‘Tidal Wave’ of COPD Coming, Briggs Predicts

Chronic obstructive pulmonary disease (COPD) is increasing in prevalence and mortality, especially in women, and by 2020 will be the third leading cause of death in the world. In the United States it currently ranks fourth. Professor Emeritus Dick D. Briggs Jr, MD, predicts the nation’s health system will be stressed as aging baby boomers cause a “tidal wave” of COPD. However, he believes the rise in COPD could be ameliorated by earlier diagnosis of the disease, reduction of its misdiagnosis as asthma, and by achieving smoking abstinence.

“The battle to stop the COPD epidemic must be fought in the primary care setting, where providers encounter 97.6% of patients with the five most common lung diseases, he says. “We can alter the natural history of progressive COPD with early diagnosis and aggressive care that can improve symptoms, exercise endurance, and quality of life while decreasing the acute exacerbation rate and accelerated annual decline in lung function.”

Dr. Briggs is a former director of the Division of Pulmonary, Allergy, and Critical Care Medicine and vice chair of the Department of Medicine. He was president of the University of Alabama Health Services Foundation when The Kirklin Clinic® opened in 1992.

Dr. Briggs’ clinical career as a general pulmonologist with a focus on interstitial lung disease turned toward airway disease several years ago as he struggled with the management of patients with COPD, including a family member.

“Because smoking tobacco is so common to the development of emphysema and chronic bronchitis, I became very interested in cessation programs and served as a clinical investigator for several major studies at UAB,” he says. “As yet, we do not know the underlying trigger that causes smoking to lead to COPD and haven’t uncovered the key to stopping its progression.”

The eminent UAB pulmonologist published his concerns as guest editor of a recent American Journal of Medicine supplement, “Early Identification and Active Management of the Patient With Chronic Obstructive Pulmonary Disease” (2008.121 [7 Suppl]:S1-2).

“Schizophrenia, Depression Research, Treatment Highlighted September 14

UAB will spotlight the latest research on schizophrenia and depression at “Healthy Minds Across America,” a free public event on September 14 at Margaret Cameron Spain Auditorium from 1 PM to 4:30 PM.

Dr. Xiaohua Li, MD, PhD, associate professor of psychiatry, is the program organizer on behalf of the Department of Psychiatry and Behavioral Neurology. UAB’s Comprehensive Neuroscience Center is event cosponsor.

“This event is being held simultaneously at 50 top academic institutions across the nation to promote awareness of exciting new research in mental health,” Dr. Li says. “Scientists are trying to understand these illnesses better, and clinicians are developing new and better treatments for them.”

The event will include video and live discussions, and is free and open to the public. For more information, visit www.uabhealth.org/healthy-minds.
Dr. Briggs is proud of UAB’s “significant depth” in COPD management and research, led by former Lung Center Director William C. Bailey, MD, J. Allen D. Cooper, MD; and Mark T. Dransfield, MD. Dr. Dransfield is coauthor of one of the articles in the American Journal of Medicine supplement.

The publication includes four articles from the perspective of both primary care physicians and pulmonologists that elaborate on most aspects of COPD. They discuss:

- Prevention and early diagnosis, highlighting the 50% to 70% of smokers in the population and noting that most undiagnosed patients have mild to moderate disease states;
- Pharmacologic help available for patients with COPD confirmed by spirometry, stressing the utility of long-acting bronchodilators;
- Benefits of vaccines and regular exercise to potentially slow disease progression and decrease acute exacerbations;
- Follow-up beyond forced expiratory volume in 1 second (FEV1) and forced vital capacity;

The article on pathophysiology was written by Dr. Dransfield and Christopher B. Cooper, MD, PhD, of the David Geffen School of Medicine at the University of California-Los Angeles. They argue that prevention of acute exacerbations is critical to maintaining not only quality of life of patients with COPD but also their functionality.

The authors describe the major components of the functional cycle of decline, including comorbidities, in these patients and identify points of attack for therapy. “The concept of COPD as a gradual but relentlessly progressive illness that is best monitored via FEV1 is outdated and likely compromises patient care. We call for an earlier, broad-based, and aggressive approach to management in primary care settings,” Dr. Dransfield says.

Other authors of the supplement’s articles are Claudia Cote, MD, Bay Pines Veterans Affairs (VA) Medical Center, Florida; Nicholas Gross, MD, PhD, Hines VA Hospital, Hines, Illinois and Loyola University School of Medicine, Maywood, Illinois; Harold Hedges, MD, Little Rock Family Practice, Little Rock, Arkansas; David Levin, MD, University of Oklahoma Health Sciences Center, Oklahoma City; Alan Radin, MD, Arbor Medical Group LLC, Wilton, Connecticut; and Richard ZuWallack, MD, St. Francis Hospital, Hartford, Connecticut.

**Patient Safety, Satisfaction Are Connected**

UAB Health System is emphasizing the involvement of patients and their families in their clinical safety while in the hospital, Assistant Vice President and Chief Patient Safety Officer D. Marcus Montgomery, RN, JD, says. “Evidence is building to show that patient satisfaction is linked to patient safety,” he says, citing a report in Patient Safety & Quality Healthcare (May/June 2008) that analyzes two Press Ganey survey instruments. The Press Ganey Inpatient Survey asks the patient about important hospital events, processes, people, and how well their psychosocial needs were addressed throughout a typical hospital visit, starting with admission. The Patient Culture Survey assesses a hospital’s culture of safety by asking staff members about their individual and group values, attitudes, perceptions, and patterns of behavior.

The article analyzes 44 instances in which Press Ganey clients used both instruments, representing ratings of more than 50,000 patients and 20,000 hospital staff. A matrix yields 1748 intercorrelations of survey items.

“The survey shows strong correlations between employee perceptions of patient safety and of patients’ assessment of their satisfaction,” Montgomery says.

Areas in which Safety Culture Survey items correlated strongly with Inpatient Survey items include staffing, handoffs and transitions, and an atmosphere of blame. Inpatient Survey items that show a strong relationship with scores on the Safety Culture Survey include ratings of hospital treatment of visitors, admission and discharge processes, and noise levels in and around the room.

“The analysis cannot establish causality but indicates that the hospital should pay attention to adequate staff levels, good communication practices that minimize ‘dropping the ball,’ and an atmosphere that recognizes the systemic nature of error,” Montgomery says. “From the patients’ perspective, the safety-satisfaction link relates to organizational efficiency at admission and discharge, service extras for family and visitors, and a tranquil, quiet atmosphere that promotes healing.”

UAB Hospital participates in Blue Cross and Blue Shield of Alabama’s annual Employee Culture of Patient Safety survey. “Most other Alabama hospitals also participate, permitting comparison benchmarking,” he says.
“We also are proud to promote UAB Hospital’s Speak-Up campaign, which is fashioned after a program of The Joint Commission. We provide a contact number [*55] so patients and their families may immediately voice any safety concerns to the Patient Safety Office,” he says.

**Bridges Is Interim Director of Clinical Immunology and Rheumatology**

Professor of Medicine and Spencer Chair in Medical Science Leadership, Department of Medicine, Edward Abraham, MD, announces the appointment of S. Louis Bridges Jr, MD, PhD, as interim director of the Division of Clinical Immunology and Rheumatology.

Dr. Bridges succeeds Robert H. Carter, MD, who accepted the position of deputy director of the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Dr. Bridges’ research focuses on genetic influences on susceptibility to rheumatoid arthritis and its severity, particularly in African Americans. His research activities also include translational investigations aimed at identifying pharmacogenetic and other markers of treatment response to traditional drugs and biologic agents in rheumatoid arthritis.

A professor of medicine and microbiology, Dr. Bridges received his MD degree from Louisiana State University of Medicine and his PhD from UAB. He joined the UAB faculty in 1991.

His accomplishments include serving as director of the UAB Rheumatoid Arthritis Clinic, Database, and Repository and as coeditor of the textbook *Vasculitis* (second edition). He was a recipient of the 2008 Max Cooper Award for Research Excellence.

"During this time of transition, I look forward to building on the remarkable successes of the division to improve and expand our research, educational, and clinical activities," Dr. Bridges says.

**Ethics Hotline**

The UAB Ethics Hotline is a safe, anonymous way for employees to inquire online or by telephone about actual or potential unethical or unlawful work-related behavior and report their concerns. Any staff member of UAB, UAB Health System, University of Alabama Health Services Foundation, and other UAB affiliates may use the system. Call the Ethics Hotline toll-free 24 hours a day, 7 days a week, at 1.866.362.9476, or go to www.uab.edu/ethics/. Employees also have the option to discuss concerns with their supervisor, the Office of Human Resources, or a designated compliance officer.

Other mechanisms are available to report human resources-related issues, including discrimination or harassment complaints. These should be brought to the attention of a department supervisor or the Office of Human Resources.

**Surgical Oncology T32 Research Training Program**

The Department of Surgery is accepting applications for T32 research training fellowships in surgical oncology for the 2008-2009 and 2009-2010 academic years.

The 2-year mentored program, with stipends, is open to residents in all surgical disciplines.

Applications are due now for an immediate start date. Candidates must be US citizens or permanent residents.

For more information, contact Carolyn Maddox at 2512 North Pavilion, 205.934.2089, or carolyn.maddox@ccc.uab.edu.

**TKC Patient Resource Library**

The Kirklin Clinic’s® Patient Resource Library, located near TKC’s second floor parking deck crosswalk, offers easy access to health information for patients. Staff and patients may use the facility’s adjoining room for private interactions regarding clinical trials, one-on-one consultations, or for viewing health-education videos.

The hours of operation are Monday through Friday, 8:30 AM to 4:30 PM. For more information call 205.502.9956.

**UAB Hospital, Leading in Workers’ Compensation Cases, Develops Web Site**

UAB Hospital sees more patients covered by workers’ compensation than any other area hospital. In July the *Birmingham Business Journal* reported that in fiscal year 2007, UAB Hospital recorded twice as many workers’ compensation cases as any other area hospital.

UAB Hospital is leading in workers’ compensation cases by developing a web site designed to help patients and their employers. The web site is designed to answer questions about the workers’ compensation process, provide resources, and offer assistance.

Dr. Bridges Jr, MD, PhD, has been appointed as interim director of the Division of Clinical Immunology and Rheumatology.

*TKC Patient Resource Library*

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**INFOBAHN**

*Homeland Security Launches Updated Web Site*

Hurricanes, tornados, straight-line winds, flooding, and wildfires are reminders of the need to prepare for emergencies. The US Department of Homeland Security’s Ready Campaign has launched an updated version of its Web site to educate Americans about simple steps to prepare for a variety of emergencies.

[www.ready.gov](http://www.ready.gov)

To access a Synopsis article, visit our Web site at [www.uabhealth.org/synopsis](http://www.uabhealth.org/synopsis).
many patient days (3201) for people injured on the job than the combined totals of six other local hospitals (1510).

To help compensation case managers, nurse case managers, adjusters, employers, and others involved in managing the medical care of people injured on the work-site, UAB Workers’ Compensation Liaison Barbara Key, RN, BSN, has launched the Workers’ Comp Services Web site, online at www.uabhealth.org/workerscomp.

“The new Web site brings together all the information, forms, and resources needed to easily navigate our system, giving employers immediate access to the data they need to provide their insurers with billing information and quickly complete paperwork associated with claims,” she says. “All the necessary information — how to communicate with the injured worker’s medical team, locate physicians, schedule appointments, and access medical records, for example — is located on the site, along with links to key services and contact information.”

She notes that the Web site was designed with both external companies and UAB Hospital staff in mind. “The Workers’ Comp site is a one-stop resource for the answers to questions UAB faculty and staff may be asked by workers’ comp case managers, nurse managers, and others.”

The site also includes information about inpatient care management, discharge planning, maps for navigating the UAB Hospital complex, and much more.

For more details, contact Barbara Key at 205.975.2667 or bgkey@uabmc.edu.

**Depression Research**

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presentations by UAB investigators and medical research posters, all focusing on psychiatric research and promising clinical treatments.

For more information, e-mail Ellen Abbott at abbott@uab.edu or visit www.narsad.org/help/campaign/public announcement.html.

**Emergency Numbers**

Medical 205.934.1010
Fire 205.934.0001
Maintenance 205.934.6181
Police 205.934.4535