Division of General Internal Medicine

State of the Division
September 2012

Wishwa N. Kapoor, MD, MPH
Chief, Division of General Internal Medicine
Objectives

• Updates on Clinical, Teaching and Research Programs
• Focus of presentation this year:
  – Vision for the future of primary care practice
  – How we finance a large division
• Faculty—leaving, joining
• Awards and recognition
General Internal Medicine

• A large organization
  – Sites for clinical and teaching activities: Montefiore/Presbyterian, VA, Shadyside; Med-Peds Turtle Creek, Magee, Hillman
  – Large inpatient and outpatient clinical operations
  – Major teaching roles
    • Medical students
    • Residency
    • Fellowship
    • Clinical research education, training and career development
  – Vibrant research programs: CRHC, collaboration with RAND, CHERP, Palliative Care; large fellowships
  – Major roles in Clinical and Translational Science—education, training and career development; evaluation
Division Leadership

- Wishwa N. Kapoor, MD  Chief, Division of General Internal Medicine
  Director, Center for Research on Health Care
  Director, Institute for Clinical Research Education
- Melissa McNeil, MD  Associate Division Chief, General Internal Medicine
  Director, Section of Women’s Health
- Chester B. Good, MD  Director, Section of GIM, VAPHS
- Michael Elnicki, MD  Director, Section of GIM, UPMC Shadyside
- Robert Arnold, MD  Director, Section of Palliative Care and Medical Ethics
- Shanta Zimmer, MD  Director, Internal Medicine Residency Training
- Kevin Kraemer, MD  Director, GIM Fellowship
- Thuy Bui, MD  Medical Director, Program for Health Care to Underserved
- Gary Fischer, MD  Medical Director, GIM Practice–Oakland, Vice Chair, Quality
- Thomas Painter, MD  Director, Medical Student Clerkships
- Michael Fine, MD  Director, VA Center for Health Equity Research and Promotion
- Doris Rubio, PhD  Director, CRHC Data Center; Co-Director, ICRE
- Joanne Riley, RN, MPM  Senior Division Administrator
- Deborah Simak, RN, Mned  Director, Quality Improvement
- Lynn Rago  Administrator, CRHC
- Patrick Reitz  Administrator, ICRE
Highlights

• Clinical
  – Inpatient: record inpatient census
  – Outpatient: Renewed Medical Home Recognition by NCQA

• Teaching
  – Medical Student: Increasing interest in IM careers and multiple leadership roles in clinical training
  – Residency: outstanding match (Categorical and Med-Peds)
  – Education Innovation Project—transforming training
  – ICRE—first year of renewal of NIH funding; new programs

• Research
  – Successful and Stable Funding
  – K to R transitions has largely occurred; increase in R01 grants

• Finances—excellent
GIM Inpatient service

- FY 12 Hospitalist Services
  - Teaching: 6 house staff teams on teaching service 12 months; equivalent of 7 hospitalist FTEs—all supported by billing
  - 25.6 FTE hospitalist (A service) consisting of 30 physicians covering MUH, Presbyterian, TCU, GIM consults; UPCI nocturnists
  - 3 CRNP and 5 RN patient care liaisons
  - Consult Service 2-3 FTEs
  - 7 nocturnists
  - 3 junior hospitalist teams
Division of General Internal Medicine

We love our hospitalists.
Inpatient Admissions

- Montefiore
- Shadyside


Admissions Count:
- Montefiore: 1602, 1784, 1808, 2198, 2608, 2142, 2925, 3105, 3501, 4377, 4949, 5389, 5707, 6231, 6602, 6898
- Shadyside: 309, 356, 465, 568, 622, 619, 541, 717, 847, 952, 811, 0, 1000, 2000, 3000, 4000, 5000, 6000, 7000
Hospitalist—challenges

- UPMC has begun the process of bringing all hospitalist services under one umbrella
- Role of academic generalist on the inpatient service
- Building research and education
  - UPMC has purchased analytics (Crimson)—will support quality efforts and research
  - Educational programs—curricula, safety, re-engineering care, use of IT
  - Quality—a lot is happening; opportunities are extensive
### Ambulatory care visits*

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty UPMC Montefiore</td>
<td>29,866</td>
<td>30,915</td>
<td>30,079</td>
<td>30,959</td>
<td>32,047</td>
</tr>
<tr>
<td>Residents UPMC Montefiore</td>
<td>3,835</td>
<td>3,677</td>
<td>3,879</td>
<td>4,137</td>
<td>7,144</td>
</tr>
<tr>
<td>PACT (HIV)</td>
<td>1,069</td>
<td>1,128</td>
<td>260</td>
<td>283</td>
<td>300</td>
</tr>
<tr>
<td>Homeless Clinics</td>
<td>3,055</td>
<td>2,126</td>
<td>3,145</td>
<td>3,034</td>
<td>3,132</td>
</tr>
<tr>
<td>Faculty UPMC Shadyside</td>
<td>6,322</td>
<td>6,308</td>
<td>5,412</td>
<td>4,751</td>
<td>4,447</td>
</tr>
<tr>
<td>Residents UPMC Shadyside</td>
<td>3,323</td>
<td>2,973</td>
<td>3,220</td>
<td>3,491</td>
<td>3,420</td>
</tr>
<tr>
<td>Magee Women’s Hospital</td>
<td>218</td>
<td>324</td>
<td>461</td>
<td>515</td>
<td>0</td>
</tr>
<tr>
<td>Turtle Creek PC (Med-Peds)</td>
<td>574</td>
<td>594</td>
<td>1,025</td>
<td>1,276</td>
<td></td>
</tr>
<tr>
<td>Hillman Pain Clinic (palliative)</td>
<td>529</td>
<td>1,044</td>
<td>1,164</td>
<td>1,249</td>
<td>1,471</td>
</tr>
<tr>
<td>CV Clinic (palliative)</td>
<td>82</td>
<td>123</td>
<td>127</td>
<td>127</td>
<td>128</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47,688</strong></td>
<td><strong>49,649</strong></td>
<td><strong>48,341</strong></td>
<td><strong>49,571</strong></td>
<td><strong>53,364</strong></td>
</tr>
</tbody>
</table>

*does not include VA
Access

- We meet access audits of less than 72 hours appointment 100% of the time!
- Telephone access: nearly every call to the office is answered quickly
- Surveys show very high satisfaction with access and providers
- Office wait time are very short
### GIM Improves Patient Satisfaction

<table>
<thead>
<tr>
<th>Care Provider (CP) Measure</th>
<th>PRE: Apr-Jun 2011</th>
<th>POST: Apr-Jun 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Provider overall</td>
<td>94.9</td>
<td>96.1</td>
</tr>
<tr>
<td>Friendliness/courtesy of CP</td>
<td>96.6</td>
<td>97.1</td>
</tr>
<tr>
<td>Explanations of problem/condition</td>
<td>95.0</td>
<td>95.6</td>
</tr>
<tr>
<td>Concern for questions/worries</td>
<td>95.0</td>
<td>95.9</td>
</tr>
<tr>
<td>Efforts to include in decisions</td>
<td>94.0</td>
<td>96.0</td>
</tr>
<tr>
<td>Information about medications</td>
<td>93.8</td>
<td>95.1</td>
</tr>
<tr>
<td>Instructions for follow-up care</td>
<td>94.2</td>
<td>95.3</td>
</tr>
<tr>
<td>Spoke using clear language</td>
<td>96.6</td>
<td>97.7</td>
</tr>
<tr>
<td>Time CP spent with patient</td>
<td>94.0</td>
<td>95.4</td>
</tr>
<tr>
<td>Patients' confidence in CP</td>
<td>95.0</td>
<td>96.6</td>
</tr>
<tr>
<td>Likelihood of recommending CP</td>
<td>94.4</td>
<td>96.1</td>
</tr>
</tbody>
</table>
### GIM Improves Medication Adherence

Actions: Increase I-D encounters; provide faculty, resident, staff development; Increase patient education and patient use of pill boxes, med lists, generics

<table>
<thead>
<tr>
<th>Criteria</th>
<th>PRE: Jan-Feb 2011 (n=40)</th>
<th>POST: Jan-Mar 2012 (n=123)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence (MMAS): Moderate - High Low</td>
<td>65%</td>
<td>75%</td>
</tr>
<tr>
<td></td>
<td>35%</td>
<td>25%</td>
</tr>
<tr>
<td>Cost reported as barrier</td>
<td>7%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Pt brings med list to office</td>
<td>27%</td>
<td>46%</td>
</tr>
<tr>
<td>Pt uses pill box</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Pt aware low-cost generic</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Pt aware med list on AVS</td>
<td>70%</td>
<td>93%</td>
</tr>
</tbody>
</table>
GIM Improves Generic Rx

GIMO Generic Rx Rate

Best Practice=75%
GIM Improves LDL Monitoring CAD Pts
Action: MD registries and use of Direct LDL

% CAD Pts w/ LDL Value Past 12 Months

90th Percentile = 94%
Average = 8 9%

# GIM Preventive Health 2012
## At 90th Percentile Performance

<table>
<thead>
<tr>
<th>Criteria</th>
<th>GIMO Faculty</th>
<th>Shea Faculty</th>
<th>NCQA Average</th>
<th>NCQA 90th %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu shot past 12 Mo if 50-64</td>
<td>62%</td>
<td>62%</td>
<td>52%</td>
<td>62%</td>
</tr>
<tr>
<td>Flu Shot past 12 Mo if &gt;65</td>
<td>80%</td>
<td>77%</td>
<td>69%</td>
<td>80%</td>
</tr>
<tr>
<td>Mammogram past 2 yr if 50-69</td>
<td>83%</td>
<td>81%</td>
<td>71%</td>
<td>80%</td>
</tr>
<tr>
<td>Pap Smear past 3 yr if 21-64</td>
<td>90%</td>
<td>85%</td>
<td>77%</td>
<td>83%</td>
</tr>
<tr>
<td>Colo-rectal Ca screening if 50-70</td>
<td>82%</td>
<td>75%</td>
<td>63%</td>
<td>74%</td>
</tr>
</tbody>
</table>

NCQA Benchmark = Commercial HMO 2010 Data
<table>
<thead>
<tr>
<th>Criteria</th>
<th>GIMO Faculty</th>
<th>Shea Faculty</th>
<th>NCQA Average</th>
<th>NCQA 90th %</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c done past 12 mo</td>
<td>98%</td>
<td>97%</td>
<td>90%</td>
<td>94%</td>
</tr>
<tr>
<td>HbA1c &lt; 7</td>
<td>46%</td>
<td>44%</td>
<td>43%</td>
<td>51%</td>
</tr>
<tr>
<td>HbA1c &lt; 8</td>
<td>75%</td>
<td>65%</td>
<td>62%</td>
<td>72%</td>
</tr>
<tr>
<td>HbA1c &lt; 9</td>
<td>86%</td>
<td>83%</td>
<td>73%</td>
<td>83%</td>
</tr>
<tr>
<td>LDL done past 12 mo</td>
<td>90%</td>
<td>91%</td>
<td>86%</td>
<td>91%</td>
</tr>
<tr>
<td>LDL &lt; 100</td>
<td>62%</td>
<td>60%</td>
<td>48%</td>
<td>57%</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>70%</td>
<td>56%</td>
<td>58%</td>
<td>75%</td>
</tr>
<tr>
<td>BP &lt; 140/90</td>
<td>72%</td>
<td>72%</td>
<td>66%</td>
<td>76%</td>
</tr>
</tbody>
</table>

NCQA Benchmark = Commercial HMO 2010 Data
### GIM C-V Disease Management 2012
Above Average to 90th Percentile Performance

<table>
<thead>
<tr>
<th>Criteria</th>
<th>GIMO Faculty</th>
<th>Shea Faculty</th>
<th>NCQA Average</th>
<th>NCQA 90th %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAD Pts w LDL past 12 mo</td>
<td>93</td>
<td>88</td>
<td>89</td>
<td>94</td>
</tr>
<tr>
<td>CAD Pts w LDL &lt; 100</td>
<td>76</td>
<td>68</td>
<td>60</td>
<td>72</td>
</tr>
<tr>
<td>All Pts BP &lt; 140/90 (excl DM)</td>
<td>83</td>
<td>79</td>
<td>63</td>
<td>74</td>
</tr>
</tbody>
</table>

NCQA Benchmark = Commercial HMO 2010 Data
GIM “PCMH 2011” Recognition

NCQA Level 3 Patient-Centered Medical Home

• Faculty and staff improve processes to meet 152 criteria in revised PCMH 2011 guidelines:
  From baseline 67 points to 95.5 points compliance

• NCQA PCMH Recognition Levels
  – Level 1: 35-59 points
  – Level 2: 60-84 points
  – Level 3: 85-100 points
GIM Achieves PCMH 2011 Recognition

To become a patient-centered medical home, practices must:

• Institute a **QI strategy** that measures and improves quality, engages providers and patients, and optimizes use of **Health IT**
• **Link each patient to a provider** to create continuous, trusting relationships
• Deploy **organized care teams** and provide patients with **self-mgmt support**
• Identify **high-risk** patients and ensure EBM and **case management** services
• Respect patients’ needs, encourage **shared decision-making**, and **communicate** in a culturally appropriate manner
• Ensure **patient access** to care team at all times, by phone, e-mail, office visit
• Communicate **test results** and **care plans** to patients
• **Coordinate care** with community resources, and f-u ER visit and hospitalization
GIM Achieves PCMH 2011 Recognition
NCQA Submission Requirements

<table>
<thead>
<tr>
<th>Volume</th>
<th>Proof</th>
</tr>
</thead>
<tbody>
<tr>
<td>152 NCQA criteria</td>
<td>Meet 152 Criteria within 28 Elements that define PCMH Guidelines</td>
</tr>
<tr>
<td>864 EHR data</td>
<td>Demonstrate care mgmt by auditing 18 criteria on 48 pts = 864 data</td>
</tr>
<tr>
<td>18,000 pt panel</td>
<td>Collect 20 demographic and clinical criteria describing pt panel</td>
</tr>
<tr>
<td>1,500 pt sample</td>
<td>Analyze 18 criteria on 1,500 DM pts to identify vulnerable population</td>
</tr>
<tr>
<td>450 pages</td>
<td>Prepare 27 attachments for total 450 pages of evidence of PCMH</td>
</tr>
<tr>
<td>148 QI data</td>
<td>Report pattern and trend data for 4 qtrs x 37 QI criteria = 148 data</td>
</tr>
<tr>
<td>29 MDs</td>
<td>Submit proof that 29 of 33 MDs attested to CMS MU</td>
</tr>
<tr>
<td>19 written reports</td>
<td>Write 19 technical reports or commentaries as evidence of PCMH</td>
</tr>
<tr>
<td>14 MU reports</td>
<td>Verify and submit findings from 14 CMS “Meaningful Use” reports</td>
</tr>
<tr>
<td>5 QI projects</td>
<td>Submit evidence of QI and improvement in at least 5 QI measures: 2 clinical QI + 1 resource use + 1 pt satisfaction + 1 vulnerable pop</td>
</tr>
<tr>
<td>4 QI audits</td>
<td>Conduct 4 Turn-around time audits for evidence of pt access via phone, HealthTrak email, Rx line, and after-hours answering service</td>
</tr>
</tbody>
</table>
Deb Simak’s Accomplishments—examples

- NCQA Patient-Centered Medical Home renewal
- NCQA Diabetes Recognition for GIMO faculty physicians.
- Medication Adherence QI project resulting in measured increase in patients’ self-reported medication adherence
- Best Practice Activity for 2011 and 2012 P4P incentive.
- Completed Chronic Care model at Shea, improved QI measures; received QI award from SHY Foundation and “Best of Best Practice” from Highmark.
- Resident level QI (chronic disease mgmt.) curriculum; revised and implemented Intern level QI (prevention) curriculum, for GIM and Med-Ped Residency Programs.
- New PG-2 and 3 Resident QI curriculum related to medication adherence for GIM and Med-Ped Residency Programs.
- Designed workshop accepted by APDIM and led team who presented at APDIM Spring Conference, 2012.
- Led Hypertension QI project PDSA cycle 2 and further improved blood pressure control.
- Completed EIP annual report- Program received commendation from ACGME.
Next Steps in QI—Joseph Simonetti, MD
GIM identifies vulnerable population with DM

**Table 1: Comparison of Baseline Patient Characteristics by Race**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Black</th>
<th>White</th>
<th>p value*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n= 589)</td>
<td>(n= 868)</td>
<td></td>
</tr>
<tr>
<td>Age, median, (IQR)</td>
<td>57.0, (49.0-67.0)</td>
<td>61.0, (53.0-71.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Gender (Female), %</td>
<td>59.3</td>
<td>54.7</td>
<td>0.087</td>
</tr>
<tr>
<td>Relationship Status (Single), %</td>
<td>53.0</td>
<td>25.3</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Insurance (Medicaid), %</td>
<td>25.5</td>
<td>6.2</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Education (Attended College), %</td>
<td>42.5</td>
<td>71.2</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Social Support (≥ 2), %</td>
<td>77.1</td>
<td>77.5</td>
<td>0.950</td>
</tr>
<tr>
<td>SF-36 Mental Health Score, median, (IQR)</td>
<td>41.0, (31.0-52.0)</td>
<td>46.0, (36.0-54.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>SF-36 Physical Health Score, median, (IQR)</td>
<td>36.0, (27.0-47.0)</td>
<td>43.0, (31.0-51.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Diabetes Complications, median, (IQR)</td>
<td>0.0, (0.0-1.0)</td>
<td>0.0, (0.0-0.0)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Modified Charlson Index (≥3), %</td>
<td>19.9</td>
<td>16.1</td>
<td>0.181</td>
</tr>
</tbody>
</table>

* Kruskal-Wallis test is used for continuous variables. Chi-square test is used for categorical variables.
Next Steps in QI
GIM identifies racial disparity in DM outcomes

Table 2: Comparison of Unadjusted Outcomes by Race

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Black</th>
<th>White</th>
<th>$p$ value*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes Process of Care, %</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1C Complete</td>
<td>91.9</td>
<td>93.4</td>
<td>0.252</td>
</tr>
<tr>
<td>LDL Complete</td>
<td>79.8</td>
<td>83.4</td>
<td>0.078</td>
</tr>
<tr>
<td>Foot Exam Complete</td>
<td>75.7</td>
<td>74.8</td>
<td>0.680</td>
</tr>
<tr>
<td>Eye Exam Complete</td>
<td>60.6</td>
<td>66.1</td>
<td>0.031</td>
</tr>
<tr>
<td><strong>Diabetes Intermediate Outcome, %</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1C &lt;7.0%</td>
<td>45.2</td>
<td>51.4</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>A1C &gt;9.0%</td>
<td>21.0</td>
<td>11.8</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>LDL &lt;100mg/dL</td>
<td>57.5</td>
<td>67.0</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>BP &lt;140/&lt;90mmHg</td>
<td>64.9</td>
<td>75.8</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

* Kruskal-Wallis test is used for continuous variables. Chi-square test is used for categorical variables.
Care of Vulnerable Population

Conclusion

• Observed no major differences in processes of diabetes care
• Identified significant differences in glycemic, lipid and BP control, by race
• Barriers are many and need to be identified

Plan

• Add 2\textsuperscript{nd} Social Worker to increase psycho-social support
• Remodel and intensify case management of vulnerable pts
• Further study is planned
MEDICAL HOMES LEAD TO:

**BETTER QUALITY CARE**

Percent of adults with chronic diseases having **problems with care coordination**

- **Without a medical home**: 54%
- **With a medical home**: 33%

Percent of adults receiving preventive care reminders

- **With a medical home**: 60%
- **Without a medical home**: 50%

**FEWER HOSPITAL ADMISSIONS AND LOWER COSTS**

People with medical homes, who have access to 24/7 care, experienced:

- **18% fewer hospital admissions**
- **36% fewer hospital readmissions**
- **7% total medical cost savings**

**MORE SATISFIED WORKERS AND BETTER CARE FOR MINORITY PATIENTS**

Percent of staff reporting **high emotional exhaustion** at 12 months

- **Medical home staff**: 10%
- **Nonmedical home staff**: 30%

Medical homes **eliminate racial disparities** in accessing medical care:

- 3 out of 4 whites, blacks, and Hispanics with medical homes reported getting the care they need when they need it.

Sources:
- C. Schoen et al., “New 2011 Survey of Patients with Complex Care Needs in 11 Countries Finds That Care Is Often Poorly Coordinated,” Health Affairs Web First, Nov. 9, 2011
- D. D. Maeng et al., “Reducing Long-Term Cost by Transforming Primary Care: Evidence from Geisinger’s Medical Home Model,” The American Journal of Managed Care, March 2012
- R. J. Reid, P. A. Fishman, O. Yu et al., “Patient-Centered Medical Home Demonstration: A
Transforming Primary Care—Work ahead for us

Practice of the Future—building on and advancing the concepts of PCMH

• Provide more and flexible time for physician visits
• Take away from physicians work that can be easily (and as well or better) done by others
• Empower and engage patients in their own care
• Maintain high quality
• Enhance physician satisfaction
• Decrease overall cost of care in new payment models

Transformation discussion partly adapted from slides by Chen and Bodenheimer
http://www.ihs.gov/california/uploadedfiles/gpra/
“Pillars of Primary Care”*

• Four pillars—traditional concepts of primary care
  – Continuity of Care
  – First Contact Care and Access
  – Comprehensive Care
  – Coordination of Care

*Barbara Starfield, MD

Transformation discussion partly adapted from slides by Chen and Bodenheimer
http://www.ihs.gov/california/uploadedfiles/gpра/
Primary Care—newer roles and concepts added

• Newer principles
  – Population management
  – Management directed by measurement and QI
  – Patient-centered care
    • Preferences
    • Self management support
    • Shared and informed decision making

• Models for now and future
  – Team-based care; PCMH
  – Meaningful use of EHR
  – Coordination: specialists and others (“medical neighborhood”)
  – Payment incentives; payment reform (future)
Adult Primary Care is in Crisis

- Reduced numbers of new practitioners entering primary care
- Declining access to primary care
- Practitioner burn-out
- Unsatisfactory quality
The future if left as it is........

- Shortage will get worse
- Panel sizes will go up
- This will reduce access, decrease quality, and increase clinician dissatisfaction
- With increase in clinician dissatisfaction, few MD/NPs/PAs will choose primary care careers
Concepts of PCMH

Fundamentals of the PCMH

Priority #1: Continuity

Empanelment

Requires

Leads to

Determines

Panel size

Access

Culture:
Agree that continuity comes first

Teams

Transformation discussion partly adapted from slides by Chen and Bodenheimer
http://www.ihs.gov/california/uploadedfiles/gpra/
Measuring continuity

- To achieve and to measure continuity, patients must be empaneled to a clinician or team.
- Measuring continuity: “patients whose care you are responsible for”
  - % of a patient’s visits that are visits to the patient’s personal clinician
  - or
  - % of a patient’s visits that are visits to the patient’s team (not all care delivered by the physician)

Transformation discussion partly adapted from slides by Chen and Bodenheimer
http://www.ihs.gov/california/uploadedfiles/gpra/
Continuity, access and panel size

• Current fee-for-service promotes large panel sizes
  – Financial stability by clinicians seeing all patients
  – Shortage of PCPs

• The larger the panel size = less access

• To achieve continuity and access with large panel sizes, developing care team is essential

Transformation discussion partly adapted from slides by Chen and Bodenheimer
http://www.ihs.gov/california/uploadedfiles/gpra/
Continuity and Teams

• Redefine continuity as continuity with a team rather than a physician

• Primary Care Team
  – A group of diverse clinicians who participate and communicate with each other regularly about the care of defined group (panel) of pts
  – Provide comprehensive care meeting all quality metrics

• Team roles
  – Panel management
  – Health Coaching
  – Chronic Disease Management
  – Complex Disease Management
  – Acute Care
  – Care and Coordination at Transitions
• Physicians no longer see all the patients for all their problems

• Depending on the problems, the appropriate team member addresses the problem

• Many routine preventive and chronic care issues can be handled by RNs, MAs, other trained personnel

• This allows clinicians to spend the time needed for managing complex patients

• *Changing the culture will be important (patient/staff and physician expectation will need to change)*
• Mammogram for 55-year-old healthy woman

• Old way:
  – Clinician gets reminder that mammogram is due (sometimes reminders are ignored! Or there are no reminders)
  – At next visit, clinician orders mammogram
  – Clinician gets result, (sometimes) notifies patient
Preventive Services: New Way

- Staff in role as panel manager checks *registry* every month
- If due for mammogram, staff sends mammogram order to patient by mail, e-mail or telephone
- Result comes to the same staff
- If normal, staff notifies patient
- If abnormal staff notifies clinician and appointment made
- For most patients, physician is not involved
- Similar for FOBT, pneumovax, flu shots, lipids
Chronic Care: Hypertension: old (current) way

• Clinician sees today’s blood pressure
• Clinician refills meds or changes meds
• Clinician makes f/u appointment
• Often blood pressures are not adequately controlled and take a long time to control BPs through follow-up visits
Staff in role as panel manager checks registry monthly

Patients with abnormal BP contacted to come for RN or pharmacist visit or provide BPs by HealthTrak or by evisit

RN in health coach role does education on HBP and meds, med-reconciliation, med adherence/lifestyle discussion

Patient is taught home BP monitoring

If BP elevated and patient is med adherent, RN intensifies meds by standing orders (using protocols developed by practice)

If questions, quick physician consult

RN in health coach role f/u by phone or e-mail if patient does home BP monitoring or by return visit

Physician barely involved

Processes, outcomes, patient involvement could be improved by panel management and health coaching
• Physician sees the patient every month for 15 minutes

• Often the visit plus care coordination takes longer than 15-30 minutes and clinician
  – Doesn’t provide the best care, or
  – Physician is running behind because the patient took an hour, or
  – Both
Complex patients: New

- Initial hour meeting with patient/family with care team (MD, RN, SW, behaviorist and/or pharmacist)
- Physician, not worrying about preventive services or non-complex chronic care, has time
- Care plan made with team and patient/family
- RN care manager responsible for implementing and assessing care plan, teaching about meds, red flags
- RN does phone visits, evisits, arranges home-visit, f/u care coordination, consults with MD or other team members as needed
- Regular MD/team visits, possibly monthly or less often

This will not work unless the other changes are made to free up MD for complex patients
Team is responsible for these functions:

- Panel management
- Health coaching for self management support
- Medication reconciliation and titration management
- Complex care management
- Mental health and behavioral health integration
- Management of simple problems, lab follow up

Physician serves as overall manager, overseeing care of a population; personally sees complex and challenging patients frequently and everyone else at infreq intervals (many once/yr for updating care plans)
What is Required for Redesign

• Payment reform—cannot do it with an RVU driven payment system
• Changes needed
  – Pay per member of a panel (risk stratified)
  – Build incentive for quality and cost
  – Incentives for every member of the care team
• Must have a robust QI program
  – Need analytics and data
  – Ongoing quality measurements, reporting to care givers and payers
  – Keep clinicians accountable for quality, cost, and patient experiences
What is Required for Redesign (continued)

• Data Needs
  – Registries
  – Panel determinations
  – Should be able to risk stratify patients and provide care differently by risk

• Staffing needs
  – A mix of clinically (MA, RN etc) and non-clinically trained staff
  – System engineering and team management consultations
  – Ongoing training of staff

• Clinic Operations
  – Need full control of operations to be able to make changes

• Culture change—getting buy in everyone
Would it lead to decrease cost?

- There is a potential but specific attention would need to be paid to cost
- The areas which may be impacted
  - Decrease ED use
  - Lower hospitalization rates
  - Appropriate use of medications and lower cost medications
  - Lower cost providers (non-MD)
  - Improved quality may translate into better health with possible lower cost for disease management
Roadmap and time line for changes

- Changes already made—e-visits, HealthTrak use, telephone use, nurse visits, care plans, others
- Two firms to begin changes in the Fall 2012 with hiring of two nurses
- An additional firm is needed because of increase volume—success of innovations has led to higher volumes
- Changes planned FY13:
  - Pre-visit planning to complete preventive care
  - Completion of quality metrics outside the office visit
- Discussions about changes in payment model—FY13
- Changes in templates for visit duration—FY 2014
- Incremental changes FY 2014 and beyond
VA Section of General Medicine

• Significant student and resident learning experiences
  – Gen Med covers most inpatient ward attending, all out-pt PC clinics
  – Physical diagnosis

• Patient Aligned Care Teams (“Medical Home”)
  – Fully implemented with faculty and residents

• Substance Abuse Clinic (SAAT)- students, residents

• Healthy Women’s Clinic
  – National Leadership – “Mini-residencies” in Women’s Health
  – Women’s Health Fellowship (Corbelli and Tilstra: Created national training videos for female exams)

• Procedure Instruction- Inpatient, outpatient for residents

• Pre-operative Clinic at VA-residents

• Alternative Medicine- Acupuncture Clinic

• National roles in pharmacy benefits, drug safety
<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernie Good, MD</td>
<td>Section Chief; Co-Director VA Center for Medication Safety</td>
</tr>
<tr>
<td>Erika Hoffman, MD</td>
<td>Acting Vice President, Primary Care Service Line VA; Dir Outpt Primary Care Clinics; Dir Inpatient Med Clerkship</td>
</tr>
<tr>
<td>Larry Gerber, MD</td>
<td>Chief, Hospital Medicine VA</td>
</tr>
<tr>
<td>Rob Brooks, MD</td>
<td>APD IM Residency VA; Dir of IM Res Continuity Clinics VA</td>
</tr>
<tr>
<td>Ruth Preisner, MD</td>
<td>Director Phys Dx Course VA, Oversee Procedures</td>
</tr>
<tr>
<td>Scott Herrle, MD</td>
<td>APE Course Director, SOM</td>
</tr>
<tr>
<td>Joanne Suffoletto, MD</td>
<td>Assoc. Chief of Staff for Education, VA</td>
</tr>
<tr>
<td>Melissa McNeil, MD</td>
<td>Director, Women’s Health and Fellowship, VA</td>
</tr>
<tr>
<td>Ajay Khurana, MD</td>
<td>Acting Director for Primary Care Clinics</td>
</tr>
<tr>
<td>Visala Muluk, MD</td>
<td>Medical Director IMPACT Clinic</td>
</tr>
<tr>
<td>Ed Lee, MD</td>
<td>Director, Substance Abuse Program, VA Pittsburgh</td>
</tr>
<tr>
<td>Adam Gordon, MD</td>
<td>Advisory Dean, School of Medicine</td>
</tr>
<tr>
<td>Elif Sonel, MD</td>
<td>Director Primary Care Clinics Aspinwall Division; QI</td>
</tr>
</tbody>
</table>
VA Section Leadership
Quality of Care, VA Primary Care Clinics: Examples

• **Diabetes Metrics**
  – Annual HBA1C 99.9%
  – HA1C > 9% 16%
  – DM BP < 140/90 81%
  – Annual DM retinal exam 93%
  – DM LDL < 100 76%

• **Women’s Health Metrics**
  – Mammogram (50-69 yrs) 92%
  – PAP (21-64 yrs) 97%

• **Colorectal Screening (5-74)** 82%
Teaching

- Medical Student Teaching
- Residency
  - Leadership
  - Residency Match
  - Curricular changes and impact of EIP
- Fellowships
- Research Education—ICRE
Medical School Course Leaders: Preclinical years

- **Intro to Being a Physician**
  - Shanta Zimmer
- **Intro to Interviewing**
  - Reed Van Deusen
- **Intro to Physical Exam**
  - Missy McNeil
- **Ethics, Law, Professionalism**
  - Missy McNeil
- **Clinical Experience**
  - Asher Tulsky
- **Advanced Physical Exam**
  - Scott Herrle
- **Advanced Interviewing**
  - Carla Spagnoletti
- **Population Health**
  - Greg Bump
- **Mini Elective: Master Diagnostian**
  - Twee Bui
  - Missy McNeil
Medical Student Course Leadership: Clinical Years

Third Year

- Adult Inpatient Medicine
  - Tom Painter, Missy McNeil, Erika Hoffman, Anu Munshi
- Combined Ambulatory Med/Peds Clerkship
  - Mike Elnicki
Medical School Course Leadership: Clinical Years

- **Fourth Year**
  - Internal Medicine AI
    - Tom Painter
  - Women’s Health Elective
    - Missy McNeil
  - Underserved Care
    - Twee Bui
  - Substance Abuse
    - Adam Gordon
  - Palliative Care
    - Rene Claxton
  - Teaching to Teach
    - Missy McNeil
  - Transitions Course
    - Rosanne Granieri
Medical Students Committees

- Chair - Curriculum Committee
  - Rosanne Granieri
- Chair and Vice Chair – Student Promotions
  - Tom Painter and Missy McNeil
- Chair – Student Honors Committee
  - Tom Painter
- Member-Third and Fourth Year Retention Committee
  - Tom Painter, Missy McNeil, Mike Elnicki
- Advisor - Student Honor Council, Student Wellness Committee
  - Missy McNeil
- Advisor-Humanism Honor Society
  - Missy McNeil, Raquel Buranosky, Twee Bui
- Advisor-Alpha Omega Alpha Honor Society
  - Frank Kroboth, Missy McNeil
Other Leadership

- Director, Standardized Patient Program
  - Hollis Day
- Areas of Concentration
  - Underserved Care: Twee Bui
  - Women’s Health: Missy McNeil
- Director, Student Teaching Palliative Care
  - Rene Claxton
- Office of Medical Education
  Third/Fourth Year Curriculum
  - Rosanne Granieri
Academy of Master Educators

- Executive Committee: Missy McNeil, Rosanne Granieri
- AME Membership Committee: Missy McNeil
- Faculty Development: Missy McNeil, Rosanne Granieri

- Robert Arnold, MD
- Thuy Bui, MD
- Peter Bulova, MD
- Raquel Buranosky, MD
- Hollis Day, MD
- Michael Elnicki, MD
- Frank Kroboth, MD
- Missy McNeil, MD
- Thomas Painter, MD
- Gary Tabas, MD
- Asher Tulsky, MD
- Roseanne Granieri, MD

Newly Elected
- Eric Anish, MD
- Greg Bump, MD
- Alda Gonzaga, MD, MS
- Harish Jasti, MD, MS
- Carla Spagnoletti, MD, MS
- Peggy Hasley, MD, MHSc
Medical Student Teaching

- **Preclinical Years**
  - Course Precepting/Facilitation
    - Intro to Being a Physician
    - Intro to Interviewing
    - Advanced Physical Exam
    - Advanced Interviewing
    - Ethics, Law and Professionalism
    - Medical Decision Making
    - Reproductive Medicine
    - Health, Illness and Behavior
    - Preclinical Clerkship

- **Clinical Years**
  - AIMC/AI
    - 156 months Hospitalist Attending
    - 48 Months Student Teaching Attending
  - CAMC
    - 60 Months Precepting
Medical Students Mentoring

- Assistant Dean For Medical Student Research: Molly Conroy
- Advisory Deans
  - Hollis Day
  - Adam Gordon
- Fast advisors
- Pre-residency advisors
- Scholarly Project advisors
## Leadership of Residency Training Programs

<table>
<thead>
<tr>
<th>Director</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shanta Zimmer, MD</td>
<td>Program Director, IM Residency Training</td>
</tr>
<tr>
<td>Alda Gonzaga, MD</td>
<td>Program Director, Medicine-Pediatrics Program</td>
</tr>
<tr>
<td>Melissa McNeil, M.D.</td>
<td>Track Director, Women’s Health Track</td>
</tr>
<tr>
<td>Raquel Buranosky, MD</td>
<td>Director, EIP</td>
</tr>
<tr>
<td>Michael Elnicki, M.D.</td>
<td>Track Director, Categorical IM at UPMC Shadyside</td>
</tr>
<tr>
<td>Gary Tabas, M.D.</td>
<td>Transitional Programs</td>
</tr>
<tr>
<td>Asher Tulsky, M.D.</td>
<td>APD, Japan Internal Medicine Residency Program</td>
</tr>
<tr>
<td>Kathleen McTigue, MD, MPH</td>
<td>Track Director, Clinical Scientist Track</td>
</tr>
<tr>
<td>Thuy Bui, MD</td>
<td>Track Director, Global Health</td>
</tr>
<tr>
<td>Peggy Hasley, MD</td>
<td>APD Track Director, Generalist Pathway</td>
</tr>
<tr>
<td>Franziska Jovin, MD</td>
<td>Hospitalist Pathway</td>
</tr>
<tr>
<td>Peter Bulova, MD</td>
<td>Track Director, International Scholars Program</td>
</tr>
<tr>
<td>Rollin Wright, MD, MPH</td>
<td>Track Director, Geriatrics</td>
</tr>
<tr>
<td>Robert Brooks, MD, PhD</td>
<td>APD, VAMC</td>
</tr>
<tr>
<td>Wendy Romeo</td>
<td>Administrative Director</td>
</tr>
</tbody>
</table>
It Takes a Village: Resident Faculty

- Achilleos, Andreas, MD  MUH Core Faculty, EBM Curriculum
- Anish, Eric, MD  Shadyside Core Faculty, Sports Medicine Elective
- Arnold, Robert, MD  MUH, Communication, Palliative Care
- Bigi, Lori, MD, MS  MUH, Ambulatory Clinic Director
- Brooks, Robert, MD, PhD  VAMC APD, Ambulatory Curriculum
- Bui, Thuy, MD  MUH, Global Health Track Director
- Bulova, Peter, MD  MUH, IS Track Director, Procedures, Disabilities
- Buranosky, Raquel, MD, MPH  APD, Curriculum, Education Innovation Project
- Bump, Gregory, MD  MUH, Patient Safety, M&M, Transitions
- Claxton, Renee MD, MS  MUH, SEC Palliative Care, Fast Facts
- Childers, Julie, MD, MS  MUH, LEAD-Humanities, Pain Management
- Day, Hollis, MD  MUH, Direct Observation, Physical Diagnosis
- Demoise, David, MD  SHY, Shadyside Clinic Director
- Elnicki, Michael, MD  SHY, APD, Section Chief
- Fischer, Gary, MD  MUH, LEAD-QI/Patient Safety
<table>
<thead>
<tr>
<th>Name</th>
<th>Title and Department</th>
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</thead>
<tbody>
<tr>
<td>Gerber, Lawrence, MD</td>
<td>VAMC, Inpatient Medicine Service</td>
</tr>
<tr>
<td>Gonzaga, Alda, MD, MS</td>
<td>Program Director, Med-Peds</td>
</tr>
<tr>
<td>Gordon, Adam, MD, MS</td>
<td>VAMC, Substance Abuse Curriculum</td>
</tr>
<tr>
<td>Granieri, Rosanne, MD</td>
<td>MUH, Resid Structured Educational Exp., CETP</td>
</tr>
<tr>
<td>Jasti, Harish, MD, MS</td>
<td>MUH, Intern Ambulatory Block, Patient Safety</td>
</tr>
<tr>
<td>Hasley, Peggy, MD, MS</td>
<td>MUH, Ambulatory APD, Generalist Track Dir</td>
</tr>
<tr>
<td>Herrle, Scott, MD, MS</td>
<td>VAMC, Physical Diagnosis, Communication</td>
</tr>
<tr>
<td>Hoffman, Erika, MD</td>
<td>VAMC, Director Outpt Primary Care Clinics</td>
</tr>
<tr>
<td>Jovin, Franziska, MD</td>
<td>Hospital Medicine Curriculum</td>
</tr>
<tr>
<td>Levin, William, MD</td>
<td>Medicine Consults, Procedures</td>
</tr>
<tr>
<td>Malek, Siamak, MD</td>
<td>VAMC, Global Health Lecture Series</td>
</tr>
<tr>
<td>McNeil, Melissa, MD</td>
<td>MUH, Women’s Health Track Director</td>
</tr>
<tr>
<td>McTigue, Kathleen, MD</td>
<td>CST Track Director, ISP Research Director</td>
</tr>
</tbody>
</table>
## It Takes a Village: Core Faculty

- Munshi, Anu, MD, MS  SHY, Inpatient Medicine, Discharge Curriculum
- Nordman, Bethany, MD  MUH, Clinic Preceptor
- Painter, Thomas, MD  MUH, Inpatient Medicine
- Preisner, Ruth, MD  VAMC, Procedures
- Spagnoletti, Carla, MD, MS  MUH, Medical Interviewing, LEAD-MedEd
- Stern, Jamie, MD, MPH  MUH, Women’s Health
- Tabas, Gary, MD  SHY Transitional PD
- Tulsky, Asher, MD  MUH, APD Evaluation and Advising
- Van Deusen, Reed, MD, MS  Med Peds APD, Transitional Care
- Zalenski, Dianne, MD  SHY, Women’s Health
- Zimmer, Shanta, MD  Program Director

## Chief Medical Residents 2011-2012

- Chirag Chauhan, MD
- Deborah Jones, MD
- Joseph Simonetti, MD
- Anna Donovan, MD
- Mark O’Hara, MD
Thomas Grau, MD, Col, USAF; UPMC Shadyside IM Track Director

- MD – Rutgers – University of Medicine and Dentistry (1986)
- Internal Medicine Residency – Presbyterian-University of Pennsylvania Medical Center (1989)
- Chief Resident - Presbyterian-University of Pennsylvania Medical Center (1989-1990)

Prior positions
- Clinical Associate Prof, Uniformed Services Univ of the Health Sciences
- Program Director, IM residency at Wilford Hall Medical Center (2004-08)
- Chief, GIM at Wilford Hall (200-2004)
- Director of Medical Consultation; Chief, GIM Malcolm Grow USAF Medical center
Recruitment 2011-2012

- 2739 applicants
- 535 invited, 426 interviewed
- 40 slots
- GIM faculty performed over 700 interviews!
2012 Intern Class Characteristics

- 7 AOA
- Average step 1 237; Step II 252
- 18 from our top 150
- 18 representatives from “peer” schools
  - Case
  - Duke
  - Northwestern
  - University of Virginia
  - Vanderbilt
- 8 Pitt Students
- 3 PhDs
- 5 URMs

TRACKS
- 3 ABIM Research Pathway
- 4 Global Health
- 4 Women’s Health
- 4 Clinical Scientist
- 3 Generalist
- 6 International Scholars
  (Greece, Iran, Peru, Pakistan, China)
Internal Medicine-Peds

• Alda Gonzaga, MD, MS, Program Director
• Reed Van Deusen, MD, MS, APD
• Matched our 14th class in March
• Completed a successful internal review by GMEC
• Turtle Creek Clinic—near equal number of medicine and peds patients

• Recruitment
• Out of 261 applicants, 52 interviewed
  – 48 ranked
• Current Interns
  – Half are AOA
  – All had USMLE scores > 220
<table>
<thead>
<tr>
<th>Name</th>
<th>Medical School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bernard, Mark</td>
<td>University of Pittsburgh School of Medicine</td>
</tr>
<tr>
<td>Domat, Alan</td>
<td>St. George's University</td>
</tr>
<tr>
<td>Kim, So Dam</td>
<td>Catholic University of Korea</td>
</tr>
<tr>
<td>Mathew, Indu</td>
<td>Medical College Thiruvananthapuram</td>
</tr>
<tr>
<td>Nawaz, Natasha Haq</td>
<td>Army Medical College</td>
</tr>
<tr>
<td>Patel, Sheena</td>
<td>Wright State University Boonshoft School of Medicine</td>
</tr>
<tr>
<td>Smith, Chad</td>
<td>Pennsylvania State University College of Medicine</td>
</tr>
<tr>
<td>Tang, Catherine</td>
<td>The School of Medicine at Stony Brook University Medical Center</td>
</tr>
</tbody>
</table>
Education Innovations Project (EIP)

- Lead: Raquel Buranosky, MD, MPH
- EIP in 6th year (out of 10)
- Examples of innovations
  - Individualizing careers: tracks have been successful for recruitment and in curricular development
  - Eportfolio as Mentoring Tool
  - Faculty development sessions—improvements in teaching
  - Subspecialty Education Coordinators
    - Increased Number of Clinical Experiences
    - Outstanding Fellowship Mentoring and Placement
  - QI opportunities for residents
QI opportunities for residents

• Longitudinal QI curriculum in Ambulatory Block—quality metrics and report cards
• Inpatient QI on Geriatrics rotation with focus on prevention of readmissions
• Pharmacy QI: a) on Geriatrics with investigation of their own prescribing habits b) in Intern Ambulatory Block with focus on adherence to medications
• Home Visit on Geriatrics with assessment of home factors that influence disease management
EIP: Communication

- 3-year Progressive Medical Interviewing Curriculum
  - Direct Observation, Standardized Patients
  - Health Literacy Curriculum
- Ambulatory Inter-visit Communication Curriculum
- Discharge Summary Curriculum for Interns
Emerging Innovations

- Back to the Bedside Initiative
- Growth of A.C.T.I.O.N.
  - Advocacy and Health Policy Curriculum
- Milestones Project
- Faculty Speaker series at house staff lunch
- Reflective Writing on Social Injustices
  - Story Corps with the Chief Residents
- LEAD Program
New Program: Leadership and Discovery (LEAD)

• Director: Michael Fine, MD, MSc
• Structured program to support house staff in research and scholarship
• Three components:
  – Longitudinal project
  – Curriculum, mentoring and career development
  – Presentation and publication
Advisor and mentors will work with the LEAD program to identify areas of interest and tracks

<table>
<thead>
<tr>
<th>Program or Track</th>
<th>Director(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research pathway</td>
<td>Drs. Wenzel, Keyman</td>
</tr>
<tr>
<td>Clinical scientist training program or international scholars program</td>
<td>Drs. McTigue, Bulova</td>
</tr>
<tr>
<td>Basic research</td>
<td>Dr. Morris</td>
</tr>
<tr>
<td>Clinical research</td>
<td>Drs. Fine, Morris</td>
</tr>
<tr>
<td>Medical education</td>
<td>Dr. Spagnoletti</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>Dr. Fischer</td>
</tr>
<tr>
<td>Medical humanities</td>
<td>Drs. Arnold, Childers</td>
</tr>
</tbody>
</table>
## Expected LEAD Milestones for PGY1

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify track</td>
<td>Q1 (July – September)</td>
</tr>
<tr>
<td>Choose project/mentor</td>
<td>Q2 – Q3 (October – March)</td>
</tr>
<tr>
<td>Create proposal</td>
<td>Q3 – Q4 (January – June)</td>
</tr>
</tbody>
</table>
Overall LEAD Expectations

- Create a project proposal
- Design and complete a mentored project
- Write a project summary report
- Present results at local, regional or national meeting(s)
- Stretch goal = one or more peer review publication(s)
Recruitment 2012-2013

• ERAS opens later (Sept. 15th)
• Based on faculty feedback and applicant response cards
  – Improved matching with faculty interviewers
  – Earlier requests for interview slots from faculty
• Emphasis on LEAD program residency
• Efforts to recruit under-represented minorities
• Expanded research pathway recruitment (MD/PhD)
Challenges and Growth

- Milestones
- Increased ambulatory requirements and decreased VA space
- Expanding mentorship needs for research
- Recruiting top talent
Fellowships 2011-2012

• Strong, vibrant fellowships—total of 18 fellows currently (MDs and PhDs)
• GIM—Investigator, educator, women’s health: 6 fellows
• AHRQ T32s: CER and HSR: 9 post-doctoral fellows
• Palliative Care: 3 fellows

Research and Education Training for fellows and students throughout the institution through ICRE
GIM Fellowship Program

• **Leadership:**
  - Director: Kevin Kraemer

• **Tracks**
  - Clinician-Educator; Clinician-Researcher; Women’s Health
  - Health Services Research T32; Comparative Effectiveness Research T32

• **Funding:** VA, HRSA, AHRQ, Shadyside Foundation

• **June 2012 Graduates**
  - Jed Gonzalo, MD, MS, Asst Professor of Medicine, Penn State University
  - Brian Heist, MD, MS, Asst Professor of Medicine, University of Pittsburgh
  - John Ragsdale, MD, MS, Hospital Medicine, University of Pennsylvania
  - Sarah Tilstra, MD, MS, Asst Professor of Medicine, University of Pittsburgh

• **Current Fellows**
  - **2nd years:** Jen Corbelli, MD; Adam Sawatsky, MD
  - **1st Year:** Anna Donovan, MD; Holly Thomas, MD
GIM Fellowship: Selected National Workshops 2011-12


Sawatsky A: “Integrating Active Learning into Resident Noon Conference,” accepted for presentation at Academic Internal Medicine Week, Phoenix, AZ, Oct 2012

Sawatsky A: “7 Habits of Highly Effective Chiefs,” APDIM Spring Conference, Atlanta, GA, April 2012


Tilstra S, Corbelli J, Bonnema R, Tulsky A. "Rekindling the Flame: Mentoring Resident Burnout from a Chief’s Perspective." APDIM National Meeting, Atlanta, GA, Spring 2012


Gonzalo, JD, J. Yang, G. Huang. A Decade of Change: Systems-Based Content in Morbidity and Mortality Conferences. National AAMC Meeting (RIME), Denver, CO, November 2012


Gonzalo JD, J. Yang, G. Huang. “A Decade of Change: Systems-Based Content in Medical Morbidity and Mortality Conferences.” The Journal of Graduate Medical Education (publication date December, 2012)


**Division of General Internal Medicine**  
**CRHC, ICRE, CHERP, VAPHC**  
**RAND-University of Pittsburgh Scholars Program**

- **Director**: Kevin Kraemer  
- **Purpose**: train future independent investigators in health services, comparative effectiveness, and health policy research  
- **Funding**: two T32 awards from Agency for Healthcare Research and Quality (AHRQ)  
- **Graduates 2011-12**:  
  - Frances Pillemer, PhD (Health Policy), graduated 11/11, health policy scientist at RAND  
  - Helen Smith, PhD (Epidemiology), graduated 6/12, research analyst at Highmark  
  - Ted Yuo, MD (Vascular Surgery), graduated 6/12, resident in Vascular Surgery  
- **Current Scholars**  
  - Amanda Dumas, MD (Pediatrics)  
  - Tiffani Johnson, MD (Ped. ER)  
  - Veena Karir, PharmD (Pharmacy)  
  - Penelope Morrison, MD (Anthropology)  
  - Ana Radovic, MD (Adolescent Med)  
  - Ellerie Weber, PhD (Health Economics)  
- **Incoming Scholars**  
  - John Rief, PhD Candidate (Communication, University of Pittsburgh)  
  - Dio Kavalieratos, PhD Candidate (Health Policy, University of North Carolina)


Morrison P: “Providers’ successful strategies for addressing preventive health topics with parents of teens,” AHRQ NRSA Conference, Orlando, FL, June 2012

Morrison P: “Gender differences in homeless adolescents’ decisions regarding contraceptive use and their partners,” AAA meetings, Fall 2012

Morrison P: “Homeless youth’s dyadic context for sexual decision making,” APHA meetings, Fall 2012


Yuo TH: “Applying the payoff time framework to carotid disease management,” Society for Medical Decision Making Annual Meeting (winner of the 2011 Lee Lusted Student Prize for Quantitative Methods and Theoretical Developments), Chicago, IL, October 2011

Yuo TH: “Increased Hospital Use of Carotid Artery Stenting (CAS) over Carotid Endarterectomy (CEA) is Associated With Inferior Outcomes in Asymptomatic Patients,” Annual Symposium on Vascular Surgery, Society for Clinical Vascular Surgery, March 2012


Pillemer FM and Parker, AM. “The Importance of Prior Vaccination: An Analysis of Seasonal and H1N1 Influenza Uptake across Three Seasons” Under review with the American Journal of Public Health.


Yuo TH, Roberts MS, Braithwaite RS, Chang CC, Kraemer KL. Applying the payoff time framework to carotid artery disease management. Revise and resubmit to Medical Decision Making.

Yuo TH, Degenholtz HS, Chaer RA, Makaroun MS, Kraemer KL. Increased hospital use of carotid artery stenting over carotid endarterectomy is associated with inferior outcomes in asymptomatic patients. Revise and resubmit to Journal of Vascular Surgery.
Palliative Care and Hospice Fellowship

**Director:** Gordon Wood, MD (Renee Claxton, MD—new director)

**Tracks:**
- One year ACGME-accredited fellowship
- Two years: one year clinical; second year MS (research or education)

**Funding:** GME, UPMC Palliative and Supportive Institute

**Program size:** Approved for 4 slots, all four are filled

**June 2012 Graduates**

- **Michael Barnett, MD MS**
  - Assistant Professor and Associate Program Director
  - Hospice and Palliative Medicine Fellowship, Univ of Alabama, Birmingham

- **Patrick White, MD**
  - PhD student in Clinical and Translational Science, ICRE Pitt

- **Carolyn Lefkowits, MD**
  - Gyn-oncology fellow, UPMC Magee
Current Palliative Care Fellows

Michelle Freeman, MD
MD - Albany Medical College (2008)
Internal Medicine/Pediatrics Residency - UPMC (2012)

Scott Freeman, MD
MD - SUNY Downstate College of Medicine (2008)
Internal Medicine Residency - Temple University Hospital (2011)

Brian McMichael, MD
MD - University of California at Irvine (2007)
Physical Medicine and Rehabilitation Residency - Tufts Medical Center (2012)

Lisa Podgurski, MD
Internal Medicine Residency - UPMC (2012)
The Division is extensively involved and leading clinical research training for students, residents, fellows, and faculty from many divisions and departments in the schools of the health sciences.

Training programs for various levels of the investigative pipeline (e.g., Doris Duke Fellowship, CSTP, KL2, TL1)

Research Support: mentoring, design and analysis support and evaluation
Total Student by Degree Program

- PhD (CTS)
- MS (CLRES)
- MS (MEDEDU)
- Cert (CLRES)
- Cert (MEDEDU)

Fiscal Year

- 2001
- 2002
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012

Division of General Internal Medicine
CRHC, ICRE, CHERP, VAPHC
Departments of Clinical Research Students

1 each from:
- Behavioral and Community Health Sciences (GSPH)
- Chemical Engineering and Bioengineering (Engineering)
- Dental Public Health/Information Management (Dental Medicine)
- Environmental and Occupational Health (GSPH)
- Epidemiology (GSPH)
- Gastroenterology
- Immunology
- Infectious Diseases and Microbiology (GSPH)
- Law (Law)
- Occupational Therapy (SHRS)
- Ophthalmology
- Radiation Oncology

- Medicine
- OB/GYN and Reproductive Sciences
- Medical Student
- Pediatrics
- Surgery
- Critical Care Medicine
- Psychiatry
- Emergency Medicine
- Pharmaceutical Sciences (Pharmacy)
- Physical Therapy (SHRS)
- Physical Medicine and Rehabilitation
- Anesthesiology
- Family Medicine
- Neurological Surgery
- Otolaryngology
- Pharmacy and Therapeutics (Pharmacy)
- Biomedical Informatics
- Health and Community Systems (Nursing)
- Neurology
- Pathology
- Urology

Division of General Internal Medicine
CRHC, ICRE, CHERP, VAPHC
ICRE Funding 2000-2012

- AHRQ Postdoctoral Program in Comparative Effectiveness Research (T32)
- AHRQ Comparative Effectiveness Research Scholars Program (K12)
- CTSI Comparative Effectiveness Research Education Supplement
- CTSI Competencies-based Education Supplement
- Doris Duke Clinical Research Fellowship Program for Medical Students
- AHRQ Postdoctoral Program in Health Services Research (T32)
- CTSI Predoctoral Fellowship Program (TL1)
- CTSI Research Education and Career Development Core (UL1)
- CTSI Clinical Research Scholars Program (KL2)
- NIH Roadmap Multidisciplinary Clinical Research Scholars Program (K12)
- NIH Design of a New Clinical Research Training Program (K30)
Research Program

• Research Infrastructure
  – Center for Research on Health Care (CRHC)
  – Center for Health Equity Research and Promotion (CHERP) at the VA
  – CRHC Data Center
  – Sections
  – Institute for Clinical Research Education
  – RAND University of Pittsburgh Health Institute
RESEARCH EXPENDITURES
GENERAL INTERNAL MEDICINE

TOTAL DOLLARS

FY06 FY07 FY08 FY09 FY10 FY11 FY12

CTSA, ARRA

INDIRECT DIRECT
### Grant Funding FY2013

<table>
<thead>
<tr>
<th></th>
<th>Direct</th>
<th>Indirect</th>
<th>Total</th>
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<td>NIH/other</td>
<td>$12,605,279</td>
<td>$3,312,677</td>
<td>$15,917,955</td>
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<tr>
<td>Pending</td>
<td>$1,874,179</td>
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<td>$2,728,312</td>
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<td>VA</td>
<td>$3,474,675</td>
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<td>$3,474,675</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$22,120,942</strong></td>
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CRHC Internal Scientific Grant Review

Committee: Bruce L. Rollman (chair), Bea Herbeck Belnap, Charity Moore, Mary Ann Sevick, Lynn Rago, Karin Dillon
Goals:
• Provide Principal Investigator with rigorous internal review prior to external submission
• Identify problems early to improve PI’s chances of later funding success

Highlights (FY12):
• 63 Grants reviewed
  – 50 Faculty performed 1+ reviews
  – 2 Faculty performed 4+ reviews
  – Revised grant review policy
  – Created electronic review process
Research Areas

- Health Services Research
- Epidemiology/Clinical Epidemiology/Intervention Studies
- Decision Sciences/Comparative Effectiveness
- Women’s Health
- Disparities
- Methods/Analyses
- Palliative and Supportive Service
Health Services Research/Clinical Epidemiology

- Kevin Kraemer, MD, MSc—Director: T32s, Grant Writing Course, Fellowship
- Matthew S. Freiberg, MD, MSc—Section Director; leader in chronic disease translation
- Kathleen M. McTigue, MD, MPH—Director of CST; major role in ICRE teaching
- Walid Gellad, MD, MPH—Emerging leader in variation, effectiveness and safety of drugs
- Natalia E. Morone, MD, MS—Co-Director of CEED Program, ICRE
- Ateev Mehrotra, MD, MPH—Medical Director of eRecord Evaluation
- Hilary A. Tindle, MD, MPH—Book on Optimism
- Brian A. Primack, MD, EdM, MS—Program Director In Media and Health; media
- Molly Conroy, MD, MPH—Assistant Dean for Scholarly Project
Interventions research

• Bruce Rollman, MD, MPH—Director for Grant Reviews; Clinical Research Methods Course, ICRE; Grant Writing Course

• Mary Ann Sevick, ScD, RN—K24 funded; Director of RAMP to K, ICRE

• Lauren Broyles, PhD, VA Career Development Award: Nursing Research Initiative Award
Decision Sciences/CER

- Amber E. Barnato, MD, MPH, MS—Director CSTP Medical Students and Director, Doris Duke Fellowship
- Bruce Y. Lee, MD, MBA—More than 30 papers on infectious disease modeling
- Kenneth Smith, MD—Major paper in JAMA in cost-effectiveness of pneumococcal vaccine; Directs EBM curriculum; LEAD program
- Smita Nayak, MD—Major paper in Annals of osteoporosis screening
- Nicole Fowler, PhD—Assistant Director, PhD Clinical and Translational Science, ICRE
- Esa Davis, MD, MPH—Junior Scholar Award; Developing a major program in screening for gestational diabetes
Disparities

- Michael Fine, MD, MSc—Director of LEAD, CHERP
- Galen Switzer, PhD—Director of PhD in Clinical and Translational Science
- Larissa Myaskovsky, PhD—Course Director on Disparities in ICRE
- Sonya Borrero, MD, MS—Women’s Health Fellowship; Qualitative Research
- Leslie Hausman, PhD—Course Director on Disparities
- Susan Zickmund, PhD—Supports qualitative research for many faculty in the schools of health sciences
Methodology

- Doris Rubio, PhD—Director, CRHC Data Center; Co-Director ICRE; CTSI
- Doug Landsittel, PhD—Director, Comparative Effectiveness Research Track in MS, ICRE
- Joyce Chang, PhD—ICRE teaching programs; one of our very best teachers
- Charity G. Moore, PhD—Director, Academic Programs ICRE; CEED Director
- Kaleab Abebe, PhD—CEED Co-Director
Women’s Health

- Eleanor Bimla Schwarz, MD, MS—Director, Women’s Health Service Unit, CRHC

- Rachel Hess, MD, MS—R01, R18, Extensively funded; Chair of Patient Entered Information subcommittee of the UPMC HealthTrak (PHR) Steering Committee
Supportive Services/Communication

- Robert Arnold, MD—Chief, Section Palliative Care, Director, Institute for Patient Doctor Communication; UPMC wide palliative care
- Yael Schenker, MD—MD—Developing leading research program in Cross Cultural Communication and Surrogate Decision Making
- Bruce Ling, MD—Director, IRB at VA
Research: Future/Challenges

• Highly competitive funding environment—how do we keep everyone funded
• Maintaining a strong infrastructure and review process is critical
• Continue to build on top of our strengths
  – Focused recruitments
  – Training fellows
Principles

• Clinical revenues support clinical activities
• Teaching:
  – Medical student: supported by ECU
  – Graduate student: CTSI grant and partial return of tuition (ICRE)
  – Residency teaching: supported by identifiable roles—teaching is part of this support
• Research
  – Must support itself through external funding
  – Seed funding: provided for start up

UPMC Support tied to RVUs—for clinical activities
We have to generate funds for everything we do!
## Finances

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Expenses</th>
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<tr>
<td><strong>University</strong></td>
<td><strong>University</strong></td>
</tr>
<tr>
<td>Grants (Direct Expenses) $12,419,532</td>
<td>Grants $12,419,592 (Salaries FB &amp; research exp.)</td>
</tr>
<tr>
<td>Hard Money $3,995,589 (Indir. &amp; ECU’s)</td>
<td>Hard Money $3,818,356 (Salaries, FB, incentives)</td>
</tr>
<tr>
<td>Other $832,416</td>
<td>Other $836,239</td>
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<tr>
<td><strong>UPP</strong></td>
<td><strong>UPP</strong></td>
</tr>
<tr>
<td>Clinical income $19,827,504</td>
<td>Salaries &amp; FB, oper $19,750,855</td>
</tr>
<tr>
<td>Resident training $1,122,258</td>
<td>Resident training $1,058,980</td>
</tr>
<tr>
<td>Turtle Creek $71,094</td>
<td>Turtle Creek $253,425</td>
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<tr>
<td><strong>Total</strong> $38,268,453</td>
<td><strong>Total</strong> $38,137,447</td>
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**Balance** + $131,007

Division of General Internal Medicine
CRHC, ICRE, CHERP, VAPHC
Faculty FY 2012

125 Faculty
  - 58 Clinician/Clinician Educator Faculty
  - 27 Full Time Hospital Medicine (A Service)
  - 40 Investigator Faculty

Demographics
  - 27 age >50
  - 64 woman; 8 (URM)

Ranks
  - 39 Professors, Associate Professors
  - 17 Tenure Stream
  - 9 Tenured
## Faculty

<table>
<thead>
<tr>
<th>Faculty</th>
<th>UPMC Mont/Presby</th>
<th>VAPHS</th>
<th>UPMC Shadyside</th>
<th>Total</th>
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<tbody>
<tr>
<td>MD</td>
<td>54</td>
<td>6</td>
<td>5</td>
<td>65</td>
</tr>
<tr>
<td>MD/MPH*</td>
<td>32</td>
<td>9</td>
<td>1</td>
<td>42</td>
</tr>
<tr>
<td>MD/PhD</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>PhD*</td>
<td>13</td>
<td>4</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>20</td>
<td>6</td>
<td>125</td>
</tr>
</tbody>
</table>
Professor
• Kevin Kraemer, MD, MSc

Associate Professor
• Rachel Hess, MS, MS
• Bruce Lee, MS, MBA
• Ateev Mehrotra, MD, MPH
• Larissa Myaskovsky, PhD
• Ruth Preisner, MD
• Brian Primack, MS, PhD

Clinical Associate Professor
• Dave McAdams, MS, MS
• Scott Miller, MD, MA
Faculty Departures

• Hospitalists
  – Tomo Uchiyama, MD
  – Anil Purohit, MD
  – Vijay Karajala, MD
  – Pilar Ortegon, MD
  – Alberto Unzueta, MD
  – Jayaseeli Bastin, MD

• Clinicians
  – Jen Lyden, MD
  – Bethany Nordman, MD

• Shadyside
  – Dario Torre, MD, MPH, PhD

• Palliative Care
  – Dean Frate, MD
  – Tamara Sacks, MD
  – Gordon Wood, MD

• Research
  – James Kloke, PhD
  – Jim Bost, PhD

• Medical Ethics
  – David Barnard, PhD, JD
Faculty Recruitment

- Recruited 21 new faculty
  - Full time hospital medicine—12
  - Palliative Care—4
  - Clinician/Educator—4
  - Investigators—3
Full-Time Hospital Medicine

Delia Cucoranu, MD
MD – Grigore T. Popa Univ of Medicine and Pharmacy in Romania (2002)
Internal Medicine Residency – University of South Alabama Medical Center (2011)

Han Na Kim, MD
BA – Accelerated Medical Scholar Program – University of Chicago (2006)
MD – Pritzker School of Medicine – University of Chicago (2009)
Internal Medicine Residency – NY University Medical Center (2009-2012)

Amy Zhou, MD
BS – Cellular Molecular Biology and Anthropology/Zoology – University of Michigan (2005)
MD – Wayne State University School of Medicine (2009)
Internal Medicine Residency – Emory University School of Medicine (2012)
Full-Time Hospital Medicine

Daisy Bang, MD

MD – Tufts University School of Medicine (2009)
Internal Medicine Residency – UPMC – (2012)

William Ceyrolles, MD

BS – Chemistry and Biology – Duquesne University (2000)
MS – Polymer Science – University of Akron (2002)
MD – University of Pittsburgh (2009)
Internal Medicine Residency – UPMC (2012)

Khaled Boobes’, MD

MD – Damascus University of Syria (2008)
Internal Medicine Residency – University at Buffalo-SUNY (2012)
Full-Time Hospital Medicine

Jilalu Kelbe, MD

MD – Gondar College of Medical Sciences, Ethiopia (1995)
Internal Medicine Residency – Saint Frances Hospital, Evanston, Indiana (2012)

Shari Montandon, DO

BS – Eastern Washington University (2005)
DO – Univ of Medicine and Biosciences at Kansas City (2009)
Internal Medicine Residency – University of Louisville (2012)

Srujitha Murukutla, MBBS

MBBS – Kakatiya Medical College in India (2006)
Internal Medicine Residency – Staten Island University Hospital (2012)
Full-Time Hospital Medicine

Rebecca Vento, MD, MPH

BS – Neuroscience – University of Pittsburgh (2001)
MD/MPH – New York Medical College (2005)
Internal Med/Peds Residency – University of NC, Chapel Hill (2009)

Chaithra Prasad, MD (September 15 start date)

BS – Biochemistry – University of Nevada (2005)
MD – University of Nevada (2009)
Internal Medicine Residency – Mayo Clinic (2012)

Sunil Iyer, MD (September 15 start date)

MD – University of Pittsburgh (2009)
Internal Residency – UPMC (2012)
Palliative Care

Richard Weinberg, MD

BS – Zoology – University of Michigan (1973)
MD – University of Michigan (1978)
Medical Intern – St. Paul Ramsey Medical Center/VA Hospital (1979)
Flexible Internship – Hennepin County Medical Center (1980)
Medical Resident - Hennepin County Medical Center (1982)

Jane Schell, MD, MHSc

BS – Biology Sciences – University of South Alabama (2000)
MD – Univ of Alabama School of Medicine, Birmingham (2005)
Internal Medicine Residency – Johns Hopkins Hospital (2008)
MHSc – Clinical Research (2011)
Palliative Care

Eva Reitschuler-Cross, MD

MD – University of Vienna, Austria (2004)
Internal Medicine Residency – Mount Auburn Hospital, Cambridge (2010)
Fellowship – Hospice and Palliative Care – MGH and Dana Farber Cancer Institute in Boston (2012)

M. Hamza Habib, MD

MBBS – Army Medical College, National University of Sciences and Technology Pakistan (2005)
Internal Medicine Residency – St. Joseph Hospital, Univ of Illinois (2011)
Fellowship in Hospice and Palliative Care – University of Chicago (2012)
Clinician Educator – Montefiore

Jaishree Hariharan, MD, MS, FACP

MD – University of Bombay (1984)
Residency—University of Cincinnati Med Center (1995)
Chief Resident—University of Cincinnati Med Center (1996)
Faculty—Professor, Medical College of Wisconsin (until 2012)

Sarah Tilstra, MD

BS – Movement Science – University of Michigan (2002)
MD – University of Pittsburgh (2007)
Internal Residency – UPMC (2010)
Fellowship – University of Pittsburgh (2012)
Brian Heist, MD, MS

BA – Biochemistry – Bowdoin College (1996)
MD – University of Pittsburgh (2004)
Internal Medicine Residency – University of Rochester Medical Center (2007)
MS – Medical Education – University of Pittsburgh (2012)
PhD Faculty

**Lan Yu, PhD**
BA – English Language and Culture – Renmin University of China, Beijing (1999)
MS- Educational Psychology, Penn State University (2006)
PhD – Education Psychology, Penn State University (2007)

**Dana Tudorascu, PhD, MS, BS**
BS – Mathematics, University of Craiova (1999)
PhD – Biostatistics – University of Pittsburgh (2009)

**Seo Young Park, PhD, BSc**
PhD – Statistics – University of NC at Chapel Hill (2010)
Assistant Professor—University of Chicago (2010-2011)
Awards

Eric Anish, MD
• Clerkship Preceptor of the Year Award, University of Pittsburgh SOM, 2011

Peter Bulova, MD
• Clerkship Preceptor of the Year Award, University of Pittsburgh SOM, 2011

Gregory Bump, MD
• William I. Cohen Award for Excellence in Clinical Skills Instruction of Medical Students, University of Pittsburgh School of Medicine 2011
• Outstanding Teaching Attending Award from the Interns, UPMC, 2011

Raquel Buranosky, MD, MPH
• Charles G. Watson Award for Excellence in Teaching, University of Pittsburgh SOM, 2012
• Outstanding Teaching Attending Award from the Residents, UPMC 2012

Joyce Chang, PhD
• Excellence in Teaching Award, Institute for Clinical Research Education, University of Pittsburgh, 2011
Awards

Harish Jasti, MD, MS
• William I. Cohen Award for Excellence in Clinical Skills Instruction of Medical Students, SOM, 2011
• Outstanding Teaching Attending Award from the Interns, UPMC, 2012
• Clinician-Educator of the Year, Mid-Atlantic Region, Society of General Internal Medicine, 2012

Melissa McNeil, MD, MPH
• Golden Apple Teaching Award Nominee, University of Pittsburgh, SOM 2011

Anuradha Munshi, MD, MS
• David E. Rogers Junior Faculty Education Award, SGIM, 2011

Eleanor Bimla Schwarz, MD, MS
• Mid-career Mentor Award for Family Planning, Society of Family Planning, 2011

Scott Herrle, MD, MS
• VA Physician of the Year (2012)
Awards

David Demoise, MD

- Excellence in Teaching Award from the UPMC Shadyside Housestaff, SOM, 2011 and 2012

Rosanne Granieri, MD

- Excellence in Teaching Award, Institute for Clinical Research Education, University of Pittsburgh, 2012

Peggy Hasley, MD, MHSc

- Outstanding Teaching Attending Award from the Residents, University of Pittsburgh SOM, 2011

Carla Spagnoletti, MD, MS

- Distinguished Alumnus in Medical Education Award, Institute for Clinical Research Education, University of Pittsburgh, 2011
Eric Anish, MD was chosen by the United States Olympic Committee to serve as a member of the Team USA medical staff for the Olympic Games.

Dr. Anish helped staff the USA medical clinics in the Olympic Village and at Team USA’s High Performance Training Center at the University of East London-Docklands.

Provided training facility and competition site medical coverage for USA Track & Field.
Best (Top) Doctors

Robert Arnold, MD  Rosanne Granieri, MD
Hollis Day, MD    Peggy Hasley, MD
Michael Elnicki, MD  Wishwa Kapoor, MD
Michael Fine, MD     William Levine, MD
Summary

• A great organization with extensive programs in all its missions: patient care, teaching and research
• The success and strength of the Division is solely due to the faculty—they make it happen every day!
• Supports the Department of Medicine’s residency and medical student education programs; supports the Schools of Health Sciences in research education
• Is contributing to science and innovations in health care research, innovations in residency teaching and in patient care that could serve as models for other centers
• Receive significant resources from UPMC and the School of Medicine—one of the major reasons for success
Special Thanks

• The entire Division
  • Missy McNeil
  • Franziska Jovin
  • Gary Fischer
  • Shanta Zimmer
  • Doris Rubio
  • Charity Moore
  • Joanne Riley

• Steve Shapiro
  • John Reilly
  • Val Trott
  • Margie Ealy
  • Kathy Nosko