For New Family Physicians, Many Options

From Tucson to Tuba City and beyond, 12 Family and Community Medicine residents are entering the health care workforce. The graduates – who have completed three years of post-medical school training in family medicine – will work in a variety of settings: small group practices and in some of the largest health care systems in the country; in rural areas and in major cities; in outpatient clinics and in hospitals.

Eight of the doctors completed their training through Family and Community Medicine’s original residency program, based at The University of Arizona Medical Center – University Campus.

The other four are the first to graduate from Family and Community Medicine’s second residency program, launched in 2010. Based at UAMC – South Campus, the program emphasizes caring for patients in rural and underserved areas. The four chose to transfer here for their second and third years of residency, after completing their internships – the first year of their residencies – at other universities.

The residencies give aspiring family doctors broad-spectrum experience in family medicine. They learn how to care for pregnant moms and newborns, children and adolescents, adults and the elderly.

Doctors who choose family medicine often say they want to care for the whole patient – not just a single organ.

“I went into family medicine because I didn’t want to leave behind anything I studied in medical school,” said Miranda Sonneborn, MD, one of the 12 graduates.

“The future of health care is family practice,” said Tammie Bassford, MD, Family and Community Medicine department head. “We know that both the quality and the cost-effectiveness of health care need to improve in this country, and that will depend on family practice and other primary care physicians.”

“I’m proud that our programs are responding to this critical need in our city, our state and our country. “It is very special this year to have the first four residents graduate from the UAMC – South Campus residency,” Bassford said. “The South Campus residency has fostered a lot of new ideas that benefit both of our residency programs. And it’s just very exciting to me to have more residents in our department.”

continued on next page

Camp Wellness

“I totally believe it saved my life,” says a recent student of Camp Wellness, where people with mental illness learn to improve their overall health — and gain a new outlook on life. .......... Page 5

Mobile Phone as Medication Coach

Mobile phone apps can remind you to take your medicine. A new FCM study will take the technology further. Miss a dose, and your phone will ask you why. ..........................Page 9

Hospice Pioneer

Bill Farr, MD, was one of our first residents. He went on to become a leader in the nation’s hospice movement..........................Page 12
Here’s where the 12 new family doctors are now:

2012 UAMC – South Campus Graduates

Kevin Burns, MD, is working in the emergency department of Tuba City Regional Hospital in northern Arizona, caring for patients with the Navajo, Hopi and Southern Paiute Indian tribes.

Parul Walia, MD, has left Tucson to join a family medicine practice in Sacramento.

Poonam Walia, MD, (she and Dr. Parul Walia are not related) has joined a family medicine group in Hillsboro, Oregon.

Sabreen Stephens, DO, has signed on as a hospitalist at Tucson Medical Center, where she will provide primary care for adults.

2012 UAMC – University Campus Graduates

Tessa Dake, MD, has joined the staff of Central Michigan University Hospital in Mount Pleasant, where she will provide primary care to clinic and hospital patients, as well as prenatal care and deliveries.

Megan Guffey, MD, is continuing in Tucson, as a hospitalist at the University of Arizona Medical Center – South Campus. As an active member of the American Academy of Family Physicians, she also plans to continue her work in health care policy-making and advocacy.

Jason Kauffman, DO, has joined One Medical Group in San Francisco, where he will practice both basic family medicine and “integrative” approaches, including osteopathic manipulation and acupuncture.

Veronica Lagunas, MD, will stay in Tucson to work at El Rio Community Health Center near downtown, the hub clinic of the El Rio network, which serves primarily low-income patients.

Miranda Sonneborn, MD, has joined Sharp HealthCare, a hospital and group practice system based in San Diego.

Elaine Trieu, MD, MPH, has left Tucson for Anchorage, where she will work with Alaskan Hospitalist Group, caring for patients at three hospitals.

Julian Uselman, DO, has joined a small group family practice in Silverton, Oregon – his hometown.

Sean H. S. Yang, MD, has joined the Everett Clinic, a multi-specialty group of more than 400 doctors, located north of Seattle.

On the next two pages, learn more about four of our residents whose career choices illustrate the many options open to family medicine physicians. You also can keep up with all of Family and Community Medicine’s graduates through our online yearbook, at www.fcm.arizona.edu/residency/uafm/people/alumni.
Julian Uselman, DO

Silverton, Oregon is a town of 10,000 that got its first traffic light five years ago. As a teenager, Julian Uselman couldn’t wait to get out. Now he’s thrilled to be back.

“Now that I’m older, I realize I love Silverton,” said Uselman, who, after completing his three-year residency in family medicine, has joined a family practice group in Silverton, 40 minutes southeast of Portland.

“Being a physician in Silverton, I know I’m going to see my patients in the grocery store, and I’m fine with that. Because they’ll be my patients, and I know them, and I see their whole family.

“To me, it feels like the perfect definition of family medicine, where you see the grandparents, parents, children – all of them come to you and you know their history, and you’re there for them. And they can call me at 2 in the morning but they won’t unless it’s an emergency, because they won’t want to interrupt my life. “And after experiencing many different forms of medicine and family medicine, I realized that’s what I want.”

Prenatal care and delivering babies will be part of Uselman’s practice. “I’ve learned that I love doing deliveries, and sharing in that joyous moment. And I’ll be taking nursery call, so I’ll get to take care of the little ones. And that will keep my practice young, which is something that’s important to me.”

Uselman got his medical degree at Philadelphia College of Osteopathic Medicine, where he learned about osteopathic manipulation, a hands-on treatment that underscores the healing power of touch.

“When I’m listening to someone’s lungs, my hand is on their shoulder,” Uselman says, “because I believe even that can benefit the patient. I’m engaged with them. I’m there and I’m giving all my attention to them. It has a therapeutic effect, even if it just allows you to trust your physician more.”

Veronica Lagunas, MD

After a long night on call in the hospital, Veronica Lagunas decided to go for a ride on her bike. She thought it would help her unwind. Instead, it put her career on hold for almost a year.

“Suddenly a coyote started to cross in front of me,” she explained. “I was scared. I didn’t know if I should brake or not. But I braked hard, and the bike flipped and I flipped with the bike. I fell down on the edge of the curb and landed on my shoulder. It hurt so much I couldn’t stand up. And I was doing this for recreation and relaxation!”

Lagunas was two months into the second year of her residency, when the accident left her unable to use her right hand or arm. “I couldn’t write on the computer. I couldn’t do procedures. I couldn’t do anything.”

After nearly a year of doctor visits, physical therapy, acupuncture and chiropractic treatments, she is again able to use her right hand and arm. She will finish her residency in September, then join the family practice clinic at El Rio Community Health Center in downtown Tucson.

Lagunas, who is from Mexico City, received her medical degree and additional training in dermatology at the National Autonomous University of Mexico. After moving to the U.S., she studied for the first year of her family medicine residency in Texas, then transferred to the UA to complete her training in family medicine.

“I have always wanted to help people who are underserved,” she said. “In Mexico I made many trips to the mountain areas with other doctors who volunteer their time there. Working at El Rio, I can still serve the underserved.”

The bike accident will likely have a lasting affect on her practice of medicine, Lagunas said. “I love working with patients,” she said. “And now I see the logical connection between sometimes having the need to seek help, and being the one to help others.”

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When Sabreen Stephens entered medical school, neurology was the field of medicine that interested her most. “I was intrigued by how the brain helps us to be who we are, or at least to express who we are,” she said. “But after a while I found I liked having more of a relationship with people — getting to know the whole patient, instead of just one part or system. That’s how I got into family medicine.”

Stephens grew up in southern New Jersey, and went to medical school there, at the School of Osteopathic Medicine and Dentistry of New Jersey. After beginning her residency in New Jersey, she was accepted as one of the first four senior residents in the new Family and Community Medicine residency that started in 2010, which offers experience in integrative medicine as well as opportunities caring for patients on Arizona’s Indian reservations, the Mexican border and other underserved areas.

“Stephens will be caring for Native American patients of the Navajo, Hopi and Southern Paiute tribes. “I like the idea of getting to know these people better,” she said. “And it’s such a beautiful area to be in.”

Another plus, Burns said, is that most of his family lives in Arizona and Colorado, “so I love the idea of continuing to work in Arizona.”

Kevin Burns, MD

Kevin Burns has a longstanding commitment to working with people in rural and underserved areas of the world.

Before entering medical school, Burns volunteered with the Peace Corps for two and a half years in Nepal, one of the poorest countries in Asia. As a medical student at East Tennessee State University, he trained in a rural primary care program and worked with poor families in Appalachia. During his med school years he traveled twice to Burundi in eastern Africa, to work with community health projects.

As a first-year resident at UCLA, Burns realized he wanted more training in rural medicine. In July 2010, he transferred to the just-opened Family and Community Medicine residency program based at The University of Arizona Medical Center – South Campus. The program’s focus on rural and underserved areas led Burns that October to northern Arizona, where he spent a month with Tuba City Regional Health Care Corporation hospital, on the western edge of the Navajo Reservation.

Burns’ fellow residents elected him chief resident, which gave him additional experience with the administrative side of academic medicine. “I have had an excellent experience here, helping develop a new residency program, and I feel very fortunate to have been able to work with so many great faculty,” he said.

Now Burns has returned to Tuba City to work in the hospital’s emergency and urgent care departments.

“It’s a great opportunity for me,” he said. “It’s a really great group of doctors.”

Burns will be caring for Native American patients of the Navajo, Hopi and Southern Paiute tribes. “I like the idea of getting to know these people better,” he said. “And it’s such a beautiful area to be in.”

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Sabreen Stephens, DO

When Sabreen Stephens entered medical school, neurology was the field of medicine that interested her most.

“I was intrigued by how the brain helps us to be who we are, or at least to express who we are,” she said. “But after a while I found I liked having more of a relationship with people — getting to know the whole patient, instead of just one part or system. That’s how I got into family medicine.”

Stephens is interested in different approaches to patient care, including the rapidly growing field of integrative medicine, which combines conventional allopathic medicine with “alternative” practices such as acupuncture, tai chi, meditation and herbal medicine.

After beginning her residency in New Jersey, she was accepted as one of the first four senior residents in the new Family and Community Medicine residency that started in 2010, which offers experience in integrative medicine as well as opportunities caring for patients on Arizona’s Indian reservations, the Mexican border and other underserved areas.

“This residency forces us to see everyone as a unique individual,” Stephens said. “There is such diversity among our patients, we can’t just lump everyone together, as we tend to do in this country.”

Stephens joined Tucson Medical Center on August 1 as a hospitalist caring for acutely ill adults. She also plans to continue training in acupuncture.

“I would like to have my own clinic someday, where I can practice integrative medicine,” she said. “But that will depend on how health care politics and financing evolve in this country.”
A disturbing fact about people who live with serious mental illness: In Arizona, they die 32 years earlier than those without mental illness; nationwide, it’s 25 years earlier. And it’s not due to suicides.

People with serious mental illness are more likely to suffer from chronic medical conditions, including obesity, heart disease, and diabetes. They also are more than twice as likely to smoke tobacco as other adults.

In response to these realities, a group of forward-thinking behavioral health experts got together in 2009 to find a way to change them. They included faculty with Family and Community Medicine; staff of the Community Partnership of Southern Arizona, which administers state funding for the region’s behavioral health programs; and representatives of other non-profits that provide services to people with serious mental illness, called SMI for short.

After months of meetings and focus groups with clients and providers, they agreed to build a new program that would help adults with SMI make healthy changes in their lives, increase their self-confidence and improve their chance of obtaining gainful and rewarding employment.

Camp Wellness opened its doors at 1030 N. Alvernon Way, just south of Speedway, on December 7, 2009. As of mid-July, 377 adults have gone through Camp Wellness – initially eight weeks long, now nine weeks, with classes running from 9 a.m. to 4 p.m., Mondays through Fridays. It operates under the umbrella of Family and Community Medicine’s behavioral health program called RISE: Recovery Thru Integration, Support & Empowerment.

“I love it here. This is my safe place,” says Kastina Raymond, a former student who volunteers at Camp Wellness, where she tends the garden. “If life were a game of tag, this would be my base.”

“I love Camp Wellness. I totally believe it saved my life,” said Elizabeth Hair, who started camp in late May, at a time when her personal life was in chaos. “If it weren’t for Camp Wellness, I would have been in the hospital or at least, I would have just sat at home and cried. But I couldn’t because I had class. I had to come in. I had homework.

“I still have some horrible things going on in my life,” Hair said, “but now I have the strength to handle it, because Camp Wellness taught me how to focus on my own well-being.”

Individuals who enroll in Camp Wellness – which is free of charge – must be diagnosed with an SMI such as bipolar disorder or schizophrenia, and must be covered by AHCCCS, the state health plan for Arizonans living at or below the federal poverty level.

The physical health issues common among people with SMI are well documented by the National Institutes of Health and other research organizations. Arizonans with SMI face an even shorter life expectancy than others with mental illness, in part because of the state’s very high incidence of both obesity and diabetes. Their high rate of smoking is also a factor.

“Many people with SMI use smoking as their major form of coping and stress relief, so that’s one big issue,” said Randa Kutob, MD, assistant professor of Family and Community Medicine and Camp Wellness medical director. “Also, what tends to happen to a lot of folks with SMI is there is so much attention placed on the SMI part of their lives that things like diabetes prevention and heart disease prevention sometimes get lost in the process.”

People with SMI are likely to be living on very limited incomes and their diet is often not healthy, because fast food is cheap and convenient, Kutob said. On top of that, some of the anti-continued on next page
psychotic medications can increase the risk of diabetes and cause weight gain.

Camp Wellness enrollees are called students – not patients or clients, because they have worn those labels for most of their lives. “Above all else, this is a learning community,” said Beth Stoneking, PhD, assistant professor of family and community medicine, and Camp Wellness founding director.

Students learn about nutrition and how to read food labels and cook healthy meals. They learn about high blood pressure, diabetes and other chronic illnesses and what they can do to prevent them. They are encouraged to exercise in the Camp Wellness gym and to quit smoking, but for those who aren’t ready to quit, there are smoking areas outside.

Beverly McGuffin, Camp Wellness nurse, teaches students how to care for their hard-working hands and feet. And very importantly, McGuffin says, she teaches them how to laugh. The students learn to make a ha-ha-ha sound until it becomes amusing enough to turn into real laughter.

“Some of the students who come here have never had anything to smile about in their lives,” said McGuffin, who holds a bachelor’s degree in theater as well as graduate degrees in nursing. “They don’t even realize that laughing may be a good coping mechanism. I tell them, ‘Instead of getting mad, laugh at the situation – especially if there’s nothing in your power that you can do about it.’

Camp Wellness teaches students that goals are important – but that small changes are the best way to achieve them.

“A little bit here, a little bit there, and those small changes add up relatively soon,” Eric Stark, Camp Wellness marketing and recruiting specialist. He also is one of the camp’s seven health mentors, and has personal experience dealing with mental health issues.

“The small changes become small successes and those become bigger successes,” he said. “Suddenly the students realize they can do more, and the whole world opens up to them.”

Camp Wellness is not in the business of telling people what to do, Stark said. “I don’t tell a student, ‘You can’t smoke.’ I tell a student, ‘If you’re not ready to try quitting, maybe you can cut back, even just one cigarette at a time. We celebrate any level of success.”

Students are invited to write about their successes on “success stars” that are posted on a large bulletin board. “I had to tighten my belt another notch,” says one. “It took me five weeks to start exercising, however, I did start, and my body feels great,” says another. “I no longer isolate myself, and I have made great friends,” says another.

Toward the end of each nine-week camp, mentors begin talking with students about how to maintain their healthy lifestyle, and develop job skills. While many welcome the conversation, the words “going to work” made one woman so anxious that she had to leave the classroom. Her health mentor helped her deal with her anxiety, and by the end of the camp the woman was being trained to be a peer mentor through the Recovery Support Specialist Institute, of which Stoneking is director. The woman now works full-time in that role.

Hers is one of many Camp Wellness success stories. While data from the first nine camps are being analyzed, they point to positive changes in the students’ mental and physical health.

“What I see, which is really wonderful, is people gaining a sense of empowerment over their health and, to an extent, over their lives,” Kutob said. “There really have been some beautiful transformations.”

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Courtland F. Guerin II prepares food for a stir-fry for the students’ lunch. He and other chefs rotate through Camp Wellness, thanks to DK Advocates, a job training organization that serves people with disabilities, including mental illness.
Community Partner: Neal Cash

Camp Wellness opened its doors in December 2009, thanks to the extraordinary dedication and hard work of many individuals. Among them were people who live with serious mental illness, and representatives of the many community-based agencies that provide mental health care services.

But it was Neal Cash who first floated the idea of a health and wellness center for people with serious mental illness, called SMI for short.

Cash is president and CEO of the Community Partnership of Southern Arizona (CPSA), the organization chosen by the state health department’s Division of Behavioral Health Services to fund and oversee the region’s behavioral health system. He’s been a leader in the system for 35 years, including the last 13 with CPSA.

For the past three years, CPSA has been the primary funder of Camp Wellness.

“I love that place,” Cash said. “I love going there. I go there sometimes just to hear people talk about their experiences, to hear ‘I couldn’t walk up the stairs when I got here’ or ‘I’m breathing better since I started coming here’ or ‘My blood pressure’s down since I started exercising.’”

Cash got the idea for a health and wellness center following national studies that showed life expectancy for Americans with SMI is 25 years less than for those without mental illness. And for Arizonans with SMI, life expectancy is reduced by 32 years – the shortest life expectancy of all Americans with SMI, according to a 2006 report cited by the U.S. Centers for Disease Control and Prevention.

After learning of another health and wellness program at Boston University, Cash sent Beth Stoneking, PhD, assistant professor of Family and Community Medicine, to Boston to gather ideas. Stoneking, director of UA RISE – Recovery Thru Integration, Support & Empowerment – was familiar with the Boston program and its director. Like Cash, she dreamed of opening a similar program in Tucson. After multiple conversations, the idea for Camp Wellness began to take shape as a collaboration between CPSA and the Department of Family and Community Medicine. Camp Wellness opened in December 2009 with Stoneking as founding director.

A key component of Camp Wellness is the paid employees who serve as “health mentors.” They are people with SMI and substance-use disorders who have been trained and certified as mentors through CPSA’s Recovery Support Specialist Program, of which Stoneking is director.

At the conference of the National Council for Community Behavioral Healthcare earlier this year, Pamela Hyde, JD, director of the federal Substance Abuse and Mental Health Services Administration, hailed Camp Wellness as the nation’s most comprehensive wellness program for people with SMI. Hyde has visited Camp Wellness and talked with students about what they gain from the program.

Camp Wellness is open at no charge to people with serious mental illness. So far the program has been limited to those who live at or below poverty level, and therefore qualify for the state’s AHCCCS health care program.

But Arizona Governor Jan Brewer came up with $39 million in new funding for the state’s behavioral health care system this year, following two years of deep cuts in state funding.

“I’m hoping now we can open up Camp Wellness to more individuals,” Cash said. “I think it’s been fantastic.”

To learn more about Camp Wellness, call (520) 396-2310, or visit www.campwellness.org

Beth Stoneking: ‘Helping People Become Empowered’

Beth Stoneking, PhD, is a founder of Camp Wellness and director of the Recovery Support Specialist Institute, which trains people living with serious mental illness to be “health mentors” for students enrolled in Camp Wellness.

“This has been probably the most rewarding thing I’ve ever done in my career,” Stoneking said. “I try to choose the projects I do based on the fact that when I do them I can be grateful. I think that my ministry on this planet, what I do on this planet, is to create programs to help people become empowered.”

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Cheryl Glass: ‘Their Journey Continues’

Cheryl Glass has been director of Camp Wellness since the day it opened: December 7, 2009. The most wonderful part of her job, she said, is seeing how people progress from week to week.

“The first two weeks of camp are really hard for people,” she said. “People are tired. They have to get used to being here six or seven hours a day. Our alumni tell the new folks, ‘Get through the first two weeks, then it gets better.’ And by week three you notice a difference in energy and by week four people are smiling.”

“Health and wellness is a life-long journey,” said Glass, who holds a bachelor’s degree in community health education from the UA and a master’s degree in health care management from the University of Phoenix.

“When students finish our program, we don’t call it graduation. We bring everyone together for a jubilation celebration. We don’t want our students to think when they complete the program that they’re done. They become alumni and they come back to volunteer and take part in activities here. They are always welcome here. Their journey continues.”

Connie Proctor: “Your Illness is Not Who You Are”

At the start of each nine-week camp, Connie Proctor asks the students to write their diagnosis on a piece of paper. “Then I have them rip it up and throw it away,” she said.

“Because they are not their illness. That’s not who they are. And that just seems to really put people at ease. For so long they have been identified as their illness: ‘I’m a schizophrenic’ or ‘I’m bipolar.’ But that’s not who they are. That’s just one part of their life. And I’ve had people come up to me afterward and say ‘That was really powerful.’”

Proctor knows first-hand what it’s like to live with a serious mental illness. Her diagnosis made her eligible for training through the Recovery Support Specialist Institute, which qualified her to work as a health mentor at Camp Wellness.

“This is the best job I’ve ever had in my life,” Proctor said. “At the end of every day there’s been a change in at least one person here. And it’s great to see those changes add up.”
Mobile Phone ‘App’ to Help Those Quitting Smoking Remember Their Medicine

The National Institutes of Health is funding a Family and Community Medicine project to develop a mobile phone application – “app,” for short – to help people remember to take their medicine.

Specifically, the medicine they take to help them quit smoking.

Judith S. Gordon, PhD, FCM associate professor and associate head for research, is principal investigator on the project, funded with an NIH Small Business Technology Transfer Research grant. Gordon is partnering with InterVision Media of Eugene, Oregon, which is programming the app that she will test with about 70 study participants.

“There are many cell phone apps out there that function as reminders, like little alarm systems, to take your medicine,” Gordon said. “The difference with our app is that it is much more interactive.”

The app will include a connection to a tobacco quit line, like the Arizona Smokers Helpline – ASHline – which is staffed with smoking-cessation coaches who can offer support and additional assistance.

The app will collect data from each study participant, which will then be analyzed to determine how helpful the app is in promoting medication adherence, and to provide insight into why people aren’t taking their medication.

Gordon said she plans to recruit many of her study participants through the University of Arizona Health Network, including Family and Community Medicine’s Quit & Win clinic, which provides free tobacco-cessation counseling and medical care to University of Arizona Health Network employees and their family members and significant others.

She also plans to use Facebook and other “social media” websites to recruit people to the study.

Rigorous Research Part of Family Medicine Training

Despite the cost of a pack of cigarettes, and decades of Surgeon General warnings about the health hazards of smoking, 46 million American adults in this country smoke.

But only a limited amount of research has been done on why people continue to smoke despite the known health hazards, especially among low-income people.

That’s an important question because, despite the soaring cost of cigarettes – in Arizona, a pack cost more than $6, on average – 31 percent of people living at or below poverty level* smoke. In contrast, 19 percent of people who live above poverty level smoke, according to the U.S. Centers for Disease Control and Prevention.

Sean H.S. Yang, MD, found the question so intriguing that he made it the focus of his scholarly research project, a key component of Family and Community Medicine’s three-year residency programs.

The Accreditation Council for Graduate Medical Education requires residents to conduct research, but Family and Community Medicine has raised the bar in recent years. FCM residents are expected to engage in original research projects, and present their work in a peer-reviewed setting.

“The type and quality of research that our family medicine residents are taking part in has become much more rigorous,” said Judith Gordon, PhD, FCM associate head for research, and Yang’s research mentor. "The
breadth of the projects that they work on reflects the scope of both the clinical practice and the research that Family and Community Medicine is known for.”

Yang found some interesting answers to the question of why poor people smoke. He began by surveying 23 smokers who are patients at FCM’s central Tucson clinic. All were enrolled in AHCCCS, Arizona’s health care program for the poor.

Ninety-six percent of the patients Yang interviewed said they were well aware of the dangers of smoking, but just 61 percent said they were willing to quit. The other 39 percent said they were willing to live with the potentially deadly consequences of smoking. Sixty-five percent said they smoked as a way of coping with the financial stress and insecurity of living in poverty. Sixty-one percent said they smoked to relieve boredom.

The survey also asked how often people smoke, and at what times of day. “This identifies the people who tend to smoke within five minutes after they are awake in the morning,” Yang said. “Those are people who are likely to be more addicted to nicotine.”

Yang concluded that “diversifying smoking cessation strategies to address, for example, stress reduction and boredom, we may be more successful than emphasizing poor health outcomes alone.” And by identifying “highly dependent” smokers, who smoke more, and within 30 minutes of waking, a physician can know when to recommend both nicotine patches or other smoking cessation therapy as well as counseling to help the patient quit.

“For many of these patients, answering these questions started their own internal dialogue about smoking, even if they were hesitant about discussing it with me,” Yang said. “I tell my patients, ‘Whenever you are ready, I am here for you, definitely.’”

Kevin Burns, MD, chief family medicine resident at The University of Arizona Medical Center – South Campus, worked with Gordon and other investigators on a study related to the nation’s obesity epidemic. Burns surveyed doctors, nurses and residents from both family medicine clinics and found they were doing a good job of monitoring patients’ weight.

Ninety-two percent of the practitioners said they would like to find some new strategies for treating obesity and preventing patients from becoming obese in the first place.

Burns presented the results of the study at a national family medicine conference in Seattle in April.

Some other residents based their research on FCM’s National Institutes of Health-funded Families United trial of “group office visits” for patients at risk for developing diabetes. Patients and supportive family members meet biweekly with each other for group discussions with their doctor. Each gets a chance to ask the doctor questions, and they learn from each other’s efforts.

The Families United data are being analyzed. Residents Miranda Sonneborn, MD, and Veronica Lagunas, MD, teamed up to assess the benefit of the group office visits. Randa Kutob, MD, Families United principal investigator, was their faculty mentor.

“We saw that after 10 weeks there was a good change” in patients’ caloric intake and consumption of carbohydrates, proteins and fats, Sonneborn said. Patients attended group office visits for six months; their progress continued through 12 months, but at 18 months, their progress slowed.

“That may say that we need to continue these group activities longer,” Sonneborn said. “I think the group office visits are effective. I think they are the future of treating chronic disease.”

Residents Poonam Walia, MD, and Parul Walia, MD, teamed up to learn how residents and faculty feel about dealing with end of life issues with people with developmental disabilities. Their mentor was FCM gerontologist Lynne Tomasa, PhD.

Their survey found that residents are significantly less comfortable than experienced faculty in dealing with a terminal diagnosis, hospice care and related topics with people with developmental disabilities, than when they are dealing with patients without disabilities.

“So we need more training to give us more information and skills about end of life care for people with developmental disabilities, especially when we want to recommend hospice care,” Parul Walia said. “It’s definitely important, because we see this a lot.”

* The federal poverty guideline is calculated by family size and annual income. For example, for a family of three in 2012, poverty is defined as annual income at or below $19,090.

Parul Walia, MD left, and Poonam Walia, MD
**A Bold Experiment in End-of-Life Care**

William “Bill” Farr, MD, graduated from Family and Community Medicine’s residency program in 1975, to become a leader in the nation’s hospice movement.

“I have to admit, I didn’t really know much about hospice,” Farr said. Of course, back then, neither did the rest of the country.

Farr’s interest in caring for older adults developed during his residency.

“I realized that most people are not interested in taking care of the elderly. I found it fascinating. They presented a lot of juicy medical problems,” he said.

“I started doing talks around town, meetings in San Diego. The more I got into it, the more I felt, ‘This is what I need to do.’ And no one else in Tucson then was putting out a shingle saying their interest was in geriatrics,”

From his residency, Farr became medical director at several nursing homes in Tucson. One of them was Valley House, owned by a company called Hillhaven. A Hillhaven Foundation official contacted Farr to discuss the company’s interest in starting a hospice – a bold experiment that would be funded by the National Cancer Institute.

In 1976, a new wing at Valley House became Hillhaven Hospice – the first freestanding hospice in the country – with Farr as medical director.

Hillhaven was one of three programs the NCI funded to test whether the hospice model – started in Great Britain – could be copied into the American health care system. The other two programs were in Los Angeles and New Jersey. The nation’s first hospice, a home-care program based in New Haven, Connecticut, was founded by a British physician who served as a consultant to the NCI project.

When the three-year NCI funding expired, Farr and his colleagues were convinced that hospice was an effective and compassionate option for patients with terminal illness. But Medicare was not paying for hospice then, and Hillhaven was eager to turn its facility back into a nursing home. Farr approached St. Mary’s Hospital about moving their Tucson Hospice program to the hospital. The St. Mary’s board said yes. The six-bed hospice wing opened in 1981.

Farr remained medical director of what would later become Carondelet Hospice until he retired in 1995. He continues as vice chair of the International Association for Hospice and Palliative Care, a position he’s held for about 30 years. He started the organization’s newsletter, of which he is senior editor.

And since Medicare began paying for hospice care in 1982, other payers have followed. Now there are more than 5,000 hospice programs in the country, serving more than 1.5 million patients each year.

“I think hospice is pretty well integrated into our health care system,” Farr said. “I believe there is still a problem with patients being referred to hospice later than necessary. Most physicians hold onto people because they hate to admit they have failed to cure their disease. That was a problem when we first started and it’s still a problem.

“What’s helped is that the public now knows about hospice. We had to educate physicians and we had to educate the lay public, so now it is more widely accepted.”

And now, Farr and his wife, retired UA neonatologist Elsa Sell, MD, are raising cattle, in Georgia. There’s a simple explanation. Her father died in 1999, leaving her his cattle farm south of Atlanta. They have yet to make a profit on beef sales, Farr said, “but we’re getting close.”

Farming is hard work, he said, but he still finds time to ride his bicycle, his preferred form of recreation, interrupted by being hit by a car in December 2009. Earlier this year he survived a heart attack with cardiac arrest – luckily, in an emergency room – and is back to cycling 30 or 45 minutes a day. He is active in his church and recently trained to be an “e-counselor” with an Internet ministry program (PeaceWithGod.net) started by evangelist Billy Graham, who he has admired for many years. "As one begins to contemplate mortality," Farr said, “that often leads to spirituality. It has for me."
Preventing Illness, Promoting Wellness

Prevention is the cornerstone of family medicine. From baby shots to mammograms, family doctors base their practice on preventing illness and promoting health and wellness.

Prevention is also crucial to cutting health care costs, now averaging close to $8,000 a year for each American – higher costs than in any other industrialized nation.

Two Family and Community Medicine programs, featured in this newsletter, illustrate our commitment to extending preventive health care to more people.

Camp Wellness is a program we developed in collaboration with the Community Partnership of Southern Arizona, to improve the health of people living with serious mental illness, or SMI. Recent studies have shown that life expectancy is decades shorter for these folks than for other Americans – with Arizonans with SMI having the shortest life expectancy: 32 years less than other Americans.

Camp Wellness students learn about nutrition, physical exercise, and other self-care measures that for many of our students are life-changing. The head of the U.S. Substance Abuse and Mental Health Services Administration calls Camp Wellness the most comprehensive program of its kind in the nation.

I want to thank Community Partnership of Southern Arizona, DK Advocates and other collaborating agencies that work with us to make Camp Wellness the successful program that it is.

Also in this issue we highlight our two residency programs. Our first program has continued to have a great creative arc, with a national reputation for its integrative medicine curriculum, behavioral health curriculum, and medical-legal partnership.

We started the second program in July 2010, to train doctors who want to practice family medicine in rural and underserved areas. The nation faces a critical shortage of primary care physicians, and the shortage is most severe in rural communities, of which Arizona has many. In fact, our state ranks behind 42 other states when it comes to primary-care physician supply, according to the Association of American Medical Colleges.

The first four doctors to enroll from our rural-focused residency program graduated in June. I want to thank the physicians and hospitals, from Tuba City to Nogales, who partner with us to train our residents to work in underserved areas. With their help, we are able to promise more Arizonans, and more Americans, that prevention-focused family care will be available to them. And that means healthier communities for us all.

Tammie Bassford, MD
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