

KAFP JOURNAL

SUMMER 2009
VOLUME 64

The Official Publication of the Kentucky Academy of Family Physicians



GAY FULKERSON, M.D.
2009-2010 KAFP PRESIDENT

CHRONIC DISEASE MANAGEMENT
KAFP SCIENTIFIC ASSEMBLY AWARDS



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Virginia Robertson, Publisher
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EDITION 3

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Kansas City, MO

2009 SOUTHEASTERN FAMILY PRACTICE FORUM

August 20-22, 2009

Historic Inn of Annapolis
Annapolis, MD

2009 AAFP CONGRESS OF DELEGATES

October 12-14, 2009

Westin Boston Waterfront/Boston
Convention & Expo Center
Boston, MA

MARK YOUR CALENDAR FOR UPCOMING MEETINGS!

2009 AAFP ANNUAL SCIENTIFIC ASSEMBLY

October 14-18, 2009

Boston Convention and Expo Center
Boston, MA

2009 AAFP STATE LEGISLATIVE CONFERENCE

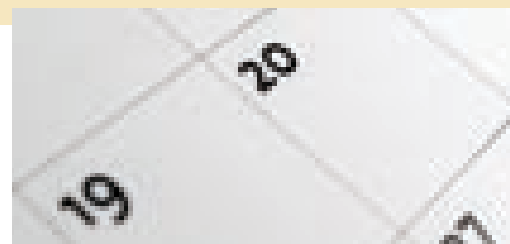
November 20-21

Grand Hyatt Seattle
Seattle, WA

2010 TEN STATE MEETING

February 5-7, 2010

The Brown Hotel
Louisville, KY



NATIONAL CONFERENCE ON SPECIAL CONSTITUENCIES

April 29-May 1, 2010

Hyatt Regency Crown Center
Kansas City, MO

2010 KAFP 59TH ANNUAL SCIENTIFIC ASSEMBLY

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▶ message from the PRESIDENT



WHEN I WAS THINKING ABOUT WHAT I WAS GOING TO WRITE, I STARTED THINKING ABOUT THE QUESTION, “WHAT ARE THE CHALLENGES OF BEING A FAMILY PHYSICIAN IN KENTUCKY?”

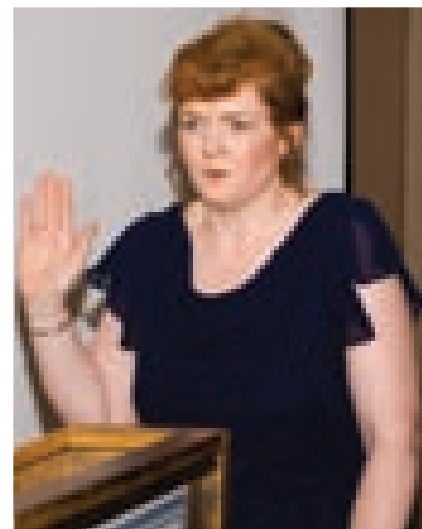


Brent Wright, MD, Immediate Past President presenting awards to the New President.

Thank you for allowing me the honor of serving as your president for the 2009-2010 year. For the past several years I have served as an officer in various capacities. I have enjoyed it and learned a lot. Thank you for allowing me to learn from so many of you.

I would like to thank my family and friends for helping me to travel this path in medicine. My parents have helped me greatly; along with my cat Freddie who introduced me to animal therapy in medical school. He helped me conquer test anxiety.

I would also like to thank my cousin Beth, and my great friend Lynette Jackson for encouraging me. My Nicaraguan family has also been an inspiration to me. I met them last year on our annual mission trip. Their mother was septic and had pneumonia. She barely got to the clinic. We treated her and the missionary told me that her girls and their next door neighbor would have no hope unless they could go to school. I have adopted them and send what they need each month to stay in school. We are in desperate need of physicians or nurses to go with us to Nicaragua Sept. 12-19, 2009. If you, or anyone you know, would like to be greatly blessed, please call me as soon as possible.



When I was thinking about what I was going to write, I started thinking about the question, “What are the challenges of being a family physician in Kentucky?”

In light of these challenges, we must stick together and support each other as well as learn from each other. Only in family medicine could we have the opportunity to do as many things as we do. Some of the things we do are: treat all ages, take care of any kind of medical problem, be an astute business person,

manage employees and know all the legal angles of medicine, just to name a few.

Only family physicians are able to get to know the entire family. One of my patients is around six years old and replied to her teacher that, I was the person to call in the case of an emergency. I really think the teacher was looking for the answer to be 911. Her sisters put my number in their phone on speed dial and they have used it.

One of my patients was having chest pain and was sent to the hospital for a heart cath. He had his dog with him and did not have anywhere for her to stay so she spent the rest of the day with us and went home with one of my staff members. None of the other patients were allergic to her and they liked visiting with her.

When you get up in the morning you are never sure what you will need to address. Recently, the filter fell off of the light in the dark room and we had to disassemble the dark room, to retrieve it from behind the processor. I don't tell jokes well, but I can relay the events from real life pretty well.

underserved people. I have learned to see things through God's eyes in Nicaragua and I have learned more medicine. Every time I start to whine about something, the Lord takes me physically or via e-mail to Nicaragua and he sets me straight pretty quick. Life is not really bad here. The only thing better there is malpractice premiums are \$100 a year or 1/3 of a week's salary.

This month has brought another challenge of protecting patients from identity theft. I have not had a chance to review all the information that Dr. Mongiardo gave us yesterday, but AMA has a lot of useful information and policies, which can be downloaded and used by your practice. We put the new policy into effect on May 1, 2009, in my office. The patients do not seem to really understand what we are doing, but seem to be glad we are trying to protect them.

This year I went to court for the first time. It was another learning experience. I am certainly glad that the medical system is faster than the court system. They are still filing motions and

the resources that we already have. While I was participating in the Equip-4-DM project, I learned that a grant writer is available to help us with other projects. They are interested in writing a grant to help increase funding for the Losing Streak, a community wide weight loss competition sort of based on the Biggest Loser concept. The competition is based in Grayson County and will end in June. One person has already lost 50 pounds in about six months. I am one of the sponsors and the physician for the competition.

Another idea we have been working on is teaming animals from the local animal shelter with children for animal therapy. Many times an animal can reach people when nothing else can. There is already horse therapy center in the area. Hopefully, we can find grant money to meet these needs. Sometimes we need to think about things in different ways than in the past. Maybe you have talents that you don't realize. Some people may have the talent to write a book, a movie script, support new technology or something I have not thought about. I really



John Meigs, Jr., MD, AAFP Vice Speaker officially installing Dr. Fulkerson.



In January, we had to deal with the ice storm. Most people were out of sorts for awhile. I just saw it as a big mission trip. The hospital administrator was giving us a very negative evaluation of the situation and I just looked at him and said this is just a big mission trip. I went to my mission trip luggage and got out my flash lights and combat bath and was ready for work.

My mission trip experiences have taken me to the third world country of Nicaragua. In family medicine you are prepared to go around the world and do mission work for

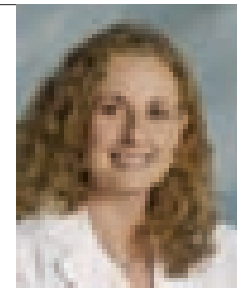
who knows who "wins" in the end. I guess the most I learned out of the situation was how Christ must have felt being accused of something he did not do. I know how he felt.

As we look at these challenges as well as the financial challenges of medicine, we also need to look toward the future. Why do we get out of bed every morning and go to work to use the skills and talents with which we have been blessed? I think each one of us has been called to family medicine.

As we learn more about how to become the medical home for our patients, we need to use

think we have the best and brightest and we should collaborate to bring a positive image back to family medicine and to be the best that we can be.

On the days that others are trying to be negative about medicine and family medicine, we need to speak victory over our circumstances and use our resources of being multitalented, intelligent and especially the unique physicians who make up the KAFP. The 2009-2010 officers will continue to challenge you to be positive and use your resources and ours as well.



▶ CHRONIC DISEASE MANAGEMENT: Delivery of Planned Care by the Family Physician and a Multidisciplinary Team

Chronic diseases such as diabetes, hypertension and asthma take a huge toll not only on patients, but also on the medical care system. The increase in the burden of chronic diseases grows with each year. In 1995, an estimated 99 million people in the United States had chronic conditions.¹ Recent estimates are that 133 million people—almost half of all Americans—now live with a chronic condition.² By 2020, the number is expected to be 157 million.

As one ages, the more likely one is to have a chronic condition. By 2030, the number of persons in the USA over 65 will double and those over 85 will quadruple. 88 percent of people over 65 have chronic health conditions.³

Chronic conditions are expensive. In 2002, 78 million people of working age with chronic conditions accounted for 74 percent of private insurance spending.² Almost all of Medicare dollars and 83 percent of the Medicaid dollars are spent on care for those with chronic illnesses. People with five or more chronic conditions have an average of almost 15 physician visits and fill over 50 prescriptions in a year. In the Medicare population, the average beneficiary sees seven different physicians and fills as many as 20 prescriptions in a year. These facts foreshadow what we can expect as the population ages.

Financing the increased costs of chronic illness is only one part of the equation. Changes must come in how we deliver care. In a medical care system that is organized to best handle episodic care and acute illnesses, it is necessary to transition to a chronic care model which offers continuous, coordinated care. Most physicians feel ill-prepared to address the complex management of chronic diseases, especially coordination and oversight of patients with multiple problems, the availability of supporting services, and poor reimbursement.² Improvements will not come from doctors working harder or faster. Systems need to change—move beyond the delivery of

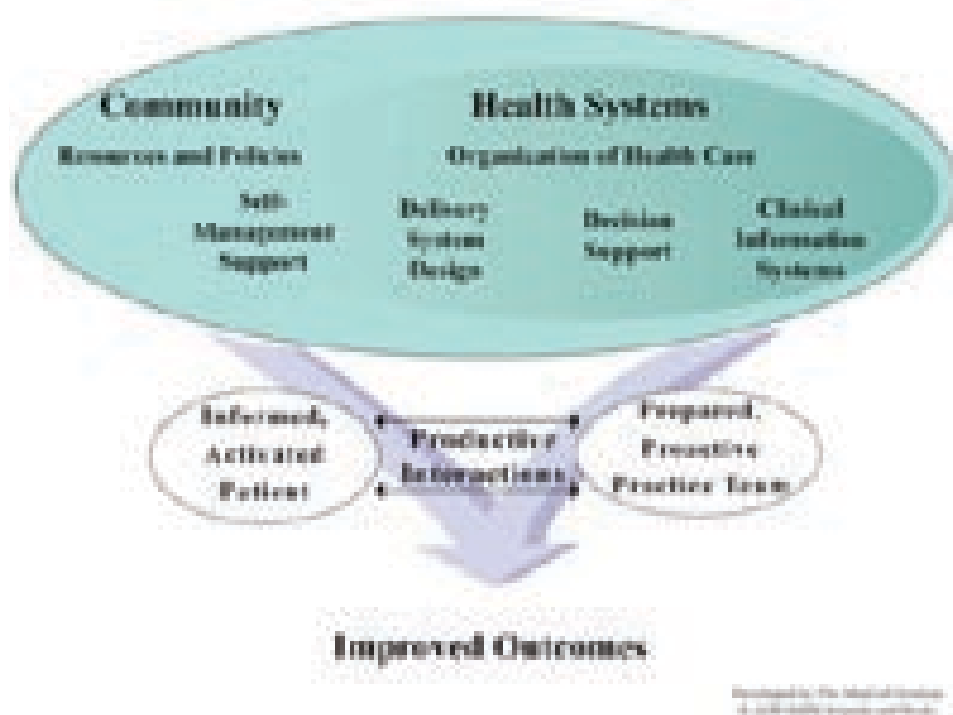
urgent care to the delivery of planned care.⁴ Medical care must be proactive and focus on keeping a person as healthy and as functional as possible.

the test chronic condition of whether the CCM could produce better clinical outcomes.^{7,8,11,12}

As a chronic disease, diabetes is costly in morbidity, mortality and use of health care

FIGURE 1⁵

The Chronic Care Model



One strategy for promoting change that has produced results is the Chronic Care Model (CCM).^{5,6} Developed from research in the early 1990s, the model provides a guide to improve the management of chronic illness in primary care. The essential components of this method are self-management support, delivery system design, decision support and clinical information systems. (see Figure 1) There is a growing body of literature supporting the positive effect on patient outcomes of the Chronic Care Model in primary care practices,^{7,8} demonstrated by Community Health Centers,⁹ and integrated health care settings such as Kaiser Permanente.¹⁰ From the beginning, diabetes care has largely served as

resources. In Kentucky, it was the sixth leading cause of death in 2003¹³, and in 2002, diabetes cost the state an estimated \$2.9 billion dollars.¹⁴ In 2007, an estimated 318,000 adults in Kentucky had diabetes—one third of whom were undiagnosed.

Unless there are major behavioral and lifestyle changes, Kentuckians' burden of diabetes will continue to increase. In 2007, Kentucky was 1st in the nation in the percent (66) of adults who are overweight or obese. In 2007, Kentucky was 45th in the percent of adults who participated in any physical activities within the past month.¹⁵ For all these reasons we choose, to focus on our diabetic patients as participants in the Association of American Medical Colleges' (AAMC) Academic Chronic Care Collaborative.

The University of Louisville Department of Family and Geriatric Medicine (DFGM) along with twenty-two medical schools and teaching hospitals participated in the Association of American Medical Colleges (AAMC) Academic Chronic Care Collaborative from 2005-2007. The Collaborative was in partnership with the Robert Wood Johnson Foundation's national Improving Chronic Illness Care program. This initiative is based on the innovative Chronic Care Model created by Ed Wagner, M. D. of Seattle's MacColl Institute for Healthcare Innovation, which identifies the essential elements of a health care system that encourages high-quality chronic disease care.

The Chronic Care Model focuses on improving health care for patients with chronic illness by implementing a patient-centered model of care. Four of the components – 1) clinical information systems, 2) decision support, 3) self-management support and 4) delivery system design can easily be addressed here. The last two components, organization of the health system and community resources will not be addressed. This article will focus on practical aspects of the Chronic Care Model to redesign care for patients with chronic illness using a multidisciplinary team.

CLINICAL INFORMATION SYSTEMS

Use of a simple disease registry is the first requirement in providing planned proactive care. This allows for identification of patients not at goal or not seen recently who are then scheduled for a planned visit with their provider or a group visit which includes patients with similar diagnoses.

DECISION SUPPORT

Evidence based guidelines are embedded into flow sheets used in daily clinical practice. Unfortunately, we do not have the luxury of an electronic health record and electronic templates built from guidelines. We use the Kentucky Diabetes Network Care Tool to collect the data. (see KDN flow sheet) Data is entered into a patient registry, the Bridging Care Planner (DocSite Patient Registry), which is also used to produce reports.

SELF-MANAGEMENT SUPPORT

While we cannot change patient's behavior, we can empower and prepare them to manage their health. The use of self-management support strategies include goal setting, action plans and follow up. Resource suggestions are available for smoking cessation, weight loss and mental health services, reinforced with group visits.

DELIVERY SYSTEM DESIGN

We redesigned the way that work gets done to provide effective, proactive, efficient patient-centered care. Roles are defined and tasks assigned among team members.

Standing Orders for diabetes care are implemented. A multidisciplinary teamwork approach to care is delivered which consists of physicians, residents, nurse practitioners, a pharmacist, social worker, chronic care coordinator, mental behavioral health specialist, and certified diabetic educator.

CLINICAL CORRELATIONS

Using this multi-disciplinary approach to care the DFGM has instituted major changes in care for patients with diabetes. We have measured the impact of these changes in two ways. Our data shows that key process measures dependent on the medical team, such as foot exams and setting self-management goals, were the most improved. Clinical measures such as controlling blood pressure and HgA1c level, which are dependent on both the medical team and the patient's behaviors were not as significantly affected. Therefore, a chronic care coordinator was added to the multidisciplinary team to improve access to care and to show improvement toward goals.

CHRONIC DISEASES SUCH AS DIABETES, HYPERTENSION, AND ASTHMA TAKE A HUGE TOLL NOT ONLY ON PATIENTS, BUT ALSO ON THE MEDICAL CARE SYSTEM.

PARAMETERS	GOAL	PERCENTAGE OF PATIENTS	STARTING POINT AND OUTCOME
Blood Pressure	<130/80	>40%	Starting point: 32.8% Progress: Exceeded goal in 2006. Currently stands at 37.2%
HgA1c	<7	>60	Starting point: 22.8% Progress: 47.3%
Documented Patient Self Management Goals (Goals patients pick to improve)		>60%	Starting Point: 18.3% Progress: 89.1%
Annual Foot Exam		>90%	Starting Point: 43.9% Progress: 93.8%

Reorganization of the provider's responsibilities into a team-based endeavor has increased the patient's ability to access critical self-management and educational services while at their scheduled visit. Having a member of the health care team dedicated to identifying and addressing barriers also improved access to care and outcomes.

continued on page 11

FUTURE INITIATIVES

This model of care incorporates many features of the patient-centered medical home.

Access and communication are improved with the chronic care coordinator identifying all diabetic patients and scheduling planned, proactive visits. Care is coordinated with other providers and a multidisciplinary team. Self-care is accomplished by individual action plans, workshops, planned visits and group visits and performance reporting is accomplished by providing monthly reports to providers using standardized measures.

As the number of patients with chronic diseases increase in Kentucky, providers must redesign the way we care for patients. These strategies have the opportunity to improve access to care for patients, clinical outcomes, and hopefully reduce costs in the long run.

References

1. Hoffman C, Rice D. Chronic Care in American: a 21st Century Challenge. Robert Wood Johnson Foundation. 1996. Accessed 04/16/2007. www.rwjf.org/files/publications/other/Chronic-CareinAmerica.pdf

2. Anderson G, Herbert R, Zeffiro T, Johnson N. Partnership for Solutions. Robert Wood Johnson Foundation and Johns Hopkins University. 2004. Accessed 4/16/2007. www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf
3. American Geriatrics Society. http://www.americangeriatrics.org/policy/clinical_trials.shtml#2
4. Moore LG. Escaping the tyranny of the urgent by delivering planned care. Family Practice Management. May 2006. <http://aafp.org/fp/20060500/37esca.html>
5. The Chronic Care Model: Improving Chronic Illness Care. Accessed 04/19/2007. http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s
6. Wagner EH, Austin BT, Von Korff M. Organizing care for patients with chronic illness. Milbank Q. 1996;74(4):511-544.
7. Wagner ED, Grothaus LC, Sandhu N, et al. Chronic care clinics for diabetes in primary care: a system-wide randomized trial. Diabetes Care 2001;25:695-700.
8. Nutting PA, Dickinson WP, Dickinson LM, et al. Use of chronic care model elements is associated with higher quality care for diabetes. Annals of Family Medicine. 2007;5(1):14-20.
9. Landon BE, Hicks LS, O'Malley AJ, et al. Improving the management of chronic disease at community health centers. N Engl J Med. 2007;356:921-43.
10. Sadur CN, Moline N, Costa M, et al. Diabetes management in a health maintenance organization: efficacy of care management using cluster visits. Diabetes Care. 1999;22:2011-7.
11. Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness: the chronic care model, part 2. JAMA 2002;288:1909-14.
12. Piatt GA, Orchard TJ, Emerson S, et al. Translating the chronic care model into the community. Results from a randomized controlled trial of a multifaceted diabetes care intervention. Diabetes Care 2006;29:811-7.
13. Kentucky Department of Health Annual Report, 2003. Accessed on 04/20/2007. <http://chfs.ky.gov/dph/surv.htm>
14. Kentucky Diabetes Network, Inc. Accessed on 04/19/2007. <http://www.kentuckydiabetes.net/statistics.htm>
15. Kaiser Family Foundation / statehealthfacts.org. Accessed 04/19/2007. <http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?>

Renee Vannucci Girdler, M.D., FAAFP, is an Associate Professor and Vice Chair of Family Medicine in the Department of Family and Geriatric Medicine at the University of Louisville. She received her M.D. from the University of Kentucky College of Medicine and completed her family medicine residency at the University of Kentucky.

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DIABETES CARE TOOL

Provider _____



KENTUCKY DIABETES NETWORK, INC.

A statewide partnership striving to improve the treatment and outcomes for Kentuckians with diabetes.

Patient Name: _____ DOB: _____

Height in inches ____ Smoker: Yes No Pneumococcal Vaccine Date(s): _____

Type of Diabetes: 1 2 (circle one) Year of Diabetes Diagnosis: ____ Gender __ Race ____

This tool is based on the 2005 American Diabetes Association's "Standards of Medical Care for Patients with Diabetes Mellitus" and indicates minimum services to be provided in the continuing (initial visits have additional components) care of adults with diabetes. It is not intended to replace or preclude clinical judgement or more intensive management where medically indicated. Use it as a reminder for exams or important tests, to simplify record keeping and as a way to continually improve care to all patients with diabetes.

DATE OF VISIT and Initials									
<input checked="" type="checkbox"/> Lab ordered/pending in date column									
EVERY VISIT	Weight								
	BMI (Requires Height in inches)								
	B/P (Goal <130/80)								
	A1C Hemoglobin A1c every 3–6 mo. (Goal <7%)								
	Review & Update Self-Mgmt Goals and AP								
	Foot Exam: V = Visual M = Monofilament								
DATE OF VISIT and Initials									
<input checked="" type="checkbox"/> Lab ordered/pending in date column									
ANNUAL	Foot Exam: Monofilament (sensation), foot structure/biomechanics, vascular and skin integrity								
	Fasting Lipid Profile:								
	<input type="checkbox"/> Total Cholesterol (Goal < 200)								
	<input type="checkbox"/> Triglycerides (Goal < 150)								
	<input type="checkbox"/> HDL (Goal Men > 40, Women > 50)								
	<input type="checkbox"/> LDL (Goal < 100)								
	Micro albumin + (≥30) OR – (Normal) Cr								
	Dilated Eye Exam: R=Referral D+ date=Date Done								
	Flu Vaccine								
	Oral Exam (Visual)								
SELF-MANAGEMENT	SM Goal(s) and Action Plan Set by Patient OV = during office visit PS = phone support								
	Community Resource Referral LWW=Living Well Workshops: Self-Mgmt Program HD= Health Dept CDE=Certified Diabetes Educator Specify OTHER								
	Medical Nutrition Therapy R=Referral D+ date=Date Done								
	Instruct: T=Tobacco Cessation PA =Physical Activity								
	MLU = Medication List Update APAB = Assess Patient Adherence/Barriers PC = Pharmacist Consult								
	Preconception Counseling (women of childbearing age)								
OTHER	Aspirin Therapy St=start, Cont=continue, D/C=discontinue, CI/MA= contraindicated/medical allergy Dec=declined								
	Circle: ACE-I or ARB St, Cont, D/C, CI/MA, Dec								
	Statin or Lipid Lowering Agent: St, Cont, D/C, CI/MA, Dec								
	Assess Mental/Behavioral Health PMD= Prime MD done NI = no indication to screen NoDx = no diagnosis Dec = pt declined DxD=depression DxA= anxiety SU=substance abuse Specify other: _____								

HEALTH & NUTRITION

Nutrition recession: too many calories, too few nutrients

Eating nutrient-rich foods first is a solution, experts say

Nutrient Rich Foods



Key criteria for nutrient profiling systems*

Objective	based on accepted nutrition science and labeling practices
Simple	based on published daily values and meaningful amounts of food
Balanced	based on nutrients to encourage and nutrients to limit
Transparent	based on published algorithms and open source data
Validated	against measures of a healthful diet
Consumer-driven	study to guide better food choices and more healthful diets

* Adapted with the support of funding in creating food lists at the United States Department of Agriculture, Agricultural Research Service, and the National Center for Human Genome Research, Washington, DC, 2000.

In recent years, Americans have learned **how to eat** by learning **what not to eat**. Is it working?

AMERICANS CONTINUE TO BE OVERWEIGHT AND UNDERNOURISHED.

Now a shift in thinking is under way to help Americans “get more nutrition from their calories,” as recommended by the 2005 Dietary Guidelines for Americans.

As health professionals, you can play a pivotal role in educating your patients on how to base their food decisions on a food’s total nutrient package rather than solely on what to avoid, such as calories or fat.

The nutrient rich foods approach is a fresh, realistic solution to help people evaluate food and beverage choices and get more nutrition per calorie, build healthier diets and achieve better health. Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach

can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat & beans, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to think about making healthy choices – they like that it shifts their thinking from how not to eat to what to eat.

Help your patients embrace the nutrient rich foods approach. Show them that nutrient-rich foods are familiar and easy to find, so healthy eating doesn’t have to be difficult, stressful, or negative. Visit www.fda.gov for more information, including science-based resources, recipes, meal ideas and a supermarket shopping list to help your patients build and enjoy a nutrient-rich lifestyle.



These health and nutrition organizations support 3-A-DaySM of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.



“NUTRIENT RICH FOODS” FOR THE RIGHT START IN LIFE

Many American children are overweight, but just as troubling is the fact that many are also undernourished. Because kids do not eat enough of the right foods, they aren't getting enough of five key nutrients: calcium, magnesium, potassium, vitamin E, and fiber, according to the 2005 Dietary Guidelines for Americans (DGA).¹

The guidelines identified four “Food Groups to Encourage” from the USDA's *MyPyramid*: fruits, vegetables, whole grain foods, and low-fat and fat-free milk or milk products. Encouraging kids and families to eat adequate quantities of these nutrient-rich foods can help ensure that they are getting balanced nutrition from their diets.

Dairy Foods: Rich in Nutrients, But Lacking in Some Diets

The dairy group, one of the highlighted food groups, is often underestimated as a source of key nutrients. Known as a superior calcium source, dairy foods also deliver potassium and magnesium – three of the five “nutrients of concern for children.”

A number of studies have shown that getting calcium is a key to building peak bone mass and preventing osteoporosis and fractures later in life. The American Academy of Pediatrics calls dairy foods “preferred” sources of calcium compared to supplements and other foods.²

Unfortunately, half of children ages 2 through 8 and three quarters of children ages 9 through 19 don't get the recommended daily amount of milk or milk products.³ The 2003-2004 National Health and Nutrition Examination Survey found that African-American children have lower intakes of calcium, magnesium, and potassium than children of other races and ethnicities.⁴ This is consistent with a recent finding that adolescent African-Americans eat and drink less dairy than non-African-Americans.⁵

All children 2 to 8 years should get at least two cups a day of low-fat or fat-free milk or milk products and three cups a day once they turn 9. The American Academy of Pediatrics recommends four dairy servings a day for adolescents.⁶ The first step to putting these guidelines into practice is to be aware of them – but 60 percent of parents don't know how much calcium their kids are supposed to be getting.⁷

A Doctor's Influence – In and Out of the Office

Physicians can start by promoting healthy eating in the counseling room. Asking patients about their eating habits, educating them about the importance of balanced nutrition, and recommending a healthy diet that includes low-fat dairy, fruits, vegetables and whole grains are positive steps a healthcare provider can take. A doctor can also help by referring a patient to a registered dietitian when appropriate.

Outside the office, physicians can make a difference in community schools. A respected voice can encourage schools to promote nutrient-rich foods lacking in children's diets and discourage the marketing and availability of foods and beverages low in critical vitamins and minerals.

Poor nutrition in American children isn't only a behavior gap; it's a knowledge gap. Because of their expertise and the respect they command in their communities, health professionals have an important role to play in closing that gap and steering families onto a healthier path through education, guidance and active involvement.



Arlene Murrell, MS, RD, LD, CLE
Nutrition Affairs Account Manager

Arlene Murrell is a registered dietitian and certified lactation educator and currently serves as the Nutrition Affairs Account Manager for the Southeast Dairy Association. Arlene brings extensive experience in public health in New York City, South Carolina and Georgia to the Dairy

Association. As Director of Nutrition for the Women, Infant and Children (WIC) services program, Arlene provided nutrition expertise to the medical community for over 20 years.

An accomplished public speaker, Arlene has conducted presentations for multiple university health programs, as well as the Utah Nurse's Association; Kentucky Cabinet for Health Services; North Carolina Department of Environment, Health and Natural Resources Division of Maternal and Child Health; and the Catawba, N.C. Health District Teen Pregnancy/Parenting Project.

Arlene received her Bachelor of Science degree in foods and nutrition from Marymount College in Tarrytown, N.Y. She completed her dietetic internship and earned her Master of Science degree in foods and nutrition from Winthrop College in Rock Hill, S.C. She is an active member of the American Dietetic Association, the Georgia Dietetic Association and the Greater Atlanta Dietetic Association.

At the dairy association, Arlene consults with key health professionals and helps develop teaching resources. She enjoys teaching health professionals and consumers the importance of dairy throughout life.

1 U.S. Department of Health and Human Services and U.S. Department of Agriculture. Dietary Guidelines for Americans, 2005. 6th Edition, Washington, DC: U.S. Government Printing Office, January 2005, p. 7.

2 Frank R. Greer, M.D. and Nancy F. Krebs, M.D. “Optimizing Bone Health and Calcium Intakes of Infants, Children, and Adolescents.” *Pediatrics* (2006). 4 Sept. 2007 <<http://pediatrics.aappublications.org/cgi/content/full/117/2/578>>.

3 National Dairy Council, unpublished data based on the National Health and Nutrition Survey, 1999-2002

4 Fulgoni, Victor. “Dairy Consumption and Related Nutrient Intake in African-American Adults and Children in the United States: Continuing Survey of Food Intakes by Individuals 1994-1996, 1998, and the National Health and Nutrition Examination Survey 1999-2000.” *J Am Diet Assoc.* (2007). 4 Sept. 2007 <<http://lib.bioinfo.pl/pmid:17258962>>.

5 Fulgoni, Victor. “Dairy Consumption and Related Nutrient Intake in African-American Adults and Children in the United States: Continuing Survey of Food Intakes by Individuals 1994-1996, 1998, and the National Health and Nutrition Examination Survey 1999-2000.” *J Am Diet Assoc.* (2007). 4 Sept. 2007 <<http://lib.bioinfo.pl/pmid:17258962>>.

6 Frank R. Greer, M.D. and Nancy F. Krebs, M.D. “Optimizing Bone Health and Calcium Intakes of Infants, Children, and Adolescents.” *Pediatrics* (2006). 4 Sept. 2007 <<http://pediatrics.aappublications.org/cgi/content/full/117/2/578>>.

7 Opinion Research Corporation for GTC Nutrition

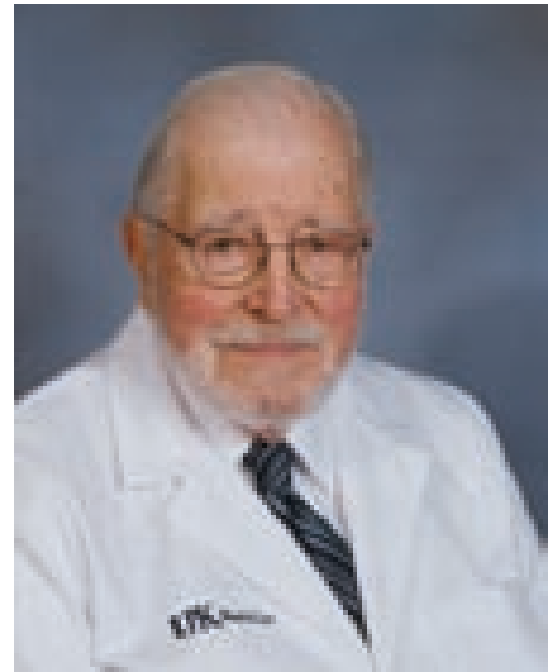
▶ 2009 KAFP DISTINGUISHED SERVICE AWARD Dr. E.C. Seeley Receives “Distinguished Service Award”

The KAFP’s Distinguished Service Award was established to recognize an officer and leader of our academy for his or her distinguished service. E. C. Seeley, MD was selected by the committee as our 2009 recipient.

Dr. Seeley received his M.D. degree from the University of Louisville in 1947. He joined the U.K. faculty in 1975 after 25 years of private practice in London, Ky. He served as program director for 10 years, vice-chairman for two years, and was clinic director for two years. Has served for over 10 years on the Board of Trustee for the Kentucky Medical

**LEADERSHIP TAKES MANY FORMS AND
DR. SEELEY EXERTS HIS LEADERSHIP
THROUGH A RICH CAREER AND A
KNOWLEDGEABLE, GUIDING HEART THAT
HAS REMAINED TRUE TO THE FOUNDING
PRINCIPLES OF FAMILY MEDICINE.**

Association and as its Delegate to the the U. S. Pharmacopeial Convention; and as Laurel County Medical Society President. Civic minded he has been a high school team physician, Deacon for his church and two terms on his county Board of Education. Dr. Seeley is past president of the Kentucky Academy of Family Physicians in 1964-65 (aka The Kentucky Academy of General Practice) and past recipient of the Citizen Doctor of the Year Award in 1969. Dr. Seeley has a long tradition with our academy and with pioneering community medicine in the Commonwealth. Dr. Seeley through his knowledge of our bylaws, helps to make sure we abide by our own governance and do not fall victim to improvisational democracy. Leadership takes many forms and Dr. Seeley exerts his leadership through a rich career and a knowledgeable, guiding heart that has remained true to the founding principles of family medicine. Dr. Seeley distinguishes himself through his ongoing commitment to service and we are so fortunate to honor him with this award. His other honors include: AAFP 1999 Exemplary Teacher Award for Part Time Faculty; and the 2002 Abraham Flexner Master Educator Award in the areas of Teaching, Leadership and Faculty Development.



E.C. SEELEY, M.D.



Brent Wright, MD presents Dr. Seeley with the Distinguished Service Award at the 58th Annual Scientific Assembly Banquet.

▶ John Belanger, MD is the 2009 recipient of the Citizen Doctor of the Year Award from the Kentucky Academy of Family Physicians (KAFP).

The award honors an outstanding, community minded family physician that provides compassionate, comprehensive care. Candidates are nominated for their service as role models professionally and personally in their communities, other healthcare professionals, physicians in training and medical staff.

Employees from St. Joseph Berea who have worked with Dr. Belanger since he first came to Berea were the principal community members who submitted Dr. Belanger for this prestigious award. Flora Washburn, mission leader and chaplain at St. Joseph Berea, commented on learning of Dr. Belanger selection, "He has done so much for so many."

Dr. John Belanger is the medical director of Paint Lick Family Clinic in Paint Lick, Ky., which he started in 2000. The Paint Lick Family Clinic is a community owned non-profit organization whose mission is to provide excellent healthcare regardless of the patient's ability to pay. Before starting the clinic he practiced for ten years in a community health center in McKee, Kentucky. Recognizing that much of his time was spent tackling paperwork and dealing with government bureaucracy, he decided it was time to make a radical change.

Paint Lick Family Clinic maintains a very low overhead to provide care at the lowest cost possible. They operate on a cash-only basis, independent of federal funding and insurance companies, which allows them the flexibility to focus on providing services rather than concentrating on reimbursements. Their average charge is \$20 and patients are asked to pay what they can, when they can. The clinic never turns away patients because of their inability to pay. It deserves special mention that the low overhead is also made possible by Dr. Belanger's requested salary which is

PAINT LICK FAMILY CLINIC MAINTAINS A VERY LOW OVERHEAD TO PROVIDE CARE AT THE LOWEST COST POSSIBLE.

at a level less than many first year family medicine residents.

Dr. Belanger lives by his mission, in one account of his service a Hispanic mother was looking for medical care for an ill child late on a Friday afternoon. After being told by numerous offices they would not be seen unless they could pay a sizable fee up front, they came across the name of Dr. Belanger. Upon being contacted he waited in his office until the mother and child could arrive which lasted well into the evening. A contribution to the clinic was all that was asked for, only if there was ability to give.

Dr. Belanger turned a dream of service into a reality – by writing grants, renovating an abandoned building, fusing volunteers and staff into a team. When he made it his mission to start the Paint Lick Family Clinic the community opened their wallets, lifted their hammers, and joined their hearts with his to make the clinic a reality. Picture a doctor with hammer in hand and stethoscope hanging around his neck.



Brent Wright, MD presents Dr. Belanger with the Citizen Doctor Award at the 58th Annual Scientific Assembly Banquet.



Dr. Belanger with wife, Sarah and daughters, Audrey and Lilly



Dr. Belanger's parents, Keltah and William Belanger shared in the celebration

▶ 2009 KAFP 58TH ANNUAL SCIENTIFIC ASSEMBLY AWARDS



PAUL QUERTERMOUS

OUTSTANDING SENIOR MEDICAL STUDENT AWARD

William D. and Peggy Pratt Memorial Scholarship Award
University of Kentucky - *Cheryl Chastine*

Walter & Helene Zukof Memorial Scholarship Award
University of Louisville - *Paul Quertermous*



CHARLES KODNER, MD

EXEMPLARY TEACHING AWARDS

Full-time Faculty
Charles Kodner, MD
University of Louisville

Volunteer Faculty
Dr. Larry & Betty Coleman
Pikeville, KY



DRS. LARRY & BETTY COLEMAN

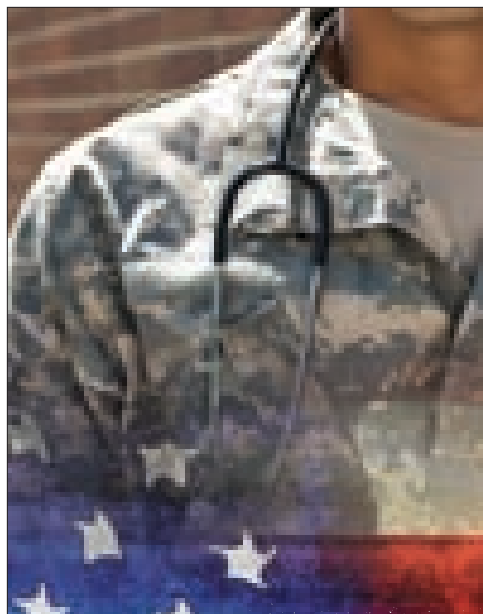


JAMES G. SILLS, MD, HARDINBURG, KY

50 YEAR AWARD

The Kentucky Academy of Family Physicians honored physician members who graduated from medical school 50 years ago at the 58th Annual Scientific Assembly Banquet. *Brent Wright, MD* Master of Ceremony presented awards to the 1959 Medical School Graduates.

Honored Physicians who were unable to attend the event were *Carl J. Brueggemann, MD* - Covington, KY; *Salem M. George, Sr., MD* - Lebanon, KY; *James E. Johnson, Jr., MD* - Paris, KY; *Lowell D. Martin, MD* - Martin, KY; *Charles C. Moore, MD* - Middlesboro, KY; *James S. Rieser, MD* - Louisville, KY; *Robert E. Smith, MD* - Edgewood, KY; *Emmett W. Wood, MD* - Bardstown, KY



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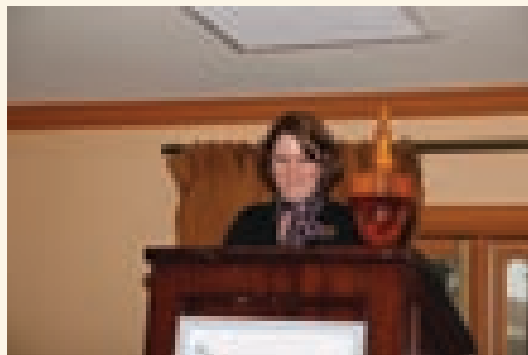


▶ FOURTH ANNUAL RESIDENT QUIZ BOWL



After an amazing tournament and a four-way tie, the Kentucky Academy of Family Physicians Foundation proudly presents the 2009 Winners:

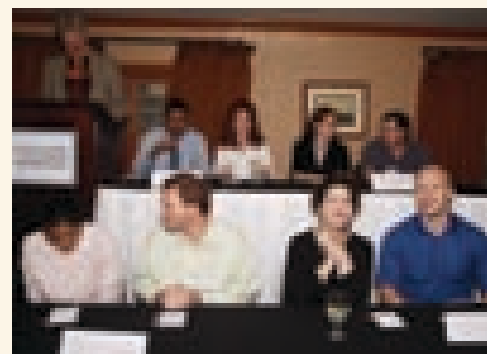
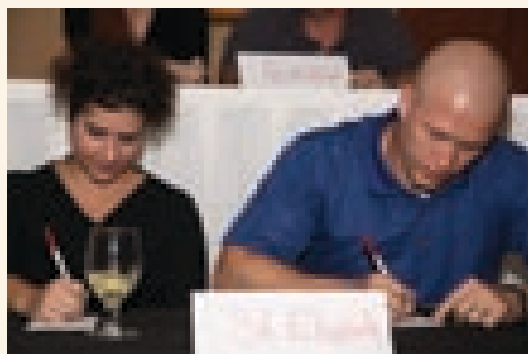
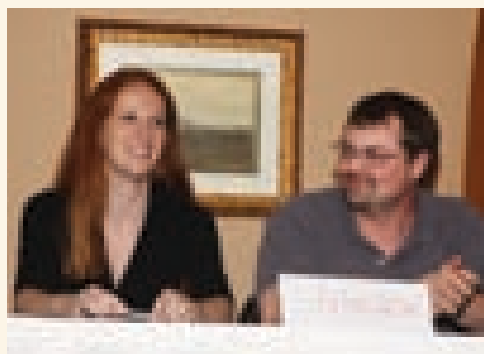
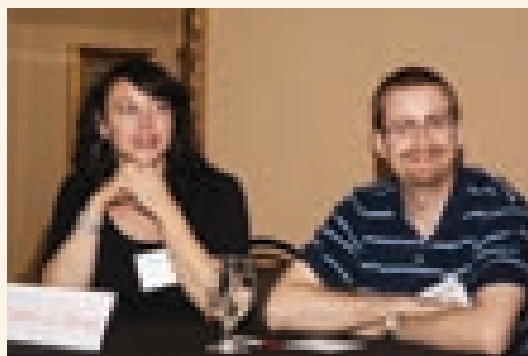
East Kentucky Family Medicine Residency Program
 St. Elizabeth Family Medicine Residency Program
 University of Kentucky Family & Community Medicine Residency Program
 and University of Louisville Family & Geriatric Medicine Family Medicine Residency Program.



Mary Jo Dike - Event Moderator
 Program Manager, Foundation for a Healthy Kentucky

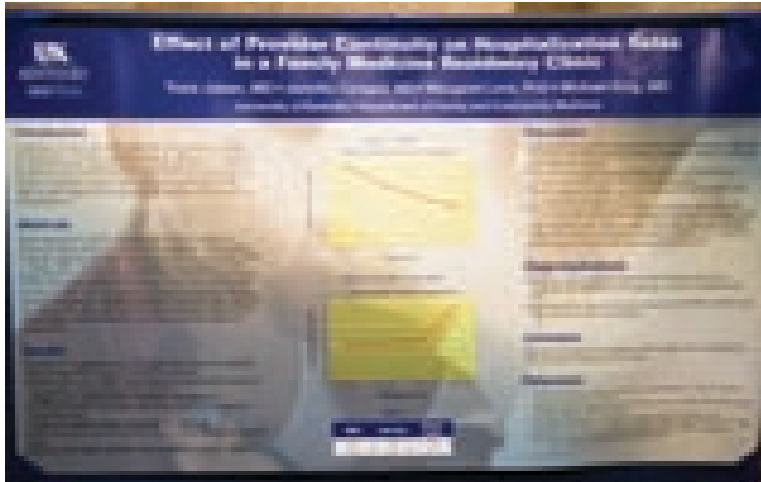


Stephen Wheeler, MD - Chair & Host
 University of Louisville



▶ SECOND ANNUAL RESIDENT SCHOLARLY EXHIBIT CONTEST

All family medicine residents across Kentucky were invited to participate in this activity. We had a great turnout with a total of six submissions. Exhibits were on display at the 2009 KAFP 58th Annual Scientific Assembly. Congratulations to our winners!

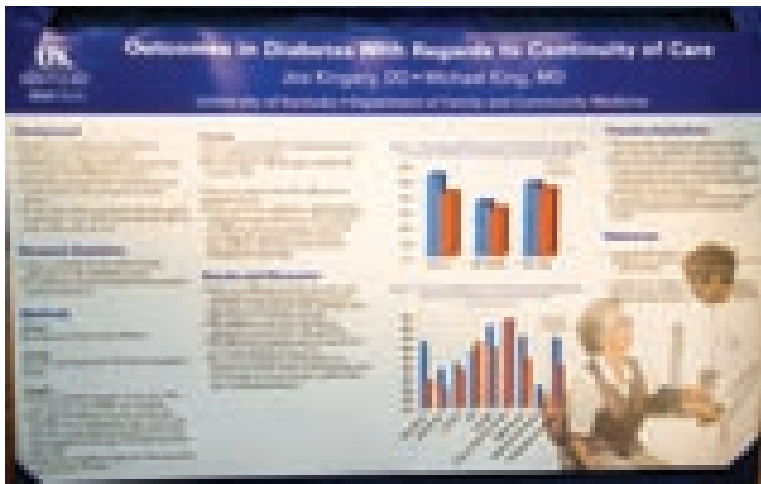
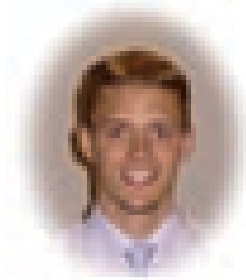


FIRST PLACE

Primary Author:
Trace Julsen, MD

Title: Does Higher Continuity in Family Medicine Clinic Reduce Hospitalization for CHF Patient

Program: University of Kentucky Family & Community Medicine



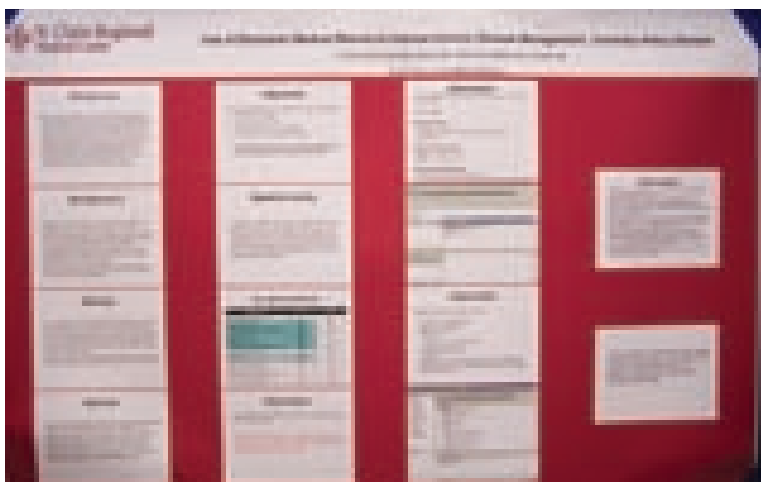
SECOND PLACE

Primary Author:
Joe E. Kingery, DO

Title: Outcomes in Diabetes With Regards to Continuity Care

Program: University of Kentucky Family & Community Medicine

R. Brent Wright, MD
Presented Joe Kingery, DO
with the 2nd Place Award

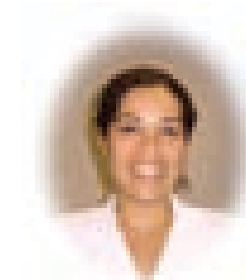


THIRD PLACE

Primary Author:
Tatiana Cardoso, MD

Title: Use of Electronic Medical Record to Improve Disease Management: Coronary Artery Disease

Program: St. Claire Family Medicine Residency Program





Odds of a child becoming an Olympic athlete: 1 in 28,500

Odds of a child being diagnosed with autism: 1 in 150

Some signs to look for:

No big smiles or other joyful expressions by 6 months.

No babbling by 12 months.

No words by 16 months.



To learn more of the signs of autism, visit autismspeaks.org



AUTISM SPEAKS™
It's time to listen.

▶ THE KENTUCKY ACADEMY OF FAMILY PHYSICIANS
CONGRATULATES THE CLASS OF 2009

We want to honor your efforts during the last three years in preparation to become board certified in the specialty of family medicine. Your life as a family physician will be vital for your patients, hospital, community, and profession. As you move forward with your career, please remember that we are here for you as an academy that serves the needs of both you and your patients. We look forward to your involvement and wish you the best in all of your future endeavors. The recognition devoted towards this accomplishment honors all of the physicians who have given of themselves towards the lifelong journey of your education.



EAST KENTUCKY



GLASCOW

UNIVERSITY OF KENTUCKY, EAST KENTUCKY

The **University of Kentucky, East Kentucky Family Medicine Residency Program** is located in Hazard, KY. The program is dual accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) for four positions each program year. The program currently has a full component of 12 residents.

The program's mission is to prepare family practitioners for careers in rural medicine that are dedicated to meeting the health care needs of the people of rural Appalachia. The residents' training is designed to prepare them for meeting the unique demands of a rural practice and for providing quality care in rural settings. Since the program's beginning in 1991, 51 residents have completed their family medicine training.

Our Graduating Class



Ayesha Wahab, M.D.



Miranda Hollen, M.D.
will be practicing in Hazard, KY



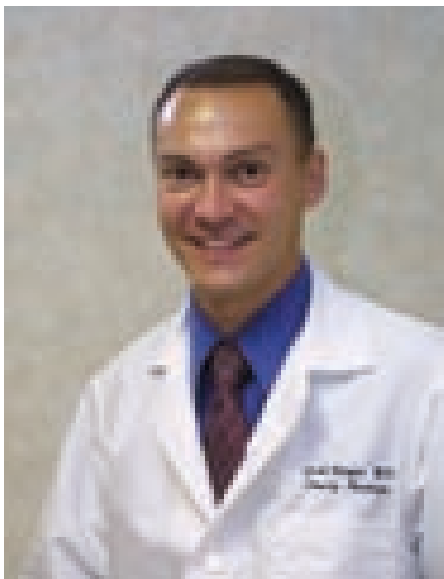
Juanita Fraan Hughes, D.O.
will be practicing in Hazard, KY

DIRECTOR'S NAME: *Angela Y. Rice, D.O.*
PHONE NUMBER: (606) 439-3557, Ext. 83565
FAX NUMBER: (606) 439-1131
WEB SITE: <http://www.mc.uky.edu/RuralHealth/res.asp>
EMAIL: hrnobl0@email.uky.edu



UNIVERSITY OF LOUISVILLE GLASGOW/BARREN COUNTY Family Medicine Residency

R. Brent Wright, M.D. | Residency Director



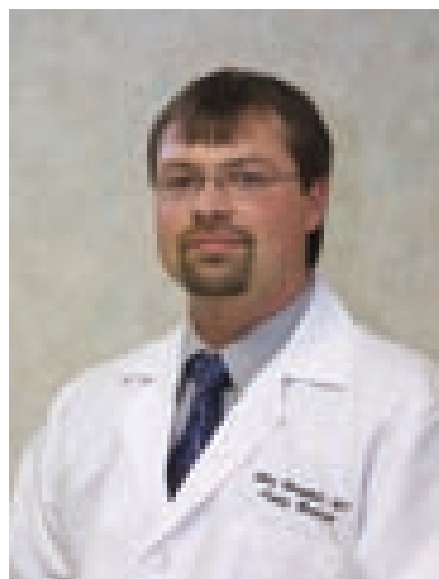
Joshua Benge, M.D.
Patient First
Alexandria, KY
August 2009



Heather Garrett, M.D.
Ohio County Family Care
Hartford, KY
August 2009



Robin Mahlow, M.D.
Knoxville, TN



Chris Marshall, M.D.
Averett Medical Group
Linden, TN
August 2009



St. Claire Regional Medical Center

Family Medicine Residency

We have a long tradition of celebrating rural family physicians and their practice beginning with St. Claire's namesake, Claire Louise Caudill, MD. The winner of the 1993 National Rural Health Association's Outstanding Rural Practice Award, St. Claire's staff is proud of its history and looks forward to a future of quality care and service to its communities. We have long relied on family physicians to

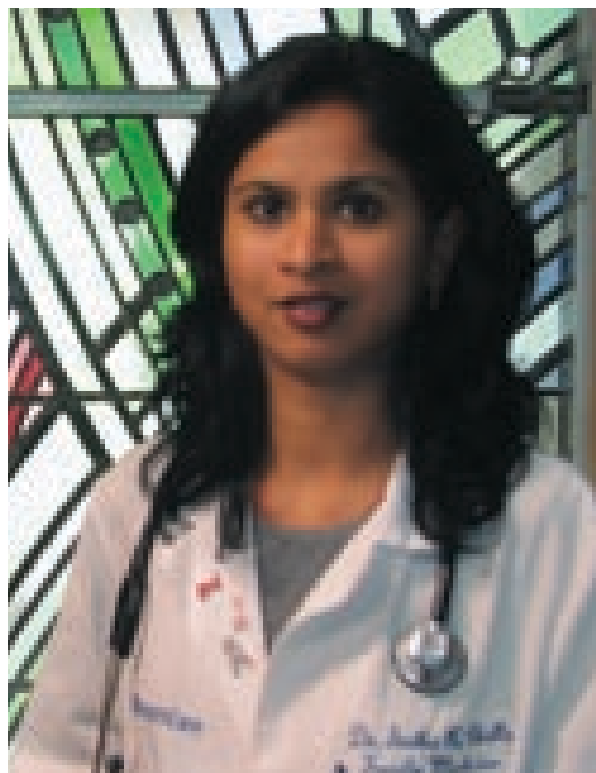
deliver excellent comprehensive care to the underserved in the counties surrounding us and feel that we can help shape future leaders in rural health delivery and advocacy. Most importantly, we provide our residents with the tools to help them to become an outstanding family physician. Since 2001, there have been six graduates with five working in Kentucky. There are currently six residents in the program.

Congratulations to our Graduating Seniors!!



Tatiana Cardoso, M.D.

After graduation, Dr. Cardoso will be joining a family medicine private practice in Vancouver



Sudha Challa, M.D.

After graduation, Dr. Challa will be completing a Fellowship in Geriatric Medicine at the University of Louisville.

For More Information Contact;

DIRECTOR'S NAME: *William Louis Melahn, M.D.*

PHONE NUMBER: (606) 783-6455

FAX NUMBER: (606) 783-6392

WEB SITE: <http://fpresidency.org>

E-MAIL: wlmelahn@st-claire.org

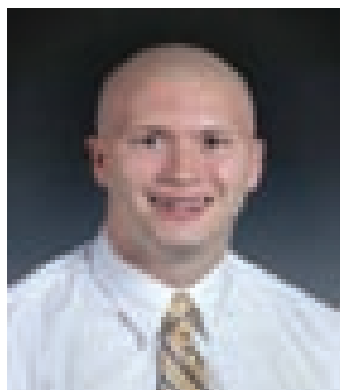
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We are very proud to present the graduating class of 2009, and their practice plans:



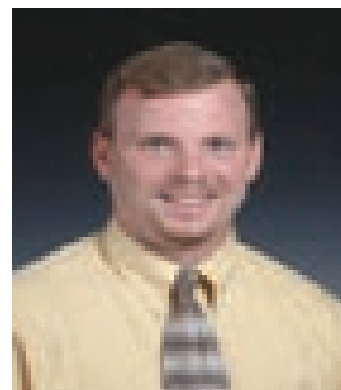
Brian Alvarez, M.D.
Will practice in Ohio



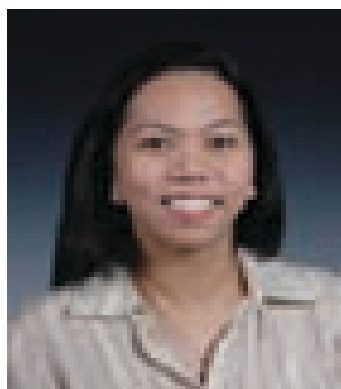
Michael Bowlin, M.D.
Will practice in Florence, KY



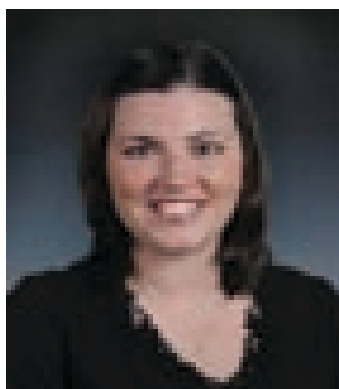
Jessica Fortwengler, M.D.
Will practice in KY



Bradley Gray, D.O.
Will practice in Flemingsburg, KY



Ria Santos, M.D.
Will practice in Florence, KY



Sandra Utter, M.D.
Will practice in Dry Ridge, KY



John Walker, M.D.
Will practice in Ohio

CONGRATULATIONS! *From Your Faculty and Staff*

Donald J. Swikert, M.D., Program Director

St. Elizabeth Family Medicine Center
413 South Loop Road, Edgewood, KY 41017

(859) 301-3841

www.stelizabeth.com



TROVER HEALTH SYSTEM

FAMILY PRACTICE RESIDENCY

Our goal was, and is, to increase the number of qualified primary care physicians practicing in rural, underserved areas. Trover Health System's Family Practice Residency Program was the first family practice residency in the state of Kentucky. We opened our doors in 1971 to help increase the availability of quality family practice medical care. Our mission is excellent care every time and our values are safety, quality, compassion, and accountability. There are currently 18 residents seeing patients in the Madisonville Trover Clinic through the family practice residency program. Including this class, there will be 167 graduates from our program.

2009 GRADUATES



Eileen Cloonan, M.D. will move to Chicago, IL and practice medicine.



A. Stuart Galloway, M.D. will stay in Madisonville, KY and join Multicare Specialists, PSC



Jayna Jones, M.D. will stay in Madisonville, KY and go into Private Practice



Joshua Kadetz, M.D. will stay in Madisonville, KY and join Multicare Specialists, PSC



Carla Rivera y Pierola, M.D. will move to Miami, FL and practice medicine



Parminder Singh, M.D. will move to Bremerton, WA and join the Harrison Medical Center

For more information contact: 1-800-563-8327 | Web site: www.troverhealth.org

UNIVERSITY OF KENTUCKY (LEXINGTON) Family and Community Medicine Residency Program

Over the last 35 years, our residency program has trained 227 graduates, the majority of which practice in Kentucky. Our mission statement demonstrates our three-fold purpose to recruit excellent students, to provide training that is second to none, individualized to the resident's needs, and to graduate family physicians who will become well-respected clinicians in their community. Our training encompasses experiences at the University of Kentucky Hospital as well as providing continuity hospital care

in a smaller more patient-centered, U.K. Good Samaritan Hospital within U.K. Healthcare. We also utilize community sites both in Lexington and in surrounding rural communities, allowing our program to have the best of both worlds and prepare our residents well for a wide variety of patient care needs. We are very proud of our 2009 graduating class! Nearly all of the graduates have chosen to remain in Kentucky, using their skills to provide excellent primary and preventive care to their respective communities.

OUR GRADUATING CLASS



Cindy E. Atkins, M.D.
Practice Site: Nicholasville, KY



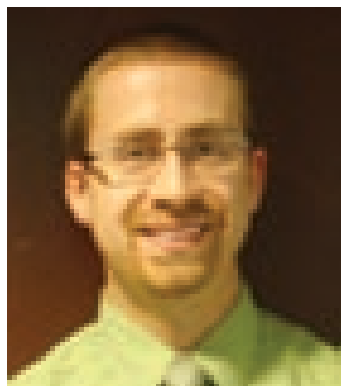
Farid Ud Din, M.B.B.S.
Practice Site: Lexington, KY



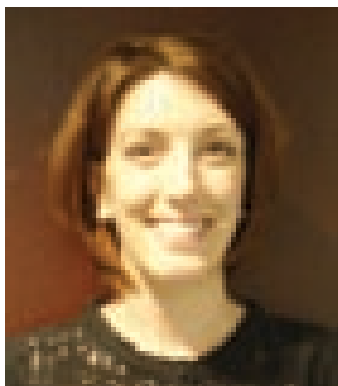
Holly M. Hall, M.D.
Practice Site: Berea, KY



Trace J. Julsen, M.D.
Practice Site: Lexington, KY



Joe E. Kingery, D.O.
Practice Site: Hazard, KY



Jordan M. Prendergast, M.D.
Practice Site: Richmond, KY



Ernest Thompson O'Neal, M.D.
Practice Site: United States
Air Force, South Korea

DIRECTOR'S NAME: *Michael King, M.D.*
PHONE NUMBER: (859) 323-6712
FAX NUMBER: (859) 323-6661
WEB SITE: <http://www.mc.uky.edu/familymedicine>
E-MAIL: jthoma2@email.uky.edu





UNIVERSITY OF
LOUISVILLE

UNIVERSITY OF LOUISVILLE

Family Medicine Residency Program

The University of Louisville Family Medicine Centers are divisions of the Department of Family and Geriatric Medicine at the University of Louisville School of Medicine. The faculty and residents are committed to providing quality patient care that requires the joint efforts of our patients, their families and our staff. Our 2009 graduates and their future plans are: *S. Kyle Dreisbach* will be practicing in Louisville with Baptist Hospital East; *Junjie Fang* is practicing in Boston, MA; *Joanna Hetman* will be practicing in Louisville with Baptist Hospital East; *Nathan Kiskila* will be practicing in Jeffersonville, IN; *Paul McKee* will be doing a fellowship in sports medicine at UofL; *Ermina Mujadzic* will be practicing in Carrollton, KY; *Minu Sharma* will be entering private practice in Louisville, KY; *Thomas Stratton* will be practicing in Evansville, IN; and *Muhammad Ul Haq* will be doing a fellowship in Geriatric Medicine at UofL.

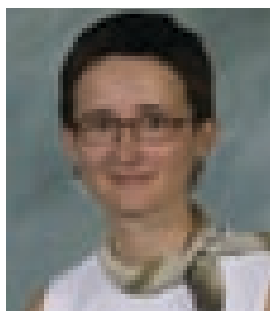
OUR GRADUATING SENIORS



S. Kyle Dreisbach



Junjie Fang



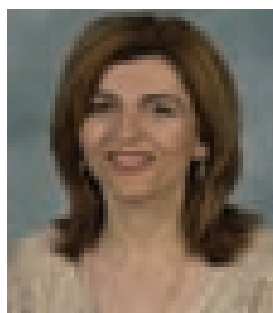
Joanna Hetman



Nathan Kiskila



Paul McKee



Ermina Mujadzic



Minu Sharma



Thoman Stratton



Muhammad Ul Haq

For More Information Contact;
DIRECTOR'S NAME: *Michael Ostapchuk, M.D.*
PHONE NUMBER: (502) 852-5499
FAX NUMBER: (502) 852-4944

WEB SITE: <http://www.louisville.edu/medschool/familymedicine>
E-MAIL: tanya.keenan@louisville.edu
PROGRAM CODE: 151230001
PROGRAM STRUCTURE: 4A

▶ Department of
Family and Community
Medicine (DFCM) at the
**UNIVERSITY
OF KENTUCKY**

Central to the mission of the U.K. Medical Center and the DFCM is improving the health of people in Lexington, Fayette County, and the Commonwealth of Kentucky as well as society at large.

**THE DFCM CONTINUES TO BE
NATIONALLY RECOGNIZED AS A
LEADER AMONG DEPARTMENTS
OF FAMILY MEDICINE
THROUGHOUT THE COUNTRY.**

DFCM will continue to play a crucial and ever-expanding role in fulfilling the health care needs of the area and Kentucky as a whole. Through the establishment of the Medical Home Model, a patient centered care program at U.K. Good Samaritan, and other health care initiatives, the DFCM is supporting positive changes in health care delivery and a more sustainable model with improved outcomes and patient satisfaction. With thoughtful compassion, as well as creative and relevant innovation, DFCM is taking a leadership role in advancing the art, science and practice of primary care in a rapidly evolving healthcare environment. Through our trainees, our service to the health of the community and clinical research, the DFCM continues to be nationally recognized as a leader among departments of family medicine throughout the country. We strive to maintain that status.

▶ **UNIVERSITY
OF LOUISVILLE**
Department of Family
and Geriatric Medicine

This past year has been both a transitional and positive one for family medicine as a discipline and for the Department. Activities in Washington related to health care reform emphasize the need for primary care and support for the Patient Centered Medical Home, both of which create an opportunity for family medicine to assert itself as being a vital component of the solution to the current problem with the failed health care system.

RESIDENCY: We enjoyed a successful match with nine excellent residents added to the Louisville Program and four additional residents recruited in our Glasgow program. Our fellowships have succeeded in filling their available slots, three in geriatrics and one in sports medicine.

EXTERNAL SUPPORT:

We have been successful in acquiring new funding from HRSA to implement a curriculum in Health Literacy in our third year family medicine clerkship. This is under the direction of Dr. Donna Roberts. We have received continuing funding for the Polypharmacy initiative and now have linked with the Greater Louisville Medical Society Subcommittee on Safety to expand this program. Our HRSA grant, under the direction of Dr. Michael Ostapchuk and Dr. Brent Wright to integrate mental health competencies in the family medicine curriculum at a residency

level, has received funding for the next three years. Additional funding to support a new educational program via telemed to teach geriatrics to primary care practitioners in inner city Family Health Centers in Illinois, Buffalo and Columbus, has been recently awarded.

**The past year has been
both a transitional and
positive one.**

Under the direction of Dr. Patrick Murphy, we have greatly expanded a Home Care program primarily in the downtown Louisville area.

In collaboration with the Department of Philosophy, under the direction of Dr. David Doukas, our first cohort of three students graduated with a Masters of Arts (M.A.) in Bioethics and Medical Humanities.

Our Madisonville campus, under the direction of Dr. Bill Crump as associate dean, continues to demonstrate the ability to educate students in a rural area and increase the likelihood of students selecting careers in rural health settings.

Finally, we had four faculty named as “Best Physicians in Louisville” as judged by peers both in family medicine and geriatrics including Dr. Stephan Wheeler, Dr. Christian Furman, Dr. Patrick Murphy, and Dr. James G. O’Brien.

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KAFP FOUNDATION REPORT

MAY 15, 2009

BALANCE SHEET: The balance sheet enclosed dated April 22, 2009, reflects a balance of \$88,059 which is up slightly from \$85,751.35 from our last report. The updated UBS investment report has not been posted to the account but is attached. It reflects \$40,896 in investments compared to the balance sheet which reflects \$54,584.34 – decrease due to market downturn. (NB investments are down 25 percent from last year)

PROJECTS FUNDED:

- 1. UK students to NRSC.....\$4,000
- 2. UofL students to NRSC.....\$4,000
- 3. Resident Board member to NRSC\$1,000
- 4. Student Board member to NRSC.....\$1,000
- 5. Student Dues (pay ½).....\$2,000 (budgeted)
- 6. Resident Board member to Patient Education Conference\$1,000
- 7. UK’s Outstanding Student Award.....\$650
- 8. *Walter and Helene Zukof Memorial Scholarship Award* to the UofL’s Outstanding Student.....\$650
- 9. Resident Poster Contest Awards.....\$1,800
- 10. Resident Quiz Bowl Prizes.....\$6,000
- 11. Resident Quiz Bowl Participants Awards\$1,200

NOTES:

- 1. Foundation Board increased the annual Outstanding Student Award from \$500 to \$650 in 2007.
- 2. Any access funds from KAFP Foundation fund raising events will be used towards students to attend NRSC.
- 3. Foundation Board changes the Resident Quiz Bowl award for 2008 to --
1st place - \$2,500; 2nd place \$1,500; 3rd place \$750; and 4th -7th \$250 each.

ACTIVITIES PROJECTED: We are working with the Nevada Academy of Family Physicians to develop an ‘Amazon Associate’ program that has potential to bring in non due revenue. We received a \$1,500 grant from Atlantic Health Partner for our participation in their program. I encourage everyone to spread the word about this initiative with AHP (see attached)

TOTAL FUNDED PROJECTED = \$23,300.

Respectfully submitted:

//signed//

Nancy Swikert, M.D.

Date: April 22, 2009

President

----- (cut line) -----

I would like to help educational and practice based research initiatives for Family Medicine in Kentucky. My contribution is to go towards one of the following: _____ Practice Based Research; _____ Scholarships for Medical Student to attend National Resident and Student Conference; _____ General fund used to support Family Medicine Resident programs; or _____ at discretion of KAFP’s Foundation Board.

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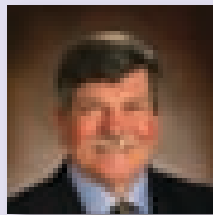


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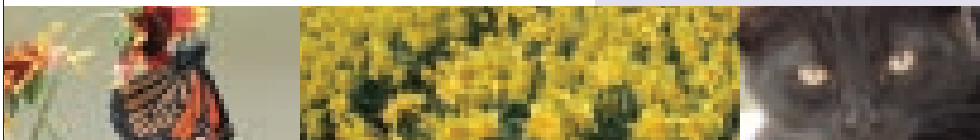
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Send CV to: Julia Richerson, MD, FAAP
jricherson@fhclouisville.org
ph. 502-772-8120 | fax 502-772-3489



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