

LANE COUNTY MEDICAL SOCIETY | JULY 2026

MEDICAL MATTERS

Growing into Informatics

Dr. Miranda Lanning
shares how she
unexpectedly used
informatics to enrich
her own practice.



Last Chance!
PWP Fundraiser
with the Eugene
Emeralds – July 10

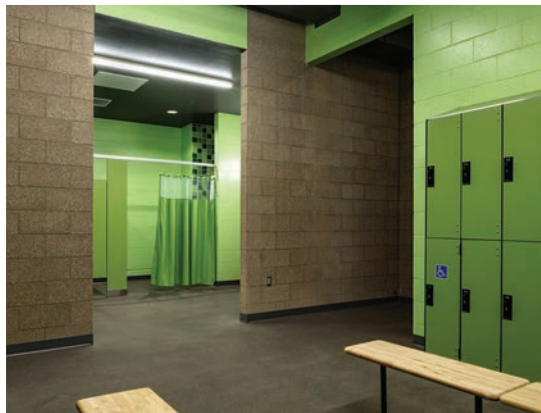


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Contents

LANE COUNTY MEDICAL SOCIETY | JULY 2026

CONNECTED PHYSICIANS

9

HB 4160

Dr. Fran Munkenbeck updates on Oregon's new cardiac emergency legislation and local efforts to improve sudden cardiac arrest response.

12

Member Profile

Dr. Miranda Lanning shares how optimized EHR workflows can reduce workplace friction and restore the human connection in medicine.

17

PCVI

Drs. Bala Ambati and Amaan Qazi highlight how clinics build community through advocacy, mentorship, and meaningful connections beyond patient care.

20

JAMA Network

Drs. Kirsten Bibbins-Domingo & Alicia Fernandez call for a new career track in medicine that bridges clinical practice with public health and community partnerships.



LCMS MISSION STATEMENT

The Lane County Medical Society is a professional organization that represents, unifies, and supports its physician members as they practice medicine. The Society promotes the interests of member physicians and advocates for the health of the community.



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MEDICAL MATTERS

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Advertising & Membership Inquiries

info@lcmedsociety.com

Lane County Medical Society

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Phone: 541-686-0995

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New providers have been added to the PWP. Visit lcmedsociety.com/pwp to view the full list or for more details.

Better Together: Reflections on A United Voice for Local Care

BY BRYAN MCVAY, MD
PRESIDENT, 2025-2026
LANE COUNTY MEDICAL SOCIETY
BOARD OF TRUSTEES



I find myself about 18 months into my term as president of the Lane County Medical Society (LCMS), and I thought I might share some closing thoughts as it comes to an end. As I prepare for a new chapter, I want to reflect on some of the people, experiences, and lessons that have reinforced my appreciation for this society and the physicians who serve our region.

Firstly, I want to thank LCMS and the LCMS Foundation for collaborating and coordinating the fundraising Gala in May that raised funds to support the Physician Wellness Program (PWP). I want to recognize Dr. Lindsey Fix for her leadership of the Foundation and demonstrating thoughtfulness discussing her experience accessing the PWP.

Additionally, I want to offer my gratitude to Dr. Geoff Gill for his bravery sharing his experiences with the challenges of patient care and the mental health and

emotional consequences we encounter serving our communities.

Unless we dedicate time to serving on the LCMS board, we might not know how much work is needed supporting our society and facilitating our events, education, and community outreach.

On the LCMS side, we have three staff members devoting a lot of energy, insight, and thoughtfulness so we can benefit from the structure of LCMS. Consider taking a moment to familiarize yourself with our remarkable team and maybe serve on the board.

At the annual meeting in January, I talked about the power of coming together and using our voices to declare our perspectives and advocate for keeping our community whole. We see the challenges escalating around us that seem like our care system is crumbling, and we can speak for the path forward beyond such incursions. It doesn't matter what your name badge reads, we can always work together to maintain excellent *local* care.

We do face challenging times in healthcare. Locally, we have encountered dilemmas altering patient access, physician staffing, and hospital staffing – even adequate supplies and medications to care for our patients. It is understandable that we might be distressed. Surmounting these hurdles has been possible with physicians coming together, advocating, and using our voices to represent community priorities.

I am grateful that I have been able

to develop a rapport with so many of my colleagues in this area, and I am excited by the energy and dedication invested caring for our community.

Recently, I was offered an opportunity to participate in a different community, which pulls me away from this region. I wasn't looking for a career change at this time, yet something found me nevertheless. I am confident the LCMS Board is well suited to continue representing the Society and our goals to support physicians and the community for whom we care. I am confident that our physician community will continue offering excellent care for our patients and provide a paramount voice representing local interests.

At the 2025 annual meeting, I asked you to consider the value of membership, and in 2026, asked that you implement these values. What can you do for yourself, this region, and your colleagues? Coming together as a united voice, guiding local care by local physicians is integral to sustainability.

Consider what community means and who is part of your team. What do you need to remain whole? LCMS can remain sustainable by your commitment and membership thus providing a platform for our voices and actions. Consider investing some of your energy to LCMS as this invests in yourself, your colleagues, and your community.

Access your membership benefits and help yourself maintain balance. Contribute your voice. You are not alone.

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Chart Notes

The LCMS and the Eugene Emeralds Night Fundraiser, July 10th!

Join us for a fun-filled night with the Eugene Emeralds at PK Park on Friday, July 10th! The LCMS and the Ems are teaming up for Exploding Whales Night, a tribute to the infamous 1970 Oregon whale explosion. Each

ticket purchased supports the Physician Wellness Program (PWP). Open to all! Bring your clinical staff, friends, and family! Tickets must be purchased through our special link or QR code for proceeds to benefit the PWP. Go EMS!



Healthcare Sector Partnership: Future of Healthcare Forum, Tuesday, August 4th

The Lane County Healthcare Sector Partnership invites you to the Future of Healthcare Forum on Aug. 4th, from 5:30–8:00 PM at McKenzie-Willamette Medical Center. Topics include: OMA's CareFirst Coalition and its potential impact on healthcare access, affordability, and operations; Corporate Practice of Medicine (CPoM) regulations and implications; and HR1's anticipated effects on healthcare funding, workforce, and community health services. Scan the QR code or visit lcmedsociety.com to RSVP. Registration is required.

As healthcare workforce shortages, regulatory changes, and rising costs continue to impact access to care across Oregon, this forum provides a vital platform for healthcare providers, employers, business leaders, and community stakeholders to develop a strong, coordinated voice ahead of the 2027 legislative session.

“Informatics... at its core, it's about designing systems that support physicians, strengthen our relationships with patients, and give us back space for the art of medicine.”

– DR. MIRANDA LANNING ON HEALTHCARE INFORMATICS. SEE MEMBER PROFILE ON PAGE 12.

UPCOMING

Family Picnic in the Park! Please join the LCMS for a free, family-friendly Picnic in the Park on Saturday, August 29th from 12:00–3:00 PM at Island Park in Springfield. This event celebrates the collective impact of our physician community. Bring the whole family for food, fun, and connection! Please register by August 24th. See you there!



Advertising Opportunities Open in September! Keep an eye out for renewal details and special promotions for our 2027 magazine and event sponsorships. Contact us with any questions or inquiries at info@lcmedsociety.com.

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Advancing Cardiac Safety: Oregon HB 4160

BY FRAN MUNKENBECK, MD

RETIRED CARDIOLOGIST AND
CARDIAC ELECTROPHYSIOLOGIST, AHA
ADVOCACY COMMITTEE, AND HEARTSAFE
VOLUNTEER

Sudden cardiac arrest (SCA) can affect anyone at any age. In the Portland metro area, between 2002 and 2015, 5% of sudden deaths occurred in young individuals (ages 5–34). Both the American College of Cardiology (ACC) and the American Heart Association (AHA) have worked to promote lifesaving measures with regards to sudden cardiac arrest.

At the federal level, on December 23, 2024, the HEARTS Act (Health, Education, Awareness, and Research and Training Act) was signed into law to improve survival from sudden cardiac arrest (SCA) in schools. The Act includes provisions to disseminate information about the Cardiac Emergency Response Plan (CERP), provide CPR and AED training to staff, and ensure ready access to AEDs not only inside school buildings but also on sports fields. The law authorizes grants to eligible educational institutions to develop CERPs and acquire needed AED technology. However, as administrations and priorities have shifted, federal funding on the Federal level has not yet come to fruition.

As of early 2026, more than a dozen states have enacted their own legislation. On March 31, 2026, Oregon House Bill 4160 was signed into law by the governor, thanks to the significant advocacy efforts of the American Heart Association Advocacy

Committee and state members of the ACC.

The new law requires all kindergarten through grade 12 schools to implement Cardiac Emergency Response Plans (CERPs) and ensure ready access to AEDs in school buildings as well as on school grounds where athletic practices and competitions take place. It also mandates that AEDs be properly maintained and tested according to the manufacturer's guidelines, and that coaches and other staff receive training in CPR and AED use.



SaveStation at LCC, part of the HEARTSafe initiative for campus athletic fields.

Unfortunately, the law passed without dedicated state funding. However, many private organizations and foundations across Oregon have stepped in by providing grants to purchase and install AEDs in schools and on sports fields.

In our community, the PeaceHealth Sacred Heart Medical Center Foundation awarded a grant to the Oregon Heart & Vascular Institute to improve cardiac safety. HEARTsafe, an organization in partnership with Eugene-Springfield Fire, Cardiology at PeaceHealth Oregon Heart & Vascular Institute (OHV), among others, was tasked with determining the best way to carry out that goal. As a result, HEARTsafe installed four new AEDs in advanced SaveStations on busy, high-use sports fields that previously had no AED coverage. The four AEDs that we placed on sports fields are in SaveStations that provide a temperature-controlled environment in addition to maintaining a charge on the AEDs. The AEDs have GPS monitoring with accessibility 24/7.

An AED/SaveStation has been placed at Lane Community College where the fields are used for students of all ages in addition to being practice fields for the Olympic Trials (Track and Field) and for the World Track and Field Championships when they are and have been in Eugene. The others are at Hamlin Middle School where the Drifters and college teams play in addition to various high school teams, the Willamalane Sports Complex (Les Schwab Sports Park), and the Willamette Valley Babe Ruth Complex. It was a strong effort by the HEARTSafe group led by Megan S., RN.

The state AHA Advocacy Committee is actively working to ensure successful statewide implementation of the

1. "Risk Factors of Sudden Cardiac Death in the Young," *Circulation*, 2018 (Jayaraman R, et al., Vol. 137, No. 15).

2. "CARES 2024 Non-Traumatic National Utstein Report," *MyCares.net*, 2024.

CONNECTED PHYSICIANS

bill. This includes the development and execution of Cardiac Emergency Response Plans (CERPs), CPR training, AED use for coaches and staff, in addition to AED maintenance requirements and determining the placement of AEDs at schools to meet the stipulations of the bill. This will be a collaborative and ongoing effort with the Oregon School Activities Association (OSAA).

Through the local HEARTsafe program, Eugene-Springfield Fire, PeaceHealth, local schools, and Oregon CPR have been actively teaching hands-only CPR. The Medical Reserve Corps has partnered with HEARTsafe to expand these efforts in underserved communities.

According to the 2024 Utstein criteria, only 10.5% of people in the United States survive an out-of-hospital sudden cardiac arrest. However, when a shockable rhythm is present and



The HEARTsafe team holding up a “Heart” as they pose in front of the AED SaveStation at Willamalane Sports Complex Les Schwab Sports Park.

bystanders immediately deliver hands-only CPR and/or use an AED before paramedics arrive, the survival rate with good neurologic outcome rises further to 37.6%.²

If your group or organization would like to learn hands-only

CPR, please visit the HEARTsafe webpage on the eugene-or.gov website and request a free CPR class. If any group wants to be involved or support our efforts, please contact HEARTsafe@peacehealth.org. ♦

Photos courtesy of HEARTsafe Eug-Spr

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As a single parent raising a son who experiences the world a little differently, Katie is used to thinking ahead—planning for transitions, new environments, and whether a space will truly work for James.

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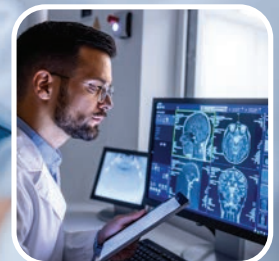
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Dr. Miranda Lanning enjoying
a quiet Sunday morning in her
backyard at home.

Photos provided by Angel Montes



MEMBER PROFILE

Growing into Informatics

Dr. Miranda Lanning explores how thoughtful informatics and subtle system design strengthen patient relationships.

FOR LANE COUNTY MEDICAL SOCIETY

Dr. Miranda Lanning knows firsthand the pressures facing physicians across Lane County through her many roles. She practices outpatient primary care pediatrics, works as an inpatient pediatric hospitalist, serves as section chief of primary care pediatrics overseeing group of 20 physicians, and spends part of her time as a physician informaticist at PeaceHealth Sacred Heart Medical Center at RiverBend in Springfield.

While the roles are varied, Lanning sees each as deeply interconnected. Each gives her a different point of view on the same question many physicians ask themselves: How do we take better care of patients while also taking care of ourselves?

“I see informatics as a way to help physicians do their best work,” Lanning says. “If we can reduce friction in our systems, we create more space to focus on the patient sitting in front of us.”

Community Medicine

Lanning grew up in Corvallis and completed her residency at the Children's Hospital Oakland. She then returned to the Eugene-Springfield area intentionally, drawn to the relationships and continuity of community. As a medical student, she rotated at RiverBend and immediately noticed a difference between academic and community settings.

"When I came here, I got to round with just one other doctor," she says. "That experience really stood out to me. Community medicine lets us practice in a way that feels truly personal and sustainable."

She was also encouraged by the flexibility of the pediatric practice model. "I knew there was a way to do both outpatient and hospital pediatrics here," she adds. "I reached out, asked if it was possible, and it worked out."

Pediatrics felt like the right fit from the start, solidified through memorable rotations in pediatric cardiology and hematology-oncology. "I love working with children," Lanning mentions. "And pediatricians tend to be genuinely kind, collaborative people."

Longstanding LCMS Connection

Lanning's involvement with the Lane County Medical Society dates back to her time as a medical student. In 2012, she attended an LCMS annual meeting when her preceptor was unable to go. She now serves on the LCMS board and describes it as a meaningful source of professional community.

"There are a lot of physician parents who are members of LCMS," she says. "That shared experience really matters. When you have young kids, it can be hard to find time to connect with colleagues, and LCMS helps create that space."

Path Into Informatics

Lanning's entry into clinical informatics was unplanned. In 2020, during the early months of the COVID-19 pandemic, a colleague suggested she consider training as an Epic Physician Builder. Typically held in Wisconsin, the training had moved online, making it feasible while she was at home with a toddler and pregnant with her second child.

"There are a lot of physician parents who are members of LCMS... [and] That shared experience really matters. When you have young kids, it can be hard to find time to connect with colleagues, and LCMS helps create that space."

"There's no way I ever would have traveled for that training at that point in my life," she recalls. "But doing it remotely made it possible."

Epic Physician Builders are practicing clinicians trained to optimize electronic health record (EHR) workflows. What began as a practical opportunity quickly became a passion as Lanning went on to become board-certified in clinical informatics, and that work now

makes up about a quarter of her role.

As a physician informaticist, she serves as a bridge between clinical teams and technical system builders. "I'm translating what physicians, nurses, and caregivers actually need into systems that support real clinical work," she says. "I help build tools I use myself, every day."

Measuring What Matters

One insight that pulled Lanning deeper into informatics was realizing that traditional quality metrics don't always capture what physicians experience day to day. Instead, she began looking closely at how clinicians spend their time in the EHR system.

"That's where I realized those were the most meaningful metrics," she says.

By understanding where time and effort are lost, Lanning can identify opportunities to improve workflows and support colleagues. Both research and her own experience show that improved workflows don't necessarily reduce total EHR time, but they do change how that time feels.

"They may spend a similar amount of time in the system," she says, "but the work feels smoother and less draining." That distinction, she notes, has significant implications for burnout and professional satisfaction.

Nudges, Not Pop-Ups

Lanning believes the best informatics work is often barely noticeable. Rather than interruptive alerts or rigid rules, her team focuses on subtle design choices, what she calls electronic nudges.

"These aren't pop-ups that break your flow," she explains. "They're things like presenting the recommended

option first or prompting the right action at the right moment.”

The goal is to quietly support evidence-based care while preserving physician autonomy. Accurate documentation also has system-level implications, allowing health systems to appropriately capture and support the care being delivered, which is particularly important for sustaining care for underinsured patients in the community.

Restoring Presence

The informatics change that has most transformed Lanning’s own practice of medicine is ambient listening technology, which is an AI-powered tool that generates documentation during patient visits. “I can use an app on my

phone that listens to the visit and writes the notes,” she says. “It honestly makes me feel like an old-fashioned doctor again. I can lean forward, make eye contact, and really listen.”

She’s experienced the difference as a patient as well. “I notice when my physician is more present,” she says. “It feels different.”

After spending a year of high school in Barcelona and becoming fluent in Spanish, Lanning frequently cares for bilingual families. The ambient listening tools can process both Spanish and English and produce a single English-language note, allowing her to focus fully on communication rather than documentation.

Beyond the EHR

Outside of work, Lanning prioritizes

time outdoors with her family through skiing, mountain biking, visiting the coast, and tending her garden.

“I call it rounding,” she says. “I go out in the morning and evening and round on my garden.”

That attention to personal well-being, she says, is what allows her to continue the informatics work she finds meaningful. While efficiency and billing matter, they are not the heart of her vision.

“Informatics does involve the computer,” Lanning says. “But at its core, it’s about designing systems that support physicians, strengthen our relationships with patients, and give us back space for the art of medicine and for taking care of people.” ♦



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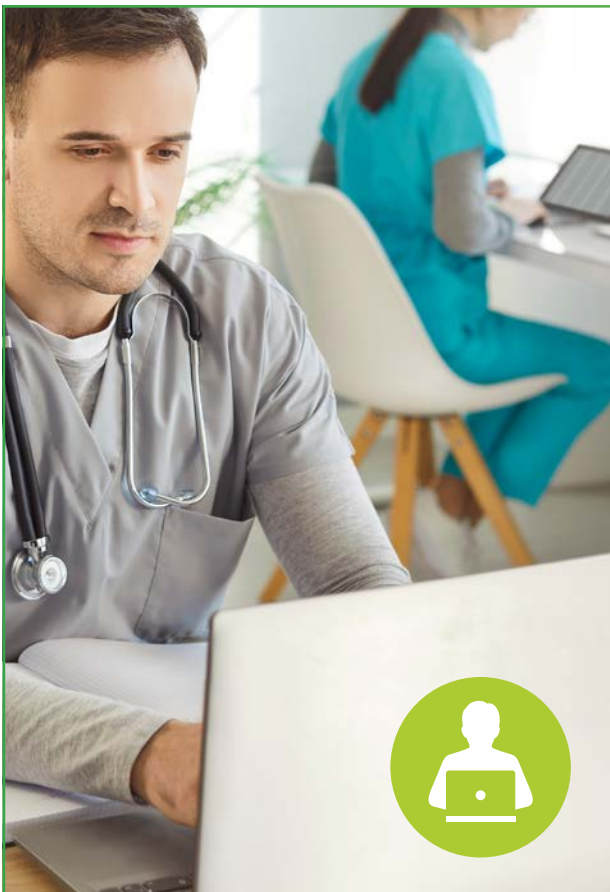


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The Power of Clinics

BY BALA AMBATI, MD
AND AMAAN QAZI, MD

PACIFIC CLEAR VISION INSTITUTE

Legislative Advocacy at PCVI

On May 7, 2026, Pacific Clear Vision Institute (PCVI) was honored to host an LCMS Legislative Advocacy event with local doctors and Oregon Rep. Nancy Nathanson. The nearly two-hour session involved open dialogue about ongoing health care legislative discussions in the state, the legislative process, challenges faced by Oregon and the medical community, and some policy recommendations for future consideration by the Legislature (e.g., tort reform or liability protections to help reduce malpractice insurance costs, regulatory easing and state support for allied health personnel training programs, and mitigating the impact of the CAT tax on small and independent practices and centers).

Additionally, two physicians from Eugene Emergency Physicians spotlighted how state law, community voices, and judicial action worked hand in hand in preventing the outsourcing of emergency care to an out-of-state private equity group.

The Community Role of Clinics

Healthcare clinics have always been intimately tied to the community. Clinics focused on preventative, longitudinal, and post-op care nurture the day-to-day scaffolding of the community ecosystem and involve local community members as patients, staff, and providers. They contribute to community health, regional health care infrastructure, and resource management.

An underappreciated aspect of the clinic space is its overall makeup and feel. This often comes down to simple, but powerful



Rep. Nancy Nathanson and Lane County physicians gather for the launch of the LCMS Legislative Advocacy Series at Pacific Clear Vision Institute.

details: Does the staff seem friendly and approachable? Do team members laugh and joke together? Are there students learning alongside them? Are after-hours community events held nearby? These elements help transform a clinic from just a healthcare space into a genuine community hub.

At PCVI, we provide educational events at our office regularly for local eye care providers, and our doctors speak at Rotary Clubs, community centers, civic groups, and senior living centers. We also happily sponsor the Oregon Ducks! We appreciate this forward-facing aspect of our clinic, and that is why we regularly hold events focused on community building, advocacy, and education.

Mentoring the Next Generation

One of the cornerstones of community engagement is developing relationships and mentoring the younger generation in the area. At PCVI, many ophthalmic techs and scribes are University of Oregon students or graduates, some of whom are gaining experience before PA, optometry, or medical school. Through this work, our young technicians build confidence, develop interpersonal and intergenerational skills, and gain a basic understanding of eye

anatomy, common eye complaints, and solutions to these problems.

Our clinic recruits medical students from across the nation through a clinical and research pre-residency fellowship in collaboration with Oregon Eye Consultants/Cascade Medical Research Institute. Our most recent fellows, Drs. Rima Stepanian and Vamsee Vemulapalli, both matched to ophthalmology residency programs and will begin their training next month.

My current fellow, Dr. Amaan Qazi, notes that the clinic provides a uniquely rich learning environment. Reflecting on his experience, he states: "Being in the clinic every day has allowed me to learn far more than ophthalmic examination skills and surgical technique. I have been able to observe how Dr. Ambati and his colleagues reassure anxious patients, build trust with staff, and navigate the challenges unique to a busy clinical practice. As someone pursuing a career in ophthalmology, these everyday interactions have been some of the most valuable lessons — offering insight into leadership, mentorship, and patient-centered care that cannot be fully appreciated through a traditional elective or rotation alone."

CONNECTED PHYSICIANS

Our practice and its relationship with medical students interested in ophthalmology is fairly unique; most comparable programs are sponsored by academic institutions with their own ophthalmology departments and residency programs. With fewer administrative hurdles, our program fast-tracks fellows into the clinical space and operating room.

Advancing Technology and Training

We also strive to offer the best technology and techniques, whether emerging or established. Beyond providing state-of-the-art care, this commitment creates a uniquely rich learning environment for the next generation of healthcare professionals. Ophthalmology is a dynamic and innovative field, and roughly 90% of what I do today did not even exist at the time of my fellowship training in 2002. A few examples include:

- A spectrum of astigmatism-correcting, range-of-vision-restoring, high-contrast intraocular lenses for cataract patients
- All-laser LASIK, small-incision lenticule extraction (SMILE), and intraocular contact lenses (ICL) for younger patients interested in getting out of glasses
- Autonomously aligned and image-tracked direct selective laser trabeculoplasty (SLT) for glaucoma.
- Minimally invasive glaucoma procedures (including drug-eluting and miniature aqueous flow enhancing devices)
- Partial thickness corneal transplantation
- EyeHero therapy for amblyopia (lazy eye), which uses AI for gaze tracking and vision training with active peripheral stimulation

Through this uniquely longitudinal clinical experience (rotations in medical

school and residency are generally only a month or two), pre-residency fellows are able to learn about complex ocular pathologies and better understand the full disease scope from diagnosis to surgical planning to treatment, while gaining valuable practical insights into the practice of medicine.

Beyond Medical Care

Clinic spaces serve a purpose beyond purely medical care. Of course, the patient's well-being and health are at the center. Yet clinics also serve an important communal role in supporting staff well-being, acting as a place of dialogue and idea exchange, and fostering mentorship for the next generation of physicians, all so we can provide excellent care to our community. As a physician, I encourage you to open the doors of your practice and transform it into a place of community, learning, and connection. ♦



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Physician–Public Health Practitioners

The Missing Academic Medicine Career Track

**BY KIRSTEN BIBBINS-DOMINGO, PHD,
MD, MAS & ALICIA FERNANDEZ, MD**
UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO

As we move forward from the pandemic, these insights from the 2022 JAMA Health Forum article remain highly relevant today. Excerpted from JAMA Health Forum. Read the full article and citations here: jamanetwork.com/journals/jama-health-forum/fullarticle/2790606

Partnerships between academic institutions and state and local departments of public health have long existed and more formal affiliations have been gaining traction. These partnerships may involve formal affiliations of a health department and an academic institution that trains future health professionals — the public health equivalent of the teaching hospital affiliation found between hospitals and medical schools. Such partnerships can enhance capacity for joint education, research, and practice, and increase opportunities for the practice and academic communities to work together to address public health concerns. A recent review of such partnerships⁴ found them in many parts of the US; in most cases, the academic partner was a school of public health. The pandemic demonstrated the power of even broader coalitions of the willing, uniting community groups, private sector organizations, unions, philanthropy, and faith-based organizations, galvanized by academic medical centers together with local health departments. It is these broad efforts that resulted in innovative and effective work in the San Francisco Bay Area.

Over the past decade, many academic medical centers have come to embrace formal efforts addressing population health,⁵ driven in part by health care

reform and changing incentives in the Affordable Care Act, as well as by a broader recognition of social and structural drivers of health outcomes beyond the walls of clinical practice. Academic departments of population health departments have emerged, organized to bridge the traditional gulf between medicine and public health and engaging all sectors — including health care and public health — in understanding and improving the health of populations. The framework described by Gourevitch and Thorpe⁶ suggests the essential elements of such initiatives include engaging communities, turning information into insights, transforming health care, and shaping policies. The organization of such efforts is variable, but often involves formal or informal partnerships with departments of public health and community organizations.

These movements in academic medical centers are laudable and, based on our experience, argue for more formal training and recognition of the academic physicians who are leading and partnering with others to advance population health. We urge a physician–public health practitioner role within academic medicine. Such physicians have characteristics that add value to efforts toward advancing population health, including the following:

Capacity for Leadership and Partnership within a Collective Impact Model.

Throughout the first 2 years of the pandemic, physicians played critical roles in multisector coalitions operating within a collective impact model. Physician–public health practitioners who are skilled at building partnerships, have a population health orientation, and are deeply rooted in

principle of health equity can often offer critical skills (often honed in interprofessional clinical work) to the broad coalitions that are necessary to bring about change. In our experience, the involvement of physicians in these coalitions has often been born out of a desire to improve clinical outcomes and work more directly in partnerships with community organizations and other entities who serve community members or whose work impacts community health. Because these academic physicians also play a role within the health system and may have a voice with the departments of public health, such physicians can provide the necessary bridge in these multisector coalitions to enhance effectiveness and impact.

Acting as Teachers & Scientific Interpreters

Physicians are often interpreters of scientific information as they discuss medical interventions with their patients. The pandemic has demonstrated the importance of effective communication about rapidly changing scientific information, as well as the power of misinformation and disinformation in preventing effective communication. Physician–public health practitioners can play a role in translating complex scientific information and dispelling misinformation for the broader public as the US continues to navigate current and future public health crises.

Providing Technical Assistance

Physician–public health practitioners can offer community-based organizations up-to-date evidence, best practices, assistance in navigating some complex interactions with other institutional partners, assistance with grant

writing and obtaining funding, and assistance with staff training. Depending on the needed skill sets — and often in partnerships with others in an academic medical center with more specific technical skills — assistance may be offered in data collection, analysis, or informatics.

Developing Prototypes & Evaluating Programs.

At many points in the pandemic, physicians within multistakeholder coalitions were able to help develop new prototypes for care delivery (eg, for vaccine distribution) that spanned traditional health care and public health models. Physician–public health practitioners may have the skills or enlist the help of others at academic medical centers to assist in critical evaluation of existing programs. Physician–public health practitioners trained in implementation science or in the fundamentals of program design and evaluation are

particularly helpful in this role.

Disseminating Effective Practice.

Academic physician–public health practitioners are experienced with dissemination through peer-reviewed publications, brief reports, and even public media. Dissemination is often difficult, but when it is achieved, it can lead to adaptation of successful models elsewhere and be instrumental for sustainability.

Public health crises will continue to force physicians at academic medical centers to think and act beyond their clinical walls — such as in addressing the evolving phases of the current pandemic, the crises of the inequities in health magnified by deep imbalances in the social and structural determinants of health, or the current and impending threats of climate change on health.

To do so, we can learn from the successful innovations of the last few years and think about the

infrastructure, funding, and human inputs needed to create and build on successful partnerships. A key advance in this area will be the development of physician–public health practitioners. Medical schools must provide training for this career path, and academic health centers must encourage and support these careers.

In 1910, the landmark Flexner report, backed by philanthropy, set US medical schools down a path that would lead to excellence in research and the enshrinement of the biomedical model of clinical care. To meet the deep public health challenges of today (from obesity to addiction to emerging infections), it is time to significantly invest in another form of academic clinical leader, one who will join their physician–researcher and physician–educator colleagues to teach, innovate — and above all, practice — as a physician–public health practitioner. ♦

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Announcements

LCMS Events



LAST CHANCE! Join us for a fun-filled Exploding Whales Night fundraiser with the Eugene Emeralds on Friday, July 10th at PK Park! Each ticket purchased supports the Physician Wellness Program (PWP). Open to all — bring your clinical staff, friends, and family! Scan the QR code for the special ticket link. Go EMS!



Join the LCMS for a family-friendly picnic on Saturday, August 29th, 12:00–3:00 PM at Island Park. Bring the whole family for food, fun, and connection as we celebrate our physician community! Enjoy catering by Lani Moku, shaved ice by Pacific Ice Co., and more! Special recognition of Eugene Emergency Physicians. Scan the QR code to register by August 24th!

Community



The Oregon Health & Science University (OHSU) team invites physicians interested in point-of-care ultrasound (POCUS) to their annual General Medicine and Advanced POCUS Course, from July 16–18. This course offers both fundamental and advanced learning tracks tailored to

your experience level, along with hands-on instruction from expert faculty. Whether you are new to POCUS or looking to refine your skills, this course is structured to meet you where you are and help you take the next step in your US proficiency. For more information scan the QR code.

NOTES

New LCMS Member Benefit: 15% Discount at The District Coworking! Whether you need space to meet with clients, host team meetings, or run workshops, The District provides professional, flexible options right in downtown Eugene. Email us for more info!



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