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JANUARY 2007

Richard Payne, MD, Editor

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*San Diego Academy
of Family Physicians*



Presenting... the 2007 Candidates for the SDAFP Board of Directors

All active SDAFP members should have by now received a ballot to elect candidates for board of director positions. Here's a rundown on the excellent group of individuals running for office:

Lance Fuchs, M.D. Dr. Fuchs is currently a Partner Physician at Kaiser Permanente Hospital in the Family Medicine Department. He went to Medical School at Penn Sate University and did his residency training at Kaiser Permanente Sunset Clinic in Hollywood, CA. He received his undergraduate degree at UCLA. His hope is to continue to be a strong advocate for family physicians and their patients.

Michael Moreno, M.D. Dr. Moreno is in his 8th year as a Partner Physician with Kaiser Permanente, Family Medicine. He is actively involved with recruiting and educating new physicians. He is very interested in bringing new ideas and concepts to the board, as well as meeting and learning from other members. His hope is to make the field of primary care stronger and even more successful in the future.

Martin C. Schulman, M.D. Dr. Schulman attended UC Berkeley and the UCSD School of Medicine, and did residency training in his hometown of Long Beach, CA. After spending 15 years with the UCSD faculty practice, which included 3 years as the Family Medicine Clinical Service Chief, he recently started a solo low-overhead, cash-only practice near his home in Encinitas. A strong advocate of consumer-driven health care, Dr. Schulman has been networking nationwide with other physicians pursuing various unique solo practice models, and he hopes to bring about more awareness regarding the resurgence of solo family medicine practices to his service on the SDAFP Board of Directors.

Eric S. Skoblar, M.D. A midwest native, Dr. Skoblar graduated from Northwestern University and after a short stint with the Indian Health Service in Arizona went on to Wright State University School of Medicine in Dayton, OH where he received his MD. He has lived in San Diego since 2001 where he completed residency in Family Medicine as well as fellowship training in Sports Medicine at UCSD. He is actively involved with medical education and community athletics and currently works as a physician at the student healthcare department at UCSD. His educational background in political science and public health provide Dr. Skoblar with fresh ideas as well as the appropriate skills needed to assist the SDAFP in serving the San Diego family medicine community.



CHECK OUT OUR UPCOMING EVENTS!!!

- February 9th, 2007: Annual Installation Dinner - Admiral Kidd Club
- March 29-April 1, 2007: California Academy of Family Physicians Annual Scientific Assembly, Fairmont Hotel, San Francisco, CA
- August 3-5th, 2007: 50th Annual Postgraduate SDAFP Symposium, Marriott Hotel and Marina

The New Model of Family Practice: Tending the Flock vs. “Take a Number!” – A Return to Tradition By Rusty Kallenberg, M.D.

Picture this: You are a busy family physician in a urban practice. You see 25+ patients a day in a constant churning stream of acute, chronic, H&P, administrative and mental health visits. You’ve been in this practice for several years so you know your “regulars” but the practice is still in flux and growing a bit so there are new patients all the time. You use a paper record which you helped design that is well organized and works for you. You have 3 partners and a nurse practitioner who sees simple acute walk-ins but has also developed her own “following”. You are making a good salary but, like many of us today, you are feeling a bit overwhelmed. The paperwork is mounting, you’re contemplating the pros and cons of electronic health records (EHRs), the ABFM wants you to figure out how to do a practice improvement project for your next certification, you’re reading about how most physicians aren’t really doing as good a clinical job as they think they are doing and, while you really like the diversity of family medicine, you feel more and more like you are pushing that boulder up the hill only to have it roll back down again. Sound familiar?

Now picture this: You are that same busy family physician. You read about the New Model of Family Practice and “see the light!” You have purchased a computerized electronic health record system (EHR) and have entered all your current patient data. Your record keeping has become significantly automated and is 85% complete when the patient leaves the room. The new computerized web-available program allows your patients to email you for advice and even to create the “subjective” part of their subsequent visit notes on-line from home or the waiting room before you see them. With the “registry function” you are able to analyze your practice from a number of viewpoints: frequency of visit (for those frequent flyers), by diagnosis and lab results (so you finally *know* who all your diabetics, smokers or depressed patients are and *how* they are doing!), by medication (so when there is a warning or recall – you can *recall* them!), by geographic location (so you can detect the local factory-air pollution-induced asthmatics that you’ve been seeing a rush of lately), by age/sex and mammography result (so you know who still needs one), and by family (so you know which members you have and have not seen).

Rather than pushing a lot of paper around, you spend your time “reviewing” your practice. You read your journals in a more directed fashion, focusing on articles that will specifically help you with your flock. Each weekend you spend a few minutes *planning who needs to be seen* soon and prospectively fill up about 50% of your visits. The rest of your slots are filled up with patients who need to come in urgently, some of whom have emailed you ahead of time, but most of whom have either called that day or the day before with issues you need to see first-hand or signed on and made their own appointments.

From your “registry mining” you’ve identified all your remaining smokers and have arranged a mini-group visit for them. Six have accepted, and you will meet with them at the end of the day in a group visit. Registry mining allows you to “rediscover” 3 diabetics who haven’t been in for more than 4 months and who each have HgbA1Cs greater than 9! You ask your scheduler to be sure that they are all given appointments for this week! On another weekend you review your frequent flyers and realize that two of them are probably depressed and that you really haven’t been able to get beyond the frustrations of seeing them to realize that your collaborative care team (two marriage and family therapists you invited to work in your practice) could help both you and them out! You ask your scheduler to have them come in so you can raise the issue of referral to these in-office colleagues. You also identify 15 women who need breast exams and you send a note to your scheduler to get 3 in per week over the next month. On another weekend, you develop a system for emailing likely PSA candidates who have never been screened, inviting them to go to your practice website and click on the video that describes the pros and cons of PSA screening. If interested, you instruct them to email you their request and you’ll order the tests for them.

While at home, you get a couple of emails from patients with minor problems which you respond to with some education and home remedies (documenting in their record as you go), and one from a complex patient whom you call to discuss the matter with further. You decide to see him tomorrow and schedule the appointment at the end of the day so you can spend some time going over his treatment regimen. And you get paid for these email and telephonic medical interventions!

You finally have the feeling that you are beginning to get a handle on your practice and dream of new ways to “tend your flock”. When you start the next week you already know 50% of *who* you are going to see

and *why*. Your creative physician brain is already working on *what* you will do with them face to face. You can actually envision a time when you'll know *almost everything* you need to know about your patients and have a plan for how to get them all to better health. Of course human nature being what it is, you will always fall short of perfection!

Wow! What made this New Model of Care possible? It's actually the computer and the electronic health record...*plus* your desire to really make a difference in your patients' lives. This is actually old wine in new bottles – like all “new” ideas. Our predecessors, like Will Pickles, the English GP who fathered clinical epidemiology, practiced this way (as do our rural contemporary FP colleagues even today!). They *knew* their flock and everything about them because they lived together for generations. No one moved away. The *uncertainty* related to clinical diversity that primary care docs are supposed to thrive on was really bolstered by the *certainty* of long-term relationships and the knowledge they brought to bear on every encounter. In our present (sub)-urban practice world of increased patient mobility, increased demands for care and fragmented and frequently discontinuous care relationships, the computer and EHR can help us keep up with and make sense out of the chaos of practice and the diversity of our patients' healthcare needs. They are the essential tools for building the New Model of Care. So what's it gonna be? “Take a number!” or tend your flock?

For more information, log on to: www.Futurefamilymed.org



Are you interested in joining the SDAFP Board of Directors?

If so, please contact Sabrina Bazzo

by e-mail at sabrinab@san.rr.com OR by phone: 858-458-9439 to have your name submitted to the Nominating Committee for the next board election.

TOP DOCS

Congrats to SDAFP Current Board Members that were recently honored as 2006 San Diego's Top Docs by their peers at the San Diego County Medical Society! They are as follows:

David E.J. Bazzo, M.D.

Anthony Fatch Chong, M.D.

Steven A. Green, M.D.

Rusty A. Kallenberg, M.D.

Richard E. Payne, M.D.

SDAFP Gets a New Logo!

Maybe you noticed the new SDAFP logo on the last few mailings you've received. Thanks to Dr. Joseph Allen, one of our board members, we've given the logo a facelift.

This will more truly reflect our individual chapter and emphasize our 'commitment to the profession' as stated in the tag line.

Let us know what you think!

ATTENTION ALL SDAFP MEMBERS!!!

Please join us for our

Annual Installation of Officers

of the San Diego Academy Of Family Physicians

Friday, February 9th, Two Thousand and Seven

Harbor Lounge ♦ Admiral Kidd Club

Naval Training Center, San Diego

ASW Main Gate ♦ (Off Harbor Drive)

Cocktails 7:00 p.m. Dinner 8:00 p.m.

There will be a \$25 fee per person.

Admission By Reservation Only

RSVP on or before February 2nd, Two Thousand and Seven

Due to increased security on navy base, all guests will be provided a parking pass in advance, and asked for picture ID.

Payment Information:

I hereby authorize CAFP/SDAFP to charge my credit card for the charges listed above.

My signature below indicates that I accept the charge to my account.

PLEASE RETURN THE FORM BELOW WITH CREDIT CARD INFO. OR CHECK PAYABLE TO:

SAN DIEGO ACADEMY OF FAMILY PHYSICIANS, P.O. BOX 910144, SAN DIEGO, CA 92191

Phone: (858) 458-9439 Fax: (858) 458-9467 www.sandiegoafp.org

Name:	_____
Address:	_____
Choice of Entrée:	_____ Chicken Wellington _____ Filet Mignon
Payment includes:	_____ for dinner (\$25 per person)
Please check one:	Card Number:
<input type="checkbox"/> VISA	_____
<input type="checkbox"/> MASTERCARD	Exp. Date: ____/____
<input type="checkbox"/> CHECK	Name as it appears on card:

	Signature:

	Billing Address – if different from above:
