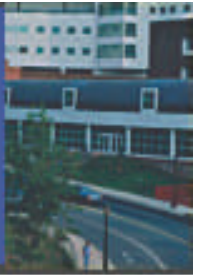


# WORD ON THE STREET

THE NEWSLETTER OF THE DEPARTMENT OF MEDICINE

NOVEMBER, 2008



## THE FIRST WORD

ROBERT M. STRIETER, MD  
CHAIRMAN

As 2008 draws to a close, it is becoming increasingly clear that the economic difficulties facing UVA and the rest of the country will not ease soon. As you know, the governor has called for a decrease of 7% in the Univer-

sity's budget, and additional cuts are expected to be called for next year. Given that our department already faced difficult financial times, I cannot stress enough how important it is that we work together to make the DoM a more efficient entity.

As Benjamin Franklin said, "If we do not hang together, surely we will all hang sepa-



rately." Although we are 10 divisions, we are also one department, and it is vital that we collaborate and "hang together" to reduce spending, maximize revenue, and brace the Department against the ongoing financial storm.

This year the Department administration again selected two of our division's clinics to be

the focus of our annual Holiday of Caring. This year we are asking everyone in the Department to add the Ryan White HIV Clinic and the Cancer Center to their holiday shopping list. Keith Johnson is coordinating our efforts this year, and collecting donations in his office. Please see the special message below for a list of items that can make an impact for our clinic patients.

Finally, I would like to draw attention to the new website created by Mike Zang for the DoM Executive Committee. In order to make the actions and decisions of the committee more transparent, this website will have minutes, presentations, and handouts from each meeting, and will be accessible to everyone in the department. Please see Mike's article on page 2 for details on how to access this new website.

## MEDICAL GRAND ROUNDS

UPCOMING SPEAKERS:

DEC. 9	SHELDON MAGDER PULMONARY, ROCHESTER LECTURER
DEC. 16	BRYON PETERSEN VISITING-GASTROENTEROLOGY
JAN. 6	CHRIS OHL VISITING-INFECTIOUS DISEASES

[Click to view the full schedule](#)



## HOLIDAY OF CARING

**GIVE A GIFT THAT MAKES A DIFFERENCE  
RIGHT WHERE YOU WORK!**

We encounter them every day on the sidewalks, in the elevators, and in our clinic waiting rooms. They are our patients. For many of them, their presence in our academic medical institution has come at a cost. Imagine a world in which one must choose between buying diapers for your child and putting gas in the car for the commute to a clinic appointment. Worse still, imagine what it must feel like to be unable to afford the very medicine that could make you or your family member well.

This holiday season, you and I can make a difference. Never has the need been greater. The Department of Medicine has chosen the **Cancer Center** and the **Ryan White HIV Clinic** as recipients of faculty and staff charitable giving. I write asking you to consider joining me in easing the financial burden of those with significant health issues. **Below is a list of items that make a difference.** Please consider adding one or more of these items to your next shopping list.

GIFT CARDS (GAS, GROCERY, WAL-MART, CVS) \* HYGIENE PRODUCTS \* TOILETRIES  
BABY ITEMS \* PHONE CARDS

Donated items will be accepted through **Monday, December 15**, and may be delivered to the office of Keith Johnson on the sixth floor of the Outpatient Clinics. If you have questions or require assistance in the collection or delivery of your donated items, please contact Keith at 4-8606. In the event that you would prefer to make a cash donation, all proceeds will be used to purchase those items mentioned above.

# FINANCE & ADMINISTRATION

BESS WILDMAN

## NEW WEBSITE FOR THE DOM EXECUTIVE COMMITTEE

The department's executive committee (DMEC) has been meeting frequently over the past two months in response to our current financial challenges. This group has worked to define the department's current economic state and identify opportunities and risks associated with our financial health. Each division and the department's administration have been asked to present a strategic plan for addressing these issues through cost saving and revenue enhancing measures. Each part of our organization has also been asked to provide routine progress reports on the execution of these plans.

In this web site you'll find a tab for each division which contains the division's strategic finance plan as well as any/all status updates. You'll also find a tab for administration with current cost saving measures and trend reports on monthly gross charges & net collections from the DOM's enterprise reporting system (DOM-ERS). On the Home page you'll find a short list of FACTS that currently define our financial situation, agendas, and minutes from the DMEC meetings, and a document library which contains divisional plans, task force plans/documents, and other documents relative to this site.

At this time this site is open for viewing to all faculty of the DOM to promote an expectation of transparency within the department's and divisions' finances as well as to encourage participation from all faculty in navigating through these challenging times. All faculty are encouraged to participate and add to the value of this process. If you have any ideas that you'd like your division or the department to consider, whether on the cost cutting side or revenue enhancement side of the equation please send them to Terri Washington and Mike Zang for inclusion in the web site. If you have any questions regarding access to this web site or technical difficulties with the site please contact Mike Zang ([zang@virginia.edu](mailto:zang@virginia.edu) , 3-9158).

URL: <http://spweb.eservices.virginia.edu/sites/dom/DMEC/default.aspx>

Login User Name: Eservices\YourUserID (no matter what comes up in the User Name field you must explicitly put in the domain (Eservices) followed by a backslash and then your user id (example = Eservices\mst3f)

Password: your Eservices password, if you don't know that password you can reset it from ITC's accounts page <http://www.itc.virginia.edu/accounts/>

## AUGUST MEDICAL CENTER UPDATE

As the population of our community and its surrounding areas grew and diversified, so did the demand for healthcare and the need to reach out to our patients. In response to those needs, the Department of Medicine established the AMC Multi-Specialty Clinic. The clinic has reflected an ongoing and steady increase in visits with our most recent monthly volume of nearly 600.

The patients may only need the services of one of the doctors, but the support and resources of the entire clinic are ready to aid the patient, or advise/assist in their treatment. The staff of the Multi-Specialty Clinic wants to make each visit pleasant, helpful and informative to all our patients

With our continued growth, we would like to announce the addition of a second lease on a 2400-square-foot office space located in suite 302 of the AMC Medical Office Building. Here we will provide specialty services including Pulmonary, Nephrology, Endocrine, Rheumatology, Cardiology and Cardio Thoracic Surgery.

The new clinic space provides 7 exam rooms and a waiting room large enough to comfortably accommodate 25 people. We will maintain usage of suite 207 for all visit overflow as well as Point of Care Lab testing which includes Chemistry Panels, Lipids, Thyroids, Testosterone, A1C, Urine Protein, Flu and Pneumonia vaccines.

With the expanded space we now have additional capacity in suite 207. Therefore, if any divisions are interested in setting up a clinic schedule for patient's visits please contact Tammie Campbell or Alan Dalkin.

## OCTOBER CHARGES AND COLLECTIONS

Unfortunately, the Department continues to struggle financially. Charge Budget \$7,433,301 - Missed by \$95,347  
Collection Budget \$2,668,316 - Missed by \$132,784 On the next page are graphs from the DoM-ERS that detail our Charge and Collection progress for this fiscal year.

## CODING EDUCATION

Terry Scott and the coding team has been holding education sessions to discuss the consult policy as well as problem areas identified within the Department. These sessions have received excellent feedback, and already progress is being seen in more appropriate consult and code usage. If you would like to arrange for a coding session for your division, please contact Terry.

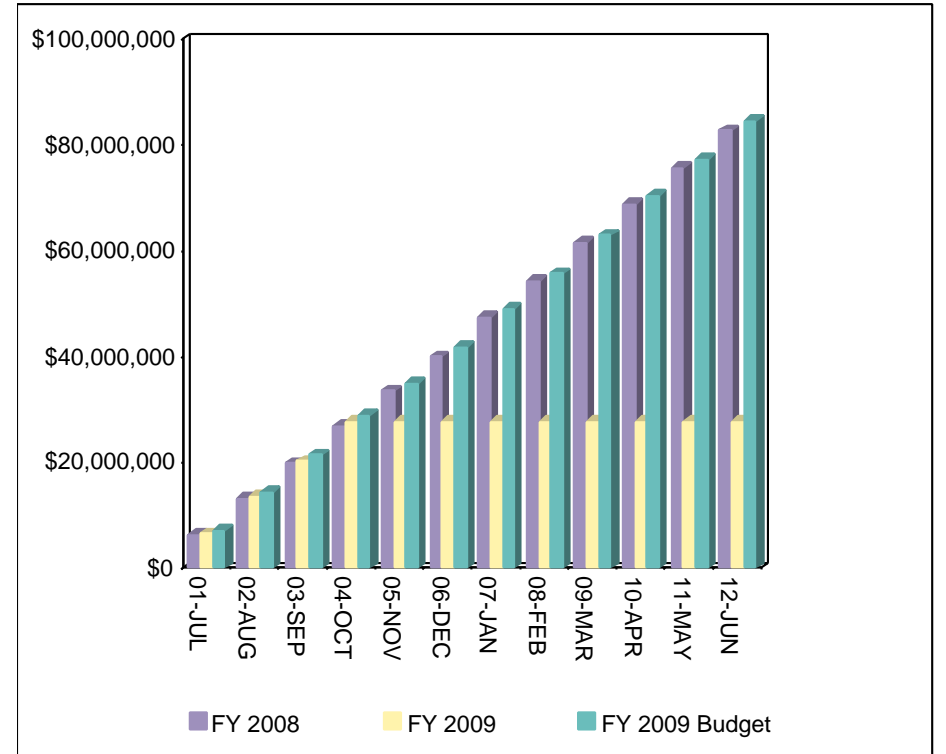
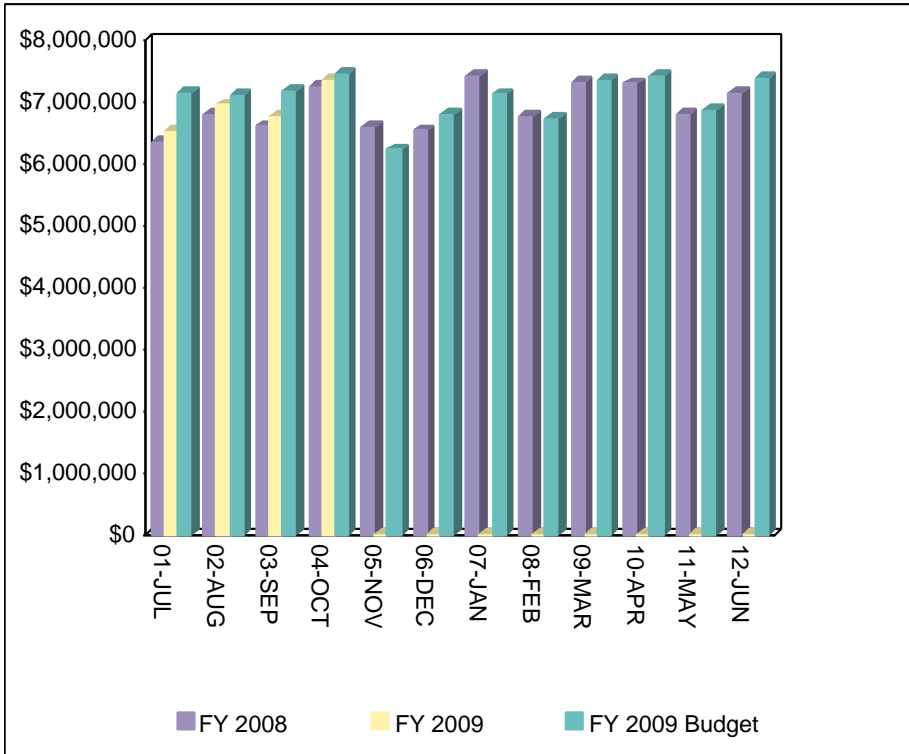
## Monthly Gross Charges and Net Collections 4-in-1 Department of Medicine Monthly Gross Charges

### MONTHLY COMPARISON

	FY 2008	FY 2009	% Var	FY 2009 Budget	Variance to Budget	% Var
01-JUL	\$6,335,054	\$6,505,015	3%	\$7,143,461	(\$638,447)	-9%
02-AUG	\$6,775,354	\$6,940,705	2%	\$7,088,622	(\$147,918)	-2%
03-SEP	\$6,597,783	\$6,752,892	2%	\$7,152,622	(\$399,731)	-6%
04-OCT	\$7,223,651	\$7,337,955	2%	\$7,433,301	(\$95,346)	-1%
05-NOV	\$6,564,865	\$0	0%	\$6,215,105	(\$6,215,105)	0%
06-DEC	\$6,527,055	\$0	0%	\$6,796,783	(\$6,796,783)	0%
07-JAN	\$7,391,410	\$0	0%	\$7,112,622	(\$7,112,622)	0%
08-FEB	\$6,750,729	\$0	0%	\$6,716,783	(\$6,716,783)	0%
09-MAR	\$7,300,423	\$0	0%	\$7,345,961	(\$7,345,961)	0%
10-APR	\$7,287,400	\$0	0%	\$7,400,961	(\$7,400,961)	0%
11-MAY	\$6,792,162	\$0	0%	\$6,851,783	(\$6,851,783)	0%
12-JUN	\$7,116,633	\$0	0%	\$7,373,461	(\$7,373,461)	0%

### YEAR-TO-DATE COMPARISON

	FY 2008	FY 2009	% Var	FY 2009 Budget	Variance to Budget	% Var
01-JUL	\$6,335,054	\$6,505,015	3%	\$7,143,461	(\$638,447)	-9%
02-AUG	\$13,110,408	\$13,445,719	3%	\$14,232,084	(\$786,365)	-6%
03-SEP	\$19,708,190	\$20,198,611	2%	\$21,384,706	(\$1,186,095)	-6%
04-OCT	\$26,931,842	\$27,536,565	2%	\$28,818,007	(\$1,281,441)	-4%
05-NOV	\$33,496,707	\$27,536,565	0%	\$35,033,111	(\$7,496,546)	0%
06-DEC	\$40,023,762	\$27,536,565	0%	\$41,829,894	(\$14,293,329)	0%
07-JAN	\$47,415,171	\$27,536,565	0%	\$48,942,517	(\$21,405,951)	0%
08-FEB	\$54,165,900	\$27,536,565	0%	\$55,659,300	(\$28,122,734)	0%
09-MAR	\$61,466,323	\$27,536,565	0%	\$63,005,261	(\$35,468,696)	0%
10-APR	\$68,753,723	\$27,536,565	0%	\$70,406,222	(\$42,869,657)	0%
11-MAY	\$75,545,885	\$27,536,565	0%	\$77,258,006	(\$49,721,440)	0%
12-JUN	\$82,662,518	\$27,536,565	0%	\$84,631,467	(\$57,094,902)	0%



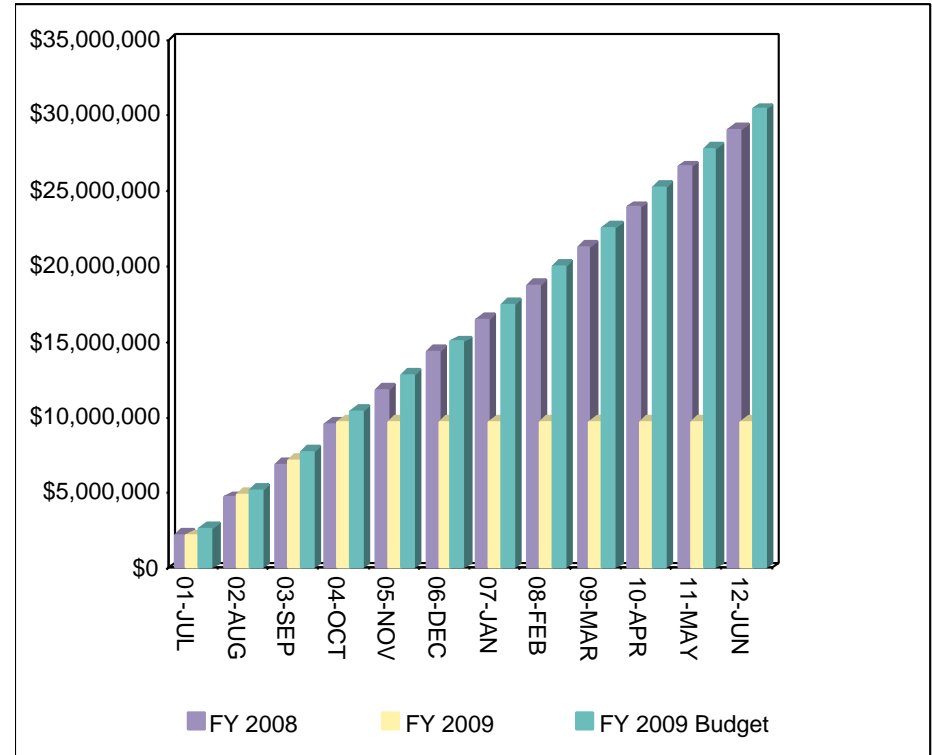
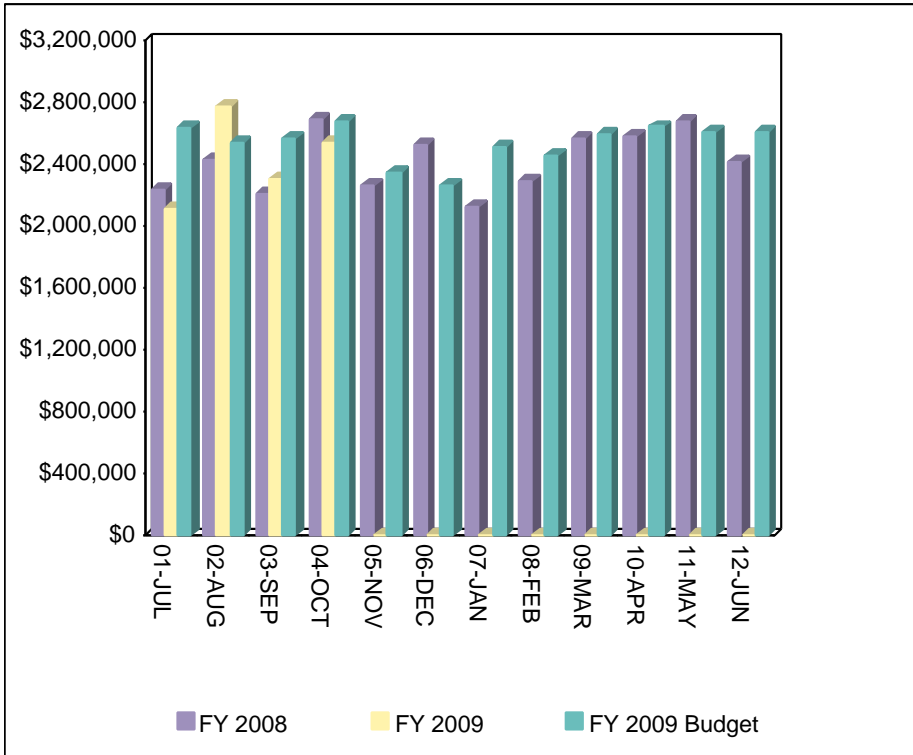
## Monthly Gross Charges and Net Collections 4-in-1 Department of Medicine Monthly Net Collections

### MONTHLY COMPARISON

	FY 2008	FY 2009	% Var	FY 2009 Budget	Variance to Budget	% Var
01-JUL	\$2,231,277	\$2,106,491	-6%	\$2,627,291	(\$520,801)	-20%
02-AUG	\$2,425,358	\$2,769,295	14%	\$2,536,368	\$232,927	9%
03-SEP	\$2,208,239	\$2,300,366	4%	\$2,560,630	(\$260,264)	-10%
04-OCT	\$2,682,744	\$2,535,532	-5%	\$2,668,316	(\$132,783)	-5%
05-NOV	\$2,262,626	\$0	0%	\$2,340,779	(\$2,340,779)	0%
06-DEC	\$2,521,961	\$0	0%	\$2,256,374	(\$2,256,374)	0%
07-JAN	\$2,123,490	\$0	0%	\$2,504,166	(\$2,504,166)	0%
08-FEB	\$2,285,888	\$0	0%	\$2,453,180	(\$2,453,180)	0%
09-MAR	\$2,567,150	\$0	0%	\$2,589,137	(\$2,589,137)	0%
10-APR	\$2,577,652	\$0	0%	\$2,638,334	(\$2,638,334)	0%
11-MAY	\$2,670,980	\$0	0%	\$2,603,097	(\$2,603,097)	0%
12-JUN	\$2,416,319	\$0	0%	\$2,598,744	(\$2,598,744)	0%

### YEAR-TO-DATE COMPARISON

	FY 2008	FY 2009	% Var	FY 2009 Budget	Variance to Budget	% Var
01-JUL	\$2,231,277	\$2,106,491	-6%	\$2,627,291	(\$520,801)	-20%
02-AUG	\$4,656,634	\$4,875,786	5%	\$5,163,660	(\$287,874)	-6%
03-SEP	\$6,864,874	\$7,176,152	5%	\$7,724,290	(\$548,138)	-7%
04-OCT	\$9,547,618	\$9,711,685	2%	\$10,392,606	(\$680,921)	-7%
05-NOV	\$11,810,243	\$9,711,685	0%	\$12,733,385	(\$3,021,700)	0%
06-DEC	\$14,332,204	\$9,711,685	0%	\$14,989,759	(\$5,278,074)	0%
07-JAN	\$16,455,694	\$9,711,685	0%	\$17,493,925	(\$7,782,240)	0%
08-FEB	\$18,741,581	\$9,711,685	0%	\$19,947,105	(\$10,235,420)	0%
09-MAR	\$21,308,732	\$9,711,685	0%	\$22,536,242	(\$12,824,557)	0%
10-APR	\$23,886,384	\$9,711,685	0%	\$25,174,576	(\$15,462,891)	0%
11-MAY	\$26,557,364	\$9,711,685	0%	\$27,777,673	(\$18,065,989)	0%
12-JUN	\$28,973,683	\$9,711,685	0%	\$30,376,418	(\$20,664,733)	0%



## HSF BILLING QUALITY AND CODING BULLETIN NOVEMBER 2008

### Critical Care Visits (99291- 99292)

Effective July 1, 2008, CMS revised the language for critical care. CR5993 provides clarity of the definition for critical care documentation and the requirements for billing the service.

This transmittal incorporates the current language from AMA CPT® 2008.

Definition: “Critical care is defined as a physician’s (or physicians’) direct delivery of medical care for a critically ill or critically injured patient. A critical illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient’s condition.”

Eight Key Changes:

1. Emergency Department Setting – Only the critical care services are reported.
2. Non-Physician Practitioners may bill for critical care services under their NPI.
3. Split/Shared service for critical care cannot be performed.
4. Family Counseling/Discussions may be counted toward critical care services if the following criteria is met:
  - a) The patient is unable or incompetent to participate in giving a history and/or making treatment decisions
  - b) The discussion is necessary for determining treatment decisions
5. Global Surgery – Critical care services shall not be paid on the same calendar date if the physician reports a procedure code with a global period. If significant and separately identifiable, critical care may be billed with a CPT modifier -25 in addition to the procedure.
6. Teaching Physicians – Only time spent by the resident and teaching physician together with the patient or the teaching physician alone with the patient can be counted toward critical care time.
7. Ventilator management services are not paid on the same date of service as critical care.
8. Medical Necessity – Critical care services must meet medical necessity and must be medically necessary and reasonable.

For further clarification and examples of critical care, visit the following:

<http://www.cms.hhs.gov/transmittals/downloads/R1548CP.pdf>

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5993.pdf>

### Discharge Day Management Services (Codes 99238-99239)

CMS clarified the appropriate use of Hospital Discharge Day Management Services for a final hospital visit by the attending physician and also for a death pronouncement in a MLN Matters article (number MM5794 related to Change Request # 5794) dated February 22, 2008. The article indicates the Medicare Claims Processing Manual was updated and effective April 1, 2008.

Key points found in the article:

- A hospital discharge day management service (99238 or 99239) is a face-to-face evaluation and management (E&M) service between the attending physician and the patient.
- Only the attending physician on the service coordinating the patient’s care shall report the hospital discharge day management service.
- Other physicians and qualified non-physician providers who manage concurrent health care problems shall use the subsequent hospital care codes (99231-99233) to report a final visit.
- The hospital discharge day management service is reported on the date of the actual face-to-face visit even if the patient is discharged on a different calendar date.
- Only one hospital discharge day management service is payable per patient per hospital stay.
- A subsequent hospital care visit and a hospital discharge day management service should not be billed by the same provider on the same date of service.
- A hospital admission and discharge on the same day should be reported using the Observation or Inpatient Care Services codes (99234-99236).
- The attending physician who personally performs the pronouncement of death shall bill for the face-to-face hospital discharge management service (99238 for 30 minutes or less or 99239 for more than 30 minutes).
- The date of the death pronouncement shall reflect the date of service on the calendar date it was performed even if the paperwork is delayed to a subsequent date.

For the complete MLN Matters article:

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5794.pdf>

### Payer Documentation and Coding Audits

Health Services Foundation is receiving an increased number of requests from Medicare, Medicaid, Anthem, and other commercial insurance companies for medical record documentation. These requests are part of their billing accuracy review and enforcement activities, i.e. audits. HSF acts as the facilitator for these requests. Currently, medical record documentation is obtained and reviewed by Compliance Auditors. Any educational issues identified are referred to the Billing Quality Educators for follow-up with the clinical departments and their providers. Compliance Auditors provide the following services on behalf of HSF providers:

- Work to negotiate a more appropriate sampling of records
- Advocate for our providers when we feel the payer’s audit results are inaccurate
- Review additional cases to demonstrate that the provider’s work is more accurate than the original payer audit results
- Negotiate findings and refunds

If you receive a request for medical records from any payer, please send it immediately to the HSF Audit Department at Box 800504. If you have any further questions on payer audits,

please contact Grant Strong at 980-6104.

Providers can expect to see Medicaid requests increase in numbers, largely due to the 2005 Deficit Reduction Act. This act established the Comprehensive Medicaid Integrity Program (CMIP). CMS has budgeted \$25 million to audit every state-run Medicaid program (including managed care) to “combat fraud, waste and abuse in the Medicaid program”. The CMIP uses contractors to review provider activities, audit claims, identify overpayments, and conduct provider education. CMS is also working to provide support and assistance to the states, including education for employees in the state fraud control units.

For more information, visit:

[http://www.cms.hhs.gov/DeficitReductionAct/02\\_CMIP.asp](http://www.cms.hhs.gov/DeficitReductionAct/02_CMIP.asp)

#### FILING OF A FINANCIAL STATUS REPORT (FSR)

All types of grants including NIH, foundation and industry, file a FSR either for interim reporting or final reporting. Several action items by the PI and administration are required for the Office of Sponsored Programs (OSP) to file the report. This process is as follows:

- OSP will send out a 60 day notice before your grant is ending by email. This window of time should be used to finally close spending, invoice all payers and/or request an extension (SP23).
- Approximately 90 days prior to the Office of Sponsored Program’s deadline the PI and Project Manager will receive via email the request to file an FSR.
- You will have roughly 75 days to file - however this timeline is a general guideline and is not the rule please read your FSR to verify your deadline.

*Monthly reconciliations are the first step to ensuring proper and timely filing.* We must stress that if at any time you are not receiving monthly reconciliations or have any questions please contact either your division administrator or Stephanie Bingler in the Department to correct this issue. For all FSRs you are certifying that charges to the account are correct and allocable including labor has been charged the committed and expended

effort. You or your division administrator will need to make sure all outstanding charges have been paid and there are not outstanding commitments. In addition you are certifying that no income has been generated by the project. All of these actions can be verified by your monthly reports or your PI report in the DOM Enterprise Reporting System .

Please keep in mind that final reporting is not the time to correct issues with the grant this should be done during monthly review however things to do come up and can slow the process. To make sure we file timely, start the process as soon as you receive notification. If you have any questions please contact your division administrator.

#### THE DEPARTMENT OF MEDICINE’S REVISED TRAVEL REIMBURSEMENT POLICY: DOM-FA-070

The Department of Medicine has modified its travel reimbursement policy. All Faculty should familiarize themselves with the new policy, and consult with their division's travel reviewer if there are any questions. Please pay special attention to the changes in required receipts, itineraries, and boarding passes, the ‘Check List for Travel’ form, and the ‘Travel Tips’ form. Make sure to check the links to related and required policies listed in the Related Information section of the policy. If you have any questions, please call your division’s travel reviewer.

#### CHANGE IN SPEAKER AGREEMENT POLICY

There has been a change in policy with regards to Speaker Agreements, in which a faculty member is engaged to make presentations on behalf of a pharmaceutical company. According to the Office of Grants and Contacts, under the new dean of the School of Medicine, such agreements will not be allowed unless there is CME credit. This is across the board; no option on the SoM Approval of Outside Activities form will be approved unless there is CME credit. The issue is lack of objectivity if a faculty member is lecturing on behalf of a specific drug company.

A formal policy detailing these new regulations is being drafted, and is expected from the SoM soon.

## DIVISION

### NEWS, PUBLICATIONS, AND GRANTS

#### CARDIOVASCULAR MEDICINE NEWS

- Jamieson Bourque, M.D. (fellow) recently won the American Society of Nuclear Cardiology 2008 Young Investigator's Competition for presentation entitled: *Does SPECT Perfusion Imaging Assist in Identifying High Risk Ischemia in Patients Achieving High Exercise Workload ( $\geq 10$  METS)?* In this analysis, investigators showed that achieving a high exercise workload during stress testing in the absence of ischemia on the stress electrocardiogram was an excellent marker of a low risk of significant ischemia, and thus imaging may not be necessary in this population. Although future research is needed, the potential economic implications of foregoing imaging in this subgroup representing approximately 31% of all who undergo stress testing at the University of Virginia each year are enormous. Co-authors were George Beller, Denny Watson, and Benjamin Holland.

#### PUBLICATIONS/PRESENTATIONS

- Beller GA. Cardiovascular molecular imaging: where art thou? *J Nucl Cardiol.* 2008 Sep-Oct; 15(5):611-2.

- Yang Z, Linden J, Berr SS, Kron IL, Beller GA, French BA. Reperfusion has Differential Effects on Infarct Size and Cardiac Function as Assessed in Mice by MRI. *Am J Physiol Heart Circ Physiol* (in press).
- Thomas JD, Zoghbi WA, Beller GA, et al. ACCF Training Statement on Multimodality Noninvasive Cardiovascular Imaging. *J Am Coll Cardiol* 2008, in press
- Beller, GA. Industry relationships with physicians under scrutiny. *J Nucl Cardio*2008; 15:737-738
- Winchester DE, Ragosta M, Taylor AM. Concurrence of angiographic coronary artery disease in patients with apical ballooning syndrome (tako-tsubo cardiomyopathy). *Catheterization and Cardiovascular Intervention*. 2008;72(5):612-616.
- Taylor, AM. Cardiometabolic risk management in type 2 diabetes and obesity. *Current Diabetes Reports*. 2008;8(5):345-352 (invited review)

## THE CENTER FOR IMMUNITY, INFLAMMATION, AND REGENERATIVE MEDICINE

### PUBLICATIONS

- Dr. Deshmukh presented a talk in the Plenary Session of Annual Meeting of the American College of Rheumatology held in San Francisco in October 2008.
- US Deshmukh, D Sim, G Rajagopalan, C David, F Gaskin, SM Fu. 2008. HLA-DR3 restricted T cell epitope mimics of a lupus-associated autoantigen can initiate autoimmune responses. *Arthritis and Rheum*, 58 (9): S872.

## ENDOCRINOLOGY AND METABOLISM

### NEWS

- John M. Chirgwin, Ph.D., has accepted the invitation to serve as an Associate Editor for *Endocrine Research*. New editorial leadership aims to revitalize the journal by improving the quality of science published and dramatically shortening the time for reviews. Chirgwin will be responsible for submissions dealing with bone.
- Theresa A. Guise, M.D., has accepted the invitation to present the 2009 Donald S. Coffey Lecture for the joint meeting of the Society for Basic Urologic Research (SBUR) and the Society of Urologic Oncology (SUO) in Chicago, Illinois in April 2009.
- Patricia Juarez-Camacho, Ph.D., has been awarded a Susan G. Komen Breast Cancer Foundation grant for “Halofuginone inhibition of TGF-beta signaling: Treatment for bone metastases.”
- C. Ryan McKenna, Animal Care Supervisor of the Guise/Chirgwin lab team has been accepted into the St. George’s Veterinary School.
- Students who recently received PhDs: Emily Fox (Pharmacology), now a post-doc at Vanderbilt University and Jie Wen (Molecular Physiology and Biological Physics) now a post-doc in Biochemistry at the University of Virginia

### PUBLICATIONS/PRESENTATIONS

- Coleman RE, Guise TA, Lipton A, Roodman GD, Berenson JR, Body JJ, Boyce BF, Calvi LM, Hadji P, McCloskey EV, Saad F, Smith MR, Suva LJ, Taichman RS, Vessella RL, Weilbaecher KN. Advancing treatment for metastatic bone cancer: consensus recommendations from the Second Cambridge Conference. *Clin Cancer Res* 14(20):6387-95, Oct 2008. PMID: 189272777.
- Guise TA. Biology of bone metastases: Therapeutic implications. Guest lecturer at Grand Rounds for annual W. U. William Gardner Memorial Lecture, Yale Cancer Center, Yale University, New Haven, CT, Sep 2008.
- Chirgwin JM. Targeting skeletal metastases with 2-methoxyestradiol and adrenomedullin receptor antagonists. *Endocrine Grand Rounds*, Indiana University, Indianapolis, IN, Oct 2008.
- Burger LL, Haisenleder DJ, Aylor KW, Marshall JC. Regulation of intracellular signaling cascades by GnRH pulse frequency in the rat pituitary: Roles for CAMII, ERK, and JNK activation. *Biol Reprod*. (doi:10.1095/bioreprod. 108.070987) *Biol Reprod* 79:947-953, 2008.
- Fox EM, Davis RJ, Shupnik MA. ERb in Breast Cancer – Onlooker, Passive Player, or Active Protector ? *Steroids* 2008; 73:1039-1051.
- Fox EM, Bernaciak TM, Wen J, Weaver AM, Shupnik MA, Corinne M. Silva. STAT5b, c-Src, and EGFR signaling play integral roles in estrogen-stimulated proliferation of ER-positive breast cancer cells. *Mol Endocrinol* 2008; 22:1781-1796.
- Jagannathan J, Sheehan JP, Pouratian N, Laws ER, Steiner L, Vance ML. 2008 gamma knife radiosurgery for acromegaly: Outcomes after failed transsphenoidal surgery. *Neurosurgery* 62:1262-1269.
- Jahanshahi P, Wu R, Carter JD, Nunemaker CS. Evidence of diminished glucose stimulation and endoplasmic reticulum function in non-oscillatory pancreatic islets. *Endocrinology*. 2008 Sep 25. [Epub ahead of print]
- McCartney CR, Blank SK, Helm KD, Prendergast KA, Chhabra S, Marshall JC. Maturation of diurnal LH (GnRH) secretion across puberty: evidence for altered regulation in obese peripubertal girls. *J Clin Endocrinol Metab* published October 28, 2008 as doi:10.1210/jc.2008-1252
- Nass, R, Pezzoli SS, Oliveri MC, Patrie JT, Harrell FE, Clasey JL, Heymsfield SB, Bach MA, Vance ML, Thorner MO.

2008 Effects of an oral ghrelin mimetic on body composition and clinical outcomes in

health older adults. A randomized trial. *Ann Intern Med* 149:601-611. Patil CG, Prevedello DM, Lad SP, Vance ML, Thorner MO, Katznelson L, Laws ER. 2008 Late recurrences of Cushing's disease after initial successful transsphenoidal surgery. *J Clin Endocrinol Metab* 93:358-362.

- Prevedello DM, Pouratian N, Sherman J, Jane Jr, JA, Vance ML, Lopes MB, Laws ER. 2008 Management of Cushing's disease: outcome in patients with a microadenoma detected on pituitary magnetic resonance imaging. *J Neurosurg* 109:751-759.
- Vance ML. 2008 Pituitary adenoma: A Clinician's perspective. *Endocrine Practice*, 14:1-7.
- Wen J, Lu Y, Li R, Shupnik MA. Decreased BRCA1 confers tamoxifen resistance in breast cancer cells by altering Estrogen Receptor-coregulator interactions *Oncogene* ; doi:10.1038/onc.2008.405

## GENERAL MEDICINE, GERIATRICS, AND PALLIATIVE CARE NEWS

- Dr. Mohan M. Nadkarni has been appointed a member of National American College of Physicians Volunteerism Subcommittee for the 2009-2010 term.

## PUBLICATIONS/PRESENTATIONS

- Friesen L, Vidyarthi A, Baron R, Katz P, Factors Associated with Intern Fatigue, *J Gen Int Med*, Dec 2008.
- Recommendations for Preclerkship Clinical Skills Education for Undergraduate Medical Education: Task Force on Clinical Skills Education of Medical Students, Association of American Medical Colleges, Washington DC, November 2008. E Corbett, chair. This is the third AAMC monograph on clinical skills education produced under the leadership of Dr. Corbett. The purpose of the AAMC Task Force is to develop a national consensus regarding clinical skill competency development in medical education.
- Wu E, Elnicki M, Alper E, Bost J, Corbett E, et al. Procedural and Interpretive Skills of Medical Students: Experiences and Attitudes of Fourth-Year Students. *Acad Med* 83;10:s63-67, October 2008 Supplement

## GASTROENTEROLOGY AND HEPATOLOGY NEWS

- Congratulations to Nora Decher MS, RD who was recognized at American Dietetic Association Food and Nutrition Expo 2008, for receiving the Pennsylvania ADA Leadership Development Award, Chicago, IL.

## PUBLICATIONS/PRESENTATIONS

- Shami VM, Mahajan A, Sundaram V, Davis EM, Loch MM, Kahaleh M. Endoscopic ultrasound staging is adversely affected by placement of a self-expandable metal stent: fact or fiction? *Pancreas*. 2008 Nov;37(4):396-8.
- Phillips MS, Gosain S, Bonatti H, Friel CM, Ellen K, Northup PG, Kahaleh M. Enteral stents for malignancy: a report of 46 consecutive cases over 10 years, with critical review of complications. *J Gastrointest Surg*. 2008 Nov;12(11):2045-50.
- Dr. Curtis Argo gave a Transplant Plenary presentation at AASLD 2008 in San Francisco. The talk was entitled "Likelihood to Undergo Transplantation Varies Independently with Region of Listing in the MELD Era."
- Decher, NR, DJ Casa, et al. Hydration Status, Knowledge, and Behavior in Youths at Summer Sports Camps. *Intl J Sports Phys Performance*. 2008;3:262-278.
- Fessler T. Enteral feeding for patients with head and neck cancer. *Today's Dietitian* 2008;10(6):46-52.
- Fessler T. Malnutrition - a serious concern for hospitalized patients. *Today's Dietitian* 2008;10(7):44-48.
- Joe Krenitsky: 11/7/08 - Nutrition Support Update, Blue Ridge Dietetic Association Meeting, Charlottesville, VA.
- Parrish CR, McClave S. Checking Gastric Residual Volumes: A Practice in Search of Science? *Practical Gastroenterology* 2008; XXXII(10):33.
- Presentations by Carol Parrish, MS, RD: 10/28/08 - Nutritional Challenges of Absorption in Gastrointestinal Surgery, American Dietetic Association Food and Nutrition Expo 2008, Chicago, IL. 10/25/08 - Enteral Feeding: The Practice vs the Evidence. Nestle Nutrition Annual Conference: Keeping Current - Topics in Nutrition. Vancouver, British Columbia. 10/25/08 - Parenteral Nutrition - passe in patients with pancreatitis? Nestle Nutrition Annual Conference: Keeping Current - Topics in Nutrition. Vancouver, British Columbia. 10/21/08 - Nutritional Care of the Patient with Diabetes Mellitus & Gastroparesis. Certified Virginia Diabetes Educators Seminar, Charlottesville, VA.

## HEMATOLOGY/ONCOLOGY NEWS

- Gail Macik was elected to the 2008 Best Doctors in America

## PUBLICATIONS

- Greer JP, Williams ME. Non-Hodgkin Lymphoma in Adults. *Wintrobe's Clinical Hematology*, 12th Edition. Lippincott Williams & Wilkins, Baltimore, MD. 2008.

- 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]
- Michael E. Williams presented at the Lymphoma Research Foundation, North American Educational Forum on Lymphoma. New Treatment Modalities in Lymphoma; Mantle cell lymphoma. San Francisco, September 2008
- Paula M. Fracasso 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.
- Gail Macik presented grand rounds at the Winchester Medical Center in Sep. and at the Roanoke Memorial Hospital in Oct. Dr. Macik also was a speaker on Heparin Induced Thrombocytopenia at the Virginia association of Hematologists and Oncologists.

## INFECTIOUS DISEASES AND INTERNATIONAL HEALTH NEWS

- The Scheld Laboratory Group presented eight abstracts (four oral, four posters) at the 48th ICAAC/IDSA 46th Annual Meeting – October 25-28, 2008 in Washington, D.C.
- Rebecca Dillingham has received a bequest of \$250,000 to continue a collaborative research project with Garrick Louis of the School of Engineering and Applied Sciences in the Limpopo Province of South Africa. The project is developing a model that links evaluation and improvement of access to water and sanitation to health metrics. The model will also be used to identify strategies to improve water and sanitation infrastructure in the partner community."
- Rebecca Dillingham has been awarded the 2008 Dean's Award for Excellence in Teaching.
- Brian Wispelwey has received a letter from the Board of Visitors confirming him as the William S. Jordan Professor of Epidemiology in Medicine.

## PUBLICATIONS

- Aiping Qin, David W. Scott, Jennifer A. Thompson, and Barbara J. Mann. Identification of an essential *Francisella tularensis* subsp. *Tularensis* virulence factor. *Infect. Immun.* published 3 November 2008.
- Moore CC, Martin EN, Lee GH, Obrig T, Linden J, Scheld WM. An A2A adenosine receptor agonist, ATL313, reduces inflammation and improves survival in murine septic shock models. *BMC Infect Dis.* 2008 Oct 20;8(1):141.
- C.C. Moore, E. Musie, S. Van Ierssel, J. Hogan, E. Martin, W. Scheld; Invited oral presentation, Abstract B-3709. The Protective Effect of an A2a Adenosine Receptor Agonist During *Streptococcus pneumoniae* Severe Sepsis is Dependent Upon Hematopoietic Cells. 48th Annual ICAAC/IDSA 46th Annual Meeting, Washington, D.C.-October 28, 2008.
- Rao S, Solaymani-Mohammadi S, Petri WA Jr., Parker, SK. Hepatic Amebiasis: A Reminder of the Complications. *Current Opinion in Pediatrics*, in press 2008.
- Panigrahi SK, Jhingan G, Som I, Bhattacharya A, Petri WA Jr., Bhattacharya S. Promoter analysis of palindromic transcription units in the ribosomal DNA circle of *Entamoeba histolytica*. *Eukaryotic Cell*, in press 2008.

## GRANTS

- William Petri has received a grant from the Bill and Melinda Gates Foundation for the funding period of 10/1/2008 - 8/31/2011; Annual Direct Costs: \$2,079,602; Total Award: \$6,820,437, entitled, Study of Risk Factors for Malnutrition using Molecular and Genomic Tools.
- Michael Scheld is an integral participant in a large grant recently funded by the Bill and Melinda Gates Foundation to examine best practices for the training of clinical officers in the diagnosis and management of infectious diseases in resource-limited settings entitled, "Integrated infectious disease capacity-building program". The principal investigator is Marcia Weaver, of I-Tech at the University of Washington and the grant will be managed by the Accordia Global Health Foundation. Total direct costs exceed \$12 million over three years (approximately 80% of which is subcontracted to partners, that is, the Infectious Diseases Institute of Makerere University, Ministry of Health etc) in Uganda.
- Michael Scheld was recently awarded a grant from Wyeth (approximately \$70,000 in direct costs) to support studies on the response to therapy of KPC-producing organisms in a mouse model. Costi Sifri is a co-investigator on this award.

## NEPHROLOGY NEWS

- Dr. Rasheed Balogun directed the first ever Therapeutic Apheresis Academy on September 25 - 27, 2008 at Jordan Hall Conference Center. This national educational conference included expert UVA, national and international faculty speakers and close to 100 registered participants from all regions of the country. Because of its success this inaugural conference will continue annually.

- Congratulations to Alaa Awad who has received a competitive travel grant from the American Society of Nephrology to attend a Gordon Conference.
- Dr. Mark Okusa: Symposium Speaker <sup>3</sup>Targeting dendritic cell-mediated immune responses in acute kidney injury<sup>2</sup> in Targeting repair Mechanisms in Acute Kidney Injury, Annual Meeting of the American Society of Nephrology, November 6-9, 2008. Philadelphia, Pennsylvania

#### PUBLICATIONS

- Awad, A, Michael Rouse, L. Huang, A. L. Vergis, J. Reutershan, J. Linden and M. D. Okusa Neutrophil Transmigration Following kidney ischemia-reperfusion injury. in press Kidney Int. 2008.

#### RESIDENCY AND FELLOWSHIP

##### PUBLICATIONS

- Sally Miller (Fellowship Administrator) had an article in HCPro's Residency Connection section, about the applicant interview process, and how best to tailor the presentation of your program to the applicants who are visiting. The full article can be read here: <http://www.hcpro.com/content/222684.cfm>



# CHECK LIST FOR PRE-APPROVAL TRAVEL

Attach this form to your Travel Workbooks

## Documentation needed to prepare pre-approve travel workbook for PI/traveler

- Name of Traveler
- Departure and Return Dates
- Conference Registration, Conference/Meeting Itinerary (review for inclusion of meals) and Location
- P-Card usage to be put on workbook (if P-card used place deduction in *less amount not allowed by department* space)
- Transportation Itinerary
- Hotel Information
- PTAO to charge anticipated travel expenses \_\_\_\_\_  
Local PTAO if 1<sup>st</sup> is State and if overage are allowed
- Copy of the BBA expense report to ensure funds are available and that travel is budgeted
- Provide copy of current geographical lodging per diem meal limits from procurement site
- Complete Pre-Approval travel workbook (*prior to departure to trip*) signed by traveler and supervisor
- Travel Workbook signed by traveler and supervisor
- Submit to Division Administrator or Designee in your area for review, Division Admin or Designee signs off on Check list. Then submits it to DOM for final approval
- DoM review and signs workbook and return to \_\_\_\_\_  
(Division travel representative name)
- Before leaving for conference/meeting, **PLEASE REMIND TRAVELER** to submit all original receipts once returned from conference/meeting.
- Submit all receipts and pre approval workbook to accounts payable and keep copy for your records.  
If travel exceeds 10% over the estimated cost, you must submit original travel workbook to DoM for signature.

### Documents needed after the trip:

Zero Balanced – Airfare cost, Registration fees, Hotel bill  
 Original – Board pass, all taxi, shuttle, bus receipts, meal receipts

Return: Explanation of items highlighted above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## TRAVEL TIPS

1. If you register for conference early, please book your air fare early to keep costs low.
2. A traveler must eat meals that are provided as a part of the conference they are attending. Other meals will not be reimbursed.
3. The boarding pass -- don't come home without it!
4. All original receipts must be turned in regardless of any per diem rate.
5. The Department will only reimburse for travel expenses up to the per diem amounts as listed by the University.
6. Make copies of all of your paperwork before turning it into your division's designated travel reviewer.
7. When using your personal car for work related travel, your travel/mileage calculations must begin from your place of work. Use MapQuest for this purpose. Do one query for the roundtrip to destination, as in the hotel, and one for roundtrip to the conference, or work related activity, in case this conference/activity is located away from the hotel. Include the MapQuest paperwork with the summary paperwork.
8. Be sure to do all pre-travel well in advance of trip.