

The State of Our Department 2017

Seth Landefeld, MD, Chair

September 27, 2017

Our Mission

To improve the health and well-being of society, particularly the citizens of Alabama

Our Vision

A world where people live well
as long as possible

5 Strategic Priorities

Elizabeth Turnipseed



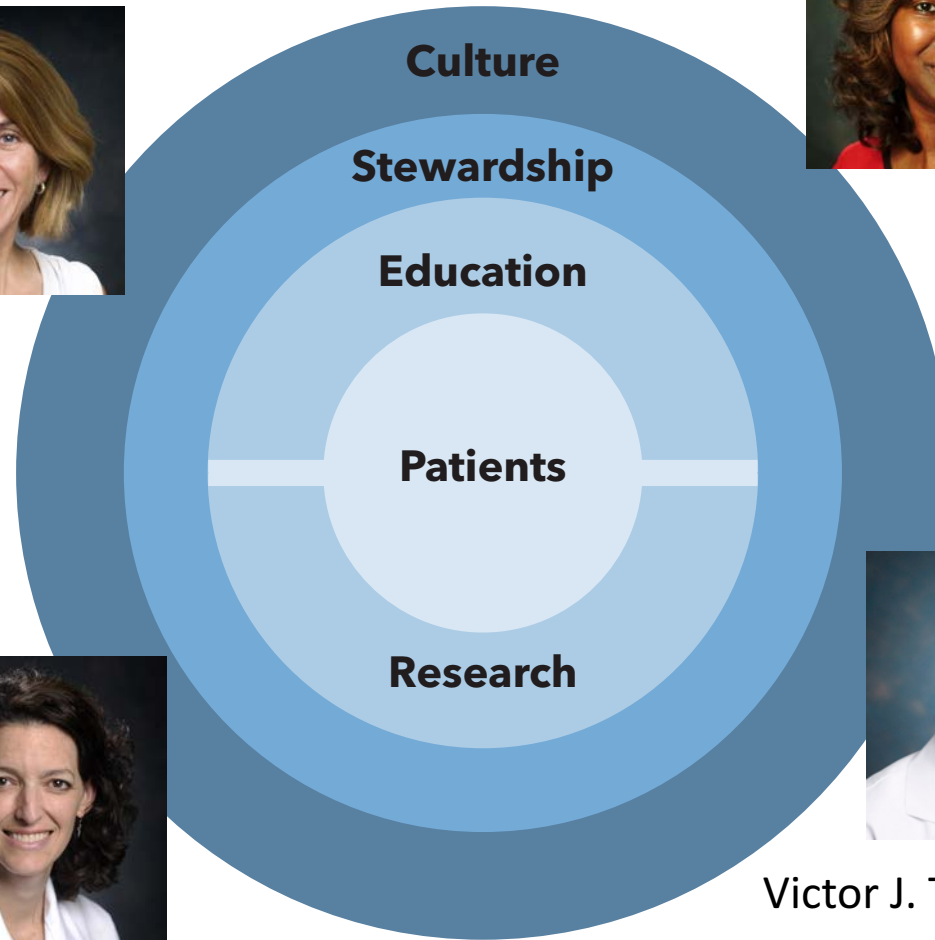
Jim Johnson



John Kennedy



Lisa Willett



Monica Baskin



Stu Frank



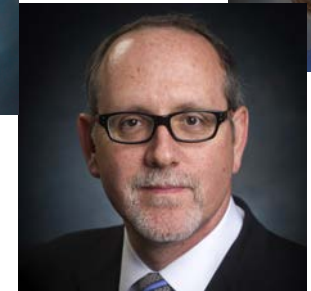
Bob Bourge



Cindy Joiner



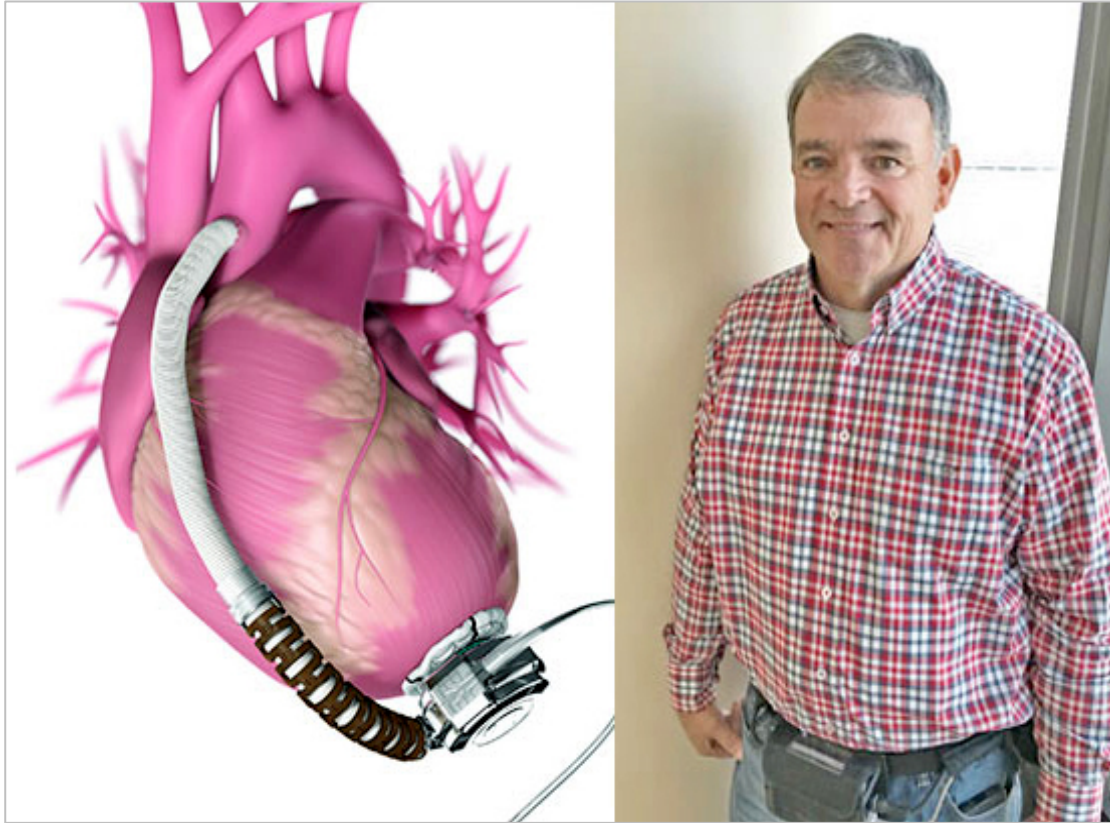
Victor J. Thannickal



Ken Saag

Patients

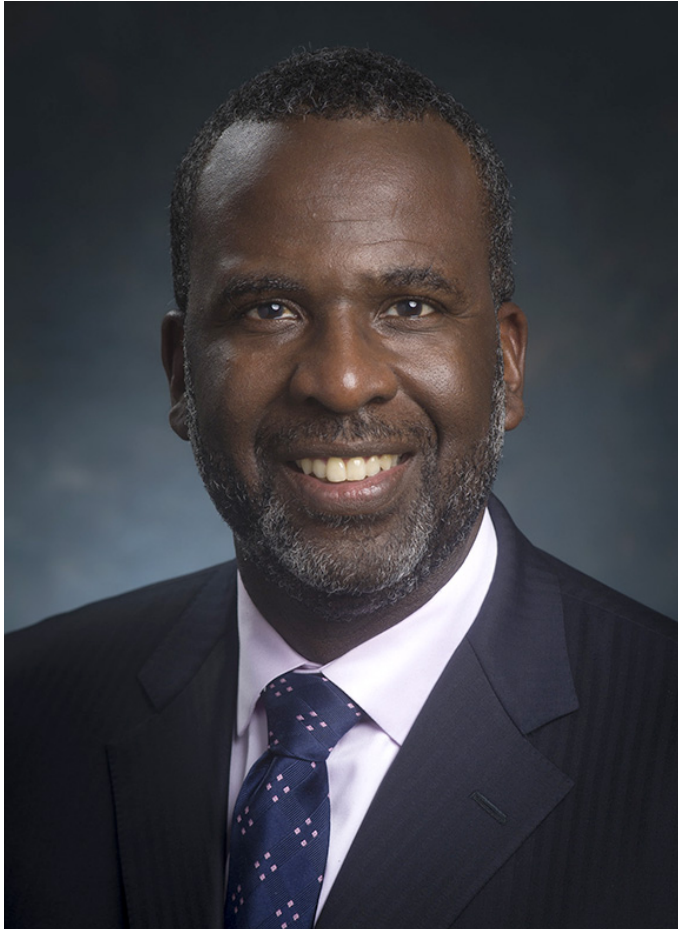
James Ward, Former Firefighter from Dothan



"In 2001, I couldn't walk from my vehicle to my office. Now I can walk."

A patient of Dr. Salpy Pamboukian, Professor, Cardiovascular Disease

Durant Leads Cooper Green Mercy Health Services

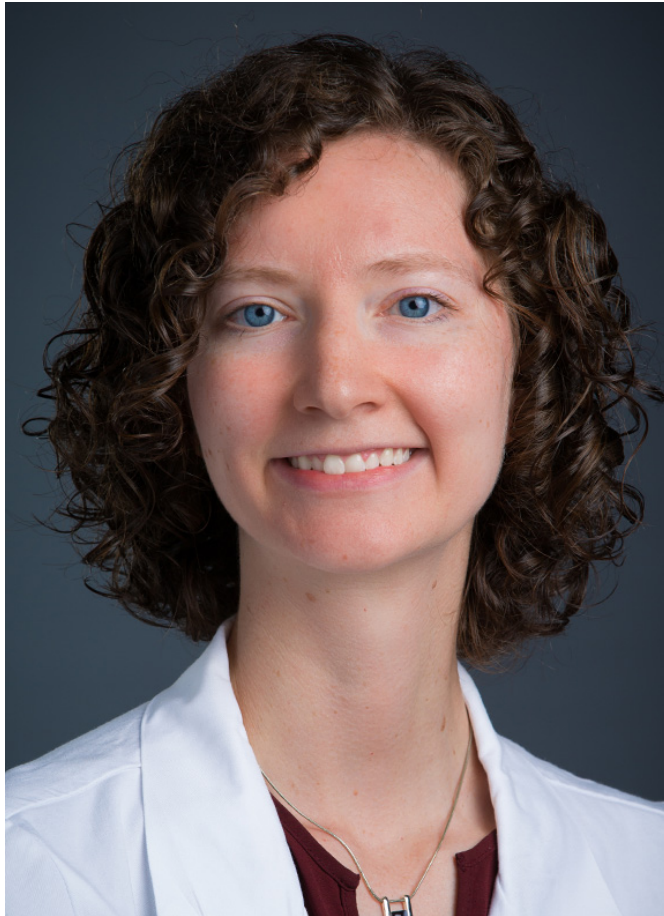


Life expectancy has increased
for poor men in Birmingham

(JAMA 2016; 315: 1750.)

Raegan Durant, MD
Associate Professor, Preventive Medicine

Treatment at Home for Patients with Serious Infection and IV Drug Use



Gets people home
3 weeks earlier.

Rachael Lee, MD
Assistant Professor, Infectious Diseases

Uzendu Completes Residency

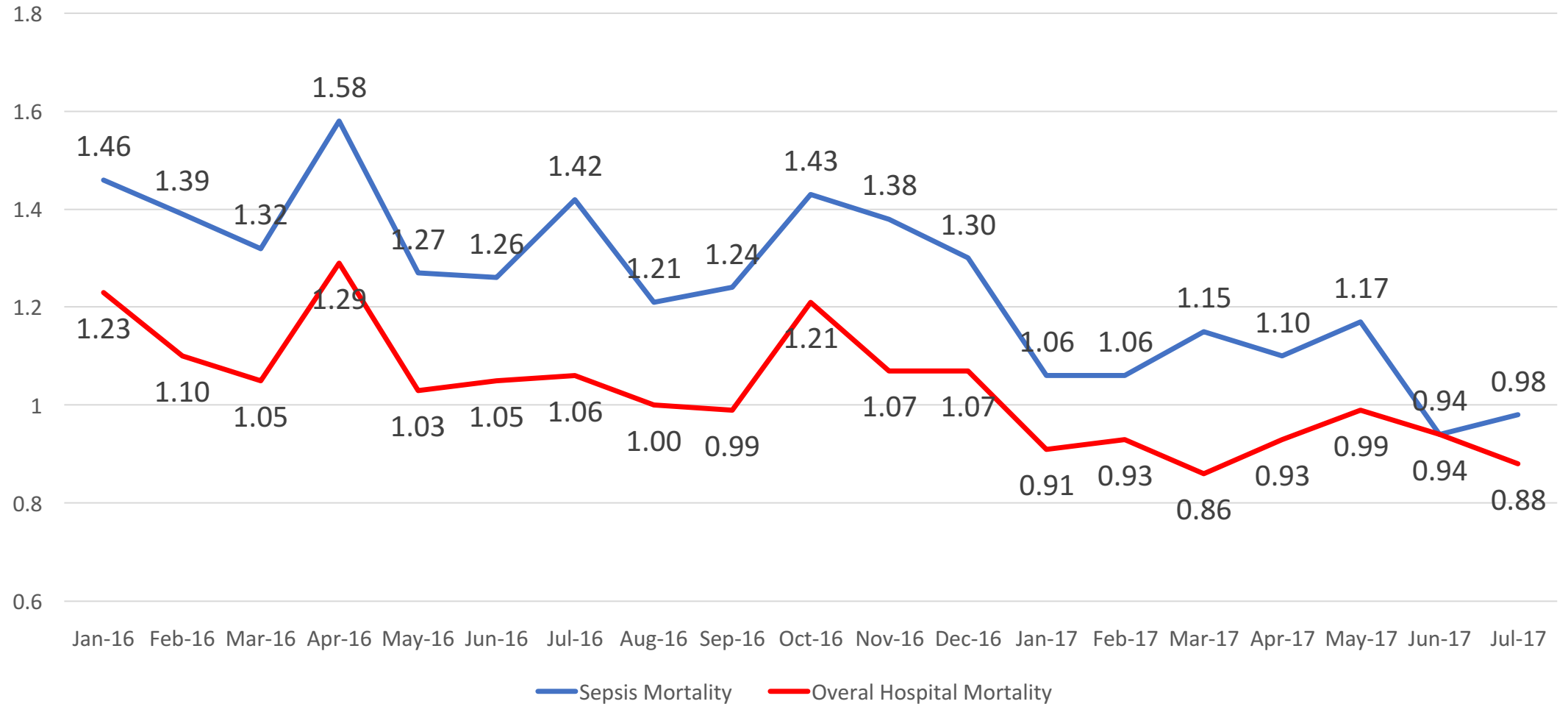


Dr. Anezi Uzendu had a cardiac arrest playing basketball, returned to work 6 weeks later, and completed residency.

He's now a Cardiology Fellow at Ohio State.

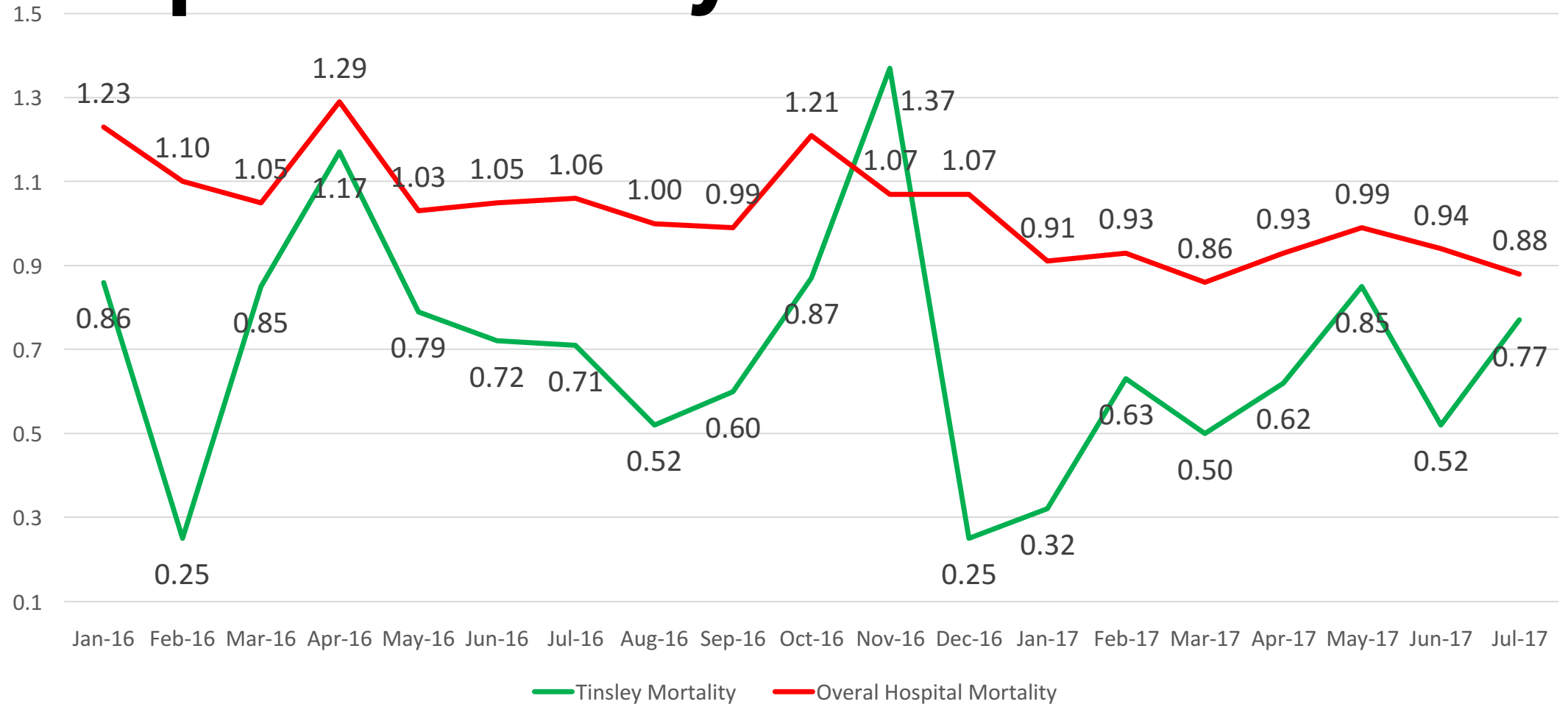
IM Residency Program
Director Lisa Willett, MD, with
Anezi Uzendu, MD

Sepsis and Hospital Mortality Fall



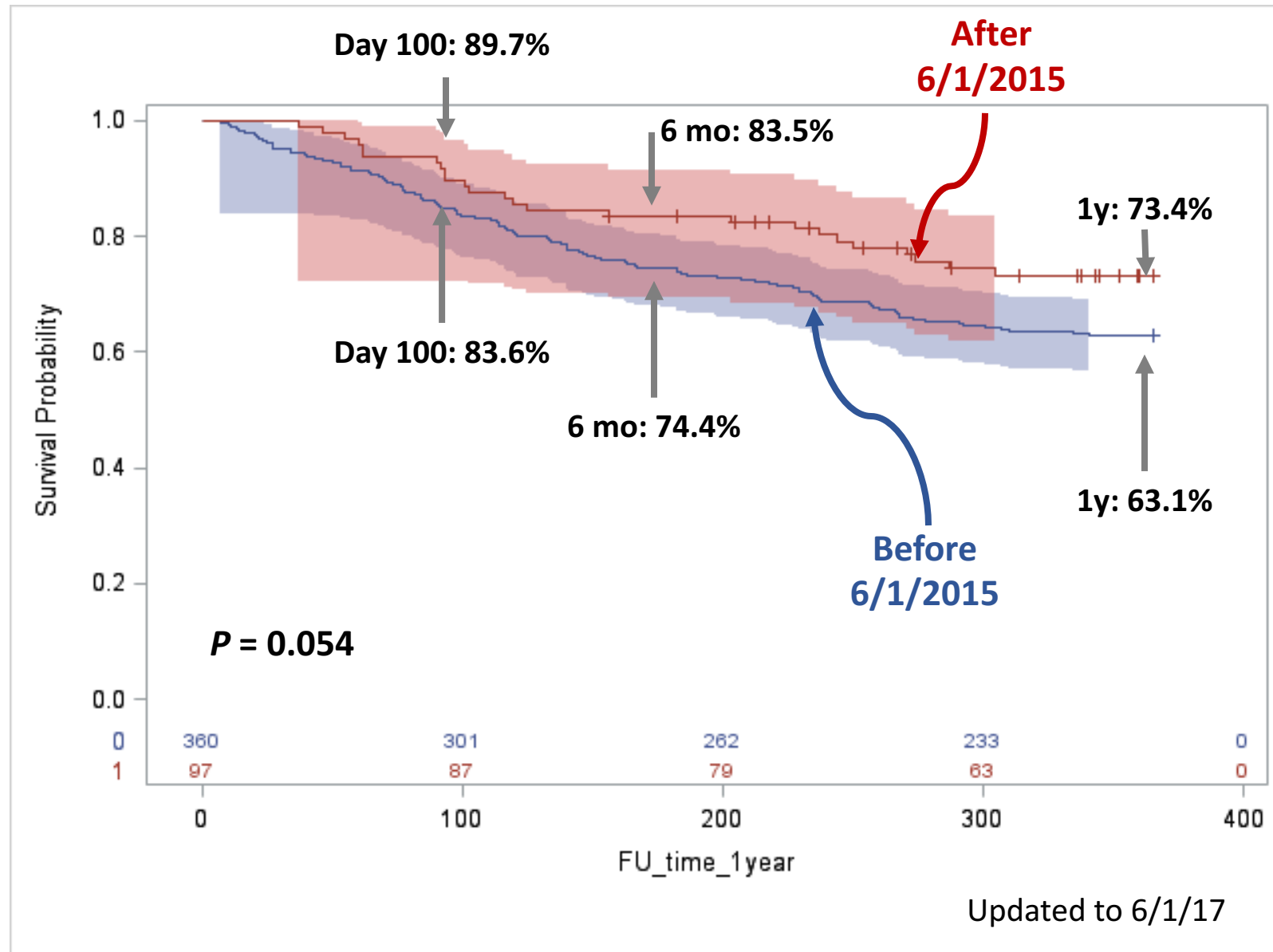
Important Notice: This communication and attached information were prepared at your request for utilization review, quality assurance, accreditation and/or credentialing activities of UAB Medicine ("Approved Activities"). The information is privileged and confidential pursuant to Code of Alabama Sections 22-21-8 and 34-24-58 and you must ensure the information remains confidential. This information may be used only for the Approved Activities by individuals involved in those activities. You are prohibited from disclosing this information to anyone else for any purpose, other than the Approved Activities. When you no longer need the information for the Approved Activities, you are required to destroy the information.

Tinsley Mortality Lower than Overall Hospital Mortality

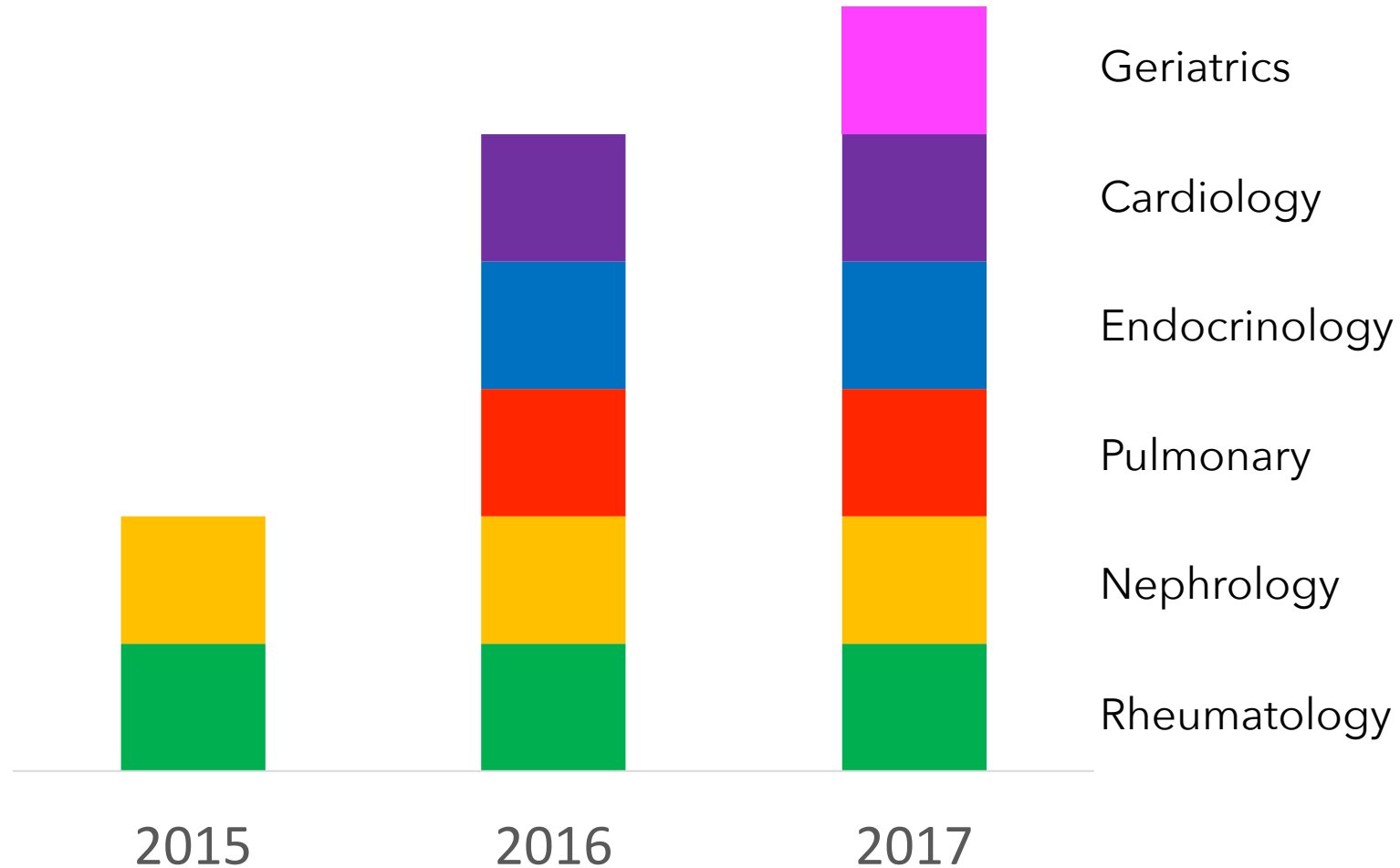


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Allogeneic BMT Survival Improved



USNWR Top 50 Programs



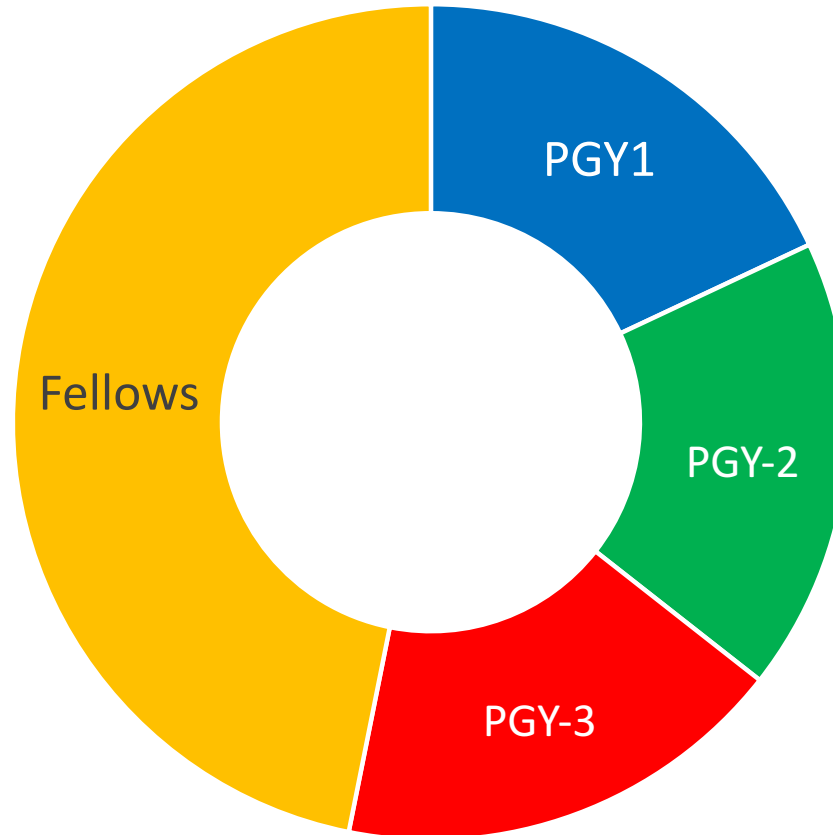
Top 2017 Priorities

- ✓ Improve quality
- ✓ Improve timeliness of consultations
- ✓ Establish Clinical Efficiency Team

Education



Residents and Fellows



118 Residents

- 31% Women
- 9% URiM
- 14% AOA
- 45 Schools

104 Fellows

- 14 Programs

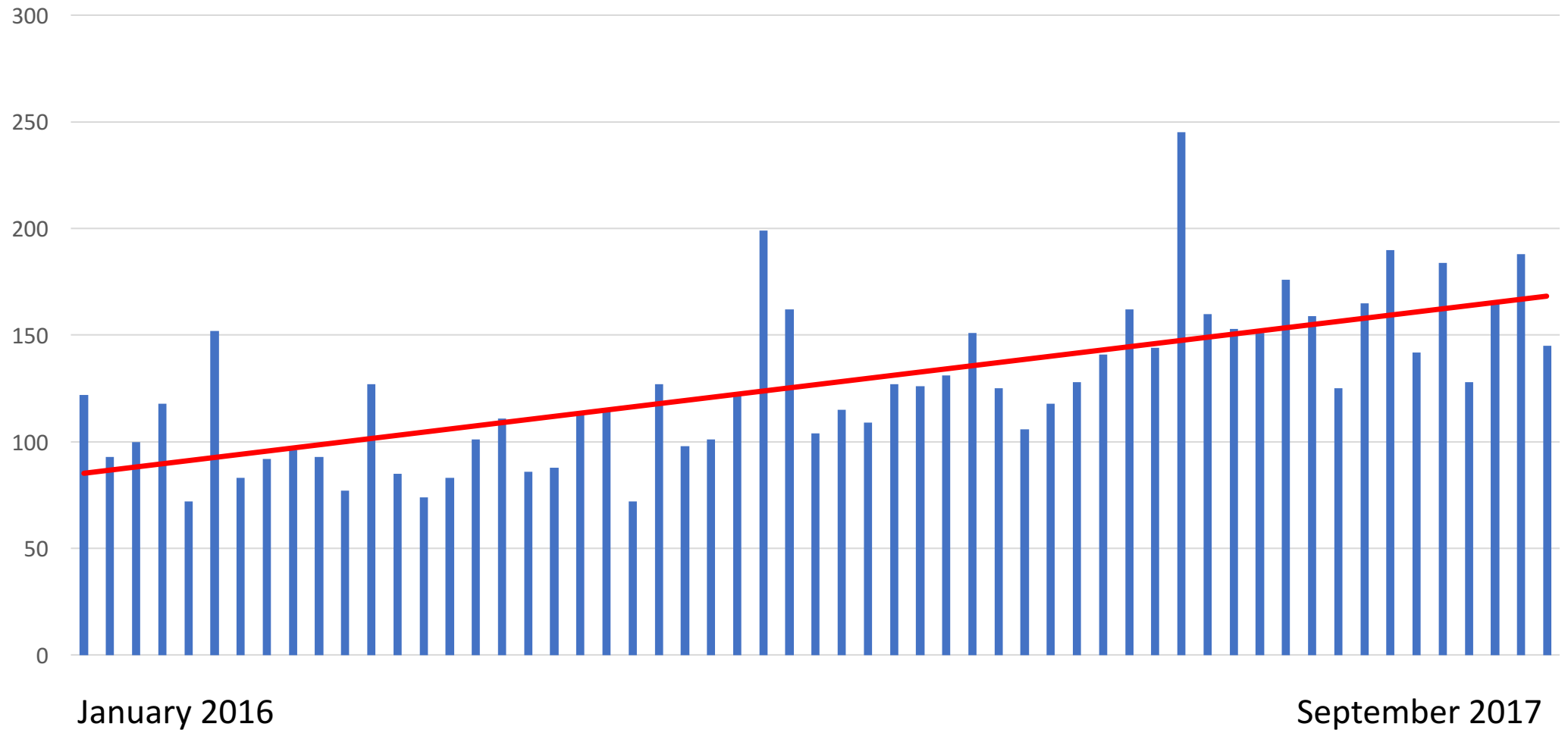
ACGME Site Visit 2017

- Residency and all Fellowships fully accredited for 10 years
- 0 citations for Residency and 13 Fellowships
- Excellence without ego:
 - "Strong focus on education"
 - "Welcoming"
 - "Many best practices"

Argus Awards

- Harish Doppalapudi, MD
- Michael Saag, MD
- Kevin Leon, MD
- James Willig, MD
- Vineeta Kumar, MD
- Shawn Galin, PhD
- Winter Williams, MD

MGR Attendance





IM Residents Practice Central Venous Line Placement

Chief Medical Residents Rob Smola and Amanda Brito guide simulated CVL procedures

Painful Weight Loss- Making the "Arcuate" Diagnosis

Stephen Stuart, MD; Ramya Singireddy, MS; Winter Williams, MD



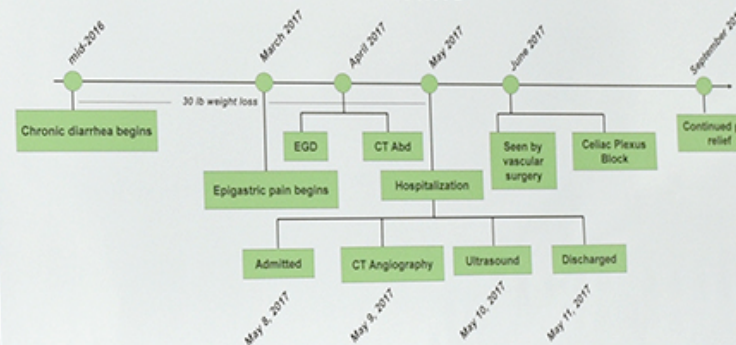
Learning Objectives

1. Recognize MALS (Median Arcuate Ligament Syndrome) as a cause of undiagnosed abdominal pain and weight loss.
2. Understand how to diagnose and treat MALS.

Background

- MALS is a rare cause of abdominal pain via compression of celiac artery by the diaphragmatic crura
- Manifests as abdominal pain, weight loss, nausea and vomiting, and diarrhea
- Diagnosed by CT Angiography and Doppler ultrasound
- Treated by surgical celiac decompression or laparotomy

Timeline



Discussion

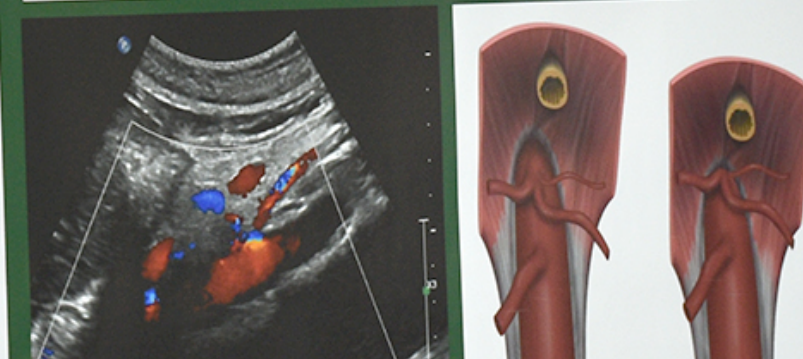
Our case illustrates the challenge of accurately diagnosing a rare cause of a common problem, particularly when facing multiple confounders such as prior *C. difficile* infection and CVID, which can itself manifest with gastrointestinal symptoms. This condition went undiagnosed for months despite an extensive workup and led to a significantly reduced quality of life for our patient. MALS should be considered for refractory abdominal pain that persists despite an unrevealing initial workup given the effective diagnostic modalities and treatment.

Work up Prior to D

Imaging: CT Abdomen/Pelvis
Procedure: EGD
Malabsorption: Fecal fat, carotene, W
Labs: TSH/T4, AST/ALT, INR, Bilirubin,
Infectious: Fecal Culture, Giardia, C.diff

Take Home Points

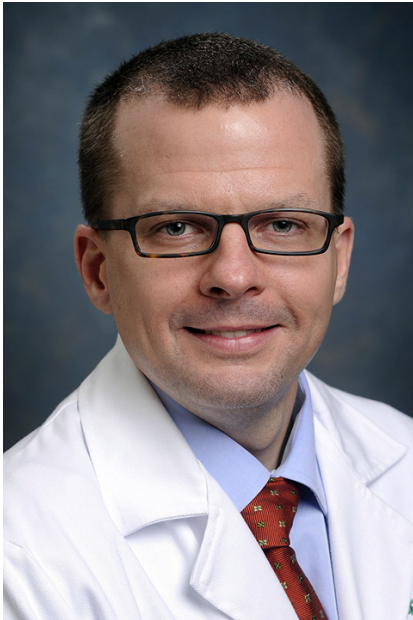
- Myriad of causes of abdominal pain
- Consider vascular compression in patient with refractory abdominal work up



RIME Week Showcases Innovation in Medical Education

Clinical Vignette Winner Stephen Stuart, MD (PGY-2)

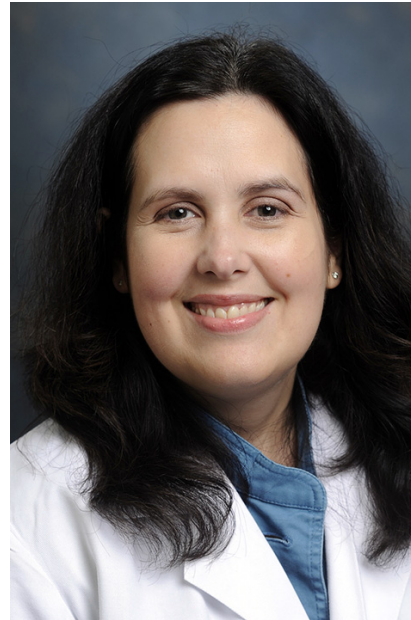
Vaughan Develops First Outpatient Experiences in TKC for MS3s



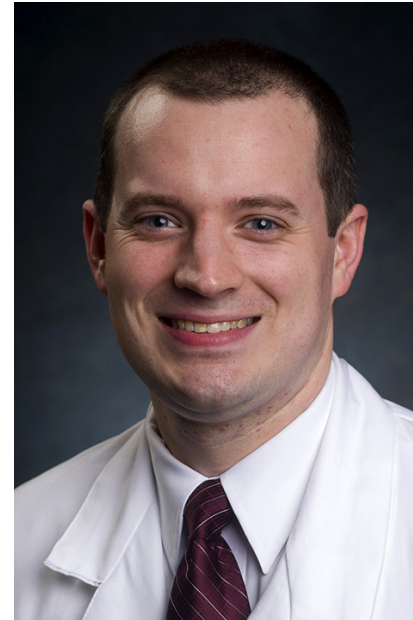
**T. Brooks
Vaughan, MD**



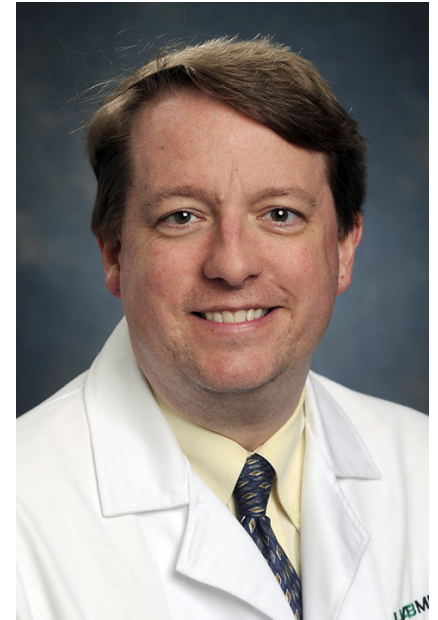
**James E.
Williams Jr., MD**



**Jennifer R.
Vigil, MD**



**Stephen G.
Bell, MD**



**Stephen W.
Stair, MD**

Top 2017 Priorities

- ✓ Improve Medical Grand Rounds
- ✓ Annual Reviews include education activities
- ✓ Expand efforts to promote inclusion and diversity

Research

7 Faculty Receive K Awards

Latesha Elope, ID

Nathaniel Erdmann, ID

Aadia Rana, ID

Bhupesh Panwar, Nephrology

Joshua Speed, Nephrology

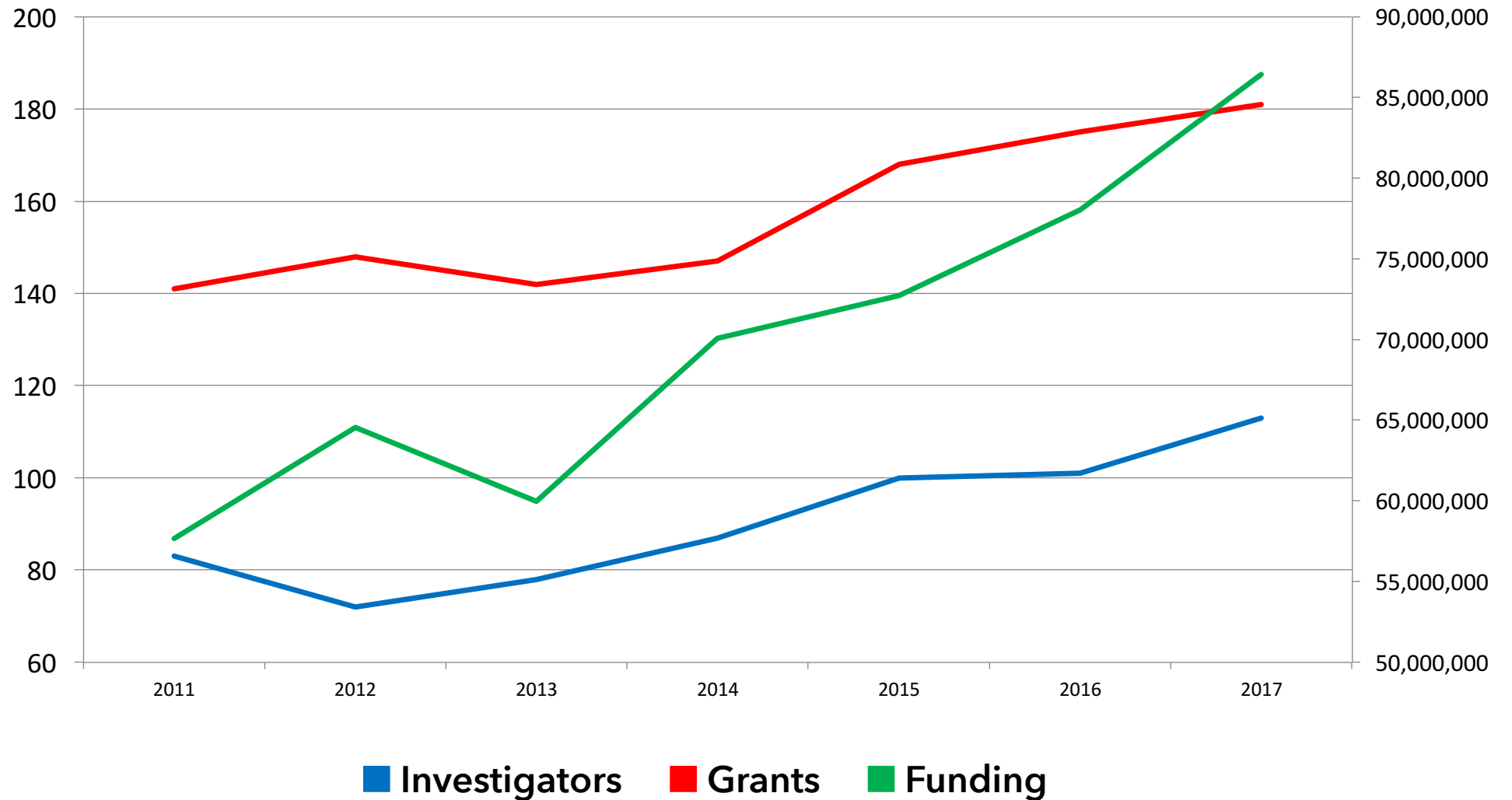
Susan Birket, Pulmonary

Sunad Rangarajan, Pulmonary

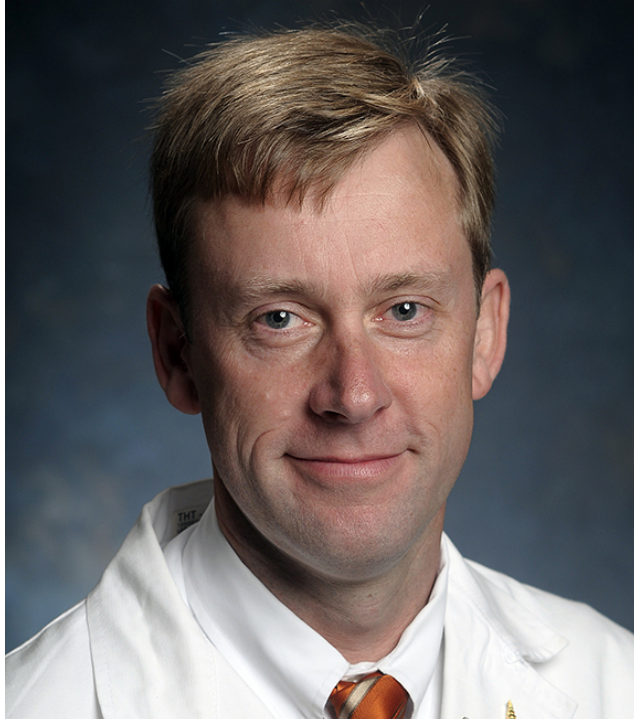
NIH Grants by Type

	2013	2014	2015	2016	2017
K Awards					
DOM	10	13	22	23	29
T Awards					
DOM	5	7	9	9	9
R Awards					
DOM	75	73	93	92	87

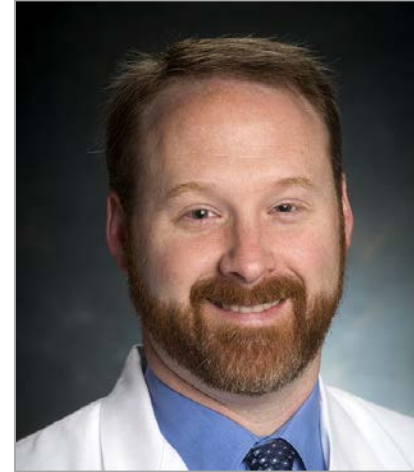
Research: NIH Funding



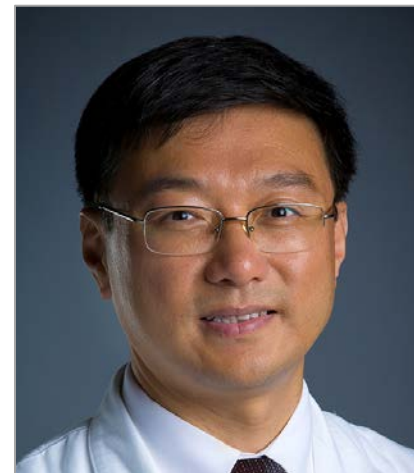
Research Honors: American Society for Clinical Investigation



Elected Member:
Mark Dransfield, MD
*Professor, Pulmonary, Allergy,
and Critical Care*



Young Physician-Scientist
J. Michael Wells, MD
*Assistant Professor, Pulmonary,
Allergy and Critical Care*



Young Physician-Scientist
Min Xie, MD, PhD
*Assistant Professor,
Cardiovascular Disease*

2017 Pittman Scholars



Ganesh Halade, PhD

*Cardiovascular
Disease*



Surya Bhatt, MD

*Pulmonary, Allergy, and
Critical Care Medicine*



Kirk Habegger, PhD

*Diabetes, Endocrinology,
and Metabolism*



Chad Hunter, PhD

*Diabetes, Endocrinology, and
Metabolism*



An Exciting First: Two Harold Amos Scholars in DOM!

Latesha Eloppe, MD, MSPH, and Gregory Payne, MD, PhD

Top 2017 Priorities

- ✓ Increase NIH funding to \$85M
- ✓ Evaluate the percent effort expectations
- ✓ Design incentive/reward program for highly funded research faculty

Stewardship

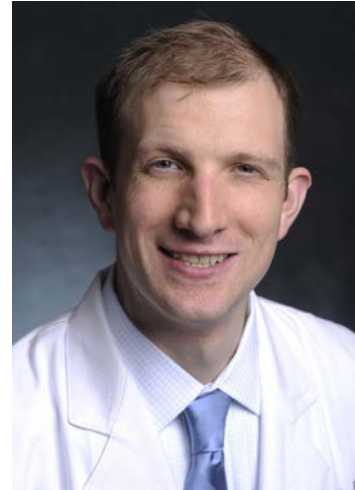
Promotions to Associate Professor



Julian Booker



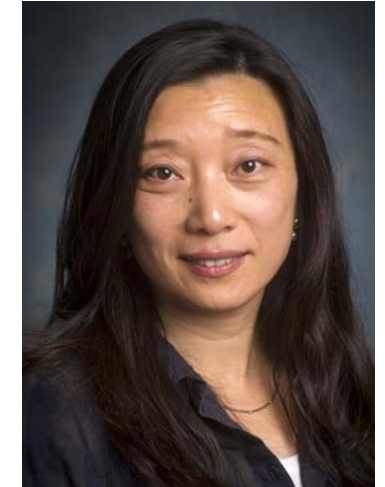
Jeonga Kim



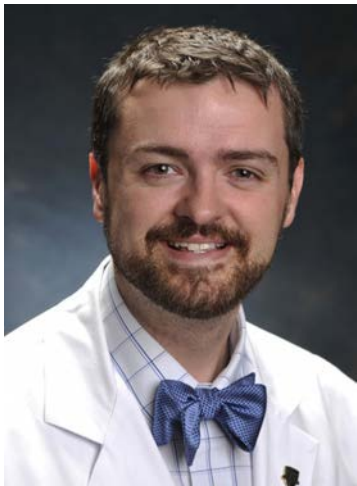
Ryan Kraemer



Surya Bhatt



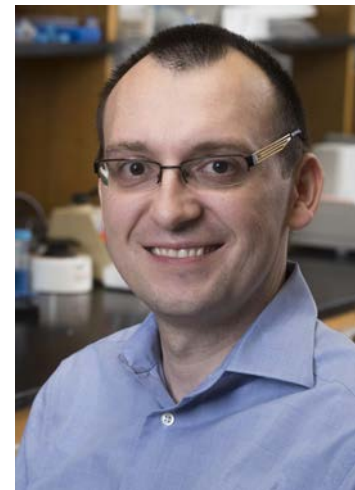
Yan Sanders



Eric Wallace



James Willig



Frank Wolschendorf



Christina Muzny

Promotions to Professor



Teri Bryan



Terry Shaneyfelt



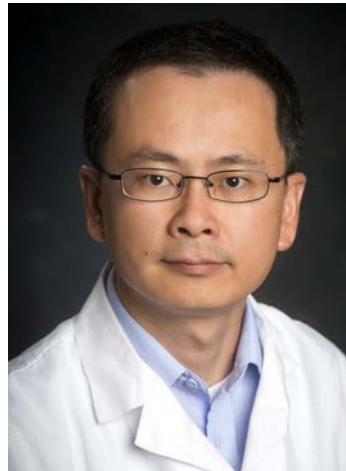
Laura Hughes



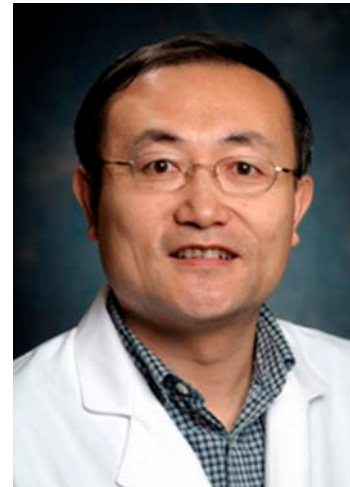
Stefan Kertesz



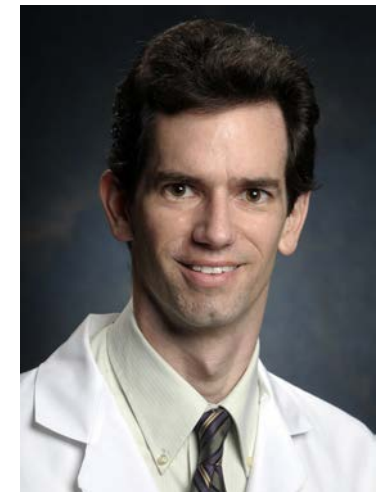
Vineeta Kumar



Gang Liu

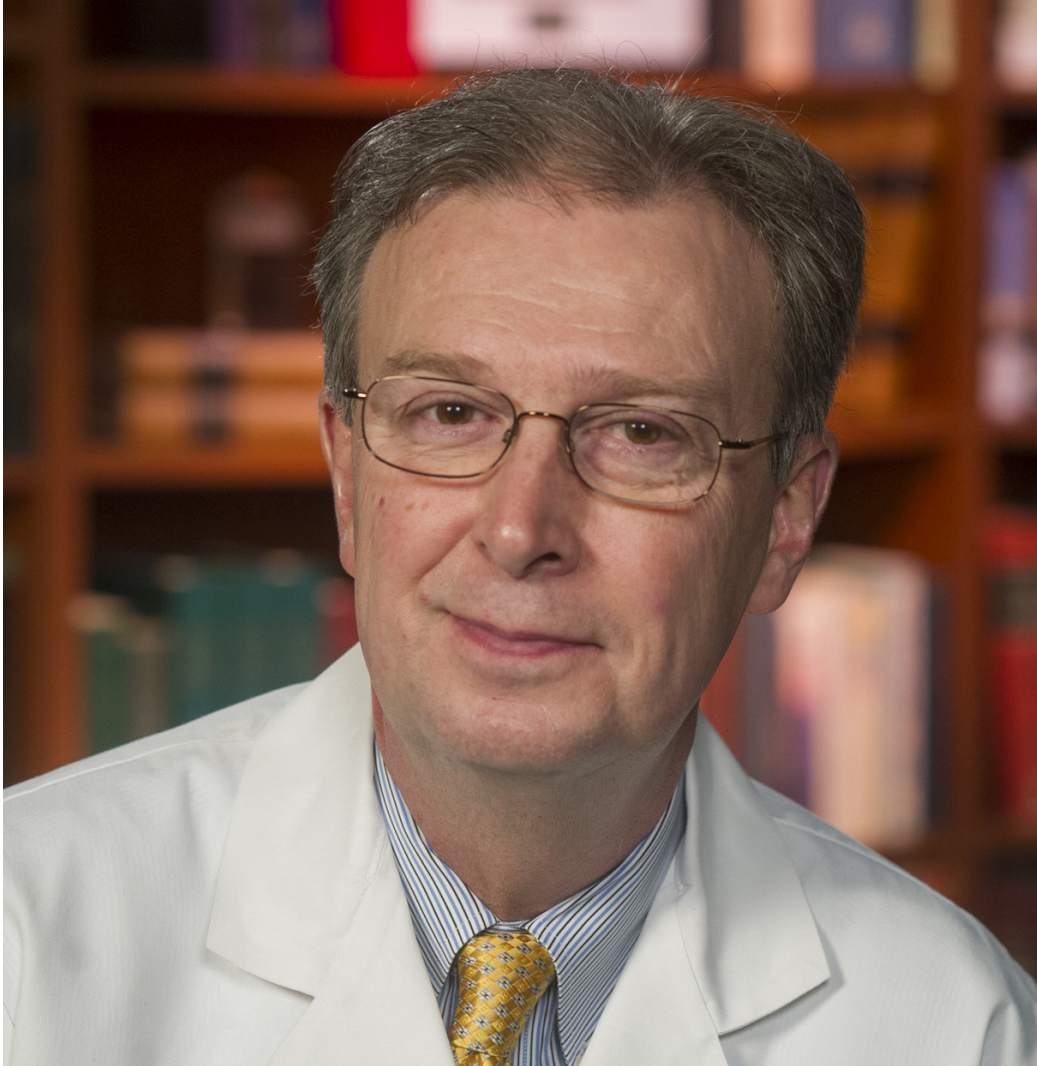


Quiang (John) Ding



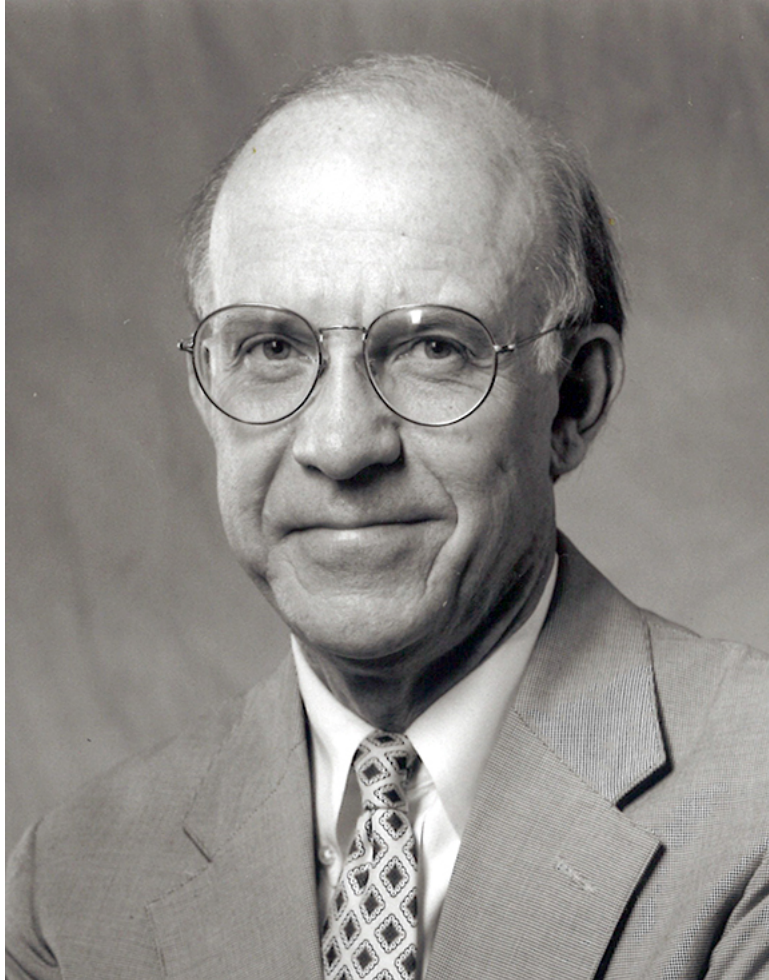
Keith Wille

Robert Gaston, MD, Retires



Executive Director
Comprehensive
Transplant Institute

William "Bill" Dismukes, MD



Beloved colleague and
incomparable role model.

Professor of Medicine & Microbiology
February 18, 1939 - June 19, 2017

2017 SOM Dean's Excellence Awards



Diversity, Senior Faculty
Raegan Durant, MD, MPH
Associate Professor,
Preventive Medicine



Mentorship, Senior Faculty
Ken Saag, MD, MSc
Professor, Clinical Immunology
and Rheumatology

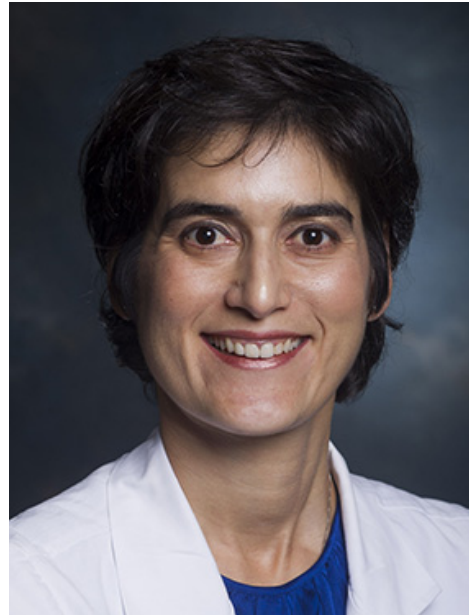


Research, Junior Faculty
Surya Bhatt, MD
Associate Professor, Pulmonary
Allergy, and Critical Care

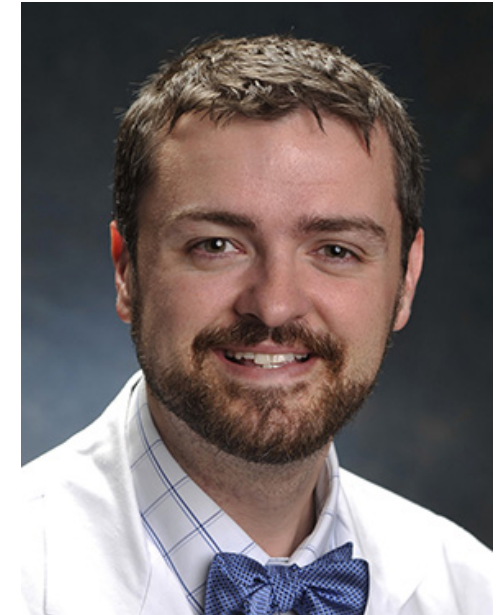
2017 SOM Dean's Excellence Awards



Service, Senior Faculty
Stefan Kertesz, MD, MSc
Professor,
Preventive Medicine

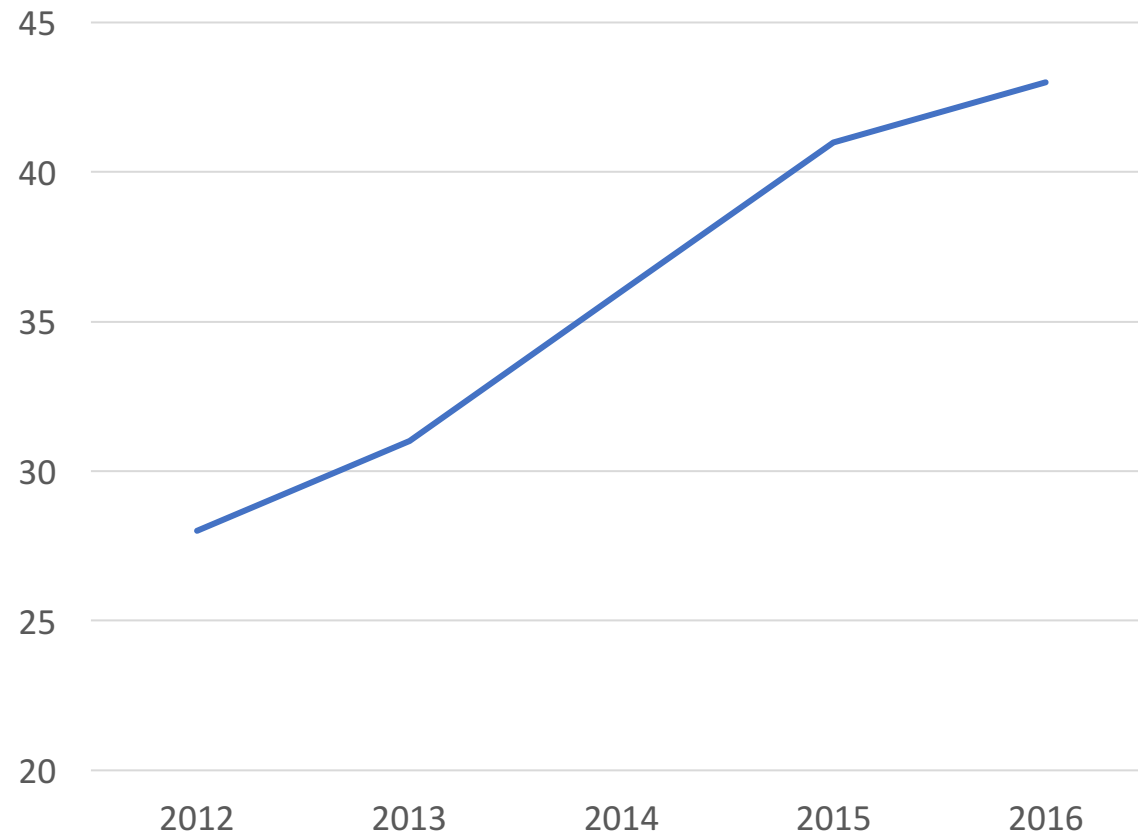


Service, Junior Faculty
Marianthe Grammas, MD
Assist. Professor, Gerontology,
Geriatrics, and Palliative Care



Service, Junior Faculty
Eric Wallace, MD
Assistant Professor,
Nephrology

Philanthropy: Endowed Positions

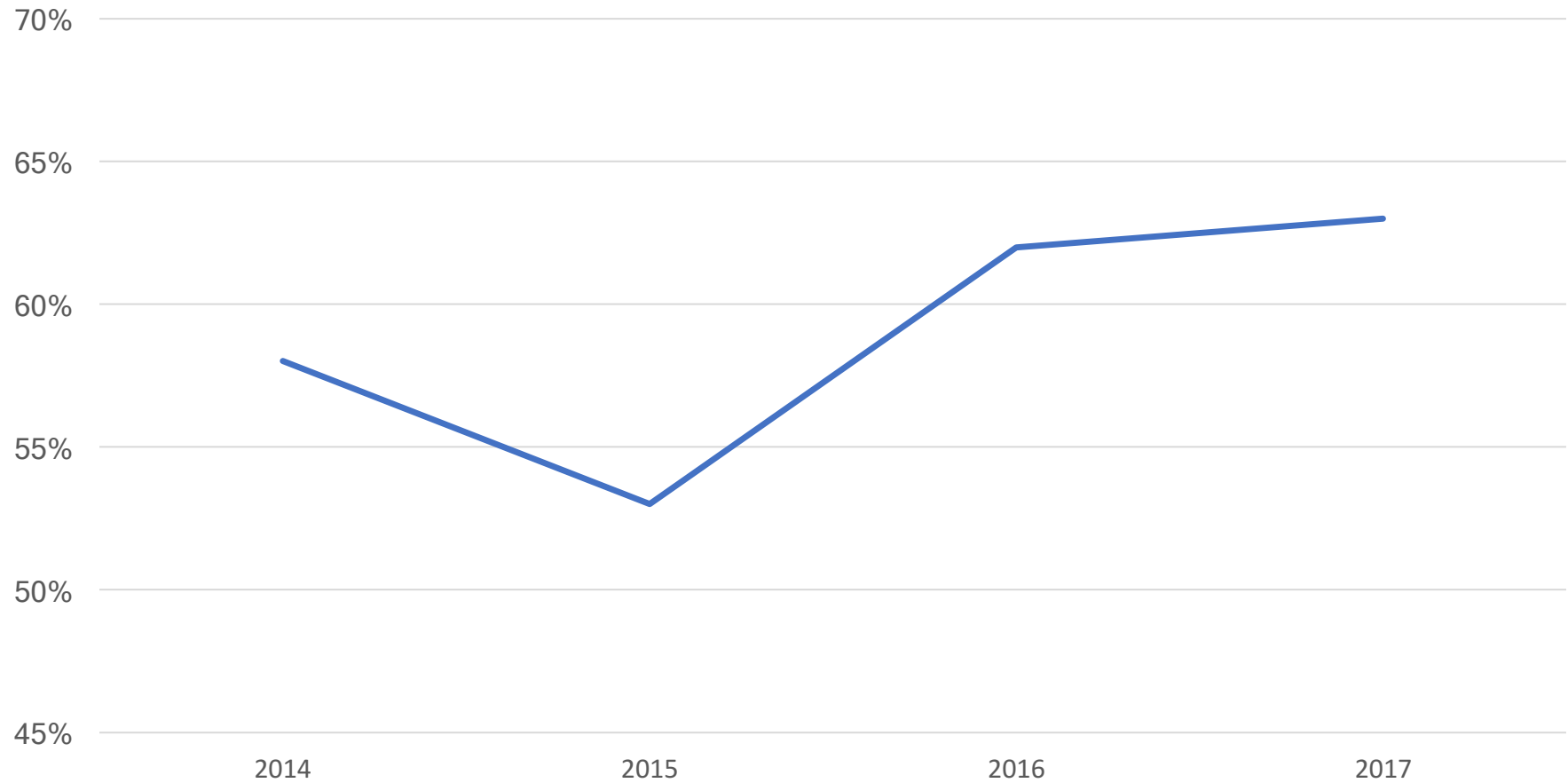


Nanda Endowed Scholar in
Echocardiography:
Drs. Navin & Booker

Leadership DOM

- Division Directors and Vice Chairs
- 60 Faculty and Staff

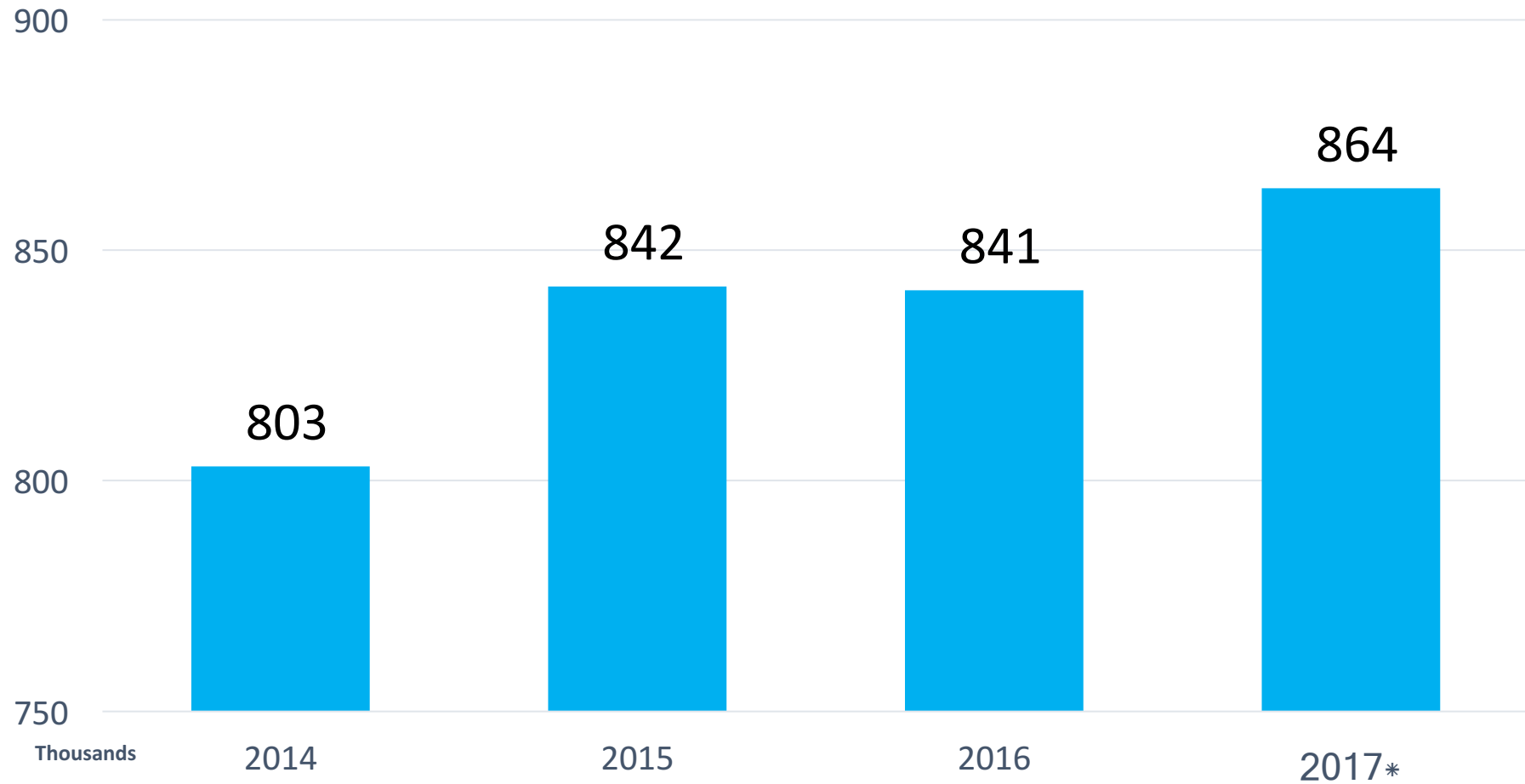
Salary \geq AAMC Median



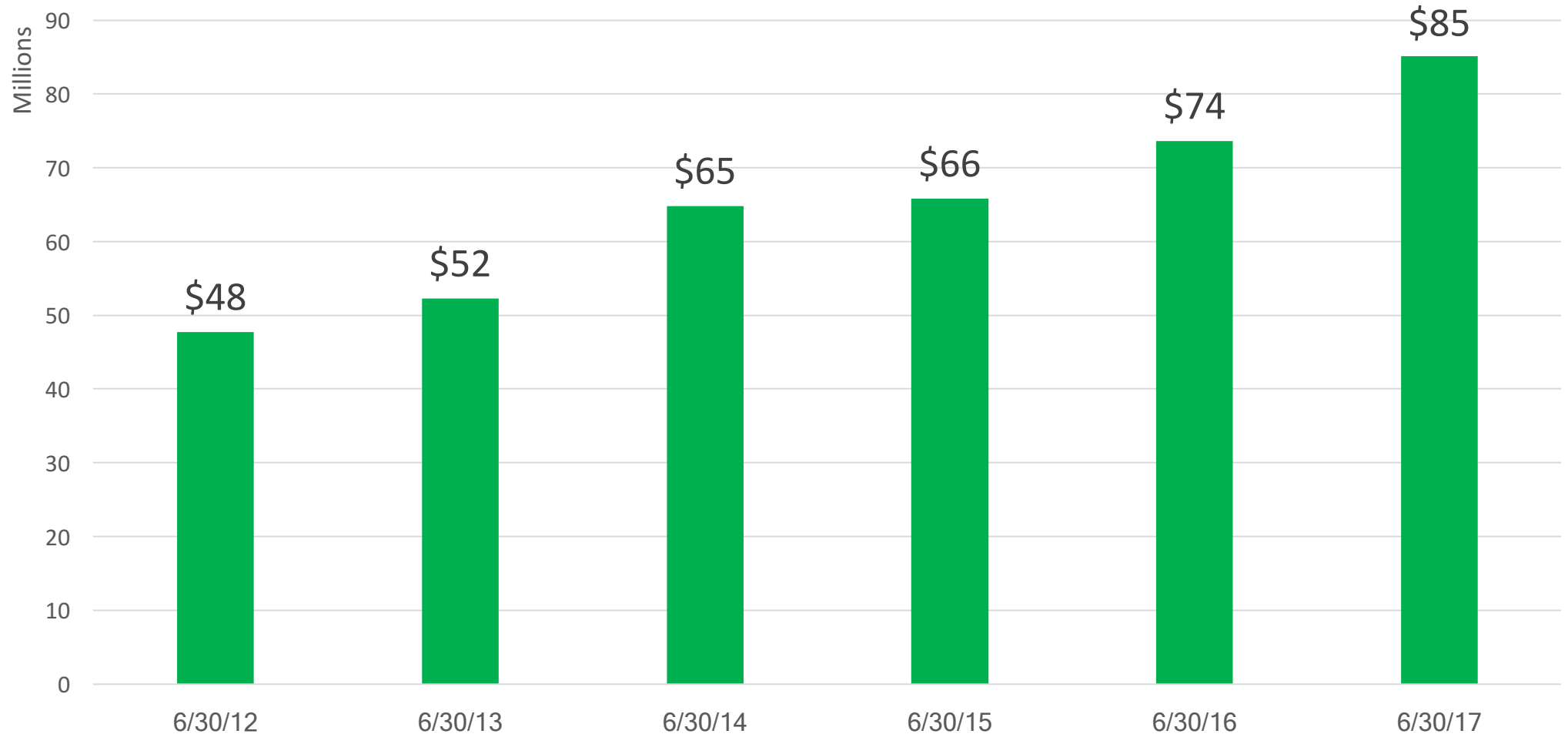
Follow the Money

INCOME	228,788,507
Extramural, not VA	128,153,734
SOM	11,965,272
VA Salary	13,300,000
Clinical	67,357,789
Gifts/Endowments	8,011,713
EXPENSES	~227,500,000
NET	1,288,000

wRVU



Endowment Market Values (after annual 5% payouts)



Financial Issues

- Net revenue is small
- SOM funding decreases ~\$350,000/year UAB
- Spendable UAB Reserves \$63M @ 0% return

Top 2017 Priorities

- ✓ Increase Endowments
- ✓ Tools for Annual Performance Reviews

Culture



Inaugural SOM Diversity Fair Celebrates Many Flavors of UAB



IM Residents Dish Up Spaghetti Supper at Hope Lodge



HUMAN
RIGHTS
CAMPAIGN
FOUNDATIONTM

2017

LEADER

IN

LGBTQ HEALTHCARE EQUALITY

HEALTHCARE EQUALITY INDEX

TM

Top 2017 Priority: Evaluate and Achieve Compensation Equity

- We examine the distributions of salary by gender in each Division during regular salary reviews
- Review and correct unexplained differences
- Monica Baskin & Cynthia Brown worked with SOM and UAB → SOM decision to analyze compensation equity across entire School

Our Future



- Our Mission: To improve health and well-being
- Our Vision: A world where people live well as long as possible
- Our Values: Leadership and Respect
- Our Vehicle: UAB Medicine

Changes at UAB Medicine: Organizing for Success

- Senior VP Medical Affairs/Dean: expanded role
- Chief Physician Executive (CPE): new role
- Joint Operating Leadership Committee (JOLC)
 - Operations Committee
 - Marketing Committee

Living Our Values

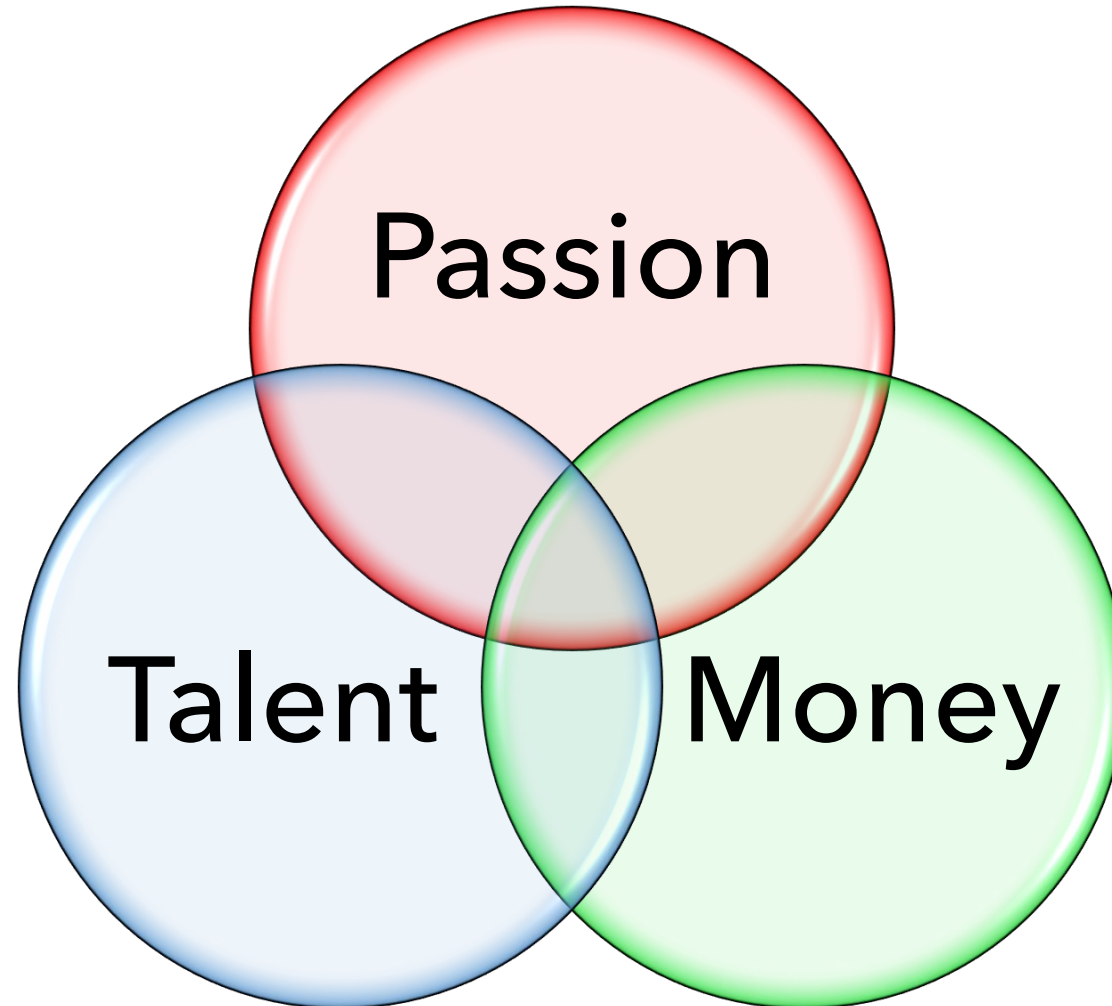
Leadership

- Every one in DOM is a leader
- Learn from Leadership DOM
- Build Leadership DOM for 2018
- Begin to build in mentoring and coaching

Respect

- Listen → Learn others → Inclusion → Diversity
- Identify and meet needs – our own and those of others

Advance our Mission



Priorities 2018

1. GI programs
2. Cancer programs
3. Manage hospital length of stay → Access and \$\$
4. Establish clinic access priorities → Improve access
5. Improve inclusion and increase diversity
6. Division education reviews
7. Promote well-being
8. Promote equity
9. Pilot increased support for funded research faculty
10. Increase research funding, impact, and recognition

Q&A Time

Question

What will DOM do to support faculty well-being?

- Work with UAB and UAB Medicine to improve external factors:
 - Expanded coaching and personal development
 - EMR
 - Child care
 - Work Group on Faculty Well-Being
- Grow high-functioning Divisions and teams:
 - Leadership, mentoring, coaching
 - Adapt Mayo dinner-group model to UAB

Question

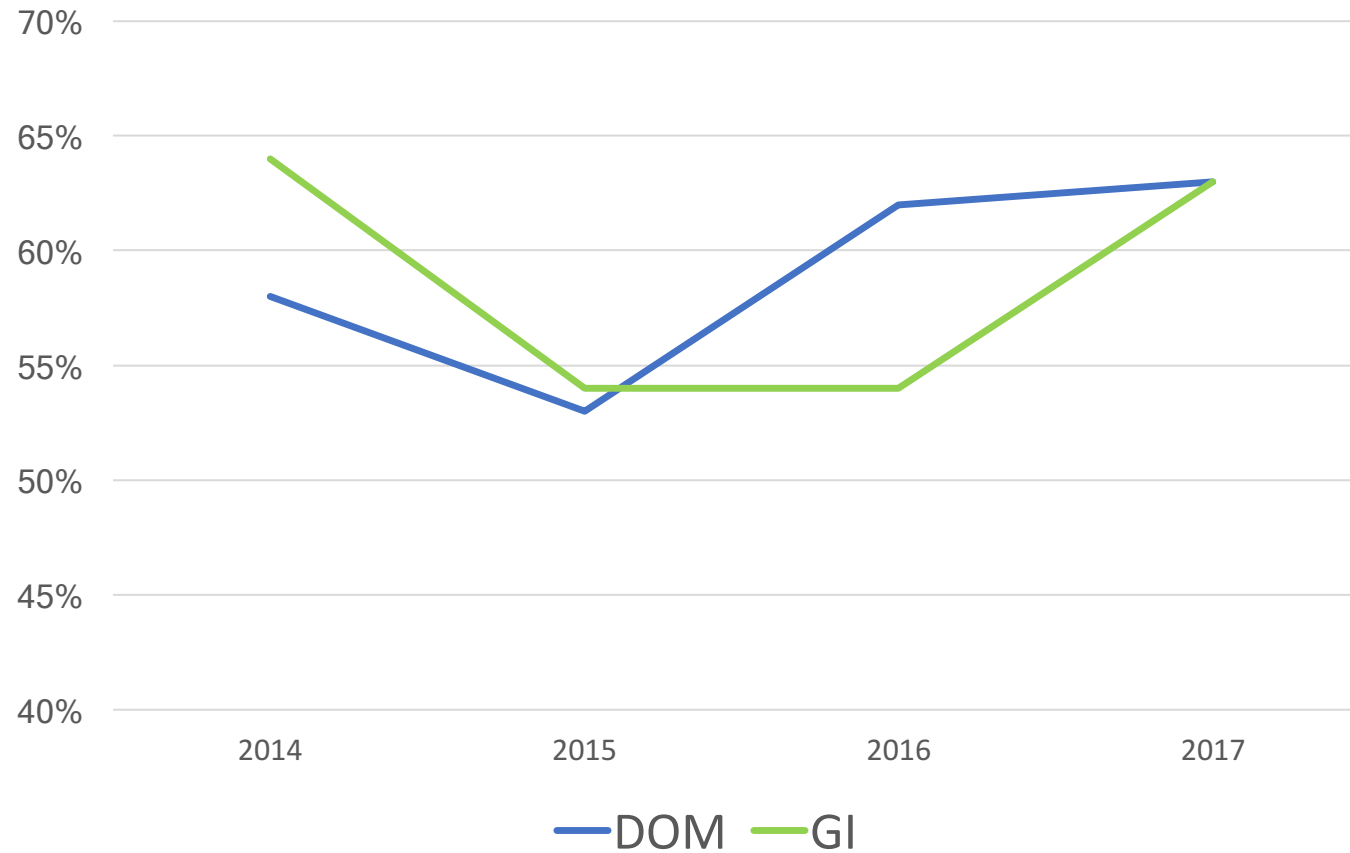
Why are gastroenterologists grossly underpaid?

An Approach to Compensation

- “Comparison is the thief of joy”
- Money has meaning
- Fair and Competitive
- Big motivators:
 - Autonomy
 - Mastery
 - Purpose

Daniel Pink, Drive, 2009

DOM MD Faculty Paid \geq AAMC Median



Question

When will we change the flawed RVU model that punishes productivity by following the law of diminishing returns instead of rewarding increased production?

DOM Clinical Salary Plan

- As a department, 2/3 of clinical revenue is paid on the basis of wRVU production.
- 1/3 of clinical revenue is paid for key roles (e.g., medical director, program director), or to be market competitive.
- Each Division can develop its own salary plan to distribute clinical revenue (e.g., Cardiology).

Question

Is a wait time of 7 months for new patients appropriate? What can DOM do?

Wait Times

- No! “Extraordinary wait times are bad for patient care and faculty morale.”
- What DOM can do:
 - Add clinics: e.g., Pulmonary, GI & ID
 - Hire new faculty
- What DOM and UAB Medicine can do together:
 - Manage current clinics better
 - Build clinical teams of MDs, APPs, RNs, MAs
 - Develop availability outside UAB

Question

I would like to entreat the Chair to consider adding support to faculty heavily involved in the clinic, e.g. nurse, NP.

Support Faculty

- RN Coordinators: pilot in Interventional Pulmonary
- RN Message Support: pilot in Endocrinology
- Consultant to advise on how to use APPs better

Question

We need an overhaul or major upgrade of our HSIS systems!

Ben Franklin 2017

Nothing can be said to be certain, except...

Death...



Taxes...



EMR...



NEJM PERSPECTIVE, September 7, 2017

The HITECH Era in Retrospect

"The Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 ... lost the hearts and minds of clinicians.... In a sense, we gave clinicians suboptimal cars, didn't build roads, and then blamed them for not driving."

What can we do about EMR now?

- Tweaks – these are band aids
- The reason we can't make EMRs work better is not user interface or interoperability...
- EMRs are missing a fundamental piece of information, something we have in our heads that let's us know that there are data we can't find, data we don't need, alerts that are stupid. What's missing is this:

What is going on with the patient?

Question

Q: How is staff compensation being handled this year for the Department?

A: UAB Medicine Compensation Guidelines have not been published yet.

Question

For clinician-educators, what faculty development opportunities are supported by DOM?

Check our Web Site!

- Research and Innovations in Medical Education (RIME) Week
- UAB Center for Teaching and Learning Medical Educators Series
- UAB Medical Education Research Interest Group
- Kreisberg Award for Faculty Development in Medical Education
- Funding for External Development – AAIM, Harvard Macy, etc.
- (Thank you Ryan Kraemer!)

Question

What is the plan of action for clinician educators in the department? They often feel they have no support.

Education Creates Our Future

- Learning, teaching, and education are at our core.
- Modern Hippocratic Oath: "I will... gladly share such knowledge as is mine with those who are to follow."
- We are faculty, and faculty teach.

The Plan for Clinician-Educators

- Continue current support:
 - ~\$2.5M for faculty and staff who lead residency and fellowships (~8 FTE for ~20 faculty)
 - ~\$2M to Divisions for teaching
 - 2 Endowed Chairs in education
 - SOM support for education deans (2-3 FTE)

The Plan for Clinician-Educators

- Address key questions:
 - How much teaching do we need?
 - Do we want to be national leaders in education?
 - What do we need to develop educators?
 - How much more support do we need?
 - How do we raise that money?

High Fives!