

The Official Publication of the Kentucky Academy of Family Physicians

JOURNAL

SUMMER 2021
EDITION 51

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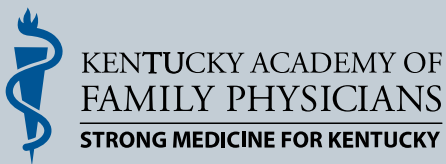
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EDITION 51

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Woodford Reserve Front Cover

Picture taken by:
Diana Heiman, MD, CAQSM,
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▶ message from Your PRESIDENT

Is Everyone OK Out There?

Hello KAFP!

It is springtime in beautiful Kentucky and with it comes change, renewal, and hope. We've spent over a year reflecting on change, working to reinforce and renew relationships, and hoping for a strong future. We've all been busy in our clinical practices, home lives, and trying to stay up to date with the ever increasing breadth of medical knowledge. The AAFP and KAFP have been working hard to support you in all of your efforts and to help keep you in the forefront of engagement, leadership, and learning.

I've just had the privilege to participate in the AAFP Annual Chapter Leader Forum (ACLF). It was 100% virtual and it was a joy to see so many smiling and excited faces from across our country. For those of you who are unfamiliar with the ACLF meeting, it is an orientation for emerging leaders who serve or have an interest in serving on chapter boards. The Presidents/President-Elects as well as chapter leadership attend a wide range of sessions to learn how to serve our members and better Family Medicine as a specialty. The sessions are customized with a wide variety of topics as well as many networking opportunities to learn from others. The ACLF encourages participants to reconnect and create new relationships. This allows emerging leaders to share ideas, learn new strategies and techniques to succeed, and engage in important dialog about chapters.

In one of the break-out sessions I was able to engage with other chapters of our size. What we found in discussion is that our challenges are similar despite our locations across the country. Our challenges that we face are: member recruitment/engagement, board development for future years, and keeping Family Medicine Physicians at the forefront of our Governmental State Leadership. By working with others and brainstorming ways to improve

Our Annual Meeting is in the planning stages to bring you exciting new speakers with fresh topics. The KAFP is celebrating the great milestone of 70 years – what an incredible journey!

our own state chapters we enhance the quality of our patient care; that which is truly the center of all that we do. We learned that other chapters utilize their residents and medical students to present more CME/KSA activities at meetings throughout the year. Other chapters are working to bring back community events such as “Tar Wars” to engage physicians and their community together in a setting with a common cause. Getting creative in their ideas for blending virtual and in-person events, chapters have been stimulated in their momentum moving forward.

By bringing some of these ideas back to Kentucky and our own chapter, my hope is to integrate some of these ideas into upcoming meetings and events. We want to enhance networking and allow new members to engage as much as possible. In an effort to begin this process,

I hope you were able to take a few minutes to respond to the KAFP survey that was sent out in the spring. My goal is to create a directory that will provide information to medical students, residents, and current physicians when considering residency and practice locations by pairing them with a colleague in the area of training/practice. The goal is to help create a relationship between an established physician and a physician starting a new path in their practice journey. This is a private directory that would be available only by inquiry to chapter executive staff.

On May 15th the KAFP hosted its first all-virtual spring mini-meeting. As a first time event it was well attended – we had about 20 participants. It was an exciting and fun few hours that included 4 AAFP Live Credits and 1.5 credits for KBML House Bill 1. We had several new speakers and really enjoyed the engaging topics. Over the last year and a half the option of live accessible CME has been scarce. The KAFP offered an alternative that was user friendly, fun, relevant to current events, and timely.

Our Annual Meeting is in the planning stages to bring you exciting new speakers with fresh topics. The KAFP is celebrating the great milestone of 70 years – what an

incredible journey! We want to take some time at the annual meeting to mark such a special occasion. As of now, the meeting is planned for in-person with part of the agenda offered in virtual format to include those interested in participating but unable to attend in person. Plans are in the making – so stay tuned! I look forward to hearing from you and I hope to see you all at our annual KAFP Meeting August 20th-21st, 2021 in Bowling Green, KY.

My year as your KAFP Chapter President is coming to a close. It's been a humbling and amazing experience. Thank you for allowing me to be a part of your journey through this time of uncertainty. I would like to wish your incoming President – Dr. Syed Naseeruddin, a successful year!

Please contact me at asha.sharma@thechristhospital.com to discuss any issues or ideas.

I also encourage our members to visit our website at www.kafp.org to stay up to date on news and upcoming events.

Respectfully,
Asha Sharma, MD, FAAFP



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LETTER FROM THE EDITOR

In recent years, we have devoted our summer KAFP journal to our residents and our residency programs. As you will read in several of the program descriptions, developments, and accomplishments, this year has been nothing, if not *exceptional*. I would emphasize exceptional in terms of perseverance, dedication, and innovation. As a specialty, we have a lot to be proud of, and I congratulate all the players, the graduates, the amazing residency staff, and the faculty, for all your tremendous work.

I do want to add, however, a personal story and a bit of encouragement that goes along with being a family physician, at least as I see it.

I went for my “annual check-up” this past month. “Annual” is a relative term given that it has been 18 months since I last saw my physician, but I could chalk that up to COVID 19, my busy schedule, or any of a host of activities that I prioritized above this health visit. The time and day were not particularly inconvenient. Three pm on a Friday afternoon. I ended my work week a bit early and would be able to start my weekend, such as it is, on time. I arrived early, called from my car, and was directed to an appropriate waiting area. I was then called to the exam room.

I was not overly happy about being there. I had on my mask and I was unsure what I would be asked. I would be seeing a new physician; one I had not met before. You see, I have unfortunately had a problem in that every physician I see usually moves away or retires after one or two years of having me as a patient. In the past, I could at least ask someone who knows me to be my doctor, but this time, I would be seeing someone completely new to me.

The medical assistant reviewed my medicines and my immunizations. I gave her the dates of my COVID vaccines. She asked why I was there. “Annual Checkup,” I replied, mostly so the visit would be coded correctly for my insurance. Then she asked, “Are you having any problems?” I answered nonchalantly, “Not really.” And the medical assistant responded, I think rather intuitively, “‘Not really’ might mean there is something.”

I really give her credit for that.

There were, of course, a host of somethings: new physician, issues at work, Covid, Covid, Covid. Most of those things I didn’t want to share or even need to share. After all, we all have “something!” What I did share is this: “Well, you know, going to the doctor can sometimes be scary. You never know what might be found. It takes a lot of trust to do this.”

And she nodded, quite empathically, validating my concerns.

As Family Physicians, we have a tremendous opportunity with our patients. We can convince our patients to be screened for cancer. That can be quite intimidating, especially if you are working with someone who has experienced cancer in a family member. We can educate and encourage the flu vaccine every year. You know, I never get tired of giving my flu vaccine talk to a patient who has already told my medical assistant they do not want the shot. Nine times out of ten, I convince them to get the vaccine. It is almost to the point that the medical assistant will tell me, “Mrs. Smith says she won’t take the flu shot, but I’ll get it ready because I know you will convince her.” It is not because I say anything magical. I convince Mrs. Smith because I take the time and she knows I care about her, because I have cared about her for years.

We can also convince people to take the COVID vaccine. We have the skills needed to help end a pandemic if we choose to.

We tell patients things they don’t really want to hear, or at least we ought to: the unhealthy weight, high glucose, positive Hepatitis C test, or worrisome mammogram. We also get to share in those wonderfully momentous occasions in the life of our patients: a new child, graduations, a successful job search, a better HgbA1c, and days/months/years of sobriety.

For the graduates, keep in mind how important and life changing your relationships are with your patients. Don’t be afraid to ask that extra question and really listen to the response. And never underestimate your impact on the life of your patients. Family Medicine is a noble profession. Congratulations to you all.



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GEOGRAPHY AND RECREATION

Situated along the Ohio River at the Indiana border is Louisville, the largest city in Kentucky. It truly has something for everyone—waterfront parks, hiking and biking trails, wildlife conservation areas, a zoo, plenty of culinary delights, nightlife, annual festivals, music scene, performing arts, horseracing, art and history museums, golf courses, and semi-professional sports teams. Plus, with its central position in the U.S., Louisville is only a day's travel from two-thirds of the country's cities.



NEIGHBORHOODS

In Louisville you'll find a diverse array of communities and architecture—from historic mansions to modern condos and everything in between. With housing costs 10 to 20 percent below the national average, it's also one of the most affordable places to live in the country.



EDUCATION

The Jefferson County Public School district gives parents the choice of 173 schools. There are also many private schools and colleges and universities, including the University of Louisville, Bellarmine University, Jefferson Community and Technical College, and others in nearby Indiana.



COMMERCE

Louisville is headquartered by dozens of major companies, including Humana, KFC, Maker's Mark, Louisville Slugger, and GE Appliances. The city is responsible for putting out one-third of America's bourbon and has its own Urban Bourbon Trail, made up of bars and restaurants where you can try more than 50 labels of bourbon. Its international airport also makes Louisville a hub for both travelers and UPS.

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Contact: Chevon Blue • 404-996-7806 • Chevon.Blue@ChenMed.com • Chenmed.com/physicians

LETTER FROM THE LOBBYIST

Legislature Approves Expansive COVID-Driven Agenda

Facing continuing COVID questions with a myriad of financial aspects, the short session of the Kentucky General Assembly was long on action for every sector of public policy, a wide scope of issues chief among them healthcare.

What began with the overarching priority of completing a one-year tax and spending plan ended up with numerous active topics -- many of them difficult, tedious and emotionally charged. Our team has put together high-profile topics across government and industry most relevant to the health sphere and your profession.

Healthcare During a Pandemic

It should come as no surprise that healthcare-related policies were priorities for legislators throughout a global health crisis. Telemedicine has consistently been touted as a silver-lining of the COVID era. House Bill 140 codifies many telehealth services into Kentucky statute. As you know well, federal and state governments temporarily relaxed many restrictive rules and allowed for expanded telehealth offerings, including additional behavioral health services. This bill makes some of these state-level changes permanent while providing patients with increased access to virtual care.

More affordable healthcare was a significant priority for members. Senate Bill 45 bans copay accumulators. The legislation will require health insurers to count all payments made by patients directly or on their behalf toward their deductibles and overall out-of-pocket maximums, unless a generic option is available. House Bill 95 caps the cost-sharing requirements of insulin to \$30 for a 30-day supply giving Kentuckians with diabetes cause for celebration. The cap impacts approximately 10 percent of Kentucky health plans.

The potential for mandatory vaccinations cast a long shadow on the session. Senate Bill 8 allows adults and parents with “conscientiously held beliefs” to opt out of mandatory immunizations during an epidemic. Previous law permitted exemptions only for religious grounds or medical reasons.

House Bill 7 is the legislature’s response to widespread drug addiction in the state, an issue exacerbated by the pandemic. The bill establishes a framework for communities to become “Recovery Ready,” securing much needed policy consistency for local substance use

prevention, treatment, and recovery efforts. The legislation creates an advisory council within the Kentucky Office of Drug Control Policy and ensures individuals have access to drug-related education and services. We see a significant opportunity for your profession to play an advisory role here and will advocate for increased input from KAFP.

Broadband for All

Broadband got a major boost with the help of federal money on its way to Kentucky. House Bill 320 establishes new broadband parameters and House Bill 382 gives \$250 million from the American Rescue Plan dollars to expand internet connectivity across the state with an equal corporate match. This funding helps telehealth and education initiatives.

Liability Protections

The business community, led by the Kentucky Chamber of Commerce, have been pushing for liability protections since the early days of the pandemic. Senate Bill 5 expands legal liability protections for certain businesses, schools, and individuals limited to COVID-19 crisis. The Governor let the bill become law without his signature.

Industry & Small Business Relief

Relief for small businesses and industries hit especially hard by the pandemic was a major lift. PPP loans are now state tax exempt, made possible by House Bill 278.

Horse racing, a signature industry, received significant attention at the start of the 2021 session. Senate Bill 120 codifies historical horse racing into Kentucky statute, securing the future of the industry in the state.

Cocktails to-go are now permanent fixtures in Kentucky because of Senate Bill 67, the objective being to create a new revenue stream for the struggling hospitality sector.

Hoping to help Kentucky’s burgeoning craft brewery businesses, Senate Bill 15 allows microbrewers to sell and deliver limited quantities of their products to any retailer. The craft beer industry has taken flight in Kentucky over the last decade but suffered major setbacks due to COVID and strict regulations.

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Back to School

Getting kids back into school in-person was a high priority for legislators, Democrat and Republican. House Bill 208 requires that all districts provide in-person instruction for students at least two days a week for the remainder of the 2020-2021 school year.

Senate Bill 128 allows students to repeat an entire academic year - many legislators commented that preschoolers and high schoolers alike are not ready to move onto the next grade. The GOP House and Senate majorities overrode the Governor's veto on school-choice legislation. House Bill 563 requires school districts to create policies that allow students to switch districts and let funding follow them and creates educational opportunity accounts that can be used for private school tuition only in areas with 90,000+ populations: Jefferson, Fayette, Kenton, Warren, Boone, Daviess, and Campbell counties.

In an effort to secure the necessary votes to override the Governor's veto of HB563, the General Assembly fully funded all-day kindergarten for the next school year to the tune of \$140 million (House Bill 382).

Unemployment Debacle

Kentucky's decades-old unemployment insurance system and ensuing delays have received widespread criticism and national attention. Senate Bill 7 is the catch-all unemployment legislation, dealing with system implementation all the way to fraud and misuse investigations. In a last-minute decision, the legislature in agreement with the Executive Branch, decided to use \$750 million from the American Rescue Fund dollars towards paying back the \$865 million unemployment loan secured last year for pandemic-related job losses.

Racial Tensions & Law Enforcement Reforms

In the wake of racial conflict and strife over the death of Breonna Taylor at the hands of Louisville Police, legislators proposed several measures dealing with race and police accountability. Senate Bill 4 bans no-knock warrants and police raids, except in extreme cases. Law enforcement officials and civil liberty advocates on both the right and left have praised and endorsed the measure. Senate Bill 10 establishes a commission to analyze and issue a yearly report on the racial disparities in education, healthcare, economic opportunity, and the criminal justice sector.

Pension Reform

Pension issues continued to permeate discussions. House Bill 258 establishes a new, fully funded hybrid tier for the Teachers' Retirement System and increases the retirement age for new hires. State universities, local health departments, and rape crisis centers saw pension action via House Bill 8, a bill that sets their pension contribution rate for the foreseeable future.

Executive Branch Limitations

Republican leaders have consistently voiced frustration over Governor Beshear's lack of consultation with the legislature during the pandemic. The following bills stem from what many believe has been executive overreach since March of 2020:

House Bill 1 allows any business, school or church to remain open provided they have policies that meet the CDC guidelines or rules set by the Governor, whichever is least restrictive. Senate Bill 1, limits executive orders issued by the Governor to a 30-day duration unless the General

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Bob Babbage is a graduate of Eastern Kentucky University and holds master's degrees from the University of Kentucky Patterson School of Diplomacy and Lexington Theological Seminary. He completed the Harvard University Senior Executive Program. Joining top state and regional leaders and Kentucky's prominent congressional delegation, Bob is recognized as the "architect" of the award-winning DC Fly-In, managed by Commerce Lexington. He received a "Washington Influential" honor in 2012. Bob is a frequent platform and boardroom speaker and workshop facilitator. He is a sought-after political analyst and commentator providing twice-weekly insights on WVLK Radio (ABC) and election coverage analysis for WLEX-TV (NBC). Bob

Babbage heads Babbage Cofounder, the lobby and advocacy firm proudly representing family physicians in Kentucky. For more information on how to contact your legislator, visit: <https://apps.legislature.ky.gov/findyourlegislator/findyourlegislator.html>.



Rebecca Hartsough, Ph.D., Policy Director brings an extensive research background to Babbage Cofounder. Rebecca worked previously in higher education, legal, and healthcare sectors, most recently serving as the data science liaison for Embold Health. She earned a doctorate in Political Science & Quantitative Methods from Emory University.

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Assembly extends the time. The language also prohibits the Governor from issuing another executive order concerning the same matter unless the General Assembly approves. House Bill 2, transfers some powers dealing with abortion laws from the Governor to the Kentucky Attorney General. House Bill 2 would give the Attorney General the authority to regulate clinics and cite violations that might arise. Senate Bill 2 limits certain administrative regulations from lasting longer than 30 days. The bill also gives the legislature more involvement in reviewing regulations, even changing them, or finding them “deficient.” All four bills are currently being challenged in court.

House Bill 5, deals with reorganization of boards and commissions by the Executive Branch. Typically, governors have significantly changed major state boards to match their agendas. This bill limits those possibilities.

House Bill 4 was proposed during last year’s session even before the onset of the COVID-19 emergency. The constitutional amendment proposal would allow the General Assembly to call themselves back into session, a power legislators currently do not have. Kentuckians will have the opportunity to vote on the measure during the November 2022 election cycle.

Conclusion

The interim session begins next month. We will engage legislators and key executive decision makers between now and December on the issues most important to you. Consistent conversations with leaders make all the difference; stories from home are the most compelling ones told in Frankfort. Your work and experiences in the trenches from this past year stand to impact policy.

▶ OUTSTANDING MEDICAL STUDENT AWARDS

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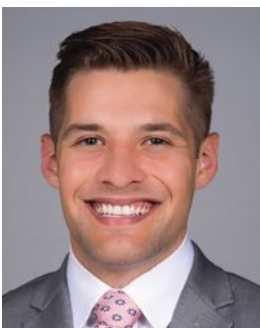


Cayla Kunstek

Cayla Kunstek graduated from UK College of Health Science with a BS - Health Science, Summa Cum Laude. During Cayla’s second through fourth year of medical school, she was a student delegate at the KAFP annual conference. In 2019 and 2020, she made time to attend the American Academy of Family Physicians National Conference.

From 2015-2017, Cayla founded and worked as president for MEDLIFE, the first and only chapter in Kentucky. MEDLIFE is a global medical missionary organization with headquarters in Peru. Along with this, Cayla was part of FMIG, Kentucky Medical Association (KMA) as part of the Medical Student Outreach and Leadership Program, and the University of Kentucky Department of Family and Community Medicine FamTrack program, for M1/M2 students.

2021 Walter & Helene Zukof Memorial Scholarship Award



Jerome Soldo

Jerome Soldo has been an exceptional student since he started medical school. He decided early that he was interested in Family Medicine and spent time exploring this as an option. He has been very involved with teaching other medical students through the Students as Teachers program at UofL and through 2-hour exam review sessions he created for the medical school class of 2022. He has held leadership positions with the KMA chapter of the AMA and led the Family Medicine Interest Group, which allowed him to help coordinate activities and opportunities for the group. He has also held speaking engagements, most notably, at an FMIG/KAFP session promoting the AAFP National Conference and encouraged peers to apply to the Emerging Leader Institute. He is an excellent leader and scholar who prides himself on mentorship and teaching.

Chase Noel D.O. PGY-1



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BY ROBERTO CARDARELLI, DO, MHA, MPH, FAAFP
CHAIR AND PROFESSOR



UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE

DEPARTMENT OF FAMILY & COMMUNITY MEDICINE

Mission: To improve the health of the people of Kentucky, and society at large, through excellence in health care delivery and disease prevention, education of healthcare professionals, and the advancement of knowledge through research and scholarship.

Vision: A Leading Department of Family Medicine in the US

Goals:

Academic: Serve as a leader in developing the Family Medicine workforce in Kentucky and beyond through DFCM programs and collaborations, while educating all students on the importance of primary care

Research: Achieve national recognition across the spectrum of primary care and population medicine research

Clinical Service: Serve as a leader in primary care transformation to deliver high quality, cost-conscious, value-based healthcare

Community Engagement/Diversity: Foster reciprocal partnerships with community stakeholders and maintain a culture of diversity and inclusivity

from National Institutes of Health (NIH) institutes including the National Institute on Drug Abuse (Drs. Gipson-Reichardt and Keck), National Institute on Alcohol Abuse and Alcoholism (Dr. Koffarnus), and National Institute of Diabetes and Digestive and Kidney Diseases (Dr. Smalls). Additionally, Dr. Keck received a \$1.3 million grant from the Centers on Disease Control to surveil wastewater for the presence of Covid-19. As of April 2021, our faculty have submitted 21 new grant applications, 8 of which have received funding. These successes resulted in DFCM being ranked 22nd among all departments of Family Medicine in the US by the Blue Ridge Institute for Medical Research. This prestigious ranking is only based on NIH funding received by institutions.

We added several clinical faculty, including Dr. Katie Roberts, a graduate of both the Family Medicine and Sports Medicine programs at UK, in our Turfland office and Dr. Diana Heiman as our vice Chair for Academic and Faculty Affairs. Both Drs. Roberts and Heiman have Sports Medicine referral clinics at the Turfland office. We will also have Dr. Neelima Kale joining us in September from UT Southwestern as the Vice Chair of Clinical Affairs. We are thrilled to be bringing an outstanding group of talented faculty into the Department.

DFCM has continued with its involvement in medical student education. We continue to host students in our core family medicine clerkship, elective experiences in research, integrative medicine, and social medicine. Our faculty remain involved in the first two years of UK medical student education including small group teaching, serving as course directors,

of the top departments in the country as we innovate, educate, and deliver high quality care across the state (Hindman, Hazard, Lexington, and Georgetown, KY locations). Despite the challenging year, we again saw a rise of our Press Ganey engagement scores among physicians/advanced practice providers and staff. This is only possible when we do our work under the values of compassion, trust, respect, integrity, discovery, diversity, inclusivity, service, collaboration, and transparency.

The FY21 academic year showed continued acceleration of our funded research portfolio. In this fiscal year, our investigators received over \$7 million in federal awards, including \$3.3 million

Chair Report

The Department of Family & Community Medicine (DFCM) of the University of Kentucky College of Medicine celebrated much progress despite the challenges we all faced this past pandemic year and the realities of social injustice. Our faculty, residents, providers, and staff endured the stresses that came with so much uncertainty at times. Regardless, their valiant efforts ensured we are stronger and more united today across our tripartite mission of education, research, and service, with the underpinnings of diversity, inclusion, and engagement. Our strength is driven by a platform of unity. We continue our journey to be one

and as the Global Health concentration director.

Our Eastern Kentucky and Lexington Family Medicine Residency programs continue to produce some of the brightest Family Medicine physicians in the country. Most of our graduates, if not all, stay in Kentucky, growing the State's primary care workforce. In September, Dr. Wanda Taylor was named as the Program Director for DFCM's Hazard Family Medicine Residency Program. She is a graduate of the program and has done a fantastic job providing the residents with excellent training in the diagnosis and treatment of disease, but also emphasizing community-oriented primary care, which is vital to rural medicine. She has been joined by former Hazard graduate, Dr. Jordan Adams, as Associate Program Director. He has hit the ground running and has been an excellent addition to the Department.

Also on the education side, we are bringing the Preventive Medicine residency into the DFCM starting July 1, 2021. This 2-year program with 2 residents per year has partnered with DFCM over the years with many of their residents doing clinical experiences with our faculty. Dr. Tisha Johnson, the program director, will continue to serve as Program Director as we seek to move her primary appointment to DFCM.

Last summer Dr. Shannon Voogt was recognized by the University of Kentucky College of Nursing, receiving the 2020 Excellence in Graduate Precepting Award. She again was recognized for her excellence in education this spring by being awarded the Academy of Medical Educator Excellence

in Medical Education award in the area of Teaching. This award recognizes faculty who have made significant contributions in educational programs in the College of Medicine at the University of Kentucky. Truly an outstanding recognition of her dedication to education.

Scholarly excellence is a core mission in our education and research programs. As of the end of March 2021 we had 10 oral conference presentations and 15 new peer-reviewed publications. Our research is focused on a team science approach that spans the translational spectrum from basic science to clinical/community research. Our research programs continue to have a strong focus on implementation science, quality improvement, neurobiology of substance use disorders, technology-based substance use disorder treatments, wastewater surveillance of infectious diseases, lung cancer screening and tobacco cessation, cardiovascular health, and diabetes. Our Kentucky Ambulatory Network (KAN), an established research network since 2000, has grown to over 300 members and continues to serve as a forum for primary care-applicable research ideas that drive our advances in health care delivery.

In February 2021, Dr. Roberto Cardarelli (Chair) was also named Acting Chief Medical Officer of Ambulatory Services for UK HealthCare. Building on DFCM's success and approach, focus is on increasing access, driving quality, and improving the patient experience. Teams across our clinics have hardwired new processes to drive quality improvement and providing patient-centered care. With COVID-19, we expanded innovation and leveraged telehealth by

scaling our population health team that includes care navigators, community health workers, quality technicians, and social work.

Last year we reported launching UK HealthCare's first Urgent Care Clinic which has expanded services to 7-days a week with early and extended hours. The clinic now averages 50-60 visits daily that allows walk-in (or telehealth "call-in") visits. Such efforts not only allow convenient high quality care, but helps divert unnecessary emergency department visits so their focus can be on the most sick.

Clinical excellence was evident by several landmark achievements. Not only have we provided care across approximately 70,000 visits in our clinics, but our federally qualified health centers in Hazard and Hindman, KY received the Health Center Quality Improvement Award and ranked in the top 10% of all health centers in the US (and #1 in Kentucky) for diabetes care. We also celebrated Jami Kyle, RN, BSN, the department's Nurse Manager, in completing her national Ambulatory Nursing Certification and Dr. Kelly Burgess, medical director of our Georgetown clinic, in being accepted into UK HealthCare's physician leadership program.

In conclusion, I would say that the past year is best described as "humbling". We are all at the mercy of the unknown. Yet, we grow and become stronger through such challenges by coming together to work not only toward the missions of our vocations, but by expressing and exhibiting empathy for one another, and for those we serve, when it matters most.



Dr. Roberto Cardarelli is Professor and Chair for the Department of Family & Community Medicine for the University of Kentucky College of Medicine. He received his doctor of osteopathy and master of public health degrees from University of North Texas Health Science Center at Ft. Worth and his master in health administration from the University of Cincinnati. Dr. Cardarelli completed a residency in Family Medicine and a fellowship in Faculty Development at Baylor College of Medicine, Houston. He is board certified by the American Board of Family Medicine and a fellow of the American Academy of Family Physicians. Dr. Cardarelli is recognized in implementation science and clinic transformation research in chronic pain management, lung cancer screening, tobacco cessation, care transitions, and cardiovascular health. He has been funded by NIH and numerous federal and nonfederal organizations. He currently directs the Kentucky Ambulatory Practice-based Research Network that is focused on helping primary care clinics in implementing QI models to improve the care they deliver to their populations.

BY JONATHAN A. BECKER, MD, CAQSM
CHAIR AND PROFESSOR



UNIVERSITY OF LOUISVILLE DEPARTMENT OF FAMILY AND GERIATRIC MEDICINE

The Department of Family and Geriatric Medicine and the Family Medicine Residency Program at the University of Louisville School of Medicine have faculty and residents who are committed to the University's mission of being part of an academic health care system that will transform the health of the communities we serve through compassionate, innovative, patient-centered care. Over the past few years, we have seen the transformation of our medical center into U of L Health - a true regional health care network that is supportive of primary care and truly understands the need to expand Family Medicine within our community and the region.

One of the themes of this past year has been flexibility in the wake of pandemic and I cannot say enough about our residency and clerkship leaders. All of our programs - here in Louisville as well as Glasgow and Owensboro - successfully navigated a move to a virtual interview season. Thank you to our directors and coordinators at those sites for their outstanding leadership during this time. Dr. Luz Fernandez and Tanya Keenan in Louisville, Dr. Steven House and Beverly Bennett in Glasgow, and Dr. Jon Sivoravong and Michelle Hayden in Owensboro. Our medical student clerkship led by director Dr. Brittney Richardson and associate director Dr. Ashley Iles, had to pivot to virtual learning with no notice and came up with creative and innovative ways to educate our students.

The Louisville residency, led by program director Dr. Luz Fernandez and coordinator Tanya Keenan, is graduating another outstanding class that will be producing five primary care physicians and fellows going into Palliative Medicine, Primary Care Sports Medicine, and Sleep Medicine. Dr. Fernandez served as a minority delegate to the AAFP National Conference of Constituency Leaders. Dr. Katherine Pohlgeers continues to serve as Associate Program Director and played a key role in leading our inpatient team's initial response to the pandemic. Part of our sports medicine team, she joined the group covering the U of L men's basketball team this year, the first female to do so at this university. Dr. Iles joined our core faculty this year and played a similar role in our pandemic response on the outpatient side. She is also in the process of completing the U of L Leadership and Innovation in Academic Program (LIAM) and will be our Department's fifth graduate of that program. Also, the U of L residency has been selected by the Society for Teachers in Family Medicine pilot program in Addiction Medicine. We

also welcomed Dr. Lauren Herrmann to the team this year. A graduate from the U of L School of Medicine, she is a new faculty that brings years of inpatient and outpatient experience to our group. The program also welcomes Nancy Renick, LCSW, to the group to provide clinical care and resident education in the broad areas of Behavioral Medicine.

As mentioned earlier, Dr. Richardson continues to do outstanding work with our clerkship during a year like no other. She is also a member of the student admissions committee and continues her work with U of L football and women's basketball. Her predecessor, Dr. Donna Roberts was recognized by the KAFP this year as Citizen Doctor of the Year, an award for which all would agree is so well deserved after her years of coordinating rotations throughout the Commonwealth. Dr. Stephen Wheeler continues in his role as Associate Dean for Student Admissions and for the second year in a row was recognized by our Dean's office as a finalist for the Career Service Award during the Celebration of Faculty Excellence.

After years of serving as the Associate Director for our Primary Care Sports Medicine Fellowship, Dr. Jennifer Daily was named Director during this past year. Beyond her work with the fellowship program that has maintained its 100% CAQ pass rate, she completed her first year as Course Director for the preclinical Introduction to Clinical Medicine course in the School of Medicine. She graduated from LIAM last summer and was recognized by the KAFP for the Exemplary Full-Time Teaching Award. The group welcomed two new faculty, Drs. Jordan Hilgefert and Jonathan Newsom, to the sports medicine team. During this past year, this practice moved into a new space that will house a multi-disciplinary sports medicine practice and had two posters accepted at the American Medical Society for Sports Medicine annual meeting.

Dr. Karen Krigger continues in her role as Endowed Chair for Urban Health Policy in the Office of Diversity and Inclusion in the School of Medicine. Among her countless notable activities in that role, she led a Black History Film Series in collaboration with the Louisville Public Library and had an abstract accepted to the Global Missions Health Conference titled "Domestic Health Disparities in the United States." Beyond her many interviews and lectures, she continues to be a leader in primary care for the patient with HIV and will be completing her term as Chair of the Promotion and Tenure Committee in the School of Medicine.

Our Geriatrics group has had an exciting year of growth as they continue to integrate and expand The Optimal Aging Clinic at the Trager Institute. Beyond the traditional services, they will be offering tai chi, mindfulness, acupuncture, and massage. They have opened a post-Covid clinic to address those who have ongoing symptoms from the virus. Dr. Laura Morton serves as the fellowship director and they will be graduating one fellow this year with two arriving in July. She chairs the American Board of Post-Acute and Long-Term Care Medicine. She is also part of Nursing Home Project ECHO which is an educational program focused on infection control and quality improvement in the nursing home setting. Dr. Christian Furman serves as medical director for the Trager Institute and led a number of geriatrics-related conferences this year. She and Dr. Morton both serve on the board of the Kentucky Medical Directors Association and the Kentucky Governor's Long Term Care Advisory Task Force. Dr. Josephine Gomes had a number of presentations and publications this year covering topics such as polypharmacy, pelvic floor dysfunction, fall prevention, and osteoporosis. Dr. Daniela Neamtu continues to lead our inpatient geriatrics consult team and provides interdisciplinary education regarding care for the elderly patient in the inpatient setting.

Dr. Brent Wright continues to serve as the Associate Dean for Rural Health and Innovation as U of L strives to expand its' footprint throughout the state. He recently completed his term as president of the Kentucky Medical Association and participates in a number of Area Health Education Center Grants. He was also recognized during the U of L Celebration of Faculty Excellence as a finalist for the Award for Service to the Community, Commonwealth, and Region. His leadership has been invaluable to the institution as we grow and foster our programs throughout the state. The Glasgow residency, led by Dr. House, had another successful year. Along with their coordinator Beverly Bennett, the move to virtual learning and interviewing was difficult but handled nimbly. Dr. House published two chapters and serves on the board for the American Academy of Medical Ethics as well as numerous committees at TJ Samson Regional Hospital. Dr. Erica Gillette participated in a podcast discussing the effects of COVID-19 on rural America and serves on the board for Feeding America's Heartland. She has provided numerous education lectures and has played a key role in their EMR utilization at the Glasgow

site. Drs. Richard Clouse and Scott Gilson also provide clinical education at the Glasgow residency site.

The University of Louisville Owensboro Family Medicine inaugural class is currently training seven residents. Led by Dr. Sivoravong, this group of residents have done an excellent job creating a great learning environment and culture for the program. Starting a new program has obviously created challenges this year, but the program has been able to work diligently to resolve them through the work of their coordinator, Michelle Hayden, and her assistant Madalyn Duty. Owensboro Health Regional Hospital's transformation to a major teaching hospital in Western Kentucky is occurring concomitantly with the start of this Family Medicine Program.

We are lucky to welcome two new U of L full time faculty to the ranks here. Dr. Katrina Erickson joined the Owensboro team after practicing in Washington. She has additional fellowship training in Obstetrics and is working with the hospital to create an environment for an outstanding OB experience for the residents. Dr. Darby Cole brings a wealth of experience to the program having practiced inpatient and outpatient care in the region for years before joining the faculty. He has been Associate Director of the residency program. In addition to his expected responsibilities, he also hosts a weekly radio show devoted to health care. Other core faculty at this site include Dr. Jody Mitchell who is sports medicine trained and serves as medical director for Owensboro Health outpatient services. Dr. Marshall Prunty brings experience from all aspects of family medicine – inpatient, outpatient, and obstetric care – to the program. He is graduate of the National Institute for Program Director Development Fellowship. Dr. Stephanie Hayden is pediatrician who helps educate in that subject matter, practices at the residency site, and assist in coverage of the newborn nursery. Dr. Gary Wahl also provides clinical education for the residents and Shirl Nafziger-Lyne, LCSW coordinates the behavioral Health aspect of the program and will be coordinating an Art of Medicine curriculum along with Dr. Prunty.

As we say good-bye to a year marked by uncertainty, our department is looking forward to an exciting time for growth both within our U of L system and the state. It is a privilege to lead this group as we educate future primary care physicians and meet the health care needs of the Commonwealth.



Jonathan Becker, MD is a 1998 graduate of the Chicago Medical School then completed a Family Medicine residency and Primary Care Sports Medicine Fellowship at the Hennepin County Medical Center in Minneapolis, MN. After a brief period in private practice, he became a full time faculty at the University of Louisville School of Medicine in 2005. Prior to his appointment as Chair of the Department of Family and Geriatric Medicine in 2017, roles have included director of the Primary Care Sports Medicine Fellowship, program director for the Family Medicine Residency, and team physician for University of Louisville Athletics.

BY JOE E. KINGERY, DO, MBA, FAAFP, FACOFP;
ASSISTANT DEAN FOR OSTEOPATHIC MEDICAL EDUCATION
ASSOCIATE PROFESSOR AND CHAIR OF FAMILY MEDICINE



UNIVERSITY OF PIKEVILLE KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE

The University of Pikeville Kentucky College of Osteopathic Medicine (KYCOM) first opened its doors in 1997. Since that time, KYCOM has graduated over 1,300 medical students. The mission of the KYCOM is to provide men and women with an osteopathic medical education that emphasizes primary care, encourages research, promotes lifelong scholarly activity and produces graduates who are committed to serving the healthcare needs of communities in rural Kentucky and other Appalachian regions. Each year, 60-70% of our graduates enter a primary care residency. Most of our graduates practice in rural and underserved areas.

The University of Pikeville Kentucky College of Osteopathic Medicine (KYCOM) Department of Family Medicine has had a very busy, productive, and challenging year. As with all other medical schools, we have had to address the issues of COVID-19 on medical education. Thankfully, we were able to start back with face-to-face instruction on schedule in the Fall of 2020. This took significant planning, work, monitoring, and several changes on campus.

Throughout the year, we have been able to follow all state mandates concerning COVID-19 while still continuing our educational goals. All students, faculty, and staff continue to wear face masks while on campus. Faculty have worked hard to ensure lecture-based parts of curriculum have been conducted mostly in person. We have been able to use our lecture capture system, Panopto, to simultaneously livestream the lectures. This has allowed students to either attend in the classroom or in real-time from their home. Those attending in person are spaced at least six feet apart with masks on. All students, faculty, and staff complete a daily COVID-19 screening quiz to ensure students with symptoms do not come onto campus. We have also had great success with our students getting immunized against COVID-19 with more than 85% of first- and second-year students and almost all 3rd and 4th year students being vaccinated.

*THROUGHOUT THE YEAR, WE
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OUR EDUCATIONAL GOALS.*

In the Department of Family Medicine, we have been able to continue hands on education through skills sessions, labs, individual skills assessments (ISAs), and Objective Structured Clinical Exams (OSCEs). These are done with assigned small groups of students. All faculty, students, and standardized patients wear face masks and face shields. This has worked very well throughout the year and allowed us to complete all scheduled sessions. Dr. Candi Griffey continues to be the course director of our first year Osteopathic Patient Care (OPC) courses. Dr. Antoinette Justice continues to be the course director of our second year OPC courses.

Our simulation program continues to grow and play an increasingly pivotal role in our student education. We have continued to integrate simulation into multiple courses at KYCOM to reinforce concepts in our biomedical and clinical science courses. We increased our use of simulation for clinical workshops for our second-year students in light of COVID-19 decreasing the clinical experiences they would normally complete during the year. Danny Driskill,

continued on page 20

13 Ways MILK CAN HELP YOUR BODY

One serving of MILK contains many of the essential nutrients your body needs, including:

CALCIUM 25% DAILY VALUE
Helps build and maintain strong bones and teeth.

PROTEIN 16% DAILY VALUE
Helps build and repair tissue. Helps maintain a healthy immune system.

VITAMIN D 15% DAILY VALUE
Helps build and maintain strong bones and teeth. Helps maintain a healthy immune system.

PHOSPHORUS 20% DAILY VALUE
Helps build and maintain strong bones and teeth, supports tissue growth.

VITAMIN A 15% DAILY VALUE
Helps keep skin and eyes healthy; helps promote growth. Helps maintain a healthy immune system.

RIBOFLAVIN 30% DAILY VALUE
Helps your body use carbohydrates, fats and protein for fuel.

VITAMIN B12 50% DAILY VALUE
Helps with normal blood function, helps keep the nervous system healthy.

PANTOTHENIC ACID 20% DAILY VALUE
Helps your body use carbohydrates, fats and protein for fuel.

NIACIN 15% DAILY VALUE
Used in energy metabolism in the body.

ZINC 10% DAILY VALUE
Helps maintain a healthy immune system, helps support normal growth and development and helps maintain healthy skin.

SELENIUM 10% DAILY VALUE
Helps maintain a healthy immune system, helps regulate metabolism and helps protect healthy cells from damage.

IODINE 60% DAILY VALUE
Necessary for proper bone and brain development during pregnancy and infancy; linked to cognitive function in childhood.

POTASSIUM* 10% DAILY VALUE
Helps maintain a healthy blood pressure and supports heart health. Helps regulate body fluid balance and helps maintain normal muscle function.

*Source: USDA FoodData Central. FDA's Daily Value (DV) for potassium of 4700 mg is based on a 2005 DRI recommendation. In 2019, NASEM updated the DRI to 3400 mg. Based on the 2019 DRI, a serving of milk provides 10% of the DRI. FDA rule-making is needed to update this value for the purpose of food labeling.

continued from page 18

our director of simulation, has been instrumental in these efforts.

KYCOM students played a vital role at the start of the COVID-19 pandemic. When the Kentucky Department of Public Health requested volunteers from across Kentucky to aid in COVID-19 relief efforts, Heather McGuire, Amanda Meier, and Meredith Doughty were among several students who answered that call to serve. They worked closely and tirelessly at several locations including the River's Bend Retirement Community near Paducah, KY. KYCOM is very proud of the selflessness they displayed during these challenging times.

Our Family Medicine faculty continue to be very involved at the state and national levels. Several of our faculty and students attended the annual "DO Day on Capitol Hill" on March 8th, 2021. Due to COVID-19, the event took place virtually this year. DO Day on Capital Hill is a unique opportunity to meet face-to-face with members of Congress and staff members on key issues that impact DOs and their patients. Dr. Sarah Crawford continues to be very active in the Kentucky Osteopathic Medical Association (KOMA) and serves as their Treasurer and Chair of the finance committee.

The Department of Family Medicine is instrumental in our interprofessional education (IPE). Our bi-annual IPE event was held virtually in October and again in April. These were held virtually this year due to the large number of different professional students, faculty, and staff who are involved in IPE. The events included students from KYCOM, the Kentucky College of Optometry (KYCO), the UPIKE Elliot School of Nursing, UPIKE School of Nursing, and the Appalachian College of Pharmacy.

KYCOM continues to increase research efforts with several faculty now conducting research. Dr. Kartick Pramanik serves as the Chair of KYCOM's research committee. Among those currently doing research are Dr. Kartick Pramanik, Dr. Malgorzata Simm, Dr.

Shumaila Hanif, Dr. Ethan Fullwood, and Dr. Guichun Han. KYCOM offers a summer research fellowship each year for students who are interested in getting immersed in research. Students selected for the fellowship receive a stipend and work closely with their mentor faculty member throughout the summer. The UPIKE research page (<https://www.upike.edu/academics/research-at-upike/>) offers more details on research at UPIKE.

Heather McGuire (Class of 2022) received the Auxiliary to the American College of Osteopathic Family Physicians (AACOFP) Marie Wiseman Outstanding Osteopathic Student of the Year award. This award, in Memory of Marie Wiseman, recognizes an osteopathic medical student who demonstrates strong philanthropic and community service. This annual award provides one osteopathic medical student with \$5,000 to help defray medical school and/or personal expenses, and affirms the recipient's activities and outstanding community service within the osteopathic family medical association. A joint effort between the ACOFP and the Auxiliary to the ACOFP Awards Committee reviews applications and selects the recipient of the award. One student is chosen each year from across all Colleges of Osteopathic Medicine. This is the first time the award has gone to a KYCOM student.

KYCOM continues to fulfill its mission of increasing the number of primary care physicians in rural and underserved areas. The majority of KYCOM graduates continue to enter primary care residencies each year. The Class of 2021 had 135 graduates with 62% of students entering into a primary care residency program. Of those, 43% (or 27% of the class) matched to a Family Medicine residency program. Our director of admissions, Michael Kennedy, has formed a student-led focus Q&A session on Family Medicine for applicants to KYCOM. The idea is to give applicants a much better sense of what Family Medicine is and the many options Family Physicians have. The hope is to help increase interest in primary care prior to even starting medical school in the Fall.



Joe E. Kingery, DO, MBA is a 2006 graduate of the Kentucky College of Osteopathic Medicine and 2009 graduate of the University of Kentucky Department of Family & Community Medicine Residency Program in Lexington. Dr. Kingery spent 7 years in Hazard at the UK North Fork Valley Community Health Center, serving 5 years as the CEO and Medical Director of the clinic. While there, he was also involved in UK's East Kentucky Family Medicine Residency Program. In 2016, he took a full-time faculty position at the Kentucky College of Osteopathic Medicine as Associate Professor of Family Medicine. In 2017, he was appointed the Chair of the Department of Family Medicine and in 2018, also appointed as the Assistant Dean for Osteopathic Medical Education.

UNIVERSITY OF PIKEVILLE

KENTUCKY COLLEGE OF OSTEOPATHIC MEDICINE

Assistant/Associate Professor of Osteopathic Principles and Practices and Family Medicine

The University of Pikeville, Kentucky College of Osteopathic Medicine (KYCOM) is currently seeking qualified candidates for the position of Assistant/Associate Professor of Osteopathic Principles and Practices and Family Medicine. This full-time position is under the supervision of the Chair of the Department of Osteopathic Principles and Practices and the Chair of the Department of Family Medicine. This position is shared and has a faculty appointment in both the Departments of Osteopathic Principles and Practices and Family Medicine with direct responsibility for teaching, osteopathic clinical research and service in the Kentucky College of Osteopathic Medicine (KYCOM).

Duties and Responsibilities:

1. Responsible for teaching in those courses and associated labs within the Department of Osteopathic Principles and Practices and the Department of Family Medicine, as assigned by the respective chairs.
2. Participates in and recommends curriculum development and evaluation.
3. Assists in the preparation of course syllabi, objectives, lecture schedules and testing procedures.
4. Assists in the preparation of materials and documentation required for continued accreditation of the school by the American Osteopathic Association - COCA and other accrediting agencies.
5. Actively serves on appointed KYCOM Faculty and UPIKE Committees.
6. Provides clinical services as directed by the Department Chairs and Dean, which would be associated with family medicine and/or osteopathic manipulative medicine.
7. Provides counseling, advising and guidance to students.
8. Responsible for other duties as directed by the Dean.

Education/Experience:

- Must have earned a D.O. degree from an American Osteopathic Association COCA-accredited college/school of osteopathic medicine.
- Must be eligible for and maintain an unrestricted Kentucky medical/osteopathic

license and obtain that license within 180 days of initial employment.

- Must be board certified by AOBFP and/or AOBNMM (or equivalent).
- Current and unrestricted DEA certificate.
- Must have experience in and be comfortable with teaching osteopathic manipulative treatment.
- Previous research and academic/clinical experience are desirable.

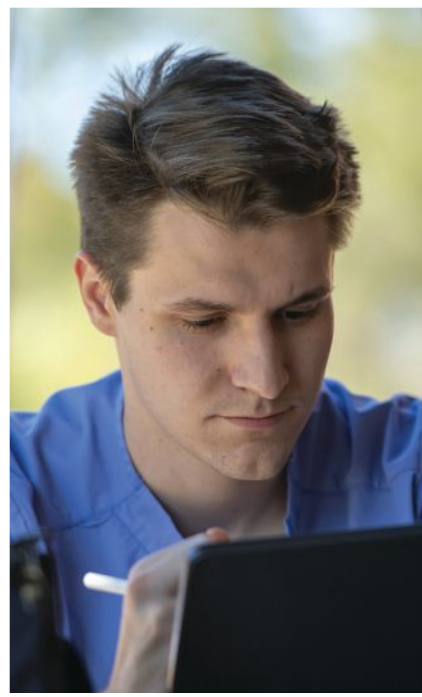
Skills/Abilities:

- Must have excellent verbal and written communication skills.
- Strong critical thinking, anticipatory problem solving and attention to detail is required.
- Ability to plan, prioritize, and organize work to complete assignments accurately and within reasonable timeframes.
- Must have current knowledge and skills in utilizing Microsoft Office Applications, including but not limited to Outlook, PowerPoint, Word and Excel. Must be able to learn and use Learning Management Systems such as Canvas; and the university online platform and systems.
- Must demonstrate cooperation, courtesy, and consideration when working with the professional community, KYCOM and UPIKE communities, faculty, students and the public.
- Must be able to work independently and as a member of a team.

The University of Pikeville offers a competitive salary commensurate with qualifications and experience. UPIKE offers a competitive benefits package including medical, dental, vision, and life insurance, telemedicine, long-term disability, tuition waivers, a 403(b)-retirement plan, and HSA, FSA and dependent care accounts. UPIKE also offers a generous holiday schedule and paid-leave program.

Important Notes: The University of Pikeville is an equal opportunity employer committed to assembling a diverse, broadly trained faculty and staff. The University of Pikeville does not discriminate on the basis of race, ethnicity, color, sex, gender, gender identity, sexual orientation, religion, national origin, age or disabilities in its programs, activities, hiring or the admission of students. Inquiries may be directed to the University of Pikeville Title IX Coordinator by calling 606-218-5344.

For more information about the University of Pikeville, please visit <http://www.upike.edu>. Interested applicants should complete the online application by visiting <http://jobs.upike.edu>.



WINNING RESIDENT SCHOLARLY POSTERS

First Place



Balance Awareness and Stability Everywhere (BASE) Fall Prevention Program Phase I Pilot: DMADOV Project (in progress)

Jerry Bradley, MD; Sarah Swift, PT, DPT; Jan Young; Jason Anderson; Bruce Mauzy, PT, DPT; Collette Carter, MA
Darby Cole, MD; Jon Sivoravong, DO, FFAFP
University of Louisville – Owensboro Family Medicine and Owensboro Health Healthpark



About the Program



The BASE program, first started in 2017, is a community-based falls prevention program operated through the Owensboro Health Healthpark.



Applying Lean Six Sigma



As part of Owensboro Health and the Family Medicine Residency process to achieve IHI recognition as age friendly, the BASE program was evaluated according to DMADOV (Define, Measure, Analyze, Design, Optimize, and Validate) structure for clinical process improvement

Define

- The goals of the DMADOV improvement program were the following:
- Achieve compliance with IHI Age-Friendly quality standards for mobility screening and evaluation (4Ms)
 - Analyze the clinical improvements in the BERG and DGI assessments for patients who completed the program
 - Expand clinical resources to offer comprehensive services to target all areas related to fall prevention
 - Standardize clinical operations, referral pathways, and follow up to ensure process stability and usability across the system

Measure – Understanding Our Patients and Program

Program Structure

- 12-week, physical therapist lead strength and balance course
- Initial and final intake completed one-on-one with the physical therapist
- BERG and DGI scores pre/post intervention

Statistical Process Analysis

- A t-test analysis was performed on the pre- and post-scores as stratified based on the minimal detectable difference
- The mean score, standard deviation, confidence intervals, and p values were calculated for each intervention level in the BERG and DGI score

Inclusion/Exclusion Criteria

- Inclusion criteria** for the program consisted of patients who had a fear of falling, had a previous fall, recognized a declining strength, balance, agility, or coordination problem, and were not fully dependent on the mobility device for ambulation.
- Exclusion criteria** were individuals who were not cleared for participation



Minimal Detectable Difference (MDD)

According to Donoghue (2009), a minimal detectable change in the BERG to be 95% confident that a true change has occurred is as follows:

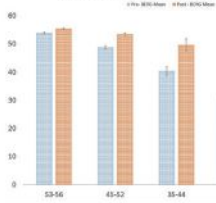
BERG Score	Point Change
45-56	4
35-44	5
25-34	7
< 24	5

For the Dynamic Gait Index (DGI) an average improvement of 4 points, regardless of the initial score is considered significant

Analyze – Understanding the Changes in BERG and DGI

Changes In BERG Assessment

AVERAGE BERG SCORE PRE/POST INTERVENTION

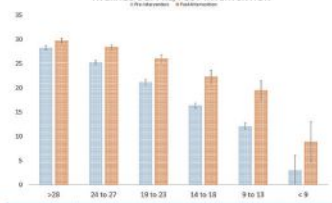


MDD	Range	N	Mean	SD	Mean	SD	Mean	SD	P
4	53-56	27	53.0	1.091	55.4	0.801	1.48	1.12	0.24
5	45-52	65	48.8	2.17	53.4	1.77	4.63	2.26	P<0.05
7	35-44	19	40.5	3.31	49.6	4.88	9.16	3.85	P<0.05
7	25-34	6	31.7	3.29	45.5	4.95	13.83	6.71	P<0.05
5	< 24	3	16.3	2.52	25.6	2.89	9.3	1.15	P<0.05

Table 1: Shows the mean and standard deviation pre-intervention BERG score and the post-intervention BERG score. The mean difference in comparison to the minimal detectable change was calculated. For all ranges but the 53-56 group, there was a statistically and clinically significant improvement.

Changes In DGI Assessment

AVERAGE DGI PRE/POST INTERVENTION

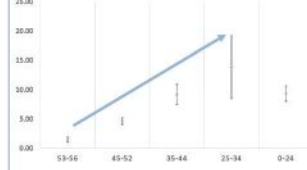


MDD	Range	N	Mean	SD	Mean	SD	Mean	SD	P
4	>28	4	28.25	0.500	29.75	0.500	1.50	0.58	0.23
4	24 to 27	29	25.24	1.15	28.41	1.32	3.17	1.10	P<0.05
4	19 to 23	41	21.21	1.49	26.05	2.53	4.83	2.16	P<0.05
4	14 to 18	28	16.32	1.42	22.29	3.56	5.96	3.27	P<0.05
4	9 to 13	12	12.08	1.24	19.50	3.50	7.42	3.42	P<0.05
4	< 9	6	3.00	3.90	8.83	5.12	5.83	3.37	P<0.05

Table 2: Shows the mean and standard deviation pre-intervention on DGI score and the post-intervention DGI score. The mean difference in comparison to the minimal detectable change was calculated. For all ranges but the >28 group, there was a statistically and clinically significant improvement.

Analyze – Data Trends

AVERAGE CHANGE IN BERG SCORE BY BASELINE



AVERAGE CHANGE IN DGI BY BASELINE SCORE

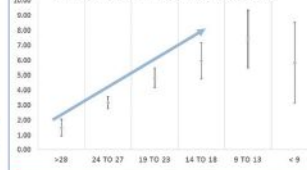


Figure 3: The average change in both the BERG and DGI scores demonstrated increasing improvements with lower baseline scores which were both clinically and statistically significant and strongly correlate with improved physical strength and fall prevention for patients

Next Phase

The program is currently ongoing with expanding clinical services, standardizing the flow of care, and optimizing referral pathways. The next steps of the process are to continue monitoring the quality, safety, and effectiveness of these clinical interventions.

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IRB Statement

The BASE program has been approved by the University of Louisville IRB as a DMADOV project for data collection, analysis, and implementation. Additionally, the project has been approved by the Owensboro Health Regional Hospital Research Review Committee as a quality improvement project.

Contact

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Acknowledgements

We would like to acknowledge the hard work of the trainers, staff, and faculty of the University of Louisville – Owensboro Family Medicine program and the Owensboro Health Healthpark for their dedicated commitment to caring for the community through innovative programs



Jerry Bradley, MD

Jerry Bradley graduated with a bachelors degree in Civil Engineering from the University of South Alabama and completed his medical degree from the University of Alabama Birmingham. He then served in the US Navy as a general medical officer where he completed training as a lean six sigma black belt and then earned his master black belt certification from Villanova University. He received several awards for his clinical process improvement programs which were consistently recognized as a clinical best practice. He is currently a PGY1 Family Medicine resident at the University of Louisville – Owensboro program.

WINNING RESIDENT SCHOLARLY POSTERS

Second Place

Investigating Methods to Improve Initial and Subsequent PHQ-9 Screenings

Stuart D. Le, MD; Christofer Zapata, MD; Paul Shahidi, MD; Sheri Martin, RN; Andrew Banks, MD; Simon Spilkin, MD
Department of Family Medicine at Baptist Health Madisonville



Abstract

Treating depression in the Primary Care setting is a very common occurrence. In general, there is a lack of access to psychiatric care in Western Kentucky, so it falls upon Family Practice physicians to help diagnose and often treat. One of the tools that is commonly used to help evaluate and follow depression is the PHQ-9. However, given the multitude of issues the average patient will have, and the limited time allotted to address these problems, the screening tool often is not always utilized. The purpose of our retrospective cohort study was to investigate if signs and utilizing our clinic note template, dedicated to the PHQ-9, increases initial capture, and improves subsequent administration of the test.

We placed flyers in patient rooms asking the patient to inform staff or provide if they "had lost interesting or pleasure in doing things and/or have felt down, depressed, or hopeless for most of the last two weeks". We also placed a section in our resident clinic template that provided options of "PHQ performed and the date, PHQ needed, or Deferred".

Our study spans from 16 months, with 2 months being excluded due to implementing interventions, and our population size was N= 3030. We found that our capture rate for positive PHQ-9's being administered or followed up on given a score of 10 or higher on a monthly basis increased from 150 to 381. It was also determined subsequent testing for a previously positive PHQ-9 remained stable at 49% before and after our intervention.

Background

Depression has been on the rise, and there has been a lack of psychiatric services to meet the demand^{1,2}. Primary Care Providers (PCP) have been depended on to help alleviate and address the lack of availability as the number of cases of depression rises³. One of the key tools that we use in Primary Care to help us screen for and monitor progression of depression has been the Patient Health Questionnaire 9 (PHQ-9), which has been shown to be effective in its purpose⁴. Overall, The PHQ-9 has a sensitivity of 0.88 and specificity of 0.85 when a score of 10 or more is considered a positive result⁵.

However, initiating the screening as well as subsequent follow up when a PHQ-9 result merits concern can be difficult for many Primary Care environment⁶. As of 2020, the CDC estimates that 30.9% of the US Population suffers from some type of anxiety or depression⁷. Given this prevalence, which has likely grown during the COVID pandemic, we feel it now more important than ever to screen for depression and follow up our treatment efficacy in the Primary Care setting.

Objectives

To determine if low-cost interventions such as increasing patient awareness for depression via a flyer and physician encouragement through a template would increase capture rates for depression via the PHQ-9 and if these same interventions would increase follow-up rates on patients with a previously positive PHQ-9.

Methods and Materials

Population: An Electronic Medical Record (EMR) was used to identify patients over the age of 12 who had a PHQ score of 10 or greater on initial screening or subsequent screening. We also used the EMR to identify patients who had an initial PHQ-9 score of 10 or greater and whether they were screened on a subsequent visit.

Inclusion Criteria: Patients 12 years of age or greater who scored a 10 or greater on the PHQ-9.

Exclusion Criteria: Patients younger than 12 who scored a 9 or less on the PHQ-9.

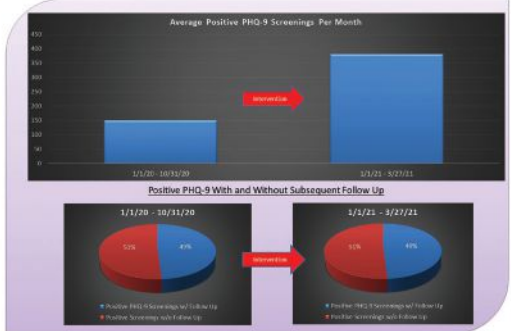
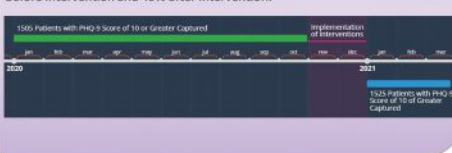
Materials: We placed a flyer in every patient room and at the check-in desk with a variation of the PHQ-2, asking the patient to inform staff or provide if they "had lost interesting or pleasure in doing things and/or have felt down, depressed, or hopeless for most of the last two weeks". We also placed a section in our resident clinic template that was a provided a choice of "PHQ performed and the date, PHQ needed, or Deferred". For the month where we implemented the interventions, we excluded data capture. 10 months after the intervention (1/1/2020-10/31/2020) were compared to 4 months after the intervention (1/1/2021-3/27-2021) in terms of positive PHQ-9's per month and the rate of follow up on those positive tests.

Depression screening: [LINK PHQ9 FOLLOW UP] [LINK DEPRESSION FOLLOW UP]
Depression screening performed today; result negative; no follow up needed; [Go to date, last screen (LINK LASTPHQDATE)]



Results

N = 3030. The number of PHQ-9's scoring 10 or higher monthly increased from 150 per month (1505 patients over 10 months) to 381 per month (1525 patients over 4 months). Subsequent testing for a previously positive PHQ-9 was 49% before intervention and 49% after intervention.



Discussion & Conclusion

Our study indicates that although we had a dramatic increase in our ability to identify patients that needed work up for depression, this more than doubled volume did not hurt our ability to follow up on these patients as our follow up rate remained stable. However, our data was indicative that we need investigate other methods of increasing our follow up on positive PHQ-9s as our follow-up rate was only 49%. We feel that this is a step in the right direction as we were able to get more patients diagnosed, treated, and referred if required. However, as mentioned previously, given the subjective nature of the psychiatric evaluation, relatively objective metrics provided by the PHQ-9 provide a clearer picture of the efficacy of our treatment. We would very much like to improve this aspect of our practice.

One of the strengths of the study was the power which stemmed from our EMR able to provide us with almost 16 months' worth of data. Weaknesses of our study stems from not being able to determine which of our 2 interventions had greater effect, or whether confounding factors such as COVID's association with depression affected our results.

In terms of future directions, as mentioned above, we would like to explore ways to improve our follow up on positive screenings. We may explore if there are ways to have our EMR flag us if a previously positive PHQ-9 was administered. It would also be prudent to see follow out this data so that the time span before and after intervention would be roughly equal. It would also be prudent to follow up on similar sets of data once the COVID pandemic abates.

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Stuart Le, MD
PGY-1

Dr. Le is from San Francisco and graduated from the University of California at Los Angeles, David Geffen School of Medicine. When asked why he came to Kentucky for his training, he responded, "I wanted to escape the hustle and bustle of LA, embrace the affordable cost of living, enjoy the green lushness of nature, and gain vast experience in an unopposed rural program."



Christofer Zapata, MD
PGY-3

Dr. Zapata is from Miami, Florida and graduated from Ross University School of Medicine. He came to Madisonville because he loved the small town feel and greater sense of community. He felt it allowed him to truly make a difference in healthcare.



Andrew Banks, MD
PGY-2

Dr. Banks is from Lexington and graduated from the University of Louisville School of Medicine. He has family in the rural, eastern Kentucky and the opportunity to learn and work in a rural area really appealed to him.

WINNING RESIDENT SCHOLARLY POSTERS

Third Place

LAKE CUMBERLAND
Regional Hospital

Systemic Sarcoidosis in a Patient with Isolated Cutaneous Complaint

LMU
DeBusk College of Osteopathic Medicine
LINCOLN MEMORIAL UNIVERSITY

Chase Noel, DO; Jeffery Golden, MD; Jay Nguyen, OMS-III

BACKGROUND

Systemic sarcoidosis is an inflammatory multi-organ disease. Patients may present with overt signs and symptoms over a relatively acute period of time or may present with subtle findings that develop over several months. The lungs and lymph nodes are most often involved; other organs often implicated include the skin, heart, brain, liver, kidneys, and eyes. Isolated cutaneous involvement occurs in 25% of patients with sarcoidosis (3). Erythema nodosum is a common but nonspecific cutaneous manifestation of sarcoidosis, while lupus pernio is less common but pathognomonic (2). Tattoo sarcoidosis is a rare but recognized manifestation of systemic sarcoidosis, first reported in 1939 (6). Findings include one or multiple papules and plaques within the tattooed areas that may or may not coalesce into one region and may or may not appear to prefer one pigment over another. Tattoo sarcoidosis is a variant of scar sarcoidosis. Like other forms of scar sarcoidosis, the multiple lesions seen with tattoo sarcoidosis likely occurs due to Koebnerization, or the development of similar lesions at sites of trauma (3, 5). We describe a patient with previously undiagnosed systemic sarcoidosis who presented with complaint of numerous new lesions within her tattoos.

CASE PRESENTATION

History of Present Illness

A 22-year-old female presented complaining of a painful, burning rash within a tattoo on her neck and a similar-appearing but non-painful rash within a tattoo found on her hand that had gradually developed over the last several weeks. The patient got the tattoos from a licensed tattoo shop several years ago. The patient denied any other signs and symptoms at presentation, but review of systems revealed that over the past year, she had intermittently experienced fatigue, night sweats, shortness of breath with minimal exertion, palpitations, right-sided body numbness, joint stiffness, and some degree of anxiety and depression; the patient denied weight loss or any other cutaneous changes. She denied any recent travel.

Past Medical History

PMHx: gastroesophageal reflux
PSHx: right radial fracture with ORIF 2008
Medications: none
Allergies: no known drug allergy
FHx: cystic fibrosis, DM, HTN, CVA, CAD, lung cancer
SHx: 2 pack-year smoking, quit 1 year ago, denies alcohol, illicit drug use

EVALUATION

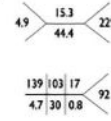
Physical Exam

Vitals: BP 122/73, P 111, RR 16, T 98.3°F, O₂: 98% on RA, BMI 27
General: well-appearing, NAD
HEENT: anicteric, EOMI, PERRL, MMM
Lymph: no lymphadenopathy
CV: RRR, no M/R/G, 2+ radial pulses, no peripheral edema
Resp: CTAB, no wheezes, rales, or bronchi
GI: soft, NT, ND, BS+ throughout
MSK: 5/5 strength BUE and BLE, FROM, no deformity
Neuro: CN 2-12 grossly intact, no focal neurologic deficits
Skin: warm, dry, multiple well-defined papules within the black pigment of tattoos found on her right posterior neck and dorsum of her right hand

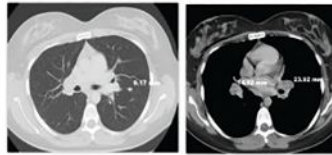
ECG: normal ECG, sinus rhythm

Labs

AST: 32
ALT: 38 (0 - 35)
Alk Phos: 32
Total Bilirubin: 0.2
Albumin: 4.3
Ca: 10.0 (8.4 - 10.2 mg/dL)
PTH: 12 (15 - 65)
PTHrP <2.0
Vitamin D, 1,25-OH: 70.2 (19.9 - 79.3)
Histoplasma Yeast CF Antibody: 1:32 (Neg <1:2)
Histoplasma Gal'mannan Urine Antigen: <0.5 (<0.5 ng/mL)
ANA: negative
Rheumatoid factor: negative
Quantiferon gold: negative



Chest x-ray revealed "enlargement of the pulmonary hila bilaterally most likely lymphadenopathy which can be seen in patients with sarcoidosis."



CT of the chest revealed "enlarged mediastinal lymph nodes measuring up to 2.5 cm in size located in the AP window, bilateral hilar regions, paratracheal and subcarinal locations, with multiple small pulmonary nodules and micronodular infiltrates in the lungs."



Biopsies of two separate lesions revealed "nodular aggregates of epithelioid histiocytes and giant cells admixed with black pigment and some lymphocytes. AFB and GMS histochemical stains are negative for acid fast bacilli and fungal organisms, respectively."

DISCUSSION

As systemic sarcoidosis is a multi-organ disease, patients may present in a variety of ways. Pulmonary involvement is seen in 90% of patients with systemic sarcoidosis, while isolated cutaneous involvement, typically in the form of erythema nodosum, occurs in 25% of patients. Our patient presented with complaint of a rash. The lack of other symptoms, especially pulmonary involvement, posed a diagnostic challenge at the time of evaluation.

A tattoo granuloma occurs due to a delayed hypersensitivity reaction to antigenic substances within the pigment (3, 4, 5). While the finding of a granulomatous reaction in one specific pigment, as was the case for this patient, may suggest a hypersensitivity reaction to the pigment itself, a diagnosis of systemic sarcoidosis or other systemic granulomatous disease cannot be ruled out (4, 1). In cases of tattoo reaction without other associated signs and symptoms, a biopsy may be useful in the diagnosis of systemic sarcoidosis (4). Other tests that may be considered include serum creatinine, liver function tests, serum calcium, 1,25-OH vitamin D, ACE, and an EKG.

Given the patient's review of systems consistent with the various signs and symptoms associated with systemic sarcoidosis, imaging studies, biopsy findings, a diagnosis of tattoo sarcoidosis with underlying systemic sarcoidosis was made. The patient was referred to a pulmonologist and ophthalmologist for further evaluation.

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Chase Noel D.O. PGY-1

Dr. Noel is from Barbourville Ky. He is a graduate of Lincoln Memorial University, College of Osteopathic Medicine and is currently a PGY 1 at Lake Cumberland Regional Hospital in Somerset Ky. He and his wife have two young children.



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VEGETABLES EVERY DAY

TWO
OR LESS HOURS
OF SCREEN TIME



ONE
HOUR OR MORE OF
PHYSICAL ACTIVITY

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BAPTIST HEALTH

BAPTIST HEALTH FAMILY MEDICINE RESIDENCY PROGRAM



Diana Nims, MD
Program Director

In 1971, Baptist Health Madisonville opened the first Family Medicine Residency Program in KY. Our residency program is an important part of Baptist Health's vision to lead in clinical excellence, compassionate care, and growth to meet the needs of our patients. Most of our graduates choose to practice in rural areas, where both physician and patient benefit from our excellent family medicine residency training. Our unopposed three-year program is home to 18 residents, supported & mentored by five-core faculty & the program director. This provides for extensive one-on-one mentoring, which we believe is key to the development of young physicians. We serve a six county, mostly rural area with a population base of greater than 150,000. Including the 2021 class, there has been 251 graduates from our program. We are very proud to present the graduating class of 2021.

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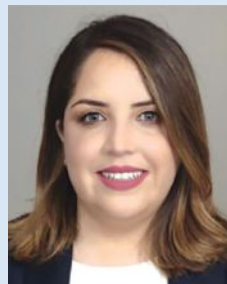
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Program Director

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 component of 14 residents.

The program's mission is to prepare family practitioners who 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, 69 residents have completed their family medicine training.

Program Director: Wanda Taylor, D.O.

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**UNIVERSITY OF LOUISVILLE/GLASGOW
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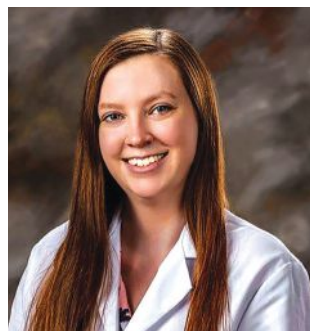


Steven House, MD
Program Director

The University of Louisville/Glasgow Family Medicine Residency program is committed to the training of its residents through its focus on individualized learning, and it has been doing so since the program was established in 1997. The Glasgow Family Medicine program is a university-affiliated, community-based, stand-alone program at TJ Samson Community Hospital that concentrates on training physicians to provide high quality medical care in rural communities. Dr. Brent Wright is currently serving as Immediate Past-President of the Kentucky Medical Association, and he has been working to improve our home care via the use of wearable technologies. Dr. Erica Gillette joined our faculty in October 2019, and her extensive experience in women’s health and obstetrics has significantly augmented that portion of our curriculum, among others. Dr. Richard Clouse has improved our nursing home care and supervision, as he is the only long-term care certified physician in our area. He also serves as medical director for our inpatient service. Dr. Eric Fisher rejoined our faculty in December 2020, and his attention to healthcare quality and evidence-based medicine are much welcomed additions. We are very pleased with our graduating class, and we look forward to adding our new recruits to the program to work with some very capable upper-level residents.

Program Director: Steven House, MD • **Phone Number:** 270-651-4865 • **Fax Number:** 270-651-4751
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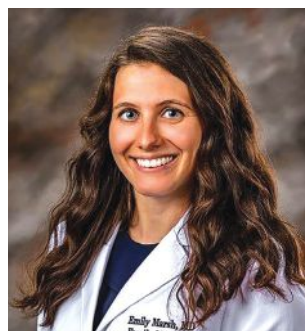
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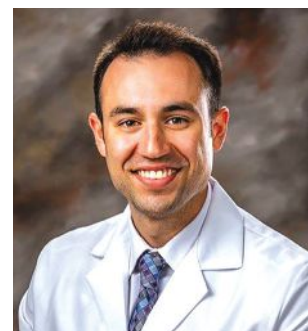
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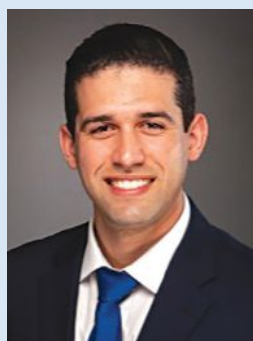
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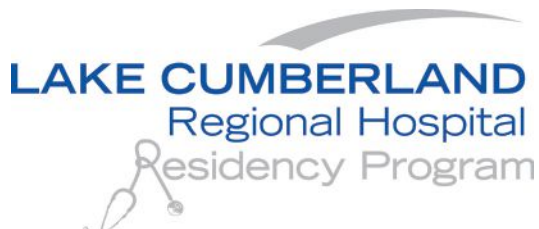
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Trinity School of
Medicine



Kristina Wright-Gue, D.O.
University of Pikeville



LAKE CUMBERLAND REGIONAL HOSPITAL RESIDENCY PROGRAM



Patrick Jenkins, MD
Program Director

Lake Cumberland Regional Hospital Family Medicine Residency Program is located in Somerset, KY. The program is accredited by the Accreditation Council for Graduate Medical Education (ACGME) for (6) positions each year. The program currently has a component of 18 residents.

The mission of Lake Cumberland Regional Hospital Family Medicine Residency Program is to train family physicians to practice in rural communities, providing the highest quality patient care available for the people they serve.

Program Director: Patrick Jenkins, MD • **Residency Coordinator:**
Phone Number: 606-451-5092 • **Fax Number:** 606-451-5087
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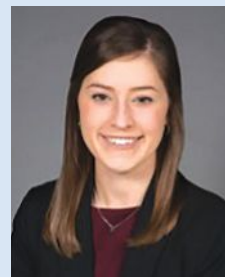
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Alyssa Lauren Kozacek, D.O.
Lincoln Memorial University - DeBusk College of Osteopathic Medicine



James Leroy Lutz Jr, D.O.
Liberty University College of Osteopathic Medicine



Rebecca Regan Whitworth, M.D.
University of Louisville School of Medicine



Rukmini Krishnakanth Reddy Yakkanti, D.O.
University of Pikeville - Kentucky College of Osteopathic Medicine



Family Medicine Residency

UNIVERSITY OF LOUISVILLE - OWENSBORO HEALTH



Jon C. Sivoravong, DO,
FAAFP
Program Director

The University of Louisville Owensboro Family Medicine inaugural class is currently training seven residents. Most of these residents have ties to Kentucky or our regional area. This group of residents has bonded well with each other and has done an excellent job creating a great learning environment and culture here for the program. Starting from scratch presented many expected and unexpected challenges this year, but the program has been able to work diligently to resolve them. Michelle Hayden, our coordinator, and her assistant Madalyn Duty perform their job magnificently for not having done this before. Owensboro Health Regional Hospital's transformation to a major teaching hospital in Western Kentucky is happening with the start of our residency program. This transformation will take several years to complete, but it will be successful with U of L and the Owensboro Health leadership team. The core faculty currently includes:

Program Director: Jon C. Sivoravong, DO, FAAFP • **Phone Number:** (270) 688-2088

Email: jon.sivoravong@louisville.edu • **Website:** <https://www.owensborohealth.org/careers/about-family-medicine-residency/>

Welcome to our Class of 2024!



Eric Rodney Carlson, MD
Rocky Vista University



Erin S. Webb, MD
Ohio University



Libby Kathleen Sisson, MD
Indiana University School of Medicine



Kirsie Nicole Kuiper, MD
University of Louisville



Parul Pahal, MD
Mahatma Gandhi Medical College and
Hospital, Jaipur India



Zachary Panzarella, DO
University of Pikeville



**Craig Burrows, MD,
FAAFP**
Program Director

The mission of the St. Claire HealthCare Family Medicine Residency Program is to develop and retain future physician partners in delivering a Healing Ministry to our rural populations by focusing on the Heart of Family Medicine. The St. Claire HealthCare Family Medicine Residency Program is an ACGME accredited residency training program sponsored by the University of Kentucky College of Medicine and based at St. Claire HealthCare in Morehead, KY.

Program Director: Craig Burrows, MD, FAAFP • **Phone Number:** (606) 783-6455 • **Fax Number:** (606) 784-2767

Website: <https://www.st-claire.org/education/family-medicine-residency>

Congratulates the Class of 2021



George Chapman, III, D.O.
Juniper Health
West Liberty, KY
Sandy Hook, KY



Amanda Cothorn, M.D.
Undecided



Trisha Patel, M.D.
Undecided



Amber Sexton, D.O.
St. Claire HealthCare
Morehead, KY

Welcome to our Class of 2024!



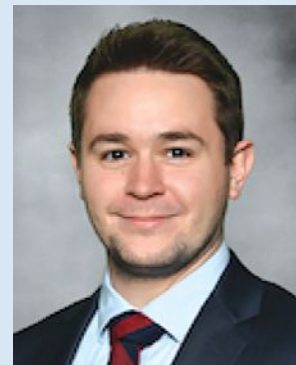
Tanner Brondhaver, D.O.
Lincoln Memorial University
- DeBusk College of
Osteopathic Medicine



Ian Kinder, D.O.
Lincoln Memorial University
- DeBusk College of
Osteopathic Medicine



Chelsea Nolan, M.D.
University of Kentucky
College of Medicine Rural
Physician's Leadership
Program



Benjamin Taylor, M.D.
University of Kentucky
College of Medicine Rural
Physician's Leadership
Program



ST. ELIZABETH FAMILY MEDICINE RESIDENCY



**Karl M. Schmitt, MD,
MBA, FAFP**
Program Director

It's been an exciting academic year full of new experiences at St Elizabeth Family Medicine Residency, from playing an important role in the Health System's response to the pandemic to integrating telehealth in a meaningful way, not only for acute care, but ongoing chronic management as well. We are very proud of the critical part our residents and Family Medicine graduates played in the community's management of the crisis, in roles ranging from high acuity inpatient to expanded innovative outpatient management.

While we salute our outstanding 2021 graduates and their bright futures, we are equally excited for the arrival of our new class of 2024 to St. Elizabeth! Following the foray into virtual interviews, we are very happy to welcome a fantastic class of new residents, hailing from UK, UL, UC, KCOM, Marshall, and Rocky Vista University! We are also happy to welcome Ken Bazydlo, M.D. to our faculty, a recent graduate of St. Louis University School of Medicine in Missouri, and University of Pittsburgh Susquehanna Family Medicine Residency.

Program Director: Karl M. Schmitt, M.D., MBA, FAFP • **Phone Number:** 859-301-3841 • **Fax Number:** 859-301-3820
Website: stelizabeth.com

Congratulates the Class of 2021



**Ranbir
Dhaliwal, M.D.**
St Elizabeth
Physicians
Northern
Kentucky



**Christina
Friedly, D.O.**
St Elizabeth
Physicians
Ft. Mitchell, KY



**Joseph
Grzelak, M.D.**
St Elizabeth
Physicians
Burlington, KY



**Eric Kiltinen,
M.D.**
Lexington Clinic
Lexington, KY



**Rebekah
McDaniel, D.O.**
Lexington Clinic
Lexington, KY



**K. Alexander
Schmitt, M.D.**
St Elizabeth
Physicians
Highland
Heights, KY



**Corinne
Trumble, M.D.**
St Elizabeth
Physicians
Hebron, KY



**Casie Wiley,
M.D.**
St Elizabeth
Physicians
Bellevue, KY

Welcome to our Class of 2024!



Julie Beck-Otero, M.D.
University of
Louisville



Madison Griffis, M.D.
Marshall University



Rachel Haney, M.D.
University of
Louisville



Cayla Kunstek, M.D.
University of
Kentucky



Alissa Lenz, D.O.
Rocky Vista
University



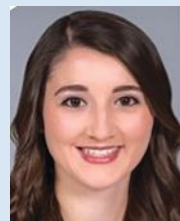
Caitlin Moore, M.D.
University of
Cincinnati



Adriana Rivera, M.D.
University of
Cincinnati



Katelyn Smith, D.O.
University of Pikeville



Makayla Uebelhor, M.D.
University of
Louisville



Cody Van Linge, M.D.
University of
Cincinnati



**Archana Kudrimoti,
MBBS (MD), MPH**
Program Director

Over the last 47 years, our residency program has trained 301 graduates, the majority of which practice in Kentucky. Our mission statement demonstrates our three-fold purpose to recruit excellent students, to provide exceptional training - 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 Chandler Hospital, as well as providing continuity hospital care in a smaller, patient-centered environment, University of Kentucky Good Samaritan Hospital, both within UK Healthcare. We also utilize community sites in Lexington and surrounding rural communities, allowing our program to have the best of both worlds and prepare our residents for a wide variety of patient care needs. We are very proud of our 2021 Graduates!

Program Director: Archana Kudrimoti, MBBS (MD), MPH • **Phone Number:** 859-323-8328 • **Fax Number:** 859-323-6661
Email: archana.kudrimoti@uky.edu **Website:** <https://familymedicine.med.uky.edu/family-and-community-medicine-residency-program>

Congratulates the Class of 2021



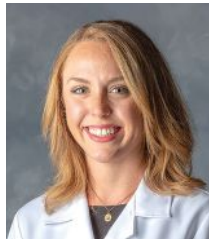
Kelli Duggan, M.D.
Norton Community Medical
Associates
Louisville, KY



Naima Jihad Anderson
Primary Care Medical Center for
Seniors
North Lauderdale, FL



Hunter Johnson, D.O.
Family Practice Associates of
Southern Hills
Nashville, TN



Kelli Pratt, D.O.
Sycamore Medical Center
Dayton, OH



Lee Reynolds, M.D.
Cincinnati, OH and Lexington, KY

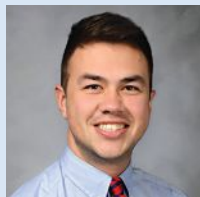


Amber Rollet, M.D.
Ohio County Health Care
Beaver Dam, KY

Welcome to our Class of 2024!



Jordan DeAngelis, D.O.
Lincoln Memorial
University-
DeBusk College of
Osteopathic Medicine



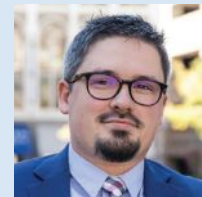
Austin Kirksey, D.O.
Lincoln Memorial
University-
DeBusk College of
Osteopathic Medicine



**Alexandria Larsen-
Hallock, D.O.**
Kansas City University
of Medicine and
Biosciences College of
Osteopathic Medicine



**Francesca Maxwell,
M.D.**
University of
Kentucky College of
Medicine College of
Medicine



Kolt Pruitt, D.O.
University of Pikeville
- Kentucky College of
Osteopathic Medicine



Cassidy Randle, D.O.
Lincoln Memorial
University-
DeBusk College of
Osteopathic Medicine



**UNIVERSITY OF
LOUISVILLE**

SCHOOL OF MEDICINE

**UNIVERSITY OF LOUISVILLE FAMILY
MEDICINE RESIDENCY**



Luz Fernandez, MD
Program Director

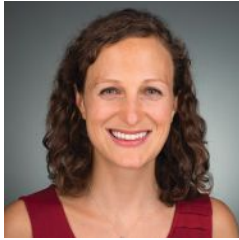
Our residency has had a busy year. We are thankful for our faculty, residents, students, and staff as we learned new ways to deliver care to our patients during the COVID 19 pandemic. This academic year brought the introduction of telehealth to our practice. We breathed a sigh of relief with the introduction of COVID19 vaccines and are looking forward to having a more traditional (yet appropriately socially distanced) graduation for our third-year residents. Dr. Ashley Iles has joined our team of core faculty members. She and I have been co-leading sessions for the STFM Addiction Medicine Pilot Curriculum for our program and we look forward to growing that part of our practice in the future. We are looking forward to transitioning back to in person didactics. This time of year is bittersweet as we say farewell to our graduating residents, and wish a warm welcome to our incoming interns.

Program Director: Luz Fernandez, MD • **Phone Number:** 502-852-5499 • **Fax Number:** 502-852-4944
Website: <http://louisville.edu/medicine/departments/familymedicine>

Congratulates the Class of 2021



Amanda Allen, M.D.
Vanderbilt University
Nashville, TN



Irena Kuca, M.D.
PeaceHealth
Eugene, Oregon



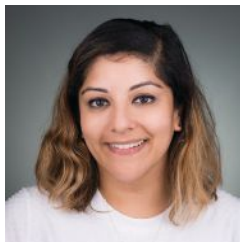
Mitchell Kutner, M.D.
Watson Clinic
Lakeland, FL



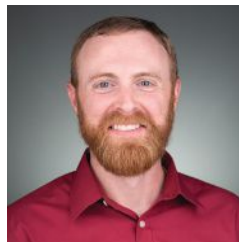
Harkirat Mann, M.D.
Sleep Medicine
Fellowship
UIC, Chicago, IL



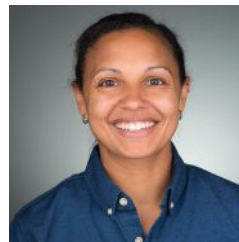
David Patterson, M.D.
Evergreen Family
Medicine
Roseburg, OR



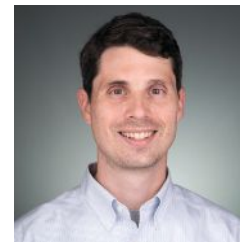
Harkiran Sandhu, M.D.
Palliative Medicine
Fellowship
Vanderbilt University, TN



Chris Ethridge, M.D.
Baptist Health Paducah
Paducah, KY



Lauren Miller, M.D.
Sports Medicine
Fellowship
University of Louisville



Paul Meriac, D.O.
University of Utah CMG
Park City, UT

Welcome to our Class of 2024!



Joshua Akers, D.O.
University of
Pikeville



Alexa Black, M.D.
University of
Louisville



Susana Collins, M.D.
St George's
University



Dessi Slavova, M.D.
University of
Kentucky



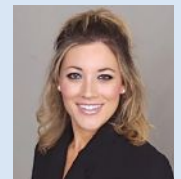
Ayesha Irum, M.D.
Army Medical
College



Kailyn Mitchell, M.D.
St. Martinus
University



Pavani Nathali, M.D.
Bhaskar
Medical College



Nicole Todd, M.D.
St George's
University



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