

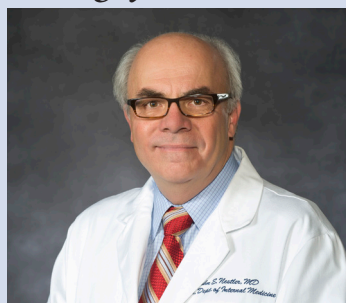


PROGRESS NOTES

A Quarterly Publication of the Department of Internal Medicine

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

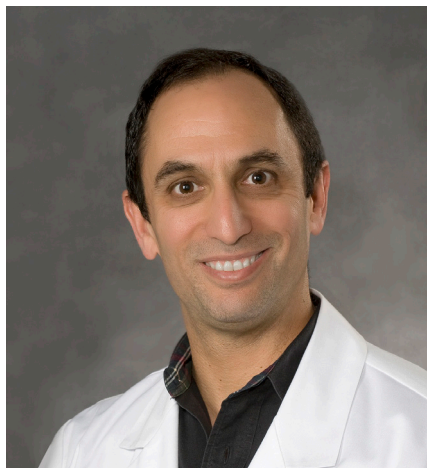


John E. Nestler, MD
Department Chair

In this issue of Progress Notes, we highlight the diversity of individuals who make the Department so outstanding.

Two Nurse Practitioners from the Medical Respiratory Intensive Care Unit are recognized by their state organization for excellence in educating their colleagues on a rare infectious disease. A Hepatologist is awarded a multi-million dollar grant from the National Institutes of Health. We celebrate a new Division Chair of Infectious Diseases who is vigorously advancing the clinical activities of his division, while playing a key role across VCUHS in the prevention of hospital-acquired infections. We welcome a new Associate Administrator for the Division of General Internal Medicine, who brings years of experience to the position and embraces our dedication to delivering outstanding clinical care and advancing the academic mission.

An incredible faculty and an incredible staff work together on all levels, and the result is a vibrant and exciting Department that is so remarkable. I always say "It's all about the people," and Internal Medicine's people are the best.



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Hepatologist Awarded \$2.6 Million NIH Grant for 5 Year HIV/HBV Study

Recently the NIH awarded \$2.6 million to the 5 year RO1 grant project on co-infected HIV and hepatitis B virus (HBV) patients led by **Dr. Richard Sterling**, the Principal Investigator and a professor in the Division of Gastroenterology, Hepatology and Nutrition. Nested under the umbrella of the **NIH Hepatitis B Research Network (HBRN)**, the multi-center investigation is designed to fill major gaps in HBV-HIV knowledge and to compare HBV-HIV infected persons to those with HBV monoinfection.

The potential reach of the study is rather extensive: it is estimated that globally HBV affects some 400 million people, HIV – 42 million, and about 4 million patients are co-infected. Additionally, the demographics of the co-infection are quite different from HBV or HIV separately.

Introduction of highly active antiretroviral therapy almost two decades ago has significantly improved the lifespan of HIV-infected patients, causing HIV to become a chronic condition rather than a disease. Yet, at the same time, co-infection with hepatitis B or C (HCV) virus has emerged as the second leading cause of mortality among HIV-infected persons. The problem is that the natural history of HBV infection may be altered in those with HIV, and usually these patients are treated by HIV specialists and not by hepatologists. A lot of these patients already have liver damage from a time when their HIV or HBV were not controlled, even if they are largely asymptomatic and are not aware of the issue.

Current guidelines recommend that most co-infected patients be treated for both HIV and HBV infection with the antiretroviral drug, Tenofovir (TDF). Despite widespread adoption in the US, the effect of this treatment on long-term outcomes of HBV disease, such as histologic severity, progression, risk of emergence of resistant HBV variants, and the long term risks of treatment, remains undetermined. The project led by Dr. Sterling will attempt to shed light on the risks and benefits of TDF-based therapy for HBV in patients with HIV co-infection. “This is a significant step toward better understanding the progression and specific traits of HIV and HBV,” says Dr. Richard Sterling.

For the study, each location will enroll between 30 and 40 patients over the next two years. When patients enroll, they will be given a liver biopsy and then seen every six months for the next four years. Participants will then be given another liver biopsy at the end of the study. Because Tenofovir actively suppresses the HBV virus



Dr. Richard Sterling, hepatologist and professor in the Division of Gastroenterology, Hepatology and Nutrition, is Principal Investigator of the 5-year NIH RO1 multicenter grant studying co-infected HIV and HBV patients.

which renders the tests determining the severity of liver disease and levels of infection (such as viral load) misleading, the study will be employing a unique procedure measuring quantitative surface antigen, instead of the widely used HBV viral load.

VCU will be accepting participants from Richmond, Petersburg, Fredericksburg and the Tidewater area, and enrollment is underway. “We were the first site to receive approval and start enrolling,” says Dr. Sterling, “in fact, our first participants have already had their liver biopsy.” In addition to VCU, Massachusetts General Hospital/Harvard University, Johns Hopkins, University of Toronto, University of Texas Southwestern, University of California (San Francisco), Washington University in St. Louis, and NIDDK will take part in the study. Testing will be done through the Central Virology Lab in Seattle, Washington and the CDC. The study is being coordinated by the Data Coordinating Center (DCC) of the

HBRN at University of Pittsburgh.

This extensive and carefully designed project is the result of Dr. Sterling’s long term collaboration with VCU’s HIV/AIDS Center. In that time he has worked closely with Center Director and Infectious Diseases Specialist, **Dr. Daniel Nixon**, and treated over 700 HIV patients with liver disease. “We have a lot of experience, as well as a lot of research in hepatitis,” says Dr. Sterling.

The project led by Dr. Sterling will attempt to shed light on the risks and benefits of TDF-based therapy for HBV in patients with HIV co-infection. “This is a significant step toward better understanding the progression and specific traits of HIV and HBV,” says Dr. Richard Sterling.

“I have been trying to bring the HIV patients into the investigation, to change the focus since so little is known about the histologic spectrum of liver disease in the context of HIV and the significance of incomplete HBV suppression. Our project brings it to the forefront,” says Dr. Sterling. **IM**

VCU ID Specialist Named Chair of Division of Infectious Diseases

In March of 2014, **Gonzalo Bearman, MD, MPH, FACP**, was named Chair of the Division of Infectious Diseases (ID). Dr. Bearman has served as an infectious diseases specialist at VCU since 2003 and has served as Interim Division Chair since March 2013. As he takes the Chair position, Dr. Bearman aims to further develop the division's infectious diseases consultation services, continue the hospital's efforts in Infection Prevention, and expand the Infectious Diseases Fellowship Training and Global Health Programs.

Although the Division of Infectious Diseases is one of the smaller specialties in the Department of Internal Medicine, its clinical consultative services and hospital epidemiology program are essential to VCU Medical Center. From the outpatient perspective, the Division of Infectious Diseases has consolidated the majority of its clinical services in the West 3 Infectious Diseases Clinic, which previously functioned exclusively as an HIV Clinic. This new structure has allowed the division to better coordinate all outpatient consults across the clinical spectrum. Coupled with our community sites, including the VCU Mayland Clinic in the West End, the division is better suited to provide comprehensive infectious diseases services, such as Travel Medicine.

Looking forward, Dr. Bearman says, "We will be recruiting excellent ID specialists and expanding our consults to offer the highest quality service across our three main areas of infectious diseases: general infectious disease, musculoskeletal infectious disease, and transplant infectious disease." The division will continue to lead the **VCU Medical Center's Epidemiology and Infection Control Department** which serves to prevent and limit the transmission of pathogens within the hospital.

The **Infectious Diseases Fellowship Program** will also be expanding its curriculum and offering an optional third year. "This third year will formally train fellows in hospital epidemiology, infection prevention, and safety," says Dr. Bearman. "We are excited for this because it will move our fellowship into an elite class of programs in the nation and serve as a powerful recruitment tool."

Research within the division will continue to happen on three existing fronts: HIV research, projects related to hospital infection prevention and quality improvement, and protocols with the Honduras global health program.

As Dr. Bearman begins this new role, he is quick to point out the benefit of working alongside ID physicians **Dr. Richard Wenzel**, former Department of Internal Medicine Chair, and **Dr. Michael Edmond**, former Division Chair of Infectious Diseases, for over

a decade. "I owe much of my success to them and feel that their invaluable friendship and mentorship has prepared me for this role."

Dr. Bearman completed fellowships in Infectious Diseases and Preventive Medicine at the New York Presbyterian Hospital of the Weill Medical College of Cornell University. Since finishing his fellowship training in 2003 he has practiced at VCU with two



Gonzalo Bearman, MD, MPH, FACP, the new Chair of the Division of Infectious Diseases, will be leading the division as it aims to strengthen its consultation service, expand its fellowship program, and continue to provide excellent infection prevention to the hospital.

primary focuses. The first has been hospital infection prevention; the second, building a global health medical outreach program in Honduras, in collaboration with **Dr. Michael Stevens**, known as the **VCU Global Health and Health Disparities Program (GH2DP)**. The GH2DP addresses the health needs of a rural Honduran community by providing direct clinical care, public health services in collaboration with local community and public health leaders, student and resident education in global health, and research related to the provision of medical relief services.

"We will be recruiting excellent ID specialists and expanding our consults to offer the highest quality service across our three main areas of infectious diseases: general infectious disease, musculoskeletal infectious disease, and transplant infectious disease," says Dr. Bearman

While at VCU, Dr. Bearman has been the recipient of numerous teaching awards from the VCU School of Medicine, published 78 articles and 20 book chapters, and serves as a section editor and editor in chief of several peer-reviewed, indexed infectious diseases publications. He also has launched and is the editor in chief of

(continued on page 4)

the *Medical Literary Messenger*, VCU's open access and on-line magazine dedicated to the art of medicine and creative expression. Dr. Bearman also has academic administration experience from serving as the Clerkship Director at VCU for seven years.

Dr. Bearman brings vision and vitality to the role of Division of

Infectious Diseases Chair. The goals of expanding consultation capacity and expertise, continuing to provide excellent infection control to the Health System, and further developing the fellowship program will continue to provide VCU Medical Center the infectious disease expertise it needs. **IM**

MRICU Nurse Practitioners Recognized for Conference Presentation

In March of 2014, Nurse Practitioners **Anne Moore** and **Cheryl Porter**, of VCU's **Medical Respiratory Intensive Care Unit (MRICU)**, were recognized for having the best poster presentation at the annual Virginia Council of Nurse Practitioners (VCNP) Conference in Reston, Virginia. Their award highlights the depth of VCU's MRICU, from the medical expertise exhibited in treating the case patient to the academic achievement of NPs Moore and Porter.

The VCU MRICU is operated by the Division of Pulmonary Disease and Critical Care Medicine and directed by **Dr. Curtis Sessler**. The unit is made up of physicians, nurse practitioners, a PA, nurses, respiratory therapists, pharmacists, nutritionists, social workers, chaplains and care coordinators. This diverse team works together to provide a vital service within the VCU Medical Center, maintaining 35 beds for patients with a range of conditions including, but not limited to, pneumonia, status asthmaticus, COPD exacerbation, sepsis, shock, liver failure, diabetes complications, GI bleeding, and hypertensive crisis. The NPs and PA on the team, also known as Advanced Practice Providers (APPs) not only care for their own team of patients and participate in rounding with the Attending physician, but they also serve a resource to the residents rotating through their unit.

The winning poster Moore and Porter presented at this year's VCNP Conference focused on a rare case of devastating bacteremia they helped treat in the MRICU: a fatal complication caused by *Capnocytophaga canimorsus*, a bacteria that is commonly found in the oral flora of dogs, cats and rabbits. This can be contracted from bites, licks and general exposure to the animals. While it was first cultured in 1976, only 200 cases have been reported worldwide since then.

The case involved a male in his late thirties who was admitted to the MRICU after his condition progressed from a mild headache to septic shock over the course of 24 hours. **Dr. Richard Wenzel** from the Department of Internal Medicine's Division of Infectious Diseases diagnosed the rare bacteria given the combination of symptoms including septic shock, unique bruising, and the patient's recent contact with his dog. While the MRICU team was able to diagnose the cause of the infection, the patient ultimately passed away from complications three weeks after being admitted.

Moore and Porter were looking for an opportunity for professional

and academic development and, given the unique nature of this case, they chose to prepare a poster presentation on it for the VCNP. The presentation was well received and they were awarded the grand prize for their poster.

Beyond increasing awareness amongst their fellow NPs, their previous experience with *Capnocytophaga canimorsus* helped them save a patient when, extraordinarily for such a rare disease, an



MRICU Nurse Practitioners, **Anne Moore** and **Cheryl Porter**, recently received grand prize for their poster presentation on a case their team handled involving a rare bacterial infection.

elderly woman was admitted for the same bacterial infection just three months after the first case. "With this second case we were able to recognize the condition much sooner and provide early aggressive treatment. She lived and is now in rehabilitation," says Cheryl Porter. Anne and Cheryl are planning to add this second case to their initial presentation and present again at the meeting of the Society of Critical Care Medicine in June. In support of their efforts, Department Chair, **Dr. John Nestler** funded their participation in the VCNP Conference.

"We were grateful for the encouragement and support from **Pat Selig** (Ph.D., RN, Director of Advanced Practice Nursing at VCU), Dr. Wenzel, and Dr. Nestler through developing and presenting the poster. It was great to be recognized with the best poster award," says Ms. Porter. The contributions of APPs can have a significant impact on the academic and research mission of the Department, and hopefully, with further support, the Department will be able to continue to sustain their successful professional development.

IM

General Internal Medicine Welcomes New Associate Administrator

In March of 2014, **Karen Knicely, MHA**, joined the department as the Associate Administrator of the Division of General Internal Medicine. As the largest division within the Department, it offers a wide array of clinical services, making the division integral to VCU Medical Center. Ms. Knicely will play a key role in managing the daily operations, as well as meeting the long term goals of the division.

Ms. Knicely brings years of experience in academic hospital management to this position. Most recently, she served four years as the Manager of the Department of Dermatology at Penn State Medical Center in Hershey, PA, where she also received her Masters in Health Administration. Prior to that, she worked as a Medical Center Supervisor at the University of Virginia in Charlottesville, VA for over seven years.

Ms. Knicely will be overseeing extensive activities and practices, including the hospitalist program, grant administration, physician compensation plans, as well as other areas. "Our goal is to streamline

day-to-day clinical and operational activities of the division and to further our research mission." Since her arrival, she has spent time learning the inner workings of the division and the organization.

Last year, **Dr. Shin-Ping Tu** accepted the position of Chair and has invigorated the Division of General Internal Medicine. "Dr. Tu has a great vision for the division," says Ms. Knicely, "I am very excited to be here and look forward to partnering with Dr. Tu and the entire division to continue to expand and strengthen General Internal Medicine." **IM**



Karen Knicely, MHA
Associate Administrator,
Division of General
Internal Medicine

Update from the Associate Chair for Outpatient Operations

So once again, I find it is time for an update on our ambulatory operations, and instead of a detailed list of practice sites, visit numbers, and providers, I thought I'd continue my efforts to provide some insight into the big picture.

Last fall as I wrote about the focus on access and how we might benefit from integrating engineering and manufacturing lean design principles into health care, I acknowledged that it would require a major cultural shift and a lot of work. So how to get the ball rolling? Read any article on change and one of the first keys to success is to establish a sense of urgency. To a certain extent, that was the easy part. The colliding pressures of our institution's focus on access, a new provider compensation plan, and the forces of health care reform and economic uncertainty most certainly have created a sense of urgency and consideration for change. Recognizing that change often requires support at a higher level, it was abundantly clear that engaging both administrative and clinical leadership to be a part of the process itself was a necessary next step in creating the foundation for change. A visit to Seattle to the Virginia Mason Institute to learn about and observe firsthand how the Toyota Production System (TPS) could be applied to healthcare accomplished this goal. But a handful of converts aren't enough; we needed to create a guiding coalition to develop and communicate this change in vision.

One of the key concepts of TPS is to get those directly involved with the work (in our case, the patient care) involved in helping to develop process improvement. To start, we worked with the Health System to bring the Virginia Mason Institute Conference here. In April, a group of 25 or so physicians, clinic administrators, and nurses from multiple divisions and departments attended the three day VMI "Creating Flow in the Ambulatory Setting" workshop here at VCUHS. The response from participants was

overwhelmingly positive, creating a true enthusiasm for improvement. As John Kotter, Professor Emeritus of the Harvard Business School, would point out though, we have only just begun.

Moving forward, we need to identify and remove obstacles, which will require defining and then likely redefining current workflow processes as well as roles and responsibilities. We'll need to leverage IT to better support both providers and their patients. We'll need to engage in a multidisciplinary fashion to focus on designing processes that put the patient first. They are, of course, why we're all here in the first place, but remember that streamlining the process for them will also make our work more productive. In the meantime, we're identifying a few short term wins that we can build on.

Finally, Kotter would say we need to anchor the change in our collective culture. While this last part is difficult, as illustrated by this quote often attributed (perhaps mistakenly) to Peter Drucker, "Culture eats strategy for breakfast," it will be essential to success. Effective change requires the merger of both a strong strategy and culture. Here's hoping we're on that road.



Lisa Brath, MD
Associate Chair for
Outpatient Operations

Lisa Brath, MD

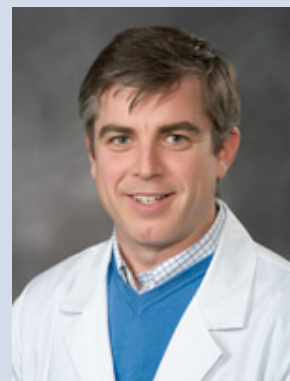
Associate Chair for Outpatient Operations
Program Director, Pulmonary and Critical Care Medicine
(PCCM) Fellowship
Medical Director, Respiratory Care Services at VCUHS
Professor of Medicine
Division of Pulmonary Disease and Critical Care Medicine

Update from the Associate Chair for Clinical Affairs

On the clinical front, the Department of Internal Medicine continues to be the major engine of our health system. Our inpatient services continue to expand to meet the demands of our system and our patients. All the while, despite this growth in capacity, occupancy on our inpatient services remains high. This foretells of more growth likely in the future. With this growth, it will be important for the Department to continue to examine our space needs and obstacles in relationship to our system and its other clinical departments. We need to monitor carefully the impact of the Regional Memorial acquisition on our capacity. We need to examine our own practices to ensure the delivery of the highest quality of medicine and the safest transitions of care both within the inpatient setting and between the outpatient-inpatient settings.

It has been a busy spring making the schedule for the upcoming academic year, yet the department is already turning our attention to 2015-2016. If you are not currently attending on the inpatient

medicine service but have an interest in being considered for such, please email or otherwise contact me by late July 2014. It is an exciting opportunity to work closely with the residents and students at VCU and, yes, an excellent way of generating some RVUs, as well.



J. Christian Barrett, MD
Associate Chair for Clinical Affairs

J. Christian Barrett, MD

Associate Chair for Clinical Affairs
Medical Director, Central Virginia
Center for Coagulation Disorders
Fellowship Program Director, Hematology-Oncology Training
Program
Associate Professor of Medicine
Division of Hematology, Oncology, and Palliative Care

Welcome to Our New Faculty

Jennifer Myers, MD, is joining the Division of Hematology, Oncology, and Palliative Care. She is joining the faculty after completing her Hematology-Oncology Fellowship Training at VCU.

Congratulations To Our Faculty Who Were Recently Promoted

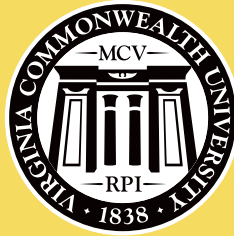
Diane Biskobing MD, of the Division of Endocrinology and Metabolism has been promoted to Professor of Medicine.

Jeffrey Kushinka, MD, of the Division of General Internal Medicine has been promoted to Associate Professor of Medicine.

Bennett Lee, MD, MPH, of the Division of General Internal Medicine has been promoted to Associate Professor of Medicine.

Jeffrey Tessier, MD, of the Division of Infectious Diseases has been promoted to Associate Professor of Medicine.

Susan Wolver, MD, of the Division of General Internal Medicine has been promoted to Associate Professor of Medicine.



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For more about
the Department of Internal Medicine,
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www.intmed.vcu.edu