



DEAN'S MESSAGE: What's On My Mind

THE WORKGROUP BELIEVES THAT THROUGH THE USE OF INCENTIVES AND IMPROVEMENTS TO DATA COLLECTION AND ANALYSIS, WE CAN REDUCE HEALTH DISPARITIES THROUGHOUT MARYLAND AND ESPECIALLY IN OUR MOST UNDERSERVED COMMUNITIES.



What's on my mind this month is a series of bold innovative initiatives that have been proposed to reduce and eliminate health disparities in Maryland. The recommendations come from a 13-member Health Disparities Workgroup that I chaired at the request of Lieutenant Governor Anthony Brown. The workgroup is a diverse panel of experts in health disparities, physicians and scientists, and leaders in public health, government and business.

While Maryland has some of the best hospitals and healthcare facilities in the nation, **African-American Marylanders have infant mortality rates that are almost three times higher than white Marylanders, an HIV infection rate that is almost 12 times higher than the white population, and are almost twice as likely to lack health insurance.** These disparities pose a serious healthcare and financial challenge. In fact, our data showed that nearly \$230 billion in direct medical costs could have been saved from 2003 to 2006 if there were no racial or ethnic health disparities.

Using hospital admission rates as a measure, we identified disparities in three major chronic conditions—lung diseases (especially asthma), cardiovascular diseases and diabetes. **For hypertension and diabetes, hospital admission rates were as much as 4.5 times higher for African Americans.** The ripple effect of chronic disease accounts for 80 percent of health costs, so the workgroup targeted these conditions to have the greatest impact. The workgroup is recommending the following innovative strategies to help expand access to care and reduce disparities.

Establish Health Enterprise Zones

Modeled after economic enterprise zones, Health Enterprise Zones (HEZs) should be established in areas with significant health disparities, poor access to primary care and high rates of chronic illness. Primary care physicians would be encouraged to practice in HEZs through a range of incentives to include loan repayment assistance, tax credits and help in installing health information technology. To be eligible for zone benefits, clinicians would have to participate in the Medicaid program and meet voluntary standards for community service.

Create a Maryland Health Innovation Prize

The Maryland Health Innovation Prize would provide a significant financial reward and public recognition for a new intervention or program that successfully reduces or eliminates healthcare disparities. The goal of the prize is to

broaden the scope of community participation and discover new solutions that can be copied and employed throughout the state.

Track Performance Incentive Data by Race and Ethnicity

Healthcare performance data is currently monitored by the Health Services Cost Review Commission and the Maryland Health Care Commission, but these two programs do not track performance by race and ethnicity. The workgroup believes that requiring performance metrics to be analyzed by race and ethnicity will help the state to better identify disparities, and determine whether new incentive programs are required.

Addressing Health Disparities

As healthcare professionals we have a responsibility to promote the health and well being of all citizens, and as an institution we are already taking steps to help erase health disparities. The Program in Minority Health and Health Disparities Education and Research educates current and future health professionals about health disparities issues, supports relevant multidisciplinary research and fosters quality clinical care for minorities and diverse populations. **In the community, we are making it easier for patients to receive access to the best possible care by spearheading the Maryland Patient Centered Home program.** Patients will have

one primary point of contact for all medical needs under a streamlined system that provides expanded clinic hours and personalized communication via phone and email.

Incentives, education, outreach, technology, and innovation will empower us to do even more in communities where the greatest disparities exist. These recommendations have been presented to the Maryland General Assembly, and Governor Martin O'Malley has included funding for Health Enterprise Zones in the state budget. **It is my firm belief that these strategies can and will have an immediate effect on health and health disparities in Maryland, reduce healthcare costs and improve the quality of life for all citizens of the state.**

In the relentless pursuit of excellence, I am
Sincerely yours,

E. Albert Reece, MD, PhD, MBA
Vice President for Medical Affairs, University of Maryland
John Z. and Akiko K. Bowers Distinguished Professor and
Dean, University of Maryland School of Medicine



Richard Lichenstein, MD

Injuries to Headphone-Wearing Pedestrians

► BY BILL SEILER

Teens, Young Adult Males Predominantly Affected; Nearly Three Quarters of Injuries are Fatal

Listen up, pedestrians wearing headphones. Can you hear the trains or cars around you? Many probably can't, especially young adult males.

Serious injuries to pedestrians listening to headphones have more than tripled in the last six years, according to new research from the University of Maryland School of Medicine and the University of Maryland Medical Center. In many cases, the cars or trains are sounding horns that the pedestrians cannot hear, leading to fatalities in nearly three-quarters of cases.

"Everybody is aware of the risk of cell phones and texting in automobiles, but I see more and more teens distracted with the latest devices and headphones in their ears," says lead author Richard Lichenstein, MD, associate professor of pediatrics at the University of Maryland School of Medicine and director of pediatric emergency medicine at the University of Maryland Medical Center. "Unfortunately, as we make more and more



enticing devices, the risk of injury from distraction and blocking out other sounds increases."

Dr. Lichenstein and his colleagues studied retrospective case reports from the National Electronic Injury Surveillance System, the U.S. Consumer Product Safety Commission, Google News Archives, and Westlaw Campus Research databases for reports published between 2004 and 2011 of pedestrian injuries or fatalities from crashes involving trains or motor vehicles. Cases involving headphone use were extracted and summarized. The research was published online on January 16 in the journal *Injury Prevention*.

Researchers reviewed 116 accident cases from 2004 to 2011 in which injured pedestrians were documented to be using headphones. Seventy percent of the 116 accidents resulted in death to the pedestrian. More than two-thirds of victims were male (68 percent) and

► BY KAREN ROBINSON

Innovative Psychiatry Translational Research Center

The University of Maryland School of Medicine and its Department of Psychiatry have created a new Child and Adolescent Mental Health Innovations Center (UM-MHIC) to accelerate the development of new methods to improve the mental health treatment of underserved youth with mental illness.

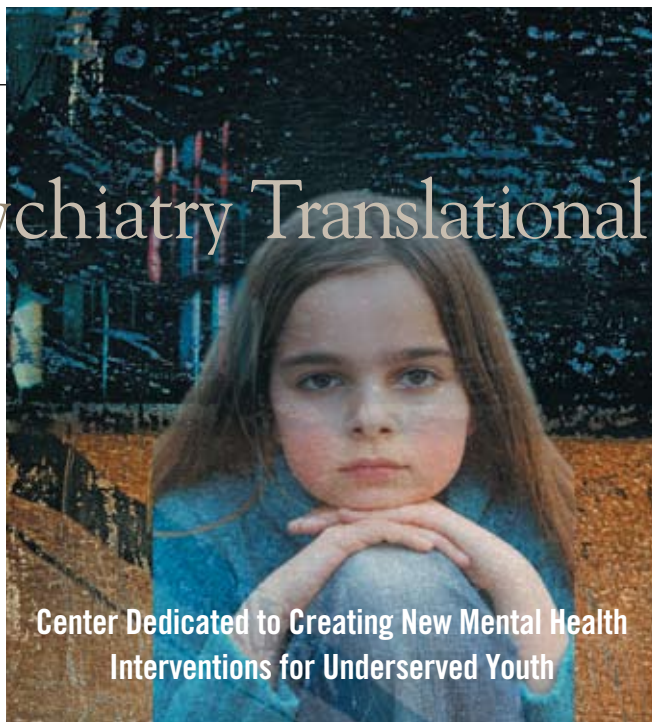
The new center is dedicated to developing and advancing evidence-based interventions for community mental health treatment, models for integration of behavioral health services, and multi-disciplinary training to improve services for underserved young people. The center will include researchers and collaborators that form a multi-disciplinary team spanning psychiatry, psychology, social work, pharmacology, pediatrics, and epidemiology. They have expertise in pediatric obesity, psychological trauma, psychopharmacology, school based mental health interventions, and child development. The center will be directed by David B. Pruitt, MD, professor of psychiatry, head of the Division for Adolescent Psychiatry and director of the Taghi Modaresi Center for Infant Study at the University of Maryland School of Medicine.

“This new, multidisciplinary initiative brings together our world-class scientists from many fields of research and patient care to bring hope as quickly as possible to underserved children struggling with mental illness,” says Dean E. Albert Reece, MD, PhD, MBA, vice president for medical affairs of the University of Maryland and John Z. and Akiko K. Bowers Distinguished Professor. “The center will be committed to research that addresses the biological and psychological factors contributing to children’s mental illness. This research systematically tackles social barriers to quality children’s mental health care including access, stigma, limited workforce training and inadequate, poorly coordinated community resources.”

“This center will enable us to turn the internationally renowned research of our Department of Psychiatry into clinical interventions to benefit underserved populations,” says Anthony Lehman, MD, MSPH, professor and chair of psychiatry and senior associate dean for clinical affairs at the School of Medicine. “These populations include the youngest patients—infants, toddlers, and preschoolers—youth who have been victims of violence and other traumas, young people with co-occurring substance abuse and mental illness, and families who seek services outside of traditional mental health settings because of stigma or access concerns.”

The center encompasses several new translational programs. These initiatives include the Peer to Peer Program, a Medicaid-funded antipsychotic pre-authorization treatment program developed to improve appropriate prescribing and safety monitoring for youth treated with antipsychotic medication. It also includes the MATCH program (Making All the Children Healthy), an initiative by the Baltimore City Department of Social Services that provides health screening for all Baltimore City youth in foster care as they enter the child welfare system.

“These initiatives provide direct services to improve the psychiatric care of underserved youth—those entering the child welfare system. They also work to improve appropriate safety monitoring for children, including monitoring for obesity-related side effects in preschoolers treated with antipsychotic medication,” says Dr. Pruitt.



Center Dedicated to Creating New Mental Health Interventions for Underserved Youth

“Our new center’s programs also provide a vehicle to study treatment outcomes, identify predictors of treatment response, and study youth with complex psychopathology—psychological trauma combined with learning disabilities and mood disorders—who often are excluded from traditional research studies,” explains Dr. Pruitt.

The UM-MHIC will also focus on research to improve effective screening for youth at risk for psychosis, and predictors of obesity related health problems in youth with serious mental illness. Its faculty train other providers nationally and throughout the state of Maryland on the implementation of evidence-based practices addressing trauma, early childhood issues, and school mental health problems.

The center is supported by significant partnerships with statewide family organizations, including the Maryland Coalition of Families for Children’s Mental Health, community programs and agencies, including the Mental Hygiene Administration of the state Department of Health and Mental Hygiene, the Department of Human Resources, and Medicaid, as well as researchers from Johns Hopkins School of Public Health and Child Psychiatry Division.

“We are committing our extraordinary resources to target to the most vulnerable of psychiatric patients, the youngest of children, those have been abused and families who do not know where to turn for help with mental illness,” says Dean Reece. “I have confidence that our top-tier science will bring relief to these families and create innovative new interventions that will change the field of child psychiatry.”



David B. Pruitt, MD

Special Delivery

With the assistance of a crane, workers push a new superconducting 950 MHz Nuclear Magnetic Resonance (NMR) magnet into a special elevator behind HSF I. The 8-ton magnet was then moved to the NMR core facility, directed by David J. Weber, PhD, professor, Department of Biochemistry and Molecular Biology. The magnet, made by Bruker BioSpin, will allow researchers a close-up look at molecules and accelerate the development of new agents to treat disease. Acquired through a \$7.9 million grant from the NIH, the magnet produces a supercharged magnetic field that enables scientists to investigate the three-dimensional structure of biological molecules and study their interaction using the highest degree of resolution. The bid to acquire the device was a partnership between the School of Medicine, the University of Maryland, Baltimore County and the University of Maryland, College Park. It will be available for use by faculty from those campuses as well as from institutions throughout the Mid-Atlantic.



BRUCE JARRELL Named Chief Academic and Research Officer



Bruce Jarrell, MD, FACS, has been named chief academic and research officer (CARO), senior vice president and dean of the Graduate School at the University of Maryland, Baltimore.

In his new post, effective April 1, 2012, Dr. Jarrell will work collaboratively with the deans and vice presidents of UMB and will be the focal point for all academic matters. He also will be responsible for facilitating the research mission of the University and will provide leadership for and direction to four important University units—the Graduate School, the Health Sciences and Human Services Library, Campus

Life Services, and Academic Services. Dr. Jarrell will function as the University’s provost in matters related to the University of Maryland Strategic Alliance, building and maintaining academic interactions with University System of Maryland institutions.

“I want to express my sincere appreciation for the many significant contributions Dr. Jarrell has made to all aspects of the School of Medicine,” says Dean E. Albert Reece, MD, PhD, MBA, vice president for medical affairs of the University of

Maryland and John Z. and Akiko K. Bowers Distinguished Professor. “As executive vice dean, Dr. Jarrell has played an invaluable leadership role with multiple oversight responsibilities in research and education. He has done an outstanding job working both collaboratively with me in the development of new research programs and increasing grants and contracts to the School of Medicine. Dr. Jarrell’s impact has been extraordinary, and I look forward to continuing our collaboration in his new role with the University.”

A surgeon who specializes in kidney and liver transplantation, Dr. Jarrell received his medical degree from Jefferson Medical College, completed a residency and fellowship at the Medical College of Virginia and held faculty positions at Jefferson and University of Arizona prior to coming to Maryland in 1997 to serve as chair of the School of Medicine’s Department of Surgery.

Under Dr. Jarrell’s leadership the Department of Surgery expanded its surgical programs and developed innovative research studies and clinical trials. The department was ranked 11th nationally in total research funding from the National Institutes of Health. The growth in surgical research was spurred by a tremendous increase in grants and contracts to the School of Medicine over the past decade.

► BY GWEN FARISS NEWMAN

Emergency Medicine Enters Collaboration with South Africa

What's better than having one of the greatest emergency medical systems in the world? Working with emergency providers around the world in order to build capacity and improve care globally.

Eleven School of Medicine faculty members in November shared their expertise at an international emergency medicine conference held in South Africa where Brian J. Browne, MD, FACEP, professor of Emergency Medicine and chair, Department of Emergency Medicine, was also honored for his commitment to international emergency medicine. Dr. Browne was awarded an academic appointment as Extraordinary Professor of Emergency Medicine within the Division of Emergency Medicine at Stellenbosch University (SU) and University of Cape Town (UCT), both in South Africa. It's a distinction, he says, that signifies a working relationship both several years in the making and growing stronger and more specific.

"We have a very advanced system that hasn't gone unnoticed by others around the world," says Dr. Browne. "And their system is also among the most distinguished." He notes that when South Africa in 2010 hosted the World Cup, Stellenbosch/Cape Town provided the needed emergency medical support. No small endeavor, given the fact that competitive events were held in 10 stadiums in nine different cities throughout the region. In an area where there may be just one board-certified emergency physician per country, the Stellenbosch/Cape Town program is recognized as one of the

We have a very advanced system that hasn't gone unnoticed by others around the world.

leaders within the area—and one that can still grow and produce much-needed expertise.

"Despite decades of high emergency care workload, emergency medicine is a very young specialty in South Africa, only being officially recognized in 2003," explains Lee Wallis, MD, who heads the Division of Emergency Medicine at Stellenbosch. "The Division of Emergency Medicine at UCT and SU is the leader in the country in this regard, but still has a very long way to go. Our relationship with University of Maryland helps us enormously. It provides us with academic credibility, gives us access to some of the brightest minds and thought leaders in emergency medicine in the world, and links us with some of the best emergency medicine teachers in the world."

The two institutions have finalized a memorandum of understanding that formalizes a working relationship and sets mutual goals for their work together. Dr. Browne envisions at least a three-year partnership. Immediate first steps, he says, are developing an emergency medicine curriculum and engaging in collaborative research endeavors. Dr. Wallis likewise has been granted an academic appointment at the University of Maryland School of Medicine's Department of Emergency Medicine.

Dr. Browne has headed the division since 1996 and has served as chair of the Emergency Medicine Department since its formation in 2006. The program today includes more than 75 board-certified physicians, is one of the largest emergency medicine residency programs in the U.S. and is home to nationally recognized faculty who practice throughout the University of Maryland Medical System and its 10 separate hospitals.

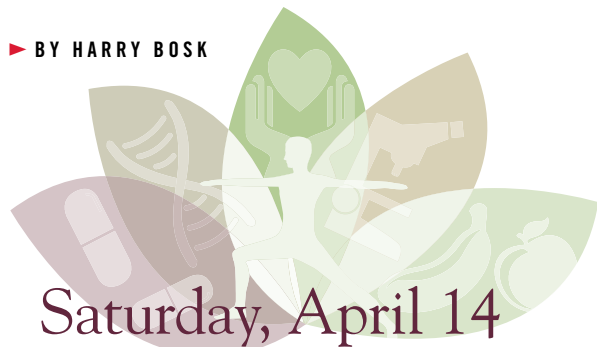


Brian J. Browne, MD, FACEP

Faculty from the University of Maryland Emergency Medicine Department were instrumental in organizing the 3rd Biennial Conference of the Emergency Medicine Society of South Africa from November 14–19. Titled "Emergency Medicine in the Developing World," the conference hosted nearly 800 attendees from over 25 countries in Africa, Europe, North America, and elsewhere.

- Terry Mulligan, DO, MPH, assistant professor, served as one of the co-organizers of the event.
- Emergency Medicine faculty delivered many lectures at the main conference, as well as two keynote speeches.
- Associate professor Rob Rogers, MD, delivered "A Global Approach to Teaching Emergency Medicine in the 21st Century" and Professor Joseph O'Neill, MD, director of the Global Health Initiative, delivered "Global HIV, PEPFAR and implications for Emergency Medicine Development."
- Faculty members Michael Winters, MD, Michael Abraham, MD, Haney Mallemat, MD, Mimi Lu, MD, and George Willis, MD, delivered a one-day preconference workshop on "Care of the Critically Ill Patient," with over 85 attendees.
- Jon Mark Hirshon, MD, MPH, PhD, Emilie Calvello, MD, MPH, and Terry Mulligan, DO, MPH, co-organized and participated in a one-day post-conference 'consensus meeting' entitled "Emergency Care in the African Context," hosting over 60 attendees from 20-plus African countries and elsewhere.

► BY HARRY BOSK



Saturday, April 14

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE
CENTER FOR INTEGRATIVE MEDICINE
HEALTH & WELLNESS
conference

Best-selling author Andrew Weil, MD, and Shock Trauma Physician-in-Chief Thomas Scalea, MD, to Headline the Event

If a patient is taking ginger as a natural anti-inflammatory can it cause interactions with certain medications? Is yoga good for back pain or can it make the pain worse?

The answers to these questions and to bigger picture issues such as the future of medicine will be examined at the Center for Integrative Medicine's Health and Wellness Conference scheduled for Saturday, April 14, 2012 at the Baltimore Hilton.

The conference features best-selling author and wellness guru Andrew Weil, MD and Thomas M. Scalea, MD, Francis X. Kelly Professor in Trauma Surgery and physician-in-chief at the R Adams Cowley Shock Trauma Center.

Dr. Weil will discuss his new book *Spontaneous Happiness*, which suggests we reconsider our traditional definitions of happiness and offers ways to attain optimum emotional health or contentment. Dr. Scalea's address "Humanism in a High Tech Environment: Is it Possible and How Does it Look?" provides a physician's perspective on balancing humanistic and healing practices with advances in medical technology.

"A goal of the conference is to further an understanding of Integrative Medicine and how different evidence-based therapies, many practiced in different cultures, can promote health and well-being and can be incorporated into conventional health care," said Brian Berman, MD, professor of family and community medicine and founder and director of the University of Maryland Center of Integrative Medicine. "The conference also provides a global perspective of the changes taking place in medicine and the use of high-touch, low-tech approaches that can improve patient care and reduce costs."

Former University of Maryland Medical Center CEO Stephen Schimpff, MD, an authority on megatrends in medicine, and Center for Integrative Medicine director of Education, Delia Chiramonte, MD, will join Dr. Berman on a panel, "The Future of Medicine." They will describe many of the changes occurring in medical education and healthcare, as will Jeffrey Bland, PhD, in his workshop, "Creating a More Effective Healthcare System—The Functional Medicine Movement."

In all, the wellness conference offers more than 25 sessions on topics such as holistic pain relief, stress management, nutrition and supplements. Attendees also will be able to participate in meditation and movement-based therapies workshops such as yoga and Qi Gong.

For more information about the conference or to register, go to: <http://www.regonline.com/umsom-health-wellness-conference>



Andrew Weil, MD

Headphone-Wearing Pedestrians [continued from page 1]

under the age of 30 (67 percent). More than half of the moving vehicles involved in the accidents were trains (55 percent), and nearly a third (29 percent) of the vehicles reported sounding some type of warning horn prior to the crash. The increased incidence of accidents over the years closely corresponds to the documented rising popularity of auditory technologies with headphones.

"This research is a wonderful example of taking what our physicians see every day in the hospital and applying a broader scientific view to uncover a troubling societal problem that needs greater awareness," says Dean E. Albert Reece, MD, PhD, MBA, vice president for medical affairs at the University of Maryland and the John Z. and Akiko K. Bowers Distinguished Professor. "I hope that these results will help to significantly reduce incidence of injuries and lead us to a better understanding of how such injuries occur and how we can prevent them."

Dr. Lichenstein and his colleagues noted two likely phenomena associated with these injuries and deaths: distraction and sensory deprivation. The distraction caused by the use of electronic devices has been coined "inattentive blindness," in which multiple stimuli divide the brain's mental resource allocation. In cases of headphone-wearing pedestrian collisions with vehicles, the distraction is intensified by sensory deprivation, in which the pedestrian's ability to hear a train or car warning signal is masked by the sounds produced by the portable electronic device and headphones.

Dr. Lichenstein says the study was initiated after reviewing a tragic pediatric death where a local teen died crossing railroad tracks. The teen was noted to be wearing headphones and did not avoid the oncoming train despite auditory alarms. Further review revealed other cases not only in Maryland but in other states too. "As a pediatric emergency physician and someone interested in safety and prevention, I saw this as an opportunity to—at minimum—alert parents of teens and young adults of the potential risk of wearing headphones where moving vehicles are present."



► BY CAELIE HAINES

Legislative Day 2012



Photo by Tom Jemski

L-R: Dr. David Stewart, student Lauren Cascio, State Senator Verna L. Jones-Rodwell, Dean Reece, student Jeff Zapora.

Dean E. Albert Reece, MD, PhD, MBA, President Jay Perman, MD, and more than 40 medical students and faculty members traveled to Annapolis on January 25, 2012 to speak with members of the Maryland General Assembly about issues of importance to the University of Maryland School of Medicine. In face-to-face meetings with lawmakers, students discussed loan repayment assistance programs, funding for scholarships and infrastructure projects including a new research building, the problem of physician shortages, and the positive impact the School of Medicine's research success has had on state revenue.

House Speaker Michael E. Busch kicked off

the day, joining the students for breakfast to thank them for their participation in the political process. Then the students split into groups to visit with as many lawmakers as they could. "It went well," says second-year student Jeff Zapora. "Overall, it was a really good learning experience, and very interesting to see how things work in our state capitol."

"I think it's really great," said Shannon Serlemitsos, a first-year medical student. "I have taken a couple policy courses before—public policy and health law—but it is really interesting and valuable to see firsthand a side of the system that I would not get to see otherwise. Also, it's encouraging that the administration here wants us to make the most of our medical education outside of just the hospital setting."

The lawmakers were happy to have the students come for a visit. "You see consequences of not having good healthcare, the impact it has on families, the impact it has on hospital rates," said Senator Thomas Middleton, chairman of the Senate Finance Committee, who spoke with medical students over lunch. "But not everybody down here is aware of that. So it is important that you are down here meeting with your legislators so that they can understand how critical you all are to our healthcare-delivery system."

"Legislative day is a wonderful opportunity for our students and our faculty to thank legislators for their support, and share with them the exciting things that are happening on our campus," added Dean Reece. President Perman also offered encouraging words to the medical students. "When I went to medical school we did not learn how to advocate for our profession, we didn't learn to advocate for our educational needs, so you all are very fortunate."

"I have no background in this kind of thing, so it's really exciting to come here and see how it all works and to have them listen to what we have to say," said Jennifer Redd, a second-year student. "It's great that the school gives us the opportunity to get involved in these kind of events."

"We're very proud of you," Senate President Thomas V. Mike Miller, Jr., told the medical students. "We hope you continue your education, and we hope you stay in Maryland. We will continue to work on the loan assistance program to try and help. Sometimes it takes a long time to make good policy happen. But this is good policy. You are one of our most precious resources, and we need you to stay here in Maryland."

► BY LARRY ROBERTS

A Visit from AAMC



Photo by Tom Jemski

Darrell G. Kirch, MD, president and chief executive officer of the Association of American Medical Colleges (AAMC) came to the University of Maryland School of Medicine for a day-long tour on January 20, 2012. Following an in-depth discussion of health policy issues with Dean E. Albert Reece and department chairs, Dr. Kirch met with faculty, staff and students; toured the Institute of Genome Sciences and the Institute of Human Virology; and met with leaders of the University of Maryland Medical System (UMMS).

While here, Dr. Kirch acknowledged that medical schools nationwide face a myriad of challenges, including budget cuts to the National Institutes of Health and Medicaid, and a polarized political environment in Washington. But Dr. Kirch said that teaching hospitals like the School of Medicine are economic engines that are part of the solution. Dr. Kirch said the School of Medicine's partnership with UMMS plays a vital role by merging a potent research enterprise with a top-flight clinical care provider.

"The School of Medicine has all the key pieces and a very impressive research agenda," added Dr. Kirch, who said that SOM's level of research funding as a percentage of total revenue is one of the highest he has seen. Dean Reece said he has great respect and admiration for Dr. Kirch, noting that the AAMC's advocacy level has increased under Dr. Kirch's leadership.

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