

WELL AWARE



**Focusing on
Patient Education**

**Providing More
Coordinated Care**

**Expanding
Access
to Care**

**Healthcare is
Changing for Good**

WELL AWARE

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A MESSAGE FROM THE PRESIDENT



Not that long ago, people only came to the hospital when they were very ill. Perhaps they had chest pain, or were having trouble breathing. After their symptoms were treated and controlled, they would be sent home with instructions to follow up with their own doctors to continue their recovery.

That's when one of two things happened: patients either saw their doctors, followed their plan of care and improved, or they didn't and got worse-- many returning to the hospital within days or weeks of discharge.

Clearly, something needed to change.

In an effort to improve patient outcomes, expand access to care and reduce costs, we have formed the Frederick Integrated Healthcare Network. A partnership between Frederick Regional Health System and the physician community, the Network is based on a broader approach to community health and wellness than has ever been taken before.

For example, as an integrated healthcare network, we are offering expanded screening and preventative programs to help preserve the health of those of us in the community who are already well.

We have redoubled our efforts to educate and support at-risk people so they can make the changes they need to-- before they develop a chronic disease.

We are building on the programs we have had in place for some time, like the FMH Auxiliary Prenatal Center, to continue to provide access to care to those who are uninsured, or underinsured.

And we are focusing anew on helping those with diabetes, congestive heart failure, chronic obstructive pulmonary disease and other chronic conditions to manage their diseases more effectively, and prevent further complications.

In this issue of *Well Aware*, you will read about the many ways we are working to achieve greater coordination and collaboration among all those involved in your care. We are confident that the end result will be better, safer and more convenient care delivered at a lower cost for the benefit of the Frederick community.

Yours in Good Health,

A handwritten signature in black ink that reads "Tom Kleinhanzl". The signature is written in a cursive style.

Tom Kleinhanzl, President & CEO
Frederick Regional Health System



About the Cover:

Keeping a healthy body weight is one of the most important things anyone can do to get healthy and stay healthy. Frederick resident John Billé lost more than 200 pounds following a Gastric Bypass Roux-En-Y procedure at FMH in 2011. Story on page 7.

LEARNING A NEW LANGUAGE

Healthcare is changing—in a big way. And big changes in healthcare mean big changes in how we talk about it. The terms below should help you begin to decipher some of this new vocabulary, and make some of what's going on in the healthcare arena a bit more understandable.

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Population Health Management: A way of providing care in order to keep a patient population as healthy as possible, minimizing the need for expensive interventions such as emergency department visits, hospitalizations, imaging tests and other procedures. Population-based health management extends beyond medical treatment by targeting underlying risks, such as tobacco, drug and alcohol use, diet and sedentary lifestyles, and environmental factors.
- 
Integrated Delivery Network: A network of healthcare providers who work together to deliver and coordinate services across the continuum of care, and is willing to be held clinically and financially accountable for the clinical outcomes and health status of the population served.
- 
Accountable Care Organization (ACO): A group of hospitals, physicians and specialists, who enter into a contract with Medicare or another payor to provide care to a given population. Like an Integrated Healthcare Network, members of an ACO accept responsibility for the cost and quality of care delivered.
- 
Patient-Centered Medical Homes: A model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety.
- 
Navigators: Nurses or other healthcare professionals who help patients “navigate” through the maze of doctors’ offices, clinics, hospitals, outpatient centers, insurance and payment systems, patient-support organizations, and other components of the healthcare system.

AHEAD OF THE CURVE

Like most big changes, the move toward better coordinated care didn't happen overnight. Nearly ten years ago, studies indicated that patients did better and had better experiences when they received support from within the healthcare system. That's when FMH hired its first Patient Navigators.

Patient Navigators are highly specialized nurses who guide people with a new diagnosis of a serious or life-threatening illness to treatment as quickly as possible.

The process usually starts with a conversation between the navigator, the patient and the family. This is when the navigator asks the patient and family if they have any questions about the diagnosis or the treatment options, and if they anticipate any financial or logistical barriers to treatment. In addition to coordinating every aspect of the patient's care, the navigator also serves as the main point of contact for the patient and family. Navigators also schedule appointments and connect patients with resources outside the healthcare system when necessary.

According to the hospital's newest Patient Navigator Linda Mino, who was hired to work with the FMH diabetes program, getting around the increasingly complex healthcare system is daunting for anyone—under the best of conditions. "For someone who is newly diagnosed with a serious or life-threatening illness," she says, "It's even more daunting. Our job as navigators is to serve as the bridge between patients and their healthcare teams to assure that all their questions are being answered, and any concerns are addressed promptly."

Other programs currently in place at FMH to help provide patients with more coordinated care include:



Nurse Maggie Siebeneichen, Patient Navigator with the FMH Center for Chest Disease, goes over a treatment plan with a newly-diagnosed lung cancer patient.



Monocacy Health Partners

Frederick Regional Health System has created Monocacy Health Partners to help provide better coordinated care across a wide range of specialty services. Our practices include general surgery, behavioral health, thoracic surgery, wound care, breast surgery, family practice, orthopedics, urology, oncology, endocrinology, palliative care, immediate care and the pediatric hospitalists.



Care Transitions

FMH nurses visit patients in their homes after discharge to teach them strategies for managing their diseases including how to identify the signs and symptoms of a relapse, when and how to take their medications, what to eat and drink, and the importance of regular follow-up visits with their primary care physicians. FMH representatives also meet with care teams at area assisted living facilities to assure better coordination of care for transferred patients.



Med-to-Bed Rx

Studies show that as many as one-third of patients never fill the prescriptions given to them when they are discharged, often causing relapses and a return of symptoms. FMH now offers a Bedside Medication Delivery service to help ensure that discharged patients leave the hospital with the medications they need in hand.



Heart Bridge Clinic

Patients who are repeatedly admitted to FMH with acute heart failure often do not have a primary care physician. In these cases, patients are visited in the hospital by a Heart Bridge Clinic nurse, who arranges for them to be seen in the Clinic within 3-5 days of discharge. Clinic staff then works to connect the patient with a primary care physician who can supervise the plan of care on a more long-term basis.

HEALTHY MOMS, HEALTHY BABIES

Syeda Fatima knows that the first gift a mother gives her child isn't a blanket, a toy or a picture book—it's good prenatal care. That's why Mrs. Fatima, who is 30 weeks pregnant, has been visiting the FMH Auxiliary Prenatal Center once a month since she found out she was expecting her third child late last winter.

Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight, and five times more likely to die, than those born to mothers who do get appropriate care. With one in six women of childbearing age in Frederick County without health insurance, too many expectant mothers were going without adequate care during their pregnancies. In 2007, FMH opened the Prenatal Center to provide access to care for these women and their unborn children.

Since then, Frederick County has seen a significant reduction in infant mortality, and pre-term and low birth weight babies. From an all-time high of 8.4 infant deaths per 1,000 live births in 2008, Frederick County now has the 4th lowest infant mortality rate, and the 5th lowest instance of low-birth weight babies, of all 24 counties in the state of Maryland.

During a woman's visits to the Center, a certified nurse midwife monitors her health, and screens her for conditions like gestational diabetes, anemia and thyroid issues. She also monitors the growth and development of her baby, and talks with her about what she can do to safeguard her baby's health. Referrals and assistance are available to those who need transportation, medication or supplies.

Mothers deliver in The Birthplace, where they receive information and support in English and Spanish on breastfeeding, topics related to childhood, home safety, postpartum depression and Shaken Baby Syndrome. Newborns receive metabolic and hearing screenings prior to discharge, and are eligible to receive ongoing care in the Bess & Frank Gladhill FMH Pediatric Emergency Department.

"Having a healthy pregnancy is the best way to promote a healthy birth," says Katherine Murray, Service Line Director for the Women's and Children's Service Line at FMH. "Getting early and regular prenatal care like the type provided through the FMH Auxiliary Prenatal Center can prevent complications and greatly reduce the risks of premature birth and low birth weight."



Syeda Fatima visits a certified nurse midwife at the FMH Auxiliary Prenatal Center.

You can call the Prenatal Center at 240-566-4444 Monday through Friday between 8:00 a.m. and 4:30 p.m. to schedule an appointment.

TEACH, DON'T PREACH: MANAGING DIABETES

Shirley Walker has diabetes, hypertension, high cholesterol and several other chronic medical conditions. She has always wanted to participate more in getting her health under control, but she seemed to find a barrier at every turn.

About five years ago, the 58-year-old Mt. Airy woman became a patient of the Parkview Medical Group. At that time, she began receiving more coordinated care, and says she began to feel better. Recently, in an effort to help patients like Mrs. Walker manage their health and well-being even more effectively, Parkview has adopted a leading-edge care model called the "patient-centered medical home."

Medical homes employ care coordinators who see patients with chronic disease and complex medical conditions on a regular basis. In Mrs. Walker's case, she sees Parkview's care coordinator Sarah Dondzila RN, in addition to her regular primary care appointments. Like Patient Navigators, Nurse Care Coordinators provide education, information, support and referrals to help keep the patient's care on track, and avoid duplication of services.

In addition to monitoring her blood sugar and other vitals, Sarah provides Mrs. Walker with information to help her manage her disease—like what to eat and when, ways to work in more exercise and the importance of keeping up with her medications.

"The medical home model allows me to take the time to discover and address the financial, social and logistical barriers that get in the way of patients following their plans of care," says Dondzila.

According to Mrs. Walker, her care at Parkview is a breath of fresh air. "I've lost 15 pounds by learning how to substitute other foods for the carbs and high-fat things I was eating. For the first time, I feel like I have some real support in getting my diabetes under control. I feel better than I have in years."

To schedule an appointment at Parkview Medical Group, call 240-215-6310.



FMH Diabetes Center-- Coming Soon!

People are eating more and moving less—a trend that's contributed significantly to our national epidemic of diabetes. With deaths from diabetes clearly on the rise, FMH is taking a new approach to help people manage this complex condition more effectively.

Scheduled to open at FMH Crestwood early in 2015, the new FMH Diabetes Management Center will provide multidisciplinary, coordinated care to help people lose weight, exercise more and live fuller, healthier lives. Nutritionists will be onsite to create and oversee a variety of eating plans, and referrals will be available to the hospital's onsite, medically supervised exercise program, ProMotion Fitness.

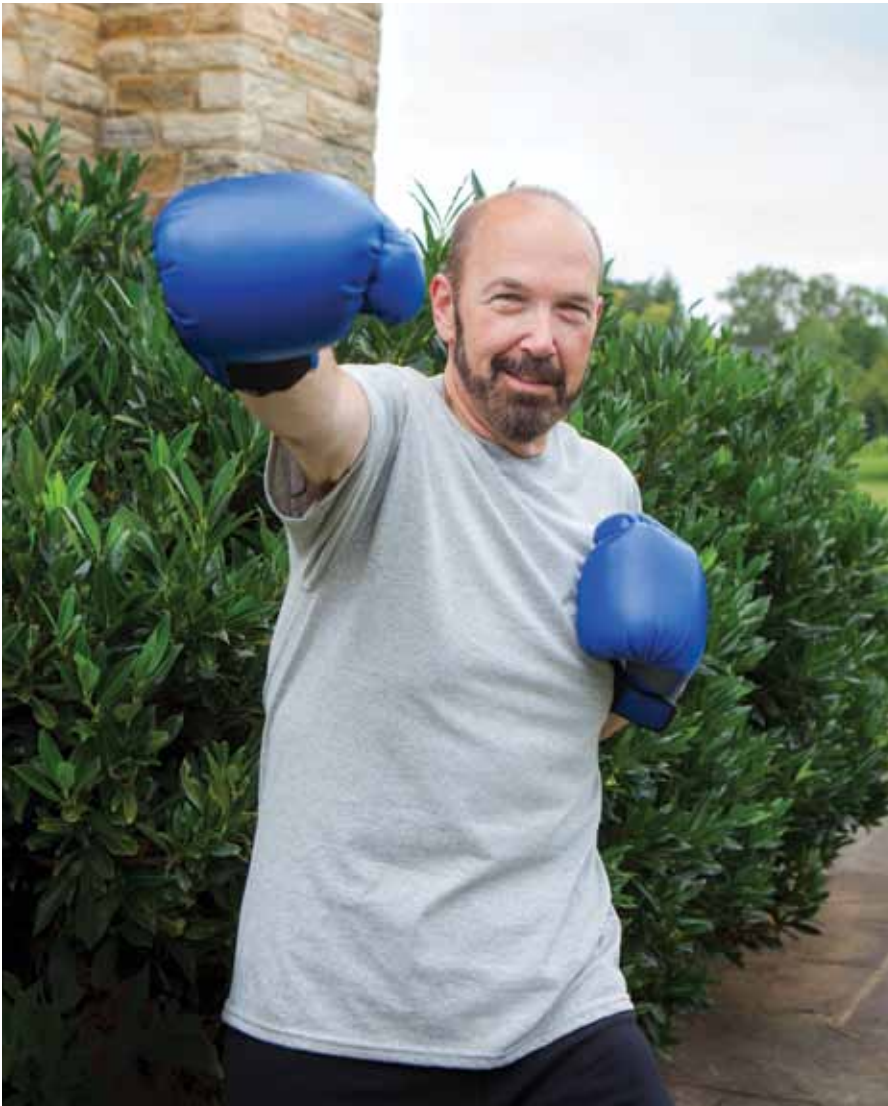
New Endocrinology Practice = More Access to Care

The newly established Endocrinology and Thyroid Specialty Group will provide the Frederick community with better access to physicians who specialize in diabetes management and other endocrine problems. Also located at FMH Crestwood, the practice is led by Medical Director Eric Carnell, M.D., Dr. Poonam Sood and Certified Nurse Practitioner Jackie Meisner.

Patient Navigator and Certified Diabetes Educator Linda Mino will help coordinate patient care between the endocrinology practice and the expanded FMH Diabetes.

Parkview Medical Group's Care Coordinator Sarah Dondzila, RN with patient Shirley Walker.

GASTRIC BYPASS: A WEIGHT LIFTED



Working with a trainer once a week has introduced John Billé to more ways of working in physical activity to every day, including boxing.

Fifty-six-year-old John Billé says he has two birthdays—the one he has celebrated all of his life, and the second on the day he had gastric bypass surgery at FMH.

"I look at June 11, 2011 as the day I was reborn," he says. "Before I had the surgery, I had reached my all-time high weight. And you can imagine at nearly 400 pounds, my life was very limited. Deciding to have the surgery three and a half years ago was the beginning of getting my life back."

Gastric bypass surgery makes the stomach smaller, causing food to "bypass" part of the small intestine. This reduces the amount of food a person can eat at one time, and allows them to feel full more quickly. The procedure is done through very small incisions, using miniature, camera-guided instruments—reducing recovery times and other possible complications of surgery.

Today, Billé weighs 190 pounds, works out daily, sees a trainer weekly and has a new hobby—boxing. Long gone is the C-Pap machine he wore at night to help him breathe. He says he looks at food in a much different way now, and rarely even thinks about the steak and ice cream he used to crave daily.

"I believe that gastric bypass surgery is a permanent solution to weight loss," says Billé. "It changed my life in ways I could never have imagined."

Like John Billé, hundreds of other men and women have found a well-established bariatric surgery program at FMH to help them overcome obesity and live longer, healthier lives. Wondering if gastric bypass surgery might be an option for you? Start by attending one of our free bariatric surgery seminars in the FMH classrooms on the 2nd Wednesday and 4th Monday of each month. Register by calling 240-457-4605 or visit us online at fmh.org/bariatric to learn more.

Frederick Memorial Hospital is expanding its award-winning oncology program into a fully integrated, comprehensive Cancer Institute. Because the number of cancer cases will rise significantly in the next decade, FMH is planning a new facility that will build upon its rich history of outstanding cancer care, and provide for new and improved services.



Artist's rendering of FMH campus improvements, including one possible design for the new Cancer Institute.

Our Goal

To provide a single convenient location for coordinated, state-of-the-art, compassionate, multidisciplinary and patient-centered care of all individuals with cancer and their families.

Our Plan

To address a patient's body, mind and spirit in a healing, soothing environment with access to physicians, other providers and services in one convenient facility.

Our Need

To build a \$20 million Cancer Institute to provide the highest quality cancer care to the people of Frederick County and surrounding areas.

An Expanded Facility

Since 2000, the number of Frederick County residents who are 65 and older has risen faster than any other demographic group. Currently, nearly 11 percent of our population has reached that milestone, and by 2020, that number will exceed 17 percent.

The fact that Frederick's population is aging rapidly has far-reaching implications for the future of our community's healthcare. With cancer already the leading cause of death in the County, and age well documented as the biggest risk factor for developing the disease, the need to build the expanded FMH Cancer Institute is clear.

How You Can Help

Find out more about the project, and learn how your contribution can help it become a reality, at www.fmh.org/donate.

WITH A LITTLE HELP FROM HER FRIENDS



Local woman Sarah Buzzell Ransom found support during her chemotherapy treatments from her family and friends, and the volunteers and staff at the FMH Regional Cancer Therapy Center's Infusion Center. Pictured here celebrating the end of her chemotherapy in the Spring of 2012 with friends at Bethany Beach, DE.

Originally from Walkersville, Sarah Ransom is a wife, mother, blogger, mortgage specialist and a hard-core football fan. Nearly three years ago, she added "cancer survivor" to that list, following a brave and intense struggle with Hodgkin's lymphoma.

While she was three months pregnant with her youngest daughter in 2011, the 35-year-old mother of four experienced prolonged, severe pain in her stomach and back. Several weeks after giving birth, she had another episode of extreme pain, this time accompanied by drenching night sweats and a high fever.

After multiple ER visits and doctors' appointments, it was discovered that her spleen was enlarged. Blood work confirmed that she had an elevated white cell count. Late in October, Sarah and her family finally learned the source of her severe pain and extreme exhaustion: she had Stage 3 Hodgkin's lymphoma, a type of cancer that affects the body's lymphatic system and compromises its ability to fight infection.

Sarah saw Dr. Elhamy Eskander of Oncology Care Consultants in late October of 2011. In November, she began intravenous chemotherapy treatments at the FMH Regional Cancer Therapy Center. Relying on a strong network of family and friends to help care for her family, Sarah spent several hours every two weeks for six months at the hospital's Infusion Center.

“While receiving chemotherapy, Sarah added another layer to her support network. “Everyone on staff was fantastic,” she says. “But there will always be a special place in my heart for the volunteers who work there. They are amazing. Every time I needed anything—a warm blanket, some water, anything—one of the volunteers was right there. The fact that people would choose to go into a situation like that just to bring care and comfort made a huge difference to me. Their kindness expecting nothing in return is something I will never forget.”

Today, Sarah is cancer-free. She lives with her husband, Rex, and the couple's four children in Sharpsburg, MD.

BRIDGES TO BETTER HEALTH



Any idea what accounts for the most spending by U.S. hospitals every year? Open heart surgery? Traumatic injury? Organ transplantation? It turns out the culprit is much less dramatic.

Far and away the most costly issue hospitals face is dealing with the fallout from chronic diseases that go undiagnosed or unmanaged. Conditions like diabetes, stroke, respiratory failure and heart disease accounted for a full 75 percent of healthcare spending last year.



FMH Director of Cultural Awareness & Inclusion Janet Harding, Jackson Chapel congregant and program liaison Eva Ellis and Bridges program coordinator Sue Eyler.

to resources and ongoing support to use as basis for developing meaningful, health-related programs for their congregations and communities. Most attend a 10-week training program that meets once a week, and includes information on topics such as heart disease, hypertension, cancer, COPD, diabetes, depression, dementia, medication management, vaccinations, preventing accidents and falls and advanced directives. For more information on the Bridges program, contact Program Coordinator Sue Eyler at SEyler@fmh.org, or 240-566-4862.

“FMH believes that providing better care at a more affordable cost starts with helping more people than ever before to either stay healthy, or learn how to keep their chronic diseases under better control,” says FMH Director of Cultural Awareness & Inclusion Janet Harding. “The Bridges program is one way we can teach people to monitor and maintain their health, make good choices, and get the right type of healthcare in the right place at the right time.”

The Challenge

Sometimes, illnesses like heart failure, high blood pressure, diabetes, and depression can be silent killers when people don't know the signs and symptoms. And when there is a crisis, it can be hard to gauge how serious the problem is, and whether to go to the doctor or the Emergency Room.

The Solution

One way FMH is seeking to connect with more people in our community is through a new program called Bridges. Through this unique outreach effort, the hospital is partnering with local faith communities to create programs for its members that provide support and access to healthcare resources, and help maintain their health, independence and dignity.

How It Works

At the helm of the Bridges program are “lay health educators” from each church community. The hospital provides these volunteers with training materials, access

LUNG CANCER: TURNING THE TIDE

Lung cancer accounts for 30 percent of all cancer deaths in the U.S., killing more than 150,000 people a year. That's a sobering statistic. Equally disheartening is that the prognosis in many cases continues to be poor, with a five-year survival rate of less than 16 percent—considerably lower than breast, colon and prostate cancers.

However, a new recommendation using CT technology for screening current and former smokers who meet the program's criteria may help identify lung cancer sooner—potentially saving lives.

Is it Right for Me?

This type of screening relies on low-dose chest Computed Tomography (CT) radiation at a rate much lower than the amount used in a conventional scan of this type. According to the FMH Regional Cancer Therapy Center's Medical Director Dr. Mark Soberman, those eligible for this type of screening are people who:

- Are aged 50-74.
- Are current or former smokers who have quit within the last 15 years.
- Have a smoking history of at least 30 pack-years. (Number of packs smoked per day times number of years smoked.)
- Do not have a history of lung cancer.



Current and former smokers who qualify for the lung cancer screening program should be sure to have the procedure done at a facility like FMH that follows the best practices of all major professional societies involved with lung cancer.

All Lung Screening Tests are NOT Equal

"A CT scan screening for lung cancer must be done in an organized setting where it is reviewed by a team of experts," says Dr. Soberman. "At FMH, the procedure is coordinated by our Patient Navigator. All positive screens and abnormal scans are reviewed by radiologists, pulmonologists and thoracic surgeons. The Patient Navigator reports the results to the patient, making sure the results are clearly understood. She also reports the findings to the patient's primary care physicians, and takes care of arranging the proper follow-up care."

Because out of pocket costs can approach \$500, FMH offers the complete procedure with interpretation for \$99. "You may see the CT Lung screening at a lower cost, but it is not the same as what we offer at FMH," says Dr. Soberman. "Make sure you know exactly what you're getting for your money. You deserve the best care possible. It's what we strive for at FMH every day."

Call 301-694-LUNG (5864) to see if you are eligible for a screening.

2ND ANNUAL LUNG CANCER SYMPOSIUM

Knowledge Brings Hope: Lung Cancer Treatment Update

Wednesday November 19th 2014, 6:00-8:00.

FMH Regional Cancer Therapy Center

510 West Seventh St, Frederick

Light dinner will be served.

Sign Language Interpreters available upon request.

Seating is limited. Please call 240-566-4692 to pre-register.

FEATURED TOPICS AND PHYSICIAN SPEAKERS

Early Detection and Screening

Mark Soberman, MD, Center for Chest Disease

Patient Navigation/Multidisciplinary Lung Clinic

Maggie Siebeneichen, RN, FMH Regional Cancer Therapy Center

Minimal Invasive Technology for Diagnosis and Treatment

Mark Soberman, MD, Center for Chest Disease &
Phuong Ho, MD, Frederick Medical and Pulmonary

New Drug Classes in Development for Metastatic Lung Cancer

Mark G. Goldstein, MD, Oncology Care Consultants

Updates in Radiation Therapy

Meredith Wernick, MD, FMH Radiation Oncology and
CyberKnife Center

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This publication in no way seeks to serve as a substitute for professional medical care. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.



CareTrack

MAKING PATIENTS PARTNERS

FMH is committed to your good health. And that has meant asking ourselves questions like, “What kind of opportunities can we offer patients to allow them to participate more fully in their own healthcare?” And “What is it going to take to encourage patients to help coordinate their care to improve outcomes?” And finally “What kinds of strategies and systems do we need to make patient engagement a meaningful component of their health care delivery?”

One system we’ve put in place to help patients become more involved in monitoring their own health and wellness is FMH Care Track. FMH CareTrack is a secure, online tool that gives patients more access to their healthcare information than ever before. Patients can use FMH CareTrack to access their health information, conveniently and confidentially, from anywhere with an Internet connection.

With FMH CareTrack, patients can:

- Review lab and radiology results.
- View upcoming appointments.
- View their medication and allergy lists.
- View their visit history.

During registration, patients simply indicate their interest in accessing their health information online, and provide some basic information. An enrollment email is sent to the address provided, from which patients can log into the FMH CareTrack portal. Patients may also visit any FMH location to sign up by simply providing photo identification and an email address.

“We want to make it as easy as possible for patients to receive excellent quality care,” says David Quirke, Corporate CIO for the Trivergent Health Alliance. “FMH CareTrack makes patients an important part of the healthcare team by engaging them early in an episode of ill-health, and while in the hospital. By providing them with tools for self-care and improving communication, we are hopeful that patients will remain engaged, feel better and stay out of the hospital.”