Division of General Internal Medicine
State of the Division
Wishwa N. Kapoor, MD, MPH
September 15, 2011
Objectives

- Updates on Clinical, Teaching and Research Programs
- Focus of presentation this year:
  - Past, present, planning for the future
  - Sustainable careers in increasing difficult health care environment—views, prediction and advice
- Faculty—recognition and recruitment
- Finances
General Internal Medicine

- A large organization
  - 4 sites for clinical and teaching activities: Montefiore, VA, Shadyside; a new Med-Peds site at Turtle Creek (2008)
  - 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, 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

- **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

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

- **Doris Rubio, PhD**  
  Director, CRHC Data Center  
  Co-Director, Institute for Clinical Research Education

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

- **Deborah Simak, RN, MNed**  
  Assistant Director, Quality

- **Lynn Rago**  
  Administrator, CRHC

- **Patrick Reitz**  
  Administrator, ICRE
Highlights

- **Clinical**
  - Inpatient: record inpatient census
  - Outpatient: Access, Quality, Chronic Disease Management

- **Teaching**
  - Residency: outstanding match
  - Education Innovation Project—transforming training
  - ICRE—renewal of NIH funding for 5 years; new programs

- **Research**
  - Record funding; excellent K to R transitions
  - Comparative Effectiveness Research: AHRQ T32, K12 funded and implemented

- **Finances**—excellent
GIM over that past 15+ years

- Inpatient Clinical Operations
  - Was largely private practice GIM model—Presby/MUH had large private practice groups; GIM admitted patients in rotation
  - Beginning of hospitalist program—2002; 4 physicians
  - Census increases at Presby/MUH and house staff work hour rules—rapid expansion of hospitalist program since 2005
  - Teaching and non-teaching services developed—2005
  - Teaching GIM faculty reorganized to hospitalist model
  - The entire hospitalist programs transformed into a blended model—everyone is involved in teaching but in different ways
  - Magee rotation eliminated (2010); Geriatrics at MUH replaced (2010)
  - UPCI service at Shadyside: hospitalist for the house staff oncology service—2011
  - GIM Consult service—expansion since 2005
Current Hospitalist Services

- Teaching: 6 house staff teams on teaching service 12 months; equivalent of 7 hospitalist FTEs—all supported by billing
- 25.8 FTE hospitalist (A service) consisting of 32 physicians covering MUH, Presbyterian, TCU, GIM consults
- 2 CRNP and 5 RN patient care liaisons
- Consult Service 2-3 FTEs
- 4 nocturnists
- 3 junior hospitalist teams
We love our hospitalists
Inpatient admissions

Montefiore

Shadyside

Year
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011

Admissions
0
1000
2000
3000
4000
5000
6000
7000
8000

Montefiore
Shadyside

1602 1784 1808
2198
2608
2142
2925 3105
3501
4377
4949
5389
5707
6231
6602
Montefiore Shadyside
Future

- Clinical—needs are likely to remain extensive
- Teaching—becoming integral part of the teaching programs for students and residents

Research

- Currently GIM has hospitalist relevant research
- Hospitalists with research careers as the field matures

Challenges

- UPMC is a large system with extensive clinical needs—hospitalist services needed at all UPMC sites
- Building research programs by full time hospitalist faculty
- Large turnover
- Building sustainable careers—how to help faculty conceive and develop sustainable careers
GIM over that past 15+ years

- Outpatient Clinical Operations
  - Expectations for clinical productivity—1994
  - Organization of medical records—1995
  - A new space—MUH 9S, EMR—1999
  - Control of operations—1999
  - Shadyside Shea Medical Center—1998
  - QI programs and medical home—starting 2000 and leading to NCQA Certification in 2009
  - Payment using RVUs—2004
  - Turtle Creek—2008 for med-peds training
  - Current: multiple QI projects; medical home recertification, integration/expansion of residents clinics; chronic disease management
  - Expansion of clinic space 2011
## Ambulatory care visits*

<table>
<thead>
<tr>
<th>Facility</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty UPMC Montefiore</td>
<td>29,302</td>
<td>29,866</td>
<td>30,915</td>
<td>30,079</td>
<td>30,339</td>
</tr>
<tr>
<td>Residents UPMC Montefiore</td>
<td>4,219</td>
<td>3,835</td>
<td>3,677</td>
<td>3,879</td>
<td>4,105</td>
</tr>
<tr>
<td>PACT (HIV)</td>
<td>3,700</td>
<td>1,069</td>
<td>1,128</td>
<td>260</td>
<td>283</td>
</tr>
<tr>
<td>Homeless Clinics</td>
<td>2,902</td>
<td>3,055</td>
<td>2,126</td>
<td>3,145</td>
<td>3,034</td>
</tr>
<tr>
<td>Faculty UPMC Shadyside</td>
<td>7,107</td>
<td>6,322</td>
<td>6,308</td>
<td>5,412</td>
<td>4,729</td>
</tr>
<tr>
<td>Residents UPMC Shadyside</td>
<td>2,845</td>
<td>3,323</td>
<td>2,973</td>
<td>3,220</td>
<td>3,480</td>
</tr>
<tr>
<td>Magee Women’s Hospital</td>
<td>218</td>
<td>324</td>
<td>461</td>
<td>515</td>
<td></td>
</tr>
<tr>
<td>Turtle Creek PC (Med-Peds)</td>
<td></td>
<td>574</td>
<td>594</td>
<td>1,025</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></td>
</tr>
<tr>
<td>CV Clinic (palliative)</td>
<td>82</td>
<td>123</td>
<td>127</td>
<td>127</td>
<td></td>
</tr>
<tr>
<td>Liver Ca Center (palliative)</td>
<td></td>
<td>32</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50,075</strong></td>
<td><strong>47,688</strong></td>
<td><strong>49,649</strong></td>
<td><strong>48,341</strong></td>
<td><strong>48,886</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 Compliance with Diabetes Standards

GIMO Overall  DM Pts w/ Office Visits

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>Jul-Sept 10</th>
<th>Oct-Dec 10</th>
<th>Jan-Mar 11</th>
<th>Apr-Jun 11</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1C</strong></td>
<td>86%</td>
<td>78%</td>
<td>85%</td>
<td>86%</td>
<td>95%</td>
</tr>
<tr>
<td><strong>LDL</strong></td>
<td>88%</td>
<td>77%</td>
<td>78%</td>
<td>77%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Nephropathy</strong></td>
<td>84%</td>
<td>49%</td>
<td>70%</td>
<td>68%</td>
<td>63%</td>
</tr>
<tr>
<td><strong>Eye Exam</strong></td>
<td>44%</td>
<td>77%</td>
<td>66%</td>
<td>66%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Foot Exam</strong></td>
<td>30%</td>
<td>85%</td>
<td>84%</td>
<td>95%</td>
<td>80%</td>
</tr>
</tbody>
</table>

ADA Standards

Percentages

0 20 40 60 80 100
Compliance with Diabetes Standards: % A1C < 7

Comparison of Faculty and Resident Patient A1c<7

- Baseline
- Jul-Sept 10
- Oct-Dec 10
- Jan-Mar 11
- Apr-Jun 11

<table>
<thead>
<tr>
<th></th>
<th>Faculty</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>37</td>
<td>36</td>
</tr>
<tr>
<td>Jul-Sept 10</td>
<td>49</td>
<td>44</td>
</tr>
<tr>
<td>Oct-Dec 10</td>
<td>51</td>
<td>35</td>
</tr>
<tr>
<td>Jan-Mar 11</td>
<td>44</td>
<td>33</td>
</tr>
<tr>
<td>Apr-Jun 11</td>
<td>46</td>
<td>33</td>
</tr>
</tbody>
</table>
Diabetic Patients with LDL < 100

Comparison of Faculty & Resident <100

- Baseline Jan-Mar 2007
- Jul-Sept 10
- Oct-Dec 10
- Jan-Mar 11
- Apr-Jun 11

Faculty
- Jan-Mar 2007: 50
- Jul-Sept 10: 62
- Oct-Dec 10: 58
- Jan-Mar 11: 63
- Apr-Jun 11: 62

Resident
- Jan-Mar 2007: 54
- Jul-Sept 10: 61
- Oct-Dec 10: 60
- Jan-Mar 11: 68
- Apr-Jun 11: 57

GIM
Compliance with Preventive Health Guidelines

Percentage of Applicable Patients for Whom Service Complete (Documented)

- Flu 50-64
- Flu 65+
- Pnu
- Mammo
- Pap
- Cholesterol
- Colorectal

Prevention Standards

Percentage: 0 10 20 30 40 50 60 70 80 90 100

Baseline July 02 (268 pts)  Jul-Sept 10 (4828)  Oct-Dec 10 (4932)  Jan-Mar 11 (4855)  Apr-Jun 11
Shea Compliance with Diabetes Standards

Shea DM Pts w/ Office Visits in Timeframe, % Met Criteria

<table>
<thead>
<tr>
<th></th>
<th>ADA Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C</td>
<td></td>
</tr>
<tr>
<td>LDL</td>
<td></td>
</tr>
<tr>
<td>Nephropathy</td>
<td></td>
</tr>
<tr>
<td>Eye Exam</td>
<td></td>
</tr>
<tr>
<td>Foot Exam</td>
<td></td>
</tr>
</tbody>
</table>

Baseline 07 | Jul-Sept 10 | Oct-Dec 10 | Jan-Mar 11 | Apr-June 11 |
-------------|-------------|------------|------------|-------------|
A1C          | 84          | 85         | 86         | 85          |
LDL          | 68          | 85         | 89         | 89          |
Nephropathy  | 50          | 37         | 41         | 40          |
Eye Exam     | 13          | 57         | 61         | 54          |
Foot Exam    | 4           | 64         | 62         | 65          |
Shea Diabetic Patients with LDL < 100

Comparison of Shea Faculty & Resident <100

Baseline 07  |  Jul-Sept 10  |  Oct-Dec 10  |  Jan-Mar 11

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>65</td>
</tr>
<tr>
<td>59</td>
<td>32</td>
</tr>
<tr>
<td>55</td>
<td>30</td>
</tr>
<tr>
<td>69</td>
<td>55</td>
</tr>
</tbody>
</table>

Average LDL
Improved Compliance with Preventive Health Guidelines

Percentage of Applicable Patients for Whom Service Complete (Documented)

<table>
<thead>
<tr>
<th>Prevention Standards</th>
<th>Baseline 07</th>
<th>Jul-Sept 10</th>
<th>Oct-Dec 10</th>
<th>Jan-Mar 11</th>
<th>Apr-June 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu 50-64</td>
<td>53</td>
<td>54</td>
<td>62</td>
<td>67</td>
<td>69</td>
</tr>
<tr>
<td>Flu 65+</td>
<td>74</td>
<td>80</td>
<td>84</td>
<td>79</td>
<td>53</td>
</tr>
<tr>
<td>Pnu</td>
<td>73</td>
<td>74</td>
<td>73</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>Mammo</td>
<td>90</td>
<td>91</td>
<td>90</td>
<td>79</td>
<td>89</td>
</tr>
<tr>
<td>Pap</td>
<td>89</td>
<td>78</td>
<td>78</td>
<td>78</td>
<td>88</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>94</td>
<td>95</td>
<td>95</td>
<td>97</td>
<td>94</td>
</tr>
<tr>
<td>Colorectal</td>
<td>72</td>
<td>72</td>
<td>69</td>
<td>69</td>
<td>73</td>
</tr>
</tbody>
</table>
GIM QI Awards/Recognition

- Achieved national recognition from the NCQA for Diabetes Management in the Diabetes Physician Recognition Program.

- New Medication Adherence QI Initiative was accepted as a 2011 Best Practice by Highmark and designated as a “Best of the Best” (second year)

- Exceed national targets and rank 5th of 77 UPP practices in preventive health care, despite special populations in residency and refugee clinic
The ACGME “enthusiastically supports” our continued participation in the Education Innovation Project (EIP) and “commended the program” for QI initiatives.

The residency continuity clinics completed a QI curriculum and improvement initiative in hypertension management, which improved % of Pts with BP below target of 140/90:
- MUH cohort of 215 patients, 57% to 67%
- Shea cohort of 75 patients, 63% to 77%

Shea continuity clinic received grant from Shadyside Foundation to implement a Hypertension clinic for 2011.
### ADA Diabetes Guidelines: GIM Compared with PA-Chronic Care Model Project (June 2011)

#### GIMO Compared with PA Data

<table>
<thead>
<tr>
<th>Category</th>
<th>GIMO</th>
<th>SW PA</th>
<th>SE PA</th>
<th>SC PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c&lt;7</td>
<td>46</td>
<td>46</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>A1c&gt;9 (Lower is Better)</td>
<td>14</td>
<td>23</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>LDL&lt;100</td>
<td>62</td>
<td>54</td>
<td>50</td>
<td>54</td>
</tr>
<tr>
<td>LDL&lt;130</td>
<td>84</td>
<td>74</td>
<td>71</td>
<td>74</td>
</tr>
<tr>
<td>BP&lt;130/80</td>
<td>65</td>
<td>46</td>
<td>47</td>
<td>47</td>
</tr>
<tr>
<td>BP&lt;140/90</td>
<td>74</td>
<td>65</td>
<td>80</td>
<td>75</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>66</td>
<td>66</td>
<td>66</td>
<td>66</td>
</tr>
<tr>
<td>Foot Exam</td>
<td>50</td>
<td>47</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>Percentages</td>
<td>21</td>
<td>19</td>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>

- A1c<7: 46%, 46%, 46%, 46%  
- A1c>9: 14%, 23%, 21%, 19%  
- LDL<100: 62%, 54%, 50%, 54%  
- LDL<130: 84%, 74%, 71%, 74%  
- BP<130/80: 65%, 46%, 47%, 47%  
- BP<140/90: 74%, 65%, 80%, 75%  
- Eye Exam: 66%, 66%, 66%, 66%  
- Foot Exam: 50%, 47%, 44%, 44%
## GIMO Compared with National HEDIS

<table>
<thead>
<tr>
<th>CLINICAL PERFORMANCE INDICATOR</th>
<th>GIMO Apr-June 2011 Rate</th>
<th>HEDIS Commercial HMO 2009 Rate</th>
<th>HEDIS Commercial HMO 90th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer screening</td>
<td>*** 84%</td>
<td>71%</td>
<td>80%</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>*** 93%</td>
<td>77%</td>
<td>83%</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>*** 82%</td>
<td>61%</td>
<td>70%</td>
</tr>
<tr>
<td>LDL Screening with established CAD (yearly)</td>
<td>87%</td>
<td>88%</td>
<td>93%</td>
</tr>
<tr>
<td>LDL Cholesterol&lt;100 w/diagnosis of CAD</td>
<td>*** 74%</td>
<td>59%</td>
<td>71%</td>
</tr>
<tr>
<td>Diabetes: HgbA1c done past year</td>
<td>*** 96%</td>
<td>89%</td>
<td>94%</td>
</tr>
<tr>
<td>Diabetes: Good control HbA1c&lt;7</td>
<td>* 46%</td>
<td>42%</td>
<td>51%</td>
</tr>
<tr>
<td>Diabetes: Poor control HbA1c&gt;9.0% (lower is better)</td>
<td>*** 14%</td>
<td>28%</td>
<td>18%</td>
</tr>
<tr>
<td>Diabetes: Cholesterol (LDL-C) Screening</td>
<td>84%</td>
<td>85%</td>
<td>91%</td>
</tr>
<tr>
<td>Diabetes: Cholesterol (LDL-C) controlled (&lt;100)</td>
<td>*** 62%</td>
<td>47%</td>
<td>56%</td>
</tr>
<tr>
<td>Diabetes: Eye Exam</td>
<td>* 66%</td>
<td>57%</td>
<td>74%</td>
</tr>
<tr>
<td>Diabetes: Nephropathy Screen</td>
<td>*** 95%</td>
<td>83%</td>
<td>90%</td>
</tr>
<tr>
<td>Diabetes: BP&lt;140/90 most recent visit</td>
<td>* 74%</td>
<td>65%</td>
<td>76%</td>
</tr>
<tr>
<td>Hypertension: BP&lt;140/90 most recent visit</td>
<td>*** 81%</td>
<td>64%</td>
<td>73%</td>
</tr>
</tbody>
</table>

***Equal or Better than HEDIS 90th Percentile

*Better than HEDIS 2009 rate
Ambulatory Care

- Future
  - New models of primary care
    - Physician manages chronic and complex diseases
    - Office organized to provide routine care
    - System using IT resources manages population quality measures and team (not MD) assures its delivery by working with pt and care givers
  - Space limitations for expansion of clinic—need to provide care at off hours
  - The country is rapidly adopting medical home model—how do we stay ahead of the curve
  - Quality is the future and it will be about:
    - Outcomes driven for each patient (huge number of metrics for pcp)
    - Providing care at low cost
    - Patient experiences
Ambulatory Care

Challenges

- Residents need to learn patient centered care in a medical home model
- Predicted shortage of pcp’s
- How to have sustainable careers in increasingly challenging health care environment
  - Excellence in quality, cost and delivering great patient experiences
  - Focus—develop a unique area of excellence
  - Working effectively within the system and organization
VA General Medicine

- ~30 faculty involved in student, resident teaching
- New Ambulatory Care Building fall 2011
  - Consolidate clinics in Aspinwall and Highland Drive
- 23,350 patients followed in Primary Care by faculty and residents
  - 2629 patients followed by Medicine Residents
PACT- Patient Aligned Care Teams (VA-speak for Medical Home)

- All VA patients in Primary Care enrolled in PACT
- Team building (regular “huddles” with team)—RN Case Manager, Care Coordinator
- QA activities part of team process
- Telemedicine incorporated in clinic time
- Increase non-appointment care
  - Same day access
- All residents will be active participants (all already part of teams), expected to do QA activities, team process
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%**
Unique Learning Experiences VA General Medicine

- Substance Abuse Clinic (SAAT)
  - Inpatient and outpatient
- Healthy Women’s Clinic
  - Part of PACT
- Procedure Clinic
- IMPACT Clinic- Pre-operative Clinic at VA
  - Multidisciplinary Clinic
  - Focus on improving pre-op nutrition, optimizing medical co-morbidities pro-op, enhanced support peri-operatively
Teaching

- Medical Student Teaching
- Residency
  - Leadership
  - Residency Match
  - Curricular changes and impact of EIP
  - Tracking database
- Fellowships
- Research Education—ICRE
Medical Student Course Leadership: Preclinical Years

First Year
- Intro to Being a Physician
  - Shanta Zimmer
- Intro to Interviewing
  - Reed Van Deusen
- Intro to Physical Exam
  - Missy McNeil
- Advanced Physical Exam
  - Scott Herrle
- Ethics, Law and Professionalism
  - Missy McNeil

Second Year
- Advanced Physical Exam
  - Scott Herrle
- Advanced Interviewing
  - Carla Spagnoletti
Medical Student Course Leadership: Preclinical Years

Third Year

- Adult Inpatient Medicine
  - Tom Painter, Missy McNeil, Erika Hoffman, Anu Munshi
- Combined Ambulatory Med/Peds Clerkship
  - Mike Elnicki
Medical Student 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
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
## 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

- Advisory Deans
  - Hollis Day
  - Adam Gordon
- Fast advisors
- Pre-residency advisors
- Scholarly Project advisors
# Residency Training

## Leadership of Residency Training Programs

<table>
<thead>
<tr>
<th>Director</th>
<th>Program</th>
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</thead>
<tbody>
<tr>
<td>Shanta Zimmer, MD</td>
<td>Program Director, IM Residency Training</td>
</tr>
<tr>
<td>Melissa McNeil, M.D.</td>
<td>Track Director, Women’s Health Track</td>
</tr>
<tr>
<td>Alda Gonzaga, MD</td>
<td>Program Director, Medicine-Pediatrics Program</td>
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<tr>
<td>Dario Torre, M.D., PhD</td>
<td>Categorical at UPMC Shadyside</td>
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<tr>
<td>Gary Tabas, M.D.</td>
<td>Transitional Programs</td>
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<tr>
<td>Asher Tulsky, M.D.</td>
<td>APD, Japan Internal Medicine Residency Program</td>
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<tr>
<td>Kathleen McTigue, MD, MPH</td>
<td>Track Director, Clinical Scientist Track</td>
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<tr>
<td>Thuy Bui, MD</td>
<td>Track Director, Global Health</td>
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<tr>
<td>Peggy Hasley, MD</td>
<td>APD Track Director, Generalist Pathway</td>
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<tr>
<td>Franziska Jovin, MD</td>
<td>Hospitalist Pathway</td>
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<tr>
<td>Peter Bulova, MD</td>
<td>Track Director, International Scholars Program</td>
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<tr>
<td>Rollin Wright, MD, MPH</td>
<td>Track Director, Geriatrics</td>
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<tr>
<td>Robert Brooks, MD, PhD</td>
<td>APD, VAMC</td>
</tr>
<tr>
<td>Wendy Romeo</td>
<td>Administrative Director</td>
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Center for Research on Health Care
Institute for Clinical Research Education
Division of General Internal Medicine
<table>
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<tr>
<th>Name</th>
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<tr>
<td>Achilleos, Andreas, MD</td>
<td>MUH Core Faculty</td>
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<tr>
<td>Anish, Eric, MD</td>
<td>Shadyside Sport Medicine</td>
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<td>Bigi, Lori, MD, MS</td>
<td>MUH, Ambulatory Clinic Director</td>
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<td>Bui, Twee, MD</td>
<td>Global Health Track Director</td>
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<tr>
<td>Bulova, Peter, MD</td>
<td>Recruitment, Procedures, Disabilities</td>
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<tr>
<td>Buranosky, Raquel, MD, MPH</td>
<td>APD, Education Innovation Project</td>
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<tr>
<td>Bump, Gregory, MD</td>
<td>Patient Safety</td>
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<td>Butt, Adeel, MD</td>
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<tr>
<td>Cooper, Amanda, MD</td>
<td>Shadyside Women’s Health</td>
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<td>Day, Hollis, MD</td>
<td>Direct Observation, Evaluation</td>
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<td>Demoise, David, MD</td>
<td>Shadyside Core Faculty</td>
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<tr>
<td>Gerber, Lawrence, MD</td>
<td>VAMC, Inpatient Medicine Service</td>
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</table>
# It Takes a Village: Core Faculty

- Givelber, Rachel, MD  
  Evidence Based Medicine
- Gonzaga, Alda, MD, MS  
  Program Director, Med-Peds
- Granieri, Rosanne, MD  
  Residency Structured Educational Exp.; CETP
- Jasti, Harish, MD, MS  
  Ambulatory Block, Intern
- Herrle, Scott, MD, MS  
  VMAC, Core Faculty
- Hoffman, Erika, MD  
  VAMC, Medical Director, Clinic
- Jovin, Franziska, MD  
  Hospital Medicine Curriculum
- Kreit, John, MD  
  Subspecialty Education Coordinator, Chair
- McCausland, Julie, MD  
  MUH, Transitional PD
- McTigue, Kathleen, MD, MPH  
  CSTP Track Director
- Nordman, Bethany, MD, MPH  
  MUH, Core Faculty
- Painter, Thomas, MD  
  Inpatient Medicine
It Takes a Village: Core Faculty

- Preisner, Ruth, MD VAMC, Procedures
- Spagnoletti, Carla, MD, MS Medical Interviewing
- Stern, Jamie, MD, MPH Women’s Health
- Suffoletto, JoAnne, MD VAMC, Women’s Health
- Tabas, Gary, MD Shadyside Transitional PD
- Van Deusen, Reed, MD, MS Med Peds APD
- Wood, Gordon, MD Director, Pain Curriculum
- Wright, Rollin, MD Geriatrics Track Director
- Zalenski, Dianne, MD Shadyside Women’s Health
Recruitment 2010-11

- 2300 applicants
- 562 invited, 464 interviewed
- 40 slots
- GIM faculty performed over 700 interviews!
- Best match ever by several metrics
2011 Intern Class Characteristics

- 14 AOA
- Average step 1 237; Average Step II 248
- 13 representatives from Peer schools
- 11 from our top 100
- 22 from our top 150
- 4 PhDs
- 5 MS/MPH
- 9 UPitt Students
- 4 URMs
- 1 Rhodes Scholar

TRACKS
- 3 Global Health
- 4 Women’s Health
- 2 Geriatrics
- 3 Clinical Scientist
- 1 Research Pathway
- 5 Generalist
- 6 International Scholars
  - American Univ. of Beirut
  - University of Zimbabwe Medical School
  - Gauhati Medical College & Hospital
  - Medizinische Universität Wien
  - Gandhi Medical College
  - Peking Union Medical University
## Education Innovations Project (EIP) Update: Curricular Productivity

<p>| | |</p>
<table>
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<tr>
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<tr>
<td>MANUSCRIPTS</td>
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</table>
EIP Progress—examples

- Continued growth of tracks (e.g., Clinical Scientist, Global Health, Generalist)
- Immerse in Patient-Centered Care—Medical Home
- Longitudinal QI curriculum: SBP in Primary Care
- Annual Patient Safety Survey changes:
  - Interdisciplinary M & M monthly and noon conferences
- Finalization of Sign-Out Curriculum with implementation this year
- Discharge summary curriculum for Interns
- 3-year progressive medical interviewing curriculum
  - Direct Observation, Standardized Patients
  - Motivation Interviewing added in PGY-3 year
EIP Progress: Evaluation

- Eportfolio: Evaluation, Mentoring Tool
- Direct Observation Emphasis
  - CEX’s and 360 Evals Created and Implemented
  - Feedback Form on Gen Med floors
- Continuity Clinic Evaluation Team
  - Ambulatory CEX Project increasing direct observation in physical exam and counseling
  - Continuity Clinic Survey (2011 vs. 2008), pre/post Ambulatory Curriculum implementation
- Fatigue and Burnout Surveys
- Tracking
We have very engaged residents

- Health Policy Advocacy Group
- Monthly Newsletter
- Service Projects
- Running Club
Shadyside restructuring

- Teaching Hospitalist on All Services
- Geographic ICU
- Dave Demoise, Director at Shea
- Shadyside Track Directors
  - Categorical: Mike Elnicki
  - DO Internship: Bill Lamb
  - Transitional: Gary Tabas
New Initiatives

- Back to the Bedside- “Old Doctors and Young Doctors at the Bedside Together”
  - Multifaceted approach including
    - Inpatient rounding—progress note feedback; oral presentations at the bedside
    - Subspecialty Educators—emphasize bedside presentations
  - Resident driven, not just faculty led
    - Chief residents watching walk rounds, assisting with presentations, encouraging bedside presentations
    - Cases for newsletter
    - AM report focus on physical findings
    - Branding with lapel pin
2011 Initiatives, continued

- Academic Initiative
  - Director of Residency Research
    - Will spearhead mentorship, annual research fair, tracking of research activities
  - Increased involvement of Division mentors
  - Moving toward a requirement for scholarly presentation by graduation
Medicine Residency Diversity Committee

- Chaired by Dr. Conrad Smith
- Multidisciplinary group that includes faculty from several divisions, health sciences leadership and medical school
- Resident and intern participation
- Focus on recruitment, career mentorship and retention
Challenges

- With increasing restrictions on duty hours, service component will have to be even more managed by full time hospitalists
- Recruitment of the best students—it is always work in progress; peer schools
- Training leaders in medicine, especially academic medicine
- Diversity
Fellowships

- Strong, vibrant fellowships—total of 18 fellows currently (MD’s and PhD’s)
- 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
  - Leadership Steering Committee: Missy McNeil, Rosanne Granieri, Michael Elnicki, Bob Arnold, Gordon Wood, Wishwa Kapoor

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

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

- **June 2011 Graduates**
  - *Briar Duffy*, MD, MS, Asst Professor of Medicine, University of Minnesota
  - *Anu Munshi*, MD, MS, Asst Professor of Medicine, University of Pittsburgh

- **Current Fellows**
  - **2nd years:** Jed Gonzalo, MD; Brian Heist, MD; John Ragsdale, MD; Sarah Tilstra, MD
  - **1st years:** Jen Corbelli, MD; Adam Sawatsky, MD
GIM Fellows’ National Presentations/Papers: 2010-11

National Workshops
Duffy, Ragsdale, Gonzalo: “Making the Most of a Learning Environment: Applying Techniques from Cognitive Scientists and Traditional Educators to Medical Education,” SGIM May 2011
Duffy, Munshi - “Controversies in Osteoporosis Screening and Treatment: an Evidenced Based Approach to Management,” SGIM May 2011 Meeting
Duffy - “Writing a High-Quality Discharge Summary: An Experiential Curriculum,” APDIM October 2010
Munshi, Duffy - “Urinary Incontinence – We Don’t Ask, They Don’t Tell: How to fix the leak,” SGIM May 2011
Munshi - “A Mirror or See-through Glass? Understanding and Orienting the International Medical Graduate,” APDIM April 2011

Papers/Abstract Presentations
Duffy, Gonzalo - Improving Communication Skills and Transitions of Care: Development of a Discharge Summary Curriculum for Internal Medicine Interns. Poster Presentation, SGIM May 2011
Gonzalo, Duffy - The Role Models of Bedside Teachers: A Qualitative Analysis. Oral presentation, SGIM May 2011
Duffy - What Makes a Perfect Discharge Summary: Faculty and Resident Consensus. Poster Presentation, SGIM May 2011
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)
- **Current Scholars**
  - Helen Smith (Epidemiology)
  - Frances Pillemer (Health Policy)
  - Ellerie Weber (Health Economics)
  - Ted Yuo (Vascular Surgery)
  - Penelope Morrison (Anthropology)
  - Veena Karir (Pharmacy)
  - Amanda Dumas (Pediatrics)
  - Tiffani Johnson (Ped. ER)
  - Ana Radovic (Adolescent Med)
Selected Presentations/Papers: 2010-11

- **Chia L** - Disparities in Health Outcomes among Medicare Beneficiaries with Diabetes and Other Chronic Conditions. Oral/Poster Presentation. AcademyHealth June 2011


- **Pillemer FM** - When Hippocrates leaves Boston: a study of ethical preferences and decision making on altered standards of care in Massachusetts. Poster presentation at AcademyHealth


- **Yuo TH** - Variability in carotid artery stent (CAS) utilization is linked to volume of index vascular surgery (VS), interventional cardiology (IC), or interventional radiology (IR) procedures in California (CA). Oral presentation at the Society for Vascular Surgery Annual Meeting, June 2011.

- **Yuo TH** - Applying the payoff time framework to carotid occlusive disease management. Oral presentation at the NRSA/Academy Health Meeting, June 2011
Hospice and Palliative Medicine Fellowship Program

- **Leadership**: Gordon Wood (Director)

- **Tracks**: One year ACGME-accredited fellowship with the option to stay a second year to complete a masters in medical education or research

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

- **Program Size**: Approved to expand to 4 slots for 2012-2013 and all four are already filled.

- **June 2011 Graduates**
  - Rohtesh Mehta, MD, Fellow in Hematology and Oncology, University of Pittsburgh

- **Current Fellows**
  - 2nd years: Michael Barnett, MD
  - 1st years: Patrick White, MD and Carolyn Lefkowits, MD
HPM Fellows’ National Presentations/Papers: 2010-11

Presentations at National Meetings


Publications

- **Mehta R, and Arnold R.** Chapter I–18 Withholding and Withdrawing Life-Sustaining Therapies. Palliative Care: Core Skills and Clinical Competencies, 2nd Edition.
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—a major core for the CTSI
- Celebrated 10 years
- Funded by NIH and School of Medicine
ICRE Integrating the Educational Programs in Clinical and Translational Research

College

Pre-doctoral (T32, SHS)

CEED

Junior Faculty K12, KL2

K23/K08

Mentor Training

Certificate/MS/PhD

Pre-college

CSTP Medical Students

Doris Duke Fellowship

Mentors

College

Pre-doctoral (T32, SHS)
Total Students and Trainees

Fiscal Year

- START UP
- PreDoc
- ISP
- Doris Duke
- Clinical Scientist Track
- CSTP
- CRSP
- CER (K12)
- CEED
- Cert (MEDEDU)
- Cert (CLRES)
- MS (MEDEDU)
- MS (CLRES)
- PhD (CTS)
New Students and Trainees

Fiscal Year

- START UP
- PreDoc
- ISP
- Doris Duke
- Clinical Scientist Track
- CSTP
- CRSP
- CER (K12)
- CEED
- Cert (MEDEDU)
- Cert (CLRES)
- MS (MEDEDU)
- MS (CLRES)
- PhD (CTS)

Center for Research on Health Care
Institute for Clinical Research Education
Division of General Internal Medicine
UPMC VAPHC, CHERP
Director, Academic Programs ICRE

- Charity Moore, PhD, Associate Professor of Medicine, Biostatistics and Clinical and Translational Science, Director, CEED
ICRE New Programs
CTSI renewal (FY 12-FY17)

- Currently ICRE has
  - Degree programs in Clinical Research (certificates, MS, PhD)
  - Programs for entire pipeline of investigators (high school students, graduate students, med students, residents, fellows, junior faculty)
- Plans for next year and renewal
  - New curricula (Comparative Effectiveness Research; Community Based Participatory Research, T1 Translation)
  - Expand programs for minority students; enroll MSTP students; provide career development support for starting faculty (to write K awards)
  - Junior mentoring program for early investigators
  - All training use competency based education
  - Innovations in teaching—implement 1-2 new teaching innovation each year
Research Program

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

- 17 Career Development Awards (K24, K23, K12, K08, RWJ, VA)
- 64 grant proposal submitted (mostly NIH)
- Total expenditures for FY 2011: $22 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
- Remain well funded despite reduced NIH budgets
- Diversified sources of research funding
EXPERIMENTAL CHARTS
- 5,000,000
- 10,000,000
- 15,000,000
- 20,000,000
- 25,000,000

FY05 FY06 FY07 FY08 FY09 FY10 FY11

TOTAL DOLLARS

RESEARCH EXPENDITURES
GENERAL INTERNAL MEDICINE

DIRECT
INDIRECT
FUNDING BY SPONSOR TYPE AND DOLLARS EXPENDED-GENERAL INTERNAL MEDICINE

- FY05
- FY06
- FY07
- FY08
- FY09
- FY10
- FY11

DOLLARS

- FEDERAL
- VA
- INDUSTRY
- OTHER
## Funding for FY 2012

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## 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—Screening and Interventions for Alcohol and Drugs
- Matthew S. Freiberg, MD, MSc—HIV infection, CVD, alcohol consumption
- Kathleen M McTigue, MD—Obesity, CVD Prevention, IT for Counseling
- Walid Gellad, MD, MPH—Prescription Drug Policy; Adherence
- Natalia E Morone, MD, MS—Pain, Aging and Mind-Body Interventions
- Ateev Mehrotra, MD—Innovations in Health Care Delivery; Physician Cost Profiles
- Hilary A. Tindle, MD, MPH—Smoking Cessation, Attitudes and Health
- Brian A. Primack, MD, EdM, MS—Mass Media and Health; Tobacco
- Molly Conroy, MD, MPH—Physical Activity and Life Style Change
Interventions research

- Bruce Rollman, MD, MPH—Treatment of Mental Health Disorders in Primary Care

- Mary Ann Sevick, ScD, RN—Interventions in Complex Medical Patients, Improving Self-management
Amber E. Barnato, MD, MPH, MS—End-of-life intensive treatment utilization; practice variation; patient-doctor communication.
Bruce Y. Lee, MD, MBA—Infectious diseases modeling
Kenneth Smith, MD—Decision and cost effectiveness analysis
Smita Nayak, MD—CER/cost-effectiveness of screening for osteoporosis
Nicole Fowler, PhD—CER on screening for cognitive impairment in primary care
Esa Davis, MD, MPH—CER on screening for gestational diabetes
Disparities

- Michael Fine, MD, MSc—Quality and efficiency of care, disparities
- Galen Switzer, PhD—Quality-of-life issues in living organ and tissue donation
- Larissa Myaskovsky, PhD—Understanding and reducing healthcare disparities
- Sonya Borrero, MD, MS—racial disparities in contraceptive use patterns and unintended pregnancy
- Leslie Hausman, PhD—Discrimination and health outcomes
- Susan Zickmund, PhD—Qualitative Methods, communication
Methodology

- Doris Rubio, PhD—Service use in alcohol and substance abuse disorders
- Doug Landsittel, PhD—Comparative Effectiveness Research Methods
- James Bost, PhD—Health Services Research Methods, Survey Design
- Joyce Chang, PhD—Survival Modeling, Causal Effect Modeling
- Charity G. Moore, PhD—Clinical Trials Methodology, Adaptive Designs
- Kaleab Abebe, PhD—Mediation and Moderation in Clinical Trials, Simulation, Multi-site Clinical Trials
- John Kloke, PhD—methods in meta-analysis
Women’s Health

- Eleanor Bimla Schwarz, MD, MS—Reproductive Health; Lactation and Maternal Health

- Rachel Hess, MD, MS—Quality of life, IT in chronic disease management
Supportive Services/Communication

- Robert Arnold, MD—Doctor-patient Communication, Palliative Care, Medical Ethics
- David Barnard, PhD, JD—Humanities in Medicine, Palliative Care, Global Health
- Yael Schenker, MD—Cross Cultural Communication, Surrogate Decision Making
- Bruce Ling, MD—Patient-doctor Communication
The **UPMC Supportive Services Program** began January 2011 to support UPMC for Life patients who are at risk for readmissions or decreased quality of life. The team follows the patient throughout the hospital stay and helps them transition to home.

The **UPMC Palliative and Supportive Institute** was developed to spread palliative care programs thru the Health System. Section Faculty serve as educators and resources.
New Roles

- **Rene Claxton, MD** – Dr. Claxton has assumed the role of Subspecialty Education Coordinator. Responsibilities include educational oversight of medical student and resident education in palliative care.

- **Linda King, MD** – Dr. King has assumed the role of Associate Chief, Section of Palliative Care and Medical Ethics. She will direct many of the Section’s day-to-day clinical and administrative activities.
Research: Future/Challenges

- Highly competitive funding environment—how do we keep everyone funded
- Sustainable Careers
  - Protected time, mentoring, collaboration
  - Innovation and creativity
  - Working within organization and systems
- Strategic decisions about expansion and areas of research
  - Prevention Implementation Research
  - Chronic Disease Translational Research
Section Chief: Matthew Freiberg, MD, MPH

Section Goals:

- **Determine** new risk factors and underlying mechanisms of chronic disease
- **Translate** these findings into promising intervention studies (*clinical epidemiology*)
- **Synergize** efforts of clinical epidemiology across DGIM and the SOM, GSPH, and VAPH
- **Educate, mentor, and develop** future clinical epidemiologists in collaboration with faculty from the schools of the health sciences and the VAPH
Faculty FY 2011

124 Faculty

- 55 Clinician/Clinician Educator Faculty
- 25 Full Time Hospital Medicine (A Service)
- 44 Investigator Faculty

Demographics

- 25 age >50
- 62 woman; 38 minority (9 under represented)

Ranks

- 41 Professors, Associate Professors
- 24 Tenure Stream
- 8 Tenured
### Faculty

<table>
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<th>UPMC Montefiore</th>
<th>VAPHS</th>
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*Includes all types of Master’s Degrees (MPP, MS, MBA and MHSc)  
**Includes PhD and ScD*
Faculty Promotions

- **Professor**
  - Bruce Rollman, MD, MPH (tenured)
  - Doris Rubio, PhD

- **Associate Professor**
  - Eleanor Bimla Schwartz, MD, MS
  - Mathew Freiberg MD, MPH
  - Susan Zickmund, PhD
  - Shanta Zimmer, MD
Faculty Promotions

- Clinical Associate Professor
  - Lawrence Gerber, MD
  - Franziska Jovin, MD
  - Tamara Sacks, MD

- Clinical Assistant Professor
  - Kristian Feterik, MD
  - Melissa Wotring-Norman, MD
Tenure

- Amber Barnato, MD, MPH, MS. Associate Professor with tenure
- Kathleen McTigue, MD, MPH, MS, Associate professor with tenure
Faculty Leaving

- **Hospitalist**
  - Erin Dowling, MD
  - Andriy Fetsak, MD
  - Ted Huang, MD

- **Clinician Educators**
  - Amanda Cooper, MD
  - Caridad Hernandez, MD
  - Julia Lim, MD, MPH
  - Elizabeth Weinstein, MD, MS

- **Research**
  - Sunday Clark, ScD, MPH
  - V. Terri (Collin) Dilmore, PhD
  - Coreen Farris, PhD
  - Bobby Jones, PhD
Faculty Recruitment

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

Fadeke Akanbi, MD
- BS – Oregon State University at Corvallis (1989)
- MD – Drexel University College of Medicine (2002)
- Cardiology Fellowship – University of Cincinnati (2011)

Laura Ferreira Provenzano, MD
- MD – University of Buenos Aires School of Medicine (2003)
- Residency – Caritas St. Elizabeth’s Medical Center, Boston (2009)
- Fellow – UPMC (2011)
Full-Time Hospital Medicine – Nocturnist

Faris Khan, MD
- MBBS – Khyber Teaching Hospital, Peshawar, Pakistan (2004)
- Residency – UPMC (2011)

Anil Purohit, MD
- BS - University of South Carolina Honors College (2002)
- MD - Medical University of South Carolina (2007)
- Residency – UPMC (2011)
Full-Time Hospital Medicine

Bayo Olaoye, MD
- MBChB - Obafemi Alowola University, Nigeria (1998)
- Residency - Irish Surgical Residency Program of the Royal College of Surgeons, Dublin (2003-2005)
- Residency – Reading Hospital and Medical Center (2008-2011)

Janelle Williams, MD
- BS - Xavier University of Louisiana (2001)
- MD – Univ of Texas Medical School at Houston (2005)
- Residency–Univ of Texas Medical School, Houston (2009)
- Hospitalist - Rockville Maryland (2010-11)
Recruitment: Palliative Care

Dean Frate, MD—
- MD – Case Western Reserve University (2004)
- Residency - Summa Health System (2007)
- Fellowship in Hospice & Palliative Medicine, Summa Health System in Akron (2009)
- Faculty, Northeastern Ohio Universities College of Medicine and Pharmacy (2008-2011)

Erica Stovsky, MD
- BS – Kent State University (2003)
- MD – Northeastern Ohio Universities College of Medicine and Pharmacy (2007)
- Residency – Summa Health System in Akron (2010)
- Fellowship, Palliative Care – Summa Health System in Akron (2011)
Recruitment: Clinical Educator

Anuradha Munshi, MD, MS—Shadyside

- MD - Northeastern Ohio Universities College of Medicine (2003)
- Residency - Mount Carmel Hospital in Columbus, Ohio (2006)
- Fellowship, Women’s Health – UPMC (2011)
Recruitment: Clinicians

Jennifer Lyden, MD
- BA – College of the Holy Cross (2002)
- MD – Georgetown University School of Medicine (2008)
- Residency – UPMC (2011)

Julie Skapik, MD, MPH
- BA – New College of Florida (2001)
- MD – Johns Hopkins School of Medicine (2008)
- Residency – UPMC (2011)
Lauren Broyles, PhD, RN
- PhD – University of Pittsburgh School of Nursing (2008)
- Post Doc Fellowship – VAMC
- Core Faculty CHERP

Seo Young Park, PhD
- BSc – Seoul National University (2004)
- PhD in Statistics – University of North Carolina (2010)
- Core Faculty CHRC Data Center

Dana Tudorascu, PhD
- BS – University of Craiova, Romania (1999)
- MS – Duquesne University (2003)
- PhD in Statistics– University of Pittsburgh (2009)
- Core Faculty CHRC Data Center
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; bridge funding
  - VA budgets are handled by the VA and not included in our revenues or expenses

- 2010 Revenues: $33,491,364
- 2011 Revenues: $35,653,220

- Surpluses in UPP and University side
Award Recognition Update
2010-2011
Awards

Michael Fine, MD, MSc

- Received the 2011 John M. Eisenberger Award for Career Achievement in Research from SGIM—recognizes a senior member whose innovative research has changed the way we care for patients, educate or do research.
Professional Recognition

Robert M Arnold, MD

American Academy of Hospice and Palliative Medicine (AAHPM). The Project on Death in America (PDIA) Palliative Medicine National Leadership Award recognizes a physician leader who advances the field of palliative care nationally by educating the next generation of palliative care leaders and mentoring junior leaders.

William I. Cohen Award for Excellence in Clinical Skills Instruction from the University of Pittsburgh School of Medicine.

Top Doctor by Pittsburgh Magazine in 2010.

National and International major presentations.
Professional Recognition

- **Julie Childers, MD, MS,** received the AAHPM Young Investigator Award for Junior Faculty

- **Gary Fischer, MD,** received a Frank E. Rath Award for Outstanding Leadership in Information Technology and Innovation from the Physician Services Division of UPMC
Honors / Awards

Gregory Bump, MD
- Outstanding Teaching Attending Award from the Interns, UPMC, 2011
- Outstanding Teaching Attending Award from the Residents, UPMC, 2010

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

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

David Demoise, MD
- Excellence in Teaching Award from the UPMC Shadyside Housestaff, University of Pittsburgh School of Medicine, 2011
Honors / Awards

Harish Jasti, MD, MS
- Clinical Preceptor of the Year Award, University of Pittsburgh School of Medicine, 2010

Melissa McNeil, MD, MPH
- Golden Apple Teaching Award Nominee, University of Pittsburgh School of Medicine, 2011

Anuradha Munshi, MD
- Received the David E. Rogers Junior Faculty Education Award from SGIM

Carla Spagnoletti, MD, MS
- Distinguished Alumnus Award, Institute for Clinical Research Education, University of Pittsburgh, 2011
- David E. Rogers Junior Faculty Education Award, Society of General Internal Medicine, 2010

Gary Tabas, MD
- Provost’s Innovation in Education Award, University of Pittsburgh, 2010
- Grants from: Cooper Fund, Shadyside Hospital Foundation, In Time Scholarship Fund
Honors / Awards

Michael Elnicki, MD
- Outstanding Teaching Attending Award from the Medicine Residents at UPMC Shadyside,

Rosanne Granieri, MD
- Outstanding Teaching Attending Award from the Interns, UPMC, 2010

Peggy Hasley, MD, MHSc
- Outstanding Teaching Attending Award from the Residents, UPMC, 2011
- Clerkship Preceptor of the Year Award, UPMC, 2010
Joyce Chang, PhD
- Excellence in Teaching Award, Institute for Clinical Research Education, University of Pittsburgh, 2011

Margaret (Molly) Conroy, MD, MPH
- Women’s Health Presentation Award for the highest rated peer reviewed Abstract Presented at the 34th Annual Meeting of SGIM, May 2011.

Esa M Davis, MD MPH
- Juniors Scholars Award from the Dept of Medicine at the University of Pittsburgh.

Walid Gellad, MD, MPH
- Honored by the Journal Pharmacoepidemiology and Drug Safety as one of the best peer reviewers
Awards

Bruce Rollman, MD, MPH

- Academy of Psychosomatic Medicine (APM) Research Award, November 2010
  Honors an individual studying psychopathology in the medically ill and is intended to recognize a currently active researcher in the field.
Awards

Rachel Hess, MD, MS
- New Investigator Award from the North American Menopause Society (NAMS), 2010

Hilary Tindle, MD
- Best Abstract in Biobehavioral Medicine and Second Best Abstract in Clinical and Translational Science at the 23rd Annual Scientific Retreat, UPCI 2011
Academy of Master Educators

- 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
Awards

- **Palliative Care Program Awarded a Circle of Life Citation of Honor**
- For excellence in end-of-life care, the UPMC Supportive and Palliative Care Program received the 2011 Circle of Life Citation of Honor from the American Hospital Association.
- The citation is in recognition of the program's breadth of work, its commitment to spreading palliative care across the entire health system, and its progress in changing the culture of the health care organization.
- As a winner of the citation of honor, the program received a commemorative plaque and was profiled in the Circle of Life booklet.
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
Challenges for the Future

- Sustainability—large division with diverse activities makes it difficult to maintain singular vision
  - Primary care nationally is not thriving
  - National budget deficits will have impact on reimbursement and how we function
  - Medicare and other insurers are moving aggressively toward quality and efficiency—those he cannot deliver will have difficulty in the newer and leaner environment
  - Research funding is decreasing—how to survive and possible thrive will be major issues for the Division
  - Division is at a very stable and good critical mass—expansions under the current economic climate will be difficult
Special Thanks

- The entire Division
- Missy McNeil
- Franziska Jovin
- Gary Fischer
- Shanta Zimmer
- Doris Rubio
- Joanne Riley
- Steve Shapiro
- John Reilly
- Val Trott