

Family & Community MEDICINE

Winter 2015

Kevin Craig Cares!

He is a compassionate physician who listens to patients and welcomes the challenges associated with complex cases. A geriatrician, KEVIN CRAIG is all about caring for the elderly. "I like older people. I enjoy learning their stories and the life experiences they so willingly share with me," he says.

KEVIN CRAIG, MD, MSPH began medical school at the University of Texas-Houston in 1995 intending to be a pediatric oncologist. After meeting Dr. James Kvale, a family physician and geriatrician who specialized in hospice and palliative medicine, Kevin Craig changed his mind.

"I was doing my family medicine rotation when I met Dr. Kvale. He was the first physician I experienced in med school who listened to patients and respected their wishes. He asked them what they wanted – as opposed to telling them what they should do," he says. "I remember one person in particular who visited him while I was there. She was a woman in her '90s who looked pregnant. But the reason she came to see Dr. Kvale was because she was having trouble going to the restroom – not because she had a basketball-size tumor in her pelvis. After telling her what he suspected, he asked what her goals were. His patient wanted to be home and comfortable – no workup, no surgery, no chemo. Dr. Kvale enrolled her in hospice."

After graduating, Dr. Craig moved to Missouri to enroll in MU's Family Medicine Residency Program. His goal was to become a doctor like Dr. Kvale, a doctor who truly cared and knew how to connect with and advocate for his patients. "When I finished residency, I stayed at MU to do an academic fellowship," he says. "It was during fellowship training that my spark for patient care, especially geriatric patients, was reignited."

Dr. Craig completed a geriatrics fellowship and joined the faculty in 2005. Then, in 2008, he moved to Myrtle Beach, SC, to practice geriatric medicine at Carolina Forest Senior Health Center. He was happy to get away and gain new perspectives on health care delivery, he says, but when he got the opportunity to rejoin MU Family Medicine a couple years later, he accepted.

"I remember calling Dr. Zweig (*chair of MU Family Medicine*) from Myrtle Beach seeking his advice about a patient at the senior center," says Dr. Craig. "While we talked, he told me that Family Medicine was going to be assuming oversight of MU's palliative care program and asked if I'd be interested in coming back to join the palliative care team. I said yes."

Soon after Dr. Craig returned to MU, he earned certification in hospice and palliative medicine, and in 2012, he was named medical director of MU's Supportive and Palliative Care Program. Today, in addition to this role, he has an outpatient palliative care practice, does inpatient geriatrics and palliative care consults, serves as associate medical director of Hospice Compassus, and teaches geriatrics and palliative medicine to medical students, residents, and fellows.

Dr. Craig enjoys his work, especially his patients.

"I like older people. I enjoy learning their stories and the life experiences they so willingly share with me," he says. "That generation has been through so much ... the Great Depression, World War 2 ... They have a better attitude and ability to understand, accept, and put things in perspective than my generation. Older patients seem to appreciate and value having someone – like me – listen and care about them."

He describes his role as a *reverse pediatrician* when he's teaching med students: "I take care of older people, and during that process, I get to know and work with their children."

When my family decided to establish an endowment in my name – the **David B. Oliver MU Family and Community Medicine Faculty Award** – and surprised me with the announcement at my retirement reception last year, I was thrilled. The intention of this annual award is to honor and provide support for a faculty member specializing in geriatrics and/or palliative medicine who has made significant contributions to the field, School of Medicine, and Department of Family and Community Medicine. In December 2013, Kevin Craig was named the first recipient of this award ... my family and I couldn't have been more delighted with this news.

Kevin, certified in geriatrics, palliative care, and family medicine, has provided leadership for and nurtured one of the first palliative care teams in the hospital, increased referrals, and steadily informed providers and allied health personnel about the value of palliative medicine. He is a pioneer for sure – and a good one. I might add that as one who has Stage IV cancer, and who has personally been one of his patients, I can attest to the skills and manner that make him an excellent physician, in general, and an outstanding palliative care doctor, in particular.

To palliate means to bring comfort, and that is exactly what Dr. Craig accomplishes with his patients. He is a great listener who makes sure he has all the information needed to design a plan of care that will meet a variety of needs. This often includes more than pain management; it extends to social, emotional, and spiritual needs of the patient as well. Sometimes, particularly in cases in which the recipient of care is terminal, social medicine trumps the clinical. Kevin is an expert in both domains.

Congratulations, Kevin! My family and I salute your work and dedication to the cause of geriatrics and palliative care medicine.



DAVID B. OLIVER, PhD, Retired Research Professor, with his wife, DEBRA PARKER OLIVER, PhD, Professor MU DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE

Kevin Craig Cares!
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KEVIN CRAIG, MD, MSPH
ASSISTANT PROFESSOR

David B. Oliver MU Family and Community Medicine Faculty Award Recipient

CHAIR'S MESSAGE

WE are happy to announce our new Dean of the School of Medicine Dr. Patrice DeLafontaine who recently came from Tulane. One of the questions Dr. DeLafontaine asked of all chairs is: "What element of your department do you wish to preserve and build on?"

My response: Most important, we wish to preserve and build on our department culture. It is founded on a shared mission, vision, and values, and supported by trust and collaboration across all members of the department. This in turn generates confidence that enables us to be effective partners in the School of Medicine, the health system, the MU campus, and with colleagues across the nation. Our "can do" culture has been sustained by a continuity of leadership emphasizing effective communication and helped by only three serving department chairs during the past 40 years, but it has been also reproduced and reinforced by each faculty member, resident, and staff member and passed on to new members. The impact of Family Medicine at MU has included thousands of medical students, 415 residency graduates serving Missouri and beyond, more than 50 faculty members in departments across the country (including seven current or past department chairs), and three elected members of the Institute of Medicine.

Our department employs physicians and PhDs, residents, nurses, NPs and PAs, receptionists, analysts, grant managers, research assistants, administrative assistants, managers, and many more. Each person contributes to our culture, including those who come for a while leaving part of themselves and taking with them something new. The stories of what we can accomplish are amazing. Read on!



STEVEN ZWEIF, MD, MSPH
PAUL REVARE FAMILY ENDOWED
PROFESSOR AND CHAIR

FACULTY FOCUS

CONGRATULATIONS — — —

CELEBRATING 40 YEARS OF FAMILY MEDICINE IN FULTON

In an effort to improve health and encourage physicians to practice in rural areas of Missouri, MU's Department of Family and Community Medicine opened several satellite clinics during the '70s. The first was in Fulton and established in 1974.

A shortage of physicians was creating the need for expanded primary care services in this rural town of 10,000 located just 25 miles east of Columbia. This need, plus the presence of a small hospital in town, made Fulton an ideal location for the clinic, originally named Callaway Family Medical Center. Its purpose was to promote health care in Fulton as well as provide a rural training site for family medicine residents. The first person seen as a patient in 1974 is still a patient in the practice. Dr. Roger Hofmeister, MU Family Medicine faculty physician who retired in 2000, was the clinic's first medical director.

Today patient visits total more than 15,000 annually at the Fulton practice, now called Callaway Physicians. Not only is it considered a vital health care center for this rural community, Callaway Physicians, which is staffed by five MU family physicians and 11 family medicine residents, has also become a valuable training site for future family physicians. MU Family and Community Medicine Professor James Stevermer, MD, serves as medical director of the Fulton clinic.

To celebrate this memorable event, our department, together with MU Health Care, hosted an open house at the clinic on Thursday, October 23.



GUESTS AT THE CALLAWAY PHYSICIANS OPEN HOUSE INCLUDED (LEFT TO RIGHT): **James Stevermer, MD**, professor, MU Family and Community Medicine, and medical director, Callaway Physicians; **Steve Zweig, MD**, professor and chair, MU Family and Community Medicine; **Roger Hofmeister, MD**, professor emeritus and first medical director, Callaway Physicians; **Jack Colwill, MD**, professor emeritus and founding chair, MU Family and Community Medicine.

FAREWELL — — —

MARK BEARD, MD, accepted the position of assistant dean of curriculum at the University of South Dakota (USD) Sanford School of Medicine; he will also serve as associate professor of medicine in the USD and Sanford Health Care system. He, his wife, Julie, and their two children, Brayden and Brinkley, will leave Missouri in January.

Dr. Beard first came to the University of Missouri as an undergraduate and stayed here for medical school. He completed family medicine residency training at MU in 2009 and has been an assistant professor of MU Family and Community Medicine since then. In addition to patient care, Dr. Beard has focused on teaching during his time at MU. He has taught family medicine residents in clinic and on the inpatient service. He has been a well respected teacher, advisor, and mentor for medical students, too. In fact, Dr. Beard has been considered one of the most influential, connected, and dedicated faculty members within the medical student community. His efforts have been recognized with numerous teaching awards.

While Dr. Beard is excited about his new career opportunities in South Dakota, he is sad to leave such a wonderful chapter of his life here in Missouri. "I cannot even begin to explain what I have learned and how I have grown over the last several years," he says. "MU Family and Community Medicine will always be in my heart."



Practicing & Precepting

AMY BROSE, MD, is a 2004 MU School of Medicine graduate. After finishing family medicine residency at UMKC, she stayed in Kansas City to begin her career. Today she works at Barry Pointe Family Care, an independent practice that includes four family physicians and one nurse practitioner. In order to challenge herself and further her own education, Dr. Brose began teaching MU medical students six years ago. She enjoys her role as teacher and has earned high marks from students who have worked with her:



“DR. BROSE is extremely knowledgeable, willing to teach, and a blast to be around! She demonstrated excellent patient centered care and showed me that it’s possible to be thorough with patients while being very efficient with time.”

“DR. BROSE is an excellent clinician and knows her patients well. She practiced evidence based preventative medicine and was happy to answer questions from me and her patients. She was very engaging and provided a great introduction to private practice family medicine.”

“DR. BROSE is an amazing physician! She had tremendous respect for her patients, and they seemed to trust her opinion. She was genuinely interested in my education and made sure I learned a lot. My experience with her reinforced my desire to become a family physician.”

Why medicine ... why family medicine?

DR. BROSE: I became a physician because I enjoy helping other people. A career in medicine provides meaningful rewards, as well as constant challenges and ongoing learning opportunities.

I was drawn to family medicine because it allows physicians to practice a broad spectrum of medicine. I love being able to take care of an entire family and incorporate that family dynamic into addressing the health needs of each person.

Primary care also allows me to promote preventive health behaviors rather than just treat problems. It is very rewarding to see patients turn their health around with lifestyle changes.

How would you describe your practice?

DR. BROSE: I am in an independent practice of four family physicians and one nurse practitioner. We see patients all ages – newborns to elderly – in the office, and we provide inpatient newborn and pediatric care. We do several in-office procedures and offer aesthetic services as well.

When/why did you begin precepting?

DR. BROSE: I began teaching six years ago. I usually precept two medical students annually, and I also have pre-med students shadow me a few days each year. I started precepting to challenge myself and further my own education. In addition, I saw it as a way to give back for all the valuable time and precepting I received from dedicated physician/teachers during medical school.

What makes you want to teach?

DR. BROSE: I really enjoy teaching. I feel like I learn so much from my students. They always have interesting questions, and that encourages me to stay up to date.

I teach them medicine when they are with me, of course, but I also discuss other topics that may or may not be adequately addressed in medical school. These topics include the business

aspects of medicine, work/life balance, and the patient-physician relationship in primary care.

What’s the most rewarding part of your job?

DR. BROSE: I really love seeing patients take a lead in their own health care by making lifestyle changes that reduce their health risks. It feels so good to see improvement in a patient’s blood pressure, cholesterol, blood sugars ... especially when this happens because of a behavior I promoted.

What’s the most challenging part?

DR. BROSE: Balancing family life and work has been my greatest challenge. I am very lucky to be in a practice that allows me to arrange my schedule to include time for family and time for patients. Having a busy practice and young family is not easy, but both are so rewarding and important parts of my life!

What makes you want to come to work every day?

DR. BROSE: I never have a boring day! It feels like I see something new or different every day. I also enjoy interacting with patients and the close relationships I’ve developed with many families over the years.

Family/hobbies?

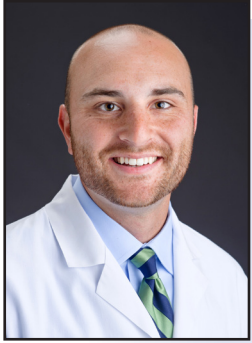
DR. BROSE: My family is the greatest love of my life. My husband, David, is an attorney and helps me in so many ways. We have two young daughters, Ava (5) and Anna (18 months). They are very special to me, and I feel blessed to be their mommy!

We love doing things as a family and spend a lot of time traveling. Both girls got their first stamps in their passports by the time they were three months old. My husband is a huge sports fan, so we attend lots of Tigers, Chiefs, and Royals games.

When I’m not working or playing with the family, I enjoy reading and running.

HAIL TO THE CHIEFS!

With graduation day for the Class of 2015 just months away, our Chief Residents feel good about their decision to pursue family medicine and confident that their residency training has provided them the skills and knowledge needed to succeed as family physicians. All of them told a different, but equally meaningful, story when asked to identify their most memorable experience as an MU Family Medicine Resident:



SETH FREEMAN: My youngest son, Luke, was diagnosed with spina bifida at our 20-week ultrasound in November of my intern year. The next few months were hectic and stressful to say the least.

My residency partner, Blake Corcoran, filled in for me on numerous occasions during that time, and the residency staff was phenomenal in helping me make it through his birth. He was born in mid-April and had surgery the following

day. We were in the NICU for a week.

Our stay afforded me the opportunity to see what it's really like to be a worried parent in the hospital. I learned how to speak up for my son so that he received the best care possible. It wasn't perfect. I also saw firsthand how accurate and effective communication between the primary care team and specialists can make or break an inpatient experience.

More than anything, Luke has taught me how to be a compassionate advocate for my patients. And for that I'm forever grateful.

SETH FREEMAN, MD, has a strong interest in academic medicine and is joining our faculty after graduation. In addition to patient care, he will be teaching medical students and residents.



NATALIE LONG: When I was a second year resident, I remember one day in particular that caused me to reflect on my decision to pursue family medicine. It started with an early morning call telling me that a patient of mine had gone into labor. I rushed to the hospital and was there in time to help her deliver a healthy seven-pound girl ... she was a beautiful baby! That birth went smoothly and was one of the most peaceful ones I've ever been a part of.

Once I knew mom and baby were fine, I left the hospital, heading directly to the nursing home to do rounds. As I visited each room, chatting with some of the older ladies and a veteran who was in hospice care, I realized how fortunate I was to be able to help people – both at the beginning and end of life. I finished that day in my continuity clinic where I saw patients, each with different needs and health issues. All of them were respectful and seemed grateful to me for the care I provided.

I love caring for my patients through all stages of life and cherish the relationships I develop with them ... it's for these reasons I chose to be a family physician.

NATALIE LONG, MD, who is joining our faculty after graduation, enjoys all aspects of women's health. She has an interest in underserved populations, culturally competent care, and medical education.

JAMIE LUETKEMEYER: When I was an intern, I met a 92-year-old woman; the relationship we've developed since then has become a valuable part of my residency experience.

She established care with me after having a pulmonary embolism and COPD exacerbation at a hospital in St. Louis. For six months, we spoke regularly about her blood thinners and blood tests, and I saw her in clinic at least monthly during that first year of care. Eventually we were able to wean her off blood thinners and get her COPD under control.

She's one of the first patients for whom it felt like I was 'her doctor' and had an important role in making her healthier.

She is a very independent, funny, witty woman who loves to smile and joke. She still teaches piano lessons in her hometown and has offered to teach me how to play; I've always wanted to learn so I just might take her up on that offer. Every time I see her in clinic, I am reminded of why I wanted to become a primary care physician.

JAMIE LUETKEMEYER, MD, whose husband Craig is also a third year resident, has an interest in geriatrics and women's health. She plans to work in an outpatient clinic in central Missouri after graduation.



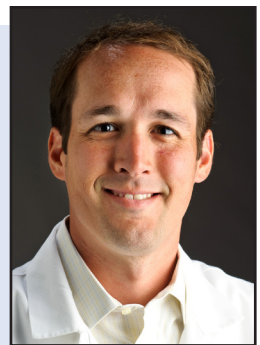
MARK MUELLER: I had an 81-year-old patient with whom I developed a great rapport. Every time I saw him in clinic, he would say "Mueller, get your sorry [self] in here and fix me up!" to which I'd respond, with a smile of course, "not possible."

As our relationship developed, we learned to limit ourselves to one funny story a piece so we'd have sufficient time for the business at hand. I worked with him on several chronic conditions and helped him grieve the passing of his wife. I looked forward to laughing with him every time he was on my schedule.

Not long ago, his daughter notified me that her dad had passed unexpectedly in his sleep – despite being in seemingly great health. I attended his funeral and realized that he was loved by many friends and family members for the same dry sense of humor I knew and appreciated him for at clinic.

I've always been grateful to him for teaching me to get to know my patients as people, not problem lists. I'm looking ... and can't wait to find ... the next patient who treats me with such welcomed disrespect.

MARK MUELLER, MD, an epidemiologist for several years before he began medical school, has interest in underserved populations and plans to work in a federally qualified health center after graduation.



MICHAEL LEFEVRE, MD, MSPH

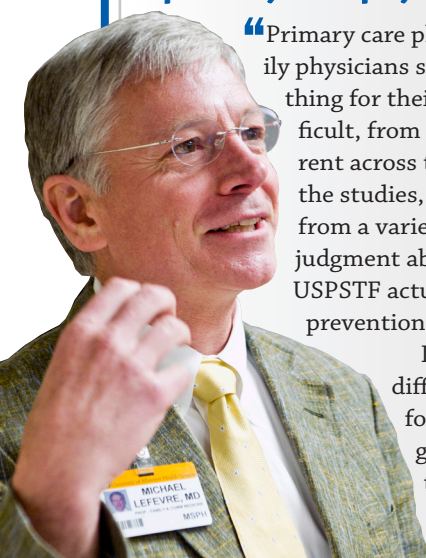
professor and vice chair of Family and Community Medicine, came to MU in 1971, and after completing his education (BS Eng '75, MD '79, RES '82, MSPH '84), he joined our faculty. As director of clinical services for our department, he oversees seven family medicine practices, plus MU's Urgent Care facility and three Quick Care Clinics. Dr. LeFevre also teaches residents and medical students and maintains an active practice.

For 10 years, Dr. LeFevre was chief medical information officer for MU Health Care and helped lead the electronic health record project for the University's hospitals and clinics. In addition, Dr. LeFevre has served on the AAFP's Commission on Clinical Policies and Research and was a member of the JNC 8 panel charged with developing national guidelines for treatment of hypertension.

Dr. LeFevre, who was elected to the Institute of Medicine of the National Academies in 2011, joined the US Preventive Services Task Force in 2005. In 2011, he began his three-year term as co-vice chair of the Task Force, and in 2014, he was appointed USPSTF chair. His ten years of service on the Task Force, which is the longest term served by any Task Force member, will end in March 2015.

MU FAMILY MEDICINE CHAIR STEVE ZWEIG ASKED:

“Mike, how has your policy work with the USPSTF impacted clinical practice for primary care physicians and their patients and affected your role as a faculty member?”



“Primary care physicians in general, and family physicians specifically, want to do the right thing for their patients. It is actually quite difficult, from a science perspective, to stay current across the literature and know about all the studies, much less combine what we know from a variety of sources into one coherent judgment about what to do. I think the USPSTF actually serves that purpose in the prevention world for primary care physicians.

I travel a lot and speak to many different audiences, and pretty uniformly, the physicians I talk to are grateful to have the Task Force be the arbiter of the evidence. They believe that the methods and processes of the Task Force will lead

to conclusions they can trust.

I'd like to believe that my role on the Task Force has affected the way I think about issues, approach family care, and certainly the way I teach. In many ways, as a faculty member, my intellectual or creative outlet has been very Task Force-focused these past 10 years.

When I'm talking to medical student advisees, I tell them that a pretty good med student who goes to a pretty good residency is going to become a pretty good doctor. But the question is, what kind of doctor are they going to be in 10-15 years? If they are not taught how to think about the issues, ask questions, and find ways to get the best answers to those questions, it will take only about 10 years (15 years for sure) for them to become bad. That's how fast medicine changes. It's very important that students learn how important questions are ... and know that all answers are not created equally.”

answered MU FAMILY MEDICINE ALUM MIKE LEFEVRE.

Dr. Michael LeFevre shares his thoughts about his 10-year term on the USPSTF:

You're the longest serving Task Force member in USPSTF history ... how would you describe your experience?

“Let me start by saying that I consider my day-to-day life as physician to be an honor. When I go to clinic or enter a hospital room and see someone who has entrusted their health care to me – it is an honor to step into that role.

Having said that, I consider my work on the Task Force to be my most significant honor and most significant responsibility. I take the responsibility piece very, very seriously.

As the USPSTF has evolved, it's reached a point that when the Task Force speaks, people listen. We need to be very measured, very careful in our methods so that the trust people place in our recommendations is well founded. We are very rigorous in adhering to a defined process, a defined methodology, and an understanding that our recommendations are about evidence, about what science tells us ... not opinion.”

You've been on the Task Force when it's released recommendations that were a source of debate among others in health care. Have these experiences been stressful or caused you to doubt or want to reconsider your recommendation?

“It is our job to listen to what people say. We got 5,000 comments on our PSA recommendation – I read all of them!

As members of the Task Force, we are very much in the public eye and have to take the good with the bad. THE GOOD: I know

people are paying attention and our work is not for naught. THE BAD: I've received messages that were close to death threats. I carry Rudyard Kipling's poem IF with me; it keeps me focused, especially during times of stress:

If you can keep your head when all about you

Are losing theirs and blaming it on you;

If you can trust yourself when all men doubt you,

But make allowance for their doubting too ...”

Your 10-year membership on the Task Force ends in March ... what next for Dr. Michael LeFevre?

“I will miss it for sure. It has been a time-consuming and intellectually stimulating experience. I've worked with great people and learned an immense amount. I think I am better at what I do since I started ... even a better clinician.

As I think about what's next for me, I look forward to having time and creative energy to channel into the future of family medicine. AAFP recently launched its *Family Medicine for America's Health* project, and I've been asked to serve on the subgroup whose task is to determine what practice for family physicians should look like in the future. We're in a time of immense change on the way health care is provided in this country. I feel strongly that family medicine has an important role in that change and would like to influence the process to the extent I can.”

driven and determined to make a difference

FOR PATIENTS AND FAMILIES LIVING WITH ADVANCED ILLNESS

It was an aha moment Karla never expected ... and will never forget!

“I was watching a training video for hospice volunteers. Before I saw it, most of what I knew or heard about death was horrible and very depressing,” says Karla Washington, PhD. “But that video was phenomenal, and by the time it ended, my perspective on death and dying, as well as my career plans, had forever changed.”

HER POSITIVE ENERGY AND COMMITMENT TO HELPING others make it easy for Karla Washington to connect with people. She began her career as a licensed clinical social worker and counseled adults in the psychiatric unit at Fulton State Hospital, a state-operated mental health facility. After two years, she took a job at Missouri Girls Town, Kingdom City, where her clients were abused and neglected young women.

Three years later, in 2006, Dr. Washington decided to return to MU's School of Social Work and earn her PhD.

“I loved my role as a counselor and cherished the relationships I developed with clients,” says Dr. Washington. “But during those five years, I was able to identify areas in the mental health system that needed to be strengthened. I was hopeful that with more education I could make broad-scale change that would improve the system and the care it provided.”

Dr. Washington wanted to focus on children and families when she began her studies. An opportunity to participate in a major project, however, sparked her interest and enthusiasm for a new and very different research area.

Debra Parker Oliver, MSW, PhD, then a faculty member in MU's School of Social Work who had previously taught Dr. Washington, was awarded a large NIH grant in 2006. She invited Dr. Washington to help her with this project.

“Debbie was an accomplished researcher whose work focused on death, dying, and hospice ... topics that I considered sad and not at all upbeat at the time,” says Dr. Washington. “But as a new and inexperienced researcher, I was sure I could learn a lot by joining Debbie's team. I'd be crazy to pass up this opportunity even though it wasn't an area that interested me at the time.”

To prepare for this assignment, Dr. Washington attended hospice training and watched a video designed for hospice volunteers. Those experiences were life-changing for her.

“I started this project expecting to hate it, but just the opposite happened,” she says. “I fell in love with the idea of studying death and dying and decided to pursue a career that allowed me to help others deal with this challenging and complicated experience.”

The Hartford Foundation got her career off to a strong start by selecting her for its Doctoral Fellows in Geriatric Social Work program.

“It was a real honor to be one of only 20 students nationwide chosen for this award. The foundation gave us training, sent us to conferences, and funded our dissertations,” says Dr. Washington. “I made important and continuing friendships as a Hartford Fellow; in fact, some of us still meet

for writing retreats.”

After finishing her PhD, Dr. Washington coordinated a hospice study at the University of Washington, then joined the faculty at University of Louisville School of Social Work in 2009. While at UL, she was named a Hartford Faculty Scholar. This prestigious program provided funding for one of Dr. Washington's early projects: a survey of patients and caregivers that collected data about issues and problems relating to their hospice experience.

In 2013, a research faculty position opened in MU's Department of Family and Community Medicine.

“By that time, Debbie [Oliver] had become an MU Family Medicine professor. She called to tell me all about the department and the strong cadre of faculty members who were doing work in palliative medicine and hospice,” she says. “That made my decision to come back to MU an easy one, once I got the offer.”

Today, Karla Washington couldn't be more excited about her job, her career, and her colleagues here at MU.

“It is a luxury to work in a department where people are actually doing the work I'm researching every day,” she says. “MU's Supportive and Palliative Care Program does inpatient consults and has an outpatient clinic right next door at University Hospital. The knowledge I gain by working with providers on this team is incredibly important to me and my research.”

An extrovert, Dr. Washington collects most of her data by talking to patients and their families. She has been able to translate the skills she developed early in her career into the work she does today.

“As a counselor at both the State Hospital and Girls Town, my job was to help clients with complicated needs face a challenging time in their lives,” she says. “I'm doing the same thing now, only I'm doing it with a different population of people.”

As her lists of publications, presentations, and grants grow, so does Dr. Washington's commitment to palliative medicine. The goal of her most recent grant, currently under review at NIH National Cancer Institute, is to strengthen support for family members of cancer patients who are receiving palliative care. In the past, palliative medicine has focused on patients, she says, but we want to help caregivers, too, as they face the grief, worries, and challenges of a loved one's death.

Dr. Washington is proud to be part of MU Family Medicine and thankful to be working so closely with the palliative care team. There's not a better place to be, she says. “Plus, my job offers me opportunities to make someone's life better ... how cool is that!”



KARLA WASHINGTON, MSW, PhD
ASSISTANT PROFESSOR
MU FAMILY AND COMMUNITY MEDICINE

PATIENT CARE: PRIMARY TO OUR MISSION

For the past 40 years, Family Medicine has played the predominant role in providing primary care services for MU Health Care. With three clinics in Columbia and two in nearby rural communities, we strengthen the system's mission to improve health for all people, especially Missourians. And by maintaining teaching practices to train the physicians of tomorrow, we are advancing the education mission of the University.

The MU Health System has relied on Family Medicine to expand its base of primary care patients. We appreciate the opportunities we've had to build our capacity and meet the needs for excellence in primary care in Columbia and surrounding areas.

In the summer of 2013, when MU Health Care asked us to assume operational responsibility of the **URGENT CARE** clinic, we said yes and added Urgent Care – an important front door to our health system – to our family of accessible primary care services.

Last year, when MU decided to enter the retail clinic market, it was Family Medicine they called on to make this plan work, says Dr. Michael LeFevre, vice chair and director of clinical services at Family and Community Medicine.

"I remember MU Health Care CEO Mitch Wasden asking me what I thought of retail clinics. For a long time, many primary care physicians – myself included – considered retail clinics to be our Darth Vader. I believed they were our competition and not the best way for patients to get their simple acute care needs met," he says. "But it was inevitable that as health care in our country changed, retail clinics would no longer be our competition, but rather an expansion of the care we provide. Once the University decided to collaborate with HyVee, a local grocery store, and enter the retail clinic market, it made perfect sense for Family Medicine to manage the clinics."

MIZZOU QUICK CARE clinics – staffed by nurse practitioners and physician assistants – enhance collaborations within our patient centered medical home. Even though they are located within three local HyVee stores, we consider them an extension to acute care access at MU. Opened last summer, our Quick Care clinics have been overwhelmingly well received in the community. Patients love them and the convenient, high quality service they provide.

Green Meadows Family Medicine Clinic, MU's oldest outpatient facility located five miles south of campus, opened its doors in 1987. For years this clinic has been outdated and in need of major remodeling. So everyone in Family Medicine ... faculty, staff, residents, and patients ... celebrated on January 21, when the University completed construction of its new facility at **SOUTH PROVIDENCE MEDICAL PARK** (SPMP). Family Medicine at SPMP includes the Green Meadows clinic staff as well as the health care team from Woodrail Family Medicine, a south Columbia clinic that opened in 2006.

In order to maintain the personal care that patients have grown to expect and appreciate at our family medicine clinics, physicians at SPMP continue to work in three smaller teams, each with their own patient panels and providers.

"I believe patients want their family medicine clinic environment to be like the bar in *Cheers* ... a place where everyone knows their name. Our department has been able to provide this friendly, personal level of service at our existing practices," says Dr. LeFevre. "Before moving to the larger SPMP location, I feared patients might view us as a big, assembly-line kind of clinic. But the first time I toured clinic – after its interior was developed enough to give me a sense of layout and space – I lost that fear. The enhanced clinic design allows us to continue making patients feel like they are special and important members of our family."

Our modern, state of the art clinic at SPMP has been designed for the future of family medicine and the continued progression of the collaborative care model within the patient centered medical home, says Dr. LeFevre.

Family Medicine at SPMP is team based, including nurses, care managers, and physician assistants, and it incorporates social work, nutritional, behavioral health, and anti-coagulation monitoring services – in addition to the primary care services offered by our family physicians.

Each team of family physicians, nurses, care managers, learners, and other providers at SPMP share one large, open, work space, rather than private offices. This open space design improves communications and collaborations among team members, and warm hand-offs of patients at the time of their visit. It prepares students and family medicine residents for real world practice by allowing them to see and participate in the team-based model of care.

To continue providing patients the best care possible, we are utilizing the most advanced information technology:

- A computer monitor is installed in every exam room so patients and physicians can share the same information at the same time.
- Providers use instant messaging to communicate with team members to promote efficiency.
- If a prescription is needed, we send it electronically to the MU pharmacy located in the same building. With checkout occurring in the exam room, patients can simply leave and walk across the hall to pick up their medicine when their visit is complete.
- We continue to share the EMR with all MU providers, including Mizzou Quick Care and Urgent Care clinics, allowing easy online access to information collected at every visit. The EMR enables us to incorporate information from our subspecialty colleagues into the care plan we develop for patients.

SOUTH PROVIDENCE MEDICAL BUILDING

MU FAMILY MEDICINE GROWING BY THE NUMBERS

● PATIENTS

50,896 people consider one of MU Family Medicine physicians to be their primary care physician and have been seen in the past 36 months. In the last year alone, there were 40,670 people.

● VISITS

115,085 visits for 2013
137,398 visits for 2014
163,195 visits for 2015 (projected)

SOUTH PROVIDENCE MEDICAL FACILITY:

- 25-acre Medical Park
- Two-story, 85,000 SQ FT Building
- 90 Exam Rooms
- Outpatient Services:
 - Family Medicine
 - General Pediatrics
 - Adult Psychiatry
- Urgent Care Clinic
- Drive-through Pharmacy
- On-site Medical Lab
- Radiology Services: MRI, CT, Ultrasound, X-ray, Mammography

We have positions for family physicians at our new South Providence facility in both family medicine and urgent care. If you are interested in joining our family medicine team, please contact Erica Schulte at schulteem@health.missouri.edu



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SAVE THE DATE!

MU FAMILY MEDICINE UPDATE

April 10-11, 2015

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COLUMBIA, MISSOURI

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Kevin Craig Cares! continued from first page

"One advantage I have over pediatricians is that my patients can speak for themselves and tell me what they want. When I know what they want, I advocate for them with their children. It's not always easy for children to accept their parents' wishes," explains Dr. Craig.

It is particularly important for children to know and respect a parent's needs when the parent is dealing with a serious and possibly life-threatening disease. MU's palliative care team, which includes specially trained doctors, nurses, and social workers, works with a patient's physicians – primary care and/or specialists – to coordinate care and help patients and their families during these stressful and challenging experiences.

"The goal of our program is to provide an added layer of support for people at any stage in an illness, regardless of whether it's chronic or terminal. We want to change palliative care's reputation as 'only' end of life care, which is one of the reasons we changed the name of our program to Supportive and Palliative Care," says Dr. Craig. "We help with symptom management and provide psycho-social support, emotional support, and spiritual support to patients and their families, if needed."

Many, but not all, patients who receive palliative care have cancer. "We support patients with congestive heart failure, COPD, Lou Gehrig's, Alzheimer's, Parkinson's, and dementia," explains Dr. Craig. "And not all of them are dying; some patients we're following now have no evidence of disease."

Dr. Craig wants to make a difference. His patients and their families know this, and so does everyone on the palliative care team.

"We call him Mr. Sunshine," says Mary Cunningham, APRN, AOCN, clinical nurse specialist at the palliative care outpatient clinic. "Kevin is quiet. He listens – then engages patients/families with a calm, thoughtful demeanor. He wants to relieve suffering and improve quality of life for everyone in every way he can."

But dying is inevitable, and most of his patients' stories end with that event.

"I'm a compassionate and caring person, so of course I'm sad to see a patient die," admits Dr. Craig. "But on the other hand, I consider it an honor to be part of a person's life during such a difficult time. Death is a powerful experience, and mostly, I try to be objective and appreciate every opportunity I have to make dying comfortable for patients and their families."

Death is part of life, he continues. "Unfortunately, it's a time in a person's life that medicine has generally neglected. Too often, when patients near the end of life, doctors tell them and their families that there's nothing else we can do," says Dr. Craig. "I disagree. We believe there's lots we can do; in fact, quite often we think we can do more at that time than any other time in a person's life."

By truly listening to patients, respecting their wishes, supporting loved ones, and encouraging families to talk about and prepare for death before it happens, MU's palliative care team is helping bring peace, comfort, and acceptance to the dying experience. Kevin Craig is glad and grateful to be part of this program.