UM BALTIMORE WASHINGTON MEDICAL CENTER

MARYLAND'S HEALTH MATTERS

COVER STORY

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UNIVERSITY of MARYLAND MEDICAL SYSTEM

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KATHY McCOLLUM
President and Chief Executive Officer

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For the latest news and community events, visit **umbwmc.org/community**.

Message from the CEO

AT UNIVERSITY OF MARYLAND BALTIMORE Washington Medical Center (UM BWMC), we are committed to bringing our services beyond the physical walls of our hospital. Our team consistently offers supportive programs and health care services in areas where the community needs them the most. Sometimes, that's directly in a patient's home. Other times it's connecting people to local resources such as transportation and financial support.

A core part of our mission and our promise is to be an anchor in our community.

This issue of *Maryland's Health Matters* highlights important ways our team members help patients access primary, urgent and specialty care services, and better manage their care so they decrease their chances of being readmitted to the hospital.

You'll meet our Population Health team that helps patients recently discharged from the hospital schedule appointments, complete insurance forms, and understand treatment and dietary plans. You'll also learn how our award-winning Transitional Care Center is helping individuals diagnosed with congestive heart failure get important treatments outside of the hospital.

There are also times when you need a team of specialists to care for you quickly. In our cover story, you'll meet Justin who came to our Emergency Department with a life-threatening blood clot that traveled from his leg to his lungs. Thanks to our multidisciplinary team of experts and a new minimally invasive procedure, he's back to doing what he loves most—traveling, hiking and being a new father.

Whether you're trying to maintain your health or need to seek care quickly, the providers at UM BWMC and our colleagues at the University of Maryland Medical System are here to care for you, close to home, and wherever you need us.

Kathy McCollum
President and Chief Executive Officer

COMPREHENSIVE CARE FOR HEART FAILURE

HELP FOR CONGESTIVE HEART FAILURE IS ONLY A PHONE CALL AWAY AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC).

MANAGING CONGESTIVE HEART FAILURE (CHF) just got easier with the Congestive Heart Failure Bridge Clinic at UM BWMC.

Open since 2021, the clinic assists patients with navigating their care outside of the hospital by helping them access important treatments and resources in a local practice setting. The Congestive Heart Failure Bridge Clinic was recently recognized by the Maryland Patient Safety Center for successfully caring for people with CHF in an outpatient care setting and decreasing hospital readmissions.

COMFORTABLE, COMMUNITY-BASED CARE

The Congestive Heart Failure Bridge Clinic team is committed to making care accessible, affordable and easy to coordinate. A part of the Transitional Care Center at UM BWMC, and supported by the Population Health Department, the clinic offers a community-based option for comprehensive, multidisciplinary and timely care. The clinic team coordinates care with each patient's primary care provider and cardiologist to ensure personalized treatment and support.

Featuring a bright, welcoming atmosphere, the clinic offers patients:

- Assistance with medication management
- Education on how to manage or prevent CHF symptoms, including unexplained leg swelling, shortness of breath and weight gain
- Specialized care and support for difficult-to-treat CHF
- Treatments to decrease fluid in ankles, lungs and other organs

During treatments, patients can relax in a comfortable chair with blankets to stay cozy. The team can also assist with medication costs, arrange for same-day care and organize ride services for patients to and from appointments.

If you are experiencing CHF symptoms, call UM BWMC's Congestive Heart Failure Bridge Clinic at **410-787-4291** to schedule an appointment. To learn more about our heart care services, visit **umbwmc.org/heart**.

What Is POPULATION HEALTH?

CHERYL RUFF, SENIOR DIRECTOR OF OPERATIONS FOR PRIMARY CARE AND POPULATION HEALTH AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC), TALKS ABOUT THE NEW POPULATION HEALTH DEPARTMENT.

Q: WHAT IS POPULATION HEALTH?

A: Population health combines traditional medical care with resources to help patients, supporting wellness and preventive care, as well as managing serious illness after discharge. Our team includes physicians, nurse practitioners and physician associates, nurses, pharmacists and community health advocates.

Q: WHY IS POPULATION HEALTH IMPORTANT?

A: We want individuals to live their best lives possible. Population health ensures access to quality health care services that are efficiently coordinated and cost-effective, so patients can be well and thrive in their communities. We aim to provide preventive care before major health problems arise and connect patients to helpful resources in their area.

Q: HOW CAN THE POPULATION HEALTH DEPARTMENT HELP ME?

A: We connect patients to community resources that can help them stay well and meet their needs, including:

- Affordable, healthy food
- Financial support for health care costs
- Housing
- Medication and equipment
- Primary care
- Translation services
- Transportation

SUPPORTING SOCIAL NEEDS FOR *Better Health*

THE POPULATION HEALTH TEAM HELPS PATIENTS SOLVE SOCIAL CHALLENGES THAT STAND IN THE WAY OF A HEALTHY FUTURE.

LACK OF TRANSPORTATION, high cost of medications and food insecurity are some of the many challenges that can make it difficult to be your healthiest, especially after a hospital visit. A team within the Population Health Department at University of Maryland Baltimore Washington Medical Center (UM BWMC) is working to remove some of these barriers for patients recently discharged from the hospital or referred by an affiliated provider.

Team members, including a nurse case manager, a clinical pharmacist, two community health advocates and a social worker, serve patients who have social barriers to health. With the team's help, all patients with insurance from any provider, or without insurance, can access resources that help boost their health and quality of life.

CONVENIENT HELP AT HOME

The team in the Population Health Department engages with most patients in their home. The visit serves to identify and help solve challenges related to mobility, food and medication storage, and others. The team can help patients access insurance, food assistance, bill payment assistance, transportation and much more, all with the intent of improving health and well-being.

"To have the best chance of a positive health outcome, you need to ensure both your medical and social needs are being met," said Stephanie Bradfield, RN, CCM, clinical manager of the Population Health Department at UM BWMC. "Our team helps with both."

To learn more about how the Population Health team can help you, call **410-595-1200**.

MANAGING **DIABETES** AND **STROKE RISK**

PROTECT YOURSELF WITH HEALTHY LIFESTYLE CHANGES.

PEOPLE LIVING WITH diabetes are twice as likely to have a stroke than people who do not have the disease.

The risk is especially high when diabetes is not well controlled. Excess blood glucose stiffens blood vessels and allows fatty deposits to build up, increasing the risk of blood clots that could lead to a stroke.

People with diabetes are more likely to be disabled or die from a stroke. Those with prediabetes—blood sugar levels higher than healthy but not high enough to be considered diabetes—are at a greater risk for stroke as well.

COOPERATIVE CARE

Diabetes requires a team approach. At UM BWMC, you have access to a multidisciplinary team of specialists. They help manage your blood sugar and protect against heart attack, stroke and other diseases. Your team may include endocrinologists, neurologists, podiatrists and cardiologists, based on your specific needs.

HEALTHY LIFESTYLE CHOICES MATTER

To reduce the risk of stroke, maintain a healthy weight, exercise regularly, follow a heart-healthy eating plan, avoid tobacco products, limit alcohol use and manage stress.

In addition, it is important to follow the diabetes medication regimen prescribed by your health care provider. Get regular tests and know your A1C, blood pressure and cholesterol numbers. Ask your provider to assess your risk of cardiovascular disease and if you can do more to stay healthy.

Need help managing your diabetes? Call **410-787-4940** to find an endocrinologist at UM BWMC. To learn more about diabetes care, visit **umbwmc.org/diabetes**.

A TRANSFORMATIONAL PHILANTHROPIC CONTRIBUTION

Enhances Cardiac Care Program

RECENTLY, THE BALTIMORE Washington Medical Center (BWMC) Foundation received a $1.7 million gift from the Ethel Groh Webster Williams Trust that will be used to enhance University of Maryland Baltimore Washington Medical Center's (UM BWMC) cardiac catheterization lab and outpatient cardiology capacity to better meet the needs of the community.

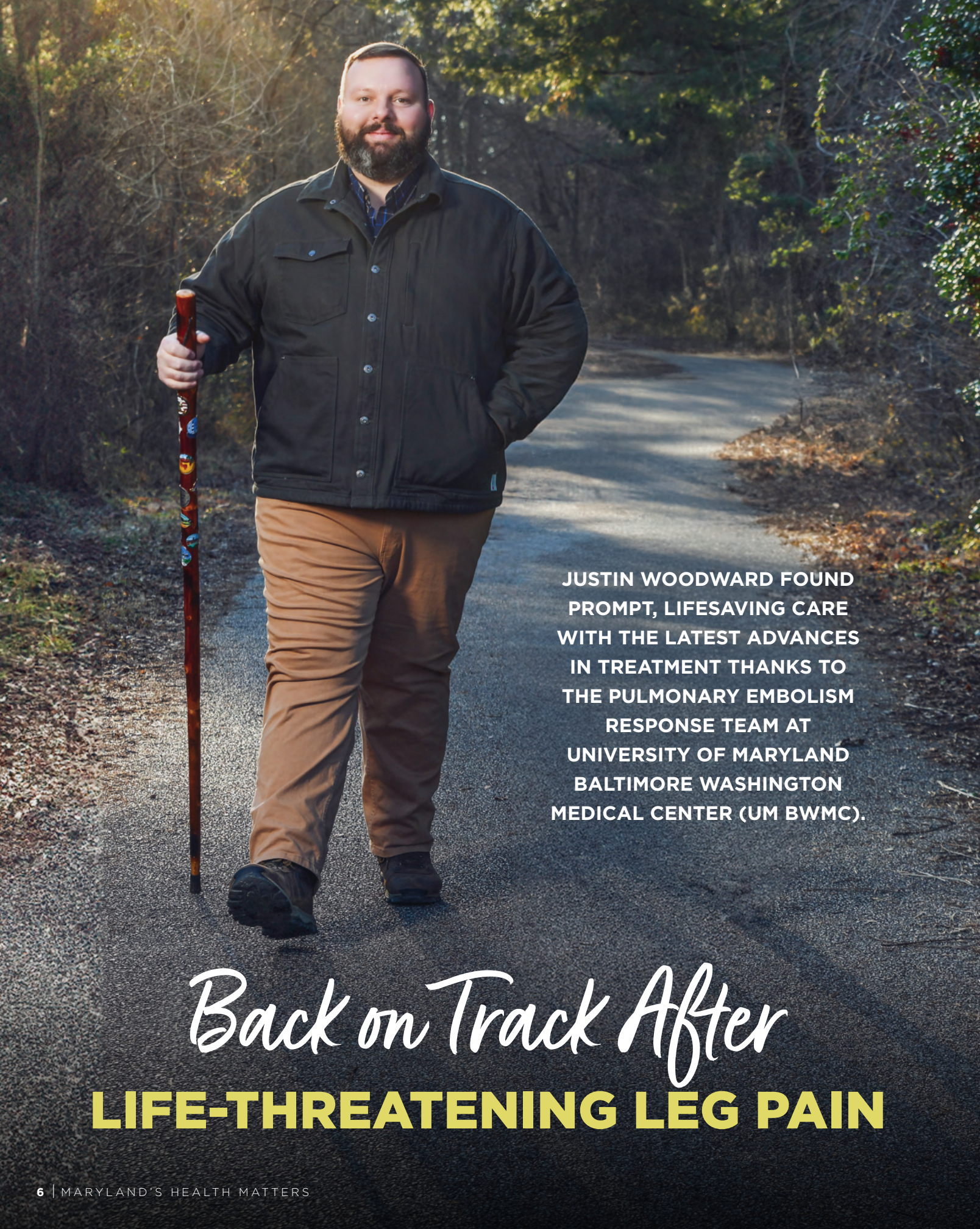
Ethel Delma Williams, 95, a resident of Pasadena, passed away in August 2021. During her lifetime, she spent much of her time volunteering at various community organizations throughout Anne Arundel County. Cardiac care was especially important for Williams since her father and late husband received care for heart-related illnesses.

"Gifts such as this empower donors to leave an enduring legacy, enabling us to strategically expand and elevate our programs," said Kathy Burk, vice president and executive director of the BWMC Foundation. "This support assists UM BWMC in its mission to consistently deliver the highest quality health care to our community."

UM BWMC will use some of the funds to open a new, state-of-the-art cardiology practice location within the Outpatient Care Center early in 2025.

From left to right: Jorge Ramirez, MD, cardiologist at UM BWMC; Kathy McCollum, president and CEO of UM BWMC; Kathy Burk, vice president and executive director of the BWMC Foundation; Trevor Kiessling, representative for the Ethel Groh Webster Williams Trust; Susan Iaquinta, director of development at the BWMC Foundation; and Ratnakar Mukherjee, MD, interventional cardiologist, chair of cardiology and director of the Catheterization Laboratory at UM BWMC

For more information about UM BWMC's planned giving opportunities and ways to connect with the BWMC Foundation, visit **umbwmc.org/giving**.



JUSTIN WOODWARD FOUND PROMPT, LIFESAVING CARE WITH THE LATEST ADVANCES IN TREATMENT THANKS TO THE PULMONARY EMBOLISM RESPONSE TEAM AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC).

Back on Track After LIFE-THREATENING LEG PAIN

IN THE FALL of 2023, Woodward was on top of the world. After 19 years of marriage and eight years of trying, he and his wife were finally expecting a baby due in early spring. His job as the director of Marine and Specialty Industrial Services for a large environmental and industrial cleaning company continued to go smoothly. He had just returned from a beautiful trip to Austria to visit his wife's family. Two quick business trips to Boston and Tampa followed. Now it was Thanksgiving, and he had so much to celebrate.

"My wife and I do the YMCA Turkey Trot every year," said Woodward, now 42. "I don't run it, I always walk. We were almost done with the race when my calf started hurting. I thought I pulled a muscle."

A MYSTERIOUS PAIN

Two days later, Woodward's leg pain increased as he hiked through the woods in Western Maryland to cut down a Christmas tree.

"I'm a big guy, but I'm very active—I hike all the time, I climb around on barges and ships all day, I'm never out of breath," Woodward said. "This day, I had to tell my wife to continue on to meet the rest of our family without me because I was having trouble breathing."

Woodward went to an urgent care clinic, where they said he had a mild case of COVID-19, along with a leg strain. Two days later, however, his leg was swollen, and the pain was worse. The clinic recommended over-the-counter pain relievers and rest.

A week later, the pain wasn't any better. Then his sister called with devastating news.

"My 29-year-old nephew had developed a blood clot in his leg after a hernia repair at a local hospital," Woodward said. "The clot moved to his lung and killed him before the doctors had a chance to act."

A SECOND OPINION

The urgent care clinic had scanned Woodward for blood clots in his leg and didn't see any, but his nephew's death compelled him to get checked again.

"I told my wife, 'I'm probably just overthinking it, but hearing about blood clots in the leg twice in one week is weighing heavy on my mind,'" Woodward said. "It's like something was telling me to go to the emergency room."

The day he was cleared from his COVID-19 quarantine, Woodward, a Glen Burnie resident, went to UM BWMC. As a nurse was taking his blood pressure, he felt something terribly wrong.

"I felt this deep heat come through my legs and travel up through the right side of my body," Woodward said. "Suddenly I had chest pain and felt this massive load of heat sink in. I tried to tell the nurse something was wrong, but I could barely talk, and I was gasping for air."

Woodward with his wife, Shannon, at Secret Antelope Canyon

FINALLY, ANSWERS

What Woodward was experiencing—and what his nephew had died from—was a (submassive) pulmonary embolism, or PE. This life-threatening condition happens when an artery in the lung becomes blocked, usually by a blood clot that has traveled up from the leg. When a blood clot forms in the leg, it is called deep vein thrombosis (DVT). Long periods of inactivity, such as traveling by car, plane, train or bus, and surgery can both lead to DVT, as can genetics (see "Genetic Risk Factors for Pulmonary Embolism" Page 8 and "What Is DVT?" Page 9), smoking and being overweight. Woodward, an occasional cigar smoker, had multiple risk factors.

"When I felt that heat coming through my body, that was actually the clots moving into my chest," Woodward said. "My heartbeat was 158—it was beating that fast to try to keep the clots out."

Some PEs can be treated with blood thinners alone, but larger clots can take weeks or months to dissolve. In the meantime, the clot can cause significant damage to the heart and lungs.

"Technology has made it easier for physicians to determine whether a patient has a high risk of dying from a PE so we can better determine what sort of intervention they need," said Jeffrey Marshall, MD, chair of pulmonary critical care medicine at UM BWMC. "Can we stick with old-fashioned blood thinners? Do they need clot-busting medications called thrombolytics? Or do we need to go in with a device to pull the clot out?"

Over the past decade, new models of care have been developed to answer these questions.

ACADEMIC MEDICINE TO THE RESCUE

"A Pulmonary Embolism Response Team is a multidisciplinary group of specialists from pulmonology, cardiology, critical care, radiology, hematology and vascular surgery working together to decide which intervention the patient needs," Dr. Marshall said. "We created a unified response and specific unit in January 2023 to better coordinate and deliver care for our patients."

Having a team of expert providers with diverse specializations means patients get comprehensive care from diagnosis to risk assessment to acute treatment and follow-up care.

"Pulmonary embolism affects around 1 in 1,000 people in the U.S. every year," said Harvinder Singh, MD, chair and medical

GENETIC RISK FACTORS FOR PULMONARY EMBOLISM

Anyone can develop a pulmonary embolism (PE) at any age. Some people, however, have a higher chance of getting a PE due to genetic risk factors, including:

- **Factor V Leiden mutation:** This mutation is the most common genetic variant associated with PE risk. It typically appears in people who are white and of European descent.
- **Prothrombin mutation:** The second most common cause of inherited PE, this mutation affects the prothrombin gene, which plays a key role in blood clotting.
- **Deficiency of anticoagulant proteins:** Protein C, protein S and antithrombin are natural anticoagulants that help regulate blood clotting. A deficiency in these proteins can lead to an increased risk of clot formation.

People with a prior or family history of blood clotting disorders, including deep vein thrombosis, or enlarged veins in the legs (varicose veins) are also more likely to develop a PE.

Having any of these genetic risk factors does not guarantee that a PE will develop since environmental and lifestyle factors also play a role. You are at higher risk of getting a PE if you are:

- A smoker
- Recovering from surgery
- Immobile for long periods of time, such as on flights or on bed rest
- Over age 40
- Overweight
- Pregnant
- Taking hormone-based medications, such as birth control and hormone replacement therapy

Certain medical conditions, such as cancer, COVID-19, heart disease, lung disease and lupus, can also increase your risk of clotting.

If you have concerns about your risk of PE or other blood disorders, talk with your health care provider about genetic testing and preventive measures.

Some members of Woodward's care team, including Cath Lath staff, Harvinder Singh, MD, Ratnakar Mukherjee, MD, Asghar Fakhri, MD and Jeffrey Marshall, MD.

director of hematology and oncology at UM BWMC. "Anyone can get a PE, but certain factors can raise the risk. When left untreated, the mortality rate is up to 30%. However, the condition can be properly managed to reduce mortality and prevent recurrence in patients."

After emergency department providers realized what was happening to Woodward, they immediately placed him on oxygen and blood thinners. A mechanical thrombectomy—a minimally invasive procedure to remove the clot—was scheduled for the next day.

"We were among the first cardiac catheterization laboratories in Maryland to offer mechanical thrombectomy," said Ratnakar Mukherjee, MD, interventional cardiologist, chair of cardiology and director of the Catheterization (Cath) Laboratory at UM BWMC. "But with the Pulmonary Embolism Response Team, we don't just perform the procedure and end things in the Cath Lab. We continue with comprehensive care for the patient in and out of the hospital."

With the team's commitment to research, innovation and the latest advances in medicine, patients have access to better treatments and, as a result, better quality of life.

ADVANCED THROMBECTOMY TECHNOLOGY

The response team uses the latest vein-specific thrombectomy devices to treat DVT and PE patients. The procedure involves using fluoroscopy—real-time X-ray technology—to guide a catheter through a small incision, often in the groin, and up a vein to where the clot is in the lung.

"We have a team of nurses, radiology technologists and at least two physicians in the lab during a mechanical thrombectomy," said Asghar Fakhri, MD, cardiologist and associate chair of cardiology at UM BWMC. "They monitor the patients' heart rhythm and blood pressure at all times, ready to provide medication or oxygen when needed."

Great skill is required as physicians carefully guide the catheter through the heart into the lung.

"There's a risk of arrhythmias—dangerous heart rhythms—once we travel through the heart, so it's crucial to watch this closely," Dr. Fakhri said.

During this procedure, patients are awake.

"We use minimal anesthesia as higher levels of anesthesia significantly increase the risks in these critically ill patients," Dr. Mukherjee said.

Once at the site of the clot, gentle suction helps to pull it out. The procedure is complete within one hour.

WHAT IS DVT?

Deep vein thrombosis (DVT) is a blood clot that forms in a vein deep in your leg, pelvis or arm. If these blood clots break off in your body, they can cause a pulmonary embolism. Even if they don't move, DVT can cause other complications, such as pain or ulcers.

SIGNS OF DVT

You need prompt medical treatment if you have any of these signs of DVT:

- Pain in your leg or arm
- Redness
- Swelling
- Warm skin

Anyone can develop DVT, but it is more common in people who have recently had a broken bone or surgery, people with cancer or autoimmune disorders, and smokers. Other risk factors include taking hormonal birth control, being pregnant, being overweight and sitting for long periods of time, such as on an international flight.

Many people with DVT are at risk for recurring blood clots. The Vascular Center at University of Maryland Baltimore Washington Medical Center specializes in diagnosing and treating DVT.

Learn more about our vascular care at **umbwmc.org/vascular**. To see if you may be at risk for vascular disease, take our free and quick online risk assessment at **umbwmc.org/vascularHRA9**.

"When we suction out the clot, blood is also suctioned out of the patient," Dr. Mukherjee said. "We are able to filter the clot out and return the blood to the patient, which is an important aspect of the device that we use, because we don't want these patients to be significantly anemic, meaning the body doesn't have enough healthy red blood cells."

Patients are monitored in the intermediate care unit. If all goes well, they are usually released from the hospital within 48 hours.

"In half the cases we perform, there is a noticeable and dramatic deep breath that the patients take," Dr. Marshall said. "It is truly remarkable to be in the room and witness when patients feel immediate relief as the blood clot is removed and tell us, 'I can breathe!'"

A SUCCESSFUL REMOVAL

Although Woodward was awake during his thrombectomy, it was still a blur.

"It was a strange experience," Woodward said. "I guess you look at things differently when you think you might not make it."

The procedure went well, and Woodward left the hospital a day and half later. Within two weeks, he was back to feeling like himself. He returned to work (but not to travel—no flying for six months) and has made lifestyle changes to decrease his risk of another clot.

"I've been following everything they said to do," Woodward said. "I quit smoking cigars and shipped them all to friends. I've cut back on drinking bourbon. I'm trying to walk more, and I'm taking my blood thinners as prescribed. I'm also wearing compression socks like they told me."

Although he has undergone several rounds of testing, Woodward may not ever know what caused his PE.

"He did have several risk factors," Dr. Singh said. "I wish more people knew that this can and does happen to young people like Justin. In fact, PE rates in younger adults between the ages of 25 and 64 are rising. One study showed that younger adults made up about 36% of all PE-related deaths. If you ever experience shortness of breath, leg swelling or other signs of PE, you need to get to a hospital immediately."

Woodward knows how lucky he is.

"It's not typical that somebody would have a clot this size and survive," Woodward said. "Someone told me I'm either the luckiest person or the most blessed. My late nephew saved my life. I wouldn't have gone to the hospital that day. I almost missed out on being a father."

Woodward also hopes more people don't put off seeking emergency care the way he initially did.

"I'm just so thankful I chose the right hospital," Woodward said. "If I had gone somewhere else, they might not have been able to save my life because not all hospitals have the thrombectomy technology that UM BWMC does."

Woodward preparing the nursery for his newborn son, Wyatt

Learn more about heart and lung care at UM BWMC at **umbwmc.org/heart** and **umbwmc.org/lung-health**.

Youth football coach D'avonte Fletcher is among the first people to have robotic mitral valve surgery at University of Maryland Medical Center.

With a guiding touch, the physician is able to perform delicate, minimally invasive procedures through robotic surgery.

Comeback COACH

A HEART PROBLEM PUT FOOTBALL COACH D'AVONTE FLETCHER ON THE SIDELINES. NOW, HE'S GETTING BACK IN THE GAME, THANKS TO A HIGH-TECH SURGERY.

IN EARLY 2023, D'avonte Fletcher, 30, a Huntingtown, Maryland, landscaper who also coaches youth football, sought medical help for some alarming symptoms.

"I was flown to University of Maryland Medical Center because I was swelling badly," Fletcher said. "I gained 13 pounds in a week."

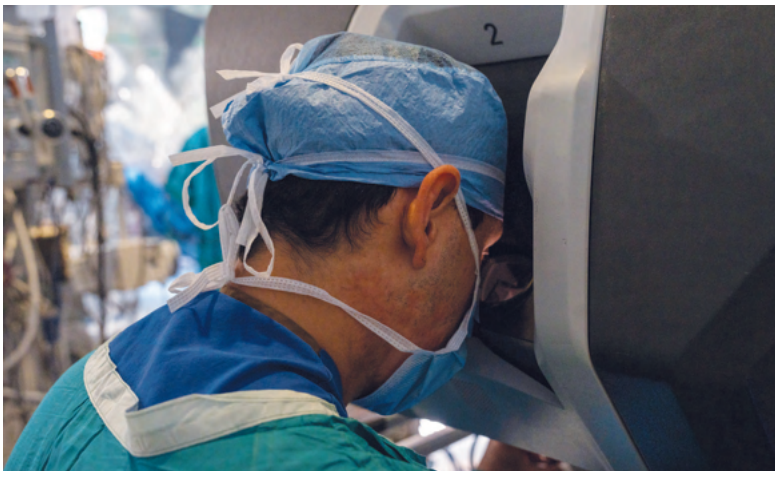
At UMMC, Fletcher learned he had heart failure. His cardiologist, Manjula G. Ananthram, MBBS, an assistant professor of medicine at the University of Maryland School of Medicine, identified the potential cause: a leaky mitral valve, one of four valves that help blood flow on a one-way route through the heart. If the mitral valve leaks or is too narrow, the heart may struggle to pump blood efficiently, potentially leading to heart failure or other problems.

Fletcher needed surgery to fix the valve.

Previously, some patients had to have open-heart surgery involving a large incision in the chest to repair or replace a faulty mitral valve. That wasn't the case for Fletcher, thanks to the arrival of robotic heart surgery in Maryland.

COMPREHENSIVE AND INNOVATIVE HEART CARE

No matter where you live in Maryland, University of Maryland Medical System is ready to help your heart. UMMS clinicians provide the full range of cardiac care. When a patient needs mitral valve repair, heart surgery specialists determine the best option, whether that means open heart surgery or a minimally invasive procedure. Recently, the



Dr. David Zapata performs minimally invasive mitral valve surgery with robotic assistance.

health system added to its legacy of innovation in heart care by becoming the first in Maryland to offer robotic mitral valve repair and replacement.

Cardiothoracic surgeon David Zapata, MD, assistant professor of surgery at the University of Maryland School of Medicine, began performing robotic mitral valve surgery at UMMC last year.

"Robotic surgery offers the exact same surgery that we would perform in an open manner, but it's less invasive," Dr. Zapata said. "Nothing about the technique or what I do during the operation changes. The key difference with robotic surgery is the approach and direction we take to reach the mitral valve."

THE BENEFITS OF SPARING BONE

Dr. Zapata partners with an interventional cardiologist to determine the best treatment approach for each patient with a mitral valve disorder. Surgical options depend on the patient's anatomy and condition. For example, a patient with mitral regurgitation may be able to avoid open heart surgery if they qualify for a transcatheter interventional minimally invasive valve repair.

Open-heart surgery is often relied upon when direct access to the heart and nearby blood vessels is needed. During open-heart mitral valve surgery, the surgeon makes a large incision in the chest and separates the sternum (breastbone), which is known as a median sternotomy. When Fletcher saw Dr. Zapata, he was pleased to learn he wouldn't need a median sternotomy.

"Dr. Zapata told me he was going to do the surgery with the robot—something I'd never heard of," Fletcher said. "I thought it was cool that he could do the surgery in less time, allowing me to get moving sooner."

With robotic surgery, the surgeon approaches the heart between the ribs through several small incisions, the largest of which is only three centimeters.

"With robotic surgery, no bone needs to heal," Dr. Zapata said. "Therefore, patients usually heal faster and have a lower risk of wound complications. With a median sternotomy, sometimes the bone doesn't heal correctly, which can lead to wound infections in the sternum."

STAYING AHEAD OF WORSENING HEART FAILURE WITH REMOTE MONITORING

Albert Hicks III, MD, MPH

Understanding when heart failure is getting worse can be tricky.

"The first sign of worsening is rising blood pressures in the heart, especially in the artery that takes blood to the lungs," said cardiologist Albert Hicks III, MD, MPH, assistant professor of medicine at the University of Maryland School of Medicine and section chief of heart failure and transplant at University of Maryland Medical Center. "This can be a sign the body isn't getting rid of enough fluid. A rise in pressures can happen up to a month before patients experience symptoms. If we can see a rise in pressures, we can make adjustments to prevent hospital stays and related problems."

Medical providers have long needed better tools to help them find poorly controlled heart failure. Now, cardiologists at the University of Maryland Heart and Vascular Center can use a device placed inside patients' arteries to monitor their blood pressures remotely. They can adjust patients' medicine if they see heart failure getting worse.

The remote monitoring device, which goes into the artery during a simple procedure, measures the pressure in the blood vessel. Patients send the data to their cardiologist daily by lying on a sensor for 18 to 20 seconds. If the monitor indicates a problem, the cardiologist contacts the patient and tells them to change how much medicine they take.

"We find that patients with heart failure who receive the remote monitoring device have improved survival and reduced hospitalizations compared with those who have heart failure and don't receive the device," Dr. Hicks said. "So, not only does this technology keep people out of the hospital, but it also helps keep patients alive."

Watch a video of Dr. Zapata talking about robotic mitral valve surgery at **umm.edu/roboticheartsurgery**.

After having robotic surgery, some patients are able to leave the hospital several days earlier than those who have open-heart surgery. Patients experience less postoperative pain without a large incision. With the breastbone undisturbed, patients can get back to driving, exercising, performing chores around the house and lifting heavy items weeks earlier than after open-heart surgery.

For Dr. Zapata, the robotic system's cameras allow him to view the heart valve with unparalleled clarity from as close as one centimeter—much closer than he could get by standing over the patient. In addition, the robot's instruments, which he controls from a console, move in ways human wrists can't. These factors help Dr. Zapata operate with the highest level of precision.

'100 TIMES BETTER'

Dr. Zapata repaired Fletcher's mitral valve in November 2023. After being out of work for a year and a half due to his heart, Fletcher is easing back into it.

"I'm taking my time, but I feel 100 times better," he said. "Before surgery, I noticed my breathing and little things like that. Now, when I work out, I'm not as tired as before, and I move around better than I did previously. I would definitely recommend Dr. Zapata and the robot."

Dr. Zapata and his colleagues are exploring use of the robot for other types of heart surgery such as tricuspid valve surgery, atrial septal defects, atrial fibrillation procedures, and cardiac tumor removal. All patients who are seen by Dr. Zapata and his colleagues are considered for a less-invasive, robotic approach to heart surgery.

"A less-invasive approach helps with patient recovery," Dr. Zapata said. "The emphasis UMMS places on less-invasive procedures shows we're thinking about how we can help patients have the best experience in the hospital and in their lives."

To learn more about University of Maryland Baltimore Washington Medical Center's heart care services, visit **umbwmc.org/heart**.

Symptoms of HEART FAILURE

HEART FAILURE IS PROGRESSIVE AND MAY START WITH MILD SYMPTOMS THAT CAN BE EASY TO OVERLOOK.

IF YOU ARE experiencing one or more of the following symptoms, talk with your doctor about whether your heart is pumping all the blood and oxygen your body needs.

CONFUSION

Heart failure can lead to memory loss or impaired thinking.

COUGHING

You may have a chronic cough that produces pink or white mucus.

FATIGUE

You may feel exhausted after even basic activities, such as grocery shopping.

LACK OF APPETITE

You may feel full or nauseated, even when you haven't eaten.

SHORTNESS OF BREATH

You feel shortness of breath with regular activity that worsens with exertion. You have trouble breathing when you lie flat.

SWELLING

Buildup of fluid (edema) may occur in your feet, legs, hands and abdomen.

INCREASED HEART RATE

Your heart may start racing or throbbing.

WEIGHT LOSS OR GAIN

Sudden changes in weight are common due to lack of appetite and fluid buildup.

4 STAGES OF HEART FAILURE

Stage A.
You are at high risk for heart failure but don't have either symptoms or structural heart disease.

Stage B.
You have structural heart disease but no symptoms of heart failure.

Stage C.
You have both structural heart disease and heart failure symptoms.

Stage D.
You have advanced heart failure. This means you have severe symptoms and your heart is not functioning well.

Need a doctor to identify your risk for heart disease? Call **410-768-0919** to find a cardiologist at University of Maryland Baltimore Washington Medical Center or visit **umbwmc.org/heart** to learn about our heart care services.

5 Reasons WHY YOU NEED A PRIMARY CARE PROVIDER

RAVEENA EDWARDS, MD, PRIMARY CARE PROVIDER AT UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL GROUP – PRIMARY CARE SHARES WHY IT'S IMPORTANT YOU HAVE A PRIMARY CARE PROVIDER AT EVERY AGE.

1. TAKE A PREVENTIVE APPROACH

Primary care providers not only treat health problems as they arise, but they also offer preventive services, such as flu shots, cancer screenings and counseling on how to lose weight and quit smoking.

2. MANAGE CHRONIC DISEASES

Chronic health conditions, such as asthma and diabetes, can be challenging to manage alone. Primary care providers can help monitor your condition and provide valuable information on how to keep symptoms and disease advancement at bay.

3. BUILD A TRUSTING RELATIONSHIP

Primary care providers are the starting point for many patients seeking health care. They serve as advocates for your health care needs, allowing you to develop a closer relationship with your provider and have honest conversations about your health.

4. DETECT HEALTH ISSUES EARLY

Through routine screenings, monitoring your health history and asking the right questions, primary care providers can help detect health issues at their earliest stage before they worsen.

5. CREATE A FULL HEALTH HISTORY

Visiting a primary care provider regularly will help you build a comprehensive record of your health history. Your primary care provider will also help you track your family health history and identify how it could potentially impact you.

To schedule an appointment with a primary care provider at UM BWMC, call **410-553-2900**.

The Right Care WHEN AND WHERE YOU NEED IT

UNIVERSITY OF MARYLAND URGENT CARE IS COMING TO GLEN BURNIE AND PASADENA.

THE CARE PROVIDERS at UM Urgent Care understand that health concerns can arise unexpectedly. Starting in July 2024, UM Urgent Care centers will provide convenient and comprehensive care to adults and children over 12 months of age with two new Anne Arundel County locations.

Treatments and services are available for nonemergency illnesses and injuries, including:

- Coughs, colds, sore throats, earaches
- Asthma and COPD
- Sprains and fractures
- Cuts and abrasions
- Skin infections
- Gastrointestinal infections
- Urinary tract infections
- Allergy symptoms
- Preoperative examinations
- Sports physicals
- Occupational health injuries

UM Urgent Care centers are fully equipped with digital X-ray capabilities and an on-site laboratory. As a part of the University of Maryland Medical System, UM Urgent Care centers can also connect you to primary and specialty care services, including those offered by UM Baltimore Washington Medical Center, when needed. Whether you visit a center in your neighborhood or opt for a telehealth appointment, dedicated clinicians are ready to help.

Walk-ins are accepted, or you can reserve your spot in line by using the online check-in system. While not an appointment, it lets the team know to expect you. UM Urgent Care is open seven days a week from 8am to 8pm.

7954 Crain Highway
Glen Burnie, MD 21061

4125 Mountain Road
Pasadena, MD 21122

Learn more at **umurgentcare.com**.

NEWS & Events

UNIVERSITY OF MARYLAND BALTIMORE WASHINGTON MEDICAL CENTER (UM BWMC) OFFERS A WIDE RANGE OF HEALTH SCREENINGS, CLASSES, SUPPORT GROUPS AND RESOURCES TO HELP YOU IMPROVE AND MANAGE YOUR HEALTH.

BLOOD DRIVES*

JULY 26 AND AUG. 16

Participate in an American Red Cross blood drive sponsored by UM BWMC and help save lives. Register and review eligibility guidelines at **redcrossblood.org** or call **1-800-733-2767**.

WORKSHOPS AND CLINICS

- CPR Anytime class covers adult and infant CPR, defibrillator skills and choking relief.
- Safe Sitter* class teaches students in sixth through eighth grade how to safely babysit.
- Preventing Diabetes* class explores lifestyle changes to prevent diabetes and improve overall health.
- Smoking Cessation* classes offer peer support and education from a certified American Lung Association Freedom From Smoking facilitator. All classes are free to adults who live or work in Anne Arundel County.

RESOURCES FOR PARENTS AND GROWING FAMILIES

- Childbirth education classes
- Pascal Women's Center tour
- Nest and Nurture, a free, incentive-based education and support group for pregnant individuals in Anne Arundel County who are at risk for adverse pregnancy and birth outcomes
- Car seat safety checks, performed by a certified car seat safety technician at UM BWMC who also demonstrates proper car seat installation and checks for recalls

SUPPORT GROUPS

- Cancer Survivorship Support Group for cancer patients and survivors
- Mental Health Support Group for UM BWMC adult mental health patients, their families and any other individuals interested in psychiatric issues
- Lactation Support Group for mothers in the community to connect and learn about the challenges and successes of breastfeeding
- Stroke Support Group for stroke survivors, high-risk stroke candidates and anyone interested in learning more about stroke recovery
- Parkinson's Support Group for individuals with Parkinson's disease, their caregivers, family members, friends and anyone interested in learning more about the disease

EXERCISE CLASSES*

- Zumba
- Gentle Chair Yoga and Mindful Movement
- Level 1 Vinyasa/Flow Yoga
- Prenatal and Postnatal Yoga

COMMUNITY WELLNESS EVENT

Community Wellness Day is a free, family-friendly community event hosted each fall and spring by UM BWMC. Activities include health screenings, education tables, kid-friendly activities and more. For details, visit **umbwmc.org/wellnessday**.

HIRING EVENTS

UM BWMC hosts in-person and virtual hiring events as a way for community members to connect with our recruiters and hiring managers to learn more about our job opportunities. For a list of upcoming hiring events at UM BWMC, visit **jobs.umms.org**.

**Activity is located in the Outpatient Care Center at UM BWMC (255 Hospital Drive, Glen Burnie, MD 21061).*

Please call **410-553-8103** or visit **umbwmc.org/calendar** for additional activities, exceptions, virtual offerings and more information. You can also scan the **QR code** with your cell phone camera and follow the link that appears. As always, the health and safety of our patients, visitors and community remain our priority.

University of Maryland
Baltimore Washington Medical Center
301 Hospital Dr.
Glen Burnie, MD 21061-5803

Primary care for all ages and stages.

You can rest easy when you know you're giving your family the best possible care. By choosing the primary care and pediatric experts at the **University of Maryland Baltimore Washington Medical Group** (UM BWMG), you get attentive providers for routine care, plus access to top University of Maryland specialists across our integrated system. Wherever you work or close to home, we have convenient hours, same-day appointments and telemedicine visits at all of our locations in Anne Arundel County. **That's a better state of care.**

UM BWMG Primary Care
Call **410-553-2900**
Glen Burnie | Hanover
Millersville | Pasadena

UM BWMG Adult and Senior Care
Call **410-553-2900**
Millersville | Pasadena

UM BWMG Pediatrics
Call **410-553-8540**
Glen Burnie

umbwmc.org/primary | A better state of care.