Important advancements in cancer care are among many of our achievements over the past year. A liver tumor board was created, to address the reported 70% rise in hepatocellular carcinoma within the veteran patient population from 2004 to 2007. This multidisciplinary board mirrors that of the University’s liver cancer destination program, led by Jorge Marrero, MD. The board brings together the perspectives of gastroenterology, surgery, interventional radiology and palliative care medicine, ensuring a comprehensive approach to improve treatment, reduce duplication of efforts and keep costs in check.

Improving cancer care is the focus of several other faculty members. Nithya Ramnath, MD, recruited to Hematology & Oncology in July, and Paul Christensen, MD, of Pulmonary & Critical Care Medicine, are collaborating on a national plan to expedite the evaluation and treatment of patients with lung cancer. Sameer Saini, MD, working with Philip Schoenfeld, MD, in Gastroenterology, published the results of their review of the use of upper endoscopy for the surveillance of gastric ulcers in the American Journal of Gastroenterology. Their findings show that, nationwide, and in particular in a VA setting, surveillance upper gastrointestinal (GI) endoscopy is over-utilized to exclude gastric cancer.

The incidence of esophageal cancer is increasing at a faster rate than any other cancer in the United States. Joel Rubenstein, MD, also in Gastroenterology, examined the veteran patient population to determine the benefit of screening and surveillance upper GI endoscopy in patients with gastroesophageal reflux. Dr. Rubenstein successfully demonstrated that performing an endoscopy was associated with an improved stage of cancer at the time of diagnosis, but long-term survival was unchanged. His research could change the protocols for endoscopy screening and surveillance.

Finally, with regard to our overall cancer program, I’m happy to report that we once again received accreditation by the American College of Surgeons, thanks in large part to the efforts of Kemp Cease, MD, section chief in Hematology & Oncology.

A number of other achievements bear mentioning. A change in the structure of our medical intensive care unit to a closed-unit model is positively affecting patient care and education, while enabling us to meet the restrictions of resident work hours. Our acute medical and intensive care units now mirror the University’s model, whereby we have dedicated teams for each. Based on data from the national VA Inpatient Evaluation Center (IPEC), located in Cincinnati, intensive care at the Ann Arbor VA has consistently ranked in the top quartile. We also recruited two nocturnalists, Yong Kwon, MD, and Duyhuu Nguyen, MD, both board certified internists who work from 8 p.m. to 8 a.m.

We are trying to meet the needs of a growing patient population that extends to Battle Creek, Saginaw and beyond. We saw a five percent increase in patient admissions from 2007 to 2008, despite no addition of beds. As a result of our continued success with the national VA flow initiative, dubbed the FIX initiative, we are continually improving outcomes and efficiency while reducing length of stay. Along with increased admissions, we’ve seen corresponding increases in outpatient activity: for example, a 15 percent increase in cardiology clinic visits over last year, and a 28 percent increase in gastrointestinal procedures.

Additional recruitment of faculty—including cardiologists Mark Benson, MD, and Andy Rosenblum, MD—and increases in nursing support helped us achieve that. Across the board, the dedication of our faculty over the past year has contributed to the continued success of our efforts, not only among VA facilities but throughout all sectors of health care.