

# The DFM Times

April, 2009

## Family Medicine Matters

“It was the best of times; it was the worst of times.” Charles Dickens wrote these opening lines in his classic, A Tale of Two Cities, and it aptly describes the Department of Family Medicine at the University of Iowa. The financial crisis that has gripped the rest of the nation has also touched UI HealthCare. It is possible that the calamities of the 2008 flood in Iowa City coupled with the economic downturn have produced a perfect storm that will rock the department for some time to come. In response to this financial challenge, the department will continue to examine how we deploy personnel and how we can more effectively and efficiently achieve our mission.

How then can we be in the best of times? Health care reform is taking center stage in the debate over how to sustain American business and reduce costly governmental expenditures. There is at least hope that primary care will be central to the debate of payment reform where those doctors caring for chronic disease and prevention are paid fairly for their services. There is no more important time for all of us to stay engaged in the political debates and process. The United States government and businesses cannot afford to spend more on healthcare, but hopefully their expenditures can be used more wisely in primary care.

It is also the best of times because of the remarkable people that we have here in the Department of Family Medicine. During times of stress, it is wonderful to have supportive people to work alongside you that help you achieve your goals. We have that here. Specifically, I am thinking about our administrative staff including our secretaries, business office personnel, and our research and educational staff that enable us to be more effective every day.

Congratulations are in order to **Dr. George Bergus** who has received the 2009 President and Provost Award for Teaching Excellence and to **Dr. Jill Endres** who has received the M3 Junior Faculty of the Year Award from the CCOM Student Government. Also special recognition goes to **Dr. Barry Carter** who was recently awarded an NHLBI grant to study hypertension in 27 departments of family medicine nationally.



**Paul James, MD**  
Professor and Head  
Dept. of Family Medicine

### Department of Family Medicine Mission Statement

*Through excellence in teaching, research, and patient care, we will be leaders in the discovery, development and dissemination of new knowledge and innovative clinical teaching models in family medicine in order to improve the health and well being of patients, families and communities we serve. Application of our scope of activity will be statewide, national and global.*

## Dr. Barry Carter Awarded NHLBI Grant

### NIH funds UI blood pressure study for \$8.5 million

Only about half the people with high blood pressure who see a doctor keep their pressure under control. To study whether physician-pharmacist collaboration can improve control rates, particularly among minorities, the University of Iowa College of Pharmacy and College of Public Health have received a total of \$8.5 million through two grants from the National Heart, Lung and Blood Institute of the National Institutes of Health.

The five-year grants, which will be effective April 15, 2009 include \$4.8 million awarded to the College of Pharmacy and \$3.7 million to the College of Public Health. The project also involves investigators in the Carver College of Medicine. The \$4.8 million grant awarded to pharmacy is the largest award ever received by a principal investigator in that college.

The study will focus on people with high blood pressure who receive clinical care through a doctor's office, yet, for various reasons, have not achieved control of their condition, said **Barry Carter**, Pharm.D., UI professor of pharmacy practice and science, who as a principal investigator will manage study clinical interventions and personnel.

"Research shows that among people who already see a doctor, blood pressure control rates vary from about 45 to 60 percent. Our intention is to see if using a collaborative model that involves a clinical pharmacist working with each patient and the physician will make a difference in helping patients control their high blood pressure," said Carter, who also is professor and associate head for research of family medicine.

The study's second principal investigator, William Clarke, Ph.D., UI professor of biostatistics, will lead the collection, review and analysis of data.

## Residency Graduates' News

**Maureen Brown (1984)**, who lives in Seattle, writes: "...still full-time faculty at the Swedish Family Medicine-First Hill Residency, medical director at our downtown public health clinic (where 7 of our residents train). Interests include public health, care for underserved populations and homeless, infectious disease and chronic disease management. I teach the community medicine curriculum and evidence-based medicine/journal club, and have been an assistant editor for the FPIN/Clinical Inquiries for the past few years. Working lots of hours, dreaming of a sabbatical...wishing for more time for gardening (I've started a roof-top veggie garden at our downtown clinic), hiking and backpacking in the mountains and in the Alaska wilderness, photography, bird-watching..."

**Allison Cole (2005)** reports: "I'm still working for Community Health Centers, now in Lynnwood, Washington. We have a 2-year-old son, Evan, and just bought our first house last spring. Looks like we're settled in the northwest for a while."

**John Crum (1981)** writes that he is "Chief Medical Officer of Humana Military Healthcare Services in Louisville, Kentucky. HMHS is the managed care support contractor for the Dept. of Defense TRICARE program in the U.S. South Region."

## Lois Albrecht Retires from the DFM

**Lois Albrecht** is retiring on April 30 after almost 14 years as an Educational Specialist/Program Associate in the Department of Family Medicine. Lois worked primarily with the Predoctoral Education Program where she assisted with curriculum and program development, implementation and evaluation. She worked extensively with medical student education and with providing support, information and training for the Iowa community family physicians who taught medical students. Lois also participated in development of the Medical Education Fellowship and contributed to several successful departmental HRSA Title VII grant applications. Previously, Lois worked in the Department of Preventive Medicine and Environmental Health, which became the UI College of Public Health. Even earlier, she was a school guidance counselor and adult career counselor. Lois will begin a part-time Naturalist Internship with the Johnson Co. Conservation Board at Kent Park on May 4.

## JASON WILBUR'S "STAY IN THE LOOP"

### Medical Director's Log

Ah, spring is in the air, bringing warmth, renewal, growth, and allergic rhinitis. We're also experiencing Epiclostitis (known by the moniker "break-back fever" and not to be confused with epiglottitis). There are several treatments available, both real and imaginary, all of dubious efficacy: immersion therapy, cognitive dissonance therapy, tutorials, stereotactic superuser intervention, ice cream, time travel, and, finally, terminal sedation for those who have no hope for a cure.

The Family Medicine Clinic really is at a point of change and renewal. There are many open questions about how the future will unfold for us. Epic is part of that, but Epic is just a computer program that will be a hiccup in our collective memory in a few weeks...or months...or years. And if you need help during the Epic implementation phase, it should surround you. We will meet frequently to record problems and resolve them as soon as we can. We will undoubtedly have some pleasant experiences as well. *Really?* you ask. *Yes, really,* I say. For one thing, the Epic interface is much more colorful than IPR. It's like a rainbow of EMR flavors waiting to be tasted.

The current budget crisis, while unpleasant and anxiety-provoking, also may force changes that could have a positive impact. Over the last year, we have sought to improve our efficiency and patient satisfaction. We are now looking ever-harder for ways to become leaner while maintaining high quality standards. In the last year, we can point to a number of actions, big and small, that demonstrate our commitment to efficiency:

- Our Kaizen events
- The implementation of teams
- Fine-tuning the prescription renewal process
- Expedited check outs where our schedulers fax/email consults to the appropriate clinics rather than spend minutes on the phone
- Our commitment to see every patient, so that in the last 2 months we have increased our patient volume by greater than 10% over the baseline of the first half of the fiscal year

We are exploring other ways to improve our efficiency:

- Point of care lab testing performed in clinic and saving literally hours of patient waiting
- Selective vitals performed as indicated based on patient and visit specific criteria
- Effects of Epic that will evolve over time, such as e-prescribing and paperless check-out

Remember that every minute of our time has value and so does every minute of our patients' time. We should strive to get the greatest benefit from the time we spend caring for patients. To that end, I welcome any feedback about our operations and how we can make ourselves more efficient. But Epic and efficiency aside, in the final analysis, the question we will ask ourselves is, "Did we take care of the patient?" And this we will need to answer, "Yes." I am confident that the people I work with would have no other answer.

## Dr. George Bergus Wins Teaching Award

**Dr. George Bergus** was one of four University of Iowa faculty members awarded the 2009 President and Provost Award for Teaching Excellence in recognition of their years of outstanding teaching. Dr. Bergus, who holds the Dr. William and Sondra Myers Family Professorship, has taught in the Department of Family Medicine since 1990. Residents in the department have selected him as "teacher of the year" four times, and in 2008 he received the Collegiate Teaching Award. He is founding director of the innovative Performance Based Assessment Program, which evaluates medical students' clinical skills by observing their performance in simulated physician-patient encounters—a program designed to provide timely, constructive feedback so that students who need to develop in certain areas can receive individual attention and resources.

## *The DFM Times*

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