Trustees reduce FY11’s endowment distribution

In the wake of endowment fund losses, the Board of Trustees investment committee this month approved a reduction in endowment distributions for fiscal year 2011, which begins July 1.

In a June 10 meeting, the committee approved a recommenda-
tion by Pitt’s investment staff and Vice Chancellor for Budget and Controller Arthur G. Ramione to reduce the endowment income distribution by approximately 5 percent.

Additional cuts could be forthcoming: the recommenda-
tion suggested another 5 percent reduction for FY12.

The trustees’ committee’s action reduces the distribution for FY11 from $3.99 per share to $3.80 per share. The recommenda-
tion for FY12 would decrease the distribution to $3.60 per share.

Pitt’s endowment consists of more than 1,800 individual funds, which provide support for designated purposes such as schol-
arships, fellowships and faculty chairs.

Money donated for such purposes is invested as part of Pitt’s consolidated invest-
ment pool, with the individual endowed funds “purchasing” a number of shares in the pool — similar to an individual’s invest-
ment in a mutual fund. Share values are computed monthly and income is distributed as an amount per share, Ramione said.

The committee also adjusted the endowment’s asset allocation policy, which last was revised in 2008 (see June 26, 2008, University Times).

Target allocations and permis-
sible allocation ranges for domes-
tic and international stocks were decreased while the percentage of the endowment that may be invested in emerging markets and fixed-income investments was increased.

The new target is 18 percent in domestic equities with a range of 13-23 percent of the endowment’s value (down from a target of 20 percent). The target for interna-
tional equities is 11 percent (down from 17 percent) with a range of 6-16 percent.

The target for investments in emerging markets equities is 10 percent (up from 5 percent) with a range of 5-15 percent.

The new target for fixed-income investments is 12 percent (up from 10 percent), with a range of 7-17 percent.

Endowment investments in alternative asset classes remained relatively unchanged, with tar-
gets for marketable alternatives remaining at 18 percent with a range of 13-23 percent, and non-
marketable alternatives remaining at 15 percent, with a range of 10-20 percent. The committee boosted the target percentage for real assets to 16 percent (up from 15 percent) with a target range of 11-21 percent.

Ramione said the adjustments reflect perceived opportunities for growth over the long term. For instance, raising the target for stocks in emerging markets from 5 percent to 10 percent shows anticipation for growth in the so-called BRIC-countries (Brazil, Russia, India and China) and other emerging markets in Asia, Latin America and central Europe.

Pitt’s endowment value of nearly $1.84 billion at the end of fiscal year 2009 was ranked 27th-largest among the 842 institutions surveyed in the National Association of College and University Business Officers (NACUBO)-Commonfund Study of Endowments, down from $2.33 billion at the end of FY08.

Ramione estimated that the current value of the endowment is slightly more than $2 billion.

—Kimberly K. Barlow

The APR breakdown of Pitt’s 19 Division I men’s basketball teams’ score of 940, the Pitt football team’s score was 973, compared to the national aver-

The new report measures teams against the academic progress rate (APR) that the NCAA developed six years ago as a way to gauge college athletes’ progress toward earning their degrees. Scores are assigned based on eligibil-

The women’s gymnastics team earned a 925 APR and had at least one student-athlete leave school while ineligible for competition, and thus have incurred immediate scholarship losses. Of those, 11 teams lost immediate scholarships and received their first historically based penalty (public warning) for posting an APR below 900.

Another 15 teams under 900 APR received a public warn-
ing, 31 teams received practice restrictions, and one has received a postseason ban.

Nine other teams faced the possibility of a championship ban but received conditional waivers this year because of demonstrated academic improvement. Six of those received scholarship and/or practice time penalties and three received waivers from all penalties. These teams must remain above the historical pen-

Pitt teams earn good grades from NCAA

The report measures teams against the academic progress rate (APR) that the NCAA developed six years ago as a way to gauge college athletes’ progress toward earning their degrees. Scores are assigned based on eligibil-
ity, retention rates and degree-

The NCAA report reflects the four-year average for every team over the academic years 2005-06 through 2008-09. The average APR for all Division I teams was 967, up three points from last year’s average.

Pitt teams’ APRs ranged from a low of 912 for baseball to a perfect 1,000 for women’s gymnastics and women’s tennis.

Men’s basketball and football, the two major revenue-generating sports, both fared well compared to Division 1 peers in the latest report. The men’s basketball team’s score was 962, compared with the national average for all 343 Division I men’s basketball teams’ score of 940, the Pitt football team’s score was 973, compared to the national aver-

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ing, 31 teams received practice restrictions, and one has received a postseason ban.

The Staff Association Council is considering the addition of a standing committee that would address diversity issues.................
T he Staff Association Council (SAC) will consider establishing a diversity committee to its organizational structure. The recent proposal offered last week by Steve Zupcic, vice chair of the benefits committee, asks SAC to outrace a committee to focus on campus issues and programs related to diversity. SAC may add diversity committee

Two alums have been nominated to serve as Pitt trustees.

• Tracey T. Travis, a 1983 Pitt grad who received his MBA in 1991, is senior vice president of finance and chief financial officer at Polo Ralph Lauren Corp.

• Leo N. Lee, a 1962 gradu­ate in chemistry, is retired execu­tive vice president of Bayer Corp.

Zupcic said, “I think of this as a positive committee, with an approach to encourage and promote initiatives that are occurring on campus, like black homecoming.”

He also noted that “successful strategies of the modern move­ment for civil rights were ligata­tion, organization, mobilization and coalition, all aimed to form a national constituency for civil rights.” He added, “We have a long and honorable tradition of social justice in this country. It still sends forth the message that when we act together, we can overcome.”

Historians will continue to debate where the emphasis should lie on the history of the Civil Rights Movement and the struggle for civil rights, regardless of race or ethnicity, in America. While many educators have focused on group identity and single­group interests, he noted that history “was the beginning of a mass movement that destroyed segregation and permanently changed our world.”

The bus boycott, he said, led to the creation of the Montgomery Improvement Association and the first successful boycott against racial discrimination against African Americans, for example, one narrative sees the boycott as a victory for black people, while another narrative portrays it as a victory for the “progressive” character of American society. The two narratives are not necessarily exclusive, but they are distinctive and worth thinking about.

To the editor:

In the June 10, 2010, edition of the University Times, the featured article, “Racism is alive and well,” on Julian Bond’s keynote address, “The Broad Freedom: From Alabama to Obama,” provides an opportunity to examine tension within the narrative on the long struggle for social justice and equal rights in America, and demonstrates the potential of history as an academic discipline in shaping our understanding of our national identity.

The tension in the historical narrative is evident in the emphasis that is placed on milestones that are cross­sectional, symbolic or otherwise, toward racial progress in America. Zupcic said, “I think of this as a positive committee, with an approach to encourage and promote initiatives that are occurring on campus, like black homecoming.”

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Pitt experts examine the issues

Increasingly, studies have shown, people are seeking health-related information. A recent Pew Internet study found that 80 percent of Americans with Internet access turn to the web for answers to their medical and health questions.

But three-quarters of consumers fail to check how reliable and how current that information is, the study revealed.

In an effort to detangle some of the overload of health information that is out there, this occasional University Times series, On Health, is turning to Pitt experts for current — and reliable — information on some of today’s major health-related topics.

The statistics are downright staggering. According to the American Diabetes Association, more than 23 million people, or 10.7 percent of all adults in the United States — a number that’s increasing rapidly — are estimated to have diabetes, the group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both.

It is believed that 5.7 million of these do not know they have the disease. The number of people diagnosed with diabetes rose from 1.5 million in 1958 to 17.9 million in 2007, an increase of epidemic proportions.

Other facts about diabetes:

• Type 2 (previously called non-insulin-dependent or adult-onset) diabetes accounts for 90-95 percent of all diagnosed cases.

• Minorities are disproportionately affected: 14.7 percent of all non-Hispanic blacks age 20 and older are estimated to have diabetes.

• Diabetes is the seventh leading cause of death in the United States — responsible for 17 percent of all deaths after age 25. The overall risk of death among people with diabetes is double that of people without the disease.

• Diabetes is the leading cause of new blindness, end-stage renal disease and amputation. It increases the risk of heart attack and stroke at least three-fold.

• Medical expenditures for a person with diabetes average $11,744 annually, more than twice the cost for someone without diabetes.

• Total health care and related costs for diabetes run about $174 billion annually. Direct medical costs (e.g., hospitalizations, medical care, treatment supplies) account for about $166 billion of that total.

• If trends continue, it’s estimated that one in three people born in 2000, and one in two minorities, will develop diabetes.

Moreover, it is estimated that an additional 57 million adults have pre-diabetes, a condition where blood glucose levels are higher than normal but not high enough to be called diabetes.

About the only good news is that studies, including those conducted by University researchers, have shown that by losing weight and increasing physical activity people can prevent or delay pre-diabetes from becoming full-blown diabetes.

Six Pitt diabetes specialists recently discussed their work with University Times staff writer Peter Hart and projected trends for diabetes care, prevention, education and research.
Elizabeth Venditti, Andrea Kriska and Members of Pitt’s Focusing on prevention in the Department of Epidemiology who are part of the team recently finished the Diabetes Prevention Support Center (DPSC) research project, which is one of the first large-scale prevention programs that demonstrated a healthy lifestyle, including changes in diet and physical activity leading to weight loss, is more effective than medication in reducing risk factors associated with diabetes and cardiovascular disease, as well as reducing the onset of diabetes in those with pre-diabetes (also known as borderline diabetes).

Funded by the National Institute of Diabetes and Digestive and Kidney Diseases, Pitt’s study divided subjects into three groups: one received a placebo, one received the medication metformin, and one group received diet and lifestyle intervention techniques. The team conducted 16 intervention sessions and performed 150 minutes of physical activity weekly.

The clear message, researchers say, is: Get active and lose a little weight. Losing as little as 7 percent of one’s body weight makes significant improvements for at-risk populations, researchers found.

The researchers who conducted the trial now travel all over the country and occasionally internationally, including to military bases via funding from the Department of Defense. They lead workshops on lifestyle balance, healthy eating techniques and program participant follow-up supplies.

“We’re training health professionals in all settings — senior centers, Kiss, and we’re training graduate students in the Department of Epidemiology and an investigator on the prevention project, who helped develop two new courses based on DPP training at the Graduate School of Public Health. “As we do that, more and more people will be offered these interventions,” Kriska said. But, unfortunately, remuneration for the trainers of these types of programs is lacking, she added.

Fellow researcher Elizabeth Venditti, assistant professor of psychology, added, “We need insurers, third-party payers that support this. There is one particular program that [insurers] United Health Care is putting in. But that’s just one. We need more inroads in medical settings, facilities, clinics, hospitals, work sites, senior centers, wherever people go for their medical care. I would hope that 10 years from now, there would be some type of a per-head package reimbursement rate.”

The team recently finished training employees of Sutter Medical Foundation in California, which will be implementing the prevention program at five of its clinical sites. “They were successful in getting their health insurer to buy in for half of it,” said M. Kaye Kramer, a research associate in epidemiology who is part of the DPSC training team. She said the team’s latest undertaking was training Massachusetts state health department staff, who plan to implement the diabetes prevention program at various sites across the state.

Venditti said the DPSC researchers currently are in early stage consultation with UPMC Health Plan on adapting the diabetes prevention program to various sites across the state. Venditti said the DPSC researchers current are in early stage consultation with UPMC Health Plan on adapting the diabetes prevention program to various sites across the state.

“With our government funding, we can model implementation initiatives,” she said. “But to make a true dent in the worldwide problem we need a whole health industry behind it.”

So the question becomes: How do you achieve that?

Linda Semler, nutrition coordinator of DPP and a staff member in the Department of Health and Physical Activity, Schools of Public Health and Medicine, said getting the message to a wider audience is the key. “I’m not sure we know the best model of health care delivery. We’re taking our message to people in various ways. For example, when we did the training sessions in Jamaica, it was done through churches there. We also are piloting a program for the Air Force to use DVDs for DPP training. We want to have programs reach as many people as possible, which is why we’re now training others in how to teach the DPP.

Venditti said, “With health care reform, I think people see diabetes as the disease that can be a model of what preventive medicine would look like. My goal as a scientist is to work with someone like the health plan to make sure that the integrity of the DPP is maintained in this piece of translation. And since we’re next-door neighbors, we can be a training resource, we can actually point to personal who are qualified. But there are a lot of different ways to model and I don’t know that I’ve figured all that out yet.”

One positive sign for expanding pre-diabetes care nationally is the recently introduced federal legislation called the Diabetes Prevention Act. Venditti said legislators who are pushing the act are evaluating the economic impact of diabetes prevention programs.

“They’re trying to say, ‘Let’s look at what it would cost to institutionalize diabetes prevention and treatment. How scalable is it and how are we going to do that?” Venditti said. “And that’s why people continue to look to the commercial insurers, because for a long time people felt that prevention didn’t really pay. That balance is tipping. The problem is getting big enough, the costs are getting big enough, the employers are getting hit enough by the costs of the premiums — so everybody is saying, ‘C’mon, make me some money here, let’s get something behind it.’

Another issue is where to draw the treatment line, Kriska said. “The DPP used a high-risk population. But we’ve shown scientifically and published research that it’s also open to people with metabolic syndrome.”

Metabolic syndrome is a condition when a group of metabolic risk factors such as obesity, high LDL cholesterol and elevated blood pressure occur in one person. “So the issue becomes: Do you take only people who are sort of knocking on diabetes’ door, or do you step down a bit and take people with pre-diabetes and metabolic syndrome, or step down even further and take anyone who is overweight?”

Venditti said, “Probably the economic wisdom, at least in the present, is to stick to taking those who are high-risk. If you want to see an immediate pay-off, from an odds point of view, intervening with a group who has not yet become diabetic, but is older, is a way of getting at that risk. I think the medical community feels it’s got to go after this older high-risk group first to halt the runaway costs.”

Kramer added, “Part of that problem is that there are so many who fit that category. An estimated 57 million people have pre-diabetes and many, many of them don’t even know they have it.”

On the other hand, the researchers agreed, society should not ignore the fact that the diabetes epidemic increasingly is affecting younger people, partly due to a cultural de-emphasis on physical activity and a disregard for healthy eating.

Kramer said, “The two very powerful forces, I think, are the great aging of our population, which is based on its research and the influence of diabetes prevention programs reach as many people as possible, which is why we’re now training others in how to teach the DPP.

Venditti said the causes of the diabetes epidemic are deep-rooted, systemic and cultural. “Our advances in technology, obviously, have benefited a lot of people economically. But what progress?” she said. “People for the most part have better standards of living but their health standards are going the other way.”

Parents need to play a major role in reversing these unhealthy trends, she said. They should teach their kids to be active, drive them around less, make sure they get enough sleep and limit the time spent on computers and other electronic gadgets, Venditti said.

Semler noted that younger people often want a quick fix, whereas making lifestyle changes, such as adopting a healthy diet or exercise regimen, takes a long-term commitment. “They have a microwave mentality, whereas making lifestyle changes is more like using a Crock-Pot. It requires planning and time.”

But the changes required go beyond an individual’s choices, the researchers pointed out.

Kramer said, “We also need to think through things like urban planning, realizing that when
Understanding the Pharmacists' Role

As a pharmacist, Scott Drab says those in his profession should be playing a larger role in the control and treatment of the diabetes epidemic. And he's done something about it.

Drab is assistant professor of pharmacy and therapeutics in the School of Pharmacy and the founder and director of University Diabetes Care Associates, one of the first pharmacist-run diabetes care centers located in a community pharmacy.

Pharmacists already are involved heavily in drug management for diabetics, who typically take six-eight medications, said Drab, a certified diabetes educator (CDE).

The problem of diabetes is going to get bigger and we don't have enough health care professionals to treat it, or at least we don't have access to enough health care professionals to see all these people,” Drab said.

To get a sense of the problem, an endocrinologist, the specialist a diabetic usually sees, a patient might have to wait three to six months, he noted. “But think about pharmacists. There's a physician who practices on every corner; it is the most accessible health care professional out there. So it makes sense from many perspectives to train pharmacists, and to expand the role of pharmacist CDEs,” he said.

While using a health care team is the most accepted, integrating it into the academic training of the pharmacist is, Drab said: “We have to know our limitations, too. A patient will come in wanting more information on meal planning when they're dining out, or on what exercises work best, so we have to know when to refer patients to exercise therapists or dieticians.”

Drab has established a collaborative care model at his diabetes care pharmacy in Jeannette. He works with Endocrinologists who refer patients to him for everything from basic diabetes education and blood glucose monitoring to solving unique pharmacy problems.

“Patients come in and have a full evaluation meeting. We do the basic vitals of blood pressure, weight,” said Drab, whose clinic follows some 20-30 patients a day. The pharmacy’s staff includes a registered dietician who is a certified diabetes educator, a nurse CDE, an exercise physiologist and a handful of School of Pharmacy students on rotation.

“Many of these patients are not well-controlled and the physicians are looking now to the pharmacist CDE for assistance,” Drab said, noting the vast number of diabetes medications, some of which target certain aspects of diabetes better than others.

“The physicians want to help them through this myriad maze of management. The physician who is trying to control diabetes needs adequate drugs and help to reduce complications and morbidity and mortality,” he said. Drab can prescribe and adjust medications, something that is spelled out in the individual practice agreements with the physicians, he said. Twenty-five years ago when I was in practice, we had physicians telling us not only what drug they wanted, but they actually went so far as to tell us how to dispense it,” Drab said. “The other day, I had a physician refer his wife to me, and I asked her, ‘What medication did your husband put you on?’ She said: ‘Nothing. He said you would put me on something.’ That’s a paradigm shift. There’s a trust there. There’s a trust there. It is a good thing,” he said.

At Pitt, Drab’s responsibilities involve both clinical instruction and classroom teaching. He has been part of the pharmacy school’s increased emphasis on diabetes.

“When I first came here in 1996, we probably had two or three lectures on diabetes,” Drab said. Now, the study of diabetes consumes one-third of the semester-long endocrinology course.

“And it’s much more hands on. We have patients come in to talk about their experience with diabetes, and students learn to understand the disease from the patient’s perspective, he said.

Pitt’s curriculum also includes extensive meter and insulin injection training sessions, where manufacturers demonstrate proper use of their equipment. Thus, “the ability to recommend an appropriate monitor to a patient is greatly increased,” he said.

Students also have required experiential assignments, where they identify patients at their community practice site who are not getting proper glucose control and form a treatment action plan.

Much of this type of training is atypical at pharmacy schools, Drab added.

Pitt’s school also offers a comprehensive diabetes management elective course taught by pharmacists who want advanced training. The course, which lays the foundation for certified diabetes educator certification, covers everything from basic patho-pharmacology to drug review, as well as medical nutrition therapy, diet and exercise physiology.

Yet there is still much to learn about diabetes as researchers, health practitioners and diabetics themselves learn better ways to prevent, manage and treat the disease, Drab noted. However, he doubts that science will develop a way to cure those who develop diabetes.

“We can administer insulin and some have monkeys that have gone away. Patients who are well-controlled tend to avoid complications. But is there a way where we can flip a switch, give someone a tablet and the whole thing goes away like it never happened? That’s never going to happen, in my view,” Drab said.

“What I think we’ll see in the future are developments in technology such as the artificial pancreas, which is an insulin pump that is implanted under the skin along with a continuous glucose monitor. And it works for both Type 1 and Type 2 diabetes,” he said.

The first insulin pump was the size of a backpack; today’s version is the size of a pager.

Drab also anticipates increased efforts to prevent the disease.

“There are prevention strategies out there. There are also medications that can reduce your risk of getting diabetes,” Drab said.

“Certainly lifestyle modification — diet and exercise is better.” But what happens if you put the two together? “We’re going to have to think about drug therapy also in the prevention realm,” he said.

“We need to do a better job of preventing diabetes, a better job of identifying it earlier. We need to be a little more aggressive in our treatment, and we need to have better access to health care professionals who are trained in this disease that can also offer earlier care and continual care,” Drab said.

“If you look at the health outcomes data, what they show us is that the traditional physician-driven model has not yielded too terribly good results in the area of diabetes. Yes, we’ve seen improvements in diabetes care, but there’s still probably 40-45 percent of all diabetics out there who are not achieving adequate control,” he said. “So we need to move toward a more collaborative model and, most importantly, we need to increase access to health care.”

For those who want to measure their own risk for diabetes, Pitt’s Diabetes Prevention Support Center training team recommends the American Diabetes Association online risk assessment tool. The tool is available at www.diabetes.org/diabetesbasics/prevention/diabetes-risk-test/.


Other authoritative information and advice on DPP are available from Pitt researchers, who can be contacted at: https://diabetesprevention.upmc.com/.

For those seeking information on diabetes clinical research at Pitt and affiliated institutions, an online database that has been set up by the Office of Clinical Research (OCR), Health Sciences. The web site is located at www.clinicalresearch.pitt.edu/ (Type in keyword diabetes). In addition to information on clinical trials, OCR is a one-stop resource for volunteers, sponsors, investigators and research staff.
Simulating cuts med errors
Conducted as a conventional lecture-style education, simulation-based learning reduces the number of medication administration errors, according to a University study published online in the Journal of Intensive Care Medicine.

The majority of serious mistakes that occur in hospitals are due to medication administration errors, which can be fatal, noted principal investigator Amy L. Seybert, a faculty member in the School of Pharmacy’s Department of Pharmacy and Therapeutics.

“Patients in intensive care units are at increased risk for these errors because of the number of medications they receive, as well as the complexity of the ICU environment,” she said.

The study was conducted in adult coronary critical care (CCU) and medical intensive care (MICU) units at UPMC Presbyterian.

A dozen nurses in each unit were observed administering medication and documenting each patient’s medications. After the initial observation, the nurses took part in an educational session that was either simulation-based or a lecture-style presentation. The nurses were asked to focus on the errors that were identified during the initial observation period.

The nurses who were assigned to the simulation-based session worked with a human-appearance simulating simulator from the Peter M. Winter Institute for Simulation, Education and Research (WISER) to correct errors and practice proper medication administration techniques and documentation. The simulation was conducted in a traditional in-service setting.

Participants were given multiple-choice quizzes along with a five-question subjective evaluation before and after the sessions. The nurses also were observed administering medication twice: one-four weeks after the educational session and again eight to 12 weeks after the session.

After the educational sessions and the first observation period, our research found that medication administration error rate significantly decreased by 9 percent for the CCU nurses who participated in the simulation-based training and slightly increased to 22.7 percent for the MICU nurses who participated in the lecture-style sessions, Seybert said.

After the second observation period, the medication error rate for the CCU nurses rose to 6.2 percent while the error rate for the MICU nurses increased to 16.7 percent. The two groups showed no significant difference in quiz scores.

Pitt co-authors included Pamela L. Smithburger and John J. Gill of UPMC and the School of Pharmacy, Lawrence R. Kubolinski of WISER and Lynne M. Routon, Ph.D., for the Simulation and Medical Technology Research and Development Center.

ARRA funds support research
More than $1.5 million in National Institutes of Health research grants funded by the American Recovery and Reinvestment Act was awarded in May to Pitt investigators.

Receiving grants were:

• John W. Melloni of medicine, $486,782 for “Rational Design of NRTI for Drug-resistant HIV-1”
• Laura J. Niedenzuh of microbiology and molecular genetics, $163,665 for “The Composition of the Intestinal Microbiome and Host Immune System”
• Constance Chu of orthopedic surgery, $231,375 for “Chondrogenesis in Situ”
• David Lewis of psychiatry, $832,128 for “Behavioral and Genetic Influences and Information Processing in Schizophrenia”
• Lewis Falo of dermatology, $245,890 for “Immunization Strategies for Autologous HIV Immunodetection”
• Hannah Rahimovich of pathology, $111,712 for “Cross-regulation of Apoptosis and Autophagy as a Molecular Basis for Reversal of Tumor TRAIL Resistance.”

Through May, University investigators have been awarded more than $166 million in ARRA research awards.

Few PA Medicaid kids get dental care
A significant number of children in Pennsylvania covered by Medicaid did not receive basic dental health services that could help prevent serious medical problems, according to a report published online in the Mannheim Insurance Policy Center (MPMC) at Pitt’s Graduate School of Public Health (GSPH). The report found that the majority of children on Medical Assistance are enrolled in managed care, but only 42.8 percent of these children had an annual dental visit in 2009.

The report authors stated that one main obstacle is a short- age of dentists who will accept Medicaid patients, possibly due to lower reimbursement rates that are lower compared to other Medicaid programs nationally and are set at about 32.7 percent of regular dental service fees.

Medical Assistance covered 46 percent of children in Pennsylvania in 2009. In 2008, Medical Assistance covered 42 percent of children in Pennsylvania, with Medicaid paying about $1 million on dental services, or $109 per enrolled child.

“Only 26 percent of practicing dentists in Pennsylvania were reimbursed by Medical Assistance,” said Pitt researcher Sherri B. Lee, M.D., M.P.H., director of GSPH faculty member in health economics. “Medical Assistance payment rates may need to be re-examined to help ensure that children receive care, particularly in rural areas.”

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“Only 26 percent of practicing dentists in Pennsylvania were reimbursed by Medical Assistance,” said Pitt researcher Sherri B. Lee, M.D., M.P.H., director of GSPH faculty member in health economics. “Medical Assistance payment rates may need to be re-examined to help ensure that children receive care, particularly in rural areas.”

Pittsen researcher gets ASCO award
Shannon Puhalla, a faculty member in the Department of Medicine and breast oncologist with the Magee-Womens cancer program of UPMC Cancer Centers, was among 14 physicians nationwide to receive a 2010 Career Development Award from the American Society of Clinical Oncology (ASCO). The award provides $200,000 over three years for physicians in their first or second year of independent clinical research programs.

Puhalla will use the award to fund a study investigating the combination of hormone therapy with chemotherapy to determine a treatment that may target breast cancer stem cells. According to Puhalla, hormone therapy treatment may cause certain types of breast cancer cells to spread. Her study will seek to discover whether a drug designed to inhibit the interaction between the cancer cells and the hormone therapy could treat certain patients successfully.

“Ideal, this treatment eventually could allow certain patients to avoid mastectomy or possibly even chemotherapy,” said Puhalla.

Medicare spending varies by region
Widespread geographic variations exist in drug spending among Medicare beneficiaries, with some regions spending twice as much as others, according to a GSPH study published in the Online First issue of the New England Journal of Medicine.

The study also found that higher spending on drugs was not balanced by lower spending on other medical services such as hospitalizations.

The lead author GSPH health economics faculty member Yuting Zhang and researchers from the Harvard School of Public Health calculated and mapped drug and non-drug medical spending in 2007 among 306 hospital service areas.

They controlled for geographic differences in health services, population demographics, insurance status and overall health.

The authors found that drug spending accounted for more than 20 percent of total medical spending, varied substantially. The highest region for drug spending under Medicare was Manhattan, N.Y. ($2,973 annually per beneficiary) and the lowest was Hudson, Fla. ($1,854 annually).

Non-drug medical spending also varied widely and was twice as high in the highest-spending regions compared to the lowest.

Variations in drug spending were found to be associated only slightly with variations in non-drug medical spending.

“Spending more on drugs didn’t clearly result in less spending on other medical services,” said Zhang. “Although there was a weak correlation between the two types of spending, high spending in one area was not offset by lower spending in the other. This [information] gives us valuable insight into the use of these drug resources and may help guide public policy related to health care reform.”

The study was funded by Pitt and National Institute of Mental Health and the Agency for Health Care Research and Quality.

The Pitt Universitytimes Research Notes column reports on findings of Pitt researchers and on findings arising from University research.

We welcome submissions from Pitt researchers. Submit information via email to: utimes@pitt.edu, by fax to 412/624-4579 or by campus mail to 108 Bellefield Hall.

For more information lines, visit www.utimes.pitt.edu/page-ids-6807.

UPCI researcher gets ASCO award
Shannon Puhalla, a faculty member in the Department of Medicine and breast oncologist with the Magee-Womens cancer program of UPMC Cancer Centers, was among 14 physicians nationwide to receive a 2010 Career Development Award from the American Society of Clinical Oncology (ASCO). The award provides $200,000 over three years for physicians in their first or second year of independent clinical research programs.

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“Ideal, this treatment eventually could allow certain patients to avoid mastectomy or possibly even chemotherapy,” said Puhalla.
Most recently, Morton was vice president of statistics and epidemiology at RTI International, where she led a department of 270 biostatisticians, statisticians and epidemiologists. She also served as an adjunct professor of biostatistics at the University of North Carolina. Prior to her position at RTI, she led the statistics group at the RAND Corp, and held the RAND endowed chair in statistics.

At GSPH, she will develop programs to address complex health care questions at both societal and individual levels. She will also employ evidence-based analyses to better inform public health decision-making.

Morton received a master’s degree in operations research and a doctoral degree in statistics, both from Stanford, as well as a master’s degree in statistics from the London School of Economics.

Pitt-Br Prafind has announced the promotion of three members of the biology faculty, effective July 1.

Lauren Yaich has been named an associate dean of academic affairs. Currently she chairs the Division of Biological and Health Sciences, a position that will be filled by Mary Mulchay.

Mulchay currently is director of the biology program and director of the Allegheny Institute of Natural History. Mulchay will continue to oversee the Allegheny Institute, the new director of the biology program will be David Merwine.

Lynn Iams Barger has been named executive director of Institutional Advancement at the Johnstown campus, effective July 1. She will be responsible for identifying and cultivating major gift prospects while providing oversight to the school’s advancement effort.

Barger received her BA (summa cum laude) from Washington and Jefferson College, and her Master of Public Management (with highest distinction) from Carnegie Mellon’s Heinz School of Public Policy and Management.

She comes to Pitt-Johnstown from Indiana University of Pennsylvania, where she has served as associate vice president for development, acting vice president for university relations and director of corporate and foundation relations.

Pharmacy faculty member Desi Liu of the Department of Pharmaceutical Sciences has been appointed the chair of the membership committee of the American Society of Gene and Cell Therapy. Her two-year term began last month.

Among faculty and staff at the Schools of Health Sciences whose work has been acknowledged recently with awards or accolades are:

• Post-doctoral scholar Jamie Green of the School of Medicine received a 2010 Clinical Scientist in Nephrology Fellowship from the American Kidney Fund. Green’s research will examine the association of health literacy with clinical outcomes of hemodialysis patients, specifically diabetes treatment adherence in patients receiving in-center hemodialysis.

• Post-doctoral scholar Brian Hermann of the Magee-Womens Research Institute received the Pathway to Independence Award from the National Institute of Child Health and Human Development. This award was designed to facilitate the rapid transition of promising new investigators into independent research careers and will support Hermann’s salary and research costs.

• Ryan Parker, director of health sciences diversity; Barrett Woods, graduate medical resident in orthopedic surgery, School of Medicine, and Shallen Greene, graduate medical resident in physical medicine and rehabilitation, School of Medicine, were recognized as a part of the New Pittsburgh Courier’s 2010 “Fab 40.”

The list honors Pittsburgh African-American men and women under age 40 “who have demonstrated the ability, determination, focus and fortitude to tackle the challenges that lie ahead while defying negative stereotypes used to portray black youths.”

Pat Skerry has been named an assistant coach for the men’s basketball program. He has 19 years of combined coaching experience at eight different schools, most recently at Providence. During Skerry’s two seasons at Providence under head coach Keno Davis, the Friars advanced to the NIT with a 19-14 overall record and 10-8 Big East slate in 2008-09. He assisted with the Friars’ 2009 recruiting class, which was ranked No. 35 in the nation by Hoop Scoop.

In 2008, Fox Sports.com named Skerry the top mid-major assistant in the nation. His 2006 recruiting class was rated No. 24 in the nation by Hoop Scoop. Skerry played at Tufts, 1989-92, where he earned All-New England honors and was a two-year team captain. As a point guard, he held a school record of 650 assists during his career. In 1990-91, Skerry recorded 198 assists, a Tufts single-season record. At Tufts, he earned a bachelor’s degree in psychology and a master’s degree in education.
**NEW ADVERTISEMENTS**

**New Adopt-a-Soldier project launched**

The Office of Institutional Advancement is sponsoring a second Pitt Employee Adopt-A-Soldier project designed to ship “care” packages to armed service members and women serving overseas.

In 2007, Mara Kudrick, a staff member of the Pitt Alumni Association, organized the PEAS project that involved more than 200 Pitt employees who supported 147 military service personnel. Employees shipped hundreds of packages with magazines, paperbacks, crossword puzzles, treats and basic necessities. Employees can enroll by registering the soldier’s name and address at www.pitt.edu/peas. Such soldiers will be matched with a PEAS donor, who will be provided with instructions on preparing and mailing the care package.

PEAS participants can enroll at the same web site to adopt a soldier.

**HELP WANTED**

**RESEARCH ASSOCIATE POSITION**

Published earlier this month, this announcement is quite fair if chemistry is right. Project content: interesting & enjoyable. Contract will be for a year, with option to renew. Application: Pitt Faculty & Staff to an open house on Wed., June 27. For more info: 412/624-8644.

**CLASSIFIED**

**HOUSING/SALE**

**SOUTH SIDE SLOPES**

29 Ealcroft St.—2 brm, 1.5 bath, SF 600. Very large yard. W/D also included. No pets. Credit check $250; 412/747-8722 or 412/973-4347.

**WILKINSON/BRICKLAGE**

Move in right to 3-Room townhouse. Located at 34 & 41 W. 15th St., Squirrel Hill. Equipped kitchen, W/D, fuel oil. No pets. Credit check $300; 412/241-8722 or 412/973-4919.

**PARKING**

OFF-STATE PARKING

1 block from Forbes. $95/month. Bikes RE: 412/205-5711. Services

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**SUBJECTS NEEDED**

**FEMALE VOLUNTEERS NEEDED**

Women 18+ who are interested in interviewing women about their experiences and the next generation of women serving in the military. Interviews will be semi-structured and open-ended. For more information, contact Shannon Hargis at 412/747-8651.

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2-Rm furnished (can be unfurnished) on Roane St & Cloak to Oakland. University of Pittsburgh. Fully equipped kitchen, TV room, breakfast room, W/D, sunroom, deck, fenced yard. Available July 1st, $1,350 all utilities included. Call Rob Re: 412/752-7692.

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