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.

Dean’s Message: What's On My Mind

What's On My Mind

has't 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 disease (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

Model 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.

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 provides current and future health professionals about health disparities issues, supports relevant multidisciplinary research and fosters quality clinical care for minorities and diverse communities.

In the communities, 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.

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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

Injuries to Headphone-Wearing Pedestrians

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

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

Serious injuries to pedestrians listening to head- phones 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, especially in our most underserved communities.

Richard Lichenstein, MD
Reece, MD, PhD, MBA, vice president for medical affairs of the University of Maryland says: Dr. Jarrell has made contributions to all aspects of the school of Medicine,” says Dean e. albert m. a. lbert. 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 role, effective April 1, 2012, Dr. Jarrell will work collaboratively with the deans and vice presidents of UMBC and UMB and will be the focal point for all academic matters. He will also be responsible for facilitating the research mission of the University and will provide leadership for and direction to the Graduate School, the Health Sciences and Humanities Library, Campus Life Services, and Academic Services. Dr. Jarrell will function as the University’s point person in matters related to the University of Maryland Strategic Alliance, building and maintaining academic interactions with University System of Maryland institutions.

“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 psychosocial problems, and predictors of obesity related health problems in youth with serious mental illness. Its faculty train other providers nationally and internationally through the state of Maryland's Child and adolescent Mental Health Innovations Center (UM-MHIC) to create 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 Eight Medstar 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 mental health care including access, stigma, limited workforce training and inadequate, poorly coordinated community resources.”

“This center will enable us to turn the internationally reknowned 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—young infants, toddlers, and preschoolers—young people 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 Feer 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 approaches for children, including monitoring for obesity-related side effects in preschoolers treated with antipsychotic medication,” says Dr. Pruitt.
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 advanced.” He notes that when South Africa hosted the World Cup, Stellenbosch/Cape Town provided the needed emergency medical support. No small endeavor, given that the 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 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 to some of the best emergency medicine teachers in the world.”

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The conference features best-selling author and wellness guru Andrew Weil, MD and Thomas M. Scales, MD, Francis X. Kelly Professor in Trauma Surgery and physician extraordinaire. Dr. Weil will discuss his new book, Spontaneous Happiness, which suggests we reconsider our traditional definitions of happiness and ways to attain optimum emotional health or contentment. Dr. Scales’ 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. The conference will also feature faculty members Michael Winters, MD, Michael Abraham, MD, Haney Mallemat, MD, Mimi Lu, MD, and George Wilks, MD, delivered a one-day preconference workshop on “Care of the Critically Ill Patient” with over 85 attendees.

The conference also provides a global perspective of the changes taking place in medicine and the use of high-touch, low-tech approaches 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, Delo Chiaramonte, 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 well as 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 supplement attendees also will be able to participate in meditation and movement-based therapies workshops such as yoga and Qigong. For more information about the conference or to register, go to: http://www.regonline.com/usmms-health-wellness-conference

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 “inattentional 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 initialed after reviewing a tragic pediatric death. 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 risk. 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 risk...
Legislative Day 2012

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.”