

CURTIS W. &amp; ANN H. LONG

# Family & Community MEDICINE

Winter 2011

## DR. CARIN REUST FAMILY PHYSICIAN

**A classical pianist who performed in concerts throughout high school, Carin always enjoyed making others feel good with her music. Today, she's still focused on making others feel good, but it's medicine, not music, that Dr. Reust uses to achieve her goal.**

**SHE** began college at the University of Missouri-Kansas City (UMKC) Conservatory of Music. A classical pianist, Carin Reust loved music and enjoyed the friendships she formed early on with the other music majors at UMKC.

But her circle of friends also included medical students during her first year of college. Getting to know them and hear about all the things they were learning excited Dr. Reust and convinced her to reconsider her career plans.

"The more I listened to the med students talk about the things they were doing, the more I wanted to do the same things. By the end of the year, I knew that I could be happy

and fulfilled doing the work of a doctor," she says.

"I was born with a cleft lip and palate, so as a child,

I had many experiences being a patient. These experiences, I decided, would help me become a doctor who could connect and make a difference with patients."

Eager to pursue her new career goal, Dr. Reust transferred to MU and began her sophomore year as a biology major. She stayed at MU for medical school, and after graduating in 1987, she headed to Texas. Following her residency training at the University of Texas-Galveston, she completed a one-year clinical teaching fellowship at McLennan County Medical Education and Research Foundation, Waco. Then, in 1991, Dr. Reust joined the faculty at Cox Family Practice Residency, Springfield, MO. Two years later, she was appointed program director.

"We incorporated a longitudinal curriculum in our program while I was at Cox. This new curriculum gave residents ongoing opportunities to learn from their patients, which is intuitive for family physicians," Dr. Reust says. "Making it fit into RRC requirements was an administrative hassle, however; but we succeeded in that effort and earned full accreditation. I felt good about our program and confident that the residents we trained would be prepared to practice family medicine once this curriculum was in place."

She directed Cox Residency for

**DR. CARIN REUST: FAMILY PHYSICIAN:**  
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For nearly 25 years, HIV patients have benefitted from the patience, compassion, and competent care provided by family physician Carin Reust. She saw her first HIV patient in 1987, as a resident at the University of Texas-Galveston.

"Back then, most of our HIV patients were gay men from Houston or elderly men who had contracted the disease from blood transfusions," she explains. "Managing their care was challenging. There were safety issues, of course, plus complex drug decisions to be made, but taking care of these patients was what we did in Texas. It was part of our training, so I never really imagined that there were family doctors who did not treat HIV patients ... until I got to Cox."

In 1991, when she joined the faculty at Cox Family Practice Residency, Springfield, Dr. Reust was surprised to learn that residents there did not take care of HIV patients. Her initial efforts to change this were met with some resistance.

"I told the residents that they needed to address their bias and reluctance to treat HIV patients," she says. "I remember saying, 'Hey guys, this is the disease of your generation. It's important that you learn how to manage HIV – just like diabetes, congestive heart problems, or any of the other chronic diseases your patients might have.'"

With assistance from Dr. Wolf Garrett, an infectious disease specialist who treated many of the HIV patients living in southwest Missouri, Dr. Reust arranged for Cox residents to manage the care of two HIV patients during their training. It was a great experience for the residents, she says.

Today, Dr. Reust cares for nearly two dozen HIV patients in the mid-Missouri area.

"People with HIV want a doctor who can manage all their health issues," she explains. "My goal as a family physician is to treat the total person. By providing continuing, coordinated, and comprehensive care, I know I can make a difference for my HIV patients."



**CARIN REUST, MD, MSPH**  
ASSOCIATE PROFESSOR



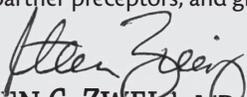
## CHAIR'S MESSAGE

AS USUAL, this issue of the newsletter introduces people working in different parts of our patient care, education, and research enterprise. At least once a month at our weekly faculty meeting, we "go around the room" to hear from our colleagues and learn how they are contributing to our department's mission, vision, and values. A tradition started years ago by former chairman Dr. Jack Colwill, it is a way for us to stay connected despite our various roles and activities. Since we are a much larger department today than we were 20 years ago, this ritual has become even more important.

**OUR MISSION is to enhance health and primary care for our communities, emphasizing rural and underserved areas, through leadership in education, scholarship, and service.**

What great examples are described herein: Dr. Carin Reust has dedicated her career to serving rural and underserved patients and is an outstanding teacher of medical students and residents. She is committed to providing exemplary care to children and pregnant women, and she stays up to date on the best practices in care for patients with HIV/Aids. Dr. Van Hargraves has spent years as a volunteer preceptor for our medical students, a role model for those seeking how to practice patient-centered care. Chief Resident Landon Hough provides leadership among the residents as a committed physician and teacher, while setting an example for us all in keeping fit as a triathlete. Dr. Robert Phillips (MU residency and fellowship graduate) is a national expert in health policy on primary care and Vice Chair of the US Council on Graduate Medical Education. Bob has just been elected to the Institute of Medicine, a recognition held by only two others on the MU campus: Dr. Colwill and Curators Professor Emeritus Dr. Gerald Perkoff. Finally, learn how Dr. Debra Parker-Oliver has translated her enthusiasm and experience in hospice into a successful research career motivated by a goal to improve care for dying persons.

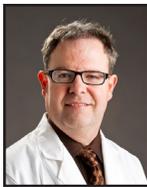
We are strengthened by our diverse backgrounds and contributions. While monthly ritual helps us share our common mission, we are even more broadly interconnected by the common efforts of our staff, faculty, and residents, partner preceptors, and graduates.



**STEVEN C. ZWEIF, MD, MSPH**  
Professor and Chairman

## MU FAMILY AND COMMUNITY MEDICINE FACULTY FOCUS

### WELCOME



**Kevin Craig, MD, MSPH**, an MU Family Medicine alumni and former faculty member, has returned to our department and now serves as an assistant professor of clinical family and community medicine. In addition to practicing family medicine at our Green Meadows Clinic, he has joined a team of physicians, nurses, and social workers with MU's Palliative Care Program to provide care for terminally ill patients at University Hospital. Dr. Craig is also teaching geriatric medicine to Family Medicine residents and fellows and to MU medical students.

A graduate of University of Texas-Houston Medical School, Dr. Craig first came to MU for residency. After finishing his training in 2002, he completed fellowships in research and geriatric medicine and then joined our faculty in 2005. Three years later, he moved to Myrtle Beach, SC, and practiced outpatient geriatrics at Carolina Forest Senior Health Center until December 2010.

Dr. Craig and his wife, Angie, have a son, Kylan, 2, and are expecting their second child in April.

**Alyson Adams, MMS**, is joining MU Family Medicine to serve as a physician assistant for the department. Her primary responsibility will be to assist faculty and residents on the inpatient service at University Hospital. Alyson completed St. Louis University's (SLU) Physician Assistant (PA) Education program in December 2010.

Born in Salina, KS, Alyson's family moved to Columbia while she was attending Kansas State University, Manhattan. She graduated from K State in 2007 and then worked one year in patient registration at MU Health Care's Emergency Department before beginning SLU's PA program. It was during that year in Columbia that she met Matt Burkeybile, whom she will marry in August.

"I'm excited to be back in Columbia with Matt and my family," Alyson says. "My new job offers me valuable opportunities for continued growth and learning."



### CONGRATULATIONS

**Richelle Koopman, MD, MS**, assistant professor, won the 2010 Dorsett L. Spurgeon, MD, Distinguished Medical Research Award. This award was created to recognize outstanding achievements by MU medical school faculty in the early stages of their careers. In addition to receiving a cash prize, the Spurgeon Award recipient delivers the keynote address at a special ceremony held on MU's Health Sciences Research Day. "The Patient and the Electronic Health Record: Where Are We? Where Are We Going?" was the title of Dr. Koopman's presentation.

Since coming to MU in 2007, Dr. Koopman has focused her research on how electronic health records and personal health records influence patient health and medical care. In her current research, Koopman is developing a scale that will measure patients' readiness to use Internet-based health resources. She has completed a pilot study that examined the use of Internet health resources among diabetic patients who had varying levels of health literacy.



**Steven Zweig, MD, MSPH**, director of MU's Interdisciplinary Center on Aging and Paul Revare Family Endowed Professor and Chairman of Family and Community Medicine, is principal investigator on a new \$1 million grant designed to improve care for our growing elderly population. Funded by the Donald W. Reynolds Foundation, this project will enhance geriatric medicine education by offering medical students and resident physicians programs that emphasize teamwork and the patient-centered medical home model of care. Because it involves close collaboration among a multidisciplinary team of care providers, this model is especially important to elderly patients with multiple chronic illnesses. **Michael Hosokawa, EdD**, professor, is co-principal investigator on this four-year training grant.

# PRESENTING ANOTHER PERFECT PRECEPTOR

**VAN HARGRAVES, MD**, earned his medical degree from UCLA and did residency at the University of California-San Francisco. He practiced emergency medicine several years before moving to Missouri in the early '90s to pursue a career in family medicine. Today, he is a caring and trusted family physician who teaches true patient-centered care to students from MU.

## What attracted you to family medicine?

**VH:** Early during my medical training, I became disillusioned with high-tech medicine and how fragmented care was, especially for older people. I realized there was a real advantage to one physician controlling all diagnostic endeavors for a patient. I decided to pursue a career in primary care so that I could become that kind of physician. I like the challenge of doing everything for my patients.

## Could you please describe your practice?

**VH:** I'm one of three physicians at Tri-County Family Practice, which is a group located in O'Fallon that I started in 1995. Most of our patients live either in rural or suburban areas and travel from one of three surrounding counties: St. Charles, Warren, or Lincoln. We care for people and families of all ages who have a full range of health-related needs.

## When did you begin precepting? Why?

**VH:** I think it was around 10 years ago, in the year 2000.

During medical school, I had good rotations in primary care, so I wanted to give back to students some of the practical knowledge and skills I gained from my early mentors.

## Why do you teach?

**VH:** I enjoy the intellectual give and take that I have with my students. It's a positive experience that keeps me on my toes. My patients love participating in the learning experience, too. Most of the med students I precept are from MU, and they come to me always eager to work and learn.

In most medical schools today, a majority of the teaching is done inpatient; however, 95 percent of health care hap-

pens outside the hospital. The leaders at MU recognize the importance of outpatient care, and because of that, they offer students many outpatient learning opportunities.

MU students are an energetic group of individuals with diverse interests. I'm impressed by how many of them pursue careers focused on outpatient medicine after graduation. It's great to be associated with these students and with an institution that appreciates primary care – even when it's not popular.

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

**VH:** For me, the answer to these two questions is the same: taking care of the very elderly (WWII generation) as they near the end of their lives. I've been here 15 years, and my practice has grown older with me. Lots of my patients are in their 80s; their health is failing and their care is complex. Being their doctor is exceptionally rewarding and unbelievably challenging at the same time.

## What makes you want to come to work every day?

**VH:** My patients and my staff. I value the relationships I've developed with both groups.

## What keeps you happy outside the office?

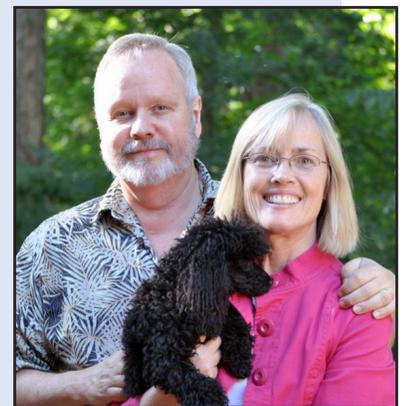
**VH:** Family. My wife, Debra, and I have been married 30 years and have three children. Our son, a psychiatrist, is in the military and stationed at Ft. Riley. One of our daughters is a lawyer and serves as a clerk for the Missouri Supreme Court. Our other daughter works for a hedge fund in New York City.

## MU students praise Dr. Hargraves' skills as a physician and a teacher ...

“Dr. Hargraves is a great mentor. My experience with him was enjoyable and educational. He always found time to teach me the current standards of care for different conditions and diagnostic tests. He encouraged me to continue learning outside of clinic and even gave me CME materials to read. Overall, Dr. Hargraves provided a strong example of how to practice patient-centered care, and I would eagerly recommend him as a preceptor.”

“Dr. Hargraves is very personable and interested in education, and because of that, he provides students an incredible environment in which to work and learn. He was great about finding out how much I knew and then took time to advance that knowledge. His clinic provided a large – but not overwhelming – amount of direct interaction with patients. I would highly recommend Dr. Hargraves as a preceptor!”

“Dr. Hargraves always made sure I was able to participate in patient care. He has a great personality, and my experience with him allowed me to see physician-patient relationships that were strong and fun. His office staff was incredibly accepting and supportive.”



**VAN HARGRAVES, MD**  
PRECEPTOR: O'FALLON, MO  
WITH DEBRA, HIS WIFE OF 30 YEARS

# FOCUSED ON FINISHING

As he fast approaches the finish line of his residency training,  
**LONDON HOUGH IS FOCUSED ON HIS  
FUTURE IN FAMILY MEDICINE**

## “Our triathlete extraordinaire!”

says Residency Director Dr. Erika Ringdahl of third-year family medicine resident Dr. Landon Hough.

An exceptionally strong and disciplined athlete, Landon likes to compete and has been racing in triathlons since college. He knows that to succeed in this multisport endurance event, he must train hard and continuously push himself - physically and mentally - to achieve his full potential. He’s done well in most of the triathlons he’s entered; in fact, he’s even won a few of the major races in the midwest.

“It’s very rewarding to train and plan for an event and then see your hard work pay off on race day,” he explains.

Landon has maintained this same attitude and determination to reach his full potential throughout his residency training here at MU. He knows that the pay off for the long hours and hard work required to prepare for and practice medicine will come from his patients and the daily interactions he has with them and their families.

He decided on a career in medicine while attending Missouri State University in Springfield. His decision about what kind of medicine to practice was influenced by several

factors. First, Landon wanted to develop meaningful relationships with his patients and provide them ongoing care throughout their lives.

“I also wanted a patient population that included people of all ages with a variety of health care needs. I wanted to do preventive medicine as well,” he says. “Early in med school, I realized that family medicine offered the best opportunities to do all the things I wanted to do.”

Landon attended MU’s School of Medicine. Confident he wanted to stay at MU for residency, he applied for and was accepted in the integrated residency program. Integrated residents are fourth-year medical students who have many of the same responsibilities as first-year residents; in exchange, they receive financial support to help pay medical school expenses. Even though they can’t finish residency early, integrated residents are able to get a head start on many of their requirements, which gives them time later during residency to pursue electives in specialized areas of interest.

“Participating in this program made the transition from medical school to residency a lot easier,” he says. “It was great getting to work in my clinic and feeling like I was part of the program while still a fourth-



year student.”

But even with an extra year to train, it’s been a challenge for him to get it all in. “There never seems to be enough time to read or to learn everything I think I should know,” admits Landon.

Happy, sad. Excited, scared.

Landon feels all of the above as he thinks about life after residency. Regardless of what goals he sets as a family physician, he knows he must plan, train, and work hard to achieve them. Landon wants to care for families and address all of their health care needs. In addition, he has a special interest in athletes and musculoskeletal injuries, which is why he will be pursuing a sports medicine fellowship next year at the Hospital for Special Surgery, NY.

Landon looks forward to the future and the joys he’ll be experiencing not only as a physician and triathlete, but also as a father. He and his wife, Jenette, are expecting their first child in May.

**LONDON HOUGH** began competing in triathlons in college. He was a swimmer during high school, so swimming has always been his strongest event in this three-sport race. Mostly, he races in Olympic-distance (1.5 km, 40 km bike, 10 km run) triathlons held in Missouri or one of its surrounding states. Landon conditions year-round and tries to compete weekly. As a triathlete, he sets personal goals for each event; victory for him is achieving his goals, not necessarily winning the race. He finished 25th in the National Champions held in Kansas City two years ago, and this qualified him as an alternate for the 2008 Triathlon World Championship Race.

A highly motivated and competitive athlete, Landon says, “I will race in triathlons as long as I can. Training for them keeps me fit, physically and mentally.”



**LONDON HOUGH, MD**  
Third-Year Family Medicine Resident



## ROBERT PHILLIPS JR., MD, MSPH,

a graduate of MU Family Medicine’s residency and fellowship programs, currently serves as director of the AAFP Robert Graham Center. Last fall, he earned the outstanding honor of being elected to membership in the Institute of Medicine.



### The Institute of Medicine (IOM)

announced the names of 65 new members and five foreign associates at its annual meeting last October. Election to the IOM is considered one of the highest honors in the fields of health and medicine. It recognizes individuals who have demonstrated outstanding professional achievement.

### Robert Phillips Jr., MD, MSPH,

who directs the Robert Graham Center for Policy Studies in Family Medicine and Primary Care, was one of this year’s newly elected IOM members. The IOM is an independent, nonprofit organization that serves as adviser to our nation to improve health.

“Election to the IOM is a very signif-

icant honor,” said Douglas Henley, MD, executive vice president of the American Academy of Family Physicians. “Dr. Phillips has dedicated his life to patients and to ensuring that our health care policy works for those patients.”

After earning his MD from the University of Florida-Gainesville, he completed his family medicine residency training in 1998 and a research fellowship two years later at the University of Missouri. He has served on AMA’s Council on Medical Education and was president of the National Residency Matching Program. Currently, Dr. Phillips is vice chair of the Council on Graduate Medical Education. His research interests include physician-

health system interactions and their effects on quality of care, geographic information systems, and collaborative care processes.

Dr. Phillips became director of the Robert Graham Center in 2004. Sponsored by the AAFP, this research center is dedicated to bringing a family practice and primary care perspective to health policy deliberations. In addition, Dr. Phillips is a faculty member at Virginia Commonwealth University, Georgetown University, and George Washington University, and he practices at Fairfax Family Practice Center.

Dr. Phillips is married to Katherine A. Phillips, PhD, and they have three children, Blake, Ethan, and Juliet.

### The QUESTION from MU Family Medicine Chair Dr. Steven Zweig:

How will we be prepared for the ever increasing primary care needs of our population, especially for older adults?

### The ANSWER from AAFP’s Robert Graham Center Director Dr. Robert Phillips:

“The US will struggle to prepare for greater primary care needs, particularly for older adults ...

We’ve reduced production of primary care physicians by one third during the last decade largely due to build-out of subspecialization positions and loss of primary care training slots. The widening income gap between primary care and non-primary care specialties affects student and resident career choices, as well as the decisions teaching hospitals make about their training positions. This gap is also a potent predictor of the exodus of physician assistants and nurse practitioners from the primary care workforce.

The White House and HRSA are concerned and pouring new resources into the production of primary care providers. Some of these resources (increased funding for the National Health Ser-

vice Corps and Teaching Health Centers) were dictated by the Affordable Care Act to meet the workforce needs of community health centers, expected to double in number by 2015. HRSA has also committed \$250 million to a five-year primary care training expansion. The bad news is that even though primary care’s star is on the rise, we are unable to fill all of its available slots.

Primary care physicians who care for the elderly are particularly disadvantaged unless they are in an integrated network or Medicare Advantage plan that understands that aggressive management in the outpatient arena is critical to reducing unnecessary and expensive inpatient and specialty services. Geriatrics is a failing business model in the private practice world, and there are signs that the threat of large Medicare cuts will concentrate the elderly in

a smaller number of practices, much like we witnessed with Medicaid 15-20 years ago. The Medical College of Wisconsin has closed its Senior Health Program (one of the real models nationwide), due to financial losses. I am concerned about what is happening to the geriatric workforce and other primary care physicians who took care of these patients.

As the ‘bankruptcy’ of Medicare, projected to occur around the year 2017, approaches, I’m confident that policy makers and health system leaders (yes, even hospital administrators) will begin to recognize the need to fundamentally change the disparities in primary care funding – infrastructure and income. I’m also confident that in the meantime, Winston Churchill’s observation will be recapitulated:

*“Americans always do the right thing, but only after trying everything else.”*

IOM membership is a distinct honor earned by two early leaders at MU Family Medicine:

Jack Colwill, MD, Professor Emeritus and Founding Department Chair AND Gerald Perloff, MD, Curators Professor Emeritus and Founder of the Fellowship Program

DEBRA PARKER-OLIVER is a nationally recognized researcher in hospice and palliative care.

WE ASKED HER THIS QUESTION ...

Caring for the terminally ill and seeing every one of them die has to be difficult, even depressing, at times. Yet, your work has focused on it since the early days of your career. Why ... what drew you to palliative medicine?

SHE RESPONDED:

“GREAT QUESTION!

My stepfather died when I was 18, and it was my experience with his death that drew me to hospice. He was on a business trip, and an unexpected event landed him in ICU. After a series of complications, he became unresponsive and we were told that he would never leave the hospital, never recover. The year was 1978, and the Karen Quinlan case was in the news, so my family – like other families in the country – had been having discussions regarding quality of life and end of life decisions. Never did we imagine that we’d be making an end of life decision for my stepfather. But there we were. We decided to forego life support for him, and he died. I never got to say good-bye to him. For years I struggled to understand grief. Eventually, while I was a graduate student doing field work in Minnesota, I discovered hospice. Once I realized that it offered opportunities to help others grieve and deal with all the things I dealt with alone when my step dad died, I knew hospice was for me.

Indeed, it can get depressing, and on those days I often go to the hospital nursery and gaze at the other side of life: brand new babies. And that’s

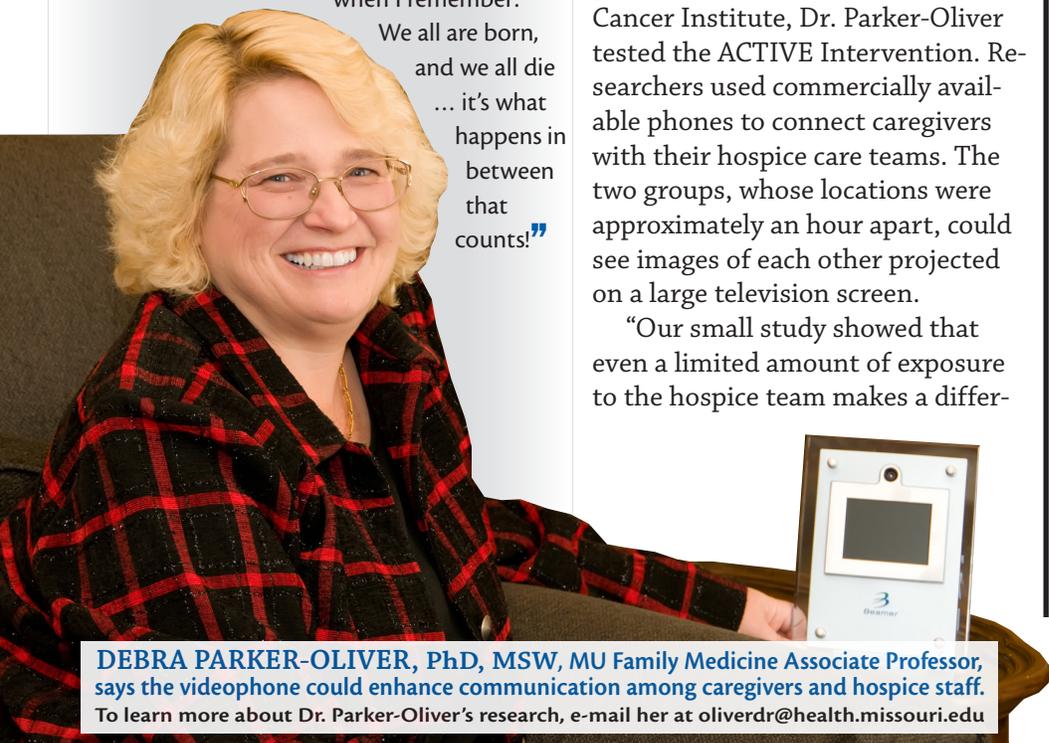
when I remember:

We all are born,  
and we all die

... it’s what  
happens in

between  
that

counts!”



DEBRA PARKER-OLIVER, PhD, MSW, MU Family Medicine Associate Professor, says the videophone could enhance communication among caregivers and hospice staff.

To learn more about Dr. Parker-Oliver’s research, e-mail her at [oliverdr@health.missouri.edu](mailto:oliverdr@health.missouri.edu)

## And the OSCAR goes to ...

Debra Parker-Oliver and her research team for their efforts to reduce hospice patient pain through improved teamwork and technology!

Dr. Parker-Oliver was awarded a \$2.1 million Research Project Grant (R01) from the National Institutes of Health last September, and when she talks about this grant, it’s obvious that she is incredibly excited and proud to have received it.

“Only a handful of social workers have ever gotten NIH funding. Few R01s support palliative care research, and even fewer R01s are randomized control trials,” she says. “So receiving this was a real honor; I refer to it as my Academy Award.”

**ACTIVE Intervention to Improve Hospice Caregiver Pain Management is the title of Dr. Parker-Oliver’s R01. This project, which is a randomized controlled trial involving 544 hospice caregivers and three hospice programs in Missouri, proposes to strengthen hospice care by enabling patient/family participation in hospice team meetings through the use of video conferencing.**

Improved communication among caregivers and hospice staff could mean less pain for hospice patients during their final days of life. This is what a pilot study conducted years ago by Dr. Parker-Oliver suggested, and it’s what her new R01 from NIH will allow her to thoroughly research over the next four years.

In 2002, with funding from the MU Research Board, Dr. Parker-Oliver bought two videophones to develop what she and her team of researchers call an **ACTIVE** (Assessing Caregivers for Team Intervention via Video Encounters) Intervention. Their goal was to use these phones to improve communications between family caregivers and hospice team members. Then, in a 2006-08 pilot study funded by the National Cancer Institute, Dr. Parker-Oliver tested the ACTIVE Intervention. Researchers used commercially available phones to connect caregivers with their hospice care teams. The two groups, whose locations were approximately an hour apart, could see images of each other projected on a large television screen.

“Our small study showed that even a limited amount of exposure to the hospice team makes a differ-

ence and can help caregivers cope with what can be a socially isolating experience,” says Dr. Parker-Oliver. “It’s almost magical when patients and their caregivers see that there’s a roomful of people – physicians, nurses, social workers – involved in their care.”

While the pilot study collected preliminary data, Dr. Parker-Oliver says the purpose of her R01 is to expand and build on this research.

“We want to be able to definitively say that when caregivers are involved in hospice team meetings, pain management for patients improves. It’s very challenging for caregivers to administer pain meds. They must make around-the-clock assessments of the patient’s pain level, and that’s hard to do, especially if the patient is non-responsive. Plus, giving narcotics to a loved one can be difficult because many people worry that these drugs may be addictive or even kill the patient. The rules change for the terminally ill, however, and with guidance from the hospice team, caregivers learn to better recognize and manage their loved one’s pain,” she says.

“Hospice care is about helping people live until they die. It’s about keeping symptoms and pain under control for the terminally ill. No one wants to spend the final days of their life in pain. How can you live if you hurt?” Dr. Parker-Oliver asks.

The R01 expands on Dr. Parker-Oliver’s earlier studies by allowing caregivers new options for commu-

And the OSCAR goes to: [continued on page 7](#)

And the OSCAR goes to: [continued from page 6](#)

nicating with the hospice team. The two groups can connect using either a videophone or a secure Internet video conferencing program.

“We want to show that video conferencing equipment is cost effective and feasible for hospice programs to use. We will be measuring factors associated with purchasing, implementing, and operating this equipment. Our goal is make this service easy and cheap so that any hospice program can offer it,” she says. “My research is macro level. It could have policy impact and improve hospice care across the country.”

Improving hospice care has been Dr. Parker-Oliver’s goal since she started doing research 15 years ago.

She began her career back in the ’80s as a social worker, and for 20 years she was focused on patient care. She had directed two hospice programs, one in Minnesota and one in St. Joseph, MO, before meeting her husband, David Oliver, PhD, now a Family Medicine Research Profes-

sor and Assistant Director of MU’s Interdisciplinary Center on Aging. The couple married in 1995, and a year later, moved from St. Joseph to Columbia. Dr. Parker-Oliver had enrolled at MU to pursue her PhD. While attending school, she directed a hospice program in Columbia.

“When I started my PhD, I knew exactly what I wanted: to improve hospice care in the state. No one was doing hospice research then, and there was very little research in palliative care,” she explains. “It’s been rewarding for me to witness the development of palliative medicine. I’m excited for the opportunities to personally contribute to the evidence based body of knowledge we are building for this specialty.”

Dr. Parker-Oliver is excited, too, for the opportunities she has as an MU faculty member. She started at the School of Social Work in 2000, and in 2007, she was recruited by Family Medicine. Research is now the focus of her career.

“Even though I haven’t taken care of patients for 10 years, I know that what I’m doing is impacting patient care. When a paper I’ve written gets published, I get my ‘patient care buzz’ knowing it includes information that as a clinician I would have loved to have had.”

For now, as Dr. Parker-Oliver embarks on her new R01 study, it’s her “research buzz” that she’s feeling.

“This intervention is not only innovative but also among a limited number of end of life care projects occurring across the country,” she says. “It’s an incredibly important project; I’m thrilled to be leading it.”

#### **ACTIVE Intervention to Improve Hospice Caregiver Pain Management**

Debra Parker-Oliver, PhD, MSW, is the principal investigator of this four year, \$2.1 million NIH-funded study. Her multidisciplinary research team includes MU co-investigators Robin Kruse, PhD, MSPH, and Paul Tatum, MD, MSPH, Family and Community Medicine and Marilyn Rantz, PhD, Sinclair School of Nursing. Other co-investigators include George Demiris, PhD, Biobehavioral Nursing and Health Systems, University of Washington and Elaine Wittenberg Lyles, PhD, Communication Studies, University of North Texas.

#### **DR. CARIN REUST: FAMILY PHYSICIAN: continued from page 1**

six years, and in 1999, she returned to MU Family Medicine to do the fellowship program. She thought she might enjoy doing research.

Dr. Reust thought about other things, too, during her two years as a family medicine fellow.

“I thought about the first 10 years of my career and asked myself what it was that I enjoyed most about being a family physician,” she says. “Even though I liked teaching and research, I decided it was patient care that provided me the strongest and most meaningful rewards.”

In 2001, as Dr. Reust was finishing her fellowship, Hallsville Clinic was looking for a family physician. The clinic hired Dr. Reust, realizing she was a perfect fit for the community and the people who lived there.

Hallsville, a small, rural town of 978 located just north of Columbia, was the site of one of MU Health

Care’s Community Practice Groups.

“Our clinic staff included me, a nurse, and a half-time office person,” Dr. Reust says. “I was always on call, but that made it much easier to get to know my patients. My patients got to know me, too, and were always respectful of my time. I valued the relationships I developed with them and their families.”

She continues, “As a small town doctor, I considered it my responsibility to take care of the community as well as my patients. Whenever the school asked me to help with a special project or address a specific health topic, I said yes. It felt good and natural to participate in activities that promoted health outside the clinic setting.”

When fiscal problems forced the University to close all of its community practice groups in 2008 – leaving Dr. Reust without a place to

practice – MU recruited her to join the Family Medicine faculty and medical staff at Smiley Lane Clinic.

“I’m very happy to be practicing at Smiley Lane, especially since many of my patients from Hallsville have followed me here. I work with great colleagues, nurses, and office staff. We have a pharmacy and offer on-site lab services. Plus, two OB/GYNs from MU practice at our clinic, and they are willing to collaborate and give advice when I need it,” Dr. Reust says. “In addition to outpatient care, I do OB and teach residents and medical students.”

Today, Dr. Reust is a well respected mentor who truly appreciates the joys of teaching, but if you ask her what she likes most about her job, she answers, “My patients. I feel blessed for the opportunities I have to know people over time and make a difference in their lives.”



— UNIVERSITY OF MISSOURI —  
**FAMILY & COMMUNITY MEDICINE**  
 M224 Medical Sciences Bldg, DC032.00  
 — Columbia, MO 65212 —

**DELIVER TO:**

**UNIVERSITY OF MISSOURI**  
 Curtis W. & Ann H. Long

**Family & Community MEDICINE**

M224 Medical Sciences Building  
 Columbia, Missouri 65212  
 Telephone: 573-884-7701  
 Fax: 573-882-9096  
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**MU FAMILY MEDICINE UPDATE**  
**April 15–16, 2011 — Hampton Inn & Suites: Columbia, MO**

NEW THIS YEAR ... Learning opportunities available after the Update ends:  
**SBIRT** (screening, brief intervention, referral, treatment) **WORKSHOP:** Participants will learn skills they can use to help patients change health behaviors. This workshop will meet in MU's Clinical Simulation Center after the Update adjourns on Saturday.  
**SAM COURSE:** Participants in this seven-hour course, scheduled to begin after the Update adjourns on Saturday, will complete the 60-question Knowledge Assessment portion of ABFM's required Self-Assessment Module (SAM).

For information, call: 573-882-3458 or visit the CME website: [som.missouri.edu/CME](http://som.missouri.edu/CME)

SAVE THE DATE!

**— — ALUMNI UPDATES — —**

**MARK MARQUARDT** ('82 FEL) is seeking volunteer family and emergency medicine physicians to help staff a clinic that he and his wife, Rebecca, are setting up in Ecuador. Located in Mindo, the clinic is scheduled to open spring 2011. For more information, see the website of the non-profit organization Dr. Marquardt established: [www.VolunteerMedPartners.org](http://www.VolunteerMedPartners.org)

**MELANIE ELFRINK** ('90 RES) traveled to Belize with Roy, her husband, and their six children last summer. Melanie volunteered at the Hillside Medical Clinic during her family's three-week stay.

**CHRIS FARMER** (03 'RES; 05 'FEL) returned to Columbia with his wife, Christi, and their three children. Chris, who practiced five years in Springfield, MO, has joined the Columbia Orthopaedic Group. At COG, he specializes in sports medicine and non-operative orthopaedic care. He also serves as an assistant team physician for the MU Athletic Department.

**KEVIN KANE** (97 'RES; 00 'FEL) and his wife, **CYNTHIA HAYES** (02 'RES), hosted a party this fall to celebrate the adoption of their daughter, Trinity, who was born June 19, 2007.