

San Francisco VAHCS



Department of  
Medicine

## Integrative Health at SFVA: *The SEAL SQUAD*

By Karen Seal &  
Heather Nye

Chronic disease can be a result of poor nutrition & exercise habits, stress from trauma, mental health conditions, substance use disorders and psychosocial challenges. Veterans experience many of these and also may struggle to navigate health care systems. Billions of \$\$ are spent on largely preventable diseases in the US. Integrative Medicine is an alternative approach to prevention and management of chronic disease, and facilitates a greater patient role in self-care.

The SFVAHCS Integrative Health (IH) Service was established in October 2018 and is one of the first of its kind in the VA nationally. Led by Service Line Chief Dr. Karen Seal of GIM, it fosters a culture of self-care that starts with veterans' personal health goals. Health and wellness education is offered as well as accessible, holistic and pragmatic approaches to help veterans prevent chronic disease. For those living with chronic disease, the IH service encourages evidence-based non-pharmacological strategies. These include nutritional counseling, exercise therapies (eg: *traditional, yoga and tai chi*); and stress reduction (eg: *mindfulness*), each focused on improving quality of life.

*Which clinical programs should we know about?*

The IH service offers both wellness and clinical services. Most can be accessed via the **Whole Health consult in CPRS**. Any provider (MD, NP, RN, PT, SW) can enter a consult for patients interested in exploring integrative health options. IH RN Care Manager, Tom Mahoney, will contact the veteran and conduct a Personalized Health Inventory to match him/her, based on personal values and goals, to one or more of services including: Whole Health Coaching (*in-person or by telehealth*), Yoga for veterans in the community, Mindfulness, Mind-Body skills groups, integrative psychology, and orientation to an online/mobile [Whole Health Resource Directory \(https://wholehealth.vetsreturnhome.com\)](https://wholehealth.vetsreturnhome.com) that helps veterans locate CIH services at their local VA or in their communities. Clinical services, such as Acupuncture, are accessed differently. While provided on-site at Santa Rosa CBOC, it must be accessed through a Community Care consult for other sites. The exception to this is Battle-field acupuncture (for chronic pain, limited to ear points), which can be accessed through the Out-patient CPRS Pain Menu and is available in MP clinic or the San Bruno CBOC, weekly. In addition, the IH service also provides employee education in self-care and Mind-Body skills, and in the future, resident and medical student education in Integrative Health.

The first **Integrative Health and Wellness Clinic** at SFVAHCS will soon open. As an interdisciplinary clinic embedded in primary care, it will provide short-term management of chronic conditions using CIH approaches. While starting with only face-to-face encounters for individuals and groups, it will eventually serve the Northern CBOCs through VA Video Connect and VTEL. The IH team is particularly interested in patients who have conditions where allopathic approaches have been limited (eg: *fibromyalgia, irritable bowel syndrome, chronic fatigue*). The initial visit will be a collocated visit in Medical Practice with Dr. Seal and Dr. Hubbard (integrative psychology) with follow-up visits as needed with Drs. Seal and Hubbard or with Jen Schmid, RN and Thomas Mahoney for integrative nutritional and exercise counseling or Whole Health Coaching. The Integrative Health and Wellness Clinic will also hold a weekly drop-in interactive class on salient Whole Health topics to build up



*How did these programs come about?*

The 2016 CARA Act mandated the VA to support non-pharmacologic and complimentary and integrative health (CIH) approaches to treat chronic pain. In addition to chiropractic care, the VA now offers acupuncture, massage, biofeedback, guided imagery, mindfulness/meditation, yoga, Tai Chi/Qi Gong and hypnosis. The IH service is tasked with implementing these programs both at SFVAHCS and in the community through creative partnerships.

The IH group has strong support from executive leadership, and has also been able to provide Whole Health and Integrative Medicine training for SFVAHCS [staff](#) via Whole Health Design Site funding through the Office of Patient Centered Care as well as Peers in PACT pilot funding. VA HSR&D QUERI grants have supported QI evaluations of the coaching program and Integrated Pain Team clinic, which have led to several peer-reviewed publications.

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### Sutro Baths

*"Forgiveness is the fragrance the violet sheds on the heel that has crushed it..."*

UNKNOWN  
(Often Attributed to Mark Twain)

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#### KEN'S KORNER

#### MICRO GAME

## MAKING THE VA PROUD

### MORALE COMPASS



### Good Reads

#### Match Day

**Dr. Richard Stone**

*Executive in Charge, VHA*

Today, March 15, is “Match Day” for American medical students in MD-granting schools. The National Resident Matching Program electronically “matches” each student with a graduate medical education (GME) residency training program.

The Department of Veterans Affairs is affiliated with nearly all American medical schools and most teaching hospitals. Over 43,000 physicians-in-training rotate through VA medical centers each year. VA welcomes this new class of health care providers.

Since General Omar Bradley established our partnership with America’s medical schools shortly after World War II, VA has played a vital role in training future health professionals. Approximately **70% of US-trained physicians have performed some of their clinical training in a VA Medical Center.** This partnership across the entire system allows for an opportunity to share our passion for the mission of “SERVING THOSE WHO HAVE SERVED.”

Please ensure that your facility is ready for this new set of resident physicians to begin their work in July! Onboarding takes a coordinated effort by numerous employees. Many offices across VA and VHA, including the VHA Office of Academic Affiliations (OAA), the VA Office of Information and Technology (OIT), and the VA Human Resources and Administration (HRA) stand ready to assist. Thank you for providing support to our future health care providers!

#### Letter Excerpt from an SFVA Veteran

*Feb 2019 to VA and UCSF Leadership*

*“I cannot say how grateful I am for such wonderful care. The VA has been my mainstay, for 100% of my healthcare, since 4/2009; that the VA and UCSF work in collaboration is a win-win for us patients and for your students. During my time at Ft. Miley, I got to know the students better and they got to know me as a person, as a human and as a Vietnam Veteran. They learned about the 1968 Tet Offensive, and of the VA’s existence being the carrying out of Abraham Lincoln’s pledge: “to care for him who has borne the battle...” I left the team a note just before I was discharged, saying that: “I don’t believe in miracles, but I believe in angels, because I’ve been surrounded by them.”*

*“I especially want to thank **Doctor Dhaliwal** for his 17 years of VA work, and for mentoring so many new doctors. I watched one of Gurpreet’s tapes, 48 minutes long, about being a diagnostician and how to become even better. You have an extraordinary asset in the good doctor.”*

◆ **Two first Author publications from PRIME graduates** A. Rajkomar & S. Vemulapalli came out in the April 3 NEJM (*Frontiers in Medicine: Machine Learning in Medicine and Procedural Volume & Outcomes for TAVR*) making PRIME directors Jeff Kohlwes and Denise Connor and key faculty Rebecca Shunk and Beth Cohen simply beam with pride.

◆ **Dr. Paul Blanc** was selected to receive the Excellence in Education or Research in Occupational and Environmental Medicine Award 2019.

◆ **The UCSF Sleep Medicine fellowship has received ACGME approval,** meaning soon fellows will spend part of their time in the SFVA Sleep Continuity Clinic under the leadership of Dr. Katie Sarmiento.

◆ **Dr. Daniel Wheeler** of Hospital Medicine was named a member of the LACE Assessment Team for Internal Medicine. LACE (Learning and Caring Environment) is a new unit within UCSF’s Center for Faculty Educators (CFE) which is charged with optimization of the clinical learning environments at UCSF.

◆ **Dr. Nate Baskin** of Hosp Med was named SFVA Chief Physician Utilization Management Advisor.

◆ **Dr. Gurpreet Dhaliwal** of ED was featured on NPR February 27th in a piece about teaching clinical reasoning with concepts borrowed from Car Talk.

◆ **Dr. Maxine Papadakis** of GIM and UCSF Deanship lore will hang up her Ward Attending hat after a solid 37 years running. For the math-impaired, that’s 1982 folks. Price of gas that year \$1.22, postage stamp 20 cents, gallon of milk \$1.79. THANK YOU for all the years of great care and teaching, Max!

◆ **Dr. Amandeep Shergill** of GI was promoted to Full Clinical Professor of Medicine.

◆ **The TeleSleep Program** was featured on the VA Connected Care Blog The patient experience highlighted belongs to a former SFVA employee who now lives in Australia part time, still receiving care remotely from SF.

◆ **Dr. Rebecca Sudore** of Geriatrics received AAHPM’s Best Paper Award for her JAMA IM piece *Engaging Diverse English- and Spanish-Speaking Older Adults in Advance Care Planning: The PREPARE Randomized Clinical Trial.*

◆ **Dr. Louise Walter** of Geriatrics was accepted into 2019-2020 Executive Leadership in Academic Medicine (ELAM) Program

◆ **Dr Alex Smith** of Geriatrics was awarded the UCSF Academic Senate Distinction in Mentoring Award for 2018-2019

◆ **Dr. Vicky Tang** of Hosp Med & Geriatrics wins AGS Outstanding Junior Research Manuscript *“Functional Status and Survival After Breast Cancer Surgery in Nursing Home Residents”* in JAMA Surg 2018.

◆ **Dr. Denise Connor** of Hosp Med has been awarded the Gold-headed Cane Endowed Teaching Chair in Internal Medicine

◆ **Dr. Heather Nye** of Hosp Med has been selected to be the Course Director for the Society of Hospital Medicine Annual Meeting in 2022—and Assistant Course Director for 2021.

◆ **JUST ANNOUNCED: Dr. Mike Shlipak** of GIM was awarded the National VA’s highest honor for clinical research, the Barnwell Award in recognition of his pioneering clinical investigation on causes and consequences of kidney disease and for his impactful efforts to improve strategies for the early detection and prevention of kidney disease.



## SHOW ME THE MONEY



◆ VA-based PCCM research fellow **Dr. Bhavika Kaul** received a grant from the Nina Ireland Program in Lung Health to develop a pulmonary disease telemedicine program at the SFVA, with clinical and educational aims.

◆ **Dr. Rebecca Sudore** of Geriatrics was awarded Gordon and Betty Moore Foundation Grant

◆ **Dr. Sanket Dhruva** of Cardiology received TWO K12 grants on the same day under the mentorship of Dr. Mary Whooley—and had to CHOOSE between them! (*we*

*thought about placing this in the ‘ridiculous’ category*) He chose the IMPACT K12 (IMplementation Science for Pulm And Cardiac Research Training) to start in July 2019, and turned down the Learning Health System (LHS K12). A well-deserved embarrassment of riches, Sanket!

◆ **Dr. Chris Lau** of Cardiology was awarded VA grant for “*Molecular Mechanisms of a Male-Specific Positive Feedback Loop in Liver Cancer*” \$650,000 over four years.

◆ **Drs. Michelle Estrella and Mike Shlipak** of Nephrology and GIM, respectively, received a \$52,000 UCSF internal Catalyst grant to develop technology for measuring novel urine proteins in CKD at the Point of Care .

◆ **Dr. Greenland’s** lab of Pulm/CC received two grants: One from Bio-Fire to study their lower respiratory panel in lung transplant recipients. The second was a Uo1 ancillary study award looking at immunophenotype of peripheral blood NK cells in CMV.

◆ **Dr. Steven Yuhl** of ID received a great score on another RO1 application: *Novel single genome approaches to determine the mechanisms of HIV latent infection in blood.* Everyone cross their fingers!

◆ **Dr. Tanya Kaltenbach** of GI was awarded QUERI supplemental funding for 2019 for her project ‘*Quality Improvement for the Endoscopic Management of Advanced Colon Polyps*’

◆ **Dr. Karen Seal** and Natalie Purcell of Integrative Health received Independent VA Investigator funding for “*Evaluating the Implementation of a Novel Whole Health Pathway: A Model for Engaging Veterans in VA and Community Wellness Programs Using Telehealth and Web-Based Technology*”

## SINGING OUR HEROES



**Renee Sanchez** was awarded the inaugural ‘Hero’ Award at last month’s Med Service Staff meeting.

For all she does for the Medical Service...making sure paychecks go through, finding Ken for us, finding Ken for Ken, undoing, fixing, and redoing leave requests, helping with staff meeting refreshments (*I’m pretty*

*sure most of these were not in her original job description*)

Congrats & THANK YOU, Renee.

\*\*\*\*\*

Have you seen a hero lately?  
You’ll know it when you do.

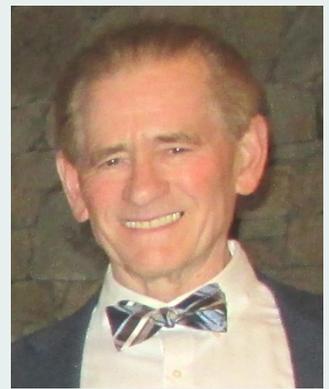
**Send us your nomination and we’ll do the singing....**

Monthly award, handsome pen.  
Email Ken or Heather or drop on by the  
Batcave



## FACULTY FEATURE

### Meet Paul Simpson



A relatively mild-mannered character from Cardiology, Dr. Paul Simpson, is quickly becoming a celebrity in our midst. You may recognize him from the Fall 2018 STR issue’s ‘Show Me the Money’ column—with two major grants awarded in 2018, or perhaps you’ve seen his basketball-player stature strolling down VA hallways. However, if you didn’t have an opportunity to read his recent bio in January 2019 *Circulation Research*, you may not know just what a ‘big deal’ he really is.

Paul has worked at the SFVA since 1977. But prior to that, he made several interesting stops along the way. He grew up in Nashville, TN, and attended Davidson College in NC for undergraduate training (*and played basketball—‘warming the bench, 11th man on a 10-man team’ he states—just a few decades before Steph Curry*). After medical school at Wash U, Paul completed two years of residency at Mass General followed by a stint at the NIH in the Public Health Service as a research fellow. This was fortunate on a number of fronts. It served as his contribution to federal service during the Vietnam war, allowed him to fall in love with research, and introduced him to mentor Marshall Nirenberg (1968 Nobel Prize winner in Medicine for interpretation of DNA code for amino acids). He worked in a lab under Nirenberg’s guidance and developed his unwavering approach to research for decades to come. Scientific rigor and reproducibility were Nirenberg gospel—and Paul was part of the choir. The pressure to produce and be prolific, while difficult to resist, should always be second to making sure that ‘you’ve got it right’ per Paul. (See full article [HERE](#)).

After the NIH, Paul came to UCSF to finish his residency, then back to MGH as a cardiology fellow. It was none other than the great Holly Smith who ultimately sealed Paul’s fate with the SFVA, when he offered him just the job he desired—academic basic research in Cardiology—under then SFVA cards chief Dave Bristow. He insists he was likely the only applicant.

Raised by a businessman and a homemaker, Paul wanted to be a doctor for as long as he can remember, citing influences of his physician grandfather. Paul’s clinical work comprises nearly 50% of his time, and the remainder is spent in research. He has trained ~100 people in his lab during his career—about half of whom ended up academic careers. While admittedly, he has not always maintained the ideal life/work balance, he is proud to have imbued young scientists with the same tenets as his mentor; the importance of doing good science. Of Paul’s innumerable contributions to the field, development of potential new treatments for heart failure has been at the core. In particular, his lab has studied the  $\alpha 1A$  adrenergic receptor that is key to myocyte health when stimulated.

What does he do for fun outside of work? “I actually enjoy the research work as ‘fun’” but he later admits to being a ‘gym rat’ and loves hiking & other outdoor activities, especially with his wife Barb. They travel, go on cruises, ride zip lines, socialize, and watch ‘Game of Thrones’ (*how was the season opener?*).

Paul’s advice for new faculty “**Do your job well. Be a team player. Be friendly to everyone at the VA: patients, staff and housekeeping. Don’t let the bureaucracy get you down too much.**”

Let’s salute Paul and his seasoned perspective on research, career, and life. Happy to have you among us all these years, even if you won’t play in our starting line-up for the VADOM Basketball team (*coming soon...*)

## NEXTGEN KEN...KEN 2.0

Most refuse to believe it possible, but the wise are already planning. In anticipation of an inevitable Medical Service Chief search in the coming years, a team of SFVA engineers is feverishly working on the next iteration of leader.

Preserving beloved attributes from the current model (*dated, corny jokes and self-effacing nature*) and adding shrewd negotiation tactics, it is expected to be an unparalleled success. ‘Simply, a masterpiece.’ stated Dr. Bruce Ovbiagele, who commissioned the efforts.

Rumors sparked at last month’s *ELT Reveal* on changes anticipated with the Ken 2.0, included elimination of long-standard features such as the use of paper and pen and disruptive behavior during MEC, with a doubling-down on others like high fashion and cautious pessimism.

The prototype is expected to be leaked by mid-2021 and available for full pro-



duction early 2022. Current accessories will be interchangeable with the Ken 2.0—although likely updated with release of Ken 2.0S, iKen, and Mission iKen models.

The ‘Trios’ operating system (Josue, Susie, Heather) will be maintained for the foreseeable future, and continue to operate as CASE (*to resist bumps, scrapes, and SAIL data consequences*), EAR BUDS (*filtering all Ken needs to hear*) and the HOME button to ‘re-center’ Ken on *those* types of days. (*feature facing elimination in the Mission iKen model*)

I wouldn’t stand in the VApple Store line just yet....

## ACCESS THIS...

Earlier this year, the Mission Act issued a great challenge to VA medical centers to provide both quality & timely care, leaving more questions than answers for rural veterans living some 6-7 hours away from specialty care. But the SFVA and its idea generators are working overtime to create new means of access, taking seriously the message from



leadership “think outside the box”.

**BULLET TRAIN** The aptly named Mission Bullet will streak down the Mendocino corridor and deliver Eureka veterans to SR VA lobby within a 57-59 minute timeframe. There is no stipulation on wait time for clinic

appointments.

At a cost of roughly \$20B, for 2200 patients a year, that’s about 9.1 million per ‘unique’—a price that is still likely to come in lower than community care costs over the same lifetime period.

CARE PACKAGES “Care Delivery” is being taken to a whole new level. US Postal Service suffering similar woes to health care providers nationwide, will be teaming up with the VA Health Care system—to create ‘Care Packages’ with an entirely new meaning. Out pops an exam table, computer with projector for hologram-doc, stethoscope ‘vest’, temperature gauge, otoscope, pharmacy dispensary, DIY-phlebotomy, US flag, and patient satisfaction survey. And a 5 year shelf life!



## NEW VA POSITION DEPUTY CHIEF POLLYANNA

Recognizing that morale among VA employees is at risk for decline, a concerted effort to right that ship has been made by the VA Central Office.

Applications for Deputy Chief PollyAnna (DCP) are now being solicited. The search will stay active until someone applies. “As long as it takes! We seek the chirpiest, brightest and most uncontrollably optimistic people”—reported VHA leadership.

There will reportedly be a special focus on applicants’ retained lessons from Kindergarten.

The interview involves leading a sing-a-long, creating a team handshake & inspirational motto on-the-spot, and fielding questions from deflated and disheartened actors. Keep that chin up, *pardner!*



*“My work is tremendously earth shattering....and everybody knows it”*

SUGGESTED SELF-PROMOTING PHRASE

## VA WORST IN NATION AT SELF-PROMOTION

The numbers have been tallied and now confirm what we at the SFVA have known for ages—VA doctors are the worst in the nation at self-promotion. For decades, uber-talented VA faculty have been encouraged and cajoled to share their successes broadly, hang banners and toot horns, and get the word out about the premium medical care, research, and education that occur in our corner of the city. But, humility and hubris continue to be at loggerheads.



One potential solution to natural down-

playing that occurs at our own expense is a new local campaign ‘**MAKE IT GRAND,**’ normalizing self-promotion and grandiosity.

Employee language will be intensely monitored for signs of modesty. Descriptors like ‘good’ ‘impactful’ and ‘you may have heard...’ will be auto-correct on VA-issued devices and VA-email, and substituted with ‘tremendous’ ‘earth-shattering, and ‘..and everybody knows it’ in 2019, TMS module ‘**Bragging Best Practices**’ will be required and a lecture series addressing the topic will be launched. Suggested speakers include nationally renowned braggadocios— Cheers’ Cliff Clavin, LeBron ‘King’ James, David ‘the Hoff’ Hasselhoff, and Stuart Smalley.

*Because you’re good enough, you’re smart enough and doggonit, people like you.*

# THEY DID IT!! TEAM FORT-MILEY CRUSHES KAISER 1/2 MARATHON

SFVA was out in force on a drizzly day for the first annual DOM footrace, The Kaiser Half-Marathon, February 3rd, 2019. We sent out ~20 "athletes," most of whom returned. Nine different sections were represented in the 5K, 10K, and half-marathon competitions. In the half marathon, Chief Resident Armond Esmaili led the pack with a truly shocking 1:18 time (5:57 min/mile), good enough for 10th in his age group and just behind of the pack of elite runners. Tied for second in the VA group came geriatrician (and evidently half-man half-cheetah) Mike Steinman and oncologist and trail-runner extraordinaire Carling Ursem, both turning in a very respectable 1:49.

Highly competitive Medicine Vice-Chair and good sport Ken McQuaid turned in a 49 minute effort in the 5K (16 min/mile). When asked about his tortoise-like time, Ken attributed his slower-than-expected pace to stopping at every aid station to maintain hydration and electrolyte balance (for optimal GI tract motility) and a knee injury sustained in disruptive behavior training the week prior.

In all seriousness, whether walking, jogging or running, a good time was had by all. Afterwards, weary runners gathered for food and drink at Josue Zapata's lovely home near the finish line and began plans for future group races. We hope many more VA DOM members will consider joining the team and partake in the race at their own pace for next year (we want at least twenty 5K walkers to join Ken)! A huge thanks to all the participants for representing the DOM at the VA—you did us all proud.

By Josue Zapata

KAISER PERMANENTE  
SAN FRANCISCO  
**HALF  
MARATHON®**  
10K & 5K  
PRESENTED BY  
PAMAKID RUNNERS  
FEBRUARY 3, 2019



Smiles at the start line from VA DOM Team Fort Miley



Ken waves to fans before collapsing at the finish line



Smiles at day's end at Josue Zapata's post-race celebration

## I READ IT SOMEWHERE....NEW PUBLICATIONS

- Dr. Mehrdad Arjomandi** of Pulm/CC Zeng S, Tham A, Bos B, Jin J, Giang B, Arjomandi M. **Lung volume indices predict morbidity in smokers with preserved spirometry.** *Thorax*. 2019 Feb;74(2):114-124
- Dr. Paul Blanc** of Occ Health & **Dr Gabby Schmajuk** of Rheum Schmajuk G, Trupin L, Yelin E, Blanc PD. **Prevalence of Arthritis and Rheumatoid Arthritis in Coal Mining Counties of the U.S.** *Arthritis Care Res* (Hoboken). 2019 Mar 15.
- Dr. Anna Chang** of Geriatrics. 1) Foley KT, Farrell TW, Salzman B, Colburn JL, Kumar C, Rottman-Sagebiel R, Wagner LM, Abrams J, Chang A. **Learning to Lead: Reflections from the Tideswell-AGS-ADGAP Emerging Leaders in Aging Program Scholars.** *J Am Geriatr Soc*. 2019 Mar;67(3):434-436.
- 2) Chang A, Lundebjerg NE, Abrams J, Barnes DE, Fain MJ, Hall WJ, Johnson TM 2nd, Michael Harper G, Williams B, Ritchie CS. **Leadership, Inside and Out: The Tideswell-AGS-ADGAP Emerging Leaders in Aging Program.** *J Am Geriatr Soc*. 2019 Mar;67(3):437-442.
- Dr. Beth Cohen** of GIM. 1) Eswarappa M, Neylan TC, Whooley MA, Metzler TJ, Cohen BE. **Inflammation as a predictor of disease course in posttraumatic stress disorder and depression: A prospective analysis from the Mind Your Heart Study.** *Brain Behav Immun*. 2019 Jan;75:220-227.
- 2) Ahmadian AJ, Neylan TC, Metzler T, Cohen BE. **Longitudinal association of PTSD symptoms and self-reported physical functioning among Veterans.** *J Affect Disord*. 2019 Feb 19;250:1-8.
- Dr. Denise Connor** of Hosp Med. Santhosh L, Chou CL, Connor DM. **Diagnostic uncertainty: from education to communication.** *Diagnosis* (Berl). 2019 Mar 9.
- Dr. Denise Davis** of GIM **The Importance of Being Outraged.** *SGIM Forum* 42(4): 15-16
- Dr. Ken Covinsky** of Geriatrics. Aliberti MJR, Covinsky KE. **Home Modifications to Reduce Disability in Older Adults With Functional Disability.** *JAMA Intern Med*. 2019 Feb 1;179(2):211-212.
- Dr. David Daikh** of Rheumatology. Daikh DL. **Presidential Address.** *Arthritis Rheumatol*. 2019 Jan 30.
- Dr. Sanket Dhruva** of Cardiology. 1) Vijay A, Ross JS, Shah ND, Jeffery MM, Dhruva SS. **Medicare Formulary Coverage and Restrictions for Opioid Potentiators from 2013 to 2017.** *J Gen Intern Med*. 2019 Jan 8.
- 2) Dhruva SS. **Implementation of an E-Consult System with Patient Navigation.** *J Health Care Poor Underserved*. 2019;30:28-39.
- Dr. Ruth Dubin** of Nephrology. 1) Ayer A, Mills C, Donovan C, Christenson RH, Ganz P, Dubin RF. **Associations of microvascular dysfunction with cardiovascular outcomes: The cardiac, endothelial function and arterial stiffness in ESRD (CERES) cohort.** *Hemodial Int*. 2019 Jan;23(1):58-68.
- 2) Dubin R, Rubinsky A. **A Digital Modality Decision Program for Patients With Advanced Chronic Kidney Disease.** *JMIR Form Res*. 2019 Feb 6;3(1):e12528.
- Dr. Michelle Estrella** of Nephrology. 1) Muiru AN, Shlipak MG, Scherzer R, Zhang WR, Ascher SB, Jotwani V, Grunfeld C, Parikh CR, Ng D, Palella FJ Jr, Ho K, Kassaye S, Sharma A, Cohen M, Wang R, Qi Q, Estrella MM. **Kidney disease risk factors associate with urine biomarkers concentrations in HIV-positive persons; a cross-sectional study.** *BMC Nephrol*. 2019 Jan 3;20(1):4.
- 2) Wang R, Shlipak MG, Ix JH, Brown TT, Jacobson LP, Palella FJ Jr, Lake JE, Koletar SL, Semba RD, Estrella MM. **Association of Fibroblast Growth Factor-23 (FGF-23) With Incident Frailty in HIV-Infected and HIV-Uninfected Individuals.** *J Acquir Immune Defic Syndr*. 2019 Jan 1;80(1):118-125.
- Dr. Megha Garg** of Hospital Medicine. 1) Miles RC, Baird GL, Choi P, Falomo E, Dibble EH, Garg M. **Readability of Online Patient Educational Materials Related to Breast Lesions Requiring Surgery.** *Radiology*. 2019 Jan 29;182082.
- 2) Garg M, Tseng Z, Baird G, Egan P, McGarry K. **Attitudes Toward Advocacy Do Not Match Actions: A Cross-Sectional Survey of Residents and Fellows.** *Rhode Island Medical Journal*. April 2019.
- Dr. Rabih Geha** of Emergency Med. 1) Ly VK, Manesh R, Raghavan K, Geha RM. **Follow the Beads: Fibromuscular Dysplasia.** *Am J Med*. 2019 Mar;132(3):329-332.
- 2) Silverman E, Haber LA, Geha RM. **Lift Then Shift: Thyrotoxic Periodic Paralysis.** *Am J Med*. 2019 Jan;132(1):e3-e6.
- Dr. John Greenland** of Pulm/CC 1) Greenland JR, Wang P, Brotman JJ, Ahuja R, Chong TA, Kleinhenz ME, Leard LE, Golden JA, Hays SR, Kukreja J, Singer JP, Rajalingam R, Jones K, Laszik ZG, Trivedi NN, Greenland NY, Blanc PD. **Gene signatures common to allograft rejection are associated with lymphocytic bronchitis.** *Clin Transplant*. 2019 Mar 8:e13515.
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- 3) Greenland JR. **Where the Chromosome Ends: Telomeres and Cytomegalovirus Risk in Lung Transplant Recipients.** *Am J Respir Crit Care Med*. 2019 Feb 1;199(3):265-267.
- Dr. Carl Grunfeld** and **Dr. Ken Feingold** of Endo. 1) Feingold KR, Grunfeld C. **The Effect of Inflammation and Infection on Lipids and Lipoproteins.** 2019 Jan 8. In: Feingold KR et al editors. *Endotext* [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from <http://www.ncbi.nlm.nih.gov/books/NBK326741/>
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**\*\*We sincerely regret any inadvertent omissions of your work. We have limited this list to first and last author publications. If publication listed in last issue, it was not reprinted here. Congratulations to everyone for tremendous efforts! \*\***

patients' knowledge and competency in basic Whole Health practices, especially in the areas of nutrition, exercise, stress-reduction and sleep. Another physician with Integrative Health experience will soon join the new clinic as Medical Director as well as an integrative physical therapist and nutritionist.

*A Bit About The Integrative Health Team*

Dr. Karen Seal was named Chief of the SFVAHCS IH Service in October 2018 and has worked as a PCP in Med Practice since 2003. Karen directs the interdisciplinary Post-9/11 Integrated Care Clinic for Iraq and Afghanistan Veterans as well as the Integrated Pain Team, both of which are now under the umbrella of the Integrative Health service. A UCSF Professor of Medicine and Psychiatry in Residence, Karen is the PI of extra-mural grants from NIH, PCORI, VA and DoD supporting projects to identify new strategies for improving care for Veterans with chronic pain, opioid dependence and PTSD. Her team has published nearly 90 peer-reviewed papers, several of which have influenced the care of Veterans nationwide. Her latest grant, a perfect marriage of her clinical and research work in Integrative Health, is a six-year study funded by the National Center for Complimentary and Integrative Health to conduct a randomized controlled trial of the VA Whole Health Team approach for chronic pain care in veterans at six VA sites around the country.



Jennifer Schmid, Karen Seal and Natalie Purcell

Karen has a long-standing passion for integrative health. She has completed training in Mind-Body Medicine, Mindfulness-Based Stress Reduction, Battlefield acupuncture and is now completing a two-year fellowship in Integrative Medicine through the University of Arizona. Other **members of the Integrative Health leadership team** include: Jennifer Schmid, MSN, RN, CNL, ACN (*Chief Nurse and Clinical Director*), Natalie Purcell, PhD, MPA (*Program Director*) and Jennifer Tighe, MSN, RN, CNL, ACN, Chief Nurse and Clinical Director. Newer members are Dr. Asale Hubbard, PhD, Integrative Psychologist and Thomas Mahoney, RN Care Manager and Whole Health Coach. Other Whole Health coaches include Linda Abadjian, PhD; Ashley Feuchs, MPH; Andrea Lynn, RN; John Sorrell, PhD, Cynthia Sharp, RN, and shortly, two peer specialists, funded by the Peers in PACT program, who will join the coaching team. Winnie DeGuzman and Rochelle Jackson provide invaluable administrative support.

We are lucky to have such a rich and cutting edge resource available to us at the SFVAHCS!! Go forth and consult!

**TELE-TRAINEE TALES: VA VIDEO CONNECT EDUCATION**

*By Janeen Smith & Maya Dulay*

The VA introduced a new video visit platform VA Video Connect (VVC) in 2017 to improve access to care for Veterans. The software allows VA staff to have scheduled or on-demand video visits with veterans and their caregivers in the community using any personal device (e.g. laptop, smart phone). The VA also offers free internet-connected loaner iPads delivered to veterans' homes for those without their own devices.

Despite expansion goals at the national level (100% of primary care by FY20 and 100% of all providers including specialists by FY21), very few providers had performed a video visit by the end of FY18. We hypothesized that underutilization was due to lack of skills and confidence which would require systematic training. In response, we developed the **SFVA Telehealth to Home VVC Curriculum for Interprofessional Trainees and Staff**.

Session	Content	Educational Strategies
Session 1 (1hr)	Equipment, technology, safety, documentation	Didactic, checklist, role play visits to VMR (Virtual Medical Room)
Session 2 (1hr)	Video visit selection, integration into care delivery	Didactic, small group brainstorming, role play case vignettes
Session 3 (1hr)	Virtual physical exam, peripheral devices	Didactic, role play case vignettes

Six sessions have been offered to date for 33 participants (10 NP trainees, 3 MD trainees, 5 NP faculty, 13 MD faculty, 2 unknown). All participants passed a certifying test required to perform VVC visits. Two more sessions are scheduled in May for faculty and there are plans to add to trainee curriculum in primary care. We presented the first telehealth curriculum at the UCSF Education Showcase in early April and will present a poster at Society of General Internal Medicine Annual Meeting in May 2019.

Increasing the percentage of VVC capable providers in the Medical Service is the primary FY19 goal of the Medical Service QI committee. To that end, we are performing ongoing needs assessments and modifications to the curriculum to meet the needs of different provider types (e.g. specialists, urgent care providers). We are also partnering with the Ambulatory Care Office to identify administrative champions to help support expansion of VVC throughout the facility. To **sign up for upcoming trainings, contact Karen.Radman@va.gov**  
**VVC Curriculum Team:** Janeen Smith, Bridget O'Brien, Maya Dulay, Omar Aljundi, Amy Lu, William Smith and Rebecca Shunk

# CUTTING EDGE EP ADVANCES

By Cara Pellegrini

No bigger than a large vitamin capsule and weighing < 2 grams, the leadless pacemaker is delivered percutaneously directly into the right ventricle, and is completely self-contained. It is ideal for patients who are at high risk of infection, cannot eliminate weight-bearing of their upper extremities, prefer not to have a bulky device pocket near their shoulder, have tricuspid valve disease, or want to avoid vessel occupying leads (eg those with advanced renal dysfunction). Here at the SFVA we have successfully implanted this device in 5 patients, and expect the uptake of this device to grow substantially with the next version which will allow for AV synchrony, thereby greatly expanding its indication.



# ALL I REALLY NEED TO KNOW...

By Heather Nye

...I learned in Kindergarten.

Dr. David Rapko of GIM (*PCP Extraordinaire in Medical Practice*) shares with us his Kindergarten photo this month. When asked what he learned back then that still resonates today, he states ***"I was really bad at coloring inside the lines with crayons, but I guess that is not an important life-skill."***

It is kind of amazing to me how hard we used to push kids to stay within the lines—and reward those who were better at it.

I've noticed recently, though, how the focus on spelling has dwindled for early learners. Children in today's educational system are being taught to write with phonics—in order to encourage expression.

Worksheets come home with vowel-less words and earnest efforts at writing full sentences while still learning the alphabet.

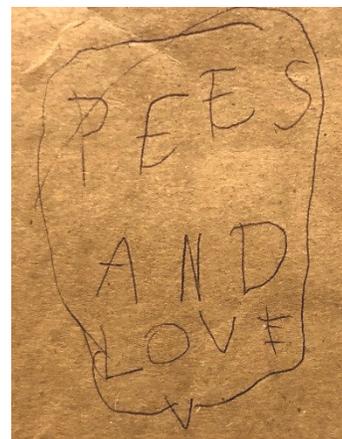
Not that spelling isn't important, but empowering children to write what they hear is inspiring. Big thoughts, sweet stories, and expressive language accompany artwork—that in a previous era would have had only a name.

And as many times as I've seen the words "Peace and Love," they've never warmed my heart in such a way as they did in this note by a proud 6 year old.

I'd say both spelling and coloring inside the lines are slightly overrated.



Dr. David Rapko turns 6



"Did I spell it right, Mommy?"

# NON-DIAGNOSTIC IMAGING

Erika Price

## ICD-10 CODES FOR PHYSICIANS

"Physician, heal thyself! Or at least fill out your own encounter form!" - Luke 4:23, more or less

**C40.00**

Just missed the coffee cart closure, acute

Please select correct sub code indicating how many minutes you missed it by and how many times per week this happens. Be honest.



**I15.999**

Secondary hypertension due to inability to obtain a radiographic study on a Friday afternoon

**M01.23**

Mistaken for patient's nurse, acute, initial encounter

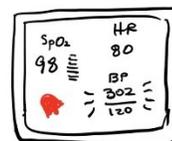
Also available { Mistaken for nurse, subsequent encounter }  
 { Mistaken for social worker... }  
 { Mistaken for pharmacist... } and many more!



**U42.100**

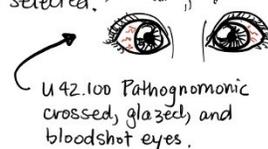
Visual disturbance secondary to reading through 415 pages of scanned documents from patient's stay at St. Outside Memorial Hospital in hopes of finding some snippet of relevant clinical information

- Correct sub-code specifying name of patient's first childhood pet MUST be selected.



**F123.45**

Forgot CURES password. Again.



U42.100 Pathognomonic crossed, glazed, and bloodshot eyes.



### IMPORTANT DATES

- Mother's Day.....Sun May 12
- Bay to Breakers Race...Sun May 19
- Holly Smith Dinner.....Th May 23
- Memorial Day..... Mon May 27
- Mission Act goes live.....June 6
- Father's Day.....Sun June 16
- New Interns Start.....Fri June 21
- SF Marathon.....Sun July 28

THROWBACK TRIVIA

Questions from the  
VA Thursday  
M & M Trivia Contest

Compiled by the SPA Lizards

July 30:

-This famous German physician was first person to describe PAN first person to attempt esophagoscopy first person to describe Progressive bulbar paralysis first to introduce pleural tapping first to introduce gastric lavage has an important physical exam sign named after him.

Winner, Warren Browner, M.D.

August 6:

1. Name the skin lesion commonly associated with Lyme disease.
2. On what continent and in what century was this lesion originally described?

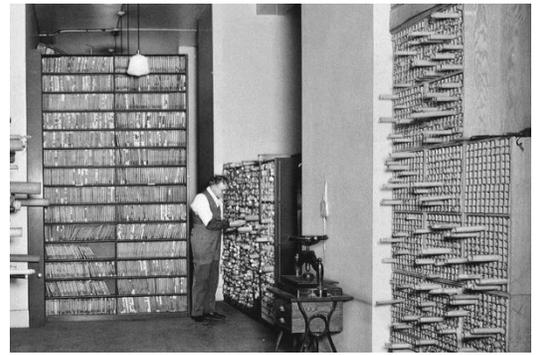
August 20 (question donated by Warren Browner):

Name the German physician:

1. He has a disease, but no sign named for him.
2. He died in the 20th Century.
3. The disease was originally described by Klinger in 1931.
4. His name in geologic circles is associated with the (at first discredited) theory of continental drift.
5. His disease is the disease that made Tony Fauci famous (not AIDS).
6. His original paper appeared in 1936, and was entitled:

*Über generalisierte, septische Gefäßerkrankungen.*

7. The disease is associated with the development of antibodies directed against proteinase and myeloperoxidase.
8. The enzymes are found in azurophilic granules in neutrophils, and in lysosomes in monocytes.
9. Thus the antibodies are known as Antineutrophil cytoplasmic autoantibodies.
10. The classic triad: sinusitis, pulmonary hemorrhage, glomerulonephritis.



And now for another journalistic voyage back in time...

The *Medical Resident Progress Note (MRPN)* penned some two and a half decades ago was unearthed from Ben Davoren's archives and continues to entertain. Harry Hollander contributed a regular column featuring his wine expertise and the VA crew a trivia column...enjoy! (this subs as *TRIVIA for Sublime to Ridic Low Energy Edition*) Send me your answers! [Heather.nye@va.gov](mailto:Heather.nye@va.gov)

Sept/Oct 1992



Wine with Harry:

By Harry Hollander

A VARIETAL PRIMER

To complement the "Doctor Your Patient Has..." series, I thought it might be appropriate to have a fairly basic column early in the year on one of the most rudimentary aspects of wine appreciation-the dreaded varietal designations. In most parts of the world, wine is wine, and nomenclature reflects the wine's origins. Thus, red Bordeaux is labelled as such, and everyone understands that the wine is a combination of different grape species. With the end of Prohibition and the resurgence of the wine industry in California, several interesting things happened. First, some famous regional names were expropriated to give the new wines sex appeal, yet California "Burgundy" bore no resemblance to the real thing in any way,

shape, or fashion. Second, vintners began to produce wines that were not blends, but based upon one grape type. As can be imagined, this trend became the rule as "truth-in-labelling" mentality won out in the 1960's and 1970's. Only recently have our winemakers returned to the point of view that blending is good. Nevertheless, most domestic wine you see on the shelves continues to be named by its predominant varietal grape. How to navigate these unfriendly shelves?

Red Varietals

Cabernet Sauvignon- "the king of wines; the wine of kings," so goes the saying. Cabernet is a major Bordeaux varietal capable of producing extremely long-lived wines. This is not necessarily a good thing if you don't intend to hold on to a bottle until it resolves its enamel-corroding acids and mouth-puckering tannins (the same component you get in a strongly brewed black tea). These are "big," full-bodied wines that go well with all sorts of things we aren't supposed to eat anymore, particularly beef and lamb. Because these wines can be so brutal when young, it is common to blend in some Merlot and/or Cabernet Franc to soften them and give them early drinkability. These two grapes are also Bordeaux varietals, but generally have lower tannins and more prominent fruit (the taste of the grape) than Cabernet Sauvignon. Interestingly, because of these

really good wines, but this is no bargain when you consider that Chilean and Australian Cabernets are still available for under \$10. Look for vintages from the mid-1980's(84-87), if you want to try prototypical California Cabernet.

Pinot Noir- Making great Pinot Noir that rivals red Burgundy is the holy grail of winemakers around the world. Nobody's done it yet. The grape is fickle and completely different from Cabernet- low in tannin, pale in color, spicy and redolent of strawberries and black cherries. When it's good, it's the greatest of red wines. The problem is having to sort through many awful examples to get to a good one. Unfortunately, this is just as true for Burgundy as it is for California Pinots, making this a particularly risky varietal to buy. Probably the best and most consistent California producer is Jensen, but the wines are expensive. Many cognoscenti feel that Oregon is producing world-class Pinot, and for \$15 you can try examples from vineyards such as Ponzi and Eyrie (go for 1988's- this is the most recently hyped Oregon vintage).

Since Pinot is often lighter in style, it can accompany traditional white wine dishes, but it is at its best when paired with duck or (hold your ears, Jais Lingappa) game. Next time you whip up that post-call venison, this is the wine for you!

Zinfandel- California's very own varietal! Actually not, but it is only produced in commercial quantities here. The reason for that is that Zinfandel can be a very weird wine. It's difficult to describe this grape; sometimes the word brambly is used (whatever that means). Zinfandel is usually alcoholic, intensely flavored, and full-bodied. It generally drinks well young



Sept/Oct 1991

## KEN'S KORNER

MISSION POSSIBLE

*"Obstacles are those frightful things you see when you take your eyes of the goal."* Henry Ford

There's been much written about the VA MISSION Act, and it's hard to sort through the hype, hope, and hysteria. In a nutshell, the act consolidates a tangled web of current programs into a streamlined Community Care Program easier to navigate for Veterans and providers. This massive restructuring requires new procedures and contracts for care authorizations and coordination, scheduling, and payments to over one-half million community providers.

**"Gee, that doesn't seem so bad, Grandpa Ken. I'm all for efficiency and reducing paperwork. So, what has made VA providers so anxious?"** Good question! The Act's new eligibility requirements for veterans to request community care (eg: >60 min drive time to specialists) will effectively mean every veteran north of Novato could pursue local non-VA options for specialty care. THAT should catch your attention.

VA specialty providers have had several reactions to this perceived 'threat' that merit discussion. **"Specialty services are not available in many of these areas"**. That's partially true for now, but could change over the next few years. Furthermore, any loss of patients seeking care at Ft. Miley will lead to an erosion in specialty services. **"The quality of care in the community can't compare with what we provide at Ft. Miley"**. That likely is true for highly specialized care, but how can we show that? And, how about routine services? **"Our veterans know they get great care and will continue to come."** Older veterans who already are using our services may desire our care, but we cannot count on it from veterans with whom we haven't established a therapeutic relationship. We must earn their loyalty.

**"Well now you're making me anxious, Gramps! What should we do?"** SFVAHCS PCPs, specialists, and leadership are al-



Ken's PollyAnna Face.

ready discussing ways to bring more VA specialty services to rural areas. We need to *start* by shifting our frame of reference: If our goal is to provide patient-centric care, let's make the center the patient's area of residence, not Ft. Miley.

We must increase Telehealth Services from SFVA providers to northern veterans – both in the CBOCs and in patient's homes through personal tablets over privacy networks. Our Telehealth infrastructure is rapidly expanding to accommodate such services. We also are exploring the feasibility of monthly specialty clinics in the Santa Rosa CBOC. *'If the mountain will not come to Mohammed, then Mohammed must go to the mountain!'* The trip to Ft. Miley is an onerous one for our patients.

We should not underestimate the necessary commitment of time, expense (hotels, gas, meals), and psychological stress involved. By bringing specialists to Santa Rosa, not only would we obviate these barriers, but we'd also promote stronger alliances with northern PCPs.

The MISSION Act is here and will bring about needed changes in promoting a patient-centric healthcare system for our veterans. Embrace it! With some creativity, flexibility, and hard work, I am convinced that the SFVAHCS will remain the provider of choice for all of our veterans.

*"The greatest danger in times of turbulence is not the turbulence; it is to act with yesterday's logic."* Peter Drucker

**SUGGESTIONS?** We want to hear from you... Send us your news, ideas, and trivia answers! **DOM Leadership Team**

**Heather.nye@va.gov**

**LAST ISSUES'S TRIVIA** **Stickies:** *be nice* Sarmiento

*be patient* Nye

*be optimistic* McQuaid

## GAME: Match Faculty to Their *Inner Microorganism*

Here at the SFVA, we believe everyone has a inner microorganism, representing traits and skills that one is supposed to embody. Our microorganisms help us celebrate our seedier sides (*cell commandeering and survival of the fittest*) We need your help in connecting our faculty to theirs. And if that's too potentially offensive for you, just match the micro photos to the organism names....

### 1. *Saccharomyces cerevisiae*

The key to brewing, winemaking and baking. Yeast around since the dawn of time—for its ability to combine sweet (*sugar*) with muck (*fungus*). Under stress undergoes sporulation (*dormancy*).

### 2. *Stenotrophomonas maltophilia*

Multidrug resistant (*impenetrable despite targeted attacks*), GN bacillus, opportunistic, likes hospitals, rare but emerging pathogen, aqueous habitats

### 3. *Borrelia burgdorferi*

Spirochete, uses other organisms to carry out its influence (*tick*), hard to culture (*pin down*)

### 4. *Deinococcus radiodurans*

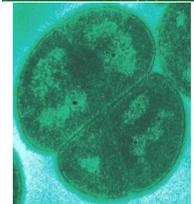
Extremophilic bacterium, one of the most radiation-resistant organisms known—can also adeptly survive dehydration, cold, acid.... "*worlds toughest bacterium*" in the Guinness Book of World Records (*no joke*)

### 5. *Lactobacillus acidophilus*

"*Good bacteria*", lurks in bowels, mouth, fermented foods. Important for healthy function, friend to all, gets on well with other bacteria, peacemaker of the microbiome



A



B



C



D



E



Mary Whooley



Harry Lampiris



Ken McQuaid



Susie Włodarczyk



Lenny Lopez