Part-time work

Drugs do not work well in half of the people who take them. The FDA currently suggests genetic testing for 10% of all drugs.

Metabolizing clopidogrel

Thirty percent of patients cannot metabolize clopidogrel due to their DNA variants.

Variations in a patient’s DNA can alter drug metabolism, reducing medication effectiveness or even raising the risk of dangerous side effects.

A new drug metabolism test from the Iowa Institute of Human Genetics (IIHG) analyzes patient blood samples and helps physicians decide which drugs will work by pointing out specific DNA variants.

The test, which currently looks at certain opioid drugs and clopidogrel (Plavix) was developed in collaboration with UI Hospitals and Clinics Department of Pharmaceutical Care, UI College of Pharmacy and Integrated DNA Technologies, and can be ordered now. An expanded version of the test is expected to be released this summer.

“The pharmacogenetic tests developed and offered by the IIHG are designed to inform dosing, predict efficacy, and minimize the possibility of adverse events with therapeutic agents to optimize therapy for our patients,” said Richard Smith, Director of the IIHG.

The IIHG Drug Metabolism Test may be ordered preemptively by a health care provider. It cannot be ordered directly by patients. Requisition forms and full instructions are available on the IIHG website: www.medicine.uiowa.edu/humangenetics.

“New Genetic Test Predicts Efficacy and Safety of Widely Used Drugs”
Baby Boomers and Hepatitis C

Whatever the reason—a less-regulated blood supply, 60s-era drug use, tattoos—those born between 1946 and 1964 account for most of the estimated 3.2 million HCV infections in America today. Baby Boomers are five times more likely to have Hepatitis C Virus (HCV) than any other age group. Whatever the reason—a less-regulated blood supply, 60s-era drug use, tattoos—those born between 1946 and 1964 account for most of the estimated 3.2 million HCV infections in America today. Chronic HCV infection is the leading cause for liver transplants in the United States, and since 2006 HCV has surpassed HIV as a cause of death in the U.S.

The disease can lie undiscovered for decades, asymptomatic or with symptoms so minor that they are unreported. Up to 50 percent of those with HCV are unaware that they have it. But a simple blood test can change that.

Hepatitis C is now curable. It is possible to get rid of the virus completely, and it is in the patient’s interest to be treated. In addition to hepatic issues, a host of additional health problems, from cardiovascular disease to lymphoma, are far more common in patients with HCV.

It has been estimated that health care costs for HCV and related conditions will skyrocket to $14 billion by 2030 as baby boomers age. The additional economic impact of the substantially increased risk of death of this enormous population is incalculable.

For further information about Hepatitis C and current treatments and protocols, please contact Dr. Michael Voigt, Clinical Professor of Internal Medicine - Gastroenterology and Hepatology, at 356-1461 or by email at michael-voigt@uiowa.edu.

UIP to Manage Centralized Management of Scheduling Program

As of July 1, 2015, the Centralized Management of Scheduling Program (CMSP) name will change to the UI Patient Appointment Center (PAC) and will transition to the University of Iowa Physicians management. This new structure will attempt to enhance clinic utilization as it improves satisfaction rates for our providers, referring providers and patients.

The UIP Practice Management Subcommittee will provide oversight for the scheduling principles, goals, and metrics that are being developed to monitor accuracy, convenience and effectiveness. Changes that will begin to impact scheduling services include:

- Expanding hours of operation into the evening
- Enhancing scheduling decision support
- Exploring alternative scheduling modalities including email, texting and website requests
- Initial goals include offering 50% of new outpatients a visit within seven days of initial contact, same-day access for UI Choice and select services at IRL, and minimizing unused appointment slots. Everything will be designed to improve patient access to services, and bring patient access into better alignment with physician practice.

If you have questions, concerns or comments about the transition, please contact the UIP office at diane-crossett@uiowa.edu.

Why UI Neurosurgery?

The Department of Neurosurgery at UI Hospitals and Clinics has built its reputation on having faculty who are also scientists, with a dual focus on both delivering outstanding care to patients and staying on the cutting edge of research.

UI Neurosurgery handles very complex issues, from brain tumors to epilepsy to vascular and pediatric cases. As the only tertiary neurosurgery center in Iowa, we receive patient referrals from community physicians and neurosurgeons throughout the region.

Committed to the evolution of neurosurgery and exemplary care, UI Neurosurgery is among the first in the world to provide outpatient aneurysm surgery.
Outpatient Aneurysm Treatment

For years, the standard treatment for cerebral aneurysms required a craniotomy—an invasive six- to eight-hour surgery that kept patients in the hospital for several days post-surgery, followed by four to six weeks of at-home recovery.

But now, having perfected a relatively new endovascular embolization technique, University of Iowa Health Care neurosurgeons have achieved a major advancement: the treatment of an unruptured brain aneurysm as a same-day outpatient procedure.

The treatment involves the Pipeline® Embolization Device, approved in 2011 by the Food and Drug Administration. The flow-diversion device is a specialized stent that is implanted across the neck of the aneurysm to prevent blood flow into the aneurysm and allow the damaged blood vessel to heal.

To implant the Pipeline®, a catheter is inserted into an artery in the leg and threaded into the carotid artery.

Using a micro-catheter, the stent is positioned across the neck of the aneurysm. The blood remaining in the occluded aneurysm forms a clot that reduces the likelihood of the aneurysm rupturing or enlarging. In fact, aneurysms treated with the Pipeline® typically will shrink over time.

“This gives us an effective alternative to open surgery or even coil or liquid embolization,” says David Hasan, MD, UI Associate Professor of Neurosurgery. “Any patient with an elective (unruptured) cerebral aneurysm is a good candidate for this procedure.”

When the Pipeline® first came into practice, surgical teams used general anesthesia, and patients stayed in the hospital overnight. More recently, Hasan and colleagues have performed the procedure with patients under conscious sedation. These patients remained in the hospital overnight, as well. As the UI team has perfected the technique, procedure times have been reduced and the need for overnight observation has been eliminated.

“We have become very comfortable, with this procedure,” Hasan says. “So far we’ve treated more than 200 patients with Pipeline® devices. The first 150 were done with general anesthesia, and the next 50 or so were with the patient awake. With these cases, patients were kept overnight.”

Now, the medical team has reached a level of proficiency where the procedure itself takes less than an hour. Moreover, patients are able to go home four to five hours afterward.

To date, the UI team has performed more than 30 of these procedures. Only one case has required additional intervention.

“This really is a breakthrough in aneurysm treatment. The ability to take it from a very complex surgery to a much simpler outpatient procedure is very comforting for patients and their referring providers,” Hasan says. “It’s an example of how here at Iowa we’re always trying to be innovative, to be leaders. And we’ve done quite a few of these cases to back our claims.”

To learn more, contact Dr. Hasan at 319-384-8449.
Nominations were recently collected for the 2015 UIP Clinical Recognition and Awards program. These annual awards are an excellent way to demonstrate through peer recognition that our faculty’s efforts are valued. Six recognition categories are offered.

**Clinician of the Year**
Awarded to the clinician that most embodies those aspects of a truly great patient service provider, including technical skill, humanism to patients and families, collaboration with colleagues, and advocacy.

**Innovations in Clinical Care**
Given to an individual and/or team for implementation of an innovative new program or process which improves service to patients.

**Best Consulting Provider**
Awarded to an individual in recognition of his or her outstanding consulting or specialized services to the inpatient and ambulatory patients of UI Health Care.

**Excellence in Quality**
Awarded to an individual and/or team in recognition of outstanding quality of care provided to patients. Recipients will have demonstrated excellence in reportable measures of quality, benchmarked patient outcomes, or improvements in internally measured outcomes.

**Patient Satisfaction and Service Excellence**
Given to an individual or team in recognition of outstanding patient satisfaction. Metrics can include Press Ganey Total Score, most improved score and/or other patient feedback.

**Excellence in our Workplace**
Awarded to a medical director whose leadership and innovation demonstrably improves the "practice life" and satisfaction of providers in the delivery of clinical care.

Please help us in welcoming our new members of University of Iowa Physicians!

**KIMBERLY DELCOUR, DO**
Clinical Assistant Professor of Internal Medicine
Specialties or specific procedures: Interventional Cardiology

**JAMES HOPSON, MD**
Clinical Associate Professor of Internal Medicine
Specialties or specific procedures: Cardiac Electrophysiology

**LINDA LEE, MD**
Clinical Associate Professor of Internal Medicine
Specialties or specific procedures: Non-invasive Cardiology

**NICHOLAS WALKER, MD**
Clinical Assistant Professor of Internal Medicine
Specialties or specific procedures: Interventional Cardiology

**SHENGFU WANG, MD**
Clinical Assistant Professor of Radiology
Specialties or specific procedures: Interventional Radiology

**ANDREA JOHNSON, MD**
Clinical Assistant Professor of Anesthesia
Specialties or specific procedures: Pediatric Anesthesia