



MedStar Franklin Square  
Medical Center

Knowledge and Compassion  
**Focused on You**

# ANNUAL REPORT 2019

**The Department of Family  
Medicine**

*“Improving Health Through Partnership,  
Scholarship and Advocacy”*



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# A YEAR IN REVIEW FROM DR. MELLY GOODELL

*Chair, Department of Family Medicine*



I'm proud to share the Department of Family Medicine 2019 Annual Report with you. With this report, we are now transitioning to a calendar year annual report instead of an academic year summary. Consequently, this report includes 18 months of events, dating back to July 2018, though with an emphasis on 2019.

Our department's core mission and values span excellence in clinical care, education, and scholarship. In the past 18 months, we celebrated key accomplishments in many different areas despite weathering expected and unexpected changes. We said goodbye to cherished colleagues but also welcomed strong new additions to our team. Overall, the department, clinic, and residency are thriving.

We continue to attract high quality residents in both our categorical Family Medicine Residency and the 4-year combined Family Medicine-Preventive Medicine program in collaboration with Johns Hopkins Bloomberg School of Public Health. Our faculty and residents hold regional and national leadership positions and present their academic work at regional, national, and international conferences.

In addition to our residents, we are a core teaching site for dozens of other learners throughout the year: medical students, pharmacy students, social work students, community health education students, and more. This interdisciplinary environment enhances our department.

We conducted over 30,000 visits in the Family Health Center this year, and provided care to over 10,000 patients in the clinic, the hospital, nursing homes, and in their homes. We have maintained Level III Patient Centered Medical Home Status since 2011. Our care coordination team has helped address the most complex needs of our patients and reduced hospitalizations as well as ED visits in the process.

I am honored to lead this talented team and thank them for the hard work and dedication they demonstrate every day in support of our goals and those of MedStar Health.



# FACULTY HIGHLIGHTS



# FAMILY MEDICINE CORE FACULTY

*The Heart of Our Department*



Nancy Barr, MD  
Medical Director,  
FHC/Med Student Ed



Jill Cotter, DO



Lauren Drake, MD  
Faculty



Michael Dwyer, MD  
Program Director, FM  
Residency



Uchenna Emeche, MD  
Faculty, Associate Medical  
Director



Lee Fireman, MD  
Core Pediatrics Faculty



Andrea Gauld, PharmD,  
BCACP, BCPS



Melly Goodell, MD  
Chair, FM



Claudia Harding, LCSW-C, BCD,  
Dir of Behavior Science/  
Comm Med



Martha Johnson, MD  
Faculty



Joyce King, MD  
Director of Inpatient  
Training



Sasha Mercer, MD  
Core Pediatrics Faculty



Michael Niehoff, MD  
Director of Musculoskeletal  
Programs



David Pierre, DO  
Faculty



Kelly Ryan, DO  
Faculty & Sports  
Medicine



Katherine Stolarz, DO  
Faculty



Elise Worley, DO  
Faculty

# FAMILY MEDICINE ADJUNCT FACULTY



Kendal O'Hare, MD



Jay Weiner, MD



Britt Gayle, MD



Lauren Gordon, MD



Mozella Williams, MD

# PEDIATRIC ADJUNCT FACULTY



Ari Silver-Isenstadt, MD  
Pediatrics Faculty



Tia Medley, MD  
Pediatrics Faculty



Jessica Nooralian, MD  
Pediatrics Faculty





# FAMILY MEDICINE WISHES A FOND FAREWELL

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In the last year, family and career changes led to the departure of several faculty. Eli Moreno and her family moved to Utah, where she is now faculty with the University of Utah Department of Family Medicine.

Lauren Gordon is providing women's and adolescent health care in the Baltimore County Department of Health and The Baltimore County school system.

Britt Gayle took a more research intensive position with the University of Maryland Institute of Human Virology.

Both Dr. Gordon and Dr. Gayle remain as part time/ per diem faculty with us. They each contribute unique talents to our team, but we are excited for them to continue to achieve professional and personal goals while they will remain a part of Family Medicine family!



# Family Medicine Welcomes:



Jill Cotter, DO  
Faculty  
Joined Oct 2019

Jill Cotter, DO, completed her medical education at the University of New England College of Osteopathic Medicine and is a graduate of the Medstar Franklin Square Family Medicine Residency. She completed a fellowship in obstetrics at The University of Texas Austin. Following her fellowship training, she practiced full scope family medicine in rural areas of Texas while serving as faculty at Texas A&M University. Eager to get back to her east coast roots, Dr. Cotter joined the faculty at Medstar Franklin Square Family Medicine Residency in October 2019. Areas of interest include resident education, women's health and obstetrics.



Sasha Mercer, MD  
Core Pediatrics Faculty  
Joined October 2018

Sasha Mercer, MD is a General Pediatrician who trained at Children's Hospital Kings Daughter in Norfolk, VA, for her pediatric residency. Currently, she is clinical faculty with Medstar Franklin Square Family Health Center with interests in pediatric development and adolescent health. She is ecstatic about teaching family medicine residents outpatient pediatric ambulatory clinical care.



David Pierre, DO  
Faculty  
Joined November 2018

David Pierre, DO is a board certified family physician who attended Philadelphia College of Osteopathic Medicine. He completed his residency at Christiana Care Health Services where his areas of clinical interest ranged from pediatrics to adult medicine, acute and chronic disease management, osteopathic manipulative medicine, public health, health and nutrition, and socioeconomic determinants of health.



Mozella Williams, MD

Mozella Williams, MD MBA is a family physician who resides in Baltimore. She attended Morehouse School of Medicine where primary care was an early interest, and she completed her residency at the University of Maryland. She has enjoyed her career in both academics and an innovative, integrated non-profit primary care model, most recently as a part-time faculty member of MedStar Franklin Square Family Health Center in Baltimore, MD. She currently serves as the President of the Maryland Academy of Family Physicians.

# FACULTY RETREAT 2019



The Department of Family Medicine faculty held their annual retreat on April 11, 2019.

Our guest speaker, Dr. Susan Cheng, Ed.L.D., MPP presented on “Everyday Bias in the Workplace”. Her presentation was eye-opening and engaging.

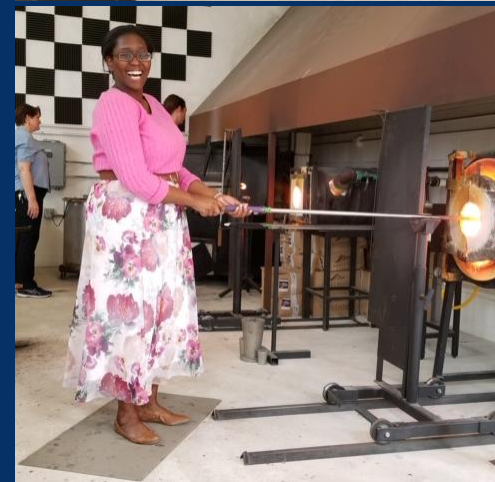


Curriculum updates and goals were also presented by faculty for the FHC on themes and trends in women’s health, inpatient services, residency and LIC programs, research, journal club, geriatrics, home visits, didactics, behavioral health, dermatology, obstetrics, patient safety, and pediatrics.



Retreats provide an opportunity for extended time to focus on deeper curriculum and development issues, along with attention to well being and faculty cohesion.

The curriculum work was followed by a spirited team building event at McFadden Glass Studio.





# FACULTY AWARDS

At the 2019 Resident Graduation, the residents voted to honor **Britt Gayle** with the Faculty Teaching Award. His steady dedication and supportive teaching style were highly valued by residents.

Faculty peers voted to select **Eli Moreno** as the recipient of the 2019 Faculty Excellence Award, in acknowledgment of the passion and enthusiasm and high level of quality she brought to all aspects of her faculty role.

**Uchenna Emeche** represented the Family Health Center and accepted an award as the winner of the 2019 Family Practice Management Award for Practice Improvement. The award for the work of our Care Coordination team has provided around decreasing admissions, readmission, and total cost of care was presented at the STFM Conference on Practice & Quality Improvement on December 6, 2019, in Phoenix, AZ.

Congratulations to **Nancy Barr**, who was promoted to Associate Professor of Family Medicine on the Clinician Educator path in the Department of Family Medicine at Georgetown University School of Medicine.

**Lauren Drake** was selected for the Society of Teachers of Family Medicine 2019 Emerging Leaders Fellowship Program. This is a year-long program focused on developing leadership skills and mentoring as participants take on new challenges and responsibilities in their careers. The curriculum includes a longitudinal practicum project to apply fellowship skills. Dr. Drake's practicum project is implementation of an opiate dependence treatment program at the Family Health Center.



Dr. Emeche accepts an award at the STFM Conference on Practice Improvement in December, 2019 in Phoenix.





# FACULTY LEADERSHIP

We continue to support the involvement of our faculty in leadership roles outside of MedStar Health. This provides professional and faculty development opportunities for our faculty and role models leadership and service for our residents.

- **Michael Dwyer** continues to serve on the ABFM in-training Exam Committee and is an item writer for the certification exam for the ABFM.
- **Michael Niehoff** is a Specialty Society representative on the Board of Trustees for MedChi (Maryland State Medical Society). This is the statewide professional association for licensed physicians, whose mission is to serve as Maryland's foremost advocate and resource for physicians, their patients, and the public health. Dr. Niehoff is also a delegate for the Baltimore County Medical Association and on the Board of the Center for a Healthy Maryland, which is the philanthropic foundation associated with the state medical society.
- **Kelly Ryan** currently Co-Chairs the Education Committee of the Maryland Academy of Family Physicians.
- **Mozella Williams** is currently the President of the Maryland Academy of Family Physicians and will transition to Board Chair in June 2020.
- **Katherine Stolarz** serves as President of the Board of Companion Community Development Alternatives, a non-profit that focuses on public health projects in Central America.
- **Nancy Barr** serves on the Education Committee of the Maryland Academy of Family Physicians.



# SPOTLIGHT ON FACULTY DR. KELLY RYAN AND HORSEMEN'S HEALTH

Dr. Kelly Ryan is the Co-medical director for Horsemen Health system and has been traveling around the country and internationally speaking at conferences advocating for jockey safety. Last year she spoke in Santa Anita, California; Lexington, Kentucky; and even in Dubai at the International Conference for the Health, Safety and Welfare of Jockeys. She also is the assistant team physician for Towson University providing care to all of their teams in the training room and medical coverage for women's basketball, men and women's lacrosse, and women's gymnastics. Dr. Ryan is a member of the Orioles medical staff providing game coverage and medical care at spring training in Sarasota, Florida. She's given talks for the community on concussions as well as the American Academy of Family Physicians to teach family medicine physicians how to manage concussions in the office.



<https://www.paulickreport.com/news/ray-s-paddock/ryan-urges-tracks-to-take-a-good-hard-look-at-medical-protocol-and-not-just-for-jockeys/>

Dr. Kelly Ryan spoke at an event for the Racing Officials Accreditation Program in April urging everyone to review medical protocols, practice possible situations, and educate all members/staff to know what to do in different situations.

<https://youtu.be/vLBh29cAL24>





# **RESIDENCY HIGHLIGHTS**



# RESIDENT GRADUATION & FUTURE PLANS CONGRATULATIONS TO THE CLASS OF 2019



**Candice Baine, MD**  
Outpatient Primary Care  
at Marna Main Health,  
Arizona

**Janelle Hinze, MD**  
Outpatient Primary Care  
at MedStar MMG, Virginia

**Michelle Dutkin, MD**  
Hospice and Palliative  
Care Fellowship at Henry  
Ford Hospital, Michigan

**Kai Chen, MD**  
Mid-Atlantic Kaiser  
Permanente Urgent Care,  
Maryland

**Max Romano, MD, MPH,  
FM-Prev Med**  
Healthcare for the  
Homeless, Maryland

**Melanie Connah, MD**  
Core Faculty at the Family  
Medicine Residency-  
Oconee, South Carolina

**Farrah Siddiqui, MD**  
Outpatient Primary Care

## Resident Awards:

**Outstanding Resident Teacher Award:** Melanie Connah, MD  
**Reichel Award for Geriatrics, Resident:** Melanie Connah, MD  
**Scholarship Award:** Max Romano, MD, MPH  
**Global Health Scholar:** Kai Chen, MD  
**Lee Rome Memorial Award:** Joseph Brodine, M.D.

## Specialty Faculty Awards:

**Pediatric Teaching Award:** Jeanne Markowski, N.P.  
**Reichel Award for Outstanding Teaching, Attending:** Mary Katherine  
Buchanan, MD





# CONGRATULATIONS TO THE CLASS OF 2019



A great time had by all!



# CURRENT PGY3 RESIDENTS: CLASS OF 2020



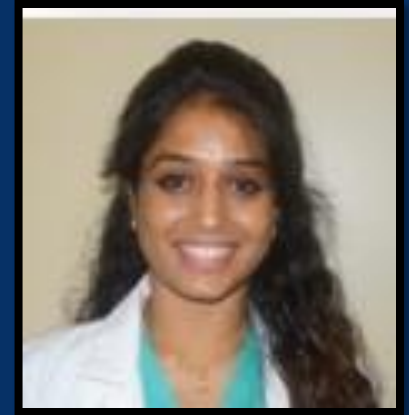
Mariam Antonios, DO



Chelsea Backer, DO



Annie Bailey, MD



Sadhika Jamisetti, MD



Allen Jian, MD



Samantha Kurzrok, MD



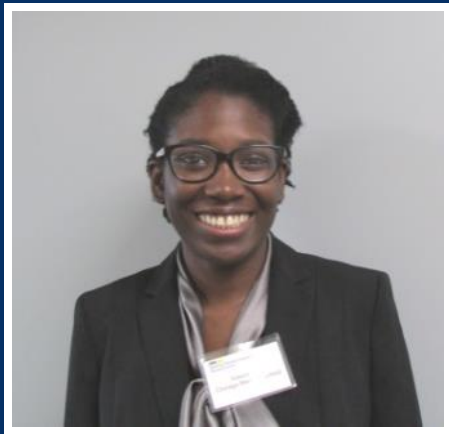
Priya Raghavan, MD



Nithin Paul, MD  
FM-PREV MED



# CURRENT PGY2 RESIDENTS: CLASS OF 2021



**Adwoa Adu, MD**



**Ankita Ambasht, MD**



**Linda Ataifo, MD**



**Sarah Gray, MD**



**Jeremy Parsons, MD**



**Matthew Shapiro, MD**



**Angele Wafo, MD**



**Joseph Brodine, MD  
FM/Prev Med**

# WELCOME FAMILY MEDICINE RESIDENCY CLASS OF 2022



**Sydney Allison Kraemer, MD**  
Fam Med/Prev Med class of  
2022



**Anna Conley, MD**  
University of Maryland



**Christopher Favero, MD**  
Medical University  
of the Americas



**Laura Kurata, MD**  
University of Hawaii



**Allyson Lynch, MD, MPH**  
Drexel University



**Ilyssa Moore, MD**  
Saba University



**Julie O'Donnell, DO**  
Lake ERIE College of Osteopathic Medicine



**Kelsey Schwartz, DO, MS**  
Philadelphia College of Osteopathic  
Medicine



**Andrew Shaw, DO**  
Edward Via College of Osteopathic  
Medicine



**Jarett Beaudoin, MD**  
Fam Med/Prev Med  
Thomas Jefferson University  
(Class of 2023)



*I enjoyed my time at Franklin Square as a fourth year medical student. After that rotation it became clear that Franklin Square Family Health Center was the perfect place for me to spend the next three years of my training. The environment is incredibly welcoming, and the quality of education is second to none.*

*- Kelsey Schwartz, 1<sup>st</sup> year Resident*



## 2018–2019 FAMILY MEDICINE INTERVIEW STATS

	<u>Invited To Interview</u>	<u>Interviewed</u>
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FM Program:	197	121
Dual Program:	11	7

Total number of applications received: 1747 (FM Program), 198 (FM/Prev Med)

**COMBINED  
FM/PREVENTIVE  
MEDICINE RESIDENCY**



# COMBINED FAMILY MEDICINE/PREVENTIVE MEDICINE RESIDENCY PROGRAM UPDATES:

The Combined Family Medicine-Preventive Medicine Residency is a four-year residency program leading to board certification in both Family Medicine and General Preventive Medicine. The program is a collaboration between MedStar Franklin Square Family Medicine Residency and Johns Hopkins Bloomberg School of Public Health (JHSPH) General Preventive Medicine Residency. The goal of the program is to train leaders in family medicine and public health to improve health through partnership, discovery and advocacy.

- Max Romano, MD, MPH, our 2019 Combined Program graduate, joined the primary care team at Healthcare for the Homeless in Baltimore City. Dr. Romano continues to provide excellent patient care to marginalized and underserved patients in the Baltimore area with a special concentration in HIV care and population health. Dr. Romano is a medical student preceptor at HCH and is involved with the Family Medicine Education Consortium as an advisory member. Dr. Romano also continues to serve as a board member for Baltimore Ethical Society.
- Starting in spring of 2020 our Family Medicine Residency will be serving as a 6 month clinical rotation site for categorical preventive medicine residents. Rotation concentrations will include addiction medicine, PCMH, and developmental pediatrics. This is a new and innovative reciprocity which will strengthen the clinical skills of the prev med residents while bringing a specific set of skills to our clinical setting.



Combined Program residents Nithin Paul, MD, Joseph Brodine, MD, and Alison Kraemer, MD facilitate a workshop on the integration of preventative medicine into primary care in November at the Family Medicine Education Consortium Northeast Regional Conference in Lancaster, Pa. In attendance were medical students, residents, and faculty from various family medicine programs from the Northeast area.



# FAMILY MEDICINE/PREVENTIVE MEDICINE RESIDENT UPDATES:

**Nithin Paul, M.D. (PGY 4)** ended his 3<sup>rd</sup> year of the combined program by working with the MedStar Family Choice Medicaid Managed Care Organization by helping them apply for the National BUILD Health Challenge grant, partnering with city government agencies, health organizations, and several community organizations. He also helped design a pilot to utilize community health workers in hospitals across the city. He then worked with the Baltimore City Health Department, helping create a city-wide social resources database. Moving into his fourth year of residency, he worked for the ABC News Medical Unit in New York City as a health consultant for news stories on shows such as Good Morning America, World News Tonight and 20/20. He was also an on-air consultant as the vaping crisis unfolded. He then completed his preventive medicine rotation requirements while working as a Health Policy Fellow for Congressman Raul Ruiz (CA-36), where he worked on policies pertaining to e-cigarette regulation, gun violence prevention, medicare DME coverage, and telehealth. At MedStar Franklin Square Medical Center, he helped the Pediatric Community Task Force create a grant program to address the behavioral health, asthma, and obesity challenges affecting our pediatric patients. Within the community, he continued his work working with Councilman Zeke Cohen in helping found a community health task force in District 1 of Baltimore City. He is currently looking to build on his residency training by searching for primary care and public health jobs following graduation.

**Joseph Brodine, MD, MPH (PGY 3)** completed his 2<sup>nd</sup> year in the combined program. He helped develop the Baltimore City Health Department guidelines for the Levels of Care initiative that would guide hospitals in optimizing their response to the opioid epidemic. During his time at Johns Hopkins Community physicians, he supported a QI project to improve that healthcare systems' diagnostic coding educational curriculum for staff providers. He helped conduct literature reviews and analyses for the Johns Hopkins Evidence-Based Practice Center seeking to address the question of whether community health worker licensure affects population health outcomes. This year, he will work with Johns Hopkins Health Systems' health insurance administration and with the Maryland State Department of Health in the Environmental Health Bureau. Dr. Brodine also served as the course coordinator and an instructor for the class, "Problem Solving in Public Health" for graduate students at Johns Hopkins Bloomberg School of Public Health.

**S. Alison Kraemer, MD (PGY-2)** entered her second year in the combined program as a full-time MPH student. She embarked on taking courses in a variety of disciplines from biostatistics and epidemiology to food systems and mental health disaster relief. At the same time, she has continued to perform required clinical duties at Franklin Square Hospital. She eagerly pursues her passion for integrative medicine, and she has selected to focus her MPH capstone on designing a resiliency program for Family Medicine residents. She met with the senior advisor for her congressional representative on Capitol Hill regarding strategies to prevent nuclear war as part of the Union of Concerned Scientists Advocacy Day. She was then selected for the Board and Steering Committee for the Chesapeake Physicians for Social Responsibility and is working to connect medical students with advocacy and policy opportunities within the organization.

**Jarett Beaudoin, MD (PGY 1)** joins us from Philadelphia, Pa where he served as a National Health Corps member at the Nationalities Service Center, the city's largest refugee resettlement agency. This work fostered Dr. Beaudoin's interest in both primary care and health policy, especially the impact they have on marginalized and low-income populations. Dr. Beaudoin is interested in how research impacts health policy and advocacy efforts.



The Preventive Medicine Grand Rounds residents stop for a photo opportunity with their guest speaker, current surgeon general, vice admiral Jerome Adams, MD, MPH



# **CURRICULUM HIGHLIGHTS**



# Updates to the Pediatrics Curriculum

As reported in last year's annual report, the closing of the hospital inpatient pediatrics unit in April 2018 necessitated changes to our pediatrics curriculum to maintain and achieve high quality clinical care and educational experiences.

- Beginning in Oct 2018, the inpatient experience moved to Sinai Hospital in partnership with LifeBridge Health. The residents and students report high satisfaction with this rotation.
- The Peds ED experience continues in the MedStar Franklin Square ED and is augmented by a rotation in the Harriet Lane Children's Hospital ED at Johns Hopkins which began in May, 2019.
- Nursery and NICU rotations are unchanged.
- Our ambulatory peds volume has remained robust. We were excited to recruit a second full time pediatrician, Sasha Mercer, who joined our faculty in Fall 2018.
- With the addition of precepting support from the pediatricians at the Perry Hall Pediatrics practice, we have pediatrics faculty supporting the teaching of residents and students during most clinic sessions.





# New Elements in the Residency Curriculum



As healthcare and medical education evolve, so must our curriculum! As of September 2019, PGY 2 and PGY 3 residents began a regular 3 week rotation on Johns Hopkins Inpatient Chronic Pain Unit. Through this rotation, residents will learn how to manage patients suffering from chronic pain conditions within a multi and interdisciplinary rehabilitative setting. Goals of this rotation include mastery of non-opiate pharmacology, development of psychiatric formulations using psychiatry perspectives, and attendance and facilitation of psychosocial, psycho educational, mindfulness, and biofeedback groups and sessions.





# **TEAM BUILDING, FUN, AND WELLNESS**



One of the ways our team keeps focused and energetic is by having fun. Throughout the year, our monthly interdisciplinary Process Improvement (PI) meetings, semi annual retreats, holiday celebrations, and community outreach events give us many opportunities to improve our work, but also to laugh and connect with faculty, residents, and staff.



A favorite past time is dressing like our fearless residency leader, Dr. Mike Dwyer. Who does it better, Dr. Barr (left) or PGY 2 Jeremy Parsons (below and right)?





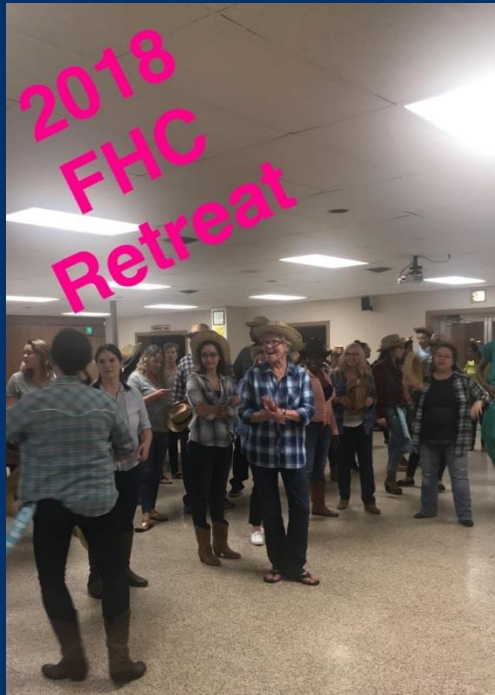


The Department of Family Medicine started practicing yoga weekly on lunch breaks to help with the stress of the day, stretching, and keeping a healthy mind and body.



For one of our most entertaining Halloween costume contests, staff, faculty and residents were encouraged to dress up as an ICD-10 code. Can you spot the following: Stung by a jellyfish, struck by a chicken, injury due to arts and crafts, cat scratch fever, ovarian torsion, problems related to upbringing, or attacked by a turtle?





The Family Health Center Annual Retreat was full of surprises including a flash mob to celebrate Dr. Nancy Barr's dedication to the Family Health Center and her birthday.



Faculty Andrea Gauld, Eli Moreno, Martha Johnson, and Kelly Ryan share smiles after conquering the climbing wall at Earth Treks during the June New Intern Welcome Retreat.



The Fall 2019 Retreat included patient safety, team building, exercise, and tie-dye activity, which many of our group proudly displayed a few days later.





# COMMUNITY OUTREACH



# SPORTS MEDICINE IN THE COMMUNITY

MedStar Franklin Square Family Medicine attendings, residents and medical students have the opportunity to cover running road races such as the Charles Street 12 miler and the Baltimore Marathon. They also help with pre-participation physicals for our communities including Baltimore County and Baltimore city, helping make sure 300-400 student athletes are healthy enough for their sports seasons.



Faculty, residents, and medical students prepare to conduct pre-participation exams





Former faculty Tobie Smith and 2019 Graduate Kai Chen provide finish line medical coverage at the Baltimore Marathon



Faculty Kelly Ryan, D.O. and Andrea Gauld, PharmD share laughs while preparing to provide flu shots to track workers, trainers, and jockeys



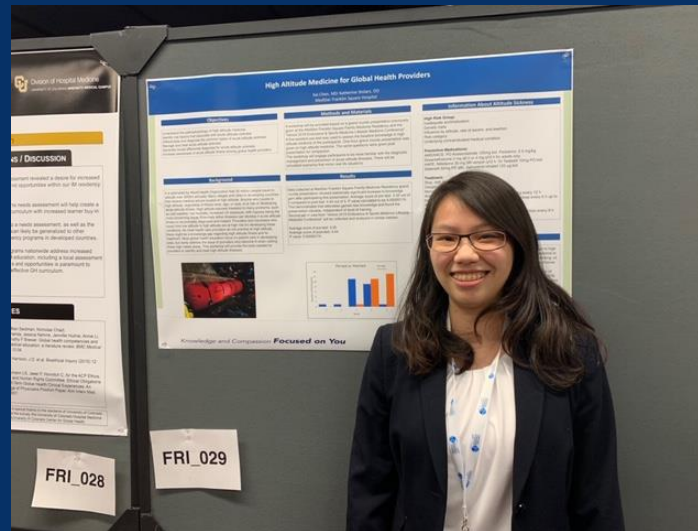
# FAMILY MEDICINE AND GLOBAL HEALTH



Dr. Kathy Stolarz was asked to help teach another Global Health- Women's Health SIM for Georgetown Internal and Pediatric residents bootcamp in Washington, D.C. Her session was on "labor and delivery and shoulder dystocia".



Dr. Kathy Stolarz was invited to speak on a panel for the Maryland Immigrants Rights Coalition's 3<sup>rd</sup> annual Connect for Immigrants event in March at the University of Maryland. While on the panel, Dr. Stolarz spoke around her Asylum Evaluations and Female Genital Mutilation/Cutting (FGM/C).



Dr. Kai Chen, our Curriculum Chief, attended and presented at the 10<sup>th</sup> Annual Consortium of Universities of Global Health (CUGH) Conference in Chicago.



# FAMILY MEDICINE AND GLOBAL HEALTH



Our Global Health providers also traveled to a Greek Refugee Camp, Completed Asylum evaluations, and presented at the Maryland Immigrant Rights Coalition's Connect for Immigrants event.



Dr. Annie Bailey and Dr. Stolarz see patients in the Moria Refugee Camp in Lesvos, Greece.



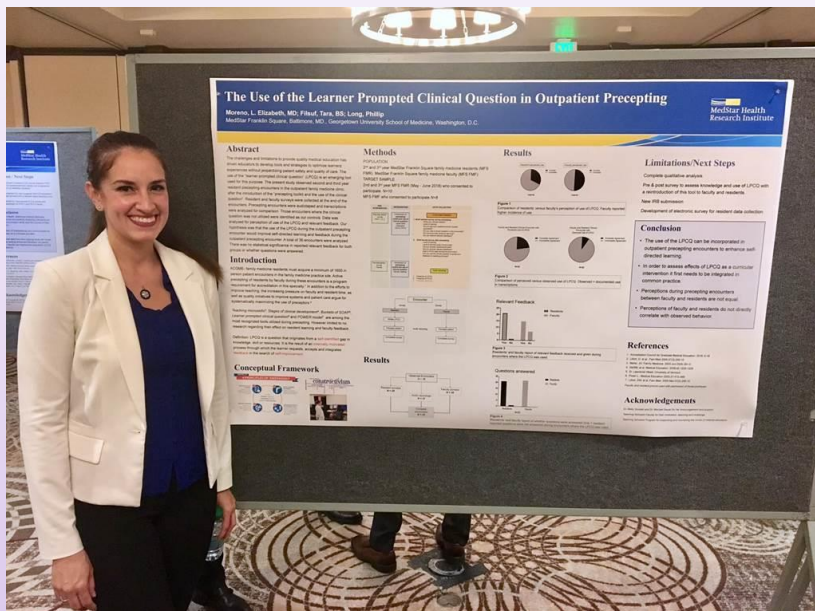
Dr. Stolarz and the Medical team provided primary and urgent care at Moria Refugee Camp in Lesvos, Greece.

Dr. Stolarz assists in fig distribution to break Ramadan fasting in Moria Refugee Camp.



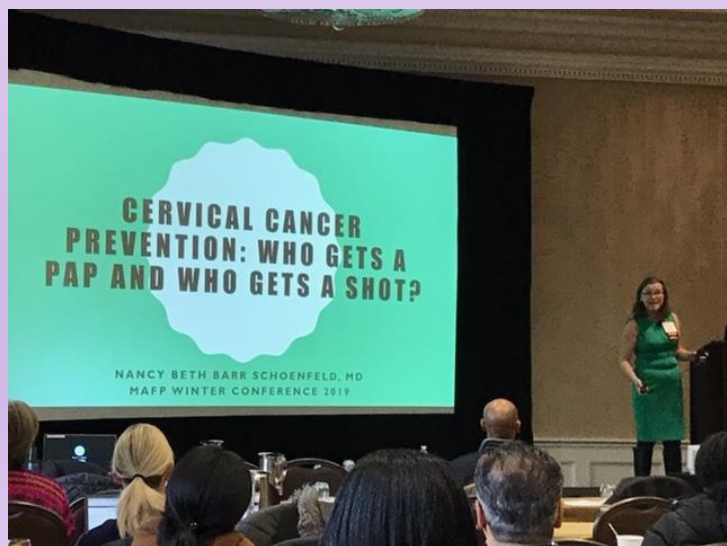


# SCHOLARS' CORNER AND CONFERENCES



The **MedStar Health Teaching and Research Scholars Capstone** event was held on Wednesday, February 6<sup>th</sup> at the Columbia Sheraton Hotel. This event culminates the two-year Research Scholars and Teaching Scholars programs at MedStar. It was also a chance to recognize those who have recently been inducted into the GUMC Teaching Academy. Certificates were presented to the teaching scholars, research scholars, CENTILE (Center for Innovation and Leadership in Education) LEAD Program graduates and was followed by a presentation on the Georgetown University Teaching Academy. The evening concluded with closing remarks by Stephen R.T. Evans, MD, Executive Vice President & Chief Medical Officer of MedStar Health.

Dr. L. Elizabeth Moreno was among the graduating class who completed the 2 years Teaching Scholars program, receiving the LEAD and MERC (Medical Education Research) certificates. She joins several others members of our Family Medicine Department who had also completed the Teaching Scholars program in past years. Her poster presentation was on *The Use of the Learner Prompted Clinical Question in Outpatient Precepting*.



Dr. Nancy Barr presented on Cervical Cancer screening and prevention at the Maryland Academy of Family Physician Winter CME meeting

Dr. L. Elizabeth Moreno and Dr. Katherine Stolarz attended the Program Director Workshop in Kansas City.





# THE SOCIETY OF TEACHERS OF FAMILY MEDICINE ANNUAL SPRING CONFERENCE



Faculty and residents attended STFM's Annual Spring Conference in Toronto, Ontario, Canada- April 27-May 1, 2019. The conference placed special emphasis on health equity, curricular and faculty development innovations, family medicine advocacy/policy, scope of practice, and emerging technologies. There were also sessions on curricular and faculty development innovation, meeting accreditation requirements, and promoting student interest.

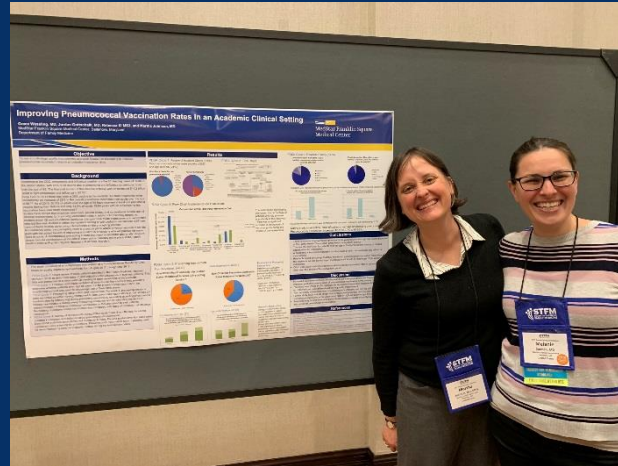
Dr. David Pierre co-presented a pre-conference workshop; *Achieving Equity in the Workforce: Exploring the Very Low and Declining Rates of Black Males in Medicine*. This session facilitated frank discussions regarding diversity and race in medicine and explored the impact of implicit biases, micro-aggressions, institutional racism, and other barriers to achieving success, with a focus on Black males.



PGY2 Sadhika Jamisetti and Faculty Lauren Drake present their poster on Using Patient Feedback to Guide Resident Education. Faculty David Pierre looks on.



PGY3 Melanie Connah explains her poster during the session: Health Disparities in Cesarean Delivery Rates at a Suburban Community Hospital. Faculty Martha Johnson mentored her on this project.



Dr. Johnson also presented a poster building on the scholarly project of recent grads Jordan Gottschalk and Grace Wessling on Improving Pneumococcal Vaccination Rates.

Congratulations to Dr. Melanie Connah for being selected as one of 25 STFM "Faculty for Tomorrow" scholarship recipients! Melanie attended the preconference day around skills for residents interested in including teaching in their careers.





# MORE STFM HIGHLIGHTS

Faculty and residents attending the STFM Annual Meeting in Toronto take a break for dinner: L to R, Britt Gayle, PGY3 Melanie Connah, Martha Johnson, Lauren Drake, David Pierre, PGY2 Sadhika Jamisetti, Melly Goodell



An STFM Presidential Quintet gathers at the 2019 Annual meeting in Toronto: L to R Freddie Chen ('19-20), Stephen Wilson ('17-18), Beat Steiner ('18-19), Tricia Elliot (Pres-Elect), Melly Goodell (('16-17)



Melly Goodell and Martha Johnson were excited to spend time with faculty alumna Netra Thakur. Dr. Thakur is now the Chair of the STFM Program Committee, leading the planning for upcoming annual meetings



# FAMILY MEDICINE ADVOCACY & LEGISLATIVE



Legislative Hearing with MDAFP Advocacy Group for Direct Primary Care

Dr. Niehoff is on the Medchi Legislative Council and on the Insurance subcommittee, which meet every Monday evening and Sunday morning respectively through the legislative session. He was Doctor of the Day in Annapolis several times through the 2019 legislative session and also went to Annapolis for the Baltimore County/ Baltimore City/Harford County Advocacy Day, and again for the Maryland Academy of Family Physicians Advocacy Day. Dr. Niehoff went to a fund raiser for Senator Kathy Klausmeier in December 2019 representing the BCMA. He also participated in the BCMA legislative breakfast for our Baltimore County elected officials at Sheppard Pratt in December 2019.



Representative Kathy Szeliga- District 7 with Dr. Michael Niehoff



# SCHOLARS' FORUM

Department of Family Medicine 14th Annual Scholar's Forum

Thursday, May 30, 2019

Congratulations to our presenters and faculty advisers. Also included in the Scholar's Forum, Dr. Joseph Brodine was presented the Lee Rome Award from Mrs. Margaret Rome.

**Candice Bainey, M.D., M.P.H & Michelle Dutkin, M.D.**

*"Pneumococcal Vaccination Rates in a Community-Based Family Medicine Resident Clinic"*

**Kai Chen, M.D.**

*"Long-Term Effectiveness of Diabetes Bootcamp"*

**Melanie Connah, M.D.**

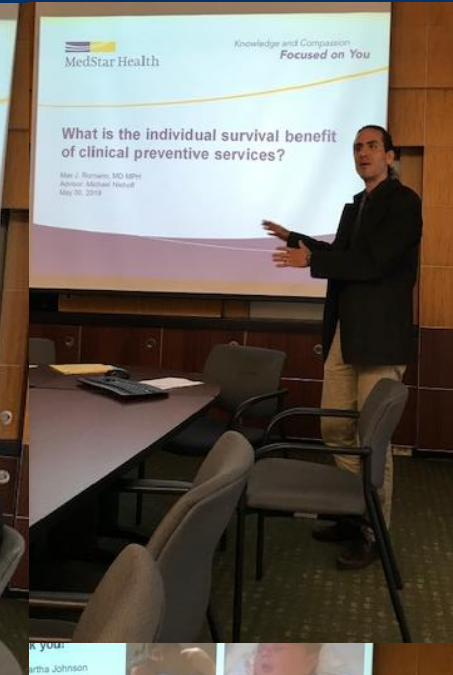
*"Health Disparities in Cesarean Deliver Rates"*

**Janelle Hinze, M.D. & Farrah Siddiqui, M.D.**

*"Screening for Social Determinants of Health in Prenatal Care: an experiential curriculum in Trauma Informed Care"*

**Max Romano, M.M., M.P.H.**

*"What is the individual survival benefit of population-based clinical preventive services?"*

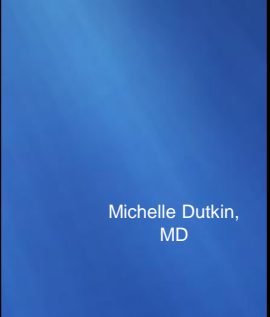




# RESIDENT RESEARCH POSTERS



Candice Bainey, MD



Michelle Dutkin, MD



## Improving Pneumococcal Vaccination Rates at a Community- Based Family Medicine Resident Clinic



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### Abstract

Pneumococcal disease causes pneumonia, meningitis, and sepsis, which are significant causes of morbidity and mortality. Despite the ready availability of pneumococcal vaccines, vaccine utilization rates remain suboptimal at Family Health Center. The aim of this project is to improve the pneumococcal vaccination initiation rate of patients at Family Health Center by 10% over a 4-month period from February to May of 2019. This initiative was a multi-pronged approach. It involved resident, MA and patient education. Residents and MAs were educated on the need for pneumococcal vaccination. Patient education included handouts given at the time of check in. A standing order was designed for MAs to obtain consent and administer the pneumococcal vaccine (without needing physician approval). The percentage of patients who received the pneumococcal vaccine was compared pre and post intervention.

### Background

Pneumococcal vaccines are effective against invasive pneumococcal infections which remain an important source of morbidity and mortality in adults of all ages, especially older adults. In 2014, the US Advisory Committee on Immunization Practices (ACIP) recommended PCV 13 for all adults 65 years and older. At the Family Health Center, the pneumococcal vaccination rate for patients 65 years and older was 54% in October 2018. This ACIP also recommends vaccination with PPSV23 for aged 19-64 with increased risk of serious pneumococcal infection. Multi-strategic approach and nurse-initiated protocols have been shown to result in higher vaccination rates without resulting in inappropriate or unnecessary vaccines.

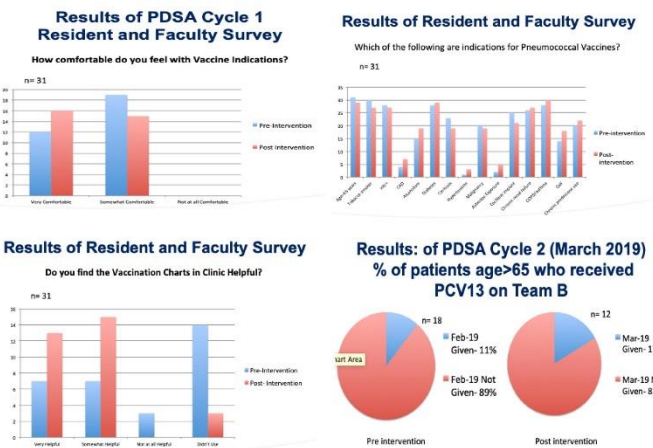
### Objectives

To increase the pneumococcal vaccination initiation rates in patients at Family Health Center by 10% over a 4 month period from February to May of 2019.

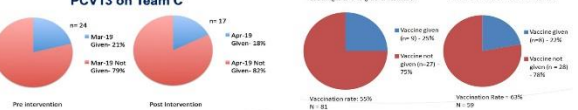
### Methods

Participants: FHC patients, physicians and MAs  
Multi-pronged approach implemented over a 4 month period  
Physician and MA education on indications for pneumococcal vaccination  
Patient education: handouts promoting pneumococcal vaccination in patients 65 years given at time of check in  
Medical assistant-driven vaccination ordering protocol: one page questionnaire prompting the MAs to obtain consent and administer the pneumococcal vaccine to eligible patients through standing orders without requiring physician's approval.  
Design: Electronic health record chart review

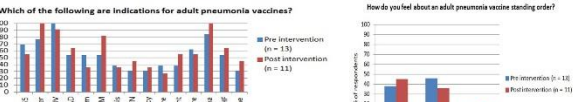
### Results



### Results: of PDSA Cycle 3 (April 2019) % of patients age>65 who received PCV13 on Team C



### CMA Standing Order



### CMA survey data



### Discussion

In educating the physicians, CMAs, and patients, we hoped to ensure that FHC staff remembered to assess patients' pneumonia vaccination status. Our interventions did not demonstrate a significant increase in vaccination rate for our study populations but showed promising potential interventions that could be beneficial long term. The surveys demonstrated that there is still confusion in the provider population as to what are the indications for pneumococcal vaccination. The survey showed increased competency in vaccination indications for the CMA population after standing order implementation. Next steps include determining the reason for patients not receiving vaccination, implementation of CMA standing order clinic-wide, scheduling a vaccination specific clinic visit or drop in hours and follow up discussions/reminders for faculty, resident and CMAs regarding intervention effectiveness.

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Kai Chen, MD

## Long-Term Effectiveness of Diabetes Bootcamp

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 Uchenna Emeche, MD, Martha Johnson, MD  
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 Department of Family Medicine



### Background

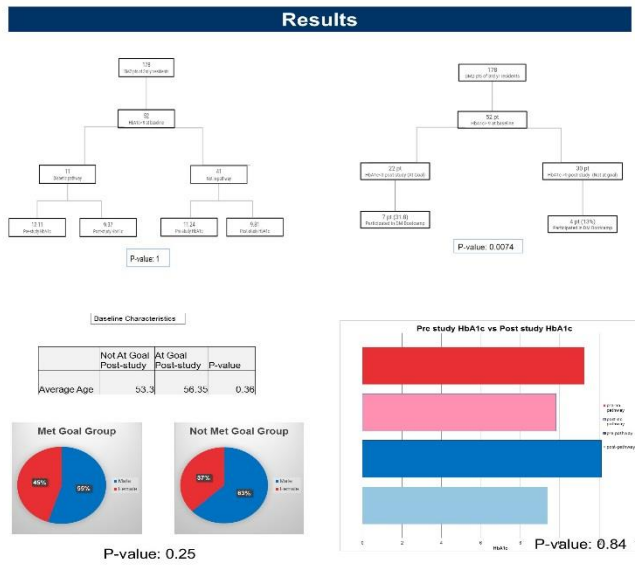
- Diabetes mellitus type 2(DM2) is one of the most common chronic diseases and poses a heavy burden to the healthcare system
- Multiple studies have demonstrated that multidisciplinary intensive education program improve diabetes control and decrease cardiovascular complications
- MedStar Pathway to Diabetes Control started a pilot program named Diabetes Boot Camp in 2015 targeting high risk patients with uncontrolled DM
- The program has been very successful as a whole with median A1C decrease of 3.1 after immediately post program but lack data for longer term impact

### Objectives

- This study examined the long-term effectiveness of Diabetes Boot Camp in a subgroup of patients at the Family Health Center
- The hypothesis is that patients who participated in Diabetes Bootcamp would have significantly lowered HbA1c compared to patients who did not at two year

### Method

- This is a single-center, outpatient-based, retrospective chart review analysis
- Data collected from MedStar Family Health Center
- Study time period: January 2017 to January 2019
- HbA1c at goal at end of study was defined as <9
- Inclusion criteria:
  - Patients with diagnosis of DM2 listed in EMR
  - Continuity patients of a third-year resident (8 residents) → 178 patients selected
  - HbA1c >9 in the start of the study → 52 patients selected
- In 2019, 22 patients (42%) out of the 52 patients achieve HbA1c below 9
- Whereas 30 patients (58%) did not
- Average baseline age: 54.95-year-old, average baseline HbA1c 11.39, average HbA1c at the end of study 9.34
- Chi-square tests was used to examine the distributions of categorical data included age, sex with 95% confidence interval
- Fisher's tests, t- tests and logistic regression test to compare DM2 control and participation of diabetes boot camp and also pharmacy clinic



### Conclusion

- There is significantly higher percentage of patients who participated in the Diabetic Bootcamp in the group who reached HbA1c goal at end of the study period
- The average HbA1c is significantly lower at end of the study period for all patients regardless of their participation of the Bootcamp

### Discussion

Diabetes Bootcamp has been successful in helping patient to lower their HbA1c within in the three months period. The long-term impact of Diabetes Bootcamp for patients at the Family Health Center was investigated for this study. It is not surprising that among patients who reached HbA1c goal, there is significantly higher percentage of patients who participated in the Bootcamp. However interestingly, the average HbA1c is significantly lower in 2 years for all patients regardless of their participation of the Bootcamp. Other factors such as frequency of primary care office follow up, patients' motivation, co-morbidities may also be main factors of long-term DM2 control. Readers should be cautioned against overinterpretation of the findings due to study limitations. First, there was no information on co-morbidities, lifestyle, frequency of follow up or other lab findings except for HbA1c. Second, primary physician's information and diagnosis codes may be inaccurate in the EMR system. Third, patients who only have one HbA1c value checked during the two years study period were included in the data analysis. In conclusion, this retrospective study showed that patients who participate in the DM boot camp have higher percentage of reaching HbA1c goal. All patients achieve significantly lower HbA1c at two years compared to baseline regardless of their participation of the DM boot camp program.

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# RESIDENT RESEARCH POSTERS



Melanie Connah, MD

## Health Disparities in Cesarean Delivery Rates

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### Objectives

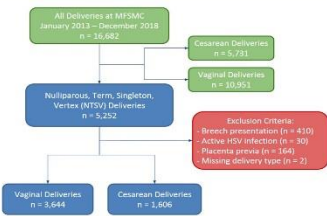
- To evaluate whether race and ethnicity are associated with increased cesarean delivery rates among low risk deliveries at a community hospital in Baltimore, MD
- To evaluate whether race and ethnicity are associated with increased rates of other peripartum morbidities including preterm delivery, low birth weight, postpartum hemorrhage (PPH), and shoulder dystocia at the same community hospital.

### Background

Cesarean deliveries (CD) are the most common surgical procedure performed in the US and carry inherent risks to mother and child, including increased maternal morbidity and mortality and neonatal respiratory complications. CD rates vary up to 10-fold between hospitals. The CDC's Healthy People 2010 and 2020 provided goals for CD rates for low risk patients. Prior research has illuminated significant disparities in CD rates based on age, race, and insurance status, though these disparities vary by location. Other studies have identified racial disparities with respect to low birth weight, preterm deliveries, and other peripartum morbidities. Addressing disparities could help decrease inappropriate CDs and improve peripartum health outcomes. Evaluation of individual hospital's potential disparities with respect to CD rates and peripartum morbidity is critical to identify areas of intervention.

### Methods

**Type of Study:** Retrospective chart review  
**Population:** All deliveries between 1/1/2013 - 12/31/2018 at Medstar Franklin Square Medical Center Labor and Delivery (MFSMC L&D)  
**Primary outcome:** Mode of delivery  
**Secondary outcomes:** Preterm delivery, low birth weight, PPH, shoulder dystocia  
**Inclusion Criteria:** Initial analysis on all deliveries. Secondary analysis on low-risk deliveries defined as Nulliparous, Term, Vertex, Singleton (NTSV)  
**Exclusion Criteria:** Placenta previa, active herpes infection, breech presentation  
**Covariates:** Maternal age, BMI, medical insurance status, zip code of residence, and medical history (hypertensive disorders, diabetes, prenatal care, myotomomy)  
**Analysis:** Descriptive statistics were created in regards to the data set. Data analyses involve bivariate and multivariate logistic regression.



### Results

Table 1: NTSV Demographics

	Total		White (n=2235) (43%)		Black (n=1057) (43%)		Asian (n=84) (1.6%)		Hispanic (n=177) (3.3%)		Other (n=1698) (32%)		P value
	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	N	(%)	
<b>Maternal Age</b>													<.0001
≤19	733	14	278	12	184	17.4	5	6	52	29	214	13	
20-≤24	1679	32	643	29	445	42.1	14	17	56	32	521	31	
25-≤29	1572	29.9	713	32	262	24.8	31	37	42	24	524	31	
30-≤34	947	18	452	20	126	11.9	23	27	21	12	325	19	
≥35	319	6.1	148	6.6	40	3.8	11	13	6	3.4	114	6.7	
<b>Maternal BMI</b>													<.0001
Underweight (<18.5)	4	0.1	2	0.1	1	0.1	0	0	0	0	1	0.3	
Normal Weight (18.5-24.9)	423	8.4	153	7	80	7.8	17	20	18	10	155	9.9	
Overweight (25-29.9)	1552	31	661	30	278	27.2	38	45	57	33	518	33	
Obese (≥30)	3033	60.5	1358	63	663	64.9	29	35	99	57	884	57	
<b>Insurance Type</b>													<.0001
Medical Assistance	2012	50.8	851	38	737	69.7	44	52	129	73	251	61	
Private	1951	49.2	1384	62	320	30.3	40	48	47	27	160	39	

Table 2: Mode of Delivery in NTSV

	Delivery Type				CS (%)	Unadjusted Odds Ratio	Adjusted Odds Ratio
	Overall N (%)	VD N (%)	N	(%)			
White	2235 (42.6)	1593 (71.2)	642	28.7		Ref	Ref
Black	1057 (20.1)	694 (65.6)	363	34.4	1.298 (1.11-1.518)	1.152 (1.047-1.267)	
Asian	84 (1.6)	49 (58.3)	35	41.7	1.773 (1.138-2.761)	1.626 (1.24-2.132)	
Hispanic	177 (3.4)	120 (67.8)	57	32.2	1.179 (0.849-1.637)	1.179 (0.975-1.425)	
Other	1698 (32.3)	1190 (70)	509	29.9	1.061 (0.924-1.219)	1.055 (0.919-1.212)	

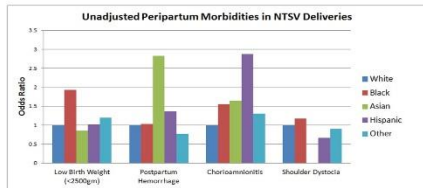
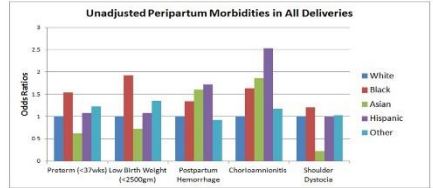


Table 3: Peripartum Morbidities in All Deliveries

	Preterm (<37wks) (n=1,980)		Low Birth Weight (<2500g) (n=1,431)		Postpartum Hemorrhage (n=7,780)		Chorioamnionitis (n=4,770)		Shoulder Dystocia (n=3,000)	
	n (%)	OR (95% CI)	n (%)	OR (95% CI)	n (%)	OR (95% CI)	n (%)	OR (95% CI)	n (%)	OR (95% CI)
White	644 (32.2)	Ref	404 (28.2)	Ref	206 (26.1)	Ref	276 (58.1)	Ref	125 (41.2)	Ref
Black	499 (25.2)	1.54 (1.36-1.75)	409 (28.9)	3.92 (3.68-2.19)	187 (25.4)	1.94 (1.13-3.49)	232 (26.4)	1.69 (1.34-1.95)	73 (23.4)	1.20 (0.89-1.62)
Asian	36 (20.8)	0.62 (0.37-1.05)	34 (39.4)	0.72 (0.43-1.25)	36 (27.1)	1.30 (0.99-1.70)	39 (32.3)	1.86 (1.34-2.61)	19 (30)	0.22 (0.01-3.10)
Hispanic	60 (3.1)	1.06 (0.81-1.41)	40 (22.8)	1.06 (0.76-1.47)	40 (25.4)	1.27 (1.09-1.48)	5 (0.40)	2.53 (1.67-3.93)	10 (12.5)	0.99 (0.52-1.74)
Other	711 (36.4)	1.22 (1.09-1.37)	556 (36.9)	1.55 (1.39-1.53)	337 (36.8)	0.92 (0.91-1.13)	295 (35.4)	1.17 (0.91-1.38)	110 (35.4)	1.03 (0.71-1.50)

### Discussion

Racial and ethnic disparities in healthcare are prevalent but vary significantly based on location. Here we conduct a retrospective chart review assessing CD rates and other peripartum morbidities at one community hospital. Data show that there are some significant differences between races.

- Overall, White women make up 42.6% of the low risk population, Black women make up 20%, and Asian and Hispanic women make up 1.6 and 3.4%, respectively. There is a significant amount of missing data on race in this population.
- Black women are more likely to deliver at a younger age, be obese, and have medical assistance as compared to White women.
- In the low-risk population, Black women and Asian women have statistically significant increased odds of CD when compared to White women.
- In all deliveries, Black women are at increased odds of preterm delivery, low birth weight delivery, PPH, and chorioamnionitis when compared to White women.
- In the low-risk population, Black women have increased odds of low birth weight delivery, Asian women have increased odds of PPH, and Hispanic women have increased odds of chorioamnionitis.

**Limitations:** In this data set there is a high rate of missing data on race. This is a retrospective study which relies on EMR data that may be missing, inappropriately entered, or incomplete. Findings are not generalizable beyond the local population given the known differences in CD rates and disparities in different regions.

**Areas of Future Study:** This analysis of a large number of deliveries in one location has identified some high risk populations for CD and peripartum morbidities. Further study on interventions aimed at decreasing CD rates and peripartum morbidity should be pursued.

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# RESIDENT RESEARCH POSTERS



Janelle Hinze, MD



Farrah Siddiqui, MD

## Screening for Social Determinants of Health in Prenatal Care: an experiential curriculum in Trauma Informed Care

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 Department of Family Medicine



### Abstract

**Purpose:** This project aimed to identify trauma affecting our prenatal patients through screening with the modified SEEK questionnaire at the first prenatal visit, to provide earlier intervention in preventing childhood adversity, and to educate residents and staff around trauma informed care.

**Methods:** Implemented the modified SEEK questionnaire to all OB teaching patients. Patients with positive screens were either addressed by the medical provider or the SW team. Patients were either provided immediate intervention (poison control number), counseling at our office or referral services.

**Results:** \*\*\*

Although these results are promising and could indicate mediating factors in child maltreatment, more research needs to be done evaluating the efficacy of the prenatal SEEK model in the prevention of childhood ACEs and a better method for follow-up and on-going interventions throughout prenatal care.

### Background

The SEEK (Safe Environment for Every Kid) questionnaire is a pediatric screening tool aimed at reducing childhood maltreatment. Evidence suggests that maternal ACEs increase risk of childhood adversity, developmental vulnerabilities, and maladaptive neurobiological responses. Studies show that children are affected by parental risk factors and home environment not only in the postpartum period but also in utero. Stress effects can also change neuronal structure creating problems with emotional regulation and memory encoding and retrieval (Kano et al). Addressing psychosocial risk factors prior to arrival of the infant is likely to have a more protective effect on both mom and child. The SEEK questionnaire was modified to be applicable to new mothers and an algorithm was created to introduce screening at an out-patient community clinic. There is also noted to be a gap in trauma informed residency training across the country (Dichter et al). Another intervention of this study was to provide education to residents and staff around trauma.

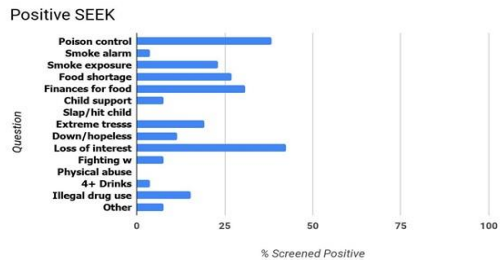
### Objectives

- Change culture of clinic practice to create a trauma informed environment for training of residents, faculty, and staff through two project interventions:
- Screening expecting mothers during prenatal visits to provide resources that will help to prevent negative childhood experiences
- Resident education and training in trauma informed care (journal club and simulation exercise)

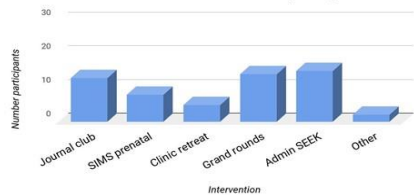
### Methods

Starting in September 2017 and until March 2018 all women presenting for their first prenatal visit to MedStar Franklin Square Family Health Center were given the SEEK to complete. The form was returned to the provider, who had a protocol of how to address each positive answer. All SEEKS were placed into either a positive bin or a negative bin on each clinic team. The social worker received the completed questionnaires at the end of the visit and followed up with patients who scored positively via phone several days later to discuss their needs and resources that could be helpful to them. Education around trauma was provided to staff and residents in the form of a journal club, a simulation, a retreat work-shop, and through discussions at monthly meetings. The screening and intervention study period on prenatal patients was replicated from September 2018 to March 2019 to see if education around trauma informed care helped to improve screening and interventions. A survey was then administered to determine whether residents and staff felt these interventions changed their knowledge and practice towards a more trauma informed patient care approach.

### Results



Educational intervention attendance (n=29):



	Pre-intervention*	Post-intervention*	p-value
<b>SEEKS Received</b>	40/42 (95%)	47/52 (90%)	0.37
<b>Positive SEEKS</b>	27/42 (64%)	26/52 (50%)	0.17
<b>Resources provided</b>	17/27 (62%)	13/26 (50%)	0.34

### Discussion

Screening for trauma in prenatal populations allows earlier intervention by creating a safe environment for future children. There is no prenatal screenings to identify if maternal ACEs exists for patients at FHC. Interventions such as education and training around trauma, implementing the modified SEEK questionnaire, and providing patients with resources. Educational interventions and screening around trauma increased patient access to resources.

In conclusion, our study was limited to one clinic, lack of patient follow-up, and lost to follow-up. Generalizability includes ability to utilize interventions in this study in other outpatient clinics and residency programs. In future studies would consider using patient feedback regarding screening and interventions and have a pre-survey evaluation of staff/residents. Further recommendations include using a trauma screening questionnaire to identify at risk patients in your practice and building partnerships with local and community programs for services.

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Max Romano, MD

## What is the individual survival benefit of clinical preventive services?

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### Introduction

- Primary care clinicians prioritize clinical preventive services every day, balancing clinical evidence, quality metrics, patient preference, and other factors to choose certain preventive services over others in busy clinical practice.
- The United States Preventive Services Task Force (USPSTF) uses "strength of evidence" and "magnitude of net benefit" to evaluate clinical preventive services, however USPSTF recommendation statements provide limited objective data comparing services in terms of relative benefit for patients.
- Health Partners Institute has developed microsimulation models to calculate US society-level benefits of preventive services in terms of health (improved length and quality of life) and value (cost-effectiveness).

### Purpose

We aimed to calculate the individual survival benefit of USPSTF clinical preventive service recommendations using Health Partners Institute microsimulation model reports.

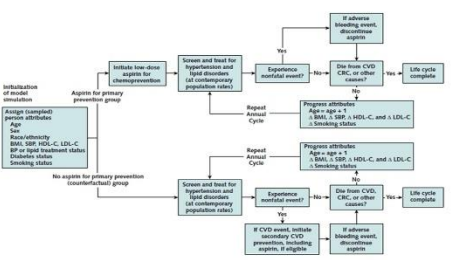
### Methods

- Data Source: HealthPartners Institute ModelHealth microsimulation model reports
- Input variables from HealthPartners reports:
  - Clinically Preventable Burden (CPB): defined as the total quality-adjusted life years (QALYs) that could be gained if the clinical preventive service were delivered at recommended intervals to a U.S. birth cohort of 4 million patients over the years of life for which a service was recommended based on modeling
  - Interventions delivered: the number of individual screenings, counseling sessions, or vaccinations delivered in a simulation model to a birth cohort throughout its life course
  - Calculated variable:
    - Individual survival benefit: the CPB divided by the number of interventions delivered scaled to quality-adjusted life days (QALDs)

### Modeling FAQs

- What is microsimulation?** A computerized analytic tool to estimate the effect of an intervention on the health of a population that models the progression of disease in each individual's life history separately.
- What are parameters?** Parameters are the inputs that drive a model's calculations, like the prevalence of a risk factor in a population or the frequency or effectiveness of screening. These are based on the best available evidence.
- What is a birth-cohort?** A simulated population of patients with a distribution of disease risk factors (e.g. sex, race, BMI) proportional to the US population as a whole whose life-course is described by a microsimulation model.
- How did this study use models?** We used existing microsimulation models that were originally developed by HealthPartners for cost-effectiveness analysis and reanalyzed the results from the perspective of the individual patient.

### Simulation Model Design



**Cardiovascular disease simulation model design diagram**  
 This is an example of a HealthPartners Institute ModelHealth microsimulation model used to estimate the effects of aspirin for primary prevention of cardiovascular disease in one individual within a birth-cohort population. BMI = body mass index; BP = blood pressure; CRC = colorectal cancer; CVD = cardiovascular disease; HDL-C = high-density lipoprotein cholesterol; LDL-C = low-density lipoprotein cholesterol; SBP = systolic blood pressure.

### Individual survival benefits of clinical preventive services in US-representative birth cohort of 4 million people

Preventive Service	Target Age (years)	Frequency	Clinically Preventable Burden (QALYs)	Interventions <sup>1</sup> (No.)	Incremental Cost-Effectiveness Ratio <sup>2</sup> (per QALY)	Individual Survival Benefit <sup>3</sup> (QALDs)
AAA Screening	65-75	Male smokers: once	42,465	815,771	\$30,343	23.2
Aspirin risk assessment <sup>4</sup>	50-59	Up to three times	88,000	1,505,303	(cost saving \$31 per person) <sup>5</sup>	21.3
High cholesterol screening	≥20 <sup>6</sup>	Every five years	572,000	11,591,072	\$33,800	18.0
Asymptomatic hypertension screening	≥ 18	>120/80: annually All others: biannually	624,000	46,253,849	\$48,500	4.92
HIV screening	15-65	High-risk: annually All others: once	34,382	5,967,821	\$31,983	2.10
Influenza vaccination	≥18	Annually	290,287	175,557,109	\$69,554	0.604

- AAA, abdominal aortic aneurysm; CVD, cardiovascular disease; HIV, human immunodeficiency virus; QALD, quality-adjusted life day; QALY, quality-adjusted life year
- Interventions are defined as the number of individual screenings, risk-assessments, or vaccinations delivered throughout the lifetime of the birth-cohort assuming widespread implementation of the recommended clinical preventive service.
- We calculated individual survival benefit as the clinically preventable burden (column 4) divided by the number of interventions delivered during the lifetime of the birth-cohort (column 5), multiplied by 365 to scale from QALYs to QALDs.
- Aspirin risk assessment involves assessing 10-year CVD risk and recommending aspirin treatment for individuals with 10% or greater 10-year CVD risk.
- Aspirin risk assessment was found to be cost-saving, altogether earning \$31 per person in the birth-cohort.
- The models for cholesterol screening were based on an outdated USPSTF recommendation to screen high-risk men 20-35 years old, all men ≥35 years old, and high-risk women ≥20 years old for high cholesterol. The current USPSTF recommendation emphasizes statin treatment and recommends universal lipid screening for 40-75 year olds.

### Conclusion

The relative survival benefit of clinical preventive services varies widely, from a few hours to several weeks of quality-adjusted life depending on the service provided.

While the simulation-based average survival benefits of preventive services rely on numerous parametric assumptions, some understanding of the relative importance of various services may inform clinical and public health practice.

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# MEDICAL STUDENT EDUCATION

## *Teaching Is Our Passion*

The Department of Family Medicine and Family Medicine Residency at MedStar Franklin Square Medical Center have many opportunities for medical students at all levels of training interested in Family Medicine. We accept students from various LCME accredited institutions in the United States and Canada for elective rotation. Rotations are four weeks in length in an outpatient setting. In addition to medical students, we also host students in other related fields such as pharmacy and social work.

The Family Health Center also houses the Longitudinal Integrated Clerkship (LIC) for the Georgetown School of Medicine. In this program, third year medical students learn internal medicine, family medicine, pediatrics and obstetrics / gynecology simultaneously while caring for a panel of their own patients over the course of six months. More than 35 students have completed the LIC to date.



LIC students accompanied faculty member Kelly Ryan to observe the medical coverage provided at the horse races in Timonium.



The Fall 2019 LIC cohort poses for a “family” holiday photo!



# YEAR 3 OF THE GEORGETOWN LONGITUDINAL INTEGRATED CURRICULUM A HUGE SUCCESS!



Monica Gupta, Alena Hoover, and Anne Yeung reflect on their LIC experience:

*“Participating in the Longitudinal Integrated Curriculum (LIC) has been one of the most rewarding experiences of medical school. The longitudinal aspect of the program allowed us to develop relationships with patients over six months of working with them. We could follow our patients’ medical conditions and experiences as they traveled from Family Health Center, to specialist clinics, to the Operating Room. This facilitated some of the most educational experiences and meaningful relationships of our third year of medical school.*

*Similarly, we were able to create lasting relationships with the physicians and staff with whom we worked at FHC. There is no learning community that could have been more supportive in ushering us into our clinical years than FHC. Residents and attendings alike were kind, excited to teach, and invested in mentoring us in our personal development as future physicians.*

*We may have left Baltimore at the conclusion of our clerkships, but we will always carry with us the relationships that helped us take our first steps into becoming the physicians we have always aspired to be.”*

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