

Lanny David



All in the Family of Medicine

The recently completed, \$7.75 million Family Medicine Center at the OU Health Sciences Center offers 68,000 square feet of new facilities for a pioneering primary care department that had been scattered across the Oklahoma City campus in five different buildings and a house trailer.

Ten years is a long time to be patient, but the wait has been worth it for family physicians at the University of Oklahoma's Health Sciences Center. Formal grand opening ceremonies were held January 4 for the University's new Family Medicine Center, a state-of-the-art structure whose unique features place it firmly among the best of such facilities in the United States.

More than 250 new patients already have flocked to the center, and the new facility is expected to offer a substantial boost to medical student and resident recruitment efforts as well, notes Dr. Roy L. DeHart, chairman of the OU department of family medicine.

Located just west of the State Department of Health on 10th Street in Oklahoma City, the two-story, \$7.75 million Family Medicine Center features 68 examination rooms in five separate clinic areas, procedure rooms, a clinical laboratory, X-ray and pharmacy. The second floor is devoted to administrative, academic and educational support space. The center was funded with \$3.25 million in state appropriated funds and \$4.5 million in 1992 state bond proceeds.

With 68,000 square feet available, the facility has brought together a department whose members have been scattered across the campus in five buildings and a 20-year-old house trailer. Service to patients is now obviously much more efficient, but there is another important benefit for faculty and students.

"Teaching moments don't always occur in planned times," DeHart says. "When the residents and the faculty were placed in separate buildings a few years ago, we lost the opportunity to mentor, and they lost the opportunity to see us in action. Having everyone in one building facilitates more informal interaction, plus they can observe how we interact with our patients."

The department currently has 40 family medicine residency positions, eight occupational medicine residency slots, one geriatric fellowship and one sports medicine fellowship available in Oklahoma City. Students from across the OUHSC campus also are in training at the facility, including undergraduate physical therapy, occupational therapy and radiologic technology students from the College of Allied Health.

continued

The training of primary care physicians, long a high priority at OUHSC, gains added visibility in a new, state-of-the-art facility.

*by Staci Elder
and Pam McKeown*

"We have College of Pharmacy students involved with our on-site pharmacy, and faculty from the College of Dentistry periodically perform dental assessments, primarily for our geriatric patients," DeHart says. "Four of us in the department have dual faculty appointments in the College of Public Health, so that element is present, and we are completing arrangements with the College of Nursing to have family nurse practitioner students here.

"Additionally, the physician associate program will be evolving into a master's level program," he adds, "and those students will rotate through here, so the Graduate College is involved. Our intent is to have representation from every college on campus at this center, and we are very near to achieving that."

The center is designed to facilitate these types of "team" interactions. Selected exam rooms are equipped with

television monitors so physicians can observe medical students and residents as they interview patients.

In addition, the newest type of electronic medical records system, a prototype for universities across the country, will go on-line in late spring or early summer. The system has been tested in a few medical clinics, but the OUHSC will be the first academic medical center to implement it.

"With this system, individual patient records can be accessed by computer in any of the examination rooms," DeHart explains. "A health professional can call up a patient's record in the exam room and add notes on treatment or diagnosis right then. It reduces the need for dictation."

Prescriptions also can be ordered and sent electronically to the pharmacy, where they will be processed and available by the time a patient is ready to leave. The same efficiency holds true for other areas—laboratory tests can be ordered, processed and filed with fewer staff and in much less time.

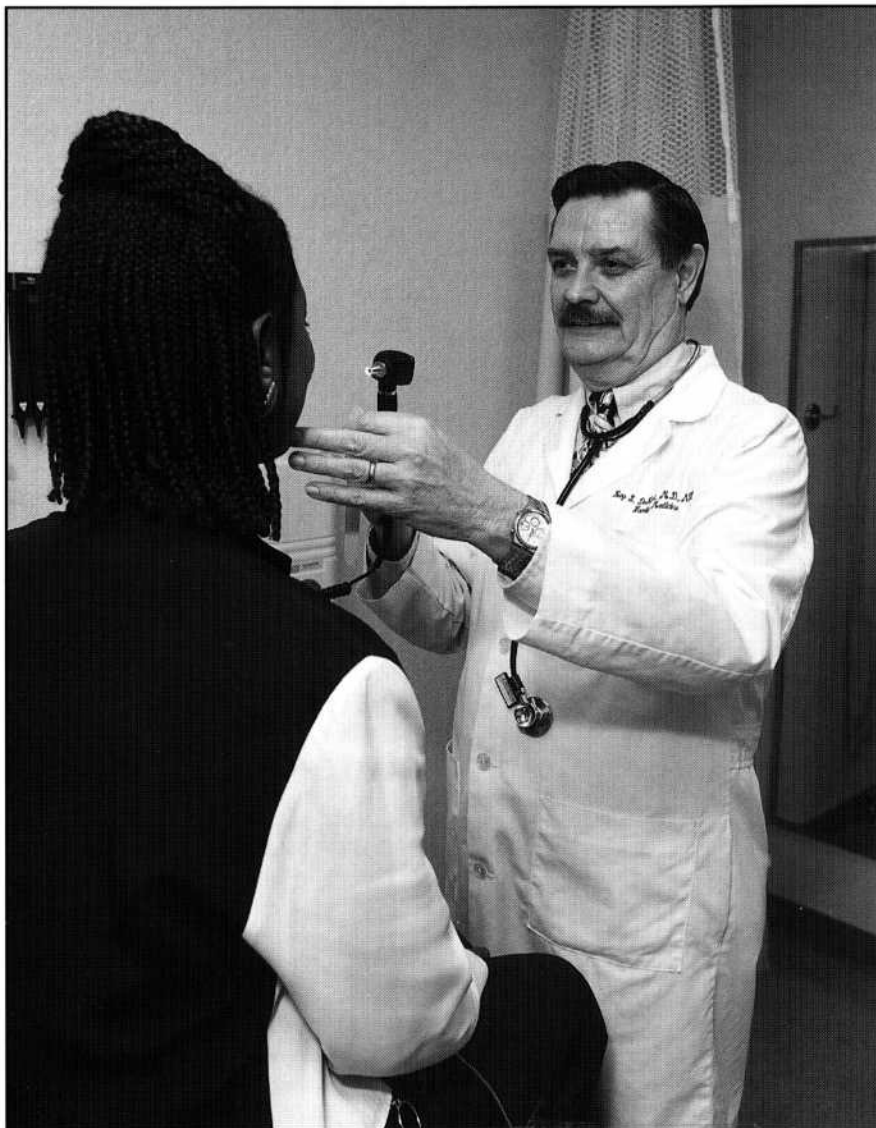
Information is compartmentalized to ensure patient privacy. For instance, billing staff cannot access medical information, while medical personnel cannot access financial or demographic information. Additionally an electronic record is kept of all individuals who access the system and when.

After all the "bugs" are worked out at the Family Medicine Center, the system will be evaluated for implementation across the Health Sciences Center. The system also allows for networking with patient records at affiliated agencies, such as the University Hospitals and Presbyterian Hospital.

"It will be demanding on our faculty and staff to learn this new system, but we feel it will be well worth it," DeHart adds.

In addition to enhancing on-site efforts, the new center will strengthen what already is a strong effort by the OUHSC to improve the quality of rural health care and increase the numbers of rurally based physicians within Oklahoma.

"Family medicine and primary care have always been significant in our College of Medicine curriculum—something that can't be said by all academic medical centers," says Dr. Jay Stein, OUHSC senior vice president and provost. "With Oklahoma's great need for rural practitioners, the medical college could hardly ignore that family physicians, by and large, would be the ones to fill that need, and



Tom Isbill

Department chairman Dr. Roy DeHart, right, examines a patient in one of the new Family Medicine Center's 68 examination rooms.

Students want to spend time in rural communities to acquaint themselves with the lifestyle of a primary care doctor.

this center greatly assists us in fulfilling that mission.

"In fact," he adds, "an article last fall in the journal *Family Medicine* recognized that family physicians are the only physicians to distribute themselves geographically in accordance with the U.S. population. We have long recognized this and have tailored many of our initiatives accordingly."

The statistics show the success of these initiatives. Of the OU department of family medicine's 255 total family practice residency graduates, 156 have stayed in Oklahoma, and 28 percent have elected to practice in rural areas—a figure notably higher than the national average, says Dr. Steven Crawford, vice chairman of the department and president of the Oklahoma Academy of Family Physicians (OAFP).

The statistic is at least partly the result of several proactive steps taken by the department, including a "Future Physicians of Oklahoma" program, co-sponsored by the OAFP's philanthropic arm, the Family Health Foundation of Oklahoma. The program introduces first-year medical students to the primary care medicine areas of family medicine, internal medicine and pediatrics through six- to 10-week summertime stints at rural hospitals and clinics.

"People may believe that most medical students would rather pursue high-paying specialties instead of practicing primary care medicine in rural Oklahoma. That's not necessarily true," contends Dr. James Brand, Future Physicians of Oklahoma coordinator. "Students want to go out and spend time in rural communities to acquaint themselves with the lifestyle of a primary care doctor, and hospitals and communities need to cultivate those interests. By exposing these students to primary care early in their education, we hope to help them realize that medicine doesn't always have to mean practicing in a high-rise, multi-specialty clinic in the midst of half a million people."

Other departmental initiatives include:

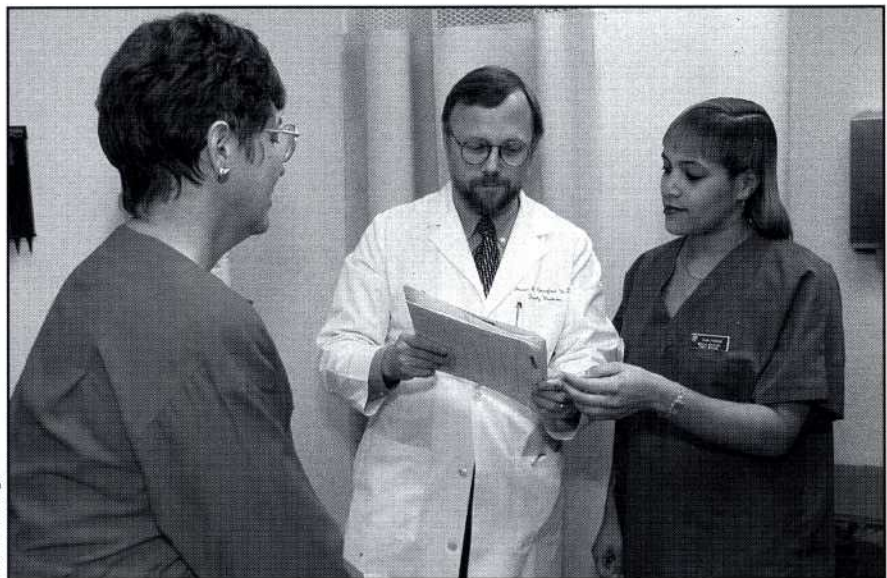
*A fourth-year preceptorship in which all College of Medicine students are required to spend one month at a rural hospital or clinic site.

*A third-year clerkship, or "rotation," in family medicine, instituted in 1989. "This course is particularly critical, because it's in that third year of medical school that most students select their specialty," Crawford says. "We worked hard to get the family medicine rotation included in the college's curriculum. This action greatly enhanced the prestige of family medicine, and the students love it."

*A "Seven Days in August" program sponsored by the University and the OAFP, which allows students who have been selected but have not yet entered medical school to spend a week observing family physicians in a clinical setting.

Adding to the increased attractiveness of rural practice is the prospect of hooking up with urban expertise via "telemedicine," a high-speed electronic network that directly connects rural hospitals and clinics across Oklahoma.

By using a simple personal computer and technology from the Oklahoma Telemedicine Network (OTN), rural physicians can transmit information—such as a patient's medical histories, X-rays, medical images, sound and docu-



Terri Jennings

Dr. Steven Crawford, family medicine department vice chairman, center, and Nurse Dion Johnson, right, review the chart for patient Phyllis Bourland, one of more than 250 new patients who have flocked to the newly opened center.

ments—to other rural, regional and tertiary hospitals on the network for evaluation, Stein says. Turnaround time on test results for these rural patients will occur within the hour, rather than the current norm of three to eight days, while trauma victims will have the immediate benefit of urban-centered expertise.


The network, which is the largest of its kind in the nation, is being implemented by the Oklahoma Center for Telemedicine, housed at the OUHSC campus. Demonstrations were conducted during grand opening activities for the Family Medicine Center.

"In addition to improving services for rural patients,

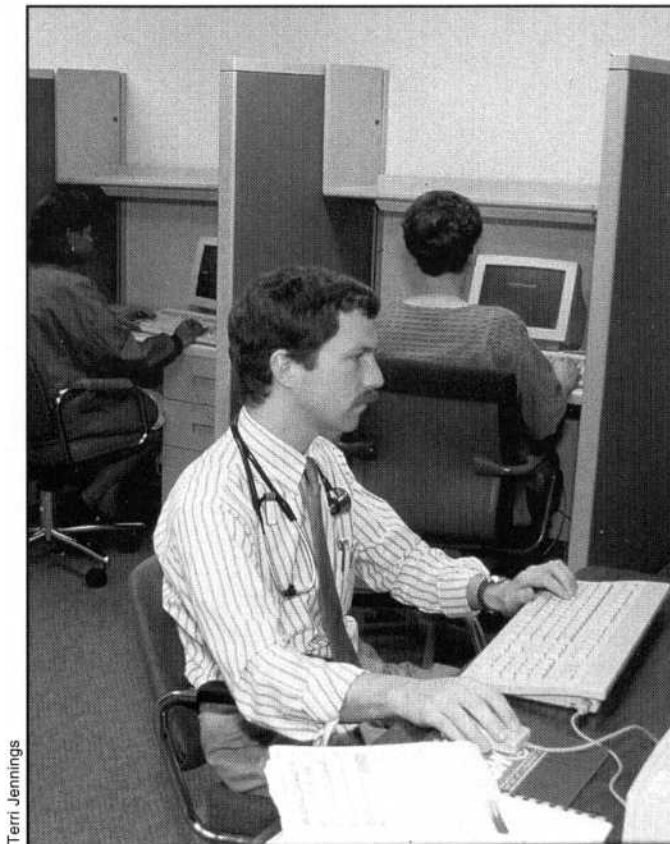
telemedicine also allows a physician to feel more comfortable in a rural area," Crawford explains. "Often this physician is the sole doctor around for quite some distance. The OTN allows for formal and informal consultation with colleagues on a regular basis, so these rural physicians don't feel as professionally isolated."

Now that the Family Medicine Center is open and operational, Crawford says that the department will spend the next few years expanding its base of rural health training sites for medical residents. He notes that the 25-year-old OUHSC family medicine residency was among the first such residencies ever established in the United States, while the department's old clinic was the first facility ever built in the country dedicated solely to the education of family physicians.

Both DeHart and Crawford agree that the message the new facility sends is equally as important as its tangible benefits.

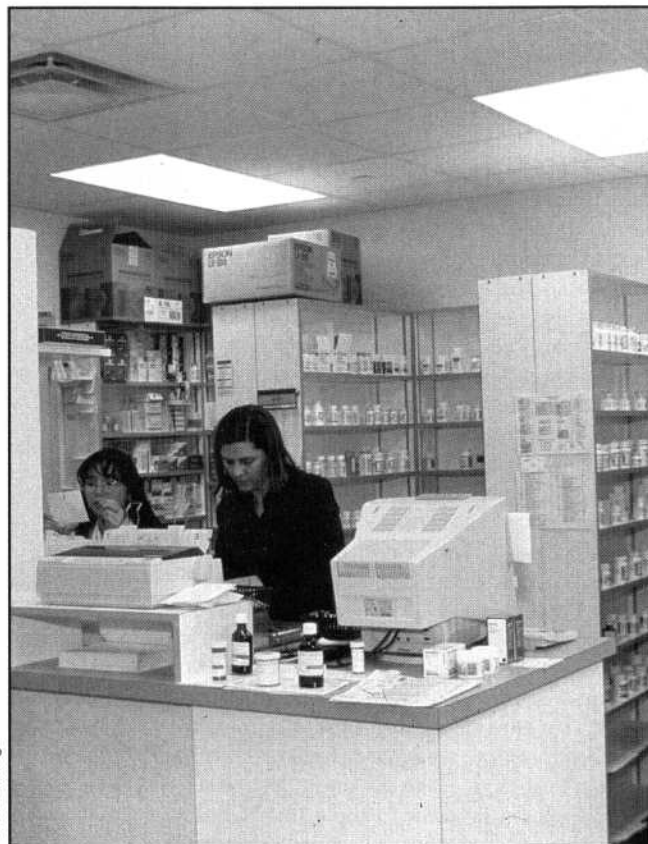
"Our old facilities, while adequate, had certainly become a disincentive for recruiting," De Hart says. "This new facility is probably the finest in the U.S. and has greatly increased our ability to recruit. Plus, the existence of this center tells our students that the University values family medicine and will continue to place a high priority on primary care." 

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Trying out the electronic medical records system are clinic coordinator Sabrina Davison, billing manager Donna Lawson, in background, and medical resident Joseph Jamison.



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Student intern Phuong Doan, left, from the OU College of Pharmacy, and Family Medicine Center pharmacy manager Meg Moore, R.Ph., are shown above in the new facility.