The Department Of Family Medicine:
Vanguard For Effective Primary Care Medical Education, Patient
Care, And Clinical Research

The Department of Family Medicine at SUNY Downstate serves as this academic
medical center's experts in Primary Care, with respect to both education and patient care,
and our Department has begun to build a program of primary care clinical research and
scholarship. Our Department also provides leadership in institution-wide Faculty
Development, as well as Hospital-wide development and implementation of the
Healthbridge electronic medical record system. Our principal activities and
accomplishments are described below.

I. Education

Medical Student Training in Family Medicine. The Department of Family Medicine
takes pride in the important roles we play in the training and development of future
physicians, as well as students in SUNY Downstate’s Nurse Practitioner, Physician
Assistant, and Certified Nurse Midwife Programs. Our faculty teach medical students
during all four years of their medical education: through Essentials of Clinical Medicine
I, first-year medical students receive their first taste of primary care medicine under the
tutelage of our faculty attending physicians in Suite B and Family Health Services. Our
faculty also lead small group seminars for second-year students under Essentials of
Clinical Medicine II. During their third year of medical school, students have the
opportunity to engage in a high-quality “immersion experience” in the form of the Third-
Year Clerkship in Family Medicine, a six-week elective block rotation. At the core of the
Family Medicine Clerkship is a preceptorship in a community physician’s office, during
which the student engages in real patient care under the guidance of an experienced
family physician. The preceptorship experience is supplemented by didactic lectures
each week, and each student also prepares a presentation for the final meeting of the
Clerkship rotation. Students may also have an elective preceptorship experience in
Family Medicine during their fourth year of medical studies.

As we enter the new academic year, the College of Medicine has inaugurated a new 24-
week longitudinal primary care experience. Once again, Family Medicine is taking a
leadership role: our Faculty have stepped up to teach and mentor half of all the medical
students enrolled in the first 24-week cycle.

Post-Graduate Education – the Residency Training Program in Family Medicine.
Since 1972, one of the core educational missions of the Department of Family Medicine
has been to train resident physicians to be outstanding family physicians in the
community. Our fully-accredited Residency Program accepts six applicants in each
training year, resulting in a total complement of 18 residents at any one time. In
accordance with the stringent requirements of the ACGME Residency Review
Committee for Family Medicine, our program provides intensive training in primary care
clinical medicine as well as thorough exposure to a wide range of specialties, such as
obstetrics and gynecology, pediatrics, internal medicine (including sub-specialties such as
cardiology), behavioral medicine, emergency medicine, and a number of others. A key
indicator of the effectiveness of the Family Medicine Residency Training Program is the
pass rate on the Board Examination. We are proud to report that, in 2012, our program enjoyed a 100% pass rate.

New Director of Community Medicine. We are pleased to report that Dr. Karen Benker of the School of Public Health (also former Faculty Development Fellow in Family Medicine and former Medical Director of Family Health Services) assumed responsibility in 2012 as Director of Community Medicine for the our Residency Program in Family Medicine. Dr. Benker provides an outstanding educational experience for the residents in Community Medicine and motivates them to produce high-quality results. In turn, our residents’ Community Medicine projects provide valuable information in support of programs sponsored by the School of Public Health.

II. Patient Care

During 2011-2012, the Department of Family Medicine saw approximately 54,000 patient visits at two family medicine centers and six school based health programs. Family Medicine serves as the #1 source of referrals to specialty services including Cardiology, Endocrinology, Ophthalmology, Urology, Surgery and Cardiothoracic Surgery at SUNY Downstate. Each Family Medicine physician is estimated to generate more than 1.2 million dollars in referrals for the institution.

**Family Medicine Center (“Suite B”).** Suite B saw approximately 17,500 patient visits in 2011-2012. Suite B prospered in the face of challenges created by the Berger Commission report. In May 2012, our longtime physician assistant, Jennifer Otey, PA transferred to full-time teaching duties in the College of Health Related Professions (CHRP), after seventeen years of loyal and dedicated service to patients. Ms. Otey played a critical role in ensuring patient safety and high quality patient care through her daily review of critical lab results and availability to see urgent walk-in patients.

**Family Health Services.** There were 14,000 patient visits at Family Health Services during 2011-2012, in spite of the resignation of Dr. Leslie McCrary-Etuk in August 2011 to relocate to another state. To replace Dr. McCrary-Etuk, we recently received approval to hire Dr. Leocar Mesa, an outstanding graduate and former chief resident of our Family Medicine Residency Training Program. Dr. Mesa is expected to assume his faculty responsibilities in June or July of 2013.

**Home Visit Program.** An important aspect of the Family Medicine residency training program is the home visit program. Residents are required to make a minimum of two home visits per year to their patients during each of their three years of training. Under the supervision of Dr. Sanford Herman, residents have the opportunity to see patients in the context of their home environment and often have a chance to meet and interact with family members as well. Residents are afforded an opportunity to see first-hand how patients function and cope with the challenges they face on a daily basis. Compliance and safety issues in the home come to light and problems that may not be readily apparent during clinic visits may be observable in the setting of the patient’s home. The home visit experience helps provide a “three-dimensional” approach to patient care.

**School Based Programs.** Due to the merger of University Hospital and The Long Island College Hospital, the Department of Family Medicine’s School Based Programs
expanded substantially in 2011-2012. As a result of the merger, four additional school based health centers (SBHCs) came under Family Medicine’s umbrella, joining the longstanding SBHCs at P.S. 13 and Wingate High School. The New York State Department of Health has mandated that planning and budgeting for all six SBHCs be consolidated under our department’s oversight. Altogether, the six school based health centers saw more than 22,500 patient visits during 2011-2012. The table below summarizes enrollment and visit data for all six school based health centers.

<table>
<thead>
<tr>
<th>SBHC</th>
<th>School Enrollment</th>
<th>% Students enrolled in SBHC</th>
<th># visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.S. 13</td>
<td>1,011</td>
<td>100%</td>
<td>6,873</td>
</tr>
<tr>
<td>Wingate</td>
<td>1,547</td>
<td>76%</td>
<td>5,693</td>
</tr>
<tr>
<td>P.S. 38*</td>
<td>467</td>
<td>85%</td>
<td>3,840</td>
</tr>
<tr>
<td>P.S. 142*</td>
<td>1,341</td>
<td>86%</td>
<td>2,539</td>
</tr>
<tr>
<td>P.S. 293*</td>
<td>848</td>
<td>77%</td>
<td>2,315</td>
</tr>
<tr>
<td>M.S. 51*</td>
<td>1,078</td>
<td>76%</td>
<td>1,326</td>
</tr>
</tbody>
</table>

*LICH-based SBHC.

Unlike the SBHCs at P.S. 13 and Wingate, which operate without financial support from the Hospital, the four LICH-based SBHCs had historically operated with substantial financial support from LICH, and the staff salaries continue to be subsidized by the Hospital. In the short time since our department assumed responsibility for the LICH-based programs, we have initiated steps to achieve budget neutrality for these four SBHCs. When LICH’s SBHC Program Manager resigned, she was not replaced; instead, her responsibilities were assumed by our own Program Manager, Verona Rowe. Achieving full budget neutrality for the LICH-based SBHCs will depend upon effective insurance billing for clinical services provided to the students. In her expanded administrative role, Ms. Rowe (assisted by Billing Specialist, Sharon Dalzell) is developing strategies for improving insurance reimbursements. We estimate that insurance reimbursements can be quadrupled for the existing levels of medical services provided at the four LICH-based SBHCs. An additional strategy under consideration for the LICH-based sites is to begin billing for the services of the Social Workers, which was not done in the past.

Improving insurance reimbursements is a major focus for all the SBHCs. Thanks to the hands-on attention of Ms. Dalzell, insurance payments for P.S. 13 and Wingate increased by almost 8% compared to last year ($360,000 vs. $334,000). We estimate that insurance revenues will double for P.S. 13 and Wingate when our proposed outside billing service is employed and functioning fully. It is important to emphasize that all revenues generated by the school based programs are used for the benefit of the school based programs; the Department of Family Medicine derives no financial benefit from the SBHCs.

The 22,500+ annual visits seen by our six school based health centers represent a major effort to provide our community children access to high-quality, respectful and compassionate primary care services.

**Healthbridge: University Hospital’s Electronic Health Record System.** Family Medicine remains in the forefront of the continuing development of outpatient applications for University Hospital’s electronic health record (“Healthbridge”). During
2011-2012, Dr. Miriam T. Vincent, in her capacity as Chair of Family Medicine and Medical Director of Ambulatory Care, assisted by Medical Informatics Technology Fellow, Dr. Daniel La, continued to spearhead the development of the outpatient application. Drs. Vincent and La collaborated with the Information Services Healthbridge Team and representatives of other services and departments at UHB to develop general visit, disease specific and wellness EHR templates.

During 2011-2012, Dr. Vincent and Dr. La worked closely with the Healthbridge team to develop the Consultation Module and inpatient and outpatient workflows, as well as to develop and implement the electronic health record templates now used in Hospital OPD-based Otolaryngology, Endocrinology, General Pediatrics, and Renal Medicine. In the coming year, Family Medicine will continue to participate in this collaborative effort to implement the Consultation Module and Daily Progress Note templates, test and implement the Attending Inpatient Admission Note template, and assist the Healthbridge Team to develop the workflows and templates for Cardiology, Neurology, Rheumatology, and Oncology.

**The Family Medicine Inpatient Service.** While primarily an outpatient service, the Department of Family Medicine continues to provide inpatient coverage for our patients in the Hospital as required by the Residency Review Committee (RRC) for Family Medicine. During this last fiscal year, the Family Medicine Department attendings have managed the inpatient service on a rotating basis while maintaining outpatient attending clinical services. Our attendings are managing both service (resident) and private patients, thereby significantly improving resident team supervision and teaching on the Inpatient Service as a result of having one primary supervising attending physician.

Review of the accompanying Family Medicine Inpatient Statistics shows that admissions in July 2011-June 2012 decreased slightly by 3.75% compared to 2010-2011 (534 vs. 554). Discharges over the same period decreased by 8.72% (516 vs. 561).

Importantly, Family Medicine’s average length of stay (ALOS) has continued to improve, and was lower by 2.01% in 2011-2012 compared to 2010-2011 (4.46 vs. 4.55).

The mortality rate for the reported first 3 quarters of fiscal year July 2011-June 2012 continues very low, with the rate at 1.3%, well below the national average for primary care (1.8-3.0%).

**Performance Improvement (PI).** All Family Medicine mortalities during the period July 2011 through June 2012 have been reviewed for standard-of-care. Greater than 90% of cases reviewed met the standard of care for Family Medicine. Follow-up on remediation actions taken (lab values, review of charts) reveals no further problems regarding the identified issues.

Family Medicine also met or exceeded performance targets on a majority of family medicine HEDIS indicators for the reported first 3 quarters of fiscal year July 2011-June 2012. In particular, targets have been met or exceeded throughout this reporting period in: HbA1C (100%), diabetic lipids (100%), BP every visit (100%) and Mammogram/Pap screening (95%). Performance is slightly below target in two areas: Eye Exam DM (once a year) (93%), and Pneumococcal/Influenza vaccine (92%).
Focus Reviews of other important performance indicators for the same 3 quarters show a high level of compliance in: Pain Screening (100%), Fall Assessment/Reassessment (100%), Use of acceptable abbreviations (96%), Colon Cancer Screening (95%), Medication Reconciliation (97%), and Attending Supervision/cosigned (Inpatient & OPD) (99%). Pneumovax administration for patients over 65yrs of age is slightly below target (93%). These PI results are significant for our Hospital “Dashboard” reports and for managed care standards to demonstrate that Family Medicine exceeds standard of care in primary care.

The Department of Family Medicine continues to enjoy a robust, collaborative performance improvement initiative, strongly supported by our UHB Risk Management representative, Ms. Irma Rimpel. Our departmental PI committee meets monthly to discuss mortality reviews, departmental monthly chart review results, patient safety issues, patient relation issues, and clinical policy development. Reviews are conducted in an independent, impartial, confidential manner.

By identifying areas of weakness, the department’s Performance Improvement process provides feedback to guide departmental directed clinical education and help to determine Grand Rounds topics, Post-Graduate training initiatives, clinical research-related projects, continuing Medical Education for faculty and fellows, and thereby provide continuous learning opportunities for all staff and faculty providing clinical care in the Department of Family Medicine at SUNY Downstate Medical Center.

III. Clinical Research and Scholarship

The Department of Family Medicine has begun to expand our program of clinical research as the result of fruitful collaborations with other areas within our institution. Our collaboration with the Brooklyn Health Disparities Center has resulted in numerous studies, journal articles, abstracts, and poster presentations. We have also engaged in joint research efforts with Medicine/Cardiology (Dr. Jeffrey Borer and Dr. Phyllis Supino) and with Downstate’s STAR Program (Dr. Jack DeHovitz). Recent funding from Joslin Diabetes Center has enabled us to participate in two important clinical studies concerning caring for patients with Type 2 Diabetes Mellitus.

One major facet of Dr. Karen Benker’s Community Medicine curriculum for our residents is the development of a research agenda for all the residents. In addition, second year residents receive training from Dr. Benker in grant proposal writing skills.

Our research efforts with the Brooklyn Health Disparities Center and the Joslin-sponsored studies are described below in greater detail.

**Obstructive Sleep Apnea / Cardiometabolic Syndrome project data base development and research investigation.** For the past three years, the Department of Family Medicine has engaged in a highly-productive research collaboration with the Brooklyn Health Disparities Center, centered on the study of sleep disorders and their related co-morbidities. This collaboration has resulted in the development of a research data base of more than 1,000 patients (and still growing) diagnosed with metabolic syndrome. As a result of this rich collaboration, a number of our faculty and residents have participated in important research studies which have led to 18 separate journal
articles or poster presentations. [See detailed list under “Publications”.] These providers reported clear and immediate benefits from their involvement in these research endeavors. Dr. Gloria Mtomboti, who collaborated on a study of resistant hypertension and sleep apnea, said that her experience as a member of the research team has made her acutely aware of the need to assess patients with resistant hypertension for sleep apnea. Dr. Hanna Aghabi served as site coordinator at Family Health Services for the same study; his involvement was pivotal in recruiting patients to participate and ensure data collection. Drs. Margaret Donat and Alla Akivis, who collaborated on a study of sleep apnea and metabolic syndrome, reported that their study helped her identify patients who require follow-up among their own patient panels.

**Diabetes Clinical Studies.** Family Medicine cares for many African-American and Caribbean-American patients afflicted with chronic Type 2 Diabetes Mellitus. This puts our Department in a strong position to contribute to Diabetes clinical research, due to our clinical expertise and due to the presence of this valuable patient data base. Recognizing the contribution which the Department of Family Medicine can make to clinical research in this area, in April 2012 the Joslin Diabetes Center (affiliated with Harvard Medical School) awarded two grants totaling $30,400 to our Department to participate in two clinical trials aimed at improving clinical outcomes for patients in the primary care setting:

1. Cardiometabolic Performance Improvement Study
2. Outpatient Diabetes Care for Older Patients: Individualized Strategies and Control

Required baseline clinical data were obtained from patients’ medical records (patients and providers were de-identified at the outset) in order to assess existing physician practices with regard to caring for diabetes patients and identifying co-morbidities. Following the collection and analysis of baseline data, an educational intervention was implemented for providers and other clinical staff. The first phase consisted of a formal educational program conducted at the Brooklyn Marriott for providers, nurses, and support staff in the Family Medicine Centers. At this educational program, providers received confidential individual feedback regarding their care for patients and information regarding chronic morbidities. Educational sessions were then conducted concerning relevant topics (e.g., Diabetes Mellitus, Lipids, Blood Pressure Management, Nutrition). In a meeting of the entire group, aggregate departmental data regarding the care of diabetes patients were presented, and the entire group then came together to identify goals to improve outcomes for these patients; the specific goals chosen by the group were (1) smoking cessation and (2) blood pressure management. Additional education for providers will also be provided during the intervention stage of the studies in the coming months. A second round of data collection will take place post-intervention, followed by analysis of differences between baseline and post-intervention clinical data. As a result of participating in this research endeavor, we expect to learn and apply new clinical care modalities that will result in improved outcomes for our chronically-ill patients with diabetes and HTN/dyslipidemia/obesity.

**Scholarship by Faculty and Residents.** For the past three years, the Department of Family Medicine has collaborated closely with the Brooklyn Disparities Center to pursue clinical research projects, chiefly involving sleep-related health issues. Our faculty and
residents have co-authored a number of articles, abstracts, and poster presentations in this field, which are listed along with other faculty scholarship efforts below.


Abhishek Pandey; Melaku Demede; **Kaushal Kalra, Jack Mofor**; Kennon Weatherhead; Ferdinand Zizi; Gbenga Ogedegbe; Girardin Jean-Louis. Race/ethnicity, sleep duration and quality of life: analysis of the behavioral risk factor surveillance system. SLEEP 2011: In Press.

Adnan Mallick; **Pirahatai Chamnongvongse**; Monika Singh; Abhishek Pandey; Ferdinand Zizi; Hans von Gizycki; Girardin Jean-Louis. Visual impairment is associated with a greater prevalence of long sleep. SLEEP 2011: In Press.

Adnan Mallick; **Pirahatai Chamnongvongse**; Monika Singh; Abhishek Pandey; Ferdinand Zizi; Hans von Gizycki; Girardin Jean-Louis. Sleep Duration and visual impairment. ARVO 2011: In Press.


**Kaushal Kalra**, Renee Murray-Bachmann; Sharon McKenzie; Ferdinand Zizi; Carol Magai ; Girardin Jean-Louis. Sleep Duration and Emotion Regulation among Black Women. Psychiatry Research 2011 (Submitted).


Omar Abo Al Haija'a, Margaret Donat, Rida Aslam, Fatimah Rahaman, Alla Akivis, Ferdinand Zizi; Gbenga Ogedegbe; Girardin Jean-Louis. Sleep Apnea Risk and Anxiety Levels among Patients with Metabolic Syndrome. SLEEP 2011: In Press


Perry Brimah; Omar Abo Al Haij'a; Elizabeth Familia; Gloria Mtomboti; Ferdinand Zizi; Clinton Brown; Gbenga Ogedegbe; Girardin Jean-Louis. Differential racial/ethnic effects on the link between sleep and hypertension. ARVO 2011: In Press.


IV. Faculty Development

Faculty Development has been an important mission within Family Medicine at SUNY Downstate for many years. More recently, our Department led an effort to expand faculty development throughout the College of Medicine, providing programs for seven other clinical departments.
During 2011-2012, Dr. Miriam T. Vincent, MD, PhD, JD, Professor and Chair spearheaded a major institutional Faculty Development initiative aimed at creating a series of twelve video-recorded lectures (including CME questions) on a variety of topics related to effective teaching, and providing a means for Downstate faculty and residents to view these lectures, both on-site and via remote access. To date, Dr. Vincent has completed the first three lecture topics (Teaching and Learning in Medicine; The Art of Feedback; The Art of Precepting), including CME questions, and she has developed three additional lectures which will presented in future video recordings.

Dr. Vincent also worked with the Library, the Alumni Association, the Dean’s Office, Institutional Advancement, Audio-Visual Services, Academic Computer Services, and Graduate Medical Education to identify a space within the Downstate Library facilities and develop a fully-functioning Faculty Development Lab, where a faculty member, resident or student can sit comfortably to learn from the video-recorded educational presentations, by viewing the videos and accompanying presentation slides. CME questions which are designed to reinforce the concepts presented in the lectures are also provided; the individual can respond to the CME questions on-line and earn free CME credits in the process. With support from the Alumni Association, the Faculty Development Lab – complete with workstation and computer equipment – was officially opened with a ribbon-cutting ceremony on October 20, 2011. (See picture.)

Semi-annually, Dr. Vincent also conducts resident/faculty workshops on: “Making a Medical Presentation: the Do’s and Don’ts”, “Developmental Strategies in Residency Education”, “The Art of Precepting”, “The Art of Feedback” and a mock malpractice trial. It has also been a long-standing practice in the Department of Family Medicine for Dr. Vincent to provide periodic short lectures to the Faculty on various topics related to the enhancement of teaching and learning. These mini-lectures have been based on series of educational guides published by The MASTER Teacher and The Professor in the Classroom. They take place 4-6 times per year during regularly-scheduled Faculty Meetings in the department.

V. **Awards and Honors**

The educational degree Doctor of Law (J.D.) was awarded by Hofstra University to Miriam T. Vincent, MD, PhD on May 20, 2012. Dr. Vincent also earned certification in Health Law.

Dr. Miriam T. Vincent was selected by Castle Connolly Medical Ltd as one of ten New York City “Super Docs” for 2012. This honor was reported in the May 20, 2012 edition of The New York Times Magazine.

Dr. Hanna Aghabi was honored by the graduates of the Department of Family Medicine at the Residents & Fellows Alumni Society Dinner in May 2012.

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The Department of Family Medicine is proud of our institutional role as a leader in primary care clinical practice, education, and research at SUNY Downstate Medical Center.