Jeff Harp, MD, Receives Highland Hospital Distinguished Physician Award

Family Medicine’s Jeff Harp, MD, recently received Highland Hospital’s Distinguished Physician Award for 2010. Dr. Harp, Adult Medicine Inpatient Coordinator for the Department of Family Medicine at the University of Rochester, has been with the hospital for nearly 30 years. In nominating Harp for this award, colleagues described him as a role model and “the gold standard” in delivering high quality care.

“It is wonderful to be honored, especially by your peers,” Dr. Harp said. Throughout his career at Highland, Dr. Harp has served in many roles in Family Medicine, including medical director, associate residency director, residency director and associate professor. Dr. Harp is highly respected for his neonatal and obstetric skills as well as his keen observation in treating patients. Several colleagues recognized Dr. Harp for his ability to educate and communicate with patients and residents. (continued on page 8).

Congsats!
The URMC Department of Family Medicine was recently ranked #19 in the country by US News and World Report.

Department of Family Medicine residents include Monica Leibovici (R1), Zachary Borus (R2), Lisa Downing (R2), Matthew Fernaays (R3), Edith Hui (R2), Tom M. Campbell (R1), Erin Lineman (R2).
Highland Family Medicine has worked diligently during the past year to prepare an application for Level 3 Certification from the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home (PCMH).

We have been practicing according to the guidelines of a patient centered medical home for some time, so we were confident that our application was comprehensive and we join health care practices across the country and at the University of Rochester Medical Center in our commitment to caring for our patients according to the guidelines developed by NCQA.

Working on the application has helped us document what we have been doing and initiate improvements to make our processes even better. We have initiated more proactive contact with our patients and keep them reminded of their well-child visits and annual screenings to ensure their continued health.

The Highland Family Medicine application focused on the care of three chronic illnesses: diabetes, asthma and depression. Family Medicine physicians work with nurses, nurse practitioners and others on an interdisciplinary team to care for patients. Care managers are instrumental in follow-up in between visits. We plan to build on what we have learned and apply these principles to more aspects of our practice.

Best Wishes,

Tom Campbell, M.D. (1972)
William Rocktaschel Professor and Chair,
Department of Family Medicine

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**Thoughts FROM THE CHAIR**

Attend 30 hours of HWSC employment training. Successful students are offered employment.

Under the direction of Dr. Suzanne Piotrowski Lee, a UR teen employment program has been developed and 63 HWSC teens are employed throughout the UR River Campus and URMC. This includes 16 teens employed at Highland Hospital. Teens are employed in 30 different roles including assistants to radiology technicians, ICU greeters, hospital lobby attendants and patient companion observers.

Dr. Piotrowski Lee, Associate Professor of Clinical Family Medicine, notes, “The teens are actively contributing to the worksite teams throughout the university and the medical facilities. It’s a real win-win for all involved.” Dr. Piotrowski Lee also directs the UR Community Partnership for Teen Health and Success which is located in the UR Center for Community Health.

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**URMC Department of Family Medicine Expansion Underway**

The URMC Department of Family Medicine is growing. Thanks to a $1.9 million grant from HHS/HRSA, the Family Medicine residency program recently added two residents and several faculty. In addition, Highland Family Medicine is expanding into 757 S. Clinton Avenue in Rochester, right next door to their current location.

“Our nationally recognized residency program is attracting candidates with tremendous depth and breadth of experience,” said Thomas Campbell, MD, department chair. “We are grateful for the grant which allows us to train more residents and expand the services we offer to the community as well.”

By the end of 2011 new administrative and teaching space in the adjacent building will be completed. The program will have expanded teaching space and offices for new faculty and open space for care managers, other support staff and clinical practice. A seventh clinical suite will be available for residents and faculty to practice.

Highland Family Medicine will be moving some offices into 757 South Clinton Ave. and Corn Hill Internal Medicine will move into the other half. Highland Family Medicine will expand their clinical space into the space currently occupied by Corn Hill Internal Medicine at 777 South Clinton Ave.

**Teamwork!**

Matt Devine, DO; Gina Lamanna, MS; Tom Campbell, MD; Mike Mendoza, MD; and Doug Stockman, MD (not pictured) worked together on the PCMH application.

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**Partnerhsip Benefits High School Students**

Research shows that urban youth who attend high school in metropolitan areas are at high risk of school drop out. Rochester is no exception with graduation rate calculations ranging from 46-52%. To combat this education crisis: the University of Rochester has joined forces with the Rochester City School District, the Rochester business community and the community non-profit agency, Hillside Work Scholarship Connection (HWSC).

Founded by the Wegmans corporation 24 years ago, the organization boasts a significant increase in graduation rate calculations of the enrolled at-risk teens. Currently, 2500 Rochester teens are enrolled in the Rochester HWSC program. Central to the program is a youth advocate who coordinates the teen’s academic and psychosocial resources. Equally important to the teen’s success is part-time employment. Teens who maintain academic and school attendance requirements attend 30 hours of HWSC employment training. Successful students are offered employment.

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Clean Water Initiative Vital to Rural Honduras

The year-round Global Health Program, operated by the Department of Family Medicine at the University of Rochester, offers training throughout the year and sends groups twice a year for two weeks at a time to rural Honduras. Partnering with an NGO called Shoulder to Shoulder, the brigade helps address the needs of the rural community San Jose San Marcos de la Sierra in the Southwestern state of Intibuca, Honduras. One of the most basic needs of the people is clean water.

A group of faculty, residents, medical students, interpreters and a Shoulder to Shoulder representative visited the area in November and made progress on three water projects: piped water, water filters and latrines. Some of the funding for these projects is provided by the First Unitarian Church in Rochester.

Piped Water Projects
Twenty-one homes and the Guanacaste elementary school are benefitting from a water project in Guanacaste. This is the first community in the San Jose area to tie into the government-provided water project that pipes water from two natural springs almost 25 miles away. Over the past several years, each household had to dig at least 33 feet of trench for the water pipe each week until 25 miles was dug. Each household also pays a monthly fee to help fund the project.

Water is now available at the main road and Guanacaste residents can tap into that water supply. They are responsible for digging all the trenches for the distribution lines and installing the distribution pipe, along with building a 4,500 gallon water tank. The Global Health Program is providing the materials for the water tank and distribution lines as well as technical assistance.

Each water project participant in Guanacaste will be entitled to use about 3 gallons of water per day. “Realizing just how much work went into this project in the hopes of getting 3 gallons/day helps the average American realize just how precious water is for the San Jose people,” said Doug Stockman, MD, director of Global and Refugee Health. “For the cost of about $300/household, we are helping provide water, the gift of life, to 21 homes and the children at school. We consider this an excellent long-term investment.” This is the fourth piped water project initiated by the group.

Water Filters
The subsidized sale of Honduran-made Potters-for-Peace in-home ceramic water filters has steadily continued. The villagers pay about $2 for a $25 filter. Filters and replacement parts are always available at the San Jose clinic. “We have now placed about 150 filters into San Jose homes,” said Barbara Gawinski, PhD associate director, Global and Refugee Health. “We are expanding the filter distribution into another area.” Ceramic water filters reliably make dirty water clean, but families must continue to use them in the long term to maximize the health benefit. Families that keep using the filters have experienced positive health results. During this brigade, 72 houses that had received filters two years ago were revisited. The vast majority of people reported they liked the filters, stated that they are easy to use, and were able to explain how to properly clean the filter. In addition, almost every family said they think the filter is important for their health. But some families stop using filters because a part is broken and they don’t buy the new parts available at the clinic. Encouraging the purchase of replacement parts will be a focus moving forward.

Latrines
The Ventilated Improved Pit (VIP) latrines the brigade helps build continue to be in demand. Many people realize the connection between poor sanitation and disease, and therefore desire a latrine. The brigade held another demonstration class for prospective latrine owners. Two new latrines were built at the Guanacaste school as part of the demonstration class.

(For more information on the Global Health Program, visit http://www.urmc.rochester.edu/fammed/ or to donate to the program contact the Highland Hospital Foundation at 585.341.0861.)
Relational and time-based continuity emerge as location of the patient, e.g. to Italy or a local hospital. The role of the family physician as a personal physician, not bounded or confounded by a change in the role of the family, consolidates as asynchronous, highly personal care. The home visit and workforce with better knowledge in a world of young legs. There is a desperate need to remember implementation strategy, renewed passion, and fresh research.

What is the role of Family Medicine in health care today?

The role of Family Medicine is to produce the best personal physicians in the country. Being the best includes a broad scope of practice, knowing one’s patients very well as unique individuals, stunning relational skills including teamwork, and persistence asking and answering questions that emerge day by day in modernized primary care practices, i.e. PCMHs.

What do you see in the future for Family Medicine?

Family medicine’s initial vision returns with new implementation strategy, renewed passion, and fresh young legs. There is a desperate need to remember what we already know, as we reappraise a much larger workforce with better knowledge in a world of asynchronous, highly personal care. The home visit and care of the patient in any other setting consolidates the role of the family physician as a personal physician, dwelling in the community with friends who are patients, not bounded or confounded by a change in location of the patient, e.g. to Italy or a local hospital. Relational and time-based continuity emerge as practical realities of family medicine practice, relying on a tasty blend of in person and virtual care. Practice panels are 800-1200 patients of all ages and walks of life. And the new model reflecting older values springs to life in months, after payment reform secures a revenue stream exceeding the cost of robust family medicine.

What are your fondest memories of the Family Medicine Program in Rochester?

Being lucky enough to be there, with people who shared a common, inspirational vision, articulated and sustained by great faculty. Being partnered with Cal White and feeling like the entire residency was a family. Learning so much so fast from fellow residents like John Anderson and Rick London and residency staff like Phyllis Plotter, Barb Arnold, Gayle Robinson. The way the Highland Hospital Medical Staff supported and welcomed us into the care of patients. Square dances. Bully Hill wine. The smell of lilacs.

Faculty Spotlight

Kevin Fiscella, MD, MPH

Title: Professor, Family Medicine Research Programs

Professional Achievements: Co-Director of Community Engagement and the Greater Rochester Practice-Based Research Network for our CTSI. Dr. Fiscella is also the Associate Director of the Rochester Center for Improving Communication in Health Care.

National Involvement: Recognized as one of the nation’s leading researchers in the area of health care access and quality for medically underserved populations. Expert Consultant to Bureau of Primary Health Care, Health Resources Services Administration, regarding a Report to Congress on a Health Care Quality Study of Community Health Centers; Institute of Medicine Committee on the Future Directions for the National Healthcare Quality and Disparities Report.

Research Interests: racial and socioeconomic disparities in healthcare.

What is the importance of Family Medicine today?

During a period of rapid change in health care and health care delivery, having a trusted, longitudinal relationship with a physician who knows both you and your family is important as ever. There is overwhelming evidence that a robust primary health care system is vital to optimizing population health while minimizing health care costs. If the United States is to reverse its continued decline in relation to the rest of the world in terms of bang for the health care buck, it will need family medicine to thrive.

Why is research important to Family Medicine?

Family medicine and other primary care specialties are entering a period of rapid transformative change. These changes are being driven by the confluence of several powerful forces. They include growing recognition of the need for changes in how primary care is delivered, the accelerating diffusion of health information technology including electronic medical records, and impending primary payment reforms. Research is critical to guiding how these changes take shape. Research is needed to ensure that these changes help reduce rather than worsen health care disparities.

What do you see in the future for Family Medicine?

I expect that the practice of family medicine 20 years from now will be practically unrecognizable. While I expect the relationship between family physicians and their patients and families to remain paramount, the delivery models will be quite different. Less often will patient care be provided through rushed, 5-minute visits. Instead, family physicians will orchestrate care through well-functioning teams using a variety of communication modalities including electronic media. Patients will truly own their health records which will include office and hospital records, pharmaceutical records, test results as well as a whole range of home monitoring and home testing data.

Student Spotlight

Katherine W. Eisenberg, MD/PhD

Education: University of Rochester, Medical Scientist Training Program, MD, 2011; PhD in Epidemiology, 2009; Princeton University, Bachelor of Arts cum laude, 2002

Research Interests: Lead poisoning, refugee health, vaccines.

Volunteer/Community Service: UR Well Student Outreach, teaching/tutoring.

Awards & Honors: Joan Hensler Community Outreach Award, Gilbert Forbes Prize in Pediatrics, Charles M. Cannon Award for Outstanding Oral Presentation; Outdoor Action Leader of the Year.

Why did you choose Family Medicine?

I’m going into Family Medicine because I’m interested in both the health of individuals and of communities. I think Family Medicine is a great way to link those interests. The strong tradition of patient advocacy in Family Medicine is also very important to me.

Why did you choose the URMC Department of Family Medicine?

I chose the UR program because of its thoughtful, innovative curriculum and the excellent faculty and residents. So far the program has been very welcoming and supportive.
Department of Family Medicine Welcomes New Class

The Department of Family Medicine recently welcomed twelve new family medicine residents. A $1.8 million HRSA grant that supports salaries and benefits over the next 5 years enabled the increase in class size from 10 to 12.

The medical schools represented among the newly matched interns include University of Washington, Boston University, SUNY Downstate, SUNY Upstate, Albany, UConn, and three from University of Rochester.

Two of the incoming interns have a PhD, and two have a MPH. Two are AOA. There are a total of 6 additional languages spoken fluently among our interns, including Japanese, Vietnamese, Spanish, Portuguese, Navajo, and Punjabi. Half of the interns are fluent in Spanish.

The class includes two outstanding international medical graduates; one is an accomplished Japanese physician who has already completed 4 years of residency.

Hello!

I just wanted to write to say thank you for all the stellar guidance, teaching, and friendship you’ve all provided over the past four years. From sitting in your living room, to meeting in Family Practice department, to playing Names in a Hat/Fishbowl by flashlight in Honduras, I’ve always been delighted to have such wonderful role models. I’m excited to see where the next few years takes me, and I’m grateful that my life and career path has been serendipitously graced with your presence.

love,

Serena (Hon)

Lake Ontario Polar Plunge, January 2011. From left to right: Beth Calkins, chief resident; Stephen Schultz, residency director; Matt Fernaays, R3 (kneeling); Chris Wightman, R3; Pebble Krantz, chief resident; Matt Walsh, security (holding towel); Maggie and Dan Rosen (friends of Pebble’s).
Welcome

Ian Deutchki, MD joins the faculty of the Department of Family Medicine. Dr. Deutchki is a graduate of the Pennsylvania State University College of Medicine in Hershey, PA and did his residency in Family Medicine at Lancaster General Hospital in Lancaster, PA where he also completed a fellowship in Geriatric Medicine.

Michael McKee, MD, MPH was recently promoted to Assistant Professor of Family Medicine, with a secondary appointment in Community & Preventive Medicine. He earned an MD with honors from the University of Florida and completed a residency in Family Medicine at the University of South Carolina. Dr. McKee then earned an MPH and completed a Preventive Cardiology fellowship at the University of Rochester Medical Center in 2010.

Pebble Kranz, MD joins the faculty of the Department of Family Medicine. Dr. Kranz received her MD from Warren Alpert Medical School of Brown University and did her residency and postdoctoral training at the University of Rochester/Highland Family Medicine residency program where she served as chief resident.

Diane Koretz joins Highland Family Medicine as Administrator of the Department. She has more than 25 years’ experience in inpatient and ambulatory health care settings. Her knowledge and experience in Rochester health care are extensive; she has worked for three Rochester hospitals and two URMC- and Highland Hospital-affiliated clinical practices, including Highland Family Medicine. Koretz earned her MBA from Rochester Institute of Technology and her undergraduate Bachelor of Science, Management, at St. John Fisher College.

Transitions

Ingrid Watkins, MD and Bradley Van Heukelum, MD have been named co-directors of the Maternal Child Health Fellowship. They replace Lois Van Tol, MD who will join Lake Affect OB/GYN Midwifery and Family Medicine.

Anne Nofziger, MD is the new director of the Primary Care Clerkship. She has been affiliated with the University of Rochester School of Medicine and Dentistry for more than 10 years.

Congratulations

Thomas L. Campbell, MD, Chair of the Department of Family Medicine, was recently named president-elect of the Association of Departments of Family Medicine. Association members elected Campbell to a term that extends through 2014. Dr. Campbell has previously held the positions of program chair and member-at-large on its Board of Directors.

Susan H. McDaniel, PhD, Associate Chair, Department of Family Medicine recently received the 2011 Society of Teachers of Family Medicine (STFM) Recognition Award. This award notes her accomplishments and contributions to focus family medicine on the family.

Zach Borus, MD, MPH is serving as the only resident representative to the AAMC Advisory Panel on Health Care.

Tziporah Rosenberg, PhD was named to the STFM Emerging Leaders Fellowship Program.

Pebble Kranz, MD was named to the STFM Behavior Science/ Family Systems Fellowship Program.

Matt Devine, DO, Associate Medical Director, Highland Family Medicine is the recipient of the 2011 STFM New Faculty Scholar Award given to new faculty members in recognition of outstanding leadership potential in family medicine. He also received the Department of Family Medicine Director’s award for fostering clinical and educational excellence while maintaining a sense of humility and humor, and has demonstrated the ability to advance and support the family medicine residency program of the University of Rochester.

Richard Kennedy, MD, Assistant Professor, Department of Family Medicine is a 2011 Rochester Business Journal Health Care Achievement Award Physician honoree. Dr. Kennedy is a staff physician at Anthony L. Jordan Health Center and helped found the local coalition to prevent lead poisoning.

Epstein Leads Study

A $2.9 million University of Rochester Medical Center research project will test a powerful new intervention to improve the quality of discussions among oncologists, patients and families in the context of incurable cancer, and to promote patient- and family-centered care.

Ronald Epstein, MD, is principal investigator and a professor of Family Medicine, Psychiatry and Oncology at URMC. The National Institutes of Health is funding the project and its novel intervention, which is being conducted in collaboration with UC Davis Medical Center in California.
Faculty Accomplishments

**Publications**


**Hauser PE; O’Hearn A; McKee M; Steider A; Thew D.** “Defeat epistemology: deafness and deaf null.” American Annals of the Deaf. (Winter 2010).

**Carroll JK; Humiston SG; Meldrum SC; Salamone CM; Jean-Pierre P; Epstein RM; Fiscella K.** “Patients’ experiences with navigation for cancer care.” Patient Educ Couns. 2010 Aug.

**Hendren S; Griggs JJ; Epstein RM; Humiston S; Rousseau S; Jean-Pierre P; Carroll J; Yoshia AM; Loader S; Fiscella K.** “Study protocol: a randomized controlled trial of patient navigation-activation to reduce cancer health disparities.” BMC Cancer. 2010 Oct 13.

**Carroll JK; Lewis BA; Marcus BH; Lehman EB; Shaffer ML; Sciamanna CN.** “Computerized tailored physical activity reports. A randomized controlled trial.” Am J Prev Med. 2010 Aug.

**Yoshia AM; Carroll JK; Hendren S; Salamone CM; Sanders M; Fiscella K; Epstein RM.** “Patient navigation from the paired perspectives of cancer patients and navigators: a qualitative analysis.” Patient Educ Couns. 2011 Mar.

**Gramling R; Epstein R.** “Optimism amid serious disease: clinical panacea or ethical conundrum? Comment on recovery expectations and long-term prognosis of patients with coronary heart disease.” Arch Intern Med. 2011 Feb 28.

**Epstein RM; Street RL.** “The values and value of patient-centered care.” Ann Fam Med. 2011 Mar-Apr.

**Epstein RM; Fiscella K; Lesser CS; Stange KC.** “Why the nation needs a policy push on patient-centered health care.” Health Aff (Millwood). 2010 Aug.

**Fiscella K; Winters P; Tancredi D; Franks P.** “Racial disparity in blood pressure: is vitamin D a factor?” J Gen Intern Med. 2011 Apr 21.


**Fiscella K; Humiston S; Hendren S; Winters P; Jean-Pierre P; Idris A; Ford P.** “Eliminating disparities in cancer screening and follow-up of abnormal results: What will it take?” J Health Care Poor Underserved. 2011.

**Fiscella K; Winters P; Tancredi D; Hendren S; Franks P.** “Racial disparity in death from colorectal cancer: does vitamin D deficiency contribute?” Cancer. 2011 Mar 1.

**Fiscella K; Yoshia A; Hendren SK; Humiston S; Winters P; Ford P; Loader S; Specht R; Pope S; Adris A; Marcus S.** “Get screened: a pragmatic randomized controlled trial to increase mammography screening in a large, safety net practice.” BMC Health Serv Res. 2010 Sep 23.


**Ruffin MT 4th; Nease DE Jr; Sen A; Pace WD; Wang C; Acheson LS; Rubinstein WS; O’Neill S; Gramling R; Galliher JM; Beaulmont J; Achesson LS; Wang C; Galliher JM; Ruffin MT 4th.** “Components of family history associated with women’s disease perceptions for cancer: a report from the family healthware™ impact trial.” Genet Med. 2011 Jan.

**Gramling R; Lash TL; Rothman KJ; Cabral HJ; Silliman R; Roberts M; Stefanick ML; Harrigan R; Bertoil ML; Eaton CB.** “Family history of later-onset breast cancer, breast healthy behavior and invasive breast cancer among postmenopausal women: a cohort study.” Breast Cancer Res. 2010 Oct 12.

**Brown, EJ; Carroll, JK; Fogarty CT; Holt, C.** “They get a c-section... they gonna die”: Somali women’s fears of obstetrical interventions in the United States.” Journal of Transcultural Nursing. 2010.


**Fogarty CT; Schultz SH.** “Team huddles: The role of the primary care educator.” Clin Teach. 2010 Sept.


**Kaizuka S; Mendoza M; Coffa D; Le T.** “First aid for the family medicine boards.” Hematology/Oncology Chapter 4 - McGraw Hill, 2nd edition. Anticipated Spring 2011.
“Dr. Harp is one of the most dedicated physicians I have ever met,” said Highland Chief of Medicine Robert McCann, MD, FACP. “He goes beyond the call of duty for his patients. As we promote patient- and family-centered care at Highland, Dr. Harp is the gold standard.”

“His outstanding interpersonal skills make him a collaborative and expert contributor to patient, patient’s family and staff interactions,” said Suzanne P. Lee, MD, associate professor of Clinical Family Medicine.

Dr. Harp has taken his abilities beyond Highland’s doors and U.S. borders. Since 1992 he has taken about 15 mission trips to Haiti to provide health care to those in need. After the earthquake in 2010, the trips became more frequent, and most recently, Dr. Harp visited with a group of doctors in an effort to stop the spread of cholera in the island nation.

“Every time I go, it helps me make sense of what’s going on in my life and others’ lives,” Dr. Harp said. “Because of my work in Haiti, I feel I am better able to help and understand patients.”

Dr. Harp is the fourth recipient of this award. To be eligible, recipients must have been a member of Highland’s medical staff for at least one year. A selection committee of physicians, nurses and hospital administrators choose an honoree from the Highland Medical Staff.

Dr. Harp is married with four children, ages 16 to 24, and currently lives in Brighton. When he has spare time, he enjoys singing music from the Renaissance and medieval periods with two local vocal groups.

Department members celebrated Jeff Harp’s award as Highland Physician of the Year with a special Jeff Harp Hat Day.