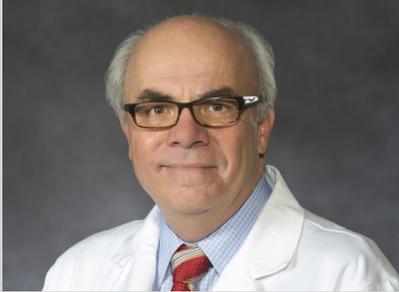


Progress Notes

A Quarterly Publication of the Department of Internal Medicine

Message from the Chair



John E. Nestler, M.D., Department Chair

As I recently announced, I will be stepping down as Chair of the department at the end of this academic year. It is a bittersweet moment for me because I have enjoyed witnessing and participating in the department's ever-impressive advancement in its tripartite mission. It has been the greatest honor and pleasure of my life to serve at the helm and to work with so many talented and dedicated people. After serving as Chair for nine years, however, the time has come for a transition, and I look forward to returning to my first loves: teaching and scholarship.

The department will continue to thrive after my departure. My greatest asset as chair has been the ability to select outstanding individuals for leadership positions. Our associate chairs and division chairs are the most industrious and committed and dedicated individuals I know. Frankly, being Chair was in many ways easy—I provided the vision and the associate chairs and division chairs actualized that vision. I just had to be sure to stay out of the way. They will assist the new Chair to bring greater acclaim than ever to the department.

So, as befits the season, during the past few weeks I have been giving thanks. I am thankful for the opportunity to have served you. I am thankful for our exceptional departmental leaders. I am thankful for our outstanding faculty. I am thankful for our talented trainees and students. Finally, I am thankful for our dedicated staff. Succinctly put, I am thankful for each and every one of you.

I look forward to my final six months as Chair and hope to continue sharing the department's exciting journey with you. **IM**



Drs. Bedoya, Lemay and Lipato work with patients to combat substance use disorders at VCU's Motivate Clinic *Page 2*



Zenobia Dabney is the Division of Hospital Medicine's new associate administrator *Page 3*



Ann Compton received the President's Award for Service Excellence from VCU President Dr. Michael Rao *Page 5*



Drs. Iden, H. Syed, A. Syed and Kron treat patients as a team in the Complex Care Sarcoidosis Clinic *Page 4*

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DOIM Physicians Work to Help Patients Overcome Substance Use Disorders at New VCU Motivate Clinic

In 2016 Governor Terry McAuliffe and Virginia Health Commissioner Marissa Levine declared the opioid addiction crisis as a public health emergency in Virginia. According to the Centers for Disease Control and Prevention, overdose deaths in the United States involving prescription opioids have quadrupled since 1999. Ninety-one Americans die every day from an opioid overdose, and more than 1,000 patients are treated every day in emergency departments for not using prescription opioids as directed.

The leadership of the VCU Health System was also alarmed by the high proportion of hospital admissions with co-occurring and untreated addiction and an even higher

proportion with addiction among 30-day readmissions. The VCU Health System had no place to send these patients for treatment until it opened the Motivate Clinic on April 3, 2017, in the Jackson Center on Second Street in Richmond's historic Jackson Ward neighborhood. The center serves all patients with substance use disorders and uses a team-based approach (with nursing, social work, physicians, a nurse practitioner and substance use disorder counselors) to treat addiction. Since it opened nine months ago, the Motivate Clinic has treated more than 100 patients, most of whom the VCU Medical Center had referred after they received treatment for drug addiction or an overdose. As of November 2017, the Motivate Clinic had more than 600 clinic visits, and about 120 patients had received buprenorphine (an opioid medication used to treat opioid addiction) for opioid use disorder.

The Motivate Clinic provides medical staff with a specific place to send people struggling with opioid addiction after they have been treated emergently at the hospital. Previously, patients with no insurance (such as those with Virginia Coordinated Care (VCC) or an indigent code) and even many with insurance had very few, if any, options for treating their substance use disorders—which was especially a problem when a patient was discharged from the hospital after something like a heroin overdose or alcohol withdrawal.

The clinic operates during normal business hours five days per week and is staffed by a full-time nurse practitioner and five part-time physicians from the Department of Internal Medicine (DOIM) and the Department of Family Medicine and Population Health. Faculty from the DOIM—including Pablo Bedoya, M.D., assistant professor in the Division of Hospital Medicine; Megan Lemay, M.D., assistant professor in the Division of General Internal Medicine; and Thokozeni Lipato, M.D., assistant professor in the Division of General Internal Medicine—work closely with Mishka Terplan, M.D., M.P.H., F.A.C.O.G., F.A.S.A.M., medical director for the Motivate Clinic. At the clinic, patients receive comprehensive office-based substance use disorder treatment, including medication treatment such as Suboxone (buprenorphine) for opioid use



Dr. Pablo Bedoya, Dr. Megan Lemay and Dr. Thokozeni Lipato treat patients struggling with substance use disorders in the VCU Motivate Clinic

disorder and several medications for alcohol use disorder. Physicians at the Motivate Clinic treat any kind of substance use disorder (e.g., cocaine, heroin, oral opiate, designer drugs, Kratom). The patients see a physician and or a nurse practitioner for medical management and see a counselor for individual and group sessions.

Dr. Lemay is a core educator in the Internal Medicine Residency Program. She joined VCU after her chief resident year in the Yale Primary Care Internal Medicine Program. As a resident in the program, she received training in the care of

addiction and completed training to receive her waiver to prescribe buprenorphine. During her training, Dr. Lemay saw the amazing change a person can make in someone's life by treating his or her substance use disorder and knew she wanted it to be a part of her career. Dr. Lemay is working to get more Internal Medicine trainees involved in the Motivate Clinic. Addiction medicine gives hope to what can feel like a hopeless situation, and Dr. Lemay now sees treating chronic pain with overuse of opioids as an opportunity to intervene and repair relationships, enable someone to be employed and possibly save lives. Dr. Lemay is also working to streamline the referral and scheduling process from the DOIM to the clinic. Currently, patients get discharged without medications for opioid use disorder. It would be much safer and better for patient outcomes to send patients home with their medications.

Dr. Bedoya is pleased to be a part of the Motivate Clinic's team as well. He shared:

The VCU Motivate Clinic lets people with substance use disorder actually access help from a multidisciplinary team in the biggest safety

Ninety-one Americans die every day from an opioid overdose, and more than 1,000 patients are treated every day in emergency departments for not using prescription opioids as directed. The need for another treatment avenue is dire.

net hospital in Central Virginia. Before this existed (nine months ago), if people with substance use disorder couldn't afford care, they had very limited options, most involving methadone or prohibitively expensive cash clinics. To my knowledge, UVA, which is just down the road, does not have its own version of this, despite the opiate crisis in our Commonwealth. So VCU Motivate Clinic is one of its kind in this region.

Dr. Terplan recruited Dr. Bedoya to be on the team at Motivate Clinic. As a hospitalist, Dr. Bedoya sees patients with substance addiction and dependence, so becoming a part of the Motivate Clinic's team of physicians seemed like a natural extension of the work he was already doing in the hospital.

(Continued on page 3)

DOIM Physicians Work to Help Patients Overcome Substance Use Disorders at New VCU Motivate Clinic CONTINUED

Dr. Lipato became involved with the Motivate Clinic approximately two years ago while it was still in the planning stages. Leadership from the VCU Health System and the Department of Psychiatry inquired about VCU physician interest in working in the developing substance abuse clinic. Dr. Lipato voiced interest because he had experience with addiction treatment in Boston and Minneapolis. He believes that the Motivate Clinic places VCU Health at the forefront of substance abuse treatment in the region. He also touts the clinic's service as a site where medical learners can be exposed to addiction medicine. Dr. Lipato is also encouraged by the addiction treatment research of F. Gerard Moeller, M.D., chair of the Division of Addiction Psychiatry in the VCU School of Medicine. Dr. Lipato hopes that through Dr. Moeller's work the Motivate Clinic's patients will gain access to clinical trials aiming to combat their addictions.

Dr. Terplan explained that the Motivate Clinic is not going to be able to adequately address the clinical and public health burden of addiction by focusing on specialty treatment alone. He explained that addiction assessment and

treatment must be integrated into all domains of health including primary care. In five years Dr. Terplan would like to see the chronic disease management of addiction embedded into medical clinical settings. Specialty services will still be needed (especially for induction and stabilization, and complex care), but individuals stable in recovery need not continue their care solely at the Motivate Clinic. Dr. Terplan also hopes that the attention the opioid epidemic is receiving will motivate providers to become waived to prescribe buprenorphine.

As a specialty clinic within the VCU Health System, the Motivate Clinic is not only a resource for patients but also supports providers in integrating addiction awareness and treatment into their medical practice.

Currently, a patient can be referred to the Motivate Clinic by any VCU physician, including housestaff. The easiest way to do so is for the physician, NP or PA to call the clinic at (804) 628-6777. **IM**

The Division of Hospital Medicine Recently Welcomed Zenobia Dabney as its New Associate Administrator

On October 23, 2017, Zenobia G. Dabney, M.S.H.R.M., joined the Division of Hospital Medicine as an associate administrator. Prior to the creation of the Division of Hospital Medicine in 2017, both outpatient internists and inpatient internists (i.e., hospitalists) fell within the Division of General Internal Medicine. Now two independent divisions exist: the Division of General Internal Medicine, which focuses solely on outpatients, and the Division of Hospital Medicine, which relates specifically to hospitalists. In her new position, Zenobia, who goes by Zee, works closely with the chair of the Division of Hospital Medicine, Dr. Rehan Qayyum. Zee oversees the daily operations of the hospital medicine team and supervises three administrative staff members for the division. She reports directly to Al Dunn, the department administrator for the Department of Internal Medicine (DOIM).

Zee, who is originally from New York City, worked at St. Barnabas Hospital in the Bronx, New York, before moving to Richmond 32 years ago. Her first position in Richmond was as a unit secretary with MCV. She then joined Bon Secours Healthcare as a site manager. In 2004, Zee returned to the VCU Health System (VCUHS) as a referral coordinator because of the organization's many opportunities for growth and its caring vision. In 2006, she was promoted to a clerical coordinator for General Medicine Primary Care within the DOIM. In 2007, Zee became the supervisor of the primary care clerical staff, and in this role, she supervised staff in various areas of the ambulatory care. Prior to beginning her new and current role, Zee was the supervisor for the Patient Access Registration staff in the Ambulatory Care Center for nine years.

Zee is enjoying her new and ever evolving position. She enjoys pleasant interactions with her colleagues, who in addition to Mr. Dunn and Dr. Qayyum include Catherine Good, an administrative assistant; Cesley Watkins, an administrative staff specialist; Debrah Castaneda, a senior administrative assistant; and Nargiza Kurbanova, a research coordinator. Zee works to onboard new staff members, and she assists with payroll, billing, and physician credentialing, as well as myriad other projects. Zee has a broad knowledge of VCU's missions and



Zee Dabney brings her positive attitude with her to work every day. She strives to be a resource for her colleagues

expectations because she has worked for so long within the DOIM and at the VCUHS. She has also interacted with a wide range of people across the health system and as a result has access to a plethora of resources. Zee is working to determine the scope of her new role as an administrator and strives to become an accessible resource for others, assisting in whatever matters she can.

Zee is a caring person who measures her success by how she can make other people happy. This comes through in her work life when she is able to find the answer to someone's question, connect a colleague with the right resource or streamline a process for many people through her organizational skills. Dr. Qayyum said of her, "Zee was very highly recommended to us for the job, so highly that I was skeptical at first. However, within a week or so of joining I could see the energy, enthusiasm, passion, honesty and love she brings with her."

Zee prides herself on being proactive and working strategically to accomplish her projects and goals in a timely manner, and she is constantly working to grow and adapt. At the age of 60, Zee received her Master's degree with honors in Human Resource Management and applies her education to her new role as associate administrator. She is proud to live a "never-say-never" attitude, encouraging others to pursue their goals

regardless of current circumstances.

Zee's family—Tekita Blackwell, her daughter, and Robert Dabney, her husband for 30 years—gives Zee plenty of encouragement to pursue her professional goals. When Zee is not working, she enjoys cooking, spending time with her grandchildren Mark and Alton and her Maltese Poodle, Scoop, going to Church, listening to gospel music and watching classic comedies like I Love Lucy and The Honeymooners.

Zee's office is located on the first floor of Sanger Hall, room 0-010. Stop by to welcome her to her new position. **IM**

DOIM Physicians Treat Patients as a Team at a One-Of-A-Kind Interdisciplinary Clinic called the Complex Care Sarcoidosis Clinic

In 2015 VCU Health opened a one-of-a-kind interdisciplinary clinic, called the Complex Care Sarcoidosis Clinic, to treat sarcoidosis. Since then, the clinic has increased the number of patients it serves, treating patients through a four-person physician team from within the Department of Internal Medicine (DOIM). Sarcoidosis is an inflammatory condition of unknown origin characterized by the presence of granulomas (clusters of inflamed tissue). The disease can affect any organ in the body, so a team approach is important for treating it.

The program began with a shared interest in sarcoidosis by the pulmonary and cardiology departments. The rheumatology department was then invited to be involved with the clinic to specifically help with disease management. The Complex Care Sarcoidosis Clinic is located at Stony Point Medical Center at 9000 Stony Point Parkway, Richmond, Virginia. The clinic, which has been active since April 2015, has seen great increases in the number of patients seen per clinic, as well as the number of clinics that are running each week. Approximately 25 sarcoid patients are seen per week, and there are roughly 1,600 current patients, but that total patient load is growing by roughly four patients per week. A monthly clinic also exists in which the whole physician team jointly sees complex sarcoidosis patients.

Ninety percent of sarcoidosis patients have pulmonary involvement and therefore are typically managed by pulmonologists. Cardiac involvement can lead to sudden death, so it is important to screen all patients for cardiac involvement, and if they have it, it is imperative to have a cardiologist help manage those patients. Rheumatologists are involved in patient care through medication management—most of the drugs used to treat sarcoidosis are immunosuppressing agents, and rheumatologists are experienced in using these drugs. Though other specialists are not yet part of the multidisciplinary clinic, its physicians work closely with colleagues from neurology, endocrinology, dermatology and ophthalmology. The clinic manages bone health through bone density testing, pulmonary function testing and advanced testing opportunities from echocardiograms, PET scans, CT scans, chest x-rays and cardiac MRIs. Patients can also benefit from diagnostic bronchoscopy, electrophysiology and radiologic imaging. There are also opportunities to participate in clinical trials aiming to treat the disease.

The Complex Care Sarcoidosis Clinic is unique, differing from other “centers” because its interdisciplinary team of physicians—Dr. Thomas Iden, pulmonologist; Dr. Jordana Kron, cardiologist; Dr. Aamer Syed, pulmonologist; and Dr. Huzaefah Syed, rheumatologist—sees

many patients together, meaning that physicians from three specialties will all see one patient. Patients have expressed a great deal of satisfaction with this approach because they only have to tell their story once, and since all of their physicians are there together discussing their disease, the patients know that their doctors are all on the same page, which is essential when managing a complex disease that affects multiple organ systems.

Most of the patients seen in VCU’s sarcoidosis clinic typically have isolated pulmonary involvement. Those seen in the Complex Care Sarcoidosis Clinic tend to have multiorgan involvement (e.g., cardiac, pulmonary, ocular, cutaneous, neurological, joint, osseous, hepatic). These patients are incredibly sick, and prior to the creation of the Complex Care Sarcoidosis Clinic, there was no center for sarcoidosis where a patient could come to receive care by doctors specializing in sarcoidosis. The prevalence of sarcoidosis in Virginia is very high, most commonly affecting women and men ages 20 to 50, African Americans (especially women), and people of Northern European origin. The closest sarcoidosis center open prior to VCU’s clinic was at Johns Hopkins, and most of the Complex Care Sarcoidosis Clinic’s patients are not able to travel that far. The Complex Care Sarcoidosis Clinic schedules patients solely one half-day per month, but patients are also seen in the interdisciplinary team’s other clinics (the physician team often sees patients together outside of the designated clinics). Dr. H. Syed sees sarcoidosis patients about one half-day per week. Drs. Iden, Kron and A. Syed see sarcoid patients in two to three half-day clinics per week.

Dr. Kron explained that in addition to the clinical care she and her colleagues provide, they are also involved in various sarcoidosis research projects. She said:

VCU is one of the founding centers of the Cardiac Sarcoidosis Consortium, an international group of 25 centers with the goal of performing collaborative research to learn more about cardiac sarcoidosis. Research from our group has resulted in presentations at national meetings, including “Circulating Levels of Fibrocytes are Elevated in Patients with Cardiac Sarcoidosis” presented at Heart Rhythm Society in 2017, and “Infliximab Decreases FDG Uptake on Cardiac PET in Refractory Cardiac Sarcoidosis” presented at the American Heart Association in 2017.



DOIM Physicians Dr. Thomas Iden, Dr. Huzaefah Syed, Dr. Aamer Syed and Dr. Jordana Kron treat patients together at VCU Health’s Complex Care Sarcoidosis Clinic

Drs. Iden, Kron, A. Syed and H. Syed are all leaders within the clinic and work closely together alongside nurses Christine Bowen, Sandra Edmonds, Bobbie Stamper and Deirdre Allen. Dr. H. Syed manages patients’ immunosuppressants and monitors for disease activity. She also frequently works to coordinate and schedule patient appointments, often serving as the primary contact for the team’s patients. Drs. Iden and A. Syed evaluate patients’ pulmonary-related symptoms and treatments, and Dr. Kron oversees cardiac care of the clinic’s sarcoidosis patients.

The team is working to expand the interdisciplinary program’s capacity to see more patients. In a few years, the team hopes to be able to provide same-day pulmonary function testing (PFT), echocardiograms, bone density testing and other procedures. The team also plans to soon incorporate new physicians from other specialties to serve patients with sarcoidosis. **IM**

Ann Compton RN from the Division of Nephrology Received the President's Award for Service Excellence

On October 4, 2017, Ann Compton, RN, BSN, MSN, CNN, FNP-BC, a family nurse practitioner in the Department of Internal Medicine's Division of Nephrology, received the President's Award for Service Excellence during the VCU President's Service Awards Ceremony and Reception at the Siegel Center. Each fall, the Office of the President honors exceptional members of the VCU community with university-level awards. In 2013, VCU established the President's Awards for Professional and Administrative Distinction, which recognize outstanding performance, achievement and service excellence. The Service Excellence awards specifically honor individuals who go above and beyond, demonstrating outstanding service to students, patients, colleagues and others served by VCU and VCU Health. There are two Service Excellence winners each year, who both receive a glass sculpture and a \$2,000 award, presented by VCU and VCU Health president, Dr. Michael Rao. Award nominators must provide examples of how their nominees display positive attitudes even under the most difficult circumstances, how they build strong relationships and how they resolve concerns with positivity and sensitivity.



Dr. Michael Rao posed with Ann Compton after presenting her with her Award for Service Excellence. Ann was completely surprised by her win

Dr. Rao praised Ann's contributions to the VCU Health community, saying:

I am grateful for Ann's dedication to caregiver training that recognizes patients as a whole. Along with her colleagues, I am grateful for Ann's expertise in preparing residents, fellows, and nursing and nurse practitioner students for a successful career in the field of nephrology. Ann's exemplary work ethic and deep sense of humanity is a quality to be admired and emulated.

Originally from Leaksville, North Carolina, Ann moved to Richmond in 1987. Through her current role as a family nurse practitioner in the Division of

Nephrology, Ann rounds at three dialysis centers and sees patients at Chronic Kidney Disease Clinics on the fourth floor of the VCU Ambulatory Care Center.

Ann took "the scenic route" to become a nurse practitioner and hopes that others who learn of her journey are encouraged to keep taking that next step, no matter their age or how long it takes. Ann's professional journey brought her to MCV as a dialysis clinic manager. She went on to become a clinical nurse specialist in the Division of Nephrology, received her Family Nurse Practitioner (FNP) degree in 1999 and transitioned to the nurse practitioner role that year. Ann said she feels fortunate to work with her physician colleagues because they are incredible physicians with great minds and big hearts, and that the philosophy of doing whatever is needed to help the patient fits into Ann's beliefs of why she became a provider. Through the years, Ann has been encouraged to do research, to publish, to teach, to lecture and to immerse herself in her specialty at a national level. All of

the physicians she has worked with have mentored her in one way or another. She has enjoyed a special relationship working with division chair, Dr. Todd Gehr, for 30 years. He has encouraged Ann to find her niche and has been a source of constant encouragement for decades.

Ann enjoys the autonomy of her position as well as the work she does alongside her colleagues. She finds great satisfaction in direct patient care and said:

After 30 years, I am thankful every day for being surrounded by such accomplished and compassionate people. My job has truly been the best job anyone could ever have. My relationships with my co-workers as well as my patients has been extremely gratifying.

With plans to retire in the next year, Ann is focused on patient care and safety. She strives

to mentor staff in the dialysis units to realize their potential as well as the importance of continuing their education and becoming experts in the field of nephrology, for the benefit of patients and themselves. Ann has helped countless patients transition to a life on dialysis, and she is often called by physicians to discuss dialysis options. Dialysis is a life-changing treatment but Ann helps her patients understand that they can have a happy life with goals and accomplishments, and she wants to help her colleagues be that resource for patients as well.

Ann travels between several different clinics for her position and focuses on patient care and safety wherever she finds herself. She mentors her staff in the dialysis units to realize their potential as well as the importance of continuing their education and becoming experts in the field of nephrology to benefit patients and themselves.

Ann felt humbled when she learned of her nomination for the President's Award for Service Excellence and never thought she would win. Ann said:

I have been gratified watching my patients adjust to their new normal and flourish in spite of such a devastating illness and hope that in some small way, I have helped them and their families through this. I also hope that the years of teaching, lecturing and being involved on national committees has had a positive impact on patients that I have never met.

When she is not working, Ann enjoys spending time with family and friends, visiting museums, traveling, reading and reenergizing herself.

Please share wishes of congratulations with Ann the next time you see her. **IM**

Grant Award Update for DOIM Researchers For the Period July 2017—June 2018

Every year an abundance of research is conducted by faculty members within the Department of Internal Medicine (DOIM). The DOIM faculty's research is important on a global scale and contributes to the improved treatment and eradication of diseases, the better understanding of the human body and how it functions, improved medical techniques and tools, and improved public health. The DOIM's researchers are reliant upon funding through grants to conduct, expand, and further their research. A summary of grant awards received by DOIM researchers since July 2017 is presented below:

Antonio Abbate, M.D., Ph.D.

Novel therapeutic targets in acute myocardial infarction

The preclinical research project explores a novel therapeutic target. In partnership with SERPIN Pharma, we plan to study how a small peptide of 17 amino-acids deriving from alpha-1 antitrypsin can activate the Low-density lipoprotein receptor related protein 1 (LRP1) and induce a cardioprotective signal in the heart following ischemia and reperfusion.

Sponsored by National Heart, Lung & Blood Institute

Award Amount —\$250,000 in direct costs — \$375,000 in total costs

Period August 1, 2017 — July 31, 2018

Gonzalo Bearman, M.D. and Michelle Doll, M.D.

InDure: A Clinical Investigation Comparing the In-Use Durability of Double-gloving with Biogel® Surgical Gloves to Three Comparators

The study is a comparison of surgical glove products to determine the integrity, or resistance to leaks, during various surgical procedures.

Sponsored by Mölnlycke Health Care

Award Amount —\$474,579

Period 10/1/2017 — 1/31/2019

Stephen Bishop, M.D.

Improving Clinical Encounter Communications in Enhance Minority Diabetes Care

This study aims to improve cultural competency of healthcare providers caring for minority patients with Type II diabetes using avatars and computerized training to teach better communication skills.

Sponsored by Starship Health Technologies LLC, Plymouth Meeting, PA

Award Amount —\$65,000

Period 2017—spring 2018

J. Brian Cassel, Ph.D.

The Timing and Predictors of Palliative Care Among Cancer Patients: A Population-Based Study

This is a community-wide study of the use of palliative care in the Richmond metropolitan area, to determine whether patient characteristics and/or cancer characteristics are associated with the use and timing of specialist palliative care.

Sponsored by VCU Department of Internal Medicine (Pilot Program, 2017)

Award Amount —\$14,777

Period August 1, 2017 — July 31, 2018

J. Brian Cassel, Ph.D.

Multi-Payer, Multi-Provider Pilot of the California Advanced Illness Collaborative (CAIC) Consensus Standards for Community-Based Palliative Care

We will evaluate the implementation and outcomes of community-based palliative care in California following the implementation of standardized services and patient criteria in payer-provider contracts.

Sponsored by California Health Care Foundation

Award Amount —\$175,937

Period 2/1/2018 —7/31/2020

(Continued on page 7)

Grant Award Update for DOIM Researchers For the Period July 2017—June 2018 CONTINUED

J. Brian Cassel, Ph.D.

Evaluation of Sharp “Transitions” program including the role of hospice

In this follow up to our first study of Sharp HealthCare’s “Transitions” program, we will evaluate the extent to which it is palliative care or hospice, or a combination of the two, that is producing dramatic reductions in hospitalizations near the end of life.

Sponsored by Sharp Health Care (originating sponsor: Grossmont Hospital Foundation)

Award Amount—\$67,645

Period 2/1/2017 — 4/30/2018

Steven Grant, M.D.

NAE and HDAC inhibitors in relapsed/refractory AML or MDS

This award will support correlative mechanistic pharmacodynamic studies accompanying a phase I trial of the NEDD8 antagonist MLN4924 (pevonedistat) and the histone deacetylase inhibitor belinostat in patients with relapsed/refractory AML or high-risk MDS.

Sponsored by Leukemia and Lymphoma Society of America

Award Amount—\$600,000

Period 10/1/2017—9/30/2019

Steven Grossman, M.D., Ph.D.

Structure-based characterization of CtBP as a therapeutic target in cancer

1R01 GM119014-01 (Royer)

The goal of this grant is to develop novel scaffolds for CtBP inhibitors and illuminate the connection between CtBP2 enzymatic catalysis and its co-transcriptional function.

Sponsored by the University of Massachusetts (subcontract)

Award Amount—\$45,000

Period 04/01/2017 — 03/31/2021

Gaurav Gupta, M.D.

Hepatitis C Virus Donor Positive Kidney Transplantation for Hepatitis C Virus Negative Recipients: A Novel Application of Direct-Acting Antiviral Drugs

This is a prospective open-label pilot cohort study to demonstrate the safety and efficacy of using Hepatitis C Virus (HCV) positive deceased donor kidney transplants (which are frequently discarded) for disadvantaged HCV negative kidney transplant recipients in the presence of all oral interferon-free HCV therapy. This study will develop pilot data using a novel two-pronged approach to cure Hepatitis C virus prior to and after viral transmission via enrollment of 6 kidney transplant candidates. Five patients have been enrolled so far and two patients have been transplanted. Early follow-up is very promising.

Sponsored By VCU Presidential Research Quest Fund (PeRQ Fund)

Award Amount—\$50,000

Period July 30, 2018—June 2019

Jason Kidd, M.D.

Associated Clinical Site, CureGlomerulonephropathy (CureGN)

CureGN is a multicenter five year cohort study of glomerular kidney diseases.

Sponsored by NIDDK at the NIH

Award Amount—\$30,437.48 per year

Period—5 years

Jason Kidd, M.D., Ben Van Tassel, Pharm.D., Antonio Abbate, M.D., Ph.D. (PI)

Molecular pathways downstream of IL-1 in HF/ESRD patients

This grant will enable the investigators to study the effects of IL-1 blockade in patients with heart failure and end stage kidney disease.

Sponsored by VCU Johnson Center for Pulmonary and Critical Care Research

(Continued on page 8)

Grant Award Update for DOIM Researchers For the Period July 2017—June 2018 CONTINUED

Award Amount—\$16,579.93

Period—1 year

Rakesh Kukreja, Ph.D. (VCU) and Dinender Singla, Ph.D. (University of Central Florida, Orlando)

Amelioration of Doxorubicin Induced Muscle Dysfunction with Embryonic stem cells-Derived Exosomes

The study will determine if M1 macrophage activity and inflammation are the cause of anti-cancer drug, doxorubicin induced skeletal muscle toxicity and if co-treatment with embryonic stem cells derived exosomal vesicles can shift those macrophages to an anti-inflammatory phenotype and preserve muscle function without affecting anti-tumor efficacy.

Sponsored by National Cancer Institute (NIH)

Award Amount—\$1,349,702 (Total cost for VCU)

Period 12/01/2017—11/30/2022

Larisa Litovchick, M.D., Ph.D.

Supplement for RO1 – (3R01CA188571-03S1)

Administrative Supplement to Promote Diversity in Health-Related Research

This provides fellowship and tuition fees to support training and career development of Ms. Fatmata Sesay, PhD candidate. Ms. Sesay will receive training and contribute to Specific Aims 1 and 2 of the parent grant. Specifically, Fatmata Sesay will determine the mechanism by which loss of the tumor suppressor kinases DYRK1A, LATS1 and LATS2 can contribute to ovarian cancer pathogenesis, and establish whether inhibition of the LATS-DYRK1A pathway has an effect on treatment sensitivity of ovarian cancer cells.

Sponsored by NIH/NCI

Award Amount—\$28,750/year (direct)

Period 08/01/17—06/30/2020

Adolfo Gabriele Mauro, M.S.

Time dependent role of IL-1alpha and IL-1beta isoforms in acute myocardial infarction.

The study aims to determine the role of Interleukin-1alpha, Interleukin-beta in the resolution of the inflammatory response during Acute Myocardial Infarction.

Sponsored by the American Heart Association

Pre Doctoral Fellowship Award Amount—\$53,688

Period 07/01/2017—6/30/2019

Sickle Cell Program (subaward from David Holdford, Ph.D.—VCU School of pharmacy)

Indirect Economic Burden of Sickle Cell Disease

This grant will fund a Survey of Sickle Cell Disease patients' ability to work in their jobs and perform non-work roles including household work, caring for others, and participation in volunteer activities. Investigators will calculate the cost of SCD on work and non-work productivity.

Sponsored by Pfizer

Award Amount—\$9,855

Period 2017—April 2018

Sickle Cell Program - Wally Smith, M.D.

Enhancing the Use of Hydroxyurea in Sickle Cell Disease Using Patient navigators

Investigators will use patient navigators in a randomized controlled trial to assist adults with sickle cell disease with adherence to patient care, especially hydroxyurea.

Sponsored by NIH

Award Amount—\$633,619

Period 2012—2018

Sickle Cell Program - Wally Smith, M.D.

B5201002- 212511- A phase 3, Multicenter, Randomized, Double-Blind Study To Evaluate The Safety and Efficacy of Rivapansel in Sickle Cell Disease

(Continued on page 9)

Grant Award Update for DOIM Researchers For the Period July 2017—June 2018 CONTINUED

The grant will fund a Phase III Randomized controlled trial of new anti-sickling agent.

Sponsored by Pfizer

Award Amount —\$94,034.24

Period 8/2015 — 8/2018

Phase III Randomized controlled trial of new anti-sickling agent

Sickle Cell Program - Wally Smith, M.D.

An Open-Label Extension Study To Evaluate The Safety and Efficacy of Rivapansel in Sickle Cell Disease

The grant will support an open-label extension phase of enrolling patients finishing a randomized controlled trial of new anti-sickling agent.

Sponsored by Pfizer

Award Amount —\$21,158.46

Period June 2016—June 2019

Sickle Cell Program - Wally Smith, M.D.

A Phase 1 Open-Label, Dose- Escalation/Dose-Expansion Safety and Tolerability Study of INCB059872 in Subjects with Sickle Cell Disease

The grant will support a Phase I open-label trial of new anti-sickling agent LSD-1 inhibitor to derepress fetal hemoglobin expression.

Sponsored by Incyte Corporation

Award Amount —\$11,941.53

Period July 2017—July 2020

Wally Smith, M.D.

Health Resources and Services Administration Sickle Cell Disease Demonstration Project

This grant will be used to study the dissemination and demonstration project for adults with Sickle Cell Disease. It also establishes Tele-ECHO training for the state of Virginia to recruit new SCD providers.

Sponsored by Health Resources and Services Administration- through John Hopkins University

Award Amount —\$70,000

Period —2017-2021

Wally Smith, M.D.

A Phase IIb Randomized, Double-Blind, Placebo-Controlled Multi-Center Study to Assess the Safety, Tolerability, and Efficacy of Riociguat in Patients with Sickle Cell Diseases

This grant will be used to evaluate the safety and tolerability of 12-weeks of treatment with riociguat versus placebo in high-risk patients with sickle cell disease, with additional evaluation for efficacy signal for improvement of blood pressure, exercise capacity, and/or proteinuria.

Sponsored by Bayer-through University of Pittsburgh

Award Amount —\$22,000 start up fee- plus \$9,000 per enrolled patient

Period 2017—2019

Richard Sterling, M.D.

HBV-HIV Coinfection Supplement to R01 DK094818 (NCT01924455)

The award supports the study of liver disease severity and factors associated with fibrosis and steatosis in HBV-HIV.

Sponsored by NIDDK

Award Amount—\$372,000

Period 2017—2018

Edmond (Trey) Wickham, M.D.

The Role of High Intensity Interval Training in the Treatment of Adolescent Obesity

This grant supports research to look at the role of high intensity exercise intervention in adolescents with obesity.

Sponsored by NIH

Award Amount —\$275,000

Period —2 years

Update from the Associate Chair for Clinical Operations

Progress.

That word succinctly updates you on the current climate of the clinical arena. For those of you who operate in the inpatient setting, constant change may seem inexorable while progress may seem slow, however, progress is absolutely happening. The seeds sown from many years of DOIM advocacy for geographic-based teams have come to fruition. The majority of our teams now operate on dedicated, geographically-defined nursing units. Following DOIM advocacy for unit-based physician leadership in 2016, and propelled by the recommendations of outside consultants, the plans for nurse-physician teams has now been realized. As a result of these geography-based changes, relationships are flourishing (and will continue to flourish) among our DOIM inpatient services, nursing and the broader interdisciplinary team.

Is the work done? Absolutely not. We continue to advocate for improvements that will assist the few teams not yet truly geographically-focused or that have seen their geography disrupted in the larger process. We will get there. Meanwhile, we also continue to advocate for improved support for physicians and for all interdisciplinary support to be fully staffed and operating at fullest licensure. Progress is a team effort and therefore cannot be achieved without full commitment from everyone.

In 2018 Length of Stay (LOS) and timely discharges will remain at the forefront of operational concern. Small but real progress has certainly been made for the coming year. It is critical for us to truly examine our practices to ensure we are operating safely, effectively and efficiently. Additionally, we need to be strategic in targeting areas with the largest impact potential and look for system process improvements in order to make large gains.

What role can you play? Above all else understand the importance of, the need for, and the opportunities present in change.

If you attend directly on inpatient services, we ask you to...

1. Review with your division chair both the system and DOIM expectations for daily work flows and discharge planning, and, remember:
 - A. Discharge planning starts at the time of admission
2. Communicate clearly the expectations and criteria for discharge, and empower your team members to proceed with discharges in a timely manner
3. Use provided mean expected LOS data provided during rounds as a guide and goal post while making safe and necessary decisions that are best for the patient, and, remember:
 - A. Some patient's LOS will be shorter while others will be longer, but be mindful of the metrics,
 - B. Be mindful of structures and practices external to the patient-specifics that negatively impact efficiency and look for opportunities,
 - C. Be sure you are not contributing to delays or negatively impacting the team.
4. Bring your concerns and suggestions directly to my attention, as well as to the attention of the unit's physician leadership.

If you attend on consult services, we ask that you...

1. Recognize the impact you have on both LOS and timely discharges
2. Understand that delaying clear and actionable consult recommendations can lead to downstream delays (i.e., delayed recommendations lead to late

orders, delayed test acquisition, delayed results, etc. To do so:

- A. Critically review your rounding structure, style and timing,
- B. If working with residents, fellows, or NPs on your consult teams, periodically make yourself available to them to address questions and empower them as appropriate to make initial and/or urgent recommendations to the consulting team, even outside of formal rounding times,
- C. Communicate directly with the consulting teams recommendations

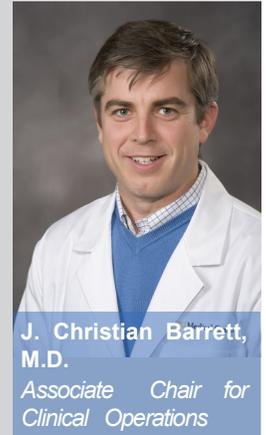
- i. This helps reduce delays caused by lags between the consult completion, entry of the written documentation, and the consulting team's review of the note.
3. Prioritize the performance of inpatient procedures necessary for diagnosis or management decisions affecting the need for continued hospitalization
4. Bring your concerns and suggestions directly to my attention, as well as to the attention of the unit's physician leadership.

What can you expect of the DOIM?

1. We will continue to advocate and preserve balance in our tripartite mission: clinical care and clinical service, education and research. One cannot thrive without the others at VCU. It is not and cannot be an either/or proposition.
2. We will continue to advocate for DOIM ownership of the processes for change in striving to meet the clinical and quality metrics and goals of the health system.
3. We will continue to advocate for improved, optimal and accurate data from the health system to help our clinical leadership make transparent and essential process improvements upon our care delivery.

If you have any comments or suggestions, please do not hesitate to contact me at John.Barrett@vcuhealth.org.

Wishing you all the best in 2018.



J. Christian Barrett, M.D.
Associate Chair for
Clinical Operations

J. Christian Barrett, M.D.

Associate Chair for Clinical Operations
Associate Chair for Clinical Affairs
Director, Central Virginia Center for Coagulation Disorders
Department of Internal Medicine

Update from the Associate Chair for Education

Over the past year, the Department of Internal Medicine (DOIM) educational programs have focused on innovative strategies to support our learners' growth. At the student level, the clerkship has rolled out an entirely new assessment program under the leadership of Dr. Steven Bishop. The program is framed on the integration of point-of-evaluation assessment tools (POE) and end-of-rotation assessments. The program has been tremendously successful, increasing the in-the-moment feedback provided to students and feedback words themselves (currently being tracked by Dr. Bishop)! This program serves as a model for what will eventually be integrated into all clerkship training programs at VCU. In addition, the clerkship moved to a new model for assessment, now incorporating the well-known RIME Model developed by L. Pangaro.

Under the leadership of Dr. Adam Garber, our entire Acting Intern experience has moved to our hospitalist programs, allowing our Acting Interns a unique experience being side by side practicing physicians in the inpatient arena. This dynamic opportunity has had such initial impact that several students have attributed their final career choice to it and have made a late switch to Internal Medicine!

Two of the most exciting current residency program initiatives are the resilience and reflection curriculum and the "Bringing Science to the Bedside" curriculum. The components of the resilience curriculum are now nationally recognized. The team (led by Becky Miller, Tom Iden, Megan Lemay, and Stephanie Call) continues to work to expand the current programs (e.g., Balint groups, resilience skills training sessions, intern blog, digital stories) to support wellness in trainees. Importantly, the burnout rates in our program continue to be significantly below the national program average, a strong measure of our program effectiveness in this area.

Excitingly, under the leadership of Dr. Michael L'Heureux and a core team comprised of physicians Frank Fulco, Adam Garber, Steven Bishop, Becky Miller and Stephanie Call), the department held the pilot Immersion Experience in Comparative Physiology (IECP). Nicknamed "science camp" by the eight resident participants, the five-day experience in hands-on-science took place at Mountain Lake in Western Virginia in the fall of 2017. One attendee said,

The physiology course was such a meaningful experience. To be given five days to retreat from the bustling atmosphere of the hospital to the mountains with a group of people who were so deeply excited to challenge each other, think deeper and search for a higher level of understanding was so special and brought back a spirit of curiosity that reminds me of my time in medical school. I am so thankful for this experience and all the people that made it possible. I am proud to be part of a program and a culture that would prioritize time and resources for this course, and I will strive to show my gratitude by spreading the curiosity and commitment to science and by incorporating this energy into my teaching, thinking and patient interactions from this point forward.



Stephanie Call, M.D., M.S.P.H.
Associate Chair for Education

At the fellowship level, our directors continue to successfully support our advanced trainees in scholarly endeavors while still also providing great clinical training opportunities. More fellows have presented and published work, supported by the Department Fellows Scholarship fund. A significant component of the program is that fellows and directors come together monthly with Dr. Nestler to share their presentations across the divisions. We had an excellent match this year, both for our residents entering fellowships and for our fellowships recruiting from around the nation.

We look forward to seeing what we will accomplish in the coming year!

Stephanie Call, M.D., M.S.P.H.
Associate Chair for Education
Program Director, Internal Medicine Training Program
Department of Internal Medicine

Three DOIM Physicians Honored at 19th Annual Faculty Excellence Awards Program

On Wednesday, September 27, 2017 the VCU School of Medicine held its 19th Annual Faculty Excellence Awards Program. This annual faculty awards program serves as an opportunity to recognize and applaud the dedication, hard work and excellence of faculty in teaching, leadership, humanism, patient care and contributions to the professional development of others. Nominations were open to any School of Medicine faculty member teaching in undergraduate medicine, graduate education, graduate medical education, continuing education or other schools and programs. Of the twelve award recipients, the Department of Internal Medicine had three faculty members receive awards.

Dr. John Christian Barrett received the Fellowship Director Award which recognizes outstanding contributions to medical education by fellowship directors. Dr. Barrett has served as the Hematology-Oncology Fellowship Director since 2011. **Dr. Alpha (Berry) Fowler** received the Distinguished Mentor Award, which recognizes significant contributions to the career development of others. **Dr. Sammy Pedram** received the Educational Innovation Award which recognizes an individual faculty member, a group, or an academic unit for significant educational innovation or educational research. Please congratulate Drs. Barrett, Fowler and Pedram when you see them.

Welcome New Faculty

On December 11, 2017 **Silvia Salgado, M.D.**, joined the Division of Endocrinology, Diabetes and Metabolism as an assistant professor and clinical educator. Dr. Salgado completed a fellowship in endocrinology, diabetes and nutrition at the University of Maryland School of Medicine in Baltimore, MD. She completed her residency and internship in internal medicine at the Albert Einstein College of Medicine, Jacobi Medical Center in the Bronx, New York. Dr. Salgado is originally from Peru.

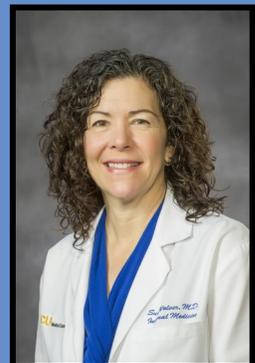
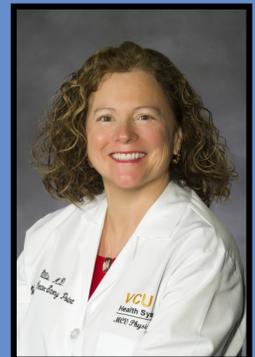
VCU DOIM Physicians Named New Master and Awardee in Virginia Chapter of American College of Physicians (ACP)

Lisa L. Ellis, M.D., M.A.C.P., chief medical officer for MCV Physicians and Ambulatory Clinics and associate professor for Internal Medicine and Obstetrics and Gynecology, has been elected to a mastership in the American College of Physicians (ACP) by its board of regents.

Susan Wolver, M.D., F.A.C.P., a board-certified obesity medicine specialist and primary care internist has received the ACP Award for Distinguished Contributions to Behavioral Medicine. The award, established in 2014, is given for distinguished contributions to the integration of behavioral medicine with traditional medicine and recognizes an individual who has furthered the care of patients by recognizing the importance of caring for the whole patient, both mind and body through research or clinical innovations.

Dr. Ellis and Dr. Wolver will receive their honors during the 2018 Internal Medicine meeting on April 19 in New Orleans, LA. Please congratulate Dr. Ellis and Dr. Wolver when you see them.

The American College of Physicians is the largest medical specialty organization in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students.



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Thank you for reading.

For more information about the **Department of Internal Medicine**, please visit us online at:

www.intmed.vcu.edu