Upcoming Meetings-2018-2019

- Division Chief Nov 8, Dec-No Meeting
- Department Meeting- Nov/Dec No meetings, next meeting January 24, 2019

VA/UCLA Faculty Group

- Opportunity for DOM faculty with joint UCLA/VA positions to discuss resources, enhance collaborations, lower barriers to research effort at both sites.
- Led byTannaz Moin MD, MBA, MSHS
- If you want to be added to the list, send an email to Brittney Nelson bnnelson@mednet.ucla

DoM VA Admin. Team

Jill Narciso, MSO
jnarciso@mednet.ucla.edu
x. 44165 M - W;
818-895-9394 Th & F

Responsibilities:
Oversees entire admin. team at the VA, staff hires, zees, start ups, reports and DMPG balances, oversees fund-management

Jackie Pious-Gaines,
Academic Coordinator
jpgaines@mednet.ucla.edu
x. 49478

Responsibilities:
TNS, academic appointments and titles, anything Academic Personnel-related

Brittney Nelson,
Administrative Assistant
bnnelson@mednet.ucla.edu

Responsibilities:
Administrative Support for Chief's office, Dr. Brent's schedule management, VA website updates

Judith Cervantes
Purchaser
jcervantes@mednet.ucla.edu
Responsibilities:
Handles all orders, travel reimbursements, deposits, and gift card requests; will assist with fund management activity

New VA Fund Managers

Contact Info.

Aida Alvarez
x. 48765
alalvarez@mednet.ucla.edu

Amisha Singh
x. 44173
alsingh@mednet.ucla.edu

Tina Bulchand
x. 49190
msbulchand@mednet.ucla.edu

What does a fund manager do?
- Assists with UCLA grant proposals, including finalizing budgets
- Distributes funds to other UCLA Co-Is and other institutions
- Sets up and helps pay subawards
- Assists with grant-related reports like ERS and closeouts
- Reconciles accounts and checks balances

Clinical/Health Services Research
Clinical Translational Research
JUNIOR FACULTY

- **First Place: Lucinda Leung (GIM/HSR) - *Improving Mental Healthcare Access through Integrated Mental Health Services in VA Patient-Centered Medical Homes***
- Second Place: **Aaron Lisberg** (Hematology-Oncology) - *A phase II study of pembrolizumab in EGFR-mutant, PD-L1+, tyrosine kinase inhibitor (TKI) naïve patients with advanced NSCLC*
- Third Place: **Eric Yen** (Pulmonary/Critical Care Medicine) - *48-Year Trends in Systemic Sclerosis Mortality: A Nationwide Population-Based Observational Study, 1968-2015*
- **Fourth Place: Jennifer Fulcher (Clinical Translational Research, Infectious Diseases) - *Effects of Substance Use and Sexual Behavior on the Intestinal Microbiome in HIV***
- Fifth Place: **Rebeca Acin-Pérez** (Endocrinology) - *Mitochondrial Respirometry in Frozen Specimens*

Basic Research
JUNIOR FACULTY

- First Place: **Theodoros Kelesidis** (Infectious Diseases) - *HIV-1 directly upregulates in vivo Type-C lectin receptors in proinflammatory monocytes: novel insight into the proatherogenic impact of HIV-1 on monocytes*
- Second Place (tie): **Martina Roos** (Hematology-Oncology) - *Pharmacologic Targeting of LIN28/let-7 in Acute Myeloid Leukemia*
- Second Place (tie): **Christopher Seet** (Hematology-Oncology) - *Generation of functional human T cells from embryonic stem cells and induced pluripotent stem cells*
- **Third Place (tie): Jihane Benhammou (Digestive Diseases) - *The long intergenic, non-coding RNA, OLMALINC, regulates lipid metabolism by regulating SREBP2 and SCD1***
- Third Place (tie): **Quen Cheng** (Infectious Diseases) - *The oscillatory behavior of NFκB ensures maintenance of epigenetic state*

Thanks to All Poster Competition Judges:

Clin/HSR

Ronald Mitsuyasu (CARE)
Christopher Graber (VA, ID)
Tamara Horwich (Card)
Suphamai Bunnapradist (Neph)
Veena Ranganath (Rheum)
Samuel Weigt (Pulm)
Peifeng Hu (Geri)
Lin Chang, M.D. (DDD)
Carol Mangione (GIM/HSR)
Arleen Brown. (GIM/HSR)
Kenrik Duru (GIM/HSR)
Gary Schiller (Hemonc)

(JOSE ESCARCE, Chair)

Clinical Translational Research

Jesse Clark (ID)
Raphael Landovitz (ID)
Harold Sacks (Endo, VA)
Marmar Vaseghi (Card)
John Belperio (Pulm)
Charalabos Pothoulakis (DDD)

(JUDITH CURRIER, Chair)

Basic Research

Marcus Horwitz (ID)
Arjun Deb (Card)
Srinivasa Reddy (Card)
Stephen Young (Card)
Susanne Nicholas (Neph)
Antonio La Cava (Rheum)
Ram Raj Singh (Rheum)
Joseph Pisegna (VA/DDD)
Glenn Nagami (VA/Neph)
David Shackelford (Pulm)
Elizabeta Nemeth (Pulm)
Michael Roth (Pulm)
Roger Lo (Derm)
Million Mulugeta (DDD)
Yvette Tache (DDD)
Catia Sternini (DDD)
Erika von Euw (Hemonc)
Koki Morizono (Hemonc)
Zoran Galic (Hemonc)
Masakazu Kamata (Hemonc)

(TOMAS GANZ, Chair)

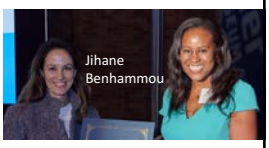
25th Anniversary STAR Symposium 2018

Alumni Achievement Award Winners
Roger Lo and Kristina Bostrom

Fola May

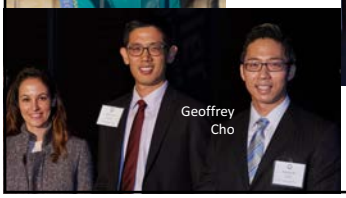
25th Anniversary STAR Symposium 2018

Poster Award Winners



Jihane Benhammou

Quen Cheng



Geoffrey Cho

Hold the Date!

2019 Department of Medicine RESEARCH DAY

Saturday, October 12, 2019

Rachel B. Ramoni, DMD, ScD
Chief Research and Development Officer
Department of Veterans Affairs

Research Priorities (from my discussion notes, not official!)

1. Enhance infrastructure and expand clinical trials to make new therapies available to our patients.
2. Real world impact of research, including promoting high impact program grants in targeted areas of VA interest.
3. Enhance the quality and access to VA clinical data for research.

Topic	TMS Item Number	Direct TMS Link
Suicide Risk Identification Strategy: Overview	VA 36829	Suicide Risk Screening and Assessment_ID_Overview Session_Recording
Primary and Secondary Screening Tools	VA 36816	Suicide Risk Screening and Assessment_ID_Primary and Secondary Screening Tools_Recording
Comprehensive Suicide Risk Evaluation (CSRE)	VA 36830	Suicide Risk Screening and Assessment_ID_Comprehensive Suicide Risk Evaluation (CSRE)_Recording

Although many sections have already received training on the new process, we have scheduled an additional 2 hour training session for this week. Please come join us and ensure that proper leadership is there but more importantly that staff you want to be POCs to be trained as "Trainers" for your clinics and disciplines will be present.

Suicide Risk Identification Training

A Workshop for VA-GLAHS Section Chiefs and Providers

presented by

Sharon E. Birman, Ps.D.
Chief of Suicide Prevention Office, GLAHCS

Friday, October 26, 2018
12:00pm – 2:00pm
VA-West Los Angeles Healthcare Center
11301 Wilshire Boulevard
Building 500, room 1281
Los Angeles, CA 90073

U.S. Department of Veterans Affairs

VA Suicide Risk Identification Strategy

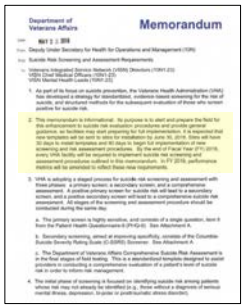
Webinar 1: Overview

August 2018

Suicide Risk Identification Requirements

On 5/23/2018, an informational memo was released to VISN Directors, CMOs and Mental Health Leads describing plans to implement standardized methods for screening and assessing for suicide risk in VA

These are considered to be minimum requirements for the field


Department of Veterans Affairs

Memorandum

MAY 2 3 2018

U.S. Department of Veterans Affairs

2

Rationale

- Historically, VA has not had a consistent approach for screening, evaluation, or documentation of suicide risk
- The Veterans Health Administration (VHA) Office of Mental Health and Suicide Prevention (OMHSP) has launched an effort to develop and implement a national, standardized process for suicide risk screening and assessment, using high-quality, evidence-based tools and practices
- This process includes three stages

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Three-Stage Process

Primary Screen (PHQ-9 Item 9)	Secondary Screen (C-SSRS Screen)	VA Comprehensive Suicide Risk Evaluation
Item #9 will be added to existing clinical reminders for Depression and PTSD Identifies those who may be at risk	Questions specifically query about suicidal thoughts and behavior Improves specificity of screening	Conducted via new template designed to inform clinical impressions about acute and chronic risk and associated disposition

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Primary Screen

Patient Health Questionnaire-9 (PHQ-9) Item #9

Over the past two weeks, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

☐ Not At All
☐ Several Days
☐ More Than Half the Days
☐ Nearly Every Day

PRIMARY SCREEN SCORING

Response of greater than "Not at all" is a positive screen

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Secondary Screen

Columbia - Suicide Severity Rating Scale (C-SSRS) Screener

- 6 questions that have been divided into 7/8 for ease of administration
- Question 1, 2 (ideation) & 8 (behavior) are required

SECONDARY SCREEN SCORING

Yes to 3, 4, or 5/6 in the past month and/or 7/8 in the past three months

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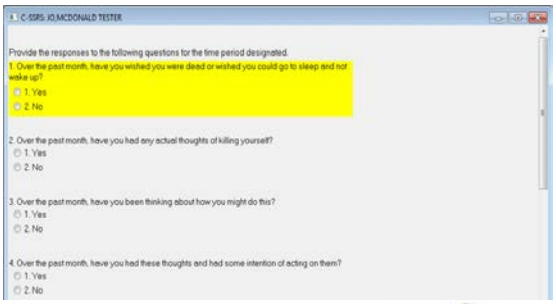
CSSRS Screener



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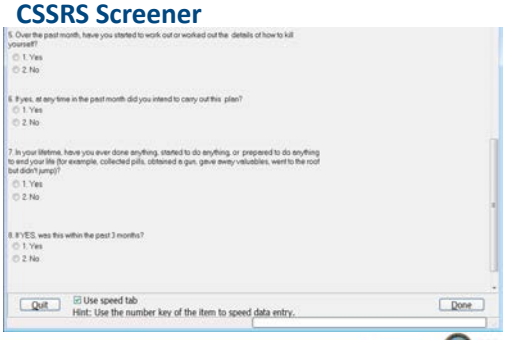
CSSRS Screener



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VA Comprehensive Suicide Risk Evaluation

- Suicidal Ideation
- History of Attempts
- Warning Signs
- Risk Factors
- Protective Factors and Reasons for Living

- Clinical Impressions of Acute Risk (low, intermediate, high)
- Clinical Impressions of Chronic Risk (low, intermediate, high)

- Disposition: Strategies for Mitigating Risk, including appropriate level of care

U.S. Department of Veterans Affairs

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Sleep Research Group

Geriatric Research, Education and Clinical Center (GRECC)
VA Greater Los Angeles

Cathy Alessi, MD
Director, GRECC and Chief, Division of Geriatrics, VA Greater Los Angeles
Professor, David Geffen School of Medicine at UCLA

VA GLA GRECC Core Staff

- Cathy Alessi, MD
- Steve Castle, MD
- Greg Cole, PhD
- Eliot Mitchell, VHA-CM
- Sally Frautschy, PhD
- Constance Fung, MD, MSHS
- David A. Ganz, MD, PhD
- Theodore J. Hahn, MD
- Donna Henriques
- Karen Josephson, MPH
- Josea Kramer, PhD
- Cathy C. Lee, MD, MS
- Jennifer Martin, PhD
- Mary Alice Mesa
- Elsa Murray, PhD
- Sam Murray, MD
- Catherine Sarkisian, MD
- Debra Saliba, MD, MPH
- Nancy Weintraub, MD

Many additional research/education staff, co-investigators, affiliated investigators, post-doctoral fellows and other affiliated staff

VA GLA GRECC Sleep Research Group

- Principal investigators:
  - Cathy Alessi, MD *(cathy.alessi@va.gov)*
  - Jennifer L. Martin, PhD *(jennifer.martin@va.gov)*
  - Connie Fung, MD, MS *(constance.fung@va.gov)*
  - Yeonsu Song, PhD, RN *(yeonsu.song@va.gov)*
- GLA GRECC office phones:
  - West LA campus: (310) 268-4110
  - Sepulveda campus: (818) 891-7711, ext 39311

PI: Alessi

Cognitive Behavioral Therapy for Insomnia in Older Veterans Using Nonclinician Sleep Coaches: Randomized Controlled Trial

Table 3. Results of Repeated-Measures Analysis Comparing Difference in Change in Sleep Outcomes from Baseline to Each Follow-Up Time Point Between the Intervention (n = 106) and Control (n = 53) Groups

Outcome	Difference Between Groups in Change from Baseline (95% Confidence Interval)	P Value	Effect Size
According to sleep diary			
Sleep onset latency, minutes			
Postreatment assessment	−23.4 (−37.2 to −9.7)	<.001	−0.55
6 months	−15.8 (−28.7 to −3.0)	.02	−0.37
12 months	−17.9 (−30.2 to −4.4)	.009	−0.41
Wake after sleep onset, minutes			
Postreatment assessment	−17.7 (−31.9 to −3.6)	.01	−0.39
6 months	−10.2 (−26.3-5.9)	.21	−0.21
12 months	−23.3 (−39.2-55.5)	.01	−0.54
Total wake time at night, minutes			
Postreatment assessment	−48.4 (−90.4 to −40.4)	<.001	−0.76
6 months	−37.0 (−82.2 to −17.7)	.004	−0.41
12 months	−39.8 (−97.8 to −4.5)	.02	−0.34
Sleep efficiency, %			
Postreatment assessment	10.5 (5.5-15.5)	<.001	0.69
6 months	6.7 (2.0-11.3)	.005	0.42
12 months	5.4 (0.5-10.4)	.03	0.35
Sleep efficiency according to actigraphy, %			
Postreatment assessment	1.9 (−0.8-3.2)	.17	0.29
6 months	−1.4 (−3.3-0.5)	.15	−0.22
12 months	−0.1 (−2.0-0.8)	.27	−0.17
Pittsburgh Sleep Quality Index, total score			
Postreatment assessment	−3.4 (−4.4 to −2.3)	<.001	−0.98
6 months	−2.4 (−3.5 to −1.3)	<.001	−0.69
12 months	−2.1 (−3.2 to −1.0)	<.001	−0.62
Insomnia Severity Index, total score, total score			
Postreatment assessment	−4.5 (−6.2 to −2.8)	<.001	−0.85
6 months	−3.9 (−5.7 to −2.1)	<.001	−0.74
12 months	−2.8 (−4.6 to −1.1)	.002	−0.54

PI: Alessi

Randomized Controlled Trial of an Integrated Behavioral Treatment In Veterans with Obstructive Sleep Apnea and Coexisting Insomnia

Table 2: Mean Values for Sleep and PAP Measures at Each Timepoint (N = 125)

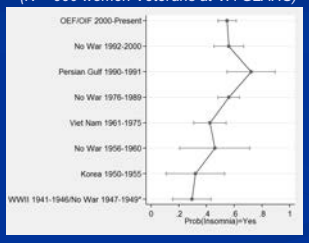
		Baseline	3 months		6 months	
		Mean	Mean	P-value	Mean	P-value
Sleep Onset Latency (by sleep diary, in min)*	Treatment	40.9	22.8	.013	22.5	.011
	Control	37.7	35.8		34.7	
Wake After Sleep Onset (by sleep diary, in minutes)*	Treatment	53.2	20.4	.019	19.3	.060
	Control	53.0	40.7		34.2	
Sleep Efficiency (by sleep diary, %)*	Treatment	70.1	86.2	.001	85.4	.005
	Control	70.0	75.7		78.8	
Sleep Efficiency (by actigraphy, %)*	Treatment	77.6	81.7	.001	80.4	.036
	Control	78.7	78.5		78.9	
Sleep Quality (PSQI, lower score better)*	Treatment	11.0	6.3	<.001	7.2	.034
	Control	11.5	9.9		9.4	
Insomnia Severity (ISI, lower score better)*	Treatment	13.9	6.4	<.001	7.7	.006
	Control	13.2	10.2		10.1	
Mean PAP use per night (in hrs; past 90 days, includes non-users) †	Treatment	NA	3.2	.001	2.5	.045
	Control	NA	1.9		1.7	
# nights with PAP used > 4 hrs (past 90 days; includes non-users) †	Treatment	NA	38.6	<.001	30.7	.035
	Control	NA	21.2		19.4	

* Mixed models with random intercepts; P-values reflect treatment versus control comparison using repeated measures (*) or two group t-test (†).

PI: Martin

Over half of women Veterans experience insomnia. Highest rates are among those who served during the Gulf War era

(N = 660 women Veterans at VA GLAHS)

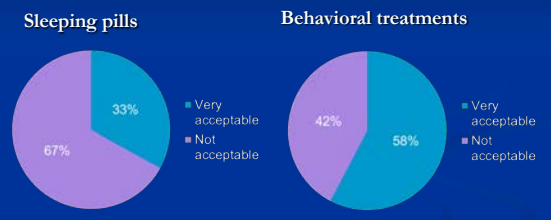


Martin et al. *Women's Health Issues*, 2017
Support: VA HSR&D Merit Review Pilot Project PPO 09-282-1; PI: Martin

PI: Martin

Women Veterans prefer non-medication approaches to treat insomnia

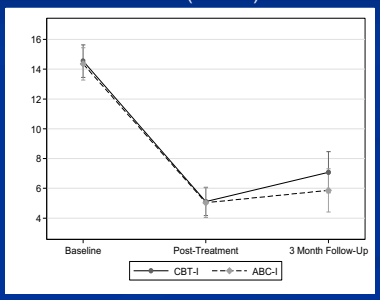
(N=1,560 women VA users across the US)



Culver et al., *Clinical Therapeutics*. 2016
Support: QUERI Rapid Response Project RRP 12-189; PI: Martin

PI: Martin

A novel intervention, "Acceptance and the Behavioral Changes to treat Insomnia" is as effective as CBT-I among women Veterans (N=148)



Unpublished data
Support: VA HSR&D Merit Review IIR 13-058-2 (PI: Martin)

PI: Fung

Improving Older Adults' Decision Making for Obstructive Sleep Apnea (OSA) Treatment

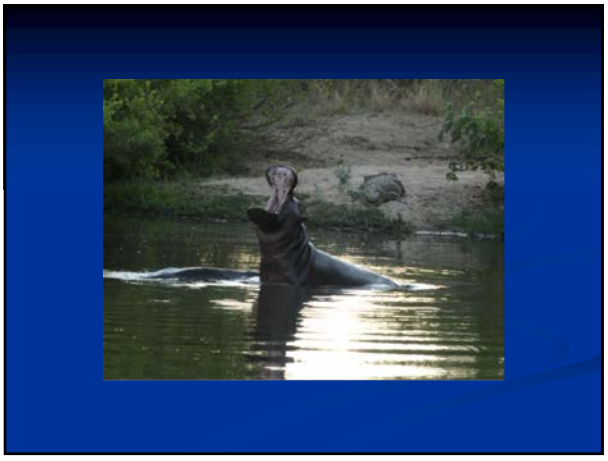
- Patients desire a more active role in making health decisions
- Patient decision aids:
  - Provide information on treatment options
  - Help patients communicate personal value associated with different options
- Previously no OSA decision aids tailored to older adults.
- Project goal: to develop and test a decision aid for older adults with newly-diagnosed OSA
- Methods: focus groups, interviews, cognitive interviews, prototype development, pilot testing at two sites
- Results of testing the *Decide2Rest* decision aid:
  - Participants felt more informed about OSA
  - Participants had more clarity about OSA treatment decisions

*Fung, CH et al. *Behavioral Sleep Medicine* (2016);
**Carballo et al. *Clinical Therapeutics* (2016) and Fung CH et al. *SLEEP* (2017)

PI: Fung

Sleep Without Insomnia or The Use of Chronic Hypnotics (SWITCH)

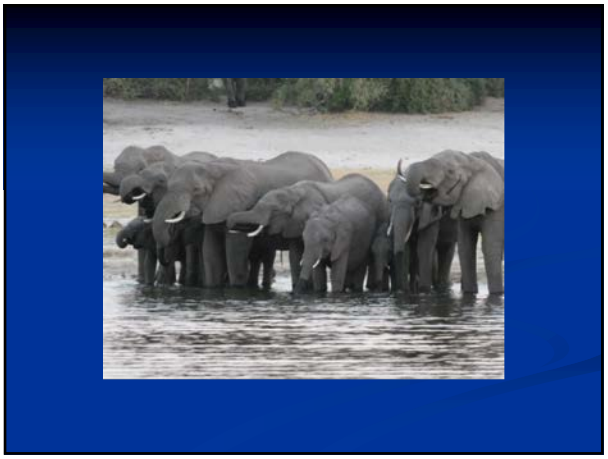
- Benzodiazepines/z-drugs are associated with adverse outcomes in older adults
- Tapering off benzodiazepines and z-drugs can be difficult:
  - Up to 40% resume use
  - Prior studies tested: supervised gradual taper, CBTI, or both
  - No prior studies target *placebo* effects, which are real improvements in sleep arising from psychosocial aspects of treatment rather than drug effects alone
- SWITCH study: trial targeting placebo effects by using a masked medication taper plus efforts aimed at reducing expectancies for benzodiazepines/z-drugs
  - Older Veterans (VA Merit)
  - Middle-aged non-Veterans (NIH R01AG057929)

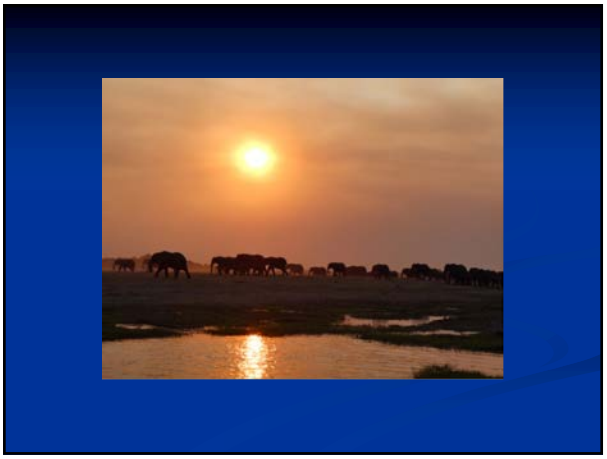


PI: Song

A Community Accessible Behavioral Sleep Intervention Program for Alzheimer's Disease Patients and Their Caregivers

Funding: NIH/NIA K23 – Career Development Award





Status Report on Departmental Programs and Activities

- Emergency Department-Dr. Neil Patel
- Hospitalists-Dr. Michael Ong
- Primary Care-Dr. Neil Paige
- Internal Medicine Housestaff-Dr. Neil Paige

VA Chief Medical Residents

- Jennifer Jones*
- Tyler Larsen*
- Lizzie Aby
- Natasha Cuk
- Dean Ehrlich

New VA Chief Resident Email Address!

- We are no longer using the VA chief gmail account
- Please add **uclavamedchief@mednet.ucla.edu** to your address book to email the VA Chief residents
- Alternatively can search for **DOM_VA** in MedNet email to find us
- Can email all UCLA Chiefs at **currentchiefs@mednet.ucla.edu**

myVA VA U.S. Department of Veterans Affairs

Fall Retreat – Thank You!

- Fall Retreat happened on Sept 28
- Thank you very much for allowing our residents to attend
- Great day of program feedback and team building

Recruitment is Coming!

- Residency recruitment starts on Monday
- Significantly fewer recruitment days this year (27 → 16)
- As recruitment requires many extra hands, Jennifer and I will intermittently be over at RRMC
- We remain reachable, as always, by email

Recruitment: Interview Days

- Oct 29
- Nov 2
- Nov 5
- Nov 9
- Nov 16
- Nov 19
- Nov 26
- Nov 30
- Dec 3
- Dec 7
- Dec 10
- Dec 14
- Dec 17
- Dec 21
- Jan 4
- Jan 7

Recruitment: Interview Day

8:45 - 9:00 Chief arrives to welcome applicants
9:00 - 9:05 Breakfast
9:05 - 9:15 Play video
9:15 - 9:40 Introduction talk by Dr. Friedman
9:40 - 10:10 Chief talk
10:10 -10:40 Interview slot
10:50 -11:20 Interview slot
11:30 - 12:15 Lunch
12:15 - 1:00 Resident Report
1:10 - 1:40 Interview slot
1:50 - 2:20 Interview slot
2:30 Wrap-up with Dr. Friedman

Noon Conference Lectures

- We have lots of availability for housestaff noon conference in the second half of the year
- If you are interested in talking please feel free to reach out
- uclavamedchief@mednet.ucla.edu

Greg Orshansky, MD
Chief Information Officer
VA Greater Los Angeles Healthcare

CPRS Alert Change November 5th!!!!
Implications for
- Laboratory results
- Abnormal laboratory results
- Imaging results-non critical

Scotte Hartronft, MD, MBA
Chief of Staff
Professor of Medicine
Associate Dean
David Geffen School of Medicine at UCLA

What are We Buying?

- ☑ State of the Art EHR (Medical & Dental)
- ☑ Data Migration
- ☑ Program Integrator Services
- ☑ Systems Engineering
- ☑ Configuration Management
- ☑ Software Maintenance
- ☑ Training Academy
- ☑ On-site Training
- ☑ Analytics
- ☑ Community Networks
- ☑ Revenue Cycle
- ☑ Patient Portal
- ☑ Innovation
- ☑ Testing
- ☑ API Interfaces
- ☑ Telemedicine
- ☑ Data Hosting
- ☑ Change Management
- ☑ Cybersecurity
- ☑ IT Infrastructure Assessment
- ☑ Help Desk Support
- ☑ Continuity of Operations
- ☑ Medical Device Integration

And much more!

VA Electronic Health Record Modernization 3

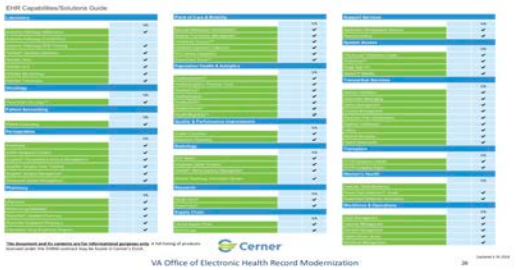
Platforms, Solutions and Services

VA Electronic Health Record Modernization 52

VA EHR Capability Requirements

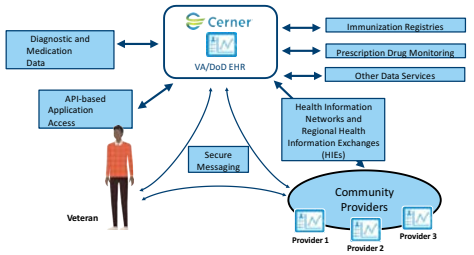
VA Office of Electronic Health Record Modernization 25

VA EHR Capability Requirements



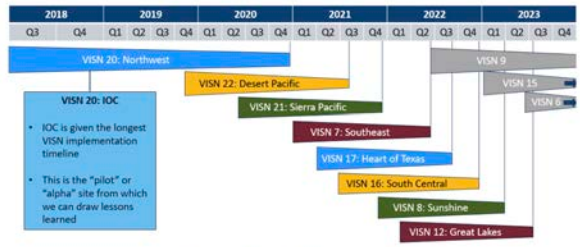
VA Office of Electronic Health Record Modernization 26

Interoperability for Seamless Care



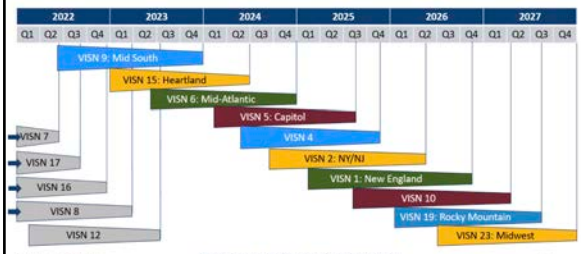
Migrating from VistA to *Cerner Millennium®*

Kickoff to Go-Live Timeline



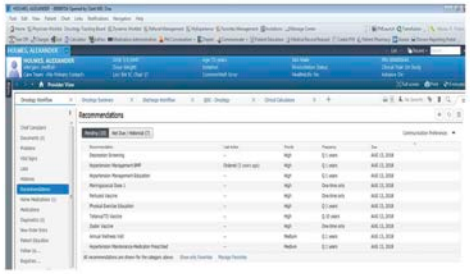
*Subject to change

Kickoff to Go-Live Timeline

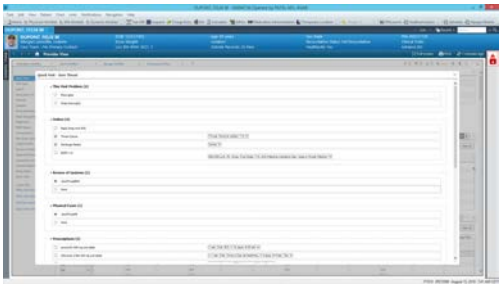


*Subject to change

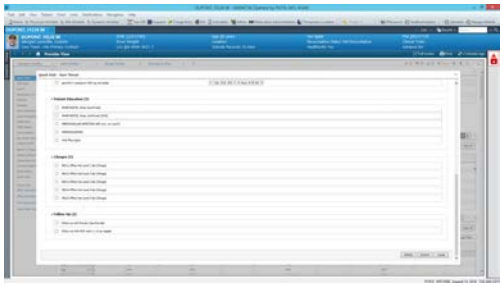
Provider Workflow



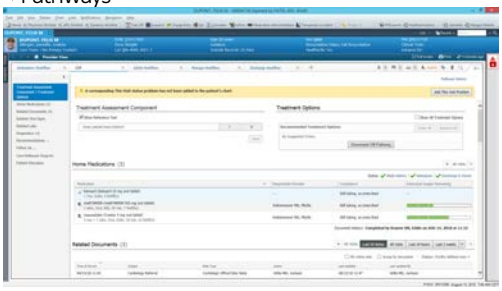
Quick Visits



Quick Visits



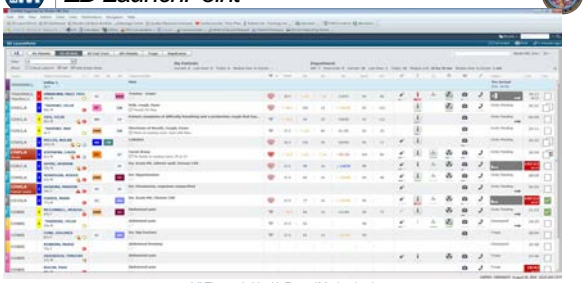
Care Pathways



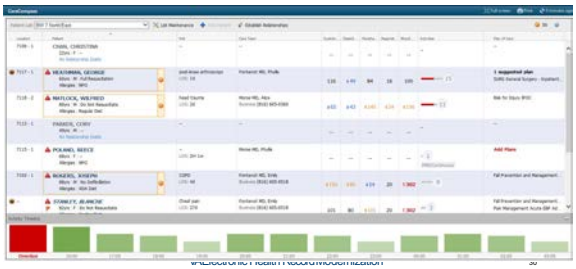
PowerChart Touch™

- **Organize my Day**
  - Patient List
  - Schedule
  - iPass
  - Message Center
- **Review Chart**
  - Previous Notes
  - Vitals, Labs, I&O, Histories
- **Document**
  - Integrated Voice Dictation
  - Templates
- **Order**
  - New, Renew & Discontinue
  - Orders to Diagnosis or Problems

ED LaunchPoint™



Care Compass™

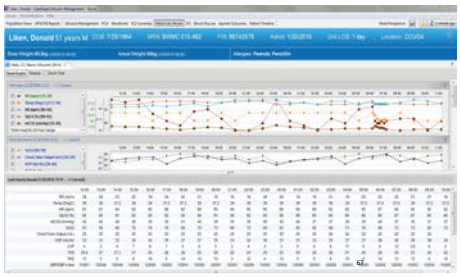


Clinical Integration

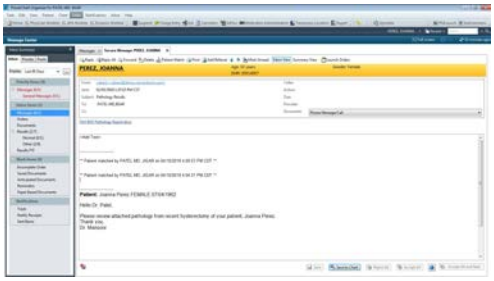
Clinical Review & Point of Care

- Patient List
- New Orders
- Critical Results
- Vital Signs & Measurements
- Direct Documentation
- BCMA
- Specimen Collection
- Smart Pump Programming

Vitals /Infusions (24hr)



Direct Secure Messaging



Tribute to Dr. Sydney Finegold (1921-2018)

Founding Chief, Chest and Infectious Diseases Division, VA Greater Los Angeles (1957)
Associate Chief of Staff for Research
VA Middleton Award Winner
Published over 700 papers, reviews and book chapters

Sid with one of his special Fellow trainees, John Bartlett, who is currently Professor at Johns Hopkins (2008).

UCLA Clinical Laboratory group ca. 2005. From left to right: Sydney Finegold, Jim Miller, Liz Wagar, Matt Dave Bruckner, Maurice White, and Marie-Claire Rowlinson.

http://dgsomdiversity.ucla.edu/

David Geffen School of Medicine

UCLA Health