



Family Medicine
Center for Education & Research in
Family & Community Medicine
Stanford University School of Medicine



Newsletter

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In This Issue:

- [Yang Chiao Wang Award in Family Medicine Created](#)
 - [Primary Care Town Hall Identifies Objectives for Primary Care Development at Stanford](#)
 - [Primary Care Docs Urged to Cut Care Not 'Medically Beneficial'](#)
 - [Bill Fowkes Receives Hospice Foundation Award](#)
 - [Gestational Age At Birth And Mortality In Young Adulthood](#)
 - [Smokers Wanted for Patient-Centered, Quit Smoking Study](#)
 - [Recent Research Publications](#)
-

[Yang Chiao Wang Award in Family Medicine Created](#)

Through the generosity of her family, the Yang Chiao Wang Award in Family Medicine has been established at Stanford in her memory. This award is to be given to graduating medical students demonstrating extraordinary leadership and pursuing a career in Family Medicine. Mrs. Wang strongly believed in the unique care provided by Stanford's family physicians, and entrusted the health of several generations of her family to them. Her family's wish is that the brightest medical students be encouraged to take up this specialty, which is so important to the nation's health. Nominations may be submitted by Stanford faculty, community preceptors, or students (including the applicant). The Award is designed to reimburse a portion of medical school debt incurred by the student going into residency. We are especially interested in students who exhibit the highest levels of skill, compassion, and leadership. A firm and continuing commitment to the specialty of Family Medicine is an essential precedent for any applicant. The \$10,000 award will be divided among awardees. The list of supporting materials can be obtained from and returned to Art Johnson (avjohn@stanford.edu) **The Deadline is January 13, 2012**

[Primary Care Town Hall Identifies Objectives for Primary Care Development at Stanford](#)

On October 18th, a group of Stanford medical students convened the first Primary Care Town Hall Meeting to discuss the future of primary care at Stanford. The event was kicked off by remarks from a panel composed of Stephen Lin, MD, resident at the O'Connor FM Residency (and former Stanford medical student), [Mark Cullen](#), MD, Division Chief of General Medical Disciplines, and family physician faculty members [Erika Schillinger](#), MD, and [Joe Hopkins](#), MD. Over 60 people attended including medical students, Stanford primary care faculty, and representatives of the Dean's office. Several community physicians from Kaiser, the Palo Alto Medical Foundation and a community clinic also participated.



A number of objectives emerged from the discussion: (1) Promote changes in our institutional culture to better value primary care as a specialty and to encourage students to pursue it. (2) Change the image and focus of Stanford Medical School to become on par with other medical schools that excel in both research and primary care. (3) Increase exposure of medical students to family medicine residents at O'Connor. (4) Begin documenting whether students who begin with an interest in primary care end up losing interest over the years - what we can do to improve that retention. (5) Build Stanford's capacity with primary care by building partnerships with community groups (PAMF, Kaiser, community health centers). (6) Redefine primary care at Stanford to reflect our institutional strengths - innovation, research, and cross-school collaborations.

This event was one of the first activities of the student initiated local chapter of [Primary Care Progress](http://primarycareprogress.org) (PCP). The PCP organization began at Harvard as a grassroots effort precipitated by the Harvard Medical School dean de-funding primary care. An anonymous gift of \$30 million spurred the development of a PCP national organization. More information on PCP and the Stanford Chapter can be found on the national website <http://primarycareprogress.org>

Primary Care Docs Urged to Cut Care Not 'Medically Beneficial'



On October 19, Health Affairs, along with co-sponsors the ABIM Foundation, the California HealthCare Foundation and the Foundation for Informed Medical Decision Making, presented ideas endorsed by leading physicians for Saving Money and Improving Patient Care in Medicare to the congressional Joint Select Committee on Deficit Reduction. [Nancy Morioka-Douglas](#), MD, Clinical Professor of Family Medicine and Clinic Chief of Stanford Family Medicine was among those who testified before the Committee. "If doctors stopped doing just seven things, it would save about \$5 billion annually in healthcare costs", said Nancy Morioka-Douglas, "\$4 billion alone from prescribing generic cholesterol-lowering drugs." Morioka-Douglas went on to list the seven things primary care doctors commonly do for patients that aren't medically beneficial and add significant expense to the healthcare system. These are listed in the box below:

- 1. Using imaging in patients who have had low back pain for fewer than six weeks.**
- 2. Giving antibiotics for sinusitis.**
- 3. Ordering an electrocardiogram (ECG) or other cardiac screening for low-risk patients.**
- 4. Performing a Pap test in women who've had a total hysterectomy for benign disease.**
- 5. Ordering bone density scans for women under the age of 65, or men under 70, who have no risk factors.**
- 6. Prescribing brand-name statins such as Lipitor instead of generics.**
- 7. Obtaining a blood chemistry panel or urinalysis for asymptomatic, healthy adult patients.**

The recommendations were the result of a National Physicians Alliance project that identified the top five

activities in family medicine, internal medicine, and pediatrics where quality of care could be improved. They were originally published in the Aug. 8/22 issue of the *Archives of Internal Medicine*.

Bill Fowkes Receives Hospice Foundation Award

[William C. Fowkes](#), MD, Professor Emeritus and founder of Family Medicine at Stanford, recently received the 2011 John W. Gardner Visionary Award from the Pathways Hospice Foundation for his innovation and dedication to end of life care. Bill first came to Stanford in 1968 to lead the heart disease focus of the [Regional Medical Program](#), a federal initiative to bring high-quality medical care to the American people by linking health research with community health needs on the regional level. He subsequently directed this entire program, including heart disease, cancer and stroke at Stanford. He later started the General Medical Clinic at Stanford, the teaching clinic for internal medicine residents. In 1977 he founded the Stanford affiliated [Family Medicine Residency](#) in San Jose. He was a highly respected and popular teacher among the residents. He was recognized for his outstanding contribution to medical education by the Santa Clara Medical Association in 1998. The William C. Fowkes Annual Teaching Award was created by the residency in his honor when he retired. This award is presented each year to the 3rd year resident nominated by peers as the best teacher. In the mid 1980's he created the Outreach Medical Group, an innovative chronic care model, that provided care for over 200 complex elderly patients at home and in residential and skilled nursing facilities. In 1992 he was named the California Home Care Physician of the year by the [California Association for Health Services at Home](#). Bill continues to be active professionally on a part time basis as the medical director of one of the care team of Pathways Home Health & Hospice.



Gestational Age At Birth And Mortality In Young Adulthood



A recent study published in JAMA by [Casey Crump](#), M.D., Ph.D., Clinical Assistant Professor of Family Medicine, and co-authors, was the first to show an association between premature birth and death in young adults, ages 29-36. Preterm birth was associated with increased mortality in young adulthood even among individuals born late preterm (34-36 weeks), relative to those born full-term. In young adulthood, gestational age at birth had the strongest inverse association with mortality from congenital anomalies, respiratory, endocrine, and cardiovascular disorders, and was not associated with mortality from neurological disorders, cancer, or injury. The association between gestational age at birth and mortality was observed in early childhood, disappeared in late childhood and adolescence and then reappeared in young adulthood. Clinicians will increasingly encounter the health sequelae of preterm birth throughout the life course and will need to be aware of the long term effects on the survivors, their families, and society. (JAMA 2011;306(11):1233-40)

Smokers Wanted for Patient-Centered, Quit Smoking Study

If you have any patients, friends or relatives who wish to quit smoking over the holidays, please refer them to the Stanford Quit Smoking Program, which is a National Institutes of Health funded clinical trial offering free, patient-centered counseling and treatment with bupropion, nicotine replacement therapy and varenicline and is based in San Jose with easy access off Highway 101. If interested, please see the following link for more information: (<http://med.stanford.edu/ism/2011/november/smoking.html>) or contact a member of our Quit Smoking team at (877) 331-3352 or stopsmoking@stanford.edu.

Recent Research Publications

Crump C, Sundquist K, Sundquist J, Winkleby MA. Gestational age at birth and mortality in young adulthood. JAMA 2011;306(11):1233-40.

Crump C, Sundquist K, Winkleby MA, Sundquist J. Preterm birth and risk of epilepsy in Swedish adults. Neurology 2011;77(14):1376-82.

Feldstein BD. Bridging with the Sacred: Reflections of an MD Chaplain. *Pain & Symptom Management* 2011 (July); 42(1):155-161.

Rodriguez E, Austria D , M. Landau. "School Health: A Way to the Future?" *Research in Political Sociology*. November 2011.

[Tell Us About Yourself](#)

Family Medicine has touched the careers of many students and residents through the years. We would love to hear about your own careers and suggestions you may have for our programs. Send information to: joeh@stanford.edu

Prior issues of this newsletter can be found at:

http://gmd.stanford.edu/news_events/fm_newsletters.html