

Chair Patterson, Vice-Chair Hayden, and Members of The Committee,

I am testifying in support of SB 490. My name is Lance McQuillan and I am a family medicine physician and currently serve and co-interim Program Director for the Samaritan Health Services (SHS) Family Medicine Residency Program. I've served in various leadership roles in my community. I was involved with the early development and refinement of the family medicine residency here at SHS in Corvallis and Lebanon, and I also helped in the development and now implementation and early refinement of the Rural Training Program at SHS in Newport.

About 70% of the graduates from our core residency program have stayed in Oregon to serve our communities. About 80% have stayed in the Pacific Northwest. We've "graduated" 12 residency classes now.

For about a decade, leadership at SHS's rural hospitals, particularly on the coast, have wanted to develop a rural family medicine training program to help serve our coastal communities. About 5 years ago we felt we had adequate infrastructure to formally pursue the development—in part thanks to being awarded a HRSA Rural Residency Planning and Development Program grant. This year we matched our first class of residents for the Rural Training Program.

The work of developing a rural training program (and of developing and refining a core program) is hard and important work and would have undoubtedly been accelerated with the support of a mature collaborative like what ORCA FM is trying to become. A fundamental challenge is developing and supporting faculty. In those early days of residency program development (I euphemistically call them the "dark days"), we relied on in-kind support and guidance from others in the state like Roger Garvin and Joyce Hollander-Rodriguez. With a mature ORCA FM collaborative in place, our programs and other new and developing programs will be able to count on formal support and guidance from a community of experienced partners. This will accelerate the development of family medicine residency programs in our state and improve the quality of all the programs in the state.

Ultimately it will lead to more primary care physicians serving our communities.

## **Graduate Medical Education**

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