

**DIVISION OF GERIATRIC MEDICINE
UNIVERSITY OF PITTSBURGH
ACADEMIC YEAR 2007**

The Division's mission is to enhance the care of older adults and, in the past year, substantial progress was made in each relevant area. *Clinically*, we further increased patient volume and clinical productivity, assumed responsibility for a new geriatrics center (Classic Care at UPMC St. Margaret), implemented onsite rapid anticoagulation monitoring, completed several new quality improvement initiatives, and continued to develop a new model of geriatric care with the UPMC Health Plan, even as we maintained rapid patient access. *Research* continued to grow with the addition of another basic scientist and with funding of new career development awards, foundation awards, and conference grants; overall, research funding has grown more than five-fold in the past 5 years to more than \$4.5 million annually and Division faculty have published more than 200 peer-reviewed original papers in the past 3 years. *Educational* activities were enhanced as well, with new evaluative processes to gauge both student and faculty performance, new faculty development opportunities, new externally-funded scholarly programs, newly-developed courses for clinician researchers, increased mentorship of trainees at all levels, and increased geriatric educational opportunities within the School of Medicine.

Highlights of the past year include receipt of two hospital-wide clinical quality improvement awards, another award for patient satisfaction, several prestigious research awards to Division investigators, renewal of both of our Hartford Foundation National Centers of Excellence (Geriatric Medicine and Geriatric Psychiatry), award of an NIH-sponsored national conference grant, award of a grant to develop a curriculum in geriatrics for gynecology residents, and approval to create a new course in geriatrics for all of our third year medical students. We also added Tony Csoka, PhD, an expert in the biology of aging, and recruited exceptional new fellows, including one who served as last year's Chief Medical Resident and another who has already completed training in geriatric oncology. A recent site visit by the Hartford Foundation of New York City concluded that the Division now ranks among the very best geriatric programs in the nation, while our national ranking by *US News and World Report* continued its rise to #8.

The Division's two primary *strengths* are its depth and breadth of expertise and its commitment to enhancing and integrating the clinical, training, and research missions--a vision in which each of these efforts can leverage, inform, and improve the others. A new strength is a closer affiliation with the VA GRECC program. These strengths have allowed us to continue to respond in a proactive and innovative fashion to national declines in reimbursement and research funding. The Division's *weaknesses* include lack of both a clinical director and an educational director.

The Division's success has created *opportunities* related to the need to improve the quality and efficiency of geriatric care in every setting. This need, which exists both locally and nationally, is growing daily under the crush of spiraling demand and costs and engenders an understanding that simply working faster will not suffice. New care models, training, and research will be required. The Division's expertise, coupled with its close ties to the GRECC and other key departments through the University of Pittsburgh Institute on Aging, makes it well-positioned to respond. The Division is *threatened* by the likelihood of continued national declines in clinical reimbursement and research funding and the related scarcity of academic geriatricians. These threats are exacerbated by the longstanding inadequacy of reimbursement for geriatric services and the relative non-availability of federal funding to develop and test new clinical models. This we have devised a new and multifaceted strategy to add to Division financial reserves so that our financial security, like our efficiency and success, can continue to increase.

CLINICAL ACTIVITIES FY07

Overview: We focus on prevention and management of the complex medical and psychosocial problems that afflict older adults. Excluding the VA, Division faculty are now annually responsible for 17,000 ambulatory visits, 300 visits to homebound patients, nearly 1500 hospital admissions, and the care of 600 nursing home and 150 PACE patients. In October, 2006 we also assumed responsibility for Classic Care at UPMC St. Margaret. In addition to our clinical volume, which is large for an academic geriatric division, our effort comprises several special features:

- **Integrated Geriatric Subspecialty Clinics:** These are led by fellowship-trained geriatricians with additional subspecialty training in: chronic pain, sarcopenia, gait and mobility, falls, osteoporosis, sleep disorders, voiding dysfunction and incontinence, rheumatology, depression, dementia, and palliative care. On-site bone densitometry is also provided.
- **Geriatric Pharmacist:** Our pharmacist reviews medications, provides education, and counsels patients. This service is especially important for those patients recently discharged from the hospital.
- **Hospitalist Services:** We staff a hospitalist service for patients over age 65 at each of our 3 hospitals.
- **Vertically-Integrated Care Throughout the Entire Care Spectrum**
- **Provision of Non-Reimbursable Services** including a readmission prevention service, an anti-coagulation program for frail patients, Lifeline[®] even for those unable to pay, free health screening clinics, 55 Alive (to assess driving safety), respite care, and “town meetings” for seniors’ education.
- **Program for All-Inclusive Care of the Elderly (PACE),** allowing frail elderly to remain at home.

Highlights of the past year include:

- *US News and World Report’s* ranking of our Geriatrics program rose to number 8 in the nation.
- **Work Flow Re-design:** Benedum established a Clinic Flow Task Force which identified obstacles in patient registration, triage, and prescription refills, and implemented improvements in each.
- **Transition to electronic records** at Senior Care and to electronic scheduling at Classic Care.
- **Group Visits:** In 2005, Dr. Towers established one of the first chronic care group visit programs in an academic center. Individual MD visits have since declined for these high utilizing patients by 84%, urgent phone calls by 29% and RN visits by 21%. Patient satisfaction has increased to 99%, hospital admissions have decreased by 20%, and quality indicators have increased to nearly 100%.
- **Enhanced Nurse Practitioner Utilization** maintained continuity of care, kept patient access to one day, allowed quicker handling of urgent visits, and increased productivity.
- **On-site INR Testing:** Benedum added this service, allowing dose adjustment during the office visit.
- **Delirium Initiatives:** Under Dr. Rubin’s leadership, our delirium prevention/intervention services earned the 2007 Grand Prize at the UPMC Shadyside Quality Fair, as well as the award for sustained improvement. Delirium rates remain well below published rates of 23%, averaging less than 10%.
- **Long-term care IV/PO Switch Program:** After a successful pilot test, we expanded the program to all UPMC Senior Living facilities. The program promotes early switch from IV to oral antibiotics, resulting in cost reduction, staff time reduction, and narrowed antibiotic spectrum coverage.
- **Volume and ALOS analysis:** Though reports suggested decreased admissions and increased ALOS for our PUH service, neither trend was substantiated after adjusting for the concurrent 25% increase in transfers. Adjusting for transfers also revealed that ALOS was 4.5 days, equivalent to prior years’.
- **Patient Volume and Productivity:** Despite a 4% decline in clinical FTEs in the past year, the Division increased its total clinical visits by 8% from FY06 to FY07. This comprised a 19% increase in long term care visits, a 7% increase in outpatient visits, and a 3% increase in inpatient visits.
- **Patient Satisfaction:** Our Press-Ganey scores have remained above 90% for more than 18 months, consistently ranking Geriatrics among the best of all UPP practices.

Quality Initiatives

Our initiatives focused on each relevant setting. Some highlights of the past year include:

Ambulatory Care

- **Access:** Continued process improvement kept wait times to one day or less for new appointments.
- **Hypertension.** BP control in hypertensives and diabetics improved to 64%, twice the national average. Plans include a nurse-run BP clinic to provide education, training and monitoring, as well as supplying BP cuffs at cost.
- **Osteoporosis:** We developed an electronic process to schedule DXA for all appropriate patients without a prescribed bisphosphonate or a DXA in the past 3 years. Osteoporosis or osteopenia was detected in 82% of such patients and was treated appropriately.
- **Depression Screening.** Added PHQ-2 questions to our intake form to identify patients at risk and then developed a process so that they could all be appropriately followed up in timely fashion.
- **Advance Directives:** An automated process improved implementation from 38% to 84%.

Inpatient Care

- **Transition from Acute to Long Term Care:** Collaborating with a multidisciplinary team, UPIA, and Jewish Healthcare Foundation, we developed three new tools and implemented a new transfer process.
- **JCAHO core measures.** The Division's compliance rate is now nearly 100%.

Long-Term Care (LTC)

- **WHO Hand Hygiene** – Led by Dr. Nace, UPMC Senior Living and Asbury Heights were selected to be two of only three national sites to test WHO's new guidelines and tools to improve hand hygiene.
- **MARS-LTC:** Collaborating with other Division faculty, Dr. Handler constructed a data warehouse to store nursing home medication and laboratory data. This information will support a number of clinical and research initiatives. The expectation is that this warehouse will enable a computerized system to automate, for the first time, detection and prevention of adverse drug events in the LTC setting.

UPMC Senior Living P&T Committee: Led by Dr. Nace, we developed this to improve drug use in LTC. It has already implemented auto-substitution for some drugs and improved antibiotic use.

TEACHING ACTIVITIES

We teach trainees at all levels, from high school students to practicing physicians. We also teach trainees from nursing, pharmacy, psychology, chaplaincy, physical and occupational therapy, and social work.

- **Medical Students:** In addition to the targeted geriatrics content that we teach in MS-I and II courses, our Geriatrics Area of Concentration includes activities in all 4 years: an MS-1 program that matches students to elders for monthly interactions, an MS-2 monthly series of interactive cases that follows the organ system blocks, MS-3 inpatient and ambulatory rotations, and MS-4 electives that combine research and clinical activity. The AoC is also now sponsoring 8-10 MS-3s in their scholarly projects. Finally, we developed a new didactic and experiential course on geriatrics for all MS-3s this fall.
- **Medical Residents:** Led by Dr. Day, we have developed a novel Geriatrics Track, which includes a curriculum, clinical experiences, and a scholarly project. We also provide a one month geriatrics ambulatory rotation and a geriatrics hospitalist rotation, both of which are taken by all medicine residents. In addition, geriatrics is now integrated into the core residency teaching conferences.

- **Fellowship** Led by Dr. Weiner, this 1-3 year program trains 2-4 physicians/year to become academic leaders. After their required year, fellows may elect to pursue either research or educational training during the 2nd and 3rd year. Both our NIH-T32 and just-renewed Hartford Foundation award support advanced training, and we just received VA funding for another advanced research training position.
- **High School Students:** In collaboration with UPIA, the Division supports a highly competitive summer program on aging for high school students selected for the Pennsylvania Governor's School.
- **CME:** Our annual 3-day CME course attracts 400 attendees and won the AGS' national award. We also offer an innovative and popular QI conference ("3 Peas Heretofore Not in the Same Pod") which is taken jointly by nursing home administrators, nursing directors, and medical directors; the program has also developed 3 web-based modules for UPMC Medical Directors. In addition, two faculty teach international courses on incontinence for the International Continence Society and another teaches osteoporosis in a national program for the American Academy of Family Medicine.
- **Other:** We have created a Concentration in Aging Research Methods with 4 new courses worth 6 credit hours within the K30 Masters degree program in clinical research. We also teach courses on the biology and physiology of aging in the Schools of Public Health and Nursing. In addition, we have developed a new conference series to facilitate faculty development as educators. Finally, we were awarded a Hartford Foundation grant to develop a geriatrics curriculum for gynecology residents.

RESEARCH ACTIVITIES

Our goals are to conduct cutting edge research that will improve the health and health care of older adults and to train the next generation of investigators to do the same. We utilize a multi-system, multidisciplinary, and translational perspective that integrates biology, physiology, clinical medicine, behavior, social support, community, and health systems. Areas of inquiry include mobility and falls, chronic pain, adverse medication effects, frailty, biology of longevity, successful aging, urinary incontinence, and long term care. Our current funding contributes to Pitt's #1 national ranking for NIH funding of age-related research.

Despite substantial NIH budget cuts, the Division's support increased by 10% in FY07. Some new awards include an R01 to study osteoporosis treatment in nursing homes and an NIH grant to conduct national conferences that focus on emerging research issues in aging. The Division and its collaborators showcased their research this year through 40 presentations at the American Geriatrics Society and 80 at the Gerontological Society of America. Several Division faculty also received national and international research awards.

Ongoing research includes the NIH-funded Cancer and Aging Center (Studenski); the Claude Pepper Older Americans Independence Center (Studenski), which NIA considers its most prestigious award in clinical research; and a National Center of Excellence Center, renewed this year by the John A. Hartford Foundation. Other NIH-funded projects include an innovative study of the interface between the brain and bladder (Griffiths and Resnick); examination of molecular, clinical, and behavioral mechanisms that mediate therapeutic response in overactive bladder (Resnick); a computerized approach to the detection of adverse drug events in LTC (Handler), and the impact of multiple CNS active medications on falls, cognitive impairment and incontinence (Hanlon). Additional NIH projects conducted with other departments, include the role of nitric oxide and superoxide in cystitis (Griffiths), cognitive assessment in older primary care patients (Rodriguez), care of Alzheimer's patients (Rodriguez), Ginkgo's role in memory (Lavery), gait disorders (Brach, Rosano, Studenski) and acupuncture for back pain (Weiner). Dr Perera, our biostatistician, remains key to the success of these projects. In addition, Jewish Healthcare Foundation funded us to study the impact of an intervention to improve the transition of care from hospital to nursing home (Rodriguez/Towers).

Finally, our research training grants support junior faculty, fellows, and medical students. For the first time, this year we are sponsoring four medical students who are taking a year off to pursue research. Other funding includes an NIH leadership award to implement a Concentration in Aging Research in the Clinical Research Training Program, our T32 program, a national training program (T35) in aging research for medical students (one of only 7 in the US; it funded 29 students to participate in our program this summer), and a new special VA post-doctoral fellowship for aging research. In addition, the Pepper Center includes a Research Career Development Core (Greenspan/Resnick) that funds young investigators from multiple disciplines.

**Other Scholarly Activities:
Summary of Study Sections, Advisory Committee Memberships, Editorships, Honors, and
Professional Affiliations**

<p>Hollis Day, MD President</p> <p>Committee Member, Geriatrics Task Force</p> <p>Chair, Geriatrics Interest Group</p> <p>Residency recruitment Committee</p>	<p>Mid-Atlantic Region, Society for General Internal Medicine</p> <p>Society of General Internal Medicine</p> <p>Society of General Internal Medicine</p> <p>American Geriatrics Society</p>	<p>2007</p> <p>2006-present</p> <p>2003-2006</p> <p>2005-present</p>
<p>Alfred Fisher, MD, PhD Honoree, Top Junior Faculty Presentation</p>	<p>University of Pittsburgh, Dept. of Med. Research Day</p>	<p>2006</p>
<p>Susan Greenspan, MD Review Group Member</p> <p>Task Force Member</p> <p>Member Guidelines Panel</p> <p>Best Doctors in America</p> <p>Best Doctors in Pittsburgh</p> <p>Review Group Member</p> <p>Editorial Board Member</p>	<p>NIH</p> <p>Endocrine Society Clinical Scientist Task Force</p> <p>American Association Clinical Endocrinology Guidelines for Osteoporosis</p> <p>Woodward/White</p> <p><i>Pittsburgh</i> magazine</p> <p>NIH</p> <p>Journal Clinical Densitometry</p>	<p>2006</p> <p>2006-2007</p> <p>2006-2007</p> <p>2007</p> <p>2007</p> <p>2007</p> <p>2007</p>
<p>Derek Griffiths, PhD Acting Vice Chair</p> <p>Best Research Prize (Resnick, Tadic)</p>	<p>Canadian Continence Foundation</p> <p>International Continence Society</p>	<p>2004-present</p> <p>2006</p>
<p>Joseph Hanlon, PharmD Edward Henderson Award</p> <p>Reviewer, General Health Services Research Scientific Merit Review Board Member</p> <p>Chair, Council of Experts, Special Populations/Clinical Pharmacology Expert Committee</p> <p>Chair-elect, Clinical Medicine Section</p> <p>Member, Medication Management Technical Advisory Subgroup</p> <p>Co-Editor</p> <p>Member, Dementia Panel</p>	<p>American Geriatrics Society</p> <p>Department of Veteran Affairs</p> <p>United States Pharmacopoeia Council of Experts</p> <p>Gerontological Society of America</p> <p>NCQA</p> <p><i>American Journal of Geriatric Pharmacotherapy</i></p> <p><i>The Annals of Pharmacotherapy</i></p>	<p>2007</p> <p>2006</p> <p>2005-present</p> <p>2006</p> <p>2002-present</p> <p>2002-present</p> <p>2003-present</p>
<p>Steven Handler, MD, MS Co-Chair, Centralized Database Working Group</p> <p>Committee Member, Clinical Medicine Section Committee</p>	<p>American Medical Directors Association</p> <p>Gerontological Society of America</p>	<p>2005-present</p> <p>2005-2006</p>

Steering Committee Member Chair, Leadership Council	American Medical Directors Association Leadership Council on End of Life Care in Long Term-Care	2006-present 2005-2006
Committee Member, Clinical Practice Committee	American Geriatrics Society	2006-present
Long-Term Care EHR-S Functional Profile Direct Care Task group	Health Level Seven (HL7)	2007
Presidential Poster Awardee	Annual Scientific Meeting at the American Geriatrics Society	2007
Oral Presentation Awardee-Best Junior Faculty abstract	University of Pittsburgh's Clinical and Translational Science Day	2007
Best Faculty Poster	University of Pittsburgh's Clinical and Translational Science Day	2007
Susan Hardy, MD, PhD Member, Research Methods Sub- Committee	American Geriatrics Society	2003-current
Steering Committee Member	AGS Junior Research Faculty Development SIG	2004-present
Shuja Hassan, MD President	PA Geriatric Society Western Division	2007
Emily Jaffe, MD Physician of the Year	Pittsburgh VA Healthcare	2006
David Nace, MD, MPH Senior Editor, Long Term Care Grand Rounds	<i>Journal of the American Medical Directors Association</i>	2006
Board Member	Sherwood Oaks Retirement Community	2002-present
Selection Committee Member	American Medical Directors Association Quality Improvement Award	2003-present
Infection Control Advisory Committee Member	Pittsburgh Regional Healthcare Initiative	2003-present
PA Delegate	AMDA House of Delegates	1999-present
Chair, Policy and Advocacy Committee	American Medical Directors Association	1998-present
Anne Newman, MD, MPH Editorial Board Member	<i>Journal of Gerontology</i>	2004-present
Associate Editor	<i>Journal of Gerontology</i>	2005-present
Academic Advisory Board Member	Hartford Geriatrics Outcomes Research Scholars Award Program	2005-present
Advisory Board Member	NIH/NIA Baltimore Longitudinal Study of Aging	2005-present
External Advisory Board Member	Wake Forest University Pepper Center	2002-present
Elizabeth O'Keefe BM, BCh Best Doctor at UPMC Shadyside	<i>Pittsburgh Tribune Review</i>	2007

<p>Neil Resnick, MD</p> <p>Abstract Review Committee Board of Directors Council of State Affiliates Rep. Editorial Board Visiting Professor Best Doctors in America Best Doctors in Pittsburgh Top Doctors in America Best Research Prize (Derek Griffiths) Best Paper on Geriatric Syndromes (with Stasa Tadic)</p>	<p>American Geriatrics Society PA/WV American Geriatrics Society Chapter American Geriatrics Society <i>Neurology and Urodynamics</i> St. Louis University Best Doctors, Inc. <i>Pittsburgh Magazine</i> Castle Connolly, <i>Guide to America's Top Physicians</i> International Continence Society American Geriatrics Society Annual Meeting</p>	<p>1985-present 2000-present 2003-present 1995-present 2006 2007 2007 2007 2006 2007</p>
<p>Eric Rodriguez, MD, MPH</p> <p>Top Doctors in America</p>	<p>Castle Connolly, <i>Guide to America's Top Physicians</i></p>	<p>2006</p>
<p>Michelle Rossi, MD</p> <p>Chair</p>	<p>VA Rehabilitation and R&D Merit Review Board</p>	<p>2002-present</p>
<p>Fred Rubin, MD</p> <p>UPMC Shadyside Quality Fair</p> <p>Best Doctors in Pittsburgh Board Member</p>	<p>Grand Prize plus Award for Sustained Achievement <i>Pittsburgh Magazine</i> <i>Agewell Pittsburgh</i></p>	<p>2007 2007 2007</p>
<p>Werner Schaefer, DI</p> <p>ICS Award, Best Basic Science Presentation (Griffiths, Tadic, & Resnick) Elected Chair, Education Committee Elected Basic Science Member, Scientific Committee Invited State of the Art Lecture Invited State of the Art Lecture Invited State of the Art Lecture Invited State of the Art Lecture Chair, Standardization Sub- Committee on "Good Urodynamic Practice" Co-Chair, Standardization Sub- Committee on "Urethral Function" Member, Standardization Sub- Committee on "Clinical Trials" Consultant, National Guidelines in Urodynamics</p>	<p>International Continence Society International Continence Society International Continence Society Brazilian Urodynamics, Sao Paulo Chinese Continence Society, Beijing China Pan Arab Continence Society, Manama, Bahrain NRW German Urology Meeting, Cologne, D International Continence Society International Continence Society International Continence Society Germany Urological Society</p>	<p>2006 2007-2010 2006-2008 2006 2006 2006 2007 1994-present 1998-present 2000-present 1998-present</p>

<p>Stephanie Studenski, MD, MPH Chair Adhoc Review Committee Member Adhoc Review Committee Member Adhoc Review Committee Member Advisory Committee Member Advisory Committee Member</p> <p>Committee Chair</p> <p>Chair, Research Committee Editorial Board Member Editorial Board Member Editorial Board Member Review Group Member</p> <p>Associate Editor Associate Editor Member</p> <p>Invited Speaker</p> <p>Keynote Speaker Annual Meeting Chair Visiting Professor Visiting Professor Visiting Professor</p>	<p>NIH Review Group: Aging Systems and Geriatrics NIA T32 review NIH Musculoskeletal and Rehabilitation Science NIA Loan Repayment review NCMRR Research Planning Advisory Committee AHRQ Aging Research Agenda Setting Advisory Committee</p> <p>Hartford Center of Excellence National Advisory Committee</p> <p>American Geriatrics Society <i>American Journal of Geriatric Pharmacotherapy</i> <i>Journal of Gerontology</i> <i>Journal of the American Geriatric Society</i> NIA Review Group for Claude D. Pepper Older Americans Independence Centers <i>Journal of Gerontology</i> <i>Principals of Geriatric Medicine and Gerontology</i> AGS IOM Information Workgroup for policy on care of the Older Adult</p> <p>IOM National Cancer Policy Forum on Cancer and Aging VA HSR and D National Meeting Claude D Pepper OAIC Annual Meeting Memorial Sloan Kettering Johns Hopkins University McGill/Jewish Hospital, Montreal</p>	<p>2003-2006 2006 2007 2007 2005-2006 2005</p> <p>2005-present</p> <p>2003-2006 2003-present 2005-present 2004-present 2006</p> <p>2006-present 2006-present 2007</p> <p>2006</p> <p>2007 2007 2007 2006 2006</p>
<p>Adele Towers, MD, MPH Best Doctors in America</p>	<p>Best Doctors, Inc.</p>	<p>2007</p>
<p>Debra Weiner, MD Editorial Board Member Editorial Board Member Section Chief Member</p> <p>Member Program Director</p>	<p>American Journal of Geriatric Pharmacotherapy Pain Medicine Pain & Aging (Pain Medicine) Graduate Medical Education Committee, U. of Pittsburgh ADGAP University of Pittsburgh Geriatric Medicine Fellowship Training</p>	<p>2003-present 2000-present 2006-present 2007-present</p> <p>2007-present 2007-present</p>
<p>Rollin M. Wright, MD, MA, MPH Committee Member, Clinical Medicine Section Committee</p>	<p>Gerontological Society of America</p>	<p>2006-2007</p>

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