

WORD ON THE STRIET

THE NEWSLETTER OF THE DEPARTMENT OF MEDICINE

SEPTEMBER, 2008



THE FIRST WORD

ROBERT M. STRIETER, MD
CHAIRMAN

Now that the 2009 fiscal year is well underway, it is time to take a look at our financial progress. Unfortunately, the Department ended the 2008 fiscal year in deficit, and early projections do not show us making a substantial improvement.

It is vital that the Department employ measures to increase its revenue and also cut costs wherever possible. The DoM Executive Committee has several meetings planned to discuss budget issues in the department. Div. administrators will also attend the meetings, and will share any conclusions drawn with our faculty later in October.

It is also important that our clinical faculty make an effort to maximize their revenue whenever possible. Consults should be billed at the appropriate level, and encounter forms should be completed and submitted promptly. Our



excellent Billing and Coding staff have offered to visit any division that would like to have a refresher course for their faculty, to make sure all faculty are up-to-date on new codes and billing opportunities. I also encourage our faculty to take advantage of the reports available in our enterprise reporting system, to further identify target areas for improvement. If you need assistance accessing these reports, please talk to your div admin.

Mitch Rosner, our Vice Chair for Clinical Affairs, discusses the importance of Discharge by Noon (DBD) and Final Or-

ders by 9 (FO9) in his section this month. DBN/FO9 has been instituted by the Health System in order to turn our beds over more efficiently, and decrease patient length of stay. As all of our physicians are aware, beds at UVa are at a premium, and promptly (but appropriately) discharging your patients can help free up a space for a patient that might otherwise linger in the ED or be sent elsewhere. If you would like some suggestions as to how to increase your DBN/FO9 percentage, please talk to your division chief, or feel free to contact Mitch.

Our New Faculty Orientation Session will be on October 7th at 5:00 in Jordan Hall Auditorium, with a reception to follow. We have 14 new faculty to welcome this year, includ-

ing Dr. Brian Annex, the new division chief for Cardiovascular Medicine. Dr. Annex joined us from Duke University, where he was a professor of Cardiovascular Medicine. In addition to Dr. Annex, we also have a new division chief in Nephrology: Dr. Kline Bolton retired as Chief this summer, and Dr. Mark Okusa has assumed his responsibilities. Dr. Okusa has been with the Department for many years and is also the director of the Center for Immunity, Inflammation, and Regenerative Medicine. I hope everyone will assist him as he makes this transition.

RESIDENCY RECRUITMENT

On November 3rd the Residency Program will begin its 08-09 recruitment season. Interview days are Mondays and Thursdays each week from November through the end of January (excluding holidays). We anticipate interviewing at least 400 medical students this year.

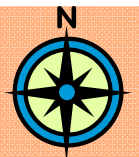
It is vital that we have a strong showing from our faculty during the recruitment season. Interviews are done in 30-minute sessions from 10:00—11:30 on each recruitment day. Interviewers receive 1 TRVU for each interview conducted (so up to 3 per recruitment day).

If you are interested in conducting interviews during the recruitment season, please contact Diane Farineau with your availability.

NAVIGATION

VC/AC ARTICLES

- FINANCE AND ADMINISTRATION **2**
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DIVISION NEWS, PUBLICATIONS, & GRANTS **7**

MEDICAL GRAND ROUNDS

UPCOMING SPEAKERS:

- SEPT. 30 CURT ARGO
GASTROENTEROLOGY AND HEPATOLOGY
- OCT. 7 MICHAEL PIGNONE
VISITING (GEN MED)
- OCT. 14 J. MICHAEL MCWILLIAMS
VISITING (RESIDENCY)
- OCT. 21 MARK WILSON
PARSON VISITING PROFESSOR

[Click to view the full schedule](#)

FINANCE & ADMINISTRATION

BESS WILDMAN

TRAVEL REIMBURSEMENTS

The Dean/VP may approve lodging costs on state, grants and F&A funds up to 50% over the published limits only if a justification of the higher cost is provided by the traveler. The traveler must document why it was necessary or cost-effective to stay at the more expensive hotel. This rule applies to hotels affiliated with a conference or organization as well.

For travel reimbursed from gift, clinical income, or other local accounts, any excess over \$250 requires justification and Dean/VP approval. Please remind travelers that the UVA \$250 local lodging limit includes tips, laundry, phone calls, and transportation between the hotel and restaurants. These may not be separately reimbursed if local funds are being charged. Please contact Nancy Pace in the Dean's Office for additional information.

NEW SCHOOL OF MEDICINE POLICY ON CONFLICT OF INTEREST AND CONFLICT OF COMMITMENT

I am happy to announce the new School of Medicine policy on these important and highly visible areas, which impinge on all of our academic missions. The policy balances legal and regulatory compliance, ethical considerations, and the need for external activities such as faculty entrepreneurship. As this will be living document, I invite your constructive comments in order to best meet the needs of both the SOM and the public whom we serve. A brief overview of the policy is provided below:

§ Healthy and candid interactions with outside entities can be highly beneficial to scientific, educational, and therapeutic progress.

§ University business, training, patient care, or research shall not be conducted under circumstances in which a reasonable person would infer that the integrity of these activities was compromised by the desire for or expectation of external personal (economic or otherwise) advantage.

§ Complete disclosure of financial interests to the School of Medicine will satisfy legal requirements and assure the public that its missions and activities are not being unduly influenced by financial considerations. Hence, faculty and investigators will disclose all significant professional financial and commitment relationships with external entities.

§ Potential conflicts of interest will be reviewed and eliminated, reduced, or managed so as to maximize the credibility of intellectual products coming from the institution.

§ Disclosures also will be examined for potential conflicts of commitment.

§ School of Medicine resources shall not be used by faculty/investigators for the financial benefit of external entities, unless authorized by the institution.

§ Publication and presentation of research findings shall not be constrained as a result of a financial conflict of interest.

§ Failure to abide by the terms of this policy or release of confidential disclosures may lead to adjudication and disciplinary action to include possible forfeiture of employment.

The policy also includes guidelines for interactions between SOM physicians and medical students and commercial sponsors.

The policy can be accessed at <http://www.healthsystem.virginia.edu/internet/about/sompolicies/ConflictsofInterest.pdf>. Please send your comments on the policy to conflicts@virginia.edu.

ANNUAL BILLING QUALITY REVIEW

We have begun the Annual Billing Quality Review and are in the process of identifying our samples and obtaining the medical documentation to support the services billed. The process for this part of the Review will be for the HSF Audit & Billing Quality staff to review the medical records (both electronic and paper) to obtain the documentation for the services under review.

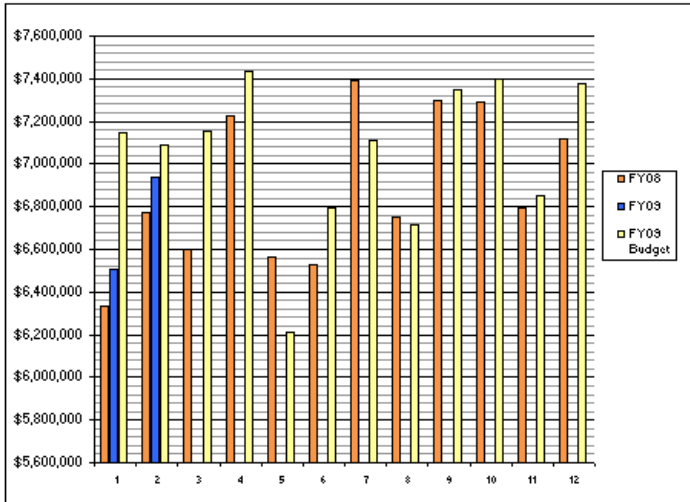
There are two situations where we will need some help from the department. First, if a document is transcribed but waiting for a signature, the staff will send an e-mail to the provider with a copy to the Chair and Administrator asking the provider to sign the document within 3 business days. If the provider fails to sign the document in that timeframe, the service will be considered to be undocumented. Most of the services will be older than 30 days so I would expect that the providers will have signed their notes by the time we look for them. If a provider is out of town, we will give them some flexibility to get their notes signed within 3 days of their return.

The second situation that could occur would be when the staff cannot locate any documentation. In those cases, the staff will send an e-mail to the Administrator and Billing Manager with a copy to the provider and the Chair requesting that the documentation be obtained and faxed to the Billing Quality Office. The department will have 3 business days to submit the documentation. If it is not submitted within that timeframe, the service will be considered undocumented. It is very important that only existing documentation is produced. Please do not have providers document services after we have requested them for audit as these services have already been billed and we will be unable to use them for audit purposes. It is appropriate for the provider to document for patient care and medical/legal purposes.

Just a reminder that this review is being conducted on a retrospective basis so we will not be holding claims. However, it does mean that we may have to refund and re-bill some services.

MONTHLY COMPARISON

	FY08	FY09	%Δ	FY09 Budget	Variance to Budget	%Δ
JUL	\$6,335,053	\$6,505,014	3%	\$7,143,461	-\$638,447	-8.9%
AUG	6,775,354	\$6,940,704	2%	7,088,622	-\$147,918	-2.1%
SEP	6,597,783			7,152,622		
OCT	7,223,652			7,433,301		
NOV	6,564,865			6,215,105		
DEC	6,527,054			6,796,783		
JAN	7,391,410			7,112,622		
FEB	6,750,729			6,716,783		
MAR	7,300,423			7,345,961		
APR	7,287,400			7,400,961		
MAY	6,792,162			6,851,783		
JUN	7,116,633			7,373,461		

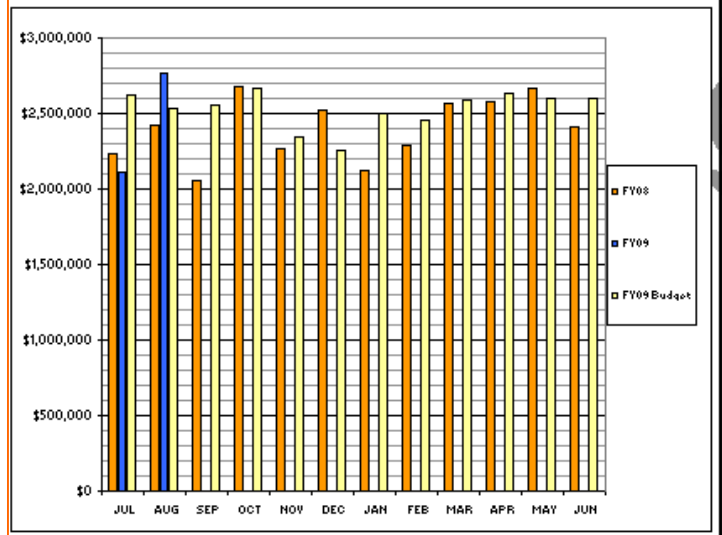


AUGUST CHARGES & COLLECTIONS

The department continues to struggle financially. In August Charges (left) were 2.1% (-\$147,918) below monthly budget and Collections (below) were 9.2% (-\$232.912) above monthly budget.

MONTHLY COMPARISON

	FY08	FY09	%Δ	FY09 Budget	Variance to Budget	%Δ
JUL	\$2,231,277	\$2,106,490	-6%	\$2,627,292	-\$520,802	-19.8%
AUG	2,425,358	\$2,769,280	14%	2,536,368	\$232,912	9.2%
SEP	2,052,072			2,560,630		
OCT	2,682,744			2,668,316		
NOV	2,262,626			2,340,779		
DEC	2,521,960			2,256,374		
JAN	2,123,490			2,504,166		
FEB	2,285,966			2,453,180		
MAR	2,567,150			2,589,137		
APR	2,577,652			2,638,334		
MAY	2,670,980			2,603,097		
JUN	2,416,319			2,598,744		



IMPORTANT DICTATION/TRANSCRIPTION REMINDER

Physical presence must be indicated by the attending physician when linking to a resident/fellows documentation for Medicare.

The DOM billing office continues to find documentation that does not meet the compliance requirement with regards to the physician's statement of physical presence. This may simply be a user error with ESA, so I am attaching the Compliance Text Training Guide from Health Information Systems.

It seems that some of you are selecting the "??" and only typing in the residents last name. This does not automatically attach the attestation, you would have to write in the statement when using this choice.

You should select one of the following and then add the resident/fellow name:

- "I have personally interviewed and examined the patient."
- "I have reviewed Dr. ??'s history, physician exam, assessment and management plans."
- "I concur with or have edited all elements of the resident/fellow's note." and fill in the residents name where the ?? are."

REVISION TO MEDICAL CENTER POLICIES 0008 AND 0013

On October 1, 2008, comprehensive revisions to Medical Center policies 0008 (re-named: "Gifts, Gratuities and Interactions with Vendors") and 0013 ("Vendors, Sales and Service Representatives") will become effective, and will apply to all persons providing patient care or other services within or for the benefit of the Medical Center, regardless of employer {"Covered Persons"}. Of particular note are new provisions which govern interactions between Covered Persons and any and all Medical Center or University vendors, sales or service representatives. These changes have been coordinated with policy changes adopted by the School of Medicine, and reflect similar efforts underway at academic medical centers across the country.

RESEARCH

JOEL LINDEN & SUE MOENTER

GRANT OPPORTUNITIES

SOM funding opportunities are up to date on the SOM Web site (<http://www.healthsystem.virginia.edu/internet/research/find.cfm>), which includes descriptions of the Ivy Fund and CTSA Pilot Grants programs (under "UVA and School of Medicine programs").

BILL & MELINDA GATES FOUNDATION ACCEPTING GRANT PROPOSALS

The Bill & Melinda Gates Foundation is now accepting grant proposals for Round 2 of Grand Challenges Explorations, a US\$100 million initiative to encourage unconventional global health solutions. Round 2 follows on the heels of the initiative's first funding round, which closed in May of this year, and generated nearly 4,000 applications from scientists in more than 100 countries.

Please share this information with colleagues around the world who may have bold and creative ideas for our second set of topics:

New! -- Create new vaccines for diarrhea, HIV, malaria, pneumonia, and tuberculosis
New! -- Create new tools to accelerate the eradication of malaria
-- Create new ways to protect against infectious diseases
-- Create drugs or delivery systems that limit the emergence of resistance
-- Create new ways to prevent or cure HIV infection
-- Explore the basis for latency in tuberculosis

Anyone can apply, regardless of education or experience level. Grant proposals are being accepted at <http://www.gcgh.org/explorations> until November 2, 2008. The website includes all the information needed to apply for a Grand Challenges Explorations grant.

The Grand Challenges website, <http://www.gcgh.org>, has also been updated as a dynamic portal for the entire initiative. It highlights the progress being made by the initial Grand Challenges projects.

We hope you can spread the word in the coming weeks and months about Grand Challenges Explorations. Thank you for your support and continued commitment to solving the world's greatest health challenges.

Please don't hesitate to contact GCExplorations@gatesfoundation.org if you have any comments or questions.

Copies of revised policies 0008 and 0013 are attached for your review. These policies will also be available online by October 1st at http://www.healthsystem.virginia.edu/opr/usr/entiremanual.cfm?man_id=3. Please distribute this information to members of your department or division.

Highlights of these revised policies include the following (Note: please consult the policies directly for in-depth discussions of each of these highlighted topics):

Covered Persons are prohibited from soliciting or accepting:

- Meals (which include bagels, donuts, coffee, etc.) offered or provided by any vendor, sales or service representative on Medical Center or University grounds. Unrestricted grants given to the Medical Center or the University may be used to provide food or beverage at an educational event or function; also, meals or beverages can still be accepted from vendors, sales or service representatives when offered to a large group of people at a trade show, exhibit or other professional meeting;
- Promotional materials (pens, calendars, notebooks, etc.). Items of nominal value having legitimate educational purpose will be permitted;
- Gifts for services performed within the scope of Covered Persons' official duties;
- Product samples for personal or family use, including but not limited to medication samples or ancillary product samples such as infant formula, lotions, etc.

These policies also provide new guidance for vendor, sales or service representative support of educational conferences, programs and events, requiring that such support to be in the form of unrestricted gifts made to the Medical Center or the University.

Finally, patient care areas, where vendor, sales or service representative meetings may generally not occur, are more specifically defined to exclude physician offices, but include patient units, nursing stations, conference rooms located in patient care units, physician lounges, patient care areas of outpatient offices (including clinics located off-grounds), surgical areas or the Emergency Department. Exceptions may be made for in-service training (i.e., when a vendor, sales or service representative is on site to conduct instruction on the use of specific devices or equipment) or technical consultations (i.e., vendor, sale or service representative presence during procedures or for equipment repair or maintenance) conducted in accordance with Medical Center Policy 0013 and other relevant Medical Center policies.

HARTWELL INVESTIGATOR AWARD

The University of Virginia has been named a Top 10 Center of Biomedical Research by The Hartwell Foundation for the second consecutive year. Through this prestigious national recognition, once again we have an opportunity to nominate 4 investigators for an Individual Biomedical Research Award. Funding for this award is \$100K x 3 years.

The Hartwell Foundation seeks to fund innovative, early-stage, cutting-edge biomedical research projects that have a potential translational impact on children's health. New applications, new technologies, and new approaches to existing problems are of particular interest. The Foundation wants to fund individual investigators with new, compelling ideas and the ability to articulate a vision for how their research could make a difference in the lives of children.

Although the Foundation wants to fund ideas with potential translational impact, proof of principle is not required. The Foundation is most interested in early-stage ideas that have not yet been funded through other means (and are not a continuation of previous work). All faculty levels are encouraged to apply, from any appropriate medicine and bioengineering discipline.

In recent meetings at UVA, the Foundation reconfirmed its interest in supporting proposals that truly explore the frontiers of what is currently possible, with the potential for generating transformational impact if the goals are achieved. High-risk, high-reward concepts will be favorably reviewed.

Eligibility:

- Any age or rank
- Full-time appointment at UVA
- Eligible to serve as PI
- U.S. citizen

Nominees must be able to participate in interviews on 15 December 2008

Restrictions:

- Individuals nominated last year are not eligible to compete this year
- The foundation does not fund research involving plants or focused on HIV-AIDS

The desired impact is on children's health in the U.S.

Internal Selection Process: The VPR will coordinate selection of the 4 UVA nominees through an internal review process with a **26 September deadline**. Preliminary proposal packages will include: **2-page applicant cv**; **3-page research program narrative (12 pt, single-spaced, responsive to final proposal requirements C and D on Hartwell Guidelines Brochure, page 4)**; **one-half page nontechnical summary**; **department chair nomination letter**; **list of current and pending funding**. Send preliminary proposal packages via email to Tamela Davis (tjd6w@virginia.edu) and Jeffrey Plank (jp4q@virginia.edu). Applicants to the internal selection process will be notified of results in early October. The Hartwell Foundation deadline for final proposals is 17 November.

For additional information, see attached guidelines and www.thehartwellfoundation.org. Questions? Contact Jeffrey Plank, jp4q@virginia.edu or 924-6901.

Note: A separate Hartwell Foundation fellowship competition will be advertised through another RFP.

CLINICAL AFFAIRS

MITCH ROSNER & ALAN DALKIN

DISCHARGE BY NOON/FINAL ORDERS BY NINE

It is critical to have the final order for discharge placed by 9:00 am. This allows for timely discharge, acceptance of new transfers and movement of patients out of the emergency department. Furthermore, length of stay is improved as we meet this metric. The following physicians in the Department of Medicine have met this metric for the past quarter:

John Dent
Robert Gibson: top departmental performer
Larry Gimple
Lew Lipson

Mike Ragosta
Allan Simpson
Carl Berg
Stephen Caldwell
Fabio Cominelli
Michel Kahaleh
John Voss
Christiana Brenin
William Grosh
Geoffrey Weiss
Gail Macik
Christopher Thomas
Michael Williams.

The Division of Hematology-Oncology showed the greatest improvement from the prior quarter.

WHAT IS A PROVIDER-BASED CLINIC?

Each month, we will highlight a topic that pertains to clinical affairs. This month, we will discuss the basics of a provider-based clinic.

In the most basic of definitions, a provider-based clinic (PBC) differs from a traditional free-standing clinic in one major respect: who owns and operates the facility. In a PBC, the medical center is the owner and not the physician. Currently, a clinic designation as either free-standing or provider-based affects the dollar value of the professional fee received and whether a facility fee is to be paid. More specifically, in free-standing clinics/physician offices, physicians receive the full Medicare resource-based relative value scale (RBRVS) payment rate but receive no facility fee since the full RBRVS payment includes a practice expense component. In PBCs, physicians receive a Medicare professional fee (i.e. equal to full work and malpractice components and a reduced practice expense component), while the hospital receives a separate facility fee from Medicare (i.e. reimbursement for practice expenses). Because of this, total payments in the PBC clinic exceed that in the free-standing clinic.

Although the discounted professional fee under the provider-based designation is lower than that in the free-standing clinic, when it is combined with the hospital outpatient reimbursement fee, total payments in the PBC clinic exceed that in the free-standing clinic. Often, payments from other payors (such as commercial and Medicaid) are also increased, although not at the same magnitude as for Medicare. However, increased levels of Medicare reimbursement for PBCs are not guaranteed, as the reduction in the practice expense component of professional fees is not the same for each visit and procedure code. More specifically, payments for ser-

vices that are typically performed in a physician office are reduced, while those that are typically performed in a hospital outpatient setting are not. Therefore, a clinic's mix of visit and procedure volumes affects the financial impact of the provider-based designation.

The advantages of provider-based ambulatory care include: (1) significantly higher combined Medicare reimbursement; (2) higher reimbursement from selected other payors; (3) opportunity for joint hospital-physician management and planning; and (4) greater flexibility to finance physician practices through increased hospital reimbursement.

The disadvantages of a PBC include: (1) higher practice costs related to hospital wage and benefit rates, more costly facilities and less effective cost management; (2) greater billing complexities and potential inefficiencies; (3) loss of physician control of practice staff; (4) loss of physician accountability for financial performance and (5) potential negative impact on patients from split billing (physician and facility fee).

How does it affect me? Many physicians complain about the lack of control in a PBC as opposed to a free-standing physician owned office. However, physicians operating in a PBC can take advantage of the administrative and management skills of the medical center as well as the financial stability of the organization. In an effort to improve clinic operations, we are meeting on a monthly basis with clinic directors and the ambulatory care administrators to identify areas for improvement in our joint ventures. The goal is to improve physician, staff and patient satisfaction and to provide the high quality care in a collaborative model. [To this end, we would welcome any comments about your clinic's operation and how you believe we could improve operations \(please send comments to: mhr9r@virginia.edu\).](#)

FACULTY DEVELOPMENT

COLEEN MCNAMARA

NEW FACULTY

The DoM welcomed 14 new faculty this fall.

Allergy and Clinical Immunology

Autumn Ford Burnette (Instructor)

Cardiovascular Medicine

Brian H. Annex (Professor and Division Chief)

Jamie Escanellas (Assoc. Professor, general practice at Augusta Medical Center)

Charles R. Farber (Asst Professor, Center for Public Health Genomics)

Max A. Luna (Assoc Professor, interested in preventative cardiology, cardiac imaging, outcomes research)

John Zadrozny (Assoc Professor, interested in preventative cardiology)

Gastroenterology and Hepatology

Samer S. El-Dika (Instructor, interested in pancreatic-biliary diseases, endoscopic ultrasound)

Neeral Shah (Instructor, interested in general gastroenterology, liver disease and transplant)

General Medicine, Geriatrics, and Palliative Care

Laurie R. Archbald-Pannone (Asst Professor, research focuses on *C. difficile*)

Joshua S. Barclay (Asst Professor, Hospitalist)

Christine Lin (Instructor)

David Y. Ling (Assoc Professor, Hospitalist)

Nephrology

Douglas S. Keith (Asst Professor, Director of the Kidney Transplant Program)

Pulmonary and Critical Care Medicine

George M. Verghese (Assoc Professor, interested in Interstitial Lung Disease)

DIVISION

NEWS, PUBLICATIONS, AND GRANTS

ADMINISTRATION

PUBLICATIONS

- Sally Miller, Fellowship Administrator, had an article in the June 17th Residency Connection, discussing the importance of well-developed and up-to-date action plan for the years between RRC visits.

ALLERGY AND CLINICAL IMMUNOLOGY

PUBLICATIONS

- Negri, J., Early, S.B., Steinke, J.W., and Borish, L. Corticosteroids as inhibitors of cysteinyl leukotriene metabolic and signaling pathways. *Journal of Allergy and Clinical Immunology* 121:1232-1237 (2008)
- Payne, S.C., Han, J.K., Huyett, P., Negri, J., Krophf, E.Z., Borish, L. and Steinke, J.W. Microarray analysis of distinct gene transcription profiles in non-eosinophilic chronic sinusitis with nasal polyps Accepted *American Journal of Rhinology* (2008)
- Steinke, J.W., Illei, G., Uzel, G., and Mican, J.M. Cytokine therapy. Chapter 94 Rich, R., Fleisher, T.A., Shearer, W.T., Schroeder Jr, H.W., Frew, A.J. and Weyand, C.A. Eds: *Clinical Immunology Principals and Practice* 3rd edn Philadelphia, Elsevier Mosby 1393-1404 (2008)
- Commins, S., Steinke, J.W., and Borish, L The extended IL-10 family (IL-19, 20, 22, 24, 26, 28, 29). *Journal of Allergy and Clinical Immunology* 121:1108-1111 (2008)
- Culp, J.A., Steinke, J.W., and Borish, L. Chronic sinusitis and asthma Chapter 5 *Managing Asthma* 67-91 (2008)

CARDIOVASCULAR MEDICINE

NEWS

PUBLICATIONS

- Chappell JC, Song J, Klibanov AL, Price RJ. Ultrasonic microbubble destruction stimulates therapeutic arteriogenesis via the CD18-dependent recruitment of bone marrow-derived cells. *Arterioscler Thromb Vasc Biol.* 2008 Jun;28(6):1117-22. Epub 2008 Apr 10.
- Epstein AE, Dimarco JP, Ellenbogen KA, Estes NA 3rd, Freedman RA, Gettes LS, Gillinov AM, Gregoratos G, Hammill SC, Hayes DL, Hlay MA, Newby LK, Page RL, Schoenfeld MH, Silka MJ, Stevenson LW, Sweeney MO; American College of Cardiology/American Heart Association Task Force on Practice; American Association for Thoracic Surgery; Society of Thoracic Surgeons. ACC/AHA/HRS 2008 guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities: executive summary. *Heart Rhythm.* 2008 Jun;5(6):934-55. Epub 2008 May 19. No abstract available.
- Epstein AE, Dimarco JP, Ellenbogen KA, Estes NA 3rd, Freedman RA, Gettes LS, Gillinov AM, Gregoratos G, Hammill SC, Hayes DL, Hlay MA, Newby LK, Page RL, Schoenfeld MH, Silka MJ, Stevenson LW, Sweeney MO; American College of Cardiology; American Heart Association Task Force on Practice Guidelines; American Association for Thoracic Surgery; Society of Thoracic Surgeons. ACC/AHA/HRS 2008 Guidelines for device-based therapy of cardiac rhythm abnormalities. *Heart Rhythm.* 2008 Jun;5(6):e1-62. Epub 2008 May 21. No abstract available. PMID: 18534360
- Epstein AE, DiMarco JP, Ellenbogen KA, Estes NA 3rd, Freedman RA, Gettes LS, Gillinov AM, Gregoratos G, Hammill SC, Hayes DL, Hlay MA, Newby LK, Page RL, Schoenfeld MH, Silka MJ, Stevenson LW, Sweeney MO, Smith SC Jr, Jacobs AK, Adams CD, Anderson JL, Buller CE, Creager MA, Ettinger SM, Faxon DP, Halperin JL, Hiratzka LF, Hunt SA, Krumholz HM, Kushner FG, Lytle BW, Nishimura RA, Ornato JP, Page RL, Riegel B, Tarkington LG, Yancy CW; American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the ACC/AHA/NASPE 2002 Guideline Update for Implantation of Cardiac Pacemakers and Antiarrhythmia Devices); American Association for Thoracic Surgery; Society of Thoracic Surgeons. ACC/AHA/HRS 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the ACC/AHA/NASPE 2002 Guideline Update for Implantation of Cardiac Pacemakers and Antiarrhythmia Devices) developed in collaboration with the American Association for Thoracic Surgery and Society of Thoracic Surgeons. *J Am Coll Cardiol.* 2008 May 27;51(21):e1-62. No abstract available.
- Epstein AE, DiMarco JP, Ellenbogen KA, Estes NA 3rd, Freedman RA, Gettes LS, Gillinov AM, Gregoratos G, Hammill SC, Hayes DL, Hlay MA, Newby LK, Page RL, Schoenfeld MH, Silka MJ, Stevenson LW, Sweeney MO, Smith SC Jr, Jacobs AK, Adams CD, Anderson JL, Buller CE, Creager MA, Ettinger SM, Faxon DP, Halperin JL, Hiratzka LF, Hunt SA, Krumholz HM, Kushner FG, Lytle BW, Nishimura RA, Ornato JP, Page RL, Riegel B, Tarkington LG, Yancy CW; American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the

ACC/AHA/NASPE 2002 Guideline Update for Implantation of Cardiac Pacemakers and Antiarrhythmia Devices); American Association for Thoracic Surgery; Society of Thoracic Surgeons. ACC/AHA/HRS 2008 Guidelines for Device-Based Therapy of Cardiac Rhythm Abnormalities: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the ACC/AHA/NASPE 2002 Guideline Update for Implantation of Cardiac Pacemakers and Antiarrhythmia Devices): developed in collaboration with the American Association for Thoracic Surgery and Society of Thoracic Surgeons. *Circulation*. 2008 May 27;117(21):e350-408. Epub 2008 May 15. No abstract available.

- Helm PA, Caravan P, French BA, Jacques V, Shen L, Xu Y, Beyers RJ, Roy RJ, Kramer CM, Epstein FH. Postinfarction myocardial scarring in mice: molecular MR imaging with use of a collagen-targeting contrast agent. *Radiology*. 2008 Jun;247(3):788-96. Epub 2008 Apr 10.
- Hernot S, Klibanov AL. Microbubbles in ultrasound-triggered drug and gene delivery. *Adv Drug Deliv Rev*. 2008 Jun 30;60(10):1153-1166. Epub 2008 Apr 3.
- Kramer CM, Barkhausen J, Flamm SD, Kim RJ, Nagel E. Standardized Cardiovascular Magnetic Resonance Imaging (CMR) Protocols. *J Cardiovasc Magn Reson*. 2008 Jul 7;10(1):35. [Epub ahead of print]
- Lim DS, Peeler BB, Matherne GP, Kramer CM. Cardiovascular magnetic resonance of pulmonary artery growth and ventricular function after Norwood procedure with Sano modification. *J Cardiovasc Magn Reson*. 2008 Jul 6;10(1):34. [Epub ahead of print]
- Lim DS, Ragosta M, Dent JM. Percutaneous transthoracic ventricular puncture for diagnostic and interventional catheterization. *Catheter Cardiovasc Interv*. 2008 Jun 1;71(7):915-8.
- Mauldin JP, Nagelin MH, Wojcik AJ, Srinivasan S, Skafien MD, Ayers CR, McNamara CA, Hedrick CC. Reduced expression of ATP-binding cassette transporter G1 increases cholesterol accumulation in macrophages of patients with type 2 diabetes mellitus. *Circulation*. 2008 May 27;117(21):2785-92. Epub 2008 May 19.
- Patel AR, Fatemi O, Norton PT, West JJ, Helms AS, Kramer CM, Ferguson JD. Cardiac cycle-dependent left atrial dynamics: Implications for catheter ablation of atrial fibrillation. *Heart Rhythm*. 2008 Jun;5(6):787-93. Epub 2008 Mar 7.
- Rivera-Lopez CM, Tucker AL, Lynch KR. Lysophosphatidic acid (LPA) and angiogenesis. *Angiogenesis*. 2008 May 27. [Epub ahead of print]
- Saul JP, Epstein AE, Silka MJ, Berul CI, Dick M 2nd, Dimarco JP, Friedman RA, Rosenthal E, Stephenson EA, Vetter VL; American College of Cardiology; American Heart Association; Heart Rhythm Society; Pediatric and Congenital Electrophysiology Society. Heart Rhythm Society/Pediatric and Congenital Electrophysiology Society Clinical Competency Statement: training pathways for implantation of cardioverter-defibrillators and cardiac resynchronization therapy devices in pediatric and congenital heart patients. *Heart Rhythm*. 2008 Jun;5(6):926-33. Epub 2008 May 8. No abstract available.
- Wamhoff BR, Lynch KR, Macdonald TL, Owens GK. Sphingosine-1-Phosphate Receptor Subtypes Differentially Regulate Smooth Muscle Cell Phenotype. *Arterioscler Thromb Vasc Biol*. 2008 Jun 5. [Epub ahead of print]

GENERAL MEDICINE, GERIATRICS, AND PALLIATIVE CARE NEWS

- Drs. Nadkarni, Plews-Ogan, and Strieter, Cindy Westley and Holly Near received a Pfizer literacy grant to bring in a visiting professor on health literacy
- Dr. Nadkarni received a UCAP grant to support Service Learning and community outreach via the social issues in medicine Medical school course.
- Congratulations to Dr. Elizabeth Bradley, Dr. Corbett, and many, many thanks to Dr. Preston Reynolds, for the successful funding their HRSA grant! This is a collaborative grant with family medicine and pediatrics, and it will be great fun to carry out this important work. The PI is Dr. Steve Heim in family medicine. There are many division members involved, including folks from geriatrics, UMA, as well as of course peds and family medicine. The grant is to improve cultural competency training for medical students. This has been funded at approximately \$750,000 over three years. Congratulations to all!

GASTROENTEROLOGY AND HEPATOLOGY NEWS

- Stephen J. Bickston, MD was selected as President-elect of the Albemarle County Medical Society.
- Dr Rubina Saeed rec'd a 2008 pilot feasibility award from the Silvio O. Conte Digestive Health Research Center
- Sheila Crowe, MD, was one of a select group of women who were recognized in a special ceremony at the annual meeting of the American Gastroenterological Association (AGA) in May 2008 with a 2008 Outstanding AGA Women in Science award.

- Stephen J. Bickston, MD, AGAF. August 28th the AQA adopted its first measure of quality in Endoscopy, the product of a national multi-specialty AMA Physician Consortium on which Dr. Bickston served. The measure regarding quality in colonoscopy was included by CMS in their proposed rule for the 2009 PQRI program. This is the first of three quality measures expected to influence the more than 14 million colonoscopies performed annually in the US.

PUBLICATIONS

- Argo CK, Loria P, Caldwell SH, Lonardo A. Statins in liver disease: a molehill, an iceberg, or neither? *Hepatology*. 2008;48(2):662-9.
- Bickston S, Guarino P, Chowdhry S. Education and imaging. *Gastrointestinal: dysphagia lusoria*. *J Gastroenterol Hepatol*. 2008 Jun;23(6):989.
- Bickston SJ, Waters HC, Dabbous O, Tang BI, Rahman M. Administrative claims analysis of all-cause annual costs of care and resource utilization by age category for ulcerative colitis patients. *J Manag Care Pharm*. 2008 May;14(4):352-62.
- Nutritional Aspects of Dysmotility Disorders, Patient conference sponsored by the Gastroparesis and Dysmotilities Association, Calgary, Canada.
- Wang AY, Ahmad NA, Zaidman JS, Brensinger CM, Lewis JD, Long WB, Kochman ML, Ginsberg GG. Endoluminal resection for sessile neoplasia in the GI tract is associated with a low recurrence rate and a high 5-year survival rate. *Gastrointestinal Endoscopy* 2008 Jul;68(1):160-9.
- Futagami, S., Hiratsuka, T., Shindo, T., Horie, A., Hamamoto, T., Suzuki, K., Kusunoki, M., Miyake, K., Gudis, K., Crowe, S.E., Tsukui, T., Sakamoto, C. Expression of apurinic/aprimidinic endonuclease-1 (APE-1) in *H. pylori* associated gastritis, gastric adenoma, and gastric cancer. *Helicobacter* 13:209-18; 2008.

GRANTS

- Dr. Sheila Crowe was successful in renewing a grant, R01 DK61769-06, "Oxidative damage to gastric epithelial cells by *H. pylori*" with funding starting 6/12/08.
- Dr. Abdullah Al-Osaimi: NIH-NIDDK: R21 DK075805-01: MR Spectroscopy of the Liver in Correlation with Histology in NASH Patients; commenced in September 1ST, 2008. Total Budget \$416,625.00

HEMATOLOGY/ONCOLOGY

NEWS

- Gail Macik, M.D. has been elected by the Clinical Staff and appointed as Medical Specialties Representative of the Clinical Staff Executive Committee. This term as a Representative on the Clinical Staff Executive Committee is effective July 1, 2008
- Paula M. Fracasso, M.D., Ph.D., is Chair of the Phase 1 Subcommittee and Co-chair of the Developmental Therapeutics Committee for the Gynecologic Oncology Group, a NCI cooperative group charged with the mission of promoting excellence in the quality and integrity of clinical and basic scientific research in the field of gynecologic malignancies.
- Paula M. Fracasso, M.D., Ph.D., was a panelist at the Women in Medicine 2008 conference in March. The panel's topic was, "Balancing on the High Wire: Panel of Senior Women Faculty".
- Michael Douvas, M.D. was recipient of an institutional K12 award for his work with the Development of Inhibitors of AML1-ETO for the Treatment of t(8;21) Acute Myelogenous Leukemia. The award will provide salary support and research development funding for up to 4 years.
- Pending approval of the GME office, Christiana Brenin, M.D. will assume the role of Program Director for the Fellowship Program within the Division of Hematology/Oncology.
- Geoffrey Weiss has accepted an invitation to serve as a member of Subcommittee A, Cancer Centers of the National Cancer Institute Initial Review Group for a term beginning July 1, 2008 and ending June 30, 2012. This membership on a peer review committee represents a unique opportunity to participate in the review of grant applications submitted to the NCI. Committees make recommendations to the National Cancer Advisory Board and survey the status of research in their respective fields of science. Dr. Weiss has been appointed as a member because of his demonstrated competence and achievement in his scientific discipline as evidenced by the quality of his research accomplishments, publications in scientific journals, and other significant scientific activities, achievements and honors
- Paula M. Fracasso, M.D., Ph.D. spoke on June 7, 2008 at the University of Virginia Reunion ". Her topic was, "Is the cure coming? Embarking on a New Era in Cancer Treatment."

PUBLICATIONS

- Lhome, C., Joly, F., Walker, J.L., Lissoni, A.A., Nicoletto, M.O., Manikhas, G.M., Baekelandt, M.O., Gordon, A.N., Fracasso, P.M., Mietlowski, W.L., Jones, G.J., Dugan, M.H. Phase III Study of Valspodar (PSC 833) Combined with Paclitaxel and Carboplatin Versus Paclitaxel and Carboplatin Alone in Patients With Stage IV or Suboptimally Debulked Stage III Epithelial Ovarian Cancer or Primary Peritoneal Cancer. *J Clin Oncol* 2008; 26:2674-2682.
- Fracasso, P.M., Picus, J., Wildi, J.D., Goodner, S.A., Creekmore, A.N., Gao, F., Govindan, R., Ellis, M.J., Tan, B.R.,

Linette, G.P., Fu, C.J., Pentikis, H.S., Zumbun, S.C., Egorin, M.J., Bellet, R.E. A Phase 1 and Pharmacokinetic Study of Weekly Docosahexaenoic Acid-Paclitaxel, Taxoprexin®, in Resistant Solid Tumor Malignancies, *Cancer Chemother Pharmacol*, 2008 Apr 15. [Epub]

INFECTIOUS DISEASES AND INTERNATIONAL HEALTH NEWS

- Dr. William Petri was an invited speaker for the Burroughs Wellcome Fund Summer Conference in Denver Colorado on July 11 and for the Military Tropical Medicine Course in Bethesda on July 21. He was also honored by the NIH in June for completing a 4 year term as a member of the Eukaryotic Pathogens Study Section.
- Dr. W. Michael Scheld has received the Robert S. Fass Award from the Ohio State University School of Medicine, June 2008. He presented the Fass Lecture as a combined medicine-surgery grand rounds on June 5, 2008.
- Dr. Erik Hewlett has been appointed to serve on the Joint Subcommittee to Study and Advance the Development and Enhancement of the Biosciences and Biotechnology in the Commonwealth. The appointment was made by the Speaker of the Virginia House of Delegates, William J. Howell. and announced on July 1, 2008.
- Joy Boissevain has received the School of Medicine Employee of the Month for June 2008.
- Dr. Paul Hoffman was an invited speaker at the 16th International Symposium on Flavins and Flavoproteins, June 8-13, 2008 Jaca, Spain. His topic was: Functional studies of RdxA, FrxA and FqrB Flavoproteins in *Helicobacter pylori*.

PUBLICATIONS

- Ramakrishnan G, Meeker A, Dragulev B. fsIe is necessary for siderophore-mediated iron acquisition in *Francisella tularensis* Schu S4. *J Bacteriol*. 2008 Jun 6. [Epub ahead of print]
- Checkley W, Buckley G, Gilman RH, Assis AMO, Guerrant RL, Morris SS, Molbak K, Palle V, Lanata CF, Black RE, and the Childhood Malnutrition and Infection Network. Multi-country analysis of the effects of diarrhoea on childhood stunting. *Int j Epidemiol*. Advance Access Published June 20, 2008, doi:10.1093/ije/dyn099.
- Kots AY, Byung-Kwon C, Estrella-Jimenez ME, Warren CA, Gilbertson SR, Guerrant RL, Murad Ferid. Pyridopyrimidine derivatives as inhibitors of cyclic nucleotide synthesis: Application for treatment of diarrhea. 105:8440-8445, 2008.
- Olekhovich, I., and P. S. Hoffman. 2008. Functional studies of RdxA, FrxA and FqrB flavoproteins in / *Helicobacter pylori*/. Pp 157-164. In (Ed. Frago, Gomez-Moreno and Medina) Flavins and Flavoproteins, Prensas Universitarias de Zaragoza, Spain.
- Qin A, Scott DW, Mann BJ. *Francisella tularensis* subsp. *tularensis* Schu S4 disulfide bond formation protein B, but not an RND-type efflux pump, is required for virulence. *Infection & Immunity*. 76(7):3086-92, 2008 Jul.
- Ali IKM, Solaymani-Mohammadi S, Akhter J, Roy S, Gorrini C, Calderaro A, Parker SK, Haque R, Petri WA Jr, Clark CG. Tissue invasion by *Entamoeba histolytica*: Evidence of genetic selection and/or DNA reorganization events in organ tropism. *PLoS Negl Trop Dis* 2:e219, 2008.
- Solaymani-Mohammadi S, Factor SM, Coyle CM, Petri WA Jr. Amebic colitis in an antigenically and serologically negative patient: usefulness of a small-subunit ribosomal RNA (SSU-rRNA) gene-based PCR in diagnosis. *Diagn Microbiol Infect Dis* in press.
- Buss SN, Kabir M, Petri WA Jr, Haque R. Comparison of two immunoassays for detection of *Entamoeba histolytica*. *J Clin Microbiol* in press, 2008.
- Abhyankar MM, Hochreiter AE, Hershey J, Evans C, Zhang Y, Crasta O, Sobral BWS, Mann BJ, Petri WA Jr., Gilchrist CA. Characterization of an *Entamoeba histolytica* High-Mobility-Group Box Protein Induced during Intestinal Infection. *Eukaryotic Cell*, in press, 2008.
- Petri WA Jr, Miller M, Binder HJ, Levine M, Dillingham R, Guerrant RL. Enteric Infections, diarrhea, and their impact on function and development. *J Clin Invest* 118:1277-90.
- Petri WA Jr. Book Review: "Diagnostic Medical Parasitology"(book review). *JAMA* 2008; 299:963-4..
- Kinchen JM, Doukoumetzidis K, Almendinger J, Stergiou L, Tosello-Tramont A, Sifri CD, Hengartner MO, Ravichandran KS. A pathway for phagosome maturation during engulfment of apoptotic cells. *Nature Cell Biol*. 2008 May;10(5):556-66. Epub 2008 Apr 20.
- Hranjec T, Bonatti H, Roman AL, Sifri C, Borowitz SM, Barnes BH, Flohr TR, Pruett TL, Sawyer RG, Schmitt TM. Benign transient hyperphosphatasemia associated with Epstein-Barr virus enteritis in a pediatric liver transplant patient: a case report. *Transplant Proc*. 2008 Jun;40(5):1780-2.
- Winchester DE, Lipinski MJ, Cupp ME, and Sifri CD. Not so innocuous. *Am J Med*, in press.
- Sifri CD, Brassinga AKC, Flohr T, Kinchen JM, Hazen KC, Sawyer RG, Pruett TL, Bonatti H. *Moraxella osloensis*

bacteremia in a kidney transplant recipient. *Transpl Int*, in press.

- Sifri CD. Quorum sensing: bacteria talk sense. *Clin Infect Dis*, in press.
- Flohr T, Bonatti H, Frierson H, Berg C, Sifri CD, Lobo P, Schmitt T, Sawyer R, Pruett T, and Brayman K. HSV hepatitis after renal transplantation, *Transpl Infect Dis*, in press
- Ali IKM, Clark CG, Petri WA, Jr. Molecular Epidemiology of Amebiasis. *Infection, Genetics and Evolution*. 2008 web published 14 May 2008).
- Petri WA Jr. Necrotizing fasciitis. *BMJ Point of Care* (web-published) 2008.
- Petri WA Jr. Book Review: "Imaging of Parasitic Diseases"(book review). *JAMA* 2008; 299:2691-2.

GRANTS

- Dr. W. Michael Scheld: Studies on Severe Sepsis in Uganda, \$27,000 from Pfizer Pharmaceuticals.
- Dr. Eric Houpt: NIH/NIAID R42AI069598 – Real Time PCR Diagnostic Kit for Giardia and Cryptosporidium.
- Dr. Rebecca Dillingham and Sarah Delgado have received a \$25,000 grant from the National Institute for Nursing Research through the Rural Health Care Research Center at the UVA School of Nursing. They will be conducting a randomized trial of the use of cell-phones to promote adherence to medications for HIV in the UVA Ryan White Clinic. They have received substantial in-kind donations from Silverchair, a local technology company, and technical support from Ntelos.

RHEUMATOLOGY

NEWS

- Umesh Deshmuk received the 2008 Lightner Research Award, for his pre-proposal entitled "Inhibition of autoantibody responses by adenosine receptor agonists". This is a one-year, \$50,000 award.



VICE PRESIDENT *and* CHIEF EXECUTIVE OFFICER
of the MEDICAL CENTER



MEDICAL CENTER POLICY NO. 0008

- A. SUBJECT: Gifts, Gratuities, and Interactions with Vendors
- B. EFFECTIVE DATE: October 1, 2008 (R)
- C. POLICY:

This policy applies to offers of gifts or gratuities to all persons providing patient care or other services within or for the benefit of the Medical Center, regardless of employer (“Covered Persons”). This policy further provides specific guidance to Covered Persons with regard to their interactions with vendors at the University of Virginia. Employees of the Medical Center and the University are subject to the State and Local Governmental Conflict of Interests Act and the Ethics in Public Contracting Section of the Virginia Public Procurement Act of the Code of Virginia. This policy incorporates the requirements of these Acts, and in some instances imposes more stringent requirements. Covered Persons are also expected to adhere to the National Association of Educational Buyers Code of Ethics available at:
http://www.naepnet.org/Content/NavigationMenu/AboutNAEB/GovernancePolicy/CodeofEthics/Code_of_Ethics.htm

To the extent that this policy exceeds the requirements of state law or other codes of conduct, this policy shall control.

- D. PROCEDURE:
 - 1. Covered Persons shall not, directly or indirectly:
 - a. Solicit or accept money, loans, advances, favors, special discounts, services, or gifts of any kind and regardless of value, for services performed within the scope of their official duties except for compensation, expenses or other remuneration paid directly to them or approved for them by the Medical Center or the University;
 - b. Offer, solicit or accept money or anything else of value for or in payment of employment, an appointment, a promotion or a privilege within the Medical Center or University, except for compensation, expenses or other remuneration paid directly to them or approved for them by the Medical Center or the University;
 - c. Solicit or accept promotional items (i.e., pens, note pads, cups or similar items), of any kind and regardless of value, from any Medical Center or University vendor, sales or

(SUBJECT: Gifts, Gratuities, and Interactions with Vendors)

service representative (hereinafter collectively referred to as “Vendor” or “Vendors”). Covered Persons may accept items of nominal value having a legitimate educational purpose (i.e., brochures, pamphlets, training videos or similar items) for use by Covered Persons or patients;

- d. Solicit or accept food or beverage, of any kind and regardless of value, from any Vendor of the Medical Center or the University from any Medical Center or University vendor on the grounds of the Medical Center or on University grounds. Funds given to the University or Medical Center without restrictions on their use (“unrestricted gifts”) may be applied to provide food or beverage at an educational event or function. Covered Persons may accept meals or beverages from vendors when offered off site to a large group of people at a trade show, exhibit or other professional meeting. Meals may be provided with funds from non-commercial sources in accordance with other applicable Medical Center or University policies;
 - e. Solicit or accept meals, gifts or compensation, of any kind and regardless of value, for listening to a Vendor presentation, whether occurring on site or off site;
 - f. Solicit or accept any product samples, for personal or family use, including but not limited to medication samples or ancillary product samples such as infant formula, lotions, etc.
 - g. Use Medical Center resources (e.g., e-mail, messenger mail, or mailing lists) to advertise or disseminate information about off-site educational or promotional events that are directly sponsored, funded or organized by Vendors (see Electronic Mail, Medical Center Policy 0193 and Internet and Intranet Access/Usage, Medical Center Policy 0202);
 - h. Meet with Vendors in patient care areas. Patient care areas exclude physician offices, but include patient units, nursing stations, conference rooms located in patient care units, physician lounges, patient care areas of outpatient offices (including clinics located off-grounds), surgical areas or the Emergency Department. Exceptions may be made for in-service training (i.e., when a Vendor is on site to conduct instruction on the use of specific devices or equipment) or technical consultations (i.e., Vendor presence during procedures or for equipment repair or maintenance) conducted in accordance with Medical Center Policy 0013, Vendors and Sales/Service Representatives, and other relevant Medical Center policies; or
 - i. Permit Vendors to see patients, review records, or attend rounds or surgical procedures. Exceptions may be made only in accordance with Medical Center Policy 0013, Vendors and Sales/Service Representatives, Medical Center Policy 0092, Release of Patients’ Health Information, and other relevant Medical Center policies.
2. Additionally, Covered Persons who are Members of the Clinical Staff or Housestaff, or who are Allied Health Professionals, shall not solicit or accept:
 - a. gifts or compensation, of any kind and regardless of value, for simply attending a GME, CME, or other educational or instructional event or activity, whether on site or off site; or
 - b. gifts or compensation, of any kind and regardless of value, for prescribing or changing a patient’s prescription or for prescribing or using a particular medical device.

(SUBJECT: Gifts, Gratuities, and Interactions with Vendors)

- 3. A Covered Person may accept Vendor paid travel provided such travel is approved in advance by the Covered Person’s supervisor, with written confirmation from Medical Center Procurement demonstrating that the travel is in conjunction with a procurement process or for purposes of product inspection, training and education (see Travel Reimbursement, Medical Center Policy 0015 and Medical Center Procurement Guidelines, Medical Center Policy 0189).
- 4. Vendors or other commercial sponsors may only provide support for educational conferences, programs, and events through unrestricted gifts made as provided in Section D.5. below and in accordance with other applicable Medical Center and University policies. All clinical educational conferences, programs and events conducted for Clinical Staff and Housestaff Members and/or Allied Health Professionals must conform to the Accreditation Council for Continuing Medical Education (“ACCME”) guidelines, the Accreditation Council for Graduate Medical Education (“ACGME”) guidelines, or other applicable guidelines, whether or not credit is awarded, and must otherwise comply with all relevant Medical Center and University of Virginia policies and guidelines relating to educational and professional activities.
- 5. Proposals and offers from Vendors shall be referred to the appropriate Health System or University office for approval, where they shall be reviewed, evaluated and documented as may be required:
 - a. Research grants, and contracts in which University personnel provide consulting and other services to a Vendor – School of Medicine Grants and Contracts Office;
 - b. Vendor’s offer of a service or product – Medical Center Procurement (Medical Center); University Procurement Services (Schools of Medicine and Nursing, Health Sciences Library);
 - c. Gifts to the Medical Center and/or University– Health System Development Office;
 - d. Sponsorships of educational conferences, programs and events –Medical Center Procurement (Medical Center); University Procurement Services (Schools of Medicine and Nursing, Health Sciences Library); Continuing Medical Education Office; Graduate Medical Education Office;
 - e. Vendor grants to support the stipend and benefits of post-graduate fellows- Graduate Medical Education Office;
 - f. Unrestricted gifts in association with a specific educational activity as permitted – Medical Center Procurement Office; University Procurement Services; Continuing Medical Education Office; Graduate Medical Education Office.

SIGNATURE:

R. Edward Howell, CEO, UVA Medical Center

DATE:

Medical Center Policy No. 0008 (R)

Approved June 1983

Revised August 1990, May 1996, September 1998, May 1999, March 2001, September 2001, May 2004, July 2008, September 2008

Approved by Special Advisor to CEO

Approved by Medical Center Administration



VICE PRESIDENT *and* CHIEF EXECUTIVE OFFICER
of the MEDICAL CENTER



MEDICAL CENTER POLICY NO. 0013

- A. SUBJECT: Vendors, Sales and Service Representatives
- B. EFFECTIVE DATE: October 1, 2008 (R)
- C. POLICY:

This policy applies to all vendor, sales and service representatives (hereinafter collectively referred to as “Representatives”) and their relationships and interactions with persons providing patient care or other services within or for the benefit of the University of Virginia Medical Center, regardless of employer (“Covered Persons”). These interactions include, but are not necessarily limited to, sales activities and/or visitations at the University of Virginia Medical Center.

All Representatives’ activities, including visitations, within the UVA Medical Center shall be conducted in accordance with University of Virginia and Medical Center policies and shall not interfere with the provision of patient care.

The Medical Center requires prior registration with Status Blue, a 3rd party vendor tracking service, before Representatives are permitted to come on site to conduct business.

Visitation by Representatives shall be conducted only after arranging a prior appointment and obtaining approval and required identification from the Medical Center. Representatives shall comply with all Medical Center policies in arranging and making visitations. Failure by Representatives to comply shall be sufficient grounds for restriction from the Medical Center and its facilities in accordance with state law and Medical Center Procurement Guidelines as set forth in Medical Center Policy No. 0189 as well as additional penalties up to and including debarment.

The presence of Representatives during a clinical procedure at the Medical Center shall require approval by the Attending Physician requesting the Representative’s presence and shall require the consent of the patient who may be observed by the Representative. The presence of Representatives during clinical procedures shall be conducted in accordance with Medical Center policy to ensure the patient’s right to privacy and good aseptic practice.

D. PROCEDURE:

1. Representatives shall not offer or provide to Covered Persons, directly or indirectly, any of the following items:

(SUBJECT: Vendors, Sales and Service Representatives)

- a. gifts or compensation, of any kind and regardless of value;
 - b. promotional items of any kind and regardless of value, (i.e., pens, note pads, cups or similar items), of any kind and regardless of value, Covered Persons may accept items of nominal value having a legitimate educational purpose (i.e., brochures, pamphlets, training videos or similar items) for use by Covered Persons or patients;
 - c. food or beverage, of any kind and regardless of value from any Representative on the grounds of the Medical Center or on University grounds. Covered Persons may accept meals or beverages from Representatives when offered off site to a large group of people at a trade show, exhibit or other professional meeting. Funds given to the University or Medical Center without restrictions on their use (“unrestricted gifts”) may be applied to provide food or beverage at an educational event or function. Representatives seeking to make an unrestricted gift should follow the guidance provided in Section 7 of this Policy.
 - d. gifts or compensation, of any kind and regardless of value, for listening to a presentation, whether on site or off site;
 - e. any product samples, for personal or family use, including but not limited to medication samples or ancillary product samples such as infant formula, lotions, etc; or
 - f. gifts or compensation, of any kind and regardless of value, for prescribing or changing a patient’s prescription or for prescribing or using a particular medical device.
2. Representatives shall not offer or provide, directly or indirectly, gifts or compensation, of any kind and regardless of value, to any Covered Persons for their attendance at an educational or instructional activity, whether on site or off site.
 3. Representatives or other commercial sponsors may only provide support for educational conferences, programs, and events through unrestricted gifts made in accordance with this Policy and with other applicable Medical Center and University policies. All clinical educational conferences, programs and events conducted for Clinical Staff and Housestaff Members and/or Allied Health Professionals must conform to the Accreditation Council for Continuing Medical Education (“ACCME”) guidelines, the Accreditation Council for Graduate Medical Education (“ACGME”) guidelines, or other applicable guidelines, whether or not credit is awarded, and must otherwise comply with all relevant Medical Center and University of Virginia policies and guidelines relating to educational and professional activities.
 4. Visitations by Representatives:
 - a. All Representatives calling on Covered Persons on Medical Center grounds (excluding out-patient clinics and other facilities located off the main campus) for any reason, including education purposes, shall register as follows:
 - i. Representatives of pharmaceutical companies shall register at the Medical Center Pharmacy located on the Ground Floor of University Hospital Room G021.
 - ii. Representatives going to the Main OR Control Desk, Sterile Processing Department, Surgical Supply Case Cart or other Department that has installed a Status Blue tracking

(SUBJECT: Vendors, Sales and Service Representatives)

system shall register at that designated Department. A current listing of all Departments with installed Status Blue systems can be found on the Supply Chain Management website: <https://www.healthsystem.virginia.edu/intranet/materiel/home.cfm>

NOTE: Representatives providing implants and/or loaner instrumentation to the OR or Outpatient Surgery shall contact Sterile Processing at those locations for specific policies regarding proper handling.

- iii. All other Representatives shall register during business hours (0700hrs-1630hrs), at Clinical Engineering located on the Ground Floor of University Hospital Room G-421. Outside of business hours, all other Representatives shall register with the control desk of the Main Operating Room (for OR appointments) or at the Pharmacy Administrative Office (for all other appointments);
 - iv. At the time of sign-in, an official temporary identification badge shall be issued to the Representative in accordance with Medical Center Policy 0004 (Medical Center Identification). All Representatives shall wear the official identification badge at all times. Failure to do so shall constitute non-compliance with Medical Center Policy. Medical Center Security Staff may ask unauthorized Representatives to leave the premises;
 - v. Representatives shall be asked to supply their name, company's name, company's phone number, and their contact at the department or clinic they are visiting.
- b. Representatives calling on Covered Persons located off-site (e.g., outpatient clinics and other facilities not located on the main Medical Center campus) for any reason, including education purposes, shall sign-in and obtain authorization from the Manager of the off-site location in advance of their visit. Representatives shall be asked to supply their name, company's name, company's phone number, and their contact at the department or clinic they are visiting.
 - c. All Covered Persons are required to assist in monitoring adherence to this policy. It is inappropriate for a Covered Person to meet with a Representative who does not have a scheduled appointment and is not wearing an official identification badge where required.
5. Representatives' Presence for Informational and Educational Purposes
- a. Representatives may meet with Covered Persons to provide information and education about products in the following venues: academic conferences, office appointments, and public areas (e.g. cafeteria); however, representatives may not provide any food or beverage at such venues.
 - b. Meetings with Representatives may not occur in patient care settings except as described in this Policy. Patient care settings exclude physician offices but include inpatient units, nursing stations, conference rooms located in patient care units, physician lounges, patient care areas of outpatient offices (including clinics located off-grounds), surgical areas, or the Emergency Department. Exceptions may be made for in-service training (i.e., when a Representative is providing instruction on the use of specific devices or equipment) or technical consultations (i.e., where a Representative is present during procedures or for equipment repair or maintenance) conducted in accordance with this Policy and other relevant Medical Center

(SUBJECT: Vendors, Sales and Service Representatives)

policies. In-service training on specific devices or equipment or technical consultations must be arranged by appointment in accordance with this Policy.

- c. Representatives may not be permitted to see patients, patient records, or attend rounds or surgical procedures without appropriate authorizations in accordance with this policy and other relevant Medical Center and University policies.
- d. Pharmaceutical Representatives shall not promote any product that has been excluded from the Medical Center Drug Formulary. Detailing of restricted drugs is limited to the restrictions or guidelines for use approved by the Pharmacy and Therapeutics Committee.

6. Representatives' Presence During Clinical Procedures

- a. A Representative may be present during a clinical procedure only when deemed necessary by an attending physician. Presence shall be limited to clinical procedures in which the Representative is requested by the attending physician to provide information for coordination of treatment, such as advice or education on medical device specifications and selection for proper sizing during the procedure, or to provide technical expertise on the implant, use, and operation of their companies' equipment, by operating programmers, analyzers, and other support equipment under the supervision of the physician, while also providing education and training to Medical Center health care professionals. Physicians requesting a Representative's presence shall be defined as the Representative's sponsor for purposes of this policy. Physicians who wish to have a Representative be present at a clinical procedure must complete Sections 1 & 2 of the University of Virginia Medical Center Vendor Presence Agreement (see attachment to this policy) and forward it to the Representative.
- b. The Representative shall complete Section 3 of the University of Virginia Medical Center Vendor Presence Agreement and forward it to the Patient Care Services Manager of the procedure area prior to the start of the procedure. In addition, Representatives shall supply a copy of their job description, statement of competency from their employer, copies of any licenses or certifications required by their employer and proof of insurance coverage for liability.
- c. A Representative may participate in a procedure as described above, but will not enter the sterile field. If a sponsor anticipates that a Representative will be required to enter the sterile field, that sponsor must make a written request to the oversight committee for the procedure area in question. That oversight committee must be of a QI nature with both physician and non-physician membership, who are able to evaluate the credentials of the Representative, evaluate the clinical justification presented by the sponsoring physician and validate training required of the Representative to be within the sterile field.
- d. When obtaining patient consent for the clinical procedure, the attending physician or his/her designee shall inform the patient of the presence and role of a Representative during the performance of the procedure and document this discussion on the procedure consent form.
- e. The sponsoring attending physician shall be present in the room or procedure area with the Representative and able to immediately assist with patient care needs as they arise.

(SUBJECT: Vendors, Sales and Service Representatives)

- f. The Patient Care Services Manager shall keep the completed Vendor Presence Agreements on file in the department for a period of two years following the last time the Representative was present.
7. Proposals from Representatives for any interactions described in this policy at the Medical Center shall be referred to the appropriate office for review, evaluation and approval, with documentation as required. The following may be used as a referral guide:
- a. Research grants, and contracts in which University personnel provide consulting and other services to a Vendor – School of Medicine Grants and Contracts Office.
 - b. Representative’s offer of a service or product – Medical Center Procurement (Medical Center); University Procurement Services (Schools of Medicine and Nursing, Health Sciences Library).
 - c. Gifts to the Medical Center and/or University-- Health System Development Office.
 - d. Sponsorships of educational conferences, programs and events – Medical Center Procurement (Medical Center); University Procurement Services (Schools of Medicine and Nursing, Health Sciences Library); Continuing Medical Education Office; Graduate Medical Education.
 - e. Representatives’ grants to support the stipend and benefits of post- graduate fellows- Graduate Medical Education Office.
 - f. Unrestricted gifts in association with a specific educational activity as permitted – Medical Center Procurement Office; University Procurement Services; Continuing Medical Education Office; Graduate Medical Education Office.
8. Covered Persons shall additionally be familiar with other relevant policies:
- a. Conflict of Interests; <http://www.virginia.edu/finance/polproc/pol/xva1.html> and http://www.virginia.edu/provost/docs_policies/conflict.html
 - b. Objectivity in Research, Income from Professional Activities, Faculty Interactions with Industry, Solicitation or Accepting of Gifts and Bequests; <http://www.healthsystem.virginia.edu/internet/som-fhbook/ch3.cfm>
 - c. The Policy on Conflict of Interest and Conflict of Commitment dated July 1, 2008, issued by the Office of the Dean of the School of Medicine of the University of Virginia: <http://www.healthsystem.virginia.edu/internet/about/sompolicies/ConflictsOfInterest.pdf>

SIGNATURE:

R. Edward Howell, CEO, UVA Medical Center

DATE:

(SUBJECT: Vendors, Sales and Service Representatives)

Revised May 1986, March 1988, August 1990, September 1993, July 1994, November 1994, May 1996, May 1999, March 2001, November 2002, February 2004, October 2007, February 2008, June 2008, September 2008

Approved by Chief Financial Officer

Approved by Medical Center Administration

(SUBJECT: Vendors, Sales and Service Representatives)

University of Virginia Medical Center Vendor Presence Agreement

Physician Sponsor: Complete Sections 1 and 2 and forward form to vendor.
Vendor: Complete Section 3 and forward form to the Patient Care Services Manager prior to the start of the procedure.
Patient Care Services Manager: Retain completed form on file in department for two years.

Section 1 (please print):

Name of Vendor: _____

Name of Vendor’s Employer: _____

Name of Attending Physician Sponsor: _____

Date of Presence: _____

Purpose of Presence:

Location(s) : _____

Signature of Manager in area: _____

Manager Name: _____

Section 2:

In consideration of being given the opportunity to sponsor a vendor’s presence during a clinical procedure at the University of Virginia Medical Center, I agree to the following:

1. I shall review Exhibit 1 – Patient Confidentiality at UVA Medical Center-Information for Vendors and Exhibit 2 – UVA Medical Center Infection Control Information for Vendors (attached to this agreement) with the vendor and shall answer any questions the vendor may have about this information.
2. I understand that the vendor is permitted to be present during a procedure only after I have secured the patient’s informed consent to the vendor’s presence and role in the procedure. I agree to follow the requirements of the “Industry Employed Allied Professionals” (IEAP) or equivalent guidelines that apply to the procedure location (e.g., OR, EP lab).

The vendor shall wear his/her identification badge at all times while in the Medical Center or its satellite locations. Identification badges are available in the Clinical Engineering Office (Room G-421, Zero Level, University Hospital) and other designated locations as identified in Medical Center Policy N0.0013 – D1.

3. The vendor shall follow good hand washing practices while at the Medical Center, specifically after using the bathroom, and upon entering or leaving a patient care area. The vendor shall not enter isolation rooms and shall not be present when he/she is ill, has a fever, or has been exposed to a contagious disease.

Physician Sponsor Signature: _____

(SUBJECT: Vendors, Sales and Service Representatives)

Date: _____

Section 3:

I agree to the following regarding my presence at a clinical procedure at the University of Virginia Medical Center:

1. I agree to follow the directives of my sponsor or their designee. I understand that I must remain with him or her while in patient care areas – I am not permitted to move freely around the hospital. I understand that I am on Medical Center Property at my own risk and insurance coverage.
2. I have read, understand, and agree to abide by Exhibit 1 – Patient Confidentiality at UVA Medical Center-Information for Vendors and Exhibit 2 – UVA Medical Center Infection Control Information for Vendors.
3. I agree to abide by the hospital’s dress code and to dress neatly.
4. I have attached copies of the following documents:
 - My current job description
 - A statement of competency from my employer
 - Copies of any licenses or certifications required by my employer
5. A Fire Alarm is announced by a series of four gongs followed by “Call to Station,” and the location of the alarm. I agree to follow directions of my sponsor in the event of a fire alarm in an area where I am present.
6. With my signature below, I agree to uphold The UVA Medical Center policies regarding patient confidentiality, and will not divulge any medical, financial, or other personal information about a patient or their family.
7. I understand that failure to comply with the rules and policies above shall result in termination of my ability to be present at clinical procedures.

Vendor Signature: _____ Date: _____

(SUBJECT: Vendors, Sales and Service Representatives)

Exhibit 1:

Patient Confidentiality at UVA Medical Center
Information for Vendors

When a patient comes to the University of Virginia Medical Center, the Medical Center assumes an obligation to keep in confidence all that pertains to that patient. Information regarding the patient's admission, diagnosis and treatment, as well as personal and financial affairs is confidential and must be respected. Every person employed or providing services in any capacity in the University of Virginia Medical Center shares this responsibility.

The Basics:

1. Information learned at the hospital stays at the hospital. Information in all possible forms is confidential, whether verbal, written, overheard, on the computer screen, told to you by the patient... it makes no difference.
2. Access to patient information is on a need to know basis only. If you need information to do your job for the patient, you are allowed to know it, and keep it confidential (of course!). Vendors may not read a patient's medical records.
3. Information about a patient is shared only with that patient or his/her caregiver, and with patient permission, with his/her family. If you have questions or concerns about a patient, ask your sponsor, not the patient.
4. In conversation, don't breach confidentiality by speaking about patients in corridors, elevators, and the cafeteria. Seek privacy as much as possible.

(SUBJECT: Vendors, Sales and Service Representatives)

Exhibit 2:

UVA MEDICAL CENTER
INFECTION CONTROL INFORMATION FOR VENDORS

This infection control information is designed to help you understand how you can help protect yourself from a bloodborne pathogen exposure while visiting at the Medical Center. Bloodborne pathogens are passed from person to person by blood, body fluids, or other potentially infectious materials. Bloodborne pathogens include viruses like hepatitis B, hepatitis C, and HIV, the virus that causes AIDS. Healthcare workers can become infected with these viruses if they are exposed to a patient's blood or body fluids in a way that can transmit disease, such as a needlestick. While you are visiting at the Medical Center, you will not be allowed to perform tasks that will bring you in contact with blood or body fluids so you are at extremely low risk for having an exposure to a bloodborne pathogen.

What is an exposure?

Although you are not allowed to perform tasks that bring you in contact with blood or body fluids, accidental exposures can occur. If you are exposed to blood or body fluids in any of the following ways, you may be at risk for getting a bloodborne pathogen:

1. Stick with a sharp object that has blood or body fluids on it (needles, scalpel, broken glass);
2. Getting blood or body fluids on nonintact skin (cuts, abrasions, hangnails, rash);
3. Getting blood or body fluids into your eyes, nose or mouth;
4. Getting blood over a large area of intact skin; or
5. Getting a stick with an unidentified object

During your presence at the Medical Center, you should not be exposed to risk for these kinds of incidents. However, if you do accidentally have one of the above exposures or get blood or body fluids on your clothes, immediately ask for assistance from the nursing staff. Remove any contaminated clothing without contamination the rest of your body. Such clothing must be laundered or disinfected before it can be taken home. Wash any exposed area of your body immediately with soap and running water followed by rubbing alcohol. If your eyes, nose or mouth are splashed with blood or body fluids, flush them with large amounts of running water. **Report your exposure immediately to the Nursing Supervisor. She can be reached by having the unit staff or hospital operator page her at beeper #1523.**

Standard Precautions

Standard Precautions are used to **prevent** health care workers, hospital staff, volunteers, vendors, and any other persons providing services from coming in contact with blood or body fluids. Because no one can tell who may have a bloodborne pathogen, using Standard Precautions means you must consider all patients' blood, body fluids, mucous membranes and tissue to be infected. Following these precautions will help keep you safe while you observe.

- Do NOT eat, drink, apply cosmetics, lip balm or handle contact lenses in patient care areas.
- Do NOT handle sharp instruments or glass containers that may be contaminated with blood, body fluids, or human tissue.
- Do NOT handle contaminated materials containers (CMC's) that are in use.

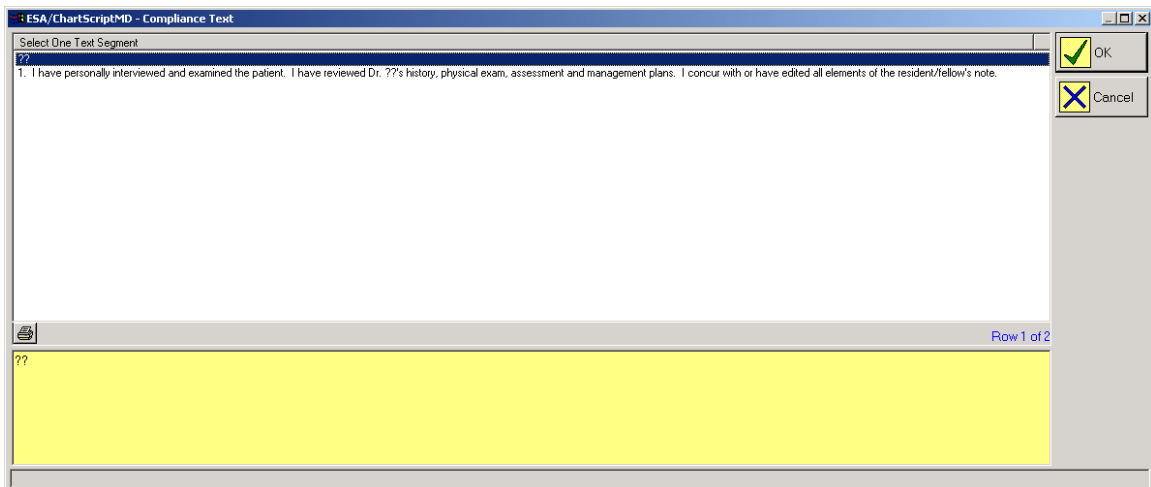
(SUBJECT: Vendors, Sales and Service Representatives)

- Do NOT handle patient specimens.
- Do NOT touch surfaces or objects that may be contaminated with blood or body fluids.
- Do NOT get close to a procedure in which splash or spray of blood or body fluids may occur.
- **Do NOT clean up blood or body fluid spills, or handle linen that is visibly soiled with blood or body fluids.**

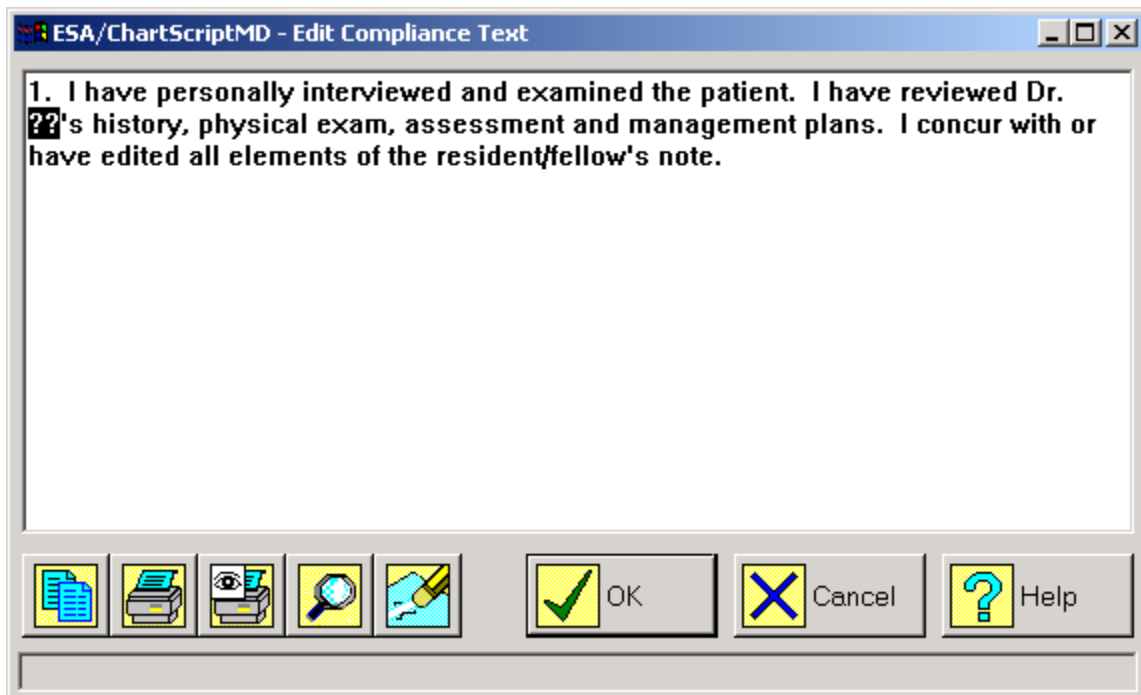
**University of Virginia Health System Health Information Services
and UVA Health Services Foundation
Compliance Text Training Guide**

- Compliance Text will appear for those documents that were dictated by someone other than you (e.g. resident, fellow, nurse practitioner, or physician's assistant). The Compliance Text feature will not appear if you dictate your own note. In this situation, the attending physician is responsible for dictating his/her own physical presence if he/she provided the service with resident involvement.
- You are not required to use Compliance Text. If you document your physical presence elsewhere (e.g. in the progress notes or in a separate note) or you know the patient is not a Medicare patient, then select the ?? option (blank statement), delete the ?? marker, and select OK.
- All Compliance Text statements may be edited to reflect what actually occurred during the episode of care or to add pertinent details about your interaction with the patient.
- If you select a Compliance Text statement, it will be inserted between the dictator and attending signature blocks after the document has been finalized. If you review the document after selecting the Compliance Text statement, but prior to finalization, you will not see the statement yet. To see the final statement after electronic signature and finalization, please review the document in CareCast. If the Compliance Text statement is incorrect, an addendum must be dictated.
- For NPs and PAs, select the ?? (blank statement) as Compliance Text is not required for their documents.
- Questions or comments regarding the statement verbiage should be forwarded to the HSF Compliance Department. Wendy Droppleman – 972-4293 or Melanie Lewis – 980-6142.
- For assistance with ESA or questions regarding Compliance Text functionality, please page HIS Systems at 923-5117 M-F from 7:30am-4pm.

1. Review, edit, and sign the document in your ESA queue. After selecting the Sign button, a Compliance Text screen with the statements available for the document type will appear.



- Click once on the appropriate statement and select the OK button. To select a blank statement, select the ?? option. The statement of choice will appear with the ?? markers highlighted. To enter additional text, begin typing (or you may cut/paste). If you do not wish to alter the statement or add additional information, select either the backspace or delete key.



- Select OK and the system will launch you to the next document awaiting signature in your queue.