Fighting the Opioid Epidemic
Using innovative approaches to prevent and treat addiction to opiates, UMMC providers are leading the way in Maryland. See page 10.
IN THIS ISSUE

FOCUS ON MENTAL HEALTH
Learn how University of Maryland Medical Center Midtown Campus has strengthened its commitment to addressing the behavioral health needs of Baltimore City residents.

COVER STORY

ON THE COVER: A mural by local artist LaToya Peoples adorns a wall of the new behavioral health unit at the UMMC Midtown Campus.

FIGHTING THE OPIOID EPIDEMIC
How University of Maryland Medical Center is battling Maryland’s deadly public health crisis.

3 REASONS YOUR WOUND WON’T HEAL
An underlying medical or lifestyle factor could be contributing to the problem.

PRIMARY CARE AT THE MIDTOWN CAMPUS
These providers are an important part of keeping you healthy and out of the hospital.

DEPARTMENTS

3 A HEALTHY START
13 AT A GLANCE

STAY CONNECTED WITH UMMC MIDTOWN CAMPUS AT UMM.EDU/MIDTOWN
WE WOULD LIKE TO HEAR FROM YOU
Please send us your comments, requests for more information or change of address to ummidtown@umm.edu; or University of Maryland Medical Center Midtown Campus, c/o Marketing, 827 Linden Ave., Baltimore, MD 21201; or call 410-225-8000.
WEI LI, MD

Wei Li, MD, is an associate professor of surgery at the University of Maryland School of Medicine and a vascular surgeon at the Vascular Center at the University of Maryland Medical Center Midtown Campus. He also sees patients at University of Maryland Capital Region Health.

Dr. Li treats every aspect of vascular medicine, including but not limited to aortic diseases, carotid artery disease, peripheral artery disease (PAD) and dialysis access. As a vascular surgeon, Dr. Li makes sure patients with vascular health problems know and understand all of their options. He offers comprehensive treatment options tailored to every patient’s needs, including traditional open surgeries, contemporary minimally invasive endovascular intervention, hybrid approaches and cutting-edge technology from clinical trials. Some patients need one type of surgery, some need another, while others need no surgery at all. “The continued care of vascular patients is different from most other types of surgical patients,” Dr. Li says.

Dr. Li completed his postdoctoral fellowship in surgery at Yale University School of Medicine. He then earned a master's in public health from Yale. In addition to his general surgery training, he completed a vascular surgery fellowship at the University of Pittsburgh Medical Center. Dr. Li earned his medical degree from Tianjin Medical University in China. In addition to being a board-certified vascular surgeon, Dr. Li is an expert in vascular ultrasound. He has registered vascular technologist (RVT) credentials and is a registered physician in vascular interpretation (RPVI). Only 12 physicians from all medical specialties have such dual credentials in Maryland.

GET TO KNOW DR. LI

Q What’s your favorite part of the job?
The lifelong relationship that I build with my patients is the most exciting and rewarding part of my job.

Q What’s your favorite thing to do outside of work?
I enjoy running, playing chess and ping pong.

Q What’s your best health tip for patients?

VASCULAR DISEASE affects your body’s blood vessels, the arteries and veins through which blood travels through your body. Your arteries take oxygen-filled blood from your heart to the rest of your body. Your veins take oxygen-depleted blood and send it back to the heart to be reoxygenated.

MAKE AN APPOINTMENT

Routine vascular services are available Monday through Friday at the Midtown Vascular Center. Emergency vascular services are available 24 hours a day, seven days a week through on-call coverage. To make an appointment or learn more, call 443-552-2900.
Myths and Facts About Cholesterol

Cholesterol gets a bad rap. While having high cholesterol can increase your risk of heart disease, did you know that your body needs cholesterol to help digest food, produce vitamin D, absorb important nutrients and more? Here are four other myths and facts about this essential but misunderstood substance.

**MYTH: EATING EGGS CAUSES HIGH CHOLESTEROL**
- **Fact:** As long as you enjoy them in moderation, you don't have to avoid eggs. The American Heart Association recommends no more than 300 milligrams of dietary cholesterol a day. Eggs can contain as much as 200 mg, which is more than two-thirds the recommended amount. But your body is working for you. If your dietary intake rises, your body produces less cholesterol, limiting the amount of cholesterol in your bloodstream.

**MYTH: CHOLESTEROL CAN BE LOWERED ONLY BY TAKING MEDICINE**
- **Fact:** A healthy lifestyle is key to maintaining healthy cholesterol levels. If you have or are at risk of developing high cholesterol, a healthy diet full of fresh fruit and vegetables, increased physical activity and quitting smoking can help lower your levels. However, there are some people whose high cholesterol will remain no matter what lifestyle changes they make. In these cases, a physician may prescribe cholesterol-lowering medications.

**MYTH: CHOLESTEROL COMES ONLY FROM FOOD**
- **Fact:** While cholesterol can come from some of the animal products you eat, such as meat, fish, eggs and whole milk, your liver naturally produces cholesterol. For some people, their liver makes more cholesterol than is needed. In those cases, high cholesterol is possible, but a balanced diet coupled with careful management will help keep their levels in check.

**MYTH: THERE IS ONLY ONE TYPE OF CHOLESTEROL**
- **Fact:** There are two types of cholesterol. The first is high-density lipoprotein (HDL). This “good” cholesterol helps remove some of the “bad” cholesterol from your body. On results from a cholesterol test, a higher HDL is best. The second type of cholesterol is low-density lipoprotein (LDL). This “bad” cholesterol is caused by a buildup of plaque in your artery walls. Too much plaque can block your blood vessels, ultimately leading to heart attack or stroke. A high LDL is concerning, but don't panic. A physician can help reduce your levels.

**MYTH: CHOLESTEROL CONCERNS? WE CAN HELP**
Cardiologists at the UMMC Midtown Campus can help you get on the path to a healthy heart. To make an appointment, call 410-225-8448.
COMBAT SPRING ALLERGIES

Runny noses, itchy eyes and other spring allergy symptoms can be bothersome, but there are methods you can take to prevent or minimize your symptoms.

Limit Time Outdoors
Seasonal allergies are caused by inhaling tiny grains of pollen into your nose and lungs. Each spring, the air is littered with billions of them, making staying inside your best option. When you do go out, avoid early mornings and windy days, when pollen counts are the highest. You can also wear sunglasses and a face mask to keep pollen from entering your eyes, nose and mouth.

Keep Pollen Outside
Pollen can travel into your home by sticking to your clothes, hair and pets. To reduce indoor allergens, take a shower, wash your hair and change your clothes as soon as you return home. Vacuum daily to remove stray pollen from carpets, and keep windows closed to shut pollen out. When it comes to pets, give them a weekly bath and keep them off your bed and other furniture.

See a Specialist
If your allergies are bad enough to keep you from doing the things you love, it’s time to see an ear, nose and throat (ENT) specialist. Also known as an otolaryngologist, an ENT doctor can test you for allergies and find the exact cause of your stuffy nose and watery eyes. They can also prescribe medications, such as nasal sprays or allergy shots, to help lessen or cure your symptoms. But don’t hesitate! It’s best to see a specialist before allergy season begins so you can start taking medication before your nose starts running.

GET RELIEF TODAY
You don’t have to suffer in silence. At University of Maryland Medical Center, our ENT specialists can help you find relief—fast. We offer appointments at two convenient locations. To schedule an appointment at the Midtown or Downtown campus, call 410-328-6866.
Despite making up only 11 percent of Maryland’s population, Baltimore City residents have consistently represented 30 percent of all statewide inpatient hospital discharges for people struggling with mental illness, according to the Baltimore City Health Department. That’s one of the main reasons why the Department of Psychiatry at the University of Maryland Medical Center (UMMC) Midtown Campus has been dedicated to expanding access to behavioral health care services in the community for decades.

Our recent investment in newly constructed, expanded inpatient behavioral health units reinforces that commitment. These units cover 24,000 square feet and optimize patient experience and comfort while providing high-quality care in a safe environment.

COMPREHENSIVE CARE TEAM
Our comprehensive team of specialists is committed to expanding access to behavioral health services and programs in Baltimore and beyond. A team of nurses, social workers, occupational and recreational therapists, addiction counselors, clinical nurse educators and psychiatrists from the University of Maryland School of Medicine (UM SOM) work together to provide thorough evaluations and treatments. Our program is designed to collaborate with and support people who are struggling with mental health issues, no matter where they are on their path to recovery.

“We exist professionally to care for people who lead complex lives and often have a variety of physical, social, emotional and family challenges, which makes their struggle more difficult,”
says Stephanie Knight, MD, assistant professor of psychiatry at the UMSOM and chief of psychiatry at UMMC Midtown Campus. “We are not laser-focused on an illness, diagnosis or symptom. We have the expertise to give quality psychiatric care that exceeds the standard of care.”

Quality of care, patient safety, patient and family satisfaction, and a humanistic approach to psychiatric services are some of the areas on which the Department of Psychiatry care providers focus. Varieties of therapies are available to cater to the unique needs of mental health patients, including crisis resolution therapy, cognitive and dialectical behavior therapy to help people suffering from borderline personality disorder, group therapy, and occupational and recreational therapies. “We are just as compelled by the simple and straightforward as we are by the highly complex and almost unbelievable. No one is beyond help,” Dr. Knight says.

More than half of the patients seen in the Department of Psychiatry struggle with substance abuse disorders. Peer coach involvement and substance abuse treatment and referrals are available to help build a strong support structure for patients once they leave the hospital.

COMFORT AND SATISFACTION
Psychiatry units often look and feel sterile and detentionlike. The new inpatient units provide a safe and therapeutic environment so patients get better faster. The newly constructed unit is double the size of the old unit, featuring a significant increase in the number of beds—from 28 to 37. While minimal items are installed in the patient rooms to eliminate safety hazards, the colors and finishes were designed to be clean and calming. Additional amenities include buffet-style meals, patient workbooks and a proactive approach to maintaining patient safety and satisfaction.

“With this unit, we are setting a new standard of behavioral health care. It is important that people with acute behavioral health disorders are in a place where they feel comfortable and safe in order to best receive and respond to care,” Dr. Knight says. “Patients will benefit from the healing environment that this beautiful new unit represents and from the care provided by our multidisciplinary team of health care professionals, who are highly trained and dedicated to the people we serve.”

CONTINUUM OF CARE
A new Adult Psychiatry Day Hospital located on the Midtown Campus serves as a short-term “step-up” program for patients in outpatient programs who need more intensive treatment. It also functions as a “step-down” program for patients being discharged from inpatient units, offering a smooth transition from the hospital setting to home. Treatment at the Day Hospital is part of the continuum of mental health services offered by UMMC. Patients in the Day Hospital may receive individual, group and family therapy, behavior therapy, medication management and occupational therapy. Goal-oriented, group-based programming focuses on symptom management, self-esteem and emotional regulation, interpersonal effectiveness, distress tolerance, adaptive coping and relapse prevention. Patients can receive care from the Day Hospital for as long as clinically necessary; the average person is enrolled for two to three weeks.

While fostering person-centered mental health care in a safe and inviting environment, our outpatient clinics work to give children and adults the tools they need to manage their mental health problems and recover their lives. UMMC has several outpatient clinics that provide services to children and adults who are dealing with a variety of behavioral health issues.
COMMUNITY CONNECTIONS

Because treatment for many psychiatric illnesses is a lifelong journey, connecting people back to the community is key. The inpatient teams refer patients to a variety of outpatient community mental health organizations such as Walter P. Carter Carruthers Clinic locations. The teams also help patients gain access to local community services such as mobile treatment, residential recovery programs, inpatient substance abuse disorder rehab and stabilization programs.

“The University of Maryland Medical Center Midtown Campus demonstrates its long-standing commitment to fulfill our mission of service to our community,” says Alison Brown, president of UMMC Midtown Campus. “Our team expertly cares for some of the most vulnerable patients, and we are excited that this new unit will enhance our comprehensive approach to behavioral health care right here in Baltimore.”

If a patient already has a psychiatrist or therapist when they are admitted and they want to continue their work with that person upon discharge, the clinical team will collaborate with the patient’s community provider to build bridges and ease the clinical transition from hospital to home.

A PARTNERSHIP PROVIDING A UNIQUE OPPORTUNITY FOR PATIENTS AND FAMILIES

In designing the new space, the UMMC Midtown Campus behavioral health team wanted something unique and appealing for patients and families.

A partnership with the Baltimore Office of Promotion & The Arts (BOPA) provided an opportunity for artists who had a special interest in behavioral health or experience in creating art for health, medical and wellness spaces. “In keeping with our community focus, we are so pleased to have worked with local artists to create the beautiful walls in our patient rooms and common areas,” says Alison Brown, president of UMMC Midtown Campus. “The warmth, serenity and thoughtfulness with which these murals were created brings a special feeling for both patients and families and our entire care team.”

“The Baltimore Office of Promotion & The Arts knows that the arts play an important role in a community’s well-being and factor into its ability to thrive. We are pleased to connect local artists to the UMMC Midtown Campus community and apply the principle that the arts have a healing effect on the viewer to the common areas and patient rooms in this newly opened treatment facility. The murals placed throughout the new space create a rejuvenating and respectful environment that visually acknowledges and honors the diverse population served,” says Krista Green, interim cultural affairs director for BOPA.

WHAT OUR PRESIDENT IS SAYING:

“In keeping with our community focus, we are so pleased to have worked with local artists to create the beautiful walls in our patient rooms and common areas.”

— Alison Brown, president
University of Maryland Medical Center Midtown Campus

LEARN MORE

To view a virtual tour of the new adult inpatient behavioral health units, visit umm.edu/midtown/healthy. For more information about behavioral health services at the UMMC Midtown Campus, call 410-225-8155.
Andy Dahl, one of five artists selected from the Baltimore Office of Promotion & The Arts to hand-paint murals on the walls of the inpatient unit, stands in front of his mural.

Dr. Stephanie Knight with the Baltimore Office of Promotion & The Arts’ interim Cultural Affairs Director Krista Green and Community Arts Specialist Christopher Brooks.

Shawn James, another local artist chosen by the Baltimore Office of Promotion & The Arts, poses with the mural he painted for the new behavioral health unit.

Andy Dahl, one of five artists selected from the Baltimore Office of Promotion & The Arts to hand-paint murals on the walls of the inpatient unit, stands in front of his mural.

Shawn James, another local artist chosen by the Baltimore Office of Promotion & The Arts, poses with the mural he painted for the new behavioral health unit.
Jane Smith,* 39, struggled with opioid addiction after being prescribed Percocet for chronic pain that arose after major surgery. “My prescription made me feel better emotionally,” Smith says. “I felt that I wasn’t doing drugs because I wasn’t touching the street stuff. It was just the medication that the doctors gave me.”

Over time, Smith needed more Percocet to function normally. “If I didn’t have four to six Percocet every four hours, I’d feel so sick that I couldn’t get out of bed,” she says. As a mother of seven, Smith needed to be able to take care of her kids—even if it meant taking more Percocet.

After building up a tolerance to her prescription, she began buying opioids off the street and was eventually arrested and incarcerated. “My children were separated. My marriage suffered. I lost my house. I lost everything,” she says. While incarcerated, Smith committed herself to entering treatment for her addiction disease. When she was released from incarceration and returned to her family, she enrolled in a program at the Center for Addiction Medicine (UM CAM) at the University of Maryland Medical Center (UMMC) Midtown Campus. She currently takes buprenorphine, a medication that blocks opioid cravings, and attends counseling. “I’m finally going back to the person that I used to be,” Smith says. She has been in recovery since entering UM CAM’s program in 2017.

Smith’s story is familiar to many Marylanders. The opioid crisis touches every part of the state. Harford County saw a 173 percent increase in opioid-related deaths from 2013 to 2017, and Baltimore City saw a 69 percent increase. Similar statistics are found in counties across Maryland. Opioid overdose is among the state’s top four causes of death.

UMMC has taken many steps to combat Maryland’s opioid epidemic. Looking Inward

For many people, addiction begins in the doctor’s office. UMMC’s Opioid Stewardship Task Force was established in 2017 with this in mind. One of the task force’s top priorities is to educate physicians on how to responsibly prescribe opiates. “We produce a monthly report that shows providers what medications they’re prescribing. If someone utilizes opiates more than their colleagues, we address their prescribing practices and work to cut down on their opiate prescribing,” says Christopher J. Welsh, MD, associate professor of psychiatry at the University of Maryland School of Medicine (UM SOM) and medical director of Outpatient Addiction Treatment Services. “We’re increasing our training of all clinicians across the board,” he says. To bolster this effort, the task force has streamlined processes so doctors can better understand patients’ opioid histories.

The task force has also created processes within the emergency department (ED) at both campuses to address opioid abuse.

*Not her real name.
“We screen all ED patients for their risk of opioid abuse disorder,” says Janine L. Good, MD, associate professor of neurology at the UM SOM and chief medical officer at UMMC Midtown Campus, who established the task force. “If they come into the ED with an opioid overdose, we engage a trained ‘peer recovery coach’ to intervene and guide them to treatment. These are people in recovery themselves who engage with patients in the ED and, based on the patient’s risk, encourage them to enter a treatment program.”

The peer recovery program has seen great success. By December, UMMC’s campuses had referred 4,480 patients to treatment.

The pipeline from the ED to treatment engages patients when they need help the most. Unlike many other U.S. hospitals, UMMC’s doctors can prescribe buprenorphine in the ED.

The task force also makes an effort to influence state policy. “We are at the table advocating on behalf of the complex pain patients we treat at our hospitals and on behalf of our doctors caring for patients,” Dr. Good says.

Additionally, the task force collaborated with the Baltimore City Health Department’s formation of a ranking system to measure each hospital’s capability and resources to combat the opioid epidemic. UMMC’s campuses are the only two hospitals in the city that were awarded top ranking. “We are leaders in the state for dealing with opioids,” Dr. Welsh says.

**A MEDICAL APPROACH TO ADDICTION**

Maryland has one of the five highest opioid-related death rates in the U.S. Despite this, the stigma surrounding addiction continues to be an obstacle to treatment. “People are ashamed. Sometimes they refuse evidence-based treatments because they are pressured by people in their lives to avoid taking the medications that can help,” says Eric Weintraub, MD, associate professor of psychiatry and director of the division of addiction research and treatment at the UM SOM.

To combat this stigma, UMMC offers addiction treatment centers that take a medical approach. A combination of counseling, detoxing or taking medications that curb opioid cravings helps patients recover.

“The medical model that we follow affords more respect for our patients’ medical issues and diminishes some of the stigma,” says Marian Currens, CRNP, director of UM CAM.

Each clinic works to treat the entire patient, not just the addiction. Aside from counseling services, some clinics offer additional health services. One clinic partners with the Institute of Human Virology to treat infectious diseases such as hepatitis C and HIV, which are more common among people with an addiction disorder. They have recently expanded the practice to offer primary care services. They also established a drop-in center that provides

**ALTERNATIVES FOR CHILDREN IN PAIN**

Research shows that nearly 1 in 4 high school seniors have been exposed to prescription opioids. Unfortunately, even legitimate opioid prescriptions increase a child’s risk of future misuse. In fact, 80 percent of high school seniors who reported recreational opioid use once had legitimate prescriptions.

Orthopaedic surgeons frequently prescribe opiates to treat painful conditions. Joshua M. Abzug, MD, associate professor of orthopaedics and pediatrics at the University of Maryland School of Medicine and a pediatric orthopaedic surgeon at University of Maryland Children’s Hospital, worked with his colleagues at the Pediatric Orthopaedic Society of North America on groundbreaking research to explore the opioid crisis’s role in pediatric orthopaedics.

To limit opioid prescribing, Dr. Abzug and his colleagues looked at alternative pain relief methods. For example, providing the non-opioid pain medication gabapentin before surgery lowered children’s overall narcotic consumption afterward. Often over-the-counter pain relievers, such as acetaminophen (Tylenol), were enough to relieve pain.

**This study and others like it help providers take new approaches to pain management and provide patients with safer alternatives for pain relief, which is particularly important when treating children and teenagers.**

To combat the opioid crisis, physicians need to better understand their prescribing habits and any safer alternatives. University of Maryland Medical Center dedicates academic resources to exploring these problems to curb opioid use while improving quality of care.
Every day, at least two patients enter the emergency room at the University of Maryland Medical Center Midtown Campus because of a drug overdose. Even more patients arrive because of stomach pain or a broken limb but are also suffering from drug or alcohol abuse. To help Baltimore’s most vulnerable populations, the Midtown Campus relies on its peer recovery coaches.

All patients who arrive at the emergency room are screened for substance use disorders. Those who are suspected of having an addiction are immediately connected to a peer recovery coach. The coaches walk patients through the process of receiving treatment at the University of Maryland Center for Addiction Medicine (UM CAM), an outpatient addiction treatment facility located steps away from the emergency room on the Midtown Campus. This includes assisting with scheduling convenient appointments and following up with patients after they are discharged, to make sure they attended their appointments.

“Our peer recovery coaches make a big difference,” says Marian Currens, CRNP, director of UM CAM. “For patients who overdose and survive, we have one peer recovery coach who goes to that person specifically and says, ‘Let’s get you into treatment,’ because they’re 10 times more likely of overdosing again.”

While peer recovery coaches are primarily stationed in the emergency room, at the Midtown Campus the program has expanded. Coaches also connect patients on the hospital’s inpatient units to treatment. Additionally, a peer recovery coach goes into the hospital’s surrounding community, assisting at-need residents.

As of January, the peer recovery coaches at the Midtown Campus had linked more than 1,000 patients from the emergency room to treatment in just 18 months, proving the necessity of their daily, compassionate work.

CONTACT US
If you or a loved one has an opioid addiction, please call: UM Center for Addiction Medicine: 410-225-8240, UM’s Outpatient Addiction Treatment Services: 410-328-6600, or UM’s Women’s Mental Health Program: 410-328-6091.
Relaxation Techniques
Meditation, biofeedback and guided imagery have been shown to reduce pain and anxiety.

Physical Therapy and Exercise
These activities can help relieve muscle pain and help patients recover from joint injuries.

Hot and Cold Therapy
Heat relaxes muscles, and cold numbs pain and reduces inflammation.

Massage
Studies show that massage may help relieve lower back, neck and shoulder pain.

Acupuncture
Acupuncture is often used to treat chronic pain of the lower back, neck and knees.

Did you know?
- More than 25 million Americans suffer from daily chronic pain.
- Pain affects more Americans than diabetes, heart disease and cancer combined.
- Chronic pain is the most common cause of long-term disability.
Help for Hard-to-Heal Wounds

AN UNDERLYING MEDICAL OR LIFESTYLE FACTOR COULD BE CONTRIBUTING TO THE PROBLEM

Dealing with a wound that won’t heal can be frustrating. No matter how much you clean, re-dress and wait, after several weeks, the wound remains. “If a wound hasn’t begun to heal in two weeks or isn’t completely healed in four weeks, it’s time to see a specialist,” says Rafael S. Cires-Drouet, MD, assistant professor of medicine at the University of Maryland School of Medicine and medical director of the Wound Healing Center at UMMC Midtown Campus. Wound healing specialists not only care for wounds but also treat the underlying medical or lifestyle factors that may have contributed to their slow healing.

THREE COMMON REASONS YOUR WOUND WON’T HEAL

1 **YOU HAVE AN INFECTION**
Scraps, cuts, bites and blisters break the skin, allowing bacteria to enter the body, causing infection. Not only can infection lead to redness, swelling, pain and foul-smelling pus, but it can also slow the healing process by preventing the growth of healthy tissue and necessary blood clotting. A wound healing specialist can help treat the infection and create an ideal environment for your wound to heal.

2 **YOU HAVE POOR CIRCULATION**
Healthy blood flow is an important part of the healing process. When your blood can’t move through your body quickly, wounds take much longer to heal. Poor circulation is often caused by obesity and an inactive lifestyle, but chronic conditions such as peripheral artery disease (PAD) can also play a role. To improve circulation, exercise and elevate your limbs when sitting or sleeping. Also, speak to your physician, who may refer you to a specialist.

3 **YOU HAVE DIABETES**
People with diabetes need to watch more than what they eat. Elevated blood sugar can lead to a number of complications that affect a wound’s healing process, including a common condition called peripheral neuropathy. This occurs when nerves and blood vessels, most often in the hands and feet, are damaged, causing little to no feeling in the affected area. Because you can’t feel, you often don’t know when wounds form, which leads to further injury and infection. It’s important to inspect your feet and hands regularly and seek assistance from a specialist who can help preserve your health.

HEALING HELP
If you have a nonhealing wound, our specialists can help. To make an appointment at the Wound Healing Center at UMMC Midtown Campus, call 855-866-HEAL.
Primary Care at the Midtown Health Center

WHO IS YOUR PRIMARY CARE PROVIDER? It’s a common question asked by families, friends and other health care providers, and for good reason. Primary care physicians are an important part of keeping you healthy and out of the hospital.

According to the Commonwealth Fund, people without a primary care provider are admitted to emergency rooms and hospitals more often than people who do have one. Having a primary care physician means having someone on your care team who knows your health history, will continue caring for you over the long term, and can recommend specialists and coordinate treatment if you need it. Additionally, they can treat common health problems, helping to ensure that your journey back to health will be as quick as possible.

PREVENTION-BASED CARE IN YOUR BACKYARD
At the UMMC Midtown Health Center, a comprehensive team of health care professionals develop strong relationships with patients that focus on providing prevention-based health care. Midtown Health Center physicians and nurse practitioners are the first point of contact for all patients’ health issues and concerns, providing high-quality and compassionate care.

Our physicians partner with private physicians and faculty physicians from the University of Maryland School of Medicine to provide primary and specialty care. If inpatient services are needed, Midtown Health Center physicians work closely with UMMC specialists to schedule consultations or inpatient stays at both UMMC Midtown and Downtown campuses.

“Midtown Health Center physicians are focused on providing a positive patient experience from beginning to end, and serving as advocates for our patients’ health,” says Robert Chow, MD, assistant professor of medicine at the UM School of Medicine, chief of the Department of Medicine at UMMC Midtown Campus and medical director of the UMMC Midtown Health Center.

“Don’t wait. See a doc today”
The time to see a primary care doctor is before you need one. You should see your doctor once a year for a checkup, and any time you have a health concern.

The Midtown Health Center offers a complete range of primary care services, including:

- Preventive care, such as checkups and immunizations
- Care for minor illnesses and injuries
- Health screenings, including those for cervical, breast and colon cancers, and cholesterol and hypertension
- Assisting with ongoing management of chronic health issues, such as heart disease, diabetes and asthma

GET THE CARE YOU NEED
To find a primary care doctor to fit your needs, call 410-856-3660.
SAVE the DATE
Wednesday, June 19, 2019

A Community Conversation
Let’s Talk About How Adverse Childhood Experiences (ACEs) Impact Who We Are

Wednesday, June 19, 2019 | 9 am–4 pm
UMB Campus Center
621 W. Lombard Street, Baltimore, MD 21201

Adverse childhood experiences (ACEs) are stressful or traumatic events that strongly impact health outcomes throughout a person’s life. Join us for an important discussion with trauma survivor and internationally recognized trauma informed care expert Tonier Cain-Muldrow and afternoon breakout sessions for families, clinicians and providers, law enforcement, educators, faith leaders and human resources specialists.

This event is free and open to the public and provides an opportunity to hear from and talk to health care professionals and community leaders about adverse childhood experiences (ACEs), resilience and the road to recovery.

For more information or to register, please visit umms.org/community/conversations