

WORD ON THE STREET

THE NEWSLETTER OF THE DEPARTMENT OF MEDICINE

MARCH, 2008



THE FIRST WORD

ROBERT M. STRIETER, MD
CHAIRMAN

March was a very exciting month in the Department of Medicine. March 20th was Match Day for medical students across the country and was a day filled with both tension and relief for our medical students and residency program staff. 27 UVa

medical students selected Internal Medicine as their residency choice, and they have matched at outstanding programs across the country (three of them will be staying here in Charlottesville). The residency program also matched very well and will welcome a very diverse group of students this summer. Both match lists can be found on page 2.

Work on our Development Plan continues. The Development Plan is essential to ensuring the continued financial success of the DoM and also



providing future support for bridge funding and retention and recruitment packages. A task force is being formed to evaluate the Plan and its effect on the sustainability of the DoM. If you would like to be part of the task force, or have a suggestion to contribute, please contact Bess Wildman.

Finally I would like to draw attention to the important announcement from Dr. Rein about becoming a Fellow or Member of the ACP, and its impact on your career path.

BECOME A MEMBER OR FELLOW OF THE AMERICAN COLLEGE OF PHYSICIANS

Colleagues:

The American College of Physicians is the largest medical specialty organization in the world. The College now boasts over 124,000 members. We in Virginia rank 8th among all states, having 49% of all Internists in the state as members. We rank 20th among all states with 46% of General Internists as members and 15th among all states with 42% of our subspecialists. The College is a major educational and advocacy body, which well represents our interests as Internists at the state and national levels. Your Membership or Fellowship in the College supports these efforts.

Having FACP after your name documents recognition at the regional and national levels and thus adds to your packet for promotion and tenure. It is thus important that your nominating letter specifically mention your Fellowship.

Applying for membership or for advancement to Fellowship is not difficult. It is even possible for some to join the College directly at the Fellowship level. There is a track to Fellowship that recognizes the "published academician."

If you are interested, please contact me mfr6t@virginia.edu for information and assistance.

Regards,
Michael F. Rein, MD, FACP
Governor, Virginia Chapter
American College of Physicians

DATES AND DEADLINES

APRIL 28, 2008

Carey, Marshall, Thorner Scholars' Day

MAY 30, 2008

DoM Research Day

NAVIGATION

VC/AC ARTICLES

- EDUCATION 2
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DIVISION NEWS, PUBLICATIONS, & GRANTS 5



MEDICAL GRAND ROUNDS

UPCOMING SPEAKERS:

APRIL 8

LEONARD WARTOFSKY—VISITING

APRIL 15

SHARON ANDERSON—VISITING

APRIL 22

RICK NISHIMURA—VISITING

APRIL 28 (SPECIAL MONDAY MGR)

JOHN MARSHALL—ENDOCRINOLOGY AND METABOLISM (CAREY, MARSHALL, THORNER SCHOLARS' DAY)

[Click to view the full schedule](#)

JERRY DONOWITZ & MICHAEL REIN

THE MATCH!

Our medical students have placed at the following programs:

Emily Clarke—Beth Israel Deaconess Med Ctr
Brian Hobbs—Beth Israel Deaconess Med Ctr
Jonathan Parr—Brigham & Womens Hosp
Andrew Goodman—Duke Univ SOM
Sarah Stamps—Duke Univ SOM
Matthew Deng—George Washington Univ Hosp
Joanna Hart—Hosp of the Univ of Penn
Sharon Kim—Johns Hopkins Hosp
Michael McCulloch—Massachusetts General Hosp
Brandon Webb—Mayo Grad Sch of Med
Daniel Chong—Medical College of Georgia
Tara Chang—Methodist Health Sys
Ramin Hastings—New York Univ SOM
Sa-Yun Hong—NYU Medical Center
Anisa Chaudhry – Penn St/Hershey
Andrew Copland—Stanford Univ Progs
Yuhning Hu—Univ Hosp Cincinnati
Christopher Mertz—Univ of Colorado
Mary Rude—Univ of Michigan Med Sch
Christopher Brown—Univ of Utah SOM
Christopher Arnold—Univ of Virginia SOM
Megan Madaras—Univ of Virginia SOM
Bezawit Tekola—Univ of Virginia SOM
Robert Riley—Univ of Washington SOM
Jordan Brewster—Vanderbilt Univ SOM
Matthew Semler—Vanderbilt Univ SOM
Bethann Scarborough—Yale-New Haven Hosp

The following medical students will be joining us in new interns in Internal Medicine

Categorical
Anshul Aggarwal- Wayne State
Chris Arnold- UVa
David Bains- Univ. of Alabama
Art Baker- Univ. of Kentucky
Robert Becker- VCU
Brendan Bowman- Univ. of Maryland
Laura (Kyle) Brett- Wake Forest
Will Camnitz- Brody, East Carolina
Jessica DeGrandis- Univ. of Maryland
Samim Enayat- Univ. of Tennessee
Zachary Henry- Univ. of South Alabama
Greg Hickey- West Virginia
Chris Hudak- Texas A&M
Heather Hughest- MCG
Poonum Korpe- EVMS
Megan Madaras- UVa
Hillary Maitland- Temple
Molly McShane- Univ of Miami
Gus Mealor- Univ of Tennessee
Kristen Miller- GWU
George Pop- Univ of Florida
Kara Regan- Brody, East Carolina
Amanda Russell-Kleiner- University of New Castle
Ummara Shah- Rochester
Robert Shapiro- MUSC
Beza Tekola- UVa
Heidi Zapata- Syracuse

CAREY, MARSHALL, THORNER SCHOLARS' DAY
 APRIL 28, 2008

Carey, Marshall, Thorner Scholars' Day will take place this year on Monday, April 28th. Now in its second year, Scholars' Day is an excellent opportunity for residents, fellows, and post-docs to present their research to their peers and mentors.

49 outstanding abstracts were submitted this year, and 10 have been selected for oral presentations.

The events of Scholars' Day will begin at 11:30 am on Monday, April 28 with lunch in Jordan 2 ABC and continue with Medical Grand Rounds by Dr. John Marshall at 12:00 in the auditorium.

Oral presentations will begin at 1:15 pm, and the day's events will conclude with the poster viewing, awarding of prizes, and a reception at 4:30 in 2 ABC.

All faculty are encouraged to attend and show their support for our residents, fellows, and post-docs.

Primary Care

Ian Anderson- University of Kentucky
Jennifer King- Univ of Iowa
Julia Post- UPenn

Preliminary

Rick McClain- UVa
Allyson Morman- UVa
Kurt Wenk- UVa

HERBERT R. FARBER AWARD

The Department of Medicine will present the Farber Award to Matthew Semler of the Class of 2008. Dr. Herbert R. Farber graduated from the University of Virginia School of Medicine in 1940. His outside interests included accomplishments in both sports and the fine arts. This award is presented in his name to a student who excels on the Medicine Clerkship and also demonstrates excellence in athletics or in the fine or performing arts. Previous winners have: Published novels, won national recognition for decoy carving, won full scholarships and national recognition in swimming and soccer, excelled in, taught, and performed recitals of traditional Indian dance, played the bagpipes, been NCAA-academic all American in cross-country and track and field, been All-AAU in a variety of sports, held a black-belt in Karate, participated in marathons and triathlons, and performed as a concert violinist.

Matt received an A on the Medicine Clerkship. In addition, he is a member of Alpha Omega Alpha and has received awards for his performance in Pharmacology and Pathology. He has also won a Gold Humanism Honor Society Award and an award for Excellence in Peer Education. He is the co-founder of a respite evening for caregivers of children with autism, and he is a group leader in the Virginia Medical Outdoor Orientation Group. He has volunteered in our Big Sibling program, at the Children's Fitness Clinic, and as a tour guide. Outside of medicine, Matt is a dedicated filmmaker. He actually won a filmmaking contest at William and Mary while he was an undergraduate. He is currently directing the annual fourth-year class movie. Matt plays the guitar and piano, and he has appeared with local folk music groups. He has recently taken up the mandolin. Matt has played intramural basketball, floor hockey, and water polo. He participates in stand-up comedy and has performance with one of the school's improvisational comedy groups.

UVA WELL REPRESENTED AT VIRGINIA ACP SCIENTIFIC SESSION

The Virginia Chapter of the American College of Physicians held its annual Scientific Session at the Williamsburg Lodge, March 7th and 8th.

The meeting was attended by four of our forth-year Medical students: Sharon Kim, Michael McCullough, Beth Scarbrough, and Brandon Webb. These students are all going on in Internal Medicine and will learn where they will match on March 20. Residents David Winchester, MD and Clay Cauthen, MD, presented at the meeting. Dr. Winchester took first place in the Poster Competition with his work on: Novel precipitants of apical ballooning syndrome. Dr. Cauthen took third place in the oral presentations with his work titled: Rhabdomyolysis associated with diabetic muscle infarction: a new manifestation of a rare disease. Their abstracts, along with the others selected for presentation, will be printed in the next issue of the University of Virginia Journal of Medicine. Congratulations, gentlemen!

Dr. Cauthen, Associate Member, began his term as Associate Representative to the Governor's Council of the chapter and will represent residents at the five programs throughout the state.

Mr. McCullough, Mr. Webb, and Dr. Winchester attended a breakfast for Associates and Student Members, where they discussed how they had made the decision to enter Internal Medicine and issues related to the teaching of professionalism and altruism.

The following UVA faculty presented lectures at the meeting: Wheby, Wispelwey, Hillman (Radiology), Dalkin, Koenig, Gibson, and Rein.

Former UVA faculty members Sarah Corley, MD FACP (General Medicine) and Richard Wenzel, MD MACP (Infectious Diseases) received the prestigious Laureate Awards.

GRATTON ALEXANDER LITZ AWARD

The Department of Medicine will present the Litz Award to Alexander Hawkins of the Class of 2008. Alex Litz, III, graduated from the University of Virginia School of Medicine in 1983. He continued his training in Internal Medicine at the University of Alabama, where he won the award for the outstanding medical resident. He had been selected to become Chief resident in that program, when his career and his life were tragically cut short by cancer, which resulted in his death on November 2, 1986. Criteria for the Litz Award include: Excellent clinical skills, outstanding ability to interact with patients on a personal level, zest and enthusiasm for the clerkship an eagerness to learn, a good sense of humor, and evidence of being a well rounded person. Alex Hawkins received an A on the Medicine Clerkship. Excerpts from his evaluations include: *“Excellent student. Very, very hardworking; good attention to detail...he had a great overall view of the patient's illness and course while at the same time having a great attention to detail... always enthusiastic in learning, very much involved in patient care along with good judgmental skills...possessed the attributes to make a great physician. He truly loved the work he did here, took initiatives to learn and grasped the 'big' picture very well. He will grow into an excellent doctor whom I would be glad to call a colleague”*

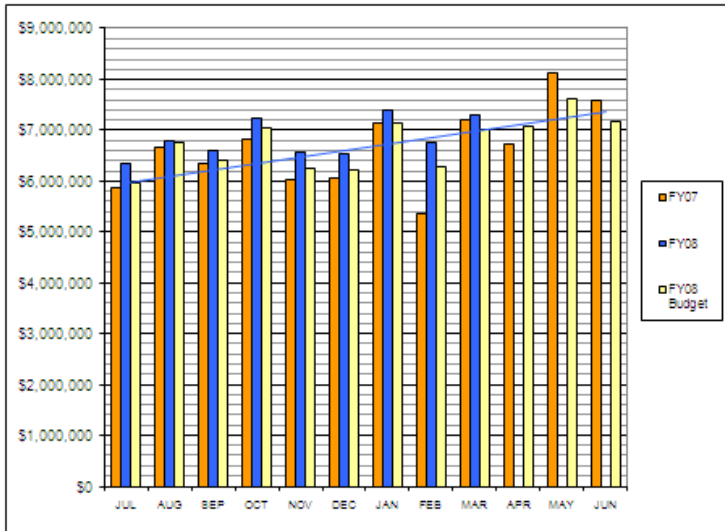
Alex has, after much internal debate and initial enthusiasm for Internal Medicine/Infectious Diseases, chosen a career in Surgery. He is currently in Tanzania, providing medical care and exploring. His excellent blog can be accessed at:

www.alexhawkins.blogspot.com

BESS WILDMAN

MONTHLY COMPARISON

	FY07	FY08	%Δ	FY08 Budget	Variance to Budget	%Δ
JUL	\$5,851,458	\$6,335,053	8%	\$5,949,448	\$385,605	6.5%
AUG	6,648,970	6,775,354	2%	6,734,458	\$40,896	0.6%
SEP	6,330,335	6,597,783	4%	6,412,767	\$185,016	2.9%
OCT	6,813,594	7,223,652	6%	7,020,101	\$203,550	2.9%
NOV	6,025,876	6,564,865	9%	6,243,373	321,492	5%
DEC	6,046,370	6,527,054	8%	6,219,174	307,880	5%
JAN	7,128,806	7,391,410	4%	7,128,409	263,001	4%
FEB	5,366,035	6,750,729	26%	6,265,316	485,413	8%
MAR	7,195,881	7,300,423	1%	7,010,367	290,056	4%
APR	6,731,562			7,080,157		
MAY	8,119,214			7,619,024		
JUN	7,580,835			7,147,892		



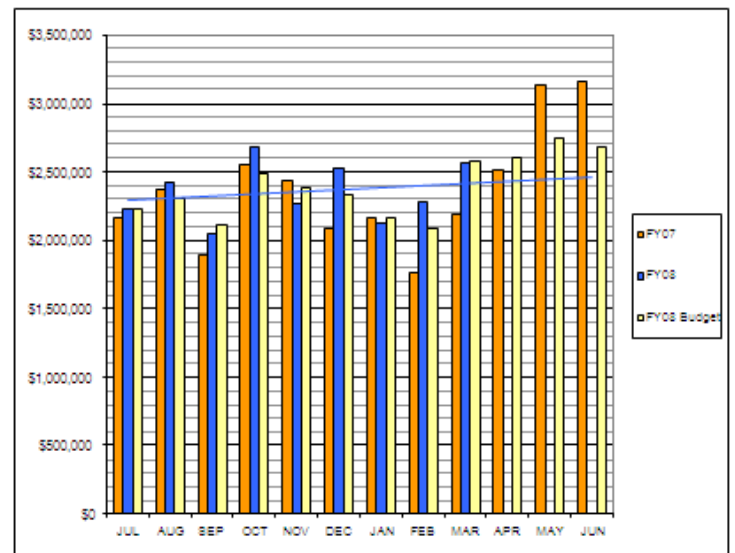
MARCH CHARGES & COLLECTIONS

The department continues to do well financially. In March we exceeded charge budget (graph on left) by 4%, or \$290,056.

However, we missed our collection budget (graph below) by \$8,807.

MONTHLY COMPARISON

	FY07	FY08	%Δ	FY08 Budget	Variance to Budget	%Δ
JUL	\$2,161,252	\$2,231,277	3%	\$2,226,213	\$5,064	0.2%
AUG	2,371,030	2,425,358	2%	2,306,907	\$118,451	5.1%
SEP	1,890,078	2,052,072	9%	2,115,559	-\$63,487	-3.0%
OCT	2,557,286	2,682,744	5%	2,489,178	\$193,566	7.8%
NOV	2,439,649	2,262,626	-7%	2,379,863	-\$117,237	-5%
DEC	2,092,441	2,521,960	21%	2,335,238	\$186,722	8%
JAN	2,169,902	2,123,490	-2%	2,160,622	-\$37,132	-2%
FEB	1,759,901	2,285,966	30%	2,089,261	\$196,705	9%
MAR	2,194,306	2,567,150	17%	2,575,957	-\$8,807	0%
APR	2,513,031			2,603,869		
MAY	3,131,764			2,748,586		
JUN	3,162,999			2,678,277		



GRANT OR GIFT?

HOW TO TELL THE DIFFERENCE:

Courtesy of OSP, at the end of this issue of WotS is a document that details how to decide if the check that landed on your desk is for a gift or a grant. The full policy can be viewed online here:

<https://etg07.etc.virginia.edu/policy/policydisplay?id=%27FIN-001%27>

CMS UPDATE

DOCUMENTATION REQUIREMENTS FOR OBSERVATION CARE CHANGE EFFECTIVE APRIL 1, 2008.

At the end of this issue of WotS is a PDF that details the new documentation requirements for observation care. Please contact Terry Scott with questions.

NEW IBI SERVER

Having IBI difficulties? Please make sure that you're accessing the new IBI server, at the following location:

http://domepr1.eservices.virginia.edu/ibi_apps/bid-login

RESEARCH

JOEL LINDEN & SUE MOENTER

BRIDGE FUNDING GUIDELINES

At the end of this issue of WotS, there are two PDFs that outline the University and School of Medicine policies for bridge funding for unfunded grants.

Given the decreases in NIH funding, it is increasingly important that faculty familiarize themselves with these policies. There are many limitations on receiving bridge funding, and deadlines that must be met in order to be considered. Please contact Joel Linden with questions.

CARDIOVASCULAR MEDICINE PUBLICATIONS

- Kramer CM. All high-risk patients should not be screened with computed tomographic angiography. *Circulation*. 2008 Mar 11;117(10):1333-9; discussion 1339. No abstract available.
- Hughes JE, Srinivasan S, Lynch KR, Proia RL, Ferdek P, Hedrick CC. Sphingosine-1-Phosphate Induces an Antiinflammatory Phenotype in Macrophages. *Circ Res*. 2008 Mar 6; [Epub ahead of print]
- Wojcik AJ, Skafien MD, Srinivasan S, Hedrick CC. A Critical Role for ABCG1 in Macrophage Inflammation and Lung Homeostasis. *J Immunol*. 2008 Mar 15;180(6):4273-82.
- Cheng A, Nazarian S, Spragg DD, Bilchick K, Tandri H, Mark L, Halperin H, Calkins H, Berger RD, Henrikson CA. Effects of surgical and endoscopic electrocautery on modern-day permanent pacemaker and implantable cardioverter-defibrillator systems. *Pacing Clin Electrophysiol*. 2008 Mar;31(3):344-50.
- Patel R, Peterson G, Rohatgi A, Ghayee HK, Keeley EC, Auchus RJ, Chang AY. Hyperthyroidism-associated coronary vasospasm with myocardial infarction and subsequent euthyroid angina. *Thyroid*. 2008 Feb;18(2):273-6.
- Doran AC, Meller N, McNamara CA. Role of Smooth Muscle Cells in the Initiation and Early Progression of Atherosclerosis. *Arterioscler Thromb Vasc Biol*. 2008 Feb 14; [Epub ahead of print]
- Stein JH, Korcarz CE, Hurst RT, Lonn E, Kendall CB, Mohler ER, Najjar SS, Rembold CM, Post WS; American Society of Echocardiography Carotid Intima-Media Thickness Task Force. Use of carotid ultrasound to identify subclinical vascular disease and evaluate cardiovascular disease risk: a consensus statement from the American Society of Echocardiography Carotid Intima-Media Thickness Task Force. Endorsed by the Society for Vascular Medicine. *J Am Soc Echocardiogr*. 2008 Feb;21(2):93-111; quiz 189-90. No abstract available.
- Naccarelli GV, Conti JB, Dimarco JP, Tracy CM. Task force 6: training in specialized electrophysiology, cardiac pacing, and arrhythmia management endorsed by the heart rhythm society. *Heart Rhythm*. 2008 Feb;5(2):332-7. Epub 2008 Jan 16. No abstract available.
- Parikh SV, Jacobi JA, Chu E, Addo TA, Warner JJ, Delaney KA, McGuire DK, deLemos JA, Cigarroa JE, Murphy SA, Keeley EC. Treatment delay in patients undergoing primary percutaneous coronary intervention for ST-elevation myocardial infarction: a key process analysis of patient and program factors. *Am Heart J*. 2008 Feb;155(2):290-7. Epub 2007 Dec 19.
- Schietinger BJ, Bozlar U, Hagspiel KD, Norton PT, Greenbaum HR, Wang H, Isbell DC, Patel RA, Ferguson JD, Gay SB, Kramer CM, Mangrum JM. The prevalence of extracardiac findings by multidetector computed tomography before atrial fibrillation ablation. *Am Heart J*. 2008 Feb;155(2):254-9. Epub 2007 Nov 26.
- Pohost GM, Kim RJ, Kramer CM, Manning WJ; Society for Cardiovascular Magnetic Resonance. Task Force 12: training in advanced cardiovascular imaging (cardiovascular magnetic resonance [CMR]) endorsed by the Society for Cardiovascular Magnetic Resonance. *J Am Coll Cardiol*. 2008 Jan 22;51(3):404-8. No abstract available.
- Child JS, Freed MD, Mavroudis C, Moodie DS, Tucker AL. Task force 9: training in the care of adult patients with congenital heart disease. *J Am Coll Cardiol*. 2008 Jan 22;51(3):389-93. No abstract available.
- Naccarelli GV, Conti JB, DiMarco JP, Tracy CM; Heart Rhythm Society. Task force 6: training in specialized electrophysiology, cardiac pacing, and arrhythmia management endorsed by the Heart Rhythm Society. *J Am Coll Cardiol*. 2008 Jan 22;51(3):374-80. No abstract available.
- Beller GA, Bonow RO, Fuster V; American College of Cardiology Foundation; American Heart Association; American College of Physicians Task Force on Clinical Competence and Training. ACCF 2008 Recommendations for Training in Adult Cardiovascular Medicine Core Cardiology Training (COCATS 3) (revision of the 2002 COCATS Training Statement). *J Am Coll Cardiol*. 2008 Jan 22;51(3):335-8. No abstract available.

GASTROENTEROLOGY AND HEPATOLOGY NEWS

- Joe Krenitsky MS, RD has been named an Associate Editor for the *Journal of Parenteral and Enteral Nutrition (JPEN)* and recently began his duties in that role.

PUBLICATIONS

- Fessler T. Enhancing the Safety of Parenteral Nutrition. *Today's Dietitian* 2008;10(1):42-47.
- Fessler T. Omegaven: New hope from the sea for PNALD. *Today's Dietitian* 2008;10(1):64-65.
- Makola D, Krenitsky J, Parrish CR. Enteral feeding in acute and chronic pancreatitis. *Gastrointestinal Endosc Clin N Am* 2007;17(4):747-764.
- Krenitsky J, Makola D, Parrish CR. Pancreatitis Part II - Revenge of the Cyst: A Practical Guide to Jejunal Feeding. *Practi-*

- cal Gastroenterology 2007;XXXI(10):54.
- McCray S, Balaban D. The Gourmet Colon Prep. Practical Gastroenterology 2007;XXXI(11):41.
 - Parrish CR, Green-Pastors J. Nutritional management of gastroparesis in patients with diabetes. Diabetes Spectrum. 2007;20(4):231-234
 - Stelow EB, Shami VM, Abbott TE, Kahaleh M, Adams RB, Bauer TW, Debol SM, Abraham JM, Mallery S, Policarpio-Nicolas ML. The use of fine needle aspiration cytology for the distinction of pancreatic mucinous neoplasia. Am J Clin Pathol. 2008;129:67-74.
 - Shami VM, Talrejan JP, Mahajan A, Phillips MS, Yeaton P, Kahaleh M. EUS-Guided Drainage of Bilomas: a New Alternative? Gastrointest Endosc. 2008;67:136-40.
 - Kahaleh M, Behm B, Clarke BW, Brock A, Shami VM, De La Rue SA, Sundaram V, Tokar J, Adams RB, Yeaton P. Temporary Placement of Covered Self Expandable Metal Stents in Benign Biliary Strictures: a New Paradigm? Gastrointest Endosc 2008;67:446-54.
 - Kahaleh M, Mishra R, Shami VM, Northup PG, Berg CL, Bashlor P, Jones P, Ellen K, Weiss JR, Brenin CM, Kurth BE, Rich R, Adams RB, Yeaton P. Unresectable Cholangiocarcinoma: Comparison of Survival in Biliary Stenting Alone Versus Stenting With Photodynamic Therapy. Clin Gastroenterol Hepatol 2008;6:290–297.
 - Mikesh, L.M., Crowe, S.E., Bullock, G.C., Taylor, N.E., Bruns, D.E. Celiac disease without response to a gluten-free diet? Clinical Chemistry 54:411-4, 2008.
 - Futagami, S., Hiratsuka, T., Shindo, T., Kimura, R., Hamamoto, T., Suzuki, K., Kusunoki, M., Miyake, K., Tsukui, T., Gudis, K., Crowe, S.E., Tsukui, T., Sakamoto, C.. Expression of apurinic/apyrimidinic endonuclease-1 (APE-1) in H. pylori associated gastritis, gastric adenoma, and gastric cancer. Helicobacter (in press)

PRESENTATIONS

- Theresa Fessler
 - o October 2007 --Aluminum Contamination of Parenteral Nutrition, VASPEN, Richmond, VA.
- Joe Krenitsky
 - o September 2007 – Evidence-Based Practice lecture & Liver Disease lecture to Hokkaido Bunko University Students from Sapporo, Japan, Charlottesville, VA.
- Carol Parrish:
 - o March 2008 - Nutrition for GI Motility & Functional GI Disorders at the 4th annual American Neurogastroenterology and motility society's 4th annual course, Atlanta, GA.
 - o February 2008 - Checking Gastric Residual Volumes: A practice in search of science, Topics in Nutrition; challenges and issues, Clarion Health, Indianapolis, IN.
 - o February 2008 – Nutrition and Pancreatitis, American Association of Critical Care Nurses, Monticello Chapter, Charlottesville, VA.
 - o February 2008 - The Nutritional Ins and Outs of Gastrointestinal Diseases and Surgeries, ASPEN, Chicago, IL.
 - o November 2007 - The Art and the Science of Enteral Feeding, Royal Jubilee Hospital, Victoria, British Columbia.
 - o October 2007 - Gastric residual volumes and diarrhea in enterally fed patients: True lies? VASPEN, Richmond, VA.
 - o September 2007 - Enteral nutrition lecture & Pancreatitis lecture to Hokkaido Bunko University Students from Sapporo, Japan, Charlottesville, VA.

HEMATOLOGY/ONCOLOGY NEWS

- Michael Williams was appointed to Scientific Advisory Board for the European Mantle Cell Lymphoma Network
- John Densmore appointed to the board of trustees of the Virginia Chapter of the Leukemia and Lymphoma Society.
- Christopher Thomas presented seminar "Mechanisms of tumor resistance to EGFR inhibitors" at Winship Cancer Center, Emory University.
- Christopher Thomas, Michael Williams, Paula Fracasso, Geoffrey Weiss, and Gail Macik were named to Best Doctors in America.
- The 17th annual Current Approached to Cancer Therapy was held on Feb 21st and 22nd in Charlottesville. This year's conference had a total of 184 registrants and featured guest speakers; Dr. Daniel Von Hoff from the Translational Genomics Research Institute, and Dr. Paul Harari from the Department of human Oncology, University of Wisconsin.

PUBLICATIONS

- ME Williams: Friedberg JW et al. Bendamustine in patients with rituximab-refractory indolent and transformed non-Hodgkin's lymphoma: Results from a phase II multicenter, single-agent study. J Clin Oncol 2008; 26:204-210
- Lymphoma: Pathology, Diagnosis and Treatment. Marcus RW, Sweetenham JW, Williams ME, eds. Cambridge University Press, 2007

INFECTIOUS DISEASES AND INTERNATIONAL HEALTH NEWS

- Dr. Petri was a visiting professor for the Pathobiology Program at the University of Washington in Seattle and the Global Health Center at the University of Vermont in February.
- The Middle Atlantic Regional Center for Biodefense and Emerging Infections (MARCE) meeting in Ellicott City MD in March featured seminars by many members of the UVA faculty, including Barbara Mann, Dick Guerrant, Tom Braciale, Jim Roche and Bill Petri. The competing renewal of the MARCE heavily involves UVA faculty as leaders of program project grants, including Erik Hewlett, Dick Guerrant, Joanna Goldberg, and Judy White.
- Drs. Rein and Wispelwey presented talks in the format of Multiple Small Feeding of the Mind at the ACP Virginia Chapter Scientific Session in Williamsburg, March 7 and 8.
- Dr. Michael Scheld attended the Infectious Disease Summit, a closed meeting (by invitation only), in Washington DC, March 13-14, 2008. The goal of the summit was to develop novel and innovative approaches to the control and prevention of HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases in sub-Saharan Africa. In addition to four topic areas that were the subject of break-out workshops, three keynote addresses were delivered by Anthony Fauci (Director, NIAID), Julie Gerberding (Director, CDC), and Richard Clark (CEO, Merck).
- Dr. Erik Hewlett has been invited to join the Science Board of the FDA.

PUBLICATIONS

- Ali IKM, Solaymani-Mohammadi S, Akhter J, Roy S, Gorrini C, Calderaro A, Paqrker SK, Haque R, Petri WA Jr, Clark CG. Tissue invasion by *Entamoeba histolytica*: Evidence of genetic selection and/or DNA reorganization events organ tropism. *PloS Neglected Tropical Diseases*, in press.
- Phillips, EK. "Toward a Global Standard for Health Care Worker Production: Miles to Go." 44th UVA Medical Alumni Annual Meeting, Hot Springs, VA. February, 2008.
- J. Jagger. Legislating Safety-Engineered Needles and Sharps for the Protection of US Healthcare Workers: History, Impact and Lessons Learned. Report to the European Parliament, Commission on protecting European healthcare workers from blood borne infections due to needlestick injuries, Committee on Employment and Social Affairs, March 13, 2008.

GRANTS

- The Division has received an outstanding 138 score for the competing renewal of the 2T32AI055432-06A1 Biodefense Research Training and Career Development Grant. Last year 148 was the pay line. This training grant provides 3 predoctoral and 2 postdoctoral fellowships each year for this interdepartmental program.
- Dr. Gregory Townsend has received a Community Outreach Grant for \$10,000 from the UVA Hospital Auxiliary Board to assist AIDS patients for transportation to the ID Clinic and for AIDS families to attend a family camp at Camp Holiday Trails.
- Dr. Molly Hughes received a 120 score on her R21 "Innate Immune Recognition of *Bacillus anthracis*",
- Dr. Richard Guerrant received a 138 score on the NIH/Fogarty GIDRT (Global Infectious Diseases Research and Training) Grant.

NEPHROLOGY AND THE CENTER FOR IMMUNITY, INFLAMMATION, AND REGENERATIVE MEDICINE NEWS

- World Kidney Day was March 8th. We had a record 72 participants in our 5 hr stretch. This was a great turnout, averaging seeing a participant ~ every 4 minutes. Dr. Balogun referred ~ 70 % of the patients that he saw for further intervention for BP or kidney follow-up and 2 patients were sent to the ER. This was an excellent event that drew attention to both UVA and the need for awareness about kidney diseases. Extra physicians are always needed, so if you would like to participate next year, please contact Rasheed Balogun.
- Kline Bolton was the 2008 Keynote Speaker for the Mid-Atlantic Renal Coalition Conference, "Pay for Performance (P4P) in Nephrology"
- Dr. Bolton also served on the Ad hoc Study Section for the Chronic Renal Disease Cohort Study March, 2008
- The 3rd annual Mid-Atlantic Young Investigator's Forum organized by Mitch Rosner and held in Baltimore, MD. February 2008. Mitch Psotka and Yan Ge of the Division and CIIR took 1st and 2nd place. Both Mitch and Yan will represent UVA in a national competition.
- Dr. Charles H. Brooks, Associate Professor in the Division of Nephrology, has completed his research as a part-time graduate student at the University of Oxford and has been awarded a Master of Science Degree in Evidence-Based Health Care. The Oxford MSc Program, while requiring a period of class attendance for lectures each academic term for the past 3 years at Oxford, provided him the opportunity to perform research in clinical decision-making and complete his thesis under the supervision of Dr. Mike Clarke, Director of the Cochrane Collaboration in the UK. His thesis, *Might Disease Management Profiling Help Clinicians Make Better Decisions*, involved, in part, a medical education research pilot study in 3rd year medical stu-

dents at UVA, the results of which were presented in the poster presentation session of the Academy of Distinguished Educators, February 18-22.

PUBLICATIONS/PRESENTATIONS

- Himmelfarb, J., M. Joannidis MD, B. Molitoris, M. Schietz, M.D. Okusa, D. Warnock, F. Laghi MD, S. L. Goldstein, R. Prielipp, C. Parikh, N. Pannu, S. M. Lobo, S. Shah, V. D'Intini, J. A. Kellum. Evaluation and Initial Management of Acute Kidney Injury. C. J. Am. Soc. Nephrol. 2008 in press.
- Molitoris, B.A. V.Y. Melnikov, M.D. Okusa and J. Himmelfarb. Technology Insight: biomarker development in acute kidney injury<what can we anticipate? Nature Clin. Pract. Nephrol. 4, 154-165, 2008

GRANTS

- Dr. W. Kline Bolton received his second NIH grant from the NIDDKD , an R01 for "Experimental Autoimmune Nephritis: Epitope Spreading in Pathogenesis and Control"
- Dr. Okusa has successfully renewed his NIH RO1 DK62324 (Leukocyte Trafficking in Acute Renal Failure)

PULMONARY AND CRITICAL CARE MEDICINE

GRANTS

- Cindy Brown received an American Lung Association Clinical Patient Care Research Grant. The title of the grant is "Treatment of Sleep-Disordered Breathing with Nocturnal Nasal Insufflation in COPD." The award date is July 1, 2008.



UNIVERSITY
of VIRGINIA

Policy: Determining if an Award is a Gift or Sponsored Project

Date: 04/29/03

Policy ID: FIN-001

Status: Final

Policy Type: University

Contact Office: [Sponsored Programs](#)

Oversight Executive: Vice President and Chief Financial Officer
Senior Vice President for Development and Public Affairs

Applies To: University of Virginia faculty and staff who submit proposals or process awards.

Table of Contents:

Reason for Policy: To establish the guidelines to determine if a revenue stream is a gift or sponsored project in order to ensure that proposals are properly submitted and awards are correctly processed.

Policy Summary:

Definition of Terms in Statement:

The distinction between gifts and sponsored projects can be subtle. The term "grant" is defined very differently by various corporate and foundation funders and can therefore cause confusion. For that reason, we have replaced it with the term "sponsored project." Please note that the use of the term "grant" by a funding organization does not automatically mean that the award is a sponsored project; instead, the terms of the award should be used to determine its status.

Sponsored Project: Any externally funded research, public service or scholarly activity that has a defined scope of work and set of objectives which provide a basis for accountability and sponsor expectations. If any one of the following characteristics applies to a project, including commitments made in the proposal or required in the award agreement, it **must** be processed through the Office of Sponsored Programs:

- Sponsor is the federal, state, or local government OR an agency that has been established simply as a flow-through of federal, state, or local government funds for accounting purposes.
- Proposal or award requires a signature from an authorized official binding the University to the terms and conditions of the proposed project.
- Sponsor has written policies requiring indirect cost recoveries. **Note:** the absence of a policy does not preclude the award from being a sponsored program.

- Award contains provisions regarding ownership of intellectual properties, i. e., patents and copyrights.
- Sponsor requires the delivery of specific goods or services by the University (e.g., technical assistance or training).
- Award requires a detailed technical report.
- Award payments are contingent upon programmatic or fiscal reporting (e. g., milestones, invoices).
- Award includes budget restrictions (e.g., prior approval for re-budgeting and restrictions on certain budget categories, equipment or fringe benefits).
- Award includes a provision for audit.
- Award restricts or monitors publications or use of results.
- Award requires protection of sponsor and/or confidential information.
- Project involves the use of human subjects, vertebrate animals, radioisotopes on humans, radioactive materials, recombinant DNA, human body substances, etiologic agents or proprietary materials.

Gifts: Activities supported by a donor that are **generally not** considered sponsored projects and can be processed as *gifts* may include the following characteristics:

- Award provides support for broadly defined activities, such as professorships, endowments, building projects, instructional programs, and unrestricted research. The donor may restrict the use of funds to a specific program area or purpose.
- Award contains only minimal requirements, generally relating to required donor pledge payments and the University's commitment to effectuate the donor's intent.
- Award requires only minimal reporting to the sponsor donor in the form of a general statement of how funds were used. The unit or faculty member involved may provide the donor with a brief summary of the results of supported activities and/or a statement that expenditures were made in accord with the intent to the gift.
- Award is irrevocable.

Policy Statement:

All projects determined to be a **Sponsored Project** must be processed through the Office of Sponsored Programs. Activities supported by a donor that are generally not considered sponsored projects can be processed as gifts to the University.

Questions regarding whether a proposal or an award is a gift or a sponsored project should be directed to your school's research administrator or the corporate and foundation relations officer within your school's development office. For schools not having their own corporate and foundation relations development officer, questions regarding whether a proposal or an award is a gift or a sponsored project should be directed to the Corporate and Foundation Relations staff in the University Development Office. In some cases, projects that do not need to go through the Office of Sponsored Programs at the proposal stage become sponsored projects at the award stage due to conditions set forth in the award agreement.

The Office of Sponsored Programs and the Office of University Development will work together to determine a project's classification when there is a question about how it should be processed. Cases needing further clarification will be brought before a review committee composed of senior representatives from the offices of Sponsored Programs, University Development, the Vice President for Finance and the Vice President for Research.

Procedures:

**Related
Information:**

**Policy
Background:** This version is the first of this policy.

Major Category: Finance and Business Operations

**Category Cross
Reference:** Research Administration

Process:

**Next Scheduled
Review:** 04/29/06

**Approved By,
Date:** Executive Vice President and Chief Operating Officer, 04/29/03

**Revision
History:** This is the first version of this policy.

**Supersedes
(previous
policy):**



News Flash - Medicare Remit Easy Print (MREP) software allows professional providers and suppliers to view and print the Health Insurance Portability and Accountability Act (HIPAA) compliant 835. This software, which is available for free can be used to access and print RA information, including special reports, from the HIPAA 835. Please go to your Carrier or DME MAC's website to download the MREP software. To find your carrier or DME MAC's web address, see <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

MLN Matters Number: MM5793

Related Change Request (CR) #: 5793

Related CR Release Date: February 22, 2008

Effective Date: April 1, 2008

Related CR Transmittal #: R1465CP

Implementation Date: April 7, 2008

Payment for Initial Hospital Care Services (Codes 99221 – 99223) and Observation or Inpatient Care Services (Including Admission and Discharge Services) (Codes 99234 – 99236)

Provider Types Affected

Physicians and qualified nonphysician practitioners (NPP) who bill Medicare carriers and Medicare Administrative Contractors (A/B/MACs) for inpatient services provided to Medicare beneficiaries.

What You Need to Know

CR 5793, from which this article is taken, updates initial hospital care policy found in the *Medicare Claims Processing Manual* that includes admission and discharge services on the same calendar date of service. It advises physicians and NPPs of which Current Procedural Terminology (CPT) codes to use when inpatient hospital care is less than 8 hours on the same calendar date, when a patient is admitted and discharged on a different calendar date, and when admitted for 8 hours but less than 24 hours on the same calendar date. It also identifies medical record documentation requirements.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2007 American Medical Association

Background

CR 5793, from which this article is taken, updates initial hospital care policy found in the *Medicare Claims Processing Manual*, Chapter 12 (Physicians/Nonphysician Practitioners), Section 30.6.9.1 (Payment for Initial Hospital Care Services (Codes 99221–99223 and Observation or Inpatient Care Services (Including Admission and Discharge Services) (Codes 99234 – 99236). It advises physicians and NPPs of the correct CPT codes to use when inpatient hospital care is less than 8 hours on the same calendar date, when a patient is admitted and discharged on a different calendar date, and when admitted for 8 hours but less than 24 hours on the same calendar date; and identifies medical record documentation requirements.

This physician payment policy was finalized in the Medicare Physician Fee Schedule Final Rule, dated November 1, 2000, Vol. 65, No. 212, pp. 65408 – 65409 with the implementation of the American Medical Association Current Procedural Terminology (CPT) codes for CPT 2001.

Specifically, CR 5793 reminds physicians and qualified NPPs that:

- When a patient is admitted to inpatient hospital care for less than 8 hours on the same calendar date, you shall report the Initial Hospital Care using a code from CPT code range 99221 – 99223. In this scenario, do not use the Hospital Discharge Day Management Service, CPT code 99238 or 99239;
- When a patient is admitted for inpatient hospital care and discharged on a different calendar date, you shall report the Initial Hospital Care using a code from CPT code range 99221 – 99223 and CPT code 99238 or 99239 for a Hospital Discharge Day Management Service; and
- When a patient is admitted to inpatient hospital care for a minimum of 8 hours but less than 24 hours and discharged on the same calendar date, you shall report the Observation or Inpatient Hospital Care Services (Including Admission and Discharge Services Same Day) using a code from CPT code range 99234 – 99236, and no additional discharge service.

Remember that your medical record documentation must meet the evaluation and management (E/M) documentation requirements for history, examination and medical decision making. For reporting CPT codes 99234 – 99236 the medical record shall include:

- Documentation stating the stay for hospital treatment or observation care status involves 8 hours but less than 24 hours;
- Documentation identifying the billing physician was present and personally performed the services; and

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- Documentation identifying the admission and discharge notes were written by the billing physician.

Additional Information

You can find more information about the correct CPT codes to use for Initial Hospital Care Services and Observation or Inpatient Care Services (Including Admission and Discharge Services) by going to CR 5793 located at <http://www.cms.hhs.gov/Transmittals/downloads/R1465CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website. You will find the updated *Medicare Claims Processing* manual chapter 12 (Physicians/Nonphysician Practitioners), Section 30.6.9.1 (Payment for Initial Hospital Care Services (Codes 99221–99223 and Observation or Inpatient Care Services (Including Admission and Discharge Services) (Codes 99234 – 99236) as an attachment to that CR.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

News Flash - It's Not Too Late to Give and Get the Flu Shot! In the U.S., the peak of flu season typically occurs anywhere from late December through March; however, flu season can last as late as May. Each office visit presents an opportunity for you to talk with your patients about the importance of getting an annual flu shot and a one time pneumococcal vaccination. Protect yourself, your patients, and your family and friends by getting and giving the flu shot. **Don't Get the Flu. Don't Give the Flu. Get Vaccinated!** Remember - Influenza and pneumococcal vaccinations and their administration are covered Part B benefits. Note that influenza and pneumococcal vaccines are NOT Part D covered drugs. You and your staff can learn more about Medicare's coverage of adult immunizations and related provider education resources, by reviewing Special Edition MLN Matters article SE0748 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0748.pdf> on the CMS website.

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Interim Funding For Research Program Guidelines

Interim funding support is intended to enable researchers to continue ongoing peer-reviewed research work to the point where external funding can be re-established. While other situations will be considered, due to internal financial constraints, the highest priority will be given to proposals which meet all of the following criteria:

- External funding has lapsed, and although the renewal proposal was not funded, it has received favorable peer reviews, and has fallen just below the funding range of the external agency or received a fundable score; however, agency funds are unavailable.
- The Department Chair and the Associate Dean for Research support this request and indicate in an attached statement the financial contribution that the department/school will make to enable the work to continue. The Principal Investigator (PI), Department Chair, and the Associate Dean for Research in the appropriate school must approve the request and sign the application form.

Requirements and Restrictions

- The Principal Investigator's school and department must provide a cumulative total of 50% of the requested interim funding support. Principal Investigator salary may be supported only from the funding provided by the school/department. No more than ½ of the school and department cost share amount may be used for PI salary.
- The portion of funding provided by the VPRGS will not be used to support the Principal Investigator's salary. Equipment purchases will not be supported by interim support funds. The primary intent of interim support funds is to support postdoctoral fellows, graduate students and/or laboratory technicians' salaries working on project(s) associated with the lapse in funding. The funds can be used for supplies and travel required by the research project (but not to scientific meetings).
- Interim support will not exceed \$100,000 total from all sources.
- The VPRGS funds will be available, from the date of transfer of funds, until the lapsed grant proposal is funded, contingent upon yearly progress report submissions that adequately justify their continued availability. If satisfactory progress towards meeting the goals of the proposal is not established, the VPRGS reserves the right to require that unspent funds be returned to the Interim Support Program after one year.
- If the lapsed grant proposal is funded, the remaining interim lab funds will be returned proportionately to the sources of funding.
- Typically faculty must have conducted research fulltime at the University for no less than 3 years to be eligible for VPRGS interim support.
- Approval of the Department Chair and the school's Associate Dean for Research must be obtained before submitting the request to the VPRGS.

Application Timeline:

Due to School Dean	Due to VPRGS
November 5	November 15
March 5	March 15
July 5	July 15

INTERIM SUPPORT FOR RESEARCH APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:

DATE OF APPLICATION:	
PRINCIPAL INVESTIGATOR:	
OTHER COLLABORATORS:	
TITLE OF PROPOSAL:	
NAME OF AGENCY MOST RECENTLY SUBMITTED TO:	
AMOUNT OF INTERIM SUPPORT REQUESTED:	

APPROVAL OF DEPARTMENT CHAIR:	(SIGNATURE)
APPROVAL OF ASSOCIATE DEAN FOR RESEARCH:	(SIGNATURE)
PRINCIPAL INVESTIGATOR:	(SIGNATURE)

Required attachments:

- 4 copies of the grant application (at a minimum should include these sections: budget, specific aims, background and significance, and summary statement with critical reviews).
- 4 copies of the proposed work to be done with the interim funds and budget needed for the MINIMUM FUNDING needed to allow the work to continue until external funding is established.
- 4 copies of an itemized list showing current external funding and pending grant applications

Interim support awards are limited to a maximum of \$100,000, half of which must come from Department/School funds. Remaining funds will be returned to the sources proportionately, if not fully utilized. Refer to "Interim Funding for Research Guidelines" for specifics on the requirement for progress reports and duration of fund availability.

APPLICATION DEADLINES:

Approval must be obtained from the **Associate Dean for Research within the appropriate school** prior to submitting the request to the Office of the Vice President for Research and Graduate Studies. Requests are to be submitted to the Associate Dean for Research no later than **November 5, March 5, or July 5.**

After all signature lines above have been completed, this form, together with four sets of the required attachments, should be submitted no later than **November 15, March 15, or July 15 to the Vice President for Research and Graduate Studies, One Morton Drive (3rd floor), P.O. Box 400301.**

University of Virginia Interim Funding for Research Program School of Medicine implementation

The interim support program is coordinated and funded by the Vice President for Research and Graduate Studies (VPR), with co-support from the School of Medicine (SOM) and Principal Investigator's Department. Because of restricted availability of funds, proposals with the greatest likelihood of being refunded will receive interim support. This document clarifies SOM-specific requirements for cost-sharing, allowable costs, format of the application for interim support, and other issues. A description of the program and an application form are available at: http://www.virginia.edu/vprgs/docs/Interim.Lab.Revised.Aug_2006.pdf.

Cost-sharing Faculty may request up to \$100,000 in support, with a VPR:SOM:Department (2:1:1) contribution. The VPR will match (1:1) up to a \$50,000 combined contribution from the School and Department; the SOM will match (1:1) up to a \$25,000 contribution from the Department. The departmental contribution may include faculty salary/fringe, provided that:

- it does not replace the Dean's Office contribution to those faculty; and
- the salary/fringe provided for individual faculty members does not exceed the total included in the renewal proposal.

The Department may choose to provide \$25,000 in operating expenses in addition to faculty salary and fringe required by the unfunded grant. Such further support should be described, in the Chair's letter (see below), as evidence of departmental confidence that the project will be renewed.

Allowable costs. Non-faculty personnel, operating expenses, and project-specific travel are allowed under this program. Interim support funds cannot cover faculty salary/fringe (other than the departmental match), equipment, or travel to scientific meetings. (*Exception: research faculty who are supported 100% from external awards and who were included on the rejected funding proposal.*) Cost categories not included in the budget for the original renewal similarly are not allowed.

Contents of interim support proposal. Submit the following to the Office for Research:

- From the unfunded renewal proposal: specific aims; background and significance; summary statement (including priority score/percentile); and first-year budget that was submitted to SOM with original proposal
- Budget requested under the interim support program
- Brief description of the work to be performed during the interim support period
- Current listing of all other support
- Letter from the Chair, documenting the amount of funding to be provided by the Department and confirming that any faculty salary/fringe is beyond the Dean's Office contribution.

Availability of funds: The VPR allows the use of interim support funds beyond 1 year, until the grant is re-funded, contingent upon approval of annual progress reports documenting the need for these funds. Unspent monies are to be returned proportionately to their sources.

Copies. The SOM requires only the original of the proposal. The SOM Office for Research will generate any required copies.

Timing. VPR submission deadlines roughly follow the dates of NIH Council meetings. However, we will consider out-of-cycle requests for interim support for other sponsors and for NIH projects that fall outside the usual approval/funding cycles.

Additional information and clarifications. It is suggested that PIs or administrators discuss the interim support proposal with Dr. Steven Wasserman prior to submitting the final version. Please direct any questions concerning this program to his attention.