

DEPARTMENT OF FAMILY MEDICINE

University of Rochester School of Medicine & Dentistry

Highland Hospital

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Highland Family Medicine is Key Participant In Two Initiatives To Transform Health Care

Two grants awarded by the Center for Medicare & Medicaid Innovation (CMMI) hope to have a major impact on health care delivery in New York State and across the country. The University of Rochester Department of Family Medicine/Highland Family Medicine has been selected to participate in both endeavors.

CMMI awarded a \$26.6 million, three-year grant to the Greater Rochester community to transform health care in the Finger Lakes region by providing a more comprehensive primary care model to patients most at risk for hospitalizations and emergency room visits.

Suites 200 and 400 at Highland Family Medicine have been chosen to be part of this program. The Rochester Health Innovation Collaborative (RHIC), a community coalition project of Finger Lakes Health Systems Agency (FLHSA), guided the grant application process. This group included 30 leaders representing area hospitals, employers, health plans, physicians, nurses, philanthropic foundations, community advocacy groups, higher education and government. FLHSA will administer the Health Care Innovation Grant on behalf of the community.

Specifically, this project - "Transforming Primary Care Delivery: A Community Partnership" - will help strengthen primary care and provide care coordination to the more than 658,000 Medicare and Medicaid patients at risk for potentially avoidable hospitalizations, hospital readmissions and avoidable emergency department use. This effort is expected to reduce health care costs in the Rochester community by \$48 million over the next three years by improving people's health and reducing the need for the most costly services.

"We are one of 15 practices selected to participate in this innovative project in its inaugural year," said Tom Campbell, MD, Chair, Department of Family Medicine/Highland Family Medicine. "Goals of the project include reducing hospital admissions and ED visits which are at



Highland Family Medicine cares for every member of the family at every stage of life by keeping expectant mothers healthy, delivering babies and addressing the physical, emotional, mental, and social needs of children, adolescents, adults, and seniors.



the heart of what we do here every day. And we are all working together toward the ultimate goal of improving the community's health and health care delivery."

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Thoughts
FROM THE CHAIR

Family Medicine is at the heart of the changing face of health care in our country. Preventive care, appropriate care in an outpatient setting, affordable care, caring for the underserved – we are key participants in it all!

In addition to our participation in the initiatives recounted on page one of this newsletter, these highlights of the Department of Family Medicine at the University of Rochester this past year reflect our efforts, our growth and our focus on contributing to health care reform in our country.

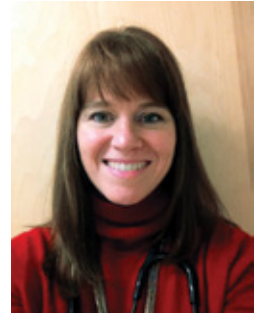
- Highland Family Medicine Achieved NCQA Certification as Patient-Centered Medical Home. Highland Family Medicine is currently working toward renewal of their Level 3 Patient-Centered Medical Home Recognition and in late 2012 renewed their recognition status with NCQA's Diabetes Recognition Program.
- An Electronic Medical Record System (eRecord) was introduced at Highland Family Medicine.
- The \$1.6 million expansion project of Highland Family Medicine/Corn Hill Internal Medicine is complete. The department anticipates an additional 7,200 patient visits per year.
- Expansion and grants have given us the opportunity to hire several new physicians, nurse practitioners and bring more residents into the program.
- We have added a Sports Medicine Fellowship and a Deaf Health Pathway to our Medical Education component.
- We are proud of our devoted physicians, faculty, nursing staff, residents and other staff members who publish, present, bring home awards and take active roles in professional and community organizations.

Best Wishes,

Tom Campbell, MD (1972)
William Rocktaschel Professor and Chair,
Department of Family Medicine

Stefenie King, MD, Honored with Prestigious Pfizer Teacher Development Award

Stefenie L. King, MD, a part-time instructor at Highland Family Medicine with the University of Rochester School of Medicine and Dentistry, is among a select group of physicians to receive a 2012 Pfizer Teacher Development Award. The American Academy of Family Physicians (AAFP) Foundation recognized Dr. King with this award for her commitment to education in the field of family medicine, her scholastic achievement and leadership qualities.



Stefenie L. King, MD

Pfizer Teacher Development Awards spotlight those in active practice who give of themselves to teach, mentor and inspire residents and students. Each nomination is reviewed and scored by a panel appointed by the AAFP Foundation. The award provides funding for each recipient to attend an activity of choice to further their professional development and teaching skills. This program is supported by a grant from Pfizer Inc.

Fellowship Centers on Sports Medicine

The Primary Care Sports Medicine Fellowship is a new offering from the University of Rochester Department of Family Medicine. The program, under the direction of Nick Kilmer, MD, Program Director and Mark Mirabelli, MD, Associate Director, will give participants the opportunity to establish and manage a Sports Medicine and a Family Medicine continuity patient base.

Fellows will have the opportunity for coverage with professional hockey, lacrosse and soccer teams as well as local collegiate organizations. This includes onsite/on-field care for Rochester Institute of Technology men's lacrosse team and men's and women's hockey teams as well as St. John Fisher College football and teams at McQuaid Jesuit High School.

The program's first fellow, Matthew D. Capuano, MD left private practice for this experience. "I was very honored that Dr. Kilmer and Dr. Mirabelli

considered and contacted me to become the very first fellow of Primary Care Sports Medicine and acknowledged their high regard for my performance and skill during my residency," said Dr. Capuano. "Being a fellow presents me with an opportunity to become an even better doctor and be able to better treat my patients for some of the most common reasons why people come to see their physician."

Curricular experiences include ongoing participation in non-operative musculoskeletal medicine as well as rotations through orthopedic sub specialties. Nutrition, exercise physiology, sports psychology and ethical and legal issues are components of the learning experiences. Fellows also attend Sports Medicine conferences, seminars and workshops and conduct research and scholarly activity to reinforce the learning experience.

Family Medicine Observes National Primary Care Week

"The Future of Health Care" was the theme of National Primary Care Week held last fall. Desiree Wagner, a Family Medicine Interest Group (FMIG) co-leader and AMSA President Heidi Guzman coordinated the event. "There is definitely a growing interest in and excitement about primary care among students," said Wagner, "and this

year's speakers did an incredible job conveying their passion for the field and their optimism about the future."

In addition to lunch talks focused on the future of primary care, a "dinner and a movie" screening of the documentary "Escape Fire: The Fight to

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Safer, more effective cookstoves are important to the health of the residents in Honduras.

Cookstoves: the Most Sought After “Appliance” in San Jose

By Douglas Stockman, MD, Director, Global and Refugee Health

The Department of Family Medicine at the University of Rochester operates a year-round Global Health Program that includes two trips a year to rural Honduras with NGO Shoulder-to-Shoulder to address the needs of the rural community in the Southwestern state of Intibuca, Honduras.

In San Jose, as in much of the developing world, all cooking is done using firewood and a traditional stove/grill. But getting firewood can take hours of work and steal hundreds of calories from women and children as they haul 40+ pounds up and down mountains. The traditional cookstove makes the cooking area dark due to the black smoke that coats the walls and roof. Chronic exposure to this smoke increases the frequency of asthma exacerbations and prolonged exposure can lead to COPD. Open fire also creates a risk of burns to children. We needed to explore a method to mitigate some of the downsides caused by the need to use firewood.



Department of Family Medicine brigade members educate San Jose residents about ways to have a healthier community.

Keeping San Jose Residents Involved

In keeping with self sufficiency and sustainability, we wanted to create a stove that used local materials as much as possible and could be built and repaired by local people. We ended up using an existing stove type popular in Guatemala and modified both the construction techniques and the design to better meet the needs of the San Jose residents. Then we identified a local craftsman to take over construction of the stove.

We also created a process that requires interested community members to attend a workshop on construction, help build another person’s stove, and then build their own stove under the guidance of the craftsman. Stove recipients also do communal labor and pay about \$6 for the \$48 worth of materials needed (metal plate, chimney, ree-bar and three fired bricks – all obtained locally). Using this method, we have built about 200 stoves with many more families interested in getting a stove.

Improvements and Sustainability

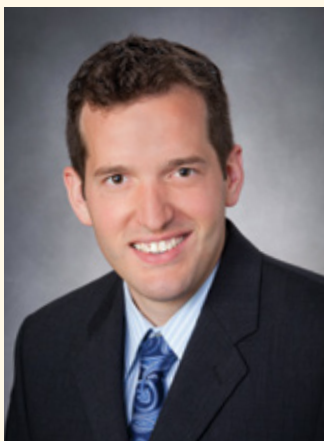
The craftsman we chose has made improvements to the initial design that extends the time before the stove needs repairs. He also created a number of optional improvements, such as a food warming area under the stove. These improvements created by the local people are a great example of the sustainable nature of this project.

Given the health benefits and the aesthetic improvements, it is clear why our improved cookstove project is such a great success and the cookstove remains the most sought after appliance in San Jose. We thank everyone involved in this project, from Global Health alumni who helped with construction to donors who provide the needed funds to pay for the stoves.

For more information on the Global Health Program and to view more photos visit www.urmc.rochester.edu/family-medicine/global-health/

Donations can be made on-line through the address above or contact the Highland Hospital Foundation at 585.341.0861.

Resident Spotlight



Tom Campbell, MD

He's been an actor, an assistant paralegal and a marathon runner, but third year resident Tom Campbell, MD is most focused on how he can best use his knowledge about nutrition and lifestyle to help patients in a primary care setting.

"It's important to me to integrate nutrition and lifestyle teaching into my career as a physician," said Dr. Campbell, "In primary care we have a chance to intervene in people's health before disease has done most of its damage."

Dr. Campbell is co-author of "The China Study," subtitled "the most comprehensive study of nutrition ever conducted and the startling implications for diet, weight loss and long term health." Principal author is his father, Dr. T. Colin Campbell. The book is a national bestseller and the two have presented lectures and have solicited praise from leaders in the field of nutrition and health.

A graduate of Cornell University with a BA in Theatre Arts, Dr. Campbell (not related to Tom Campbell, MD, Department Chair) has also acted in various theater companies in Ithaca, London and Chicago. He received his Doctor of Medicine from the State University of New York at Buffalo in 2010 and chose the Family Medicine residency program at the University of Rochester upon graduation.

"I found U of R to be among the best programs in the country during my travels and inquiries," said Dr. Campbell. "I have found faculty to be supportive, friendly, excellent teachers and mentors who are happy to lend their perspective when I need it."

Dr. Campbell received the AAFP award for Excellence in Family Medicine and is a popular presenter on nutrition and lifestyle topics. He is also a participant in the residency's Political Advocacy and Leadership track.

Highland Family Planning – A Vital Resource in Rochester Area

Highland Family Planning offers affordable and confidential reproductive health services to low- and no-income teens and adults at two locations in the Rochester area. The staff holds clinic hours and provides outreach educational services in the community as well.

Health educators work with the Rochester City School District and non profits such as Charles Settlement House and the Boys & Girls Club to speak with teen groups on issues such as healthy relationships, sexuality, reproductive health, healthy choices and the impact of violence.

"Sessions with Highland Family Planning educators ensure that teen participants receive up-to-date information and give them an opportunity to talk about issues and concerns with health care experts in a safe, educational and non judgmental environment," said Scott Benjamin, President of Charles Settlement House.

"The work we do with teens is especially rewarding," said Gina Lamanna, Program Manager. "We meet teens where they are and



Highland Family Planning staff members Emily Lynch, Bethany Merklinger, NP, Mary Ammon and Gina Lamanna, MS. Not pictured: Salena Morgan, MPA, Paula Soprano and Lindsay Phillips, MD, Medical Director.

we build trust-based relationships so they feel comfortable coming to our clinic as well." More than 1400 patients are served each year at sites in the Highland Family Medicine Center on South Clinton Ave and East Ridge Family Medicine on East Ridge Road.

The programs are partially funded by Federal funds and provide birth control services, screenings and treatments as well as annual physical exams for breast health, pap smears, and testicular exams.

Emily Lynch, Highland Family Planning Health Educator, was recently recognized by Rochester's Metro Council for Teen Potential (MCTP) with a 2012 Friend of Youth Award. The honor is presented annually to leaders in the Rochester community who are making a difference in the lives of youth in the City of Rochester.

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Rescue American Healthcare" was held with a faculty-led discussion afterwards. A faculty-led Procedure Night focused on orthopedic and gynecologic procedures was another highlight.

A group of 1st and 2nd year medical students and a nursing student also had the opportunity to meet with this year's keynote speaker, Dr. Andrew Morris-Singer, President and Founder of Primary Care Progress. "The week was a great success in motivating students to consider primary care and to engage in being part of the solution to our current healthcare crisis," said Guzman.

Residency Update – Residency Curriculum

By Steve Schultz, MD, Residency Director

There will be an exciting change to the residency curriculum as of July 2013. That is when we will be introducing the new P2 rotation to the PGY-2 curriculum. This 5 block rotation will integrate a practice management curriculum into the existing Psychosocial Medicine (PSM) curriculum. The current PSM material will be spread over the 5 blocks with the practice management interspersed throughout the entire period. This longitudinal rotation of 20 weeks has tentatively been dubbed “P2” for the two “P”s of Psychosocial Medicine and Practice Improvement, with an obvious nod to our 6 year experience as a P4 program.



A practice management curriculum will be integrated into the existing Psychosocial Medicine curriculum of the Department of Family Medicine Residency Program.

The new curriculum will focus on three areas: leadership development, quality improvement, and group visits. There are currently six seminars in PSM that focus on leadership; to this we will add some readings, as well as experiential learning as the second year residents take leadership roles on their respective suites. As of last year, residents are required to participate in Maintenance of Certification (MOC) activities during residency. We plan to meet these requirements during the P2 rotation, when the residents will lead a chart review for their team, enabling faculty to meet their Part IV MOC requirements at the same time. By having the whole team focus on the same quality indicators, it will be easier for us to collectively take action as teams to improve care. Residents on P2 will also attend the quality improvement meetings for 5 months of both the hospital and Highland Family Medicine or Brown Square.

Finally, the group visit component will model itself after the PSM experience, where residents work with patients from their own panels. We have been doing group visits for the past 5 years, but all thus far have been organized and run by faculty. We now have 6 residents at a time participate in PSM, and they will divide into two groups of three, and each resident in the two triads will be expected to contribute 3-5 patients to the group visit, for a total group size of 9-15. The clinical focus of each group will be mutually determined by resident interest and practice needs.

SAVE THE DATE: Tour de Cure – June 2ND

Highland Hospital has signed on to sponsor the Red Riders again in this year's annual Tour de Cure bike event sponsored by the American Diabetes Association. Red Riders are the individuals who participate that suffer from diabetes. This year Rochester's bike event will be on Sunday June 2.

Last year, Highland Hospital had the second most team members in the entire event with a total of 86 riders, raised more than \$18,000 and won the 2012 Rookie of the Year Award for the Highland Spin-Outs team. This year the group hopes to attract more than 100 riders. If you are in the Rochester area the weekend of June 2, please consider joining our team or volunteering for the event. For more information contact Dr. Devine at 585-279-4823.

Alumni Spotlight



Douglas Kamerow, MD, MPH '83

Former Surgeon General Dr. David Satcher calls Class of 1983 alumnus Doug Kamerow “one of the giants of medicine and public health,” and Dr. Kamerow's career attests to that. As a leader of key private sector and federal research, health policy, and public health programs for more than 20 years, he created and led numerous successful national programs that have made major contributions to health and health care.

Dr. Kamerow began his career as a family doctor at Rochester's Brown Square Health Center while serving in the National Health Service Corps. When his US Public Health Service commitment concluded in 1981, he, his clinic partner Dr. Carolyn Mok, and faculty member Dr. Larry Culpepper negotiated a “switch” with Family Medicine. He and Dr. Mok became Family Medicine residents and the graduating residents assumed their full-time positions at Brown Square. Thus began the current arrangement in which FM residents can do their outpatient work at Brown Square.

After his residency, Dr. Kamerow returned to the PHS, working in epidemiologic research at the National Institute of Mental Health, as a prevention policy advisor in the Office of the Assistant Secretary for Health, and finally in a series of positions at what is now the Agency for Healthcare Research and Quality. During those 20 years, Dr. Kamerow initiated and/or led such prominent programs as the US Preventive Services Task Force, the AHCPR clinical practice guidelines program, and the Evidence-Based Practice Centers program. He also taught residents and medical students as a part-time faculty member at Georgetown University.

Since his retirement from the Public Health Service as an Assistant Surgeon General in 2001, Dr. Kamerow has served as a Chief Scientist in health services and policy research at the nonprofit research institute RTI International in Washington, DC. He continues to teach at Georgetown and he is an associate editor and health policy columnist for the global medical journal BMJ. Last year he published a book of his BMJ columns and some commentaries he had done for NPR News, called “Dissecting American Health Care.”

Although he has had a rather untraditional career for a family doctor, Dr. Kamerow still feels closely connected to family medicine and primary care. He is concerned about the future of US health care. “We're in big trouble if we do not increase the size of the primary care sector and universally implement the principles of the patient-centered medical home,” he said.



Chris Taggart, MD

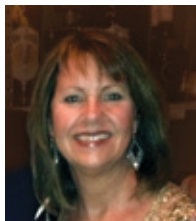
Welcome

Highland Family Medicine welcomes new faculty member Chris Taggart, MD. Dr. Taggart is a graduate of Case Western Reserve. After volunteering for a year with AmeriCorps in Denver, he attended medical school at Northeast Ohio Medical University and completed his Family Medicine residency at the Summa Health System in Akron, Ohio, where he also served as Chief Resident. Following residency, he stayed on at Akron to complete a one-year fellowship in Hospice & Palliative Medicine. Prior to relocating to Rochester, he spent a year on the faculty at Rose Family Medicine Residency Program in Denver, Colorado.



Virginia Cartwright, FNP

Highland Family Medicine introduces new Family Nurse Practitioners Virginia Cartwright, FNP, Lisa Levinson, FNP and Luis Alberto Berrios, FNP. Cartwright and Berrios received their Family Nurse Practitioner degrees from the University of Rochester and Levinson received her FNP from St. John Fisher College. In 2011 Cartwright was awarded the Student NP of the Year by the Nurse Practitioner Association of New York State. She previously worked at Highland Hospital as an ASPN Level II Registered Nurse in the Emergency Department. Levinson has been part of the Highland Hospital nursing staff for more than 30 years and also worked in community urgent care centers and as an FNP in employee health at Highland. She received the "Outstanding Family Nurse Practitioner Award" at St. John Fisher. Berrios previously worked in the Behavioral Medical Surgical Unit and Strong Infectious Diseases Clinic.



Lisa Levinson, FNP



Luis Alberto Berrios, FNP



Benjamin Erb

Benjamin Erb joins the department as Data Coordinator. Erb holds an MBA from Rochester Institute of Technology and a Bachelor of Science in Finance from The College at Brockport, State University of New York.

Congratulations



Steve Schultz, MD has been elected to the board of directors of the Association of Family Medicine Residency Directors (AFMRD). The professional organization has represented family medicine residency program directors since its inception in 1990. The Board of Directors is comprised of 9 elected physicians who are chosen by the membership at the annual business meeting held each June. Dr. Schultz has been a member of the AFMRD since 2002 and earned a Program Director Recognition Award at the Silver Level from the AFMRD in 2010.



Katherine Eisenberg, MD has been appointed to the AAFP's Commission on Continuing Professional Development. This Commission's goal is to support the AAFP's Strategic Objective on Education by providing and accrediting continuing medical education for family physicians to help improve knowledge, competence, practice performance and patient outcomes. Dr. Eisenberg will also be working with the Subcommittee on Assembly Scientific Program, which focuses on educational programming at the annual Scientific Assembly set for San Diego in September.



Mark Mirabelli, MD was appointed to the Medical Advisory Board of the New York State Athletic Commission. In addition to his current certification as a panel physician providing office and ringside care for professional boxers and wrestlers, he will serve as an advisor to the Chief Medical Officer and the Chair of the Commission on boxing and wrestling safety and healthcare policies. He will also review applications of other physicians in the state who wish to be certified as panel physicians.



Colleen Fogarty, MD received the 2011 Behavioral Science Forum Impact Award for "Fifty-Five Word Stories: Small Jewels for Personal Reflection and Teaching." Dr. Fogarty was also an invited lecturer and plenary speaker at the Behavioral Science in Medical Education Annual Meeting this past October. Her topic was "Too much information, not enough compassion? Addressing the needs of clinicians as patients." Dr. Fogarty was also named co-editor of the Journal of the Collaborative Family Health Association "Families, Systems & Health."

Family Medicine Physician Publishes Guide to Circumcision



Assaf Yosha, MD, Highland Family Medicine faculty member, recently published "A Surgical Guide to Circumcision" in collaboration with David

Bolnick, PhD and Marty Koyle, MD. The book provides both the technical details of the procedure, related anatomy, and its complications, as well as a review of its history and polemic.

Dr. Yosha is a senior instructor at Highland Family Medicine as well as director of maternity services at Woodward and Brown Square Health Centers (part of Anthony Jordan Health Center). He has

privileges at Highland Hospital and University of Rochester Medical Center.

He established an outpatient circumcision clinic in Seattle and while there collaborated on the guide to address resident education not only about the technique but also about the uncommon complications/anomalies and the normal healing process.

Faculty Accomplishments

Selected Publications

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Eiff MP; Waller E; **Fogarty CT;** Krasovich S; Lindbloom E; Douglass AB; Pugno P; Green LA; Carney PA. "Faculty development needs in residency redesign for practice in patient-centered medical homes: A P4 report." *Family Medicine.* 2012; 44(6): 387-95.

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Gramling R; Norton SA; Ladwig S; Metzger M; DeLuca J; Schatz D; Gramling D; **Epstein R;** Quill T; Alexander S. "Direct observation of prognosis communication in palliative care: a descriptive study." *Journal of Pain and Symptom Management.* Epub 2012 May 30.

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Luque AE; Corales R; Fowler RJ; Dimarco J; van Keken A; **Winters P; Keefer MC; Fiscella K.** "Bridging the digital divide in HIV care: A pilot study of an iPod personal health record." *Journal of the International Association of Physicians in AIDS Care.* Epub 2012 Sep 10.

Mirabelli M. "Joint and soft tissue injections" AAFP CME publication video 2012.

Mirabelli M. "Musculoskeletal examination" AAFP CME publication video 2012.

McKee M; Thew D; Starr M; Kushalnagar P; Reid JT; Graybill P; Velasquez J; Pearson T. "Engaging the deaf American sign language community: lessons from a community-based participatory research center." *Progress in Community Health Partnerships: Research, Education, and Action.* 2012; 6(3):321-9.

McKee MM; Paasche-Orlow MK. "Health literacy and the disenfranchised: the importance of collaboration between limited English proficiency and health literacy researchers." *Journal of Health Communication.* 2012; 17 Suppl 3:7-12.

McKee MM; Winters PC; Fiscella K. "Low education as a risk factor for undiagnosed angina." *Journal of the American Board of Family Medicine.* 2012; 25(4):416-21.

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In addition to this initiative, The Department of Family Medicine (with the exception of suites 200 and 400) continues to be part of the Hospital-Medical Home Demonstration Project administered by the New York State Department of Health. The Centers for Medicare and Medicaid are also funding this \$250 million program to improve the quality of primary care services in hospital outpatient settings and enhance the continuity training experience for primary care residents.

Through this demonstration program, the NYS DOH is awarding funds to hospitals who wish to transform their outpatient continuity training sites to high quality Patient-Centered Medical Homes and extend/expand the continuity training experience for their primary care residents. In addition, hospitals are required to initiate changes that improve the level of integrated, coordinated and culturally appropriate care in the participating outpatient settings and implement inpatient safety improvements.

During this extension period, entities that serve as clinical training sites for primary care residents will work toward transforming their delivery system consistent with the National Committee for Quality Assurance (NCQA) requirements for medical home recognition. Highland Family Medicine is currently working toward renewal of their Level 3 Patient-Centered Medical Home Recognition and in late 2012 renewed their recognition status with NCQA's Diabetes Recognition Program.

"The work we do in the Department of Family Medicine is truly a prototype for the Medical Home project," said Tom Campbell, MD, Department Chair. "Our care managers help coordinate care for our at-risk populations; our residents, physicians and nurse practitioners use their expertise to care for our patients; and we are guided by evidence based care models and quality improvement initiatives."

Focus on Quality: Highland Family Medicine Champions Quality Improvement Projects

By Matt Devine, DO, Associate Medical Director, Highland Family Medicine

Highland Family Medicine has been holding monthly Quality Improvement meetings for nearly four years. This new column in the Department of Family Medicine Newsletter will highlight some of the latest quality improvement projects.

Our practice now has many “Champions” for ongoing quality improvement projects and 17 active committee members who represent different positions within the practice. All of our Family Medicine residents still rotate through on an Ambulatory Family Medicine rotation and they complete a quality improvement (QI) project over the 4-week rotation. At the end of their rotation they present their project at the monthly QI meeting.

Over the last 2 years these projects have led to multiple practice-wide changes and have also been recognized at Highland Hospital’s annual Health and Safety Fair. The Quality Improvement group is on task to complete the goals that it addressed in its five year strategic plan. Recently the practice’s Diabetes Recognition Program accreditation offered by the National Committee for Quality Assurance (NCQA) was up for renewal. This is a three year accreditation that focuses on excellence in Diabetic care.

Highland Family Medicine was able to pass all standards required and submitted for renewal this past November. With the transition to a new electronic medical record system this past May we are anticipating standard documentation for diabetic care to also be implemented by the health system. Special thanks to Katie Lashway, Karen Mahler, and Django Scahill (HFM nurse care managers) for their efforts in helping with the chart audit process of the application. A special thanks to all employees of the department who help keep quality care as one of our most important initiatives!



Louise Slaughter Attends Faculty Meeting

Congresswoman Louise Slaughter attended a recent faculty meeting at Highland Family Medicine. The Congresswoman is very familiar with the practice, the patient population and the multiple needs of many patients who live day-to-day in very challenging situations.

Faculty updated Congresswoman Slaughter on programs in education, research and clinical practice. She in turn shared her view that the Affordable Care Act (ACA) will need adjustments but she believes the practice will see the benefits for our patients.