Safe Babies Safe Moms program sets the stage for better outcomes.

(L to R) Pictured is the leadership team for the Safe Babies Safe moms Program: Neil Weissman, MD, Chief Scientific Officer, MedStar Health; Tamika Auguste, MD, vice chair, Women’s & Infants’ Services; Angela Thomas, DrPh, MPH, MBA, assistant vice president, Healthcare Delivery Research, MedStar Health Research Institute; Loral Patchen, PhD, CNM, clinical project lead and director, Advanced Practice Providers, Women’s & Infants’ Services; and Chief Medical Officer Jeffrey Dubin, MD, MBA.
Upcoming continuing professional education conferences.

**MEDSTAR CONFERENCE HIGHLIGHT SPRING 2021**

**DIABETIC LIMB SALVAGE (DLS 2021)**
April 7 to 10 – A Virtual Conference

*Conference Chairs: Christopher Attinger, MD; John Steinberg, DPM*

*Course Directors: Cameron M. Akbari, MD; Karen Kim Evans, MD; J.P. Hong, MD, PhD*

*MedStar Associates may attend for $150 using the code: DLSM21*

MedStar Georgetown University Hospital’s Diabetic Limb Salvage Conference is providing compelling content for the 2021 conference in a virtual format. This annual conference focuses on a multidisciplinary team approach that provides each member of the healthcare team with the education and resources needed to heal wounds and prevent amputations. The meeting format will include didactic lectures, specialty symposia, and video surgical case demonstrations for the purpose of providing an interactive learning experience. Exciting additions to the agenda include a tour of Center for Wound Healing at MedStar Georgetown University Hospital, Cadaveric Symposium, Networking Opportunities, and comprehensive lectures given by internationally recognized faculty.

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**MEDSTAR CONFERENCE HIGHLIGHT SPRING 2021**

**ABDOMINAL WALL RECONSTRUCTION (AWR 2021)**
June 9 to 12 – A Virtual Conference

*Conference Chair: Parag Bhanot, MD*

*Course Directors: Karen Kim Evans, MD; William W. Hope, MD; Jeffrey E. Janis, MD*

*MedStar Associates may attend for $100 using the code: AWRMS*

MedStar Georgetown University Hospital’s Abdominal Wall Reconstruction (AWR) Conference is your leading source for state-of-the-art and advanced education content that provides an in-depth understanding of the complexities of AWR. This year’s conference has transformed to a virtual experience to bring education straight to you in a flexible environment. The comprehensive agenda will focus on patient selection and optimization, selection of surgical approach and reinforcement material, technical aspects of open and minimally invasive surgery, and management of complications.

To register, visit https://dlsconference.com/

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We’ve had a year **like no other.**

**Chief Medical Officer**

Whatever your role in the Medical & Dental Staff at MedStar Washington Hospital Center, you’ve helped everyone here survive a time of unprecedented challenges and demands. The worldwide pandemic has shown your willingness to put others first, and has shown your deep commitment to providing the very best in care and treatment.

We faced the unknown together, by immediately starting to build organizational responses to the pandemic. We began care routines that abruptly changed, as the science and knowledge about this virus changed. Throughout it all, you demonstrated your ability to improvise, adapt, and adjust. Your resilience and understanding were key to our flexibility, during a time of tremendous stress.

As part of this collective challenge, there was opportunity for growth, as the crisis began to define us and our colleagues. During a complicated time and environment, physicians and APPs demonstrated amazing leadership, as the clinical captains of our care teams. You stepped up, and the result was critical, life-saving work for the communities we serve.

We’ve also learned how to better support each other, and focus on our own wellness. I’m glad that so many providers are willing to seek out and accept help, when they’ve felt they needed it. Please know that we will continue to support each practitioner’s needs, and you can call on anyone in Medical & Dental Staff leadership, if you’re unsure of everything that’s available.

We are now up against additional adversity, as the numbers of those diagnosed with COVID-19 began to increase this fall. However, we’re ready for this new wave of patients. We’ll also rely on the MedStar Transport Office, to make sure we are always available for both COVID patients and for those who come to us for the highly technical, specialized services that only we provide.

Another challenge we’ll rise to meet will be to care for those patients calling themselves the “long-haulers”—former COVID patients who now find themselves with new conditions that developed after they recovered from the virus. These patients report cardiac and joint concerns, “brain fog” and headaches, ongoing and sometimes debilitating fatigue, and shortness of breath with the continuing loss of smell and taste. With our strong ties to MedStar Health Research Institute, several of you will be involved in new protocols and studies to determine best practices for treating these patients.

With the announcements of highly effective vaccines from several pharmaceutical companies, there is hope that a year from now, we will be in a different healthcare environment. The proverbial light at the end of the tunnel is in sight, and we should keep our focus on both today and tomorrow.

To sum up, it’s a privilege for me to work with you. You’ve heard me say since the pandemic began: thank you for all that you do every day, for our patients, their families, our community, and most importantly, for each other. We also say, because it’s true: we’re One Team.

**Jeffrey S. Dubin, MD, MBA,** is the sr. vice president, Medical Affairs, and Chief Medical Officer at MedStar Washington Hospital Center. He can be reached at 202-877-6038 or via email, jeffrey.s.dubin@medstar.net.
Imagine reducing infant mortality rates by as much as 30 percent in five years, so the District of Columbia becomes known as having the most effective infant mortality reduction program in the nation, rather than the current state, where we stand as among the highest rates of infant death. Imagine we can accomplish this phenomenal transformation by creating new relationships that support individuals’ health through to adulthood, throughout all aspects of our community, without limitation by race or ethnicity, and one that translates on into the next generation.

Thanks to a landmark endowment from the A. James & Alice B. Clark Foundation, MedStar Health is poised to change the face of maternal/infant health in the nation’s capital. Called Safe Babies Safe Moms (SBSM), the effort brings together experts in women’s health, family medicine, behavioral health, and pediatrics, at both MedStar Washington Hospital Center and MedStar Georgetown University Hospital. The Clark Foundation has allocated $27 million—the largest philanthropic donation in MedStar history—supplemented by an additional $3 million from MedStar Health, to move the needle decidedly in a positive direction.

“We at MedStar and the Hospital Center’s Women’s and Infants’ Services are fortunate to receive this gift from the Clark Foundation,” says Tamika Auguste, MD, vice chair, Women’s and Infants’ Services (WIS). “This extraordinary gift will enable us to do the work to improve the birthing experience, maternal, and infant mortality in the District of Columbia. We have the drive, the innovation, and now the resources. We will not only take care of the women here at the hospital, but also work with our community partners, to ensure our mothers and babies thrive. This will ensure lasting excellence in maternal and infant care for years to come.”

The five-year program went live Nov. 1, welcoming its first patients, with plans to serve some 3,600 women who deliver each year at the Hospital Center. Women can enter the program at any point—pre-pregnancy, prenatal care,
delivery, postpartum/postnatal care, and maternal/infant/family care to age 3.

Loral Patchen, PhD, CNM, is the clinical lead for the hospital’s WIS portion of SBSM. “Our goal is to provide maternity care that women describe as respectful of who they are as people and was delivered by a team that took their concerns seriously, listened to what was important to them, and provided the information they needed to make the best decisions for themselves and their baby.”

The genesis of the program is the dismal statistics for infant and pregnancy-related mortality in the District, which are higher than the national average. Looking closer, infant mortality is almost four times higher for Black mothers. Black women are three times as likely to die of pregnancy-related causes when compared to White women.

SBSM is part of MedStar Health’s vision of advancing health through lifelong care, delivered at each stage of life, and incorporating best practices imbedded into the community. “There are opportunities for all of us to improve across all aspects of care,” says Jeffrey Dubin, MD, MBA, Chief Medical Officer. “We’ll find what gaps there are in performance, and close those gaps.”

“As an academic health system, we live at the crossroads of academics with real world medicine, which gives us an opportunity to bring the best and brightest to the delivery of care in our community,” says Neil Weissman, MD, Chief Scientific Officer for MedStar Health. “Medicine tends to be reactive when someone gets sick, while health is proactive, in preventing medical problems. This program focuses on advancing health of babies and moms, by preventing complications during pregnancy. This is the future of care that focuses on health.”

Reinforcing cultural sensitivity

Because SBSM is based in the District, which has a large Black community, it is imperative that caregivers are sensitized to the needs of city residents, says Angela Thomas, DrPH, executive lead for the program. “We need to address the clinical, environmental, social, and health system risk factors our families face,” she says. “We are looking to reach women where they live and work, with programs that address their individual circumstances. We need to address systemic racism within health care.”

“Our current health structure is riddled with historic and cultural inequities,” Dr. Patchen adds. “To change care delivery, we have to adopt an anti-racist approach. We need to rise to that level of intentionality.”

Identifying risk factors

Work is underway to identify the risk factors associated with poor outcomes for mothers and infants. For mothers, many of those risk factors—hypertension, diabetes, obesity—are part of the medical record. Other parameters are more difficult to identify—for example, family support, adequate nutrition, and access to transportation.

An interdisciplinary approach to identify all the factors associated with poor outcomes is ongoing, aiming to target ways to improve outcomes at each step. “When we identify these factors, we can provide interventions tailored to women’s needs,” Dr. Thomas says.

Assigning resources

SBSM participants will have access to health care and community resources, geared to support efforts to establish healthier patterns. “Working with outside resources, SBSM is building bridges into the community,” Dr. Thomas explains. “Community of Hope provides services for families in need, including health care, housing service, and workforce development. Mamatoto Village creates career pathways for Black women, provides perinatal support for maternity care, along with information that supports parenting and daily living requirements. A partnership with the Health Justice Alliance adds medical/legal services.”

Integrating multi-generational care

Integration of services across the health care spectrum, including the integration of pediatric and mental health services, is key to the program’s success.

Accordingly, SBSM establishes links among hospital programs, which too often operate in silos, Dr. Thomas notes. “We are co-locating services and addressing transportation when needed. Patient navigators are the glue that holds the initiative together. Accordingly, the program is recruiting women with a shared living experience, to assist SBSM participants in navigating the system.”

“Our goal is alignment, not duplication of services,” Dr. Patchen says. “We need a comprehensive approach, from the front desk to the bedside.”

Measuring results

A critical component of SBSM’s success is the ability to measure results. Under the guidance of MHRI, statistical analysis will assess progress and fine-tune evidence-based initiatives.

“In five years, we hope to move the numbers, with a 25 to 30 percent reduction in infant mortality,” Dr. Weissman says. “Five years after that, we hope there is a full reversal, and we are among the best in the country for infant mortality. We want the District to be held up, as the place that provides great care for moms and babies.”

“If it was simple, it would have been done already,” Dr. Thomas adds. “But it’s complex, so we’re rolling up our sleeves. We will crack that nut.”
During the pandemic, many factors led to feeling safe, while continuing to do surgery.

Ravi Agarwal, DDS, Oral & Maxillofacial Surgery, MedStar Washington Hospital Center, and director, Residency Program, Department Oral & Maxillofacial Surgery at MedStar Washington Hospital Center

There are enormous benefits of working in a large hospital and system during this unprecedented time. COVID-19 has presented numerous challenges, and our team has worked throughout the entire pandemic. The same cannot be said for many of my colleagues who operate outside of a hospital or health system.

My area of expertise, oral surgery and dentistry, is predominantly a private practice-based field. COVID-19 has proved extremely difficult to navigate for many oral surgeons and dentists who operate independently, which has made me grateful for the resources and support we have at MedStar Health.

Working at an institution the size of MedStar Washington Hospital Center, we have a great deal of expertise in-house, and we can lean on these people for information and guidance. When you work in private practice, you are much more isolated, and often must rely on the government or dental board for information and recommendations. At the Hospital Center, we had people working around the clock on COVID-19, and we received, and continue to receive, valuable updates and important communications.

Personal Protective Equipment (PPE) is another area that I never had to worry about. MedStar ensured we had the PPE we needed to do our jobs. Even when we had emergency cases, we had masks and gowns and the PPE we needed; I never felt that there was a shortage. I’ve heard horror stories from colleagues who tried to secure N95 masks and other gear for their practices, and were either taken advantage of, or unable to secure the proper equipment.

We also had access to a telehealth platform almost immediately. A lot of private practices did not have this luxury, and simply had to close for a period of time. While telehealth has its challenges, we are able to triage patients and determine what is elective, versus what needs to be seen immediately. For smaller practices, I am confident that everyone who does elective work lost some income stream over the course of this pandemic. Many also lost staff who resigned, because they didn’t feel safe working in a dental environment.

Another huge benefit we have with MedStar is access to COVID testing internally. Our staff is able to get tested if they are symptomatic, and our patients have access to testing at MedStar. For us, that offers a huge sense of security. When you operate and work in someone’s mouth, it’s extremely high risk, because of how COVID-19 is transmitted. Being able to know a patient had a negative COVID test provides added confidence and security that our safety is the highest priority. Some of my colleagues in private practice may have to rely on a patient’s word that they are asymptomatic, but we rely on the test.

I’m grateful that no one on my team has been diagnosed with COVID-19. We were not rushed back. We came back at a good pace, and there was no pressure to get back to 100 percent right away. We had to adjust and pivot to adapt in this new environment, but we did it with the full support and backing of a large health system, one that was thoughtful about its decisions, trusted its in-house experts, and provided continued leadership throughout this unprecedented time in history.
If life is a series of ups and downs, then 67-year-old Anita Ross has been on a perpetual roller coaster ride for the last 20 years. Anita’s life began to crumple in 2000: a diagnosis of cardiomyopathy, a painful fall and back surgery, lost job, lost health insurance, no stable housing, and a startling new reality—end stage heart failure.

With no insurance, Anita had begun to ration her heart medications. Multiple trips to emergency rooms ended with one particularly difficult night in 2013.

“I called 9-1-1,” Anita recalls. “At the hospital, the cardiologist said, ‘Mrs. Ross, you need a heart transplant.’” She was then transferred to MedStar Washington Hospital Center’s ED.

When she arrived at the hospital, Anita was immediately put into the care of the Advanced Heart Failure Program.

“I became Mrs. Ross’s cardiologist,” explains Mark Hofmeyer, MD, medical director, Advanced Heart Failure Intermediate Care Unit. “When I first saw her, she clearly had non-ischemic cardiomyopathy that had progressed to end stage heart failure. She also had serious musculoskeletal problems that caused a lot of pain. We began treatment right away with a regimen of Milrinone for inotropic support.”

The program team’s financial counselor connected Anita to health insurance coverage, and Social Worker Karen Weingart, LICSW, helped her find stable housing. Anita was also referred to the chronic pain clinic, to help alleviate her hand and foot numbness.

With a home, Anita could take the first step toward a new heart: LVAD implantation.

“Anita’s timing was perfect,” explains Dr. Hofmeyer. “We were then part of the Momentum-3 clinical trial, comparing the centrifugal continuous-flow pump to the mechanical-bearing axial continuous flow pump. The study showed the centrifugal pump improved six-month outcomes and reduced the risk of thrombosis by more than 12 percent.”

In February 2016, Anita underwent successful implantation. She also continued to go to the pain clinic, but because the LVAD limited non-surgical options for relief, she was referred to Orthopaedic Spine Surgeon Oliver Tannous, MD.

“When I first saw Mrs. Ross, she was debilitated and showing signs of neurologic deterioration,” Dr. Tannous says. “But spinal surgery on patients with an LVAD is risky. They can’t have an MRI, so we must depend on CT scans and our clinical judgement to pinpoint the problem.”

Dr. Tannous’s experience allowed him to make a diagnosis of cervical spinal cord compression and progressive myelopathy, which required surgery. Without it, she would likely have become too debilitated to be eligible for transplant.

“She had the advantage of having the latest LVAD,” explains Dr. Hofmeyer. “We could more safely take her off blood thinners before the procedure.”

She also had the advantage of the interdisciplinary LVAD team, which was part of the process before, during, and after surgery.

In December 2017, Anita underwent anterior cervical discectomy and fusion. The anterior procedure allows for direct visualization of the cervical discs, through a relatively uncomplicated pathway without cutting muscle.

“During the procedure, we removed the disc compressing her spinal cord, replacing it with structural bone graft. Most important, the LVAD coordinator and heart failure team’s anesthesiologist were in the OR, monitoring both the patient and her pump,” says Dr. Tannous.

Following surgery, she was admitted to the heart failure unit, and then had physical therapy with its dedicated rehabilitation team.

“I really improved,” Anita says. “Then on May 22, 2018, I got the call.” The next day, Anita received her new heart.
John H. Sherner, MD, FCCP, didn’t require an extensive orientation when he joined MedStar Washington Hospital Center this summer, as chair for the Department of Medicine. Having spent most of his professional career in the Washington, D.C., area, Dr. Sherner has been a regular visitor to the Hospital Center for training, and has partnered with hospital faculty for educational meetings and programs. “I’ve always been impressed with the energy and enthusiasm devoted to the mission of serving such a large and diverse patient population,” Dr. Sherner says. “I’m honored to now be a part of it.”

The Honolulu-born Dr. Sherner spent most of his childhood in Texas. Like many physicians, he chose a career in medicine, as it combined his love of science with the opportunity to work directly with people. Dr. Sherner earned a commission in the Army through ROTC, as an undergraduate at the University of Notre Dame, and then trained at University of Texas Southwestern Medical School in Dallas. His next stop was Walter Reed Army Medical Center, for an internship and residency in Internal Medicine and a fellowship in Pulmonary and Critical Care Medicine.

Aside from a tour of duty in Iraq, Dr. Sherner has stayed close to Washington, with leadership roles at Walter Reed, the Uniformed Services University of the Health Sciences, and Ft. Belvoir Community Hospital, where he most recently served as Chief of Medicine. He’s been active in the American College of Chest Physicians, and served as an executive board member of the Metropolitan D.C. Thoracic Society.

Dr. Sherner says that while he is still determining which areas he’ll focus on first, he is already well aware of what the Hospital Center’s Department of Medicine is capable of achieving.

“Obviously, we want to provide the highest quality of care,” he says. “To do that, we need an environment where our providers can do their jobs at the highest level, with systems that ensure their satisfaction and wellness. We also want to continue to grow and strengthen our standing training and research programs. The more we can do for our providers, the more we can do for our patients, as well.”

While the coronavirus pandemic’s influence on the department’s near- and long-term practices has yet to be fully determined, Dr. Sherner has high praise for the Hospital Center’s response to date.

“The providers and other associates stepped up and worked extra-hard, and the level of interdepartmental planning and cooperation was outstanding,” he says. “As we prepare for any future surge, we’re discussing what went well, and where we can improve.”

Dr. Sherner adds that the Hospital Center’s existing culture of multidisciplinary care provides an excellent foundation, for evolving with both shared and discipline-specific changes and needs in the specialty treatment areas. He also hopes to bring a provider’s perspective to those efforts, remaining active as an attending in clinic, on the pulmonary consult service, and in the medical ICU.

“We certainly want to focus on developing more opportunities for team-oriented multi-disciplinary care, which will benefit our patients and providers,” he says.

Pursuing these and other objectives for the Hospital Center’s Department of Medicine will no doubt require a lot of energy, another familiar area for Dr. Sherner. He and his wife, a clinical psychologist, have twin 14-year-olds in high school. He also likes to stay active, by playing tennis and basketball, and running.

“I’m going to be on the move a lot, for sure,” he says. “There’ll be challenges, but I’m looking forward to helping take the Hospital Center’s already outstanding reputation in medicine and patient care to even higher levels.”
In the last issue of Connections, I touched on disparities in health care in the U.S. that have long persisted. They’ve been the result of a complex intertwining of social, systemic, and cultural factors, and these inequities have never been more evident. As the coronavirus pandemic ravaged communities across the country, it wreaked significantly greater havoc among minority populations.

There is no easy fix to an issue this complex, but at MedStar Washington Hospital Center, a robust effort is underway to make important inroads through research. With the creation of the new Center for Health Equity Research at MedStar Health Research Institute, under the very able direction of Deliya Wesley, PhD, we have brought this research under one umbrella, and are addressing the challenges from multiple angles.

Parity in clinical trials.
Black and Brown communities have been historically underrepresented in clinical research trials. Efforts to date have shown varying degrees of success, and accrual of these populations remains a challenge.

However today a growing number of investigators recognize that diversity in clinical research is simply better science. Both in terms of the participants, and the researchers themselves. At the Hospital Center, collaborations have been forged between the Center and clinician researchers, to develop protocols, outreach, and education that encourages enrollment by diverse participants.

In one such effort, Dr. Wesley developed a targeted video for African Americans, and aimed at addressing historical injustices, as well as commonly held misperceptions and attitudinal barriers to research participation. The goal was to increase enrollment in cancer therapeutic trials through education and outreach, which is one of several examples of collaboration between health equity scientists now working through the Center and clinicians, resulting in improved trial participation by racial and ethnic minority patients.

Understanding cultural differences.
Communicating in a culturally appropriate manner is key to success. Several projects underway are helping to bridge this divide. Innovating around patient education is especially important in the D.C. region, which has a high incidence of chronic disease among its Black and Brown residents. In one current study, the Center developed and piloted a digital tool, to evaluate diabetes self-management behaviors among African American patients, using social support and social network analysis. Dr. Wesley serves as this study’s Principal Investigator, as well as of another investigation aimed at identifying differences in needs among patient portal users and non-users, focusing on five underrepresented population subgroups, and developing clear guidelines to address their needs.

Reaching into the community.
The hallmark of these studies and all health equity research through the Center is the understanding that they must reflect the realities of where we live, work, and play. That requires our active engagement with the community—and a platform to ensure accountability.

Toward that end, the Center has created its Community Advisory Group, individuals who serve as a voice for and reflect the diversity of the community MedStar serves. These are residents of different neighborhoods, early-stage and seasoned researchers, members of faith communities, educators, community health experts, and more.

A recently funded grant by the Clark Foundation best represents this kind of community engagement. The five-year, $27 million grant will tackle the high rate of infant and maternal mortality in D.C., which is predominantly in our African American community. [Read more about this in our cover story.]

There are several other significant investigations in the pipeline. Our goal is to increase the diversity of not only research participants, but also research teams and others invested in eradicating inequities. I’m optimistic that we can make a difference, and advance health through research FOR ALL.
Hospital Center families cope with the pandemic’s ongoing school daze.

Balancing a career in medicine with home and family responsibilities can be a challenge, even under the best of circumstances. But in the months since the coronavirus outbreak began, many of MedStar Washington Hospital Center’s physicians and APPs with school-age children have executed home-front management acrobatics that could make Olympian Simone Biles envious.

For most, the biggest challenge was the springtime shift by area public school systems to virtual learning formats. In a matter of days, family rooms and breakfast tables across the region were turned into impromptu classrooms that usually required some degree of parental oversight and follow-up. After-school sports and other activities were cancelled or scaled back, further isolating children, and eliminating a valuable vent for their seemingly limitless energy.

With many physicians and APPs required to work full shifts on site, the new virtual school arrangement also required a rapid reshuffling of daily routines and parenting responsibilities—a process that frequently involved a lot of trial and error, with particular emphasis on the “trial” part.

“It was scary in the beginning,” recalls Meaghan Canton Feder, FNP, Dermatology, who has three children, ages 7, 5, and 3. “I was being redeployed to Occupational Health, my parents were living with us at the time, and we just didn’t know what would happen.”

Though providing instruction via computerized conference calls may have helped school systems eliminate the risk of virus spread, young people’s natural attraction to anything computerized didn’t always translate to routine classroom content, particularly among younger children.

“Zoom meetings are hard enough for adults to sit through, so imagine what it’s like for kids who just want to play,” Canton Feder says. “It was sad to watch my son, who always loved going to school, lose interest, because he didn’t feel challenged.”

Those new responsibilities added to the stresses of teleworking spouses and partners who had full-time careers of their own to deal with. Endocrinologist Jason Wexler, MD, says his wife, Joelle, suddenly became responsible for overseeing lessons and homework for the couple’s three boys, ages 13, 11, and 5, just as her work for a broadband policy organization began to ramp up.

“The burden really fell on her,” Dr. Wexler says, adding that Joelle has worked to organize meet-ups with friends and neighborhood kids, to help maintain their social connections.

After a summer with some semblance of “vacation time” normalcy, the impending start of new school year this fall was shrouded with an understandable amount of uncertainty. Though most area public school systems opted to retain virtual learning at least for the near term, Urogynecologist Lee Ann Richter, MD, has been pleasantly surprised to find a far more structured school day for her two children, age 9 and 6, who attend a District of Columbia charter school.

“The school clearly put some effort into planning, because there’s more real-time interaction with teachers and classmates,” Dr. Richter says, adding that joining another family with similarly aged children in a “learning pod” has helped. “Being able to have direct social interaction with kids the same age while they’re learning the same subjects has been much better for them,” she says.
Dr. Wexler agrees that while his county’s school system was better prepared to resume virtual learning, having a more rigorous school schedule is not always enough. To help their youngest son acclimate to virtual kindergarten, the family hired a college student taking a gap year, when her school went with all-virtual classes for the year. “She assists him with navigating the virtual day and do homework, which has been a big help for Joelle,” he says.

Not everyone elected to resume the “new” routine. Concerned that virtual learning was shortchanging the development of their children’s socialization skills, Canton Feder and her husband decided to enroll them in a private school, one that has gradually initiated in-person instruction, albeit with distancing and other safety measures. “They really missed being in class with other kids, and it’s good to see their passion to go to school is still there,” she says.

Socialization was also a consideration as Endocrine Surgeon Erin Felger, MD, and her husband, Rip, weighed options for their 8- and 9-year old children. Taking advantage of some family-owned land in West Virginia, they decided to enroll the children in a local school that opened with in-person learning in September. During the week, “home” is the family RV, where Rip spends his day working on novels while the kids attend school. The family reunites on weekends, for activities that Dr. Felger says are relieved of the pre-pandemic stress issues. “We agree that it’s the best decision we ever made, aside from getting married,” she says. “The kids have adjusted well, and my absence really doesn’t bother them because they were usually in bed when I got home. And, Rip and I are able to get more of our own work done.”

There have been some unexpected benefits to this unusual “distance learning” approach as well, Dr. Felger adds. “My kids are truly happier, because they’re experiencing people from different backgrounds, and aren’t facing the pressure you sometimes find in suburban schools,” she says. “They’re right where they should be academically, and we hope to sign them up for youth sports leagues there. It’s worked out so well that we’re talking about keeping them in that school beyond this year.”

Canton Feder says her family’s adjustment to a pandemic-dominated world has likewise produced some positive outcomes. “The family bonding has been a silver lining,” Canton Feder says. “Before, my husband was often traveling for work, or working late at the office. Now, the kids are seeing more of him than ever.”

Along with gaining a greater appreciation for the work of teachers and school administrators, Dr. Richter says the past few months have allowed her family to spend more time together during the evenings and on weekends, and to rely more on one another. “The kids have grown closer as siblings and playmates, though I still wonder what the long-term effects of the limited interaction with their peers will be,” she says. “This has been the most challenging thing we’ve dealt with as parents, but we’re very fortunate to be in the position we’re in. We have a lot of empathy for other families.”

Dr. Wexler says that for the most part, each of his sons has largely become accustomed to the virtual learning environment in his own way. “Our youngest is getting better, after some squirmy early days,” Dr. Wexler says. “He can even log in by himself now, which shows how kids are resilient and adaptable.”
A new hybrid approach to complex deep venous disease.

Steven Abramowitz, MD

A viable surgical treatment for deep vein post-thrombotic syndrome (PTS) and similar obstructive venous conditions is being pioneered by MedStar Heart & Vascular Institute’s Steven Abramowitz, MD.

Using a reconstructive technique called endovenectomy, Dr. Abramowitz carefully removes scar tissue from within a vein, which creates a clean channel for flow into an inserted stent, allowing blood to flow freely. “The procedure requires a connection between healthy sections of the vein,” says Dr. Abramowitz. “Usually a clean path, just over three inches, is all we need.”

Post-thrombotic syndrome is an under-recognized disease that affects patients’ quality of life, says Vascular Surgeon Misaki Kiguchi, MD, who teams up with Dr. Abramowitz on some cases.

“Aafter deep vein thrombosis, the scar that forms in the vein often narrows the channel in which blood can flow back to the heart, increasing venous pressure in the legs. This leads to symptoms of heaviness, swelling, and in the most severe cases, ulcers. Dr. Abramowitz’s endovenectomy skill adds to the comprehensive venous team at MedStar Heart & Vascular Institute, by increasing the population of patients who can be treated endovascularly by adjuvant endovenectomy. These patients otherwise would have limited surgical options and limited success in revascularization without an endovenectomy."

Dr. Abramowitz has used the procedure to treat PTS in the external iliac vein, femoral vein and profunda vein. He reports that the two-to-four hour-long procedure has so far yielded good outcomes, and any patient with PTS is a candidate.

“Rather than having to rely on wound care and compression to treat chronic, non-healing venous wounds, we’re able to improve the patient’s own venous drainage addressing the root of the problem,” Dr. Abramowitz says. “Many patients are healed within a matter of months.”

Dr. Abramowitz is using the results of adjuvant endovenectomy with endovascular stenting to study ways to refine the technique, from varying segment lengths to investigating ways to accelerate the healing process. Although there may also be ways endovenectomy can help address conditions in other parts of the body, Dr. Abramowitz says the procedure’s most promising area of treatment is in the legs, where deep vein clots and other occlusions most frequently occur.

Dr. Kiguchi adds, “At the MedStar Health Vein Centers, I treat a wide range of venous disease, from cosmetic varicose veins to large venous ulcers. Having a colleague like Dr. Abramowitz and his success with endovenectomy to improve venous hypertension in many patients with PTS, is an asset to the comprehensive venous disease treatment paradigm.”
Maria Leber, PA-C
Director of Advanced Providers, Surgery
Chief APP, Orthopaedic Surgery.

MedStar Washington Hospital Center’s Orthopaedic surgery patients can credit soccer for the quality care they receive from Maria Leber, PA-C. As a multi-sport young athlete, Leber played soccer competitively through school and into college. As with many other athletes, she spent a lot of time rehabbing numerous injuries along the way. “Soccer, and all those visits to the training room truly laid the foundation for my career,” Leber says.

After completing her Physician Assistant studies at Stony Brook University, Leber came to the nation’s capital in April 2005, where she joined the Hospital Center’s Orthopaedic Surgery group. At the time, it was a practice of only two attending physicians and one nurse practitioner. Her responsibilities have grown in step with the department, to include serving as Chief APP of the Orthopaedic practice and Director of Advanced Practice for all surgical APPs.

Though sports medicine was an early influence on Leber’s career, she considers orthopaedic trauma to be a more dynamic practice. “Unlike athletic injuries, the cases are not always elective, and the recovery process carries uncertainty,” she says. “The cases also have more interdisciplinary aspects, which can be challenging, but also quite rewarding.”

Leber says the Hospital Center is ideally positioned to provide the needed environment.

“The patient population and management of comorbidities is both challenging and rewarding,” she says. “We also provide an injury support system, when social factors impact illness or injury recovery.”

The coronavirus pandemic has had a mixed effect on Orthopaedics, with trauma cases remaining steady, while elective procedures have yet to fully rebound. Since spring, Leber has managed redeployment of the surgical APPs to support other areas, including the Hospitalist Medicine service, the COVID-19 clinic, and Occupational Health. Two surgical APPs are working on a study on the use of antibodies from COVID-19 patients to treat new cases.

“My role has been to make sure they’re practicing at the top of their scope and complying with health guidelines, while also advocating for their needs and concerns, particularly when it comes to safeguards against infection,” Leber says.

Along with coping with the challenges of the coronavirus response, Leber says the experience has provided a catalyst for Orthopaedics, to fast-forward implementation of ideas that will further benefit the department’s operations and workflows. “We’re changing the APP structure, to provide more consistent coverage for our orthopaedic inpatients and greater autonomy in the outpatient setting,” she says. Regardless of how the pandemic unfolds in the coming months, Leber adds, “we want to improve, not simply go back to the way we were.”

With two sons aged 8 and 11, Leber’s home life has long revolved around a lengthy list of sports that include cycling, hiking, and skiing trips, and shuttling between basketball gyms and soccer fields. She credits her husband Dennis, who works for the U.S. Department of Commerce, with assuming the role of home-school teacher while also juggling telecommuting fulltime. He has kept her grounded during the challenges of COVID-19, she states, and has provided the ability to maintain a regular onsite work schedule.

“He does it all, the virtual schooling, household duties, even puppy training for the newest addition to our family. He has kept our family functional,” she says, noting that adapting to the pandemic’s restrictions has not been totally negative. “With so many youth sports and other social events on hold, we’re able to spend more quiet and quality time together as a family,” she says. “Sometimes, it’s nice to be less busy, and more intentional with your time.”
Kaytlin Hack, MD.
Emergency Medicine.

**When Kaytlin Hack, MD,** was a teen enrolled in her high school driver’s ed course, a paramedic came to speak to the class. He showed graphic photos of crash scenes, and talked about how emergency responders could anticipate passenger injuries, based on damage to the vehicle. While he may have intended to showcase the risks of driving, his words ignited a future career.

That night, Dr. Hack went home and told her father she wanted to become a paramedic for the Fire Department. Her father, in turn, suggested becoming a doctor. Dr. Hack, currently a chief resident for Emergency Medicine, would become both.

As an undergraduate at the University of Chicago, Dr. Hack took advantage of elective first responder courses to become an emergency medical technician (EMT). She began working for the university’s athletic training department, and then for a private ambulance company at night, where she worked two 5 p.m. to 5 a.m. shifts a week. After those shifts, she would head right to class.

“I slept the other nights,” Dr. Hack quips.

Dr. Hack was accepted to the University of Illinois College of Medicine, but decided to defer for a year, to pursue her long-held dream of becoming a paramedic, as all the time in an ambulance solidified her passion for emergency medicine.

While the late nights and twelve-hour shifts may have prepared her well for the rigors of residency, Dr. Hack notes that the transition from first responder to emergency room doctor had its challenges.

“The role is different. As a paramedic, I was always the hands on ‘doer’ and technician,” Dr. Hack recalls. “As a physician, I had to realize it’s important for me to keep the big picture in mind. Instead of being reactionary, I had to learn to delegate. As an emergency medicine doctor, I have to think more broadly about what was the most efficient, and best care for a patient.”

Dr. Hack has learned the art of not micromanaging, and instead, using all the resources and extraordinary team members that the Hospital Center has to offer, to make an emergency room process flow as efficiently as possible.

When it came time to choose a residency, Dr. Hack knew there were fantastic emergency medicine programs around her hometown of Chicago. “It was big decision point,” she says. “Do I stay with family and friends, or branch out?” She decided that the Hospital Center had an unparalleled program and location. As a member of the National Guard, the proximity to the center of government appealed to Dr. Hack, who hopes to one day work as a physician for the government.

Serving as a chief during COVID-19 hasn’t altered her outlook. “This is what we do as emergency medicine doctors. We’ve always been on the front lines,” she says. “We’ve always dealt with cardiac and respiratory issues. We’re here for the unknown. There’s a certain personality that is drawn to those challenges.”

Dr. Hack also has the type of personality attuned to those more serendipitous unknowns in life. Earlier this summer, she worked next to an attending who commented on her camouflage print scrub cap, and encouraged her to apply for an emergency medical services fellowship at Johns Hopkins. Dr. Hack successfully matched to the program in November, and will begin her duties there in July 2021.

While there will always be unknowns in Dr. Hack’s specialty, she knows she’ll continue to seek out opportunities to support the military. In 2022, she’ll deploy overseas as an expert on emergency medicine, to assist and train U.S. Army flight medics who are there to provide point-of-injury care. “It will bring me back to my paramedic roots,” she says.
Kryssy Maloni, MD, always knew she had a caretaker’s personality. She experienced it on the soccer field as a young athlete: How she could go to attentive the moment an injury surfaced; shifting her adrenaline, almost instantly, toward what could be done to help a fallen teammate.

“I knew I wanted to have the toolkit to be able to take care of people when they needed it,” Dr. Maloni recalls. “It’s something you just know about yourself,” she says.

Dr. Maloni brings her well-honed toolkit to MedStar Washington Hospital Center after completing a two-year vascular surgery fellowship at Philadelphia’s Pennsylvania Hospital, one of the oldest fellowships of its kind in the country.

“I love the technical aspects of surgery, and the diversity of practice my specialty requires,” says Dr. Maloni. “Our patient population can be frail, so you need to know a lot about other facets of medicine, and be able to identify problems outside our usual realm of practice.”

But unlike other surgical specialties, there is a longitudinal relationship that goes well beyond a procedure. “Vascular surgery is rarely a ‘one and done’ situation,” says Dr. Maloni. “There’s a primary care side to surgery. I have the opportunity to care for siblings, and even generations, within the same family. It’s nice to get to know people on that level.”

Dr. Maloni recalls a case in which she had to share grim news about a patient’s ruptured aneurysm with family members, and then encourage them to be screened immediately, for their own wellbeing. “You become a part of the family at that point,” she notes.

The emotional toll that weighs on her patients was brought into stark relief recently, when her father-in-law, who is diabetic, had a toe amputation. The experience provided her a portal into the psyche of some of her own patients. She observed that this man, who she knew to be strong, was suddenly realizing one of his greatest fears, and worrying if this was just the beginning—if a toe would lead to the loss of an entire leg.

“A doctor can never lose that empathy,” she says. “My job is to do everything I can, to bring patients back to a functional level that’s acceptable to them, and to never take for granted the impact that disease has on a patient’s life.”

Dr. Maloni says she’s most eager to begin getting to know those patients—and their families—who will be in her care for years to come. As she begins to build relationships with a new generation of patients, Dr. Maloni is also excited to support her peers.

Dr. Maloni has several areas of research interest, including use of duplex surveillance, superficial and deep venous disease, and quality of life for vascular surgeons. As a physician attending to patients in the new normal of COVID-19, her biggest call to action is helping her patients know that when it comes to many vascular conditions, the urgent can quickly become emergent.

“We have patients who risk losing limbs, because they have avoided care,” says Dr. Maloni, who advises patients to get problems resolved as quickly as possible.

In a time of heightened stress and decreased quality of life for patients and their caregivers, Dr. Maloni observes that what she appreciates most in her own life, are the things she knows her patients themselves often seek to regain: staying active, and relishing time with family.
A combination of expertise and technology has helped MedStar Washington Hospital Center’s Department of Oral & Maxillofacial Surgery secure its place, as the region’s premier Oral & Maxillofacial Surgery team to manage complicated oral, jaw, and facial surgeries.

Our department continues to grow, and we now have four full-time surgeons on our staff. Our four-year residency program accepts three new residents each year, for a total of 12 residents at any one time and remains as a top tier training program in our specialty.

In an average day, our hospital outpatient office continues to see 30-35 patients with a variety of complex problems. In addition to our clinic, our group has regular operating room time for our more complex surgeries. We’re excited about this fall’s opening of a satellite clinic in Northern Virginia, which extends our reach into the community, and helps us provide services closer to patients’ homes.

The mainstay of our practice has been corrective jaw surgery. Our department continues to perform the highest number of corrective procedures in the region. With our focus in technology, we can accurately reposition jaws to correct the patient’s bite, improve speech, and provide a more pleasing appearance.

One of the more recent advances in corrective jaw surgery has been using these procedures to assist in correction of obstructive sleep apnea. By advancing the upper and lower jaws, we can help eliminate upper airway obstruction and open the airway. Our team is one of the few centers providing treatment for obstructive sleep apnea using maxillomandibular advancement.

In the outpatient clinic, we now have access to dynamic navigation and in-office 3-D printers, which has bolstered our dental implant program. From helping patients replace one missing tooth to replacing the entire dentition, our dental implant team continues to be leaders in the field of dental implantology.

Lastly, one of our recent advancements has been removing jaw tumors and performing complex bone reconstructions, without the need for a second surgical site. Our surgeons have experience in using tissue engineering bone grafts to help restore form and function in patients who have had previous tumors, cancer, and traumatic injuries.

In addition to own expertise, we continue to have strong relationships with our colleagues in otolaryngology, plastic surgery, trauma surgery, and medicine, to provide the best care in patients with complex conditions.

For any questions, or to refer a patient, please call 202-877-6576.