

VCU Department of Internal Medicine

PROGRESS NOTES

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Message from the Chair

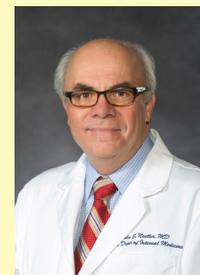
The Department of Internal Medicine welcomes you to the new look for Progress Notes, our departmental newsletter. I believe you will agree with me that it is engaging and visually attractive, and we are going “green” by sending it out only electronically. The goal of Progress Notes is to enhance communications amongst ourselves. The Department is a large entity, comprising one quarter of the faculty of the School of Medicine, and I am often surprised to discover how unaware faculty members in one division may be about the activities and accomplishments of their colleagues in other divisions. Progress Notes is one more step toward broad and transparent communication.

This is your newsletter. So, please, let us know what additional features you would like to see incorporated. Any suggestions for improvement are welcome, and should be submitted to Robert Jefferson at rjefferson2@vcu.edu.

In this issue, we highlight four different programs:

- the Department’s new **Quality and Performance Improvement Program**, directed by **Dr. Sarah Hartigan**;
- the new **VCU Pauley Heart Valve Center**, established by **Dr. Zachary Gertz**;
- the **clinical and research Sickle Cell program**, directed by **Dr. Wally Smith**; and
- the **Palliative Care Program**, directed by **Dr. Egidio Del Fabbro**.

All four programs exemplify a common attribute, namely innovation. All four are exciting programs that reflect the Department’s commitment to excellence in the delivery of cutting-edge clinical care of the highest quality and safety. We also highlight one of our administrative staff, Rachel Van Hart, whose efforts as Senior Fellowship Coordinator in our Office of Educational Affairs have greatly advanced the administration and operations of our many fellowship programs. Additionally, you will find updates from the Associate Chair for Education, **Dr. Stephanie Call**, and the Associate Chair for Research, **Dr. Shobha Ghosh**.



John E. Nestler, MD
Department Chair

New Strategies for Excellent Care in Internal Medicine

As an academic department within an urban, comprehensive and advanced medical center, the Department of Internal Medicine provides care to a high volume of complex patients. In an effort to address that challenge, the department instituted its own **Quality and Performance Improvement Program** last year.

The director of the program is **Dr. Sarah Hartigan**, Assistant Professor and Hospitalist in the Division of General Internal Medicine, as well as recent graduate of the Intermountain Healthcare Advanced Training Program in Quality Improvement.

“Quality Improvement represents a fundamental shift in our idea of the work of healthcare. It is a commitment to the continuous pursuit of clinical and service excellence by driving change at the system level, rather than focusing on the performance of an individual clinician,” Dr. Hartigan explains. Each of the Department’s ten clinical divisions has a physician who serves as a Quality Improvement Representative and reports to Dr. Hartigan. This group of representatives meets



Dr. Sarah Hartigan is a Hospitalist in the Division of General Internal Medicine and is Director of Internal Medicine’s new Quality and Performance Improvement Program.

monthly to identify ways to enhance the quality of care across the entire department and assess the effectiveness of their efforts.

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The largest collaborative effort the group is undertaking is aimed at improving inpatient mortality. To do this, the group has initiated structured reviews of all deaths in the Department of Internal Medicine. To date, they have identified several opportunities for improvement and have ongoing efforts to address these, including:

- Safe management of high risk medications, especially anticoagulants (**Dr. Alice Wong**) and opiates (**Dr. Michael Bradley & Dr. Betsy Miller**).
- Ensuring evidence-based care of the septic patient (Partnership with an ongoing project led by **Dr. Evan Meadors** and the Performance Improvement Department)

The group is also focusing on publicly reported quality measures. “With the initiation of the CMS Hospital Readmissions Reduction Program, VCUHS faces reduced payments for excess readmissions, particularly for congestive heart failure patients,” says Dr. Hartigan. **Dr. Keyur Shah** has led an interdisciplinary effort to analyze current barriers to patient-centered care for this high-risk population. In partnership with the Performance Improvement Department, he has developed a proposal for expanding continuity of care to these patients through an innovative shared medical appointment model.

In addition to focusing on publicly reported and externally mandated quality measures, Dr. Hartigan believes the department must also prioritize local improvement efforts. To this end, the hospitalist medicine service has developed an initiative to ensure patient centered, high value care for their diabetic patient population. The project is led by **Dr. Michelle Brooks** in partnership with the Division of Endocrinology and Metabolism. Currently, they are working to develop a more structured, collaborative approach to delivering patient education and ensuring seamless transitions of care for diabetic patients. In the next year, they will focus on improving inpatient glycemic control through use of protocols that reduce variation and ensure evidence-based practice.

Part of the success of these efforts will come from arming the department’s physicians with the necessary tools for success, including relevant internal performance data. “Like many other institutions with integrated electronic medical records systems, we are data rich but information poor. We must find a way to leverage the power of the EMR to provide front-line clinicians with real-time, meaningful data,” says Dr. Hartigan. The institution is working to create this type of data system. Dr. Hartigan hopes that this will empower all providers to participate in the department’s quality improvement mission. **IM**

Structural Heart Disease Specialist Leads New Program

Dr. Zachary Gertz (M.D., MBE) joined the VCU Department of Internal Medicine Division of Cardiology and Pauley Heart Center last year after completing his Cardiology Fellowship at the University of Pennsylvania. Upon his arrival, Dr. Gertz established VCU’s first structural heart disease program, the **VCU Pauley Heart Valve Center**. This allows the Division of Cardiology and Pauley Heart Center to offer catheterization procedures that repair a variety of structural heart issues without surgery, such as abnormal heart valves, holes and other problems.

Among the procedures Dr. Gertz performs is one that is new to VCU and recently approved by the FDA. This procedure is known as **Transcatheter Aortic Valve Replacement (TAVR)**. The valve replacement involves inserting a valve on a stent through an IV in the femoral artery of the patient’s leg and anchoring the new valve inside the old aortic valve. Dr. Gertz performs the TAVR procedure in partnership with **Dr. Derek Brinster** of the VCU Department of Surgery.

Significantly, TAVR allows physicians to repair a patient’s aortic valve without open heart surgery, exhibiting similar results as surgery, yet drastically reducing hospital length-of-stay (the average time is 4-7 days). In published clinical studies, TAVR has shown a large mortality improvement in patients who are not candidates for traditional surgery. Currently, it is performed in less than one percent of hospitals in the US. Furthermore, Dr. Gertz brings unique experience in this procedure as he trained at the University of Pennsylvania, one of the first sites in the country to test TAVR.

Currently, TAVR is only approved for patients with increased risk for surgery who do not qualify for open heart surgery – mostly elderly patients with multiple illnesses. However, as clinical trials



Dr. Zachary Gertz joined VCU in 2012 and established VCU’s new structural heart disease program, the VCU Pauley Heart Valve Center.

continue, it is expected that the procedure will be approved for patients with moderate surgery risk in the near future .

Looking forward, Dr. Gertz is excited to seek out new procedures for the Structural Heart Program to investigate and provide to our patients. “The program should be partnering in the fall with **Dr. Keyur Shah** of the Division of Cardiology to work on a new technique to treat post heart attack patients with enlarged hearts.”

One of the most immediate tasks for the new Structural Program is the establishment of a robust referral network. “I am constantly working to build a referral network, and we have a structural clinic every week and strive to take patients immediately,” says Dr. Gertz. “I want people to know we are very happy to take care of all sorts of complex issues.” **IM**

Leading the Fight against Sickle Cell Disease in Virginia

Last September, the Division of General Internal Medicine in VCU's Department of Internal Medicine was awarded a five-year grant for **\$3.1 million for research in overcoming barriers to health care among adults with Sickle Cell Disease (SCD) in Virginia**. The grant was awarded by the National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health. **Wally Smith, M.D.**, Professor of Internal Medicine and Scientific Director of the VCU Center on Health Disparities, is the principal investigator for this award.

Dr. Smith notes that SCD is a genetic hemoglobinopathy that causes severe, disabling pain throughout the body, immune deficiencies and death from infection, and chronic organ failure, as well as anemia. He reports that SCD has been historically under-researched, underfunded, and undertreated: "The problem with SCD is that it is both rare and prevalent in historically disenfranchised populations. So it is almost invisible to the American eye. For example, we do not know how many people in the United States have SCD."

Interestingly, the patient landscape of SCD is changing. Whereas it has traditionally been called an African-American disease in the US, mixed race relationships and trans-continental migration are now more common than in the 1970s when SCD first received national attention. Dr. Smith notes, "The disease has literally 'changed color.' Every state now screens every newborn in every hospital for SCD. I currently have a white patient, and several Middle Eastern patients."

In response to the undertreatment of this disease, Dr. Smith, as well as collaborators at Eastern Virginia Medical School and Children's Hospital of the King's Daughters, are employing a new strategy to disseminate the only available drug to treat SCD. "We are trying to see if patient navigators (or lay health workers) and a public health strategy will work," said Dr. Smith. He also adds "We now have a drug with FDA approval and a federal public mandate to utilize it more: Hydroxyurea." Hydroxyurea is the only FDA-approved effective anti-sickling drug. It is well researched with 20 years of study of its use in SCD.

Dr. Smith's project targets patients in a large portion of Virginia, not just Richmond. There are two phases to the project: phase one aims to identify and increase the percentage of adults with SCD who are in specialty care, and phase two aims to increase awareness, use, and adherence to use of Hydroxyurea amongst eligible patients.



Dr. Wally Smith, Professor of Medicine and Scientific Director of the VCU Center on Health Disparities, is the principal investigator on an award from the National Heart, Lung and Blood Institute for research in overcoming barriers to Sickle Cell Disease treatment.

What makes this project unique and unlike any the Blood Disease branch of NIH has sponsored before is that it randomizes patients to two groups, only one of which is assigned patient navigators (or lay-health workers) trained in SCD in order to help them.

Since receiving the award last year, Dr. Smith and his collaborators have been working diligently to implement the planned project. While it is still early in the project, they have created an educational curriculum to train patient navigators. "Because this type of worker is new, there are few curricula. We developed one from scratch," said Dr. Smith. Following curriculum development, patient navigators in Richmond and Norfolk were hired. Phase one of the project is already well underway. "We are having fun learning about how to do public health for SCD and to get information about treatment to the public," reported Dr. Smith.

Another significant development in the project is that the Center for Disease Control and Prevention learned of the work being done at VCU by Dr. Smith and has requested a July meeting to learn more about the project. The CDC recently recognized how little understood and undertreated SCD is, and has launched dissemination projects in several states. This meeting will allow the CDC and VCU to potentially join forces to effectively identify and treat patients who suffer from SCD. "We are extremely excited about this," said Dr. Smith. "This is big, because the CDC's attention to a particular project spells potential national significance. With Navigators on the ground and the CDC on board, we are excited about future advances in Sickle Cell Disease." **IM**

Staff Spotlight: Rachel Van Hart, Senior Fellowship Coordinator

Rachel Van Hart is the Senior Fellowship Coordinator in Internal Medicine's Office of Educational Affairs. She leads the team of three fellowship coordinators and together they oversee the twenty fellowship programs of Internal Medicine's ten divisions. Rachel has played a key role in the advancement of the fellowship programs.

Rachel is responsible for coordinating the following fellowship programs:

- Endocrinology and Metabolism
- Hematology/Oncology
- Hospice and Palliative Medicine
- Pulmonary Critical Care Medicine
- Interventional Pulmonology
- Geriatric Medicine
- Nephrology (interim)
- Nephrology Transplant (interim)



Rachel Van Hart
Senior Fellowship
Coordinator

A coordinator's primary responsibility is to support the logistical and operational needs of the fellowships to which they are assigned. This includes assuring that accreditation requirements for the program are met and documented as well as ABIM requirements that determine each fellow's eligibility to sit for their certifying boards. Coordinating well requires organizing well, communicating effectively and anticipating needs. Challenges include managing multiple fellowships, multitasking and not being located conveniently to each fellowship program.

Beyond meeting the basic needs of the fellowships, Rachel has done considerable work to create infrastructure for the fellowship coordination process. She has developed workflow, documentation, and operational manuals for the cycle of the fellowship. Rachel helped the Hematology/Oncology Program and the Palliative Program develop and implement innovative communications training in partnership with the theater program at VCU.

Additionally, Rachel has played a key part in restructuring coordination of Internal Medicine's fellowship programs. In August 2011, Dr. Stephanie Call, the Associate Chair for Education in the Department of Internal Medicine, centralized Internal Medicine's coordination of the fellowship programs. This shift in program coordination was one of the first of its kind in the nation and is a truly innovative model for other institutions. Dr. Call notes, "Rachel has played an integral and key leadership role in the centralization of the fellowship coordination and now serves as the senior fellowship coordinator."

Prior to centralizing, coordinators served within single divisions and split time between coordinating fellowship programs and completing administrative tasks for the division. "Before, clinical demands competed with fellowship demands," recalls Rachel. "This system allows us to develop specific knowledge and share resources better." While the new system still presents challenges, the fellowship directors surveyed 18 months after the change gave primarily positive responses to the new coordination structure.

Given her unique experience in this structure, Rachel presented at this year's national conference for the Association of Program Directors in Internal Medicine on the model of centralized coordination for fellowships. "Rachel wrote the workshop proposal and led the development of the workshop and the final presentation," says Dr. Call, "She is becoming a national expert in the role."

While helping to meet the daily needs and leading innovation of the fellowship programs is inherently challenging, Rachel says she enjoys the work specifically because it provides challenges. She explains, "My passion is more toward innovating approaches to education. This is a position where I can make a long term impact."

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Update from the Associate Chair for Research

The goal of the Office of the Associate Chair for Research is to advance the research mission of DOIM. Over the past year, several initiatives were taken to pursue and achieve this objective.

Given the widely interdisciplinary nature of the current research in our Department and narrow focus of the Division-based research descriptions, we created a dedicated web page that catalogues the cross-disciplinary research topics and disease processes being pursued within Internal Medicine. Our goal is to not only highlight the current studies conducted by the Internal Medicine faculty but also to facilitate future collaborations. To encourage Fellows and Junior faculty, we created the newly developed internal evaluation committee in order to streamline the process of requesting and securing protected time to pursue research. Furthermore, the administrative processes for grant submission were simplified and displayed on the dedicated web pages.

In an effort to position the DOIM faculty research interests in line with the changing emphasis of NIH on multiple PI/multidisciplinary research, we initiated a dialogue with other

VCU departments to help us tap the existing expertise and resources and thereby enhance the scope of proposed research. We have also planned dedicated Quarterly Research Forums. These will bring together investigators from different Divisions, Departments, and Schools with common research focus and expertise. Our first Research Forum topic will focus on Inflammation and Metabolic disease. The first Forum will take place on Wednesday, September 4. We expect this initiative to capitalize on various strengths within VCU and facilitate collaborative research.

It is the hope of this office that by streamlining the administrative processes and enhancing communication within the VCU scientific community, the goals of augmenting the research mission of DOIM will be achieved.



Shobha Ghosh, PhD
Associate Chair for Research

Update from the Associate Chair for Education

Summer is always an exciting time in our training programs - time for graduation and bringing in new trainees. This year, the core program is graduating 29 trainees, many of whom are going off to do fellowships at institutions across the country. Notably, the Department of Internal Medicine is graduating its first trainee from the new Global Health and Health Care Disparities program (GH2DP), a new pathway directed by **Dr. Mike Stevens**. Trainees in this pathway work extremely hard over their final two years of training to meet requirements such as global health research projects, graduate level courses, online course work and other educational activities. They also participate in at least one global health experience in another country and in other settings. Our first graduate of the program is **Dr. Jeff Wang**.

We also have many trainees completing fellowship training, off to take the next step in their career paths, whether it be private practice or academic pursuits. All of our trainees have worked hard this year and accomplished much in their academic endeavors. The Department of Internal Medicine trainee scholarship publication pamphlet this year is 36 pages long and includes national and international presentations at prestigious conferences, publications of manuscripts at highly rated journals, and other scholarly work. One trainee this year pursued a unique scholarship opportunity, designing and running a randomized controlled trial in the medical education setting of the Internal Medicine training program, studying the use of an innovative teaching technique, Team Based Learning or TBL. **Dr. Steven**

Bishop not only accomplished this project, funded by the national AOA association, but also published eight online medical education curricula on MedEdPortal, a peer reviewed curriculum publication site.

At our annual graduation and recognition ceremony, we recognized all of our graduates and the scholarly work of our trainees. We also recognized a great group of faculty with teaching awards. Lastly, we recognized our residents and fellows for teaching and scholarly endeavors.

Next it is time to welcome our new trainees! New residents arrived on campus on June 19th to start GME orientation and then participate in an institution-wide, patient-centered conference entitled Walk the Walk. These trainees “hit the wards” on July 1. The core program is proud of its match this year and is excited to welcome a very diverse group of interns from all over the country! Our fellowships welcomed their new trainees on July 1 when the new fellows started leadership training in patient-centered care in the institution-wide Lead the Walk conference. We are proud that many of our new fellow trainees were recruited from our own program and look forward to meeting those recruited from outside VCU.



Stephanie Call, MD, MSPH
*Director, Internal Medicine
Training Program; Associate
Chair for Education*

Welcome to Our New June and July Faculty

Chathur Acharya, M.D. is joining the Division of General Internal Medicine and comes to VCU from the University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania.

Kimberley Ackerman, M.D. is joining the Division of General Medicine and comes to VCU from Texas A&M Scott & White HealthScience Center in Temple, Texas.

Nauman Chaudary, M.D. is joining the Division of Pulmonary Disease and Critical Care Medicine and comes to VCU from the University of Mississippi Medical Center in Jackson, Mississippi.

Adam Garber, M.D. is joining the Division of General Medicine Internal and comes to VCU from Duke University in Durham, North Carolina.

Charles E. Geyer, Jr., M.D., F.A.C.P. is joining the Division of Hematology, Oncology and Palliative Care and comes to VCU from the Simmons Comprehensive Cancer Center at the University of Texas Southwestern Medical Center in Dallas, Texas.

Manpreet Malik, M.D. is joining the Division of General

Internal Medicine and comes to VCU from University of Pittsburgh Medical Center in Pittsburgh, Pennsylvania.

Scott C. Matherly, M.D. is joining the Division of Gastroenterology, Hepatology and Nutrition and received his fellowship training at VCU.

Khalid Matin, M.D., F.A.C.P. is joining the Division of Hematology, Oncology and Palliative Care and comes to VCU from Roswell Park Cancer Institute in Buffalo, New York.

Jaideep Patel, M.D. is joining the Division of General Internal Medicine and comes to VCU from MedStar Franklin Square Medical Center in Baltimore, Maryland.

Asit Paul, M.D., Ph.D. is joining the Division of Hematology, Oncology and Palliative Care and comes to VCU from the Moores Cancer Center at the University of California San Diego in La Jolla, California.

Mohammad Rajab, M.D. is joining the Division of Cardiology and comes to VCU from Carney Hospital in Boston, Massachusetts.

Palliative Care Program Becomes First in VA to Receive Accreditation

In January 2013, the Palliative Care program of the Division of Hematology, Oncology and Palliative Care was awarded The Joint Commission's Gold Seal of Approval®, earning the distinction of being the first and only certified palliative care program in Virginia.

VCU's Palliative Care program operates under the auspices of both the Massey Cancer Center and Children's Hospital of Richmond at VCU (CHoR), and provides specialized, multidisciplinary care for patients with serious illnesses, including but not limited to cancer, by addressing physical, emotional, social and spiritual needs. An integral part of the Palliative Care program is the 11-bed Thomas Palliative Care Unit at MCV Hospitals, which is the only dedicated palliative care unit in Central Virginia. The unit has been providing inpatient care in a unique, homelike atmosphere since its opening in 2000. In addition to the inpatient unit, the Palliative Care program offers supportive care outpatient clinics as well as a consult service for physicians throughout VCU Medical Center.

As part of its overall mission, the Palliative Care team conducts research to advance treatments for the management of pain, symptoms and other aspects of serious illnesses. The program also provides education and training to clinicians and administrators at other institutions across the country. It is designated by the Center to Advance Palliative Care as one of only eight Palliative Care Leadership Centers nationwide.

To earn The Joint Commission's Gold Seal of Approval®, VCU's Palliative Care program underwent a rigorous on-site review and satisfied the commission's palliative care-specific standards, which focus on patient and family-centered care in order to optimize the quality of life for patients with serious illness. The Joint Commission is a not-for-profit organization that accredits and certifies health care organizations and programs in the United States. The Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

"In achieving this advanced certification, VCU Massey Cancer Center and Children's Hospital of Richmond at VCU have demonstrated their commitment to the highest level of care for patients with serious illness," says Michele Sacco, M.S., Executive Director, Advanced Certification for Palliative Care, The Joint Commission. "Certification is a voluntary process and I commend Massey and CHoR for successfully undertaking this challenge to elevate their standards of care and instill confidence in the community they serve."

"This certification affirms the clinical excellence of our Palliative Care program. We are the first in Virginia and one of only two dozen in the nation to receive this designation, and we couldn't be more proud," announced **Egidio Del Fabbro, M.D.**, nationally recognized expert in palliative care and Director of VCU's Palliative Care Program. **IM**



The Palliative Care program at VCU is led, in part, by (left to right): **Steven Grossman, M.D., Ph.D.**, Chair of the Division of Hematology, Oncology and Palliative Care; **Gordon Ginder, M.D.**, Director of VCU Massey Cancer Center; **Egidio Del Fabbro, M.D.**, Program Director of Palliative Care; and **John Nestler, M.D.**, Chair of the Department of Internal Medicine.

Porter's Master Clinician Award Recipients for 2012-2013

Porter's Rounds is a monthly conference wherein faculty and housestaff members gather to discuss a patient case from our health system.

The Porter's Master Clinician Award is given to an outstanding VCU Physician during every other conference.

September/October

Jeffrey Tessier, M.D.

Division of Infectious Diseases

November/December

Daniel Grinnan, M.D.

Division of Pulmonary Disease and Critical Care Medicine

January/February

Anne King, M.D.

Division of Nephrology

March/April

Stephanie Call, M.D., M.S.P.H.

Division of General Medicine

May/June

Dennis Wixted, M.D.

Division of General Medicine

