

# Family & Community MEDICINE

Winter 2007

## MU FAMILY PHYSICIAN 'SPORTS' HIS WENNING WAYS WITH PATIENTS, STUDENTS, AND ATHLETES

### THE DENNIS WEN STORY ...

*when he tells it, it's short. His humble, reserved, and often quiet nature prevents him from boasting or talking about his various accomplishments. It's only when his patients, students, and co-workers tell the story that you fully understand the passion and success of Dennis Wen.*

Dennis Wen graduated from Brody School of Medicine at East Carolina University, Greenville, NC, in 1990. As a medical student, he liked and wanted to do a little of everything, and that's what drew him to family medicine. He moved across the country – to University of California-Los Angeles (UCLA) – for residency and then stayed at UCLA for sports medicine training after that.

"I've always enjoyed sports and decided that a job in sports medicine would be fun," Dr. Wen explains. "I have to admit, though, that I

struggled with this decision initially. For me, family medicine was about helping people, but sports medicine was about fun.

"In the end, I decided it was okay to have a job that let me do both – help others and have fun."

When he finished the fellowship, Dr. Wen was recruited by MU to help Family Medicine Clinical Assistant Professor James Kinderknecht develop a sports medicine fellowship program for the department. Dr. Kinderknecht had completed sports medicine training at UCLA and moved to Missouri five years earlier.

By 1998, MU Family Medicine had graduated its first two fellows from the program established by Dr. Kinderknecht and Dr. Wen. This two-year sports medicine fellowship has since trained a steady flow of family physicians for careers in academic medicine.

Sports medicine is what brought him to MU, and it's the area that earns him the most notoriety. Dr. Wen, however, thinks many people would be surprised to learn that he spends only 20 percent of his time doing sports medicine.

"I spend the majority of my time in clinic, practicing general family medicine, including OB," he says.

Anyone who knows Dr. Wen won't be surprised to learn that he considers patient care the most important and rewarding part of his job. He enjoys the interactions and the relationships he has with patients.

He values the relationships he develops with students as well. He lec-

tures to third-year medical students, attends in clinic, and serves on the family medicine inpatient teams. And on Fridays, he teaches residents "outpatient orthopaedics" at the Musculoskeletal Clinic.

Dennis Wen realizes that to be a good teacher he must first be a good learner.

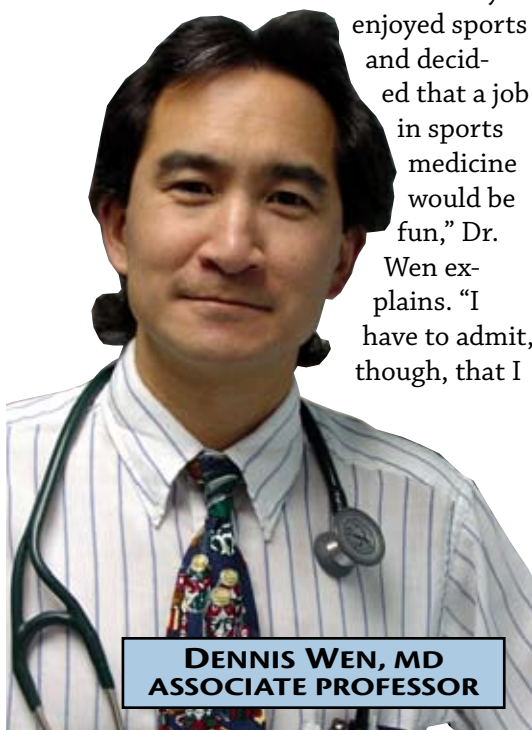
"I keep current with the latest medical literature because it's interesting and helps me do my job better," he explains. As the author of an impressive list of publications, Dr. Wen hopes that his work helps others do their jobs better, too.

Most of his research focuses on sports medicine topics and includes data he's collected from working with MU athletes. MU's Athletic Department divides physician duties for its teams between two groups, University Physicians and Columbia Orthopaedic Group.

While Dr. Wen works closest with athletes from volleyball and track, he helps a little with all of MU's teams. Dennis Wen loves sports and is a loyal Mizzou fan, so even when he's not "working" an athletic event, he's there as a spectator ... cheering the Tigers on to victory.

He is a well-liked and highly regarded physician, teacher, and co-worker. Ask Dennis Wen what makes him so successful, and he simply responds, "Fear of failure."

Ask the people he knows and works with the same question, and their answers will be more elaborate as they explain the success, passion, and commitment of Dennis Wen.



**DENNIS WEN, MD**  
**ASSOCIATE PROFESSOR**

## THIS EDITION MIXES

some great news about our future ... with some bittersweet news as well.

We'll miss Carey Waters as he creates a new practice and life in Tulsa, and Dan Longo, who came to MU in 1992 and has had a terrific research career here. Dan is joining the Department of Family Medicine faculty at Virginia Commonwealth University. We wish them both the best as they embark on new endeavors.

Our fellowship program will be redesigned, again, reflecting a 25-year history of responding to opportunities, and the needs of our discipline.

Our residency is one of 14 programs in the country chosen for the P4 initiative. This newsletter includes information about P4, three research-related grants we've received, and some kudos to a few of our faculty. We've also provided a brief introduction to our Nurse Partner model, which is a new clinical program for chronically ill patients.

In addition, we feature a graduate – Jim Barrett – and his family, and Dennis Wen. Dennis is a tremendous asset to our department. In his quiet and caring manner, he has influenced a lot of lives.



**HAROLD A. WILLIAMSON JR.**

*Professor and Chair*

# FACULTY FOCUS

## FAREWELL

**E. CAREY WATERS, MD**, a 2001 MU Family Medicine Residency alum who served as assistant professor in our department for the past three years, has accepted a job with Omni Medical Group in Tulsa, OK. Omni is an 80-person group that includes family physicians, internists, and pediatricians.

Dr. Waters and his wife, Amy, have one daughter, Paige. The decision to leave Columbia was not an easy one for their family.

"MU has been my home for many years," Dr. Waters says. "I hope to utilize the knowledge I've acquired here in providing excellent care for my new patients in Tulsa."



**CAREY WATERS**

**DANIEL LONGO, ScD**, MU Family and Community Medicine professor, will be joining the Department of Family Medicine faculty at Virginia Commonwealth University (VCU), Richmond, to serve as professor and director of research. Dr. Longo, whose research interests include health communication, chronic disease care, health behavior, health policy, quality of care, and tobacco control, came to MU in 1992. In 1999, he was appointed director of Grant Generating Project (GGP), a one-year program in grant-writing designed for MDs and PhDs who want to pursue family medicine research.

Since 1995 — when it was initially launched by the North American Primary Care Research Group Committee on Building Research Capacity — GGP has trained 100 Fellows from 28 states, Washington, DC, and two Canadian provinces. A recent survey of these Fellows indicates that GGP training has helped generate more than \$102 million in grant funding.

Dr. Longo is proud of his work with GGP and how the program has promoted family medicine research. When he moves to Virginia, GGP will become a collaborative project between Virginia Commonwealth University and University of Missouri, and he will retain his role as GGP director. MU staff member Shari Schubert will serve as GGP administrator.

"Shari has provided me valuable support for the past five years. I will miss her and the others at MU who have helped me during this very productive period of my career. The relationships I have with these people mean a great deal to me professionally and personally," Dr. Longo says. "Hal Williamson has been a wonderful chair. I am fortunate to have worked with him at MU and consider him one of the best people I know. Now I have Tony Kuzel as my new charge at VCU, another man of great integrity."

The offer to join VCU's Family Medicine faculty was "too good to pass by" and based on several factors, Dr. Longo says.

"VCU has a larger health care organization than MU. Its hospital has more than 1,000 beds, and it's home to a new School of Public Health and the Massey Cancer Center. Many of my research interests will be enhanced by these facilities," he explains. "And as family medicine research director, I'll have an opportunity to use my administrative skills as well as mentor junior faculty. Mentoring has always been a great love of mine."

Dr. Longo will continue working with MU faculty members Joe LeMaster, MD, and Kevin Everett, PhD, on two currently funded grants after he leaves Missouri. He looks forward to these projects and hopes he'll have future opportunities to participate in family medicine research at MU.



**DANIEL LONGO**

## GRANTS — AWARDS — PROJECTS

### MU FAMILY MEDICINE RESIDENCY CHOSEN FOR P4 INITIATIVE



MU is one of only 14 residency programs in the country invited to participate in the **P4: Preparing the Personal Physician for Practice** initiative. TransformMED, an affiliate of AAFP, AFMRD, and ABFM are collaborating on P4, which is a five-year project aimed to inspire and evaluate innovation in family medicine residency training. **MU Professor of Clinical Family and Community Medicine and Residency Director Erika Ringdahl, MD**, is excited and honored as she describes MU's P4 proposal.

**ERIKA RINGDAHL**

"Our residency will offer a P4 curriculum that emphasizes the new model of practice and a patient-centered medical home," Dr. Ringdahl says. "We will examine whether a fourth year of this training, overlapping with the senior year of medical school, offers additional benefits."

### GRANT PROMOTES INTERDISCIPLINARY GERIATRIC RESEARCH



**STEVEN ZWEIF**

MU has received a \$200,000 grant from the John A. Hartford Foundation and RAND Corporation to develop an initiative that promotes innovative, interdisciplinary research designed to improve the health of older adults.

**MU Family and Community Medicine Professor and Associate Chair Steven Zweig, MD, MSPH**, and MU School of Nursing Professor Marilyn Rantz, PhD, RN, are principal investigators for the project. Dr. Zweig serves as director and Dr. Rantz is associate director of the MU Interdisciplinary Center on Aging. Created in early 2006, the Center brings together University of Missouri health care providers, researchers, and educators whose work is focused on addressing the needs of elderly persons.

"This new grant will help us in our mission to encourage more research in aging," says **David Oliver, PhD, assistant director of the Center**. "The field of aging has grown and is no longer limited to those in medicine and nursing. MU's Center on Aging currently includes nearly 80 faculty members representing 11 schools and colleges across campus."



**DAVID OLIVER**

### BETTER SELF-MANAGEMENT OF DIABETES



A \$1.2 million grant from the Missouri Foundation for Health (MFH) will fund MU Family Medicine's efforts to promote diabetes self-care in rural Missouri. **MU Family and Community Medicine Assistant Professor Joseph LeMaster, MD, MPH**, is principal investigator of this three-year project.

"Type 2 diabetes, which affects nearly 10 percent of Missourians, is more prevalent in rural communities than in cities," says Dr. LeMaster. "Accessing appropriate physician care can be a challenge for many people who live in rural areas."

**JOSEPH LEMASTER**

The MFH grant will link diabetic patients, physicians, and local leaders from Howard and Callaway Counties with MU in order to develop and test a diabetes self-management model. MU Family Medicine faculty members participating in this project include **Daniel Longo, ScD; David Mehr, MD, MS; Marilee Bomar, APRN, GCNS; Robin Kruse, PhD, MSPH; Melba Hall, FNP, CDE**, and **Scottie Rawlings, RD**.

### MID-MISSOURI SMOKERS GET HELP KICKING THE HABIT



**KEVIN EVERETT**

Missouri Foundation for Health has awarded the Columbia/Boone County Health Department a \$229,142 grant to launch a tobacco cessation program. This two-year program will reach an estimated 15,000 people — providing them with anti-smoking educational materials, counseling, and free nicotine replacement therapy.

MU's Community Alliance for Smoke-Free Environments (CASE) will teach health department nurses and staff members from major Boone County employers how to counsel people who want to quit smoking. **MU Family and Community Medicine Assistant Professor and CASE Director Kevin Everett, PhD**, Associate Professor of Nursing Linda Bullock, PhD, and other grant team members are advising the health department on how to structure this program.

## KUDOS

### KEVIN KANE, MD, MSPH,

associate professor of Clinical Family and Community Medicine, now serves as medical education director of MU's Area Health Education Centers (AHEC). MU is committed to improving health care in rural Missouri. Nearly 10 years ago, under the leadership of Family and Community Medicine Professor and current Chair Hal Williamson, the School of Medicine developed its MU-AHEC Rural Scholars Program. This three-phase program is designed to encourage students to pursue careers in rural medicine. As medical education director, Dr. Kane coordinates the curriculum and learning experiences of the Rural Scholars Program.



### HAL WILLIAMSON, MD, MSPH,

professor and chair of Family and Community Medicine, has accepted an invitation to join the editorial board of *Missouri Medicine*. Approximately 30 physicians, each representing a different medical specialty, serve on the board of this bi-monthly journal. *Missouri Medicine* (circulation ~ 6,500) is published by the Missouri State Medical Association.



### JACK COLWILL, MD,

professor emeritus and founding chair of Family and Community Medicine, has been named 2007 50-Year Physician by the Medical Society of Boone County, MO. He will be honored at the Missouri State Medical Association Convention, which will be held April 13-15 in Kansas City.



### ERIK LINDBLOOM, MD, MSPH,

associate professor of Family and Community Medicine, ran in the Chicago Marathon to raise money for Alzheimer's Association last October. He crossed the finish line in 3 hours, 44 minutes, and 57 seconds. Dr. Lindbloom has completed six marathons — two for Alzheimer's, and in these two races, he's raised more than \$1,000 — thanks to support from family, friends, and colleagues.





# FOR THEY'RE THE JOLLY GOOD FELLOWS

MU's Family Medicine Fellowship Program is one of the department's important success stories.

**ESTABLISHED** more than 25 years ago – shortly after family medicine was recognized as a specialty, MU's two-year fellowship program is designed to prepare physicians for careers in academic medicine.

"The shortage of family medicine faculty was so great back then that you had to grow your own," says Founding Chair Jack Colwill, MD. "The fellowship helped us accomplish this."

Efforts to develop the fellowship

program began during the late '70s, soon after David McKay, MD, and Robin Blake, MD, joined the department. Dr. Colwill recruited these physicians, confident that the process would

benefit from their intellect, experience, and energy.

In 1979, MU became one of five institutions awarded funding from Robert Wood Johnson Foundation (RWJF) to support the first Family Medicine Academic Fellowship Program. Dr. Colwill wanted a skilled physician who was also dedicated to teaching and research to direct the new fellowship. His search led him to Gerald Perkoff, MD, a distinguished professor of internal medicine from Washington University.

"The job offer surprised me at first, and everyone thought I was crazy to even consider it," Dr. Perkoff says. "By that time, I had a well-established career in internal medicine. But after giving it some thought, I decided it was an exciting opportunity, and I was honored that

Dr. Colwill chose me for the job."

MU graduated its first class of fellows in 1982. Current MU Family Medicine Chair Hal Williamson, MD, MSPH, was a member of this class.

"I enrolled in the fellowship because a career in academia interested me," Dr. Williamson says. "When I finished the program, Dr. Colwill invited me to stay. The department was strong, and I felt aligned with its values and its mission, so I accepted the invitation and have been here ever since.

"It's been terrific to see so many fellows train here and then go on to serve and lead the discipline in roles and places across the country. Their successes reflect well on our department and the training we provide."

**FELLOWSHIP PROGRAM:** A two-year program that leads to a master's degree, fellowship training includes classroom and independent study, clinic time, and field experiences. The original program was focused on research, but since then we've added fellowships in geriatrics in 1992, sports medicine in 1996, and a master educator track in 2001.

**FELLOWSHIP LEADERSHIP:** After Dr. Perkoff stepped down in 1988, Dr. Robin Blake directed the fellowship for 10 years. Bernard Ewigman, MD, MSPH, a fellowship grad, became director in the late '90s, and in 2001, Steven Zweig, MD, MSPH, another fellowship grad, and Michael Hosokawa, EdD, were appointed co-directors of the program. Dr. Hosokawa is fellowship director today.

Research and scholarship are highly valued by MU Family Medicine Fellows. Fellowship alums have published 932 papers and were first authors on 522 of these publications.

**FELLOWSHIP FUNDING:** When RWJF funding ended in 1988, the department found new ways to keep the fellowship alive. From 1988-2003, we received National Research Service Award (NRSA) grants, and from 1984-2006, Health Resources and Services Administration (HRSA) provided funding to the fellowship. NRSA and HRSA grants were administered through Title VII.

**FELLOWSHIP CHALLENGES:** Title VII funding has been a lifeblood for MU Family Medicine, enabling us to be innovative and stay focused on our mission, particularly our mission to teach. Since 2006, when Title VII programs were cut from the

federal budget, we have faced major challenges in our efforts to fund the fellowship. Faculty have rallied in support of the program, but the financial realities of this situation have forced us into serious discussions about a redesigned fellowship.

**FELLOWSHIP FUTURE:** We were pleasantly surprised when HRSA released a request for proposals for 2007 Title VII programs. Dr. Hosokawa is the PI on the grant we recently submitted to HRSA. We remain cautiously hopeful that this proposal will be funded.

"The fellowship has been an integral part of the department for more than 25 years and a national resource in faculty development," he explains. "In our proposal, we kept the infrastructure intact in hopes that funding will be reinstated."

MU's Family Medicine Fellowship graduates have attained key leadership roles across the country:

- 2 Deans
- 5 Dept Chairs
- 4 Dept Vice Chairs
- 10 Residency Directors
- 5 Predoc Directors
- Graham Center Director

1984: ANDREW C. H. SLOSKIN — ROBERT PIERCE — PAUL S. CHOPROPHORSTER — JOSEPH STAMOND — WALTER STARK — 1995: EELCH MULLIS — 1996: PATRICIA ADAM — MICHAEL STEPHAN — 1997: DHONG ZENVOO — 1998: BRIANNA HAFFER — KIRSTIN MALKER TATE — JINSTEY BEMER — 1999: DAVID CAVENS — MARK KELLS — STEVEN HEMM — 2000: KENN KANE — ROBIN KRUSE — RIKINDI.COM — BOB PHILIP — 2001: BRAD ALPHE — JAMES RHEILAR — SCOTT KIMMACK — ALMAN SCOUR — SIDNEY TRENT — 2004: JENNIFER BRISCHER — WENDY M. DICOCKY — SCOTT SHANNON

1982: MICHAEL CROUCH — KATHLEEN SLEBURY — MARK MARQUARDT — HAROLD WILLIAMSON — 1983: STEPHEN LYNN — JERRY PREMOTH — JAMES HERMAN — COLEEN KIVLAHAN — 1986: BERNARD WIGMAN — JERRY KRUSE — MICHAEL LEFVRE — STEVEN ZEIG — 1988: EUGENE FREUND — ELIZABETH GARRETT — PATRICIA MCCANN — LOUIS SANNER — TERRI WEBER — DANIEL VINSON — 1991: DAVID FERGUSON — 1992: NANCY ELDER — JOHN ELY — DAVID SCHNEIDER — 1993: KAREN DOUGLAS — JANET GROFF — FRANK LAWLER — 1997: HOWARD HAYS — GARY KEAR — MARK KUNDSON — JEFFREY SIKKINK — 1999: RANDALL MUELLER — CAMERON WILLIAMS — 1999: JOHN BERTOLINO — JORGE RANGEL — MATT THORNBURG — 2005: KEVIN CRAIG — CHRIS FARMER — 2006: JAMES BIRCH — REBECCA HOFFMAN — MICHAEL OHL

1982: MICHAEL CROUCH — KATHLEEN SLEBURY — MARK MARQUARDT — HAROLD WILLIAMSON — 1983: STEPHEN LYNN — JERRY PREMOTH — JAMES HERMAN — COLEEN KIVLAHAN — 1986: BERNARD WIGMAN — JERRY KRUSE — MICHAEL LEFVRE — STEVEN ZEIG — 1988: EUGENE FREUND — ELIZABETH GARRETT — PATRICIA MCCANN — LOUIS SANNER — TERRI WEBER — DANIEL VINSON — 1991: DAVID FERGUSON — 1992: NANCY ELDER — JOHN ELY — DAVID SCHNEIDER — 1993: KAREN DOUGLAS — JANET GROFF — FRANK LAWLER — 1997: HOWARD HAYS — GARY KEAR — MARK KUNDSON — JEFFREY SIKKINK — 1999: RANDALL MUELLER — CAMERON WILLIAMS — 1999: JOHN BERTOLINO — JORGE RANGEL — MATT THORNBURG — 2005: KEVIN CRAIG — CHRIS FARMER — 2006: JAMES BIRCH — REBECCA HOFFMAN — MICHAEL OHL

# Q&A

WE ASK?  
ALUMNS ANSWER!

**JAMES BARRETT, MD**, earned his medical degree from Johns Hopkins University in 1987 and then enrolled in University of Missouri's Family Medicine Residency Program. After that, he completed a sports medicine/academic development fellowship at University of California-Davis. Today, James Barrett is on faculty at the University of Oklahoma Family Medicine Department.

## WHY FAMILY MEDICINE?

**JB:** I grew up in a small town in Kansas. My physician was a family physician, so I saw the tremendous influence he had on our community. When I got to Hopkins, I originally thought I'd specialize but then realized that family medicine embodied what I wanted to be as a physician. A rotation in family medicine in Annville, PA, with a great mentor helped me firm up my decision.

## WHY SPORTS MEDICINE?

**JB:** I have always loved sports and felt exercise was an important part of staying/becoming healthy. Sports medicine training allowed me to combine my interest in sports and my family medicine background.

## WHAT ARE YOUR CURRENT RESPONSIBILITIES AT OKLAHOMA?

**JB:** I am professor of Family Medicine, director of the Family Medicine Residency Program, and on faculty in the Sports Medicine Fellowship, a program I founded and previously directed.

## ARE YOU HAPPY WITH "LIFE AS A FAMILY PHYSICIAN"?

**JB:** Yes.

No other field could offer me the opportunity to deliver a baby in the morning, help a resident having academic trouble at noon, see my 90-year-old patient with diabetes in the afternoon, and go to an NBA basketball game as one of the team docs that night.

Because of my family medicine and sports medicine training, I have been afforded the opportunity to travel with Olympic teams to Australia, Finland, and Mexico. The variety keeps things interesting and fresh.

## MU CHAIR HAL WILLIAMSON ASKS: Many family physicians worry that CAQs in sports medicine and geriatrics represent divisive specialization within our discipline.

### WHAT DO YOU THINK ABOUT THAT?

**JB:** Good question ...

I don't think it is divisive for most people. Within my own practice, as in many practices, my partners have areas of expertise, whether recognized by the Board or not. I consult these docs regularly to improve my practice and patient care — as they do me.

The CAQs were originally developed to set a standard for physicians who teach in geriatric and sports medicine fellowships. They have developed into standards for subspecialty practice in those fields. I use my family medicine skills to be a better sports medicine physician and vice versa.

I feel that family physicians have been trained to handle both geriatrics and sports medicine without additional training.



### JIM BARRETT ('90 RESIDENT) TALKS ABOUT HIS FAMILY:

*My wife, Barb, is a podiatrist and a great partner and mom. We've been married 15 years and have three children: Alice, 12, John, 9, and Rachel, 6. When I'm not working, I'm doing things with my kids—cub scouts, music lessons, soccer games, dancing.*

## ALUMNI UPDATES

**KRISTIN MALAKER** ('96 Resident; '98 Fellow) has been appointed to the board of directors at St. Mary's Health Center, Jefferson City, MO. Dr. Malaker, who lives in Rocheport, practices emergency medicine at St. Mary's.

**CLINT KOENIG** ('00 Resident; '02 Fellow) now serves as medical director for the State of New Hampshire, a part-time position that requires that he travel

monthly from his home in Ohio. He, his wife, **JENNIFER HETRICK** ('98 Resident), and their two daughters live in Columbus, OH, where Dr. Koenig is an associate director of Grant Family Medicine Residency.

After two years of staying home to care for her children, Dr. Hetrick has decided to begin practicing family medicine again.

**SAMANTHA SATTLER** ('01 Resident) and her husband, Baher Sultan, have recently moved to St. Charles, MO, where she practices at SSM Health System. Before this job, she practiced in rural Illinois. Dr. Sattler enjoys her new SSM partners, who include **JASON MITCHELL** ('98 Resident). "They are dedicated family physicians and put patients first," she explains.

# IMPROVING CARE FOR THE CHRONICALLY ILL

The medical home – a concept that focuses on health improvement and features teamwork, relationships, teaching, and the EMR – is front and center in MU's vision for the future model of family medicine.

When Rebecca Rastkar — our “Nurse Partner” — moved in, she hung a new welcome sign on the door.

Chronically ill patients are benefiting from this innovative approach to health care and the care, support, training, and motivation that the Nurse Partner program brings to our medical home.

**THE “NURSE PARTNER” MODEL**, which promotes patient-centered disease management, began as a pilot project in 1999. It was initially designed to coordinate care for community-living elderly persons who had multiple chronic diseases and were patients of the Gold Team practice at MU's Green Meadows Family Practice Center. Dr. Steven Zweig, a geriatrician who took the lead in developing this nurse partner model, identified two goals for the program:

1: To improve quality of care by enhancing continuity as well as care coordination and management.

2: To reduce unnecessary morbidity and use of hospital services.

“One of the great challenges for family physicians is the range of problems we encounter; each practice and patient could not afford or tolerate a series of disease-specific care managers,” Dr. Zweig says. “We decided that a nurse partner model, in collaboration with family physicians, could respond well to the needs of our diverse patient popula-

tion. Rebecca Rastkar helped create this model and assumed the role in our practice.”

The project started with 155 patients from the Gold Team (compared to a control group of 303 patients from two other teams at Green Meadows) who were 65+ years old and had visited the clinic three or more times in the previous year. The patient groups were similar in the number of chronic illnesses, medications, and functional problems. Over the next year, the number of patients hospitalized in the care coordination group decreased by 12 percent, compared with 27 percent increase in the control group. Similarly, emergency room visits dropped by 17 percent in the care coordination group; ER visits increased by 44 percent for the control group.

These impressive results only confirmed what everyone on the health care team had assumed from the start of this project ... the nurse partner model can improve care for

the chronically ill.

“Since Rebecca became nurse partner in our practice, patient satisfaction has improved,” Dr. Zweig explains. “All of us on the health care team feel better about our work, knowing we are doing a more complete, more careful, and better job for our patients.”

Rebecca couldn't feel better about her role as nurse partner.

“It's the most rewarding job I've ever had,” she says. “It makes me happy to know that my patients are healthier and their care has been improved because of the work I do.”

Today, Rebecca practices at the Woodrail Clinic, MU's newest family medicine practice. Her patient population has grown to 435, and her care group has expanded to include people 45+ years old who have one or more chronic illnesses. Care coordination for these patients takes place in the office, by telephone, and occasionally at home for patients who are unable to travel.

**NURSE PARTNER** story continued on next page



**STEVEN ZWIG, MD**  
FAMILY PHYSICIAN

**ROBERT GAINES, SR.**  
PATIENT

**REBECCA RASTKAR, FNP**  
NURSE PARTNER

**Mr. and Mrs. Robert Gaines, Sr., both patients of Dr. Steven Zweig, are enthusiastic supporters of the nurse partner program. They say:** “This program needs to spread across the medical profession. Families encounter all sorts of health situations in which a simple suggestion from a nurse partner can be the difference between days of anxiety while waiting for a doctor's appointment and immediate relief for a health problem. The nurse partner can save hours of the doctor's time simply by being there interfacing with patients as necessary.”



## GREEN MEADOWS FAMILY MEDICINE NURSE PARTNERS

*"The nurse partner model has enhanced key features of our 'medical home,'" says MU Family Medicine Chair Hal Williamson.*

*"It provides value to patients and physicians, which is why we've expanded the program to all three practices at our Green Meadows Clinic."*



MARILEE BOMAR, APRN, GCNS  
GOLD TEAM



SHARON CORNELISON, RN-C  
BLUE TEAM



RHONDA POLLY, APRN, CNS  
GREEN TEAM

### NURSE PARTNER story continued from previous page

"When patients come to clinic, I try to meet with them before they see their doctor. We discuss meds, immunizations, and any problems they might be having. I educate them about their disease and train them to do any procedures they may need to perform. When their doctor comes in, I stay in the exam room and together we go over health care issues and decisions," Rebecca explains. "After they go home, I check back with patients to see how they're doing and ask if they have any questions or problems."

Accessibility is key to her success, Rebecca says.

"I have a designated phone number for my nurse partner duties. My patients know it and know they can call me any time. Some even have my home phone number and call me there," she says. "They call to discuss symptoms or concerns, seeking my advice about whether they need to come to the office, go to the hospi-

tal, change medications, or do nothing. My goal through all our interactions is to make them feel better physically and alleviate any anxieties they might be experiencing."

She's proactive about her patients' health care, so Rebecca maintains ongoing communications with them.

"For hospitalized patients, I call them after they get home, making sure they're okay and understand any instructions they may have been given," she explains. "For my diabetic patients, I'll call to check about blood sugars, exercise, and diet, and I give them a pep talk if they need it, especially before the holidays."

Rebecca relates well to patients; they trust her. But so do physicians, and that trust is critical for the nurse partner program to work.

"I have a good relationship with the physicians. We talk openly and honestly," Rebecca explains. "They respect me and seek my opinion on care decisions."

Dr. Zweig agrees. "Rebecca is a

trusted colleague who partners with me and our patients to best address their needs. Each partnership is unique, but all are based on acceptance, communication, goal formation, and collaboration management," he says. "Our physicians have become more willing to accept new chronically ill patients, knowing they have a nurse partner who can coordinate care for these patients."

For patients, Rebecca Rastkar is more than a nurse ... she's their friend. Robert Gaines and his wife, both patients of Dr. Zweig, have known Rebecca for three years. "Rebecca is always there for us," say Mr. and Mrs. Gaines.

"She gives instructions, offers advice, but mostly Rebecca listens and cares about our concerns," explains Mr. Gaines, who's been retired since 1980. "Mrs. Gaines and I are in our later years, and the idea of having a friend like Rebecca in our doctor's office has been the most satisfying experience of our medical lives."

## MU FAMILY MEDICINE OFFERS INNOVATIVE PROGRAMS THAT TEACH PATIENT-CENTERED CHRONIC CARE MANAGEMENT.

MELBA HALL, FNP



### DIABETES MANAGEMENT: "YOU CAN DO IT!"

is a program developed and taught by two clinicians at Green Meadows Family Medicine: Melba Hall, FNP, CDE and Scottie Rawlings, RD. This eight-week course helps patients better understand and manage their disease.

SCOTTIE RAWLINGS, RD



**HEALTHIER LIVING** is a six-week program that teaches patients to manage ongoing health problems; each session is co-taught by two faculty members. Instructors include: Sandy Meskimen, FNP; Marilee Bomar, APRN, GCNS; Sharon Cornelison, RN-C; and Melba Hall, FNP, CDE.

SANDY MESKIMEN, FNP



NURSE PARTNERS are experts at using the electronic medical record (EMR) and access it daily to check their patients' medical history, medications, and test results.

MU is collaborating with the Cerner Corporation to develop a *next generation* EMR that should improve care for the chronically ill. MU and Cerner are also partnering to create *smart devices* that would allow patients to send health information electronically from home to their doctor's offices.

FAMILY MEDICINE 

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UNIVERSITY OF MISSOURI-COLUMBIA  
**FAMILY & COMMUNITY MEDICINE**  
 M226 Medical Sciences Bldg, DC032.00  
 Columbia, MO 65212

**MU FAMILY MEDICINE UPDATE**  
**MAY 4 - 5, 2007**

For information, contact the CME  
 Office at 573-882-0366 or e-mail:  
 walterssj@health.missouri.edu

**DENNIS WEN**  
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*DENNIS WEN has always been active in sports – especially track. He denies ever being a star athlete, but his performance as an undergraduate at Duke says otherwise. His best time in the 1500-meter race was 3:49:67 ... just seconds off a 4-minute-mile pace. Dennis still runs several times a week.*



People like **MARY ROBERTS**, his **NURSE** for seven years, are happy to tell the Dennis Wen story. Mary worked at Green Meadows Family Practice Center for 10 years before retiring last May:

*“Dennis Wen is the most professional physician I’ve ever known or worked with. He treats everyone – staff, nurses, physicians, patients – with patience and dignity. His thoughtful nature and terrific sense of humor put people at ease.*

*Dr. Wen has a thorough knowledge of every aspect of family medicine. He is brilliant but humble, and never boastful.*

*He can recall everything about his patients – their medical history, current conditions, medications, and family – and that’s because Dr. Wen cares and builds strong relationships with them.”*

**TERI PHILLIPS** likes the way Dr. Wen relates to her as a **PATIENT** and a person. He has cared for her, her husband, and their children for 10 years. Teri, a reimbursement specialist, is eager to talk about her doctor:

*“Dr. Wen is a real sweetheart. His eyes twinkle when he talks, and when I talk,*

*he listens attentively and with patience. He’s always respectful, which makes it easy for me to tell him anything. I totally trust him and the care he provides.”*

Dr. Wen teaches “family medicine” by example, says **BJ SCHULTZ**, an **MU SPORTS MEDICINE FELLOW**. BJ completed medical school and residency at MU, so he’s known Dr. Wen a long time. He considers him an excellent role model as he prepares for his own career in academic medicine:

*“Dr. Wen is better than a walking textbook – he is a walking meta-analysis. The information he teaches comes from the research, and he’s as up-to-date on that as anyone can be.*

*What impresses me most about Dr. Wen is how smart he is and how he uses his intelligence not to sound smart but to serve his patients well.”*

Dr. Wen serves well on the volleyball court, too. **MU WOMEN’S VOLLEYBALL COACH WAYNE KREKLOW** speaks highly about Dr. Wen and the help he provides his players:

*“Dennis Wen is an invaluable asset not just to our volleyball team, but to our entire athletic department. The care he gives athletes is outstanding and makes our program stronger.*

*I can’t tell you how many times he’s been the difference for our team having someone healthy and available to play when we were facing a critical situation.”*

Caring, teaching, helping others, even having fun ... these are the goals that drive Dr. Wen and define his success. He likes his job, his colleagues, his department, and especially his patients, but if you ask him what’s the best part of his life, he quickly responds, “my family.”

Dennis and Valerie Wen married nearly 11 years ago. Their daughters, Haley, 9, and Brittany, 7, play major roles in **THE DENNIS WEN STORY**.

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Harold Williamson Jr., MD, MSPH, *Chair*  
 Steven Zweig, MD, MSPH, *Associate Chair*  
 Pam Mulholland, MHA, *Admin Manager*

Please direct comments about this newsletter to:

Kathy Boeckmann, MA  
 573-884-7916

[boeckmannk@health.missouri.edu](mailto:boeckmannk@health.missouri.edu)