



# BCMS MESSENGER

NOVEMBER/DECEMBER 2010



Membership Newsletter of the Baltimore City Medical Society

## President's Message ~

Anuradha D. Reddy, M.D.

### BCMS Celebrates Women Physicians

Baltimore City Medical Society President Anuradha D. Reddy, M.D., welcomed women physicians to a special "Women in Medicine Event", sponsored by BCMS, on Thursday, September 23 at McCormick & Schmick's Restaurant in Baltimore's Inner Harbor. The reception, dinner and educational program brought together women physicians, the majority of whom were internists, and students, for an opportunity to network and outline the framework for an ongoing BCMS women in medicine committee. Other specialties represented at the event, included, neurology, pathology, physical medicine and rehab, pediatrics, emergency medicine, nephrology, integrative medicine, preventive medicine and plastic surgery.

Twenty-two (22) of the thirty-seven (37) attendees completed a brief survey, the results of which are summarized as follows.

- It was about an even split between those who have been in practice 14 years or less and those practicing between 15 and 20 years.
- The majority indicated "hospital" as their practice setting.
- Four are current members of BCMS/MedChi. Membership in other specialty and national medical organizations was noted.
- Balancing work and family commitments/personal life was cited most as the major challenge faced by the attendees; time management/planning was also ranked high.
- Advice suggested for young physicians just starting a career in medicine included: take time for yourself/family; work toward goals; and seek advice from others.

The planning committee will use the results of this survey to develop a plan of action for the Women in

Medicine Committee, which will have a follow-up meeting to plan for 2011. The committee will be chaired by Dr. Reddy and includes Drs. Susan R. Guarnieri, Willarda V. Edwards, Anil Uberoi, Lenaye L. Lawyer, Kala K. Davis-McDonald, Michele Manahan, Vijay Reddy, Padmini Ranasinghe, Penelope P. Scott and Monika Dhillon.

### AMA Celebrates Women

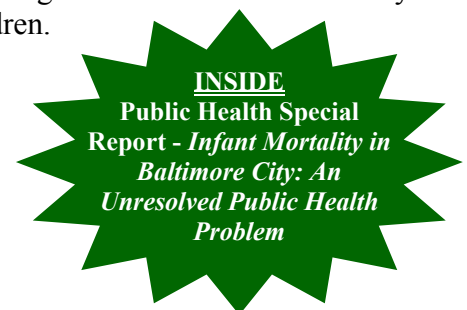
The American Medical Association has celebrated "Women in Medicine" for more than 30 years. Activities each September recognize the increasing number of women physicians in the profession of medicine and their contributions to the profession and larger community. A "Women in Medicine Committee" was established in 1979 and has since become "Women Physicians Congress (WPC)". The WPC represents more than 64,000 women AMA members and their male colleagues.

### Elizabeth Blackwell, A First

Elizabeth Blackwell, born February 3, 1821, earned her medical degree from Geneva Medical College at Geneva, New York, graduating first in her class in 1849, and earning the distinction as the first woman physician. Her lectures on health were compiled and published three years later, in a book entitled, *The Laws of Life: With Special Reference to the Physical Education of Girls*.

Dr. Blackwell, born in England, earned another distinction: first woman to be entered on the British Medical Register in 1859. In 1868, joined by her sister and Florence Nightingale, Dr. Blackwell opened the Women's Medical College at the New York Infirmary for Women and Children.

The Infirmary was established eleven years earlier by Dr. Blackwell, her sister, Dr. Emily Blackwell and Dr. Marie Zakrzewska.



**INSIDE**  
Public Health Special  
Report - Infant Mortality in  
Baltimore City: An  
Unresolved Public Health  
Problem

## BCMS News ~

**Allan D. Jensen, M.D.** received the Outstanding Advocacy Award from the American Academy of Ophthalmology for his continued advocacy-related efforts at the state and federal levels.

## Pre-Med Internship ~ With Gratitude!

*Annie Griffioen*

It's been a fast-paced, eye opening, and inspiring first month of this internship. I've spent the majority of my time shadowing a variety of doctors around Baltimore including Drs. Steve Gambert at Shock Trauma, Albert Aboulafia at Sinai Hospital, Anuradha Reddy at her practice, and Larry Yap at Harbor Hospital. Each of these experiences has shown me multiple aspects of the medical profession—everything from sorting through charts and illegible handwriting to effectively communicating with patients and their family members. As any pre-med student could tell you, shadowing is one of the best ways to explore the medical field, and serves as strong motivation to stay focused and diligent while on the tough road to medical school.

In addition to the invaluable shadowing, I have been working to get involved with a public health-related project in the community. I'm reaching out to the People's Community Health Centers, who recently received funding from the GE foundation to promote and expand their nutritional and educational programs. I'm interested in health communication, and am anxious to explore how BCMS and I can help PCHC use communication and teaching techniques to bridge some of the healthcare gaps plaguing Baltimore City.

Thank you to everyone at BCMS for the opportunity to serve as your intern this year, and I look forward to meeting more of you in the upcoming month!

## Practice News ~

### Maryland HIE Up and Running!

With hospitals already online in Montgomery County, it is anticipated that all Maryland hospitals and medical facilities will be part of the Health Information Exchange (HIE) by 2012. Almost 50 facilities have already agreed to be a part of the HIE.

## External Audit Reviews

*Four Important Questions:*

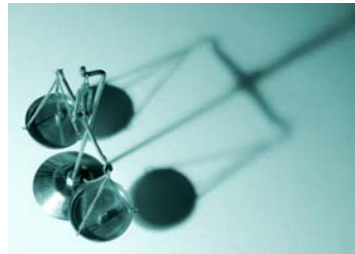
- 1) Do you perform a yearly audit of your practice?
- 2) Is it performed by an outside company?
- 3) Do you review at least 10 charts per provider?
- 4) Is there an ongoing education program for physicians and staff?

For additional information and questions regarding an annual audit, contact, MedChi's Practice Management Division --- 410-539-0872, ext. 3320.

## Medications Needed



Shepherd's Clinic, located at 2800 Kirk Avenue, has issued a call for excess pharmaceutical samples. All medications should have at least a one-month shelf life. Contact Kema Goodwin, RN, Clinical Coordinator, 410-467-7140, ext 228 to make a donation.



## MEDCHI, The Maryland State Medical Society 2011 Legislative and Regulatory Agenda

**SCOPE OF MEDICAL PRACTICE:** MedChi will fight to assure that all patients have access to physicians and that physician extenders have appropriate training and physician oversight. The new federal health reform law will place unprecedented demands as hundreds of thousands of newly insured individuals seek doctors. It is important that these new patients find doctors and that non-doctors do not use this as an opportunity to increase scope of practice without adequate education and training.

**MEDICAL LIABILITY REFORM:** MedChi will:

- Oppose trial lawyer attempts to increase the "cap" on damages in medical malpractice cases;
- Support efforts to establish a pilot project for specialized health courts;
- Study the continued efficacy of the Maryland Health Claims Arbitration system given the current fiscal environment;
- Support efforts to limit repeated continuances in medical malpractice cases.

**PUBLIC HEALTH:** MedChi will advocate for continued  
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improvements to Maryland's public health.

- Work to remove criminal penalties directed at physicians who fail to comply with an order of the Governor during a public health emergency;
- Ensure that alcohol tax increase revenues are dedicated to health care or public health programs;
- Support legislation to mandate ignition interlocks on cars of drivers convicted of driving under the influence of alcohol;
- Support passage of Uniform Emergency Volunteer Health Practitioners Act so as to allow out of state doctors to assist in public emergencies;
- Work to establish annual "Check Your Medicine Cabinet" Disposal Day.

#### PHYSICIAN PAYMENT AND INSURANCE

**REFORM:** MedChi will continue its efforts to improve Maryland's reimbursement climate with several initiatives:

- Resist the attempt of health insurers to repeal last year's passage of the Assignment of Benefits (AOB) bill which will take effect on July 1<sup>st</sup>;
- Oppose legislation that will allow insurers to change a prescription without a physician's

- approval, on the basis of the cost of the drug;
- Persuade federal officials to approve a .1% assessment on hospital rates to support a State Loan Assistance Repayment Program for graduating medical students;
- Seek the passage of a Joint Resolution in the Maryland General Assembly asking Congress to enact legislation to allow collective bargaining for physicians so as to counterbalance the overwhelming power of the health insurance companies;
- Initiate appropriate legislation to provide the Maryland Insurance Administration (MIA) with full jurisdictional authority over ERISA plans and Blue Card plans operating in Maryland.
- Work to amend Maryland's Electronic Health Records (EHR) law to direct health insurance carriers to reimburse physicians not only for the cost of implementing EHR but for maintaining such records on an ongoing basis. Continue support of privacy protection for EHR.

**MEDICAID AND THE UNINSURED:** MedChi will continue to protect the integrity of the Medicaid program with respect to eligibility and benefits and to accommodate the program to the hundreds of thousands of new patients who will be enrolled as a result of the federal health reform law.

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# ACHIEVEMENT: GETTING YOUR REVENUE CYCLE TO FOLLOW DOCTOR'S ORDERS

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## AMA Report ~

The Interim Meeting of the American Medical Association (AMA) House of Delegates was held in San Diego from November 6 to 9, 2010. Baltimore area attendees were MedChi Delegates Willarda Edwards, M.D. and Allan Jensen, M.D., and Alternate Delegate Brian Goldner (Medical Student/Johns Hopkins). Additional Baltimore area representation included: Jos Zebley, M.D. (American Academy of Family Practice, Leon Reinstein, M.D. (American Academy of Physical Medicine and Rehabilitation), Albert Blumberg, M.D. (American Academy of Radiology), Patricia Turner, M.D. (American College of Surgeons), Baligh Yehia, M.D. (American College of Physicians), Alternate Delegate Alpen Patel, M.D. (American Academy of Oto-Head and Neck Surgery), Gabriel Tinoco, M.D. (Residents and Fellows Section).

Just prior to the AMA meeting, the Board Chairwoman Dr. Artic Hoven announced the planned resignation of the Executive Vice President/CEO Dr. Michael Maves upon the conclusion of his current contract in June 2011. In the interest of making a smooth transition, the Board has formed a search committee to identify a successor.

Major policy decisions reached by the House of Delegates included:

Adoption of a series of principles regarding the establishment and operation of accountable care organizations (ACOs), one of the payment and delivery models established by the recently legislated Affordable Care Act (ACA). This set of principles was

essentially those proposed by the California Medical Association. They seek to increase access to care, improve the quality of care and ensure the efficient delivery of care; and

Other important resolutions directed the AMA to give priority to a legislative and grassroots campaign to adopt the Medicare Empowerment Act, which would let Medicare patients keep their benefits when they privately contract with any physician of their choice.

On public health issues, the House passed resolutions that:

Extend support for universal influenza vaccination of health care workers to include seasonal and H1N1 influenza;

Support a requirement that athletes participating in school and youth sports who are suspected of having a concussion not return to practice without a physician's approval; and

Opposed taxes on college and medical school tuition.

A resolution from MedChi, that the AMA renew its pursuit of collective bargaining for physicians, was reaffirmed as already existing policy. In other words, our AMA colleagues again agree with us that collective bargaining needs to be pursued and will continue to seek this for all physicians.

A comprehensive summary of the proceedings of the interim meeting can be found at [amednews.com](http://amednews.com).

## Infant Mortality in Baltimore City: An Unresolved Public Health Problem

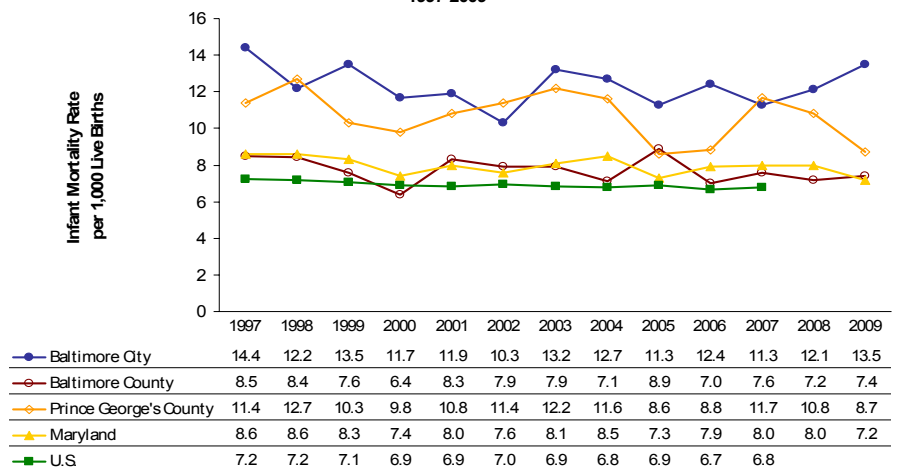
Lillian R. Blackmon, MD, Rebecca Dineen, MS, and Alisa Ames, MPH

In 2009, 128 infants died in Baltimore City – a rate of 13.5 per 1,000 live births<sup>1</sup> and an average of more than 10 babies per month. For four of the last five years the infant mortality rate for Baltimore has been either the highest or in the top three for Maryland jurisdictions.<sup>1</sup> Among major cities in the U.S., Baltimore has ranked as high as the fourth worst for infant mortality.<sup>2</sup> Despite the availability of excellent high risk perinatal health care services, Baltimore's infant mortality rate has not improved over the past half decade.

See Figure 1

(Continued on page 5)

Infant Mortality Rate, Baltimore Qty, Maryland State and Select Counties, and U.S., 1997-2009



Source - Maryland State and County Data: Maryland Department of Health and Mental Hygiene, Maryland Annual Vital Statistics Reports 1997-2009. U.S. Data: Xu J. et al. Deaths: Final data for 2007. National vital statistics reports; vol 58 no 19. Hyattsville, Maryland: National Center for Health Statistics. 2010. U.S. data for 2008 and 2009 are not yet available.

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The disparity between infant mortality rates -- in 2009, there were 18.5 deaths per 1000 live births among African American infants compared to 3.5 per 1,000 live births among non-Hispanic white infants -- is considerable and given that two-thirds of births in Baltimore are to African American mothers drives the infant mortality rate for Baltimore City.

From 2008 birth certificate data, other characteristics of Baltimore births that document the disproportionate burden of high risk pregnancies among resident Baltimore families include:

- 23% of births were to mothers with less than high school education (age-adjusted)
- 69.6% of births were to unmarried mothers
- 13.2 % of births were to mothers of high parity (four or more previous live births)
- 6.1% of births were to women with late or no prenatal care
- 3.9% of births were twins or greater

These are all established factors for poor birth outcomes. For example, of the pregnancies with no prenatal care, 28% of the live born infants weighed less than 2500 grams and 9.8% weighed less than 1,500 grams. Overall, 12.8 % of Baltimore newborns in 2008 had birth weights less than 2,500 grams and 13.4% were born preterm, before 37 completed weeks of gestation. Analysis of linked birth and death certificates for Baltimore births 2000-2006 and infant deaths 2000-2007 indicates the following factors have a significant impact on infant mortality:

- how a baby has been put to sleep
- time of entry into prenatal care
- pregnancy spacing
- tobacco use
- maternal age at delivery
- educational status

The causes of infant mortality in Baltimore are striking. Cumulative data for 2005-2007 deaths reveal that unlike the United States or Maryland as a whole, where the leading causes of infant death are congenital anomalies and preterm/low birth weight, the leading causes of infant death in Baltimore are preterm birth/ low birth weight followed by unsafe sleep environment related deaths. Between 2002 and 2009 147 infants have died in circumstances of an unsafe sleep environment confirmed by Child Fatality Review investigations. These are preventable deaths.

Based on these data, the Baltimore City Health Department (BCHD) has launched a major initiative to reduce infant mortality called B'more for Healthy Babies. The goals are to reduce preterm births by 10%, low birth weight births by 10%, and deaths from unsafe sleep environments by 30%. Twelve city communities have been identified as having excess infant deaths (greater than the Maryland average) and three – Greenmount East, Upton/Druid Heights, and Patterson Park North and East – are designated for community based interventions over the next three years.

B'more for Healthy Babies is a public-private partnership that is supported by CareFirst BlueCross BlueShield, federal, state, city, and foundation funding. It is a long-term initiative that has been carefully planned to work in four interrelated ways:

- *Policy/systems* – The initiative's steering committee brings together leaders from key city agencies and institutions, including the health department, social services, and the school system, as well as representatives of hospitals and community groups – to ensure that the best policies and referral systems are in place to reduce infant mortality. For example, the Mayor is issuing a city proclamation in support of infant safe sleep practices. This statement requests the following:

- that all Baltimore babies are put to sleep Alone, on their Backs, and in a Crib, **no exceptions;**

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- that all city agency, hospital, and clinic staff members are educated and educate clients about safe sleep;
- that hospitals show an infant safe sleep video to every new parent prior to post-partum discharge, and;
- that infant death examinations are conducted in an evidence-based manner.
- *Services* – This component of the campaign involves supporting and assisting physicians, nurses, social workers and other service providers to educate and guide pregnant women and their families to prevent poor birth outcomes. It also educates providers about community-based services. For example, a safe sleep coalition, led by service providers across the city, is developing the first module of a service provider toolkit that will include an overview of Baltimore’s Health System, a HIPAA primer, and safe sleep job aids and messages for providers to communicate with clients. The toolkit will be web-based and easily accessible to anyone providing health and social services to Baltimore City families.
- *Community* – Nonprofit groups working in three communities – Baltimore Medical System (Patterson Park North and East), University of Maryland Medical System Foundation (Upton/Druid Heights) and People’s Community Health Centers (Greenmount East) – have received new funding and training to increase community involvement and collaboration at all levels of the service-delivery system. These non-profit groups represent a community collaborative that include faith institutions, schools, recreation services, political leaders, and other critical community partners. The collaborative is tasked to change the rate of poor birth outcomes for their entire population and has the goal of ensuring that every family in their community knows how to improve birth outcomes and what behaviors need to change at the individual level to have community-wide impact. Community mobilization activities include holding healthy block parties, blanketing churches, businesses, and recreational centers with educational posters, baby parades, memorial tree plantings for infants who have died, to name a few. The communities are using the Baby Basics curriculum<sup>3</sup> as a framework for their approach.
- *Family and Individuals* – Community-based organizations will work to ensure that at-risk women and families use available services and practice behaviors that improve birth outcomes. Each collaborative has a home visiting partner that is tasked to reach pregnant and postpartum woman needing intensive education and support.

These four areas of intervention are tied together through a citywide communication and behavior modification campaign that will be implemented in three phases.

- *Healthy and Safe Parenting* – Beginning in mid-2010, B’more for Healthy Babies launched media messages, education with health and social service professionals, and community-based activities focusing on infant safe sleep practices. The Sleep Safe message, that a baby must sleep Alone, on his or her Back, in a Crib, **no exceptions**, is the central message of this campaign. An educational video has been produced featuring families who have lost an infant in an unsafe sleep situation.
- *Healthy Pregnancy* – Beginning in 2011, this phase will stress the importance of prenatal care, smoking cessation, and healthy birth spacing intervals. Community-based outreach efforts will identify pregnant women and assist them to enroll in prenatal care. Also, home visiting programs will be strengthened and new education and outreach activities will be launched.
- *Healthy Baltimore* – Beginning in 2012, this phase will focus on the importance of good health with a strong focus on obesity and on teen pregnancy prevention.

This initiative was launched by the Baltimore City Health Department and The Family League of Baltimore City. In addition to the community-based partners described previously, key collaborators include CareFirst  
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BlueCross BlueShield and The Johns Hopkins Center for Communications Programs. Other agencies taking part include Baltimore HealthCare Access, Baltimore Mental Health Services, Baltimore Substance Abuse Systems, the Baltimore City Department of Social Services, Baltimore City Parks and Recreation, and Baltimore City Public Schools, as well as several managed care organizations and the city's eight birthing hospitals.

The physician provider community is being asked to support this initiative. Consider your own venues of practice and ask yourselves these questions. In what circumstances do you encounter girls, boys, women, and men of reproductive ages? How do you address reproductive health issues in your encounters? Do you routinely inquire about sexual activity? Do you document current menstrual history, contraceptive use, or site of prenatal care for a pregnant patient?

The following are examples of opportunities you might have to make changes that would contribute to reducing infant mortality in Baltimore:

- Complete Prenatal Risk Assessments for pregnant women covered by Medicaid<sup>4</sup>
- Refer pregnant women and women with infants less than six months to Baltimore Health Care Access for medical assistance enrollment<sup>5</sup>
- Inquire about contraception at Well Baby visits
- Encourage smoking cessation to any patient who smokes<sup>6</sup>
- Inquire about infant sleep environment at every encounter with parents of an infant under six months or with a pregnant woman

Consider making a firm commitment to reducing infant mortality in Baltimore as a priority for your practice if you provide care to people of reproductive ages, or infants.

References:

1. Maryland Vital Statistics Administration: Annual Vital Statistics Reports, 2005 - 2009.
2. National Association of County and City Health Officials 2007 Big Cities Health Inventory.
3. Baby Basics. The What to Expect Foundation, 211 West 80th Street, Lower Level, New York, NY 10024, 212-712-9764
4. Baltimore Health Care Access – Alisica Waters, Supervisor - 410-649-0526 to request an order form.
5. Baltimore Health Care Access Care Coordination Program - 410-649-0500 to obtain referral forms. The Local Health Services Request Form is available on the DHMH HealthChoice website for downloading. <http://dhmh.maryland.gov/mma/healthchoice>
6. Baltimore Medical Systems, Inc. sponsors smoking cessation for pregnant women. Contact: Rebecca Ruggles 410-558-4996 – FREE to City residents, pharmacotherapy distribution for participants, and Spanish language also available.  
Baltimore City Health Department, M&I Nursing Program. Freedom from Smoking. Classes begin November 17 at Pratt library on Pennsylvania Avenue. Contact: 410-396-9404.

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## Mark Your Calendar for 2011!



*Call BCMS 410-625-0022 for times, locations and registration information. Check your newsletter and website – [www.bcmsdocs.org](http://www.bcmsdocs.org) for additional activities!*

### JANUARY

**Saturday, 1**

Happy New Year!

**Tuesday, 12**

Maryland General  
Assembly convenes

### FEBRUARY

*Volunteer to serve in the first aid room in Annapolis. Join your colleagues from around the state Monday evenings to preview legislation – see page 2 for statewide agenda*

### MARCH

**Thursday, 3**

Trade Show

**Wednesday, 9**

Baltimore City Doctors'  
Day in Annapolis"

**Saturday, 19**

BCMS President's Gala

**Thursday, 24**

Financial Planning for Your  
Practice and You

### APRIL

**Tuesday, 5**

CME/General Meeting

Topic: Driver Assessment

**Monday, 11**

Maryland General Assembly  
concludes

### MAY

**Tuesday, 10**

Membership Reception

### JUNE – AUGUST

*Events to be announced*

### SEPTEMBER

**Tuesday, 13**

Membership Reception

**Wednesday, 21**

CME/General Meeting

Topic: Pathology Update

### OCTOBER

*Events to be announced*

### NOVEMBER

**Tuesday, 15**

CME/Annual Business Meeting

Topic: Post Traumatic Stress  
Disorder

### DECEMBER

**Tuesday, 13**

Holiday Reception