

{ Meharry }



ANNUAL REPORT  
2003

{ Vanderbilt }

 MEHARRY |  Vanderbilt  
ALLIANCE

## A message from the Director



Clifton K. Mawds, M.D.  
Executive Director  
Meharry-Vanderbilt Alliance

As the Alliance moves into its fifth year, it is both a time to reflect on the accomplishments and a time to look to the future.

This report gives some of the details of the collaborations that have occurred since the Alliance office was opened in January 1999.

In our first report, we use the metaphor of building a bridge between our two campuses - Meharry's campus to the north and Vanderbilt's campus to the south. That bridge is now complete. The construction phase is now done.

Before the bridge was put in place, we stood as two separated and isolated medical communities. There were occasional collaborations between the two faculties but these were sporadic and not systematic.

Now we have in place more than fifty active joint biomedical research and training grants totaling more than 100 million cumulative dollars at a rate of nearly 20 million dollars a year. The number of faculty, fellows and students participating in these research and training programs is large and growing.

Growth in the educational programs has been steady. More than 50 medical students are engaged in pediatric clerkship now provides opportunities for students to rotate at both campuses. There are collaborative residencies in general surgery, orthopedics, ophthalmology, pediatrics, urology, neurology, dermatology, and family medicine. The number of jointly appointed faculty continues to grow each year. The medical libraries, once closed, are now open to all students and faculty of both campuses.

We have reached out to our local community in two ways. The Alliance together with Matthew Walker Community Health Center, United Neighborhood

Community Health Centers, Nashville General Hospital at Meharry, and the Metro Health Department, formed a consortium of providers who care for the underserved and uninsured population of this area. This consortium, funded by a million dollar grant from H.R.S.A. and a million dollar match from the Ascension Health System, is designed to see that these people have medical homes that they can rely on for themselves and their families.

The second effort to reach the community is through the formation of an Institute for Community Health to conduct research into the causes and solutions to the problems of healthcare disparity. Through the Consortium we will begin to apply knowledge that we hope will eliminate or reduce the health disparities that exist between the minority and majority populations.

The great strength of the facilities of both campuses will be expanded and focused through the Alliance on three major diseases: cancer, diabetes and HIV/AIDS. It is our intention to become a national leader in research, education, and patient care in health disparities and serve as a model in these efforts.

I look back to the early days of the Alliance now and realize how far we have come. Now we know each other. We can talk openly to each other. We can argue. We can disagree but, more often, we agree. We value each other by knowing each other as people.

The words of Harry Jacobson, echoed by John Maupin, ring in my mind. When I asked why they were forming this alliance, the answer I got was, "It's just the right thing to do." ■



# OUR ALLIANCE

Two Cultures • Two Traditions

# ONE GOAL



MEHARRY | Vanderbilt  
ALLIANCE

## Alliance generates interest from American Association of Medical Colleges

by Mary Beth Gaudin

In a manner symbolic of the effort they represented, a trio of speakers gave a joint progress report on the Meharry-Vanderbilt Alliance in November 2002 at the annual meeting of the Association of American Medical Colleges.



Ronald Coney, M.D.

Dr. Clifton K. Meador, executive director of the Alliance, Dr. Ponjola Coney, dean of the School of Medicine at Meharry, and Dr. Steven G. Gabbe, dean of Vanderbilt University School of Medicine spoke in tag-team fashion to a roomful of physicians and medical educators on the topic Two Cultures, Two Traditions: Issues and Progress in the Meharry-Vanderbilt Alliance.

Moderator Dr. Bennett Johnson, Jr. opened the morning session by speaking of the "great polarity" that existed between the institutions when he was a student at Meharry in the 1970s, but which is being dissipated as a result of the Alliance.

"Now we have a fusion of the institutions by this alliance of the two medical schools, one a majority institution and one a minority institution," he said. "You might think that black and white would make gray, but I think it's made blue and yellow and orange instead. It's truly an alliance for progress."

Meador told the audience he jumped at the opportunity to be involved with the Alliance, largely due to the leadership of and mutual trust between Dr. Harry R. Jacobson, vice chancellor for Health Affairs at Vanderbilt, and Dr. John E. Maupin, president of Meharry. At the time he was approached about directing the effort, Meador, a former dean of the School of Medicine of the University of Alabama at Birmingham, had just retired from 25 years service as chief medical officer at St. Thomas Hospital in Nashville.



Steven G. Gabbe, M.D.

"Because it's just the right thing to do."

Discussions between Maupin and Jacobson about an alliance started in 1998 and, Meador said, the dedication was notable. "If I've ever seen a clear example of leadership this is it. In the four years that have followed, at no time has Dr. Maupin or Dr. Jacobson wavered one bit."

Out of those initial discussions came the five initiatives that served as the foundation for the Alliance, and still exist in modified form: sharing clinical services, sharing library resources, sharing biomedical research and training grants, sharing post-graduate residency and graduate education, and community outreach. The aim is that the expertise and experience unique to each school spill over to the other, and then out into the community that supports them.

Meador described in detail the efforts in community outreach that have resulted in the formation of the Nashville Consortium of Safety Net Providers. Because both Meharry and Vanderbilt clinics and emergency rooms were providing an "unusual load of uninsured or uncompensated care," the Alliance decided to reach out to the five major community health centers, including Matthew Walker Comprehensive Health Center and United Neighborhood Health Services. Discovering that trust within that community was low, Meador recruited the help of Dr. Stephanie Bailey, director of the Metropolitan Public Health department.

Bailey, who is a Meharry graduate, quickly allied the five clinics and then moved the consortium to 23 clinics across the county, all of them providing care to



# “These are opportunities that neither one of the medical schools individually would have been able to take advantage of...”



the underserved. The goal is to find a medical home for the uninsured population among the 23 clinics, to provide transportation where needed, and to provide medication. The consortium has been so successful, Meador said, that the hospitals have agreed to pick up the cost of the care coordinators on a continuing basis. The group will soon be able to track emergency room visits, documenting both the type of emergencies seen and patient demographics of the uninsured population.

As he turned the podium over to Coney, Meador noted that the contagion of enthusiasm for the Alliance is spreading to a new generation of leaders.

“The leadership is shifting in a top down direction from Maupin and Jacobson to Dean Coney and Dean Gabbe, who have given a new breath of life to the Alliance,” he said.

Coney, who began her appointment at Meharry July 1, 2002, said that Maupin had made his commitment to the

Alliance very clear to her before her arrival in Nashville.

“That commitment is understood by our faculty, staff, and students, and we expect each of the institutions to maintain its independence and unique identity,” she said. “The challenge is an easy one. We find ways to share and benefit equally from the resources of both institutions to support research and medical education initiatives.”

Coney presented a side-by-side comparison of the curricula for the four years of both medical schools. The third and fourth year calendars for the two schools were first synchronized in 2002; the entire calendar has been synchronized for the 2002-03 academic year.

Dean Coney mentioned a number of cooperative programs that are in place, including the Dean’s Lecture Series, presenting nationally recognized speakers on the art of medicine, and the Community Scholars Program, in which selected medical students design and complete community-based summer research projects. This past summer, nine of the 12 participating students were from Meharry.

Coney also highlighted the shared resources between the institutions, citing as examples joint library privileges and the numerous secondary and joint faculty appointments that exist.

In his turn at the podium, Dean Gabbe voiced his own commitment to the Alliance, saying the initiative stood out as one that particularly attracted him during his



recruitment to Vanderbilt. “It’s something I feel very, very strongly about,” he said.

Gabbe began by reviewing issues in residency education. Currently, the cap imposed by Medicare funding on residency positions at the Nashville General Hospital at Meharry is 36, even though the estimated need is for 70-78 residents. The Alliance has thus far sponsored nine new residency positions and there is a plan to recruit, over the next five years, 42 new clinical faculty members.

The Alliance has made strides in building joint graduate level training programs and shared coursework. Vanderbilt faculty members teach basic science courses at Meharry, and Meharry graduate students take part in the cancer biology class offered at Vanderbilt. Dissertation committees have membership from both schools, and joint retreats are held.

Collaborative research has been a tremendous success, Gabbe reported. Since 1992, Meharry and Vanderbilt have received a combined \$125 million in joint funding, \$109 million of which has been awarded since the establishment of the Alliance in 1999.

“These are opportunities that neither one of the medical schools individually would have been able to take advantage of,” he said, “because many of these are training grants and research opportunities to examine healthcare disparities.”

The Alliance currently has 23 active institutional research training grants, eight of which were funded this past fiscal year, and six this year that range from summer

programs for undergraduates to physicians-in-training programs. Six of the training programs are dedicated to underrepresented minority students or faculty.

“We have decided in the Alliance to focus on racial and ethnic disparities, particularly in health outcomes in cancer, diabetes, and HIV-AIDS,” said Gabbe. “We’ve agreed to establish a national health outcomes conference series, and our first national conference will be next year on diabetes.”

Nearly half of all the research grants that the Alliance has received in the last year and a half have been dedicated to studies in health disparities. Examples include the Southern Community Cohort Study, a \$72 million award over five years to examine why African-Americans die from cancer at a much higher rate, and the Diabetes Improvement Project, where teams of investigators from Meharry and Vanderbilt are working with community clinics to study diabetes treatment and management in the underserved population.

At the conclusion of the session, the three speakers fielded questions from the audience, most of them about how and why the Meharry-Vanderbilt Alliance succeeded where others had failed. Without exception, the panelists identified the trusting relationships and mutual commitment among the administration, staff, and board members as key to their success.

“It’s pretty much a relational thing,” said Meador. “The only impediment I see now is money – not having enough to match all of the opportunities we can conjure up.” ■

“It’s truly an alliance for progress.”

# Helping Each Other...

Two Cultures • Two Traditions



*Cathy Taylor, MSN, RN, DrPH, assists community clinic staff in performing dilated eye exams on one of two state-of-the-art digital cameras provided by the HCA Foundation, just one test used to screen patients with diabetes in the Diabetes Improvement Project.*

## Diabetes Improvement Project seeks to bring diagnosis and treatment to those who need it

by Wayne Wood

Diabetes is one of the most common diseases in the U.S. It is often underdiagnosed; there are millions of people who have it and don't know it. Even people who know they have it may not get the treatment they need, which can lead to terrible complications such as kidney failure, loss of limbs due to amputation, and blindness.

The Diabetes Improvement Project of the Meharry-Vanderbilt Alliance seeks to do nothing less than figure out barriers to identifying and treating people with diabetes, and putting the systems in place to see to it that patients with diabetes get the treatment they need.

The flagship of the Disease Management initiative of the Meharry-Vanderbilt Alliance, the Diabetes Improvement Project, is directed by Cathy Taylor, MSN, RN, DrPH, assistant professor of Nursing at the Vanderbilt School of Nursing, along with Amy Minert-Salunga, MSN, RN, FNP, a nurse practitioner whose bilingual Spanish abilities regularly come in handy.

"The literature showed that most patients with diabetes didn't get all the care they needed annually," Taylor says. "Our original intent was to go in, collect data on services, based on the standard of diabetes care."

The project is ongoing at five clinics in Nashville that see a substantial number of underserved patients, and was funded by the Nashville Memorial Foundation with a grant to the Vanderbilt School of Nursing in collaboration with the Alliance. Bonnie Pilon, DSN, RN, BC, FAAN, is PI for the grant.

The barriers to patients with diabetes getting the care and treatment they need, Taylor says, lie with both the patients themselves and the medical system charged with providing that care and treatment.

The project is ongoing at five clinics in Nashville that see a substantial number of underserved patients

about people's eyesight here, why would that be?

Several reasons. Referrals to ophthalmology offices are frequently made and not kept by the patient. Many times the patients don't really understand the importance of an eye exam. In other instances, patients may be required to provide a co-payment before being seen, and that is sometimes very difficult for low income patients. Most clinics where patients of limited means receive their care are not equipped to conduct the eye exams.

Even when the proper equipment was placed in the proper clinics, barriers about who was qualified to use the equipment cut into its use. Obtaining reimbursement for use of new technology has been another big barrier.

Taylor, a veteran of community public health, did not come into this project as a starry-eyed dreamer, but even she was shocked by the difficulty in getting something that obviously needed to be done, done.

She doesn't underestimate the magnitude of her task, but she doesn't shrink from it, either. "Our task as an academic medical center is to tease out why we can't deliver these services, find solutions, and then teach other providers how to do it as well," she says.

"We are working toward development of a new model of primary and preventive care," she says. "What we've

"Barriers are formidable, and they exist on multiple levels," she sums up.

Taylor gives an example: "If you audit charts, few patients with diabetes who should get an annual dilated eye exam get one," she says. And it's not just a problem here in Nashville, it's a national problem. Since we're talking

# “There will be some real changes in diabetes down the road...”



*Amy Miner Salanga, MSN, RN, FNP, a nurse practitioner, works alongside Caitly Taylor in training clinic staff involved in the Diabetes Improvement Project.*

got to figure out will be revolutionary. The model will be different systematically from what we have today.”

Their first focus continues to be patients with diabetes at underserved clinics in Nashville. The target is three main sites of complications of diabetes—eyes, kidneys, and feet.

Using informatics, clinic staff, patient education, and other means, the project seeks to see to it that every year every patient followed at the clinics gets recommended tests, medications and treatments that include a dilated eye exam, a urine test for kidney function, and a foot check for circulation and sensation problems.

Missed appointments and transportation problems are major issues in an underserved population, and up to half of all patients seen on a given day at the targeted clinics are walk-ins. Taylor says a goal is to use informatics to find people who present for an acute need as a walk-in, and while they are in the clinic, direct them into a revised system to receive needed care for their chronic disease, diabetes. Systematic changes will largely be determined by clinic staff and may be different in each clinic depending on the population served, for example outreach efforts will be tailored to target different age, gender and racial or ethnic groups.

The new system will have these components:

- A prompt built into the system to remind providers a test or exam is needed
- A provider group educated about disease management
- Patient education and self-management information to teach people about their disease

- A faster track for the clinic itself to introduce systemic change and the introduction of new, helpful technology

“There will be some real changes in diabetes down the road,” Taylor says. And the 8,000-patient database that the project has put together about the current state of treatment at the Nashville clinics provides what Taylor calls “an awesome assessment of the current baseline.”

“To this point this has been a quality improvement project. The next step would be NIH or CDC funding for a rigorous study which should facilitate even better quality care for our patients.” Taylor points out that the HCA Foundation has funded two digital cameras for the project.

The process that works for overcoming barriers for diabetes should work for other chronic diseases, as well. And the process that works among an underserved population in Nashville should be transferable, too.

“If we can figure this model out, what works in Nashville should work in Topeka,” Taylor says. ■

## SOUTHERN STUDY ENROLLMENT ON TARGET

by Cynthia Marley

Vanderbilt-Ingram Cancer Center’s population-based research includes the landmark Southern Community Cohort Study, a longitudinal study to enroll more than 100,000 individuals, two-thirds of them African-American. As of the end of February, 2003, more than 11,000 participants had been enrolled.

The study will examine lifestyle, genetic and other factors as potential causes of cancer. The participants will be followed over many years to better understand why African-Americans are more likely to develop and die of cancer than other groups.

Enrollment began in spring 2002 at more than 20 federally funded community health centers in the Southeast and has been proceeding on schedule, said William Blot, Ph.D., principal investigator. “We’ve been pleasantly surprised at the high percentage of participants (93 percent) who have



agreed to give biologic specimens in addition to participating in the lifestyle survey,” he said. “We hope that trend persists through the recruitment period.”

Researchers at Vanderbilt-Ingram Cancer Center, Meharry Medical College and International Epidemiology Institute are leading the study, funded with a \$22 million, five-year grant from the National Cancer Institute. Because of federal budget constraints, that grant fell about \$6 million short from projected needs. Vanderbilt-Ingram, through its ongoing Imagine a World Without Cancer Campaign, has committed to raising the balance needed to fully fund the initiative.

Michelle Marrs of the Matthew Walker Community Health Center was instrumental in connecting the study with community health centers throughout the Southeast.

For more information about the study, visit [www.southerncommunitystudy.org](http://www.southerncommunitystudy.org). ■

## CULTURAL UNDERSTANDING A VITAL PIECE OF ALLIANCE STORY

by James Lawson

In the formation and implementation of the Alliance, a committee was formed to address the cultural issues this partnership would encounter and embrace the values of these differences.

The vision of this committee is to promote “the ability of individuals and systems in the Alliance to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes, affirms and values the cultural differences and similarities and the worth of individuals, families, and communities and protects and preserves the dignity of each.”

The cultural understanding initiatives that have been successfully put forth include:

- The first public forum for the Alliance at the National Medical Association Convention.
- A presentation to the annual conference of the National Association of Health Services Executives on “Building an Alliance for Cultural Competency.”
- Coordinated recognition of the Alliance, Senior Administration and joint faculty of the Meharry 125th Convocation ceremony.

Our strategic planning for the future includes:

- The implementation of an Alliance Ambassador Program consisting of faculty, staff, students and community-at-large representatives to market this partnership and create a more inclusive environment.
- Hold the first “Report to Community” by presenting the Alliance’s initiatives and purpose to the community at large.

each institution to embrace the value of inclusion and shared experiences.

Provide specialized cultural diversity training to all of the Alliance’s participants in a formal process designed to embrace the value of differences.

Those of us involved in the Cultural Understanding Committee view it as a vital link to the success of the Alliance, for if we cannot value our relationship, we cannot reach the level of potential accomplishment that is available. ■



# The Common Good...

Two Cultures • Two Traditions

## Alliance Informatics and Libraries Work Group: getting information into the hands of students, faculty

physicians' letters to patients. It strictly limits access to those in charge of a specific patient's care, and most importantly it provides patient-specific, guideline-based clinical care recommendations when queried, based on its total, and patient-specific data repository. This program will now provide similar support to Nashville General Hospital and its staff, including the clinical faculty of the School of Medicine at Meharry.

With regard to informatics and education, Dr. Randolph Miller, Director of Bioinformatics at Vanderbilt, along with Dr. John Maupin, President of Meharry Medical College, submitted and recently received a five year, \$3.2 million dollar grant from the National Library of Medicine for an informatics training program that will benefit trainees at both institutions. Leveraging Vanderbilt's strength in bioinformatics as a means to ultimately establishing a Meharry biomedical informatics department, the grant will provide pre- and post-doctoral students in a variety of fields (physicians, nurses, librarians, computer scientists, engineers, biomedical scientists, allied health professionals, and health science administrators) with the necessary skills and experiences required to become either leaders in the field of bioinformatics (longer-term trainees) or to gain pragmatic experience through a summer program. The skills and experience will allow them to become effective contributors to information management at their home institution.

In addition, faculty and staff from Meharry and Vanderbilt met last year to finalize plans to develop a Biomedical Informatics training program for all incoming freshman at both institutions which is to include a one hour lecture and a three hour laboratory exercise. Miller and other staff members of the Bioinformatics department also met with a number of faculty members from Meharry for a "train-the-trainer" session. In August, Dr. Kevin Johnson from Vanderbilt gave the first introductory lecture on the new program



to first-year Meharry students.

Finally, informal discussions have been taking place between senior officials at Meharry and Vanderbilt for more than a year regarding Meharry's proposed strategic plan to revitalize and expand its informatics capabilities for the purposes of improved patient care, education, and research.

Meharry has a long-term goal, according to Maupin, to found a department of Informatics at Meharry, responsible for developing a curriculum for training students in this field and for providing the leadership necessary for associated informatics projects in a continuous process of quality improvement for information management on the campus.

As a first step in this process, Dean of the School of Medicine and Senior Vice President for Health Affairs at Meharry Medical College, Dr. Ponjola Coney, will submit a planning grant to the National Institutes of Health, a National Library of Medicine IAIMS (Integrated Advanced Information Management Systems). This grant, if funded, would provide the resources necessary to pull together advisors from all areas of Meharry in addition to other collaborators, including Vanderbilt, Nashville General Hospital at Meharry, the Metropolitan Public Health Department, the Matthew Walker Comprehensive Health Center, Inc., and the Vine Hill Clinic to provide the input necessary to develop a state-of-the-art digital information network system. ■

by Joe Baber

Three long-term projects are being overseen and planned by the Informatics and Libraries Work Group, composed of members of the faculty and staff of Meharry, Vanderbilt and Nashville General Hospital. These projects deal generally with the areas of patient care, education, and the future establishment of a department of Informatics at Meharry.

Regarding informatics and patient care, Vanderbilt has contracted with Nashville General Hospital to provide without charge, a software program developed by Daro Guise and collaborators at Vanderbilt called "StarChart." As an example of its utility, the StarChart Clinical Data Repository system at Vanderbilt contains more than 22 million documents including all hospital pathology reports and clinical laboratory results; radiology reports; discharge summaries; adult and pediatric echo and cardiac catheterization reports; admission, progress, and operative notes; and

Henry Fowler, M.D., uses the Eschal Biomedical Library as a resource for the latest medical innovations as well as "StarChart" to keep up with specific patient care information.



# Hand in Hand...

Two Cultures • Two Traditions



Dr. Juan Tapley (right), Vanderbilt professor and program director of General Surgery, is a strong advocate for the Alliance. Tapley shares surgery techniques with third-year medical student Athanasios Tsitsis.

by Suzanne Brinkley

Dr. James O'Neill, former chair of Surgery at Vanderbilt University Medical Center, began working with the Alliance in 1999 to further initiatives and collaboration in graduate medical education. He approached the project with five goals:

- To develop as many full or part-time clinical relationships as possible in order to support education, care and research
- To develop all post-graduate medical education programs (FGE) that make sense
- To develop a workgroup to refine and update the clinical development plan over time
- To identify available resources for implementation of as much of the plan as possible
- To promote joint appointments, joint recruitment and joint practice models.

## Graduate Medical Education unites schools though key faculty



Suzanne Brinkley

"Alliance Faculty" is defined as faculty recruited to the Alliance where there is a meaningful shared relationship at Nashville General Hospital (NGH), Meharry Medical College, and Vanderbilt University Medical Center with joint academic appointments; in a sense, shared faculty.

The first major accomplishment was in the area of joint faculty recruitment. Two departmental chairs at Meharry Medical College—Dr. Steven Stain, chair of Surgery, and Dr. Rubens Pamies, chair of Medicine—were recruited with meaningful joint faculty appointments in a combined effort between Meharry and Vanderbilt.

"These faculty additions brought excellent leadership and experience to the Meharry and Vanderbilt faculties," O'Neill notes. Ten additional clinical faculty have been recruited, including Dr. Valerie Montgomery-Rice, the new chair of Obstetrics and Gynecology at Meharry.

In his Alliance role, O'Neill has worked closely with the clinical chairs and section chiefs of all departments at VUMC and MMC to identify opportunities for Vanderbilt, Meharry, and Nashville General Hospital to work together to identify problems, find solutions, and improve care.

"The effort to improve cancer care through collaboration with the Vanderbilt-Ingram Cancer Center has been particularly successful, both clinically and in research," O'Neill says. There is currently an effort to encourage Meharry students to consider and be considered for Vanderbilt-sponsored residency programs, such as general surgery, jointly administered.

Several immediate faculty and resident needs at NGH and MMC were identified, negotiated, and agreed upon in an approved short and long-term plan in July 2002: Emergency Medicine, Family Medicine, Pediatrics, Nursing, Radiology, Pathology, Ob/Gyn, Internal Medicine Sub-Specialties, Ophthalmology, Neurology, Radiation Oncology, Surgery, and Surgical Sub-Specialties.

While General Hospital residency and fellowship needs have been identified, funding is needed to activate these positions and faculty are required to supervise and anchor them. The number of residents for NGH has been capped at 36 since 1996, when Congress capped Medicare graduate medical education payments, and as a result an act of Congress is literally required to increase the number of residents allotted. A proposal was presented to the Tennessee Congressional Staff in September, 2002 to expand the number of residents to 70 but this request has yet to be acted on despite strong expressions of support from our legislators.

In the meantime, Vanderbilt funded two additional Family Medicine residencies at Meharry beginning July 1, 2002. While the residency staffing needs of all Meharry/NGH departments have been prioritized, funding and faculty must be identified before we can move ahead.

Much graduate medical training between Vanderbilt and Meharry is occurring in the departments of Surgery, Internal Medicine, and Pediatrics. Initial progress has been made in undergraduate levels of training in pediatrics and medicine and will be supported to allow for expansion where possible. ■



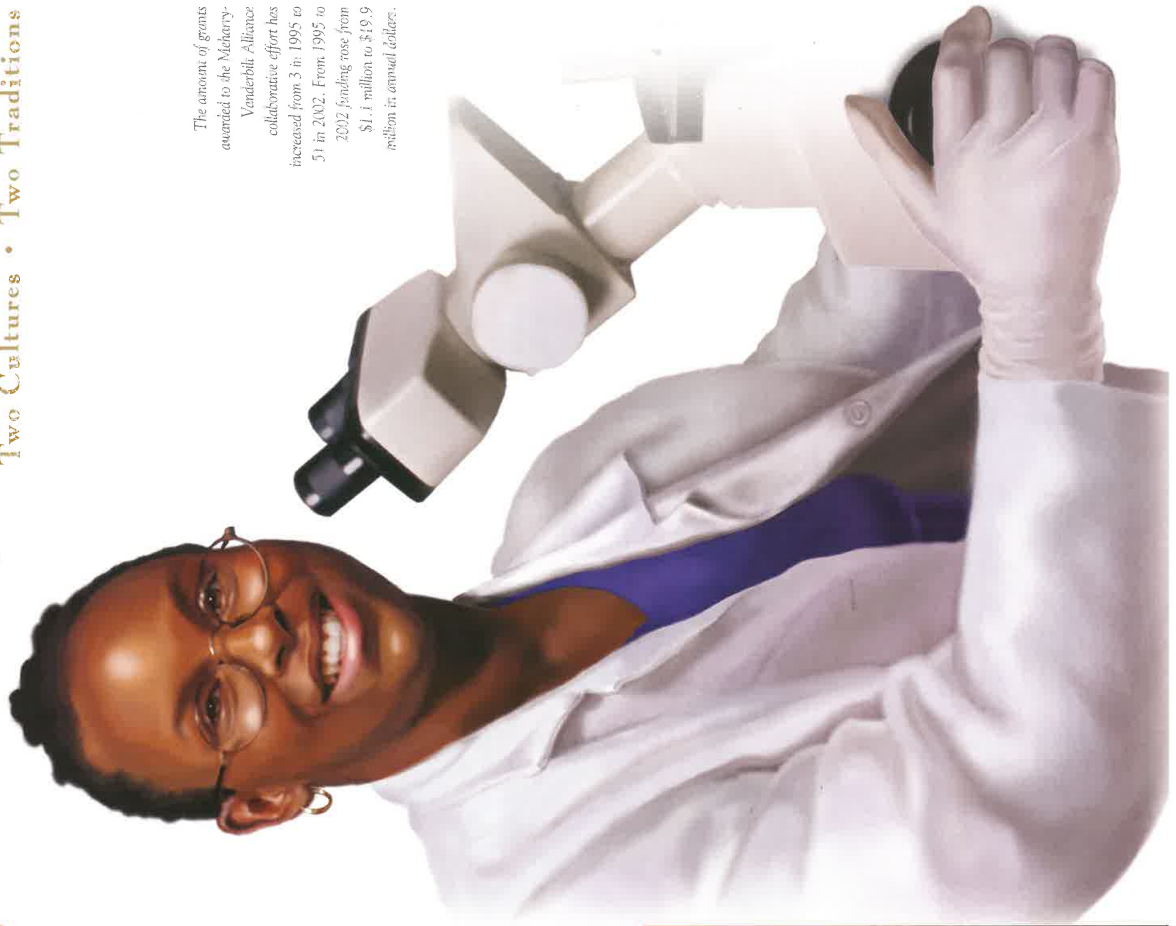
Dr. Steven Stain (left), holds faculty appointments at Vanderbilt and Meharry and is Chair of Surgery at Meharry Medical College. Stain instructs fourth-year medical student Subail Mithani.



# Working Together...

Two Cultures • Two Traditions

*The amount of grants awarded to the Meharry-Vanderbilt Alliance collaborative effort has increased from 3 in 1995 to 51 in 2002. From 1995 to 2002 funding rose from \$1.1 million to \$19.9 million in annual dollars.*



## Biomedical Research and Research Training activities add to community, attract grant money

by Jill Scoggin

National data show that African Americans are at higher risk for serious and life-threatening diseases. The Meharry-Vanderbilt Alliance, however, is working to reduce those odds.



Margaret Hargraves, Ph.D.

Members of the two institutions have successfully competed for more than \$109 million in collaborative research grants since the Alliance's inception more than four years ago. Nearly half of this amount is currently devoted to combined research efforts on studies to help resolve the basis for health disparities observed in African-Americans, particularly in the areas of cancer, diabetes and HIV-AIDS. More than one-quarter of the number of grants are training grants that allow students to conduct research with faculty mentors at both institutions, thus expanding their opportunities as developing investigators.

The greatest volume of work currently is in cancer research, where the need is crucial: African-Americans are 33 percent more likely to die of cancer than whites, and twice as likely to die of the disease as other ethnic groups. Alliance projects such as the Southern Community Cohort Study will help find out why, which can then help lead to better prevention and treatment strategies. The study is funded by a five-year award of \$22 million from the National Cancer Institute. This epidemiological study on a 100,000-random cohort of people living in the states of Mississippi, Georgia, Tennessee, South Carolina, Alabama and Florida will help uncover factors that lead to the disparities observed in cancer incidence and mortality across racial groups. It is the first study of its kind in the southern United States and the largest population-based health study of African-Americans ever conducted. Enrollment began in 2002 at 22 large community health centers throughout the six states,



William Blot, Ph.D.

under the direction of principal investigator William Blot, Ph.D. of Vanderbilt and co-principal investigator Margaret Hargraves, Ph.D. of Meharry.

The Alliance partnering institutions also were the recipients of a five-year, \$10.7 million award from the NCI to establish a Comprehensive Cancer Research Partnership. The funds from this grant led to the expansion of the Hardy Cancer Center at Nashville General Hospital at Meharry.

Advancement in diabetes research was gained through the completion of a two-year Alliance study, headed by principal investigator Dr. Kristy Woods of Meharry and co-principal investigator David Schlundt, Ph.D., who is jointly employed by both Meharry and Vanderbilt. Funded by the Fannie E. Rippel Foundation, the study examines the current level of diabetes care and barriers to care in low-income African-American patients with Type 2 diabetes. Based on the observed barriers analyzed at the patient, provider and system levels, Dr. Woods developed a 12-week intervention program consisting of intensive diabetes and lifestyle education, feedback and medication adjustment. Diabetes patients are at high risk to develop retinopathy, an inflammatory



# It is the...largest population-based health study of African-Americans ever conducted.

disorder of the eye that can cause blindness, and patients in this study were also offered better access to retinopathy screening through digital imaging of the retina at their primary care setting. Based on Woods' findings and those of a smaller companion Alliance study funded by the Memorial Foundation, the Alliance has assembled a Diabetes Oversight Committee to help plan for follow-up projects.

The need for the Alliance's focus in HIV/AIDS is equally clear. The Centers for Disease Control and Prevention estimate that almost 1 million U.S. residents are living with HIV infection, one-quarter of whom are unaware of their infection. Approximately 40,000 new HIV infections occur each year in the United States, about 70 percent among men and 30 percent among women. Approximately 50 percent of newly infected men and 64 percent of newly infected women are black.

## Funding Report

Our current database tracks Meaharry-Vanderbilt collaborative grants from FY 92 to present. The chart below provides the division of funds depending on whether the first year of the grant occurred pre-Alliance (FY92-FY98), or whether the first award year occurred post-Alliance (FY 99-FY03). In FY02, we had a net of 50 active grants. Eleven of the 66 post-Alliance grants officially started in FY03.

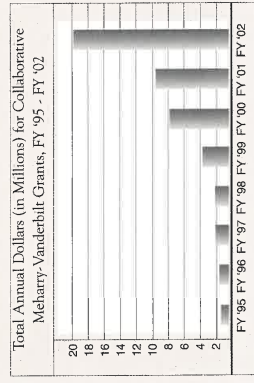
Collaborative Grant Dollars (All Years), for those Grants First Awarded Pre- or Post-Alliance		# Grants Awarded
Fiscal Years	Total \$ All Years	
Pre- For grants beginning FY 92 - FY 98	\$16,721,972	14
Post- For grants beginning FY 99 - FY 03	\$109,193,659	66
Sum	\$125,915,631	80

To begin to address this need, the Alliance has submitted a \$2.3 million dollar grant request to the National Institute for Allergy and Infectious Diseases of the NIH to fund the proposed Vanderbilt-Meaharry Developmental Center for AIDS Research. If established, the Center would be an important first step for the development of an infrastructure needed at both institutions to comprehensively study racial disparities related in HIV/AIDS. A key goal of the grant proposal is to provide a mentoring system that will help young investigators at both Meaharry and Vanderbilt establish careers in this field.

Through its work this past year, the Biomedical Research and Research Training Work Group continued to exemplify the spirit of the Alliance: bringing together their respective strengths, both Meaharry and Vanderbilt achieve together what neither could have accomplished alone. ■

## Grant Report

The chart below shows total dollar funding (annualized) from FY '95 through FY 02. FY 02 funding was \$19.91M.



## Business Leadership group focuses on nurturing foundation for success

by Joel Lee

Under every great and vibrant city is a network of water lines, power lines, gas lines, telecommunications systems and sewers. Not often thought of as the glamour that makes a city, this infrastructure is nonetheless the means by which the city, its commerce and its culture, are able to thrive. Early on the moving spirits behind the Meaharry-Vanderbilt Alliance knew that even the best ideas can be choked off and die if there isn't a welcoming and supportive environment for those ideas to grow.

insurers. You also want to be credentialled at Vanderbilt and with all of their managed care contracts. There are literally dozens of places you might need to have visited to establish all your necessary credentials. What a mess."

Our job is to promote collaborations and not to frustrate them. Through the effort of the workgroup a single credentialing application was completed which reduced from six to one, the number of credentialing applications needed. Knowing that providing optimum care for the patients cared for by Alliance doctors is a high priority, it was important that all physicians know when and how to refer a patient to their colleagues. "But Meaharry physicians, Vanderbilt physicians, General Hospital and Vanderbilt Hospital all had different contracts with the major managed care organizations in town," said Rick Wagers, the Senior Vice-President for Finance at Vanderbilt. "We spent a great deal of time building an easy to use tool for all managed care contracts, that lets a doctor know that for this patient these are the specialists he can see."

No matter how much two researchers wish to collaborate, their energy and efforts will be wasted if they spend hours having to navigate two conflicting financial structures. It won't help a bit if Vanderbilt residents want to work at Nashville General training Meaharry students if they can't be paid.

The Business Leadership Workgroup is the focal point for building the elegant and efficient infrastructure that bridges two complex and different administrative worlds. First changed with organizing the contract agreement between the two schools, the Business Leadership Workgroup focused its attention over the past year in four key areas. The first was to renew the base contract governing the relationship between Vanderbilt and Meaharry. "We wanted to build an agreement that was fluid, simple and easy to use," said Dr. Clifton Mendorf. "The best intentions of our faculty can be so easily frustrated by 'administrivia.' It was our job to promote collaborations and not frustrate them."

At the heart of the Meaharry-Vanderbilt Alliance is a goal for the facilities to work closely together in research, in teaching and in patient care. Donnereta Butler, Meaharry's Sr. Vice President for Business and Finance, knows the grief that uncoordinated systems can cause.

"Imagine that you are a new faculty member at Meaharry," she says. "To start practicing you have to be credentialled not only at your hospital and for all of your faculty's agreements with

Just like good infrastructure won't guarantee a city will find a cultural niche, neither does the establishment of a strong infrastructure guarantee a strong Meaharry-Vanderbilt partnership. It just makes it more likely. ■

# A Marriage of Minds...

## Two Cultures • Two Traditions



by Saarnie Bambley

Meharry Medical College is one of the leaders in the nation in the use of Objective Structured Clinical Examination (OSCE) to evaluate examination and history-taking skills in various areas. Now that expertise is being made available to students of Vanderbilt's School of Medicine as well.

"We have devoted a tremendous amount of time and resources to developing a 'state of the art' OSCE experience for our students and are delighted to share this resource with our Alliance partner," said Dr. Funjola Coney, dean of the School of Medicine at Meharry.

## Meharry Medical College Extends Offer to Vanderbilt Medical Students - Objective Structured Clinical Examination (OSCE)

"The opportunity for students at Vanderbilt to benefit from the OSCE resources at Meharry is one more example of the benefit of our Alliance relationship to our educational program," said Dr. Steven Gabbe, dean of Vanderbilt Medical School.

Skills include interviewing, physical examination, communication, patient counseling and patient education.

successfully manage the patient. Those skills include interviewing, physical examination, communication, patient counseling and patient education.

As a pilot program, Vanderbilt enlisted the volunteer participation of four rising fourth-year medical students for this exciting opportunity to experience the "Senior OSCE" at Meharry last August, with more participation by Vanderbilt students planned for the future.

"We will be inviting Dean Gabbe's office and designated medical education staff and faculty at Vanderbilt to serve on our OSCE Advisory Committee," Coney said. "This will enable more inclusive input as we continue to evaluate the performance of our OSCE in the framework of national norms."

OSCE involves the use of standardized patients/actors who, during a history and physical, will present the symptoms of a given disease or medical problem. After the examination, the students are graded by the standardized patient.

The standardized patients have received extensive training to assure their competency and accuracy in both simulation and evaluation, based on national specifications. There are separate OSCEs for several specialty areas, including Internal Medicine, Surgery, and Obstetrics and Gynecology. OSCE exams may be customized as well. Learning the process of the OSCE is important beyond the medical and patient relations skills imparted; the National Board of Medical Examiners is incorporating an OSCE into national board testing.

The senior OSCE is a true challenge to students. It lasts all day and has students rotating through 10 patient cases while being videotaped. Each case has a predetermined checklist of clinical skills students must accomplish to



Through videotape monitoring and live observation *Josie Haske, Drs. Paul Alexander and Pamela Williams can grade students during their patient encounters. Currently every Meharry medical student undergoes the OSCE and plans are in the works for Vanderbilt medical students to also join the program.*



## ADMINISTRATION

### Meharry-Vanderbilt Alliance Staff

The Office of the Meharry-Vanderbilt Alliance serves as the facilitator and clearing house for all joint programs. Our staff is here to assist faculties, staff and students to collaborate in the educational, research, and patient care efforts of the Alliance.

**Clifton K. Meador, M.D., Executive Director.**  
Phone: 615-936-6070 or email: [clifton.meador@vanderbilt.edu](mailto:clifton.meador@vanderbilt.edu)

**Susanne Brinkley, Director, Medical Education.** Phone: 615-936-6024 or email: [susmnc.brinkley@vanderbilt.edu](mailto:susmnc.brinkley@vanderbilt.edu)

**Fran Camacho, Workgroup Assistant.** Phone: 615-936-3444 or email: [frances.camacho@vanderbilt.edu](mailto:frances.camacho@vanderbilt.edu)

**Virginia Fuqua-Meadows, Administrative Manager.** Phone: 615-936-3445 or email: [virginia.fuqua@vanderbilt.edu](mailto:virginia.fuqua@vanderbilt.edu)

**Keihaulani D. Jackson, MSPH, Administrative Fellow.** Phone: 615-936-6106 or email: [kehaulani.jackson@vanderbilt.edu](mailto:kehaulani.jackson@vanderbilt.edu)

**Jim Lawson, Director of Community Initiatives and Development.** Phone: 615-936-6003 or email: [jim.lawson@vanderbilt.edu](mailto:jim.lawson@vanderbilt.edu)

**Diana Marver, Ph.D., Director, Biomedical Research and Research Training.** Phone: 615-936-0854 or email: [diana.marver@vanderbilt.edu](mailto:diana.marver@vanderbilt.edu)

**Amy Minert Salunga, MSN, RN, Family Nurse Practitioner, Disease Management.**  
Phone: 615-936-6039 or email: [amyminert@vanderbilt.edu](mailto:amyminert@vanderbilt.edu)

**Cathy Taylor, MSN, RN, DrPH, Project Director, Disease Management.** Phone: 615-936-6160 or email: [cathy.taylor@vanderbilt.edu](mailto:cathy.taylor@vanderbilt.edu)

**Joe Baker, Communication Specialist.** Phone: 615-936-6070 or email: [joe.baker@vanderbilt.edu](mailto:joe.baker@vanderbilt.edu)

**James O'Neill, Jr., M.D., Director of Clinical Program Development and Education.** Phone: 615-936-1290 or email: [james.oneill@vanderbilt.edu](mailto:james.oneill@vanderbilt.edu)

### The Alliance Steering Committee

The Alliance is governed by a steering committee of the following individuals:

#### Meharry Medical College

**Dr. John E. Maupin, Jr.**  
President, Co-Chair

**Dr. Poojola Coney**  
Sr. Vice President for Health Affairs  
Dean, School of Medicine

**Ms. Donnetta S. Butler**  
Sr. Vice President for Business and Finance

**Dr. Harold Thompson**  
Sr. Associate Dean for Clinical Affairs

**Dr. William Butler**  
Dean, School of Dentistry

#### Vanderbilt University Medical Center

**Dr. Harry R. Jacobson**  
Vice Chancellor for Health Affairs, Co-Chair

**Dr. Steven Gabbie**  
Dean, School of Medicine

**Mr. Norman B. Urmy**  
Executive VP Clinical Affairs

**Dr. Colleen Conway-Welch**  
Dean, School of Nursing

**Dr. Robert Dittus**  
Chief, Division of General Internal Medicine  
Director, Center for Health Services Research

#### Nashville General Hospital at Meharry

**Dr. Roxane Spitzer,** Chief Executive Officer

Meharry-Vanderbilt Alliance Annual Report - 2003  
Layout and Design: Matt Gore, Deborah Doyle, Illustration: Matt Gore  
Photography: Anne Reyner Pollo, Mary Donaldson



Phone 1-615-936-6070 • Fax 1-615-322-8375 • [www.meharry-vanderbilt.org](http://www.meharry-vanderbilt.org)