

Department ranked second nationally by *U.S. News & World Report*

In its recently released “America’s Best Graduate Schools 2007” listing, *U.S. News & World Report* has ranked the University of North Carolina Department of Family Medicine second among more than 125 family medicine departments nationwide. Only the University of Washington ranked higher. The annual rankings are based both on expert opinion and on statistical indicators that measure the quality of a school’s faculty, research and students.

The Department of Family Medicine was the highest ranked department within the UNC School of Medicine, which tied for 20th overall and ranked second nationally in primary care. (Carolina also ranked in the top ten in AIDS treatment, rural medicine and women’s health.) Only two disciplines at UNC-Chapel Hill — library and information

studies and analytical chemistry — ranked higher than Family Medicine.

The UNC Department of Family Medicine (DFM), is a statewide program that includes an academic campus at UNC-Chapel Hill and clinical campuses in Asheville, Concord, Charlotte, Greensboro and Wilmington. DFM is a leader and innovator in clinical practice, medical education, research and community service. The Department has a special commitment to mothers and children, the elderly and other populations at risk, partnering with local, state and national organizations and government agencies to address unmet health needs.

“One of the distinguishing features of our program is our emphasis on clinical programs to reach those who are underserved,” said Department Chair Warren Newton. “We’re



DEAN ROPER AND CHAIR NEWTON CELEBRATE DFM’S NATIONAL RANKING.

actively working not only to pursue innovative approaches to research and teaching, but also to explore new models of care.”

The Department has pioneered the use of family physicians as hospitalists, achieving new benchmarks in efficiency, costs and quality of care. This was one of the first programs

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Shaping the future of academic health centers

A WORD FROM THE CHAIR



NEWTON

The September 2006 supplement to the *Annals of Family Medicine* (www.annfammed.org) was devoted to the role of Departments of Family Medicine and faculty in academic health

centers. The report was a part of the Future of Family Medicine project; as president of the Association of Departments of Family Medicine, I organized a symposium at the AAMC and this special supplement. Our launching point was the Institute of Medicine’s premise that academic health centers need to change dramatically, and

they need to change dramatically across all missions — patient care, teaching and research — in order to maintain relevance.

How can Departments of Family Medicine help that process? Within our Department, our faculty has answered that question: by leading the way.

This issue highlights several wonderful examples of leadership roles the DFM faculty have taken on. Allen Daugird’s leadership of ambulatory care throughout the UNC Health Care System is an example of the expertise and experience that family physicians can bring to bear as health care moves increasingly from a hospital to an ambulatory setting.

Our Department also took the lead in forming the Central Carolina Health Network, a four-county community network that is part of a statewide program

to improve the quality and cost-efficiency of care for Medicaid patients and other medically underserved populations.

And of course, one of the DFM’s core missions is to prepare the future leaders of Family Medicine and health care. To that end, our nationally respected Faculty Development Fellowship Program is in its 28th year, continuing to fill the pipeline with incredibly talented, committed family physicians, in whose hands the future of our discipline and the practice of medicine is bright indeed.

We hope you enjoy this issue, and we look forward to hearing from you!

Warren F. Newton, MD, MPH

William B. Aycock Distinguished Professor & Chair

Gucciardi joins Dept. to direct development

MaryAnne Gucciardi has joined the UNC Department of Family Medicine as Director of Development. Her mission is to secure funding for the Department's health and education initiatives. "The Department of Family Medicine is on the cutting edge of many areas of health education, health research and patient care. The doctors have ambitious plans for improving medical care and training. My job is to help them realize their vision by securing support for this important work."

Gucciardi spent 15 years in Hong Kong, initially on assignment with Johnson & Johnson, and then as the founder and director of a hotel supply business. Before repatriating, she and her family spent a year living in Italy. A successful volunteer fundraiser for her undergraduate college, Gucciardi was drawn to development work. Upon returning stateside with her family in 2004, she joined the development office at Stanford University.

In January, Gucciardi and her family moved to North Carolina. She spent her first few weeks at work meeting with Department faculty and staff to understand their funding needs. In the coming months, she plans to meet former faculty, fellows and residents "so I can get to know everyone who has touched or been touched by the Department of Family Medicine."

Contact MaryAnne Gucciardi at 919-843-2015 or email her at maryanne_gucciardi@med.unc.edu.

GUCCIARDI WITH DEVELOPMENT STEERING COMMITTEE MEMBERS SLOANE, GOLDSTEIN, NEWTON AND LINGLEY.

DFM partners with providers to improve primary care for uninsured, chronically ill

The UNC Department of Family Medicine has joined an innovative, state-wide approach to primary care that builds and leverages community health networks to improve the quality and cost-efficiency of care for Medicaid recipients around the state.

Community Care of North Carolina (CCNC, formerly known as Access II and III) was started in the early 1990s to build community health networks organized and operated by community physicians, hospitals, health departments and departments of social services. The program uses data generated by Medicaid claims and chart audits to guide interventions that reduce cost and improve quality. Each network has a team of case managers that work one-one-one with patients identified as high-risk/high-cost to promote self management and a primary care medical home.

Each network also has a network director and medical director who work closely with the primary care practices to implement innovations in the community and in individual practices. For example, one network responding to high emergency room utilization developed an after-hours urgent care center staffed by community physicians. Another, responding to results of an asthma audit, developed asthma flow sheets and worked with practices to begin using them.

A formal study of CCNC, conducted after four years of operation, estimated a \$27.5 million savings for North Carolina Medicaid, and showed reduction in hospitalization and emergency room admissions and improved clinical outcomes, such as increased percentage of patients with diabetes getting flu shots and eye exams.

Since then, community networks have been established in almost every county in North Carolina, significantly increasing annual savings to North Carolina Medicaid while improving the quality of care provided to Medicaid patients.

The DFM has played a leadership role in the recent growth of CCNC. Department

Chair Warren Newton helped organize health providers in Chatham, Orange, Caswell and Alamance counties to form Central Carolina Health Network, a coalition of almost 50 primary care offices, health departments, departments of social services and the three hospitals in this four-county area. Coalition members provide space and other resources for the network's five case managers, project director and medical director.

Since its inception in 2005, the Central Carolina Health Network has played an active role in innovative efforts to expand the CCNC model to improve care for disabled and elderly patients as well as patients who lack insurance. Central Carolina Health Network was recently selected as one of eight statewide areas to pilot case management and disease management of patients with multiple chronic illnesses.

UNC Family Medicine's Thomas Wroth has helped guide the direction of these pilots at the state level and emphasized the importance of addressing polypharmacy. Our network was also awarded a federal Healthy Community Access Program grant in 2005 to explore the application of the Community Care of North Carolina program to the care of uninsured patients. Working with partners across the state, the network is developing a claims system that can track care in order to case manage high-risk patients and improve utilization patterns.

The DFM's Beat Steiner, medical director for the Central Carolina Health Network, says: "This is an example of true collaboration. It is an exciting opportunity for the Department to actively engage in the community and to translate our work to direct service.

"Clearly, this is an area where the Department of Family Medicine excels. But for this initiative, instead of publishing the results of data analysis in academic journals, we are taking that knowledge and directly translating it to improved care for Medicaid patients in our communities."



BRIEFLY...

YOUR CONTRIBUTION to the Department's 2006 Annual Fund will help us achieve our vision of national and state-wide leadership, innovation and excellence in community service, research, medical education and clinical care. Giving to the Annual Fund is a great way to support the DFM's commitment to North Carolinians, and show confidence in our future direction. You can make an annual gift with the enclosed card, or contact MaryAnne Gucciardi at 919-843-2015 or email her at maryanne_gucciardi@med.unc.edu.

IN JUNE, after another successful residency recruiting effort, the Department was privileged to welcome the newest members of our professional family. Our eight new Family Medicine residents, the class of 2009,

all hail from different medical schools: UNC, Tennessee, Ohio State, Medical College of Ohio, Wright State, Oregon Health and Science University, Florida and the Medical College of Georgia. Our new residents are of wonderfully varied backgrounds, yet have a unified commitment to serve those who need them the most. They are the future of family medicine!



ZOLOTOR

lie in hypertension detection and control and men's health, was a UNC Robert Wood

TRANSITIONS... The Department's research programs were expanded this summer with the addition of two research-oriented faculty, **Adam Zolotor, MD, MPH** and **Anthony Viera, MD, MPH**. Both are famil-



VIERA

Fellowship.... After six-and-a-half years with the Department, **Amrit Singh, MD** is heading



SINGH

to the northwest suburbs of Chicago with her husband, who will be starting an oculoplastic surgery practice there. Singh plans to enjoy time with her young son and to continue practicing family medicine and geriatrics there. Margaret Helton will assume the role of director of geriatrics within the Department.

Johnson Foundation Clinical Scholar. Zolotor, whose research focuses on the medical neglect of children, was a faculty member at Chatham Primary Care and completed UNC's NRSA Primary Care Research

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DFM faculty member takes leadership role

As Medical Director and VP of Ambulatory Care for the UNC Health Care System, Department of Family Medicine faculty member Allen Daugird is responsible for the clinical and administrative functions of UNC's 70 outpatient clinics in Chapel Hill and communities as far away as Sanford and Henderson.

Daugird, a former co-director of the Family Medicine Center and vice chair of the Department, took on the newly created role in 2004. He has since guided several major initiatives, including the formation of an Office of Revenue Cycle Management to integrate the administrative and business functions of the Hospital's outpatient areas with those of the P&A (Physicians and Associates) practice plan.

"In the past, UNC P&A and UNC Hospitals each billed separately for their services, had separate billing and charity care policies, and did not communicate and coordinate well. That was confusing for our patients. Our goal is to integrate these functions so that patients can talk to one person at UNC who can help them with all billing questions, financial counseling or charity care. Ultimately, we want to have a consolidated bill, too."

Daugird chairs a new committee that is revamping all of UNC's financial assistance policies, including expanding eligibility. They have already implemented a single charity care application that applies to both P&A and the Hospitals.

He is also leading a two-year, institution-wide open access project to implement open

access in all UNC clinics and Hospital ancillary areas. The Family Medicine Center was one of two pioneering programs to implement open access at UNC; Sam Weir, the Center's medical director, is one of the physician-leaders for this institution-wide initiative.

"This is a huge undertaking," said Daugird, who holds an MBA in addition to his MD. "We're using industrial engineering principles to make it easier for patients to get an appointment quickly and reduce wait times once they come in."



DAUGIRD

care centers are very complex systems, and if you don't approach change and strategic planning from a systems perspective, you're doomed to fail.

"So much of being a leader has to do with relationships, trying to understand people and the different ways they approach things – the same kinds of skills that family physicians learn in taking care of diverse patients and families. That's invaluable when you're trying to get things done in a complex organization like the UNC Health Care System."

Daugird's Family Medicine background has proven advantageous in his system leadership role. "Family Medicine emphasizes systems theory and a holistic approach to patient care. That's very helpful, because academic health

Faculty Development Fellowship continues leading

Despite recent federal funding challenges, the DFM's prestigious Faculty Development Fellowship is still going strong, says Director Sam Weir.

Each year, 16 junior faculty from Family Medicine programs around the country are selected for the program. Many graduates have gone on to become department chairs, residency directors and national academic



WEIR

leaders. Over the course of a year, participating physicians spend six weeks in Chapel Hill learning what it takes to be successful faculty members and leaders, including how to be better teachers and scholars and how to navigate the academic system.

The Faculty Development Fellowship has been training future leaders in Family Medicine for 28 years with the support of federal funding. This year, the program has entered the post-Title VII era. Nevertheless, we continue to offer the fellowship, with support from carryover grant funds and generous short-term bridge funding from the Department. All of the major curriculum components remain intact: teaching and learning, professional development and scholarship.

Meanwhile, the Department is actively pursuing other sources of funding that will allow us to continue to offer this important program beyond June 2007.

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Faculty prepare students for leadership

To address problems of inadequate access to health care and health insurance along with multiple health disparities, Family Medicine faculty members Adam Goldstein and Diane Calleson piloted a medical school course called Advanced Skills in Leadership for Underserved Populations. For the last two years, this popular course has been a regular part of the Health and Social Sciences selective for second-year UNC medical students.

Each year, 13 aspiring medical student leaders learn to use self-reflection to identify their personal leadership strengths, weaknesses and style. Participants also gain skills needed to work effectively as leaders in underserved communities, and identify and connect with role models for service projects. Course evaluations show that students have achieved statistically significant gains in their abilities to network, collaborate, raise money and work with diverse populations.



FACULTY MEMBERS ADAM GOLDSTEIN AND DIANE CALLESON WITH THEIR MED SCHOOL CLASS. Visiting is Dr. Paul Farmer, founder of Partners in Health in Boston, which runs health clinics in Haiti and Peru.

“Physicians who form strong connections and collaborations with communities are far more likely to improve access to, and quality of, health care and help target resources to address community needs,” Goldstein noted.

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in the nation to incorporate midwives and lactation consultants to support new mothers and to integrate acupuncture and other alternative techniques into ongoing primary care. New breakthrough service delivery models fielded by the Department include an Immigrant Health Initiative that is overcoming barriers to health care for North Carolina’s growing Hispanic community.

Our Department researchers and the multidisciplinary teams they lead are known nationally for their work in rural health and long-term care, and graduates of the program have an impressive track record for leadership in their field. Nearly one in every four family medicine departments nationwide are led by alumni of the UNC program, and faculty members routinely serve as officers and board members of the nation’s leading family medicine organizations.



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