

CONNECT

A MAGAZINE FOR PHYSICIANS



ASSESS, PREVENT, SURVIVE

A new High-Risk Assessment and Cancer Prevention Program will provide patients at increased risk of cancer unprecedented knowledge, support and a long-term plan for care.

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Fall 2017 | MedStarHealth.org/Connect

A New Place to Turn for Behavioral Health

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100+ WATCHMAN™ Procedures Performed

Most Experienced
in Mid-Atlantic
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Small Pacemakers, Big Benefits

Rhythm Management through
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Dear Readers,

As part of our MedStar 2020 Performance Transformation initiative, we sought to develop a unique system of care that would make a difference in our patients' lives. We knew that we were already providing excellent care in our hospitals, outpatient facilities, and offices, but what could we do even better? *How could we improve patient and family experiences and outcomes? How could we increase the collaboration and engagement of the entire care team?*

To find out, we asked our providers. We set up a series of large design sessions involving more than 200 associates from across the system that included representatives from all members of the care team. Physicians, nurses, therapists, pharmacists, social workers, case managers, and other team members gathered ideas and developed a plan designed to provide team-based, coordinated, and patient and family-centered care. The end result of this work was the Interdisciplinary Model of Care (IMOC).

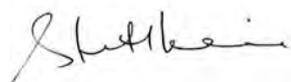
IMOC revolves around three basic standards of excellence: First, every unit now has a physician-nurse leadership dyad that is accountable for the care and patient experience on that unit. Second, we have a commitment to daily, multidisciplinary team rounding that involves patients and their families whenever possible, assuring that every member of the care team participates in the development of the plan of the day as well as discharge and transition of care planning. Third, every day, each of our doctors and nurses will visit every one of their patients together and sit down for at least five minutes to chat—an old-fashioned concept that's at the heart of excellent care.

We're supporting these concepts with other means, including pamphlets that educate our patients and give them tools for better communication and standards that give each member of the care team a clear and accountable role.

Our referring physicians are playing a strong role in this plan as an extension of the care team. IMOC also provides for better communication with physicians outside the MedStar system, with ongoing contact throughout a patient's hospital stay and preparing for a transition of care at discharge.

IMOC is currently being rolled out across our system, and has recently been implemented on all inpatient units. It embodies every part of our mission, vision, and values that focus on providing world-class and collaborative patient care and an outstanding patient and family experience. It's essentially why we all chose to enter the field of healthcare in the first place: to make a difference in patients' lives.

Sincerely,



Stuart M. Levine, MD, FACP

President and Chief Medical Officer, MedStar Harbor Hospital
Senior Vice President, MedStar Health

CONNECT IS A PUBLICATION OF MEDSTAR HEALTH.

It is published for physicians, and is focused on MedStar's regional service lines in Central Maryland. The information provided in this publication is intended to educate readers about subjects pertinent to their professional practice or personal health, and is not a substitute for consultation with other physicians.

Printed in the U.S.A. © 2017.

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ON THE COVER: Yvonne Ottaviano, MD, chief, Medical Oncology; Kristie Davalli, CRNP, and Emily Kuchinsky, MS, CGS. Photographed by O'Brien Media Group.

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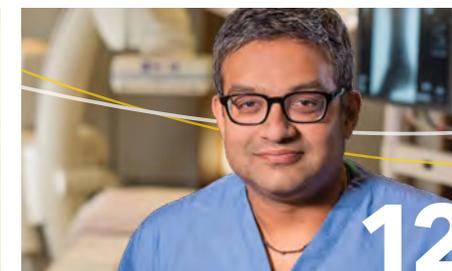
ASSESS, PREVENT, SURVIVE

is the mantra and driving theme of our high-risk assessment program.



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100+ WATCHMAN™ PROCEDURES



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Raghuvver Vallabhaneni, MD, explains his vision for vascular surgery in the Baltimore region.

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A SPECIAL ANNOUNCEMENT



We are very pleased to announce that **Stuart M. Levine, MD, FACP**, has been named President and Chief Medical Officer of MedStar Harbor Hospital and Senior Vice President of MedStar Health, effective Sept. 7, 2017. Dr. Levine succeeds Dennis W. Pullin, FACHE, who will be leaving MedStar Harbor in September, after eight years of strong leadership, to become the President and Chief Executive Officer of Virtua Health System in Southern New Jersey.

NEW CONNECTIONS

MEDSTAR PEDIATRIC ORTHOPAEDICS



Andrew J. Abramowitz, MD
Pediatric Orthopaedic Surgeon
 MedStar Orthopaedics–Westminster
 (new location)
 MedStar Orthopaedics–Ellicott City
 (new location)
 MedStar Franklin Square
 Medical Center

301-829-2552

MEDSTAR HEART & VASCULAR INSTITUTE



Reza Abrishamchian, MD
Cardiac Surgeon
 MedStar Union Memorial Hospital

410-554-6550



Sandeep Jani, MD
Cardiologist
 MedStar Franklin Square
 Medical Center
 MedStar Union Memorial Hospital

410-574-1330



Antony Kaliyadan, MD
Interventional Cardiologist
 MedStar Union Memorial Hospital

410-554-2332



Raghuveer Vallabhaneni, MD
*Director, Vascular Surgery—
 Baltimore Region*
 MedStar Union Memorial Hospital

410-554-2950

MEDSTAR HEALTH CANCER NETWORK



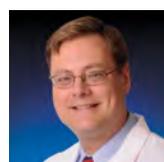
Jennifer Flaim, DO
Radiologist
 MedStar Health
 Bel Air Medical Campus
 (new location)
 MedStar Union Memorial Hospital
 MedStar Good Samaritan Hospital

410-554-2728



William Krinsky, MD
 (newly employed)
Pulmonologist
 MedStar Franklin Square
 Medical Center

443-777-2467



Edward McCarron, MD
Surgical Oncologist
 MedStar Franklin Square
 Medical Center
 MedStar Health
 Bel Air Medical Campus
 (new location)

443-777-7911



Saiyad Sarkar, MD
 (newly employed)
Pulmonologist
 MedStar Franklin Square
 Medical Center
 MedStar Health
 Bel Air Medical Campus
 (new location)

443-777-2467

A New Place to Turn for Behavioral Health Care

HOSPITALS OFFERING ADULT INPATIENT PSYCHIATRIC CARE ARE SCATTERED ACROSS THE BALTIMORE AREA. BUT UNTIL RECENTLY, THERE WERE NO SERVICES OF THIS KIND NEAR CHERRY HILL, ONE OF THE CITY'S SOUTHERNMOST NEIGHBORHOODS.

That's why MedStar Health recently decided to make a \$9 million investment to create a 40-bed inpatient unit at MedStar Harbor Hospital, explains **Elias K. Shaya, MD**, the MedStar North Regional Medical Director and Senior Associate Executive Director for Behavioral Health Services. This new unit will provide treatment for behavioral health disorders including schizophrenia, schizoaffective disorder, bipolar disorder, mania, depression, and substance use disorders. In addition to the inpatient unit, MedStar Harbor now provides a comprehensive spectrum of services including outpatient, a partial hospitalization program, and specialized crisis intervention services at the Emergency Department.

"It's a major commitment to our patients and the community," Shaya says of the project, which involved renovating an entire floor of the hospital. The new facility joins MedStar Franklin Square Medical Center as the only other MedStar hospital in the Baltimore region providing inpatient psychiatric services. In addition to serving adults, MedStar Franklin Square's inpatient unit also provides treatment to adolescents.

Behavioral Health services at all four hospitals in MedStar's Baltimore region have also started implementing an important change in their Emergency departments. With a new initiative known as SBIRT, short for Screening, Brief Intervention, and Referral to Treatment, patients who come to the Emergency department for various reasons will be screened for possible drug addiction risk.

"It gives us an opportunity to identify and recognize those needs," Shaya says, "and intervene before addiction can have devastating consequences."



ABOVE: The activity area in the new, state-of-the-art Inpatient Behavioral Health Unit is located adjacent to the nurse's station, so patients can be closely monitored.

After receiving screening by a nurse, any patient identified as being at risk for addiction is referred onsite to a peer recovery coach, individuals who themselves have had addiction problems in the past and have demonstrated a course of stable recovery over several years. These coaches are specially trained to implement a brief intervention then refer patients to community-based treatment centers, following up afterwards to make sure patients made the connection.

"Each of the four area hospitals will continue to provide outpatient behavioral health services," Shaya adds.

"We say in MedStar that our knowledge and compassion is focused on you," he says. "In Behavioral Health, our new services show that ongoing promise to our patients." ■

According to the National Institute of Mental Health, one in five adults in the U.S. experience mental illness in a given year.

Giving Arthroplasty a Leg Up



ROBOTIC APPLICATIONS ARE NOW IN USE FOR TOTAL, NOT JUST PARTIAL, KNEE ARTHROPLASTY.

Total knee arthroplasty greatly reduces the pain, inflammation, and stiffness that accompany severe knee osteoarthritis in the majority of patients.

However, says **Henry Boucher, MD**, orthopaedic surgeon, MedStar Union Memorial Hospital, a fraction of patients—estimated between 15 and 20 percent—are not completely satisfied after surgery. “It nags them,” Boucher says. “They feel like their new knee doesn’t move right or feel right.”

Although the reasons for these poor outcomes aren’t always clear, he adds, it often stems from flawed sizing or positioning of implants. Finding the perfect fit with jigs, eyes, and feel can be a challenge for even the most skilled surgeon.

Fortunately, he adds, technology has a solution. On February 6, 2017, **MedStar Union Memorial Hospital performed the first total knee arthroplasty in the state of Maryland using the Stryker Mako robot**, a device that can provide patients with a precisely customized size, position and alignment for total knee replacements. MAKOplasty, the term for comprehensive surgical procedures including partial knee and total hip arthroplasty that use this robot, offers the promise of better outcomes, Boucher says.

Before surgery, he explains, all MAKOplasty patients receive a CT scan to assess limb alignment, leg length and other anatomical parameters of the hip and knee. Surgeons and technicians use this information for pre-operative planning to determine implant sizing and to decide placement—for example, whether the leg receiving the procedure should be perfectly straight or bowed.



At MedStar, we’re dedicated to exploring solutions that are new and better for our patients. Robotic joint replacement is the latest demonstration of our commitment.”



HENRY BOUCHER, MD
ORTHOPAEDIC SURGEON

moves with it. Additionally, the plan prevents a surgeon from exceeding a certain volumetric area, preventing them from straying into critical structures.

“You can’t overpower the arm, which has incredible implications for safety,” Boucher says.

MAKOplasty’s unique features offer a safer way to achieve potentially better outcomes, he adds, a goal that every surgeon wants to achieve.

“At MedStar, we’re dedicated to exploring solutions that are new and better for our patients,” Boucher says. “MAKOplasty is the latest demonstration of our commitment.” ■

OPPOSITE PAGE: Joint replacement surgeon Michael Jacobs, MD, operates on a cadaver in MedStar Union Memorial Hospital’s orthopaedic surgical skills lab in December 2016.

To learn more about MAKOplasty at MedStar Union Memorial Hospital, please visit MedStarHealth.org/Connect. To fast-track a referral for your patients, please call **877-34-ORTHO (877-346-7846)**.

UPDATE

COMMITMENT TO QUALITY

MedStar has a longstanding commitment to quality. Three years ago, alignment efforts related to quality across the entire system evolved when **Christine Goeschel, ScD, RN**, joined the Corporate Quality and Safety Department as assistant vice president, Quality. Goeschel reflects that joining MedStar presented the type of opportunity that excites her. “MedStar already had the requisite leadership commitment to take quality to the next level,” she says. “Our challenge is to understand quality demands in our complex and rapidly changing healthcare environment, and then work collaboratively to meet the demands. That means centralizing activities where that is efficient, while respecting that local context matters.”

MedStar quality activities are largely aligned with the six priorities within the CMS and HHS National Quality Strategy:

1. Making care safer by reducing harm caused in the delivery of care
2. Ensuring that each person and family is engaged as partners in their care
3. Promoting effective communication and coordination of care
4. Promoting the most effective prevention and treatment practices for leading causes of mortality
5. Working with communities to promote wide use of best practices to enable healthy living
6. Making quality care more affordable for individuals, families, employers, governments, and communities

“MedStar is striving to deliver world-class healthcare,” Goeschel says, “and our commitment to quality will help us achieve that goal.”



ASSESS, PREVENT, SURVIVE

A new High-Risk Assessment and Cancer Prevention Program will provide patients at increased risk of cancer unprecedented knowledge, support and a long-term plan for care.

In the era of actress Angelina Jolie publishing in the *New York Times* about her own inherited cancer syndrome, a growing number of patients are becoming aware that they, too, might be at heightened risk of cancer. Seeing clusters of certain types of cancer within a family suggests that an inherited genetic problem might be responsible, prompting many patients to have genetic testing to see if they have mutations linked to breast, ovarian, colon, or uterine cancer, for example. However, this new information leaves many at a loss, with no solid plan in place to decrease their risk, and no medical team tracking them to quickly catch any cancers that do arise and keep them abreast of new prevention and early detection strategies.

That's why MedStar recently decided to open the High-Risk Assessment and Cancer Prevention Program. Led by **Yvonne Ottaviano, MD**, chief, medical oncology and director, breast oncology at MedStar Franklin Square Medical Center, and **Emily Kuchinsky, MS, CGC**, coordinator of the cancer risk assessment and counseling program for the MedStar Health Cancer Network, the twice-monthly clinic will focus on assessing patients' cancer risk, outlining appropriate screening guidelines, developing a plan to help them prevent cancer, and improving their chances of survival if cancers do arise.



“

By having this clinic that focuses solely on a high-risk group, we're hoping to take the sting out of this frightening diagnosis and provide patients with the comprehensive support they need.”

EMILY KUCHINSKY, MS, CGC

“Learning that you're at high-risk for cancer can be terrifying for patients,” says Kuchinsky. “By having this clinic that focuses solely on a high-risk group, we're hoping to take the sting out of this frightening diagnosis and provide patients with the comprehensive support they need.”

Kuchinsky explains that the clinic, which began in late April and will be a “one-stop shop” for patients concerned about a heightened cancer risk, coordinating specialties including genetic counseling, and medical oncology.

After providing an in-depth family and personal history and results of any genetic tests, patients meet with Kuchinsky to discuss their likelihood of having an inherited cancer syndrome. On the same day, patients can meet with Ottaviano and a nurse practitioner to develop a plan to move forward. For many patients at high-risk for developing breast cancer, Ottaviano

says, prevention with a hormone blocking pill can slash breast cancer risk by half, and for many this is a viable strategy. For other patients at extremely high-risk, prophylactic surgery to remove breast tissue, for example, may be a preferred option.

Nearly all patients diagnosed with an inherited cancer syndrome will require frequent screenings that differ significantly from recommendations for the general population, such as yearly breast MRIs for patients with BRCA mutations (which increase the risk of breast and ovarian cancer) or yearly colonoscopies for patients with Lynch syndrome (at high-risk of colon, uterine and ovarian cancer). Patients with strong family cancer histories but inconclusive genetic tests will also need updated testing as new gene panels develop, Ottaviano explains.

“This is an evolving field,” she says. “It's never ‘one and done,’ with patients tested a single time and never coming back.”

Being able to follow patients while providing continuing information and support is one of the biggest benefits of the clinic, she adds. “For these patients,” Ottaviano says, “the knowledge and continuing monitoring we provide will be power.” ■

To refer a patient, call 855-218-6282, or visit MedStarCancer.org/Prevent for more information.

ANNOUNCEMENTS

BALTIMORE ORIOLES RENEW PARTNERSHIP WITH MEDSTAR HEALTH



When the Baltimore Orioles' players get injured, they look to the top experts to get them back in the game quickly and safely. That's why the Baltimore Orioles trust MedStar to be their Official Orthopedic and Sports Medicine Team. In the dugout is Team Orthopedist, **Michael Jacobs, MD**; team physician, **Derek Papp, MD** and assistant team physician, **Leigh Ann Curl, MD**.

ADVANCED HEART FAILURE PROGRAM EXPANDS SERVICES

About 10 percent of heart failure patients don't respond to conventional heart therapies and symptom management strategies. For these advanced heart failure patients in the Baltimore area, few options existed for local providers with expertise to treat this condition. Recently, MedStar's Heart and Vascular Institute expanded its Advanced Heart Failure Program to encompass hospitals in the Baltimore area with care from experts including **George Ruiz, MD**, **Sandeep Jani, MD**, and **Jane Lashley, CRNP, RN**. Patients who require mechanical circulatory support such as a left ventricular assist device, or those who require a heart transplant to treat this condition, can be referred directly to MedStar Washington Hospital Center, a hospital that leads the country in the number of these procedures performed. “We are a full service shop,” says Ruiz, chief of cardiology, MedStar Union Memorial Hospital and MedStar Good Samaritan Hospital. “Our goal is to connect Baltimore-area patients with the latest technology and a comprehensive approach to their advanced heart failure.”

FIRST LOW-RISK TAVR PATIENT IN MARYLAND

For the first time in Maryland, a patient at low mortality risk for open heart surgery underwent an alternative approach to aortic valve replacement known as Transcatheter Aortic Valve Replacement, or TAVR, when **John Wang, MD**, and his team at MedStar Union Memorial Hospital replaced a man's heart valve through a small flexible catheter placed in the groin. MedStar Union Memorial was selected as one of 80 cardiac centers around the world to evaluate the safety and effectiveness of the transcatheter approach to replacing the aortic valve in patients with severe aortic stenosis who are low-risk for traditional open heart surgery. The 78-year-old man is the first patient in the state of Maryland to receive the heart valve as part of this clinical trial.

NEW CLINICAL TRIAL AT MEDSTAR FRANKLIN SQUARE MEDICAL CENTER

A new clinical trial at the Weinberg Cancer Institute at MedStar Franklin Square Medical Center is currently enrolling patients with newly diagnosed, Stage III or Stage IV Ovarian, Fallopian Tube or Primary Peritoneal Cancer. The study will test the immunotherapy agent Atezolizumab in combination with chemotherapy as neo adjuvant or adjuvant treatment. Participants will be randomly assigned to one of the two treatment arms of the study: Atezolizumab + Paclitaxel + Carboplatin + Bevacizumab vs. Placebo + Paclitaxel + Carboplatin + Bevacizumab. After six cycles of chemotherapy patients will continue on Bevacizumab + Placebo OR Bevacizumab + Atezolizumab for a total of 22 cycles of Atezolizumab and 20 cycles of Bevacizumab. The two co-primary endpoints are progression free survival and overall survival.

Please contact Jean M. Flack, BSN, OCN, CCRC, at 443-777-7364 for more information.



100th WATCHMAN™ Procedure Performed

MHVI IS THE MOST EXPERIENCED WATCHMAN™ PROGRAM ON THE MID-ATLANTIC SEABOARD.

Anticoagulant therapies, such as warfarin and novel oral anticoagulants (NOACs) can be lifesavers for patients with atrial fibrillation, the most common arrhythmia in the United States. These drugs prevent blood clots caused by blood pooling in the left atrial appendage.

But for some patients, the risk these therapies carry outweighs the benefits, says interventional cardiologist **John Wang, MD**, chief, Cardiac Catheterization Laboratory at MedStar Union Memorial Hospital and scientific director, Baltimore Cardiovascular Research. Patients who are at risk for hemorrhaging can't take these drugs, leaving them at significant risk for strokes or a systemic embolism.

However, since 2015, patients have a new option to decrease their stroke risk: the WATCHMAN™ Left Atrial Appendage Closure device, a mesh filter that fits over the LAA, promoting the growth of endothelial tissue that closes it off within weeks of implantation.

MedStar Heart and Vascular Institute recently implanted its 100th WATCHMAN™.

This total (which includes procedures performed at MedStar Union Memorial Hospital and MedStar Washington Hospital Center) is more than any other institution from Delaware to South Carolina to date, making MedStar Heart and Vascular Institute the most experienced WATCHMAN™ site on the Mid-Atlantic seaboard.

The WATCHMAN™ is inserted endovascularly through the groin and into the LAA through the interatrial septum, a procedure guided by transesophageal echocardiogram and fluoroscopy that takes less than an hour. After 45 days, patients receive another TEE to make sure the LAA closure is complete and that no blood clots have formed on the device. If these results are clear, they can discontinue their anticoagulants for life.

Not all those with atrial fibrillation qualify for this device, Wang says. Patients must have a CHADS2 score of 2 or greater, or a CHA2DS2-VASc score of 3 or greater, both measures of stroke risk. Patients must also face significant risk from long-term anticoagulation therapy. Other patients can't use the WATCHMAN™ due to having an LAA that doesn't fit the standard five sizes currently available.



But for patients who qualify, Wang says, this device can be life changing.

"It's a great feeling for these patients, who really don't want to be on bloodthinners," he adds. "For us to be able to implant this device that allows them to end these lifelong drugs is very gratifying."

STARTING AT TOP: John Wang, MD, chief, Cardiac Catheterization Lab, MedStar Union Memorial Hospital; WATCHMAN™ is designed to prevent blood clots from exiting the left atrial appendage in patients with non-valvular atrial fibrillation

Small Pacemaker, Big Benefits

CARDIAC PACEMAKERS HAVE UNDERGONE A SUBSTANTIAL TECHNOLOGICAL REVOLUTION SINCE THEIR INCEPTION IN THE 1950s, GOING FROM BULKY, EXTERNAL DEVICES TO SMALL IMPLANTABLE ONES TYPICALLY THE SIZE OF TWO SILVER DOLLARS.

Although there's no doubt that conventional pacemakers are lifesavers, says **Glenn Meininger, MD, FACC**, director, Cardiac Electrophysiology Services for the Baltimore region of the MedStar Heart & Vascular Institute, they have definite drawbacks. The device leaves behind a substantial scar and lump; recovery requires weeks of restricted activity; and, although rare, implantation carries a small risk of infection and complications.

That's why Meininger says that he and his colleagues are excited about a new technology known as Micra™ transcatheter pacing system (TPS). This new pacemaker is about a tenth the size of traditional ones—about the dimensions of a vitamin and the weight of a penny—is leadless, and is implanted through an endovascular technique. In March, Meininger and **David Schamp, MD**, chief, Electrophysiology at MedStar Union Memorial Hospital, became some of the first in the region to take advantage of this novel device when they implanted it in a patient.

"This little device is quite sophisticated in its design," Meininger says. "Because it's implanted minimally invasively, there's significantly less risk of complications or infection. It's cosmetically invisible—no surgical scar, and the patient can be active almost immediately after it's implanted. This is truly an exciting advancement in cardiac rhythm pacing therapy, and I am happy to be able to offer the option to our patients."

The device is implanted by inserting a wire catheter through a small incision in the groin and threading the TPS through the femoral artery directly into the right ventricle of the patient's heart. Tines that project from the TPS hold it in place.



This device highlights the transition to smaller, less invasive therapies that may allow rhythm management through micro technology."



GLENN MEININGER, MD, FACC
DIRECTOR, CARDIAC ELECTROPHYSIOLOGY SERVICES



IMAGE COURTESY OF MEDTRONIC

Because the device itself delivers electrical signals, no leads are necessary. The battery lasts as long or longer than a traditional pacemaker due to lower energy output required when pacing.

In its current form, the TPS is limited to treating bradycardia and other single chamber cardiac rhythm disorders. Those with limited vascular access, such as patients who are elderly, have kidney disease, or have a history of cancer, are the best candidates for this device, Meininger explains. Eventually, he says, new versions might have expanded indications.

"This device highlights the transition to smaller, less invasive therapies that may allow rhythm management through micro technology," Meininger concludes. ■

Weighing the same as a penny, TPS is one-tenth the size of standard pacemakers.



CONNECT WITH: RAGHUVVEER VALLABHANENI, MD

Dr. Vallabhaneni, a fellowship-trained vascular surgeon who is board certified in both vascular surgery and general surgery, recently joined MedStar Heart & Vascular Institute as the director, Vascular Surgery for the Baltimore region after serving as an assistant professor of Surgery in the Division of Vascular Surgery at the University of North Carolina. He spoke with *CONNECT* about his expertise and plans for the future.

AS A NEW MEMBER OF THE MEDSTAR TEAM, WHAT SERVICES DO YOU BRING TO PATIENTS?

My practice covers the whole spectrum of vascular disease, from treating thoracoabdominal aneurysms, lower leg revascularizations, carotid disease, dialysis access, venous disease and helping other specialties deal with the blood vessels of the body. I am particularly interested in complex aortic operations, and I'm well trained in both open and endovascular procedures. It is a privilege to be able to provide this range of services for my patients. I really try to assess the right treatment for each individual patient whether it is an open operation, a minimally invasive procedure or medical management.

WHAT DO YOU FIND MOST REWARDING ABOUT THIS FIELD?

In the past few decades, there's been a big paradigm shift in how we treat vascular disease. This is particularly true regarding complex aortic problems such as aneurysms and dissections. Being able to provide less invasive endovascular treatments for these issues has allowed us to treat patients who would not have been able to survive open surgery or have

severe detrimental impacts on their quality of life. Many procedures can be performed using catheters and stents that have previously required long, painful incisions. Now, patients in their 80s can have limb and life preserving surgery and may be home in a day or two as opposed to several days in the hospital and potentially months of recovery with some open surgeries.

WHAT PLANS DO YOU HAVE AS THE NEW DIRECTOR OF THE BALTIMORE REGION?

I'd like to standardize the care that patients receive across our four area hospitals. It is very important that patients are certain that they are getting the highest quality of care from MedStar vascular surgeons. I care deeply for the quality and safety of our patients and am implementing programs to make sure these are achieved. We would also like to expand our services to all of the MedStar hospitals in the Baltimore region. We are now able to provide care for complex procedures that previously have only been available at larger academic medical centers. But no matter how large we become, we'll always strive to maintain the excellent communication and care that our system is known for.

To schedule a patient consultation, please call
410-554-2950

INNOVATIONS TODAY:

MEDSTAR WEBSITE PROVIDES EDUCATION BEFORE CARDIAC CATHETERIZATION



To help put patients and their families at ease before cardiac catheterization, the MedStar Heart & Vascular Institute's Cath Lab teamed up with the health system's own Simulation Training & Education Lab (SiTEL) to create an engaging Patient Education Portal to dispel fear by explaining the process, from before patients arrive until after they are discharged. This portal is currently available to patients at MedStar Union Memorial Hospital.

Patients and their family members may view the videos as often as they would like. The videos are short—none longer than two minutes—and highlight key portions of the process, including what patients should bring to the hospital, the personnel they will meet, the procedure itself, questions they should ask their doctor, discharge information and resources available.

ABOVE: A patient views videos before her procedure.



COMMUNITY FOCUS: HUNT VALLEY

MedStar Health at Hunt Valley combines sports orthopaedics, sports medicine primary care, physical therapy, and sports performance at one convenient location. At Hunt Valley, on the campus of U.S. Lacrosse's national headquarters, we apply the principles of caring for elite professional athletes to all our athlete patients, including youth competitors and weekend warriors.

Our network of sports medicine specialists provide a wide range of services, including concussion testing, pediatric/adolescent sports medicine, and injury prevention. We also offer a variety of rehabilitation services, such as diagnosis and management of concussions, return-to-play assessments, and post-surgical rehabilitation, as well as an athletic enhancement program designed to improve abilities such as speed, agility, power, strength, flexibility, and coordination.

Through our partnership with U.S. Lacrosse, the national governing body for this sport, we are working to raise awareness and reduce the risk of lacrosse injuries. As lacrosse participation continues to grow nationwide, MedStar Health and U.S. Lacrosse have established a groundbreaking lacrosse sports medicine program, collaborating on research, education and injury prevention in youth lacrosse.

RESEARCH TODAY:

IMMUNOTHERAPY MEDICINE CONFIRMED BETTER THAN CHEMO IN SOME CANCERS

A recent study co-authored by MedStar Franklin Square Medical Center oncologist **Suman Rao, MD**, and published in the *New England Journal of Medicine* confirms that immunotherapy produces better results than chemotherapy in first-line treatment of patients with metastatic non-small cell lung cancer. The immunotherapy medicine used in the study, Keytruda, which targets the programmed cell death 1 (PD-1) receptor, won Food and Drug Administration (FDA) approval in November 2016 based on the results of this study.

Rao enrolled the most patients in the trial across the U.S., which involved 305 patients from 16 countries. In the study, patients with advanced non-small cell lung cancer and the PD-1 expression on at least 50 percent of tumor cells, had a much longer time to progression of their cancer, and had fewer adverse reactions than patients who were treated with chemotherapy. Some of these patients have continued to remain in remission after stopping all treatment for their advanced lung cancer.

"Where we are seeing progress with using immunotherapy," said Dr. Rao, "is in difficult to treat cancers, such as advanced non-small cell lung cancer and bladder cancers. This is a huge leap for those of us on the journey with patients whose diseases have been most challenging. There are more studies underway, and much more work to do, but this is a very exciting finding."

MedStarHealth.org/Connect

- HOSPITALS
- REHABILITATION
- GROUP SITES
- MULTISPECIALTY
- RADAMERICA
- PROMPTCARE

