

Faculty biosketch

Name: A.John Orzano, MD, MPH

Undergraduate school: Georgetown University

Graduate school: Georgetown U Medical School; UMDNJ School of Public Health and Rutgers, the State U of NJ

Residencies: Family Medicine Hunterdon Medical Center

Fellowships: UMDNJ-RWJMS Primary Care/Health Services Research Fellowship

Board certification: American Board of Family Practice 1976-2008, American Board of FP, Certificate of Added Qualification in Geriatric Medicine, 1988-2008

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Key publications:

Flocke SA, **Orzano AJ**, Selinger HA, Werner JJ, Vorel L, Nutting PA, Stange KC. Does Managed Care Restrictiveness Affect the Delivery of Primary Care. J Fam Pract. 1999;48:762-768 1999.

Orzano AJ, Gregory PM, Nutting PA, Werner JJ, Flocke SA, Stange KC. Care of the Secondary Patient in Family Practice. J Fam Pract. 2001;50:113-116.

Scott J, Cohen D, DiCicco-Bloom B, **Orzano AJ**, Jaen C, Crabtree B. Antibiotic Use in Acute Respiratory Infections and the Ways Patients Pressure Physicians for a Prescription. J Fam Pract. 2001;50:853-858.

Scott J, **Orzano AJ**. Evaluation and Treatment of the Patient with Acute Respiratory Tract Infection: An Applied Evidence Review. J Fam Pract. 2001;50:1070-1077.

Kairys J, **Orzano J**, Gregory P, Stroebel C, DiCicco-Bloom B, Roemheld-Hamm B, Kobylarz F, Scott J, Coppola L, Crabtree B. Assessing Diversity and Quality in Primary Care through the Multimethod Assessment Process (MAP). Quality Management in Health Care. Summer 2002, 10(4):1-14.

Scott J, Cohen D, DiCicco-Bloom B, **Orzano AJ**, Gregory P, Flocke S, Maxwell L, Crabtree B. Speaking of Weight: How Patients and Primary Care Clinicians Initiate Weight Loss Counseling Prev Med 2004;38(6):819-827.

Orzano AJ, Scott JG. Diagnosis and Treatment of Obesity: An Applied Evidenced Based Review. J Am Board Fam Pract 2004;17:359-69.

Orzano AJ, Cohen D, Scott J, Crabtree B. Closing the vaccine gap among toddlers in NJ family physicians' practices. J Okla State Med Assoc 2005;98(9):436-440.

Scott J, Tallia A, Crosson J, **Orzano A.J**, Stroebel C, DiCicco-Bloom B, O'Malley D, Shaw E, Crabtree B. Social Network Analysis as an Analytic Tool for Interaction Patterns in Primary Care Practices. Ann. Fam. Med, Sep 2005; 3: 443 - 448.

Orzano AJ, Tallia AF, Nutting PA, Scott-Cawiezell J, Crabtree BF. Are Attributes of Organizational Performance in Large Health Care Organizations Relevant in Primary Care Practices? Health Care Manage Rev 2006;31(1):2-10

Honors, awards, community service:

Phi Beta Kappa

Quality Assurance FP RWJ 1998-

Network Research Com.(Dept. FP) 1995-96

Outstanding Practice-Ambulatory Sentinel Practice Network, 1995,

Ambulatory Sentinel Practice Network (Board-1997-2000)

RWJ Research Day Com 2002

Reviewer for Annals of Family Medicine 2002-

VHA (Voluntary Hospital Association) Complexity Leadership and Learning Network 1996-2000

Plexus Institute (Enhancing the Health of Organizations, People and the Environment by Applying the Organizing Principles of Nature 2001-2004

Comments:

My background has taken me on many paths that now places me at an exciting crossroad to integrate my 20 years of community practice experience and my recently developed research skills. Some would suggest that family practice is at a crossroads. They invoke a paradox: Family practice is so easy no one can do it, yet so hard no one can do it. Granted these are uncertain times and the health system environment is rapidly changing. However the “work” and “workplace” of family practice has always been uncertain and changing, yet constant. The constant of family practice is relationships. Relationships with patients, families, and communities. William Carlos Williams elegantly put a voice to this essence of the paradox that produces health and healing.

Although “the times they are a’ changing,” the capacity to produce health and healing never resided solely in the physician nor the exam room, but in the entire web of practice, community, and other health system relationships. While maintaining the paradox, my line of inquiry in collaboration with a transdisciplinary team is to work with community practices as organizations—as a web of relationships. Our focus is to assist practices to impact their performance by facilitating the natural processes of knowledge sharing and creation to influence workplace relationships in ways that enhance learning and decision-making.

My less than traditional path to the crossroads hopefully positions my collaborative team for success in this new journey. John Fry said it best, “much to offer and even more to hope.”