

Family & Community MEDICINE

Fall 2004

MU Professor Michael LeFevre is a brilliant scholar, a dedicated teacher, an outstanding administrator, but most of all a good and caring family doctor

MIKE LEFEVRE could have just as easily made his mark in the world holding a trumpet instead of a stethoscope.

In high school, he excelled as a trumpet player. In fact, during his senior year, Dr. LeFevre was selected to play in McDonald's All Star Band; only two students per state were chosen for this honor each year. But while music was important to him, he wasn't sure he wanted the trumpet to be the focus of his life.

Instead, Mike LeFevre began the University of Missouri as an engineering student; his natural ability in math pushed him in that direction.

"I liked engineering from the start. It taught me how to think, and how to process, analyze, and use information," he says. "But as a job, it felt isolated. It didn't have the people-to-people orientation I thought I needed in my daily work."

A job in medicine, on the other hand, was more people-oriented. This realization prompted Dr. LeFevre to investigate life as a doctor. He liked what he learned and decided to pursue a career in medicine after earning his engineering degree.

When he entered medical school, his goal was to be a pediatrician, but that was before he rotated through OB, internal medicine, and surgery. Every rotation was a positive experience for him. From childbirth to well baby checks to ear infections to complex medical issues to chronic care, Dr. LeFevre liked everything and wanted to do it all. He also wanted an opportunity to develop strong and lasting relationships with patients.

"Within the context of the family life cycle, the points in time when I think you forge the most meaningful relationships with patients and families are birth and death ... obstetrics and geriatrics are similar in this way," he says. "And that said to me 'you have to become a family doctor.'"

Dr. LeFevre followed his instincts. After finishing medical school (79) and a family practice residency (82) – both at MU, he enrolled in MU's family medicine fellowship program.

"In the back of my mind I had the notion I'd end up in academics; I wanted to teach," he says. And by 1984, when Dr. LeFevre had completed the fellowship, it became clear to him that academic medicine was where he belonged.

"The die was cast at that point," he says. "I stayed at MU and joined the family medicine faculty for the same reason I stayed here for residency and fellowship. This was - and still is - the best place to be!"

For the past 20 years, Dr. LeFevre's job has been divided between patient care and "other." "Direct patient care has always occupied 30-50 percent of my time," he says. "My non-patient duties have evolved and shifted according to the needs of the department. Initially they focused on research and teaching. Administrative responsibilities consume most of my non-clinic time today."

Dr. LeFevre is an "institutional type of guy." He has strong loyalties to this university and a commitment to making it the best place it can be. So if he's called upon to lead, he accepts the challenge.

Currently, he holds two major administrative positions. As medical director of MU Family and Community Medicine, Dr. LeFevre has oversight of the department's six practices and 80,000 visits.

"I'm the guy who worries about money," he says. "I pay close attention to the patient care our clinics provide — the business side and the quality side."

He also directs the Electronic Medical Records (EMR) Project. This incredibly complicated assignment, initiated in 2001, has as its goal to convert the entire patient care system of MU Health Care – in-

patient and clinics - from paper to a totally electronic system. A project of this magnitude requires time, patience, and the leadership of someone like Mike LeFevre.

"I truly believe that patient care will be better, providers' jobs will be easier, and the financial bottom line of the institution will improve once the EMR system is in place," Dr. LeFevre explains. "I couldn't head this project without that vision."

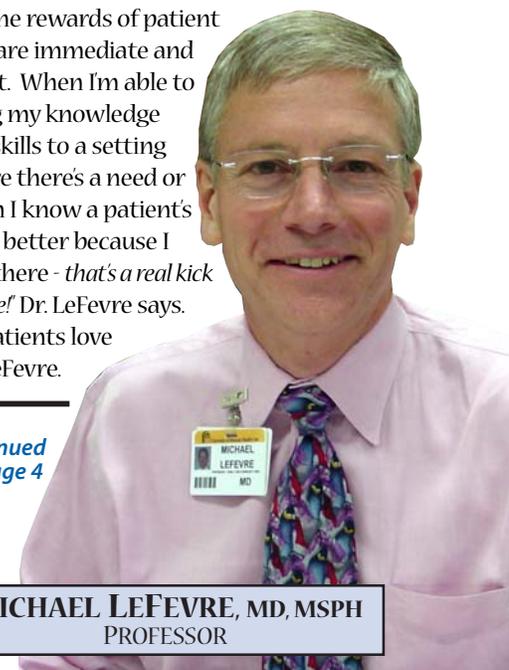
But as important as this project is, there's nothing more exciting to Dr. LeFevre than patient care. He loves being a doctor and is unaffected by the discontent expressed by some in the medical profession.

"There are those who feel like government and HMOs are looking over our shoulders, they complain about how hard it is to get paid or how we're not the independent practitioners we used to be," he says. "But when I get in that exam room with a patient, it doesn't feel any different than it used to – it never has."

"The rewards of patient care are immediate and direct. When I'm able to bring my knowledge and skills to a setting where there's a need or when I know a patient's life is better because I was there - *that's a real kick for me!*" Dr. LeFevre says.

"Patients love Dr. LeFevre.

Story continued on page 4



MICHAEL LEFEVRE, MD, MSPH
PROFESSOR

Chair's Message

Last spring I was honored to be the invited speaker for the School of Medicine's Education Luncheon, an annual event that recognizes the work of faculty and staff who teach our medical students. *Barriers and opportunities in medical education today* was the topic of my presentation, and as I read the stories in this newsletter, I was reminded of one of the three challenges I addressed that afternoon: *The perceived declining status of doctors in our society*. Here are some thoughts I shared on that topic.

"The status of physicians is important, but not so we can make money or hold power. Successful healers in any society have to be accorded status to do their job well. As physicians, we must ask ourselves, Are our values explicit and worthy? Can we articulate why the patient comes first? Are we spokespersons for better health and health care ... or do we really demonstrate how to look out for number 1?"

Anyone who doesn't believe the status of physicians is declining hasn't faced reality square on. The signs are there in the medical malpractice struggles, the societal ambivalence about funding medical education, and polls that demonstrate modest but real erosion of trust in doctors. New Yorker cartoons used to show frumpy but lovable doctors with lousy golf games; now they pan the subordination of slick but hapless doctors to insurance companies.

The unflinching reality is inescapable. So ... where is the unflinching optimism?" I asked.

The answer is not so hard to find, I decided, after I read this newsletter. In this issue, like every other issue, we tell the stories of department faculty and graduates who commit themselves to patients and to do their best to provide great care. They are not driven by money, but instead by their passion to promote health through patient care, teaching, and research. We are proud to shine a light on these special people. Their tireless and unselfish efforts strengthen the future of family medicine and do much toward improving the status of physicians today. We applaud their remarkable talents and success.


HAROLD A. WILLIAMSON JR.
Professor and Chair

FAMILY MEDICINE

FACULTY FOCUS



BETSY GARRETT, MD

ELIZABETH (BETSY) GARRETT, MD, MSPH, a professor of Family and Community Medicine, was recently elected to the American Board of Family Practice (ABFP). Founded in 1969, ABFP strives to improve the quality of medical care by establishing standards of excellence in the specialty of family practice. Dr. Garrett, one of 15 physicians serving on the ABFP Board, is excited about the opportunities her five-year term will provide to improve the health status of all Americans.

"With my core identity as a family physician, experience as an educator, and insight into the complicated landscape of American medicine, I believe I can contribute to the vitally important work of the ABFP Board," she says. "I am proud and honored to be serving in this role."



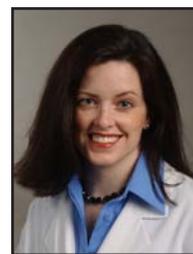
JOSEPH LEMASTER, MD

JOSEPH LEMASTER, MD, MPH, Family and Community Medicine assistant professor, was chosen by the Robert Wood Johnson Foundation (RWJF) to participate in its Generalist Physician Faculty Scholars Program. As an RWJF scholar, he is awarded \$300,000 over four years to support his academic development and research, *Promoting Physical Activity Among People With Diabetes and Insensate Feet*.

"I was extremely thrilled to be chosen by RWJF for the Faculty Scholars Program. This was the culmination of four years of work and a joint effort of many people who helped me ... especially my mentors David Mehr, Jerry Perkoff, and others at MU and at the University of Washington in Seattle and Washington University in St. Louis," Dr. LeMaster says. "It's our dream to help people with diabetes and peripheral neuropathy experience the benefits of exercise without damaging their feet. This award will help us learn a lot about how to do that safely."

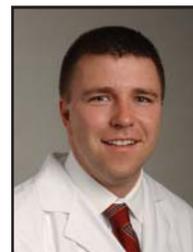
Before coming to MU two years ago, Dr. LeMaster completed his master's degree and a National Research Service Award Fellowship at the University of Washington in Seattle and spent 10 years directing public health and research projects in Nepal.

CARI WORLEY, MD has accepted the role of clinical instructor of Family and Community Medicine. A graduate of the University of Colorado School of Medicine, Dr. Worley completed her family medicine residency at MU this summer. In her new job, she sees patients at MU's Green Meadows Family Practice Center and teaches on the family practice obstetrics service. Dr. Worley also sees patients and teaches at the Family Health Center, a federally funded clinic that serves indigent families in mid-Missouri. In addition, she is managing the "Obstetrics Pathway," a new learning experience offered to MU Family Medicine residents.



CARI WORLEY, MD

MATT THORNBURG, MD, MSPH now serves as a clinical assistant professor of Family and Community Medicine. After graduating from the University of Missouri School of Medicine, Dr. Thornburg stayed at MU to complete his family medicine residency and academic fellowship training, specializing in sports medicine. As a faculty member, he sees patients and teaches family medicine residents at the Green Meadows Family Practice Center. He also teaches sports medicine to medical students, residents, and fellows. In addition to his role at the University, Dr. Thornburg is a sports medicine physician at Columbia Orthopedic Group.



MATT THORNBURG, MD

MANAGE TO GET THE JOB DONE

MANAGERS who respect, support, and motivate their staff are at the *heart* of every successful organization. Since its birth in 1975, MU Family Medicine has benefited from administrative managers who have never *missed a beat* in promoting the department's growth and success.

RUTH SALMONS, the first manager, was hired by Jack Colwill, MD, former chair and professor emeritus, in 1976, right after the department earned official status within the School of Medicine.

"We were a young department back then. As our faculty and staff grew, so did our need for a manager — someone who could build trust and relationships among department members," Dr. Colwill says. "Ruth did a terrific job in this role."

She describes herself as a "people person," and the way Ruth treated staff was consistent with the way she treats everyone in her life.

"I always encouraged staff to perform to their best ability and didn't ask anyone to do something that I wouldn't be willing to do myself," she says. "My theory is that if people are treated fairly and with respect, they'll give their best."

In 1983, Ruth left MU after her husband accepted a job in Overland Park, KS. It was a privilege, she says, to have been part of the department's early endeavors.

SANDY SCHERFF served as the second administrative manager. MU Family Medicine was strong in most areas by the time she came on board, except technology. "When I started my job, we had one computer in the department," Sandy explains. "I was sure we needed more, but Dr. Colwill didn't agree."

After enlisting help from Dr. Mike LeFevre, Sandy was able to convince Dr. Colwill that computers would help the department function more efficiently.

"Ours was the second department in the med school to have a computer network up and running," Sandy says. "It was exciting to see others follow our lead."

Sandy valued the freedom she had to be creative and follow her instincts. It was a freedom she earned and used wisely, according to Dr. Colwill.

"Sandy has incredible insight into people," he says. "Her understanding and sensitive nature enabled her to do a superb job of making the department a cohesive group of people who liked each other and worked well together."

As manager, Sandy's goal was to hire the best people she could, provide them the training they needed, then let them do their job. Listening was always a priority for her. "You learn a lot more if you're listening instead of talking," she says.

When Dr. Colwill stepped down as chair in 1997, Hal Williamson, MD was named the next family medicine chair. He could have replaced Sandy - but didn't.

"Sandy was doing an outstanding job," he says. "She was a terrific listener, conceptualizer, and networker. She had amazing institutional connections, based on genuine relationships, which helped us recruit and retain the right people."

Deciding to retire in 2003 was not easy, Sandy says, but it was the right thing to do. Life *after family medicine* has been busy and very rewarding for her.

PAM MULHOLLAND was no stranger to MU Family Medicine before becoming

its third and current administrative manager. Prior to this role, she managed two of the department's family practice clinics. In fact, that's one - but not the only - reason why Dr. Williamson hired her.

"Pam has strong management skills, an extraordinary level of integrity, and a unique kind of benevolent *chutzpah*," Dr. Williamson says. "She's great at understanding people and where their strengths can be best applied."

Pam views staff as a team and relies on them to work together and get the job done. She communicates openly and treats everyone like a friend, so it's easy to connect with her. Her enthusiasm is constant and generates energy throughout the department. Work is fun for Pam, and it shows.

"I really enjoy coming to work everyday; it feels like an extension of home. Everyone here is respectful of each other and cares about the success of the department," she says. "People make a job, and family medicine people make my job great!"

Dr. Williamson feels good about the future of family medicine with Pam on the team. "She's not at all afraid to 'go where others have not gone before' and help lead us there," he says.



RUTH SALMONS



SANDY SCHERFF



PAM MULHOLLAND

MORE THAN \$30 MILLION GENERATED FOR FAMILY MEDICINE RESEARCH ... THANKS IN PART TO GGP

GRANT GENERATING PROJECT (GGP) passed the \$30 million mark this year in funded grants reported by alumni of this program ... an accomplishment that reflects well on GGP, its participants, and the grantsmanship training they receive.

Directed by MU Family Medicine Professor **DANIEL LONGO, ScD**, GGP is a year-long "*fellowship without walls*." It is designed to provide advanced training to faculty at universities and teaching hospitals through workshops, individual critique, mentoring, and participation in family medicine/research conferences.

The 2004-05 GGP Fellows are: **J. Burton Banks**, East Tennessee State University; **Andrew Bazemore**, University of Cincinnati; **Andrew Cave**, University of Alberta, Edmonton; **Donna Cohen**, Boston University; **Jesse Crosson**, University of Medicine and Dentistry of New Jersey; **Jennifer DeVoe**, Oregon Health and Sciences University; **Naomi Lacy**, University of Nebraska; **Paul Lyons**, Temple University, Philadelphia; **M. Rosa Solorio**, University of California, Los Angeles; and **Lorraine Wallace**, University of Tennessee.

During the coming year, these fellows

will work on proposals for funding of research in areas such as access to health care; physician/patient communication, management of diabetes and obesity, early HIV detection, and smoking cessation.

Begun in 1996 by the North American Primary Care Research Group (NAPCRG) Committee on Building Research Capacity, the GGP fellowship is sponsored by NAPCRG, the American Academy of Family Physicians, the Society of Teachers of Family Medicine, and the College of Family Physicians of Canada. The fellowship has been based at MU since 1999.

For information about the Grant Generating Project, please access the GGP web site at: <http://fcm.missouri.edu/research-ggp.htm>

In our most recent alumni survey, many of you requested that our newsletter include more updates on classmates. If you have news, please share it with our editor: Kathy Boeckmann at 573-884-7916 or e-mail boeckmannk@health.missouri.edu.

ROBERT L. PHILLIPS JR., MD, MSPH (1998 Resident, 2000 Fellow) has been appointed director of the Robert Graham Center: Policy Studies in Family Practice and Primary Care. Bob moved to Fairfax, VA, in 2000 to serve as assistant director of the Graham Center. In addition to faculty appointments at Georgetown University and George Washington University, Dr. Phillips practices in Fairfax. He and his wife, Kathy, have two sons, Blake and Ethan.

HENRY DOMKE, MD (1982 Resident) took time during the mid-'90s to pursue advanced art training. Using digital photography, he is able to capture the colors, textures, and patterns of plants and animals: www.henrydomke.com. Dr. Domke currently practices at Family Care Associates, Jefferson City, along with MU alums **WILLIAM KIMLINGER, MD** (1987 Resident) and **JACK DODSON, MD** (1994 Resident), and former faculty member **ELAINE DOYLE, FNP**.

JENNIFER HETRICK, MD (1998 Resident) and **CLINT KOENIG, MD, MSPH** (2000 Resident, 2002 Fellow) are the proud parents of a baby girl, Eliana Michaela, born June 20, 2004. Both Dr. Hetrick and Dr. Koenig are former faculty members and practiced at Callaway Physicians, MU's Family Medicine clinic in Fulton. They moved to Columbus, Ohio, this fall where Dr. Koenig serves as a faculty physician for the Family Medicine Residency Program at Grant Medical Center.

WE CONGRATULATE 2004 RESIDENCY GRADUATES

Aimo Berger, MD practices family medicine at the Kenderdine Medical Clinic in Saskatoon, Canada.
Jennifer Bowe, MD practices at Green Hills Medical Clinic in Trenton, a small town in north central Missouri.
Herman Damek Jr., MD serves as a physician in the emergency room at Hermann Area District Hospital, Hermann, MO.
Larry Dybedock, MD practices outpatient family medicine at Cox Health in Springfield, MO.
Jennifer Frazier, MD and her husband, **Seth Miller, MD** joined a family practice group in Rockwall, TX.
Kory Jackson, MD practices at the Hutchinson Clinic. Hutchinson, a town of 40,000, is located in south central Kansas.
Mary Weick, MD and her husband, **Ray Weick, MD** moved to St. Louis; Mary practices in Chesterfield and Ray practices in Wildwood.
Cari Worley, MD joined MU Family Medicine faculty. Her duties include patient care, teaching, and creating an OB track for the residency.

WE WELCOME FIRST YEAR RESIDENTS MEDICAL SCHOOL

Shane Cass, DO Kansas City University of Medicine
Lea Claycomb, MD University of Missouri-Columbia
Mendi Hecker, MD University of Missouri-Columbia
Zakary Hoffelt, MD University of South Dakota
Naveen Kumar, MD Sri Krishna Medical College, India
Puja Nistala, MD Andhra Medical College, India
Eva Rabuy, MD University of the Philippines, Manila
Laurel Sommer, MD University of Missouri-Columbia
Sarah Swofford, MD University of Missouri-Columbia
Sarah Wiederholt, MD University of Missouri-Columbia
Brigham Wise, MD Tulane University (New Orleans, LA)
Ramon Ylanan, MD Ross University (Dominica)
EXTERNS IN INTEGRATED RESIDENCY PROGRAM (4TH YEAR MU MEDICAL STUDENTS)
Timothy Reid — Kylie Vannaman

WE CONGRATULATE 2004 FELLOWSHIP GRADUATES

Brent Allmon, MD, geriatrics fellow, practices family medicine and geriatrics at the Sadler Clinic in Conroe, TX.
Jennifer Buescher, MD, MSPH, research fellow, is a faculty physician at Clarkson Family Medicine Residency, in Omaha, NE.
Scott Kinkade, MD, MSPH, master educator fellow, is assistant professor and director of predoctoral education at University of Texas Southwestern Family and Community Medicine in Dallas.
Wendy Madigosky, MD, MSPH, master educator fellow, is an assistant professor at University of Colorado Dept of Family Medicine.
Ahmad Tarakji, MD, geriatrics fellow, practices internal medicine and nephrology in Nova Scotia, Canada.
Matt Thornburg, MD, MSPH, sports medicine fellow, is a clinical assistant professor at MU Family and Community Medicine.

WE WELCOME CURRENT FELLOWS FELLOWSHIP TRACK

James Birch Jr., MD ----- Geriatrics Fellow
 RESIDENCY: Howard University Hospital, Washington DC
Kevin Craig, MD ----- Geriatrics Fellow
 RESIDENCY: University of Missouri Health Care
Chris Farmer, MD ----- Sports Medicine Fellow
 RESIDENCY: University of Missouri Health Care
Rebecca Hoffman, MD ----- Master Educator Fellow
 RESIDENCY: Southern Illinois University, Quincy Family Practice
Michael Ohl, MD ----- Research Fellow
 INTERNAL MEDICINE RESIDENCY: University of California-San Francisco
 INFECTIOUS DISEASES FELLOWSHIP: University of Washington

Michael LeFevre story continued from page 1

When he enters a room, his calm and reassuring style immediately puts them at ease," says Jinnie Deakins, LPN, who has been Dr. LeFevre's nurse at Green Meadows Clinic for 20 years. "He's knowledgeable, focused, and genuine, a good doctor in every way."
 "First and foremost, Dr. LeFevre is a genuinely good person," says Keith McLaughlin, 66, a longtime patient of Dr. LeFevre's. "He always takes time to listen, and he's thorough and thoughtful in the care he provides. I have complete confidence in him. If I get sick or if an emergency develops – I want him there."
 Pamela White, 44, agrees. Dr. LeFevre has taken care of Pam, her husband, and their daughters for 10 years. "The care he provides is special and makes you feel valued as a patient and a person," she says. "I trust and find comfort in whatever he says. No matter what's wrong, he makes me feel like things will be okay."

"I appreciate his integrity," says Calvin Ahlbrandt, 64, a patient who is dealing with an ongoing health problem. "My case is complicated, but Dr. LeFevre understands it. He is extremely bright, and he won't hesitate to tell me when he doesn't know something or when it's time to call in a specialist."
 Checkup time is fun for Jake, 8, and his brother, Max, 2. "When Dr. LeFevre comes in the room, he'll get on the floor and play with the boys," says Michell Enlow, their mother. "They aren't afraid of him, so doctor visits are never stressful for any of us."
 Dr. LeFevre relates well with patients because he treats them with respect — the same way he treats nurses, says Jinnie. "Dr. LeFevre and I are a team. He trusts me and values my contributions as a health care provider. I feel fortunate to work with such a good and caring doctor."

Ten years ago – in 1994 – RIGHT AFTER JUSTIN JONES FINISHED RESIDENCY AT MU FAMILY MEDICINE ...

he moved back home – to farmland nearly 30 miles northeast of Columbia – and opened his practice at Mexico Family Health Care. Mexico, a rural mid-Missouri town of 12,000, needed primary care doctors, and Dr. Jones provided a welcomed and highly regarded response to this need. The role of small town family physician has been fulfilling for him.

“From day one, I’ve been blessed with an extremely busy practice. And what’s neat about it is that most patients know my background and can relate to it,” Dr. Jones explains. “I come from a local farming family - Jones Angus Farms - so a lot of patients want to talk farming or cattle with me. I have a rapport with many of them before the doctor-patient relationship even starts.”

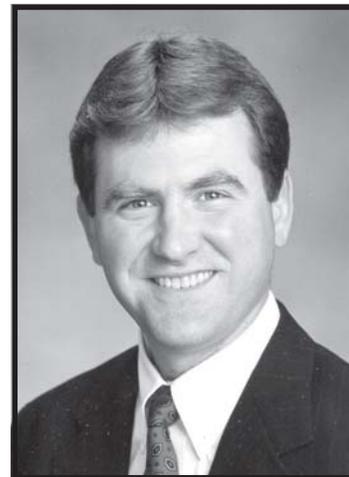
Dr. Jones feels fortunate to work in a community that appreciates and supports his efforts. He also feels fortunate to have a large, multispecialty hospital just minutes away from his practice. Mexico is home to Audrain Medical Center (AMC), a hospital with 60 doctors on staff representing 25 medical specialties.

“As a primary care provider, I can usually keep my patients here when they develop special health needs,” he says. “Rarely do I need to refer them to larger, out-of-town hospitals.”

Having a hospital in town, close to where people live and work, benefits patients as well as physicians. Dr. Jones knows this; that’s why his commitment to AMC has always been strong. This commitment, and his presence in the facility, greatly expanded in January when he was appointed vice president of medical affairs/chief medical officer of the hospital.

This job is huge and required him to cut his clinic hours in half. Yet, in spite of the long days and added responsibilities, Dr. Jones is enthused about his administrative role and the important ways he seems to be making a difference. He explains, “By ensuring we have a quality hospital here - with a dedicated staff and the services people need - I’m not just helping my patients, I’m improving health for patients throughout rural mid-Missouri.”

Patient care: it’s his passion. He enjoys the continuity of family medicine and val-



JUSTIN JONES, MD

Justin Jones, his wife, Donna, and their six-year-old daughter, Cassidy, live on a farm 13 miles from Mexico, where they raise horses and Black Angus cows.

Dr. Jones starts his day as a physician and ends it as a farmer.

Work is constant for Dr. Jones, but so is his energy and love for life.

ues the respect he’s earned from patients and colleagues across the community. However, as rewarding as work is for Dr. Jones, it’s family – his wife, Donna, and daughter, Cassidy – who bring the greatest joys to his life.

Twenty years ago – in 1984 – RIGHT AFTER BYRCH WILLIAMS FINISHED RESIDENCY AT MU FAMILY MEDICINE ...

he, his wife, Katie, and their first child, Nick, moved to Raton, a town of 7,000 that’s settled in among the Sangre de Cristo mountains of northeast New Mexico. The family had three more children and Dr. Williams was in private practice during the 20 years they lived in Raton. Life there was great, says Dr. Williams.

“I was in an FP group that delivered babies, did ER, hospitalized patients, and did geriatrics,” he says. “The closest pediatrician was 110 miles away, so we did that, too.”

This past summer, Dr. Williams and his family decided it was time for a change.

“I don’t think there was one reason why we moved. Elliot, our second son, just graduated from high school, and Nick is now a junior in college. Daniel started high school, and Emily started middle school this fall,” he explains. “Katie and I knew that it was now or never.”

In August, the family moved to Albuquerque, where Dr. Williams accepted the role of assistant professor at the University of New Mexico (UNM) Department of Family and Community Medicine. As a clinical educator at UNM, Dr. Williams is teaching medical students and residents. He also serves as medical director of the department’s inpatient services. Patient care, of course, continues to be the focus of his career.

Dr. Williams values his patients - and the relationships he’s able to develop with them - as a family physician.

“It is trite but true: I love the continuity of seeing people through the years, taking care of their parents and grandparents, delivering their kids and their grandkids,” he says. “I’ve gotten to know a lot of people well during these past 20 years, and that - for me - has been the most rewarding part of family medicine.”



BYRCH WILLIAMS, MD

Byrch Williams can jump up and click his heels on both sides, a talent he probably inherited from his ancestors. A third generation Anglo-New Mexican, Dr. Williams is proud of his heritage and ties to the West. In 1911, his great granddad was shot and killed in a land dispute outside of Raton. His granddad later served as sheriff of the town. Dr. Williams likes to visit their homestead.

As father of the family practice fellowship, Dr. Gerald Perkoff built the ACADEMIC SIDE OF FAMILY MEDICINE AT MU

"I should have died 49 years ago," says GERALD PERKOFF, MD, MU Curators Professor Emeritus.

"At 29, I developed a malignant melanoma with positive nodes.

There was no treatment for my cancer, but for some reason I survived."

Today, at age 78, Dr. Perkoff reflects on a life that he says is good and keeps getting better.

"This may sound maudlin, but it's true ... life has been an enormous gift," he says. "I've had a wonderful marriage, good children, and an extremely satisfying career. Hell, what more could anyone ask for?"

A 1948 graduate of Washington University School of Medicine, Dr. Perkoff completed residency and a research fellowship at the University of Utah. He served two years at the National Institute of Arthritis and Metabolic Diseases and then returned to the University of Utah for nine years. While at Utah, Dr. Perkoff's research focused on hereditary and metabolic disorders. He worked with a team of researchers who were the first to determine the amino acid sequence of myoglobin. In 1963, he joined the faculty at Washington University.

Dr. Perkoff had a highly recognized and well respected career in internal medicine, which is why many of his colleagues couldn't believe he would even consider the job Jack Colwill offered him in 1979.

He was still at Washington University in 1979, when MU became one of five institutions awarded funding from Robert Wood Johnson Foundation (RWJF) to support the first Family Practice Academic Fellowship Program. Designed to train family physicians for careers in academic medicine, this program provided the department an incredible opportunity to expand its research efforts. Dr. Jack Colwill, who was MU's Family Medicine Chair at the time, recognized this and searched for a skilled physician — who was a dedicated teacher and researcher as well — to direct the two-year program. His search led him to Dr. Perkoff.

Dr. Perkoff's face had become a familiar one at MU Family Medicine that year. He chaired the site visit committee for the RWJF fellowship program, and a short time later, he was invited back to MU to teach residents about research. It was at the end of his second visit that Dr. Colwill asked him to run the fellowship program. While the question took Dr. Perkoff by surprise, he agreed to think about it.

"Everyone thought I was crazy to even consider it. By that time, I had a well established career in internal medicine," Dr.

Perkoff says. "Changing to family medicine was unheard of back then."

But Dr. Perkoff was never a person who resisted change, so he accepted the offer. He came to MU — not just to build the fellowship, but also to work with Jack Colwill. He had tremendous respect for Dr. Colwill and welcomed the opportunity to serve as his associate chair.

"Jack's goal was to build a research-oriented clinical family medicine department," Dr. Perkoff says. "I was excited and honored that he chose me to take the lead in this important effort."

Building the fellowship required enormous energy and perseverance, but Dr. Perkoff was committed to the task. Within a year, he had initiated a weekly research seminar for the department, developed the fellowship curriculum, and recruited faculty to teach the fellows. By 1980, the program was organized and ready to enroll its first class of fellows.

First year fellows studied epidemiology, computer science, statistics, and ethics. Fellows also learned how to write grants, develop budgets, run committee meetings, and teach. During their second year, they completed a research project of their own design.

Serving as fellowship director, along with his other administrative and patient care duties, left Dr. Perkoff little time to pursue his own research interests. Instead, he focused on teaching fellows how to research and helping them recognize the value of their work.

"Research itself is important, of course, but I believe the value of research to family medicine has been misunderstood," Dr. Perkoff says. "Doing research does not make people creative, but creative people who do research develop a way to analyze patients and problems that makes them better physicians and teachers. Our program taught fellows the 'how to's' of research, but it also taught them to ask key questions like 'why?' or 'what's

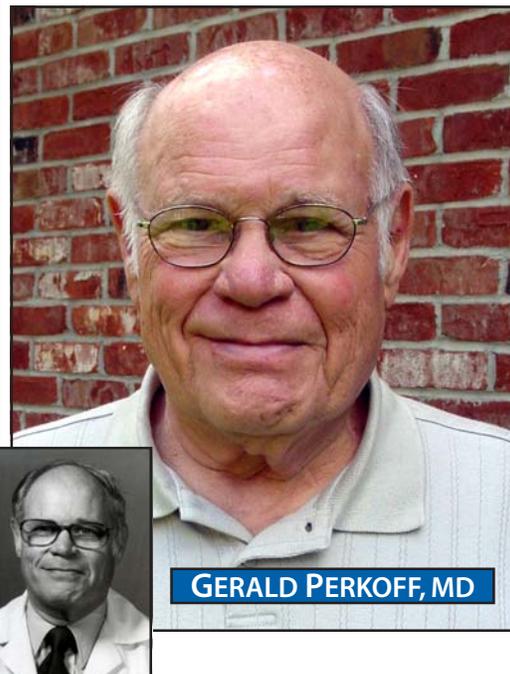
the evidence for that?"

In 1988, Dr. Perkoff stepped down after nine years as fellowship director. Twenty-five fellows graduated while he led the program, and of those, 23 were recruited for positions either in academic medicine or with the government. Several stayed on as faculty members at MU.

By that time, RWJF was no longer funding the family practice fellowship. Dr. Colwill, however, was able to find new ways to keep MU's program alive, and he named Family Medicine Professor Dr. Robin Blake its next director.

When Dr. Perkoff went to half-time in 1991, his roles and responsibilities in the department changed. Dr. Hal Williamson, current family medicine chair and one of the first fellowship graduates, was appointed associate chair. At Dr. Colwill's request, Dr. Perkoff agreed to co-direct the RWJF Generalist Physician Initiative, a program designed to increase the supply of primary care physicians. He also saw patients two mornings a week at the Family Health Center, a federally funded clinic

Story continued on page 8 (last page)



GERALD PERKOFF, MD

Tobacco use is the single most preventable cause of premature death in the United States. Each year, more than 400,000 Americans die from this deadly habit ... that's why

FAMILY MEDICINE RESEARCHERS AND CLINICIANS ARE WORKING TO CLEAR THE SMOKE CAUSED BY TOBACCO AND ITS USE



"CIGARETTE SMOKING is the leading preventable cause of death and disability in our country," says **KEVIN EVERETT, PhD**, an assistant professor at MU. "Quitting this deadly habit is a challenging task for many people."

A clinical psychologist and researcher whose career has focused on health behavior change, Dr. Everett received his PhD from Louisiana State University in 1992, and then completed an internship and postdoctoral fellowship in clinical psychology at Brown University. After that, he served on faculty at East Tennessee State University's Department of Family Medicine for eight years.

Dr. Everett came to MU in 2001, and since that time, his research has focused on tobacco use and cessation among young adults. "Young men – ages 18-35 – have the greatest incidences of risky behavior," he explains. "My goal is to address one of these behaviors – smoking – and create strategies to change it before expensive health care problems develop."

Dr. Everett's efforts to achieve this goal

led to one of his first projects as an MU researcher, *Health Behavior Changes of Expectant Fathers*, a study funded by the Missouri Research Board and American Academy of Family Physicians Foundation.

This pilot study provided relevant information, meaningful questions, and a strong basis on which Dr. Everett could build further research. In fact, he received a Mentored Research Scholar Award from the American Cancer Society (ACS) to continue his work. As an ACS scholar, Dr. Everett will receive funding totaling \$729,000 over five years to study: *Efficacy of Smoking Cessation Intervention for Pregnant Women and Expectant Fathers*.

"Healthcare professionals believe that pregnancy provides a *teachable moment* for women to identify and address behavior-related problems," he explains. "We know that many expectant fathers are in the age group that has the greatest incidences of risky behavior, so what we're trying to determine is if pregnancy provides a *teachable moment* for men, too."

The overall goal of this project is to re-

duce smoking in expectant fathers and mothers during pregnancy.

Surprisingly, few studies have looked at whether expectant fathers change their smoking behaviors during pregnancy, according to Dr. Everett. If men are motivated to seek healthier behaviors at this time, then health care providers may be able to take advantage of the *teachable moments* of pregnancy to help young women and men quit smoking.

Dr. Everett is excited about his project and the new, and hopefully useful, knowledge it will generate.

"I'm hopeful my research will help health care providers and researchers better understand the factors that lead to successful quitting," he says. "And by targeting pregnant women and expectant fathers who smoke, there will be positive effects on paternal, maternal, and family health - if our treatment is effective."



KEVIN EVERETT, PhD
ASSISTANT PROFESSOR

To learn more about Dr. Everett's research, please e-mail him at: everettk@health.missouri.edu

LUNG CANCER kills 146,000 Americans each year. Losing a friend or loved one to this tragic disease is a painful experience. **ROB CRANE, MD** knows. And even though it's been 20 years since he lost his dad to lung cancer, the memories of his senseless death are strong and motivate Dr. Crane in his efforts to prevent and reduce tobacco use across the country.

Rob completed MU's Family Medicine Residency in 1981 and then moved to Flagstaff, AZ, to start a solo family practice including OB. Within five years, his father developed lung cancer, so he returned home to Columbus, OH, to care for him.

When Dr. Crane first moved back to Columbus, he taught in the Family Practice Residency at Riverside Methodist Hospital. But in 1991, after accepting a position hosting Ohio State University's (OSU) weekly televised education program, Ohio Medical Education Network, he moved to OSU's residency program. Rob continues to serve as a preceptor in OSU's Department of Family Medicine.

During the mid-'80s, when Rob developed an interest in HIV/AIDS, he started a practice dedicated to patients infected with and dying from this disease. In spite of its challenges, this work was important and rewarding to him. As his practice changed, however, and the care he provided shifted from end-of-life to chronic care, Rob decided to focus his energy on another serious health issue.

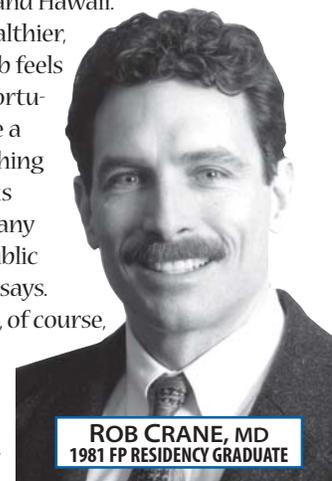
"In 1997, I went a full year without any deaths in my AIDS practice and decided it was my opportunity to – *for want of a better word* – avenge my father's extraordinarily horrendous death," he says. "So I took a sabbatical from OSU and created the Preventing Tobacco Addiction Foundation (PTAF), which I still head today."

Raising the minimum sale age of tobacco to 21 is the primary goal of PTAF. Dr. Crane also helped establish and now serves on the board of Ohio Tobacco Use Prevention and Control Foundation, which received a \$400 million endowment from

the Tobacco Master Settlement.

"This year PTAF partnered with another local organization to take Columbus completely smoke-free ... the largest city to do so outside of California and New York," he says. "Right now we are partnering with the California Medical Association to run a tobacco to 21 bill in California, and we're also exploring similar legislation in Arizona and Hawaii."

Committed to a healthier, smoke-free society, Rob feels fortunate for the opportunities he's had to make a difference. "The best thing about family practice is that you can focus on any area in medicine or public health you choose," he says. "I couldn't do anything, of course, without my wife, Shannon, and my son, Connor (4 months), and daughter, Whitney (19 years)."



ROB CRANE, MD
1981 FP RESIDENCY GRADUATE

For information about the Preventing Tobacco Addiction Foundation, please access the PTAF web site at: <http://tobacco21.org> or contact Rob online at: crane.17@osu.edu





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Gerald Perkoff story continued from page 6

that serves indigent families in Columbia.

"That was some of the most exciting and satisfying clinical work I ever did," he says. "I began my career in indigent care and always considered it rewarding work."

Dr. Perkoff retired in 1998. "I loved everything about my job," he says. "But it was time. I was ready to focus on new work and different interests."

"As I think back on my career, I have to say that all of it was rewarding," Dr. Perkoff explains. "It was a special privilege to build the fellowship program here at Missouri and to serve as its director, but the best has come later. Seeing the accomplishments of people who've completed the program makes me proud."

Dr. Colwill attributes much of MU Family Medicine's success to the fellowship and Dr. Perkoff's effective leadership of the program. "More than anyone else, Jerry was responsible for developing the academic side of our department," he says.

He is a person with many interests, so retirement has been great for Dr. Perkoff.

"Besides family, piano is the single most important thing in my life," he says.

He took lessons as a child and returned to them a few years ago. He practices an hour a day and plays often just for relaxation and pleasure.

He also enjoys black and white photography. It's a hobby Dr. Perkoff began at age 29, while recovering from his melanoma. An adult education course he took 20 years ago revived his interest in the art. Today, his walls are filled with pictures he's taken.

And Dr. Perkoff writes poems, a talent that must run in the family. His brother, who died in 1974 of lung cancer, was a beat poet in California. After he retired, Dr. Perkoff collected his brother's poems and published them together in one book. "While working on this project, poems starting coming into my head out of the blue," he says. "Now, I write about everything. I've even been lucky enough to do readings of my poetry."

If you ask Dr. Perkoff, "What makes you happy?" without hesitation, he'll answer, "family." He cherishes the time he spends with Marion, his wife of 57 years, their three children, David, Judy, and Susie, and their five grandchildren.