Division of General Internal Medicine

State of the Division
September 2013

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

- Updates on Clinical, Teaching and Research Programs
- Focus of presentation this year:
  - Thoughts on strategies for the future of the Division
- Faculty—leaving, joining
- Awards and recognition
General Internal Medicine

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

- **Wishwa N. Kapoor, MD**  
  Chief, Division of General Internal Medicine  
  Director, Center for Research on Health Care  
  Director, Institute for Clinical Research Education
- **Melissa McNeil, MD**  
  Associate Division Chief, General Internal Medicine  
  Director, Section of Women’s Health
- **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
- **Alda Maria Gonzaga, MD**  
  Director, Med-Peds Residency Training
- **Thomas Painter, MD**  
  Director, Medical Student Clerkships
- **Michael Fine, MD**  
  Director, VA Center for Health Equity Research and Promotion
- **Doris Rubio, PhD**  
  Director, CRHC Data Center; Co-Director, ICRE
- **Joanne Riley, RN, MPM**  
  Senior Division Administrator
- **Deborah Simak, RN, Mned**  
  Director, Quality Improvement
- **Lynn Rago**  
  Administrator, CRHC
- **Patrick Reitz**  
  Administrator, ICRE
Highlights

• Clinical
  – Inpatient: Hospitalist A service becoming more teaching
  – Outpatient: Transformation of practice in progress

• Teaching
  – Medical Student: Increasing interest in IM careers and multiple leadership roles in clinical and research training
  – Residency: outstanding match; LEAD implemented
  – Education Innovation Project—transforming training
  – ICRE—new programs implemented

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

• Finances—balanced budgets
Hospitalist service staffing

- Full or part time hospitalists: 30.5 FTEs
  - 4 are academic hospitalists
  - 10.4 Nocturnists (PUH and PCI)
  - 16.1 Hospitalists
  - Almost all of the hospitalists are involved in teaching

- Teaching services
  - Junior hospitalist rotations 12 months
  - Consult service with residents 12 months
  - One dedicated teaching attending to staff at nights 12 months
  - Resident procedure service for 6 months
  - Support for inpatient procedure for all residents 24/7

- Teaching Service
  - 7 hospitalist teams traditional teaching service
  - 3 junior hospitalist service
We love our hospitalists
Hospitalist Service

New programs

- Post discharge follow up program
- Care coordination model end of April: Franziska, Kristian and Candace
- Observation unit - 7G Melissa Wotring
- Interdisciplinary Rounds started in May 2013 at Montefiore
Hospitalist—challenges and opportunities

- Increasingly A service hospitalist are involved in education
- We still maintain a role for academic generalists on the inpatient service
- Interdisciplinary team rounds—positive feedback and improving patient satisfaction
- Transition service—calling back patients within 48 hours and ability to see patients after discharge
- Opportunities for quality improvement and re-engineering care
HCAHPS Data for Medicine

Represents combined survey data for patients discharged from 12S, 10E/W, and 10S

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<th></th>
<th>4/1/12-6/30/12</th>
<th>7/1/12-9/30/12</th>
<th>10/1/12-12/31/12</th>
<th>1/1/13-3/31/13</th>
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<td>Rate hospital 9-10</td>
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<td>Recommend the hospital</td>
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<td>Communication with nurses</td>
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<td>Communication with doctors</td>
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<td>Communication about medicines</td>
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Implementation 4/30/13
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<th>Facility</th>
<th>2008</th>
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<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
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<td>Faculty UPMC Montefiore</td>
<td>29,866</td>
<td>30,915</td>
<td>30,079</td>
<td>30,959</td>
<td>32,047</td>
<td>29,282</td>
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<td>Residents UPMC Montefiore</td>
<td>3,835</td>
<td>3,677</td>
<td>3,879</td>
<td>4,137</td>
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<td>PACT (HIV)</td>
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<td>1,128</td>
<td>260</td>
<td>283</td>
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<td>277</td>
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<td>Homeless Clinics</td>
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<td>3,034</td>
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<td>Faculty UPMC Shadyside</td>
<td>6,322</td>
<td>6,308</td>
<td>5,412</td>
<td>4,751</td>
<td>4,447</td>
<td>4,640</td>
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<td>Residents UPMC Shadyside</td>
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<td>2,973</td>
<td>3,220</td>
<td>3,491</td>
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<td>Magee Women's Hospital</td>
<td>218</td>
<td>324</td>
<td>461</td>
<td>515</td>
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<td>Turtle Creek PC (Med-Peds)</td>
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<td>574</td>
<td>594</td>
<td>1,025</td>
<td>1,276</td>
<td>1,416</td>
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<td>Hillman Pain Clinic (palliative)</td>
<td>529</td>
<td>1,044</td>
<td>1,164</td>
<td>1,249</td>
<td>1,471</td>
<td>1,754</td>
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<td>CV Clinic (palliative)</td>
<td>82</td>
<td>123</td>
<td>127</td>
<td>127</td>
<td>128</td>
<td>116</td>
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<td>Magee Gyn/Onc/Cancer Center</td>
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<td></td>
<td></td>
<td></td>
<td>282</td>
<td>391</td>
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<td>Total</td>
<td>47,688</td>
<td>49,649</td>
<td>48,341</td>
<td>49,571</td>
<td>53,364</td>
<td>51,034</td>
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Ambulatory

- Panel sizes for many faculty are relatively large
- Panel management has resulted in decrease in office visits
  - Telephone visits have increased so much that the system crashed
  - HealthTrak messages have increased by 30% over the past 2 years.
  - Panel size overall has increased by 10% while the MD FTE’s for ambulatory care has decreased by 1.15.
  - This has been partly the effect of new models that we are implementing; partly because we did not have enough doctors
- New models will be hard to sustain without additional staffing—many primary care practices around the country that implemented new models have increased staffing to take away the work that physicians don’t need to do
Growth In Panel, Between Visit Care
Panel Size, MD Office Visits, HealthTrak Messages by Quarter

Growth Despite Decrease in Outpatient MD FTE
Transforming Primary Care—update

• We have been building on and advancing the concepts of PCMH

• Provide more and flexible time for physician visits—small changes have been made such as providing open slots

• Take away from physicians work that can be easily (and as well or better) done by others—have implemented (previsit planning and additional care coordination by the RN’s)
  – slowed down because of funding climate
  – using HealthTrak and phones to provide care has accelerated (leading to ability to manage more patients with fewer MD’s)

• Empower and engage patients in their own care—have implemented new processes for chronic diseases, reaching out to patients to close gaps in care, involving RN staff to educate and engage patients in HTN management

• Maintain high quality—efforts have accelerated; quality is excellent

• Enhance physician satisfaction

• Decrease overall cost of care—developed shared savings model with UPMC HP; will get regular data
Shared savings agreement with UPMC Health Plan

- Through negotiations we have agreed to
  - Continue to provide highest quality care
  - Work as a group to reduce resource use such as decreasing ED visits, referral to specialists, admissions and test utilization when it is appropriate
  - Some of the savings to UPMC Health Plans will be used to improve clinical operations such as additional staff for the clinic
- We will be provided regular data on quality and resource use by MD
- System changes to accomplish the goals
- Includes residents’ practices

Success of this program and long term viability are not clear at this time.
Challenges in Redesign

• Payment reform—cannot do it with an RVU driven payment system—this remains a barrier
• Changes needed
  – Pay per member of a panel (risk stratified)
  – Build incentive for quality and cost—occurring
  – Incentives for every member of the care team—difficult to do
• Staffing needs are higher—resources are a major issue
• Must have a robust QI program
  – Need analytics and data—still a challenge
  – Ongoing quality measurements, reporting to care givers and payers
  – Keep clinicians accountable for quality, cost, and patient experiences
Access

- We meet access audits of less than 72 hours appointment 100% of the time!
- Telephone access: has been very good in past, but recently it has been stressed because of new models of care—we did not have enough people to answer increasing number of calls
- Surveys show very high satisfaction with access and providers
- Office wait time are very short
## GIM Patient Satisfaction

<table>
<thead>
<tr>
<th>Care Provider (CP) Measure</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Quarter</th>
<th>4&lt;sup&gt;th&lt;/sup&gt; Quarter</th>
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<tr>
<td>Care Provider overall</td>
<td>94.1</td>
<td>94.8</td>
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<tr>
<td>Friendliness/courtesy of CP</td>
<td>95.9</td>
<td>96.6</td>
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<tr>
<td>Explanations of problem/condition</td>
<td>94.1</td>
<td>94.5</td>
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<tr>
<td>Concern for questions/worries</td>
<td>93.7</td>
<td>95.2</td>
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<tr>
<td>Efforts to include in decisions</td>
<td>93.9</td>
<td>94.5</td>
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<tr>
<td>Information about medications</td>
<td>93.1</td>
<td>94.5</td>
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<tr>
<td>Instructions for follow-up care</td>
<td>93.4</td>
<td>94.3</td>
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<tr>
<td>Spoke using clear language</td>
<td>96.4</td>
<td>96.3</td>
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<td>Time CP spent with patient</td>
<td>94.0</td>
<td>94.8</td>
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<tr>
<td>Patients' confidence in CP</td>
<td>94.2</td>
<td>94.4</td>
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<tr>
<td>Likelihood of recommending CP</td>
<td><strong>92.8</strong></td>
<td><strong>93.8</strong></td>
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## GIM Patient Satisfaction

<table>
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<tr>
<th></th>
<th>1st Quarter</th>
<th>4th Quarter</th>
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<tr>
<td><strong>Moving through your visit</strong></td>
<td>79.9</td>
<td>81.7</td>
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<tr>
<td>Moving through your visit</td>
<td>80.6</td>
<td>82.4</td>
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<tr>
<td>Waiting area comfort/pleasantness</td>
<td>81.2</td>
<td>82.2</td>
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<tr>
<td>Exam room comfort/pleasantness</td>
<td>82.0</td>
<td>84.4</td>
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<tr>
<td>Information about delays</td>
<td>80.1</td>
<td>80.6</td>
</tr>
<tr>
<td>Wait time at clinic</td>
<td>79.0</td>
<td>82.0</td>
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<tr>
<td>Nurse/assistant</td>
<td>87.5</td>
<td>88.7</td>
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<tr>
<td>Friendliness/courtesy of nurse/assistant</td>
<td>88.8</td>
<td>89.8</td>
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<tr>
<td>Concern of nurse/assistant for problem</td>
<td>86.1</td>
<td>88.0</td>
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GIMO compliance with diabetes standards
Faculty

GIMO Faculty  DM Pts w/ Office Visits

Percentages

<table>
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<tr>
<th>ADA Standards</th>
<th>Jan-Mar 08</th>
<th>Apr-June 12</th>
<th>Jul-Sept 12</th>
<th>Oct-Dec 12</th>
<th>Jan-Mar 13</th>
<th>Apr-June 13</th>
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<td>A1C</td>
<td>100</td>
<td>96</td>
<td>95</td>
<td>93</td>
<td>95</td>
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<tr>
<td>LDL</td>
<td>100</td>
<td>96</td>
<td>95</td>
<td>93</td>
<td>95</td>
<td>89</td>
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<tr>
<td>Nephropathy</td>
<td>100</td>
<td>96</td>
<td>95</td>
<td>93</td>
<td>95</td>
<td>89</td>
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<tr>
<td>Eye Exam</td>
<td>100</td>
<td>96</td>
<td>95</td>
<td>93</td>
<td>95</td>
<td>89</td>
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<tr>
<td>Foot Exam</td>
<td>100</td>
<td>96</td>
<td>95</td>
<td>93</td>
<td>95</td>
<td>89</td>
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ADA Standards
GIMO compliance with diabetes standards
Resident

GIMO Resident DM Pts w/ Office Visits

<table>
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<th>ADA Standards</th>
<th>Jan-Mar 08</th>
<th>Apr-June 12</th>
<th>Jul-Sept 12</th>
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<th>Apr-June 13</th>
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<tr>
<td>A1C</td>
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<td>79</td>
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<td>96</td>
<td>99</td>
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<tr>
<td>LDL</td>
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<td>82</td>
<td>86</td>
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<tr>
<td>Nephropathy</td>
<td>86</td>
<td>59</td>
<td>98</td>
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<td>Eye Exam</td>
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<td>Foot Exam</td>
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% of GIMO Diabetic Patients with LDL < 100

Comparison of Faculty & Resident <100

- Baseline Jan-Mar 2007
- Apr-June 12
- Jul-Sept 12
- Oct-Dec 12
- Jan-Mar 13
- Apr-Jun 13

GIMO

Average LDL

Faculty

Resident
% of GIM Diabetic Patients with LDL < 130

Comparison of Faculty & Resident <130

- Baseline Jan-Mar 2007
- Apr-June 12
- Jul-Sept 12
- Oct-Dec 12
- Jan-Mar 13
- Apr-Jun 13

Faculty
- Average LDL:
  - Baseline Jan-Mar 2007: 80
  - Apr-June 12: 83
  - Jul-Sept 12: 84
  - Oct-Dec 12: 84
  - Jan-Mar 13: 86
  - Apr-Jun 13: 86

Resident
- Average LDL:
  - Baseline Jan-Mar 2007: 73
  - Apr-June 12: 81
  - Jul-Sept 12: 83
  - Oct-Dec 12: 78
  - Jan-Mar 13: 85
  - Apr-Jun 13: 86
Prevention metrics—Faculty

Faculty w/Office Visits

Prevention Standards

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<tr>
<th>Flu 50-64</th>
<th>Flu 65+</th>
<th>Pnu</th>
<th>Mammo</th>
<th>Pap</th>
<th>Cholesterol</th>
<th>Colorectal</th>
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<td>84</td>
<td>86</td>
<td>91</td>
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Percentage

- April-May 03
- Apr-June 12
- Jul-Sept 12
- Oct-Dec 12
- Jan-Mar 13
- Apr-Jun 13
Opportunities in quality metrics

- Eye Exams
- LDL
- Foot exams

We will try to intervene on these metrics this year.
QI for Residents in Ambulatory Care

• Longitudinal PDCA-QI curriculum in continuity clinic:
  – Chronic disease management (residents) and prevention (interns)
  – QI criteria and report cards

• Systems-based practice in resident ambulatory blocks:
  – Patient-Centered Medical Home and primary care QI metrics
  – Interdisciplinary team care
  – Telephone medicine

• Medication adherence QI in intern ambulatory block

• Ambulatory care EHR and documentation QI project

• Scholarly projects using QI methodology
• BA Mathematics—Franklin and Marshall
• MD—Harvard
• Residency—MGH 1993
• Fellowship—UPMC GIM and Medical Ethics 1995
• Joined the Division in 1999
• Medical Director, Ambulatory Care Service in GIM
• Associate Medical Director, Ambulatory e-Record
• Vice Chair of Quality and Safety, Department of Medicine 2011
• Quality improvement activities have accelerated
• In the process of applying for NCQA PCMH recognition
• Received a patient satisfaction award in the “sustained achievement” category for FY13.
• Part of shared savings
• Inpatient census has increased—important for residency training
• Residency match—successful
• The training program is addressing the educational issues and efforts are being made to improve the training program
• Full complement of faculty provide stability
<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Role</th>
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<tbody>
<tr>
<td>Rob Brooks, MD</td>
<td>Interim Section Chief; Dir of IM Res Continuity Clinics VA</td>
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<tr>
<td>C. Bernie Good</td>
<td>Co-Director VA Center for Medication Safety</td>
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<tr>
<td>Erika Hoffman, MD</td>
<td>Dir Outpt Primary Care Clinics; Dir Inpatient Med Clerkship</td>
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<tr>
<td>Larry Gerber, MD</td>
<td>Chief, Hospital Medicine VA</td>
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<tr>
<td>Ruth Preisner, MD</td>
<td>Director Phys Dx Course VA, Oversee Procedures</td>
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<td>Scott Herrle, MD</td>
<td>APE Course Director, SOM</td>
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<td>Joanne Suffoletto, MD</td>
<td>Assoc. Chief of Staff for Education, VA</td>
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<td>Melissa McNeil, MD</td>
<td>Director, Women’s Health and Fellowship, VA</td>
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<tr>
<td>Ajay Khurana, MD</td>
<td>Acting Director for Primary Care Clinics</td>
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<tr>
<td>Visala Muluk, MD</td>
<td>Medical Director IMPACT Clinic</td>
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<tr>
<td>Ed Lee, MD</td>
<td>Director, Substance Abuse Program, VA Pittsburgh</td>
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<tr>
<td>Adam Gordon, MD</td>
<td>Advisory Dean, School of Medicine</td>
</tr>
<tr>
<td>Elif Sonel, MD</td>
<td>Director Primary Care Clinics, Aspinwall Division; QI</td>
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VA Section Leadership and faculty
Teaching

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

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

Third Year

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

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

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

- **Director, Standardized Patient Program**
  - Hollis Day

- **Areas of Concentration**
  - Underserved Care: Twee Bui
  - Women’s Health: Missy McNeil

- **Director, Student Teaching Palliative Care**
  - Rene Claxton

- **Office of Medical Education**
  Third/Fourth Year Curriculum
  - Rosanne Granieri
Academy of Master Educators

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

- Robert Arnold, MD
- Thuy Bui, MD
- Peter Bulova, MD
- Raquel Buranosky, MD
- Hollis Day, MD
- Michael Elnicki, MD
- Eric Anish, MD
- Greg Bump, MD
- Alda Gonzaga, MD, MS
- Frank Kroboth, MD
- Missy McNeil, MD
- Thomas Painter, MD
- Gary Tabas, MD
- Asher Tulsky, MD
- Roseanne Granieri, MD
- Harish Jasti, MD, MS
- Carla Spagnoletti, MD, MS
- Peggy Hasley, MD, MHSc
Medical Student Teaching

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

- **Clinical Years**

- **AIMC/AI**
  - 156 months Hospitalist Attending
  - 48 Months Student Teaching Attending

- **CAMC**
  - 60 Months Precepting
Medical Student Mentoring

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

**Director**
- Shanta Zimmer, MD
- Alda Maria Gonzaga, MD
- Melissa McNeil, M.D.
- Raquel Buranosky, MD
- Thomas Grau, M.D.
- Gary Tabas, M.D.
- Asher Tulsky, M.D.
- Kathleen McTigue, MD, MPH
- Thuy Bui, MD
- Peggy Hasley, MD
- Franziska Jovin, MD
- Peter Bulova, MD
- Rollin Wright, MD, MPH
- Robert Brooks, MD, PhD
- Wendy Romeo
- Haylee Shacklock, MHA

**Program**
- Program Director, IM Residency Training
- Program Director, Medicine-Pediatrics Program
- Track Director, Women’s Health Track
- Director, EIP
- Track Director, Categorical IM at UPMC Shadyside
- Transitional Programs
- APD, Japan Internal Medicine Residency Program
- Track Director, Clinical Scientist Track
- Track Director, Global Health
- APD Ambulatory, Track Director, Generalist
- Hospitalist Pathway
- Track Director, International Scholars Track
- Track Director, Geriatrics
- APD, VAMC
- Administrative Director (part of the year)
- Administrative Director (part of the year)
It Takes a Village: Residency Core Faculty

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

- McTigue, Kathleen, MD, MPH  CST Track Director, IST Research Director
- Munshi, Anu, MD, MS  SHY, Inpatient Medicine, Discharge Curriculum
- Painter, Thomas, MD  MUH, Inpatient Medicine
- Preisner, Ruth, MD  VAMC, Procedures
- Simak, Deborah, RN, MNEd  Resident QI
- Smith, Kenneth, MD  MUH, LEAD-intern curriculum
- Spagnoletti, Carla, MD, MS  MUH, Medical Interviewing, LEAD-MedEd
- Stern, Jamie, MD, MPH  MUH, Women’s Health
- Tabas, Gary, MD  SHY Transitional PD
- Sarah A. Tilstra, MD, MS  Director, Women’s Health Curriculum
- Tulsky, Asher, MD  MUH, APD Evaluation and Advising
- Van Deusen, Reed, MD, MS  Med Peds APD, Transitional Care
- Zalenski, Dianne, MD  SHY, Women’s Health
- Zimmer, Shanta, MD  Program Director

Chief Medical Residents 2012-2013

Vikram Krishnasamy, MD  Jodie Bryk, MD  Maggie Benson, MD  Gaetan Sgro, MD  Diwakar Davar, MD
Recruitment 2012-2013

- 3232 applicants
- 550 invited, 426 interviewed
- 40 slots
- GIM faculty performed over 700 interviews!
Applicants Interviewed from Peer Medical Schools

Peer Interviews

*Applicants from all 23 peers represented in 2013.
2013 Intern Class Characteristics

- 9 AOA
- Average step 1 234; Average Step II 252
- 16 from our top 150
- 18 representatives from peers
  - 6 Pitt
  - Baylor
  - U Chicago
  - Case
  - U of Michigan
  - Penn
  - UCSF
  - Northwestern
  - U of Virginia
  - UTSW
- 3 PhDs
- 8 URMs
- 16 women: 24 men

TRACKS
- 3 Research Pathway
- 4 Global Health
- 3 Women’s Health
- 1 Clinical Scientist
- 3 Generalist
- 6 International Scholars
  (Ecuador, Colombia, Lebanon, India, Ethiopia)
Curricular Highlights

• Interactive Lecture Series vs Traditional
• Health Policy Elective
• Outpatient Progress note improvement
• Transitional Year QI curriculum
• New Neurology Elective (Stroke/Consult)
• Pavilion Restructure
• Sub specialty Educator (SEC) consult evaluation form

2012-13 EIP: 14 publications, 9 presentations, 14 posters
Emerging Innovations

- Focus on Patient Experience
- High Value Cost Conscious Care curriculum
  - Inpatient Floors
  - AM Report
  - Continuity Clinic
- Milestones Project
- Reflective Writing on Humanism
  - Rounds for Reflection
- Research mentorship and scholarship
Internal Medicine-Peds

- Alda Maria Gonzaga, MD, MS, Program Director
- Reed Van Deusen, MD, MS, APD
- Matched our 15th class in March
- Turtle Creek Clinic—near equal number of medicine and pediatrics patients

Recruitment
- Of 298 applicants, 58 interviewed
  - 54 ranked
- Current Interns
  - 1 AOA
  - All had USMLE scores > 220
- 100% board pass; diverse careers
Leadership and Discovery Program
• Director: Michael Fine, MD, MSc
• Structured program to support house staff in research and scholarship

Three components:
• Longitudinal project
• Curriculum, mentoring and career development
• Presentation and publication

LEAD MILESTONES

**PGY1**
- Identify a Track
  - Basic Research
  - Clinical Research
  - Medical Education
  - Quality Improvement
  - Medical Humanities
- Choose a project/mentor
- Create a proposal (2-3 pages)

**PGY2**
- Obtain IRB approval or exemption (if applicable)
- Regular project meetings with mentor

**PGY3**
- Presentation of abstract
- Completion of final product
- Lead curriculum and conferences occur throughout the year
Recruitment 2013-2014

• ERAS opens Sept. 15th
• Emphasis on LEAD program and research focus
• Continue efforts to recruit under-represented minorities
• Continued research pathway recruitment (MD/PhD)
• Decrease in overall number of interviews by 100
  – More intensive prescreening of candidates
  – Matching with faculty interviewers
  – Follow up post interview
Challenges and Growth

• Milestones
• Increased ambulatory requirements and decreased VA space
• Expanding mentorship needs for research
• Recruiting top talent
DGIM Fellowships 2012-2013

- Strong, vibrant fellowships—total of 16 fellows (MD, PhD, PharmD)
- GIM—Investigator, educator, women’s health: 4 fellows
- AHRQ T32s (CER and HSR): 6 post-doctoral fellows
- Palliative Care: 6 fellows (4 first and 2 second year)
- Research and education training for fellows through ICRE
GIM Fellowship Program

- **Leadership:**
  - Director: Kevin Kraemer
  - Leadership: Missy McNeil, Rosanne Granieri, Michael Elnicki, Bob Arnold, Rene Claxton, Wishwa Kapoor

- **Tracks**
  - Clinician-Educator; Clinician-Researcher; Women’s Health

- **Funding:** VA Women’s Health, HRSA, AHRQ, Shadyside Foundation

- **June 2012 Graduates**
  - Jen Corbelli, MD, MS, Asst. Professor of Medicine, University of Pittsburgh
  - Adam Sawatsky, MD, MS, Asst. Professor of Medicine, Mayo Clinic

- **Current Fellows**
  - 2nd years: Anna Donovan, MD; Holly Thomas, MD
  - 1st Year: Maggie Benson, MD; Amar Kohli, MD; Alexandra Mieczkowski, MD
Palliative Care and Hospice Fellowship

**Director:** René Claxton, MD

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

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

**Program size:** Approved for 4 slots, all four are filled for 2014-15

**June 2013 Graduates:**

- **Scott Freeman, MD**
  - Clinical Assistant Professor of Medicine, DGIM

- **Brian McMichael, MD**
  - Clinical Assistant Professor of Medicine, Department of Physical Medicine and Rehabilitation

Michelle Freeman, MD and Lisa Podgurski, MD completed one year ACGME fellowship and are in their second year.
Palliative Fellows – 2nd year

Michelle Freeman, MD
MD - Albany Medical College, 2008
Internal Medicine/Pediatrics Residency – UPMC, 2012
HPM Fellowship – UPMC, 2013

Lisa Podgurski, MD
MD - Cambridge Integrated Clerkship Pilot Program - Harvard Medical School, 2009
Internal Medicine Residency – UPMC, 2012
HPM Fellowship – UPMC, 2013
Current Palliative Care Fellows 1st yr

Allison Jordan, MD
• MD – University of Texas Southwestern Medical Center at Dallas (2008)
• Internal Medicine/Psychiatry Residency – Medical University of South Carolina (2013)

Helen Dorra, MD
• MD- University of Pittsburgh School of Medicine (2004)
• Internal Medicine Residency /Women’s Health Track– UPMC (2007)

Monika Holbein, MD
• MD – Rupercht Karls University of Heidelberg, Germany (2009)
• Internal Medicine Residency – University of Medicine and Dentistry of New Jersey (Newark) (2013)

Sonia Malhotra, MD
• MD – Ross University, Dominica (2007)
• Internal Medicine/Pediatrics Residency – Tulane University School of Medicine (2013)
RAND-University of Pittsburgh Scholars Program

- **Director:** Kevin Kraemer
- **Purpose:** train future independent investigators in health services, comparative effectiveness, and health policy research
- **Funding:** two T32 awards from Agency for Healthcare Research and Quality (AHRQ)
- **Graduates 2012-13**
  - *Amanda Dumas*, MD, MS, Asst. Prof. of Pediatrics, Louisiana State Univ.
  - *Tiffani Johnson*, MD, Asst. Prof. of Emergency Medicine, Univ. of Pennsylvania
  - *Veena Karir*, PharmD, Harborview-University of Washington Medical Center
  - *Penelope Morrison*, PhD, Senior Research Associate, Magee Women’s Hospital
  - *Ana Radovic*, MD, MS, Adolescent Medicine Fellow, Children’s Hospital of Pittsburgh
  - *Ellerie Weber*, PhD, Asst. Prof. of Economics and Public Health, Univ. of Texas at Houston
- **Current Scholars**
  - *John Rief*, PhD (Communication, University of Pittsburgh)
  - *Dio Kavalieratos*, PhD (Health Policy, University of North Carolina)
• The Division is extensively involved in and leading clinical research training for students, residents, fellows, and faculty from many divisions and departments in the schools of the health sciences

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

• Research Support: mentoring, design and analysis support and evaluation
Departments of Clinical Research Students—2013

1 each from:
- Acute/Tertiary Care (Nursing)
- Behavioral and Community Health Sciences (GSPH)
- Dental Public Health/Information Management (Dental Medicine)
- Dermatology
- Environmental and Occupational Health (GSPH)
- Health and Community Systems (Nursing)
- Interdisciplinary Biomedical Graduate Program
- Ophthalmology
- Radiation Oncology
- Rehabilitation Science and Technology (SHRS)
Research Program

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

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FY07 FY08 FY09 FY10 FY11 FY12 FY13

DIRECT

INDIRECT
Research Areas

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

- Kevin Kraemer, MD, MSc—**Director:** T32s, Grant Writing Course, Fellowship
- Matthew S. Freiberg, MD, MSc—**Director:** Section of Chronic Disease Translation
- Kathleen M McTigue, MD, MPH—**Director of CST:** major role in ICRE teaching
- Walid Gellad, MD, MPH—**Co-Director, Center for Pharmaceutical Policy and Prescribing**
- Natalia E Morone, MD, MS—**Co-Director of CEED Program, ICRE**
- Ateev Mehrotra, MD, MPH—**Medical Director of eRecord Evaluation**
- Hilary A. Tindle, MD, MPH—**Director, Tobacco Treatment Service, UPMC**
- Brian A. Primack, MD, PhD, EdM—**Director, Program for Research on Media and Health**
- Molly Conroy, MD, MPH—**Assistant Dean for Scholarly Project**
Leadership Roles

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

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

• Lauren Broyles, PhD, New Director of the ICRE RAMP to K Program
Leadership Roles

- Amber E. Barnato, MD, MPH, MS—Director CSTP Medical Students and Director, Doris Duke Fellowship
- Kenneth Smith, MD—Directing EBM Curriculum and LEAD Curriculum
- Nicole Fowler, PhD—Assistant Director, PhD Clinical and Translational Science, ICRE
- Esa Davis, MD, MPH—Junior Scholar Award
Leadership Roles

• Michael Fine, MD, MSc—Director of LEAD, CHERP
• Galen Switzer, PhD—Director of PhD in Clinical and Translational Science
• Larissa Myaskovsky, PhD—Course Director on Disparities in ICRE
• Sonya Borrero, MD, MS—Co-Director, CEED program for medical students
• Leslie Hausmann, PhD—Course Director on Disparities
• Susan Zickmund, PhD—Director, Qualitative Core, CRHC Data Center
Leadership Roles

- Doris Rubio, PhD—Director, CRHC Data Center; Co-Director ICRE; CTSI Evaluation Director
- Doug Landsittel, PhD—Director, Comparative Effectiveness Research Track in MS, Certificate, ICRE; Associate Director, CRHC DC
- Joyce Chang, PhD—ICRE teaching programs; one of our very best teachers
- Charity G. Moore, PhD—Director, Academic Programs ICRE
- Kaleab Abebe, PhD—CEED Co-Director
- Lan Yu, PhD—Biostatistics; Patient Reported Outcomes
- Seo Young Park, PhD—Biostatistics; Advising KL2 scholars
- Dana Tudorascu, PhD—Biostatistics collaborations
Leadership Roles

• Eleanor Bimla Schwarz, MD, MS—Director, Women’s Health Service Unit, CRHC; Medical Director of eRecord Evaluation

• Rachel Hess, MD, MS—Co-Director, CTSI TL1; Chair of Patient Reported Outcomes at UPMC
Leadership Roles

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

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

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

UPMC Support tied to RVUs—for clinical activities
We have to generate funds for everything we do!
Faculty FY 2013

134 Faculty
- 57 Clinician/Clinician Educator Faculty
- 36 Hospital Medicine (A Service)
- 41 Investigator Faculty

Demographics
- 24 age >50
- 73 woman; 10 (URM)

Ranks
- 59 Professors, Associate Professors
- 14 Tenure Stream
- 10 Tenured
## Faculty

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<tr>
<th>Faculty</th>
<th>UPMC Mont/Presby</th>
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<th>UPMC Shadyside</th>
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Promotions—Fiscal year 2013

**Professor**
- Joyce Chang, PhD
- Douglas Landsittel, PhD
- Charity Moore, PhD, MSPH
- Kenneth Smith, MD, MS

**Associate Professor**
- Carla Spagnoletti, MD, MS
- Peter Bulova, MD
- Gregory Bump, MD
- Harish Jasti, MD, MS

**Awarded Tenure**
- Mary Ann Sevick, ScD, RN (with promotion)
- Susan Zickmund, PhD
Faculty Departures

Hospitalists
• Daisy Bang, MD
• William Ceyrolles, MD
• Sunil Iyer, MD
• Kay Lovig, MD
• Srujitha Murukutla, MD
• Chaithra Prasad, MD
• Nabil Zeineh, MD
• Amy Zhou, MD

Clinicians
• Andreas Achilleos, MD

• Palliative Care
  – Susan Hunt, MD
  – Ericka Stovsky, MD

• Research
  – Smita Nayak, MD
  – Bruce Lee, MD
  – Mary Ann Sevick, ScD, RN
  – Ateev Mehrotra, MD, MPH
Faculty Recruitment

• Recruited 13 new faculty
  – Full time hospital medicine—8
  – Palliative Care—2
  – Clinician/Educator—2
  – Investigators—1

• VA recruitment—5
Full-Time Hospital Medicine

Puri, Aditi, MD
BS - Birmingham Southern College, 2006
MD - University of Alabama School of Medicine, 2010

Ritu, Soni, MD
MBBS - Baroda Medical College, Maharaja Sayajirao University, 2005
Residency – University of Pittsburgh Medical Center, 2011
Fellowship – Nephrology, University of Pittsburgh Medical Center, 2013

Vogt, Samantha, MD
BS – Biology, University of Tampa, 2004
MPH, Johns Hopkins School of Public Health, 2009
MD, Virginia Commonwealth University School of Medicine, 2010
Residency, University of Pittsburgh Medical Center, 2013
Full-Time Hospital Medicine

Ramirez, Raymond, MD
BS – Indiana University Bloomington, 2006
MD – Indiana University School of Medicine, 2010
Residency – University of Pittsburgh Medical Center, 2013

Sims, Jason, MD
BS – Biological Sciences, CMU, 2006
MD – University of Pennsylvania School of Medicine, 2010
Residency – University of Pittsburgh Medical Center, 2013

Willoughby, Kathleen, MD
BS – University of Pittsburgh, 2006
MD – University of Alabama School of Medicine at Birmingham, 2010
Residency – University of Pittsburgh Medical Center, 2013
Ortegon-Zambano, Pilar, MD
MD – Pontificia Universidad Javeriana, Bogota, Columbia, 2001
Residency, Internal Medicine, Geisinger Medical Center, 2010

Gopal, Sameer, MD (October 1, 2013)
BS – Biology – University of Illinois at Chicago of Liberal Arts and Science
MD – University of Illinois at Chicago of Medicine, 2006
Residency – University of Pittsburgh Medical Center, 2013
Clinician Educator/Clinicians—Montefiore

Jennifer Corbelli, MD, MS
BA - Cornell University, 2003
MD - University of Rochester School Medicine, 2007
Residency – UPMC 2010
Chief Residency – UPMC 2011
MS - Medical Education, University of Pittsburgh, 2013

Rebecca Hostetler, MD
BA – Integrated Science Program, Northwestern University, 2006
MA – Medical Humanities and Bioethics Program, Feinberg School of Medicine, 2010
MD – Feinberg School of Medicine, 2010
Residency – UPMC 2013
Janel Hanmer, MD, PhD
BS – Carnegie Mellon University, 1999
PhD – University of Wisconsin, 2007
MD – University of Wisconsin School of Medicine and Public Health, 2010
Residency – University of Iowa, 2013
Palliative Care Faculty

Scott Freeman, MD
MD - SUNY Downstate College of Medicine, 2008
Internal Medicine Residency – Temple University Hospital, 2011
HPM Fellowship – UPMC, 2013

Andrew Thurston, MD
MD – Baylor College of Medicine, 2008
Internal Medicine Residency- Northwestern Memorial Hospital, 2011
Geriatric Fellowship Northwestern Memorial Hospital, 2012
HPM Fellowship Northwestern Memorial Hospital, 2013
New VA Clinician-Educators – July 2013

- **Academic Hospitalists (Resident ward teams)**
  - Lakya Amaranatha, MD
  - Hilary Fridman, MD
  - Gaetan Sgro, MD
  - David Zielinski, MD

- **Traditional (Clinic preceptor/ward attending)**
  - Deborah DiNardo, MD
Issues facing the Division

• National issues
  – Cost of health care—we have to respond in our practice and teaching
  – Complexity of health care delivery—new models of care to deliver the best possible care
  – Funding for research—highly competitive, fragile and not likely to improve in the near future

• Local issues
  – Highmark and UPMC competition and resources that will be devoted to them
  – Availability of resources for clinical, teaching and research
Challenges for the Division—Clinical

• Clinical activities
  – Cost of health care: we need to become highly efficient in resource use: hospital use, ED use, testing and referrals
    • Will require our efforts but also putting systems in place
    • Has to be data driven
  – Complexity of care
    • New models are needed and we have made changes—they need to accelerate; resources will be critical
    • Working with specialties on efficiency
    • Many national and local barriers to implementing new system
Challenges to the Division—teaching

- Training
  - Recruiting top talent for residency: we are in a good trajectory but this is very fragile and a small uncertainty can have major effect
  - Training needs to re-orient toward
    - High value care
    - Efficiency
    - Excellent patient experiences
  - We are an academic medical center—need to continue to develop the pipeline of physician scientists
  - The need for primary care will increase—we are largely set up to train specialists
Challenges to the Division—research

• Research
  – Institutional commitment will be needed to:
    • Replacing faculty that have left
    • We need to develop the pipeline: train medical students, residents, fellows, and junior faculty to become physician scientists
    • We have to keep our best people here and build programs around them
    • Recruit junior investigators—model has been successful

– Divisional strategy has to be continued growth in research
Awards

Mohamed Ahmed, MD
• American Society of Echocardiography (ASE) Foundation Career Development Award, 2012-2013

Amber Barnato, MD, MPH, MS
• Distinguished Mentor Award, Institute for Clinical Research Education, University of Pittsburgh, 2013

Sonya Borrero, MD, MS
• Women’s Health Presentation Award, Society of General Internal Medicine (SGIM) Women and Medicine Task Force, Annual Meeting of the SGIM, Denver, Colorado, 2013

Loren Broyles, PhD, RN
• Outstanding Young Alumni Award, School of Nursing, University of Pittsburgh, 2012

Jennifer Corbelli, MD, MS
• Clinical Vignette Award (SGIM), University of Pittsburgh for “Is Pregnancy a Stress Test? The AHA Guidelines for Prevention of CVD in Women: A Woman’s Heart from Pregnancy through Menopause”

Esa Davis, MD, MPH
• New Pittsburgh Courier Women of Excellence Award, 2013

Kristian Feterik, MD
• Outstanding Teaching Attending Award from the Interns, 2013
Awards

Michael Fine, MD, MSc
• Outstanding Alumni Researcher Award, Drexel University College of Medicine, 2013

Walid Gellad, MD, MPH
• FDA Advisory Committee Service Award, 2012

Alda Maria Gonzaga, MD, MS
• Exemplary Clinical Workshop Award, Society of General Internal Medicine, 2013

Adam Gordon, MD, MPH
• Excellence in Mentorship Award, the Association for Medical Education and Research in Substance Abuse (AMERSA) (single recipient), 2013

Rosanne Granieri, MD
• Outstanding Teaching Attending Award from the Residents, 2013

Thomas Grau, MD
• Outstanding Teacher Attending Award, University of Pittsburgh, 2013

Peggy Hasley, MD, MHSc
• Clerkship Preceptor of the Year, University of Pittsburgh, 2012

Rachel Hess, MD, MS
• Outstanding Alumna Award, Institute for Clinical Research Education, 2013
Awards

Ateev Mehrotra, MD, MPH
• 2013 Alice Hersch New Investigator of the Year, AcademyHealth, 2013

Katherine Willoughby, MD
• Thomas O'Toole Teaching Award, 2013

Lan Yu, PhD
• Early Career Distinguished Research Award, Behavioral Sleep Medicine, 2012
NCQA Recognition for Diabetes Management—2013

Criteria: >25 DM patients; Meet DM QI Targets

- Lori Bigi, MD, MS
- Peggy Hasley, MD, MHSc
- Thuy Bui, MD
- Harish Jasti, MD, MS
- Peter Bulova, MD
- Kevin Kraemer, MD, MSc
- Gregory Bump, MD
- Frank Kroboth, MD
- Raquel Buranosky, MD, MPH
- Gary Fischer, MD
- Rosanne Granieri, MD
- Carla L. Spagnoletti, MD, MS
- Asher Tulsky, MD
Top Doctor Recognition—2013

Robert Arnold, MD
Hollis Day, MD
Michael Elnicki, MD
Michael Fine, MD

Rosanne Granieri, MD
Peggy Hasley, MD
Wishwa Kapoor, MD
William Levine, MD
Robert M. Arnold, MD was named the recipient of a Lifetime Achievement Award from the American Academy of Hospice and Palliative Medicine (AAHPM), a professional organization for physicians specializing in hospice and palliative medicine. The AAHPM presented the award to Dr. Arnold at its annual convention in March 2013.
Summary

- Highly productive and successful year in all its missions: patient care, teaching and research
- Outstanding faculty
- 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
- The fundamental of the division are excellent—this will allow us to continue to maintain and expand our clinical, teaching and research programs
Joanne Riley, RN, MPM

- Administrator, DGIM
- Executive Administrator for the Institute for Clinical Research Education (ICRE) and the Center for Research on Health Care (CRHC)
- Leading roles in administering all of our programs—clinical, teaching and research
Kathy Nosko

- Join the Division in 1995 as administrative secretary to Bob Arnold
- She has been promoted over the years to Admin II
- Designated office manager: manages our call center staff and medical secretaries
- She supports me and Missy
- Never says no; helps everyone; always figures out what to do or who to go to; she goes above and beyond for everyone
1. **Connect with the earth.** I look at the sky, plants and trees, and birds when I am under stress. I break outside whenever possible.

2. **Connect with people.** Every day I try to spend some time with my family and friends in their office or swinging by their home to chat. Luckily, I get to see my nieces and nephews every day. But many of the other people I love live hundreds of miles away from me. I do feel a little closer to them if I reach out. I still prefer writing emails and letters, but also prefer visiting by small mail. I also try to connect with new people by reading books and scientific articles. I especially enjoy reading the general-audience books, as it is easier for me to hear their real “voice.”

3. **Connect with animals.** Walking my two adopted dogs is the best. They are the two happy-go-lucky-old adopted dogs, 2, and 3 all in one swing. And once we’re outside, they manage to eat all the flowers, grass, and other creatures, including toads, in spring and summer. I think I have a few toads now as I did when I was little.

4. **Exercise.** Easier said than done. Any day I can do it for 30 minutes. I always feel great after, but I often think, “Why am I not doing this every day?”

5. **Cook and/or eat something wonderful.** More often I’m eating very little, but when I can create an easy recipe, make something beautiful, or cook something that someone else has prepared, but when I can create something myself in the kitchen myself and share it, this feels like a major accomplishment. For example, I made a beautiful piece of sea bass with lemon, herbs, and seasoned bread crumbs. But he seemed oddly indifferent to all the pain and discomfort; it was as if he expected only to get worse.

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Special Thanks

• The entire Division
  • Missy McNeil
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