NIH Biographical Sketch Common Form

Name: Gispen, Fiona

Persistent Identifier (PID) of the Senior/Key Person: https://orcid.org/0000-0003-4680-8032

Position Title: Instructor

Organization and Location:Weill Cornell Medicine, New York, New York, United States

PROFESSIONAL PREPARATION

INSTITUTION AND LOCATION	DEGREE	Start Date	Completion Date	FIELD OF STUDY
New York Presbyterian Weill Cornell, New York, NY, United States	Fellow	07/2022	01/2025	Fellowship in Infectious Diseases
Massachusetts General Hospital, Boston, MA, United States	Resident	07/2016	06/2020	Psychiatry (1 year), Internal Medicine (3 years)
Johns Hopkins University School of Medicine, Baltimore, Maryland, United States	DOCTOR OF MEDICINE	08/2012	06/2016	Medicine
Stanford University, Stanford, CA, United States	MASTER OF SCIENCE	09/2010	06/2012	Management Science and Engineering
Stanford University, Stanford, CA, United States	BACHELOR OF ARTS	09/2005	06/2009	Human Biology

Appointments and Positions

2025 - present Instructor, Weill Cornell Medicine, New York, New York, United States

2020 - 2022 Assistant Professor of Clinical Medicine, Vanderbilt University Medical Center, Nashville, Tennessee, United States

Products

Products Closely Related to the Proposed Project

1. Gispen FE, Kapadia S, Karan K, Bao Y, Levander XA, Werthington E, Korthuis T, Eckhardt B. Antibiotic Fills and Readmissions After Patient-Directed Discharge in Drug Use-Associated Endocarditis: A National Medicaid Study. IDWeek 2025; 2025 October 21; Atlanta, GA. Open Forum Infectious Diseases; c2026. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC12791697/ PMCID: PMC12791697
2. Gispen F, Marks KM. Update on Vaccination Recommendations for Adults with HIV. Curr HIV/AIDS Rep. 2025 Feb 20;22(1):17. PubMed Central PMCID: PMC12372409.
3. Chirunomula S, Muscarella A, Whelchel K, Gispen F, Marcovitz D, White K, Chastain C. Hepatitis C Cascade of Care in a Multidisciplinary Substance Use Bridge Clinic Model in Tennessee. Open Forum Infect Dis. 2024 May;11(5):ofae205. PubMed Central PMCID: PMC11103616.
4. Gispen F, Luetkemeyer AF, Marks KM. Hepatitis B virus vaccination in people with HIV: what's new?. Curr Opin HIV AIDS. 2025 Dec 8; PubMed PMID: 41353569.
5. Gispen FE, Boehm C, Singh H, Lee A, Kapadia S. "C"'s the Day: A Quality Improvement Project to Link Inpatients to Hepatitis C Care. Selected Oral Abstract. NewYork Presbyterian Quality in Care Symposium; 2025 June 05; New York, NY, USA.

Other Significant Products Highlighting Contributions to Science

1. Gispen FE, Chen DS, Genther DJ, Lin FR. Association between hearing impairment and lower levels of physical activity in older adults. J Am Geriatr Soc. 2014 Aug;62(8):1427-33. PubMed Central PMCID: PMC4134370.
2. Osborne L, Clive M, Kimmel M, Gispen F, Guintivano J, Brown T, Cox O, Judy J, Meilman S, Braier A, Beckmann MW, Kornhuber J, Fasching PA, Goes F, Payne JL, Binder EB, Kaminsky Z. Replication of Epigenetic Postpartum Depression Biomarkers and Variation with Hormone Levels. Neuropsychopharmacology. 2016 May;41(6):1648-58. PubMed Central

PMCID: PMC4832028.

3. Kimmel M, Clive M, Gispen F, Guintivano J, Brown T, Cox O, Beckmann MW, Kornhuber J, Fasching PA, Osborne LM, Binder E, Payne JL, Kaminsky Z. Oxytocin receptor DNA methylation in postpartum depression. Psychoneuroendocrinology. 2016 Jul;69:150-60. PubMed Central PMCID: PMC7152506.
4. Osborne LM, Gispen F, Sanyal A, Yenokyan G, Meilman S, Payne JL. Lower allopregnanolone during pregnancy predicts postpartum depression: An exploratory study. Psychoneuroendocrinology. 2017 May;79:116-121. PubMed Central PMCID: PMC5420429.
5. Choi JS, Betz J, Deal J, Contrera KJ, Genther DJ, Chen DS, Gispen FE, Lin FR. A Comparison of Self-Report and Audiometric Measures of Hearing and Their Associations With Functional Outcomes in Older Adults. J Aging Health. 2016 Aug;28(5):890-910. PubMed Central PMCID: PMC5937530.

Certification:

I certify that the information provided is current, accurate, and complete. This includes but is not limited to information related to domestic and foreign appointments and positions.

I also certify that, at the time of submission, I am not a party to a malign foreign talent recruitment program.

Misrepresentations and/or omissions may be subject to prosecution and liability pursuant to, but not limited to, 18 U.S.C. §§ 287, 1001, 1031 and 31 U.S.C. §§ 3729-3733 and 3802.

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NIH BIOGRAPHICAL SKETCH SUPPLEMENT

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Personal Statement

My interest in treating patients with substance use disorders has guided my career and research goals. Through my work as an Infectious Diseases Fellow and Instructor at Weill Cornell and as an Assistant Professor of Clinical Medicine at Vanderbilt University Medical Center (Hospital Medicine, 2020-2022), I have developed clinical expertise in managing infectious complications of drug use, particularly in people who inject drugs (PWID). My time in psychiatry training and work at Vanderbilt as a part-time addiction care provider at a low-barrier, transitional "bridge" clinic for patients with substance use disorders have also given me a deeper understanding of this population's unique needs. I am well positioned to ask clinically-pertinent research questions that will inform the development of patient-centered care and policy. My long-term goal is to become a clinician-researcher, providing direct care to PWID and to people living with HIV, while simultaneously using large datasets, advanced statistical methods, and modeling techniques to inform clinical and policy decisions. My current and recent work aligns closely with the goals of this proposal. This work includes an ongoing project using Medicaid claims data exploring the associations between patient-directed discharge, antibiotic treatment strategies, and post-discharge healthcare utilization in PWID with infectious endocarditis; a past project investigating factors associated with hepatitis C treatment completion at a substance use disorder treatment clinic; and an ongoing project at Weill Cornell focused on inpatient hepatitis C treatment initiation and connection to low-barrier outpatient care. My quantitative training began during my Master's program in Management Science and Engineering at Stanford University, where I received formal instruction in decision analysis and statistics. During medical school and early research training, my topic areas were aging and perinatal mental health, but through this work, I learned to apply rigorous observational research methods to questions with clear clinical stakes. These projects reflect my earlier research training and explain the diversity of topics represented in my Contributions to Science. Across these projects, I worked with large national and longitudinal datasets and gained experience in data cleaning and variable construction, careful outcome definition, and interpretation of complex observational data. This work led to a first-author publication using NHANES data and helped solidify my interest in population health and real-world, outcomes-focused research. I further strengthened these skills through advanced statistics coursework at Weill Cornell. More recently, I have applied this foundation to complex Medicaid claims data, which positions me well to lead the proposed project. My primary research mentor, Dr. Shashi Kapadia, has the subject-matter, analytical, and mentoring expertise that enable him to support me in this work. He is a clinical and health services researcher with a focus on improving the health of people who use drugs and the faculty advisor for my NIH T32 research grant through the Division of Infectious Diseases. We have already established a strong collaborative relationship, demonstrating our ability to work together effectively and achieve meaningful progress towards my goal of becoming an independent clinician-researcher.

Honors

2024	Infectious Diseases Board Certification, American Board of Internal Medicine
2023	Active State Medical License, New York
2023	NIH T32 Training Grant, Infectious Diseases, Weill Cornell Medicine
2020	Internal Medicine Board Certification, American Board of Internal Medicine
2020	Active State Medical License, Tennessee
2009	Joshua Lederberg Award for Academic Excellence, Stanford Univeristy
2009	J.E. Wallace Sterling Award for Scholastic Achievement, Stanford University
2009	Member, Phi Beta Kappa
2025 - 2026	Faculty Clinical & Health Services Research Grant, Dalio Center for Health Justice
2024 - 2025	CHERISH Pilot Grant, NIDA-supported Center for Health Economics of Treatment Interventions for Substance Use Disorder, HCV, and HIV (CHERISH)
2024 - 2025	Selected Scholar, Weill Cornell Quality Improvement Academy

Contributions to Science

1. People with substance use disorders and people living with HIV are medically and socially vulnerable populations who face a high burden of infectious disease and prevention gaps. Among people with substance use disorders, outcomes after serious infection are particularly shaped by care delivery and access - especially during care transitions - yet population-level evidence to guide these decisions remains limited. I have contributed to research that addresses these gaps by evaluating real-world care patterns and identifying points of intervention. I led a national Medicaid claims analysis examining the association between patient-directed discharge, post-discharge antibiotic access, and readmissions among people who inject drugs hospitalized with infective endocarditis, highlighting the frequency of early treatment disruptions and their relationship to downstream care utilization (oral abstract by Gispen et al., IDWeek 2025 (OFID Suppl 2026); manuscript in progress). In parallel, I have led a quality-improvement program at Weill Cornell/NewYork-Presbyterian to increase inpatient hepatitis C treatment initiation and connection to low-barrier outpatient care, developing an implementation workflow and tracking process measures and patient outcomes to identify points of drop-off and targets for improvement (Gispen et al., NYP Quality Symposium, 2025). I also contributed to a study of a multidisciplinary transitional "bridge clinic" model for hepatitis C treatment among PWID, identifying barriers to retention and opportunities to improve treatment completion (Chirunomula et al., Open Forum Infect Dis, 2024). Complementing this work, I have co-authored clinical reviews synthesizing updated vaccination evidence for adults with HIV, translating evolving evidence into practical guidance for clinicians caring for medically and socially vulnerable populations (Gispen & Marks, Curr HIV/AIDS Rep, 2025 and Gispen et al., Curr Opin HIV AIDS, 2025).
2. Hearing loss is highly prevalent among older adults but has historically been studied primarily as a communication or cognitive issue, with limited attention to its broader functional and behavioral consequences. Using data from the CDC's National Health and Nutrition Examination Survey (NHANES), I contributed to some of the earliest population-based analyses demonstrating an association between audiometric hearing impairment and lower levels of physical activity in older adults (Gispen et al., J Am Geriatr Soc, 2014). In related work, we showed that objectively measured hearing loss was more strongly associated with adverse functional outcomes than self-reported hearing difficulty, highlighting the importance of audiometric assessment in aging research (Choi et al., J Aging Health, 2016). Together, these findings helped establish hearing loss as a modifiable factor linked to physical inactivity and functional decline, informing subsequent research and interventions aimed at increasing access to hearing evaluation and assistive devices as part of healthy aging strategies. My specific contributions included statistical analysis of NHANES data, and interpretation and dissemination of results through peer-reviewed publications. This work established my approach to using national datasets to identify modifiable barriers to health and functional outcomes, which is an approach I now apply to understanding treatment discontinuity in medically vulnerable populations.
3. Postpartum depression (PPD) is a common and serious complication of pregnancy, and improved understanding of biological factors associated with risk is needed to support earlier identification and targeted intervention. I contributed to a series of studies examining hormonal and epigenetic factors associated with PPD risk. In longitudinal pregnancy cohorts, we found that lower allopregnanolone levels during the second trimester were associated with subsequent PPD symptoms (Osborne et al., Psychoneuroendocrinology, 2017). In parallel, we identified associations between oxytocin receptor DNA methylation patterns and PPD (Kimmel et al., Psychoneuroendocrinology, 2016) and replicated these findings across related cohorts (Osborne et al., Neuropsychopharmacology, 2016). My primary contributions were data cleaning and statistical analysis, working with senior investigators on interpretation. The FDA approval of an allopregnanolone-based therapy for PPD underscores the clinical relevance of this research. This work provided early training in longitudinal data analysis and biomarker-based observational research, which directly informs my training goal of developing and evaluating risk prediction models for adverse outcomes following serious infection in PWID.

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