Branching Out
Growing Together
Dear Friends and Neighbors,

At MedStar Health, caring for patients extends beyond our hospitals and physician offices. It involves more than an examination, a test result or a plan of care. Providing the highest levels of quality care requires an exploration and understanding of our patients, and the physical, social and environmental factors influencing their health. We recognize it is through collaboration with our community partners that we will truly advance health for our patients, including those most underserved or disproportionately affected by disease.

Our 2015 Report to the Community—Branching Out… Growing Together—highlights our collaborative mission-driven work in community relations, community and population health, and community benefits. It reflects the system-wide strategies supporting these areas to meet the evolving needs of our diverse patient population as we navigate a new healthcare era. The report underscores that MedStar’s investment in our communities remains strong, while we grow together with our community partners to improve the health of our patients.

Branching Out… Growing Together showcases MedStar entities working together across the system and with external partners to address the most pressing health conditions facing the community. Highlights include MedStar’s participation in health-related sponsorships and events, volunteerism and mentorship initiatives, community health programs, and population health approaches that identify individuals at higher risk for disease, along with community-based interventions designed to help them.

The report also spotlights our second Community Health Needs Assessment (CHNA), completed in 2015. In this important assessment, MedStar works with community partners and stakeholders to identify local health priorities. Outcomes help shape our three-year roadmap to develop and engage in innovative programs and initiatives to address identified priorities—from chronic disease prevention and management, access to care, and social needs that impact health, including housing, transportation and food insecurity.

As the region’s largest healthcare provider, we owe it to our patients to not only provide care in times of need, but also to reduce or alleviate factors that may compromise our patient’s best health. Working together, we will continue to grow our community partnerships and investment to achieve our mission to serve our patients, those who care for them and our communities.

Sincerely,

Kenneth A. Samet, FACHE
President and CEO

MedStar Health
BUILDING BETTER SCHOOL-HOSPITAL CONNECTIONS

MedStar Franklin Square Medical Center
School Nurse Asthma Communication Project

Communicating effectively and bridging gaps in health care can be challenging in any environment. But doing so makes a world of difference when it comes to linking students to asthma care.

In the 2010-2011 school year, 21.9 percent of children in Baltimore County were diagnosed with asthma, which includes individuals in MedStar Franklin Square Medical Center’s service area of Southeast Baltimore County—a percentage higher than any surrounding county and higher than the state. This number translates into an increased number of emergency department visits for asthma treatment and hospitalizations. It also accounts for missed days of school, which can lead to decreased school performance and lower participation in school-based extracurricular activities.

When she started working as a nurse at Hawthorne Elementary School 10 years ago, Elizabeth Beilman, RN, was surprised by how many students she was seeing for asthma-related issues. These students often had not seen a doctor for their asthma, leaving the nurses to develop asthma care plans from scratch.

Elizabeth Beilman, RN, a nurse at Hawthorne Elementary School, is able to help 10-year-old student Malika Robinson manage her asthma—thanks to constant communication with Susan Haskell, RN, the project liaison at MedStar Franklin Square Medical Center.
It also included diagnosing and reaching out to doctors for medical orders. This administrative burden often left school nurses unable to provide immediate care for their students.

This situation also put pressure on parents to get asthma medication prescriptions from their primary care providers. Sometimes, it could take up to three weeks for parents to get those prescriptions. In more urgent situations such as asthma attacks, parents ended up having to take their children to the ER.

“We had large numbers of kids going to the ER for their asthma,” Beilman recalls. “It was alarming.”

As part of the hospital’s Pediatric Asthma Center of Excellence, the Community Asthma Group administered a cross-sectional survey to 47 Baltimore County Public School (BCPS) nurses to identify appropriate, evidence-based interventions. This interdisciplinary group included MedStar providers, school nurses and parents. Similar to Beilman’s experience, other nurses reported a need for more efficient communication between the hospital and school in order to better treat asthma.

Through this group, the School Nurse Asthma Communication Project was created and made available to all BCPS schools. With funding from the American Academy of Pediatrics (AAP) Council on School Health’s (COSH) School Nurse-Pediatrician Partnership (SNAPP) Mini-Grant Program, the hospital’s Community Asthma Group set out to meet the nurses’ request for a “direct line” with the hospital to increase access to care.

MedStar Franklin Square Medical Center’s Susan Haskell, RN, is now responsible for responding to school nurses’ phone calls to make appointments for students, coordinate doctors’ orders, troubleshoot, and more. As the hospital liaison, Haskell enjoys seeing how improvements in communication are improving timely access to care. This helps in better managing students’ conditions and reduces ER visits, and enables them to more fully participate in their school and community.

“Now, I call Susan, and those doctors’ orders are in my mailbox that afternoon,” Beilman attests. “It’s been a dramatic turnaround in patient care time. It streamlines the process and makes it easier for everyone.”

Post-intervention survey results among BCPS nurses also demonstrated an overall positive trend change in communication. The collaboration between the hospital and school has resulted in an increased number of completed asthma management plans, scheduled appointments and inhaler/medication order forms. In the 2014-2015 school year, 42.1 percent of BCPS students with an asthma diagnosis had asthma medication orders at school, compared to 36.2 percent in the 2010-2011 school year.

“By being available and proactive, we’re showing students and their parents that an asthma diagnosis isn’t a disability,” Haskell attests. “They can still be every bit of a kid and manage their asthma.”

A crucial part of the program for Beilman is how it empowers both the school and the hospital to wrap around the community’s efforts to keep children healthy and in school.

“I want to make sure all of our students are empowered to know how and when to use their inhalers correctly,” Beilman explains. “That way, they can get back to class and learn.”
Health Connections Care Coordinator
Kathy Franzen, RN, BSN, (right) works with Charlene Cummings and her care team so Charlene can stay at home and receive the specialized care she needs.
Meet Charlene Cummings. Charlene has type 2 diabetes, congestive heart failure, hemolytic anemia (an autoimmune disorder), and a history of mental illness.

Thanks to MedStar St. Mary’s Hospital, she also has a care coordinator making sure the “dots are connected” to maximize her care management and health outcomes.

For years, behavioral health issues, limited health insurance and a lack of transportation made it difficult for Charlene to regularly manage her diabetes and other conditions. After observing Charlene’s numerous visits to the hospital, an inpatient case manager suggested a care coordinator for her.

Charlene was referred to the hospital’s Health Connections Care Coordination program, which focuses on assisting individuals with chronic health conditions to overcome barriers that may interfere with accessing the appropriate level of medical care. The goal of the program is to keep people healthy and at home. Since its inception two years ago, it has touched approximately 1,200 lives.

“Individuals are provided educational tools about managing their health, and then have the chance to minimize the potential for hospital readmissions and unnecessary ER visits,” Jill Smith Maxwell, RN, BSN, Health Connections operations specialist, explains. “As our community becomes healthier and better equipped to manage their health conditions, overall healthcare costs will decrease, and population health targets will improve.”

The program’s four care coordinators’ contact with patients typically ranges from once a week to once a month, depending on the individual’s needs. Charlene and her Health Connections care coordinator, Kathy Franzen, RN, BSN, speak on the phone or in person at least every other day.

“At times when she needs more support, I talk with Charlene daily,” Franzen states. And Charlene asserts that “Kathy explains things to me in ways that I can understand. She puts me at ease.”

Before an ER episode last November, Charlene had only been seeing a family doctor and a psychiatrist. The hospital visit was a wake-up call that she needed more specialized care—including pain management, a podiatrist and a nephrologist.

Such comprehensive care can be overwhelming to manage, but the program’s care coordinators are there to help.

Part of their support entails staying in frequent contact with Charlene’s primary care provider and specialists to keep them abreast of her progress. They also brainstorm on how to collectively approach her care. This type of coordination demonstrates the efforts of MedStar St. Mary’s Hospital to approach care collaboratively and beyond the walls of the hospital.

In addition to bridging communication with providers, Franzen works with Charlene’s network of friends who play a role in her well-being. These individuals can drive her to doctors’ appointments, clean her home, provide social support, and more.

“Delivering comprehensive, high-quality care to patients with a number of chronic conditions really does take a coordinated village!” says Franzen.
After several months of easing back into the game, pitcher and third baseman Craig Lopez is concussion-free and able to continue playing safely.
When you’re an athlete, the risk of injury always exists. However, long-term brain injuries due to events like concussions are more than serious—they can be deadly. Yet they are preventable with the appropriate education and precautions.

MedStar National Rehabilitation Network is dedicated to giving its communities—especially high-risk populations in and around the Washington, D.C., area—a play book of sorts on how to recognize and manage concussions to decrease long-term effects like traumatic brain injury.

In 2015, the D.C. Department of Health funded the Concussion Care & Training Program as a result of the District of Columbia’s Athletic Concussion Protection Act of 2011. This legislation requires concussion management and care training within public and private schools and non-scholastic youth sports programs in the Washington, D.C., region. Through this funding, MedStar National Rehabilitation Network has partnered with Children’s National Medical Center to provide 29 training sessions, predominantly in Wards 5 and 8, to more than 6,000 parents, athletes, coaches, and athletic trainers. To ensure sports safety and injury prevention, some of the most underserved youth and families are trained. They might not otherwise have access to this type of education.

In addition to the Concussion Care & Training Program, MedStar National Rehabilitation Network and MedStar Sports Medicine provide concussion awareness education to high school and college athletes. That was very good news for Craig Lopez, a pitcher and third baseman at a local community college.

During a game in 2015, Craig suffered a head injury. Initially, he felt fine and wanted to play several more innings. Fortunately, Coach Dan Blue was well-versed in MedStar Sports Medicine’s concussion management approach of “when in doubt, sit them out.”

Coach Blue had Craig evaluated by Ethan A. Urbansky, MS, LAT, ATC, athletic trainer at MedStar Sports Medicine and head athletic trainer at the community college. Test results confirmed that Craig had suffered a concussion and would need proper healing time to prevent a more serious brain injury.

“I started back to practices and games slowly,” Craig recalls. “As each day went on, I started building myself up again and made sure my head felt okay as I progressed.”

Justin Cooper, PT, SCS, director of Elite Sports Therapy and Sports Medicine Program Development with MedStar National Rehabilitation Network, leads training with the help of Urbansky and Andrew E. Lincoln, ScD, MS, director of the MedStar Sports Medicine Research Center. Training covers topics such as the signs and symptoms of a concussion, management of concussions on and off the field and the red flags indicating an athlete might need immediate medical attention. This is important according to Craig because, “As an athlete, your competitiveness makes you want to keep playing. But if you have a concussion and don’t get assessed or treated correctly, that could be the last game you ever play.”

Through establishing and administering protocols to ensure athletes like Craig are safe, the MedStar National Rehabilitation Network team is providing comprehensive care to concussed individuals and getting them back into active living.

“As experts on treatment, research and proper management of sports concussion,” Cooper states, “we have an obligation to educate the community, from the most under-resourced schools in Baltimore and Washington, D.C., to the professional athletes across the region.”

Thanks to MedStar National Rehabilitation Network / MedStar Sports Medicine’s Concussion Awareness Program, coaches like Dan Blue (left) are on the lookout for signs of concussions and ways to keep their players safe.
MedStar Family Choice’s “A Healthy Approach to Your Career and Education” lecture series inspired Randy Jackson to pursue a stable job and healthier lifestyle to support his family. Randy has worked in the Safeway® produce department for the past five years.
Healthy lifestyle choices, both physical and mental, translate into habits that improve overall quality of life, even in ways that some might not expect, like getting—and keeping—a job.

By partnering with America Works of Maryland, a job placement program in downtown Baltimore that helps underserved individuals transition into the workforce, MedStar Family Choice is fostering job readiness for at-risk populations—and recognizing the link between employment and improved health.

MedStar Family Choice’s Community Relations Coordinator Jonathan Everett educates and engages new participants at America Works as part of the interactive “A Healthy Approach to Your Career and Education” lecture series. Participants learn the importance of good health as it relates to securing and maintaining a job, while focusing on important topics such as the value of education, time management and a positive attitude during weekly classes. His goal is to improve health outcomes and help others live a healthier lifestyle.

Many of the people in his classes have been through a lot. Some have criminal records. Many have not graduated from high school. Almost all lack the essential job skills to secure employment.

Throughout the series, Everett uses real-life examples that participants can identify with to demonstrate how poor habits like smoking, substance abuse and lack of nutritious meals might negatively affect their health and wellness, as well as compromise their ability to thrive in several aspects of life—including the work environment.

The program also provides a more holistic view of health, including social factors like education that influence health. Everett’s lectures explain that the chances of getting a job are improved with a college degree—or with specialty skills in their areas of interest—and that stable employment often leads to better health.

“Who came to America Works looking for a job?” Everett poses at the start of every session, and most participants raise their hands. He then queries, “How many of you consider yourself in good health?” Fewer hands rise. Finally he shares stories that demonstrate the root causes of high blood pressure, diabetes, asthma, obesity, and lack of good dental and oral health. “Now how many know that being healthy relates to getting a job?” Even fewer hands.

Everett then talks about how behaviors like maintaining a healthy diet, exercising regularly and getting annual physicals are part of the employment readiness process. They are also a critical part of getting back into the workforce.

“Employers are looking for the best talent both physically and mentally,” Everett states. “We discuss how good health allows a person to continue working over a long period of time.” A perfect example of the impact of America Works and its partnership with MedStar Family Choice is Randy Jackson. When he entered the program, Randy was barely hanging on to the dream of supporting his family, until he attended one of Everett’s classes.

“Jonathan talked about getting out there and just doing work, as well as taking care of your body and your mind,” Randy recalls. “He said even if it’s the worst job ever, it’s a paycheck. That changed my life around.” That mindset and determination proved positive for Randy.

After several job attempts that didn’t pan out, Randy finally landed one where he feels successful. He has been working at the same company for five years now, and recently was promoted to a management position. Now, the same dream that brought him to Everett’s lectures is what keeps him going when work gets difficult.

“When I feel pressure at work, I just think of my daughters,” Randy states about his motivation to keep his stress levels down to maintain a healthy lifestyle. “I love my kids, and I’m not going to let them down.”

Since the program started, Everett has seen hundreds of participants cycle through with similar stories of success. In addition to securing jobs, other participants have stopped smoking and using drugs after learning how these choices could lead to poor health and can be linked to unstable employment. Others have reported eating healthier meals, exercising more, drinking water instead of sugary drinks, and improving their job readiness skills—turning around their lives and health habits. These results are from applying the principles they learned from MedStar Family Choice and America Works of Maryland’s “A Healthy Approach to Your Career and Education” program.
MedStar Southern Maryland Hospital Center's Candy Stripper Program provides firsthand hospital experience for 25 high school volunteers each summer.
The healthcare field is complex and ever-changing, but what remains consistent is MedStar Health’s commitment to training and preparing the next generation of health leaders.

Through providing internship opportunities, extensive tours and shadowing experiences for high school students, MedStar Health partnerships with area schools are bringing healthcare careers to life for hundreds of millennials—our future workforce.

The Montgomery Blair High School/MedStar Georgetown University Hospital partnership is a good example. John Haigh, Montgomery Blair High School’s Science, Technology, Engineering, and Mathematics (STEM) lead, co-founded this unique partnership with MedStar. He considers it a transformative opportunity to provide students hands-on learning about healthcare professions.

“MedStar is reaching students in a way that we can’t in the classroom,” Haigh states. “We’ve had students interact with a physical therapist, athletic trainer, physician, or pediatric nurse practitioner for the first time and say, ‘Hey, that’s what I would love to do—and it’s achievable.’”

MedStar Health is supporting medical careers and creating a healthcare conduit across the system at numerous sites through MedStar Georgetown University Hospital’s Clinical Support Career Day, MedStar Harbor Hospital’s Biomedical Allied Health Program, MedStar St. Mary’s Hospital’s Learning Internship Program, and MedStar Southern Maryland Hospital Center’s Candy Striper Program.

Often, these types of programs give students and families opportunities that would not otherwise be available due to social and economic barriers.

“Our hospital’s Candy Striper Program lets students explore opportunities that really aren’t open to everybody,” explains Cheryl Richardson, MedStar Southern Maryland Hospital Center’s director of Marketing and Community Relations. The program provides firsthand exposure to healthcare careers for roughly 25 high school volunteers every summer. Candy Striper volunteers experience lunch and learn events where they hear directly from physician assistants, physical therapists and others in occupations apart from the traditional doctor and nurse roles.

Likewise, Montgomery Blair High School students learn from MedStar Georgetown University Hospital’s physician instructors about topics such as CPR and operating techniques by using interactive mannequins and virtual simulations in the MedStar SiTel Clinical Simulation Center. The hospital’s partnership with Blair—35 percent of whose students are socioeconomically disadvantaged—is critical to bridge the healthcare career opportunity gap among underserved high school students.

Matthew Cooper, MD, one of the SiTel instructors, considers it an honor “not only to educate, but to inspire the students to look to a career of service whereby they seek to make someone’s life just a little better each day.”

For MedStar Harbor Hospital’s Biomedical Allied Health Program, it’s also about exposing students to a variety of healthcare careers. As Leslie Hughan, Community Relations manager, puts it, “The majority of students go into the program because they plan to become doctors or nurses. The program’s goal is to show students that there are a lot of career opportunities within a hospital—all critical to patient care and the patient experience.”

MedStar St. Mary’s Hospital has a commitment to developing the talent pipeline into healthcare careers. The hospital links its partnerships with area schools and community organizations like churches and health departments to recruit students with great potential for the hospital’s Learning Interns Program.

“We want to make sure St. Mary’s County’s best and brightest are moving into healthcare careers,” explains Mary B. Cheseldine, the hospital’s Volunteer and Student Services coordinator. “As a small community hospital, our best chance to get these individuals is by sparking that interest early on. Chances are, if they live here, they might come back to work here.” And the program appears to be working.

St. Mary’s County native Abisha Dowla—now at the University of Maryland on the pre-med track—began volunteering at MedStar St. Mary’s Hospital in the ninth grade and has since participated in many programs at the hospital, which includes serving as a learning intern in 2014.

“I was born in MedStar St. Mary’s Hospital, so working there felt like coming full circle,” Abisha attests.

By providing learning opportunities for students within the vast field of health care, MedStar professionals across the system agree that today’s students are tomorrow’s healthcare professionals. They also believe it’s their responsibility to equip them with opportunities that expand their learning and position them to lead this dynamic healthcare environment in the future.
MedStar Southern Maryland Hospital Center’s Christin Hammond, RN, (left) and Tracy Humes, RN, display some of the contents of the hospital’s Emergency Clothing Closet.
The fund helps finance patients’ medication and equipment co-pays, transportation services and home infusion therapy. It also provides coverage for the Healthy at Home program—not typically covered by insurance—to patients whose diagnoses require attention beyond the hospital stay. For example, patients on dialysis and/or with chronic diseases such as COPD, diabetes, renal failure, high blood pressure, or heart failure need to know how to manage their conditions long term.

“Often, hospital stays are too short for us to teach patients all the information needed to manage their disease, including medications,” explains Nilda Ledesma, RN, MedStar Harbor Hospital’s director of Quality & Case Management. “The Healthy at Home program allows us to check in with patients so they follow the medical treatment and can start getting better at home.”

In 2014, the program was launched through staff donations. To date, associates have donated more than $90,000 to the closet, which has helped 375 adults and 107 newborn babies.

Patient Relations Representative Linda Walker and Patient Relations Coordinator Sundee Cutter-Webster ensure the closet is well-stocked at all times. They also promote the program so nurses and other health providers at the hospital are aware of this resource and can make it available to patients in need.

“If we hadn’t given one gentleman a pair of shoes, he would have walked out barefoot or in hospital slippers,” Walker explains. “He said the gift of those shoes allowed him to leave the hospital with dignity.”

Similarly, Cutter-Webster testifies that the program is a real self-esteem-builder. “It makes our patients feel human and worthy to know that someone does care, and they do matter,” she affirms.

Likewise, MedStar Harbor Hospital, located in one of the poorest neighborhoods in Baltimore City, provides a similar support program to recipients of its Needy Patient Fund. Created in 2012, the fund helps patients with limited financial means manage expenses that otherwise could pose a roadblock on the path to good health.

“As an anchor institution and leader in the community, MedStar Harbor Hospital plays a vital role as a health resource,” notes Sarah Fawcett-Lee, CFRE, vice president for Philanthropy for MedStar Health, who works to gather funding for the program.
Financial hardship can be experienced by anyone. For many in America, financial difficulties often can result in a lack of health insurance, poor physical health, stress, and depression.

As part of our commitment to filling the gap between finances and health care, MedStar Health provides care to people regardless of insurance coverage or ability to pay. In 2015, this commitment translated to more than $104.5 million in charity care services provided.

The face of those experiencing financial challenges is changing and diverse along multiple dimensions—age, gender, race, education level, and country of origin. For instance, some experiencing economic difficulties have advanced degrees, are former business owners or live in the best neighborhood in town. Regardless of what led to their current circumstances, MedStar is dedicated to helping patients experiencing financial hardship get the care they both need and deserve.

Though their health issues vary, many of the beneficiaries of MedStar Health’s financial assistance share a common thread: a lack of health insurance.

Without health insurance, the expense of medical visits, required medications, hospitalizations, and follow-up care can be overwhelming. Many patients seeking care have been forced to delay treatment, prescription medications and medical equipment, placing themselves at greater risk for serious health issues.

“I was working when I really should’ve been resting to get over an asthma attack or concentrating on bringing down my blood sugar levels,” recalls one beneficiary. “I wasn’t receiving the medical attention that I needed, so some of my issues worsened.” For some receiving financial assistance, the struggle to take care of themselves after a lifetime of working several jobs and looking after others is real, and a cycle that is difficult to break.

“I’ve been taking care of everybody else all my life,” one older woman notes. “All I knew was to go to work and to make sure others around me were okay.” Because of financial assistance, she is now able to take care of herself and get much needed medical attention.

For many patients, their financial and medical situation can be very frustrating and take a toll on their emotional health, leading to depression, anxiety and stress.

“When the doctor asked me what happened, I just cried,” one woman reflects about her first visit to a MedStar facility. “I had been so depressed and down; I felt alone and disappointed. Slowly, as I started seeing a doctor regularly, I began to feel better. I could find myself, little by little.”

MedStar’s financial assistance for health services is helping turn this type of situation around for many people in the Washington, D.C., region and Maryland. In addition to improved mental health, patients who benefit from MedStar’s services are getting necessary surgeries and obtaining the medications they need to get well. They also benefit from MedStar’s wellness and community health services, including counseling, massages, yoga, acupuncture, healthy cooking demonstrations, classes on managing diabetes, and more.

There are so many examples of how MedStar has helped those who find themselves in financially challenging situations. There are countless others who have been and will continue to be struck by financial hardship, and MedStar Health is committed to relieving some of the financial burden for those in need of medical care. As one woman says, “That’s what MedStar is doing. Taking care of me.”

MedStar Health thanks Shepherd’s Clinic and Joy Wellness Center for its help with this article. Shepherd’s Clinic, a volunteer-driven nonprofit organization, is dedicated to providing comprehensive health care for those who cannot afford commercial insurance, yet do not qualify for government assistance.
Olaide Akande, MD, (center) an Infectious Disease fellow at MedStar Washington Hospital Center, works with a multidisciplinary team that includes Antonio Pineda (left) Cleo Johnson, RN, and others to follow up on HIV patients’ progress following home care visits.
Missed medications and doctors’ appointments can imply a busy schedule. As medical fellow Olaide Akande, MD, has learned firsthand from her work with patients who have human immunodeficiency virus (HIV), they also can imply a different problem altogether.

Dr. Akande is just one of the many individuals completing their medical education through a MedStar Health fellowship and residency program. With more than 1,000 residents and fellows, MedStar Health has one of the country’s largest graduate medical education programs, and offers nearly 100 specialty and subspecialty programs.

“HIV medications are highly effective, so if the virus levels in the blood aren’t under control, that’s a sign that someone isn’t following up with their care,” explains Dr. Akande, an Infectious Disease fellow at MedStar Washington Hospital Center. “This lack of follow-up many times has socioeconomic or mental health issues at its root.”

Health disparities—from inadequate health insurance coverage to lack of housing to transportation—can create barriers to care. During her medical training, Dr. Akande is learning the importance of addressing social determinants of health and recognizing the impact on her patients’ care.

“HIV preferentially affects the disadvantaged, including the poor and those with mental health and substance use disorders,” affirms Glenn Wortmann, MD, section chief of Infectious Diseases and program director of the Infectious Diseases Fellowship at MedStar Washington Hospital Center. “For people having trouble getting to appointments or filling prescriptions, we go to them.”

Two Infectious Disease fellows participate in the program each year. They attend an outpatient clinic weekly and identify patients who might benefit from home care services. Patients are then referred to Cleo Johnson, RN, for enrollment in the HIV Homecare Outreach Patient Engagement (HIV-HOPE) program to help manage their HIV. To date, 30 fellows have completed the Infectious Disease Fellowship program.

The program has conducted more than 450 home visits, which involve assessments of barriers to proper care, home blood draws and medication management, as well as virtual visits with a physician as needed.

“This view of the home environment provides education to the fellows that is not available during a normal clinic visit,” Dr. Wortmann states. Dr. Akande is seeing firsthand how social and economic disadvantages can translate into poor health status and outcomes. “Our fellowship emphasizes the importance of assessing social determinants of health and working collectively with the care team to address these issues.”

As part of the fellowship, the fellows and Johnson attend weekly check-ins with a multidisciplinary team—including a psychologist, OB/GYN, nurse practitioner, social worker, community worker, and others—to follow up on progress after the home care visits.

Through the support of this program, approximately 75 percent of patients receiving home care services have been able to regain control of their HIV, which is important for them as individuals, as well as their risk of infecting others: People with uncontrolled HIV are more likely to transmit it to others than those whose HIV is controlled.

As a result of this fellowship, once she finishes her medical training, Dr. Akande plans to work for a community health center or state health department specializing in HIV.

“One of the reasons I wanted to take care of these patients is because HIV affects people who are disadvantaged health-wise,” Dr. Akande explains. “It’s an area where I can really make a difference and put into practice the training I’ve received.”
“Our patients and families are dealing with a lot of things, and it doesn’t feel right knowing we won’t see them again until they are readmitted. We want to keep the dialogue going with them and help them manage their care once they go home.”

– Kathryn A. Walker, PharmD, BCPS, CPE
Senior Clinical Director for Palliative Medicine at MedStar Health
When Dr. Kathryn Walker and David Brennan, MBE, director of Telehealth Initiatives at MedStar Institute for Innovation (MI2), met at MedStar Health Research Institute’s annual retreat in 2014, they quickly realized they had something in common: a desire to improve access to care for patients with serious illnesses by using platforms like telehealth.

Eager to work together, they secured funding from the Verizon Foundation to start the Palliative Telehealth Connecting Hospital to Home (PaTCH²) program. The program extends the existing palliative care services through a unique tech-established platform to provide supportive care to critically ill patients and their families to improve their quality of life. Different from hospice, palliative care can accompany curative treatments and is not restricted to terminal illnesses.

PaTCH² currently enrolls patients at MedStar Union Memorial and MedStar Harbor Hospital. Most of the patients are also receiving home health care with the MedStar Visiting Nurse Association. The PaTCH² team links with both the home health nurses and other providers at each site to coordinate care.

Before being discharged from the hospital, the care team meets with patients and their families to give them care tablets and train them in their use. This is part of the enrollment process for the program. Once home, the patient can use the tablet to send messages and to videoconference members of their care team from the comfort of their home. Patients also can access educational videos and resources specific to their condition, as well as their personal medication list to support medication adherence.

“Fifteen years ago, physicians wanted to see how their patients were doing when they went home, before they got sick again and returned to the hospital,” explains Brennan, who provides the technology support for the program. “Consumer technology has finally caught up to where we need to be in health care: providing tools that can be used easily in the home.”

At 93 years old, Myrna Curtis could not be more grateful to be part of the program. She has been in the PaTCH² program since 2014, after she was seen in the emergency room for shortness of breath.

“I’m able to stay home and get the kind of care that I need, since I can’t get around,” Myrna states.

She also appreciates the emotional support of having access to someone at the hospital with whom she feels comfortable. Nicki Graham, PharmD, BCPS, Palliative Medicine clinical pharmacist, knows Myrna’s health issues and medications, and can explain them to her. Myrna has not been readmitted to the hospital in more than a year, largely due to the coordinated care she receives through the PaTCH² program.

The program also has decreased readmission rates among other program participants. Pharmacists have participated in nearly 50 medical interventions to date, ranging from treatment adherence to medication dosage. The majority of these interventions, 76 percent, helped prevent an unnecessary hospital readmission.

In addition, the program provides a sense of connection with the outside world that can be a challenge for homebound patients. For that reason, patients look forward to televisits with their providers.

The PaTCH² program, a collaboration between MedStar Health’s hospitals, MedStar Institute for Innovation, MedStar Health Research Institute, and the MedStar VNA, represents a crucial intersection of research and innovation supporting the health of the community to better manage their illnesses at home.

MedStar entities are coming together with a collective goal—each provides a critical piece of the puzzle to increase access to high quality palliative care for patients with serious illness, while using emerging technologies to make a difference.

Growing Together
SUPPORTING WELLNESS IN THE WORKPLACE

MedStar Good Samaritan Hospital

MedStar Good Sam at Work

MedStar Good Samaritan Hospital's Karen Kansler, RN, (left) visits worksites like Group Benefit Services, Inc., each month to provide practical tips promoting wellness in the workplace.
Wendy Abeshouse (second from left) and her coworkers at Group Benefi t Services, Inc., participate in a tai chi and meditation session offered by the MedStar Good Sam at Work program.

Hospitals aren’t the only organizations that want individuals to improve their health and wellness through better lifestyle choices. Worksites are an important setting for health education and wellness messaging for employees.

MedStar Good Samaritan Hospital knows that a healthier workforce is a more productive workforce. Partnerships with worksites in Baltimore City provide an opportunity to deliver health programming where people are: the workplace. This has led to the creation of the MedStar Good Sam at Work program.

Through this approach to community health education, MedStar Good Samaritan Hospital has built relationships with new community partners focused on a common goal of wellness by going to the workplace to promote health.

“By developing relationships with these businesses, we’ve deepened our partnership with them,” states Karen Kansler, RN. “Whether it’s providing our clinical staff at their on-site health fairs or hosting health screenings, MedStar Health and the businesses we work with are dedicated to improving the health of our communities.”

Through the MedStar Good Sam at Work program, which represents the hospital’s first formal collaboration with private workplaces, Kansler visits a number of worksites each month. There she gives health presentations and checks participants’ biometrics such as blood pressure, weight and blood sugar. The 12 businesses that participate range from senior housing to banks and insurance companies.

“Employers are very eager to provide wellness programs to their employees, free of charge,” notes Kansler. “In addition to lower absenteeism and healthcare costs, programs like these result in happier, better performing workers.”

One workplace that has benefitted greatly from the MedStar Good Sam at Work program is Group Benefit Services, Inc. (GBS), located in Sparks, Maryland. The end of the year can be a very stressful time for GBS, a company whose work is in employee benefits. GBS staff still can thrive during this time, however—thanks to the stress reduction exercises that Kansler has provided at GBS for the past three years.

“The end of the year can take its toll on our staff,” states Wendy Abeshouse, who attends the Good Sam at Work monthly sessions with her husband. “Karen taught us some techniques to redirect thought processes, and learn how to relax and reduce our stress levels. Those stress reduction techniques come in handy, particularly at the end of the year!”

Wendy has attended many of the sessions and always walks away with new information about her health, no matter the topic. In addition to applying stress reduction techniques, Wendy thinks differently about how she eats. Since she began participating in the sessions, she has reduced her sodium intake, reads labels while grocery shopping and considers her food choices when she dines out.

Kansler gives two 45-minute lunchtime presentations on wellness topics—from blood pressure management to nutrition, exercise and smoking cessation—at GBS each month for about 10 to 20 participants per session.

Kansler and participants alike are pleased with the session results and the improved wellness reported by the participating employees. “I regularly learn that participants have quit smoking, lost weight, are managing their blood pressure and stress, adopted exercise regimens, and are eating nutritiously,” Kansler states. “I’m happy knowing that I contributed to their better health habits.”

Wendy Abeshouse (second from left) and her coworkers at Group Benefit Services, Inc., participate in a tai chi and meditation session offered by the MedStar Good Sam at Work program.
PROMOTING LITERACY AND SELF-ESTEEM IN YOUTH:
THE POWER OF VOLUNTEERISM
MedStar Washington Hospital Center
Everybody Wins! DC
Creating opportunities for MedStar Health associates to volunteer is part of MedStar’s mission as a not-for-profit organization.

Diane Jenkins, an administrative assistant at MedStar Washington Hospital Center, has four pictures on her desk. They remind her that one day every week, she is more than a MedStar associate; she’s a reading mentor who has helped children learn to read.

Jenkins is a volunteer with Everybody Wins! DC, a nonprofit organization promoting children’s literacy through activities such as the Power Lunch program, which pairs students with reading mentors. The mentors visit low-income public elementary schools in the District of Columbia weekly to read with the students during lunch. More than 5,000 children in underserved communities throughout the Washington, D.C., metropolitan area participate in the program every year.

Volunteers from MedStar Washington Hospital Center have been participating in the program at Garrison Elementary School—located near the hospital—for five years.

“When we think about health, we often think about the physical health of patients,” explains Phronie Jackson, MPH, Community Health outreach manager at MedStar Washington Hospital Center. “This program is about reducing the barrier of illiteracy that, in the long run, contributes to health.”

In the District of Columbia, approximately 50 percent of public school students in grades 3–8 are not proficient in reading, and the link between low literacy and poor health into adulthood is well known. MedStar Washington Hospital Center focuses on reading as a partner with Everybody Wins! DC to address this important health and wellness issue.

The student Jenkins mentors now, Samiyah Stanley, is in the second grade. When Jenkins and the other readers arrive at the school library, Samiyah is the first one to run up and greet them with a smile.

“She makes my day and confirms to me that it’s worth going,” Jenkins says.

Jenkins has had other students who started in the program with much more resistance than Samiyah. However, by the end of the year, they had begun to enjoy reading.

“It gives them confidence when I display patience with them,” Jenkins explains. “I tell them it’s okay to stumble over a word. And when they’re able to say a word they’ve struggled with for the past couple of weeks, I make sure to praise them. Their faces light up.”

In addition to the improvements in literacy and love of reading that Jenkins has observed, she has seen the importance of mentorship and relationship-building grow tremendously among the students. They see the value of working together to learn.

Jenkins hopes a new generation of volunteers will follow in her path.

“A lot of students would never think that someone would take the time to help them learn to read. I always say, ‘We want you to do the same thing we’re doing; giving back.’ An organization as large as MedStar has the responsibility to do that. I have helped the students, but I have equally learned from them.”

MedStar Washington Hospital Center’s Diane Jenkins helps students like Samiyah Stanley learn how to read by volunteering at Garrison Elementary School with other MedStar associates at Everybody Wins! DC.
WALKING FOR CLINICAL RESEARCH

MedStar Health Research Institute
American Diabetes Association’s Step Out: Walk to Stop Diabetes

From left to right: MedStar Diabetes Institute’s Ron Migues, Kristen Brown, Gretchen Youssef, Clayton Bourges, Keyoana White, and Alison Archer participate in the American Diabetes Association’s 2015 Step Out: Walk to Stop Diabetes®.
MedStar Health associates don’t leave their commitment to community health at the office on Fridays. They take chronic disease prevention and management to heart, and every October, all the way to Maryland’s National Harbor.

Forty associates from the MedStar Diabetes Institute participated in a walk to end diabetes on a brisk, beautiful morning in October, raising more than $5,500 to support diabetes advocacy, research and education.

More than nine percent of the population in the Washington, D.C., metropolitan area has diabetes. In the city’s Ward 5, more than 12.4 percent of the residents have diabetes, and another 20 to 40 percent have prediabetes, when blood glucose levels are higher than normal. MedStar Health understands the importance of taking part in efforts like this to demonstrate support for patient care and research.

The MedStar Diabetes Institute, as part of MedStar Health Research Institute, provides direct, hands-on diabetes education in addition to research. Diabetes “boot camps” and self-management programs are two ways the diabetes institute is working to reduce prevalence of the disease and its impact on the Washington, D.C., metropolitan area.

“Research is just one piece of the puzzle,” affirms Michelle Magee, MD, director, MedStar Diabetes Institute. “Community events like this create heightened awareness that this important disease still needs research funding. We haven’t solved it yet.” Building relationships with organizations like the American Diabetes Association is critical to moving research forward and positively impacting disease rates in the District.

Gretchen Youssef, MS, RD, CDE, program director at MedStar Diabetes Institute, has participated in this walk for more than 25 years. “As a resident of Ward 5,” Youssef explains, “I am proud to support efforts to improve the care of people in the community where I work and live.”

In addition to supporting diabetes awareness, MedStar “walks the walk” year-round to find cures to chronic illnesses through participation in numerous walks, runs and other community events across Maryland and the Washington, D.C., region. MedStar’s Washington Cancer Institute is a partner that hosts the annual Sprint For the Cure 5K for cancer research.

In the District, MedStar National Rehabilitation Network’s Super H 5K Run, Walk & Wheel event raises funds for the Washington Paralympic Sports Program and BlazeSports America. These are MedStar National Rehabilitation Network’s community-based sports programs for children and adults with physical disabilities.

The opportunity to volunteer for events like Step Out gives MedStar associates the opportunity to raise awareness and funding for necessary research. In addition to providing a way for them to network with colleagues, engage patients outside of the hospital and be physically active, these walks and runs give them a different perspective on their daily work and support important causes throughout the region.

“We conduct research in the real world, within our community,” Katie Carlin, director of Research Development, Planning and Communications at MedStar Health Research Institute, states. “Participating in events like these reminds us of the people we serve and the lives we’re touching.”

MedStar was ranked among the top National Capital Area teams in recognition of its participation in the American Diabetes Association’s 2015 Step Out: Walk to Stop Diabetes.
From left to right: Will Litton; Mitchell Herbert; Diana Saladini; Stuart Levine, MD, FACP; and Rohit Gulati, MD, FACP, MBA, discuss the hotspotting strategy MedStar is rolling out to better serve patients and communities.
The field of population health is changing, and with that change comes an expanded responsibility for hospitals to better understand and pinpoint health disparities among patients in different ways.

A better understanding of how patients utilize healthcare services and when and where they receive care outside the hospital setting continues to require attention by healthcare systems. One of the ways MedStar Health is addressing patient healthcare usage is a population health approach called hotspotting.

Hotspotting is an information-gathering process that helps to identify patients and communities’ health needs and the geographic locations where individuals are disproportionately affected by the identified issues—those that can directly impact utilization of care. Places identified as “hotspots” are areas where there is a lack of services available and where patients are using hospital services at a high rate.

Hotspotting is now a process that is being deployed across the MedStar system. MedStar Union Memorial Hospital began using hotspotting to inform efforts related to hospital utilization and readmission. Other MedStar hospitals are using hotspotting to address their communities’ specific needs such as providing healthcare services and community-based programming in nursing homes or retirement communities.

In addition, this approach is helping MedStar to map the prevalence of chronic diseases. Using such data, hospitals can trace high concentrations of disease such as diabetes and high blood pressure to particular neighborhoods—drilling down to specific hotspots within these neighborhoods—thus providing an opportunity to develop and execute neighborhood-specific targeted health programs and clinical interventions for those at greatest risk.

Stuart Levine, MD, FACP, vice president of Medical Affairs at MedStar Harbor Hospital, rolled out this approach in the Cherry Hill community of Baltimore City. Directly across the street from the hospital, Cherry Hill is one of the poorest ZIP codes in Maryland, with 45 percent of its families living in poverty. By using hotspotting, Dr. Levine could see that even within neighborhoods, there were clusters of high healthcare users.

The use of hotspotting confirmed that “the high utilization was in one low-income housing development,” Dr. Levine explains. “If we had looked at the Cherry Hill ZIP code in a generalized way, we would have missed that nuance.”

MedStar Harbor Hospital now plans to use this information to provide more targeted outreach efforts to better address the Cherry Hill community’s health needs—with a focus on the identified housing development.

MedStar Montgomery Medical Center is also using hotspotting to pinpoint where they should locate their community health programs. They are able to identify the best local partners to collaborate in their programming through this approach.

“Historically, the role of hospitals was to treat patient illnesses and disease,” explains Will Litton, senior process improvement engineer at MedStar Montgomery Medical Center, who leads the hospital’s hotspotting task force. “Now, we’re able to tailor our programs to better care for those populations that are at the highest risk of becoming frequent utilizers of healthcare services.”

By using hotspotting, MedStar is leveraging a data-driven population health approach to better manage patient care and healthcare usage, and to inform community health programming across the system.
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MedStar National Rehabilitation Network
As part of MedStar Health’s community health strategy, a systemwide Community Health Needs Assessment (CHNA) is conducted every three years to identify the health priorities of the communities we serve, and to develop and implement programmatic strategies to address the priorities that have been identified. MedStar Health conducted our first CHNA in 2012, and completed our second CHNA in 2015. This community-driven process allows hospitals to better understand how they can leverage their resources and partnerships, and to execute more targeted efforts in underserved communities surrounding each hospital. As a not-for-profit organization, MedStar’s CHNA aligns with guidelines established by the Affordable Care Act and complies with Internal Revenue Service (IRS) requirements.

The 2015 CHNA will serve as a roadmap for MedStar’s community health improvement efforts and will inform ongoing work aimed to advance the health of communities and patients across Maryland and the Washington, D.C., region. The CHNA process engages local residents, community partners and stakeholders.

Each hospital’s CHNA was led by an advisory task force, which comprised community activists, residents, faith-based leaders, hospital representatives, and other stakeholders in the community. Hospital leaders, along with task force members, used population-level data, community health needs survey findings and community input session feedback to identify each hospital’s health priorities and to create implementation strategies to be put into action over the next three years.

Chronic disease prevention and management targeting heart disease and stroke, cancer, diabetes and obesity, and access to care were identified as the primary health priorities across MedStar’s acute care hospitals. In addition, key social determinants of health were identified such as transportation, housing and healthy food access, and food insecurity.

These are areas where collaboration with community partners like Uber, Capital Area Food Bank and Maryland Food Bank, which have such expertise, are essential to achieve desired community health improvement outcomes. During the next three years, the hospitals will execute their implementation strategies to address identified priorities, and measure and track program effectiveness. In addition, hospitals will monitor program progress and outcomes, and report program performance to ensure alignment with local and national public health goals.

Please visit MedStarHealth.org to learn more about the CHNA, including each hospital’s community benefit service area (CBSA) and health priorities.
Community Benefit Support

Each year, MedStar Health invests in the health of the community by providing more than a quarter of a billion dollars in community benefit. Services include teaching the next generation of health professionals, providing care for those who cannot afford to pay, delivering community health programs and services, and conducting research to advance care.

Community Benefit 2015 - $312.7 M

- Health Professions Education $137.8 M
- Charity Care / Bad Debt * $104.5 M
- Community Services † $62.3 M
- Research $8.1 M

* Includes unfunded government-sponsored programs
† Includes subsidies, community health improvement services, community building activities, financial contributions and community benefit operations.