Testimony of

Michael A. Sitorius, M.D.

Waldbaum Professor of Family Practice

Professor and Chair, Department of Family Medicine

University of Nebraska Medical Center
Omaha, Nebraska 68198-3075
E-mail: masitori@unmc.edu

U.S. House of Representatives Committee on Agriculture
Subcommittee on Department Operations, Oversight, Nutrition and Forestry

Field Hearing addressing the "Health" in Health Care:
Nutrition, Prevention & Wellness Practices

Wednesday, August 5, 2009
Lincoln, Nebraska

U.S. House of Representatives Committee on Agriculture
Subcommittee on Department Operations, Oversight, Nutrition and Forestry
Field Hearing addressing the "Health" in Health Care: Nutrition, Prevention & Wellness Practices
Wednesday, August 5, 2009
Lincoln, Nebraska

Thank you Chairman Baca and Representative Fortenberry for permitting me this opportunity to testify before this subcommittee about the relevance and importance of promoting proper wellness and nutrition practices from a medical care provider's perspective.

My name is Dr. Michael A. Sitorius. I am the Waldbaum Professor of Family Practice and Chair of the Department of Family Medicine at the University of Nebraska Medical Center. I am testifying today about an issue I feel is critical to the effective delivery of healthcare in America: the coordinated promotion of proper lifestyle and nutrition practices in the prevention and treatment of chronic illness by medical care providers. During thirty years as both practicing family physician, and educator of future family physicians, physician assistants, nurse practitioners, pharmacists, nurses, and registered dietitians, I have witnessed first hand a significant increase in the presentation of chronic illness among patients. Indeed, my personal experience seems to reflect a national trend. Over 125 million people in the United States currently experience at least one chronic illness and over half of this population is afflicted by two or more chronic illnesses. Fifty percent of these chronic illnesses are attributable to 5 causes: asthma, diabetes, high blood pressure, coronary artery disease, and depression. Of the remaining 50 percent of chronic illnesses a substantial percent are attributable to breast, endometrial, colon and prostate cancers; and osteoporosis.

Annually, chronic illness is the leading cause of illness, disability, and death in the United States and exacts enormous tolls on the American population both in human and economic terms. As of July 9, 2009 the CDC reports 973,000 deaths attributable to chronic illness this year.

Chronic illness is not a discrete medical disorder displaying specific symptoms. The term chronic illness defines an injury, illness, or condition expected to be of long duration with no predictable end-date that does not require immediate hospitalization but is likely to require regular periodic care or treatment. Research indicates that poor nutrition and an inactive lifestyle increase one's likelihood of experiencing one of these chronic illnesses. This suggests that care including implementation of simple lifestyle modifications may be effective in reducing the risk of acquiring a chronic illness and in treating those that are present.

Obesity has long been associated with poor nutrition and an inert lifestyle, and is associated with several cardiovascular and respiratory chronic illnesses. However, when one examines the incidence of obesity in America one notices a startling trend.

According to Health Affairs (July 2009) the cost of healthcare related to obesity rose from 78.5 billion dollars in 1998 to 147 billion dollars in 2008. Further, at least 23 states report a rise in adult obesity for 2008, and over thirty states report a 30 percent child obesity rate.

Dr. Risa Lavizzo-Mourey, M.D. M.B.A., president and CEO of the Robert Woods Johnson Foundation has expressed that a key to any healthcare reform is a solution to the epidemic of child obesity. I agree with this statement, but would add that addressing the rise in adult obesity is equally important in creating effective healthcare reform.

The solution to obesity and the solution to caring for chronic illness both require the implementation of more effective methods of directing lifestyle modifications between physician and patient. But identifying a need for more efficient care of chronic illness belies the complexity underlying these forms of illness and the related care.

Of the five general factors affecting health status one may note that medical care accounts for only one tenth of an individual's health status. Overwhelmingly, a person's health status is determined by social, genetic, and behavioral factors which lie outside the scope of traditional care provision. Indeed, the largest contributor to personal health status are factors related to behavioral decisions. Unfortunately the current healthcare system allows for practitioners to do little more than admonish patients to "stop smoking" "adjust your diet" or "engage in regular exercise". Truthfully, while recognized as important factors of health status, the current healthcare system is not designed to effectively promote proper wellness and nutrition practices among patients suffering from chronic illness.

I believe the explanation as to why medical care accounts for such a small percentage of the factors influencing health is directly related to this inability to properly promote healthy lifestyle choices and is the result of a healthcare model that is essentially reactive in nature. The current priority in medical education and care is the assessment and treatment of acute and episodic conditions and not the underlying chronic illness. While providing immediate relief of a patient's distress this model does little to address needs of both the patient and healthcare system in receiving and providing effective economical care.

Now, one might say, if this description of chronic illness care is accurate the solution to both the financial and treatment burdens created by chronic illness is simple: address the underlying illness. Indeed, this is the simple articulation of a solution. However, I would like to cite three reasons why this solution is improbable under the current healthcare system.

The first constraint limiting the effective treatment of chronic illness is the limited training and familiarity most health care professionals have with monitoring and supporting patients with chronic illnesses. The limited abilities of practitioners to

monitor and support patients are really an extension of the lack of coordinated office systems designed to monitor and support clinical decisions.

Second, even in systems that provide some protocol for physicians to follow when dealing with chronic illness, the time constraints current systems place on physician/patient interaction simply do not allow for the comprehensive care required by chronic illness. Instead, the system promotes treatment of acute and periodic symptoms of the illness which are discrete and typically dealt with more quickly.

Third, current reimbursement systems favor episodic treatment over preventive treatments, which may span extensive periods of time.

These three factors pose significant barriers to the effective treatment of chronic illness, and they must be dealt with if we wish to effectively address the health concerns facing this country. However, in dealing with these factors I believe we should look towards creating a healthcare system that is more proactive and team oriented.

When I use the terms proactive and team oriented, I have a very specific model in mind. This model is the Patient Centered Medical Home (PCMH). The PCMH consists of six main components:
-Physician Directed Medical Care
-Whole Person Orientation
-Coordinated and Integrated care
-Quality and Safety
-Enhanced Access
-Payment Reform

This model favors the systems oriented approach to treating an underlying illness, which does not consist of single interventions but of cumulative care plans. This type of system would provide care providers with clearly defined care protocols and a support staff consisting of members with clearly defined roles designed to facilitate usable and affordable diagnostics at the clinical level. Further, this system would integrate an Information Technology (IT) support system that is patient centered, and is designed to facilitate real time communication, evaluation feedback, and related educational information between patient, physician, and patient's community.

With increased guidance and support both within the clinical and community settings, physician directed lifestyle modification suggestions will become the heart of a proactive healthcare system aimed at decreasing the incidence of chronic disease among the American population. The natural products of a more efficient and proactive healthcare system would include both an increase in patient satisfaction and a decrease in overall healthcare cost.

While I can not provide specifics for creating this system, I can say that a systems oriented approach which includes both patient and community as key partners in the care and prevention of chronic illness will provide the support necessary to effectuate better care for chronic illness.

I hope that my words today emphasize my belief that lifestyle modifications such as nutrition and physical activity are the center of a more effective healthcare system. Further, I hope to impress upon you that the systematic approach to coordinating and effectuating communication and treatment between physician, patient, and community, which creates a successful physician patient partnership provided by the PCMH, is the way to create an environment in which physicians may influence behavioral, social, and environmental factors affecting health status.

Michael A. Sitorius, M.D.
Waldbaum Professor of Family Practice
Professor and Chair, Department of Family Medicine

Age-Adjusted Death Rates per 100,000 Population for Leading Causes of Death in 1900 & 2006

Cause	1900 Rate	%	Cause	2006 Rate	%	%Chg*
1. Influenza & pneumonia	210	12%	1. Heart disease	200	26%	-5.2
2. Tuberculosis	199	11%	2. Cancer	180	23%	-1.7
3. Heart disease	167	9%	3. Stroke	44	6%	-6.4
4. Stroke	134	8%	4. CLRD	41	5%	-6.3
5. Diarrhea	113	6%	5. Accidents	40	5%	+1.8
6. Cancer	81	5%	6. Diabetes mellitus	23	3%	-5.3
7. Accidents	76	4%	7. Alzheimer's disease	23	3%	-1.3
8. Diabetes mellitus	13	2%	8. Influenza & pneumonia	18	2%	-12.3
9. Suicide	11	1%	9. Chronic kidney disease	15	2%	+1.4
10. Homicide	1	1%	10. Septicemia	11	1%	-1.8
Total	**1004**	**56%**	11. Suicide	11	1%	0.0
			12. Chronic liver disease	9	1%	-2.2
			13. HTN/2 renal disease	8	1%	-6.3
			14. Parkinson's disease	6	1%	-1.6
			15. Assault/Homicide	6	1%	+1.6
			All other causes	150	19%	
			Total	**777**	**100%**	**-2.8%**
			2,426,264			

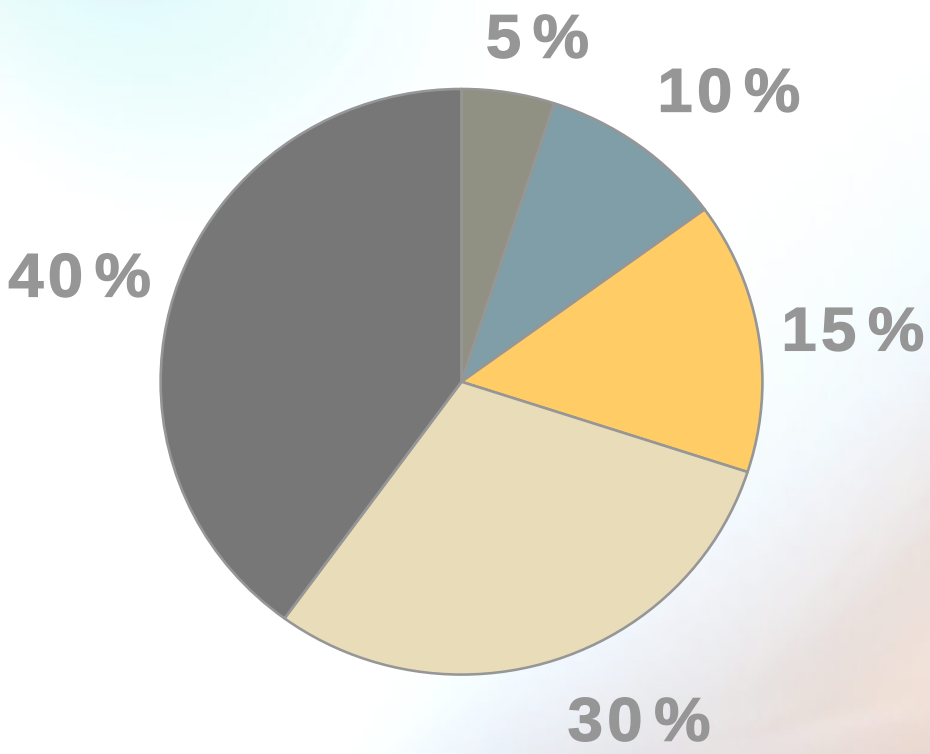
*% change from 2005 to 2006

Relative influence on health today?

5 Domains:

- Genetic/gestational endowments
- Social circumstances
  - Education, poverty
  - Housing, crime, social cohesion
- Environmental conditions
  - Toxins, microbes, structural hazards
- Behavioral choices/lifestyle
  - Tobacco/drug abuse, diet/exercise, sexual practices
- Medical care shortfalls
  - Lack of access and quality
  - Medical errors (IOM: 44,000-98,000/year or 2-4%)

Major Factors Affecting Health



5%
10%
15%
30%
40%

10 Actual Causes of Death per Year in the U.S. in 1990 and 2000

		1990	%		2000	%
1	Tobacco	400,000	19%	1	435,000	18%
2-3	Diet/activity patterns	300,000	14%	2-3	400,000	17%
4	Alcohol	100,000	5%	4	85,000	4%
5	Microbial agents	90,000	4%	5	75,000	3%
6	Toxic agents	60,000	3%	6	55,000	2%
7	Firearms	35,000	2%	8	29,000	1%
8	Sexual behavior	30,000	1%	9	20,000	1%
9	Motor vehicles	25,000	1%	7	43,000	2%
10	Illicit use of drugs	20,000	<1%	10	17,000	1%
Total		1,060,000	50%		1,159,000	48%

From McGinnis JM. Actual causes of death in the United States. JAMA 1993; 270:2207-12 and Mokdad AH et al. Actual causes of death in the United States, 2000. JAMA 2004; 291:1238-1245.

Michael Allen Sitorius, M.D.

PERSONAL INFORMATION:

Home Address:	8115 Jackson Street Omaha, NE 68114 (402) 399-8576
Campus Address:	UNMC, Department of Family Medicine UMA 2535 University of Nebraska Medical Center 983075 Nebraska Medical Center Omaha, NE 68198-3075 (402) 559-6829
Date of Birth:	December 23, 1951
Place of Birth:	Oklahoma City, OK
Marital Status:	Married - Marilyn
Children:	Thomas (8/3/83) Anne (3/1/85) Jane (7/1/87) Beth (5/26/89) Peter (9/3/92)

EDUCATION:

B.S.	Hastings College, Hastings, NE	1970-74
M.D.	University of Nebraska Medical Center, Omaha, NE	1974-77

POSTGRADUATE TRAINING:

University of Nebraska Medical Center Family Practice Residency Program	July 1977-June 1980
Chief Resident, Family Practice Residency Program	July 1979-June 1980

ACADEMIC APPOINTMENTS:

Regents Named Milton G. Waldbaum Professorship of Family Practice	July 1994
Professor, Department of Family Medicine University of Nebraska Medical Center	July 1992-Present
Chairman, Department of Family Medicine University of Nebraska Medical Center	May 1990-Present
Interim Chairman, Department of Family Medicine University of Nebraska Medical Center	July 1989-May 1990

Acting Chairman, Department of Family Medicine University of Nebraska Medical Center	January 1989-July 1989
Acting Chairman, Department of Family Medicine University of Nebraska Medical Center	April-July 1987
Vice-Chairman, Department of Family Medicine University of Nebraska Medical Center	January 1985-April 1987
Associate Professor, Department of Family Medicine University of Nebraska Medical Center	May 1990-June 1992
Assistant Professor, Department of Family Medicine University of Nebraska Medical Center	July 1981-May 1990
Instructor, Department of Family Medicine University of Nebraska Medical Center	Sept. 1980-June 1981

OTHER APPOINTMENTS:

Member of Board of Medicine and Surgery	12/1/01 - 11/30/06
Governor's Rural Health Advisory Commission	1991-Present

CERTIFICATION AND LICENSES:

Certification by the American Board of Family Practice	1980
Recertification by the American Board of Family Practice	1986, 1992, 1998
Licensed to Practice Medicine and Surgery - State of Nebraska (#14447)	1978

GRANT/CONTRACT SUPPORT:

1. Development of a Nebraska Statewide AHEC Network
   Grant # 1 U76 HP 00592-01
   Agency: Bureau of Health Professions, HRSA
   Period: 9/1/01 - 8/31/04 $2,078,171 (total funding dollars)
   Funding in Year 1: $526,847 (indirects $ 9,941, total funding $536,788)
   Funding in Year 2: $735,578 (indirects $ 13,879, total funding $749,457)
   Funding in Year 3: $777,261 (indirects $ 14,665, total funding $791,926)

2. Project Title: Academic Administrative Units in Primary Care
   Source of Support: Department of Health and Human Services/HRSA
   Principal Investigator: Sitorius, Michael (PI)
   Role: Research Director
   Period of Support: 9/1/2001 - 8/31/2004 $209,506
   This is a training grant to increase the research productivity of our junior primary-division research faculty; increase the research productivity of our junior secondary-division research faculty; and to promote research skill development in our clinical faculty and residents.

3. Development of an Internet-based Communication, Education, and Research Network for Nebraska Family Physicians and UNMC. Sitorius, MA (Principal investigator), Medder, JD (co-investigator). $1,336,702. Submitted to NRI (not funded). 1998-2003.

4. Smoking Intervention in Primary Care: An Outcome Study. Rennard, S. (Principal investigator), Sitorius, MA. (Co-investigator). $1,383,083. Submitted to NIH (not funded). 1996-99.

5. Patient-Physician Clinical Encounter. (Co-investigator). UNMC Seed Grant. $7,500. Kim Galt, (P.I.) March 1995-April 1996.

6. Nebraska Rural Health and Safety Coalition: A Proposal. (Co-investigator). Kellogg Foundation $444,447. December 1992-95.

7. Evaluation of the Safety and Efficacy of Transdermal Nicotine as an Aid for Smoking Cessation in a Family Practice Setting. Steven Rennard, M.D. (Principal Investigator), Michael A. Sitorius, M.D., Jeffrey L. Susman, M.D., and David Daughton, Co-Investigators. Marion Merrill/Dow, Inc. $211,915. 1991-93.

CONSULTING POSITIONS:

Department of Family Medicine Residency Training Program, Maine Medical Center, Portland, ME	October 1994
Associate Team Physician, University of Nebraska at Omaha	August 1984-Present
Department of Family Medicine, Maine/Dartmouth Family Practice Residency Program, Augusta, ME.	May 1997
College of Medicine, University of Kansas Department of Family Medicine, Kansas City, KS	June 1999

HONORS/AWARDS

Alumni Member, AOA	October 1997-Present
Nominated & Elected (by peers) as One of the Best Physicians in America (Central Region)	February 1996 1997, 1998

STUDY/REVIEW SECTION

Merit Reviewer, Family Medicine Graduate Training Residency Programs. HHS Administration, Rockville, MD.	November 1988

MEMBERSHIPS AND OFFICES IN PROFESSIONAL ORGANIZATIONS:

Executive Committee, Association of Departments of Family Medicine	Appointed 1998
ADFM Liaison to Commission on Education	1998-Present
At-Large Board Member, Association of Departments of Family Medicine	1995-Present

Co-Chair, Nutrition Education Working Group Society of Teachers of Family Medicine	1991-97
Board Member, Nebraska Medical Education Fund, Inc.	1994-Present
Member, Nicholas J. Pisacano, MD Memorial Foundation, Inc. Scholars Program Committee (Philanthropic Foundation of the American Board of Family Practice, Inc.)	1992-1997
Member, Metropolitan Omaha Medical Society	1991-Present
Member, Board of Directors, Metropolitan Omaha Medical Society	1997-Present
Member, Steering Committee Society of Teachers of Family Medicine Task Force on Substance Abuse Education	1990-1996
Member, National Rural Health Association	1990-Present
Member, Nebraska Academy of Family Practice Task Force on Rural Health	1990-Present
Member, Project SAFEP (Substance Abuse Faculty Education Program)	1990-1995
Member, American Society of Geriatrics	1987-1993
Member, Society of Teachers of Family Medicine	1982-Present
Member, American Academy of Family Physicians	1980-Present
Member, Nebraska Academy of Family Physicians	1980-Present

COMMITTEES:

University of Nebraska Medical Center

Member, System Redesign Executive Committee (UNMC)	1995-96
Member, Search Committee for Dean, College of Medicine. (UNMC)	1992 & 1999
Member and Chairman, UNMC Rural Health Task Force (UNMC)	Appointed-1991
Chairman, Coordinating Committee for Rural Health Education (UNMC)	1995-Present

College of Medicine

Member, Curriculum Committee	Appointed-1999
Member, Search Committee for Chair, Internal Medicine	Appointed-1999
Member, LCME Self Study Task Force (Clinical Depts.)	Appointed-1997
Member, Strategic Planning Oversight Group	1994-95

Member, Primary Care Subcommittee of Strategic Planning Oversight Group	1994-95
Member, Search Committee for Chairperson, Department of Radiology	1994-95
Chairman, Ad Hoc Committee for Volunteer Faculty	2000
Chairman, Ad Hoc Committee for PA Recognition	1992-Present
Member and Chairman, College of Medicine Subcommittee on Accreditation - Faculty	Appointed-1990
Member, Search Committee for Director of Medical Education	Appointed-1990
Member, Steering Committee on Rural Partnership for Children	1991
Member, Public Affairs Advisory Group	1990
Member, Alcohol/Drug Abuse Subcommittee	1989
Member, Task Force for Geriatrics Steering Committee	Appointed-1986 Reappointed-1987-89
Member, Health Planning Project	1987-Present
Member, Computer Discharge Information Committee	1988
Member, Quality Assurance Task Force	1987
Department Liaison to Hospital Quality Assurance Committee	1987
Member, Liaison Committee on Nebraska Clinicians Group	1987-1988
Member, Clinical Practice Board Negotiating Committee	1986-1987
Member, Quality Assurance Committee, Clinical Practice Board	1988-1990
Member, Faculty Council for Governance	1985-1987
Member, Promotion and Tenure Committee	1989-1995
Member, Faculty Council	1987-Present
Member, J.G. Elliott Award Selection Committee	1991-Present

<u>University Hospital/NHS/Medical Staff</u>

Member, Nebraska Health Partners Board	1998-Current
Member, Managed Care Services Organization Operating Committee	1998-Current
Member, University Medical Associates Board of Directors (Medical Staff)	1994-Current
Member, PHO Board of Directors (University Hospital)	1993-1997
Member, Clinical Enterprise Council Executive Committee (University Hospital)	1997-1998
Member, Joint Conference Committee, University Hospital Board of Governors (Medical Staff)	1993-95
Member, Patient Care Image Advisory Board (Medical Staff)	1992-93
Member, Management Information Subcommittee (Medical Staff)	1990-1991
Member, Health Care Project Steering Committee (Medical Staff)	1988-Present
Member, Clinical Chiefs (University Hospital)	1990-Present

Member, Executive Committee, Nebraska Clinicians Group (University Hospital)	1986-1989
Member, Medical Records Committee (Medical Staff)	July 1984-1988
Member, Quality Assurance Committee (Medical Staff)	1985-1988
Member, Executive Committee (Medical Staff)	1988-1990
Member and Chairman, Medical Records Committee (Medical Staff)	1985-1988
Member and Chairman, Policy Review Committee (Medical Staff)	1988-1990
Member, Tumor Review Committee (Medical Staff)	1982-1983
Advisor, Medical Audit Committee	1982-1987
Member, Audit Committee (Medical Staff)	1981-1982
Member, Ad Hoc Committee, Outpatient Undergraduate Medical Education (Medical Staff)	1989
Member, Chancellor's Advisory Council on Student Services and Student Life (Medical Staff)	1989-Present

University Medical Associates

Member, Board of Directors	1994-Present
Member, Search Committee for Chief Administrative Officer, UMA (University Medical Associates)	Appointed-1993
Member, Executive Committee (Chair position)	1993-Present

Department

Department Liaison to Methodist Hospital for Resident Education	1982-Present
Chairman, Education Committee	1981-Present
Member, Resident Selection Committee	1979-1988
Member, Research Committee	1983-Present
Chairman, Recruitment Committee	1990-Present

Other

Planning Committee Co-Chairman, 6th Annual Regional Meeting, Society for Teachers of Family Medicine (STFM)	Fall, 1986
Coordinator, Regional Conference, Society of Teachers of Family Medicine (STFM)	1986
Member, Ad Hoc Committee Regional Meetings (STFM)	1989

BIBLIOGRAPHY:

Publications:

Adams, WL, McIlvain, HE, Lacy, NL, Magsi, H, Crabtreet, BF, Yenny, SK, Sitorius, MA. Primary Care for Elderly People: Why Do Doctors Find It So Hard? The Gerontologist, Vol 42, No. 6, 835-842, 2002.

McIlvain, HE, Bobo, JK, Leed-Kelly A, Sitorius, MA. Practical Steps to Smoking Cessation in Recovering Alcoholics. American Family Physician. Vol. 8 (57), pp 1869-1976.

Daughton, DM, Rennard, SI, Susman, JL, Sitorius, MA. Confronting Cigarette Addiction: A Guide to Efficient Clinical Intervention. Int. Med. Vol. 15 (9), 1994

Susman, J., Sitorius, M., Schneider, M., Gilbert, C. Effect of a Substance Abuse Curriculum on the Recognition of Alcoholism by Family Medicine Residents. J. of Alcohol and Drug Ed. Vol. 38(1), pp. 98-105. 1992.

Rosenthal T., Maudlin R., Sitorius M., Florence J, Markowski G., Cleveland P., and Schneeweiss, R. Rural Training Tracks in Four Family Practice Residencies. Academic Medicine, Vol. 67 (10), pp 685-691. Oct. 1992.

O'Dell, D., Sitorius, M. A New Approach to Training Primary Care Physicians: A Four Year Combined Internal Medicine-Family Practice Residency for Seniors. Acad. Med., Vol. 67(2), pp 88-89. 1992.

Rosenthal T., Maudlin R., Sitorius, M., Florence J., Markowski, G., Cleveland, P., and Schneeweiss, R. Rural Training Tracks in Four Family Practice Residencies. Acad. Med., Vol. 67(10), pp 685-691. 1992.

Sitorius M.A. and Frickel R.A. Treating Obesity in Your Office. Patient Education in the Primary Care Setting. Proc. Tenth Annual Conference. September 15-17, 1989, Kansas City, MO.

Forney M.A., Forney P.D., Sheets K, Sitorius M., Rixey S., McGinty D., Smith S., and Yates M.L. The Relationship Between Stress and Substance Use Among First-Year Medical students: An Exploratory Investigation. Journal of Alcohol and Drug Education, January 1988.

Sitorius M. and Anderson B. Attention Deficit Disorders. Family Practice Recertification, Vol. 3, #6, pp. 59-75, June 1981.

Book Chapters:
Sitorius, M.A. Care of the Obese Patient. In: Taylor, TB, editor. Family Medicine: Principles and Practice, 5th Ed. New York: Springer-Verlag, 1998.

Sitorius, M.A. Health Maintenance During Adolescence. In: Manual of Family Practice. Oct. 1995

Sitorius M., and Mellion M. Medical Problems in Athletes. In: Sports Medicine for the Primary Care Physician. F.A. Davis Company - 1993.

Sitorius M., and Mellion M. General Medical Problems in Athletes. In: Team Physicians Handbook. Chapter 20, pp 161-178. 1989

Sitorius, M., and Kwikkel, M. Basketball Injuries. In: Team Physicians Handbook. Chapter 47, pp 530-541. 1989.

Editor:
Physician's Curriculum in Clinical Nutrition. A Competency-Based Approach For Primary Care. Group on Nutrition Education. Society of Teachers of Family Medicine. 1995

Posters:
Susman, J.L. and Sitorius, M.A. Resident Identification of Alcoholism on a Family Practice Inpatient Service. STFM National Conference.

Shell, L.B., Sitorius, M.A., Benschoter, R.A., Jones, L.C., Narducci, W.A., Lange, B.M., Bartee, R.D.,

Waldman, R.H. The Rural Health Education Network (RHEN) at the University of Nebraska Medical Center: An Innovative, Statewide Approach to the Education of Rural Health Professionals. AAMC Conference. November 1991.

Presentations:
Topics in Work Related Pulmonary Lung Disease. Sitorius, M.A., Von Essen, S., and Rom, W. 1991 Omaha Midwest Clinical Society Meeting. Omaha, NE. November 1, 1991.

Promoting, Not Preaching Prevention with Teens. Sitorius, M.A., Authier, J. 13th Annual Conf. on Patient Education. San Antonio, TX. November 21-23, 1991.

Promoting, Not Preaching Prevention with Teens. Sitorius, M.A., 17th Annual USAFP Conference, Oakland, CA. May 8-16, 1992.

Teens Do It: Who, What, Where, When, and Why. Sitorius, M.A., and Krier, J. 14th Annual Family in Family Medicine Conf. Amelia Island, FL. March 4-8, 1992.

Immunization Practices for the 1990s; Office Management of the Overweight Patient; Chemical Dependency/Acute Detoxification. Family Practice Seminar Update and Review Course. Hilton Head, SC. June 23-27, 1992.

Communicating with Teens About Alcohol and Drug Use. Sitorius, M.A., and Authier J. 12th Annual Patient Education Conf., Kansas City, MO. September 13-15, 1990.

Rural Residency Training in Nebraska. Sitorius, M.A., and Stageman, J.H. 24th Annual Spring Conf., STFM. Philadelphia, PA. May 4-8, 1991.

Fad Diets: Facts and Fallacies. Sitorius, M.A. Advances in Medicine Workshop. UNMC. Snowmass, CO. July 24-27, 1990.

Workshops on Substance Abuse Education for Family Physicians.
Philadelphia, PA. October 27-31, 1990
Kansas City, MO. November 10-14, 1990

Graduate Medical Education: The Challenge of Rural Training. Sitorius, M.A., and Moore, G.F. AAMC 1992 Annual Meeting. Council of Deans Program, Rural Health Plenary Session. New Orleans, LA. November 6-12, 1992.

Predictors of Cigarette Abstinence in a Family Practice Setting. Daughton, D.M., Belenky, S., Susman, J., Sitorius, M., Millatmal, T., Floreani, A.A., Larson, L., Romberger, D.J., Rennard, S.I. ALA/ATS Intentional Conference. Boston, MA. May 22-25, 1994.

Bedtime Smoking as a Measure of Cigarette Dependency. Belensky, S., Daughton, D.M., Susman, J., Sitorius, M., Von Essen, S., Rennard, S.I. ALA/ATS International Conference. Boston, MA. May 22-25, 1994.

Adolescent Health Care in the FPC. Nelson, G., Sitorius, M., Wolff, L. RAP Workshop, Kansas City, MO. March 7-9, 1994.
Agricultural Medicine - Farming: A Hazardous Occupation. Sitorius, MA, Hill, J. AAFP Scientific Assembly. Boston, MA. March 21-23, 1994.
Adolescent Health Care - Bridging the Gap - Practical Approaches to Common Problems. Sitorius, MA. University of Iowa College of Medicine Family Medicine Review Course. Iowa City, IA. March 9, 1995.

TEACHING

Workshops
Symposia for Primary Care Physicians - Contemporary Practice Issues for the Primary Care Physician in the Managed Care Environment
Miami, FL - March 22-23, 1997
New York City, NY - April 26-27, 1997
Washington, DC - July 11-13, 1997
San Diego, CA - August 15-17, 1997
Dallas, TX - November 14-16, 1997

UNMC Family Practice Review Course - Flexible Sigmoidoscopy
Spring 1995, 1996, 1997, 1998, 1999, 2000

Lectures/Small Groups
1. Lecture: "Normal Infant-First Year of Life" presented to participants of the Annual Family Practice Review Course. 1993, 94, 95, 96, 97, 98, 99, 2000, '01
2. Lecture: "The Future of Family Practice," and Telephone Management" presented to new Family Practice House Officers. 1992, 93, 94, 95, 96, 97, 98, 99, 2000, '01
3. Lecture: "TIA/Stroke" and "Chemical Detoxification" presented to the Inpatient Resident Team monthly.
4. Integrated Clinical Experience (ICE) Preceptor. UNMC. 1993-Present.
5. History/Physical Preceptor. UNMC. 1991-Present.
6. Organized integration and training of family practice residents from Offutt Air Force Base. 1992
7. Freshman medical student orientation group leader. UNMC. 1987-90.
8. Small group discussion leader for problem solving course. UNMC first and second year medical students. 1987-94.
9. Organized family practice resident teaching protocol for flexible sigmoidoscopy. UNMC.1987.
10. Organized family practice staff teaching protocol for flexible sigmoidoscopy. UNMC. 1986.
11. Small group leader, Medical Humanities. UNMC. 1985-90.
12. Organized and supervised family medicine OB audit committee. UNMC. 1984.
13. Organized and supervised family medicine clinic didactic sessions. UNMC. 1983-90.
14. Organized and supervised family medicine morbidity and mortality conference. UNMC. 1982-90.
15. Liaison to Methodist/Childrens Hospital for residency training of family practice residents. 1982-Present.
16. Organized and provided supervision of the one-month orientation for new family practice residents. UNMC. 1981-Present.
17. Physical diagnosis preceptor for second year medical students. 1981-Present.
18. Liaison to Methodist/Childrens Hospital for Residency Training of Family Practice Residents. 1982-Present.

19. Organization and Ongoing Supervision of One Month Orientation for New Family Practice House Officer (Interns). July 1981-1990.
20. Organized and supervised Department Morbidity and Mortality Conference. 1982-1990.

Committee on Agriculture
U.S. House of Representatives
Required Witness Disclosure Form

House Rules* require nongovernmental witnesses to disclose the amount and source of Federal grants received since October 1, 2006.

Name: Michael A. Sitorius, M.D.
Address: Department of Family Medicine
University of Nebraska Medical Center
983075 Nebraska Medical Center
Omaha, NE 68198-3075
Telephone: (402) 559-5279

Organization you represent (if any): Self

1. Please list any federal grants or contracts (including subgrants and subcontracts) you have received since October 1, 2006, as well as the source and the amount of each grant or contract. House Rules do NOT require disclosure of federal payments to individuals, such as Social Security or Medicare benefits, farm program payments, or assistance to agricultural producers:

Source: HRSA – Department of Health and Human Services Amount: $1,246,500.00
AHEC, Grant # U76HP00592, dated 01/07/2009

2. If you are appearing on behalf of an organization, please list any federal grants or contracts (including subgrants and subcontracts) the organization has received since October 1, 2006, as well as the source and the amount of each grant or contract:

Source:_____ Amount: _____

Please check here if this form is NOT applicable to you: _____

Signature: _____
Michael A. Sitorius, M.D. 8/13/09

* Rule XI, clause 2(g)(4) of the U.S House of Representatives provides: Each committee shall, to the greatest extent practicable, require witnesses who appear before it to submit in advance written statements of proposed testimony and to limit their initial presentations to the committee to briefs summaries thereof In the case of a witness appearing in a nongovernmental capacity, a written statement of proposed testimony shall include a curriculum vitae and a disclosure of the amount and source (by agency and program) of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two previous fiscal years by the witness or by any entity represented by the witness.

PLEASE ATTACH DISCLOSURE FORM TO EACH COPY OF TESTIMONY.