



The Duke Medicine-Pediatrics Newsletter

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Graduate Medical Education Funding and Med-Peds



Image courtesy of Duke Medicine News & Communications

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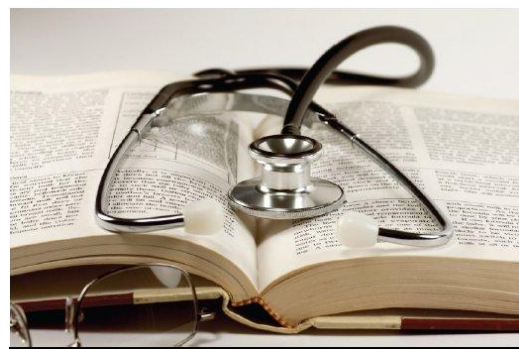
Graduate medical education (GME) funding will be changing in the future, and the effect on Med-Peds training is still to be determined. Historically, Medicare took on GME in 1965 until society undertook "to bear such educational costs in some other way." There is direct GME funding which compensates for its share of the cost of medical education, and indirect GME funding which compensates for the higher patient care costs due to the presence of teaching programs. Medicare GME funds 100,000 positions, and pays \$3 billion per year in direct GME and \$6.5 billion per year in indirect GME. Attempts were made in 1997 with the Balanced Budget Act to control costs and a cap on hospital FTE counts for GME payment was implemented.

Children's hospitals are funded slightly differently, and a Children's Hospital GME was established in 2000, and is administered by HRSA. It provides funding to

all Medicare exempt children's hospitals. In 2011, this included 56 children's hospitals, including 450 positions and costing \$278 million (compared to \$40 million in 2000).

Conflicts arise as direct GME funding falls short of covering expenses, and there are unmeasured costs of GME, with reduced efficiency and excess utilization. Medicare is paying its maximal amounts, and the higher rates other payers used to pay are being cut.

Efforts to address the federal debt impact GME funding. During the summer of 2011, "The Super Committee" advised that a \$1.2 trillion cut over the next decade must take place, 2% of which is Medicare funding. The Simpson Bowles Commission recommended reduction of total GME by 50%, which is \$60 billion over 10 years. The Obama administration also advised reduction of indirect GME by \$9.7 billion over 10 years, and reduction of indirect GME to children's hospitals by 66% (\$88 million).



In addition, other groups will be proposing changes or modifying priorities that will complicate the matter. The Affordable Care Act calls for an increase in access to care, with an emphasis on primary care. AAMC calls to expand Medicare GME positions by 15%. The IOM has created an independent review committee funded by the Macy Foundation to conduct a review of governance and financing of GME. Specifically, the IOM is reviewing the accreditation processes, reimbursement policy, physician distribution, role of GME on the care of the underserved, impact on access, assurance that future workforce possesses skills to address current

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Greetings from the Section Chief and Program Director

25 years of Duke Med-Peds.....what a fantastic accomplishment! Each of you has been instrumental in our success locally, regionally, nationally and even internationally. As we just welcomed our six incoming interns, we look forward to another successful year of clinical work, teaching and scholarly activity. Thanks for all of your efforts and best wishes.

— Sue Woods, MD



Featured Duke Med-Peds Alumni: Mark and Danielle Scheurer

For this issue, we highlight Mark and Danielle Scheurer who graduated from the program in 2002. I had the good fortune to meet them as a medical student and they were highly influential in my decision to do Med-Peds. It was great to hear how they were doing, so read more for yourself!

What attracted you to Duke Med-Peds and/or Durham?

D: We fell in love with Duke on our interview trail, because of the people and the reputation. Durham was also attractive because of the nice weather and four seasons, proximity to the beach and mountains, and relatively low cost of living.

M: Picking Duke was easy for us - it started at the interview dinner, and for me, was cemented during those initial conversations with my future peers. What a great group of people. I was simply glad they picked us! I started in categorical Medicine with thoughts of being an adult cardiologist (like a multitude of my classmates). I was lucky to be able to "swap" with Lisa Soltani for her Med-Peds slot at the end of my intern year. Duke Med-Peds allowed me to do what I really liked doing: taking care of sick people - all sorts of ICUs and wards, all sorts of uncertainty about what the next month's challenges might be, clear expectations of taking personal responsibility for patients, pushing limitations of understanding about disease. I feel

very lucky to have been trained in this environment. Although I received my degree in medical school, Duke Med-Peds made me a doctor.

Who were your mentors throughout training?

D: My primary mentors were Sue Woods, Tom Owens, and Ralph Corey, who I will always feel indebted to for showing me how to be a "good doctor."



Mark, Danielle and children Bowen and Leddy Scheurer

M: That's easy: Ralph Corey and the late Debbie Kredich were formative. Duke Gen Med morning report holds fond memories for me, seriously, not joking. Danielle and I will sometimes ponder when discussing hospital issues: "What would Corey say about that ...?"

What are you doing now?

D: I am an adult hospitalist. After training, I knew I wanted to be a hospitalist, and got my first job as an adult hospitalist which was a good fit, so I have continued with it. After a few years I decided not to pursue pediatric hospitalist work, as I found myself plenty challenged with keeping up with the adult literature.

M: I'm a pediatric cardiac intensivist. I did a pediatric cardiology

physiology, social backgrounds and needs. Many are sick, some have correctable conditions, but most can only be palliated. The field is wide open to discover new options for better outcomes for patients.

What are your other non-clinical activities, and how did you get involved in these things?

D: My non-clinical side is Chief Quality Officer at the Medical University of South Carolina. After training, I thought I wanted to do clinical research, and completed a Masters in Clinical Research, but after a few years I started transitioning to more QI and patient safety work than research, and realized that was a perfect fit for me; so I pursued QI and leadership training, and recently moved into the CQO position. It is fast paced, very challenging, and never dull.

M: I lead quality for the pediatric cardiology program and do clinical outcomes research, mostly around single ventricle heart disease. I also got a Masters in Clinical Research along the way. I like the operational / administrative side now as well.

How do you think the Duke Med-Peds Residency Program helped you prepare for your career?

D: Duke Med-Peds was the best career move we ever made! We are both forever grateful for the

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The Duke Med-Peds Residency Fund

Supports our current Med-Peds residents in a variety of educational experiences, including participation in research projects, attendance at national meetings, preparation and presentation of scholarly work, global health opportunities and involvement in community outreach programs. Please consider making a contribution online at www.dukechildrens.org and indicate "Duke Med-Peds Residency Fund" in the comments section or send a check to Duke Children's Development Office, Attn. Duke Med-Peds Residency Fund, 512 S. Mangum Street, Suite 400, Durham, NC 27701.

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Med-Peds Authors Bibliography

Launched in December of 2011, the Med-Peds Authors Bibliography is an ongoing collaborative project of the Med-Peds Program Directors' Association (MPPDA), the American Academy of Pediatrics/American College of Physicians Med-Peds Section, and the National Med-Peds Residents' Association (NMPRA).

The goal of the Med-Peds Authors Bibliography project is to compile a list of peer-reviewed literature by Med-Peds trained physicians.

This is a service provided by the Med-Peds community for those inside and outside the Med-Peds community looking to find research published by Med-Peds physicians. Because of the inability to search PubMed by the clinical training of the author, this list is not designed to be inclusive of all literature published by Med-Peds physicians. It is a list compiled by Med-Peds physicians based on their own publications and publications that they know of other Med-Peds physicians.

We are always looking to add peer-reviewed, PubMed cited publications to add to this list. If you have questions, comments, or contributions regarding the Med-Peds Field Bibliography, please email bibliography@medpeds.org.

Just send us your CV and we will forward to NMPRA. You can email it to Barbara.blackburn@dm.duke.edu, or woods038@mc.duke.edu.

MEDICINE FACULTY RESIDENT RESEARCH AWARDS, 2012-13

Joel Boggan, mentor Deverick Anderson, Division of Infectious Diseases
Andy Livingston, mentor Arati Rao, Division of Hematology
Ann Marie Navar-Boggan, mentor Eric Peterson, Division of Cardiology
Andrea Shaw, mentor Luke Chen, Division of Infectious Diseases

GME Funding (cont.)

and future needs, and address the uneven distribution of GME across the US. Private payers will likely modify their approach to funding as they feel they already pay teaching hospitals more for care. AAIM calls for transparency in the financing of GME, and that GME should be tied to the nation's needs. AAIM also feels that there should be DME payments for training in primary care, GME caps should be lifted, time in ambulatory settings should be increased, and there should be incentives for students for primary care. Lastly, the ACGME will implement the Next Accreditation System in 2013 that will be outcomes based with the goal of "reducing the burden on teaching institutions while enhancing the profession's accountability to the public for effectiveness of GME."

With changes looming, the concerns for reduction of training programs are becoming realized. The current and future shortage of physicians leads to reduced access for patients. A survey performed by Dr. Thomas Nasca, CEO of the ACGME,

in 2011 (JGME December 2011) asked all Designated Institutional Officers how funding would impact their institutions programs and positions if funding was reduced by 33% or by 50%. Among all ACGME-accredited programs, they estimated that under 33% reduction, 1639 programs would close (18.4% of all residency/fellowship programs) and 19,879 positions would be lost. Under 50% reduction, they estimated that 2551 programs would close, and 33,023 positions (29.2% of all GME positions) would be lost. Using projections from those sponsors who said they would close all programs at their institutions, they estimated that 35.9% of the closing programs would be core residency programs and 24.5% percent of the core residency positions would be lost.

Med-Peds will be impacted but it is unclear how much at this point. If you are interested, this is a great time to get involved with your representative and advocate for our training and our specialty! You can visit the "Advocacy Center" on www.im.org for more infor-

mation on public policy on this issue.

The excerpt below was written by the Med-Peds Program Directors Association Executive Council in 2009 to advocate for Med-Peds to be recognized as a primary care specialty in federal legislation (that was successful), and contains key data that might be helpful for you to share as you advocate for Med-Peds.

"Physicians trained in combined Internal Medicine-Pediatrics (Med-Peds) are fully qualified as general internists and general pediatricians, so should be included as a primary care specialty. Currently there are approximately 1400 Med-Peds residents in training and approximately 7000 Med-Peds physicians in practice. In 2007, 55% of graduates of Med-Peds graduates practice primary care and on average spend 75% of their time in direct patient care activities. In addition, over 90% of Med-Peds trained physicians take care of children and adults. Med-Peds trained physicians can be found in all 50 states practicing in rural to urban areas.

Combined Med-Peds residency programs have existed since 1967 and train physicians who care for Americans across the entire lifespan, from newborns to the elderly. These residents train in both Internal Medicine and Pediatrics in a four-year long residency and are considered both internists and pediatricians.

Children with chronic illnesses (e.g. diabetes) are living longer than in the past with approximately 500,000 children with at least one chronic condition turning 18 every year. The intensive training in both medical specialties allows Med-Peds physicians to care for this population so they do not lose their primary care provider as they age out of pediatric care. Furthermore, since Med-Peds trained physicians are board eligible in both Internal Medicine and Pediatrics, approximately 20% of Med-Peds graduates choose to pursue subspecialty training in Internal Medicine, Pediatrics, or both. This additional training allows these subspecialty trained physicians to provide care to children with chronic illnesses as they get older without leaving their subspecialty provider."

GRADUATE AND FACULTY UPDATES

PUBLICATIONS

Alison Sweeney, MD, **Alyssa Stephany, MD**, Shari Whicker, MEd, Jack Bookman, PhD, David A. Turner, MD
Senior Pediatric Residents as Teachers for an Innovative Multidisciplinary Mock Code Curriculum. *Journal of Graduate Medical Education*, June 2011, 188-196.

DeRienzo CM, Frush K, Barfield ME, Gopwani PR, Griffith BC, Jiang Z, Mehta AI, Papavassiliou P, Rialon KL, **Stephany AM**, Zhang T, Andolsek KM. Handoffs in the era of duty hour reform – A focused review and strategy to address changes in the ACGME common program requirements. *Acad Med*. 2012 Apr;87(4): 403-410.

HONORS/JOB UPDATES

Jon Bae (2009) was named one of the Associate Medical Directors for Hospital Medicine for Quality Improvement.

Aimee Chung (2009) was nominated for the Samuel L Katz Teaching Award.

Dan Ostrovsky (faculty) was nominated for the Duke School of Medicine Master Clinician/Teacher Award.

Jamie Fox (2003) was nominated for the Duke School of Medicine Leonard Palumbo, Jr., MD, Faculty Achievement Award and Samuel L Katz Teaching Award, and received the Pediatric CORE Best Curriculum Award.

Tom Owens (1999) is the Chief Medical Officer of Duke University Health Systems.

Erika Lease (2008) completed her Adult Pulmonary and Infectious Diseases fellowship at Duke and is now an Assistant Professor at University of Washington doing Pulmonary Transplant.

Kristin Ito (2003) works in Adult and Pediatric Medicine at Lincoln Community Health Center in Durham, NC.

Kanecia Zimmerman (2011) will start as a PICU fellow at Duke in July 2012, after spending this year as Pediatric Chief Resident.



Susan Hunt (2008), Carrie Herzke (2008), Alyssa Stephany (2008), and Weijen Chang (1998) at Society for Hospital Medicine Meeting in San Diego, CA.

Check out our new website:
[pediatrics.duke.edu/
education-and-training/
residency-programs/med-
peds-residency](http://pediatrics.duke.edu/education-and-training/residency-programs/med-peds-residency).

The Scheurers (cont).

"solid foundation" of excellent clinical training, phenomenal mentorship, and peer support. We are still very close to everyone in our Med-Peds class even after 10 years!

M: As above, Duke taught me to take personal responsibility for a person's well-being. It started with Day One of Duke Gen Med in July 1998 - my name was on the patient's door. *My name*. I hardly felt qualified to be there - in fact I wasn't. The message was clear: you may not know exactly what is wrong and how, or whether, this person can be helped, but it's your responsibility to walk in the room, comfort them, advocate for them, figure it out or find someone who *can* figure it out. Or, at the end of all that, at very least, *be there*. I'll never forget that.

What do you like to do in your free time?

D: I developed a passion for

medical writing, and just started as editor of *The Hospitalist*. My favorite hobby is our kids! Our girl Leddy is 7 and son Bowen is 4, both are very different but very fun. And last year we finally "grew up" and got a dog. Celia, the hound dog, to be precise. She has been great for all of us.

M: Have to agree with Danielle re hobbies - our kids keep us busy and laughing. Leddy (7) is turning into quite the violinist these days (definitely NOT my genes) and Bowen (4) is finding all sorts of interesting uses for bungee cords, screwdrivers and various rocks found on the sidewalk (yep, probably my fault). Celia (basset hound), when not eyeing the squirrels in the oak trees, is a fitting lounge-hound and porch protector.

Any words of wisdom to current trainees?

D: My only advice for current trainees would be to *really* get to

know your peers, learn from them, lean on them, ask for help when you need/want it. Taking care of patients will never be easy, and you need a strong network of support around you for the good and bad times! It is easy for me as I have always had Mark!

M: I would very much agree with Danielle's advice about learning from peers. I'd also add: training is *hopefully* life-long. I just get paid better then when I was a resident. What a great job we have: hopefully helping people, interacting with myriad types of folks, learning something new continually. As soon as I stopped thinking about the next rotation, the next step, the next year of training and realized that *hopefully* I'll *never* stop training, is when I realized how fortunate I am to do this. And, well, it certainly helped that Danielle paid the bills as I kept training.

What's life like in Scheurer

household?

D: Life is busy but manageable. We moved from Boston to Charleston 2 years ago, and the non-work life is much easier, with better weather, no commute, closer family, and no snow boots! We hit a major milestone about a month ago: BOTH kids can put on their own seatbelts and (usually) pour their own milk (into a glass that is)... so life is getting easier! Every once in a while we look at the calendar together and say "hmmm...how is THAT going to work" but between the 2 of us, we figure it out!

M: I'm lucky to have an incredibly awesome wife in Danielle: both trusted consigliere and/or boss when needed. Leddy commented to me this AM on the soccer field "I'm lucky that both of my parents are doctors." "Really?," I said, "why?" "Oh just because".

Welcome Duke Med-Peds Class of 2016



Doran Bostwick

BS: Univ. of the South, Sewanee
MD: Univ. of Texas - Southwestern
Hometown: Waco, TX



Dana Clifton

BS: UNC - Chapel Hill
MD: Duke
Hometown: Atlanta, GA



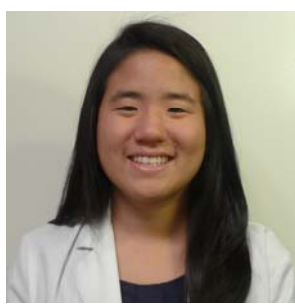
Tracey Liljestrom

BA: Princeton University
MD: Univ. of Virginia,
Hometown: Longwood, FL



Shrey Purohit

BS/BA: UCSD
MD: Michigan
Hometown: North Hollywood, CA



Monica Tang

BA: Northwestern
MD: Northwestern
Hometown: Columbus, OH



Nick Turner

BS: Univ. of Wisconsin - Madison
MD: Duke
Hometown: Waukesha, WI

WE NEED YOUR HELP!

In an effort to compile information about our graduates, we will be sending out a survey and need your participation. After 25 years of Duke Med-Peds we need to gather more information about what our graduates are doing, what patient populations you are serving etc., so we can inform the Duke University Health System of our many successes. Look for the survey soon and we appreciate in advance your cooperation!

Graduating Class of 2012: Good luck!

Apara Dave will be starting an Adult Infectious Diseases Fellowship at Beth Israel in Boston, MA.

Olivia Granillo Johnson will be a Medicine and Pediatric Hospitalist, Maury Regional Medical Center in Columbia, TN.

Sima Pendharkar will be a Medicine Hospitalist at University of California in San Francisco, CA.

Ketan Shah will be starting an Adult Gastroenterology Fellowship at Univ. of California, in Irvine, CA.

NEW ARRIVALS

Christy (Boling) (2008) and Aslan Turer have a 15 month old son Sebastian.

Jane Trinh (2006), husband Peter Grossi, and Isabella welcomed Alexandra Trinh on November 3, 2011.

Matt (2007) and Anne Schwartz welcomed Luke Threeton on December 3, 2011.

Matthew (2006), wife Rocio, Gabriel, Natalia and Alanna Harbison welcomed twins Aspen and Xavier on February 20, 2012.

Carrie (2008), husband John, and Jack Herzke welcomed Oliver on March 6, 2012.

Dan, wife Julia and Eole Pugmire welcome Davyn McKay on May 14, 2012.

Sean Sharma (2006) and Kent Walters welcomed Sage Ashok Walters-Sharma on June 22, 2012.

Congratulations to Andy and Robin Livingston on their recent marriage on June 16, 2012.

Congratulations!

PUBLICATIONS

Ann Marie Navar-Boggan, Joel C. Boggan, Judith A. Stafford, Lawrence H. Muhlbaier, Catherine McCarver, and Eric D. Peterson. Hypertension Control Among Patients Followed by Cardiologists. *Circ Cardiovasc Qual Outcomes* 2012 May 1;5(3):352-7.

Teeter AE, Presti JC Jr, Aronson WJ, Terris MK, Kane CJ, Amling CL, Freedland SJ. Does PSADT after radical prostatectomy correlate with overall survival?--a report from the SEARCH database group. *Urology* 2011 Jan;77(1):149-53.

Teeter AE, Sun L, Moul JW, Freedland SJ. External validation of the SEARCH model for predicting aggressive recurrence after radical prostatectomy: results from the Duke Prostate Center Database. *BJU Int* 2010 Sep;106(6):796-800.

J Boggan, AM Navar Boggan, R Jhaveri. Pediatric specific antimicrobial susceptibility data improve empiric antibiotic selection. *Pediatrics* 2012, accepted.

Kanda J, Chiou LW, Szabolcs P, Sempowski GD, Rizzieri DA, Long GD, Sullivan KM, Gasparetto C, Chute JP, Morris A, McPherson J, Hale J, **Livingston JA**, Broadwater G, Niedzwiecki D, Chao NJ, Horwitz ME. Immune Recovery in Adult Patients Following Myeloablative Dual Umbilical Cord Blood, Matched Sibling, and Matched Unrelated Donor Hematopoietic Cell Transplantation. *Biology of Blood and Marrow Transplant* 2012, accepted.

PRESENTATIONS

J Boggan, T Zhang. Shift changes for the hospital team: standardizing and evaluating transitions of care in the era of duty-hour reform. AAMC, San Diego, CA. April 30, 2012; and Duke GME Program Director Workshops April 2012.

JC Boggan, AM Navar Boggan, and R Jhaveri. Pediatric specific antimicrobial susceptibility data improve empiric antibiotic selection. Medicine Resident Research Day. Califf Medicine Resident Research Award, 2nd place.

POSTERS

Ann Marie Navar-Boggan, Joel C. Boggan, Judith A. Stafford, Lawrence H. Muhlbaier, Catherine McCarver, and Eric D. Peterson Hypertension Control Among Patients Followed by Cardiologists. AHA QCOR conference, Atlanta, GA, November 2011; and Clinical Science Day, Duke University, Durham, NC, March 3, 2012.

JC Boggan, AM Navar Boggan, and R Jhaveri. Pediatric specific antimicrobial susceptibility data improve empiric antibiotic selection. Clinical Science Day, Duke University, March 3, 2012; St. Jude/PIDS Research Conference, Memphis, TN, February 24, 2012; Pediatric Academic Societies, Boston, MA, April 28, 2012; and NC Pediatric Society, Wilmington, NC, September 15, 2012.

JC Boggan, T Zhang, KD Westreich, RE Sadun, CM DeRienzo, KM Andolsek, KS Frush Shift changes for the hospital team: standardizing and evaluating transitions of care in the era of duty-hour reform at ACGME, Orlando, FL, March 2, 2012; and North Carolina ACP Meeting, Greensboro, NC, February 24, 2012.

Sima Pendharkar, Sundhar Ramalingam, Ambika Tumkur, Mitch Black, Thomas Ortel. Cramping My Style: A Case of Quinine Induced TTP - HUS. North Carolina ACP Meeting, Greensboro, NC. February 24, 2012.

Posters at NC Pediatric Society, Wilmington, NC, Greensboro, NC. September 15, 2012:

Avery C, Ming D. Lemierre's Syndrome: The Forgotten Disease.

Melvin JE, Livingston JA, and AM Stephany. When failure to meet diagnostic criteria is not a diagnostic failure.

Sherwin JJ, Livingston JA, and AM Stephany. More than your typical mono: idiopathic intracranial hypertension in acute EBV infection.

D Szkwarko, S Kimani, T Mercer, S Pastakia, P Braitstein, J Jezmir, N Buziba, EJ Carter. Finding the vulnerable: is TB intensified case finding feasible for street children and youth in Kenya? 43rd Union World Conference on Lung Health, Kuala Lumpur, Malaysia. November 15, 2012.

HONORS

Winner of North Carolina ACP QI Poster Contest: **Joel Boggan**

2nd place Clinical Research at Duke Clinical Science Day: **Ann Marie Navar-Boggan**

National Med-Peds Resident Association Representative: **Andrea Shaw**

Nomination for the Medicine Housestaff Community Service Award: **Ann Marie Navar-Boggan**

William Bell Award on Pediatrics: **Andy Livingston**

NICU Senior Resident Teaching Award: **Andrea Shaw**