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JOURNAL

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U.S. News

LITTLE ROCK
RECOGNIZED IN 6 TYPES OF CARE
2019-20

DIGITAL HEALTH

**Meeting the Challenges of Patient
Access and Improved Outcomes in
a Rural State**





MESSAGE

from the Chancellor

Dear Readers,

Many great things have happened at UAMS this year.

U.S. News & World Report named UAMS Medical Center the Best Hospital in the State and our ENT program was recognized as among the top 50 in the country. Our cancer program was recognized as high performing, and several programs were recognized regionally including orthopaedics and heart failure.

The state made a commitment to cancer research at UAMS in the last legislative session of \$10 million in recurring funding. This is crucial in our quest for National Cancer Institute

Designation – a status that will significantly increase our ability

to receive more research funding and give our patients access to more clinical trials and new therapies.

We created the Institute for Digital Health & Innovation with Dr. Curtis Lowery at the helm and recently announced a \$1 million grant from Arkansas Blue Cross and Blue Shield to help support this. Having the Institute for Digital Health will help us with expanding into the digital space. In fact, we are working on a plan that by year's end will allow patients to be seen by a UAMS doctor at any time of the night or day over a cell phone.

Our statewide presence is growing. We are working to increase the number of regional campuses we have, and we have been talking with folks in El Dorado about opening a new one there. We recently opened a new Family Medical Center at our campus in Pine Bluff, and we celebrated 40 years of service to northeast Arkansas at our campus in Jonesboro.

Our research and grants are booming. Over the last months, we have announced about \$90 million in grants including a \$24 million Center for Translational Science Award from the National Institutes of Health to our Translational Research Institute.

In this issue of the *UAMS Journal*, you will read about many of these exciting things and more.

The growth that has happened here is phenomenal. You are a part of that. That growth would not happen without your support.

You are making a difference! Thank you.

Sincerely,
Cam Patterson, M.D., MBA
UAMS Chancellor

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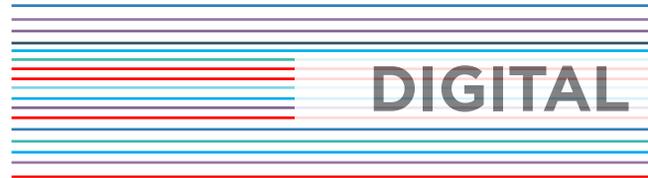
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We want to ensure access to health care through technology and more partnerships in communities across the state.”



New Digital Health Institute Uses Innovation to Reach Rural Areas

By Ben Boulden

As the state’s only academic health sciences university, UAMS is critical to finding new ways to meet the challenges of the health care system, most importantly providing access for patients and improved outcomes while reducing costs.

With the creation this year of the Institute for Digital Health & Innovation, UAMS continues its push using technology to accomplish this, led by Curtis Lowery, M.D., whose vision has nurtured digital health applications in Arkansas over the last 30 years.

Digital health is delivering health care through technology such as smart

phones, interactive live video, wearable devices and personal computers. It reduces the cost of health care and improves access for patients, especially in a largely rural state like Arkansas.

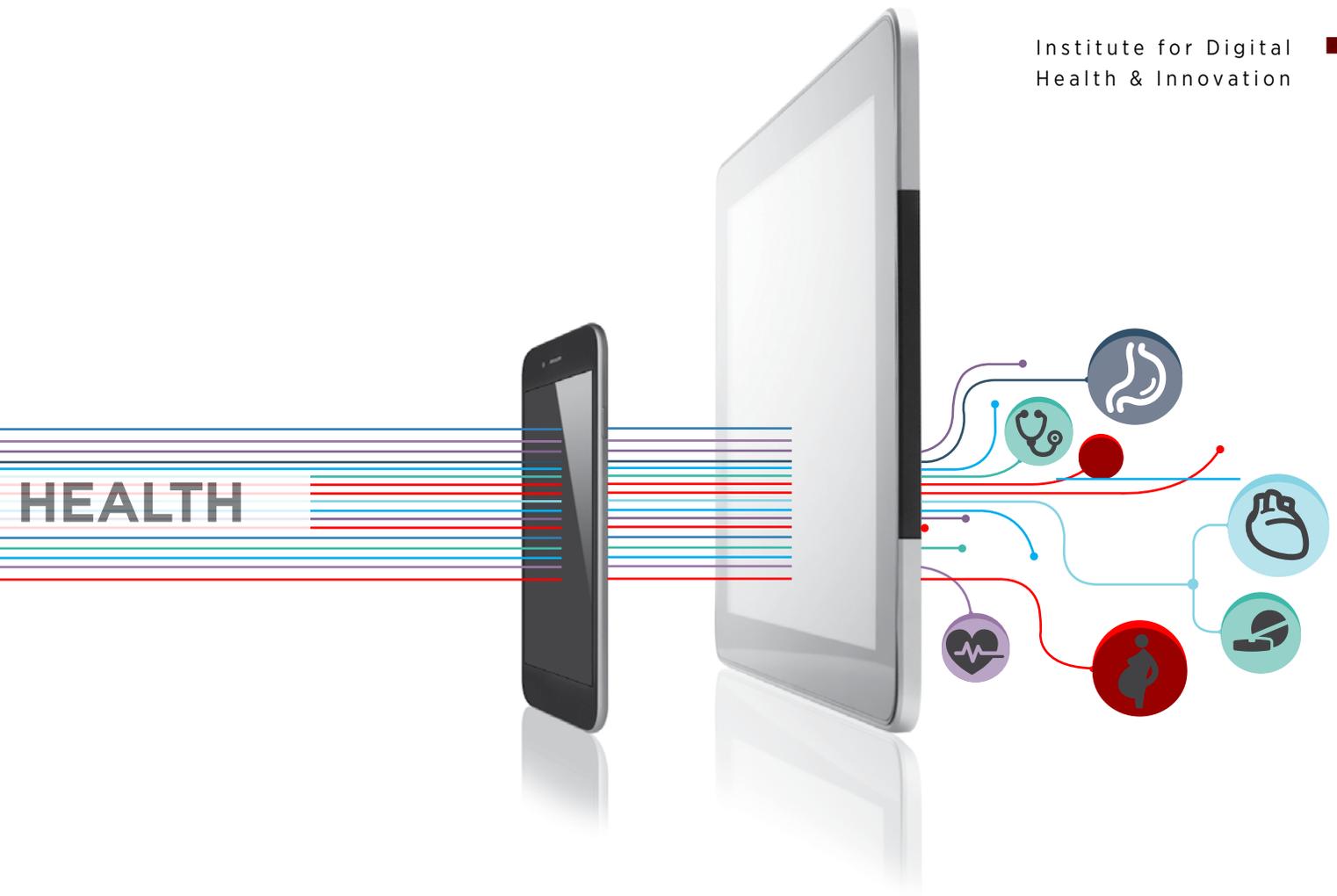
It has been a particular focus of UAMS Chancellor Cam Patterson, M.D., MBA, since he joined UAMS in June 2018.

“I believe this new institute will better position UAMS for the future and help us serve our patients and students,” said Patterson. “We want to ensure access to health care through technology and more partnerships in communities across the state.”

Since the early 1990s, UAMS has been at the forefront nationally in using technology to provide health care to those who don’t have easy access to specialists, as well as services that allow people to monitor chronic conditions and make choices for healthy living.

The Start of Something Big

It began with a small distance education program using live video classes for nursing education and an outreach program aimed at a handful of rural hospitals. The emphasis was on education.



Lowery, then chair of the Department of Obstetrics and Gynecology in the UAMS College of Medicine, realized the potential it had for patients.

With support from the State Department of Human Services and the Arkansas Medical Society, Lowery began the ANGELS program to improve care for women throughout the state with high-risk pregnancies but limited access to specialists. It featured a 24-hour call center for women and their doctors for consultations and allowed patients at remote locations to be seen by specialists at UAMS through live video.

That success led to the creation of the Center for

Distance Health, which added more than two dozen programs to provide support for physicians and treat patients for problems from hand trauma and spinal cord injury to sickle cell disease and behavioral health issues.

In 2008, the center started to provide hospitals throughout the state with live video consultations with stroke neurologists, helping almost 2,000 patients receive a clot-busting drug that often restores complete function. It also helped Arkansas to fall to seventh in the nation in the number of stroke deaths per capita after many years in first place.

Since the Institute for Digital Health & Innovation was created in February, it has added services using technology to:

- Teach family medicine residents and others at UAMS Regional Campuses about dementia and other aging-related conditions, a partnership with the Department of Geriatrics and the University of Arkansas at Little Rock.
- Screen patients with diabetes visiting UAMS Family Medical Centers throughout the state in an effort to save their vision.
- Prepare for a pilot study at Ashley County Medical



We're trying to work with other systems to make more capacity within the UAMS system and other hospitals by assisting rural hospitals and clinics to manage more patients."

Center in Crossett, Arkansas, to see if live video consultations and support from a maternal-fetal medicine physician can help stop maternal deaths from blood loss after delivery.

- Seek patient, provider and public input for a new program for traumatic brain injury survivors that would raise awareness of services.
- Use video equipment in ambulances in a pilot study to see if treatment times for stroke can be shortened in rural areas where travel times to hospitals are longer.
- Develop a web-based portal for urgent care visits that will be launched soon.

"We've come much farther much faster than even I expected," Lowery said. "I'm very positive and hopeful about what's ahead."

He said to expect in the near future for patients to see a physician via live video at any time about a personal health problem, for providers to use a patient's streaming health data to avoid a hospital visit, and to have a computer predict a possible health outcome.

A \$1 Million Boost

The institute recently received a \$1 million grant from Arkansas Blue Cross and Blue Shield to help fund some new initiatives.

"The funds will be used as important seed money for a new and more advanced digital health strategy for our state, which is critical for reaching rural and underserved Arkansans," Patterson said.

Existing digital health programs will continue their important work but soon will do it within an integrated network of technology and people sharing resources statewide.

"We're designing and building a health care system that allows inpatient and outpatient consultations to be done digitally," Lowery said. "We're trying to work with other systems to make more capacity within the UAMS system and other hospitals by assisting rural hospitals and clinics to manage more patients."

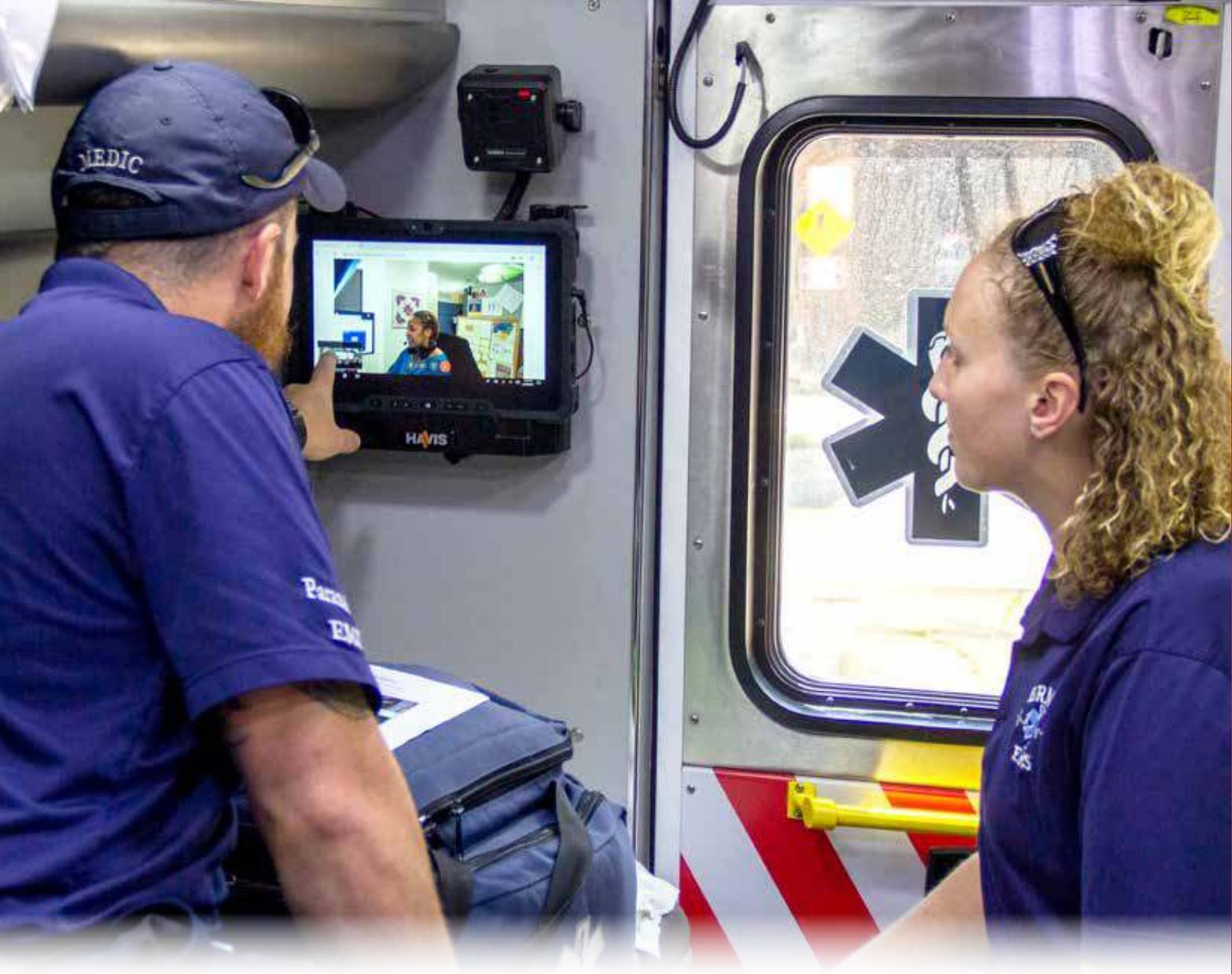
Monitoring and Preventing

The statewide digital health care system envisioned includes remote patient monitoring to enable physicians and providers to take care of patients sooner.

For example, someone with congestive heart failure often is seen in the hospital to get rid of the excess fluid around the heart. The patient's weight and blood pressure can be monitored digitally using wearable or in-home technology. A specific, small change in health might trigger a digital visit from a nurse to treat and keep them out of the hospital. The patient's health is better, and hospitalization costs are avoided, Lowery said.

The statewide digital health care system envisioned at the institute will help bring other efficiencies to the state's rural hospitals.

Tina Benton, B.S.N., the institute's chief operating officer, said about 20% of patients transferred from a smaller hospital's emergency department to a larger hospital are discharged



Baxter Regional EMS pilot connects with the Call Center. (Photo courtesy of Sarah M. Eastham).

within 24 to 48 hours. Treating them at their local hospitals could promote better use of resources closer to the patients' home.

Predictive Modeling

Other technology may provide a look at what a treatment might mean for patients' future health.

Lowery said that with less expensive and better computing, patients' genetic and treatment histories can be analyzed to predict an outcome. A patient can be matched with data from similar patients to predict how the patient will fare if they have the same surgery or treatment.

"It finds predictive paths that can be tested against the actual outcome," Lowery said. "It's revolutionizing everything we do. It might help in the diagnosis of the problem, then predict how to change the outcome. It may be faster, better and cheaper."

Together, 24-hour internet access to a physician or nurse, patient monitoring and predictive modeling promise to deliver a revolutionized health care system that is more about addressing small health problems before they become big ones and treating big problems faster and more effectively. 🏠



Gov. Asa Hutchinson signs a bill in support of UAMS' efforts to achieve NCI Designation.

Legislative Support, Research Collaborations Propel NCI Designation Efforts

By Susan Van Dusen

For 30 years, the UAMS Winthrop P. Rockefeller Cancer Institute has provided research-driven cancer care for thousands of patients from

across Arkansas and around the world.

It is now the institute's research focus that propels it toward the country's most

distinguished status for cancer centers: National Cancer Institute (NCI) Designation.

About 16,000 Arkansans were diagnosed with cancer in 2018.



We are humbled by the overwhelming support of Gov. Hutchinson and the entire Arkansas Legislature.”

Of those, 6,910 will die of the disease. Nationwide cancer-related deaths have decreased by 5%; however, the cancer-related deaths in Arkansas have increased by 9%.

The NCI is part of the federal National Institutes of Health and is the federal government’s principal agency for cancer research and training. NCI Designation will allow the Cancer Institute to act as a hub of groundbreaking treatments and care for the communities around the state, and could save the lives of thousands of Arkansans through expanded opportunities to participate in clinical trial cancer treatments.

“As soon as Dr. Patterson arrived at UAMS in the summer of 2018, he placed a strong emphasis on ensuring the Cancer Institute achieves NCI Designation. By working closely with Gov. Asa Hutchinson and members of the General Assembly, he was instrumental in establishing a strong foundation for us to move forward in this process,” said UAMS Cancer Institute Interim Director Laura Hutchins, M.D.

NCI Designation is awarded through a highly competitive assessment process. There are

71 across the country, with the closest to Arkansas being in Memphis (pediatrics only), Dallas and Oklahoma City.

The road to NCI Designation cannot be traveled alone. The process is complex, lengthy and requires the support and dedication of the UAMS community as well as all the citizens across the state combined with the support of state and local leaders, including the governor and Legislature.

That support was established in early 2019 with the help of Hutchinson, state Sen. Missy Irvin of Mountain Home, state Rep. Michelle Gray of Melbourne, state Sen. Jonathan Dismang of Searcy, and state Rep. Andy Davis of Little Rock. Other members including state Sen. Will Bond of Little Rock, state Rep. Jimmy Gazaway of Paragould and the Republican Women’s Legislative Caucus provided key support.

In February 2019, Act 181, sponsored by Irvin and Gray, passed unanimously in both the House and Senate to establish an account into which state and private funds supporting NCI Designation will be deposited. The funds will be used for the recruitment and

retention of NCI-funded cancer researchers and oncologists to lead clinical research trials and the personnel, equipment and technological support to carry out the research.

The next step provided state funds for the NCI trust fund. Dismang and Davis served as lead sponsors on Act 580 that provides that a percentage of funds from a variety of state resources will be directed to the NCI trust fund. To ensure UAMS receives a minimum of \$10 million in state funds for NCI designation, Hutchinson generously provided that at least \$10 million of the governor’s discretionary funds will be designated for those efforts.

UAMS has committed to raise \$30 million in private funds to support the NCI designation goal.

“We are humbled by the overwhelming support of Gov. Hutchinson and the entire Arkansas Legislature. Particularly, we are grateful to Senate President Pro Tem Jim Hendren, House Speaker Matthew Shepard, and the legislative sponsors, who truly made this a top priority,” Patterson said. 🙏



Gary McHenry demonstrates equipment designed to lift elderly patients without strain.

By David Wise

“Where there’s home, there’s hope.” With these words, Lawrence H. Schmieding summed up his vision for helping older adults in Northwest Arkansas stay in their homes as they age.

Schmieding, co-founder of Schmieding Produce in Springdale, established the Schmieding Center

for Senior Health and Education in January 1999 when he gave UAMS more than \$15 million to operate health and education programs for the seniors of Northwest Arkansas and to train home caregivers.

Schmieding, who died in 2009, made the gift after searching in vain for qualified home

UAMS, Schmieding Celebrate 20 Years of Helping Older Adults

caregivers for his aging brother, Bert. The center became the first regional Center on Aging of the UAMS Donald W. Reynolds Institute on Aging, which is directed by Jeanne Wei, M.D., Ph.D.

“The Schmieding Center has served as a model to open six other Centers on Aging throughout the state,” Wei said. “Our mission is to improve health outcomes of older Arkansans through innovative education programs, clinical care and home caregiver training to keep seniors happy and in their own homes.”

The Schmieding Foundation donated the \$4.85 million building that houses the UAMS Schmieding Center to The University of Arkansas Board of Trustees for the benefit of UAMS, effective Jan. 1.

“Over the last 20 years, countless people have come through these doors to take part in senior health and education programs or receive home caregiver training,” said Pearl McElfish, Ph.D., vice chancellor for the UAMS Northwest Regional Campus. “This is all part of Mr. Schmieding’s vision for an excellent quality of life for seniors and their families.”

On April 23, UAMS held a celebration to honor the legacy of Lawrence Schmieding and the 20th anniversary of the Schmieding Center. Held at the center at 2422 N. Thompson St. in Springdale, the event drew members of UAMS leadership and staff, Schmieding Foundation Inc. President Gilda Underwood and Vice President Lance Taylor, community

leaders, and members of the UAMS Board of Advisors.

“UAMS is extremely proud to have been chosen by Mr. Schmieding to carry on his work,” said UAMS Chancellor Cam Patterson, M.D., MBA. “As the state’s only academic health sciences university, we share the vision of Mr. Schmieding and the Schmieding Foundation of improving the life of all Arkansans. The UAMS Schmieding Center continues to lead the way in senior health and education for the rest of the country.”

Since 1999, the Schmieding Foundation has invested about \$31 million in the Schmieding Center, including building costs, maintenance and educational programs. The 27,500-square-foot building includes a 125-seat auditorium, a geriatric clinic operated by Washington Regional and an education wing that includes an Aging Resource Center, the Walter Turnbow Boardroom, administration offices and two classrooms. The facility also includes the signature “Beth Vaughan Wrobel Care House” where students train in a simulated apartment to teach them how to take care of someone at home.

“It was Lawrence Schmieding’s dream that the Schmieding Foundation work with UAMS to help seniors age in their home and enjoy the best possible quality of life,” Underwood said. “UAMS has worked with many partners in Northwest Arkansas toward these goals and has improved services to seniors not only in Northwest Arkansas but all over the state.” 🏠



The Schmieding Center has served as a model to open six other Centers on Aging throughout the state.”

UAMS South Central Campus Opens New Facility in Pine Bluff

By Spencer Watson



Mark Deal and Chancellor Cam Patterson, M.D., MBA, use oversized scissors from the Pine Bluff Regional Chamber of Commerce for the official ribbon cutting at the South Central Regional Campus.



An early feasibility study really guided us in getting everything under one roof, which eliminated a lot of duplication.”

The patients are happy.

That is perhaps the most gratifying part of completing the eight-month, \$6 million construction of the UAMS South Central Regional Campus in Pine Bluff earlier this year, said Mark Deal, regional executive director for the southern division of UAMS Regional Campuses.

A ribbon-cutting ceremony was celebrated April 30 attended by Lt. Gov. Tim Griffin; University of Arkansas System President Donald R. Bobbitt, Ph.D.; UA System Trustee Stephen Broughton, M.D.; and Brian Thomas, president and CEO of Jefferson Regional Medical Center.

“Our investment in this facility is a reaffirmation of our commitment to provide excellent health care to communities across the state and strengthen our medical education programs that train tomorrow’s health professionals,” said UAMS Chancellor Cam Patterson, M.D., MBA.

The 33,000-square-foot space on the bottom two floors in the Jefferson Professional Building II provides room for the merger of UAMS’ three Pine Bluff clinics along with its physician residency program, a medical library, classrooms and administrative offices.

“The first two floors were just a shell space until we took over,” said Deal, who managed the project as director of the campus. “The UAMS South Central team and architects Witsell, Evans, Rasco worked together to design the facilities, and that was key. We walked through the concepts of patient-oriented design and flow with the architects and engineers as guides in planning. It was an exciting experience.”

Also exciting, said Deal, is the consolidation of the program under one roof. Established in 1973, the Pine Bluff program was expanded in 2006 with the addition of two separate annexes. While the space was needed and welcome, it also created inefficiencies.

“We had three separate facilities that comprised our program, and that presented a lot of logistical issues,” said Deal. “An early feasibility study really guided us in getting everything under one roof, which eliminated a lot of duplication.”

The new location is on the Jefferson Regional campus. The three-story building at the corner of West 40th Avenue and Mulberry Street is 10 years old and has been unoccupied except for a Jefferson Regional clinic on the third floor. UAMS will lease the bottom two floors from Jefferson Regional. The general contractor is Clark Contractors of Little Rock.

In addition to providing patient care, the campus trains family medicine residents and educates nurses, pharmacists and other health professionals.

The Pine Bluff Family Medical Center provides primary care medical services to patients of all ages — including pediatric care, treatment of immediate medical needs and ongoing management of chronic conditions such as asthma, diabetes, hypertension and arthritis. The clinic provides convenient diagnostic and support services on site and minor surgical procedures.

It serves 11 Arkansas counties: Arkansas, Cleveland, Drew, Garland, Grant, Hot Spring, Jefferson, Lincoln, Lonoke, Prairie and Saline. 🏠



Neurosurgeon J.D. Day, M.D., readies a patient for brain surgery.

Neurosurgery Leads Innovation in Oncology, Neurovascular, Interdisciplinary Spine

By Amy Widner

With research, multiple clinical trials and brain and spine surgeries not performed anywhere else in the state — and for some procedures, the region — the UAMS Department of Neurosurgery is the epicenter of innovative neurosurgery in Arkansas.

“Every day, there is something happening under this roof that is advancing neurosurgery into places that were unthinkable a few short years

ago,” said J.D. Day, M.D., professor and chairman of the Department of Neurosurgery.

“We keep one foot on the ground, providing the fundamental treatments and expertise we are known for. With the other foot, we’re in constant motion toward the future.”

The faculty come from diverse backgrounds and have a range of expertise in a variety of subspecialties. Most have completed fellowships



Every day, there is something happening under this roof that is advancing neurosurgery into places that were unthinkable a few short years ago.”

— training beyond medical school and residency
— in their areas of expertise.

Subspecialties include seizure surgery, brain implants, pediatric neurosurgery and neuro-oncology, including brachytherapy and radiation surgery. Faculty are also experienced in neuro-endocrinology and disorders affecting the spine and spinal cord. Special services include peripheral and cranial nerve surgery and treatment of vascular disease.

Pioneering work is happening in the areas of neurosurgical oncology, neurovascular and the interdisciplinary spine program.

Neurosurgical Oncology

Neurosurgical oncology tackles brain and spinal tumors using the expertise of three neurosurgeons, two radiation oncologists, an interventional neuroradiologist, a neuropathologist, a neuro-oncologist, several neuroradiologists, and specialized nurses.

The group’s brain tumor board meets weekly to discuss cases, taking advantage of their collective areas of expertise. Certain complex neurosurgical cases are done in combination with otolaryngology or orthopaedic surgeons. Spinal tumor patients are considered as well.

“We often see patients who have been told they need an open brain surgery. They’re frightened, they come to us for a second opinion, and frankly, a standard open microsurgical approach is not always the best or only option,” Day said. “Because we work as a team, we are able to help patients find the treatment that is best for them.”

The brain tumor team has the advantage of several resources unique to the state.

Laser Interstitial Thermal Therapy (LITT) uses the Robotized Stereotactic Assistant (ROSA) Robot to implant a laser fiber into the tumor,

which is destroyed with heat while the surgeon watches in real time on an MRI.

UAMS continues to have the only Gamma Knife Center in the state. Gamma Knife radiosurgery uses up to 192 beams of radiation focused with extreme accuracy on the tumor. Using the latest diagnostic imaging and specialized 3D treatment planning software, the neurosurgeons and radiation oncologists design a customized treatment plan that directs the beams to the tumor.

UAMS has two Varian TrueBeam STx Linear Accelerators, which deliver precision external beam radiation with ultra-high doses. UAMS is the first in the state to upgrade the capability of these accelerators to use the latest technology for stereotactic radiosurgery. The new update matches



UAMS is the only Neurosurgery center in the state with BrainPath® technology. The NICO BrainPath is a part of a systems approach that is the world’s first and only trans-sulcal system for standardized subcortical surgery.



J.D. Day, M.D., is assisted with the latest technology.

the accuracy of the Gamma Knife technology but significantly reduces treatment times.

UAMS is the only center in the state to offer awake craniotomy to enhance the safety of brain tumor surgery and to ensure preservation of important functions like speech and motor skills.

The team has begun tumor tissue banking under Day and Analiz Rodriguez, M.D., Ph.D., director of neurosurgical oncology. Consenting patients give a sample of their brain tumor for genetic analysis. In some cases, the results indicate a known recommended treatment path. In other cases, the information is compiled with similar data. With the help of the UAMS Department of Biomedical Informatics, researchers hope trends will emerge.

The Rodriguez laboratory is developing the ability to utilize patient-derived xenografts (PDX) — cultured tumor cells from the patient — for personalized treatment based upon the specific characteristics and genetics of the tumor.

Patients can also be connected with clinical trials. Rodriguez and Fen Xia, M.D., Ph.D., chair of the Department of Radiation Oncology, are researching novel treatments for glioblastoma. Day's research focuses on innovative surgical techniques for difficult-to-access locations, like deep brain surgeries using BrainPath technology and minimally invasive approaches. These surgical techniques are only practiced at a handful of institutions in the nation.



Neurosurgeon and researcher Analiz Rodriguez, M.D., Ph.D., holds a brain tumor tissue sample donated with patient consent.

Neurovascular Clinical Services and Research

The Vascular and Endovascular Neurosurgery Program is able to treat cerebral aneurysms, arteriovenous malformations, cavernous malformations, carotid stenosis, and ischemic diseases, including moyamoya and acute stroke.

Endovascular neurosurgery involves neurosurgical procedures performed within blood vessels. This specialty requires only a needle stick to the artery, allowing for faster recovery.

However, an open craniotomy is still the best option for some cases. Day and T.W. Morris III, M.D., provide the neurosurgery perspective and work closely with interventional neuroradiologists Mudassar Kamran, M.D.; Adewumi Amole, M.D.; and Martin G. Radvany, M.D.

“It’s really about individualizing the treatment for the patient,” Morris said. “Sometimes the best option is endovascular, sometimes it’s a craniotomy, and some cases require a combination of things. We’re not only considering what is going to work best in the moment, but what treatments are the most durable.”

Morris and Day are also participating in ENRICH (Early MiNimally-Invasive Removal of IntraCerebral Hemorrhage), a multicenter clinical trial for intracerebral hemorrhage that is comparing standard treatment to a faster intervention with a minimally invasive approach. Other sites include Emory University, Johns Hopkins, Mayo Clinic and the Cleveland Clinic.

The team is researching how to use artificial intelligence to improve stroke care through Viz LVO, which uses artificial intelligence to examine CT scans and flag suspected clots faster than traditional approaches.

Interdisciplinary Spine Program

The Department of Neurosurgery partners with the Department of Orthopaedic Surgery to provide the best approach for spinal conditions,

whether due to an injury, degenerative condition, sports-related wear-and-tear, or a spinal deformity.

The department has two surgeons who specialize in complex neurosurgery of the spine: T. Glenn Pait, M.D.; and Noojan Kazemi, M.D. They partner with orthopaedic spinal surgeons David Bumpass, M.D.; Richard E. McCarthy, M.D.; and Samuel C. Overley, M.D.

More and more spine surgeons are being trained in both orthopaedic and neurosurgical techniques.

Kazemi and Bumpass co-direct the Interdisciplinary Spine Program.

“An integrated approach has allowed us to combine our efforts to improve efficiencies, safety, costs and outcomes,” Bumpass said. “It’s better for our patients and trainees alike. We think our program is well-positioned to serve as a model for the rest of the country on a truly unified spine service.”

Kazemi agreed.

“In addition to our unified approach, what really sets the Spine Program apart is everyone offers a unique area of expertise,” Kazemi said. “We also all share an enthusiasm for adopting new technology.”

Much of the spine program is at the UAMS Jackson T. Stephens Spine & Neurosciences Institute, which also houses the UAMS Pain Clinic and rehabilitation services like physical therapy.

The Spine Clinic also benefits from the expertise of a nonsurgical spine specialist, spine physiatrist (a rehabilitation physician who deals with problems of the spine), psychiatrist, psychologist, special nurses attuned to afflictions of the spine, pharmacologists who have a special talent in dealing with the medications that help with problems of the spine, and a geriatrician.

Neurosurgeons Erika Petersen, M.D., and Viktor Palys, M.D., also collaborate with the team to provide spinal cord stimulation for chronic pain syndromes. 🏠



Tonya Johnson and Gloria Richard-Davis, M.D., participate in a culinary medicine event.

Culinary Medicine Blends Art and Science

By Katrina Dupins

Inside a test kitchen in Little Rock, medical students taste a healthy and affordable meal they prepared as part of a pilot instruction course for the soon-to-be fully functioning culinary medicine program at UAMS.

In summer 2018, Gina Drobena, M.D., and Gloria Richard-Davis, M.D., started a working group to explore how UAMS could start teaching its students how to use food as medicine.



They're learning how practical and inexpensive cooking healthy meals can be. If it's part of their lives, it'll come naturally for them to talk to their patients about it."

Stephanie Gardner, Pharm.D., Ed.D., provost and chief strategy officer, is leading the effort. She is excited about the opportunity and potential for the program.

"We see this as a terrific opportunity for students across all health professions," Gardner said.

UAMS has adopted the pioneering culinary medicine curriculum created by Timothy Harlan, M.D., executive director of the Goldring Center for Culinary Medicine at Tulane University. The Goldring Center, which opened in 2013, is the first culinary medicine center in a U.S. medical school. Since then, several schools across the country have adopted Tulane's curriculum, each slightly adapting the flavor to work for them.

Tonya Johnson is a certified nutrition support dietitian at UAMS and director of nutrition services. She sifts through curriculum-approved recipes and obtains the ingredients needed to teach the students in the pilot course.

"I try to look for recipes that people in our area would eat and enjoy," Johnson said. "I also look at the prices of the ingredients to make sure it's something within the budget of an average patient."

The classes last about 90 minutes, Johnson said. She begins the first class with instruction of cooking basics like knife skills, roasting, basting and sautéing. Then they move on to food preparation. Students do everything from scratch.

"Once we've cooked the meal, we show them how to plate it," Johnson said. "Portion size was one thing that was eye opening for many students."

One trick Johnson showed them in presenting the food is to slice the meat and flare it over the plate.

"That gives the appearance that there's more meat. But it's really the proper portion size of 3-4 ounces."

Once the students taste their creation, they discuss how to apply their learning to patient care.

"There is benefit for the students as well," said Richard-Davis, program director for culinary

medicine and an infertility and reproductive endocrinology specialist. "They're learning how practical and inexpensive cooking healthy meals can be. If it's part of their lives, it'll come naturally for them to talk to their patients about it."

In addition to the College of Medicine curriculum, UAMS is working to integrate culinary medicine into the interprofessional education (IPE) curriculum, continuing education, community engagement, and scholarship and research.

In October 2018, the IPE committee hosted a student cooking challenge as part of a case study involving federal SNAP benefits that provide nutrition to families in need.

In April 2019, UAMS hosted a cooking demonstration for patients with polycystic ovarian syndrome (PSOS). Women with PSOS have a hormonal imbalance and metabolic problems. It's a common and treatable cause for infertility and can be helped by lifestyle changes like a more healthy diet.

Gardner hopes the culinary medicine program will grow into a larger focus that will change the way all health care professionals talk to patients about food and healthy eating, including the food pantry UAMS opened recently.

"It would be nice for the food pantry to serve healthy foods along with recipes to demonstrate to recipients healthy and inexpensive ways to prepare the food," Gardner said.

In March, UAMS Chancellor Cam Patterson, M.D., MBA, awarded the culinary medicine program and food pantry \$100,000 to adapt a culinary medicine curriculum for UAMS students and to develop an in-house food pantry for employees and students who struggle with food insecurity.

"We hope the food pantry not only helps us address food insecurity but that much like the culinary medicine curriculum, it promotes healthier food choices with easy-to-prepare recipes," Gardner said. 🍴

Couples Center Focuses on Relationship Therapy

By Tim Taylor

The symptoms of a medical condition are usually easy to recognize, but how do you know when a relationship is less than healthy?

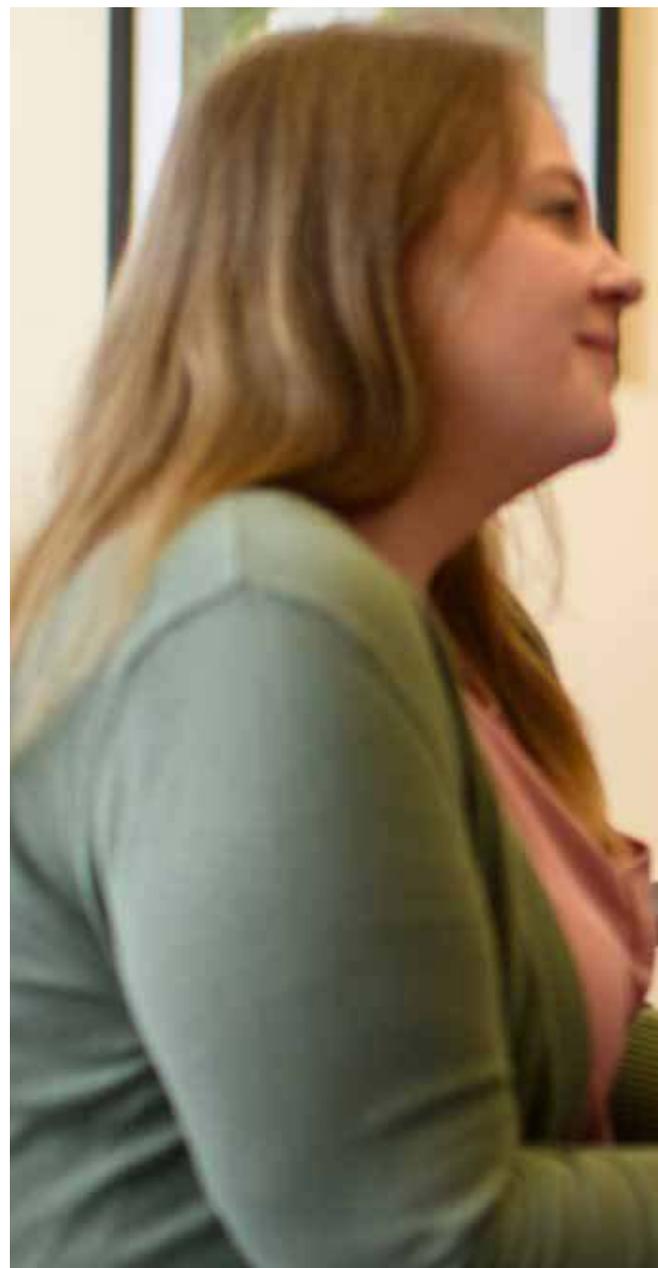
One sign is “when you find yourself in a chronic conflict, when the two of you can’t talk without getting into an argument,” said Chelsea Wakefield, Ph.D., LCSW, director of the UAMS Couples Center. “Sometimes the arguments can become violent or one person just shuts down and withdraws, trying to avoid any conflict.”

Individuals involved in such a battle of wills often find themselves in Wakefield’s office in the UAMS Psychiatric Research Institute. But how Wakefield found herself in Arkansas after years of private practice in North Carolina was not the result of a conflict but rather a concept.

It’s because of G. Richard Smith, M.D., institute director and chair of the Department of Psychiatry in the UAMS College of Medicine. In 2016, Smith recruited Wakefield to give a presentation on couples therapy at UAMS. The shortage of qualified therapists in central Arkansas led Smith to send several couples to Wakefield’s clinic in Asheville, North Carolina, for weekends of intensive relationship therapy. Eventually, he convinced her to move her practice to Little Rock.

“No one teaches you how to have a relationship. Most couples don’t know what to do when they get into trouble,” said Wakefield. “Dr. Smith inspired me with the vision that we could make a difference in this part of the country.”

Besides treating couples, Wakefield offers her expertise to those considering entering the complex field of couples therapy. She holds training sessions designed to immerse counselors



in advanced techniques for resolving the kind of struggles most couples go through at some point. She also holds educational workshops throughout the year to help couples explore their bond and address problems that can lead to ending relationships.

“Dr. Wakefield’s unique and broad training brings extraordinary expertise to UAMS and the people of Arkansas,” said Smith. “While it is highly unusual to have a couples center in an academic medical center, the suffering caused by relationship problems is so great and the generational consequences so devastating, we are fortunate to have her and her program here.”



Chelsea Wakefield, Ph.D., LCSW (center) during a couples session.

Her clients come from all walks of life. “Some of them are young, who want to get off to a good start and don’t want to repeat the mistakes of their parents,” she said. “I see a lot of couples in retirement who are suddenly spending a significant amount of time together and find that some real adjustment needs to happen.”

But the one thing most of the couples have in common is lack of communication, she said.

“Money, parenting issues, boundaries in regard to family, a division of household responsibilities, most couples never talk about these things until it evolves into a power struggle,” said Wakefield.

“And unfortunately, most don’t know how to talk about them or how to listen.”

Most couples require six to 10 sessions. Wakefield tries to normalize their problems and assure them that they can be solved.

“Sometimes one partner is not willing to change, they want their partner to do all the changing. I try to teach them to listen to each other and understand what the other is saying. It’s about acceptance and working toward that acceptance.” ▲

Simulation Teaches Telemedicine and Teamwork

By Spencer Watson



UAMS students practice using telemedicine in a simulated patient care setting.

Providing health care through telemedicine is a growing trend and one UAMS interprofessional simulation team is at the forefront of making sure students are equipped to succeed in that arena.

Through a simulation called “Techno-Clyde,” students across UAMS are getting to experience using telemedicine in a patient care setting to promote safety through teamwork and communication during the transitional care of older adults.

The activity simulates a home health visit transitioning an older man from a home setting to a hospital setting. When the activity was written, it called for a “patient” named Clyde, so when the telemedicine aspect was introduced it was dubbed Techno-Clyde by creator Pam deGravelles, Ph.D., RN, a clinical assistant professor, who is assisted by co-creator Brittany Beasley, Ph.D., RN, a clinical instructor and telenurse.



We wanted students here at UAMS from the colleges of Medicine, Pharmacy and Nursing on their geriatric rotations to have the opportunity to practice telemedicine in a real world environment."

DeGravelles, simulation program coordinator of the College of Nursing, is joined by Priya Mendiratta, M.D., and Lisa Hutchison, Pharm.D., from the colleges of Medicine and Pharmacy respectively. The UAMS Simulation Center staff and UAMS Institute of Digital Health & Innovation teams were critical contributors.

"We wanted students here at UAMS from the colleges of Medicine, Pharmacy and Nursing on their geriatric rotations to have the opportunity to practice telemedicine in a real world environment," said deGravelles. "Students don't usually get to handle telemedicine devices in clinical settings and rarely experience home health visits. Techno-Clyde provides these unique educational experiences."

The activity simulates a home health visit transitioning an older man from a home setting to a hospital setting. Interactions with his family member provides more challenges and expands the experience for the interprofessional care team. BSN and APRN nursing students in community health and geriatric courses are cast in the role of home health nurse equipped with handheld telemedicine devices.

"It's often the first time students have used technology in this manner, even if they've got an iPhone, iPad or computer," said Beasley. "Many tend to want to use it immediately, and we have to remind them to take a step back before making that call."

"Learning the value of delivering assessment findings to team members in standardized handoff protocol within the audiovisual telemedicine environment for the patient is so important," says deGravelles.

"The fourth-year medical students during the geriatric clerkship learn the importance

and challenges of telemedicine in geriatrics in providing care to older adults in rural areas and learn about the team roles," said Mendiratta.

Hutchison added, "Pharmacy students gain insight into nursing and medical roles and how important communication can be for a team. Most pharmacy students haven't seen telemedicine in action."

All agree that overall, most students had never thought about do's and don'ts of the scenario and find it a very unique learning experience.

Faculty identify communication gaps and help students sharpen those skills. Students learn to speak up and ask for clarification from one another whether it is asking the other student to reposition the camera for a better view or being sure they understood the patient's and family's comments accurately.

"They have not dealt with that before and often do not think of it as an option. The simulation not only teaches students how to use the technology, but enhances communication skills, comfort levels and improves their knowledge of others' roles and responsibilities within the telemedicine environment," said Beasley.

Feedback from the simulation is positive showing that students gain confidence in caring for geriatric patients, which is part of the goal, but the lessons learned are more universal.

"Communication is really paramount to what we do. With the technological advancement of telemedicine, students need to know how to use it effectively," said deGravelles.

"Is it useful in obstetrics? Absolutely. Is it useful in mental health care? Yes. These are all places they've seen it in use and even been part of the conversation but have never gotten to 'be in the driver's seat.' This simulation gives them that opportunity, and they appreciate it." 🏠



Most of Arkansas' rural areas are served by smaller physician offices unlikely to have a pharmacist available in that area or are unable to afford to employ a pharmacist."

College of Pharmacy Program Works to Lift up Rural Health Care

By Ben Boulden

Living in rural Arkansas' wide open spaces often means being closed off from the health care enjoyed in the state's cities, but UAMS College of Pharmacy researchers are studying new ways for rural clinicians and their patients to get expert help managing medications.

Geoffrey Curran, Ph.D., professor, and Jeremy Thomas, Pharm.D., associate professor, both in the college's Department of Pharmacy Practice, are bringing pharmacy expertise to rural areas via telemedicine.

In a current pilot study funded by the UAMS Translational Research Institute, pharmacists are using a live video connection to work with two eastern Arkansas private physician practices to ensure the medications prescribed for their patients are the most effective they can be.

"Most of Arkansas' rural areas are served by smaller physician offices unlikely to have a pharmacist available in that area or are unable to afford to employ a pharmacist," Thomas said.

Someone at each practice was designated to help with the live, real-time video connection between the practice and the consulting pharmacist at UAMS in Little Rock.

One practice asked for help in managing transitions of care, Thomas said. When someone is discharged from the hospital, the pharmacists go over their medication lists and try to anticipate any problems. The other practice wanted to focus on people with complex medication requirements that involved multiple providers.

"It can be a recipe for disaster when you have too many medications involved," Thomas said.

This study is part of the college's Pharmacy Innovation Program, supported by the UAMS Center for Implementation Research.

Rural Arkansas averages 69 primary care physicians per 100,000 people compared to 166 in urban Arkansas. Many Delta and south Arkansas counties occupy the bottom 25% for health outcomes while eight of the 13 urban counties are in the top 25%, according to the University of Arkansas Division of Agriculture.

Patients commonly see their community pharmacist more often than their physician, so addressing public health problems through rural pharmacies can be an effective approach.

Two other research projects involve giving more authority to pharmacists in rural Arkansas—one addressing opioid overdoses and a second improving vaccination rates for human papillomavirus (HPV).

With the opioid project, pharmacists gained approval from the state Legislature in 2017 to prescribe naloxone to anyone with a prescription for opioids. Naloxone can reverse the effects of an opioid overdose.

The study involved two groups. In one, talking points and other support tools were created to guide pharmacists in proactive discussions with customers at higher risk for overdose. About 30 percent of those customers took naloxone home.

Jeremy Thomas, Pharm.D., and Geoffrey Curran, Ph.D., bring pharmacy expertise to rural areas via telemedicine.



In the control group, pharmacists made no special effort to address the issue with customers and no customers took naloxone with them. Curran said the next step will be using some funds to offset co-pays for patients, to explore the effect of eliminating an obstacle to wider participation.

In the second community pharmacy-based study, pediatricians and primary care providers can authorize pharmacists to vaccinate their

patients age 11 and older for HPV. Benjamin Teeter, Ph.D., assistant professor in the Department of Pharmacy Practice, and colleagues recently received a two-year, \$361,758 grant from the National Cancer Institute for the project.

“Getting the vaccine in rural areas is difficult,” Curran said. “Only about 3% of providers give the vaccine. There are areas where nobody gives it.” 🏠



*Igor Koturbash, Ph.D.,
in his lab.*

By Ashley McNatt

About 75% of adults in the United States take dietary supplements, an increase of 10% over the past decade.

These supplements range from vitamins and minerals to herbals and botanicals. But many people don't realize that some products

may do more harm than good, and that most are not tested by the U.S. Food and Drug Administration for safety and effectiveness.

To address that knowledge gap, researchers at the UAMS Colleges of Public Health and Pharmacy have formed the UAMS Center for



Our center is putting these products through testing to determine if they are safe for consumers to ingest.”

What's Really in that DIETARY SUPPLEMENT

Dietary Supplements Research to look at the adverse effects these chemicals can have on living organisms.

“There is no other center like this in the United States” said Igor Koturbash, Ph.D., director of the center. “We take an integrative toxicological approach to looking at dietary supplements.”

Koturbash is an associate professor and vice chair of the Department of Environmental and Occupational Health in the College of Public Health. He started the center with then-UAMS professor Bill Gurley, Ph.D., who has since left UAMS to take another position.

Dietary supplements are regulated by the FDA but not tested the way that most conventional drugs are. Therefore, their harmful potential is not known until after the products are on the market and taken by consumers.

“Our center is putting these products through testing to determine if they are safe for consumers to ingest,” Koturbash said.

These researchers have proven experience in testing dietary supplements. Here’s a look at some research that led to the development of the center.

The weight loss and exercise performance enhancer OxyElite Pro-New Formula (OEP-NF) caused several hundred cases of liver injury within months of being released. In 2006 the U.S. Department of Justice enlisted Gurley to investigate the drug.

Together, Koturbash and Gurley determined that the liver damage was linked directly to consumption of OEP-NF. They found the supplement was not as advertised, but was made

up of synthetic ingredients not listed on the bottle.

Thanks to their work and other researchers at UAMS, the drug was pulled off the market. This work reminded Gurley of his research into the dangers of Ephedra-containing dietary supplements, like Metabolife™, Ripped Fuel™ and Xenadrine RFA™, which contained combinations of ephedrine alkaloids, caffeine and other natural stimulants. Their use as weight-loss aids or exercise performance enhancers was linked to thousands of serious adverse health events from 1994-2004. The FDA relied heavily on his research to remove those products from the market in 2004.

Gurley’s research group was also the first to determine that the supplement St. John’s Wort was problematic when taken with conventional medications, reducing the effects of those medications or making them completely ineffective. For example, a drug like cyclosporine, which prevents organ rejection after a transplant is directly impacted by St. John’s Wort and can even cause the patient to reject the organ.

The center is researching the safety and effectiveness of Cannabidiol, or CBD oil, which is becoming more popular and readily available. Koturbash and his team are working to determine if CBD oil has adverse interactions when taken with other medications, such as over-the-counter drugs.

“We want to provide credible information, assessments, expert opinions, risk communication, and professional and educational services relating to the safety and efficacy of these products,” said Koturbash. 🏠

\$24.2 Million Research Grant Addressing State's Chronic Health Issues

By David Robinson





This funding recognizes
the outstanding research
occurring right here in
Arkansas.”



Research leaders and staff from UAMS, Arkansas Children’s Research Institute and Central Arkansas Veterans Healthcare System attended a Translational Research Institute retreat to refine program plans for the next year.

UAMS recently celebrated a \$24.2 million federal research grant that is helping find solutions to Arkansas' biggest health challenges.

The five-year award to the UAMS Translational Research Institute was among the largest ever received by UAMS. Winning the competitive national grant allowed the institute to immediately initiate and expand key programs, including training and support for UAMS' most promising new researchers.

The institute's mission includes helping researchers turn their ideas and findings into new medical treatments and other health interventions. Its efforts focus on rural Arkansas, where health disparities persist.

"To make headway in reducing Arkansas' chronic health problems, we must engage more communities across the state," said Laura James, M.D., director of the institute. "It's important that we align our research with their priorities, so we support innovative programs that involve collaboration with the state's diverse, rural populations."

The institute supports translational research that addresses significant health issues in Arkansas, such as opioids and pain management, diabetes and obesity, mental health, and rare diseases.

Research that is translational produces more meaningful,

applicable results that directly benefit human health. The goal of translational research is to move science discoveries more quickly and efficiently into everyday practice.

"This funding recognizes the outstanding research occurring right here in Arkansas," said U.S. Senator John Boozman when the grant was announced July 3. "It will help UAMS researchers build on their successes and develop new therapies and medical procedures that will improve lives in Arkansas and beyond."

The new funding, called a Clinical and Translational Science Award (CTSA), comes from the National Center for Advancing Translational Sciences (NCATS), part of the National Institutes of Health (NIH). UAMS is one of more than 50 CTSA Program sites in the United States. The institute first received CTSA funding in 2009.

"Competition for these awards is fierce, so having a CTSA means we've shown UAMS to be among the country's leading research innovators," said UAMS Chancellor Cam Patterson, M.D., MBA.

"For Arkansans, this award is significant because it will translate to improved health and health care. The university also thanks Sen. Boozman for his important help in achieving this result."

The CTSA award includes a main grant and two training grants. James is the principal investigator on the primary grant, which totals \$20.6 million and provides research infrastructure and oversight for the entire CTSA program.

The CTSA calls for robust partnerships, which the institute has built with Arkansas Children's Hospital (ACH), Arkansas Children's Research Institute (ACRI) and Central Arkansas Veterans Healthcare System (CAVHS), as well as the UAMS Northwest Regional Campus.

"The Translational Research Institute has created a collaborative cross-campus and cross-CTSA environment that enables our researchers to thrive," said Shuk-Mei Ho, Ph.D., UAMS vice chancellor for research. "The funding is important, and the prestige of being part of the CTSA Program helps us recruit the best researchers nationally."

The two other grants that are part of the award include the Institutional Career Development Core grant totaling \$2.3 million, led by Brooks Gentry, M.D., and Elisabet Borsheim, Ph.D.; and the National Research Service Award Training Core, \$1.3 million, led by Nancy Rusch, Ph.D., and Curtis Lowery, M.D. 

New UAMS Leadership Envisions a Healthier Future for the State

By Benjamin Waldrum

Chancellor Cam Patterson, M.D., MBA, has been making changes both subtle and significant since his arrival in June 2018 with one goal: to elevate, expand and improve the array of services UAMS offers to all corners of the state and

make it a regional health care destination.

Now one year into his tenure as chancellor, several new leaders are helping realign institutional priorities to better serve Arkansans today and into the future.

Each person brings their own wealth of knowledge and experience to UAMS' three key initiatives of patient care, research and education. They consist of rising stars, state and national experts, and established leaders well-positioned to drive UAMS forward.

Brian E. Gittens, Ed.D., M.P.A., vice chancellor for Diversity, Equity and Inclusion

Gittens joined UAMS on June 1. A seasoned diversity and human resources professional, researcher, educator and consultant with more than 29 years of operational and administrative experience, Gittens has successfully led and collaborated on the design and implementation of diversity and inclusion strategies, community engagement programs and cultural competency initiatives.

"I am humbled and excited to be a part of the great leadership team at UAMS," Gittens said. "I look forward to collaborating and partnering with the faculty, staff and students of UAMS as well as the community as we strategically advance diversity, equity and inclusion."

Gittens joins UAMS from the School of Medicine and Public Health at the University of Wisconsin-Madison, where he led systemic change efforts to advance equity and inclusion as the associate dean for human resources, equity and inclusion.



Brian E. Gittens, Ed.D., M.P.A.



I look forward to collaborating and partnering with the faculty, staff and students of UAMS."

Before that, he served as director of human resources for Internal Medicine and director of diversity initiatives at the University of Virginia School of Medicine. He has held positions at Wake Forest University, Virginia Tech, Elizabeth City State University and the U.S. Marine Corps, and founded a consulting firm specializing in organizational development.



Angela Wimmer, M.Ed.

**Angela Wimmer,
M.Ed.,
vice chancellor
for Institutional
Advancement**

Wimmer, who has more than 19 years of fundraising experience, joined UAMS in February. She leads fundraising for UAMS and manages all development programs, including the annual fund, corporate and foundation relations, major gifts and gift planning, endowment, capital campaigns, and alumni and constituent relations. She serves as primary liaison to the 56-member UAMS Board



I feel so fortunate to get to spend my days and evenings meeting with the most interesting people internally and externally, and helping connect donors' passions with our institutional priorities."

of Advisors, which assists university leadership in delivering the resources necessary for UAMS to pursue its mission.

"It is an honor to join such a talented and experienced team of professionals in Institutional Advancement at a remarkably exciting moment in UAMS' history," Wimmer said. "I feel so fortunate to get to spend my days and evenings meeting with the most interesting people internally and externally, and helping connect donors' passions with our institutional priorities."

Wimmer previously served as associate vice chancellor for Central Advancement at Texas Tech University in Lubbock, Texas. Prior to that she served as senior associate director for development at the University of Cambridge in the United Kingdom, as director of corporate relations at Auburn University, and as director of corporate and foundation relations at Auburn's Raymond J. Harbert College of Business.



Health disparities, particularly in rural communities in Arkansas, is a vital concern and an area in which the college can provide leadership in developing and assessing unique programs to better address the health needs of underserved communities.”

**Mark L. Williams,
Ph.D.,
dean of the Fay W.
Boozman College of
Public Health**

Williams joined UAMS on July 1. He brings three decades of experience in public health to UAMS, with research interests in the areas of behavioral epidemiology, disease prevention and health promotion in underserved and minority populations. He was one of the first to study the epidemiology and prevention of HIV in drug users and was an original contributor to the development of community-based prevention interventions with that population.

“Health disparities, particularly in rural communities in Arkansas, is a vital concern and an area in which the college can provide leadership in developing and assessing unique programs to better address the health needs of underserved communities,” said Williams. “Also, I envision a growing collaborative role for the college in helping us understand the causes and distributions of certain cancers in Arkansas and developing novel programs for prevention and treatment of cancers that fit our population.”

Williams previously served as a professor in the Stempel College of Public Health and Social Work at Florida International University in Miami from 2011-2019. During that time, he also served as the college’s acting dean and associate dean for academic affairs from 2013-2016. From 2011-2013, he was chair of the college’s Department of Health Policy and Management. He earned a doctorate in political science in 1983 from the University of Iowa, with concentrations in policy analysis and research methods.



*Mark L. Williams,
Ph.D.*



There are many exciting challenges and opportunities in our field today and it is a privilege to join with these outstanding professionals to bring the best treatment to our patients and their families, train the next generation of clinicians and scientists, develop new knowledge in our field, and to be of service to the state.”



G. Richard Smith, M.D.

G. Richard Smith, M.D.,
chair of the Department of Psychiatry in the College of Medicine and director of the Psychiatric Research Institute

Smith was named in November 2018 to lead the department he previously led from 2001 to 2013, during which he oversaw the design and construction of the Psychiatric Research Institute, which opened in 2008. He was named dean of the College of Medicine and executive vice chancellor in 2013, a position he held

for two years before stepping down to become a professor of psychiatry, medicine and public health.

“I am delighted to have the opportunity to once again work with the faculty and staff of the Psychiatric Research Institute and the Department of Psychiatry,” Smith said. “There are many exciting challenges and opportunities in our field today and it is a privilege to join with these outstanding professionals to bring the best treatment to our patients and their families, train the next generation of clinicians and scientists, develop new knowledge in our field, and to be of service to the state.”

Smith developed the Division for Health Services Research, one of the nation’s largest research groups dedicated to mental health and substance abuse services research. He was the founding director of the Arkansas Center for Health Improvement and a leader in securing the state’s tobacco settlement.

**Clint Kilts, Ph.D.,
founding director,
Brain Imaging
Research Center at
the UAMS Psychiatric
Research Institute**

Kilts was named an Arkansas Research Alliance (ARA) Fellow in December 2018. The ARA Fellows program supports world-class researchers whose work strengthens the competitiveness of the state through research.

“The ARA Fellow support is a rare opportunity to invest in one’s research future,” Kilts said. “We are using those funds to support the development and implementation of a novel

cross-disciplinary collaboration merging the technology, network neuroscience, and training missions of the Brain Imaging Research Center with the child development and family assessment expertise of the Research and Evaluation Division in the Department of Family and Preventive Medicine. This seeks to characterize the mechanisms by which early life adversities heighten the probability of adverse outcome across the lifespan, and to inform the mechanisms of individual resilience.”

Kilts, an associate director for the institute and a professor in the Department of Psychiatry in the College of Medicine, holds the Wilbur D. Mills Endowed Chair in Alcohol and Drug Abuse Prevention. He is director of the UAMS Addiction Research Training Program, which recently received \$2.1 million from the National Institute on Drug Abuse and was renewed for five years.



Clint Kilts, Ph.D.



Health disparities, particularly in rural communities in Arkansas, is a vital concern and an area in which the college can provide leadership in developing and assessing unique programs to better address the health needs of underserved communities.”



Together, we will tackle broad tasks like reducing health disparities in undeserved population and establishing leading-edge research in digital health.”



Shuk-Mei Ho, Ph.D.

Shuk-Mei Ho, Ph.D.,
vice chancellor for research and professor in the College of Medicine Department of Pharmacology and Toxicology

Ho, who has close to four decades of leadership experience in academic medicine, joined UAMS in April to lead the Office of Research. Her research, published in more than 240 articles, has pioneered the fields of environmental epigenetics and developmental origins of adult disease.

“Together, we will tackle broad tasks like reducing

health disparities in underserved populations,” Ho said. “We will establish leading-edge research in digital health as well as undertake specific goals such as National Cancer Institute Designation for the Winthrop P. Rockefeller Cancer Institute.”

Ho has been recognized for her work linking chemical exposure in the womb and prostate cancer development later in life. She chairs scientific reviews and policy committees for the National Institutes of Health and the U.S. Department of Defense. Before joining UAMS, she was the Jacob G. Schmidlapp Professor and chairwoman of the Department of Environmental Health, University of Cincinnati College of Medicine and was director of the Cincinnati Cancer Center. Prior to that, Ho's experience includes time at the University of Massachusetts Medical School, where she was vice chair for research in the Department of Surgery and director for translational research in urological disorders.

**Cindy Stowe,
Pharm.D.,
dean of the College
of Pharmacy**

Stowe, who was on the UAMS faculty from 1995-2014, rejoined UAMS in July as dean of the College of Pharmacy. Since 2014, she had been dean of the College of Pharmacy and Health Sciences at Sullivan University in Louisville, Kentucky. She also served as that university's associate provost since 2018.

"I am excited to be returning to the UAMS College of Pharmacy," Stowe said. "I look forward to working with the students, staff, faculty, alumni and pharmacy profession to advance the health and wellness of Arkansans."

Stowe initially joined UAMS in 1995 as an assistant professor of pharmacy practice. She was the college's associate dean from 2005 to 2014. She earned her doctor of pharmacy degree in 1991 from the University of Kentucky, where she previously earned a bachelor's degree in pharmacy. Stowe has served nationally as chair of the Institutional Research and Assessment Committee of the American Association of Colleges of Pharmacy (AACP) as well as a delegate and Secretary of Knowledge Management for the AACP's Council of Deans. She also is a site team member for the Accreditation Council of Pharmacy Education. 🏠



Cindy Stowe, Pharm.D.



I look forward to working with the students, staff, faculty, alumni and pharmacy profession to advance the health and wellness of Arkansans."

Meaningful New Ways to Connect with Doctors, Researchers and Educators

By David Robinson



Beth Foti of Little Rock was visiting California in 2014 while her father was back home seeing a UAMS doctor about a serious blood pressure issue.

Though stressful, she was relieved to have the

then-new UAMS MyChart app, which helped her manage the situation.

“I can remember looking at the Pacific Ocean and MyChart on my phone,” she said. “MyChart showed how they were changing the medicines,



The benefits of an online tool like MyChart can't be overstated."

and then I would tell my dad's caregiver. I thought that was really wonderful."

Today more than 103,000 UAMS patients are using MyChart compared to 6,000 in 2013 when it was introduced.

The public is also discovering the many ways they can engage with UAMS online:

- UAMS' two primary websites, UAMSHHealth.com and UAMS.edu, offer visitors more meaningful content and transparency. Want to know how a UAMS doctor ranks with his or her patients? Search their name at UAMSHHealth.com, and you'll see their patient ratings (one to five stars) and patient comments.
- Social media provides UAMS 72 official Facebook pages, 100 Facebook groups, numerous Twitter accounts, Instagram, Pinterest and a Youtube channel.
- ARresearch.org, a website created by the UAMS Translational Research Institute, matches researchers with potential volunteers for their studies. More than 6,000 Arkansans have joined the ARresearch registry, listing their health interests and contact information so they can hear about studies in those areas.
- UAMSHHealth.com now makes it easier than ever to search Clinical Trials at UAMS and nationally.
- UAMS' five colleges and graduate school offer 165 courses online, of which 35 used interactive video.

"Having a strong presence online is crucial to our mission of improving health in Arkansas through research, education and clinical care," said UAMS Chancellor Cam Patterson, M.D., MBA.

UAMS is continuously improving its online resources and exploring new ways to connect. New MyChart features include:

- Share Everywhere, which allows users to share their health records with providers outside UAMS and allows outside providers to share their notes with the patient's UAMS health care team.
- Fast Pass, in which users can ask to be put on a waiting list for earlier appointments and be notified by text or email if an earlier appointment is available.
- eCheck-in and Hello Patient, which saves patients time and paper by checking in from home or on their way and updating information for their upcoming appointments.
- Happy Together, allowing UAMS MyChart users to see their patient records at other hospitals that use MyChart, including Baptist Health and Arkansas Children's Hospital.
- Apple Health Integration, which links Apple Health to MyChart to help patients keep all their health information in one place.

"The benefits of an online tool like MyChart can't be overstated," said Erin Gray, director of UAMS Patient- and Family-Centered Care. "Studies show that meaningful patient engagement improves patient satisfaction and even quality and safety because engaged patients have 15% fewer readmissions and experience 17% fewer medical errors."

UAMS has significantly upgraded its websites, making them faster, easier to use and loaded with content for all audiences, with the latest news about treatments found only at UAMS in Arkansas and exciting health-improving discoveries by UAMS researchers. The websites show costs for procedures and new, easier ways to make appointments.

UAMS patients and others can email comments to Comments@uams.edu. 📧



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- A STATE-OF-THE-ART hospital
- A STATEWIDE NETWORK of regional centers
- ADVANCED TELEHEALTH and telemedicine programs
- Research funding of more than \$120 million across UAMS and UAMS researchers working in affiliated institutions.
- SEVEN INSTITUTES: Winthrop P. Rockefeller Cancer Institute, Jackson T. Stephens Spine & Neurosciences Institute, Harvey & Bernice Jones Eye Institute, Psychiatric Research Institute, Donald W. Reynolds Institute on Aging, Translational Research Institute and Institute for Digital Health and Innovation.
- Private support is ESSENTIAL TO OUR MISSION to engage in activities that result in better health. Please consider making a tax-deductible gift today by calling us at 501-686-8200 or giving online at uamshealth.com/giving. All gifts are important and greatly appreciated.