UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE

CURTIS W. & ANN H. LONG

Family & Community MEDICINE

Winter 2012

SUE'S STORY OF SURVIVAL AND SUCCESS

SUE PEREIRA was 23 and a student at Mizzou when she learned she had Hodgkin's Disease.

"I remember riding my bike across campus after being told about my illness, and all I kept thinking was 'I'm not going to die, I'm not going to die,'" she says. "I remember being scared sh--less, but I never thought I was going to die."

At that time, the recommended treatment for Hodgkin's was high dose radiation. Dr. Pereira returned to St. Louis and lived with her parents while undergoing her treatments.

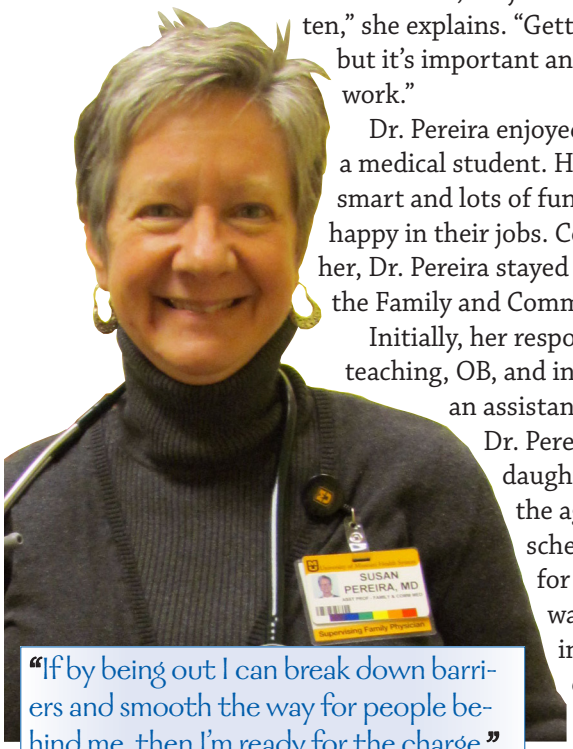
Before many of her treatments, she sat in her oncologist's office and they talked. He was always friendly and attentive, and he seemed genuinely concerned about how I was doing, recalls Dr. Pereira.

"I thought, 'Wow! His job is easy. I can do that,'" she says.

Visits with her oncologist were brief, yet the impression they made on Dr. Pereira was powerful. She felt his empathy and credits it for helping alleviate her pain and fears during this stressful time. When she returned to Columbia following nine months of treatments, she was focused and determined to pursue a career in medicine. By 1997, Dr. Pereira had finished her BA, earned her MD, and completed family medicine residency – all at MU.

Today, 26 years after being diagnosed with Hodgkin's, Dr. Pereira is disease free. And as a family physician at MU, Sue Pereira tries to model the oncologist who so profoundly influenced her health and career.

"When he was in his office, he was all about his patients, which is how I try to be. In the exam room, it's just me and my patient. I ask, then I listen," she explains. "Getting to know my patients takes time, but it's important and helps me give them care that will work."



"If by being out I can break down barriers and smooth the way for people behind me, then I'm ready for the charge."
– **SUSAN PEREIRA, MD**: Assistant Professor

Dr. Pereira enjoyed family medicine from day one as a medical student. Her family medicine mentors were smart and lots of fun, she says, and they seemed so happy in their jobs. Confident that MU was a good fit for her, Dr. Pereira stayed here for residency and then joined the Family and Community Medicine faculty after that.

Initially, her responsibilities included patient care, teaching, OB, and inpatient attending. She also served as an assistant director of the residency program.

Dr. Pereira was a single mother and had two daughters, Ivy and Willow – both under the age of 10 at that time. Her intense schedule made it impossible to be there for her girls whenever they needed or wanted her. That's why, after six years in family medicine, Dr. Pereira accepted a job offer from MU Emergency Medicine.

SUE'S STORY OF SURVIVAL AND SUCCESS
continued on page 3

GROWING UP, Sue sensed her family's negativity toward homosexuality. She admits that in high school she was dealing with her own homophobia, which is why she waited until college before she told anyone she thought she might be a lesbian.

"I remember my roommates just laughed and told me I wasn't gay, so I let it go," she says.

After that, except for a few close friends and family members, Sue told no one about her sexual orientation for nearly 20 years. She was 38 and a faculty member in MU Family Medicine when she came out.

"Someone told me, and I agree, that people who feel secure with their jobs, family, and community have a responsibility to be out," she says. "I had no homosexual role models during college or the early years of my career, but I wished I did. Now that I'm out, I can be the role model I never had."

Today Sue is participating in efforts to enhance diversity and inclusion in the School of Medicine. "There are issues and attitudes in our school that need to be addressed," she says. "Last fall I attended the Gay Lesbian Medical Association conference to learn how to do things better here. I came back with tools to help us incorporate LGBT topics in our curriculum and develop seminars focused on these topics for faculty."

A recent IOM report identified major health disparities in the LGBT community and recommended that sexual orientation and gender identity be included in a patient's medical record.

"The GLMA fully supports this recommendation," says Sue. "Collecting this data will allow us to count people and do research that identifies the unique issues and needs of the LGBT population."

Sue returned from the GLMA conference with a rainbow flag.

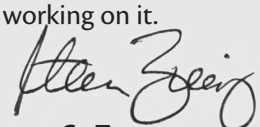
"I was unsure about wearing it until I got home and heard about another young person killing himself because he was being bullied for being gay. After that I decided to wear the rainbow on my name badge. It's not necessarily about me or displaying who I am, but rather a sign that I can be an ally or safe friend to someone who needs it," she says. "Hopefully there will be a day when we don't need to wear a sign, a day when gayness is not an issue, but we're not there yet."

Chair's Message

OUR DEAN, DR. ROBERT CHURCHILL has for the last two years led an effort to redesign our medical school in such a way to fulfill the Baldrige Award criteria for quality. We have worked through mission, vision, and values statements – and have even created a strategic plan based on this process. It resonates most with our values, one of which is inclusion: **We promote diversity and convey a sense of belonging, respect and value for all persons.**

As clinicians we know that acceptance and trust form the basis of effective communication with our patients. Those of us who work in health care teams know that without acknowledgement, mutual respect, and clear communication with other team members, we will make little progress toward achieving our stated goals. Inclusion makes us better. It makes us more respectful, more empathic, more analytic, and better problem solvers, and it makes us more effective in the patient care, teaching, and research missions of our department and our school.

Dr. Mike Hosokawa, our Director of Faculty Development and Graduate Studies, has started a seminar series entitled ***Inside Out*** in which faculty and institutional leaders tell their stories. It has helped us understand and respect the diversity among us. I am so proud to know and work with those who have spoken of their origins, shared experiences of discrimination, and told stories of overcoming adversity. We have a long way to go to fulfill our value of inclusion, but we are working on it.

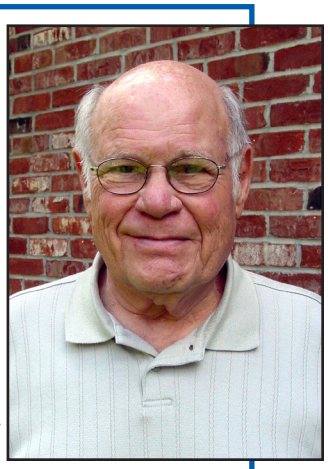


STEVEN C. ZWEIG, MD, MSPH
PROFESSOR AND CHAIRMAN

CURATOR'S PROFESSOR EMERITUS

GERALD PERKOFF, MD

– former associate chair and father of the academic fellowship at MU Family and Community Medicine – passed away at age 85 on December 25, 2011



GERALD PERKOFF, a 1948 graduate of Washington University School of Medicine, completed residency and a research fellowship at the University of Utah. He served at the National Institute of Arthritis and Metabolic Disease before returning to the University of Utah for nine years. In 1963, he joined the faculty at Washington University.

By the mid-'70s, Dr. Perkoff had a highly recognized career in internal medicine, which is why many of his colleagues couldn't believe he'd even consider the job that Dr. Jack Colwill, then chair of MU Family and Community Medicine, offered him in 1979.

MU was one of five institutions awarded funding from the Robert Wood Johnson Foundation (RWJF) to support the first Family Practice Academic Fellowship. This two-year program provided the department an incredible opportunity to expand its research efforts. Recognizing this, Dr. Colwill searched for a dedicated physician, who was also an outstanding teacher and researcher, to direct the fellowship. His search led him to Dr. Perkoff.

Dr. Perkoff's face had become a familiar one at MU Family Medicine that year. He chaired the site visit committee for the RWJF fellowship, and a few months later, he returned to teach residents about research. It was during this second visit that Dr. Colwill asked him to run the fellowship program and serve as his associate chair. These questions took Dr. Perkoff by surprise. But he had deep respect for Dr. Colwill, personally and professionally, so Dr. Perkoff accepted both offers.

One of his first challenges as fellowship director was to initiate a weekly research seminar. He also had to develop a curriculum and recruit faculty to teach the fellows. By 1980, the program had enrolled its first four fellows. Twenty-five physicians completed the fellowship during the nine years that Dr. Perkoff ran it.

By 1988, RWJF was no longer funding the fellowship. Dr. Colwill, however, was able to find new ways to keep the program alive. Dr. Perkoff stepped down as fellowship director that year, and in 1991, he decided to cut his hours in half and give up his role as associate chair. Around this same time, RWJF developed the Generalist Physician Initiative Program. At Dr. Colwill's request, Dr. Perkoff co-directed this project with Dr. Robin Blake. He also saw patients at the Family Health Center, a clinic that served indigent families in Columbia.

Dr. Perkoff had started his career in indigent care and always considered it rewarding work. It makes sense then, that providing indigent care would be how he ended his medical career, too. Dr. Perkoff felt confident and excited about his decision to retire during the late '90s.

Dr. Colwill, who maintained his close friendship with Dr. Perkoff after he retired, speaks proudly of the legacy that Dr. Perkoff left MU Family Medicine. "Jerry had many successes during his 20 years at MU," Dr. Colwill says. "But more than anything else, as father of our fellowship program, Jerry was responsible for developing the academic side of our department."

Throughout his life, Dr. Perkoff was a person with other interests. Playing the piano gave him pleasure. He also enjoyed black and white photography. And Dr. Perkoff wrote poetry. Last year, he published his third book, *Thinking at 3 AM: Selected Poems by Gerald Perkoff*. The poems included in this book are tender, poignant, and frank expressions of the emotions of aging and the last phases of life.

Family was the single most important part of Dr. Perkoff's life. He cherished the 67 years he spent with Marion, his wife who survives, and their three children, David, Judy, and Suzy, and five grandchildren.

PRESENTING
ANOTHER PERFECT PRECEPTOR

DENISE BUCK, MD, graduated from MU School of Medicine in 1995, then did her family medicine residency at Deaconess Hospital, St. Louis. Since 1998, she's practiced at Midwest Health Professionals, St. Louis. Dr. Buck loves her job and is committed to making a positive difference on every life she touches ... as a physician and a teacher!

Why medicine ... and why family medicine?

DB: During my junior year in high school, my grandfather was in and out of the hospital. I visited him a lot that year and was impressed by the physicians and how the care they provided improved his life and health. After that experience, I decided to become a doctor.

When I began med school, the idea of being able to care for people with all kinds of health care needs appealed to me. While doing my family medicine rotations, I observed the special relationships that developed between my preceptors and their patients. The more I learned, the more I realized that family medicine gave me the best opportunities to impact patients' well-being throughout their lives.

Could you please describe your practice?

DB: There is one other family physician and a cardiologist in my office, plus office staff and medical assistants.

My patients are all ages and have a full range of health care needs. Currently, my youngest patient is one week old, and my oldest is 98.

When did you begin precepting?

DB: I always liked and admired my teachers, starting back when I was in grade school. As a med student, I had a great experience with Dr. Beth Zimmer (MU alum and preceptor). After I was in practice a few years – around 2003, I decided to help medical students get exposure to family medicine by becoming a preceptor. Today, I precept students from St. Louis University and MU.

Why do you teach?

DB: I love what I do and want students to see the benefits of family medicine. I also want them to see that it's possible to be a good physician and maintain an active life outside of medicine.

I look at teaching as a partnership between doctor and student. At the start of a rotation, I take time to get to know my students. I want to find out about their interests, medical specialty preferences, and learning styles. Then I try to tailor the experience to meet their needs and help them decide if family medicine is right for them.

What are the rewards of family medicine? And what about the challenges?

DB: It is so rewarding to know and grow with my patients; I feel blessed to be an ongoing part of their lives.

I am challenged by all the paperwork and struggling it takes to maintain a small private office that sees anyone (Medicaid/uninsured) and can still make ends meet.

What makes you want to come to work every day?

DB: My patients. I think of them as family and value the relationship I have with each of them.

What keeps you happy outside the office?

DB: Family. I've been married 16 years. My husband Jim, an electrical engineer, works for US Steel, Granite City. We have two boys. Max (14) is in 8th grade and Gus (11) is in 5th. They love sports and keep me busy away from the office.

MU students praise Dr. Buck's skills as a physician and teacher ...

"Dr. Buck is a terrific teacher who let me participate in every aspect of patient care. I felt like she trusted my H&P and relied on information I gathered from patients."

"Dr. Buck always allowed me to see patients first, then present, and then ask questions. She was good at providing teaching moments, even during her busiest days!"

"Dr. Buck is a great preceptor. My experience with her was truly valuable. Anyone would be lucky to be her student!"

DENISE BUCK, MD
with her husband and sons

SUE'S STORY OF SURVIVAL AND SUCCESS

continued from page 1

"I became medical director of the Urgent Care clinic, where I worked 12-hour shifts with no call. It was a great job and allowed me more time to see my kids," she says. "After five years, however, when my daughters had become teenagers, I decided to get back to practicing the kind of medicine I liked and was trained to do."

In 2008, Dr. Pereira returned to family medicine and took the job she has today. She sees patients and is medical director at Keene Clinic. She also teaches medical students and has inpatient duties with the residents.

"I love my job and the opportunities it gives me to get out of my own head. Every day is a new day and that excites me. I never know who I will see or the challenges I will face, but if I'm in the right place at the right time, I can make a difference in a person's life," Dr. Pereira says. "Like my oncologist, I'm all about my patients when I'm in clinic. I was naïve years ago to think this job would be easy because it's not. But, wow, is it fulfilling!"

CHRISTI CRUMPECKER HAS the WRITE stuff TO PRACTICE MEDICINE

CHRISTI CRUMPECKER became a published author when she was in the third grade. Her first book, *Whiskers, the Seal of Iceland*, included illustrations, a cover, even a pretend library check-out card. Growing up, her love and talent for writing continued to prosper. She wrote short stories, poetry, and essays, with published pieces in all three genres. Her passion for writing eventually led her to Colorado College to pursue an English degree.

Christi graduated from college in 1996 and then moved to Durango, CO, to join a close friend. Her first full-time job there - a ghostwriter for a psychiatrist - was interesting but offered few opportunities to meet and interact with people. So when she saw a flyer at the grocery store announcing open recruitment day for the volunteer Durango Fire and Rescue department, Christi decided to check it out.

"I took the test and passed!," she says."The job came with a t-shirt, pager, and badge. It also provided a sense of belonging, and that's what appealed to me most."

Within six months, Christi had completed emergency medical technologist (EMT) training and joined a crew that primarily covered weather-related road accidents.

"I loved emergency crew work because I was able to establish an instant connection with the people we were transporting. Most of them were injured, scared, and suffering. The transport times were long and the roads were bumpy, so my goal was to talk, listen, and try to keep them comfortable," Christi says. "Making conversations – that's the part of my job I really liked."

As an EMT, human contact was all she could offer patients ... she couldn't administer pain meds or use a defibrillator. That's the part of her job she did not like.

She wanted to learn more and do more for her patients. In 1999, Christi moved to Denver to take her health care skills to a new level.

Following paramedic training, she was hired to work the night shift for an ambulance company in Denver. She enjoyed her job but realized it offered no chance for advancement. Christi, who was still open to becoming either a writer or teacher, did a year of graduate studies at the University of Colorado-Boulder.

"I liked it, but I didn't love it," she says. "I'd always thought of myself as a cerebral person, but my experience as a paramedic helped me recognize how much I liked working with my hands. When I thought about quitting medicine, I was sad."

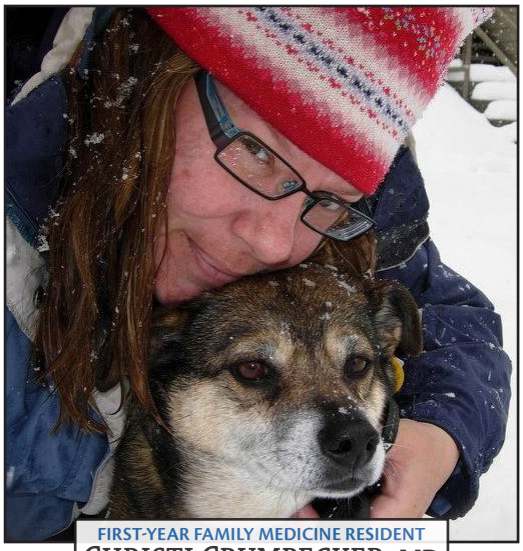
Eventually, Christi and three fellow paramedics decided to become doctors. Before they could apply to medical school, however, they had three years of coursework to complete. Together, the group studied all day and worked the ambulance at night. Their efforts paid off in 2007 when Christi and her co-workers began medical school at the University of Colorado.

"I remember how thrilled I was to start school," Christi says. "And after learning there was a field of medical study devoted to the humanities, I was sure this was where I belonged. My role as a doctor, I realized, would allow me to do medicine and not give up my passion for writing."

Medicine helps writing, Christi says, but even more, writing helps medicine, especially family medicine. That's one reason she decided to become a family physician after graduating from medical school.

"Family medicine is all about stories," she says. "Patients tell us who they are and where they come from. We listen. Sometimes we share a little of our story, and with time, we become part of each other's stories. Knowing our patients and understanding how they are connected with the world can be a huge part of making and keeping them healthy."

Today, a first year resident at MU, Christi is excited to be learning and pursuing a career that fits her perfectly. She looks forward to her role as family physician and can't wait to write the next chapter of the **Christi Crumpecker Story.**



FIRST-YEAR FAMILY MEDICINE RESIDENT
CHRISTI CRUMPECKER, MD
WITH HER DOG, HOPE

INSENSIBLE LOSSES

A small thing
to hold: sliver of
ribbon, scrap of note.
Breathe with vent
whistle and sigh,
always one or
two beats
off. Sweat
slicks and pools.
A small thing slips:
cadence and ribbon,
rhythm and notes.
Whistle and sigh.
Moments slide.
Each breath,
loss.

This poem, written by Christi Crumpecker when she was a 3rd year medical student, won second place in the 2010 William Carlos Williams national poetry contest.

CHRISTI CRUMPECKER, MD, TALKS ABOUT WHAT MAKES HER HAPPY:

"Family. Pets. Challenge. Success through difficulty. Socks make me happy, too. During all my years of riding an ambulance, I had to wear a uniform. The only clothing decision I could make every day was about what pair of socks to wear. Today, with more than 200 pairs, I just might have the world's largest sock collection. Most of them have been gifts from friends, and choosing which pair to wear is still a fun part of my day."

THOMAS COOPER, MD

MU FAMILY MEDICINE RESIDENCY CLASS OF 1981

was recruited by MU Family Medicine last summer.
He brings with him a wealth of wisdom and unique experiences
gained during his many years in practice.

THOMAS COOPER, MD, began his career in Jefferson City doing ER medicine to help pay off student loans. In 1983, he and two other family physicians opened a clinic in Fulton. Dr. Cooper liked small town family practice from the start.

"Other than having a family of your own, there's nothing more enjoyable than taking care of grandparents, their kids, and grandkids," Dr. Cooper says. "When you practice in a small community, you see whole families unfolding. You get the broad view that includes the forest and the trees as well as new grass growing from the ground. Not everyone is able to see such things."

As a small town family physician, Dr. Cooper did everything. He "delivered babies, fixed broken bones, performed minor operations, and assisted on tonsillectomies and appendectomies." The work was rewarding, he says, but it was also constant and kept him busy day and night.

Dr. Cooper had four young children while serving as Fulton's family doctor, but the demands of his job left him little time to see or really get to know them. Eventually he reached a point when it felt like there was no 'family' in family medicine, he says. In 1993, after nearly 10 years of private practice, he returned to ER medicine in Jefferson City and a job that provided him regular hours and more opportunities to be a dad and a husband.

His return to the ER meant caring for patients whose needs often required immediate action and quick decision making. The work could be stressful; however, with experience, Dr. Cooper had developed a healthy approach to coping with the challenges of the ER environment. His ability to cope gave him strength to deal with stresses in his own life as well.

On April 12, 2004, Dr. Cooper woke up blind in one eye. This blindness, caused by diabetes-related bleeding, ended his career as a practicing physician. Dr. Cooper maintained a positive attitude as he dealt with his health problem and the consequences that followed.

"Life itself is good and has been for me and my family, and thus I take and appreciate all that it brings. I personally enjoy everything that I do, or I just don't do it," he says. "Having said that, I do miss the practice of medicine, and I cherish my time and memories as a physician. But when bad stuff happens, you deal with it. What good would it do to complain?"

You won't hear Dr. Cooper complaining about retirement. After several surgeries, his vision has improved. He is able to drive again and work on his cattle farm in Fulton. Farming makes him happy, he says, and so do his children and eight grandchildren.

"I am trying to teach them lessons I've learned with the hope and expectation that they won't have to deal with some of the unpleasantries I've encountered during my life," Dr. Cooper says. "Every day that I wake up, I feel happy and blessed as I search for something meaningful to do. I believe that as long as I am alive on this planet, there must be a reason for my continued existence."

Dr. Cooper sees meaning and value in his new role as a part-time MU Family Medicine faculty member. Recruited by the department last summer, he is focused on promoting an understanding and appreciation for diversity among family medicine residents, faculty, and staff. Dr. Cooper is also helping teach first year medical students history taking, physical exam skills, and the psychosocial aspects of medicine.

Retired Family Physician Dr. Tom Cooper works on his cattle farm in Fulton.
(photo: Rob Hill, MIZZOU Magazine)

WE ASK? Q&A ALUM ANSWERS!

When MU Family Medicine Chair Dr. Steve Zweig asked:

How does it feel to be back at MU?

Dr. Tom Cooper answered:

"It's been 30 years since I was a medical student at MU, and I've never worked in academic medicine, so I'm finding my new role both interesting and challenging. It's exciting to tutor medical students, but there are days when it feels like I'm receiving much more than I'm giving. With time, I'm sure this will change.

At nearly 65 years old, I've seen and experienced many things – personally and professionally. Surely there are a few lessons about life and medicine that I can offer students, residents, even practicing family physicians. I am grateful for this opportunity and determined to do the best job I can do, just as I've done throughout my life. With age, I've learned to feel good about myself; I've also learned to never stop trying to do and be better."

LeFevre FEVER

Story by Nancy Moen – Photos by Shane Epping – MU Web Communications

MICHAEL LEFEVRE is a nationally respected expert on health policy, but to his young patients, he's the doctor who can quack like Donald Duck.

It's a good mix of talents for the family physician recognized in October with membership in the prestigious Institute of Medicine (IOM), the health branch of the National Academies of Science.

LeFevre should have suspected the honor was coming. He's co-vice chair of the U.S. Preventive Services Task Force, a position largely considered a launching pad for the IOM. Task force members study medical problems that affect large parts of the population. Using scientific evidence, they make recommendations for preventive care on important health issues such as prostate tests and breast cancer.

Similarly, LeFevre updates recommendations for treating high blood pressure as a member of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.

With the pressures of high-visibility responsibilities, LeFevre maintains a can-do attitude about his workload and the realization that IOM membership means more service.

FAMILY DOCTOR

After caring for patients for 27 years, LeFevre still looks forward to going to clinic. If a baby cries during a visit, he'll walk around holding the child in his arms like a football. To interact with tots, he gets down on the floor to play. Children love it when he quacks like Donald Duck.

"Patients adore Dr. LeFevre," says Jinnie Deakins, LPN, his office nurse since he began practicing in 1984. "All patients get the same care from him, whether they're a homeless person or a president."

Despite the time involved, LeFevre still delivers babies. It's hard to quit obstetrics. "In the family life cycle, two of the most important times – and the most bonding experiences – are life and death. And there are many opportunities in between. I enjoy all ages and the relationships you form with patients who trust you," he says.

John and Sally Blass and family – their children, grandchildren and even John's mother, now deceased – have been LeFevre's patients for years, through well checks, prenatal visits, critical care and emergencies.

"He's taken care of four generations of our family. That doesn't happen a lot anymore. We say that's real family practice," Sally says.

MU family physician Michael LeFevre jokes with patient Bernadine Ford.

ADMINISTRATOR

Michael LeFevre took on the role of chief medical informatics officer for MU Health Care in 2003 and has helped to streamline patient care with information technology.

LeFevre heads the clinical activities of MU Family and Community Medicine and has had many roles in the institution. "He has few peers with his type of analytical mind," says MU colleague and fellow IOM member Dr. Jack Colwill.

As vice chair and medical director of MU Family Medicine, LeFevre oversees eight practices – six in Columbia and two at rural clinics, Fulton and Fayette. That translates to 95,000 patient visits a year.

LeFevre manages the clinics with the goal of providing the best possible care for patients while simultaneously offering students a quality environment for learning. "It has to be first for the patients. You can't teach people to provide good care by providing bad care," he says.

A great deal of what inspires LeFevre is his grounding in the department, where he finds supportive, intellectually stimulating colleagues and role models who share values and goals. "I don't think I could ask for a better group of colleagues. Walking down the aisle of photos in family medicine is like walking through a who's-who in family medicine nationally," he says.

LeFevre graduated twice from MU – in engineering and medicine – followed by an MU residency and fellowship in family medicine. He says he just couldn't leave Mizzou; it won every comparison he made to other universities.

INNOVATOR

Largely because of LeFevre's efforts, University of Missouri Health Care has been named one of the most wired hospitals in the nation by the Hospitals & Health Networks magazine Most Wired.

LeFevre FEVER: continued on page 7

FAREWELL & GOOD LUCK!

Mary Williamson, PhD, clinical assistant professor, retired in September, after serving 15 years on faculty at MU Family and Community Medicine. Dr. Williamson earned her PhD in counseling psychology from the University of Missouri in 1986, and 10 years later, she joined the staff at Green Meadows Family Medicine Clinic. A licensed practitioner, Dr. Williamson saw patients in clinic, and she taught behavioral science to MU Family Medicine Residents. She also provided advise, support, and career counseling to MU medical students.

Dr. Williamson and her husband, MU Vice Chancellor of Health Sciences Harold Williamson, Jr., MD, have two children, Boyd (born 1981) and Scott (born 1984). Mary looks forward to spending more time with her sons and their wives now that she has retired.

It is with great sadness that we share this news ...

MU ALUM AND RETIRED FAMILY PHYSICIAN

PAUL REVARE, MD

passed away at age 82 on August 24, 2011

PAUL REVARE, MD, graduated from MU's School of Medicine in 1952, when it was a two-year program, and then went to St. Louis University to finish his training. He practiced family medicine nearly 20 years in north Kansas City. He also practiced emergency medicine 10 years before retiring in 1983.

In the mid-'70s, soon after family practice was recognized as a specialty, Dr. Revare was one of 10 doctors in Kansas City to take the certification exam the first year it was offered. This distinction earned him the designation of charter diplomate in the American Board of Family Practice.

Family medicine was fun for Dr. Revare. He was a people-person – witty and always charming – who was trusted and well liked by everyone. It was obvious that making others feel better made him feel good, so *going to the doctor* was a positive experience for all of his patients.

Before he retired, Dr. Revare devoted much energy to learning how to invest his money wisely. His efforts obviously paid off because he was able to retire at the age of 55. Eager to share his investment knowledge and advice, he prepared an Investment Seminar, *Don't Spend What You Don't Make*, that he presented annually to MU Family Medicine faculty and residents from 2004-2007.

Grateful to MU for the positive ways it impacted his life and career, Dr. Revare made a $550,000 donation to the University of Missouri in 2005. This very generous gift was used to establish the Paul Revare Family Professorship, an endowed fund designated to support the educational mission of our department. Dr. Steven Zweig, our chairman, is proud to serve as the first Paul Revare Family Professor.

Everyone who had the pleasure of knowing Dr. Revare will remember him for his wisdom, caring nature, generosity, thoughtfulness, humility, and humor.

Dr. Revare is survived by his wife, Janet; daughters, Allison Miller, Robin Lashbrook, and April Donnici; stepson, Mark Wurtzel; brother, Jack; four grandchildren; and three great grandchildren.

LeFevre FEVER: continued from page 6

LeFevre thought twice about accepting the role of chief medical informatics officer for MU Health Care in 2003. He knew the leadership of the electronic health-records project would be a huge task.

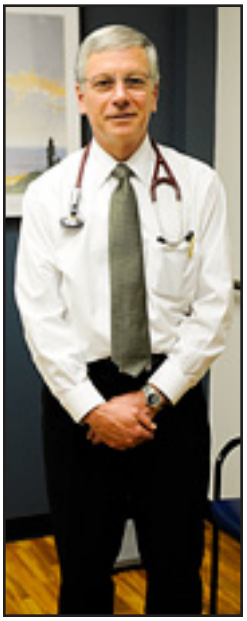
What enticed him was the idea of improving patient care through use of information technology, which he considered "embarrassingly in the dark ages" compared to other industries. So when charged with upgrading the records system, he set out to help replace much of the phone and paper communication and record storage with computer-based technology.

LeFevre played a key role in forming a partnership between MU Health Care and Cerner, a company focused on improving health care through IT services. The collaboration, known as Tiger Institute, is implementing innovative technology and communication methods to improve patient care.

Much has changed in MU Health Care since LeFevre received his medical degree in 1979. Instead of reading paper charts, doctors can retrieve updated patient information online and through phone apps. They routinely use laptops to enter summaries of clinic visits, and they access major medical journals electronically for answers to questions.

Communication has improved for MU Health Care patients as well. By establishing web-based "health portals," they can link to their health-care providers through secure e-mail to ask questions, request appointments and prescription refills, read parts of their medical records, check a list of their medications and review lab results.

"As long as what physicians are doing is replacing the telephone, it's time saving on both sides, for patients and providers. But it will not replace an office visit when a visit is necessary," LeFevre says.



"I'M AS MISSOURI AS YOU CAN GET" ... DR. MICHAEL LEFEVRE

If an institution can take credit for getting somebody into the IOM, the University of Missouri should do so, LeFevre says of his recent honor. "Mizzou has afforded me the opportunity from college on to develop the skills needed to serve in the Institute of Medicine. It should take credit for that," he says.

IOM membership is a distinct honor earned by two early leaders at MU Family Medicine: Jack Colwill, MD, AND Gerald Perkoff, MD
MU Family Medicine Residency and Fellowship Graduate: Robert Phillips, Jr., MD, MSPH, has also earned IOM membership

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recent & relevant research

Analysis of Smoking Patterns and Contexts Among College Student Smokers

NIKOLE CRONK

Discovering when and why students smoke might lead to the development of better intervention methods, according to an article published in **Substance Use & Misuse (Vol. 46, No. 8, May 2011)**. Nikole Cronk, PhD, and colleagues showed that students used social events and work as cues to remind them about smoking, and that smoking occurred most often at the start of the semester and on weekends. Targeting interventions during those periods could improve prevention efforts.
CO-AUTHORS: Kari Jo Harris, MPH, PhD; Solomon Harrar, MD, MSPH; Kathrene Conway; Delwyn Catley, PhD; Glenn Good, PhD

A Diabetes Dashboard and Physician Efficiency and Accuracy in Accessing Data Needed for High-Quality Diabetes Care

RICHELLE KOOPMAN

An electronic health records tool created by the University of Missouri and the Cerner Corporation saves time and money while reducing errors by decreasing the number of mouse clicks doctors use to search for patient data. Richelle Koopman, MD, MS, and her colleagues described the tool, called a diabetes dashboard, in a study published in the **Annals of Family Medicine (Vol. 9 No. 5, Sept/Oct 2011)**.
CO-AUTHORS: Karl Kochendorfer, MD; Joi Moore, PhD; David Mehr, MD, MS; Douglas Wakefield, PhD; Borchuluun Yadamsuren, PhD; Jared Coberly, BS; Robin Kruse, PhD, MSPH; Bonnie Wakefield, PhD, RN; Jeffery Belden, MD

Influencing Residency Choice and Practice Location Through a Longitudinal Rural Pipeline Program

KATHLEEN QUINN

An innovative program at MU, the Rural Track Pipeline, could provide solutions for states caught in the middle of Affordable Care Act requirements and recent deficit-busting proposals. In an article published in **Academic Medicine (Vol. 86, No. 11, Nov 2011)**, Rural Track Pipeline Program Director Kathleen Quinn, PhD, and her colleagues demonstrate how MU's program is a model for producing physicians who help their home state meet the growing demand for health care.
CO-AUTHORS: Kevin Kane, MD, MSPH; James Stevermer, MD, MSPH; Weldon Webb, MA; Jana Porter, MS; Harold Williamson, Jr., MD, MSPH; Michael Hosokawa, EdD

The Physician's Role in Patients' Nursing Home Care

STEVEN ZWEIG

The role of physicians in collaborating with a team of caregivers and family members in nursing home care is the focus of an article published in **The Journal of the American Medical Association (JAMA: Vol. 306, No. 13, Oct 2011)**. Steven Zweig, MD, MSPH, and colleagues provide a guide for physicians to follow when considering a patient's admission to a nursing home, assessing health and care while in the nursing home, and advising end-of-life care. The paper includes recommendations that aim to enhance health and quality of life for frail and vulnerable patients.
CO-AUTHORS: Lori Popejoy, PhD, APRN; Debra Parker-Oliver, MSW, PhD; Susan Meadows, MLS