

Wound Care

Hopkins Embraces the Wounded Warrior

The Johns Hopkins Wound Center at Bayview Medical Center is partnering with the DOD in “The Wounded Warrior Initiative,” an urgent, multi-million dollar research project investigating why some wounds heal well and others don’t.

“The project is a wonderful marriage of the civilian and military sectors and will make long-lasting contributions to both,” says Gerald S. Lazarus, M.D., director of the Hopkins Wound Center and principle investigator. Co-investigators of the initiative include Jonathan Zenilman, M.D., director of infectious disease; and Stephen Milner, M.D., director of the Johns Hopkins Burn Center.

Using the most sophisticated scientific and medical approaches available, doctors at the Wound Center, Walter Reed Army Medical Center and the National Naval Medical Center (NNMC) are working together to analyze whether there are predictors from wounds that indicate how patients will heal.

The research will also pilot a new treatment: The patient’s wound is bombarded with ultrasound to determine if such a therapy increases healing.

Wounded soldiers from Walter Reed and the NNMC, as well as civilian patients from the Wound Center and the Johns Hopkins Burn Center, are participating in the study.

Lazarus attests to the superb job the military is doing in caring for casualties. Within 30 minutes of a casualty, wounded soldiers in the field receive medical care. In 24 hours, they can be flown to an advanced hospital in Germany. They can land at Walter Reed or the NNMC within 48 hours.

Although the military’s excellence in acute care has saved many lives, the ratio of severe wounds is higher than in previous conflicts because most soldiers would have died from such wounds in the past.

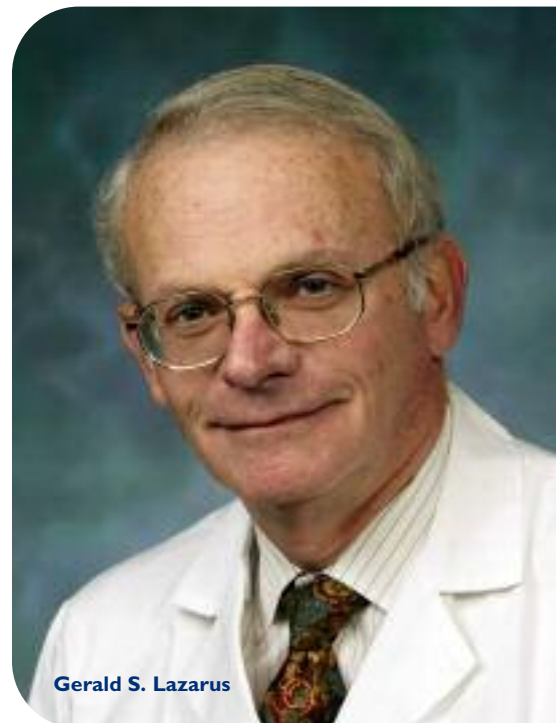
Chronic wounds are not only a problem for the military. In the United States, more than \$15 billion annually go to treating civilians’ wounds that will not heal. The most common cause, trauma in accidents and falls, is often accompanied by complications such as diabetes.

Healthy patients do not get chronic wounds, says Lazarus, who is also chief of dermatology at Hopkins. Patients don’t heal because something is wrong with them. Yet despite their pain, “when patients come to the Wound Center, they end up loving us,” he says.

How did the Wound Center garner its worldwide reputation?

“Through our holistic approach and the fact that we really care about our patients,” says Lazarus. “Our goal is to improve the patient’s quality of life.”

At the Wound Center, patients undergo a thorough examination. The healing process is documented quantitatively through photography. The facility’s in-



Gerald S. Lazarus



When patients come to the Wound Center, they end up loving us”

— says Lazarus

Is it OK to Run a 10K Race While Pregnant? Well, Maybe.



Andrew Satin



changed from the days that moms-to-be were supposed to sit down, put their feet up and think beautiful thoughts. With women in the work place and assuming physically taxing roles in their jobs and in their exercise regimens, obstetricians can no longer depend on the old, “one-size-fits-all” guidelines for exercise during pregnancy.

“This is a research area that is under-addressed,” says Satin, chairman of obstetrics and gynecology at Johns Hopkins Bayview Medical Center and a professor at the Johns Hopkins School of Medicine.

Satin is studying the effects of strenuous exercise on pregnant women and their fetuses throughout pregnancy, with the goal of developing new guide-

lines. Meanwhile, he advises his patients that “Pregnancy is not the time to start training for a 10K race if the mother has not been physically active before. Although it is usually safe for women who have been exercising regularly to continue during pregnancy, they should always consult their obstetrician before engaging in physical activity.”

“Running, walking and swimming are generally good ways of staying fit during pregnancy,” he says, adding that when exercising, pregnant women should:

- Monitor their heart rate; if the maternal heart rate goes too high for a sustained period, there will be a decreased blood supply to the fetus. Heart rates greater than 130 beats per minute should be avoided.
- Watch their potassium and fluid intake; dehydration is a problem because of the tendency toward more frequent urination during pregnancy.
- Avoid letting their core body temperatures escalate; high temperatures can have a negative effect on the fetus.
- But—remember—under no circumstances should pregnant women “push through” pain and cramps; they should stop exercising immediately if they experience these pains.

Satin, a retired Air Force colonel with 25 years of service, received the Designated Air Force Clinical Grand Master award in 2007 for being one of the top AF physicians. Says Satin, “I still feel a deep sense of loyalty to people who serve their countries.” ■

Two of Andrew Satin’s patients dashed through the finishing line in their 10K races. Impressive, right? Sure, but did we mention that Satin is an obstetrician and that these triumphant runners were in their second and third trimesters of pregnancy respectively?

No doubt, pregnancy has

continued from cover page.

terdisciplinary team features experts in medicine, geriatrics, plastic surgery, vascular surgery, rheumatology, orthopedics and diabetes.

Through treatment, a team of five certified wound care nurses ensure that patients get proper care while they’re hospitalized and when recovering at home.

Lazarus says proudly, “Our nurses are the most compassionate and highly trained group I’ve seen.”

As for the Wounded Warrior Initiative, he says, “What we’re learning today will have profound implications for treatment.” ■

The Human Touch of Palliative Care

PHOTO BY ZUHAR



Leslie Piet

One of nurse Leslie Piet's patients, an elderly gentleman, was feeling low from his chemotherapy. By Friday afternoon, he was nauseated. Despite having received detailed instructions about taking anti-nausea medicine, he didn't get around to it.

Piet kept calling the patient throughout the weekend, walking him through taking the medication. Piet's diligence prevented a string of possible complications for the gentleman—bouts of vomiting, dehydration, a visit to the ER and hospitalization among them.

"What I did was just a little thing," says Piet, but to the patient it was extraordinary. This "little thing" is one of the many services offered by the Omega Life Program, a palliative care, case management program for those diagnosed with terminal illness. Omega Life founder Piet designed the program to support cancer patients during their final days.

USFHP patients who choose this free

service are assigned a nurse who can be reached from 8 a.m. to 9 p.m., seven days a week. Palliative care is holistic in that it includes medical, psychosocial and spiritual support; it even helps patient's caregivers and family through trying hours, giving them support, respite and human warmth. The overall purpose is to control the patient's symptoms, support their goals of care and to help them find peace, comfort and dignity.

Sometimes, despite a grim prognosis, a patient does recover during the process. "I stay with my patients throughout their journey, either to discharge or through the end of life," says Piet.

Additionally, Piet assists the family in navigating the complexity of the medical system. "Some patients have up to six doctors on their case. It can be confusing to figure out which doctor to call," she says. That's where the case manager comes in to assist in coordinating the patient's health care and doctor-patient communication.

An important part of patient and family education involves teaching them about advance directives and facilitating the potential for growth in the end of life. This means relationship closure. The nurse's role is to support with information; the patient decides what they do or do not want.

For Piet, it is an honor and privilege to help people during such difficult times. For many patients and families, that support is a blessing. ■

For more information about the Omega Life Program, contact Leslie Piet at 410-762-5278 or e-mail her at LPiet@jhhc.com

Still Wheezing? Maybe You Should Check Your Medicine Usage

Asthma is nothing to fool around with. Did you know that in the United States, 20 million people suffer with asthma and almost 9 million of them are children? Most frightening of all, about 4,000 people die of asthma every year.

"This is particularly upsetting considering there are drugs available to control and treat it," says Howard Garber, medical director for the US Family Health Plan.

So why are so many people suffering and dying? According to Garber, often patients aren't taking their medications, and if they are, they sometimes don't use them correctly.

"Patients should be on long-term medicine to prevent asthma symptoms and quick-relief medicine to stop symptoms when they occur," says Garber. When patients report frequent use of quick-relief medicine, doctors know the patient's asthma is out of control and that the patient is probably not taking long-term medication.

The downside of not medicating properly? Recurrent attacks have a tremendous affect on quality of life, causing frequent absenteeism

from school or work, multiple visits to the ER and even long-term hospitalizations.

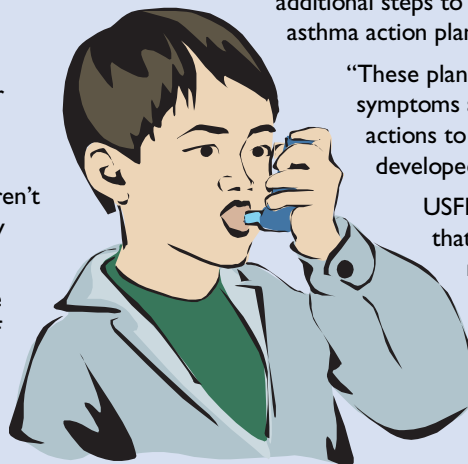
Besides proper adherence to medication, patients can take additional steps to manage the illness, such as having a written asthma action plan.

"These plans help the patient learn to recognize worsening symptoms and give individualized instructions on what actions to take," says Garber. A simple plan template can be developed with the provider, patient, and caregiver.

USFHP asthma patients can also use a free service that provides a personal nurse advisor or case manager who stays in touch with the patient and works with doctors to handle problems as they arise. This service is available to members through their primary care doctors. Also available is access to USFHP health educators for more asthma-related information.

"My strongest suggestion," says Garber, "is that patients learn all they can about asthma and let their medical provider teach and guide them through their care." ■

For information about Written Asthma Action Plans, please go to http://www.nhlbi.nih.gov/health/public/lung/asthma/actionplan_text.htm



Ask Customer Service

Hello Customer Service. I have a Question.



Front Row: **JoAnne Robinson**, Acting Customer Service Manager, **Deborah Sorrell** USFHP Customer Service Supervisor, **Pamela Hines**, **Dianda Johnson**, **Monet Biamby**, **Robin Stapleton**, **Barbara Bowman** Back Row: **Lisa White**, **Tuwana Lindsay**, **Heather Wright**, **Sparkle Lowry**, **Cristina Wroten**, **Darlene Williams**, **Lisa Henze**, **Shauwntae Jones** Not Pictured: **Kassia Pulley**, **Angelica Ortman**, **Joseph Limerick**

We are pleased to announce a new feature in *The Patriot Life*. We know you have questions about the USFHP—how it works, what to do, what not to do—and Customer Service has the answers. So we asked them to sponsor a regular column addressing the most popular topics. This month's featured CS representative is Deborah Sorrell, USFHP Customer Service Supervisor. According to Deborah, here are some questions people have been asking.

1. How can I find out what my benefits are?

Please call 800-808-7347 and ask a customer service rep or check pages seven to nine in your 2008 Member Handbook. If you don't have one, we'll be glad to send a replacement. You can also visit our Web site at www.hopkinsmedicine.org/USFHP and click on the "Benefits" link.

2. Where can I get a list of participating providers, medical specialists and participating hospitals for my plan?

Call one of the service reps or visit our Web site and click on the link to "Participating providers," or "Participating hospitals/specialists."

3. I'll be traveling outside the United States, how do I get authorization for emergency care services?

If an emergency occurs while you are overseas, go to the nearest emergency room and get the care you need. The hospital may demand immediate payment; if they do, be sure to ask for treatment information, bills and receipts. When you get home, send them to Customer Service within seven days of your return. Remember: if you forget to let us know within the required time period (seven days) you may be responsible for the cost of emergency room care.

4. What if I'm traveling out of state and have a medical emergency?

Call your primary care doctor's office phone number or 800-859-0950 within 24 hours to get your care authorized for payment. If you have a life-threatening emergency call 911 immediately and/or go to the nearest emergency room.

5. What is the most important thing I should do?

Make sure you carry your USFHP Membership Card with you at all times. The back of your card lists important information such as telephone numbers to call for after-hours care, benefits and providers, regulations concerning elective hospital admissions or outpatient procedures and the Claims Department

Kent Island Opens

USFHP Now Available on the Eastern Shore

billing address. It also advises hospital billing clerks not to bill Medicare for members over age 65.

Got Questions?

Call Customer Service at 410-424-4528 or 800-808-7347 or visit our regularly updated Web site at www.hopkinsmedicine.org/USFHP

What's New at Customer Service?

Customer Service is always trying to find ways to make it easier for you to get the help you need. Here are the most recent improvements:

- We now have a total of 17 reps specially trained and dedicated only to the USFHP.
- We've partnered the USFHP reps with key operations staff and medical personnel so that they can go straight to the source to solve problems quickly—sometimes while you are still on the phone.
- We monitor our calls to determine what types of questions members ask and what services they need. The information is shared with management to improve operations and services, but don't worry, your name is never associated with your call.
- We host regularly scheduled "feedback sessions" for the reps to hear how they are doing and to provide them with updated information as it comes in.

"We are always on the lookout for better ways to serve our USFHP members; our goal is to keep on reaching for the next highest level," says JoAnne Robinson, Customer Service manager. ■



Suzanne Niemela (left) and Cynthia Huffaker

We've got some good news for USFHP members living on the Eastern Shore—now they can receive their care without crossing the Bay Bridge!

Earlier this year, Johns Hopkins Medicine announced a strategic alliance with Anne Arundel Health System that partnered Johns Hopkins with the resources of Anne Arundel Medical Center (AAMC).

One of the first outcomes of the alliance is a Johns Hopkins Community Physicians (JHCP)

practice located in the new AAMC Health Services medical building in Chester, Maryland. The new JHCP practice offers traditional primary care services including preventive care and immunizations, diagnostic testing, routine gynecologic care, and treatment for chronic conditions.

There is also an Urgent Care center for patients needing immediate attention for acute illnesses (such as mild or moderate asthma attacks, colds and flu) and minor injuries (such as cuts, burns and sprains).

"Our new Kent Island practice shows the continued dedication of JHCP in fulfilling our mission: to be the medical home for our patients," says medical director Gene E. Green, M.D. "We welcome both current and new US Family Health Plan members."

The AAMC Health Services building is a new 55,000-square-foot outpatient medical center conveniently located at 1630 Main Street in Chester, Maryland, on the north side of Route 50 at the Route 18 overpass, next to the Kent Island fire station. The AAMC Health Services building will also house some of the area's top medical specialists—obstetricians and gynecologists, oncologists, physiatrists (experts in physical medicine and rehabilitation), cardiologists, orthopedists and ENTAA (ear, nose, throat, allergy and asthma) physicians. It will also offer a range of diagnostic testing services including MRI, CT, ultrasound, bone density testing and mammograms.

If you are interested in transferring to the new Kent Island practice, call Customer Service at 800-808-7347.

Urgent Care Hours

Monday – Friday: 9 a.m. to 11 p.m.
Saturday – Sunday: 12 p.m. to 7 p.m.
Open most holidays.

No Appointments Necessary for Urgent Care

Primary Care Appointment Line: 866-398-8472



Introducing Commander James Brennan, Our Newest Practice Manager



Meet Cmdr. James Brennan USN (Ret), our new practice administrator who oversees daily

operations and management at the Johns Hopkins Community Physicians (JHCP) Annapolis site. After 22 years of active service, this affable world traveler has traded his medals and uniform for a suit.

Given Brennan's considerable military health care experience as a clinical practice manager, health care analyst and program manager, it's no surprise that he chose JHCP.

He began his career as a physician assistant serving at various naval hospitals. Later he became clinical director of medical/dental clinic operations in support of the U.S. Navy in the Mediterranean and Indian Ocean. In that capacity, he supervised physicians, nurses,

dentists, Navy Hospital Corpsmen and civilians.

Within the last five years, Brennan, who holds a master's of science degree in medicine, directed the clinical training of physician assistants at the Naval School of Health Science and analyzed various clinical programs for the Navy's Bureau of Medicine and Surgery.

Though his accomplishments are vast, friends like to hear about the two years Brennan served as senior physician assistant of the White House medical unit. He provided emergency planning and health care for President Bill Clinton, Vice President Al Gore, their family members, U.S. Secret Service and the White House staff.

"I first met President Clinton on Air Force One," says Brennan. He was in the plane's medical section fiddling with buttons on a wall panel. He'd just loosened his tie and kicked off his shoes and jacket at the recommendation of his physician supervisor.

After all, this was his first trip on Air Force One. Suddenly, "In walks the president," says Brennan. "I was desperately fumbling for my shoes and jacket. He just looked at me and said, 'Hi, Doc, nice socks!'"

Brennan also accompanied President Clinton during the 1996 re-election campaign, an "extraordinary, once-in-a-lifetime opportunity" involving long hours and lots of travel. He soon knew the President's stump speech by heart. Much to the staff's glee, Brennan

would mimic the President's oratory abilities.

"One day, right at the part about 'building a bridge to the 21st century,' the President walked in. I figured that was it, the end of my career," says Brennan. "But the President was very kind, I'm still around."

Although the White House stint supplied amusing anecdotes, Brennan's most challenging and gratifying position was serving onboard the USS Ranger in both Operation Southern Watch and Operation Restore Hope. The assignment occurred during a formative time in his Navy career.

Brennan and the medical team were responsible for the health of 5,000 men who worked in the carrier's dangerous, industrial environment. He not only honed his medical skills but learned a great deal about leadership and responsibility. He earned his surface warfare officer designation, the first medical

"In walks the president," says Brennan. **"I was desperately fumbling for my shoes and jacket. He just looked at me and said, 'Hi, Doc, nice socks!'"**

officer aboard USS Ranger to do so.

Now that he's recovered from the shock of leaving the uniformed services and all things familiar, Brennan finds the change refreshing. He and his family have settled in the Annapolis area.

Says Brennan, "I'm looking forward to providing our patients the best care available. ■"

Cost Alert

Check the Status of Your Prescription



Non-Preferred Prescription Drug Update

In the latest in a series of notifications about prescription drug co-pays, the Department of Defense has advised us that additional medications have been moved to the non-preferred (Tier 3) category of the TRICARE Prime pharmacy benefit.

The chart below provides lower-cost alternatives for each Tier 3 medication.

The Tier 3 drugs affected by this directive will still be available to Plan members but will carry a \$22 co-payment unless

medical necessity can be shown. Medical necessity must be determined by a physician in writing and be approved by US Family Health Plan.

For more information, please call Customer Services at 1-800-808-7347 or visit these Web sites:

- www.hopkinsmedicine.org/usfhp/news/3rd_tier_drug_chart.html
- www.tricare.mil

Effective Date	Tier 3	Tier 2	Tier 1
April 16, 2008	Attention Deficit Hyperactivity Drugs Vyvanse®	Adderall XR Concerta Ritalin LA Metadate CD Strattera Desoxyn	Methylphenidate Dextroamphetamine Methylin Methylin ER
	Monophasic Oral Contraceptives with 20mcg Estrogen Lybrel®	Yaz	Alesse Levlite Loestrin Fe 1/20 Microgestin 1/20
June 18, 2008	Renin Angiotensin Antihypertensive Agent Exforge®	Azor	N/A
	Targeted Immunomodulatory Biologics Enbrel® Kineret®	Amevive® Humira® Raptiva®	N/A

Flu Shot Crisis – Next Year Should Be Better.

As the flu marched across the country, the Centers for Disease Control and Prevention (CDC) reported that 23 percent of the flu viruses identified this season belonged to a strain that was not included in this year's vaccine. The A H3N2/Brisbane strain had appeared at the end of Australia's flu season, too late for the 2007–2008 flu shot.

So when the FDA's vaccine committee met recently, it came as no surprise that the group recommended:

- two forms of the A/Brisbane virus

- as well as the B/Florida virus, be included in the 2008–2009 vaccine

Are you thinking you might not bother to get the flu vaccine this fall because it doesn't guarantee 100 percent protection? Before deciding, please consider that annually, on average in the U.S.:

- 5 percent to 20 percent of the population comes down with flu
- More than 200,000 people are hospitalized with flu complications
- Approximately 36,000 people die from the flu.

Trust us. You'd prefer not to become one of these statistics.

So who should get the flu vaccine? Health care providers and those who are at higher risk for developing flu-related medical complications, children 6 months to 5 years of age, pregnant women, children and adults with chronic conditions, people over 50 and those living in nursing homes or long-term care facilities.

Bottom line? Vaccination is the single best way to prevent flu. Promise yourself now that in October or November, you'll be first in line. ■

Turning 65? It's OK. You Can Stay with the USFHP

If your 65th birthday is approaching, you can rest easy. The US Family Health Plan covers you for life. There is no need to change to another health plan—not even Medicare or TRICARE for Life. However, we do suggest that you register for Medicare Parts A and B to avoid late registration penalties in the future. And, don't worry about double paying. Members with Medicare Part B no longer pay the USFHP enrollment fee or co-payments except for pharmacy as those fees will be waived with proof of Part B enrollment. We know it's confusing so please call Customer Service at **800-808-7347** with your questions.

Rotation is Coming. Want to Help a Newcomer?

The next few months will bring a lot of newbies to our area. Most of them have never heard about the US Family Health Plan and don't even know they have a choice.

You know how great this plan is so please do them a favor and let them know that Johns Hopkins "speaks military" and is here to serve them. Anyone wanting details about the Plan can call **800-801-9322** to request an information packet.

DVDs About Deployment and the Military Child

The United States Army Medical Command and the American Academy of Pediatrics produced a book entitled "Military Youth Coping with Separation: When Family Members Deploy" to address a variety of deployment-related concerns for teens. For elementary-age children there is the "Mr. Poe and Friends Discuss Reunion After Deployment" DVD. The animated host, Mr. Poe, mentors and provides guidance to children and family members as they discuss deployment.

Both videos are available for online viewing on the American Academy of Pediatrics Deployment Support Web site at www.aap.org/sections/unifserv/deployment/index.htm. They are also available for ordering, in DVD format, through Military One Source at **800-342-9647** or <http://www.militaryonesource.com/skins/MOS/home.aspx>

As always, you can contact the USFHP Behavioral Health Department at **1-888-281-3186** (toll free) or **410-424-4830** (local to the Baltimore area) with any behavioral health questions.

Source: *TRICARE Management Activity and the Military Health System*

PatriotLife

Patriot Life, the official newsletter of the Uniformed Services Family Health Plan (USFHP) at Johns Hopkins, is published quarterly by Johns Hopkins Medicine Marketing and Communications. For more information, call 410-614-4991.

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