

Family & Community MEDICINE

Spring 2004

CARING FOR AGING PATIENTS

It's a passion that never gets old for geriatrician Dr. David Cravens

CARING FOR ELDERLY PATIENTS ...

the challenges are unique and often complicated. As a geriatrician, Dr. David Cravens understands how complex health care can become for older people dealing with chronic illness, disabilities, end of life, and other aging issues. His goal is to provide appropriate care that makes life better and more comfortable for patients, and when he succeeds, the rewards are as real for Dr. Cravens as they are for his patients.

An assistant professor in Family and Community Medicine, Dr. Cravens earned his undergraduate and medical degrees from the University of Missouri. After completing MU's family practice residency training in 1981, he became the primary physician at Boone Hospital Center's Centralia Clinic. Located 25 miles north of Columbia in a town of 4,000, this family practice clinic served patients from Centralia and surrounding rural communities. It was during his 15 years in Centralia that Dr. Cravens developed his love for geriatrics, a specialty he never fully comprehended or planned to pursue during medical school.

"While a student, my perception was that geriatric patients were complicated cases, requiring various specialists to care for their diverse, and often complex, medical problems," Dr. Cravens says. "After I started practicing, however, I learned that most older people weren't sick and being treated in academic health centers. There is a large population of functional elderly who are able to live and work while dealing with chronic disease, and many of them were my patients."

As Dr. Cravens' older patient population grew, he was able to better understand and appreciate the joys and rewards of working with the elderly. By

1996, he was ready for a career change. His goal was to become a geriatrician, and although he could have taken the Certificate of Added Qualification (CAQ) exam based on practice years, he chose to "do it right" and return to school. Convinced he needed to expand his knowledge and training, Dr. Cravens enrolled in MU's Geriatric Fellowship Program.

"When I started the fellowship, I had no intricate plan about what would be next for me," Dr. Cravens explains. "Geriatrics would be my focus, of course, but I also wanted to teach." A career in academics, he decided, offered opportunities to do both. As a faculty member, he's able to maintain a geriatrics practice and mentor future family physicians.

Since joining MU Family Medicine in 1999, Dr. Cravens has excelled as a teacher; students, residents, and fellows benefit from his passion, skills, and experience. America's aging population is growing rapidly, he says, but the number of geriatricians is not. As a result, family physicians will be focusing more and more of their time on older patients. "That's why teaching health care providers about geriatrics is so important," Dr. Cravens says. "It's a role I value and enjoy."

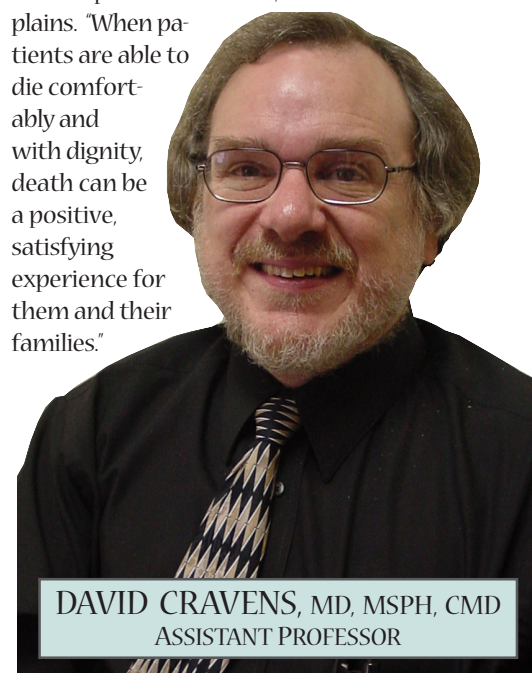
Dr. Cravens excels as a geriatrician as well. His attentive and encouraging nature helps alleviate many of the fears and anxieties of aging for patients and their families. In addition to seeing patients at Green Meadows Family Practice Center, Dr. Cravens has developed a strong presence in nursing homes across Columbia.

"My nursing home practice began at Boone Retirement Center (now called The Bluffs) when I was a geriatrics fellow. And after I completed the fellowship, I became medical director of Lenoir, which is the first continuing care retirement

community in mid-Missouri," he says. "Today, I still serve as medical director at Lenoir, plus I am an attending physician at four other nursing homes in town."

Caring for nursing home residents requires empathy, understanding, and respect — qualities that clearly define Dr. Cravens' demeanor. For a majority of his patients, the nursing home will be the last place they live. As their long term care provider, Dr. Cravens must make decisions that will shift with time, depending upon the changing health and abilities of the patient. "Our goal is always the same," he says, "and that is to make life the best it can be for whatever time is left."

"As patients approach the end of life, health care decisions become more difficult. We bring families along during the process and try to keep them focused on how they think their loved ones would want their lives to end and how we can best respect their wishes," Dr. Cravens explains. "When patients are able to die comfortably and with dignity, death can be a positive, satisfying experience for them and their families."



DAVID CRAVENS, MD, MSPH, CMD
ASSISTANT PROFESSOR

JOB OPENING - GERIATRICIAN FOR MU FAMILY AND COMMUNITY MEDICINE

Exceptional opportunity for family physician/geriatrician to join our multidisciplinary faculty doing research, patient care, and education. For information, please contact Associate Chair Steven Zweig, MD, MSPH by phone: 573-882-1758 or e-mail: zweigs@missouri.edu

Chair's Message

IN THIS NEWSLETTER, we are delighted to recognize individuals – alumni, faculty, and friends – whose accomplishments make us proud. Each article tells a unique story of success.

... starting with faculty member Dr. David Cravens. As a geriatrician, Dr. Cravens embraces the challenges and appreciates the rewards of his role. His work is valued and his reputation strong among patients, students, and peers.

On page two, we've included a roundup of news items: Welcome to Dr. Martha Terry, a residency alum, who is the newest member of our faculty. Congratulations to Dr. Debra Howenstine on her award for making a difference in our community ... and also to Dr. Sherwood Baker, the father of Family Medicine at MU, on publishing his new book.

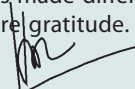
When Dr. William C. Allen retired years ago, he left several important legacies at MU. His commitment to the preceptorship had a tremendous impact on medical school education. In addition, he initiated fundraising activities for family medicine. The William C. Allen Professorship has been named in his honor.

The work of Abbe Sudvarg is inspiring. Dr. Sudvarg, who enjoys everything about family practice, has dedicated her career to serving the poor. Hers is a story of a dream come true — for Dr. Sudvarg and her patients.

We created the Integrated Residency Program in order to better recruit outstanding MU medical students who had decided to become family physicians into our residency. Students benefit from the experience -- so do we. In fact, integrated residents have gone on to become some of our finest family practice residents. Amanda Allmon and Kristen Deane are no exception.

As an early leader in our department, Dr. Roger Hofmeister kept us focused on our mission to improve and expand health care in rural areas of the state. Today, our practices in Fulton and Fayette have a strong presence in their communities and offer valuable training for our residents. Dr. Hofmeister was a driving force for their early growth and success.

To these special people – and the many others whose commitment to family medicine has made difference, we express our sincere gratitude.



HAROLD A. WILLIAMSON JR.
Professor and Chair

FAMILY MEDICINE

FACULTY FOCUS



MARTHA TERRY, MD

MARTHA TERRY, MD, a Family Practice Residency graduate, is delighted to be back at MU. Last fall, she joined the faculty of Family and Community Medicine and currently serves as an assistant professor in the department.

"I have a fantastic job that includes a little of everything I like to do," she says. "It's exciting for me to be working alongside so many of my friends and cherished mentors."

After finishing her residency in 1998, Dr. Terry completed a geriatrics fellowship at the University of California-San Francisco (UCSF). Then she moved to Seattle where she practiced broad-scope family medicine for four years at the Northwest Family Care Center. She and her husband Dr. Michael Ohl, also a physician, returned to the Midwest last year with their daughter, Madeline and son, Aidan.

"Moving back to Missouri brought us closer to family," says Dr. Terry. The move also offered both physicians opportunities to pursue new career interests.

In her new role at MU, Dr. Terry is balancing her time between patient care and teaching. Her clinic responsibilities include seeing patients at the Green Meadows Family Practice Center as well as providing care to nursing home residents. In addition, she attends for family practice residents and geriatrics fellows.

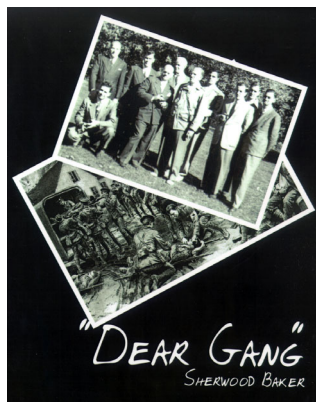
MU is committed to expanding learning experiences for students so they are better prepared to care for older people. To assist in this effort, Dr. Terry will be collaborating with colleagues to develop a home visit curriculum for the medical school.

Dr. Ohl, who did his internal medicine residency at UCSF and completed an infectious disease fellowship at the University of Washington-Seattle, plans to continue his education and research at MU.

DEBRA HOWENSTINE, MD, an assistant professor of Family and Community Medicine, was chosen for this year's Martin Luther King Jr. Award. Presented on January 19 at the Second Baptist Church in Columbia, this award recognizes Dr. Howenstine for her "service and making a difference in the community."

Dr. Howenstine is medical director of the Columbia/Boone County Health Department. In addition, she sees patients at the Family Health Center, a federally funded facility that serves uninsured and underinsured patients in the Columbia area.

"I am surprised and honored to receive this award," says Dr. Howenstine. "It means a lot to me to know that what I do is making a difference."



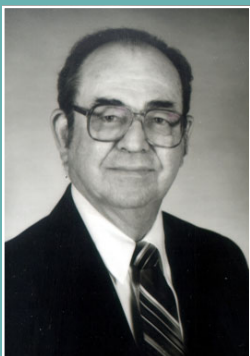
More information about
Dear Gang can be accessed at
www.1stbooks.com

AFTER GRADUATING FROM UNIVERSITY OF ILLINOIS-CHICAGO

School of Medicine, retired MU Family Medicine Professor **SHERWOOD BAKER, MD** and 11 of his classmates made a solemn oath to keep in touch. Beginning in 1943, the twelve friends conducted a 60-year letter-writing campaign. All of their letters have been preserved by Dr. Baker. "Our letters chronicled the changing face of American medicine and the special friendship of twelve friends," he says.

Dr. Baker has just published a book, *Dear Gang*, that includes copies of the letters written through 1950.

Recruited by MU in 1963, Dr. Baker was the leader in developing a family practice residency at the University. Because of his success in this effort, Dr. Baker is recognized as the Father of Family Medicine at MU.



RETIRED FAMILY MEDICINE PHYSICIAN, MENTOR, AND EDUCATOR

WILLIAM C. ALLEN, MD

LEAVES LEGACIES ACROSS THE STATE OF MISSOURI

30,000 MILES! That's a long distance to travel - especially when driving a car, but Dr. Allen drove it every year as director of MU's preceptorship from 1972-1990. By offering students an opportunity to live and work with small town physicians across the state, this program provided hands-on training in family medicine. Dr. Allen recognized the value of the preceptorship and was willing to "go the distance" to make sure it was a positive experience for students and physicians.

WILLIAM C. ALLEN, MD, MPH

began his career as a small town physician. After graduating from University of Nebraska Medical School in 1951, he practiced broad-scope family medicine in Glasgow, a rural mid-Missouri town. His caring and attentive nature made him well suited for family practice. Patients welcomed Dr. Allen into their community - as their doctor and their friend.

Patients - and the relationships he developed with them - made small town medicine a gratifying profession for Dr. Allen. During his seven years in Glasgow, however, he became increasingly concerned about chronic disease and other health problems threatening his community. His desire to address these concerns prompted his decision to pursue a career in public health. To prepare for this new career, Dr. Allen enrolled at Johns Hopkins University, Baltimore, where he earned his MPH in 1960.

Later that year, Dr. Allen was chosen to serve as Director of Chronic Diseases for Missouri's Division of Health. His job there was to manage programs aimed at preventing and treating chronic illness across the state. Even though he missed the direct patient contact that family practice provided, Dr. Allen enjoyed community medicine and the new ways he could make a difference in health care.

Medicine was a passion for Dr. Allen, but so was education. That's why in 1962, he accepted an invitation to join the faculty at MU's Department of Community Health and Medical Practice (*now called Family and Community Medicine*) and teach students about epidemiology and public health. Dr. Allen, a patient and supportive man who valued learning, embraced the role of teacher. His broad-based knowledge and real-world experiences made him a perfect fit for this role and many others within the School of Medicine.

As Dr. Allen's responsibilities at the University expanded, so did his love for life as a professor. In 1965, he gave up his position with the Division of Health in order to focus full-time on his academic career. After this, it didn't take long for Dr. Allen to establish himself as a leader at MU.

He served in various roles, from assistant medical director to department chair to assistant to the dean, during the next 25 years. And although he doesn't remember a job he didn't enjoy, it's his role as preceptorship director that provided Dr. Allen his most cherished rewards.

Coordinated by the Family and Community Medicine Department, the preceptorship was a one-month required rotation that students completed during their third or fourth year of school. By working alongside general physicians in rural areas of the state, students gained valuable clinical training. They were also able to observe and better understand relationships that family doctors develop with patients and their community.

Throughout his career, Dr. Allen had

built lifelong friendships with family doctors across Missouri. His colleagues respected him; so did his students. That he could connect and relate so well with others made Dr. Allen the perfect person to direct the preceptorship. Nearly 150 physicians - all recruited by Dr. Allen - and several hundred medical students participated in the program while he directed it.

Matching students to a physician who was compatible with their interests and personality was key to the program's success, says Dr. Allen. He interviewed students before the match to learn about them and their interests. Then, after he assigned them to a physician, he would visit students and their preceptor in the town they were serving. When the rotation ended, students returned to Columbia to complete a day-long debriefing and a questionnaire about their experience.

"We collected very positive feedback about the preceptorship," Dr. Allen says. "Most students claimed it was their best month of medical school."

But students weren't the only ones to benefit from the program. Preceptors and their patients benefited, too, from the energy and enthusiasm that students brought to health care.

Dr. Allen speaks proudly of the preceptorship and the enduring impact it's had on medical education at MU. His dedication to the program was always strong, so strong that he continued to direct it three years after he retired in 1987.

During his 25 years at the University, Dr. Allen witnessed state support steadily decrease. Recognizing that this support was vital to our department and would need to be replaced, Dr. Allen initiated a fundraising campaign in 1990. His goal was to establish the Family Practice Professorship, an endowed fund that would provide permanent support for our efforts to train future family physicians. To achieve his goal, he began writing letters at least once a year to the many alumni, physicians, and friends he knew during his career. When donations reached the level to qualify for a professorship, the department chose to name it the William C. Allen Professorship in recognition of Dr. Allen's contributions and steadfast commitment to Family Medicine.

WILLIAM C. ALLEN PROFESSORSHIP

Although Professor William C. Allen, MD retired in 1987, he maintains a valuable presence in our department through his fundraising activities.



ABBE SUDVARG, MD
1988 Family Practice Residency Graduate

Family physician relates well to patients because she cares enough to get **UP CLOSE AND PERSONAL**

As a child, Abbe Sudvarg was enchanted by television heroes – like Marcus Welby – who were doctors. She dreamed of becoming this kind of hero herself ... a doctor totally dedicated to saving lives and taking care of people in need.

Although she admits that her earliest vision of “being a doctor” was romantic and somewhat unrealistic, Abbe Sudvarg has focused her career on realizing this dream. Today, she practices at Family Care Health Centers-Carondelet, a federally funded health facility that serves a largely uninsured patient population in St. Louis.

If you ask Dr. Sudvarg, she’ll tell you she’s living her dream;

family medicine is her passion. People who know her will surely agree.

ABBE SUDVARG, MD is not a television star but rather a real-life hero who is committed to her patients and will do everything she can to make their lives better.

ABBE SUDVARG earned her medical degree in 1985 and then completed her family practice residency at the University of Missouri in 1988. After that, she moved to Murpheysboro, a small, rural town of 10,000 in southern Illinois, to fulfill her National Health Service Corps scholarship obligation.

“I practiced broad-based family medicine there,” Dr. Sudvarg says. “Murfheysboro was a wonderful experience. I grew attached to my patients and the community, but after six years, my family wanted to move back to Missouri.”

In 1994, she returned to St. Louis and joined the medical staff at Family Care Health Centers (FCHC)-Carondelet, a job she continues to hold with ongoing commitment and enthusiasm.

“My goal has always been to be a doctor who takes care of the poor – providing full and comprehensive health care, including OB – to patients of all ages,” Dr. Sudvarg says. “And that’s exactly what I’m doing. It’s amazing ... how many people are able to say that?”

FCHC is a federally funded not-for-profit corporation that manages two St. Louis health clinics: Forest Park and Carondelet. Its mission is focused on improving primary care, especially for the medically underserved. Nearly half of the patients there have no insurance, and a majority of those who do have either Medicaid or Medicare. A wide range of health care specialists and medical services can be accessed through FCHC.

There are four family physicians at the Carondelet clinic; three of them, includ-

ing Dr. Sudvarg, also practice obstetrics.

“We are the only three family doctors who do OB in the St. Louis area; this makes us unique in that regard,” says Dr. Sudvarg. “I consider delivering babies to be an integral part of family medicine and feel privileged to participate in the process.”

With a patient population totaling nearly 2,000 – ranging in age from newborn to the very elderly – Dr. Sudvarg appreciates the joys of full-scope family practice. Caring for patients at both ends of the life spectrum offers her great spiritual satisfaction.

“I love birthing babies and am in awe every time I do it. And if a father starts crying, my eyes tear up, too,” Dr. Sudvarg says. “I also value the help I can provide at the other end of the life cycle. Being at the bedside when someone dies is very spiritually rewarding, especially if I am able to make it easier for the patient and his or her family.”

The rewards of her profession are real for Dr. Sudvarg, but so are the challenges. She explains:

“One of the challenges I frequently face is about patient care and my ability to get appropriate resources for people when what they need goes beyond the level of expertise at our center. Caring for the uninsured can get complicated.”

Believing that everyone deserves equal access to quality health care, Dr. Sudvarg is steadfast in her commitment to patients, regardless of how complicated it can get. “A lot of what keeps me here has to do with my own personal politics.

Society is not providing for the needs of everyone, so I’m doing my part – small as it may be – to make life better for some.”

By serving as a preceptor for MU students, Dr. Sudvarg is doing her part to make medical education better, too. Students gain valuable knowledge by observing Dr. Sudvarg in clinic. They learn family practice, of course. In addition, they are able to experience and better understand the joys and demands of caring for a medically underserved population.

“Teaching is fun,” Dr. Sudvarg says. “I see it as an opportunity to serve as well as a way to encourage students to consider a career in community-based medicine.”

Community-based medicine: Dr. Sudvarg loves it and can’t imagine doing anything else. But a demanding schedule often limits her time for personal needs and interests.

“I am continually trying to balance the needs of my patients with my own needs to stay healthy and be there for my family,” Dr. Sudvarg says. “Not letting the work, which is important to me and very much defines my identity, consume me ... that’s a constant challenge.”

There is always so much to do and only so many hours to do it for Dr. Sudvarg. So what keeps her motivated and eager to come to work every day?

“I’m an intimacy junky,” she responds. “I love the relationships I develop with patients. I feel so rewarded at the end of each day by the concrete, very personal, very meaningful interactions I experience with others.”

Photo Courtesy of Karen Berryman Harvey: Family Care Health Centers

PERFECT PARTNERS

Kristen Deane and Amanda Allmon are unbeatable when paired up in a game of Pictionary ... like the time Amanda selected the word "terminator" and then sketched a man spraying for bugs. Any other partner would have guessed "exterminator," but not Kristen. She can't explain how, but she knew the answer was "terminator." Their husbands, who lose nearly every game against them, laugh in disbelief. "You guys must share a brain!" is their only response.

WHEN FAMILY PRACTICE RESIDENTS Amanda Allmon and Kristen Deane met for the first time five years ago – on their first day of medical school, the chemistry between them was immediate and the bond strong as they realized how many experiences and interests they shared. Kristen was born in the Bootheel of Missouri; so was Amanda. Amanda played the trumpet in her high school band; so did Kristen. Both studied abroad one semester during college. And the decision to become a doctor was one that both Amanda and Kristen made at a young age.

Growing up, Amanda and Kristen had great respect and appreciation for their family physicians. Both began college knowing they wanted to be doctors, but it wasn't until their third year of medical school, while rotating through the family practice clerkship, that they decided to specialize in family medicine. Here's why:

"I enjoy caring for the whole family and being able to check on family members even when they don't come to the office," Kristen says. Amanda agrees, then adds, "I like having patients of all ages, delivering babies, caring for moms, and responding to a full range of health issues."

After the clerkship, both wanted more hands-on training in family practice, so they enrolled in the six-month rural rotation.

Amanda went to Rolla while Kristen moved to Poplar Bluff.

"I was amazed to see how many different services small town doctors were providing their patients," Amanda says. "Working in Rolla helped me realize that family medicine was a specialty I could tailor to my own interests and skills."

"After training in Poplar Bluff, I had a broader understanding of rural medicine," Kristen says. "I learned how small town physicians can impact health — in the office *and* in the community."

The rural experience was invaluable for Kristen and Amanda. It strengthened their commitment to family medicine and prompted them to apply for MU's Family Practice Integrated Residency Program*, an opportunity awarded to select fourth year medical students. Their strong work ethic, eagerness to learn, and passion for family medicine made them ideal candidates for the program.

"There are many perks to being an integrated resident ... not having to go through residency match is just one of them," says Kristen. "As an integrated resident, you get to know patients, faculty, and family practice better and sooner. And you have more elective time during

residency to individualize your training."

"When I heard about the program,

I thought, why not? I liked living in Columbia," Amanda says. "I was familiar with MU's family practice residency and sure it would be a good fit for my needs. Plus, I knew that family medicine faculty were among the best at the University."

While serving as integrated residents, Kristen and Amanda were made partners, a relationship they value and will maintain through residency training. "We make terrific partners," they say, "but we were friends first. And it's our friendship that keeps us so in sync and able to get along – personally and professionally."

Amanda explains, "We share the same values and try to keep a positive attitude about everything we do. And when one of us gets "ugh," the other one is always there to pick her up."

Kristen continues, "We laugh at the same things and finish each other's sentences. There are obvious differences in our personalities, but these differences make us even more compatible."

As their first year of residency comes to an end, Kristen and Amanda are excited about the future and their careers as family physicians. "We realize there's a lot to know before we can go out on our own," they say, "so for now we're working hard and focused on learning everything we can as family practice residents."



KRISTEN DEANE, MD
FAMILY PRACTICE RESIDENT

AMANDA ALLMON, MD
FAMILY PRACTICE RESIDENT

* MU'S INTEGRATED RESIDENCY PROGRAM IN FAMILY PRACTICE

Some of the brightest medical students attend MU, and recruiting those who intend to pursue family medicine is a priority for our department's residency program. To help in this effort, we created the Family Practice Integrated Residency Program twelve years ago.

This program is designed for capable fourth year medical students who are committed to becoming family physicians. It incorporates many experiences of first-year residency into the fourth year of medical school. Integrated residents get a head start on primary care training while earning financial support during their last year of school. The program does not shorten the duration of medical school or residency. However, it does provide students more flexibility in terms of elective rotations they can choose later on as residents.

Since 1992, nearly 30 students have participated in this program ... they describe the experience as challenging and rewarding. Our department has benefited from the enthusiasm, energy, and commitment they bring to family medicine.

THE BIG HEART OF A SMALL TOWN DOCTOR

ROGER HOFMEISTER, a founder and early leader of MU Family Medicine, played an important role in establishing our residency and keeping us focused on our mission of expanding primary care to rural areas of the state. But before he made his mark at MU, he dedicated his career – as a doctor and a teacher – to improving life and health for people in other parts of the world.

A graduate of the University of Illinois-Chicago Medical School, Dr. Hofmeister finished a yearlong internship at St. Francis Hospital in Peoria, IL, before joining the Indian Health Service (IHS) in 1961. He served two years on the Navajo Reservation in Gallup, NM.

"Indian health was a fascination for me," he says. "I liked living and working in a different culture and delivering health care to people who really needed it."

After the IHS, Dr. Hofmeister practiced rural medicine for five years in Mt. Morris, a small town located 100 miles west of Chicago. While in Mt. Morris, Dr. Hofmeister had an opportunity to serve three months as a volunteer physician at Project Concern Hospital Dampao in the Central Highlands of South Vietnam.

"I was part of a United Nations-like program that included nurses and physicians from around the world," he says. "It was 1967, so the Vietnam War was going on around us. But knowing we were helping people kept us strong and motivated."

New Mexico and South Vietnam ... they are miles apart not only in terms of distance, but also with respect to population and culture. Yet, the impact these experiences had on Dr. Hofmeister was equal. They were hugely valuable to him and whetted his appetite for new adventures - new opportunities - to help people who had limited access to health care and education. In 1968, he joined the Peace Corps and moved with his wife and four children to Malawi, central Africa, for what he calls the "best two years" of his life. He directed a group of 45 volunteers whose work was to provide tuberculosis surveillance, immunizations, and health and nutrition education to the Malawian population.

"Malawi is a poor country plagued by TB and malnutrition, but we were lucky enough to be there at a good time," says Dr. Hofmeister. "The ministry of health was supportive of our efforts, so we were able to make a difference. And the many

clinics we started are still going today."

By the time he returned to the states, Dr. Hofmeister had developed a strong interest in health education. That's why when he joined the University of Missouri's faculty in 1970, his goal was to further his education and earn his MSPH.

As it turns out, the early '70s proved to be an exciting time for Dr. Hofmeister to come to MU. The American Board of Family Practice had just been created, and Professor Sherwood Baker, MD was put in charge of establishing a family medicine residency program at the University.

"Family medicine was a tough birth for many teaching centers, and MU was no exception," Dr. Hofmeister says.

Recognizing the challenges that lay ahead of him, Dr. Baker solicited help from faculty members Dr. Hofmeister and Dr. Georgia Nolph. Initially, the three doctors worked out of two small rooms near the ER of University Hospital, where they offered immunizations, physicals, and other routine care to MU employees. After a couple years, their clinic - named Columbia Family Medical Center and directed by Dr. Hofmeister - was moved to the third floor of the medical school.

"It was a larger space, but very hard for patients to find," Dr. Hofmeister says. "We were buried in the bowels of the ivory tower — definitely not a good location for a primary care clinic."

The main purpose of this clinic had always been to provide a patient base for the new residency program. So once the residency was established in 1973, the clinic was not only providing primary care to an increasing patient population, it was also offering learning experiences for family practice residents. While this was a major victory for the department, it was clearly not the last one. Dr. Hofmeister recalls the strong and steady growth of family medicine at MU:

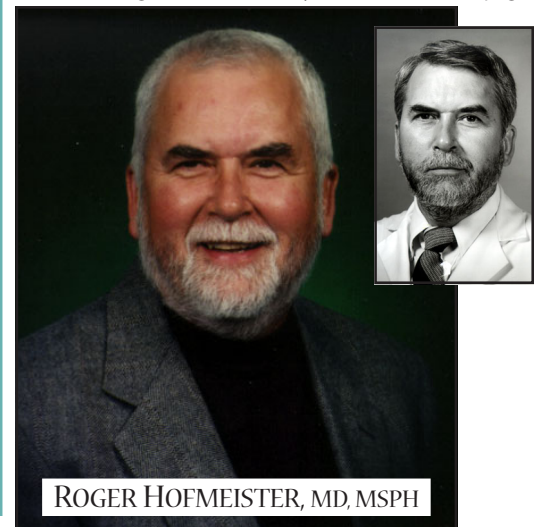
"Within three years, our department was managing a primary care clinic at the hospital and a clinic for indigent patients

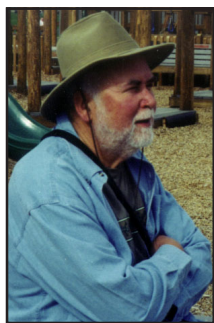
at the Columbia City Health Department. And we had enrolled our first class of family practice residents. These early accomplishments made us proud," he says. "However, from the start, our mission was to improve health and provide primary care physicians for all of Missouri, and since so much of the state was rural, it was clear that our work wasn't finished."

Just 25 miles east of Columbia was Fulton, and during the mid-'70s, a shortage of physicians was creating the need for expanded primary care services in this rural town of 10,000. This need, plus the presence of a small hospital in town, made Fulton an ideal location for MU Family Medicine's first satellite clinic. The purpose of this clinic, named Callaway Family Medical Center, was to promote health care in Fulton as well as provide a rural training site for residents. Dr. Hofmeister was the clinic's medical director; he remembers the challenges he faced when the facility opened.

"Doing primary care with residents was difficult at first. Patients weren't used to health care with a younger doctor alongside," he says. "Dealing with the older physicians in town was another problem. In the beginning they saw us as competition and were threatened by our presence."

Roger Hofmeister story continued on next page.





Roger Hofmeister story continued.

But it didn't take long for Callaway Family Medical Center to earn wide support from the community. In addition to expanding health care services to this diverse population, the Fulton clinic was also

providing residents with opportunities to practice the broadest spectrum of family medicine ... thanks, in part, to Dr. Hofmeister's dedicated leadership.

By 1980, enrollment in the residency had grown significantly, creating a need for more training sites. This time, the department looked 30 miles northwest – to Fayette – for a place to open another family practice clinic. Fayette, like Fulton, had a community hospital but not enough doctors for its widespread population. And when Dr. Hofmeister was appointed medical director of the new clinic, Fayette, like Fulton, was also able to benefit from his special leadership and skills.

"It was a learning experience for all of us – doctors, patients, and the community – to get used to each other," he explains. "We didn't want to bring residents to Fayette until we had developed a rapport with the community, so we waited a year. And this was a good decision."

Moving his family to Fayette is another decision Dr. Hofmeister feels good about. He didn't live in Fulton, but he learned while working there that it's easier for people to accept doctors who are a visible and active part of the community.

A large and growing practice kept him active at clinic and in the hospital. Although his schedule was busy and often demanding, Dr. Hofmeister understood

that being a small town doctor meant long hours and numerous responsibilities. Seemingly blessed with endless energy, he never complained.

Rural medicine was his passion, and he never imagined doing anything else ... until 1981. He developed a lymphoma that year and had to undergo seven months of chemotherapy. Even though he was cured of cancer, this event, he says, made him a changed man, with a new attitude toward life and work.

Looking for work that required less hours and less stress, Dr. Hofmeister retired from the University in 1986 and took a job with Ellis Fischel Cancer Center. His own cancer experience made this opportunity especially appealing to him. During his seven years at Ellis, he helped develop a cancer screening program and a general oncology clinic.

"No night call. No weekends. This job was great," he says. "By helping patients survive cancer as long as they can – with quality of life our goal – we were providing a valuable service to people."

In 1992, the University of Missouri bought Ellis Fischel from the state, and Dr. Hofmeister helped the Cancer Center transition under its new management.

After a year, he was ready to retire. Or so he thought. 1993 was the year that the University offered its first HMO.

"All at once the door flew open, and MU's family practice clinic had 7,000 new patients," Dr. Hofmeister says. "So when Family Medicine Chair Jack Colwill asked me to help out, I agreed. For two years, I worked at the Green Meadows Clinic – mostly doing urgent care for patients who didn't have their own doctor."

Then, in 1995, when two doctors at the Callaway Practice moved out of state, Dr. Hofmeister headed back to Fulton. His affinity with the community was strong and fueled his eagerness to help out for a year – until new family physicians were hired at the clinic. For four years after that, he worked part-time at the Green Meadows Clinic, doing teaching and patient care, on an as-needed basis.

Finally, in 2000, Dr. Hofmeister closed the book on family practice. And even though retirement was tough, he says, it was a positive experience for him.

"I have to give the University credit for letting me down easy. It would have been hard to stop medicine cold turkey," he says. "The opportunities I had during my last years at MU – opportunities to teach and care for patients with no night call and no unreasonable demands on my time – made retirement a more comfortable process. I couldn't think of a better way to transition out of medicine."

Dr. Hofmeister's memories of his thirty-year career at MU make him proud.

"Being on faculty back in the early days – going through the growing pains that come with building a family practice residency – was a fascinating experience. We had a good team of doctors who worked hard and well together," he says. "Early on we were fortunate enough to attract a steady flow of caring, motivated, and highly qualified residents. They truly were the biggest karat of my career. And now, when I'm able to see some of them and everything they've accomplished since residency, it blows my mind. I feel privileged to have known and taught so many fine family physicians."

**Throughout his 40-year career as a family physician, Dr. Roger Hofmeister earned the reputation of
A PEOPLE PERSON WITH ENDLESS ENERGY AND A PASSION TO SERVE
His life has changed since retiring four years ago — his reputation, however, has not**

FOR ROGER HOFMEISTER, a man who values people and relationships, life is about family. He and his wife, Donna, have three sons and a daughter of whom he speaks proudly. Since retiring, Dr. Hofmeister enjoys being able to spend more time with his family.

He also enjoys volunteering for the PET (Personal Energy Transportation) project. During his career, Dr. Hofmeister valued the opportunities he had to make life better for people. Since re-

tirement, the PET project has provided him new and meaningful opportunities to make a difference.

PET is a hand-cranked wheelchair designed to provide mobility to people who have lost the use of their legs. Founded in 1996 under the leadership of Reverend Mel West of the United Methodist Rural Fellowship, in Columbia, MO, the PET project has helped victims of polio, land mines, birth defects, and animal attacks in at least 27 countries.

PETs are built by volunteers in Missouri, Texas, and Florida. Dr. Hofmeister, a longtime volunteer, calls the PET project "amazing," and here's why:

"Giving someone a PET is like giving them legs ... it's life changing. I don't know of anything in the third world that impacts a person's life as dramatically, except maybe cataract surgery," Dr. Hofmeister says.

"PETS – they're the greatest thing since sliced bread!"

With headquarters in Columbia, MO, the PET project has established other building sites in Texas and Florida. Leaders hope to open new volunteer centers across the country. For more information about PETs, visit: www.giftofmobility.org, e-mail: petproject@giftofmobility.org, or call: 573-886-7877.



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MU FAMILY PRACTICE UPDATE

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CARING FOR THE FRAIL ELDERLY

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NEW — NEW — NEW — NEW — NEW — NEW

GERIATRIC TELECONSULT SERVICE



**ATTENTION ALL MU FAMILY MEDICINE
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