballots went out to members by email on September 29.) Two excellent candidates have been put forward who both have the experience, temperament, and wisdom to fill this role well. It’s an impossible decision and I’m grateful Oregon fosters such excellence.

This has been a time of fast-paced change and challenges for the medical community. 2023 continues to bring us surprises and further evidence that healthcare is changing and will never be the same again. We need strong, visionary leaders to listen to and understand the community and influence the path forward for all of us.

Collective Bargaining

The news speaks of physician groups around the country and especially in our state who seek to initiate unions. There are important reasons for this surging interest in collective bargaining. Where this will go next is uncertain and what levers may be chosen to drive change remain to be seen. Whatever happens will affect us all. We know this because we have experience with union activity in healthcare. Health care has not been exempt this year from the uprising of workers across the country speaking for improved work conditions, staffing, and compensation. I write this as what may be the largest health care strike in U.S. history is rolling out across eight states and the District of Columbia within my own healthcare system.
The fallout of multiple years of pandemic and the great resignation continue to be felt. Healthcare systems are financially strained. Healthcare teams are working hard to catch up on deferred and delayed care. All are stretched thin and the fatigue has pushed healthcare workers to their limits. Add to this the shifting status of the physician workforce. In 2018, 47.4% of physicians were employed by hospitals, health systems, or corporate entities. As of January, 2022, this was up to 73.9%, representing an enormous change for our profession. The number of physician practices acquired by hospitals and corporate entities between 2019-2022 also accelerated. This number will continue to grow.

### Professionalism vs. Corporate Healthcare

Physicians' professionalism intersects directly with autonomy in their practice. The risk to physician autonomy has been anticipated and the prohibition on the corporate practice of medicine is legislated, if not enforced, in some states. The corporatization of medicine and the transition from independent professional physician workforce to employed physician workforce fundamentally alters the dynamics between hospitals, health systems, corporate entities, and physicians, with a risk of negatively affecting the conditions of care delivery and quality of care provided. Most concerning are the risks to the relationship between physicians and patients.

One patient told me last week that his relationship is with his health care system and not his primary care physician. He notes that his PCP barely knows him and he is unable to see her when he needs care. Systems set up to improve access have addressed the crisis in primary care by offloading intermittent needs from those who provide comprehensive whole-person relationship-based continuity care; this approach has materially changed the physician-patient relationship.

Physicians need to decide what is important for our profession, our communities, and our patients moving forward. We need to decide how to protect our calling, influence decisions that impact the integrity of our professionalism, and protect patients and our teams. In 2022 the National Labor Relations Board determined that employed physicians are not in a supervisory role and are therefore eligible to unionize. In years past, the independent physician community found it difficult to influence the practice environment and large healthcare systems and that difficulty has only increased with the shift of the workforce to employed status. I, for one, worry physicians are viewed as interchangeable cogs in a corporatized healthcare machine. In an advocate for firearm safety. She has also been a guiding force in ACP's advocacy for primary care. Attend the Annual Meeting to hear her speak about College work and connect with a national leader.

Let me leave you with thoughts on how to exercise your autonomy and influence the future of the profession. First, PLEASE VOTE for your next ACP governor. It’s been an incredible privilege to see the College’s work up-close and recognize the enormous scope of influence ACP wield. Second, pause to reflect on your patient relationships and care decisions and how your practice environment affects the integrity of your professional calling: does something need to change? Third, reach out to chapter headquarters and let us know how we can speak for this community and what needs to be done. This is a member-driven organization positioned outside the corporatized healthcare waters in which we all swim. We stand for the best in medicine and strive to shift the conversation from profit-and-losses to care-and-service.

Every ACP member is central to this mission.

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**Standing Committee on Primary Care**, a committee of experts in primary care delivery, research, and policy to help inform the Initiative for Strengthening Primary Health Care. This committee will collaborate with multiple public agencies to help advance work to improve the state of primary care in this country. Most surprising, the Center for Medicare and Medicaid Services asked for substantive feedback this year related to the AMA’s RUC Committee and RVU determination processes, opening the door on the possibility of developing an alternative process for updating the Physician Fee Schedule that is transparent, evidence-based, mitigates conflicts of interest, and may provide greater accuracy in the measurement of physician work. Improved accuracy would almost certainly align increased valuation of the work done by those in primary care and other cognitive specialties. ACP members offered feedback to CMS in support of this idea. Finally, the scope of work needed to “fix” primary care is large and can only be accomplished by sharing the burden. For that reason, ACP has joined with many other organizations in the Primary Care Collaborative. Take a look at the website to learn more about the ongoing activity of this group.

Oregon looks forward to a visit from Dr. Sue Bornstein, MD MACP, Texas Primary Care Consortium, Immediate Past Chair ACP Board of Regents, who will be our keynote speaker at our Annual Meeting Oct 26-28. Sue is an incredible role model. A Texan and a gun owner, she is an advocate for firearm safety. She has also been a guiding force in ACP’s advocacy for primary care. Attend the Annual Meeting to hear her speak about College work and connect with a national leader.

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**Direction for Primary Care**

The challenges of 2023 aside, healthcare has been heading into a crisis for years. Without a robust primary care infrastructure we cannot deliver on the promise of healthcare in this country. As pointed out by the 2021 Consensus Study Report by NASEM, “High-quality primary care is the foundation of a high-functioning health care system. When it is high-quality, primary care provides continuous, person-centered, relationship-based care that considers the needs and preferences of individuals, families, and communities. Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes.” If we do not control our own practices and receive credit for the complexity of the care delivered, we risk the extinction of this important sector of care. If the next generation does not choose this work, retirements will leave us without access to essential care in the clinic. All segments of our profession will be hurt by this change and we must stand together as a bulwark against this possibility.

Work is progressing on this and there is reason for hope. Medicare is on the verge of rolling out the care complexity code G2211 in 2024 which will provide life support for primary care and other areas of the profession providing complex longitudinal cognitive care. If you have not yet contacted your legislators to demand they support this, please do so now. NASEM is establishing a

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*Atul Gawande, doctor and writer*  
2014 Commencement Speech University of North Carolina at Chapel Hill
UPCOMING EVENTS
Click on the live links for more information.

ACP Annual Report of the Executive Vice President and CEO

Oregon ACP’s New Website

Annual Oregon Internal Medicine Meeting | October 26th – 28th
Note: Recordings with CME will be offered after the event for all who register

Student and Resident Abstract Competition | October 26th
Volunteers judges needed.

Advocacy Day in Salem | February 13, 2024
Block your schedule so you can attend!

OPPORTUNITIES FOR STUDENTS, RESIDENTS, FELLOWS AND EARLY CAREER PHYSICIANS

National Councils are seeking new members for the 2024-25 cycle. The Council of Early Career Physicians (CECP), the Council of Resident/Fellow Members (CRFM), and the Council of Student Members (CSM) are currently seeking candidates to fill vacant seats for 2024-25. Nominations are due by November 1, 2023 and details for submitting are included in the links below.

The councils are responsible for responding to requests for review of programs, products and services; advising the College regarding ways to increase the value of ACP membership among their constituency group; and strengthening activities and relationships at the ACP chapter and local levels.

For more information on eligibility and nomination material requirements, please see the CECP Call for Nominations, the CRFM Call for Nominations, and the CSM Call for Nominations. If you have any questions, please contact ACP staff at acpgovernance@acponline.org.

CONGRATULATIONS!
Announcing Oregon’s 2023 Mastership Awardee
Marian O. Hodges, MD, MACP | Portland, Oregon

VIRTUAL BRIEFING - FRONTLINE TRANSFORMATION: EMPOWERING THE PRIMARY CARE WORKFORCE

Over the past several weeks, media stories have brought to light the growing access to primary care challenges faced by millions of Americans due to an expanding primary care workforce shortage.

The value of primary care is well documented and broadly understood. However, building an adequate primary care workforce is critical to delivering on the promise of primary care and meeting the primary and preventive health care needs of individuals and communities. Despite the recognition of the value of primary care, it is alarming that the United States is facing a worsening primary care workforce shortage. It is time to center this issue in our national health policy debates and advance comprehensive solutions.

Primary Care for America is committed to leading a national conversation on the importance of building a well-trained primary care workforce for current and future generations. To this end, we invite you to join us on Friday, October 20 at 10:00 am eastern time for a Virtual Briefing Frontline Transformation: Empowering the Primary Care Workforce. Registration is free.

During this briefing we will discuss the current primary care workforce, its transformation, and how it is essential to ensuring access to primary care for all Americans. We will also explore strategies for addressing the shortage and creating a sustainable workforce for the future.
OBITUARY: WALTER (WALT) J. MCDONALD, MD, MACP, EVP AND CEO EMERITUS

Walter (Walt) J. McDonald, MD, MACP, EVP and CEO Emeritus, passed away on July 31, 2023. Dr. McDonald served as ACP Executive Vice President and CEO from 1995-2002, when he retired. Below is an obituary that was shared with us and a memorial service will be announced at a later time. ACP is honoring Dr. McDonald by setting up a tribute page in his memory. Contributions will support ACP's efforts to elevate the collective voice of internal medicine, improve health outcomes, advance health equity and inspire the next generation of internal medicine physicians.

Walter John McDonald, MD, MACP – May 1, 1938 – July 31, 2023

Walt was born in Rochester, Minnesota to Canadian parents, John R. McDonald, MD and A. Mildred McKay McDonald. He was the second of three children, who spent their childhood in Rochester and part of most summers in Manitoba, Canada. Growing up in the Mayo Clinic environment, where his father was a fellow and then a pathologist on the staff, Walt’s world involved the field of medicine in some fashion from his early days. He began in high school washing windows at the Mayo Clinic.

He attended Rochester High School in Minnesota, then Williams College in Massachusetts, and the University of Michigan Medical School in Ann Arbor, Michigan. He was elected to Alpha Omega Alpha, the Medical Honor Society, in 1963. He then headed west to the University of Oregon Medical School in Portland, Oregon for a rotating internship. There he met Barbara Forrette and the two married in 1965. At the end of his internship, he was drafted into the U.S. Army as a Captain and was on orders for Vietnam. Those orders were later canceled, and he was sent to work at Dugway Proving Ground in Utah. During that time, he went to flight school and became a flight surgeon.

In 1967, Walt returned to Portland for his Residency in Internal Medicine. His daughter, Kelly, and son, Jay, were born there. Shortly after, he accepted a two-year NIH fellowship in Endocrinology at University of Michigan Medical School. In 1972, he started his first “real job” as an Assistant Professor of Medicine at University of Oregon Medical School and Portland Veterans Hospital where Dr. John Kendall welcomed him into his laboratory. He served as Chief of the Renal-Metabolic-Endocrinology Section at the Veterans Hospital from 1972 to 1978, and Chief of Medicine at the VA from 1978 to 1991. He was also Vice Chairman of the Department of Medicine at University of Oregon Health Sciences Center from 1978 to 1984, and Associate Dean for Education and Student Affairs from 1991 to 1995. During the 1982–83 Academic year, he took a sabbatical to work with Dr. Detlev Ganten at the University of Heidelberg, Germany.

In 1995, he was named Executive Vice President and CEO of the American College of Physicians (ACP) and moved to the Philadelphia area. He worked toward resolving differences between the ACP and the American Society of Internal Medicine (ASIM). The two organizations merged in 1998 to form the ACP–ASIM. He led the ACP–ASIM for seven years before stepping down. In 2002, he assumed the leadership of the Council of Medical Specialty Societies (CMSS), where he served for more than five years. He then became an active partner and Vice President at Quality Health Consultants (QHC) where he remained until he retired.

During his career, Walt was the recipient of many honors and awards, among them teaching awards and leadership awards. In 1987, Oregon Health Sciences University (OHSU) named him Alumnus of the Year. In 2004, the American College of Physicians established the Walter McDonald Young Physicians’ Leadership Award and in 2007, The Foundation for Medical Excellence (TFME) established the Walter McDonald Medical Scholarship.

He took on such volunteer activities as member of the Oregon Governor’s Health Resource Commission from 1992–95 (the Oregon Health Plan was adopted in 1994), Board member of the American Heart Association, the Collins Medical Trust, and The Foundation for Medical Excellence. He was also active in the American College of Physicians (ACP) at the state and national levels. He was elected to the Board of Governors of ACP in 1989 and was Chairman of the Board in 1992–93. He served on the Board of Regents from 1992–1994. He was a contributor to both the Charter on Medical Professionalism for Physicians (2002) and The Charter on Medical Professionalism for Health Care Organizations (2017).

Walt had many personal interests that intersected with medicine, including history, art, and music. He especially enjoyed opera. He cherished his Canadian roots and spent many summer vacations at “The Lake,” a family retreat in Manitoba where both US and Canadian family members gathered. He always made time for his kids and grandkids. He loved the beach house, outdoor activities, his garden, and road trips. He was a devoted husband and father, who, from childhood, always had at least one black Labrador by his side. His enduring passions throughout his life were his family, medicine and teaching.

He was predeceased by both his sister and his brother. He is survived by his wife of 58 years and two children, their spouses and 7 grandchildren and their families, along with nieces and nephews and their families and many Canadian McDonalds. A memorial gathering will be announced at a later date. For those interested in making a memorial contribution in Walt’s name, the family suggests a gift to the Oregon Health Sciences University (OHSU) Foundation Medical Student Scholarship Fund, the American College of Physicians, or a charitable organization of your choice.

~Ryan D. Mire
Immediate Past President of ACP, 2022-2023