HIV/AIDS Center Community Outreach

The HIV/AIDS Center, under the direction of Lisa Kaplowitz, M.D., Associate Professor, Division of Quality Health Care, has developed some highly successful community outreach programs.

The Faith Initiative is a community-based coalition of African-American churches in Richmond. The Center has worked closely in the development of a Faith Initiative for HIV Prevention in the African-American community. With assistance and support from the HIV/AIDS Center, the Faith Initiative has obtained federal (CDC) and state funding for HIV prevention activities. The Center is now working to assist the church community in Petersburg in developing a similar initiative.

The VCU HIV/AIDS Center was awarded funding for an HIV outreach project in Petersburg and South Richmond as of July 1, 1999. This project is funded through Title III of the Ryan White CARE Program of the Health Resources and Services Administration (HRSA), at a level of $400,000 per year for at least three years.

Dr. Kaplowitz is the Principal Investigator for this Title III Project in Petersburg and South Richmond entitled TIPS. The project funds a nurse practitioner, social worker, project coordinator, project manager, data manager and part of a physician’s time, as well as providing funds for laboratory tests and supplies. The goal of TIPS is to identify new persons with HIV infection in Petersburg and South Richmond, enroll them in medical care promptly and provide optimal medical and social support services. The project is moving ahead and already enrolling new patients with HIV infection. The three sites for the project are the Petersburg Health Care Alliance (now a federally funded Community Health Center), the Arthur Ashe Program at the Hayes E. Willis Health Center (already an HIV/AIDS Center administered program) and Crosstown Health Center. These areas have populations with high rates of HIV infection and are at significant risk for HIV. The TIPS project will collaborate closely with the MCVH Infectious Disease Clinic.

Another major outreach program for the HIV/AIDS Center is HIV care within the Department of Corrections, now being provided largely through telemedicine. Dr. Edward Wong, Associate Professor, Division of Infectious Diseases, Dr. Evelyn Fisher, Associate Professor, Division of Infectious Diseases, and Dr. Kaplowitz monitor the quality of care provided through telemedicine for this program.

In Memoriam: Dr. Edward W. Moore

Dr. Edward Moore, retired faculty member of the Division of Gastroenterology and Hepatology, recently passed away. Dr. Moore was a faculty member from 1970 until 1998. In his distinguished career, Dr. Moore helped to establish the Center for Ulcer Research and Education from his service with the NIH study section on peptic ulcers. He served on the editorial board of Gastroenterology and served as a reviewer for 15 other professional journals, including the New England Journal of Medicine. In the 1970s, Dr. Moore served as a consultant to NASA, the Food and Drug Administration, and the Federal Trade Commission.

The goal of TIPS is to identify new persons with HIV infection in Petersburg and South Richmond, enroll them in medical care promptly and provide optimal medical and social support services.

In Memoriam: Dr. Edward W. Moore

Dr. Edward Moore, retired faculty member of the Division of Gastroenterology and Hepatology, recently passed away. Dr. Moore was a faculty member from 1970 until 1998. In his distinguished career, Dr. Moore helped to establish the Center for Ulcer Research and Education from his service with the NIH study section on peptic ulcers. He served on the editorial board of Gastroenterology and served as a reviewer for 15 other professional journals, including the New England Journal of Medicine. In the 1970s, Dr. Moore served as a consultant to NASA, the Food and Drug Administration, and the Federal Trade Commission.

The goal of TIPS is to identify new persons with HIV infection in Petersburg and South Richmond, enroll them in medical care promptly and provide optimal medical and social support services.
On July 1, 1999, the Department of Internal Medicine initiated the Hospitalist Program, a program of dedicated inpatient specialists. Included in the Program are Dr. Clay Beveridge, Dr. Raj Garg, Dr. Andy Pinson, and Program Medical Director, Dr. Steve Freer. Now more than six months into the new Program, Progress Notes asked Dr. Freer to report on the Program’s experience.

PN: The Hospitalist Program has some ambitious goals: improved continuity of care, improved working relations with the nursing staff, improved patient and family satisfaction, reduced length of stay and use of resources. What evidence have you seen that the Program is achieving some or all of these goals?

Dr. Freer: Some of these goals are difficult to quantify, and others require substantial lead time to collect and analyze the data. We are currently analyzing data from the first six months of the program to attempt to answer some of these questions. The housestaff seem to like the added time that the attendings have to devote to patient-related issues and teaching. The hospitalists take responsibility for arranging post-discharge follow-up by speaking directly with the primary care providers at the time of discharge, so continuity of care is better served. We believe this will prove to be a cost-effective model for inpatient care. Some goals, such as retaining some faculty of the responsibility for inpatient care for those who are more effective at other clinical sites, defies valuation.

PN: What difficulties or challenges has the Hospitalist Program presented and how have you been able to address them?

Dr. Freer: As with any new program, getting people to understand what it is we are trying to achieve, and the limits of the resources with which we can achieve them, is a challenge. There was a lot of early debate about faculty and just what the purpose of the program was, and how it should best be deployed. It is an ongoing challenge to convince entities that are very bottom-line oriented that all of the benefits of a program like this may not accrue immediately, and not necessarily in dollars. We have not arrived at the best means for integrating the hospitalists into the admissions rotations with the housestaff teams, although this year’s experience has taught us some things about that. Also, we have to be cautious that our hospitalists are not overloaded, not at risk for early burnout.

PN: Can you share one or two cases where the program has worked better than expected?

Dr. Freer: One thing that comes immediately to mind is the excellent service we have provided to individual faculty members who want to admit a patient directly to the Hospitalist service. This situation ... of the responsibility for inpatient care for those who are more effective at other clinical sites, defies valuation.

Some of these goals are difficult to quantify, and others require substantial lead time to collect and analyze the data. This year’s experience has taught us some things about that. Also, we have to be cautious that our hospitalists are not overloaded, not at risk for early burnout.

PN: What evidence have you seen that the Program is achieving some or all of these goals?

Dr. Freer: Some of these goals are difficult to quantify, and others require substantial lead time to collect and analyze the data. We are currently analyzing data from the first six months of the program to attempt to answer some of these questions. The housestaff seem to like the added time that the attendings have to devote to patient-related issues and teaching. The hospitalists take responsibility for arranging post-discharge follow-up by speaking directly with the primary care providers at the time of discharge, so continuity of care is better served. We believe this will prove to be a cost-effective model for inpatient care. Some goals, such as retaining some faculty of the responsibility for inpatient care for those who are more effective at other clinical sites, defies valuation.

PN: How will you continue to develop the Program? Where do you envision the Program a year from now?

Dr. Freer: We actually have a nursing satisfaction survey underway right now, so I should be able to answer that question more specifically in a few months. Anecdotally, I can say that the nurses with whom I have spoken like having the access to the attendings and the extended presence of the hospitalist attendings beyond morning rounds. Out of the crucible of extreme challenges, unpredictable opportunities arise. The setbacks related to the concerns raised by the Office of Protection of Research Risks (OPRR) at the NIH have stimulated important additions to the research infrastructure at VCU. A more responsive and effective IRB, a modern information system to track grants and projects efficiently, and an increase in the size of the support staff are examples. We now have an unusual opportunity to reexamine our research missions globally, and remove any barriers facing investigators in pursuit of research.

In the flurry of activities during the post holiday season in response to the OPRR, it was quite obvious that members of the Department of Internal Medicine stepped forward to volunteer their time and expertise. I would especially commend the efforts of Dr. Anton Schoorsch, Director of the Clinical Trials Institute, and Lisa Balance, Administrator of the Clinical Trials and Outcomes Research Institutes, Dr. Robert Dews, Dr. John Cloos, Director of the General Clinical Research Center, Dr. John Roberts, Dr. Gordon Rider, Director of the Massey Cancer Center, and our Division Chairs. Furthermore, the patience of anxious investigators – worried about an interruption in funding or patient enrollment – is remarkable. You marched shoulder to shoulder in the best tradition of academic medicine and in the best interest of the University.

Research is a critical mission for our Department, the lifeline of our national and international reputation. We look forward to moving to a new plateau of excellence and infrastructure for supporting our investigations.

Richard P. Wenzel, M.D., M.Sc.
William Branch Porter Professor and Chairman

The Virginia Chapter of the American College of Physician-American Society of Internal Medicine (ACP-ASIM) is holding its annual meeting at the Hotel Roanoke on March 10th and 11th.

This year the meeting will feature an "Internists as Artists" exhibition. The exhibition committee is being chaired by Dr. Dugan W. Maddux. Those faculty interested in exhibiting paintings, photographs, sculpture, drawing, poetry, or music may enter the exhibition. Dr. Maddux has requested that an entry form be sent to her by February 10, 2000, with a brief description of the work. Entry forms can be obtained from Michael Barnes, 828-5548, or Dr. G. Watson James, 828-9723, or you may contact Dr. Maddux herself at (804) 797-2295, or mailed to:

Dr. Dugan W. Maddux
1040 Main St.
Danville, Virginia 24541

The mission is being organized under the auspices of the American Medical Student Association (AMSA).

Interested persons should contact Deb Koehn at samwu@mindspring.com or call (804) 569-6014. The mission will be held on the campus of the University of Virginia in Charlottesville.

Organizations

Neustros Perquenos Hermanos (Our Little Brothers) is a charitable organization serving orphaned and abandoned children in Honduras, Mexico, Haiti, Nicaragua, Guatemala, and El Salvador. NPH is organizing a mission to the NPH Orphanage in Honduras, July 10–24, 2000. They are seeking physicians interested in accompanying a group of NPH medical students, who will provide care to residents and the local community. The physicians will provide supervision and teaching to the medical students. Spanish is not required once the group will have interpreters at all times.

Interested persons should contact Deb Koehn at samwu@mindspring.com or call (804) 569-6014. The mission is being organized under the auspices of the American Medical Student Association (AMSA).
In Memoriam: Dr. Edward W. Moore

Dr. Edward Moore, retired faculty member of the Division of Gastroenterology and Hepatology, recently passed away. Dr. Moore was a faculty member from 1970 until 1998. In his distinguished career, Dr. Moore helped to establish the Center for Ulcer Research and Education from his service with the NIH study section on peptic ulcers. He served on the editorial board of Gastroenterology and served as a reviewer for 15 other professional journals, including the New England Journal of Medicine. In the 1970s, Dr. Moore served as a consultant to NASA, the Food and Drug Administration, and the Federal Trade Commission.

The goal of TIPS is to identify new persons with HIV infection in Petersburg and South Richmond, enroll them in medical care promptly and provide optimal medical and social support services.

HIV/AIDS Center Community Outreach

The VCU HIV/AIDS Center was awarded funding for an HIV outreach project in Petersburg and South Richmond as of July 1, 1999. This project is funded through Title III of the Ryan White CARE Program of the Health Resources and Services Administration (HRSA), at a level of $400,000 per year for at least three years.

Dr. Kaplowitz is the Principal Investigator for this Title III Project in Petersburg and South Richmond entitled TIPS. The project funds a nurse practitioner, social worker, project coordinator, project manager, data manager, social worker, and part of a physician’s time, as well as providing funds for laboratory tests and supplies. The goal of TIPS is to identify new persons with HIV infection in Petersburg and South Richmond, enroll them in medical care promptly and provide optimal medical and social support services.

The project is moving ahead and already enrolling new patients with HIV infection. The three sites for the project are the Petersburg Health Care Alliance (now a federally funded Community Health Center), the Arthur Ashe Program at the Hayes E. Willis Health Center (already an HIV/AIDS Center administered program) and Crossover Health Center. These areas have populations with high rates of HIV infection and are at significant risk for HIV. The TIPS project will collaborate closely with the MCVH Infectious Disease Clinic.

Another major outreach program for the HIV/AIDS Center is HIV care within the Department of Corrections, now being provided largely through telemedicine. Dr. Edward Wong, Associate Professor, Division of Infectious Diseases, Dr. Evelyn Fisher, Associate Professor, Division of Infectious Diseases, and Dr. Kaplowitz monitor the quality of care provided through telemedicine for this program.