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To learn more about the U.S. Army Health Care Team, call Sgt. 1st Class Christopher Vanover at (502)423-7342, email Christopher.Vanover@usarec.army.mil, or visit healthcare.goarmy.com/info/mcra1.

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THE KENTUCKY ACADEMY OF FAMILY PHYSICIANS

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2011 KAFP CALENDAR

MARK YOUR CALENDAR FOR UPCOMING MEETINGS!

2011 SOUTHEASTERN FAMILY PRACTICE FORUM
August 18-20, 2011  •  Natchez, MS

2011 AAFP CONGRESS OF DELEGATES
Sept. 12-14, 2011
Hilton Orlando  •  Orlando, FL

2011 AAFP ANNUAL SCIENTIFIC ASSEMBLY
Sept. 14-17, 2011
Hilton, Orlando  •  Orlando, FL

2012 TEN STATE MEETING
February 24-26, 2012
Hosted By New Jersey Chapter
Westin Jersey City Newport-Jersey City, NJ

2012 KAFP 61ST ANNUAL SCIENTIFIC ASSEMBLY
April 27-28, 2012
Crowne Plaza, Lexington, KY
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Thank you for allowing me the opportunity to serve and represent you as President of the KAFP. It is my privilege to serve you and be the face of family medicine in Kentucky this next year. Our success will be measured by your individual successes and by the success of your patients in their ability to meet their health goals. It is our mission at the KAFP to help you achieve your goals.

I heard an interesting fact recently: we have 4.7 million barrels of bourbon aging in Kentucky and about 4.3 million citizens. That’s right; more barrels of bourbon than people. While not an expert, from my personal experience I can tell you the health of Kentucky’s bourbon is very good. An initial overview of the health of our Kentucky citizens doesn’t sound as good. The health toll of tobacco in Kentucky is enormous: 25% of adults and 26% of youth smoke in Kentucky. Smoking is a major cause of heart disease. Smoking directly causes 7800 Kentuckians to die every year due to firsthand smoking, and secondhand smoke is responsible for 950 deaths in Kentucky every year. Kentuckians have the highest rate of lung cancer and the second highest rate of stroke in the country. COPD limits the health and potential of our citizens.

Kentucky continues to rank poorly on other health statistics: We rank 6th in the country in patients suffering from obesity (31.5% of our adults are obese and childhood obesity is at record numbers); Kentucky ranks 6th in diabetes (10.5% of adults) and 7th for hypertension (31.6% of adults); Kentucky also ranks 6th among adults who reported “no physical activity in the past month”. Colon cancer is the 3rd most common cause of cancer related mortality in men and women combined in Kentucky and the nation. Over 2600 new cases of colon cancer are diagnosed in Kentucky each year. Regular screening has been shown to save lives, but too often not received by our patients in the Commonwealth. There are still larger health disparities for our minority populations, Blacks and Latinos, as well as for our poor residents compared with other states.

It is my firm belief that family medicine is well positioned and will provide the best opportunity for Kentucky to improve its healthcare delivery system and for Kentucky citizens to improve their overall health, now and into the future. At our recent 60th Annual Scientific Assembly of the Kentucky Academy of Family Physicians, I reviewed the goals of the KAFP:

**To make the health of the citizens of the commonwealth, both patients and physicians alike, our priority**

In this past year, I have seen KAFP members work with like-minded organizations to decrease the tobacco burden on the health of our citizens. Abuse of illegal drugs and the misuse and abuse of prescription medications is a scourge on our citizens. By the work of our KAFP advocacy committee, your KAFP has served as a catalyst,
working with state law enforcement, in efforts to clean our Commonwealth of methamphetamine abuse.

**To advocate for the rights of our patients and our colleagues**

The Patient Protection and Affordable Care Act reached its one-year anniversary recently and is supported by the American Academy of Family Physicians. Repeal is not an option: the Congressional Budget Office estimates if a repeal were to occur, it would increase the federal deficit by 230 billion dollars over the next ten years. The KAFP should work for change in the law where necessary, and advocate for any provisions that help Kentucky patients and Kentucky’s family physicians.

**To create an open system of communication for sharing the practical and empirical knowledge of our members**

It is my hope that our communication committee will investigate creative ways to keep the present and future members of the KAFP engaged and informed in the coming year.

**To assist our membership in maintaining and surpassing standards of excellence in clinical and academic practice**

It seems we physicians are continually being subjected to more and more measurements to substantiate the quality of care we deliver. CMS administrator, Donald Berwick, M.D. has said recently he is seeking to change Medicare from a volume-based, to a value-based purchaser of health care. “The payment system we are headed for in this country is, and should be, based on how well your health care services perform and positive patient outcomes...Where we are headed is a pay-for-value, pay-for-excellence, pay-for-quality structure”. Make no mistake: future payment to physicians will be tied to positive outcomes and improved integration of health services. But will valued health care mean the same to physicians, patients, and payers including CMS? Do short-term positive patient outcomes transform into long term health improvements for our citizens? It is imperative to have family physician leadership in reform of our health-payment system. Everything we do as family physicians, whether in the exam room, the boardroom, or the halls of congress, should be focused on our patients.

**To promote the specialty of Family Medicine as a viable career option for medical students**

Family medicine is not only a “viable” career option for medical students, I believe it can and should become the “desired” career option. For the second year in a row, more than 100 additional medical students chose family medicine in the NRMP match. I am hopeful that adopting the concept of medical homes and physician led Accountable Care Organizations will not only improve family physician’s reimbursements, lead to improved quality and cost effective care for our patients, but also lead to improved job.

continued on page 8

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satisfaction for family physicians. At our recent KAFP Scientific Assembly’s award dinner, I shared with the group a song I had written in hopes of attracting more medical students into family medicine:

**Family Med**
Sung to the tune of ‘Closing Time’ by the Semisonics
Lyrics by Mark ‘family med-man’ Boyd

Family med
Find yourself a doctor who is also your friend
Family med
Taking care of patients from beginning to their end
Family med
Caring for all of you, from your toes to your head
Family med
Treats the whole person before you're born until you're dead

**Chorus:**
I know you want a medical home
I know you need a medical home
I know you deserve a medical home
Family med...

Family med
Taking care of mom and dad, every boy and every girl
Family med
The most cost effective healthcare all over the world

So gather up
Your chief complaint- it's time to give a hoot
Family med
We'll treat - all your problems whether chronic or acute

**Chorus/Bridge**
We see you in,
The hospital or office, nursing home and your home too
Family med
We want to be your doctor ‘cause we specialize in you!

**Chorus**
These are the goals of your KAFP. We have a lot of work to do to improve the health of Kentuckians. How can you help? What do you feel passionate about? Our lives are the culmination of the million little choices we make. Are you, as Ghandi said, being the change you wish to see in the world? What will your legacy be? Are you living today to outlive your lives? Give me a call or send me an email. Let’s work together to improve the quality of life for our patients and fellow family physicians here in the Commonwealth. I’ll even send you a copy of my song.

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SHIRLEY WITTEN SPOUSE PIN: Carroll L. Witten, M.D., served as President of the Kentucky Academy of Family Physicians in 1965-66 and President of the American Academy of Family Physicians in 1966-1967. Following Dr. Witten’s death in 1993, his widow, Shirley, presented the Kentucky Academy with her AAFP spouse pin. The tradition was then established to pass the pin to the incoming President’s spouse each year.

Left: Shirley Witten, M.D., and her husband Dr. Carroll Witten, M.D., served as President of the Kentucky Academy of Family Physicians. Following his death in 1993, Shirley presented the AAFP spouse pin to the Kentucky Academy. The tradition was then established to pass the pin to the incoming President’s spouse each year.

Left: Melinda Prunty, wife of the Immediate Past President, passing the spouse's pin to the new First Lady Stephanie Boyd.
The Centers for Medicare & Medicaid Services (CMS) is giving incentive payments to eligible professionals, hospitals, and critical access hospitals that demonstrate meaningful use of certified electronic health record (EHR) technology.

**Incentive payments will include:**

- Up to $44,000 for eligible professionals in the Medicare EHR Incentive Program
- Up to $63,750 for eligible professionals in the Medicaid EHR Incentive Program
- A base payment of $2 million for eligible hospitals and critical access hospitals, depending on certain factors

Get started early! To maximize your Medicare EHR incentive payment you need to begin participating in 2011 or 2012; Medicaid EHR incentive payments are also highest in the first year of participation.

**Registration for the EHR Incentive Programs is open now, so register TODAY to receive your maximum incentive.**

For more information and to register, visit:  
**[www.cms.gov/EHRIncentivePrograms/](http://www.cms.gov/EHRIncentivePrograms/)**

For additional resources and support in adopting certified EHR technology, visit the Office of the National Coordinator for Health Information Technology (ONC):  
From the mining of it to the burning of it, coal extracts a heavy toll from Kentucky. Our most vulnerable patients (children, the elderly and the chronically ill) are the most affected, innocent victims of preventable disease caused or aggravated by air and water pollution from coal-fired power plants (CFPPs).

Pollution from coal affects all human organ systems and contributes to four of the five leading causes of death in the US- heart disease, cancer, stroke and chronic lower respiratory diseases. (1)

Particulate matter (sulfur dioxide and nitrogen oxides) released from the combustion of coal causes pulmonary inflammation, decreased lung function, exacerbation of asthma and chronic obstructive pulmonary disease and increased cardiovascular morbidity and mortality. (2)

CFPP-related air pollution increases hospitalizations and emergency room visits, time lost from school and work, and premature deaths from cardiopulmonary disease. A 2004 report ranked Kentucky 2nd only to West Virginia in overall mortality from CFPP pollution, with annual figures including 745 deaths, 639 hospital admissions and 1,022 heart attacks. Louisville ranked 18th and the Cincinnati area 10th in mortality rates among US metro areas. (3)

CFPPs are Kentucky’s leading source of methyl-mercury, a neurotoxin that can cause developmental damage in infants whose mothers are exposed during pregnancy, leading to behavioral, cognitive and learning disabilities in children, youth and adults. Such exposure is the reason for posted ‘no fishing’ alerts along Kentucky waterways.

Both the American Medical Association and the American Public Health Association have called for a greater regulatory response to protect the public from the death and disability resulting from respiratory illnesses, heart attacks, strokes, cancer, birth defects and mental retardation resulting from CFPP pollution. (4)

Mountaintop removal (MTR) has long been the most extreme example of coal mining. It is now being shown to also be the most harmful to human health. When the top comes off the mountain, it must be put somewhere. That leads to valley fills, burying streams and consequent water quantity and quality issues. A recent study found that the loss of steam integrity from MTR is...
related to increased cancer mortality rates. (5)

Another recent study found elevated birth defect rates in MTR areas of central Appalachia compared with other coal mining areas and non-mining areas. (6)

MTR areas are also associated with the greatest reductions in health related quality of life even when compared with counties with other forms of coal mining. (7)

A recent study suggests that the true cost of coal-based energy to the American public (including increased health care costs, injury and death; air and water pollution; greenhouse gas emissions contributing to climate change and its health consequences) is $300-$500 billion annually. This study considered the economic, human health and environmental impact of the ‘life cycle’ of coal from extraction to transporting, processing and combustion. (8,9) Considering the value of life lost, a 2009 study concluded that the human cost of the Appalachian coal mining economy outweighs its economic benefits. (10)

CFPPs are the single biggest contributor to greenhouse gas emissions. The AMA is hosting an ongoing series of state-based CME courses to raise physician awareness of patient care and practice related issues raised by climate change. A recent AMA editorial encourages physicians to work with public health authorities to address health issues related to climate change. (11)

The AMA, the American Academy of Pediatrics and the American Public Health Association have cosponsored the publication of a major document calling on the medical and public health communities to collaborate more closely on a broad range of mutual concerns. Traditional distinctions between medicine and public health no longer serve either the common good or our individual patients. (12)

At a time when the Clean Air Act needs to be enforced and even strengthened, many of Kentucky’s elected officials deride a ‘war on coal’ and call for weakening the regulatory power of the Environmental Protection Agency. Clinicians and public health officials must make the medical facts known and advocate for Kentucky’s people, their communities and their environment.

This issue will be considered by the KAFP Advocacy Committee. I will suggest we think outside the box as we seek partnerships to address the medical and public health impact of coal in Kentucky.

Please contact me at japatt@windstream.net if you would like to be actively involved in this issue.

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ENDING CHILDHOOD OBESITY WITHIN A GENERATION

We support school-based nutrition and physical fitness initiatives, such as Fuel Up to Play 60, that help achieve these guiding principles:

1. Increase access to and consumption of affordable and appealing fruits, vegetables, whole grains, low-fat dairy products and lean meats in and out of school.

2. Stimulate children and youth to be more physically active for 60 minutes every day in and out of school.

3. Boost resources (financial/rewards/incentives/training/technical assistance) to schools in order to improve physical fitness and nutrition programs.

4. Educate and motivate children and youth to eat the recommended daily servings of nutrient-rich foods and beverages.

5. Empower children and youth to take action at their school and at home to develop their own pathways to better fitness and nutrition for life.
America's children are fatter, weaker and more sedentary than ever before. In fact,
• 33 percent of American children and adolescents are overweight
• 17 percent of children ages 2 to 19 are obese
• Only 14 percent of teens consume three servings of milk per day
• Only 2 percent of school age children consume the recommended servings from all the major food groups

What’s contributing to this onslaught of childhood obesity? First, distorted portion sizes mean that our children are overeating foods and beverages high in calories, fat and sodium, but low in key nutrients. In addition, today’s working families eat more meals away from home. Did you know that the average fast food meal contains more saturated fat than the American Heart Association recommends we consume in two days? Finally, children ages 8 to 13 spend nearly six hours in front of TV and computer screens each day instead of being physically active. These three primary factors have caused the percentage of overweight children and adolescents to triple in the past 40 years.

America’s children are overweight, but what’s even more alarming is that they are undernourished in calcium, vitamin D, potassium and fiber, key vitamins and minerals that they need to grow into healthy adults. Feeling helpless? Don’t. Ending the childhood obesity and nutrition crisis within a generation is possible, and with these three counseling tips, physicians and other health professionals can help move the needle.

First, review the beverage basics with families. The American Academy of Pediatrics recommends low-fat or fat-free white or flavored milk, water and 4 to 6 ounces of 100 percent fruit juice daily for children ages 1 to 6. “When sodas, sweet tea or sports drinks replace milk in the diet, it’s hard for children to get the calcium and vitamin D they need for bone growth and development,” said Dr. Cathy Wood, pediatrician, Montgomery, Ala. The new 2010 Dietary Guidelines notes it is especially important to establish the habit of drinking milk in young children, as those who consume milk at an early age are more likely to do so as adults. The Dietary Guidelines encourages all Americans to consume more of low-fat dairy foods for better bone health and recommends 2 cups for children 2 to 3 years, 2.5 cups for children 4 to 8 years, and 3 cups for those 9 years and older.

Next, take a short assessment of the number of meals eaten away from home. Most restaurant portions are oversized for children and adults alike. Research shows that when larger portions are served, both adults and children eat more, despite fullness, and load up on extra calories. Physicians should encourage parents to prepare and eat more nutrient-rich meals at home. Tammy Beasley, registered dietitian and author of Rev It Up Fitness, said kids tend to eat more fruits, vegetables and low-fat dairy foods at meals shared with their parents. “Family meals have long-lasting health and social benefits,” she said. “Children learn by modeling themselves after their parents, including food behaviors. Eating together lets parents show their children by example how to choose nutrient-rich foods, know when they are full and try new foods.”

Lastly, physicians should encourage families to put muscles in motion for at least 60 minutes daily and engage children in more play time and less screen time. Many schools have eliminated physical education, recess and exercise to increase time spent in class, but programs are being introduced to help combat the lack of physical activity in schools. One school-based program that is gaining momentum nationwide is Fuel Up to Play 60, a nutrition and physical fitness initiative created by the National Dairy Council and the National Football League and supported by the U.S. Department of Agriculture, along with 13 national health organizations including the American Academy of Pediatrics. Now in more than 11,000 schools across the Southeast, Fuel Up to Play 60 empowers youths in grades four through 10 to take action and motivate their peers to improve nutrition and physical activity in school and at home. “Fuel Up to Play 60 is making a difference with our students,” said Manny Barocco, Director of Athletics, Health and Physical Education, Jefferson Parish, La. “It mixes competition, fun and nutrition to help students win the biggest prize of all – a healthy future.”

Childhood obesity is a problem as serious as it is solvable, so talk to your patients and their parents to help bring the statistics down. Together, physicians, dietitians, parents, teachers and communities can end this alarming epidemic. It’s serious. It’s solvable. It’s time.
KAFP FOUNDATION REPORT
APRIL 26, 2011
(PRESENTED TO KAFP CONGRESS OF DELEGATES ON JUNE 23, 2011)

BALANCE SHEET: The balance sheet reflects a balance of $98,305.99. The updated Hillard Lyons investment reflects $57,752.. This is an increase of $3,167.70 from our previous report. It is important to note that our investments low point was in May 2009 when they were $40,896.

PROJECTS FUNDED:
1. UK students to NRSC - $5,000 (see note 5);
2. UofL students to NRSC - $5,000 (see note 5);
3. Resident Board member to NRSC - $1,000;
4. Student Board member to NRSC - $1,000;
5. William D. and Peggy Pratt Memorial Scholarship Award to the UK’s Outstanding Student Award - $650;
6. Walter and Helene Zukof Memorial Scholarship Award to the UofL’s Outstanding Student - $650;
7. Resident Poster Contest Awards - $600;
8. Resident Quiz Bowl Prizes - $6,000

TOTAL FUNDED PROJECTED = $19,900.

Respectfully submitted:
Nancy Swikert, M.D. Date: April 26, 2011
President

NOTES:
1. Foundation Board increased the annual Outstanding Student Award from $500 to $650 in 2007.
2. Any excess funds from KAFP Foundation fund raising events will be used towards students to attend NRSC.
3. Foundation Board changed the Resident Quiz Bowl awards for 2008 to be a total of $6,000.
4. Foundation Board approved offer $600 stipend for a KAFP active member to attend Leadership Kentucky.
5. 2010 we discontinued reception at NRSC and gave additional $1K per FMIG.

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

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All gifts are tax deductible to the extent of the law.
Dr. Chuck Thornbury established an ongoing relationship with the leadership of the Kentucky Pharmacy Association and the Kentucky Board of Pharmacy to educate them about the need for specific legislation to address this problem. To educate and get the general membership support, he authored the article “pseudoephedrine a moral crisis in Kentucky” which was also disseminated among key legislative leaders and sub-specialty colleagues in key leadership positions. Dr. Thornbury worked with the leadership of the Kentucky Narcotic Association and the Kentucky State Police to develop legislation to address the problem. As President of the Barren County Medical Society, he drafted a resolution to the Kentucky Medical Association such that it advocated putting the meth lab issue as a legislative priority for the organization. He was instrumental on the floor of the KMA’s House of Delegates in getting this resolution passed. The legislative work eventually became Senate Bill 45, which aimed to make pseudoephedrine a controlled substance but it did not pass. Lastly, he was selected by the KAFP leadership to present on the ‘Building a Political Coalition: KY Experience with SB45’ to the family medicine leaders at the ‘Ten State Family Medicine Conference’ held this past year in Milwaukee, WI. The ceremony honoring Dr. Thornbury was held June 25th at the French Lick Resort in Indiana.

Dr. John Darnell in his letter of nomination acknowledged Dr. Matheny as a ‘change leader’ that was instrumental in engaging the chapter leaders into new ventures that have had a positive impact on the future of family medicine for the Commonwealth of Kentucky. During Dr. Matheny’s tenure as President and as Past President he initiated changes not only in programs and services but in our philosophical approach to legislative initiatives. He added new awards to recognize our physician volunteers and changed the format of the ‘Citizen Doc of the Year Award’ by requiring a community nomination. Dr. Matheny engaged the KAFP leaders into family medicine pipeline initiatives by bringing in key thought leaders from major academic institutions throughout the nation. On the legislative front he established protocols that are used today in evaluating legislative policies. Dr. Matheny is a graduate of the University of Kentucky College of Medicine and a graduate of the Los Angeles County-University of Southern California Medical Center in Los Angeles family medicine residency program. He is boarded in both family medicine and preventive medicine, holds a Masters degree in Public Health and speaks fluent Spanish. As a Captain in the Public Health Service Corps he worked at various federal agencies such as the CDC. Dr. Matheny served as Professor and Chair of Family and Community Medicine at the University Of Kentucky School Of Medicine for over 17 years.

Dr. Chuck Thornbury, M.D. is the 2011 recipient of the Citizen Doctor of the Year Award from the Kentucky Academy of Family Physicians (KAFP).

The Kentucky Academy of Family Physicians’ 2011 “Citizen Doctor of the Year” is Dr. William ‘Chuck’ Thronbury, a Glasgow physician who tackled arguably one of Kentucky’s most pressing drug problems -- the proliferation of meth labs.

Dr. Chuck Thornbury established an ongoing relationship with the leadership of the Kentucky Pharmacy Association and the Kentucky Board of Pharmacy to educate them about the need for specific legislation to address this problem. To educate and get the general membership support, he authored the article “pseudoephedrine a moral crisis in Kentucky” which was also disseminated among key legislative leaders and sub-specialty colleagues in key leadership positions. Dr. Thornbury worked with the leadership of the Kentucky Narcotic Association and the Kentucky State Police to develop legislation to address the problem. As President of the Barren County Medical Society, he drafted a resolution to the Kentucky Medical Association such that it advocated putting the meth lab issue as a legislative priority for the organization. He was instrumental on the floor of the KMA’s House of Delegates in getting this resolution passed. The legislative work eventually became Senate Bill 45, which aimed to make pseudoephedrine a controlled substance but it did not pass. Lastly, he was selected by the KAFP leadership to present on the ‘Building a Political Coalition: KY Experience with SB45’ to the family medicine leaders at the ‘Ten State Family Medicine Conference’ held this past year in Milwaukee, WI. The ceremony honoring Dr. Thornbury was held June 25th at the French Lick Resort in Indiana.
New this year was the golf tournament played at the beautiful Donald Ross Golf Course at the French Lick Resort. Marshall E. Prunty, M.D., KAFP Immediate Past-President organized the outing and was thrilled with the turn out. Dr. Prunty matched experienced players with first time players in an open scramble format to ensure everyone had a good game. Our players came from the ranks of our active physician memberships, event exhibitors, family physician residents, and invited guests. Drs. Darnell and Thornbury’s team won with a 4 under par. The highlight of the event was watching the birth of a golfer! Dr. Naga Perisetti, a resident played his first game ever and is now a devoted weekend hacker.
2011 Winners: Brian Walters, M.D., Jeremy Schram, DO with St. Elizabeth FMRP Director Donald Swikert, M.D. and Immediate Past President Eddie Prunty, M.D.

Past Winners:
- 2006 Winner—Trover Family Health Systems FMRP
- 2007 Winner—University of Louisville FMRP
- 2008 Winner—East Kentucky FMRP
- 2009 Winners—East Kentucky, St. Elizabeth, University of Kentucky and University of Louisville FMRP
- 2010 Winner—East Kentucky FMRP

Special thanks to the Kentucky Academy of Family Physicians Foundation for their continued support!

Left: Guest Moderator, AAFP Board of Director Member, George Shannon, M.D., Columbus, GA.

2nd Place Winners: Nancy Swikert, M.D., Foundation Chair, presented to St. Claire FMRP
Shilpan Patel, M.D. & Brock Barnes, M.D.

3rd Place Winners: Nancy Swikert, M.D., Foundation Chair, presented to Trover Health Systems Ashwani Kumar, M.D. & Faryaal Ihsan, M.D.

4th Place Winners: Nancy Swikert, M.D., Foundation Chair, presented to P.Taki Galanoppoulos, M.D. & Katherine Herold, M.D. (not pictured)

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The Kentucky Academy of Family Physicians honored two doctors for helping mold a new generation of physicians through their teaching: William J. Crump, Jr., M.D. and Gary V. James, M.D.

Dr. Crump won Full-Time Teaching Award while Dr. James earned the Volunteer Teaching Award. Students and colleagues praised both.

Dr. Crump serves as associate dean of the University of Louisville’s School of Medicine’s Trover Campus (ULTC). Dr. Steve Fricker stated in his nomination letter that ULTC’s success in keeping our students in rural Kentucky (66% are in rural practice and of those from rural Kentucky, 74% are in rural Kentucky practice) is in no small measure due to Dr. Crump’s efforts in developing a medical education pipeline. He has been instrumental in establishing a student-directed free clinic for working, uninsured, low-income people in Hopkins County. Dr. Tara Henson, former medical student and resident that trained under Dr. Crump, stated, “He was instrumental in my career as a physician. Dr. Crump is a big reason why I chose family medicine as a career. In Dr. Donna Roberts’ letter she stated, “Dr. Crump is a dedicated family physician with a broad spectrum of interests. His teaching of students and residents of all levels makes him very deserving of the exemplary faculty award.”

Dr. James is in private practice in Marion, Kentucky. Richard J. Bowles, University of Louisville School of Medicine Class of 2012 writes of his nomination of Dr. James, “My first clinical rotation was in family medicine and I was very fortunate to spend the majority of my time working with Dr. James. Far beyond simply welcoming me into his office, Dr. James began very quickly teaching me both the art and science of the practice of medicine. ... Dr. James taught me more than just routine clinical knowledge like how to diagnose ehrlichiosis or which antibiotics are used to treat it; I learned to do minor office procedures ... his confidence in me at such an early stage was essential to my development as a student clinician. Perhaps more important than these clinical skills, however, is the impact that Dr. James is a terrific role model for medical students. Dr. James is a 1977 graduate of University of Louisville College of Medicine and a Fellow of the American Academy of Family Physicians.
**50 YEAR AWARD** The Kentucky Academy of Family Physicians honored physician members who graduated medical school 50 years ago at the 60th Annual Scientific Assembly Awards Ceremony. Marshall E. Prunty, M.D., KAFP Immediate Past President, presented awards to the 1961 Medical Student Graduates. We were honored to have Coy E. Ball, M.D., Owensburg, KY; William K. Burkart, M.D., Lexington, KY; William J. Graul, Jr., M.D., Versailles, KY; John A. Logan, M.D., Henderson, KY; Robert P. Schiavone, M.D., Louisville, KY.

Honored physicians who were unable to attend the event were:
- Alfonso Hernandez, M.D., Louisville, KY
- Bennett A. Asher, M.D., Winchester, KY
- Robert L. Beanblossom, M.D., Louisville, KY
- Woody G. Burrow, M.D., Paducah, KY
- John W. Harrison, M.D., Ashland, KY
- Sam Reid, M.D., Danville, KY

We are a Medical Group looking for a physician to join our group and perform Consultative Exams for Social Security in eastern Kentucky. Part-time or full time. No call or weekends. Travel within state will be necessary. Pay for the day’s work is guaranteed regardless of turnout and is paid promptly regardless of time of collection. All administrative needs including scheduling, transcription, assisting, and billing are provided.

For more information contact Susan Gladys at 866.929.8766 or email susang@tsom.com
All family medicine residents across Kentucky were invited to participate in this activity. We had a great turn out of a total of 5 submissions. Exhibits were on display at the 2011 60th Annual Scientific Assembly. Marshall E. Prunty, M.D., KAFP Immediate Past President presented awards to winners at the Resident Reception. Congratulations to our Winners.

**FIRST PLACE**
Primary Author: Robert Atkins, M.D.
Title: Prevalence of Chronic Pain Medication Use by Patients Admitted to a Rural Hospital in Southeastern Kentucky
Program: East Kentucky Family Medicine Residency Program

**SECOND PLACE**
Primary Author: Abdul Royeen, M.D.
Title: Prevalence of Hypertension in Children in Southeast Kentucky
Program: East Kentucky Family Medicine Residency Program

**THIRD PLACE**
Primary Author: Kara Gilkey, M.D.
Title: Effects of Compression on Venous Stasis Ulcers
Program: Glasgow Family Medicine Residency Program

**FOURTH PLACE**
Primary Author: Brock Barnes, M.D. & Naga Perisetti, MBBS
Title: Resident Physician vs. Nurse Collected Home Medication Reconciliation at Admission Improves Error Rates
Program: St. Claire Family Medicine Residency Program
Prepare Now for the Version 5010
and ICD-10 Transitions

The change to Version 5010 standards takes effect on January 1, 2012.
The change to ICD-10 codes takes effect on October 1, 2013.

In preparation for ICD-10, starting January 1, 2012, all practice management
and other applicable software programs should feature the updated Version
5010 HIPAA transaction standards. Providers will need to use ICD-10
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Make sure your claims continue to get paid. Talk with your software vendor,
clearinghouse, or billing service NOW, and work together to make sure you’ll
have what you need to be ready. A successful transition to Version 5010 and
ICD-10 will be vital to transforming our nation’s health care system.

Visit www.cms.gov/ICD10 to find out how
CMS can help prepare you for a smooth
transition to Version 5010 and ICD-10.
We want to honor your efforts during the last three years in preparation to become board certified in the specialty of family medicine. Your life as a family physician will be vital for your patients, hospital, community, and profession. As you move forward with your career, please remember that we are here for you as an academy that serves the needs of both you and your patients. We look forward to your involvement and wish you the best in all of your future endeavors. The recognition devoted towards this accomplishment honors all of the physicians who have given of themselves towards the lifelong journey of your education.

Join the Muhlenberg Community Hospital team as we provide great service to our community with “down home” care. In our growing market, Muhlenberg Community Hospital is always looking to facilitate an adequate number of specialists to insure our growing patient population has the coverage required. We are currently recruiting Family Practice and Internal Medicine physicians. Fill out our online CV submission form or send a copy to lila.g@mchky.org.

www.mchky.org

440 Hopkinsville Street, Greenville, KY. 42345 • 270-338-8000
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 11 residents.

The program’s mission is to prepare family practitioners for careers in rural medicine that are dedicated to meeting the health care needs of the people of rural Appalachia. The residents’ training is designed to prepare them for meeting the unique demands of a rural practice and for providing quality care in rural settings. Since the program’s beginning in 1991, 61 residents have completed their family medicine training.

Our Graduating Class

Robert Atkins, M.D.  
Kendall Bowling, D.O.  
Sadaf Naqvi, M.D.  
Abdul Royeen, M.D.

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

UNIVERSITY OF LOUISVILLE GLASGOW  
FAMILY MEDICINE RESIDENCY  
Graduating Class of 2011

Kara B. Gilkey, M.D.
MESA-Marshall Emergency Services Associates @ T.J. Samson Community Hospital Emergency Department  
1300 North Race St.
Glasgow, KY 42141  
Start Date: August 1, 2011

Brad M. Mallory, M.D.
Primary Care Associates  
1330 North Race St.
Glasgow, KY 42141  
Start Date: August 1, 2011

Melenda K. Miller, M.D.
T.J. Health Partners FMC  
507 South L. Rogers Wells Blvd., Suite E
Glasgow, KY 42141  
Start Date: August 1, 2011

Linsey S. Neuhaus, M.D.
T.J. Health Partners FMC  
507 South L. Rogers Wells Blvd., Suite E
Glasgow, KY 42141  
Start Date: October 17, 2011

Director: R. Brent Wright, M.D., 1325 North Race Street, Glasgow, KY 42141  
PHONE: 270-651-4865  
WEB SITE: www.glasgowfmr.com
The availability of quality family practice medical care. Our mission is excellent care every time and our values are safety, quality, compassion, and accountability. There are currently 17 residents seeing patients in the Madisonville Trover Clinic through the Family Practice Residency Program. Including the 2010 class, there has been 179 graduates from our program.

FAMILY PRACTICE RESIDENCY

Our goal was, and is, to increase the number of qualified primary care physicians practicing in rural, underserved areas. Trover Health System’s Family Practice Residency Program was the first Family Practice Residency in the state of Kentucky. We opened our doors in 1971 to help increase the availability of quality family practice medical care. Our mission is excellent care every time and our values are safety, quality, compassion, and accountability. There are currently 17 residents seeing patients in the Madisonville Trover Clinic through the Family Practice Residency Program. Including the 2010 class, there has been 179 graduates from our program.

David Rizk, M.D. is staying in Kentucky. Juveria Tawwab, M.D. will be staying in Kentucky.

Haresh Boghara, M.D., is moving to North Carolina where he will join a Hospitalist group in Salisbury, NC. Dr. Boghara plans to be in private practice in Maryland.

Thomas Harralson, M.D., is staying in Kentucky where he will be a Hospitalist at King’s Daughter Medical Center in Ashland, KY.

Mohammed Kayali, M.D., is moving to Merced, CA where he will be doing a fellowship in Emergency Medicine with Valley Group Physicians.

David Rizk, M.D., is staying in Kentucky. He will be joining Ohio County Hospital providing both inpatient and outpatient care.

Juveria Tawwab, M.D., will be staying in Madisonville, KY. She will be practicing General Family Medicine.

Naga Perisetti, M.D. Dr. Perisetti will be practicing as a hospitalist at Carolina Pines Regional Medical Center in Hartsville, South Carolina.

Sayama Rashid, M.D. Dr. Rashid will be joining Tacoma Family Medicine in Tacoma, Washington, to complete a rural health fellowship.

For more information, contact: 1-800-563-8327 | Web site: www.troverhealth.org
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Macon Bradley, DO
Private Practice/ED
Russell County KY

Cheryl Chacko  M.D.
Obstetric Fellowship
St. Elizabeth
Edgewood KY

Sarah Flora  M.D.
Private Practice
Alexandria KY

Patricia Isaacs  M.D.
Private Practice
Clarksville IN

Fred Pfenniger M.D.
Obstetric Fellowship
Seattle WA

Brian Walters M.D.
Private Practice
Union KY

Bradley Williams M.D.
Private Practice
McKee KY

CONGRATULATIONS!
From Your Faculty and Staff

Donald J. Swikert, M.D., Program Director
St. Elizabeth Family Medicine Center
413 South Loop Road, Edgewood, KY 41017
(859) 301-3841
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UNIVERSITY OF KENTUCKY (LEXINGTON)
Family and Community Medicine Residency Program

Over the last 37 years, our residency program has trained 244 graduates, the majority of which practice in Kentucky. Our mission statement demonstrates our three-fold purpose to recruit excellent students, to provide training that is second to none, individualized to the resident’s needs, and to graduate family physicians who will become well-respected clinicians in their community. Our training encompasses experiences at the University of Kentucky Hospital as well as providing continuity hospital care in a smaller more patient-centered, UK Good Samaritan Hospital within UK Healthcare. We also utilize community sites both in Lexington and in surrounding rural communities, allowing our program to have the best of both worlds and prepare our residents well for a wide variety of patient care needs. We are very proud of our 2011 Graduating Class.

OUR GRADUATING CLASS

Kelly Evans-Rankin, M.D.  Practice Site: TBN
Michael D. Goble, M.D.  Practice Site: Prestonsburg, KY
Mario F. Hernandez Mendez  Practice Site: Tampa, FL
Alexander Oparin, M.D.  Practice Site: Los Angeles, CA
Bali S. Randhawa, M.D.  Practice Site: Seattle, WA

A Career in University of Kentucky Family Medicine

Family Medicine Faculty
University of Kentucky - Family and Community Medicine

The University of Kentucky (UK), Department of Family and Community Medicine seeks a qualified family physician faculty to be located in the heart of Eastern Kentucky. The UK Department of Family and Community Medicine has a 4/4/4 rural family medicine residency program in Hazard, Kentucky. The residency program is dually accredited for osteopathic and allopathic medicine. Our faculty teach residents in outpatient and inpatient settings and participate in the clinical rotations for medical students. Our inpatient services are provided at the Hazard Appalachian Regional Healthcare Medical Center, a large community hospital. The position will work in the North Fork Valley Community Health Center, an approved National Health Service Corps site for loan repayment assistance to eligible applicants.

These activities, plus initiatives in community-oriented primary care, departmental leadership in the UK Center for Clinical and Translational Science and on-going adoption of medical home principles afford opportunities for faculty to participate in a variety of innovative programs. Candidates must be BC/BE in Family Medicine and qualify for an unrestricted license to practice medicine in Kentucky. Faculty rank and compensation will be commensurate with experience.

We offer competitive compensation based on rank and experience and an excellent benefits package that includes health, dental, and life insurance; disability; malpractice; retirement plan; education; paid time off; and more. Interested candidates should respond with a letter of interest and CV to:

Kevin A. Pearce, MD, MPH
Professor and Chair, Department of Family and Community Medicine
University of Kentucky College of Medicine
740 South Limestone
Lexington, KY 40536-0284
859-323-5988
christine.johnson@uky.edu

The University of Kentucky is an equal opportunity employer and all qualified applicants are encouraged to apply.

If offered this position, you will be required to pass a pre-employment drug screen as mandated by University of Kentucky Human Resources.

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

Andrea T. Watson, M.D.
Practice Site: Elizabethtown, KY

UK UNIVERSITY OF KENTUCKY
The University of Louisville Family Medicine Centers are divisions of the Department of Family and Geriatric Medicine at the University of Louisville School of Medicine. The faculty and residents are committed to providing quality patient care that requires the joint efforts of our patients, their families, and our staff. Our graduating residents for 2011 include: Hunter Davis who will be practicing in Hopkinsville, KY. Panagiotis “Taki” Galanopoulos who will be practicing in Hopkinsville, KY. Katherin Herold will be pursuing fellowship opportunities in Sports Medicine after graduation. Troy Masden has joined a practice in Southern Indiana. Haroon Mian will be practicing in the Atlanta, GA area. Juan Rey and Simon Spilkin will be practicing in Hopkinsville, KY with Drs. Davis and Galanopoulos. Caresse Wesley will be practicing in Lexington, KY.

OUR GRADUATING SENIORS

Hunter Davis  Panagiotis Galanopoulos  Katherin Herold  Troy Masden

Haroon Mian  Juan Rey  Simon Spilkin  Caresse Wesley

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

WEB SITE: http://www.louisville.edu/medschool/familymedicine
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JOURNAL

with a dual clinical focus on the community and the family, the UK Department of Family and Community Medicine (UK DFCM) plays a major role in assurance that the social mission of the University is strong. This involves encouraging and preparing students and residents to practice in the areas where they are most needed, maintaining a strong program in primary care and providing a range of training opportunities that will meet the needs of our residents and students.

The past year brought significant changes to our faculty. Samuel C. Matheny, M.D., MPH stepped down from the position of Department Chair after 17 years of service, to take the position of UK Assistant Provost for Global Health Initiatives. Dr. Matheny will remain full-time as a professor in the UK College of Medicine. Kevin A. Pearce, M.D., MPH is serving as the Interim Department Chair.

We also added faculty to our Lexington unit. We welcome home Alan Maxwell, M.D., former professor and Family Medicine chair at the University of Alabama. Dr. Maxwell is back in Lexington now, serving as a clinical professor in our department. We also welcome Jill Jones, M.D., JD from Fort Thomas, KY; Dr. Jones is board-certified in Family Medicine and Obstetrics/Gynecology, and has added qualifications in Addiction Medicine. Two additional new faculty members will be joining us this fall: Oscar Perez, D.O. of Paris, KY has accepted the position of Associate Residency Director in Lexington; Wade Rankin, D.O. of Maysville, KY has accepted a clinical faculty position. Both are ABFM board-certified family physicians; Dr. Rankin also has a CAQ in Sports Medicine. In Hazard, Joe Kingery, D.O. has been promoted to Medical Director of the North Fork Valley Community Health Center; he will remain full-time on our faculty. We are continuing to recruit for new faculty in Hazard and Lexington.

Our three university-supported residency programs, UK East Kentucky (Hazard), UK St. Claire (Morehead) and UK Lexington, continue to thrive. Each program filled its new class through the match this year. We welcome these 12 bright new physicians into our “family.”

Our programs provide a rich combination of model family medicine centers, with university and community hospital inpatient settings, supported by a full spectrum of specialists. The Morehead rural training program is now located in a new a state-of-the-art medical education and ambulatory care facility. The Hazard rural program, (co-located with the UK Center for Rural Health), is affiliated with a Federally-Qualified Community Health Center and Appalachian Regional Healthcare.

The UK Center for Interprofessional Healthcare Education, led by UK DFCM faculty member Andrea Pfeifle, Ed.D., is helping to modernize the education of health professionals based on the evidence of the importance of highly integrated teams for optimization of healthcare.

Our department’s activities in Global Health continue to expand. In his new role as Assistant Provost, Dr. Matheny will build upon and strengthen UK’s opportunities for health professions students, residents and faculty to have positive impacts on global health as they learn new skills and perspectives. In addition to teaching, two of our faculty (A. Stephens Wrightson, M.D. and Maria Castro, M.D.), provide comprehensive continuity care to a mainly Hispanic population in Lexington via the Bluegrass Community Health Centers. Dr. Castro is also the faculty advisor for CONMIGO, the medical student Spanish Interest group. With the help of the Center for Interprofessional Education, CONMIGO is moving into the realm of advocacy by promoting campus-wide awareness of the patient experience in a medical setting.

The first UK Rural Physician Leadership program students are completing their third year of medical school in Morehead. This rural track program will expand to Murray, KY soon, and will be led by a family physician. We are pleased to welcome family physician and KAFP member Richard Crouch, M.D., of Murray, as the Assistant Dean for the Purchase Area Regional UK College of Medicine site.

The UK Primary Care Sports Medicine Fellowship program just graduated our 23rd and 24th fellows this year. Two new physicians commenced their fellowship July 1, after successfully matching with our program in January 2011. Current and former fellows continue to provide leadership in the field of sports medicine, presenting scientific abstracts at national meetings. Several Sports Medicine Fellowship programs are directed by our graduates.

Research in the areas of cancer prevention, complimentary-alternative medicine, management of prescription drug abuse, and diabetes care continue in the UK DFCM. UK was recently awarded a major five-year Clinical and Translational Science Award from the NIH. This grant will enhance the UK Center for Clinical and Translational Science (UK CCTS). A portion of this funding will be used to stimulate and support university-community partnerships in clinical and health services research. Kevin Pearce, M.D., MPH co-directs the community engagement core for the UK CCTS.
This past year has been one of transition and change for the Department. Providing access to more patients and enhancing health services provided, the University of Louisville Family Medicine consolidated two locations into a larger facility and increased the number of physicians seeing patients during the past year. The new Bishop Lane facility has 9,300 square feet. The Bishop Lane facility and our existing Cardinal Station clinic have the combined capacity to accommodate 3,600 patients per month plus the ability for future growth. This UofL Geriatrics will move to the new Health Care Outpatient Center, a state of the art faculty office building on the Health Sciences campus. This was accomplished through a fundraising campaign that exceeded the goal thanks to generous donations from a variety of individuals including faculty totaling $500,000.

Undergraduate: Two faculty have provided expert guidance resulting in campus-wide recognition of two undergraduate programs. The Introduction to the Clinical Medicine (ICM) course directed by Dr. Charles Kodner has undergone some major revisions and is a program highly rated by students. This year, the Family Medicine Clerkship directed by Dr. Donna Roberts was the most highly rated clerkship on campus at the university.

Family Medicine Interest Group (FMIG): Our FMIG received the American Academy of Family Physicians’ Program of Excellence Award for Most Improved FMIG. Throughout their second year of medical school, the following students excellently served, learned, planned, worked and promoted Family Medicine within the School of Medicine environment: Reagan Gilley, President; Amanda Wood, Vice President; Courtney Forbis, Andrew Luckett and Caitlin Mullen, Executive Council.

According to Dr. Perry Pugno, Vice President of Education for the American Academy of Family Physicians, “This year’s awards were the most competitive, with more interest groups submitting applications than any other year.” The Program of Excellence Awards recognizes FMIGs for their outstanding performance in FMIG operation, community service, promoting the value of primary care, exposure to family medicine and family physicians, professional development and measures of success. The awards have been given for more than a decade.

Residency Program: The Louisville residency program achieved a 100% match this year and has an outstanding crop of new residents arriving.

The Glasgow Residency had similar success with recruitment of first choice residents. The Glasgow Residency Program will be featured on a future KET program as a model of educating residents in a rural setting.

Fellowships: Geriatrics – Another successful year, three fellows were recruited despite national trends showing declining interest in geriatrics. This program continues to be the only geriatrics fellowship program in the Commonwealth.

Sports Medicine – A new collaboration with Physical Medicine and Rehabilitation facilitated the recruitment of a second fellow this year and we plan to continue to recruit two fellows.

Faculty: Dr. Belinda Setters was awarded Geriatric Academic Career Award which will provide funding for five years and will support her particular interest in hospital care of the older patient. This grant will also allow her to enhance her already superb skills as a teacher.

Dr. Brent Wright has been appointed Vice Chair for Rural Health, a very important position in a state with such a large rural population. Dr. James G. O’Brien was inducted as a Fellow in the Royal College of Physicians in Ireland. RCPI is Ireland’s largest postgraduate institution with a mission to develop and maintain high professional standards in medicine.

Polypharmacy Program: Under the leadership of Dr. Demetra Antinisiaris, the polypharmacy initiative has received national attention and now has funding to recruit a fellow in pharmacology in addition to the rotation for the two pharmacy students from University of Kentucky on a monthly basis.

Dr. David Doukas, Director of the Division of Medical Humanism and Ethics, leads a national consortium on medical ethics called the PRIME Project.

This is an exciting time in Louisville in the midst of a merger between the University Hospital, Jewish Hospital & St. Mary Health Care, and Catholic Health Initiatives. The University of Louisville Physicians Group, ULP, has consolidated and can now offer the services of 450 faculty.
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Pediatrician

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