Community Health Spotlight
Addressing the Needs of the Community

Bringing Health Care Home
Ensuring Continuity of Care for Older Adults

Transforming Spine Surgery
Less Invasive Approach Offers Numerous Benefits

Matters of the Heart
Minimizing the Cardiovascular Effects of Cancer Treatment
Happy New Year! All of us at MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital hope your new year is filled with much health and happiness. As we put a challenging year behind us, we continue our dedication to fighting this pandemic and providing our communities with the care they need, when they need it. Our incredible associates are working together as a team with courage, resiliency, and passion to provide you with safe and quality care.

To provide care in the safest environments as outlined in the U.S. Centers for Disease Control and Prevention guidelines, we have incorporated different ways to interact with our patients. All patients and visitors are screened when they enter our hospitals, are required to wear masks, and are following physical distancing instructions. In addition, we are offering alternative ways to receive care such as video visits and telephone consultations. All of these protocols are in place, so you feel comfortable and safe when receiving care.

In this issue of Destination: Good Health, you can read about our new Cardio-Oncology program, which focuses on preventing and treating heart problems that are sometimes caused by cancer treatments, and how advances in technology have made minimally invasive spine surgery an option for many individuals dealing with back pain. In addition, we highlight our geriatric services and how we provide seamless care to patients.

This issue also features a story about our Community Health Needs Assessment, which is currently underway. Conducted every three years, it’s an important initiative that enables the community to identify ways to meet their needs.

Thank you for choosing MedStar Health. We continue on our journey to be safe and ready to care for you.

In good health,
Bradley S. Chambers
President, MedStar Good Samaritan Hospital
President, MedStar Union Memorial Hospital
Senior Vice President, MedStar Health
Matters of the heart.

Minimizing the cardiovascular effects of cancer treatment.

Thanks to advances in cancer treatment, more and more former cancer patients are now cancer survivors. While these life-saving treatments have improved long-term outcomes for many patients, some can cause heart and vascular problems.

Here at MedStar Health, preventing and treating these conditions is the focus of our Cardio-Oncology program—the first of its kind in the region.

“Chemotherapy and other cancer treatments can result in what is called cardiotoxicity, increasing the risk of cardiac cell damage and symptomatic heart failure—even years after treatment,” explains Tolulope Agunbiade, MD, a cardiologist and director of the Cardio-Oncology program in the Baltimore area.

“Our program to designed to provide cancer patients with excellent, multidisciplinary care, combining advanced imaging and treatment protocols with the expertise of a knowledgeable team of oncologists and cardiologists,” she says. “Working together is truly the best way to improve the outlook for these patients.”

Tanya Randall is one patient who has benefited from the expertise of Dr. Agunbiade and her colleagues.

Diagnosed with stage 2 breast cancer in 2014, her treatment involved chemotherapy followed by radiation therapy. After successfully completing treatment, she felt fine and resumed her normal activities. Then in 2018, she started experiencing shortness of breath, which she first attributed to her asthma.

“When my asthma medications didn’t restore my normal breathing, I became concerned,” Randall says. “I went to the Emergency department at MedStar Franklin Square Medical Center where I was admitted so they could observe my heart function.”

Soon after that, she was transferred to MedStar Union Memorial Hospital for a cardiac catheterization, resulting in a diagnosis of cardiomyopathy, which can lead to heart failure. As a former cancer patient, she was referred to Dr. Agunbiade for her care.

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“Tanya was treated with an anthracycline during her chemotherapy, a treatment known to cause side effects such as heart damage. She was started on medications for her weak heart muscle, which she still takes, to improve her cardiac function,” Dr. Agunbiade notes. “Today, at age 55, her heart function is stable, and she remains cancer-free.”

In addition to evaluating and managing heart problems for cancer patients after treatment, the cardio-oncology team can also help determine if a patient is at risk for developing a heart condition prior to starting treatment.

“Based on an assessment of each patient, our cardiologists and oncologist collaborate to decide how to avoid or minimize cardiotoxicities, either through the addition of cardioprotective medications, or by switching to alternative treatments,” Dr. Agunbiade says. “Once treatment begins, we can evaluate a patient’s heart function in real-time using advanced imaging. This enables us to identify any potential heart problems as soon as possible.”

She adds, “Ideally, patients whose cancer treatment may increase heart risk, or those who have a history of heart disease, should have a cancer care team that includes a cardiologist who can work with them to monitor the patient’s heart health before, during, and after treatment. That’s what you’ll find here at MedStar Health.”

When Randall’s heart began to fail as a side effect of her cancer treatment, she was referred to the cardio-oncology specialists at MedStar Union Memorial Hospital and is now back on her feet.

Goals of the Cardio-Oncology program

- Counseling individuals with existing heart disease or at risk of developing heart disease before cancer therapy begins.
- Monitoring patients before and during cancer treatment to identify any heart complications or cardiac toxic side effects.
- Preventing or reducing further heart damage—and, when possible, reversing it.
- Screening for any heart complications after the completion of treatment.
- Participating in research studies to better understand cardiac issues in patients with cancer.

To learn more about the Cardio-Oncology program at MedStar Health, visit MedStarHeartInstitute.org/programs/cardio-oncology or call 877-452-0725.
There are approximately 16.9 million cancer survivors in the United States today—a number that is expected to grow to more than 22 million by 2030, according to the American Cancer Society (ACS). This good news is attributed, in part, to improvements in cancer screening. Unfortunately, many people have avoided getting recommended screenings due to the pandemic. Based on current projections, these missed screenings could result in about 10,000 more deaths from breast and colon cancer alone over the next decade.

“This is alarming. These delays will certainly result in patients having more advanced cases by the time they are diagnosed,” explains Lois Kamugisha, MD, a medical oncologist at MedStar Good Samaritan Hospital. “Cancer screenings enable us to find cancer in the early stages when it is most treatable. That’s why it’s so important.”

Following are screening guidelines from the ACS for a few of the most common cancers. Some individuals may need earlier or more frequent screenings depending on their risk factors. This is something you should discuss with your doctor.

Breast Cancer
Screenings are recommended as follows:
- Women between ages 40 and 44 have the option to start screening with a mammogram every year.
- Women ages 45 to 54 should get an annual mammogram.
- Women ages 55 and older can switch to a mammogram every other year, or continue yearly mammograms.

Colorectal Cancer
Screenings are recommended for all adults ages 45 to 75. For those older than 75, the decision to be screened should be based on personal preferences, life expectancy, and prior screening results. A person’s age and the frequency of screening can vary based on their medical history, including family history of cancer. Screening can be done with a stool-based test or with a visual exam that looks at the colon and rectum.

Test options include:
- A fecal occult blood test (FOBT) or a fecal immunochemical test (FIT) every year
- A multi-targeted stool DNA test every 3 years
- A CT colonography every 5 years
- A flexible sigmoidoscopy every 5 years
- A colonoscopy every 10 years

Lung Cancer
Screenings are recommended for individuals who are at high risk based on the following:
- Ages 55 to 74
- A smoker of a pack of cigarettes a day for 30 years or more
- Currently smoking or quit fewer than 15 years ago

Most insurance covers the cost of these screenings. Screenings are also available at no charge for individuals meeting certain criteria.

“There is no reason to delay getting needed screenings and care due to fear of COVID-19,” says Dr. Kamugisha. “At MedStar Health, we have comprehensive policies and procedures in place to not only ensure the safety of our patients and their families, but our providers and their loved ones, too. Get screened. It could be lifesaving.”

Spine surgery. Just the mere mention of it invokes thoughts of an invasive procedure requiring large incisions and a long recovery time. But for people dealing with debilitating back or neck pain, it is often the best solution if they want to live pain-free.

The good news is that many technological advances have been made in recent years, providing patients with a less invasive option to open spine surgery. That option is minimally invasive spine surgery. “Minimally invasive approaches can be faster, safer, and require less recovery time,” says Mesfin A. Lemma, MD, the new division chief of Orthopaedic Spine Surgery at MedStar Union Memorial Hospital.

“Because the spinal nerves, vertebrae, and discs are located deep inside the body, any approach to gain access to the spinal area requires moving muscle tissue out of the way. In minimally invasive surgery, this is done by separating the muscles surrounding the spine rather than cutting through them, resulting in smaller incisions and less tissue damage.”
The procedure went extremely well. Lewis was up and walking after the first night and was discharged from the hospital less than 48 hours after she was admitted. "I was so limited with what I could do," she says. "The recovery was unbelievable, and it is a joy to wake up without pain."

As the new head of the spine program at MedStar Union Memorial, Dr. Lemma hopes to build on its reputation as a center for excellence.

“We have strong clinical outcomes, centralized scheduling, computerized surgical navigation capability, state-of-the-art spinal robotic technology, a lab dedicated to spinal research, and expert physicians including Bradley Moatz, MD; Paul Asdourian, MD; and Spiro Antoniades, MD,” he notes. "Plus, the hospital recently expanded its neurosurgery program providing more opportunities for collaboration, which benefits many patients. With our breadth of experience and our state-of-the-art technology, we provide patients with care that's unique.”

The hospital’s spine program was the first in Maryland to earn The Joint Commission’s Gold Seal of Approval for Excellence in Spine Surgery. In addition, it became the first orthopaedic robotics center in a three-state area with the recent addition of the ExcelsiusGPS® spinal surgery system to its two Mako® robots. And, as home to MedStar Musculoskeletal Research Institute, MedStar Union Memorial is a noted leader in spinal innovation.

Now that Lewis is pain-free, she’s been able to resume her normal day-to-day activities.

Dr. Lemma is a noted specialist when it comes to the use of minimally invasive techniques in spine surgery. That’s why 86-year-old Grace Lewis turned to him when her back pain became so severe that she couldn’t live with it anymore.

“I had suffered with sciatica for many years, trying many non-surgical treatments that didn’t always work. I even had surgery at another healthcare institution, which eventually made things worse," Lewis says. "So I started researching spine programs in the area that were known for their positive outcomes.” That research led her to MedStar Union Memorial and Dr. Lemma.

“Grace’s issue was instability in her lumbosacral joint due to a weak spot that would cause the joint to slip. This compressed the nerve roots in her lower back, resulting in pain that would radiate down her leg.”

Dr. Lemma explains. “The condition is best treated with a spinal fusion, which involves fusing the bones together permanently. While it’s not a procedure I would typically recommend for an individual Grace’s age, I found her to be much younger physiologically than her actual age and a great candidate for minimally invasive spinal fusion.”

During Lewis’ surgery, two small incisions were made on the left and right of her spine, rather than one large incision down the middle, and her muscles were moved out of the way using a tubular retractor. Then, using small tools inserted through the incisions, Dr. Lemma implanted metallic rods in the vertebrae to stabilize it. Computer-assisted navigation made it possible for him to perform many portions of the procedure without actually seeing the site.

Meet Mesfin A. Lemma, MD
Division Chief of Orthopaedic Spine Surgery, MedStar Union Memorial Hospital

Dr. Lemma is the new division chief of Orthopaedic Spine Surgery at MedStar Union Memorial Hospital. A board-certified orthopaedic surgeon, fellowship-trained in spinal reconstruction, he has been recognized as one of the nation’s top surgeons by both U.S. News & World Report and Becker’s Healthcare, and served as division chief of Johns Hopkins Orthopaedics.

Widely published, Dr. Lemma is active in surgical training locally and internationally, and a member of many professional organizations including the American Medical Association, the American Academy of Orthopaedic Surgeons, and the North American Spine Society.

He graduated from Case Western Reserve University School of Medicine and completed his internship, residency, and fellowship at The Johns Hopkins Hospital. A frequent Baltimore magazine “Top Doctor” with more than 17 years of experience, Dr. Lemma sees patients at the MedStar Health Bel Air Medical Campus and at MedStar Franklin Square Medical Center, as well as MedStar Union Memorial. To learn more about him, visit MedStarOrtho.org/Lemma.

To learn more about the spine specialists at MedStar Orthopaedic Institute, or to schedule an appointment, visit MedStarOrtho.org, or call 877-34-ORTHO (877-346-7846).
Successful Aging, she transitioned to the MedStar House Call Program. “Often, their poor health presents significant obstacles to getting care. Sometimes they go without any care at all, and ultimately, end up in the emergency room—a traumatic and costly alternative.”

Nationally recognized for its quality of care, patient outcomes, and overall cost savings, the MedStar House Call Program is designed to provide comprehensive care for patients at home, which includes state-of-the-art hospital and specialty care, if needed. At the same time, social workers link patients and families to community resources, and support caregivers through monthly groups and weekly calls.

“The program helps avoid unnecessary ER visits and nursing home placements, allowing these patients to age in their homes with dignity and comfort,” says Dr. Worley, who now serves as Gunn’s primary care physician.

The program benefits the families of patients, too. “It truly has been a blessing,” says 58-year-old Brooks. “Before the pandemic, I was working a full-time job at night and caring for my Mom during the day. Having a team of medical professionals looking after her at home is a big relief…mentally and physically. Dr. Worley and her team take such good care of her.”

To qualify for the MedStar House Call Program, patients must:

- Be age 65 or older and have difficulty getting to the doctor’s office
- Have Medicare, Medicaid, or a managed care plan that the MedStar House Call Program accepts
- Change their primary care doctor to a MedStar House Call Program provider
- Live in a qualifying zip code

Today, at age 77, Gunn is doing well, according to Dr. Worley. “Both her diabetes and blood pressure are under control and she is a stable patient,” she says.

“A wise social worker once said to me ‘it can be an epic journey to age in America.’ And it’s true,” adds Dr. Worley. “That’s why we try to address as many needs as possible so these patients can age in place.”

For more information about the Medical House Call Program, call 443-444-6100.
February is American Heart Month, a perfect time to talk about the importance of good heart health as well as ways to reduce the risk of heart disease—the leading cause of death among adults.

“Having a healthy heart is critical to a person’s overall well-being. While regular exercise is important for keeping your heart in shape, the food you eat can matter just as much,” says David Naiman, MD, a primary care physician with MedStar Health. “By adopting better eating habits you may be able to lower your cholesterol, control your blood pressure and blood sugar levels, and maintain a healthy weight—while also improving your mood and outlook.”

Of course, no single food will make your heart healthy. It’s your overall dietary pattern that is most important.

Dr. Naiman shares these heart-healthy diet tips to help you improve your heart health:

- **Watch your fats.** Try substituting unhealthy fats in your diet with good fats. By replacing trans fats, found in foods such as baked goods, fried foods, and anything made with “partially hydrogenated” oil, and limiting saturated fats, which are mainly found in dairy and red meat, you can improve your blood cholesterol levels and lower your risk of heart disease. Eat more healthy fats instead. Good sources include fatty fish such as salmon and tuna, soybean and safflower oil, avocados, olives, nuts, and peanut butter.

- **Avoid sugar and refined carbohydrates.** Sugary foods and refined carbs add a lot of empty calories that are as bad for your heart as your waistline. Instead of sugary soft drinks, white bread, pasta, and processed foods like pizza, opt for whole grains like multigrain bread, brown rice, bran cereal, oatmeal, and non-starchy vegetables.

- **Focus on high-fiber food.** A diet high in fiber can lower “bad” cholesterol and provide nutrients that help protect against heart disease. It may also help you lose weight since fiber stays in the stomach longer than other foods. So, the feeling of fullness stays with you, helping you eat less. Fiber also moves fat through your digestive system quicker so less of it is absorbed. Good sources of fiber include whole grains, wheat cereals, beans, nuts, and fruits and vegetables.

Dr. Naiman also stresses the importance of limiting your salt intake. “Eating a lot of salt can contribute to high blood pressure, a major risk factor for heart disease,” he says. “Although many people develop heart-related problems, especially as they get older, it isn’t inevitable. One of the best and easiest ways to support your heart is by eating healthy.”

Did you know that stroke is one of the leading causes of disability in the United States? That’s why knowing the symptoms and what to do if you suspect someone is having a stroke can save vital time in getting treatment, minimizing the damage a stroke can do.

“A stroke occurs when blood to the brain stops, depriving it of oxygen and causing brain cells to die. This results in lost function to whatever area of the body the affected portion of the brain controls,” says Duane Campbell, MD, a neurointensivist with MedStar Health.

“Because strokes do their damage fast, prompt emergency treatment is vital. Yet, due to the pandemic, many individuals have delayed getting the care they need,” he adds. “But if you’re having a stroke, you are at much greater risk of suffering long-term disability or death by staying at home, than you are in the ED…especially with the precautions now in place.”

The signs of a stroke can vary from patient to patient. They also take people by surprise. “A person can be fine one moment, and suddenly have symptoms, such as weakness, numbness, trouble speaking, or loss of vision,” says Dr. Campbell.

“There are two major kinds of stroke, ischemic stroke, caused when a blood clot blocks an artery feeding the brain, and hemorrhagic stroke, which results when a blood vessel bursts and leaks blood into the brain,” says Dr. Campbell. About 80% of strokes are ischemic strokes, which can usually be treated using a medication that dissolves blood clots. However, treatment needs to be administered within 4.5 hours from the time symptoms appear, which is even more reason to call 911.

A common acronym for remembering the symptoms if you think a person is having a stroke is BE FAST:

**Balance:** Ask the person if they feel a loss of balance. Having trouble staying steady while walking could be a sign of a stroke.

**Eyes:** Ask them if things look blurry in either eye. Having sudden vision problems may suggest a stroke.

**Face:** Ask them to smile. An inability to smile or one-sided expression could indicate a stroke.

**Arms:** Ask them to raise both arms. One-sided muscle weakness or paralysis may signal a stroke.

**Speech:** Ask them to say a simple sentence. Slurred speech or difficulty speaking are also signs of stroke.

**Time:** If you observe any of these symptoms, call 911 immediately.

Dr. Campbell notes that stroke treatments and survival rates have improved greatly over the last decade. But time is of the essence in getting treatment. “Don’t let the fear of overreacting prevent you from seeking emergency care. It’s better to get to the hospital quickly and have the providers rule out a stroke than wait it out at home and risk your life.”

For a free healthy eating guide, visit MedStarHealth.org/DestinationGoodHealth or call 855-212-8202.

For a free BE FAST magnet, visit MedStarHealth.org/DestinationGoodHealth or call 855-212-8202.
Community lectures and class schedules.

At MedStar Health, we care about the health and wellness of our community. One of the ways we try to keep you healthy and active is by offering a variety of free and low-cost special classes, events, and screenings at MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital. They include the following:

**Cancer prevention**
- Breast and Cervical Cancer Screenings
- Colon Screening
- Lung Cancer Screening

**Exercise and fitness**
- Yoga
- Gentle Yoga
- Chair Yoga
- Chair Exercise
- Advanced Senior Fitness
- Fitness for 50s
- Groove and Move Senior Fitness Class
- LOUD for LIFE®
- BIG for LIFE®

**Heart health**
- Free Blood Pressure Screenings
- Cardiac Rehabilitation Program

**Lung care**
- Pulmonary Rehabilitation

**Support groups**
- Amputee Support Group
- Aphasia and Communication Disorders Support Group
- Arm-in-Arm: Breast Cancer Support Group
- Caregiver Support Group
- Stroke Support Group
- Diabetes Support Group

**Wellness and prevention**
- Massage Therapy or Integrative Reflexology
- Migraine Clinic
- Freshstart® Smoking Cessation Program
- Living Well with Hypertension
- National Diabetes Prevention Program
- Diabetes Management
- Life Balance/Weight Management

Community Health spotlight.

Addressing the needs of the community.

MedStar Health has long been committed to addressing the healthcare needs of the communities we serve. But knowing exactly what those needs are, and putting the right programs and services in place to meet them, requires quite a bit of research. That’s the focus of the Community Health Needs Assessments (CHNA) that are conducted every 3 years by the hospitals that are part of MedStar Health.

For MedStar Good Samaritan Hospital and MedStar Union Memorial Hospital, located just a few miles apart, it’s a joint process that brings together a task force of hospital representatives, community-based organizations, government leaders, academic experts, local school districts, private businesses, labor and workforce representatives, and others, to assess healthcare needs and identify gaps in care that may exist. It’s a formidable undertaking that includes collecting insight from the public through extensive surveys and community input sessions.

Task force member Heather Wilson, vice president of operations of the Y in Central Maryland, sees it as an essential process. “By collaborating with other entities that are like-minded, we can serve many more people. The Y is not just about stepping on the scale—a lot of our work goes much deeper than that,” she says.

“Working together, we are better equipped to focus on the problems that contribute to the health inequities around us.”

Nichole Battle, another task force member, agrees. As chief executive officer of GEDCO, which provides affordable housing, supportive services, and emergency assistance to community residents, many of whom are older, homeless, or experiencing a family crisis, she deals daily with individuals who struggle with access to the most basic needs. She notes that the challenges have never been greater.

“The pandemic has made it difficult to provide many services. Our involvement on the task force is one invaluable way to join forces with others who share our mission and make a positive difference in the lives of those we serve—especially during these trying times,” Battle says.

The insights from the CHNA, which will be published in early spring, will be used to prioritize how to collaboratively use all of the resources available to us and our partners to expand our reach into the community in ways that will make the most impact.
Coming soon: **One location for personalized, collaborative care.**

Pictured left to right: Nicole McDonald, program manager; Malek Cheikh, MD, medical director; Jay Weiner, service line director; and Dana Frank, MD, chairman, Department of Medicine. Not pictured: Erin Giovannetti, PhD, scientific director, Health Economics and Aging Research (HEAR) Institute.

The new Collaborative Care Program at MedStar Good Samaritan Hospital will offer a wide range of comprehensive services for individuals living with chronic conditions...all in one convenient location.

Learn more in the next issue of *Destination: Good Health.*