

# MEDICINE

## NEWS FROM THE DEPARTMENT OF MEDICINE

# MATTERS

OCTOBER 2021

 **UVA Health** | DEPARTMENT OF MEDICINE

### MISSION

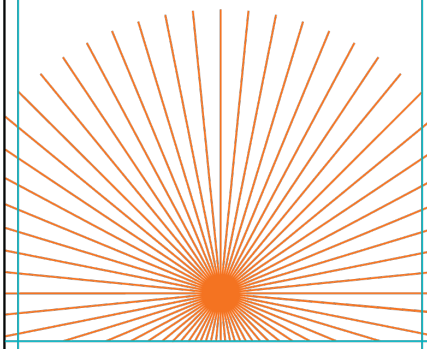
We are dedicated to preventing disease and treating illness, educating and inspiring future leaders in the field of internal medicine, and supporting innovative biomedical research.

### VALUES

We strive for a sense of community, connection, and synergy among all faculty, staff, and trainees.

### PLEDGE


We will conform to the highest ethical standards, uphold the values of our partner organizations, and give back to our community through public service.




**DoM WEBSITE** . . . . . 

**GRAND ROUNDS** . . . . . 

**HIGHLIGHTED DIVISION** . . . 

**MINDFULLNESS MATTERS** . . . 

**GIVE TO DOM** . . . . . 

**SUBSCRIBE** . . . . . 

## MESSAGE FROM THE CHAIR



Welcome to the fall edition of Medicine Matters. To me, fall in Virginia is the best time of year. The evenings are cool, the sky is clear, and the colors of the leaves are just beginning to change. I hope all of you get a chance for a hike or some time outdoors. Take advantage of all the excellent opportunities for recreation in our area.

For the past several weeks, we have been facing another wave of COVID-19 infections, and it does look like the case numbers are beginning to fall. We have

learned a lesson with this last wave of infections that vaccination is clearly our best weapon; please consider getting a booster if eligible or get a shot if you have not yet been vaccinated. I would also urge you to educate community members who may be reluctant to get vaccinated. Data has shown that the majority of unvaccinated individuals are scared and have unanswered questions. Education of our community is key to ensuring vaccination uptake.

This month we also mourn the passing of two faculty members, Drs. Charles Brooks and Stacey Anderson. Both of these individuals had distinguished careers and left profound impacts on our Department. They will be missed, and please see the tributes to them in this edition of the newsletter.

Lastly, this month we feature the largest Division in the Department, the Division of General Medicine, Geriatrics, Palliative Care, and Hospital Medicine, led by Dr. Mohan Nadkarni. This diverse Division includes numerous world-class programs that provide care for our community and often is the first entry point for patients into our health system. They are the “front-line” for our patients. In addition, the Division is the leader in education, and faculty members hold key positions in the School of Medicine. The Division is also building its research platform with interests in health care delivery, quality of care, and many other areas. I think you will be impressed by the depth and breadth of their activities and, most notably, by the incredible faculty and staff that make up this Division. Please thank them for all of their contributions.

With best wishes,

Mitchell H. Rosner, MD, MACP  
Henry B. Mulholland Professor of Medicine  
Chair, Department of Medicine



# UVA Health

# DOM UPDATES & NOTES



UVA Cancer Center



Gracie Hockenberry, RN



Adela Mahmutovic, MPH



Maria Davenport, MPH



Daisy Zhu, MD



Ryan Eid, MD



Ebony Hilton, MD



Rita Basu, MD



Brittany Cavanaugh, DO



Francine Garrett-Bakelman, MD



Amber Inofuentes, MD



Susan Kirk, MD



Pamela Mason, MD



Trish Millard, MD



Angela Taylor, MD

## Awards and Achievements

Congratulations to the **UVA Cancer Center** on earning *Comprehensive Cancer Designation* by the *National Cancer Institute*. This moves UVA into an elite group of 52 of the most outstanding cancer programs in the nation and makes UVA the only Comprehensive Cancer Center in the state of Virginia. UVA Earns Comprehensive Cancer Center Designation | Connect ([uvaconnect.com](http://uvaconnect.com))

Congratulations to Hematology/Oncology Clinical Trials staff members **Gracie Hockenberry** on obtaining her nursing licenses (RN) and **Adela Mahmutovic** and **Maria Davenport**. They recently earned their Master of Public Health degree (MPH).

Congratulations to Pulmonary and Critical Care fellow, **Dr. Daisy Zhu**, who has been selected for the *Engineering in Medicine Coulter fellowship*! The award will provide dual engineering-medicine support for her research career.

Congratulations to Asthma, Allergy, and Immunology fellow **Dr. Ryan Eid** for selection of his *American College of Asthma, Allergy and Immunology* abstract for a prestigious second place *Clemens von Pirquet Award*. He will make a presentation during an oral abstract session at the ACAAI meeting on November 7, 2021, at 3 PM. Special congratulations to Dr. Emily McGowan for mentoring Ryan on this project.

Congratulations to **Dr. Ebony Hilton**, who has been presented *The 2021 National Leadership Award by the National Newspaper Publishers Association* (NNPA) for her “outstanding and courageous leadership, clarion voice, intellectual genius, and passionate activism for the cause of public health, freedom, justice, equity, and empowerment of communities of color and for all people across The United States and throughout the world.”

Congratulations to **Drs. Rita Basu, Brittany Cavanaugh, Francine Garrett-Bakelman, Amber Inofuentes, Ebony Hilton, Susan Kirk, Pamela Mason, Trish Millard, and Angela Taylor** who were recognized as outstanding women in medicine at UVA Health during the American Medical Association’s (AMA) Women in Medicine month (September) by their department chairs.



# DOM UPDATES & NOTES

## DOM Financial Update

### Department of Medicine Summary of Consolidated Financials FY21 as of August 31, 2021

	Budget YTD	Actual YTD	\$ Variance YTD
Work RVUs	175,733	174,479	(1,254)
Clinical Receipts (NPSR)	11,289,352	11,894,087	604,735
Total Revenues	37,059,129	39,066,740	2,007,612
Total Expenditures	32,513,695	35,422,276	(2,908,581)
<b>Net Income</b>	<b>4,545,434</b>	<b>3,644,465</b>	<b>(900,970)</b>

#### Summary Explanation of Variance:

For the fiscal year through August 31, 2021 DOM posted a consolidated net gain of \$3.6M and an unfavorable variance to YTD net income budget of \$901K. Clinical revenues underperformed budget by \$888K due to missing Medical Center support (MOU). Personnel and Non-Personnel expenditures underperformed budget driven by unbudgeted charges and invoicing at different intervals than budget. Total revenues include \$3.9M Endowment revenue recorded for September through June.

## Welcome To The World



Congratulations to ID fellow Jackie Hodges and husband radiology resident Rob Sukumar, who welcomed baby girl Maya on August 4, 2021.



Congratulations to Emily (Hematology/Oncology) and Michael Ayers (Cardiovascular Medicine) who recently welcomed Parker Cecilia Ayers to their family on July 30, 2021.

## DOM UPDATES & NOTES

### Wishing Rosalyn Kniss in Her Retirement

*By C. Russ Manley*



**Rosalyn Kniss**

We recently celebrated another milestone of the career for a member of the department. Rosalyn Kniss has retired as the division administrator for Hematology and Oncology, effective September 25, 2021. After many years in laboratory operations, Ros joined us from the University of Chicago; she succeeded Andrew Bowen and Cynthia Smith as previous division administrators. Her initial physician partner was Dr. Geoff Weiss. She also served under Dr. Michael Williams and Karen Ballen.

When Ros started in 2012, the division consisted of twelve physicians and two advanced practice nurses. Ros played an essential role in developing a multi-year workforce development plan that has allowed the division to more than quadruple in size in less than her decade of service. She was always an unwavering advocate for the faculty and staff of the Hematology and Oncology division.

Immediately upon retirement, she will visit her family in Chicago, catch a few cultural events and wish the White Sox had made the playoffs! Upon his near retirement as Provost of Eastern Mennonite University, Ros and Fred have many plans for the future. Ros reports having just gotten her e-bike and many other things in her next chapter outline. We wish Rosalyn Godspeed and happiness with her pursuits of old and new interests!



## Follow DOM on Twitter.

**UVA School  
of Medicine  
releases new  
study on Pfizer,  
Moderna  
vaccines.**

.....  
**WATCH NEWS  
VIDEO**

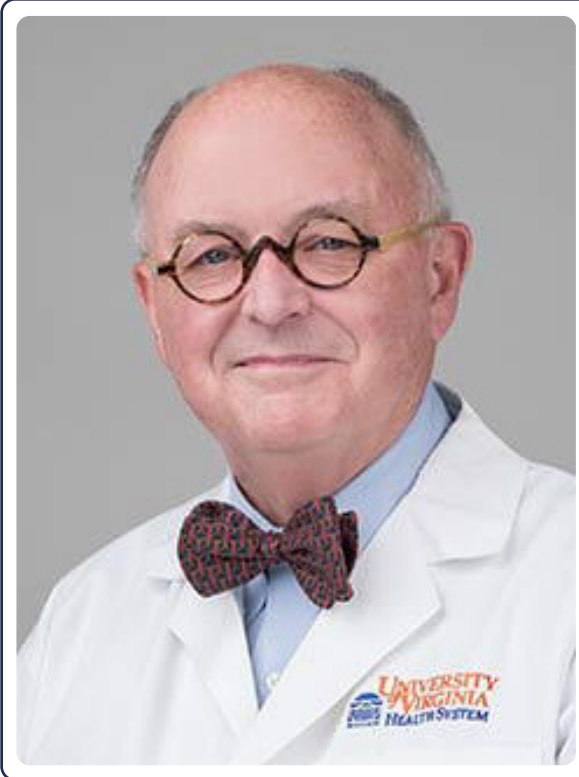
**UVA Health  
recruiting  
participants  
for a COVID-19  
severe allergy  
clinical trial.**

.....  
**WATCH NEWS  
VIDEO**

**UVA Health  
doctors say  
patients should  
get re-evaluated  
for penicillin  
allergy.**

.....  
**WATCH NEWS  
VIDEO**

### Tribute to Charles H. Brooks, MD



**Charles Brooks, MD**

*By Mark D. Okusa, M.D., FASN*

*John C. Buchanan Distinguished Professor of Medicine*

*Chief, Division of Nephrology*

*Director, Center for Immunity, Inflammation and Regenerative Medicine*

It is with a heavy heart that I inform you that Dr. Charles H. Brooks died on September 3, 2021.

Dr. Brooks was a champion for change to improve patient outcomes. A significant portion of his career had been spent in health services development with a special focus on access to care.

He had a long-standing interest in clinical decision-making and how patient's health information may facilitate decisions and increase evidence-based interventions. This led him to obtain an MSc Degree in Evidence-Based Health Care at the University of Oxford. During his study at Oxford, he transitioned to his first full-time position in academic medicine in the Division of Nephrology at UVA as an Associate Professor. In addition to caring for patients with kidney diseases, he served as Director of Health Services Development and Patient Outcomes Research, Quality Liaison for the Division of Nephrology in the Department of Medicine, and Regional Team Leader, Quality Improvement, UVA Medical Center Renal Services.

He developed a unique collaborative, multi-disciplinary "ideal process model," the Acute Kidney Injury Risk Reduction Initiative, which, when implemented, showed a significant decrease in the incidence of AKI in patients undergoing cardiac surgery.

As a member of the Nephrology Division, he never wavered when approached with many requests to lead new clinical initiatives (and there were many). One notable initiative that Dr. Brooks led was establishing a clinic with 80 patients in Farmville; however, it needed a physician to develop a practice. Dr. Brooks relocated to Farmville for over one-and-a-half years to establish a thriving practice that ultimately filled the UVA Health System Dialysis Unit in Farmville. This unit continues to thrive in Farmville as a UVA Health System practice. With his commitment to the community's health, he held a community kidney screening clinic in Farmville along with local volunteers and local students from Longwood College. For his efforts, he was the recipient of the Department of Medicine Excellence in Clinical Care Award last year.

Dr. Brooks was a kind, caring individual, a valuable member of the Division of Nephrology, eloquent in speech and action, passionate about his work, and devoted to his patients. Where ever Dr. Brooks practiced, his patients followed him. He was never short on humorous and self-deprecating remarks, even to the end.

Our thoughts and prayers go out to Ann Brooks and the rest of his family. We will miss Charles (affectionally known as Harry) dearly.



# UVA Health



### Tribute to Stacey Anderson, MD

*By Christopher McCartney, MD*



**Stacey Anderson, MD**

We collectively express our profound sadness at Dr. Stacey Anderson's passing after a battle with illness. She has been a much-beloved part of the endocrine family since 1995. I'll always remember Stacey as a brilliant but completely unassuming person. She seemed to me a serious person, but she was always kind and engaging, and I often saw how she could be playful in an understated and good-humored way. Because she generally avoided the limelight, many of us may not have fully recognized how accomplished she was, and I'd like to summarize her outstanding career as a small way to honor her memory.

Dr. Stacey Anderson received her B.S. degree (molecular biology) from Vanderbilt University in 1988 (magna cum laude, Phi Beta Kappa). She attended medical school at Vanderbilt (1990-1992), and her early aptitude for research was acknowledged in 1991 by an American Federation for Clinical Research Student Research Award. Fortunately, Dr. Anderson matched at UVA for Internal Medicine Residency (1992-1995), and she stayed at UVA for her Endocrinology and Metabolism Fellowship training (1995-1998). Her initial area of research interest related to estrogen neuromodulation of the growth hormone axis. In 1998, she became a faculty member and received a highly-coveted NIH General Clinical Research Center Clinical Associate Physician (CAP) award—a precursor to the K23 career development award. Over time, her research interests shifted towards diabetes: algorithmic control of glucose with hyperinsulinemic-euglycemic and hypoglycemic clamping procedures; continuous glucose monitoring accuracy;

artificial pancreas clinical trials; and decision support systems in diabetes management. Dr. Anderson became medical director of the Center for Diabetes Technology (CDT) in 2010, and she became a Certified Diabetes Technology Clinician in 2013. Based on her outstanding research contributions, Dr. Anderson was promoted to Associate Professor of Medicine in 2015. She was also a recipient of the Department of Medicine Excellence in Research Award that same year.

Dr. Anderson was recognized as an international expert in closed-loop (artificial pancreas) systems, as recently evidenced, for example, by her serving as Session Moderator for the 2019 American Diabetes Association Annual Scientific Session entitled "On the Road to Automated Insulin Delivery." In addition to engaging in substantive collaborative research with the CDT, she participated in the International Diabetes Closed Loop Steering Committee, the Control to Range Study group, the International Artificial Pancreas (iAP) Study Group, and the Juvenile Diabetes Research Foundation (JDRF) Artificial Pancreas Project Consortium. Over her career, Dr. Anderson was Principal Investigator (PI) of a multicenter international clinical study ("Systems Approach to Closed-Loop Control at Home," part of the JDRF Artificial Pancreas Project); was Co-PI of a large National Institutes of Health (NIH) cooperative agreement ("Clinical Acceptance of the Artificial Pancreas: the International Diabetes Closed Loop (iDCL) Trial"); was PI for one U.S. Department of Defense grant, one JDRF grant, five industry grants, and one Icahn School of Medicine at Mount Sinai grant; was Co-Investigator for nine NIH grants, two JDRF grants, and one UVA K12 grant; and was Site PI for three multicenter industry grants. Notably, Dr. Anderson published over 50 peer-reviewed clinical research manuscripts, which is an exceptional publication record given the nature of her clinical research.

Dr. Anderson was also recognized as an outstanding physician with special interests in diabetes, diabetes technology, and thyroid disease. She was included in the Best Doctors in America list each year from 2013 to 2020 and was a Castle Connolly Top Doctor in 2019 and 2020. In 2019 she received formal Recognition of Outstanding Patient Experience based on patient survey data indicating performance in the top fourth percentile nationally.

Dr. Anderson was promoted to full Professor in 2021.



# UVA Health

# DOM UPDATES & NOTES

## New Studies

### Gastro-intestinal (GI)

*A Phase II, randomized, double-blind placebo-controlled study of atezolizumab with or without bevacizumab in combination with cisplatin plus gemcitabine in patients with untreated, advanced biliary tract cancer*

IRB #

HSR210173

CT. Gov. ID:

NCT04677504

Sponsor Protocol G042661 Sponsor: Genentech

Principal Investigator: Le, Tri Study Contact: Sallie Mannen sbm8qz@virginia.edu 434-297-5724

### LCM: Lymphoma/CLL/Myeloma

*A Phase 1 Dose-Escalation and Cohort-Expansion Study of VLS-101 in Subjects with Hematological Malignancies*

IRB #

HSR200284

CT. Gov. ID:

NCT03833180

Sponsor Protocol VLS-101-0001 Sponsor: VelosBio Inc.

Principal Investigator: Portell, Craig Study Contact: Not specified

### Melanoma

*A Phase 3, Randomized, Open-label Study to Compare Adjuvant Immunotherapy of Bempegaldesleukin Combined with Nivolumab Versus Nivolumab After Complete Resection of Melanoma in Patients at High Risk for Recurrence (PIVOT-12)*

IRB #

HSR200243

CT. Gov. ID:

NCT04410445

Sponsor Protocol 20-214-29/CA045-022 Sponsor: Nektar Therapeutics

Principal Investigator: Gaughan, Elizabeth Study Contact: Adela Mahmutovic am6bd@virginia.edu

### SMACT: SCT/MDS/Acute Leukemia/CAR T-cell

*A Phase 4, Multi-center Open-label Feasibility Study to Evaluate Outpatient Blinatumomab Administration in Adult Subjects With Minimal Residual Disease (MRD) of B-precursor Acute Lymphoblastic Leukemia (ALL) in Complete Hematologic Remission*

IRB #

HSR200142

CT. Gov. ID:

NCT01207388

Sponsor Protocol 20190014 Sponsor: Amgen

Principal Investigator: Keng, Michael Study Contact: Kelly Reed yvy8ge@virginia.edu 434-297-7783

*A Phase 1, Open-Label, Dose-Escalation, Safety, Pharmacokinetic, and Pharmacodynamic Study of Oral TP-3654 in Patients with Intermediate-2 or High-Risk Primary or Secondary Myelofibrosis*

IRB #

HSR200064

CT. Gov. ID:

NCT04176198

Sponsor Protocol BBI-TP-3654-102 Sponsor: Sumitomo Dainippon Pharma Oncology Inc.

Principal Investigator: El Chaer, Firas Study Contact: Ioannis Vassalos iv4wn@virginia.edu 434-924-9496

### Thoracic

*A Phase 2 Randomized Open-Label Study of Patritumab Deruxtecan (U3-1402) in Subjects with Previously Treated Metastatic or Locally*

*Advanced EGFR-mutated Non-Small Cell Lung Cancer (NSCLC)*

IRB #

HSR210052

CT. Gov. ID:

NCT04619004

Sponsor Protocol U31402-A-U201 Sponsor: Daiichi Sankyo, Inc

Principal Investigator: Gentzler, Ryan Study Contact: Lacey N Botteon lb5tu@virginia.edu 434-297-5588



# **UVAHS VOLUNTEERS NEEDED FOR UVA COVID-19 COMMUNITY TESTING PROGRAM**

## **SIGN UP HERE**

Strict infection control precautions are followed and PPE is offered to every one according to the risk of exposure per our infection control colleagues.



**2022  
OPEN  
ENROLLMENT**

### **Michael J. Weber SYMPOSIUM**

The University of Virginia Cancer Center invites you to the inaugural Michael J. Weber Symposium to be held virtually on October 15th, 2021. The Michael J. Weber Symposium was founded to honor the life and accomplishments of the former director of the UVA Cancer Center and renowned scientist, Dr. Michael Weber.



**WELCOME  
.....  
TO NEW UVA  
SCHOOL OF  
MEDICINE  
DEAN**

**MELINA  
KIBBE, MD**



# DIVISION OF GENERAL MEDICINE

## Message from Mohan Nadkarni, MD, Division Chief, General, Geriatric, Palliative & Hospital Medicine



Mohan Nadkarni, MD

The Division of General, Geriatric, Palliative, and Hospital Medicine encompasses the whole host of activities one would expect from a large and diverse Division. Our activities run the gamut of the three-legged academic stool. Amid the profoundly challenging and unprecedented COVID epidemic, the Division has continued to advance many vital initiatives. I am pleased to highlight just a few of these in the pages below.

I would also like to extend my gratitude to the 87 faculty and staff, without whom the Division's successes would not be possible. While the work of each may not be featured here, the value of their contributions is no less significant or less transformative. It is an honor to serve as Chief and humbling to work amid such immense talent. Thank you as well to the Division's Section Heads, whose vision for the future inspires and energizes.

~ Mohan Nadkarni, MD

## CLINICAL HIGHLIGHTS

*By Justin Mutter, MD*

### **VIRGINIA AT HOME: UVA's NEW HOME-BASED PRIMARY CARE PROGRAM FOR HIGH-RISK OLDER ADULTS**

There are millions of homebound older adults across the United States. Often referred to as the “invisible” homebound—because our clinic- and hospital-centric health care systems struggle to meet their medical needs until major concerns result in hospitalization—this population tends to have complex medical and psychosocial needs. The gap between homebound persons' needs and our ability to meet those needs results in poor health outcomes and high care costs. What's more, the homebound population is growing exponentially in numbers. A recent study in JAMA Internal Medicine found that the population of homebound older adults nearly tripled over approximately the last year.



Justin Mutter, MD

To close this gap in central Virginia, the Section of Geriatrics, in collaboration with the Memory and Aging Care Clinic in the Department of Neurology and the UVA Center for Health Humanities and Ethics, launched Virginia at Home (VaH), UVA's first home-based primary care (HBPC) program for high-risk homebound older adults. The program serves not only the Charlottesville metropolitan area but also its surrounding rural counties. Significant inequities in access to HBPC exist across geographic, racial, and socioeconomic lines, and VaH is committed to reducing these inequities. In addition to its clinical mission, VaH is an interprofessional practice that aims to be a medium for interprofessional education at UVA, taking medical, nursing, and pharmacy students and trainees on house calls across the year.

Now into its second year, VaH has served over 75 participants and their caregivers. Within the VaH cohort in its inaugural year, the program reduced hospitalizations by approximately 80% and emergency department visits by approximately 50%. VaH's interprofessional team includes Karen Duffy (nurse practitioner), Tuula Ranta (nurse coordinator), Bethany Delk (clinical pharmacist), and Justin Mutter (medical director). This year, VaH's team is eager to continue growing the program in service to our community. Interested in referring a patient for consideration? Eligible participants must be homebound according to Medicare criteria. Referrals can be placed through the “ambulatory referral to geriatrics” order option in Epic.

# DIVISION OF GENERAL MEDICINE

## CLINICAL HIGHLIGHTS



**Josh Barclay, MD**

*By Josh Barclay, MD*

### INPATIENT HOSPICE

The Palliative Care Team, Mortality Coalition, and Inpatient Hospice Oversight Group continue with the hospice transition experience. Our goal remains to improve end-of-life care across all clinical settings, which includes enhancing discharges with community hospice services (home hospice, SNF hospice, the CAHC unit) as well as inpatient conversions.

The UVA inpatient hospice care option, begun in November 2019, is intended to offer hospice services for patients too ill to leave the facility who also meet general inpatient care hospice criteria. We have now transitioned over 220 patients to inpatient hospice

care and are improving patient discharges to hospice in the community. This accomplishment is a testament to the effort of more than one hundred people over the past two years in positions both clinical and administrative.

For patients who qualify for hospice general inpatient care, inpatient transition to hospice services is available seven days per week during daytime hours. We are continually working to streamline the process but find that successful changes are most easily accomplished when:

1. Hospice is considered as an option early in the end-of-life discussion.
2. The Palliative Care Consultation Service is involved early to ensure that patients meet general inpatient criteria for inpatient hospice. This is important because not all patients at the end of life are candidates for inpatient hospice care.
3. The process is started as early in the day as possible. Beginning transitions after 1-2 PM may be precluded by staffing availability.

Our Palliative Care physicians, nurse practitioners, and nurse palliative care consultants are an essential resource to help care for your patients with end-of-life challenges.



**Brittany Cavanaugh, DO**

*By Brittany Cavanaugh, DO*

### CHRONIC HEPATITIS C INFECTIONS

In the Summer of 2020, Brittany Cavanaugh, DO, with the help of Chanel Hammer, RN, began treating Chronic Hepatitis C infections at University Physicians, Orange (UPO). Of the nine referrals from colleagues in Orange, seven have successfully completed treatment and received cure confirmation, and

two are awaiting treatment completion. Additionally, they are monitoring the Hepatitis C screening rates at UPO and have noted an increase in the screening of 70% of the eligible population. Hepatitis C referral base expansion is expected in the near future.



Chanel Hammer, RN and Brittany Cavanaugh, DO

# DIVISION OF GENERAL MEDICINE

## CLINICAL HIGHLIGHTS

By *Lien Dame, MD*

### UPO'S TRANSITIONAL CARE MANAGEMENT (TCM) PROGRAM

Thanks to Chanel Hammer, RN, and Meador Horne, RN, UPO's Transitional Care Management program succeeded in preventing hospital readmissions. The program includes: a call by a RN with 48 hours of discharge from the hospital for medication reconciliation, and a visit with the PCP within 14 days.

% of patients readmitted to UVA within 30-days of hospitalization:

2019- 22%

2020- 12.22%

2021- 9.89%



Lien Dame, MD

### UNIVERSITY PHYSICIANS ORANGE'S RESPIRATORY CLINIC

During the early days of the pandemic, University Physicians of Orange quickly realized that their patients did not have access to readily available COVID-19 testing. Being in a rural area frequently means limited resources and for patients with transportation difficulties, getting to Charlottesville for testing was not an option. In October 2020, Orange quickly pivoted some of its resources to develop its respiratory clinic. They aimed to test patients with respiratory symptoms such as cough, fever, and shortness of breath and provide COVID and flu testing if appropriate.

Initially, there were challenges, such as limited PPE, swabs for testing, waiting room space, and staff. However, Orange created a separate sick waiting room and exam rooms to distort ill patients from well patients. Their clinicians and nursing staff did an excellent job learning how to safely don/doff their PPE, handle COVID nasopharyngeal samples, and maintain a safe environment for patients and staff. Orange coordinated with Phlebotomy and Radiology to provide these services to sick patients. Erin Pearsall (Practice Supervisor) is credited with the many schedule adjustments that allowed ill patients to get same-day appointments quickly.

To date, Orange has evaluated and treated approximately 730 patients in their respiratory clinic. It has been an excellent service to their patients during the pandemic, who appreciate being seen by clinicians they know and trust in their primary care clinic.



Deb Adams, PA, and Lien Dame, MD preparing to collect COVID-19 samples in clinic

## Free Mindfulness for Health System Employees

Fall 2021 Course, Live online via Zoom

Wednesdays, September 15 – November 3, 2021

6:30 p.m. – 8:30 p.m.

Retreat: Saturday, October 16, 2021

**REGISTER HERE**



## CLINICAL HIGHLIGHTS



**David Callender, MD**

*By David Callender, MD*

### BEHAVIORAL HEALTH INTEGRATION AT UMA

Behavioral Health (BH) is a key factor that leads to poorer health outcomes, higher utilization of acute care services and has been identified as one of the top priorities for our community through the MAPP2Health process. We have committed to integrating BH into primary care as a strategy to address this issue and improve patient outcomes. Before the start of the BH integration Pilot Program at UMA, 33.3% of UMA patients had a behavioral health diagnosis; however, only 10.6% of UMA patients received any Behavioral Health services through UVA Health. Patients referred to community-based behavioral health providers outside of UVA were often returning to the clinic, stating that

they could not get established with services due to lack of providers, lengthy waiting lists

to be seen, and high thresholds that needed to be met to be schedule appointments. To address the behavioral health needs of our UMA patients, we expanded services in the primary care sector to include provision of psychotherapy, diagnostic clarification, and medication recommendations from a multidisciplinary team that includes PCPs, an LCSW, a part-time psychologist, and a part-time consulting psychiatrist.

### What we are doing

Patients present to the clinic with behavioral health needs are screened for anxiety and depression using standardized screening tools, PHQ9 and GAD7. Those patients receiving average scores or higher and desiring psychotherapy and/or those who require diagnostic clarification and medication recommendations are referred through EPIC to our behavioral health team at UMA. Referrals are reviewed, and patients are scheduled for psychotherapy and/or diagnostic assessments that will occur at UMA Clinic, often getting an initial appointment within two weeks. When PCPs request medication recommendations, the UMA psychiatry consultant reviews records and/or meets with the patient to suggest a medication course to PCP, who will then manage. Additionally, the behavioral health providers in clinic are also used to provide immediate or consultative care for patients while they are participating in their UMA appointments, including in-office crisis intervention, suicide, and homicide screenings. Patients with urgent needs may be seen during their clinic visit instead of directed elsewhere for care.

Expected process outcomes include increasing numbers of patients screened for depression and anxiety during primary care appointments, increasing psychotherapeutic sessions occurring within the clinic, and increasing collaborative interactions between primary care and psychiatry. Expected health outcomes include decreasing the number of ED visits and hospitalizations for screened patients, improvements from baseline PHQ9 and GAD7 scores (pre-post), and increasing PCP knowledge of and comfort with the provision of behavioral health treatment.

### Outcomes & Future State

UMA completed the first year of the Behavioral Health Pilot Program in June 2021 and is already seeing benefits to our patient population. Four hundred thirty-two patients were referred to the program in year one. Overall the GAD7/PHQ9 Scores for those patients in the Behavioral Health Pilot Program have improved an average of about 2 points compared to their baseline screenings, with more significant changes seen in specific populations (women, people of color, Spanish-speakers). We have had a considerable increase in the amount of PHQ9 & GAD7 screenings conducted by our patients. We more than doubled the number of expected encounters, with 224 patients receiving 873 behavioral health encounters for psychotherapy, diagnostic clarification, and medication recommendations.

We are now continuing this program into the second year and anticipate further benefits as we hypothesize that value will be added in continued reduction of depression and anxiety scores, prevention of ED visits, reduction in psychiatric hospitalizations and length of stay for served patients, and improvement in equity of service provision in a particularly acute patient population.

# DIVISION OF GENERAL MEDICINE

## RESEARCH HIGHLIGHTS



**Tabor Flickinger, MD**

*By Tabor Flickinger, MD*

### POSITIVELINKS

Tabor Flickinger in General Medicine has been working with a multidisciplinary team on mobile health projects. PositiveLinks is a clinic-centered engagement in care program that includes a tailored smartphone app to help support patients living with chronic conditions. The program is supported by the Virginia Department of Health and led by Dr. Dillingham in the Division of Infectious Disease and Dr. Ingersoll in Psychiatry and Neurobehavioral Sciences. PositiveLinks has been associated with improved engagement in care and viral suppression for people living with HIV. An adaptation called HOPE has been piloted to support people receiving medication-assisted treatment for opioid use disorder.

Dr. Flickinger has been focused on the qualitative and mixed methods analyses of app usage for communication and connection to care. Participants can interact anonymously with their peers to enhance social support and use secure messaging to communicate with their care team. These tools have been essential during the COVID-19 pandemic when access to social support and medical care can be disrupted, and mobile health provides opportunities to bridge those gaps with virtual connections.

The following steps include adapting and evaluating PositiveLinks in a multi-site efficacy trial, supported by NIMH, with ongoing formative work. In addition, Dr. Flickinger is fostering collaborations across Grounds with colleagues in the Schools of Nursing and Engineering to explore Natural Language Processing techniques to analyze patient-clinician communication.

## EDUCATION HIGHLIGHTS



**Andy Wolf, MD**

*By Andy Wolf, MD*

### RESIDENCY EDUCATION

The Division faculty continue to lead the way in residency education, starting, of course, with Dr. Brian Uthlaut, who has provided inspirational leadership through the Covid-19 pandemic, not just with resident rotations and education, but also successfully pivoting the residency recruitment process from live to virtual. In addition, five of the residency's Associate Program Directors are also Divisional faculty (Rachel Kon, Allison Lyons, Alex Millard, Andrew Parsons, and Andy Wolf).

The "+1" week ambulatory curriculum for the residency, overseen by Drs. Kon and Wolf feature many members of the Division. The curriculum includes a new Tuesday morning primary care lecture series, interactive Office-Based Medicine case-based sessions, an array of workshops and seminars addressing all of the ACGME competencies, and a quality improvement curriculum. General medicine faculty also moderate the weekly Outpatient Journal Club and Outpatient Morning Report.

Four of the residency's unique training tracks are led or co-led by Division faculty, including the Clinician Educator Track (Allison Lyons), the Global Health Leadership Track (Julia Den Hartog, along with Becca Dillingham), the Leadership in Patient Safety & QI Track (Jess Dreicer), and the Primary Care Track (Andy Wolf and Rachel Kon). And, of course, our faculty continue to serve as firm attendings at UMA, ward attendings and lead the Geriatrics, Palliative Care, and General Medicine Consult rotations. To call our Division the "engine room" of the Department's residency education efforts would be an understatement!

# DIVISION OF GENERAL MEDICINE

## EDUCATION HIGHLIGHTS



**Anthony Marino, MD**

*By Anthony Marino, MD*

### ***PREVENTIVE, ACUTE, CHRONIC, AND LONGITUDINAL AMBULATORY CARE (PACLAC)***

The Preventive, Acute, Chronic, and Longitudinal Ambulatory Care (PACLAC) clerkship is a 6-week rotation in the 3rd year of medical school. PACLAC is a collaboration between the Internal Medicine, Family Medicine, and Geriatrics departments for students to learn about medicine in the outpatient setting. Students work in one clinic during their entire six weeks to immerse themselves in the realm of primary care, learning about the management of chronic conditions and triage and treatment of acute illness, as well as performing in-office procedures. In addition, the students participate in a variety of workshops and seminars that focus on procedural skills, high-yield dermatology conditions, case reports, and humanism in medicine. For anyone interested in serving as a preceptor for

PACLAC, please get in touch with Drs. Terri Babineau (Family Medicine) or Anthony Marino (Internal Medicine) to learn more.

## GRANTS

### ***GERIATRIC TELEHEALTH RESOURCE DEVELOPMENT***

**Laurie Archbald-Pannone**

Funding: West Health Institute

Developing the evidence base, tools and resources to enable hospitals and health systems to invest and implement best practices in using telehealth to address the needs of seniors.

### ***THE INTEGRATED TRANSLATIONAL HEALTH RESEARCH INSTITUTE OF VIRGINIA (iTHRIV): Using Data to Improve Health***

**Laurie Archbald-Pannone**

Funding: NIH/NCATS

Implementing telementoring programs to build collaboration with and disseminate education to staff in Post-Acute and Long-Term Care facilities.

### ***ACT TRIAL: ALANYL-GLUTAMINE SUPPLEMENTATION FOR CLOSTRIDIODES DIFFICILE PHASE 2 CLINICAL RESEARCH TRIAL***

**Laurie Archbald-Pannone**

Funding: NIH/NIAID

Phase 2 Trial of alanyl-glutamine supplementation in treatment of CDI for hospitalized elderly patients.

### ***SYSTEMS FOR ADVANCING GERIATRIC EXCELLENCE THROUGH COLLABORATION WITH MARTHA JEFFERSON HOUSE (ASSISTED LIVING FACILITY) FOR COVID-19 EDUCATION AND POLICY IMPLEMENTATION***

**Laurie Archbald-Pannone**

Funding: MJH



# DIVISION OF GENERAL MEDICINE

## GRANTS

### ***SYSTEMS BIOLOGY OF MICROBE-MEDIATED GLUCOSINOLATE BIOCONVERSION IN INFLAMMATORY BOWEL DISEASE***

**Laurie Archbald-Pannone**

Funding: NIH/NCCIH

A metabolic modeling of glucosinolate conversion mediated by microbes in the gut to mitigate inflammatory bowel disease.

### ***COMPARATIVE EFFECTIVENESS TRIAL OF EARLY INTEGRATED TELEMEDICINE VERSES IN-PERSON PALLIATIVE CARE FOR PATIENTS WITH ADVANCED LUNG CANCER***

**Leslie Blackhall**

Funding: PICORI

Recruitment for the REACH PC: Comparative Effectiveness of Early Integrated Telehealth Versus In-Person Palliative Care for Patients with Advanced Lung Cancer has been extended due to impact of the covid-19 pandemic on recruitment and randomization. This national study headed by J.Temel at MGH seeks to compare early palliative care for NSC lung cancer delivered by in-person to telemedicine based services. The UVA palliative care clinic serves as one of 14 study sites.

### ***USING MHEALTH TO SUPPORT PATIENTS AND CAREGIVERS IN MANAGING CANCER PAIN***

**Leslie Blackhall**

Funding: American Cancer Society

Part of a multiphase effort to design and pilot an in-home smart health sensing system to support patients and family caregivers in monitoring and managing cancer pain.

### ***INNOVATIVE STATE AND LOCAL PUBLIC HEALTH STRATEGIES TO PREVENT AND MANAGE DIABETES AND HEART DISEASE AND STROKE***

**Kim Dowdell**

Funding: VDH

I have been working with Anne Wolf and Jason Lyman to develop population health tools to help identify patients at risk for diabetes. Using epic-based smart sets, patient questionnaires, and health maintenance reminders, our goal is to increase the identification of this population to be referred to diabetes prevention programs, exercise/nutrition support, and potentially started on metformin to help prevent disease progression. We have created this as a pilot program at Waynesboro primary care and hope to expand to other UVA clinics this year.

### ***MHEALTH INTERVENTION DEVELOPMENT AND EVALUATION TO PROMOTE ENGAGEMENT IN CARE FOR PATIENTS LIVING WITH HIV AND WITH OPIOID USE DISORDERS***

**Tabor Flickinger**

Funding: VDH

### ***VIRGINIA AT HOME: AN INTERPROFESSIONAL HOME-BASED MEDICAL CARE AND EDUCATION PROGRAM SERVING RURAL OLDER ADULTS LIVING WITH DEMENTIA AND MULTIMORBIDITY***

**Justin Mutter / Laurie Archbald-Pannone**

Funding: HRSA/ GACA

# DIVISION OF GENERAL MEDICINE

## GRANTS

### *COVID-19 IMPACTS ON RURAL POPULATIONS*

**Preston Reynolds**

Funding: UVA COVID-19 Rapid Response

The Global Infectious Diseases Institute (GIDI), in partnership with the Office of the Vice President for Research, created a Rapid Response funding mechanism to help mobilize the UVA community to do innovative research to help combat COVID-19. Dr. Preston's project directly correlated to a core research pillar of GIDI using innovative educational and communication-based interventions. The team will study the impact of COVID-19 on rural communities with both a survey and qualitative interviews. They hypothesize that the geographical distribution of rural populations slows disease transmission and that the geographic separation of individuals in rural communities means that these populations do not need to alter their behavior as much as urban populations do to achieve social distancing. Also, since the widespread social distancing policies stress an already fragile rural private and public sector infrastructure (scarce internet access; uneven access to food and clean water), this paradoxically exposes rural populations to more significant risks and impacts.

### *ALANYL-GLUTAMINE SUPPLEMENTATION OF STANDARD TREATMENT FOR C. DIFFICILE INFECTIONS*

**Circle Warren/Paul Targonski/ Laurie Archbald-Pannone**

Funding: NIH

### *THE RISK UNDERLYING RURAL AREAS LONGITUDINAL (RURAL) COHORT STUDY*

**Paul Targonski**

Funding: NIH

Why do people in rural areas of the southeastern United States tend to live shorter, less healthy lives relative to the rest of the country? The Risk Underlying Rural Areas Longitudinal (RURAL) Cohort Study funded through the NIH aims to explore rural health burden in a longitudinal research project in rural counties in Alabama, Mississippi, Louisiana, and Kentucky. The study will examine the heart, lung, and blood disorders. Building trust, buy-in, and relationships within these counties is crucial to the success of this grant. Working with churches, local fraternal organizations, clinics, and other agencies in the areas will be an essential part of the study.

The goal is to recruit 4,600 participants from these locations to come into a mobile examination unit for CT scans, spirometry, and other baseline testing to establish their health status. Each participant will be given a Fitbit and will have a mobile application to track their health, activity, and other factors over six years. Once the data is collected, analyzed, and compiled, it will be used to help make a plan for the counties to improve access to healthcare, lifestyle changes to lower comorbidity and educate people on the best ways to improve their health. Additionally, Community Advisory Boards, Participant Advisory Boards, and local learning collaboratives will be established in all counties.

Currently, these counties are experiencing some of the highest rates of COVID-19 in the country. At this time, staff from all of the Cores are working together to develop an interim plan that can move the grant forward while having safety for all involved. It is a steep challenge, but we are moving forward towards a solution. It is hoped that the success of this grant and learning from experience will enable this work to occur in other areas of the United States where there is inequity in health care.

## THANK YOU!

TO ALL THOSE WHO HAVE BEEN VOLUNTEERING AT UVA COMMUNITY COVID-19 TESTING SITES

# DIVISION OF GENERAL MEDICINE

## PUBLICATIONS

### GERIATRICS

Prokosch, L, Little J, Childress, M, Kon R, **Archbald-Pannone L.\*** “*Intergenerational Connection of LTCC Residents and Medical Students Early in the COVID-19 Pandemic.*” Submitted Academic Medicine, Submitted pending review. July 2021

**L. Archbald-Pannone\***, D. Harris, R. Steele, J. Kaur, K. Albero, **J. Mutter**, D. Cattell-Gordon, K. Rheuban. “*Virtual Daily Rounding for COVID-19 Facility Outbreaks: A standardized, telehealth-centered approach may reduce hospital transfers and mortality.*” Telemedicine and eHealth, Printed online ahead of print June 18, 2021; August: 27(8): August 2021. <https://doi.org/10.1089/tmj.2021.0108>. Cited 6 times, IF = 3.536, Rank 36 of 108 in Health Care Sciences & Services journals Dr. Archbald-Pannone served as PI/ GERI-PaL Lead for all aspects of this manuscript.

**Harris D\***, **Archbald-Pannone L**, Kaur J, Cattell-Gordon D, Rheuban K, Ombres R, Albero K, Steele R, Bell T, Mutter J, “*Rapid Telehealth-Centered Response to COVID-19 Outbreaks in Post-acute and Long-Term Care Facilities.*” Telemedicine and e-Health, January; 27(1): Jan 2021.102-106. <http://doi.org/10.1089/tmj.2020.0236>. Cited 4 times, IF = 1.931, Rank 60 of 102 in Health Care Sciences & Services journals. • In the top 5% of all research outputs scored by Altmetric, with HIGH Attention Score (97th percentile), as compared to outputs of the same age. Among the highest-scoring outputs from this source (#21 of 2,216). Drs. Harris and Archbald-Pannone contributed equally to this work.

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\***MacKnight JM.** “*Concussion.*” In: OKU Sports Medicine 6. AAOS. 2021.

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# DIVISION OF GENERAL MEDICINE

## PUBLICATIONS

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**Check Out Mindfulness Matters**  
**A Newsletter from the UVA**  
**Mindfulness Center**

## CREATIVE HIGHLIGHTS

### TAXONOMY OF THE OAKS

*by Matt Goodman, MD*

I push my father's chair  
Around the home  
Streets named "Halcyon" and "Reminiscence"  
He spots a squirrel on a tree and grunts

I am learning about the oaks  
Leaves, bark and acorns  
The squirrel climbs the wrinkled hide of a chestnut oak  
Looking for a hooded fruit

He was a professor of glands  
Patients by daylight  
Papers and grants in darkness  
Rats in midnight cages

His left leg points straight like a prow  
Towards a pin oak  
Cultivar with tiny acorns  
Needles at the tip of each finger of the hand

He is humbled now by time.  
But then! The prestigious memberships  
The winter grapefruit from grateful patients  
The lectures named in his honor

I was a sullen and disrespecting son  
Resented standing in his shadow  
Hobbled myself  
In defiance of his grandeur

Now we are companionable in shade  
Crunching the acorns of a northern red oak  
With my feet and his wheels  
He gasps as the pace quickens downhill

I tense my biceps and pull us back to a crawl  
He relaxes back in his seat and sighs  
We move on together now like a prayer  
Black oak, swamp white oak, laurel oak, amen

## CREATIVE HIGHLIGHTS

### A SHOULDER TO CRY ON

*by Tabor Flickinger, MD*

I rest my salty zygomatic arch

Within the welcome hollow where

Your pectoralis and your deltoid touch

While, deep to me, your polarizing plexus

Sparks down myelin sheaths, each flare

Excites its motion: one extends, one flexes.

Thus, your arms embrace me.

Thus, you knead My tense trapezius and from

Your fingers all distress of flesh recedes.

Our vagal nerves seep comfort, slow our hearts.

They beat together: we become

More than the sum of these, our mortal parts.



# DIVISION OF GENERAL MEDICINE

## FACULTY PROFILE - Rebecca Mullan



*Tell us a little bit about yourself.*

I was born in Perth, Western Australia (home of the most beautiful beaches in the world), and I lived there until I was 12. Then, my family and I moved to Rochester, Minnesota (where I was told that there were beaches. There are not, only lakes and snow). I did my undergraduate degree at McGill University in Montreal and then my Master's in Public Health at the University of Edinburgh. After that, I worked for five years as a research coordinator at the Mayo Clinic before realizing that medicine was my passion. I graduated from the University of Minnesota Medical School in 2015 and have spent most of the time since then in Charlottesville, first for internal medicine residency and geriatrics fellowship, and now as a geriatrician.

*Why Healthcare?*

I chose a career in healthcare for many reasons (including the science of medicine and teaching students and residents), but the main reason is the conversations I have with my patients. Geriatrics is an excellent fit for me: understanding my patients' lives and their goals for their care is the most important and rewarding part of my job.

*What brought you to Charlottesville?*

I moved to Charlottesville for an internal medicine residency at the University of Virginia. I was drawn to the residency program for its supportive and welcoming atmosphere. I have stayed here (except for a year in Chicago to complete a fellowship) for the same reason.

*What excites you about your work?*

My clinic is based at the Colonnades, and I love it. I work with a fantastic team and have the most wonderful patients.

*What is your proudest/greatest achievement outside the professional realm?*

I have the two most amazing nieces – Tabitha and Esme.

*What are you usually doing on the weekend?*

Either visiting or FaceTiming with my two nieces.

*Favorite vacation/activity spot?*

My favorites are road trips and visiting Western Australia and New Zealand.

*What was your first job, how old were you?*

When I was eighteen, I was an x-ray records clerk at a hospital, which involved delivering the X-rays (and carbon copy reports) to the different hospital floors and operating rooms.



Road trip adventures!



# DIVISION OF GENERAL MEDICINE

## FACULTY PROFILE - Karen Duffy



### *Tell us a little bit about yourself.*

I began my career with UVA as a registered nurse (RN) on the 3 East hospital unit for eight years prior to starting my current career as a Nurse Practitioner. As an Adult-Gerontology Acute Care Nurse Practitioner (NP), I work with Dr. Justin Mutter on the Virginia at Home (VaH) program. This is UVA's primary care program for older adults who are homebound and have medically complex needs. VaH's mission is to provide home-based medical care to those who desire to remain at home and age in place with dignity and community. I serve as a licensed independent provider for patients and as caregiver support for their families and caregivers.

I have always been passionate about helping people. I always knew I wanted to work in a field where I could make a difference in others' lives, so as a young, newly married woman beginning a new life in Charlottesville, I entered the dental field. I thought I would get close to the medical field to see how it felt. I stayed in dentistry for over 16 years and starting raising two wonderful sons in the process. As I continued my journey to help

people, I worked for more than ten decades in philanthropy. Then as my youngest son went off to college, I decided it was time to follow my calling and entered nursing school to become a registered nurse. I earned my bachelor's and master's degrees in nursing from UVA and knew I finally found how to truly help people. There is nothing more satisfying to me than to see that I made a positive difference in someone else's life. I think that is what is so exciting about working in healthcare. I think my colleagues would agree that this field allows us to give and to serve others genuinely. We can help them with their health and resources to improve their quality of life. It is a true privilege to work in healthcare because of the impact that can be made in someone else's life.



### *What is your proudest/greatest achievement outside the professional realm?*

I think my greatest achievement outside of the professional realm is raising two wonderful Christian men that are kind, caring, and full of compassion for others. I am also proud that I have run several marathons!

### *Favorite vacation/activity spot?*

My favorite place is the beach. There is something about standing next to that ocean that puts all of my thoughts in perspective. It is vast and powerful at

times and calm and peaceful at others. It is my happy place, and I am grateful that I can get there in just a few hours. Plus, my parents and two of my sisters live in Virginia Beach so life is good!

### *What is the best advice anyone ever gave you?*

My mother always says that when things happen in your life, they can make you bitter or better. The only difference is the letter "I." How I respond determines if I get bitter or better.

### *What about you would surprise us?*

My husband and I love finding LOVE signs throughout Virginia. We have found about 94 now, which has enabled us to travel to places in Virginia that we would have never seen. We live in a beautiful state with lots of great places to explore. It is just fun for us!

### *What is the last book you read for pleasure?*

I recently re-read One More Day by Mitch Albom. I love books that make me stop and think about what a gift each day really is.

### *Do you collect anything?*

I collect Willow Tree Angels. It started slowly, but now I have about 35 of those sweet things.

### *What was your first job, how old were you?*

I babysat. I have three younger brothers and was called on often to watch them. My father got cancer when I was ten, and my mother had to go to work. My youngest brother would go with me everywhere, and then the neighbors started to pay me to watch their children! So, I started working at a very young age.





# DIVISION OF GENERAL MEDICINE

## STAFF PROFILE - Erika Dorsey



*Tell us a little bit about yourself.*

I've been employed at University of Virginia, going on five years now. I started my healthcare career at the Spine Center as an access associate and then transitioning into a supervisor role within the department. Currently, I work for the School of Medicine with the Division of General, Geriatric, Palliative & Hospital Medicine! My husband Chad and I have two children, Camryn, age five, and Caiden, age three.

*Why Healthcare?*

I've always had a passion for helping people, and in helping people, I took an active role in the healthcare field. However, I wasn't sure what routes, sections, and jobs I wanted to take within the multiple healthcare divisions. The role you play doesn't matter, as long as you are willing to help people and make an impact on their lives.

*How did you meet your partner?*

We met at a family cookout and have been together for sixteen years.

*What brought you to Charlottesville?*

I've lived just outside of Charlottesville my whole life.

*What are you usually doing on the weekend?*

I spend time with family and friends! My husband and I will ride around and sightsee. I can sometimes be a homebody to get the necessary things done around the house.

*Favorite vacation/activity spot?*

I don't have a favorite spot but, I do enjoy visiting different places. I like to go somewhere to relax and unwind!

*What excites you about your work?*

The feeling that you are making a difference in everyone's lives that you come into contact with. I also enjoy working with a great team of people in the Division of General, Geriatric, Palliative & Hospital Medicine!

*Proudest/greatest achievement outside the professional realm?*

My greatest achievement is being the first person in my immediate family to earn a college degree. I have my Bachelor's in Healthcare Administration.

*Do you collect anything?*

I love collecting dolphins. I have been collecting them since I was a young child. I also consider it to be a hobby.

