Right On Track For Rural Medicine

Jill Stewart and Mark Wiles are third-year medical students who have a clear picture of the kind of medicine they want to practice after residency. They both want to be rural family practice doctors.

What sets these two apart from others in the University of Kansas School of Medicine is that they were chosen to be involved in a Salina-based pilot project that puts them in a clear, longitudinal rural track.

In January, after six months of classes in Kansas City and Wichita, respectively, Stewart and Wiles moved to Salina to begin rotations in family practice, ambulatory medicine/geriatrics, obstetrics/gynecology and pediatrics.

After completing one rotation and starting a second, Stewart and Wiles are sold on the program. “The one-on-one teaching aspect is so beneficial. There are increased opportunities for hands-on experiences here,” said Stewart, adding that it’s so different than a big university hospital, where students can get lost in the crowd if they choose to let that happen.

Wiles feels the same, and has found the Smoky Hill residents to be a valuable resource for learning. “I’ve had the unique experience of studying in Kansas City and Wichita, and then had three rotations in Wichita. This program is much different from Kansas City and even from Wichita,” he said.

Their complete satisfaction with the pilot program, even though some of it is still a “work in progress,” has to do in part with the students’ backgrounds. Both Stewart and Wiles grew up in towns with 1A high schools. She is from Brewster, population 240, a town between Colby and Goodland. He hails from Hunter, population 115, a small town on U.S. Highway 81 in Mitchell County.

Stewart said she was ready to make the move out of Kansas City and back to rural America. Her desire to make a break from the big city was fueled by her upbringing, but also through her recent marriage to a farmer near Quinter. “I just feel more comfortable in the small town environment,” she said.

Wiles, on the other hand, said he decided he wanted to be involved in the pilot project from the first day it was mentioned. “My wife and I are both from small towns and I’m just passionate about that population. I have always known that I wanted to do rural primary care.”

Salina is a city that Wiles is somewhat familiar with. He did his undergraduate study at Bethany College in Lindsborg, and worked part-time as a phlebotomist at Salina Regional Health Center while attending school. He

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R-Rated video

Rural Health has a “Rural-Rated” video, “The Path Less Traveled,” available for checkout. The 16-minute video, produced as a rural recruitment tool by the American Academy of Family Physicians, features five physicians from different states who have chosen rural family practice.

Students, residents or premedical club advisors who are interested in viewing the tape can check it out by contacting our Wichita or Kansas City offices, 888-503-4221. It is also available through the Kansas Academy of Family Physicians, 800-658-1749.

Senator Roberts recognized

The National Rural Health Association recently recognized U.S. Senator Pat Roberts for his years of work in protecting and improving rural health care by awarding him the 2000 Legislative Award.

Senator Roberts authored the Rural Health Care in the 21st Century Act of 2000 and has been an outspoken advocate of the need to correct unintentional consequences to the Medicare program as a result of the 1997 Balanced Budget Act. He has also fought to protect health care providers from further Medicare cuts and to restore adequate reimbursement.

Survival manuals

The Kansas Clinicians’ Network (KCN) and the Kansas Association for the Medically Underserved (KAMU) developed a “Survival Manual for Providers of Health Care for the Medically Underserved.”

The 75-page manual, created by active clinicians who work in medically underserved areas daily, is not only a resource tool that provides information about KCN, KAMU, other organizations and opportunities for networking, it has a more personal side too.

Ten clinicians, ranging from physicians to RNs to a licensed social worker, share personal writings that give a realistic view of providing care to the medically underserved in Kansas. The writings are not intended to “sell” people on public health, said Suzanne Giersch, RN, clinical coordinator, Kansas Association for the Medically Underserved, but to view it through the eyes of people with real families, real issues, real challenges and above all, real dedication.

Rural Health recently distributed these survival manuals to all of our new 2001 Kansas Bridging Plan participants. Others may contact Giersch at 785-233-8483 or sgrn@swbell.net, to obtain a copy of the guide.

Kansas tour

Rural Kansas will be the focal point of the fifth annual Wheat State Whirlwind tour for University of Kansas faculty May 18 and May 21-25. The weeklong journey across the prairie will include stops at more than 15 rural towns and cities.

The tour, originated by Chancellor Robert Hemenway, takes faculty out of their traditional academic setting and places them in the heart of rural Kansas.

Linda Robinson, tour director, said, “We hope that the participants will grow to know and understand the people, places and issues of Kansas, and that this knowledge will assist them in their classroom teaching and in their research. We hope, also, that through the experience they may discover ways that their particular knowledge and research can be of benefit to the people of Kansas.”

Publication schedule

If you would like to contribute a news item to Kansas Connections or have an idea for an article, we welcome your input. Please send information to the KU School of Medicine-Wichita, 1010 N. Kansas, Wichita, KS 67214-3199. Ideas are also welcomed by telephone at 316-293-2649; fax, 316-293-2671; or e-mail, lvalenti@kumc.edu.

Deadline for the next issue is June 14, 2001. If you know of someone who is not receiving the newsletter but might enjoy reading it, please let us know.
Pharmacy Camp Appeals To Rural Students

Apply by May 1 for summer pharmacy camp in Hays

Rural pharmacists are making a great impression on their local high school students. At least that’s the logical conclusion derived from enrollment in the University of Kansas’ pharmacy camp.

Last year, out of 18 participants at the KU School of Pharmacy Summer Camp Career Exploration Program, only one student was from a metropolitan area. The numbers have been similar in previous years.

Gene Hotchkiss, assistant to the dean, School of Pharmacy, and organizer of the 2001 camp, said, “The camp has been most appealing to rural students, and in general, our pharmacy school enrollment has a large representation of people from small communities.”

Hotchkiss expects the fifth annual pharmacy camp, June 3-8, to again have a high rural-based enrollment, especially since, for the first time, it will be hosted at a rural location – Ft. Hays State University in Hays.

“Many students have a perception of the corner drugstore, and the camp program will enhance their understanding of the broad scope of opportunities in the pharmacy profession,” said Hotchkiss. “It will give them a better idea of what pharmacists actually do.”

The camp for freshmen through senior high school students, which has an application deadline of May 1, will include intensive hands-on lab projects, such as learning how to make the sunburn-protecting zinc oxide ointment.

Students will be shown how diverse the pharmacy profession can be when they meet with a half dozen KU School of Pharmacy faculty, as well as community retail and hospital pharmacists, pharmaceutical sales representatives, and pharmacists from specialty practice areas such as compounding pharmacy. Tours of the Hays Medical Center pharmacy and other Hays area pharmacies, as well as a few social activities, will also be on the agenda.

Pharmacy camp tuition is $375, which covers dorm lodging, meals and camp administrative fees. Hotchkiss noted that a limited number of partial scholarships are available, or students may want to contact their local pharmacist for assistance.

“Many of the students are sponsored in full or in part by local pharmacists and civic organizations,” said Hotchkiss.

In Beloit, for example, Max Heidrick, owner of S & S Drug, sponsors up to four high school students from his community per year to attend the camp. “I feel I have a responsibility to help recruit to the rural areas,” he said. “A lot of counties don’t even have a pharmacy.”

Heidrick, a member of the Kansas Pharmacy Service Corporation and the Kansas State Board of Pharmacy, knows that the rural shortage of pharmacists won’t be fixed overnight, but by showing high school students the good quality of life a rural pharmacist can have, he believes it can make a difference.

Applications for the summer camp are available from high school counselors or by calling Hotchkiss at the School of Pharmacy, 785-864-3591.

Each applicant must write a brief essay that provides a personal introduction and conveys why he/she wants to participate in pharmacy camp. Two letters of recommendation are also required.
The American Medical Association honored Linda Warren, M.D., the only primary care physician in the rural Kansas town of Hanover, as one of six honorees to receive the AMA’s Pride in the Profession award.

Warren received the award, which recognizes physicians who have made heroic contributions to their communities as healers and leaders, at the AMA’s National Leadership Conference in Washington D.C. in March.

“I was unbelievably surprised and pleased that the Kansas Medical Society nominated me for the award,” said Warren. “It was a tremendous honor. I was totally overwhelmed.”

Warren’s dedication to rural medicine and her leadership and involvement in organized medicine earned her the 2001 Pride in the Profession award. She has been providing medical care in Hanover, population 654, since 1971. It is the only place she has ever practiced. Through the years, she has enjoyed practicing medicine in partnership with her husband, Roger Warren, M.D., who is a general surgeon.

“I really believe in rural medicine,” she said. At the conference, Warren said she accepted the award on behalf of all rural physicians—those, who, just like she, place themselves in complex, unique and rewarding patient relationships that only exist in small, rural communities.

As the audience, which was larger than the population of Hanover, listened, Warren shared one unforgettable high and one just as unforgettable low of her practice life in Hanover. She moved them to tears as she talked about the joy of life being confirmed for one friend, and the deep, deep grief the entire community felt when a drunk driver veered off the road and took the life of a couple as their two young sons looked on.

In accepting the award, Warren also received a $1,000 grant that will benefit the Warren Clinic/Hanover Hospital Transportation Program, a free medical transportation program that uses uniformed drivers to assist people who need a ride to the clinic or hospital.

As committed as Warren is to rural practice, she is equally committed to serving patients and the profession by being involved in local, state and national organizations. She is a long-time rural preceptor for the KU School of Medicine and in 1995, she became the first woman president of the Kansas Medical Society. She has served the AMA House of Delegates as both a delegate and alternate delegate.

Warren, who has four grown children, including one who is a general surgery resident that would like to practice in rural Kansas, feels she has been blessed to be able to practice and still be totally involved with her family.

“My practice in the rural area has allowed me to integrate all facets of my life into one,” she said.
credits his Salina experience for helping hone some of his doctoring skills. “You certainly learn how to develop a bedside manner when you’re sticking someone at four in the morning,” he said.

The pilot program, officially titled “Longitudinal Rural Track,” is based at the KU School of Medicine North Central Kansas Medical Education Network Site at the Smoky Hill Family Practice Residency in Salina. It relies on residency faculty, residents as teachers, and broad community support from Salina physicians, Salina Regional Medical Center and community agencies.

Thus far, community preceptors involved in the pilot project include Steve Sebree, M.D., Alisa Bridge, M.D., David Dennis, M.D., LaDona Schmidt, M.D., and Gary Williams, M.D.

One training aspect that Salina offers, that neither Kansas City nor Wichita has, is a clinic that allows students to see a continuum of care. The “Salina Cares” Clinic offers free care two evenings per week and is staffed entirely by volunteer medical providers of the community.

Stewart and Wiles each spend one evening a week at the Salina Cares Clinic and both say it has been a high point of this rural track. Not only do they receive the experience they need, they are able to follow a single patient from the clinic through hospital care, or follow the care of several members of a family. “You look forward to going there,” said Stewart. “It gives you a taste of the autonomy that exists in a real practice.”

At the clinic, they feel they have an increased level of responsibility, even though they are still under the close direction of attending physicians and residents.

“It’s not the same as when there are 15 other residents and students who can do the same thing,” said Stewart.

“You feel like you are an integral part of the patient’s care,” said Wiles. “I have felt an increase in my self-confidence since working there.”

The students have also enjoyed their hospital experiences at Salina Regional Health Center. “The hospital staff seems to be excited about the program, too,” said Wiles, and Stewart added, “It feels like that small town atmosphere where people really love to help you.”

The pilot program will take Stewart and Wiles through to the end of their third year rotations, and it will also take them through at least three of their fourth year rotations for a total of nine months of study in Salina. The fourth year rotations will include Health of the Public, Rural Preceptorship and one additional course of their choice.

At this time, Wiles and Stewart must travel to the schools of medicine in Kansas City and Wichita for testing, but it is hoped that the National Board of Medical Examiners will approve Smoky Hill as an official testing site.

“We don’t want them totally isolated from their class, but we want to limit travel back and forth to Kansas City or Wichita so that they have an immersion into the community,” said Ken Kallail, Ph.D., Director of Medical Education Outreach, and professor, Family and Community Medicine, KU School of Medicine-Wichita.

Charles Allred, M.D., program director, Smoky Hill Family Practice Residency Program, said, “I think that the students who come out here have to be motivated, self-starter types. There’s no one here to follow them around saying, ‘Are you at your 9 o’clock class?’”

That “morning class” is also somewhat non-existent for the students. They receive most of their didactic training through videotapes. So far, they like the way that fits into the program. “It certainly lets you have flexibility,” said Wiles, and it’s easy to rewind if they want to go over something twice.

As the pilot moves forward, things look good for future students who might be interested in this rural track of study. Kallail said plans are in progress to pilot at least two more third-year students in this rural track in 2002, and he is working on a plan for a four-year rural track program.

“We’re certainly trying to give students less of a tertiary care setting and more of a rural flavor,” said Allred. “Mark and Jill have been energetic, enthusiastic and motivated. They realize the position they are in as representatives of KU.”
In June, when Dean Joseph Meek, M.D., steps away from his 10-year post at the helm of the KU School of Medicine-Wichita, rural Kansas will be saying good-bye to a great friend and advocate.

In his 37-year career in medicine, all at the University of Kansas, Meek has been a leader who has encouraged, supported and listened to physicians in rural practice.

“I have always felt it was the right thing to do to try to ensure doctors for rural Kansas,” he said. “My rural upbringing led me to a sense of commitment to rural Kansas.”

Meek grew up with daily exposure to rural medicine. In Hiawatha, his family ran the local drug store, and one of the community’s physicians, the now-deceased Thomas Duckett, M.D., a surgeon and general practitioner, had an office directly above the drug store.

Meek said Duckett made a huge impression on him, and when he was in college, Meek shadowed the Hiawatha physician for a time.

“Perhaps that’s part of what has made Meek so successful. His jovial smile, keen sense of humor and genuine interest in people makes him (and the KU School of Medicine-Wichita) remembered like a good friend.

Howell, who has practiced in Dodge City close to 27 years, said Meek has taken a personal interest in rural physician shortages and recruitment efforts in Kansas. “I have always felt like he was available to help and that I could call on him at anytime. He’s made several trips to Dodge City over the years and he’s given us advice on how to recruit doctors out here,” said Johnson. “I can’t say enough about Dr. Meek as a person, physician and leader.”
Through the years, as Meek was making his mark on the School of Medicine, his small town upbringing often offered subtle reminders of the importance of rural physicians. His friends back in Hiawatha, for example, didn’t miss an opportunity to say, ‘When are you going to come back to Hiawatha and be a real doctor?’

Though the words were just chides, Meek says he believes there is some truth to that statement. The fact that rural physicians face so many unknowns again and again, he said, makes his career choice seem comfortably safe in comparison.

His career, however, shows he didn’t opt for a “safe” course. In fact, his passion and admiration of rural physicians is what helped him get where he is today.

Thirty years ago, for instance, as a somewhat lowly faculty member, Joe Meek stormed into KU Medical Center’s executive vice chancellor’s office, and a bit to even his surprise, he yelled at the EVC. “I remember saying, ’KU has got to do something to get physicians into rural Kansas!’”

His disdain, which was fueled by the mediocre success of KU’s “Murphy Plan,” a program that encouraged physicians to establish rural Kansas practices, was, luckily for Kansas, met head on. The executive vice chancellor answered, “Meek, if you feel this passionate about it, you come up with a plan.”

It was a moment he never forgot, as it taught him something about being an administrator, and it led to the creation of his next position, director of Health Care Outreach. He held the position from 1978 to 1985, and within that time, KU began to focus more on rural physicians’ needs and it developed the KU Area Health Education Centers – which Meek praises as “nerve centers” for community health education.

Meek’s medical school classmate, Earl Merkel, M.D., who practices family medicine in Russell, is another who doesn’t like to miss an opportunity to hassle his urban friend. When Merkel heard that Meek had been chosen as the School of Medicine-Wichita dean, he called him up and said, “Do you know anything about medicine outside Kansas City?”

Meek’s reply to Merkel: “Not really, but there are people like you that will call and keep me informed.” And so it has been. Merkel said, “I enjoyed having him in his administrative position because it gave us (rural physicians) access to decision makers. I do kind of regret his retirement. He’s been good for the university and good for Kansas.”

During Meek’s tenure as dean, he said he is proud of the development of KU’s Kansas Bridging Plan and the Kansas Locum Tenens Program. He is most proud, however, that the KU School of Medicine-Wichita has become less known as a satellite of its Kansas City counterpart and more known on its own merit.

“We’re now regarded as a community resource. Now, we are considered an economic driver. The university shares responsibilities with the hospitals for 250 residents – that’s not too far behind Kansas City,” said Meek.

“We are cemented in as a KU program that is strongly entrenched in the Wichita community. That’s what I want to be remembered for – when that transformation took place. That doesn’t counter my pride in what Wichita can do for rural communities,” he said. “All the small towns are Wichita’s constituency.”

Meek may be hanging up his administrative hat in June, but he has more than vacations and grandchildren on his mind. He’s signed on to see patients as a part-time endocrinologist in the KU School of Medicine-Wichita’s Internal Medicine clinic.

Perhaps now, in his retirement, Meek will finally get a taste of rural medicine. He’s already had one phone call asking if he’s ready, willing and able to take a few rural consultations.

“What goes around, comes around,” he laughed.
In a Kansas field near Topeka there is a football field sized portrait of a nurse anesthetist and a young patient. This field art depicts a certified registered nurse anesthetist (CRNA) in a surgical hat and mask clasping the hand of a young girl before surgery.

The image represents a scene that takes place 17 million times a year as patients put their lives in the hands of a nurse anesthetist. The art form’s oneness with the rural land is especially fitting since more than two-thirds of all rural hospitals in the United States rely on certified registered nurse anesthetists to provide anesthesia care.

Kim Zweygardt, a CRNA who practices at three small western Kansas area hospitals and coordinated the project, said the field art was commissioned to showcase a profession that is often called the “best kept secret in health care.”

“Nurse anesthetists have somewhat of a hidden profession, at least to the patient,” said Zweygardt. “People tend not to remember us since they see us right before surgery and because the drugs we give affect the memory.”

Zweygardt hopes the larger-than-life portrait will make people think back to the moments just before they had surgery. Many, especially those who had surgery at a rural location, are likely to say, “I bet it was a CRNA who gave me my anesthetic.”

That’s what happened to native Kansas environmental artist Stan Herd who created the field art. As he and Zweygardt, who are both originally from Protection, Kan., began to discuss the project, he remembered having surgery at age 14 when he had a football injury. As he recalled that time, the sympathetic people and calm voices, he asked Zweygardt, “Do you think that was a CRNA?,” and she replied, “I know it was because it took place in a rural hospital.”

The recollection sparked Zweygardt’s interest enough that she looked up Herd’s case. To her delight, she discovered that CRNA Andy Bartel, who now practices at Meade District Hospital, remembered that the incident happened during his first year of practice at Clark County Hospital in Ashland, Kan.

Herd created “Sacred Trust” in part through his memory of Bartel, whom he recalled as being so nice at a time when he was scared, and because nurse anesthetists take their role as a patient advocate so seriously.

“We feel it is a sacred trust to care for our patients when they cannot care for themselves,” said Zweygardt. “During the anesthetic, CRNAs literally hold their patients’ lives in their hands. Often, we have only minutes to soothe their fears and let them know we will take care of and be there every moment of their surgery.”

CRNAs administer anesthesia for all types of surgical cases, from the simplest to the most complex. They are taught to use all available anesthesia drugs, to manage fluid and blood replacement therapy and to interpret data from monitoring devices. Other clinical responsibilities include the insertion of invasive catheters, the recognition and correction of anesthetic complications, airway support during resuscitation and pain management, such as epidural’s for laboring mothers.

A CRNA, said Zweygardt, is comparable to a doctor of anesthesiology; with the major difference being the place each group begins their education. A nurse attends nursing school and must then work two to three years in critical care before training to be a nurse anesthetist. Physicians, on the other hand, attend medical school and then specialize in anesthesiology during residency.

“We study out of the same books and, in many programs, study in the same classrooms,” said Zweygardt. She believes part of what makes a nurse anesthetist special is the importance all nurses place on being a patient advocate. “From the first day of nursing school, you are told that you are the patient advocate,” she said. “Seeing the patient as a person and yourself as the advocate brings a little more TLC to the process.”

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The nurse advocate role, noted Zweygardt, is at the highest level for a nurse anesthetist because the patient is asleep. “A CRNA will speak for you when you can’t speak for yourself,” she said.

Like most rural providers, nurse anesthetists who work in smaller hospitals have multiple responsibilities that don’t fit into an eight-to-five job. “In rural areas, we’re on call for the emergency rooms. We are the airway experts in a small town,” she said.

Zweygardt, for example, who has practiced in much larger facilities in Houston and Illinois, is on call for the rural emergency rooms at Cheyenne County Hospital, St. Francis; Rawlins County Health Center, Atwood; and Dundy County Hospital, Benkelman, Neb. The only ventilator available for emergencies is the one on her anesthesia machine.

“It’s a different kind of practice, but I love it,” she said. “When I came here, it was just like putting on a comfortable pair of shoes.

In Washington, D.C., and in Kansas, Moran is known as a leader in the fight to preserve and ensure rural health care. His efforts have garnered him a four-year term as the chairman of the Rural Health Care Coalition, a bipartisan group of 174 members of congress who are committed to advancing rural priorities in health care policy.

“My job in Congress is to preserve our way of life in rural America and to raise awareness of rural issues that will affect our lives as we enter the 21st Century,” said Moran. “Rural America is the backbone of this country and we must maintain its strength.”

“Congressman Moran Visits KU-Wichita

In a one-day tour to listen and learn more about health care, U.S. Congressman Jerry Moran paid a visit to the KU School of Medicine-Wichita in February.

Moran, who represents the 66-county “Big First” District of western and central Kansas, and serves in numerous congressional leadership roles, toured the medical school, met with KU School of Medicine-Wichita Dean Joseph Meek; Rick Kellerman, M.D., professor and chair, Family and Community Medicine; and Lorene Valentine, director, Rural Health Education and Services.

Highlights of his tour included an introduction to the school’s state-of-the-art clinical skills lab in which students are exposed to high-tech simulators, a visit to the National Board of Medical Examiners on-site testing facility, a view of the Standardized Patient Program and discussion of rural health care issues as they relate to KU programs such as the Kansas Bridging Plan and Kansas Locum Tenens Program.

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I fit the town and it fit me.”

Though Zweygardt coordinated the field art project from rural Kansas, it has been a project that CRNAs from across the United States have supported in both spirit and cash donations. They feel Herd’s portrait signifies both the art and science of the CRNA profession.

When the earthwork was officially unveiled in January, nurse anesthetists from New York City, Texas, Florida, Montana and several other states flew to Kansas for a ceremony and the chance to view it from a helicopter. It will be visible for about one year, though not as groomed as at the unveiling, and is located near Topeka at 45th St. and S.E. Paulen Road.

For more information about the project and plans to place the field art image on T-shirts and other items, contact Zweygardt at kzls@ruraltel.net.

“When I came here, it was just like putting on a comfortable pair of shoes. I fit the town and it fit me.”

Kim Zweygardt, CRNA
Scott County Citizens Seek Answers

Does area suffer from higher than normal cancer rates?

In western Kansas’ Scott County, a nagging question has been on the minds of citizens for several years. They want to know if they suffer from a higher than normal rate of cancer and neurological illness.

Now, a definitive answer is near. Experts from KU Medical Center and Kansas State University have been researching the areas health concerns for more than a year through their joint Agromedicine program. The Agromedicine program, established in 1997, facilitates communication and collaboration between agriculture, veterinary medicine and human medicine.

The cooperation of these disciplines in rural areas is of major importance. Frederick Oehme, DVM, Ph.D., toxicology professor, K-State, said, “Forty percent of human health projects have a relationship to veterinary medicine.”

For example, if a rancher says, “My water is making my cattle sick. What is it going to do to me?”, the expertise of both physicians and veterinarians is needed. Cooperation is also considered necessary because when a family member visits the local physician’s office for health problems, most physicians don’t have much hands-on experience with farming and ranching products to correlate what could have made the person sick.

“It’s a brief environmental jump from a cow to a human,” concludes Oehme.

While K-State focused on its research into exposures and neurological illnesses, KU experts were simultaneously studying the rate of cancer in Scott County.

John Neuberger, DrPH, associate professor, Preventive Medicine, University of Kansas Medical Center, said, “This is a fairly complex project,” “Much of our work has centered on fact finding.”

For example, in trying to determine if there is a greater incidence of cancer, Neuberger has had to gather cancer data from surrounding counties and states to identify a “normal” rate of disease. Neuberger has looked closely at the prevalence of skin, pancreatic and kidney cancer, among others, as well as the incidence and mortality from cancer.

“We're still evaluating and examining the data so we can make valid conclusions. Statistically correct interpretations are both tricky and time consuming,” said Oehme.

Both Neuberger and Oehme hope the analysis of the data will be concluded by late summer or early fall 2001. “We don’t know if there is a problem in Scott County, but we do know the people have concerns,” said Oehme. “If our answer is no, there are not higher rates of illness, our project is done. If the answer is yes, we will try to get more funding to do further study.”

The Kansas Masonic Foundation, the Glenda Mulch Foundation, an organization established in honor of a Scott County resident who died of cancer, and the Scott County Hospital have funded the study.

Greg Unruh, administrator, Scott County Hospital said, “We wanted to be a good community partner in helping find answers to peoples’ concerns. We, as a community, need to validate what is true or not true.”

At the request of the funding partners, KU and K-State incorporated prevention education into their work. “We are trying to make sure people know about healthy habits,” said Oehme.

For example, education and information about smoking and pesticide safety have been offered to groups, and Neuberger said, “Radio and newspaper ads have helped provide information on skin cancer prevention.”
Teamwork Benefits Rural Dementia Patients

With the assistance of rural doctors, patients and a two-person assessment team, experts at the KU School of Nursing have drawn a three-phase study of dementia in rural areas to a close. Now, there is hope that the final phase, a pilot study known as the Kansas Memory Assessment Program, will someday benefit patients throughout the entire state.

The first part, which began in 1999, assessed the challenges rural patients and their caregivers faced in getting a diagnosis and treatment of dementia. The second phase looked at dementia diagnosis and treatment from the perspective of rural healthcare providers.

Collecting information

Cynthia Teel, R.N., Ph.D., associate professor, School of Nursing, traveled to rural communities throughout the state to talk with 16 family caregivers, 17 physicians and two midlevel providers. “Our goal was to use the information from the interviews to develop strategies to overcome the challenges each group faced,” said Teel.

The Kansas Memory Assessment Program (Kansas MAP), conducted last fall and this winter in northwest Kansas, strove to meet the concerns of caregivers and doctors by facilitating earlier diagnosis and treatment of dementia while enhancing the assessment and management expertise of rural health care providers.

Modeled after a rural geriatric dementia project in Maine, the Kansas MAP developed a two-person in-home assessment team that evaluated the patient, the home environment and the family caregivers. This information was then forwarded to Teel and two other memory disorder specialists to develop a care plan that was implemented in coordination with the patient’s local physician.

“One of the important program modifications that we made was instead of just having the assessment team send written data, we had them videotape the interviews as well,” said Teel.

The videos of the 10 patients and caregivers who participated in the pilot study have proven invaluable to the specialists at KU. “The tapes have provided us with much more detailed information. We can see the home environment and witness the interactions with the primary care person,” said Teel.

Home assessment

The home assessment team, consisting of a registered nurse and a social worker from the Northwest Area Agency on Aging in Hays, assessed such things as the patient’s nutrition, medications and any presence of depression. The interaction between the patient and caregiver and the overall home environment were also looked at.

Families, according to Phyllis Brittain, R.N., Northwest Area Agency on Aging, were thankful the Kansas MAP was available, especially since it came to them and no traveling was involved.

“Some of the families actually said that the person having the memory problems would not have agreed to go see a physician, but allowed the assessment because it was done in their own home,” said Brittain.

Teel and her associates, Grisel Lopez, M.D., assistant professor of Neurology, School of Medicine-Kansas City; and Charles DeCarli, M.D., a former KU professor who has continued with the project since moving to California, said it has been important to work directly with the local physicians.

“We’ve involved the local physician at every step of the way,” said Teel, noting that rural physicians have responded to the program enthusiastically.

Physicians have received written documentation and one-on-one phone calls from the neurologists to discuss each patient’s case. Teel said a few physicians were so pleased by the program, they made repeat referrals for in-home assessments.

Brittain said, “I think the physicians are very comfortable having us do the testing. They don’t really have the time to do this thorough of an evaluation in the office.”

The cooperation between KU faculty, local physicians and the assessment team has allowed families to deal with their loved one’s health care in their local environment, but still get a timely diagnosis. Teel noted that in her caregiver interviews, many families related stories of difficulty in getting a dementia diagnosis.

“It’s very important for the patient and the family to get a diagnosis in a timely fashion,” said Teel. For example, an early diagnosis of Alzheimer’s will give the patient and the caregiver time to learn and plan for the future together. Also, said Teel, more is known about Alzheimer’s today, so there are some things, such as new drug therapies, that can be initiated.

Some forms reversible

Though Alzheimer’s is the most common case of dementia, there are other forms that are reversible, unlike Alzheimer’s disease. For example, depression and drug interactions can cause treatable memory problems.

In her interviews with rural providers, Teel found that only one out of 19 had an organized strategy and basic information to give patients about dementia. This lack of strategy, as well as common threads among best and worst case scenarios described to CONTINUED ON PAGE 12
Teel, showed that providers needed more information and easy access to it. The type of information that would be helpful to any provider who deals with dementia can be accessed through KU Medical Center’s Kansas Geriatric Education Center. This online resource, http://coa.kumc.edu/gec, includes interdisciplinary educational modules on challenging clinical cases, a calendar of geriatric educational opportunities and curriculum resources and teaching aids for educators. The online educational modules will soon offer continuing education credit.

Now that the pilot project, which was funded by the 2000 Kansas legislature, has concluded, Teel is focusing her efforts on the analysis of Kansas MAP’s success with regard to diagnosis and treatment. At the same time, Teel said the project has been enough of a success that she is applying for a federal grant to expand the project.

For more information about any part of this dementia study, contact Teel at 913-588-1697 or cteel@kumc.edu.

“Some of the families actually said that the person having the memory problems would not have agreed to go see a physician, but allowed the assessment because it was done in their own home.” Phyllis Brittain, R.N.
NORTHWEST

CITY: Colby
POSITION(S): Family Physician w/OB
CONTACT: Mark Bieberle, 316-291-4378

CITY: Goodland
POSITION(S): Respiratory Therapist & Director of Diagnostic Imaging
CONTACT: Dale Shields, 785-899-6005

CITY: Hays
POSITION(S): Child-Psychiatric Nurse Practitioner
CONTACT: Dee Roth, 785-628-2871

CITY: Hays
POSITION(S): Internist, Pediatrician, Physical Medicine Rehabilitation, Orthopedic Surgeon, Pathologist, Cardiologist, Anesthesiologist
CONTACT: Myron Applequist, 785-623-2303

CITY: Hays
POSITION(S): Step Down ICU Registered Nurse, Medical-Surgical Nurses, ICU Nurses
CONTACT: Julie Huelserman, 800-690-1560

CITY: Hoxie
POSITION(S): Family Physician
CONTACT: Brian Kirk, 785-675-3281

CITY: Lacrosse
POSITION(S): Family Physician, Internist, Physician Assistant
CONTACT: Asbok Bhargava, M.D., 785-222-2564

CITY: Oakley
POSITION(S): Family Physician
CONTACT: Jay Plank, 785-672-3211

CITY: Phillipsburg
POSITION(S): Family Physician, Internist, Pediatrician, General Surgeon, Anesthesiologist/Pain Management, Physician Assistant or Nurse Practitioner
CONTACT: C.D. Knackstedt, D.O., 785-543-5800

CITY: Phillipsburg
POSITION(S): Family Physician w/OB, Internist
CONTACT: Rhonda Kellerman, 785-543-5211

CITY: Phillipsburg
POSITION(S): Family Physician
CONTACT: Mark Bieberle, 316-291-4378

CITY: Quinter
POSITION(S): Family Physician
CONTACT: Sandy Blackwill, 785-754-3813

CITY: St. Francis
POSITION(S): Family Physician
CONTACT: Les Lacy, 785-332-2104

NORTH CENTRAL

CITY: Concordia
POSITION(S): Family Physician w/OB
CONTACT: Mike Derousseau, 785-243-1234

CITY: Ellinwood
POSITION(S): Pharmacist
CONTACT: Marge Conell, 316-564-2548

CITY: Great Bend
POSITION(S): Manager-Golden Belt Home Health & Hospice, Radiology Technician
CONTACT: Denise Schreiber, 316-786-6186

CITY: Great Bend
POSITION(S): Family Physician, Orthopedic Surgeon, Neurologist, Urologist, Otolaryngologist
CONTACT: Sharon Beaty, 316-786-6583

CITY: Great Bend
POSITION(S): Orthopaedic Surgeon (Orthopaedic Spine), Rheumatologist, Surgeon, Occupational Medicine
CONTACT: Harland L. Thompson, 316-275-8400 ext. 18

CITY: Hoisington
POSITION(S): Family Physician
CONTACT: Jim Turnbull, 316-653-2114

CITY: Minneapolis
POSITION(S): Family Physician
CONTACT: Darrell Ehrlich, 785-452-3255

CITY: Russell
POSITION(S): Family Physician w/OB
CONTACT: Earl Merkel, M.D., 785-483-2178

CITY: Russell
POSITION(S): Family Physician w/OB, General Surgeon, Physical Therapy Director
CONTACT: Roger Knack, 785-483-2323

CITY: Salina
POSITION(S): Internist, Neurologist
CONTACT: David Prendergast, M.D., 785-827-9631

NORTHEAST

CITY: Blue Rapids
POSITION(S): Family Physician
CONTACT: Rich Reckwell, 785-562-2311

CITY: Hiawatha
POSITION(S): Family Physician
CONTACT: John Moore, 785-742-3523

CITY: Horton
POSITION(S): Family Physician w/OB
CONTACT: Dale White, 785-486-2642

CITY: Lawrence
POSITION(S): Oncologist
CONTACT: Charlene Droste, 785-840-3155

CITY: Manhattan
POSITION(S): Internist
CONTACT: Scott Coonrod, M.D., 785-537-2651

CITY: Topeka
POSITION(S): Radiologist - All Subspecialties
CONTACT: Tim Allen, M.D., 800-432-3592

SOUTHWEST

CITY: Dighton
POSITION(S): Family Physician
CONTACT: Marcia Snodgrass, 316-285-6424

CITY: Dodge City
POSITION(S): Family Physician, Internist, Pulmonologist
CONTACT: Howell Johnson, M.D., 316-227-1371

CITY: Elkhart
POSITION(S): Nurse Practitioner
CONTACT: Angie Lutters, 316-697-5229

CITY: Garden City
POSITION(S): Internist, Orthopedic Surgeon, Neurologist, Oncologist, Dermatologist, Anesthesiologist, Family Physician w/OB, Physician Assistant, Radiologist, General Surgeon
CONTACT: Jeff Forrest, 316-272-2422

CITY: Kinsley
POSITION(S): Nurse Practitioners, Physician Assistants
CONTACT: Kim Alderfer, 316-659-3621

CITY: Lakin
POSITION(S): Family Physician w/OB (Endoscopy)
CONTACT: Laura Dykstra, 316-355-7550

CITY: Leoti
POSITION(S): Family Physician w/OB, Registered Nurses, Certified Nursing Assistants
CONTACT: Vicki Berning, 620-375-2233

CITY: Liberal
POSITION(S): Otolaryngologist
CONTACT: Kim Harris, 316-629-6335

CITY: Liberal
POSITION(S): Internist
CONTACT: Blanca Fermo, 316-624-0604

CITY: Meade
POSITION(S): Family Physician w/OB
CONTACT: Michael Thomas, 620-873-2141

CITY: Medicine Lodge
POSITION(S): Family Physician
CONTACT: Mark Bieberle, 316-291-4378

CITY: Minneola
POSITION(S): Family Physician
CONTACT: Ron Baker, 316-885-4264

CITY: Saratoga
POSITION(S): Family Physician
CONTACT: Mark Bieberle, 316-291-4378

CITY: Sublette
POSITION(S): Family Physician
CONTACT: Mark Bieberle, 316-291-4378

CITY: Sublette
POSITION(S): Family Physician
CONTACT: Charlotte Holland, 316-375-2686

CONTINUED ON REVERSE
NOTE: To list practice opportunities in Kansas Connections, please fax a Kansas Practice Opportunities form to the Office of Rural Health Education and Services, 316-293-2671. Forms are accessible through the Rural Health Web site, http://ruralhealth.kumc.edu, or by calling 1-888-503-4221.