Objectives

- Overview of the UPMC, School of Medicine and the Division
- Updates on Clinical Programs, Teaching and Research
- Focus of presentation this year: Research
  - Infrastructure and organization
  - Faculty
  - Research Training
  - Science
- Faculty—recognition and recruitment
- Finances
## FY08 NIH Grants Data
### Top 15 Educational Institutions and Affiliates (000's)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Rank FY08</th>
<th>Total Institution With Affiliates FY08</th>
<th>Rank FY07</th>
<th>Total Institution With Affiliates FY07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvard University</td>
<td>1</td>
<td>1,273,442</td>
<td>1</td>
<td>1,253,983</td>
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<tr>
<td>Johns Hopkins University</td>
<td>2</td>
<td>581,949</td>
<td>2</td>
<td>581,979</td>
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<tr>
<td>University of Pennsylvania</td>
<td>3</td>
<td>510,254</td>
<td>3</td>
<td>526,369</td>
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<tr>
<td>University of California San Francisco</td>
<td>4</td>
<td>483,210</td>
<td>4</td>
<td>476,739</td>
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<tr>
<td><strong>University of Pittsburgh</strong></td>
<td>5</td>
<td><strong>432,222</strong></td>
<td>6</td>
<td><strong>442,285</strong></td>
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<tr>
<td>University of Michigan</td>
<td>6</td>
<td>430,312</td>
<td>8</td>
<td>404,355</td>
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<tr>
<td>University of Washington</td>
<td>7</td>
<td>417,634</td>
<td>5</td>
<td>442,805</td>
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<tr>
<td>University of California Los Angeles</td>
<td>8</td>
<td>403,086</td>
<td>7</td>
<td>418,346</td>
</tr>
<tr>
<td>Washington University</td>
<td>9</td>
<td>381,858</td>
<td>10</td>
<td>374,061</td>
</tr>
<tr>
<td>Duke University</td>
<td>10</td>
<td>363,960</td>
<td>9</td>
<td>385,693</td>
</tr>
<tr>
<td>Yale University</td>
<td>11</td>
<td>363,206</td>
<td>11</td>
<td>360,561</td>
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<tr>
<td>University of North Carolina</td>
<td>12</td>
<td>342,903</td>
<td>14</td>
<td>305,104</td>
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<tr>
<td>University of California San Diego</td>
<td>13</td>
<td>338,171</td>
<td>13</td>
<td>316,786</td>
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<tr>
<td>Columbia University</td>
<td>14</td>
<td>324,484</td>
<td>12</td>
<td>341,622</td>
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<tr>
<td>Vanderbilt University</td>
<td>15</td>
<td>295,027</td>
<td>16</td>
<td>298,532</td>
</tr>
</tbody>
</table>

Source: NIH Website, April 13, 2010 (Award Data for Individual Organizations)
NIH Funding History

NIH Funding to Pitt 1995 - 2009*

*preliminary
UPMC

- One of the 18 —America’s Best Hospitals”
- Region’s largest employer: 50,000 employees (2500 Physicians), 7 billion revenues, 20 hospitals; UPMC Health Plan (1.2 million enrollees)
- Global initiatives: Transplant hospital in Italy, 2 cancer centers and a hospital in Ireland, EMS Qatar, IT in UK, and others
- New Children’s Hospital
General Internal Medicine

- A large organization
  - Multiple sites for clinical and teaching activities: Montefiore, VA, Shadyside; a Med-Peds site at Turtle Creek (2008)
  - Large inpatient and outpatient clinical operations
  - Major teaching roles
    - Medical students
    - Residency
    - Fellowships
    - Clinical research education, training and career development
  - Vibrant research programs: CRHC, collaboration with RAND, CHERP, Palliative Care; large fellowship
  - Clinical and Translational Science—education, design, biostatistics, 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

- **Mark Roberts, MD** Director, Section of Medical Decision Making

- **Raquel Buranosky, 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

- **Michael Fine, MD** Director, VA Center for Health Equity Research and Promotion

- **Timothy Burke, MD** Vice President, Primary Care Service Line, VAPHS

- **Said Ibrahim, MD** Director, Section of Health Disparities and International Health

- **Doris Rubio, PhD** Director, CRHC Data Center

- **Joanne Riley, RN, MPM** Senior Division Administrator

- **Lynn Rago** Administrator, CRHC

- **Patrick Reitz** Administrator, ICRE
Highlights

- Clinical
  - Inpatient: record inpatient census
  - Outpatient: Access, Quality, Chronic Disease Management
  - Advanced Medical Home Recognition by NCQA

- Teaching
  - Residency: excellent match
  - Education Innovation Project—transforming training
  - ICRE—diverse and vibrant programs in clinical research training

- Research
  - Record funding; K to R transitions
  - CHERP—recruited new faculty; increasing funding
  - AHRQ T32, new T and K programs applied for and funded
  - CTSI
    - Education and Career Development Core—applied for renewal
    - Design, Biostat and Ethics and Evaluation Cores—applied for renewal

- Finances—solid
Inpatient Admissions

Montefiore  Shadyside


Number of admissions: 0, 1000, 2000, 3000, 4000, 5000, 6000, 7000, 8000

Yearly admissions for Montefiore and Shadyside hospitals from 1997 to 2010.
Ambulatory Care

- Our core mission. Our goals are
  - Excellent chronic disease management
    - Access
    - Quality
    - Patient centered care
  - Improvements
    - Medication reconciliation has been successful
    - ePrescribing
    - Practice alerts
    - QI projects
    - Pharmacist in practice
    - Advanced Medical Home Recognition
- Shadyside operations are modeled after Montefiore
## PPC-PCMH Content and Scoring

### Standard 1: Access and Communication

| A. Has written standards for patient access and patient communication** | 4 |
| B. Uses data to show it meets its standards for patient access and communication** | 5 |

### Standard 2: Patient Tracking and Registry Functions

| A. Uses data system for basic patient information (mostly non-clinical data) | 2 |
| B. Has clinical data system with clinical data in searchable data fields | 3 |
| C. Uses the clinical data system | 3 |
| D. Uses paper or electronic-based charting tools to organize clinical information** | 6 |
| E. Uses data to identify important diagnoses and conditions in practice** | 4 |
| F. Generates lists of patients and reminds patients and clinicians of services needed (population management) | 21 |

### Standard 3: Care Management

| A. Adopts and implements evidence-based guidelines for three conditions ** | 3 |
| B. Generates reminders about preventive services for clinicians | 4 |
| C. Uses non-physician staff to manage patient care | 3 |
| D. Conducts care management, including care plans, assessing progress, addressing barriers | 5 |
| E. Coordinates care/follow-up for patients who receive care in inpatient and outpatient facilities | 20 |

### Standard 4: Patient Self-Management Support

| A. Assesses language preference and other communication barriers | 2 |
| B. Actively supports patient self-management** | 4 |

### Standard 5: Electronic Prescribing

| A. Uses electronic system to write prescriptions | 3 |
| B. Has electronic prescription writer with safety checks | 3 |
| C. Has electronic prescription writer with cost checks | 2 |

### Standard 6: Test Tracking

| A. Tracks tests and identifies abnormal results systematically** | 7 |
| B. Uses electronic systems to order and retrieve tests and flag duplicate tests | 13 |

### Standard 7: Referral Tracking

| A. Tracks referrals using paper-based or electronic system** | 4 |

### Standard 8: Performance Reporting and Improvement

| A. Measures clinical and/or service performance by physician or across the practice** | 3 |
| B. Survey of patients’ care experience | 3 |
| C. Reports performance across the practice or by physician ** | 3 |
| D. Sets goals and takes action to improve performance | 3 |
| E. Produces reports using standardized measures | 2 |
| F. Transmits reports with standardized measures electronically to external entities | 15 |

### Standard 9: Advanced Electronic Communications

| A. Availability of Interactive Website | 1 |
| B. Electronic Patient Identification | 2 |
| C. Electronic Care Management Support | 4 |

**Must Pass Elements**
Certificate of Recognition

National Committee for Quality Assurance commends

University of Pittsburgh Physicians
General Internal Medicine

Recognition Level- 3
on Achievement of Recognition for Systematic use
of Patient-Centered, Coordinated Care Management Processes

Awarded from: July 13, 2009 to: July 13, 2012

Margaret E. O’Kane
President
## Ambulatory care visits*

<table>
<thead>
<tr>
<th></th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty UPMC Montefiore</td>
<td>29,053</td>
<td>29,302</td>
<td>29,866</td>
<td>30,413</td>
<td>30,079</td>
</tr>
<tr>
<td>Residents UPMC Montefiore</td>
<td>4,182</td>
<td>4,219</td>
<td>3,835</td>
<td>3,646</td>
<td>3,879</td>
</tr>
<tr>
<td>PACT (HIV)</td>
<td>4,119</td>
<td>3,700</td>
<td>1,069</td>
<td>1,108</td>
<td>1,108</td>
</tr>
<tr>
<td>Homeless Clinics</td>
<td>2,753</td>
<td>2,902</td>
<td>3,055</td>
<td>2,106</td>
<td>3,145</td>
</tr>
<tr>
<td>Faculty UPMC Shadyside</td>
<td>6,877</td>
<td>7,107</td>
<td>6,322</td>
<td>6,333</td>
<td>5,412</td>
</tr>
<tr>
<td>Residents UPMC Shadyside</td>
<td>2,979</td>
<td>2,845</td>
<td>3,323</td>
<td>2,980</td>
<td>3,220</td>
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<tr>
<td>Magee Women’s Hospital</td>
<td></td>
<td></td>
<td>218</td>
<td>335</td>
<td>461</td>
</tr>
<tr>
<td>Turtle Creek PC (Med-Peds)</td>
<td></td>
<td></td>
<td>404</td>
<td>594</td>
<td></td>
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<tr>
<td>Hillman Pain Clinic (palliative)</td>
<td>529</td>
<td>1,065</td>
<td>948</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CV Clinic (palliative)</td>
<td>82</td>
<td>106</td>
<td>101</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver Ca Center (palliative)</td>
<td></td>
<td></td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>49,963</td>
<td>50,075</td>
<td>47,688</td>
<td>48,496</td>
<td>48,947</td>
</tr>
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</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
- Surveys show very high satisfaction with access
- Office wait time are very short
GIMO Compliance with Diabetes Standards

GIMO Overall  DM Pts w/ Office Visits

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>Jul-Sept 09</th>
<th>Oct-Dec 09</th>
<th>Jan-Mar 10</th>
<th>Apr-May 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C</td>
<td>86</td>
<td>98</td>
<td>97</td>
<td>97</td>
<td>96</td>
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<tr>
<td>LDL</td>
<td>78</td>
<td>82</td>
<td>87</td>
<td>81</td>
<td>87</td>
</tr>
<tr>
<td>Nephropathy</td>
<td>83</td>
<td>82</td>
<td>78</td>
<td>79</td>
<td></td>
</tr>
<tr>
<td>Eye Exam</td>
<td>44</td>
<td>68</td>
<td>74</td>
<td>70</td>
<td>69</td>
</tr>
<tr>
<td>Foot Exam</td>
<td>30</td>
<td>85</td>
<td>85</td>
<td>82</td>
<td>84</td>
</tr>
</tbody>
</table>

ADA Standards
GIMO Compliance with Diabetes Standards: % A1C < 7

Comparison of Faculty and Resident Patient A1c<7

- **Baseline**
- **Jul-Sept 09**
- **Oct-Dec 09**
- **Jan-Mar 10**
- **Apr-May 10**

<table>
<thead>
<tr>
<th></th>
<th>Faculty</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Baseline</strong></td>
<td>37</td>
<td>36</td>
</tr>
<tr>
<td><strong>Jul-Sept 09</strong></td>
<td>46</td>
<td>37</td>
</tr>
<tr>
<td><strong>Oct-Dec 09</strong></td>
<td>49</td>
<td>36</td>
</tr>
<tr>
<td><strong>Jan-Mar 10</strong></td>
<td>45</td>
<td>41</td>
</tr>
<tr>
<td><strong>Apr-May 10</strong></td>
<td>47</td>
<td>39</td>
</tr>
</tbody>
</table>
GIMO Preventive Health Compliance

Percentage of Applicable Patients for Whom Service Complete (Documented)

- Flu
- Pnu
- Mammo
- Pap
- Cholesterol
- Colorectal

Prevention Standards

Baseline July 02 (268 pts)
Jul - Sept 09 (3012)
Oct - Dec 09 (3485)
Jan - Mar 10 (3012)
Apr - May 10 (2353)
Patient Test Results Communicated by MD to Patient in 2 Weeks

- Jul' 08: Faculty 56, Residents 48
- Jan' 09: Faculty 67, Residents 41
- Aug' 09: Faculty 72, Residents 51
- Mar' 10: Faculty 95, Residents 77

GIMO Test Results Reporting
GIM Quality Awards

- NCQA Recognition as Level 3 Patient-Centered Medical Home
- Recognition
  - Shadyside Foundation QI Award – Dissemination Chronic Care Model
  - Highmark — Best of the Best Practice” re Chronic Disease Management QI
  - Highmark — Best of the Best Practice” re Medical Home
- Incentive Achievement
  - UPMC-HP QI Incentive Achievement (Levels: 0%, 8%, 12%, 15%)
    - 15% Diabetes Mgmt
    - 15% Depression Mgmt
    - 15% Generic Utilization
    - 12% Asthma Mgmt
    - 12% CAD Mgmt

  Opportunity:
  - 8% F-U D/C in 7 Days
  - 0% ED-PCP Visit Ratio
  - 0% Readmit Rate
GIMO Compared with PA-CCM Data
June 2010

GIMO Compared with IPIP Data

<table>
<thead>
<tr>
<th>ADA Standards</th>
<th>GIMO</th>
<th>SW PA</th>
<th>SE PA</th>
<th>SC PA</th>
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</thead>
<tbody>
<tr>
<td>A1c&gt;9</td>
<td>11</td>
<td>23</td>
<td>25</td>
<td>16</td>
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<tr>
<td>LDL&lt;100</td>
<td>164</td>
<td>64</td>
<td>44</td>
<td>49</td>
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<tr>
<td>LDL&lt;130</td>
<td>64</td>
<td>62</td>
<td>49</td>
<td>49</td>
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<tr>
<td>BP&lt;130/80</td>
<td>41</td>
<td>45</td>
<td>45</td>
<td>42</td>
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<tr>
<td>BP&lt;140/90</td>
<td>71</td>
<td>65</td>
<td>69</td>
<td>69</td>
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<tr>
<td>Nephropathy</td>
<td>70</td>
<td>72</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>70</td>
<td>72</td>
<td>72</td>
<td>72</td>
</tr>
<tr>
<td>Foot Exam</td>
<td>83</td>
<td>78</td>
<td>77</td>
<td>83</td>
</tr>
</tbody>
</table>
GIMO Compared with UPMC-HP Network & Market

Diabetes Management

**HGA1C**
- GIMO: 88.50%
- MS: 80.70%
- Network: 80.40%

**Retinal Eye Exam**
- GIMO: 85.30%
- MS: 54.20%
- Network: 63.00%

**LDL Lab Testing**
- GIMO: 88.30%
- MS: 54.20%
- Network: 63.00%
GIMO Compared w/UPMC-HP Network & Market

Prevention Management

**Screening Mammogram**
- GIMO: 78.90%
- MS: 56.90%
- Network: 60.00%

**Cervical Cancer Screen**
- GIMO: 72.10%
- MS: 61.40%
- Network: 62.80%

**Colorectal Cancer Screen**
- GIMO: 67.00%
- MS: 39.50%
- Network: 48.10%
DEPRESSION

**Effective Acute Phase Treatment**
- GIMO: 76.50%
- MS: 66.30%
- Network: 68.60%

**Effective Continuation Phase Treatment**
- GIMO: 76.50%
- MS: 54.10%
- Network: 56.30%
# GIMO Compared with National HEDIS

<table>
<thead>
<tr>
<th>CLINICAL PERFORMANCE INDICATOR</th>
<th>GIMO FY 10 Average</th>
<th>HEDIS Commercial Average ’08</th>
<th>HEDIS Commercial HMO 90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer screening</td>
<td>*** 83%</td>
<td>70%</td>
<td>79%</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>*** 86%</td>
<td>81%</td>
<td>86%</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>*** 79%</td>
<td>59%</td>
<td>70%</td>
</tr>
<tr>
<td>LDL Screening with established CAD (yearly)</td>
<td></td>
<td>84%</td>
<td>93%</td>
</tr>
<tr>
<td>LDL Cholesterol&lt;100 w/diagnosis of CAD</td>
<td>*** 72%</td>
<td>60%</td>
<td>71%</td>
</tr>
<tr>
<td>Diabetes: HgbA1c done past year</td>
<td>*** 97%</td>
<td>89%</td>
<td>94%</td>
</tr>
<tr>
<td>Diabetes: Poor control HbA1c &gt;9.0% (lower is better)</td>
<td>*** 15%</td>
<td>28%</td>
<td>19%</td>
</tr>
<tr>
<td>Diabetes: Cholesterol (LDL-C) Screening</td>
<td></td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td>Diabetes: Cholesterol (LDL-C) controlled (&lt;100)</td>
<td>*** 60%</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>Diabetes: Eye Exam</td>
<td>*</td>
<td>70%</td>
<td>74%</td>
</tr>
<tr>
<td>Diabetes: Nephropathy Screen</td>
<td></td>
<td>81%</td>
<td>89%</td>
</tr>
<tr>
<td>Diabetes: BP&lt;140/90 most recent visit</td>
<td>*</td>
<td>70%</td>
<td>74%</td>
</tr>
<tr>
<td>Hypertension: BP&lt;140/90 most recent visit</td>
<td>*** 79%</td>
<td>63%</td>
<td>72%</td>
</tr>
</tbody>
</table>

*** Equal or Better than HEDIS 90th Percentile  
* Better than HEDIS Average
# GIMO Physician Recognition Program - Prevention and Chronic Disease Management Indicators

<table>
<thead>
<tr>
<th>GIMO Quality Outcome Measures</th>
<th>Dr X Rates</th>
<th>Target</th>
<th>Target Source</th>
<th>GIMO Current Actual Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Mar '07</td>
<td>Apr-Jun'07</td>
<td>Jul-Sep'07</td>
<td>Oct-Dec'07</td>
</tr>
<tr>
<td>DM:HbA1c Done in past 12 months</td>
<td>0.83</td>
<td>0.94</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>DM: HbA1c &lt; 7.0</td>
<td>0.77</td>
<td>0.91</td>
<td>0.63</td>
<td>0.78</td>
</tr>
<tr>
<td>DM: Lipids checked past 12 months</td>
<td>0.72</td>
<td>0.82</td>
<td>0.85</td>
<td>0.95</td>
</tr>
<tr>
<td>DM: LDL &lt; 100</td>
<td>0.83</td>
<td>0.75</td>
<td>0.88</td>
<td>1.00</td>
</tr>
<tr>
<td>DM: LDL &lt; 130</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>DM: Microalbumin check past 12 mo</td>
<td>0.72</td>
<td>0.71</td>
<td>0.85</td>
<td>0.74</td>
</tr>
<tr>
<td>DM: Eye Exam past 12 months</td>
<td>0.72</td>
<td>0.71</td>
<td>0.60</td>
<td>0.84</td>
</tr>
<tr>
<td>DM: Foot Exam past 12 months</td>
<td>0.78</td>
<td>0.82</td>
<td>0.75</td>
<td>0.95</td>
</tr>
<tr>
<td>DM: DM/CRF Pts w BP &lt; 130/80</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>DM: DM/CRF Pts w BP &lt; 140/90</td>
<td>0.73</td>
<td>0.81</td>
<td>0.65</td>
<td>0.81</td>
</tr>
<tr>
<td>Diabetes Score</td>
<td>0.80</td>
<td>0.83</td>
<td>0.78</td>
<td>0.85</td>
</tr>
<tr>
<td>1*P: Flu Shot past 12 mo if 65-79yo</td>
<td>0.83</td>
<td>0.81</td>
<td>0.73</td>
<td>0.92</td>
</tr>
<tr>
<td>1*P: Pneumovax anytime if 65-79 yo</td>
<td>0.96</td>
<td>0.98</td>
<td>0.97</td>
<td>0.97</td>
</tr>
<tr>
<td>1*P: Mammogram past 2 yr if 50-69</td>
<td>0.83</td>
<td>0.65</td>
<td>0.93</td>
<td>0.91</td>
</tr>
<tr>
<td>1*P: Pap Smear past 3 yr if 50-65 yo</td>
<td>1.00</td>
<td>0.75</td>
<td>0.83</td>
<td>0.74</td>
</tr>
<tr>
<td>1*P: Cholesterol past 5 yr if 50-79 yo</td>
<td>0.94</td>
<td>0.94</td>
<td>0.96</td>
<td>0.99</td>
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<tr>
<td>1*P: &quot;Colo-rectal&quot; screen if 50-70 yo</td>
<td>0.82</td>
<td>0.80</td>
<td>0.88</td>
<td>0.91</td>
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<tr>
<td>Primary Prevention Score</td>
<td>0.90</td>
<td>0.82</td>
<td>0.88</td>
<td>0.91</td>
</tr>
<tr>
<td>2*P: CAD Pts w LDL past 12 mo</td>
<td>0.67</td>
<td>0.81</td>
<td>0.80</td>
<td>0.80</td>
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<tr>
<td>2*P: CAD Pts w LDL &lt; 100</td>
<td>0.72</td>
<td>0.75</td>
<td>0.50</td>
<td>0.75</td>
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<tr>
<td>2*P: All Pts w BP &lt; 140/90 (ex DM/CRF)</td>
<td>0.78</td>
<td>0.74</td>
<td>0.75</td>
<td>0.74</td>
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<tr>
<td>2*P: % All Pts Non-Smokers</td>
<td>0.92</td>
<td>0.94</td>
<td>0.80</td>
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<tr>
<td>Secondary Prevention Score</td>
<td>0.77</td>
<td>0.81</td>
<td>0.71</td>
<td>0.71</td>
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<tr>
<td>Billing Accuracy Score**</td>
<td>0.92</td>
<td></td>
<td></td>
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<tr>
<td>Overall Score</td>
<td>0.84</td>
<td>0.83</td>
<td>0.81</td>
<td>0.86</td>
</tr>
</tbody>
</table>

**Billing Score not included in overall score
Teaching

- We are extensively involved in medical student teaching, residency training, fellowships and research education (ICRE)
- Comments on residency
  - Leadership
  - Residency Match
  - Curricular changes and impact of EIP
  - Tracking database
# Residency Training

## Leadership of Residency Training Programs

<table>
<thead>
<tr>
<th>Director</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raquel Buranosky, M.D., MPH</td>
<td>Director of Internal Medicine Residency Training</td>
</tr>
<tr>
<td>Melissa McNeil, M.D.</td>
<td>Women’s Health Track</td>
</tr>
<tr>
<td>Alda Gonzaga, MD</td>
<td>Medicine-Pediatrics Program</td>
</tr>
<tr>
<td><strong>Dario Torre, M.D., PhD</strong></td>
<td><strong>Categorical at UPMC Shadyside</strong></td>
</tr>
<tr>
<td>Gary Tabas, M.D.</td>
<td>Preliminary and Transitional Programs</td>
</tr>
<tr>
<td>Asher Tulsky, M.D.</td>
<td>Japan Internal Medicine Residency Program</td>
</tr>
<tr>
<td>Kathleen McTigue, MD, MPH</td>
<td>Clinical Scientist Training Program</td>
</tr>
<tr>
<td>Thomas Kleyman, MD</td>
<td>Research Pathway</td>
</tr>
<tr>
<td>Sally Wetzel, MD</td>
<td>Research Pathway</td>
</tr>
<tr>
<td>Thuy Bui, MD</td>
<td>Global Health</td>
</tr>
<tr>
<td>Peggy Hasley, MD</td>
<td>Generalist Pathway</td>
</tr>
<tr>
<td>Franziska Jovin, MD</td>
<td>Hospitalist Pathway</td>
</tr>
<tr>
<td>Mary Beth Dempsey</td>
<td><strong>Administrative Director</strong></td>
</tr>
</tbody>
</table>

Center for Research on Health Care  
Institute for Clinical Research Education  
Division of General Internal Medicine  
UPMC  
VAPHC, CHERP
Recruitment

- Applications, interviews and recruitment from peer schools increased
- We have added ~100 students to top of our match list
- Excellent recruitment year at UPMC Presby/Montefiore
- Pathways are popular
- How do we know we are getting better applicants and residents?
### Quality of Residency Application

<table>
<thead>
<tr>
<th></th>
<th>2006 mean (sd)</th>
<th>2007 mean (sd)</th>
<th>2008 mean (sd)</th>
<th>2009 mean (sd)</th>
<th>2010 mean (sd)</th>
<th>Average Increase per Year (p-value)</th>
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<tbody>
<tr>
<td>Traditional Score</td>
<td>. (.)</td>
<td>3.5 (.6)</td>
<td>3.7 (.6)</td>
<td>3.6 (.5)</td>
<td>3.7 (.5)</td>
<td>0.1 (&lt; 0.001)</td>
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<tr>
<td>RANC Score</td>
<td>55.8 (11.6)</td>
<td>57.4 (11.1)</td>
<td>62.3 (11.1)</td>
<td>63.2 (11.3)</td>
<td>64.8 (10)</td>
<td>2.3 (&lt; 0.001)</td>
</tr>
<tr>
<td>Med School Score</td>
<td>4.5 (1.7)</td>
<td>4.6 (1.7)</td>
<td>4.8 (1.7)</td>
<td>4.7 (1.7)</td>
<td>4.8 (1.7)</td>
<td>0.1 (0.046)</td>
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<tr>
<td>Preclinical Score</td>
<td>2.7 (.7)</td>
<td>2.7 (.7)</td>
<td>2.9 (.6)</td>
<td>2.8 (.7)</td>
<td>2.9 (.7)</td>
<td>0.1 (&lt; 0.001)</td>
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<tr>
<td>Clinical Clerkship Score</td>
<td>21 (4)</td>
<td>21.3 (3.7)</td>
<td>22.5 (3.6)</td>
<td>22.1 (3.6)</td>
<td>22.5 (3.4)</td>
<td>0.4 (&lt; 0.001)</td>
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<tr>
<td>USMLE Score</td>
<td>4.6 (3.4)</td>
<td>5.1 (3.3)</td>
<td>6.7 (2.8)</td>
<td>7.4 (2.8)</td>
<td>8.4 (2)</td>
<td>1.0 (&lt; 0.001)</td>
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<tr>
<td>Dean's Letter / MSPE</td>
<td>3.8 (.8)</td>
<td>3.7 (.8)</td>
<td>4 (.8)</td>
<td>4 (.8)</td>
<td>4.1 (.8)</td>
<td>0.1 (&lt; 0.001)</td>
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<tr>
<td>Chairperson's Letter</td>
<td>3.9 (.8)</td>
<td>4 (.7)</td>
<td>4.1 (.8)</td>
<td>4.1 (.7)</td>
<td>4.2 (.8)</td>
<td>0.1 (&lt; 0.001)</td>
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<tr>
<td>Volunteer/Leadership Experience</td>
<td>2 (1.2)</td>
<td>2.2 (1.3)</td>
<td>2.5 (1.3)</td>
<td>2.8 (1.4)</td>
<td>2.5 (1.3)</td>
<td>0.1 (&lt; 0.001)</td>
</tr>
<tr>
<td>Research Experience</td>
<td>2.2 (1.2)</td>
<td>2.4 (1.1)</td>
<td>2.2 (1.2)</td>
<td>2.4 (1.1)</td>
<td>2.4 (1.1)</td>
<td>0.05 (0.01)</td>
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<tr>
<td>AOA Status</td>
<td>11%</td>
<td>9%</td>
<td>17%</td>
<td>17%</td>
<td>19%</td>
<td>1.2 (&lt; 0.001)</td>
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<tr>
<td>Interview Score</td>
<td>. (.)</td>
<td>. (.)</td>
<td>. (.)</td>
<td>4 (7)</td>
<td>4.1 (7)</td>
<td>0.1 (0.058)</td>
</tr>
</tbody>
</table>
Raquel Buranosky, MD, MPH
Associate Prof Medicine

- Program Director, Internal Medicine
- Leadership for EIP
- Created a leadership organization involving VA, Shadyside, Subspecialty services, APDs and committees
- Involved in all aspects of the training programs
  - Not sustainable
  - Re-organization is in the process
The Process: Build It and They Will Come

- Define Competence
- Create the Infrastructure
  - Depth and Breadth of Faculty Expertise
- Create the Curriculum
  - EIP gave structure and direction
- Create the Evaluation Tools
  - Direct Observation: —See one, Do one, Teach one
- Create the Monitoring Tools
  - Eportfolio
  - Tracking Database
<table>
<thead>
<tr>
<th>Name</th>
<th>Position/function</th>
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<tbody>
<tr>
<td>Anish, Eric</td>
<td>SHY Sports Medicine</td>
</tr>
<tr>
<td>Bigi, Lori</td>
<td>Resident Amb Care Clinics</td>
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<tr>
<td>Bui, Twee</td>
<td>Global Health Track Director</td>
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<tr>
<td>Bulova, Peter</td>
<td>Recruitment, Procedures, Disabilities</td>
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<tr>
<td>Bump, Gregory</td>
<td>Patient Safety</td>
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<tr>
<td>Butt, Adeel</td>
<td>ISP Track Director</td>
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<tr>
<td>Cooper, Amanda</td>
<td>SHY Women’s Health</td>
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<td>Day, Hollis</td>
<td>Direct Observation</td>
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<tr>
<td>Demoise, David</td>
<td>SHY Core Faculty</td>
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<tr>
<td>Givelber, Rachel</td>
<td>Evidence Based Medicine</td>
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<tr>
<td>Gonzaga, Alda Maria</td>
<td>Program Director, Med-Peds</td>
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<tr>
<td>Granieri, Rosanne</td>
<td>CETP, Residency Structured Educational Experiences</td>
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<tr>
<td>Hernandez, Caridad</td>
<td>SHY Procedures, Sign Off</td>
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<tr>
<td>Jasti, Harish</td>
<td>Ambulatory Block, Intern</td>
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<tr>
<td>Jovin, Franziska</td>
<td>Hospital Medicine Curriculum</td>
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<tr>
<td>Kraemer, Kevin</td>
<td>Director of GIM Fellowship</td>
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<tr>
<td>Kreit, John</td>
<td>Subspecialty Education Coordinator, Chair</td>
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<tr>
<td>McCausland, Julie</td>
<td>MUH Transitional PD</td>
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<tr>
<td>McTigue, Kathleen</td>
<td>CSTP Track Director</td>
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<td>Painter, Thomas</td>
<td>Inpatient Medicine</td>
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<td>Spagnoletti, Carla</td>
<td>Medical Interviewing, Eportfolio</td>
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<tr>
<td>Stern, Jamie</td>
<td>Women’s Health</td>
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<tr>
<td>Tabas, Gary</td>
<td>SHY Amb Res Clinic Director, SHY Transitional PD</td>
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<tr>
<td>Van Deusen</td>
<td>Med Peds APD</td>
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<tr>
<td>Wood, Gordon</td>
<td>Director, Pain Curriculum</td>
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<td>Wright, Rollin</td>
<td>Geriatrics Track Director</td>
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<td>Zalenski, Dianne</td>
<td>SHY Women’s Health</td>
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<tr>
<td>Zimmer, Shanta</td>
<td>Transitional Science</td>
</tr>
</tbody>
</table>
Tracking Careers

- Database will consist of
  - Baseline data at entry into residency (through RANC with details of medical school performance)
  - Evaluation and performance during the residency
  - Performance during fellowships
  - Data on careers—long term
  - Covariates
    - Regular surveys gathering information on many aspects that may have impact on careers
A word from Raquel…
Research Program

- Research Infrastructure
  - Center for Research on Health Care (CRHC)
  - Center for Health Equity Research and Promotion (CHERP)
  - CRHC Data Center
  - Institute for Patient Doctor Communication
  - Institute for Palliative and End of Life Care
- Sections
- Institute for Clinical Research Education
- RAND University of Pittsburgh Health Institute
Research Highlights

- Everyone was funded in FY10
- 15 Career Development Awards (K24, K23, K12, K08, RWJ, VA)
- Expanding R01 portfolio—3 recent new awards
- 50+ NIH grant proposal submitted
- Total expenditures for FY 2010: ~$20 million
- Many contributions to science being made—also a great deal of interest from the public: multiple media reports
- CRHC Data Center—has assumed a major role in supporting research at the institution
- Capitalized on funding through the stimulus package
RESEARCH EXPENDITURES
GENERAL INTERNAL MEDICINE

YEAR
FY04
FY05
FY06
FY07
FY08
FY09
FY10

TOTAL DOLLARS

EST

DIRECT

INDIRECT
## Funding for 2011

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<th>Direct</th>
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<tr>
<td>Federal/other</td>
<td>$13,358,020</td>
<td>$3,481,120</td>
<td>$16,839,140</td>
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<tr>
<td>Under Review/Pending</td>
<td>$2,961,103</td>
<td>$1,362,060</td>
<td>$4,323,163</td>
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<tr>
<td>VA</td>
<td>$2,923,531</td>
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<td>$2,923,531</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>$24,085,834</strong></td>
</tr>
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</table>
How did we build the research programs?

- Recruited excellent starting junior faculty
- Model: work hard with junior faculty to get K awards—almost everyone has been successful
  - With K12, KL2 the success has been relatively quick (either first or second year)
- Infrastructure support: grant writing, grant review, budget and administrative support, Data Center
- Identifying mentors and collaborators
- Learning about successful ways of transitioning from K awards
- Supporting the K to R transitions
Clinician Investigators

Professor

Robert Arnold, MD
Michael Fine, MD, MSc
Wishwa N. Kapoor, MD, MPH
Mark Roberts, MD, MPP

Associate Professor

Amber Barnato, MD, MPH, MS
Kevin Kraemer, MD, MSc
Bruce Rollman, MD, MPH
Kenneth Smith, MD, MS
Assistant Professor

Sonya Borrero, MD, MS
Margaret Conroy, MD, MPH
Esa Davis, MD, MPH
Matthew Freiberg, MD, MSc
Walid Gellad, MD, MPH
Rachel Hess, MD, MS
Sanae Inagami, MD, MPH
Bruce Lee, MD, MBA
Bruce Ling, MD, MPH
Kathleen McTigue, MD, MPH
Ateev Mehrotra, MD, MPH
Natalia Morone, MD, MS
Smita Nayak, MD

Brian Primack, MD, EdM, MS
Eleanor Schwarz, MD, MS
Hilary Tindle, MD, MPH
## RESEARCH FACULTY - PhD

<table>
<thead>
<tr>
<th>Professor of Medicine</th>
<th>Associate Professor of Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Barnard, PhD, JD</td>
<td>James Bost, PhD</td>
</tr>
<tr>
<td>Rosa Pinkus, PhD</td>
<td>Cindy Bryce, PhD</td>
</tr>
<tr>
<td>Galen Switzer, PhD</td>
<td>Joyce Chang, PhD</td>
</tr>
<tr>
<td></td>
<td>Douglas Landsittel, PhD</td>
</tr>
<tr>
<td></td>
<td>Charity Moore, PhD, MSPH</td>
</tr>
<tr>
<td></td>
<td>Doris Rubio, PhD</td>
</tr>
<tr>
<td></td>
<td>Mary Ann Sevick, ScD, RN</td>
</tr>
</tbody>
</table>
RESEARCH FACULTY-PhD

Assistant Professor of Medicine

Kaleab Abebe, PhD
Sunday Clark, ScD, MPH
Megan Crowley-Matoka, PhD
Terri (Collin) Dilmore, MSc, PhD
Larissa Myaskovsky, PhD
Keri Lyn Rodriquez, PhD
Susan Zickmund, PhD
Research Areas

- Health Services Research
- Epidemiology/Clinical Epidemiology/Intervention Studies
- Decision Sciences/Comparative Effectiveness
- Women’s Health
- Disparities
- Methods/Analyses
Research areas

Health Services Research
Clinical Epidemiology/Epidemiology
Kevin Kraemer, MD, MSc
Associate Prof Medicine, HPM, CTS

- **Areas of Interest:** screening and intervention for alcohol and drug problems; impact of alcohol and drug use on HIV outcomes; faculty development

- **Current Funding:**
  - NIH/NIAAA K24 — Improving the Care of Patients with Unhealthy Alcohol Use
  - NIH/NIAAA U01 (PI – Amy Justice, Yale) — Alcohol Use and Older Patients with HIV/AIDS (Veterans Aging Cohort Study)
  - AHRQ T32 — University of Pittsburgh Postdoctoral Program in Health Services Research
  - HRSA — Primary Care Faculty Development Fellowship Program

- **Current Mentoring:**
  - Career, and occasional research, mentor to 3-6 GIM fellows, 4-5 RAND-Pitt Scholars, and 1 VA post-doc
  - Current faculty mentees include Matt Freiberg, Hilary Tindle, Adam Gordon, Judy Chang (OB/Gyn), Kavitha Schelbert (Fam Med), Todd Korthuis (OHSU)
• Recent Findings:
  • brief intervention is effective for a limited subset of hospitalized alcohol dependent patients
  • carbohydrate-deficient transferrin is a cost-effective screening test for unhealthy alcohol use in primary care settings
  • heavy alcohol use is associated with increased cardiovascular disease in HIV-infected men (see Freiberg)
  • exposure to cannabis use in popular music is associated with early cannabis use among adolescents (see Primack)
Research: Effectiveness trials for treating depression and anxiety in non-psychiatric settings; telephone-delivered collaborative care; internet-delivered interventions

Funding: NIMH, NHLBI, AHRQ, RWJF

Studies: first to examine: 1) Collaborative care for treating depression following an acute cardiac event (JAMA, 2009); 2) Electronic medical record (EMR) for patient enrollment into a clinical trial; 3) Collaborative care for treating multiple anxiety disorders in primary care; and 4) Effectiveness of providing guideline-based depression advice to PCPs via EMR
Ateev Mehrotra, MD, Assistant Professor

Research area

- Physician cost and quality profiling
- Innovations in health care delivery

Recent notable publications


Funding: KL2; foundations
Health Plans Moving Towards Tiered Products

<table>
<thead>
<tr>
<th>Information</th>
<th>Financial Incentive</th>
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<tbody>
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<td><strong>Quality</strong></td>
<td><strong>Costs</strong></td>
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<td></td>
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</tr>
</tbody>
</table>
Kathleen M McTigue, MD, MPH
Assistant Prof Medicine, Epi, CTS

Research Areas:
- Obesity, CVD Prevention, Use of the Internet to improve clinical counseling

Funding Sources/Ongoing Studies
- NIMH (R01): Development and Mental Health Symptoms in Adolescent Girls
- AHRQ (R18): Online Counseling to Enable Lifestyle-Focused Obesity Treatment in Primary Care
- DOD: Pittsburgh/Hershey Internet-Based Translation

Mentoring:
- Director, the Clinical Scientist Training Program for Residents, which provides clinical research training for internal medicine residents interested in academic medicine careers
Recent studies

- Improving preventive outpatient care: She led a team that adapted the Diabetes Prevention Program’s lifestyle intervention online delivery, to facilitate its translation into clinical practice. The program is being evaluated in two ongoing RCTs and its contents have been licensed by the University for commercial use.
Matthew S. Freiberg, MD, MSc
Assistant Professor of Medicine and Epidemiology

- **Research Interests**: HIV infection, CVD, alcohol consumption and health
- **Grant Funding**
  - NHLBI: RO1 CVD Mechanism in HIV infected and Uninfected Veterans (PI): $4,512,601
  - NHLBI: RO1 Minority Supplement (PI): $60,400
  - NIAID: Contract: INSIGHT FLU 003 Study (Site PI): $43,030
  - NIAAA: K23 Alcohol and CHD in People Infected with HIV (PI): $860,258
  - NIAAA: K23 Supplement Biomarker substudy (PI): $53,996
Matthew S. Freiberg, MD, MSc
Assistant Professor of Medicine and Epidemiology

- **Projects in progress**
  - HIV CVD Study
    - 8,000 participants (50% HIV+) at 8 sites in the U.S. assessing HIV and CVD outcomes
  - Alcohol HIV CVD biomarker Substudy
    - Examining alcohol consumption, inflammation, and altered coagulation and the risk of CHD and death among 1500 HIV infected and 850 HIV uninfected veterans
  - INSIGHT FLU 003 Study
    - International study collecting data on hospitalized H1N1. Goal to characterize virus, subtyping and identifying signature mutations associated with antiviral drug resistance.
  - WHI genome wide association study of alcohol consumption
    - Goal is to identify genes associated with alcohol consumption among 12,000 minority women in the WHI.

- **Preliminary Results**
  - HIV is an independent risk factor for CHD, ischemic stroke, and CHF
  - Soluble CD14 and D-dimer are strongly associated with mortality among HIV infected men

- **Mentees**
  - Courtney Watson, MPH, NHLBI Minority Scholar: HIV infection, race, and CVD risk
  - Kaku Armah, BA, PhD graduate student at GSPH: HIV, inflammation, and CHD risk
  - Jason Sico, MD, Neurologist at Yale University: HIV and the risk of Stroke
  - Donna Doebler, PhD graduate student at GSPH: Using structural equation modeling to examine HIV infection, inflammation, altered coagulation and the risk of CHD and death
  - Esa Davis, MD, MPH, GIM faculty: Obesity and health outcomes among African American women
Research

• Patient safety and quality of care with a specific focus on in-hospital medical crises and transitions of care

Funding sources

- Medical Emergencies: Epidemiology, Predictors, and Improved Outcomes
  - CRSP KL2 (PI)
- Virtual Continuity and its Impact on Complex Hospitalized Patients’ Care (PI: Smith)
  - AHRQ R18 (Role: Co-I)
- Self Management & Reminders with Technology: SMART Appraisal of an Integrated PHR (PI: Roberts)
  - AHRQ R18 (Role: Co-I)
• Medical Emergencies: Epidemiology, Predictors, and Outcomes
  – Observational study to describe the epidemiology of medical crisis events and identify risk factors for poor outcomes
  – Case control study to develop a clinical prediction rule to identify patients at high risk of medical crisis events

• Virtual Continuity and its Impact on Complex Hospitalized Patients’ Care
  – Pre-post study to evaluate the effectiveness of enhanced communication between the hospital and PCPs on reducing medication errors, hospital readmissions, and ED visits and on increasing patient and PCP satisfaction for elderly patients with complex medical conditions

• Self Management & Reminders with Technology: SMART Appraisal of an Integrated PHR
  – Randomized trial to evaluate the effectiveness of active personal health record alerts on the adherence to diagnostic and therapeutic recommendations among patients with increased cardiovascular risk
Hilary A. Tindle, MD, MPH
Assistant Professor of Medicine

- **Research Interests:** Smoking Cessation, Attitudes and health

- **Grant Funding**
  - KL2 Scholar
  - NCI: RO1 Connect to Quit: Coordinated Care for Smoking Cessation in US Veterans (PI): $3,775,000
  - Pittsburgh Foundation: the HaBITS Study: Healthier Brains In Treating Smoking (PI): $200,000

- **Projects in progress**
  - *Is Smoking a CHD Risk Equivalent in Postmenopausal Women?*
    - Survival analysis of participants in the Women's Health Initiative: smokers without CHD vs. never-smokers with CHD over 12 years of follow up
    - *Awarded Best Oral Abstract in Women’s Health, SGIM Minneapolis, 2010*
Preliminary Results

- Risk of total mortality was 39% higher among smokers without CHD vs. never-smokers with CHD
  - CVD-related death and CHD-related death risk similar between groups, but risk of cancer was > 3X higher among smokers without CHD
- Smoking is a CHD-death risk equivalent among post-menopausal women
- Overall mortality burden of smoking is higher than that of CHD
Natalia E Morone, MD, MS
Assistant Prof Medicine, CTS

- Funding Sources:
  - R01 NIH/NIA Effectiveness of a mind-body program for older adults with chronic low back pain. Role: PI
  - Pilot VAMC/GRECC The relationship between pain, cognition, and physical function. Role: PI
  - R01 NIH/NIAMS Reducing depressive symptoms in SLE. Role: Co-I
Methodology: Randomized Controlled Trials

Recent findings: Both an educational program and a mind-body program for chronic pain resulted in decreased pain, improved physical function and self-efficacy in older adults.
Brian A. Primack, MD, EdM, MS
Assistant Professor of Medicine and Pediatrics

- Areas of Research
  - Influence of mass media on health
  - Waterpipe (hookah) tobacco smoking

- Funding Sources
  - 35%: R01, NCI
  - 60%: K07, NCI
  - 5%: Falk Foundation

- Particularly important citations (since 2009 only)
  - Primack BA, Douglas EL, Kraemer KL. Exposure to cannabis in popular music and cannabis use among adolescents. *Addiction*. 2010;105:515-523. (leading substance use journal; IF = 5.2)
### Methods and Results

#### Hookah Smoking
- **Methods**
  - Longitudinal surveys of college campuses and young adults not in college
  - Qualitative investigations
- **Interim Results**
  - 30% of 113,000 college students from 172 institutions nationwide have smoked tobacco from a hookah
  - By comparison, smokeless tobacco use is only 10%
  - Use is widespread by region of USA, size of city, size of institution, and sociodemographic factors

#### Media and Health
- **Methods**
  - Content analyses of media exposures
  - Surveys of adolescents (N = 1000) related to media exposures and risk behaviors
- **Interim Results**
  - Music exposure is strongly associated with marijuana use and risky sexual behavior
  - Anti-smoking —mediatetency” curriculum successfully pilot-tested
Mary Ann Sevick, ScD, RN
Associate Prof of Medicine and Public Health

Research:
Self-management in complex chronic disease and multimorbidity

Current funding as PI:

- R01-NR010135: Intervention to reduce dietary sodium in hemodialysis
- IIR-07-154: Expert system-based intervention in sedentary veterans
- (JIT) K24-NR012225: Program to improve care in complex chronic disease

Recent Findings (ENHANCE Study)
- RCT to evaluate technology-assisted (hand held computer) lifestyle intervention in 296 subjects with type 2 diabetes, with and without chronic kidney disease—no significant difference in glycemic control (large A1c reductions in the control and intervention groups)

Mentoring: Leslie Huasman; Sunday Clark, Steven Weisbord, Lauren Boyles, Cathleen Appelt
Bruce Ling, MD, MPH
Assistant Professor of Medicine

- **Research Focus:** Patient-provider communication, informed decision making, colorectal cancer screening
- **Funding Sources:** VA Merit Award Program and National Cancer Institute (K07, R21)
- **Current Studies:**
  1. "Delivery and Utilization of Colorectal Cancer Screening"
  2. "Improving Patient-Provider Communication for Colorectal Cancer Screening"
- **Recent Findings:**
  1. Intervention using an enhanced office and patient management system significantly increased colorectal cancer screening rates
  2. Patient-primary care provider discussions on colorectal cancer screening are limited and without informed decision making
Research: quality-of-life issues in living organ and tissue donation

Funding: multiple sources including two NIH R01s (NHLBI)

Key recent findings include:

- There are ethnic differences in how individuals experience the bone marrow donation process.
- Unrelated bone marrow and PBSC donors tend to experience donation as equally worthwhile although bone marrow donors have more physical difficulty with donation.

Mentoring

- pre- and post-doctoral fellows and junior faculty
- Co-Director the PhD and Pre-Doctoral Fellowship Programs in Clinical and Translational Science.
Leo H Criep Chair in Patient care
  • Section of Palliative Care and medical ethics
  • Institute for Doctor-patient communication

Research: Doctor-patient communication, Palliative Care, Medical ethics

Funding: JHCF, NCI, AHRQ, AV Davis, Greenwall

Mentees: (local) D Patterson, Y Schenker, D Hall, S Zickmund
Research: communication interventions

- **SCOPE RCT**: web-based educational intervention to promote oncologist empathic responses in patient with advanced cancer
- **Oncotalk Teach (data collection in progress)**—a pre/post design Intervention – 3 day – “teaching to teach” course
- **PallCare (data collection in progress)**
  - Multi-center propensity weighted assessment
  - Intervention – palliative care consultation for patient with advanced cancer
  - Outcome – symptom and cost of care
Decision Sciences and Modeling

Research Areas
Mark S. Roberts, MD, MPP  
Prof Medicine, HPM, CTS

- Professor and Chair, Department of Health Policy and Management, Professor of Medicine, Industrial Engineering, and CTS
- Research interests in decision sciences, mathematical modeling of diseases, cost effectiveness analysis, health policy and clinical information systems
- Currently funded on 13 Federal Grants (NIH, NSF, AHRQ); 2 as PI:
  - R21 DK084201 NIH-NIDDK. The Optimal Timing of Transplantation in Pediatric Acute Liver Failure
  - R18 HS18167 AHRQ. Self Management and Reminders with Technology SMART: Appraisal of an Integrated PHR.
- Mentoring: has served as primary or secondary mentor of 13 K-type awards, 8 PhD committees (Biostatistics, Industrial Engineering) and numerous MS committees
Research

- The application of mathematical models to problems in medicine:
  1) making models more clinically realistic,
  2) applying mathematical models to policy decisions
- Adding clinical realism: have developed (with Braithwaite) mechanistic models of HIV antiretroviral resistance acquisition that can predict the rate of treatment failure in studies not used to calibrate the models
  - Developing tools to optimize treatment selection from large sets of possibilities (When to switch HAART therapy and what to switch to)
- Policy: Used complex modeling techniques to estimate the optimal time to accept a living donor liver transplant
  - It appears that transplant practices in the US choose living transplants far too early, reducing overall life expectancy of patients with liver disease by 2 years
- Policy: Used simulation of health utilization decisions to estimate the effects of value-based insurance design on utilization, outcomes and costs
  - There is substantial potential to reduce expenditures on marginally beneficial/expensive therapies and cover substantial portions of the uninsured
Funding Sources
As PI: NIA (R01); NCI (R21); RWJF; Greenwall Foundation
As Co-I: NIGMS (P01); NHLBI (R01); Greenwall Foundation

Research topics:
End-of-life intensive care and life-sustaining treatment utilization; practice pattern variation and influences on physician behavior; and medical decision making and patient-doctor communication.

Research Training
Director of CSTP and Associate Director, Doris Duke Clinical Research Fellowship
Methods:

- Secondary analysis of hospital discharge data (e.g., PHC4, MedPAR)
- Direct observation of decision making in the hospital
- High-fidelity clinical simulation

Where research is being conducted: nationally (Medicare); PA (PHC4); PA/CA observation and simulation

Findings:

- Survival after in-hospital CPR did not improve from 1992 through 2005. The proportion of in-hospital deaths preceded by CPR increased, whereas the proportion of survivors discharged home after undergoing CPR decreased. Black race was associated with higher rates of CPR but lower rates of survival after CPR.
- Admission to higher EOL treatment intensity hospitals is associated with small gains in post-admission survival. The marginal returns to intensity diminish for admission to hospitals above average EOL treatment intensity and wane with time.

Mentoring and Advising:

- 30 Clinical Scientist Training Program trainees and Doris Duke Fellows; 4 faculty members (CCM and Medicine); 2 SP medical students
Cindy L. Bryce, PhD
Associate Prof Medicine, HPM and CTS

- Director, Degree-granting Programs in Clinical Research
- Areas of interest: Decision sciences, cost-effectiveness analysis; liver transplantation; end-of-life care
- Funding sources: NIDDK, DOD, The Greenwall Foundation
- Research:
  - The Optimal Timing of Transplantation in Pediatric Acute Liver Failure—develop natural history models of pediatric acute liver failure
  - Cost-Effectiveness Analyses of Community-Based Efforts to Prevent Diabetes.
  - Using Computer Simulation to Improve End-of-Life Decision Making—
    - This project will develop a decision aid based on computer animation and simulation that educates patients and family members (surrogates) about chronic obstructive pulmonary disease (COPD).
Research

- Infectious diseases economic, epidemiologic, and operations modeling
- Built and direct 30+ person research team: Public Health Computational and Operations Research (PHICOR)

Funding:

- KL2, Gates, Foundations, Others

Collaborations

- Embedded for 1 month in ASPR/HHS to assist with H1N1 influenza pandemic response
- Multiple media mentions (e.g., Businessweek)
- Collaborations: WHO, CDC, HHS, DHS, etc.
- Invited Presentations: CDC, PAHO, AAAS, NAS, etc.
Kenneth Smith, MD
Assistant Prof. Medicine and CTS

Research: decision and cost effectiveness analysis, hospitalist communication

Funding: NIAID (R01); AHRQ (R18)

Studies
- cost-effectiveness analysis of adult pneumococcal vaccination strategies using infectious disease transmission models
- study of enhanced electronic tools ("virtual continuity") to facilitate 2-way communication between hospitalists and PCPs at the time of transitions of care

Mentoring and Collaboration
- Multiple research collaborations with medical students, residents, fellows and junior faculty here and at Boston U, U of Utah, and LSU
Research area: Comparative effectiveness and cost-effectiveness of osteoporosis screening strategies

Funding sources: KL2; NIA (Co-I); NCRR CTSI supplement

Methods
- Microsimulation (individual-level) cost-effectiveness modeling of osteoporosis screening and treatment for women ages 55-80
- Multiple screening strategies compared; DXA, QUS, risk tools, combinations
- Primary outcome measure - incremental cost-effectiveness ratio (ICER): cost per quality-adjusted life year (QALY) gained

Findings:
- Screening is effective and cost-effective at all ages evaluated
  - Screening dominates non-screening at all ages evaluated - some screening strategy is always cheaper and better than no screening
  - All strategies are very similar on average; DXA is better, but more expensive
- Screening earlier than current USPSTF recommendation (routine screening starting at age 60, rather than 65) is more effective and is cost-effective
- Repeat screening every 5 years is better than 1-time or every 10 year screening
- Never too late to screen – osteoporosis screening is an even better value in older postmenopausal women
Research Area

Women’s Health
Eleanor Bimla Schwarz, MD, MS
Assistant Prof Medicine, Epid, OB/GYN

- **Research:** Reproductive Health; Lactation and Maternal Health
- **Funding:**
  - AHRQ R18 (PI) on IT interventions to Prevent Medication-Induced Birth Defects
  - NICHD K23 on Integrating Contraception in Primary Care to Prevent Birth Defects
- **Awards:**
  - Obstetrics and Gynecology Roy M. Pitkin Award, for one of four best manuscripts published in 2009 (first author)
  - Journal of Midwifery and Women’s Health Award for best article published in 2009 (co-author)
- **Mentoring:**
  - **Post- Doctoral:** Candace McClure, PhD, Mindy Sobota, MD, Sonya Borrero, MD, Patricia Lohr, MD, Emily Godfrey, MD
  - **Pre-Doctoral:** Alison Goldberg Rubin, Lorri-Anne Burke, Rachel Smith, Megan Kavanaugh, Daniel Shin, Tiffany Behringer, Christine Horton, Jessica Lee, Sanithia Williams
  - **College:** Rachel Delano, Rebecca Label
  - **High School:** Shannon Zikovich, Sam Bakilla
Rachel Hess, MD, MS
Assistant Prof Medicine and Epid

Research: Quality of life; IT and chronic disease

Funding: NIA, AHRQ, CTSI/RAND, DOD

Mentoring

- Pre-doc: co-director CTSI TL1, Holly Thomas, Rebecca Taylor, Semara Thomas, Nisha Munshi, Hanna Xu
- Post-doc: Lichun Chia, RN, PhD
- Faculty: Fanina Linkov, PhD, Chandra Osborn, PhD, MPH
• Menopause and Health-Related Quality of Life: Cohort Studies (Pittsburgh or multi-site)
  – Menopausal status, beyond symptoms, negatively impacts HRQoL
  – Poor sexual functioning during menopause is associated with worsening HRQoL
  – Hot flashes and poor physical health-related QoL are associated with increased health services use

• Health IT (clinical and administrative database analyses)
  – Providing patients with portal access does not improve disease self management
  – Providing physicians with reports of patient health-related quality of life and health behaviors does not change patient outcomes
Molly Conroy, MD, MPH  
Assistant Professor of Medicine and Epidemiology

- Research areas: physical activity, regional adiposity, lifestyle change in primary care settings
- Current funding: K23 HL085405-01A1 (Healthy Bodies, Healthy Hearts After Menopause; 09/01/07-6/30/2011)
- Mentoring: 3 medical students (G. Le, G. Napoe, R. Casas) in SRP; one post-doc (H. Smith) in regional adiposity analysis
- Regional Adiposity Findings:
  - Association of increased regional adiposity and subclinical carotid disease
  - Association of poor leg muscle quality/leg muscle fat infiltration and peripheral arterial stiffening
  - Gender differences in the relationship of regional adiposity and intensity of physical activity
- Other studies: Lifestyle Change in Primary Care (RCT of exercise program for overweight middle-aged women in primary care setting); Collaboration on (OCELOT); collaboration with School of Nursing on study of impact of physical activity self-monitoring on success with weight loss in RCT of different self monitoring methods
Research Areas

Disparities
Research Foci: Improving the quality, equity and efficiency of medical care for common medical problems.

<table>
<thead>
<tr>
<th>Current Project</th>
<th>Source</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center for Health Equity Research and Promotion (CHERP)</td>
<td>VA HSR&amp;D</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>Impact of Statins and ACE Inhibitors on Outcomes for Pneumonia and Sepsis</td>
<td>NINR 1R01NR010828</td>
<td>Co-Investigator</td>
</tr>
<tr>
<td>University of Pittsburgh Model Center on Spinal Cord Injury (UPMC-SCI)</td>
<td>NIDRR H133N600019</td>
<td>Co-Investigator</td>
</tr>
<tr>
<td>Outpatient Treatment of Low-Risk Patients with Pulmonary Embolism</td>
<td>NHLBI 1R01 HL085565</td>
<td>Co-Investigator</td>
</tr>
<tr>
<td>Enhancing the Detection and management of Adverse Drug Events in the Nursing Home</td>
<td>AHRQ R01-HS018721</td>
<td>Co-Investigator</td>
</tr>
<tr>
<td>Waterpipe Tobacco Smoking among U.S. Adolescents and Young Adults</td>
<td>NCI 1R01 CA140150</td>
<td>Co-Investigator</td>
</tr>
<tr>
<td>Racial and Ethnic Differences in Response to the Medicare Coverage Gap among Patients with Cardiac Diseases</td>
<td>AHRQ 1R01HS018657</td>
<td>Co-Investigator</td>
</tr>
</tbody>
</table>
Michael J. Fine, MD, MSc

- Publications during past academic year: Dr. Fine published 16 peer-review manuscripts on a variety of subjects, including community-acquired pneumonia, prevention of hospital-acquired MRSA, tobacco abuse in adolescents, and prevention of contrast-induced renal failure.

- Mentoring during past academic year: Dr. Fine served as the primary mentor for four junior faculty members inside and outside the DGIM and served as the secondary mentor for three junior faculty and one VA post-doctoral fellow.
Research Focus: Understanding and reducing healthcare disparities

<table>
<thead>
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<tr>
<td>Understanding Race and Culture in Living Donor Kidney Transplantation</td>
<td>NIDDK R01DK081325</td>
<td>PI</td>
</tr>
<tr>
<td>Understanding Race and Culture in Living Donor Kidney Transplantization among Veterans</td>
<td>VA HSR&amp;D Merit IIR 06-220</td>
<td>PI</td>
</tr>
<tr>
<td>Understanding Quality and Equity in Wheelchairs for Veterans</td>
<td>VA HSR&amp;D Merit IIR B7148I</td>
<td>PI</td>
</tr>
<tr>
<td>University of Pittsburgh Model Center on Spinal Cord Injury</td>
<td>Dept. of Education H133N600019</td>
<td>Co-I</td>
</tr>
<tr>
<td>Ethnicity and Culture in Unrelated Stem Cell Donation</td>
<td>NHLBI R01HL081405</td>
<td>Co-I</td>
</tr>
</tbody>
</table>
Research Methods:
• Longitudinal and cross-sectional, multi-site projects designed to examine how patient factors, including cultural factors (perceived discrimination and racism, medical mistrust, religious objections to transplant), psychosocial characteristics (depression, anxiety, social support) and knowledge and beliefs, as well as provider and system factors, are related to disparities in processes and outcomes in kidney transplantation and wheelchair service delivery.
• Study sites include: Bronx NY, Cleveland OH, Iowa City IA, Nashville TN, Philadelphia PA, Pittsburgh PA, Portland OR, and Richmond VA.
• Results will enable us to generalize findings to a wide range of patients and make VA and non-VA comparisons in processes and outcomes of health care.

Mentoring Experience: Dr. Myaskovsky has mentored several fellows and residents in DGIM and other departments through the Institute for Clinical Research and Education grant writing course and mentors graduate students who work on her research grants.
Research focus: Understanding reasons underlying racial disparities in contraceptive use patterns and unintended pregnancy

Current research studies:
- Race, contraceptive behavior, and unintended pregnancy
- Equity and quality of contraceptive care at the VA

Funding sources: CTSI KL2, CHERP

Recent Findings:
Specific patient-level factors may steer AA women toward sterilization over other contraceptive methods: unintended pregnancy, higher numbers of family members who have undergone sterilization, greater family influence in sterilization decisions, greater misinformation about sterilization and less awareness of IUDs
Keri L. Rodriguez, PhD
Assistant Professor of Medicine

- **Research Interests**: patient-provider communication, end-of-life care, disparities

- **Grant Funding**: VA HSR&D: MREP; NCI: RO1 Minority Supplement

- **Projects in progress**
  - Treatment of non-pain symptoms in older nursing home hospice/palliative care patients
  - Effect of patient and patient-oncologist relationship characteristics on communication about health-related quality of life

- **Preliminary Results**
  - Prevalence of non-pain symptoms was low. However, medication undertreatment of non-pain symptoms was seen in more than half of these patients.
  - Length of the patient-oncologist relationship is related to duration of HRQOL talk. Improvements in HRQOL communication may best be achieved through efforts directed at those in earlier stages of the doctor-patient relationship.

- **Mentees**
  - Margaret Kerr, ABD. PhD candidate, Department of Sociology. The Autism Mercury Debate: A Health Social Movement in Action.
  - Beth Grabiak, ABD. PhD student. School of Nursing. Adolescents’ Responses to Maternal Cancer.
  - Mamta Bhatnagar, MD. MA in Clinical Research candidate, CTSI. How do Palliative Medicine physicians think about it?
Walid F Gellad, MD, MPH
Assistant Prof Medicine

Research Focus: Prescription drug policy (costs, quality, and efficiency of prescribing), medication adherence, and small-area geographic variation

Research Summary—VA Career Development Award

- **Methods**
  - National cohort of veterans with type 2 diabetes; hierarchical modeling to examine the relationship between prescription spending and quality of care for diabetes
  - National survey of formulary managers to understand how differences in formulary management across VAs affects variation in prescription use and spending

- **Findings**
  - Pilot data shows substantial variation in use of high-cost diabetes medications across the VA, despite national formulary and active utilization management. More findings to come....
Research: Social and Environmental Determinants of Health

Funding:
- Equity and Quality in Diabetes Care: The Role of Neighborhoods; PI, VA HSR&D

Methods
- Multi-level statistical analysis
- Geo-spatial analysis

Findings from past studies
- Local restaurant concentration is associated with weight
- Exposure to poverty areas during daily activities is associated with reduced self-rated health.
- Shopping in grocery stores located in higher SES areas associated with lower BMI.
Research areas

Methods and analytic issues
Doris Rubio, PhD
Associate Prof Medicine, Biostatistics, Nursing, and Clinical and Translational Science

• Director, CRHC Data Center
• Co-Director, ICRE
• Research areas
  – Alcohol Use and Co-occurring Depression in Perinatal Women
  – The Complexities of Drinking Trajectories Among Women
• Clinical and Translational Science Institute
  – Core Director – Design, Biostatistics, and Ethics Core
  – Co-Chair – Comparative Effectiveness Research (Supplement)
  – Core Director – Evaluation Core
  – Co-Director – KL2 Multidisciplinary Clinical Research Scholars Program
• Pepper Center
  – Co-Director – Data Management and Analysis Core
• HALT – Polycystic Kidney Disease Trials
  – Co-Investigator – Data Coordinating Center
• Mentees
  – 10 doctoral students (Public Health, Nursing, Psychology, Education)
  – 5 faculty (Medicine and Critical Care)
Research: Classification Models applied to biomarker and diagnostic studies; Comparative Effectiveness Research, Enhanced Clinical Trials

Funding: CTSI
- Design, Biostatistics, and Ethics Core
- Comparative Effectiveness Research (Supplement to DBE Core)
- Competency Based Education (Supplement to Education Core)

Ongoing studies
- Developing tree models for predicting survival, such as for glioblastoma and anaplastic astrocytoma patients treated with IMRT and Temozolomide
- Modeling factors associated with smoking and birth outcomes
Areas of Interest: Biostatistics, Clinical Trials, Psychometrics, Quality Improvement

Current Primary Funding Source: NIDDK

Study: Consortium for Radiologic Imaging Studies in Polycystic Kidney Disease
   (CRISP II)
   Role: Data Coordinating Center oversight and lead statistician

Study: Halt Polycystic Kidney Disease (HALT-PKD)
   Role: PI of the Coordinating Center
- Cohort study of autosomal dominant polycystic kidney disease (ADPKD)
- Goal: To determine if MR imaging could reliably detect change in renal structures early in the course of ADPKD and whether total kidney volume could be used as a biomarker for end stage renal disease
- UPitt: Data Coordinating and Imaging Analysis Center (DCIAC)
- Submitting CRISP III renewal application June 30, 2010. Dr Bost would be Co-PI of the DCIAC

HALT-PKD (2008-2013)
- Two multi-center randomized clinical trials targeting different levels of kidney disease (Early Disease N=548, Advanced Disease Study N=470)
- Goal: To determine the impact of intensive blockade of the renin-angiotensin-aldosterone system (RAAS) and the level of blood pressure control on progressive renal disease in early and more advanced stages of ADPKD
- 7 Participating Clinical Centers (PCC)
- UPitt: Clinical and Data Coordinating Center, Imaging Analysis Center
- Recruitment goals have been met, first interim analysis in June 2010
- Mentee: Kaleab Abebe, HALT-PKD Diversity Supplement Grant
Kaleab Z. Abebe, PhD
Assistant Prof Medicine, Biostatistics and CTS

• **Science:**
  • Mediated Moderation**: how extraneous variables (mediators) are responsible for the causal pathway from treatment to response (as a function of a moderator variable).
  • Clinical trials with linear and logistic regression models as the primary analysis
  • TORDIA and HALT-Polycystic Kidney Disease
  • Extend mediated moderation to linear mixed models, survival models, and incorporate multiple mediators.

• **Current Funding:**
  • HALT – Polycystic Kidney Disease Trials Supplement to Promote Diversity in Health-Related Research (Role: Co-PI)
  • HALT the Progression of Polycystic Kidney Disease (HALT-PKD) clinical trials (Role: Statistician; Jan 2010 – Present)
  • 75% effort for two years, and allows me to be a contributing statistician on the HALT-PKD clinical trials as well as apply my research to their data.
Joyce Chung-Chou H Chang, PhD
Associate Prof Medicine, Biostatistics and CTS

- Biostatistics methodology research:
  - Nonparametric methods and regression models for survival data with competing risks
  - Classification and regression tree (CART) for survival data with competing risks
  - Joint modeling of latent growth-curve longitudinal data and survival data with competing risks
  - Goodness-of-fit test for group-based latent growth-curve models
  - Goodness-of-fit test using pseudo residuals

- Mentoring and advising:
  - On 7 master thesis and 15 PhD dissertation committee
  - 1 master thesis and 8 PhD dissertation co-advisor or advisor

- Funding
  - NHLBI, NIAAA, NIDDK, NIA
Charity G. Moore, PhD
Associate Prof Medicine, Biostatistics, and CTS

- Leadership roles: Clinical Trials Track Director for the MS Chair, CRHC/DGIM Internal Scientific Review Co-Director, CEED Program
- Expertise:
  - Biostatistics: Longitudinal & multilevel modeling (GEE, mixed & fixed effects models), secondary data analysis
  - Designs: clinical trials, pilot studies, longitudinal designs, experimental designs
  - Grant development
- Lead statistician
  - Current randomized controlled trials:
    - Efficacy of periosteal stimulation for Knee OA (Weiner; VA Merit Award)
    - Mind-body program for chronic low back pain (Morone; NIA R01)
  - Pending RCTs:
    - Smoking cessation in VA (Tindle; NCI R01)
    - Single vs Double bundle ACL reconstruction (Irrgang; NIAMS R01)
  - CTSI & KL2 Clinical Research Scholars Program
    - Mentored junior investigators on 12 Career Development Award Applications
CRHC Data Center

- 11 faculty with expertise in statistics and epidemiology
- ~30 staff with expertise in data analysis, programming, web design and development, data management, and desktop support.
- 42 secure servers
- Support for over 150 currently funded projects focused on:
  - Statistical expertise & Data management
  - Web Design and Programming, Website management
  - Support of training programs such as ICRE, residency, and fellowship with eportfolio, websites, tracking systems
- Desktop support for ~1000 users
- Biostatistics Core for the CTSI
Overall goals of the ICRE are:

- Extending the pipeline of clinical investigators
- Expanding the spectrum of training opportunities in clinical and translational research training—from exposure to mastery
- A resource for the Schools of the Health Sciences
- Funded by NIH and School of Medicine
New Student Enrollment by Degree Program

* Projected for January 2010; Started two admission cycles

Center for Research on Health Care
Institute for Clinical Research Education
Division of General Internal Medicine
UPMC
VAPHC, CHERP
Total Number of Active Trainees, by Degree Program (per year)

- Certificate in Medical Education
- MS in Medical Education
- Certificate in Clinical and Translational Research
- Certificate in Clinical Research
- MS in Clinical Research
- PhD in Clinical and Translational Science

* Projected
Faculty

- Current faculty
- Faculty for FY 2010
- Promotion and Tenure
- Faculty departures and recruitment
119 Faculty

- 54 Clinician/Clinician Educator Faculty
- 24 Full Time Hospital Medicine (A Service)
- 41 Research Faculty

Demographics
- 22 age >50
- 59 woman, 36 minority (9 under-represented)

Ranks
- 39 Professors, Associate Professors
- 24 Tenured, in tenure stream
<table>
<thead>
<tr>
<th>Faculty</th>
<th>UPMC Montefiore</th>
<th>VAPHS</th>
<th>UPMC Shadyside</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>MD</td>
<td>45</td>
<td>7</td>
<td>7</td>
<td>59</td>
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<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>12</td>
<td>5</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>89</td>
<td>22</td>
<td>8</td>
<td>119</td>
</tr>
</tbody>
</table>

*Includes all types of Master’s Degrees (MPP, MS, MBA and MHSc)
**Includes PhD and ScD
Faculty Leaving

VA
- Megan Crowley-Matoka
- Said Ibrahim

Clinician/CE
- Janine Frank
- Marc Oster

Palliative Care
- Emily Jaffe

Transferred to GI Hospitalist
- Swaytha Ganesh
- Kavitha Thudi

Hospitalist
- Prince Keside Amaechi
- Mudita Bhatia
- Philip Hartle
- Dustin Kliner
- Sunir Kumar
- Chindanoor Rajesh
- Shari Rogal
- Anu Suri
Faculty Recruitment

- Full time hospital medicine—a service
- Clinician/Educator
- Investigators
- Fellows
Full-Time Hospital Medicine – A service

Ambati, Deepa (7/15/2010)
- MD – College of Medical Sciences (1999-2000)
- MBBS – College of Medical Sciences
- Residency – Synergy Medical Education Alliance (2007-2010)

Wilson, Candace (7/1/2010)
- BS – Western Illinois University (1988-1992)
- MD – Mayo Graduate School of Medicine (1992-1996)
- Residency – Mayo Graduate School of Medicine (1996-1999)
- Fellow—Mayo Graduate School of Medicine (1999-2000)

Uchiyama, Tomoharu (7/1/10)
- MD – University of North Carolina School of Medicine (2003-2007)
- Residency – Vanderbilt Medical Center (2007-2010)
Vattikuti, Swapna (7/15/10)
- MD – Andhra Medical College (1997-2003)

Ortegon-Zambrano, Berenice (8/1/10)
- Residency – Geisinger Health Center (2010)

Nieto, Carlos (7/15/10)
- MD – Universidad del Rosario School of Medicine (1997-2003)
- Residency – Geisinger Medical Center (2010)

Thacker, Wesley (7/1/10)
- MD – Indiana University School of Medicine (2002-2006)
- Residency – University of Colorado Internal Medicine (2006-2009)
Full-Time Hospital Medicine –
A service

Lovig, Kay (7/1/10)
- MD – New York Medical College (2003-2007)
- Residency and Chief Res – Greenwich Hospital (2007-2010)

Gajendran, Mehesh (7/1/10)
- MD – Stanley Medical College (1999-2004)
- Residency – Stanley Medical College (2010)

Kancherla, Dayakar (7/1/10)
- MD – Andhra Medical College (1996-2002)

Dowling, Erin (7/1/10)
- BS – University of California, LA (2000)
- MD – University of California, LA (2002-2006)
- Residency – Cedars Sinai Medical Center (2007-2009)
Recruitment: Research

Yael Schenker, MD, MS – Palliative Care (8/1/10)
- Fellowship and MS – UCSF (2007-2010)

Nicole Fowler, PhD – Comparative Effectiveness Research
- BA – University of Pittsburgh (1997)
- PhD – University of Pittsburgh (2010)

Leslie Hausmann, PhD – Disparities, CHERP
- BS – Bowling Green State University (1995-1999)
- MS – University of Pittsburgh (1999-2001)
- PhD – University of Pittsburgh (2001-2005)
Recruitment: PhD

Bobby Jones, PhD—Biostatistics (7/1/10)
- BS – Miami University (1990)
- MS – Miami University (1995)
- PhD – Carnegie Mellon University (2001)

John Kloke, PhD—Biostatistics (7/1/10)
- BS – University of Wisconsin Oshkosh (1998)
- MS – Western Michigan University (2000)
- PhD – Western Michigan University (2005)
- Recently at Bucknell as a faculty
Clinician Educators Recruited

Palliative Care
- Childers, Julie (7/1/10)
- Claxton, Rene (7/1/10)
  Both have been fellows with us

General Internal Medicine
- Nordman, Bethany (7/1/10)
  Has been our recent Chief Medical Resident
Fellows

John Ragsdale, MD—Clinician Educator (7/1/10)
  • BS – Samford University (1997 – 2001)
  • MD – Jefferson Medical College (2002-2006)
  • Residency – University of Kentucky (2006-2010)
  • Chief Resident – University of Kentucky (2009-2010)

Brian Heist, MD—Clinician Educator (7/1/10)
  • MD – University of Pittsburgh School of Medicine (2000-2004)
  • Residency – University of Rochester Medical Center (2004-2007)

Sarah Tilstra, MD—Clinician Educator (7/1/10)
  • BS – University of Michigan (1998-2002)
  • MD – University of Pittsburgh (2003 – 2007)
Miranda Gillespie, MD—Clinician Investigator
- BA – University of Alabama (1997 – 2001)
- MD – University of Alabama (2002-2007)
- Residency – UPMC (2007-2010)

Theodore —Ted‖ Yuo, MD—Investigator, AHRQ T32
- SM Tenney Medical Student Fellow – Dartmouth (2006-2007)
- MD – Dartmouth Medical School (2002-2007)
- Residency – UPMC (2007-2010)

Rotesh Mehta, MD, MPH—Palliative Care
- MPH – University of North Texas Health Science (2004-2006)
- Residency – Mercy Catholic Medical Center (2006-2009)
# Faculty Promotions

**Professor**
- Galen Switzer, PhD
- C. Bernie Good, MD

**Associate Professor**
- Eric Anish, MD
- Thuy Bui, MD
- Raquel Buranosky, MD
- Hollis Day, MD
- Adam Gordon, MD
- Asher Tulsky, MD
Award Recognition Update
2009-2010
Teaching Awards

Robert Arnold, MD: William I. Cohen Award for Excellence in Clinical Skills Instruction, University of Pittsburgh School of Medicine, 2010

Gregory Bump, MD: Outstanding Teaching Attending Award from the Residents, University of Pittsburgh School of Medicine, 2010

Raquel Buranosky, MD, MPH: Donald S. Fraley Award for Medical Student Mentoring, University of Pittsburgh School of Medicine, 2010

Amanda Cooper, MD: Clerkship Preceptor of the Year Award, University of Pittsburgh School of Medicine, 2010

Hollis Day, MD: Sheldon Adler Award for Innovation in Medical Education, University of Pittsburgh School of Medicine, 2010

D. Michael Elnicki, MD: Outstanding Teaching Attending Award from the Internal Medicine Residents at UPMC Shadyside, University of Pittsburgh School of Medicine, 2010

Janine Frank, MD: Clinical Educator of the Year Award, University of Pittsburgh School of Medicine, 2010

Rosanne Granieri, MD: Outstanding Teaching Attending Award from the Interns, University of Pittsburgh School of Medicine, 2010

Peggy Hasley, MD, MHSc: Clerkship Preceptor of the Year Award, University of Pittsburgh School of Medicine, 2010

Harish Jasti, MD, MS: Clerkship Preceptor of the Year Award, University of Pittsburgh School of Medicine, 2010

Gary Tabas, MD: Provost’s Innovation in Education Award, University of Pittsburgh, 2010
Robert Arnold, MD: William I. Cohen Award for Outstanding Clinical Skills Instruction of Medical Students, University of Pittsburgh School of Medicine, 2009

Raquel Buranosky, MD, MPH: The Donald S. Fraley Award for Outstanding Contributions as a Mentor to Future Physicians, University of Pittsburgh School of Medicine, 2009

Peggy Hasley, MD, MHSc: Clerkship Preceptor of the Year Award for Outstanding Achievement in Educating Future Physicians, University of Pittsburgh School of Medicine, 2009

Harish Jasti, MD, MS: Clerkship Preceptor of the Year Award for Outstanding Achievement in Educating Future Physicians, University of Pittsburgh School of Medicine, 2010
Professional Recognition

- **Robert Arnold, MD**
  - Strathmore’s Who’s Who Registry and Global Network for Outstanding Professionals, 2010
  - Top Doctors, Pittsburgh Magazine, 2010

- **Sonya Borrero, MD, MS**
  - Scholar Abstract Award, Joint Annual Meeting of the Association for Clinical Research Training and the Society for Clinical and Translational Science, 2010
  - Women’s Heath Presentation Award for Poster Abstract Society for General Internal Medicine Annual Meeting 2010

- **Margaret Conroy, MD**
  - Selected as Fellow for NIH OBSSR Summer Institute on Randomized Clinical Trials Involving Behavioral Interventions (2009)
  - Mentored Scholarly Research Project with MS3 Suzane Le resulted in Dean’s Merit Award from University of Pittsburgh School of Medicine (2009)
  - Junior Scholar Award from University of Pittsburgh Department of Medicine (2010)

- **Hollis Day, MD**

- **Mary Hebert**
  - 2010 Star and Excellent Service Award Winner UPMC 2010-Physician Service Division Excellence in Service to the Community
Professional Recognition

- **Rachel Hess, MD, MS**
  - New Investigator Award, North American Menopause Society (NAMS), 2010
- **David J McAdams, MD, SFHM, FACP, MS.**
  - Fellow of the American College of Physicians (FACP) by the ACP.
  - Senior Fellow of Hospital Medicine (SFHM) by the Society of Hospital Medicine.
- **Larissa Myaskovsky, PhD**
  - American Transplant Congress 2010 Poster of Distinction award
- **Smita Nayak, MD**
  - Scholar Abstract Award, Joint Annual Meeting of the Association for Clinical Research Training and the Society for Clinical and Translational Science, 2010
- **Brian Primack, MD, EdM, MS**
  - Top Early Career Researcher Award, Society of Behavioral Medicine, 2010
  - Best Poster Award, Joint Annual Meeting of the Association for Clinical Research Training and the Society for Clinical and Translational Science, 2010
  - University of Pittsburgh Cancer Institute Junior Faculty Scholar Award for 2010
- **Eleanor Bimla Schwartz, MD, MS**
  - Roy M. Pitkin Award, for one of the four best manuscripts published in the journal Obstetrics and Gynecology in 2009
Divisional Budgets

- Principles
  - productivity is measured for all faculty
  - each activity has associated source of support
  - identifiable roles are supported
  - research support is externally funded except for initial developmental periods
  - VA budgets are handled by the VA
- 2006 Revenues: $21,393,387
- 2007 Revenues: $27,503,965
- 2008 Revenues: $32,493,786
- 2009 Revenues: $34,080,552
- 2010 Revenues: $38,070,470 (estimate)
- Surpluses in UPP and University side
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<tr>
<th>Publications</th>
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<tr>
<td>Pittsburgh Post-Gazette</td>
<td>May 12, 2010</td>
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<tr>
<td>KDKA-TV Pittsburgh</td>
<td>May 11, 2010</td>
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<tr>
<td>Pittsburgh Tribune-Review</td>
<td>April 21, 2010</td>
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<tr>
<td>American Journal of Medicine Newsletter</td>
<td>January 28, 2010</td>
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<td>Men's Fitness</td>
<td>January 7, 2010</td>
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<td>The National Center on Addiction and Substance Abuse Newsletter</td>
<td>January 4, 2010</td>
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<td>Med India</td>
<td>December 30, 2009</td>
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<td>Russian Newspaper</td>
<td>December 28, 2009</td>
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<td>Pittsburgh Tribune-Review</td>
<td>December 24, 2009</td>
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<td>Science Daily</td>
<td>December 23, 2009</td>
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<td>Romanian Newspaper</td>
<td>December 23, 2009</td>
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<td>Norfolk Examiner</td>
<td>December 23, 2009</td>
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<td>New York Daily News</td>
<td>December 23, 2009</td>
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<td>Ars Technica</td>
<td>December 22, 2009</td>
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<td>MSNBC</td>
<td>December 22, 2009</td>
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<td>Pittsburgh Tribune-Review</td>
<td>September 25, 2009</td>
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<td>Medical News Today</td>
<td>August 28, 2009</td>
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<td>BBC Interview</td>
<td>August 25, 2009</td>
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<td>Health Day News</td>
<td>August 18, 2009</td>
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<td>Times of India</td>
<td>August 18, 2009</td>
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<td>Information Week 2009</td>
<td>August 18, 2009</td>
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<td>Europa Press Madrid</td>
<td>August 18, 2009</td>
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<td>MSNBC</td>
<td>August 18, 2009</td>
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<td>MSN Health</td>
<td>August 18, 2009</td>
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<td>Netherlands</td>
<td>August 18, 2009</td>
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<td>UK Telegraph</td>
<td>August 18, 2009</td>
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<tr>
<td>US News and World Report</td>
<td>August 18, 2009</td>
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Shanta Zimmer

- http://www.reuters.com/article/asiaCrisis/idUSN29361190
- http://www.medpagetoday.com/InfectiousDisease/SwineFlu/14900
- http://cidrapsummit.net/cidrap/content/influenza/swineflu/news/feb2210seroprev.html
MEDIA

- Larissa Myaskovsky, PhD
  - http://www.pittsburghlive.com/x/pittsburghtrib/email/s_679155.html?_s_icmp=et

- Bruce Rollman MD, MPH

- Ateev Mehrotra
  - (29) articles and press on retail clinics
  - (6) articles and press on physician cost profiling
  - (3) articles and press on hospital cost transparency
    - This includes such diverse publications as the Washington Post, American Medical News and U.S. News and World Report
Summary

- A great organization with extensive programs in all its missions: patient care, teaching and research
- Excellent faculty—makes all the difference
- Supports the Department of Medicine’s residency and medical student education programs; supports the Schools of Health Sciences in research education
- A robust and extensive research portfolio contributing to science. Funding is excellent in a very competitive NIH environment
- Receive significant resources from UPMC and the School of Medicine—one of the major reasons for success
Special Thanks

- Missy McNeil
- Franziska Jovin
- Gary Fischer
- Raquel Buranosky
- Doris Rubio
- Joanne Riley

- The entire Division
- Steve Shapiro
- Val Trott