Student Presentations

Eric Wiser, MD, FAAFP, Oregon AHEC
Kira Champelli, OHSU MD Student
Jaclyn Roland-McGown, OHSU MD Student

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Agenda

1. AHEC Introduction

2. Kira Champelli, OHSU Medical Student

3. Jaclyn Roland-McGowan MD/MCD Student

Oregon Area Health Education Center

Connecting students to careers, professionals to communities and communities to better health

Oregon AHEC Program Office

Hosted by OHSU in Portland.

Oregon Pacific AHEC

Hosted by Samaritan Lebanon Community Hospital. The Center serves communities along the Oregon Coast and I-5 Corridor including the Confederated Tribes of Grand Ronde, Confederated Tribes of Siletz Indians and the counties of Benton, Clatsop, Columbia, Lincoln, Linn, Marion, Polk, Tillamook and Yamhill.

Oregon Healthcare Workforce Institute

Hosted by Pacific University. The Center serves Clackamas, Multnomah and Washington counties.

AHEC of Southwest Oregon

Hosted by Aviva Health in Roseburg. The Center provides services to Coos, Curry, Douglas, Lane, Jackson and Josephine counties.

Northeast Oregon AHEC

Located on the campus of Eastern Oregon University in La Grande. The Center serves Baker, Gilliam, Hood River, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco and Wheeler counties.

Cascades East AHEC

Hosted by St. Charles Health System in Bend. The Center serves Central and Southeastern Oregon and includes the Confederated Tribes of the Warm Springs, Crook, Deschutes, Grant, Harney, Jefferson, Klamath and Lake counties.

Scan each region to learn more!

What is AHEC Scholars?

To properly serve the healthcare needs of underserved populations, having the right platform, processes, and language to deliver care is just as important as willingness to deliver.

-AHEC Scholar, OHSU DMD Student

Health professions students interested in supplementing their education by gaining additional knowledge and experience in medically underserved settings.		*Longitudinal* program with interdisciplinary curricula to implement a defined set of clinical, didactic, and community-based activities.

DR. JOHN SAULTZ AHEC SCHOLARS FUND

The fund helps remove financial barriers for students

Kassandra Balli, a physician associate who graduated last year, credits her experience rotating in Alaska and financial support from the Dr. John Saultz AHEC Scholars endowment fund for **leading her to the next step in her career.**

She said that **without the fund,** which purchased her flight and a winter jacket, **she would not have been able to afford the experience.**

“I am so grateful to have had this opportunity,” she said. “I learned so much from my preceptors and the patients and **left forever changed."**

Make a gift today!

STAY CONNECTED WITH US!

Oregon AHEC Director Eric Wiser, M.D.: **wisere@ohsu.edu**
Oregon AHEC Program Manager Melissent Zumwalt: **zumwaltm@ohsu.edu**

Polypharmacy in Rural Older Adults

A Needs Assessment in Gold Beach, OR

Date: October 4th, 2025 Presented By: Kira Champelli, OHSU Medical Student

Presentation Objectives

- Define polypharmacy and its impacts
- Epidemiology of polypharmacy
- AHEC Project Details and Results
- Strategies for addressing polypharmacy

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Introduction and Definitions

- 36-67% of older adults are exposed to polypharmacy[1].
- **Older adults:** defined most frequently as 65+ or 75+
- **Polypharmacy:** most frequently defined as the concurrent use of five or more medications[2].
  - Defined by the number of medications prescribed where the rates of mortality, hospitalization, falls, and adverse drug reactions occur[3].

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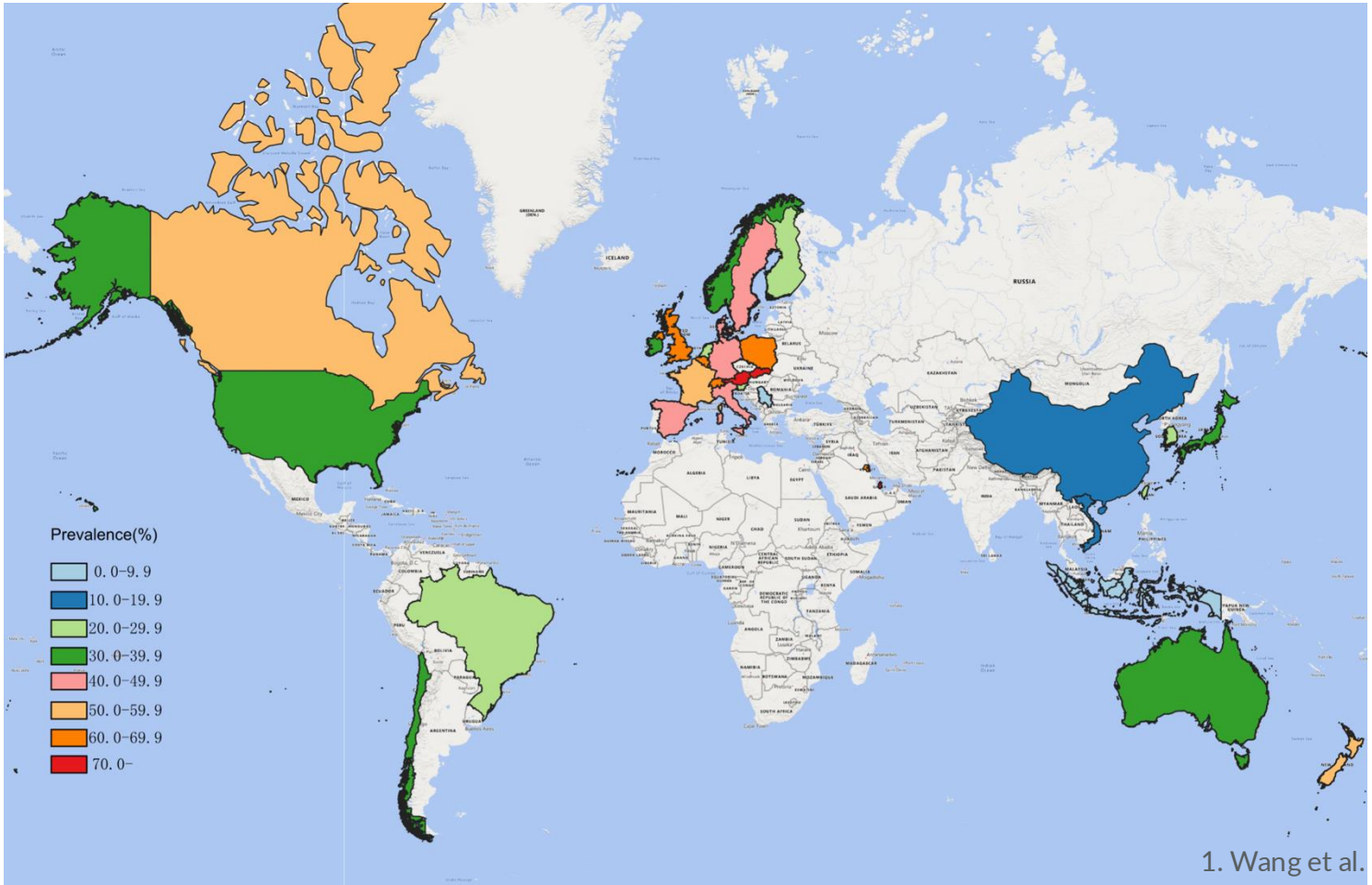
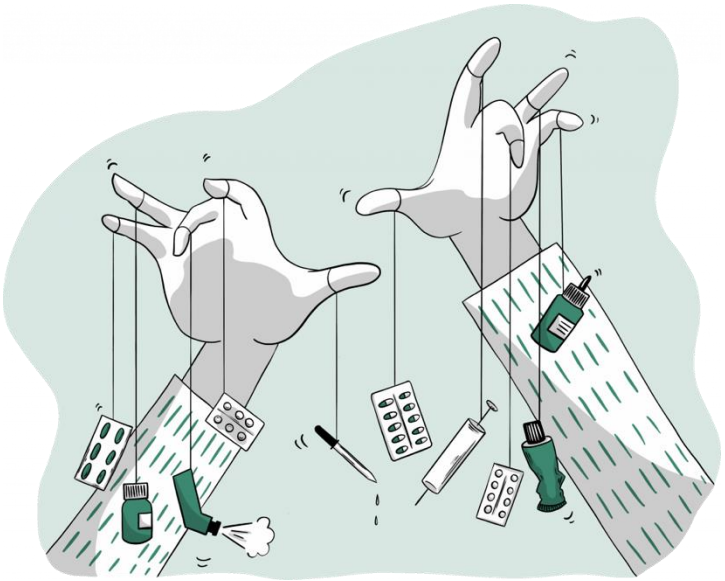
Global Prevalence of Polypharmacy in Older Adults



1. Wang et al.

Rural Health Context



- Less quantity of studies on rural older adults, but from those that exist:
  - Houston-Apollo Polypharmacy Project identified 87 older adults living in rural communities in Taiwan and found that 52% met polypharmacy definitions (and proposed an interesting solution – discussed later).[4]
  - Cross sectional study looking at rural-dwelling adults in Texas showed out of 107 older adults (age 75+), 54 met criteria for polypharmacy (50.4%).[5]

Image credit: Apollo Polypharmacy Project

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Costs to Patients and Healthcare Systems

- Multi-center study from the UK in 2025 found the following hazard ratios in their older adults who met polypharmacy criteria[6]
  - Mortality - 1.60 (CI 1.30 - 2.00)
  - Hospitalization - 1.21 (CI 1.04 - 1.40)
  - Falls - 1.30 (CI 1.12 – 1.51)
  - Adverse Drug Events – 1.20 (CI 1.02 – 1.40)

  Polypharmacy is additionally linked to increased rates of ED visits[7].

Image credit: Apollo Polypharmacy Project

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Q: How do we know that these effects are from polypharmacy itself, and not fault of underlying chronic conditions that lead to polypharmacy?

- In studies using multivariable statistical models that adjust for the number and severity of chronic conditions, polypharmacy remains independently associated with increased healthcare utilization and other adverse outcomes.
  - Additionally: the small risks associated with each individual medications do not statistically explain the increased mortality, falls, and hospitalizations, **suggesting that polypharmacy itself is the cause (likely through drug-drug interactions, medication errors, and adverse-drug reactions)[3].**

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My Project's Context:

- AHEC Family Medicine 3-month rotation in Gold Beach, OR
- Goal: create a project that is serves our rural community!
- Limitations:
  - Results need to be ready to present at the end of the rotation!
  - IRB process at OHSU is time-intensive (so proposed project can't intervene in patient's care)
- **Identify and prioritize the level of polypharmacy present at Curry Medical Practice in Gold Beach, OR in a needs assessment.**

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The Project

Identify and prioritize the level of polypharmacy present at Curry Medical Practice in Gold Beach, OR through a needs assessment!

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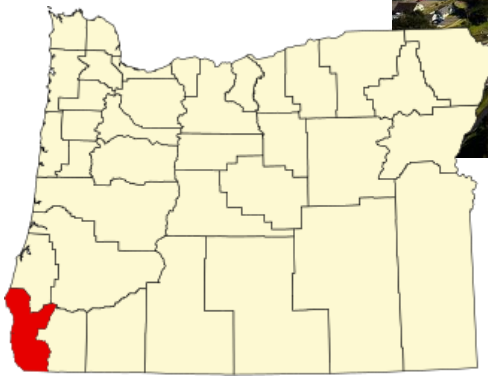
The Community and Practice

- **Gold Beach, OR**
- Population (2024) - 2,241
- Curry County Population (2024): 22,774
- Curry General Hospital – 18-bed critical access hospital
  - (Curry Medical Practice – the primary care clinic is on the 2nd floor!).
  - Nearest large hospitals: Coos Bay (1.5 hr drive), Crescent City, CA (1.25 hour drive)
- Curry Medical Practice
  - 1 MD, 1 NP, 2 Medical Assistants
  - Shares clinic with Urology, OBGYN, and General Surgery
  - Serves patients in Gold Beach, Brookings, Port Orford, Ophir, etc.



Curry County

Methods/Patient Population

- Quantify the number of medications currently being taken by older adults (age 75+) who were seen at Curry Medical Practice between Sept 30th -Dec 20th
- *Why those dates?*
  - September 14, 2024 - Curry Health switched to EPIC from CPSI.
  - No new accounts could be created on CPSI.
  - Patient profiles didn't transfer from CPSI.
- Medical assistants would meticulously check medications at the start of every visit to create accurate new med lists.

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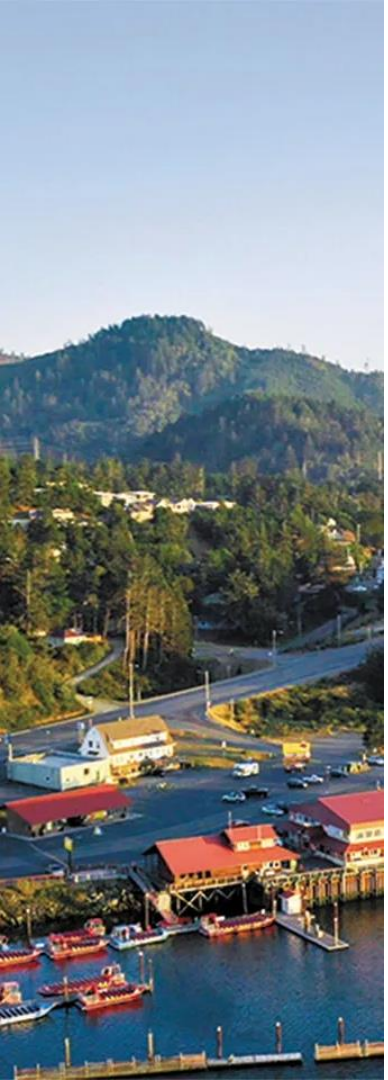

Data Limitations

- Limited population – only patients who were seen during my 12 weeks at the clinic
- Inhalers weren't included in my data set
  - Use frequency? Systemic effects? Three medications vs one for inhalers like Trelegy?
- Our clinic population had a disproportionate number of pediatric patients and OBGYN visits compared to the population of Gold Beach, since Dr. Laudert had extra training and interest in OBGYN.

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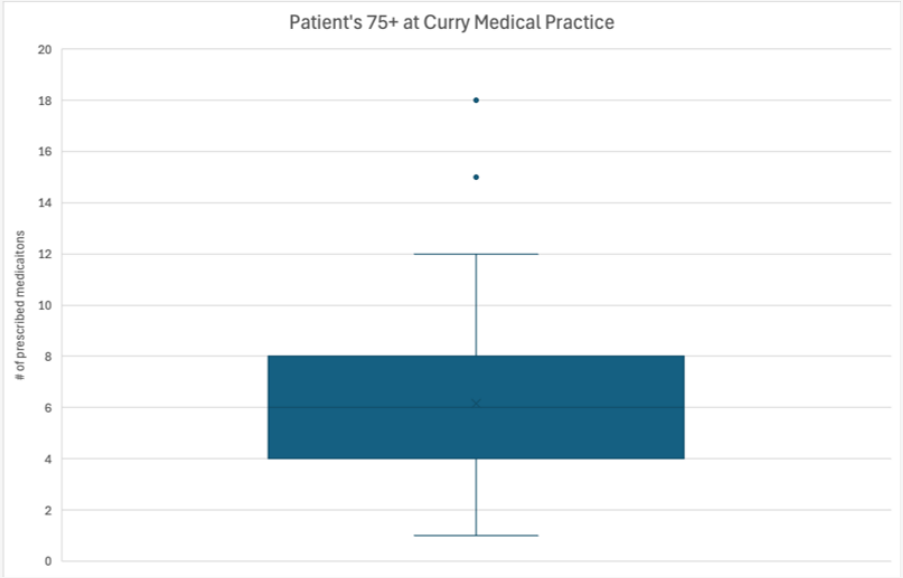
Results

- N=68 patients age 75+ seen during the 12 weeks
- Mean= 5.01 medications
- 25th percentile – 4 medications
- 75th percentile – 8 medications
- Outliers at 15 medications and 18 medications.



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Discussion

- A little over half of patients seen at the clinic during my three-month rotation met criteria for polypharmacy, leaving them at increased risk for adverse medication events, falls, and hospitalizations.

- My needs assessment found an area for intervention, and so we started developing an action plan to address polypharmacy at the clinic as the topic of future projects.

Discussed Interventions:

- If resources and specialty support were unlimited: clinical pharmacy support has shown to be monumentally helpful to address difficult polypharmacy cases and catching and deprescribing potentially inappropriate medications using the STOPP/START criteria[8].

- Lower cost-higher time investment: Beers Criteria, Medication Appropriateness Index, Amsterdam Tool, and STOPP/START.

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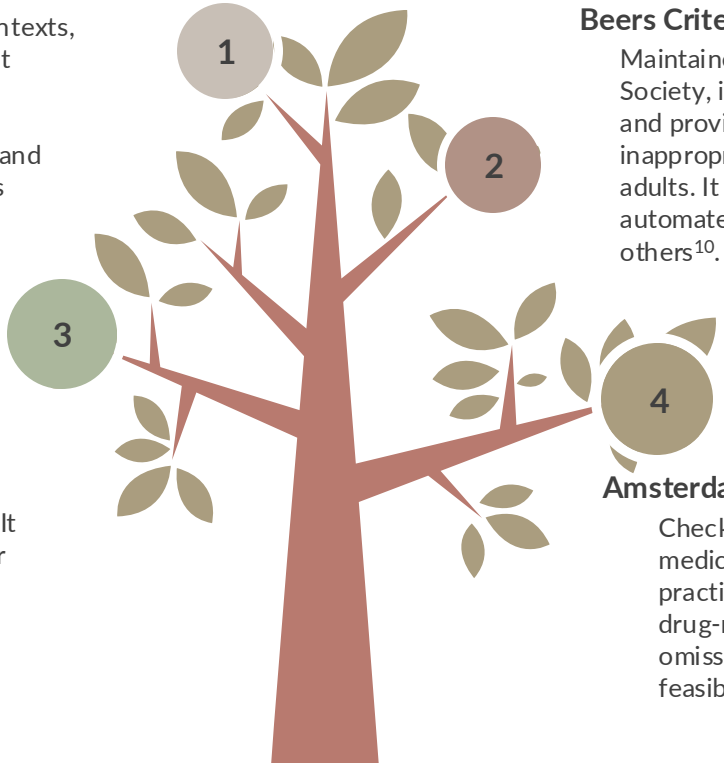
Evidence-Based Deprescribing Resources

STOPP/START Criteria

Evidence-based list of potentially inappropriate medications in their contexts, as well as identifying medications that might be omitted but helpful. STOPP/START is comprehensive but requires detailed clinical information and periodic updates to remain current. Is lengthy, but very thorough[9].



Beers Criteria

Maintained by the American Geriatrics Society, is widely used in the United States and provides a list of potentially inappropriate medications to avoid in older adults. It is easy to implement and automate but is less thorough than the others[10].

Medication Appropriateness Index

Patient-centered tool that evaluates each medication for indication, effectiveness, safety, and practicality. It is time-consuming and less feasible for routine use in busy rural practices, lengthier than STOPP/START[11].

Amsterdam Tool

Checklist that supports structured medication reviews by general practitioners. It identifies a broad range of drug-related problems and prescribing omissions, but its complexity may limit feasibility in resource-constrained settings.

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Next Steps:

- Multiple studies show implementing the Beers Criteria into clinical practice requires less resources and is less time-intensive.

- STOPP/START, Medication Appropriateness Index, and Amsterdam tool are used frequently in research studies and shown to be very effective, but their thoroughness is resource-intensive.

- If another student were to take this project on: implementation of STOPP/START screenings before visits with older adults to guide conversations on deprescription.

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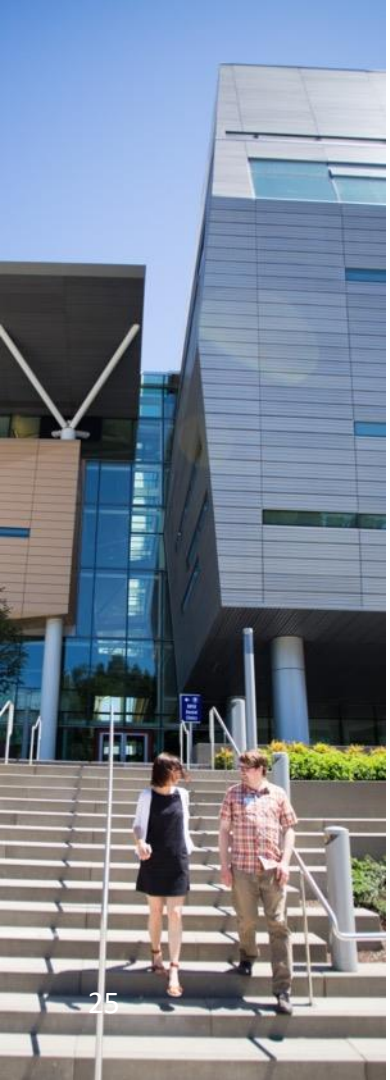

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Thank You!

Closing the Rural Dermatology Gap: Primary Care as the Front Line

AHEC Community Project in Brookings, OR

Date: October 4th, 2025 Presented By Jaclyn Roland-McGowan, MD/MCD Candidate at OHSU

Presentation Objectives

- Oregon’s dermatology deserts
- Why PCPs matter
- Curry County case study
- Solutions and framework

Dermatology Deserts in Oregon

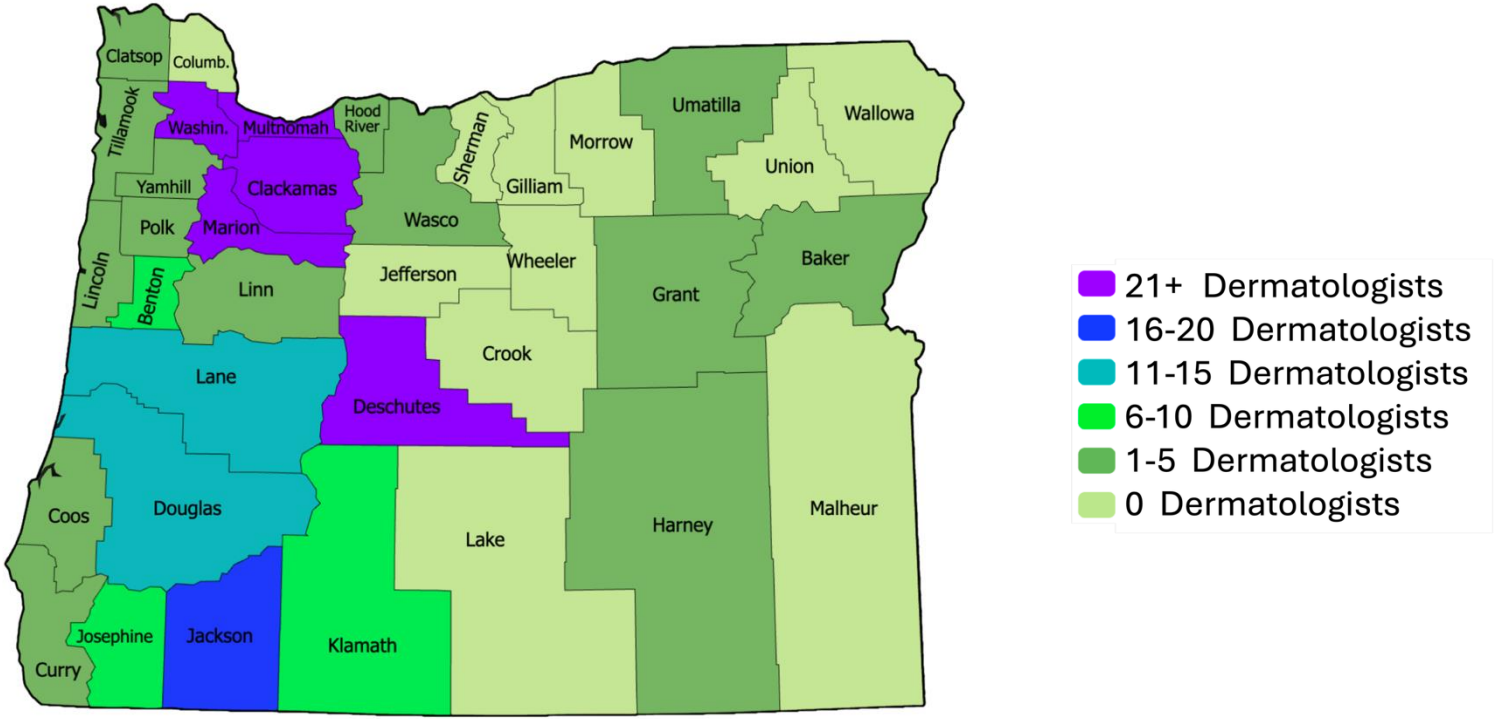
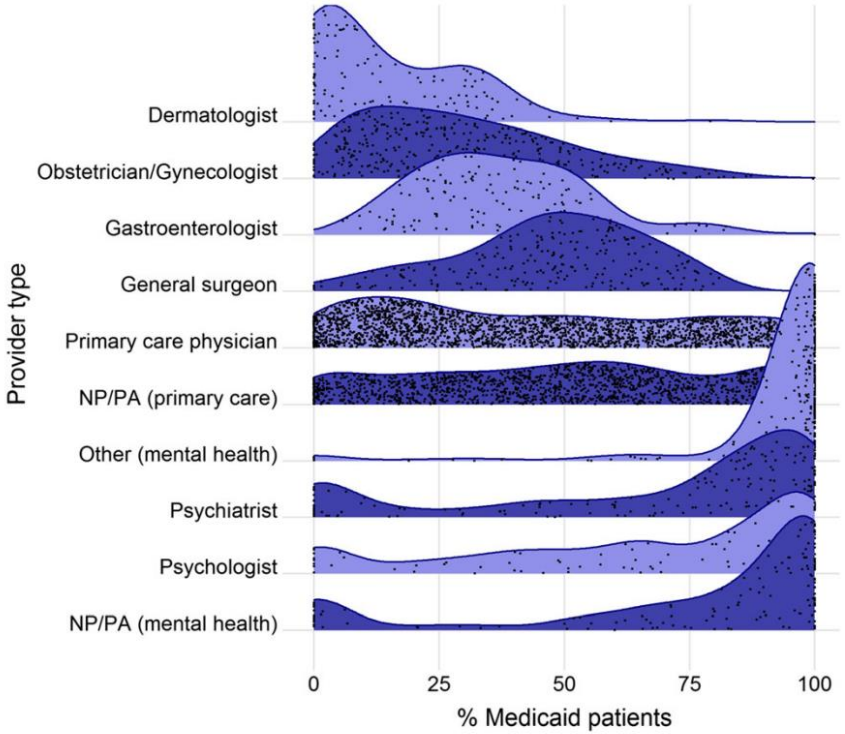


Image credit: War on Melanoma

Identifying the Problem



McConnell, et al., 2019

- **Rural counties have the largest gaps,** sometimes almost no access at all[1]
- Medicaid patients see dermatologists at **1/4 the rate of commercially insured**[1]
- PCPs and NPs/PAs are the **front line for skin care** in underserved communities

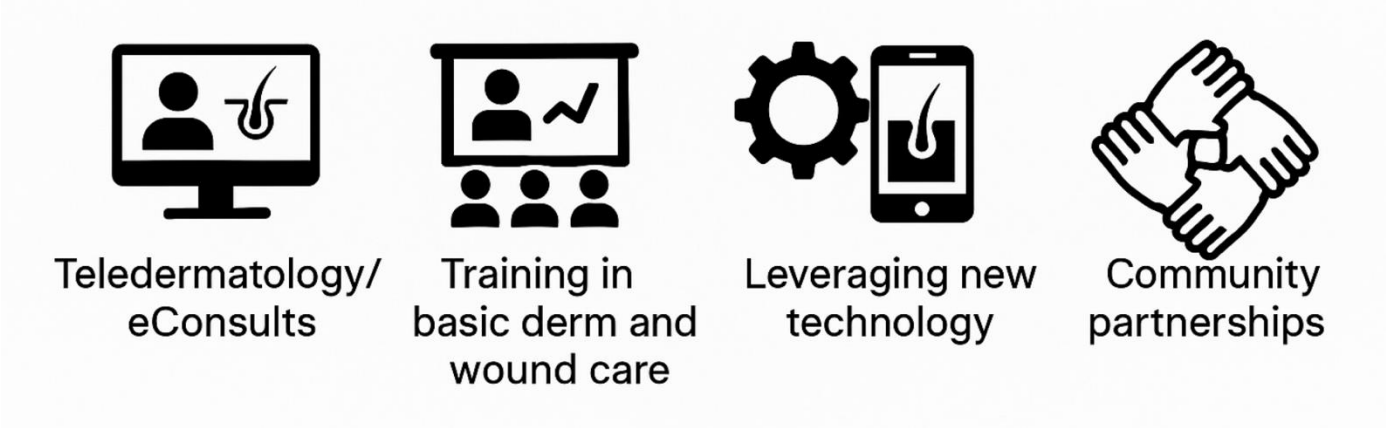
Barriers to Melanoma Diagnosis in Rural Communities

- Limited access to specialized care, long travel distances, and socioeconomic barriers delay diagnosis and treatment[2]

- Rural patients:
  - Travel **101.8 vs. 17.7 miles**
  - Face **higher melanoma-specific mortality**
  - Have **higher all-cause mortality (3.0 vs. 2.7/100,000)**

- **The importance of PCPs**: In many rural communities, PCPs are the only accessible providers but often lack dermatology-specific tools and support.

Models of support for PCPs



Highlight cost-effectiveness & feasibility: Many of these approaches are scalable without needing to place dermatologists in every county.

My AHEC Community Project

- 3-month Family Medicine rotation in Brookings, OR
- Assignment: design a project to serve the rural community
- Limitations:
  - Results must be ready by end of rotation
  - OHSU IRB process is time-intensive → project could not directly intervene in patient care
- Site-specific challenges:
  - difficulty diagnosing and managing complex dermatologic conditions
  - Only 23% rated specialty access as “good” in Curry County
  - 89% of patients traveling outside the county for care

Goal: Improve access to dermatologic care for Curry Medical Center patients

Step 1. Securing Specialized Dermatoscopic Devices

Objective: Acquire tools for enhanced dermatologic assessment.

- **Partnerships for Donations:**
  - Obtained a traditional dermatoscope through AHEC Scholars funds.
  - Collaborated with The War on Melanoma Initiative to secure Sklip devices, which attach to smartphones for lesion imaging.
- **Outcome:**
  - Provided the clinic with several dermatoscopes, empowering providers to document and assess skin lesions accurately.

Step 2. Provide Resources for Device Use

Objective: Ensure clinic staff can effectively utilize new tools for patient care.

- **Hands-On Training:**
  - Demonstrated Sklip and dermatoscope usage, including capturing high-quality images and integrating them into patient records.
  - Reviewed common lesion patterns for malignancy suspicion and proper documentation techniques.
- https://dermnetnz.org/cme/dermoscopy-course

Who Cares About a Dermatoscope?

- Several studies have demonstrated that dermoscopy is useful in the identification of melanoma [3-6]
  - Study with 43 primary care providers completed the image-based recognition tests
  - >30% improvement in clinical diagnostic accuracy was observed before versus after dermoscopy training [3]
- May reduce the number of benign lesions excised and result in more referrals of suspicious lesions and fewer benign ones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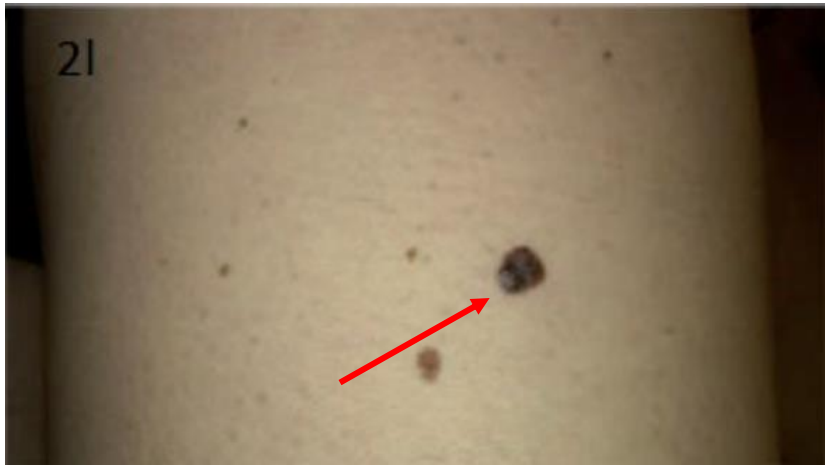
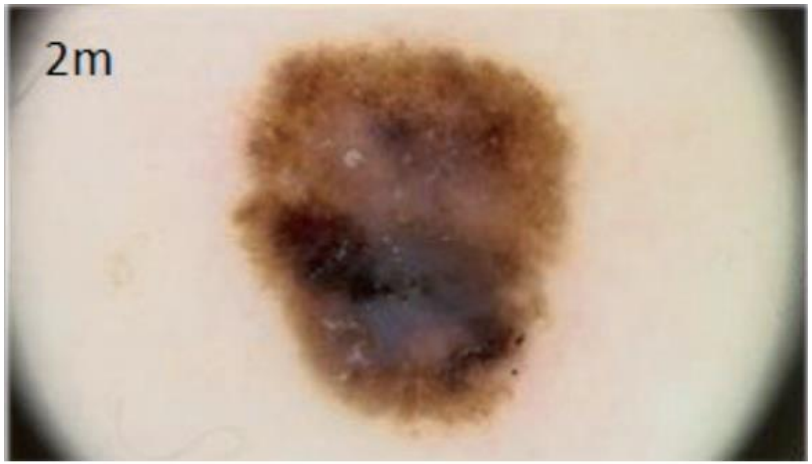
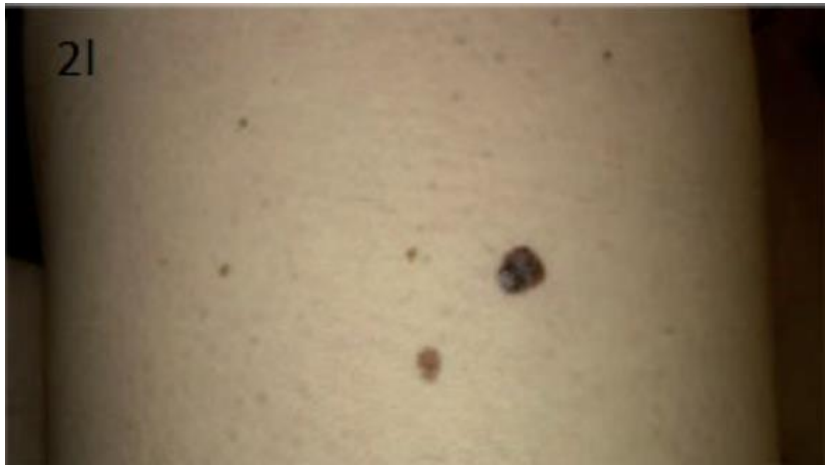


Clinical Image



Dermoscopy Image

Dika E, Chessa MA, Ribero S, Fanti PA, Gurioli C, Lambertini M, Baraldi C, Patrizi A. (2017)



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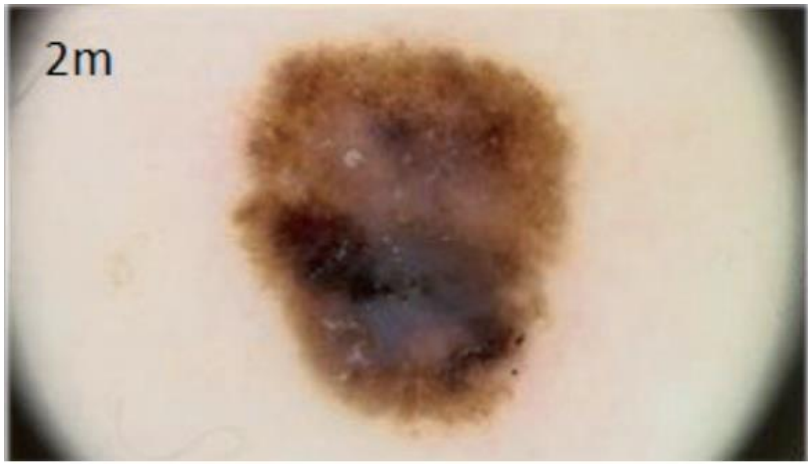
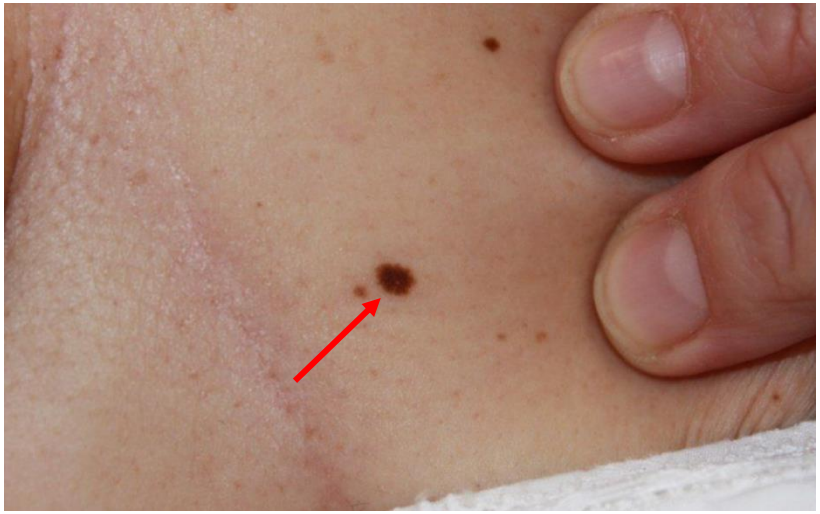


Dermoscopy Image

Malignant - Melanoma

Dika E, Chessa MA, Ribero S, Fanti PA, Gurioli C, Lambertini M, Baraldi C, Patrizi A. (2017)

Benign or Malignant



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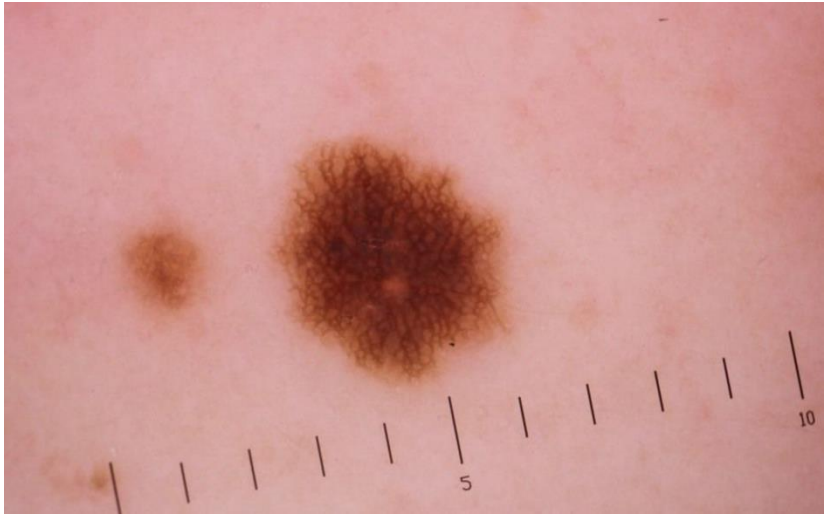

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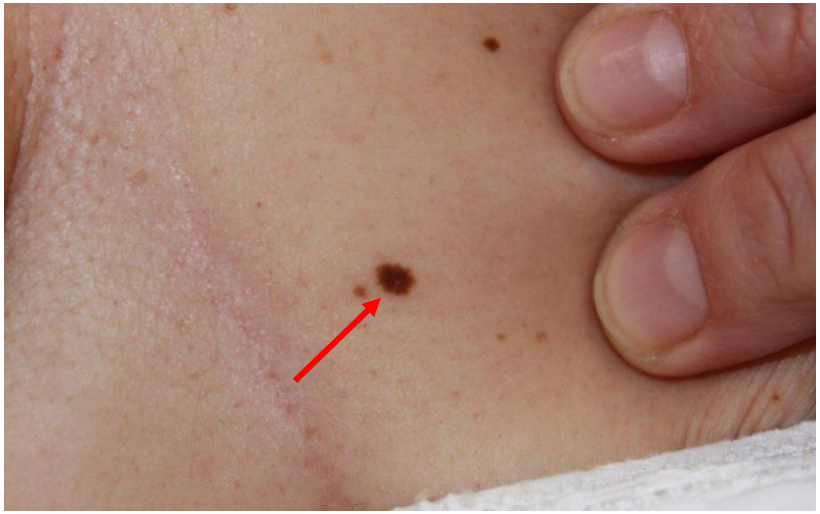

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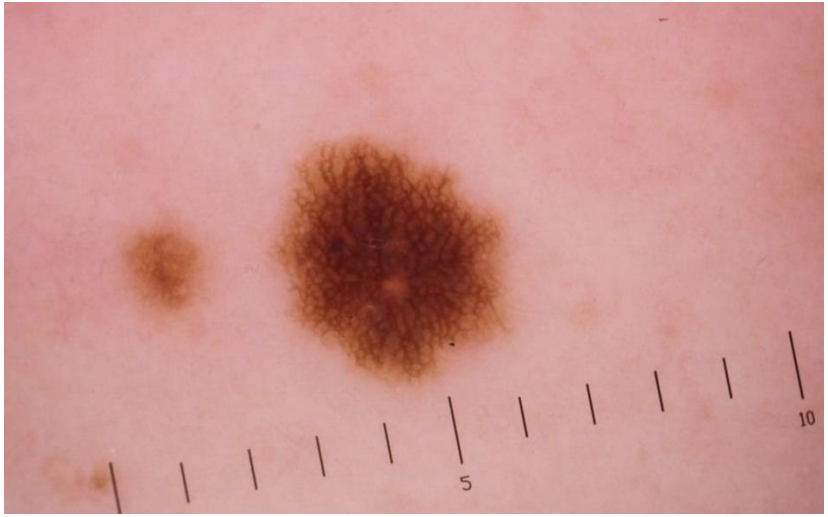
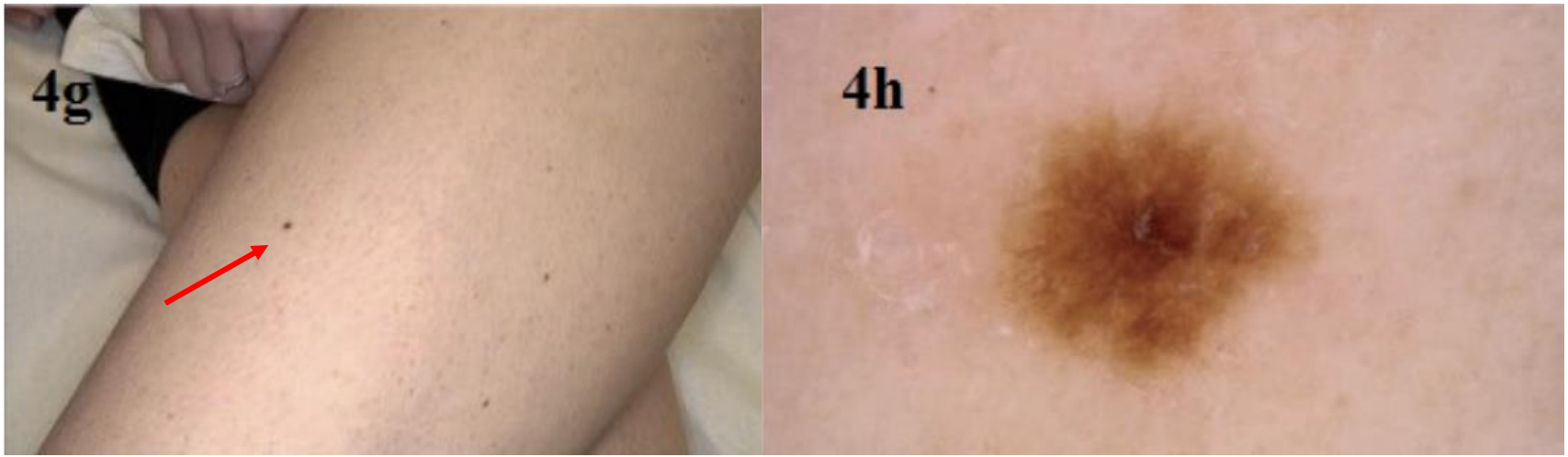


Dermoscopy Image

Benign

Benign or Malignant



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Dermoscopy Image

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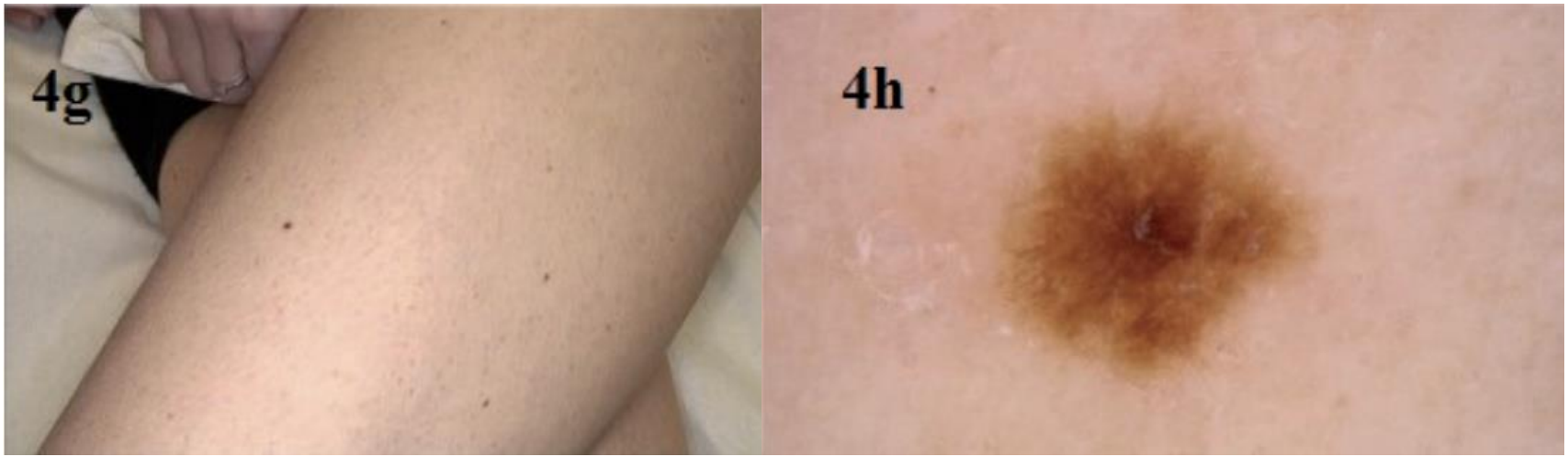
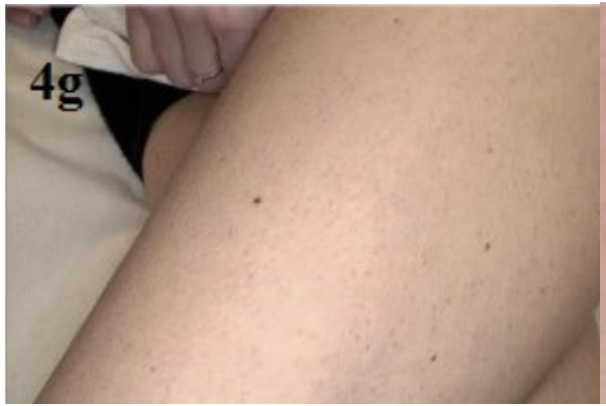


Clinical Image

Dermoscopy Image

Malignant - Melanoma

Benign or Malignant



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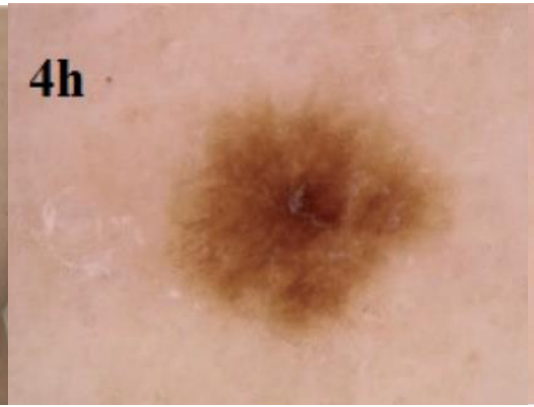
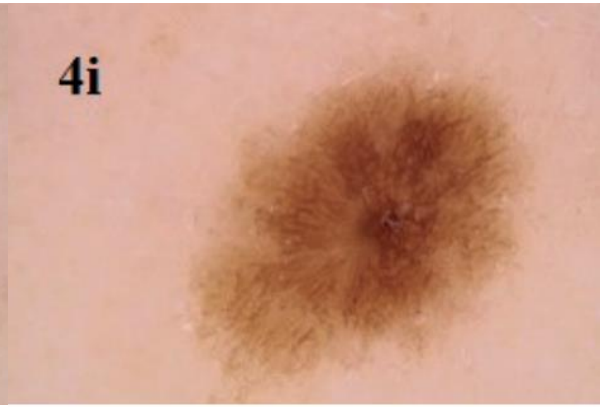
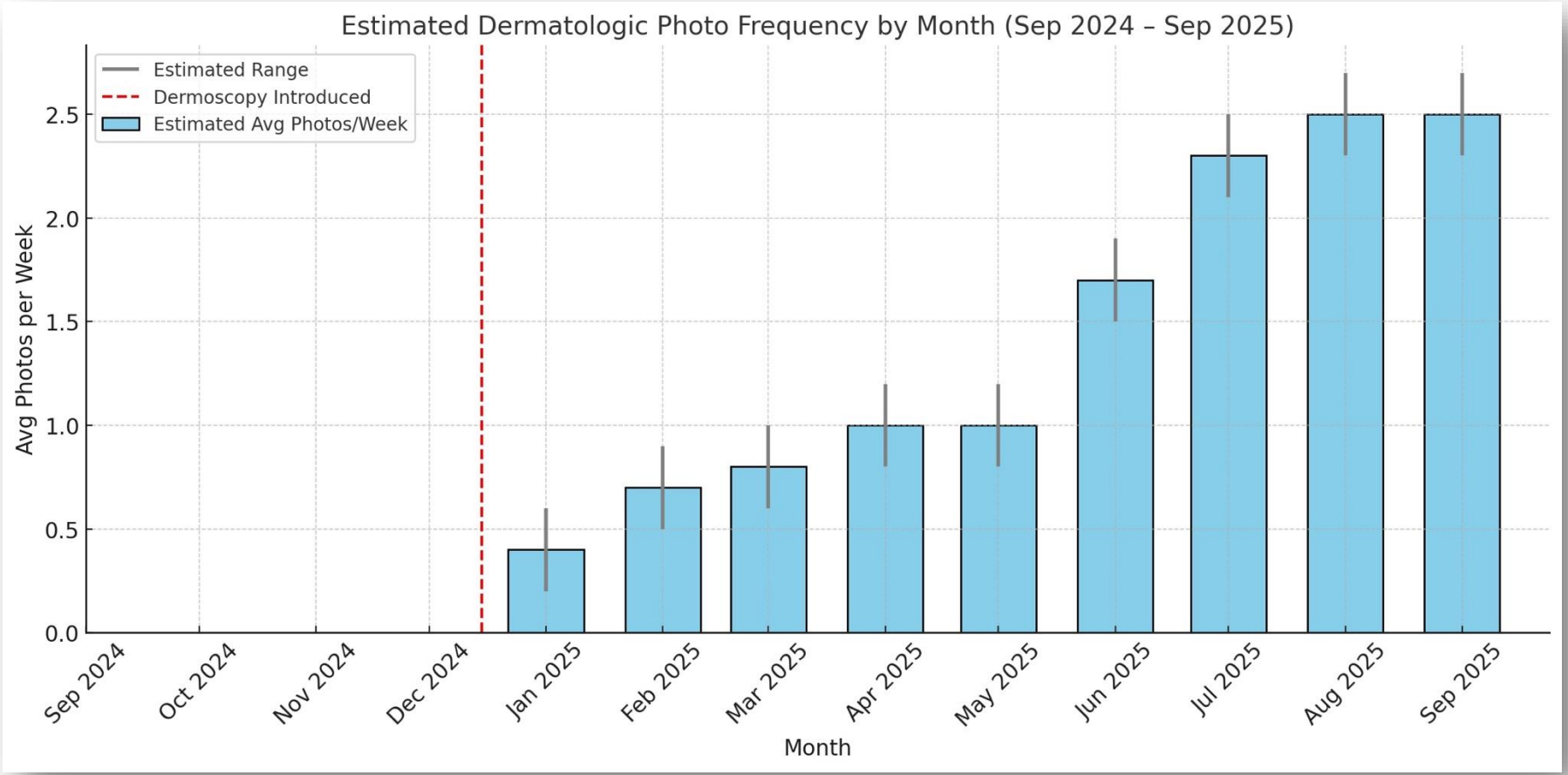


Dermoscopy Image



Dermoscopy Image at 6-month f/u

Malignant - Melanoma


Estimated Dermatologic Photo Frequency by Month (Sep 2024 – Sep 2025)
Estimated Range
Dermoscopy Introduced
Estimated Avg Photos/Week
Avg Photos per Week
0.0
0.5
1.0
1.5
2.0
2.5
Sep 2024
Oct 2024
Nov 2024
Dec 2024
Jan 2025
Feb 2025
Mar 2025
Apr 2025
May 2025
Jun 2025
Jul 2025
Aug 2025
Sep 2025
Month

Step 3. Initiate Virtual Clinics for Chronic Wound Patients

Objective: Provide free consultations for chronic wound patients through Heal PG.

- **Collaboration:**
  - Partnered with Dr. Ortega, a wound specialist, to review chronic wound cases remotely.
  - Developed a process for patients to receive virtual consultations and expert advice.
- **Impact:**
  - Offered timely guidance to patients, helping improve wound care outcomes without requiring travel.

Step 4. Partner with OHSU's Dermatology eConsult Program

Objective: Leverage OHSU's Epic CareLink Web portal to provide local providers with remote dermatologic expertise.

- **Partnership Established on December 4, 2024:**
  - Worked with Dr. Anthony Cheng, Ambulatory Medical Director for the Office of Digital Health, to integrate the Epic CareLink system.
  - Ensured providers at Curry Medical Center could access dermatology eConsults.
- **Functionality:**
  - PCPs can upload dermatoscopic images and patient history directly into the portal for review by OHSU dermatologists.

Step 5. Follow Outcomes of Patients (To Be Continued…)

Objective: Assess the effectiveness of the eConsult program in improving patient outcomes

- **Track Patient Data:**
  - Follow eConsult patients to evaluate accuracy of diagnoses, timeliness of interventions, and patient satisfaction
- **Outcome Metrics:**
  - Time from eConsult submission to response
  - Rate of accurate diagnoses and successful interventions
  - Reduction in the need for out-of-county referrals
- **Long-Term Goal:**
  - Use data to advocate for sustainable funding and statewide expansion of virtual dermatologic access

Conclusion

- Oregon has critical rural derm access gaps
- PCPs can be empowered with tools, training, connections
- Curry County shows this model is feasible

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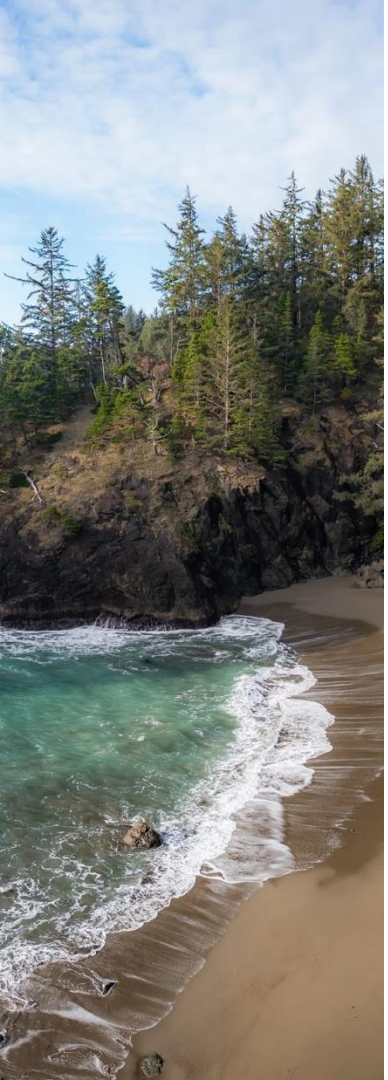

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Thank you!

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Kassandra Balli, a physician associate who graduated last year, credits her experience rotating in Alaska and financial support from the Dr. John Saultz AHEC Scholars endowment fund for **leading her to the next step in her career.**

She said that **without the fund,** which purchased her flight and a winter jacket, **she would not have been able to afford the experience.**

“I am so grateful to have had this opportunity,” she said. “I learned so much from my preceptors and the patients and **left forever changed."**

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