Primary Care: Now More Important Than Ever
A MESSAGE FROM THE PRESIDENT

As we look for ways to help our community enjoy the best possible health, sometimes we go back to the basics. Even though we have many highly trained specialist providers, primary care is still very important. And people who are managing chronic conditions or have multiple health issues can benefit greatly from having the expertise of a primary care provider who can help them navigate through their healthcare options and manage their treatment plans. In this issue of Well Aware, you can learn more about the role a primary care provider can play in your life.

As we continue to expand our community outreach, we are looking for new and innovative ways to reach our community where it is convenient to you. We are helping those who don’t have access to care find it through our CARE Clinic, through the Monocacy Health Partners Dental Clinic, by partnering with other community resources, and by bringing new physicians to Frederick. There are many points of entry into our health system and we are here to help you live your healthiest life.

Please read on to learn more about our community outreach, our investments in new technology, new providers, and ways to help you manage your health or the health of a friend or family member.

Yours in good health,

Tom Kleinhanzl, President and CEO
Frederick Regional Health System

Did You Know?

Each year, more people die of lung cancer than of colon, breast, and prostate cancers combined. Many times lung cancer isn't found until the cancer is already advanced and less responsive to treatment. The U.S. Preventive Services Task Force recommends low-dose computed tomography (CT) screenings in high-risk patients. The Affordable Care Act requires most insurers to cover annual screening for patients who meet the following criteria:

- Are 55-77 years of age and in good enough health to tolerate treatment if cancer is found
- Have a smoking history of 30 pack-years (compute pack-years by multiplying the number of packs you smoked per day by the number of years smoked)
- Currently smoke, or have quit within the past 15 years
- Have had a “shared decision making” conversation with a provider about the risks and benefits of Lung CT Screening

Concerned about your lung cancer risk? To learn more about our Low Dose Lung CT Screening Program, visit fmh.org and search Lung Cancer Screening, or call 301-694-LUNG (5864).
Monocacy Health Partners (MHP) Orthopaedic Specialists has established a new partnership with Mount St. Mary’s University (MSMU) to promote the health and safety of the university’s Division I student athletes.

Drs. Mihir Jani, David Kowalk, Jason Matthews, and Vikram Sodhi work hand-in-hand with the Mount’s highly skilled athletic training staff to provide care to Mountaineer athletes before, during, and after their sporting events and practices. “In addition to having one of us on the sidelines during games, we also provide on-site physician care once a week, urgent care as needed, and additional services like imaging and rehabilitation through the Frederick Regional Health System (FRHS) network of providers,” Dr. Jani said.

This seamless access to medical care is comforting to Mountaineers who are dealing with injuries while away at school. “We have received very positive feedback from the athletes and their parents,” said Dr. Matthews. “They’re grateful that they don’t have to try to find a local orthopaedist or rehab facility on their own.”

For athletes with injuries that require surgery, Orthopaedic Specialists’ highly trained sports medicine team has privileges at Frederick Memorial Hospital and Frederick Surgical Center. “This is an ideal situation for any athlete. The same doctors treating them on the sidelines work with them throughout their entire injury and healing process,” Dr. Kowalk said.

“Our goal is to ensure that we provide these athletes with first-rate, coordinated care,” Dr. Sodhi said. “Their medical records, including x-rays and MRIs, can be shared with all of their caregivers within the FRHS network. We can manage all aspects of their care and recovery, getting them back in the game as soon as possible.”

Welcome Dr. Andrew Jones
Dr. Andrew Jones is an orthopaedic surgeon specializing in joint reconstruction and replacement, treatment of major joint and hand disorders, and orthopaedic injury care.

Dr. Jones earned his medical degree from Indiana University and his Ph.D. in Anatomy and Structural Biology from the University of Pennsylvania. He completed surgical residencies at the University of Minnesota and University of North Carolina. Dr. Jones holds certifications from the American Board of Orthopaedic Surgery with a sub-certification in Orthopaedic Sports Medicine.

Before joining Monocacy Health Partners Orthopaedic Specialists, Dr. Jones was in private practice in Bloomington, Indiana, and Chapel Hill, North Carolina, where he was also on the university faculty. Most recently, he was on staff at the Veterans Administration Surgical Center in Fort Myers, Florida.

To schedule an appointment with Dr. Jones, call 301-663-9573 or email osofdoc@fmh.org.
There are many benefits to having a primary care physician. Research shows that people with a primary care physician are hospitalized less often, have fewer return visits after hospitalization, and have lower overall healthcare costs.

If you already have a few specialist physicians, you may think it’s unnecessary to add a primary care doctor to the mix, but that just isn’t the case. Tracy DeVries was receiving care from several specialists for ongoing health concerns and thought she couldn’t spare the time for regular appointments with her primary care doctor.

But in 2010, Tracy’s precarious physical health took a nosedive. She was dealing with the aftereffects of a devastating house fire and had trouble making appointments with the many specialists treating her diabetes, hypertension, heart rhythm disorder, arthritis, and several other complex health conditions. Tracy was confused about the medications she was taking and felt unable to organize all the aspects of her complicated medical care. Tracy says she very nearly gave up.

A friend recommended that Tracy make an appointment with Dr. Nilay B. Thaker at Monocacy Health Partners Parkview Medical Group’s Mt. Airy location. Dr. Thaker introduced Tracy to the practice’s Care Coordinator Vanessa Flowers, and that’s when Tracy says she started to get back on track.

Tracy began coming to Parkview every three to six months, giving Vanessa a chance to get to know her, identify the gaps in her care, and begin connecting her to the services she needed. The two went over Tracy’s many prescriptions, when to take them, and how to take them more effectively. They talked about her health challenges and discussed what Tracy could do to decrease her risks. By making small changes in her everyday habits, Tracy has lost more than 70 pounds and is feeling better than she has in a long time.

“Vanessa cared about me until I could find the motivation to care about myself again,” said Tracy. “I know I’m not an easy patient, but she never gives up on me and she always goes the extra mile. She keeps track of everything and helps me take the next steps. It makes a big difference. I’ve never had anyone do that for me before.”

Primary Care Physician Dr. Nilay Thaker and Care Coordinator Vanessa Flowers talk with patient Tracy DeVries at Parkview Medical Group's Mt. Airy office.

What do Primary Care Providers Do?

- Provide comprehensive exams and preventive care
- Identify and treat common, sudden, and chronic medical conditions
- Teach healthy lifestyle choices
- Assess the urgency of your medical problems and direct you to the best place for care
- Make referrals and coordinate care across medical specialists when necessary

Monocacy Health Partners Primary Care is accepting new patients! To speak with a patient navigator and find the provider that’s right for you, call 240-215-6310.
PATIENT-CENTERED MEDICAL HOMES: IT REALLY IS ALL ABOUT YOU!

When it comes to healthcare, we all want personal care delivered by providers who know and understand us. Instead, patient care is often fragmented, involving many specialists working independently of each other, making situations like these far too common:

- A patient’s doctor gave him a referral for a colonoscopy. He never went, and his doctor did not know. Two years later, he was diagnosed with colon cancer.
- A patient was recently discharged from the hospital for heart failure. She was confused about her new prescriptions. She called her doctor but was unable to get an appointment. As a result, she did not take any of the new medications and was readmitted to the hospital 10 days later.
- A patient’s primary care doctor ordered blood work to evaluate her blood sugar and cholesterol. Her cardiologist ordered the exact same labs three weeks earlier, but the primary care doctor was not aware.

One of the best ways to ensure that you and your family receive the right care, at the right time and in the right location, is to select a primary care provider that uses the patient-centered medical home delivery model. This delivery model is an innovative approach to primary care that:

- Focuses on your overall physical and mental health needs, including prevention and wellness, acute care, and chronic care.
- Includes you in the development of your care plan and supports you in learning to manage your plan based on your wants, needs, and preferences.
- Organizes your care across all elements of the healthcare system, including specialty care, hospitals, home healthcare, community services, and long-term care support.
- Offers expanded office hours, 24/7 electronic and telephone access, and other alternative methods of communication.
- Uses data, health information technology, and other tools to help you make informed decisions about your health.

“The medical home model places you at the center of your own care. We provide you with the education and resources you need to make smart healthcare decisions, and then we rely on you to help us design the care plan that addresses your personal concerns. Our team is always on hand to offer coaching and advice, and to help you connect to the support and encouragement you need to follow your plan and meet your goals.”

— Dr. G. Johnson Koilpillai, Medical Director
Monocacy Health Partners Parkview Medical Group

Why Choose Parkview Medical Group for Your Primary Care?

- Certified by the National Committee of Quality Assurance as a Patient-Centered Medical Home
- Locations in Frederick, Myersville, and Mt. Airy
- Open seven days a week
- Same-day and walk-in appointments

Looking for personalized healthcare that’s focused on your medical, emotional, and practical concerns? Find your medical home at Monocacy Health Partners by calling 240-215-6310 or visit monocacyhealthpartners.org and search Primary Care.
FMH IMAGING SERVICES OFFER QUALITY AND CONVENIENCE

Whether it’s your annual mammogram, an x-ray to rule out a broken bone, or a more complex type of imaging scan, selecting a facility accredited by the American College of Radiology guarantees access to the latest imaging technology, appropriate quality control measures, and a strong professional development program.

Other important considerations when choosing an imaging center are related to your experience. How easy was it to schedule your appointment? How promptly were you seen after arrival? Was your privacy respected? If initial testing indicated that additional procedures were required, was it possible to get that done on the same day, or did you have to return several times?

Missy Steele’s recent experience at the Women’s Imaging Center at FMH Crestwood is a good example of how important it is to choose the right imaging provider. With no history of breast cancer, Missy was surprised when the radiologist reviewed her mammogram and recommended additional screenings. Because she had an order from her doctor that allowed for additional testing if needed, a sonogram was done that same day. The sonogram revealed a one centimeter area that would need to be biopsied.

With the help of Imaging Patient Navigator Libby Holter, Missy’s biopsy was scheduled just a few days later. Fortunately, her results revealed a benign fibroid cyst, but she says she’ll never forget the technologists and nurses who took care of her.

“Waiting even just that short time was hard,” said Missy. “I kept thinking that one in eight women gets breast cancer, and I just thought ‘Why not me?’ I was so grateful that they could schedule my biopsy and get my results so quickly. It made the whole experience so much less stressful.”

To read more about mammography and other types of medical diagnostic imaging studies available through Frederick Regional Health System, visit fmh.org and search Imaging.
The discovery of x-rays more than a century ago profoundly changed the practice of medicine by enabling physicians to see inside the body. Today, modern medicine has an even more sophisticated tool to reveal the body’s inner workings, and nuclear medicine and molecular imaging are on the leading edge.

The Optima NM/CT 640 is considered the most precise nuclear imaging technology of its kind and is available at our FMH Rose Hill facility, the only outpatient facility in the Frederick area to house this advanced technology. The Optima NM/CT 640 allows the technologist to perform two medical imaging techniques—single photo emission computer tomography (SPECT) and computed tomography (CT)—at the same time, merging both results into a single image called a SPECT-CT.

Technologist Louise Carter explains that after both scans are completed, “These fused images provide physicians with precise information about how different parts of the patient’s body are functioning and help them see the exact anatomical location of any abnormalities.”

For Nuclear Medicine Technologist Rebecca Regnier, this new technology benefits the physician and the patient. “With the Optima NM/CT 640, physicians get the precision and image quality they need to make critical decisions, and their patients can stay in Frederick. They don’t have to travel to Baltimore or DC for this advanced imaging study.”

Nuclear medicine and molecular imaging also have exciting implications for the future. Because disease begins with microscopic cell changes, nuclear medicine has the potential to identify disease in an earlier, more treatable stage, often before conventional imaging and other tests are able to reveal abnormalities.

To read more about this advanced imaging technology, visit fmh.org and search Nuclear Medicine.
A NEW LEVEL OF COMMUNITY OUTREACH

Population health represents a commitment to improving the collective well-being of our entire community. Frederick Regional Health System’s outreach programs extend beyond the four walls of our hospital to identify serious health problems earlier, teach better chronic disease management, and remove barriers to care.

Safeguarding Dental Health, and More

The Monocacy Health Partners Dental Clinic serves adult patients who have limited means to pay for dental services. Through a collaboration with the University of Maryland School of Dentistry, the clinic provides emergency and preventive care for these patients for far less than the cost of private dental services. The clinic accepts Maryland Medicaid, vouchers from the Religious Coalition and the Seton Center, and self-pay patients on a sliding scale.

During its first year of operation in 2016, the clinic’s staff saw 629 patients, performed 786 extractions and 173 fillings, and fitted 43 patients for dentures. This reduced the number of dental-related visits to the FMH Emergency Department by 46%.

For many patients, however, their care extends beyond the dental chair. “Through our detailed assessments, we have been able to identify other health conditions in some patients which need further care and attention,” said Dr. Morgan Baker, DDS. “In these cases, we refer them to primary care settings so they can learn how to manage these diseases before they become more serious. This is another way that the MHP Dental Clinic is helping to create a healthier community.”

Screening for Chronic Disease

FMH partners with Mission of Mercy (MOM) to provide free mammography screenings, lab services, and other imaging work to patients in need. Recently, our Women’s Health Navigators have also begun offering free bone density screenings when MOM’s mobile medical clinic visits area churches.

Bone density screenings assess a patient’s risk of developing osteoporosis, a dangerous weakening of the bones that significantly increases the risk of serious injury and/or complications from falls and broken bones. Women who are identified as being at risk for osteoporosis receive a scan of their ankle bones. Patients whose scans reveal signs of low bone density are referred to FMH for more in-depth testing.

“Most of these patients would not normally have access to this type of testing,” said FMH Nurse Navigator Patricia Reggio. “These scans allow us to also provide education about how increasing vitamin D and calcium consumption, as well as exercising and not smoking, can reduce the risk of developing osteoporosis.”
TAKING CHARGE OF CHRONIC DISEASE

It’s a sobering statistic, but according to the Centers for Disease Control and Prevention, more than 80% of people in the United States over the age of 65 have at least one chronic disease. That adds up to 145 million Americans, or one in every two people!

Frederick Regional Health System offers programs and services to help people with chronic diseases manage their conditions, improve their quality of life, reduce health complications, and minimize their need for emergency care:

**CARE TRANSITIONS** Ensures that patients with chronic diseases have a safe transition from Frederick Memorial Hospital to home, connects them with community resources to help them manage their medications, obtain needed medical supplies and equipment, and make the changes required to live healthier lives.

**CARE CLINIC** Provides short-term follow-up care for patients who are discharged from FMH. In addition, the CARE Clinic team also helps patients with chronic diseases to understand their treatment plans and their roles in self-care.

**SUPPORT GROUPS** Provide education and support for individuals dealing with diabetes, heart failure, hypertension, chronic obstructive pulmonary disease (COPD), asthma, stroke, and more.

**LIVING WELL CLASSES** Educate participants about how to manage their health condition, nutrition and healthy eating, maintaining and improving strength, planning a fitness program, and communicating effectively with family and healthcare providers.

**FIHN CARE MANAGERS** FRHS care managers assigned to specific physician practices help patients learn how to better manage their chronic diseases and assist them in accessing community resources.

**CENTER FOR DIABETES AND NUTRITION SERVICES** Helps patients understand diabetes and take control through carbohydrate counting, blood sugar monitoring, meal planning, and weight management.

**Are you at risk for developing diabetes?**

Diabetes is a serious metabolic disease in which the body’s inability to either produce enough insulin or use it efficiently causes elevated levels of glucose, or “sugar,” in the blood. If you have one or more of the following risk factors, talk to your primary care provider about getting your blood sugar tested:

- Overweight
- 45 years or older
- Family history of Type 2 diabetes
- Are physically active less than 3 times a week
- Have had gestational diabetes or have given birth to a baby who weighed more than 9 pounds

Call 301-360-2574 for more information about any of these programs and services. To read more about how the Care Transitions team provided support and advocacy to several local families, visit fmh.org and search Care Transitions.
Earlier this year, Jim McCoy had some chest pain and shortness of breath while carrying a few bags of groceries up the stairs. When an EKG showed that at least one of his coronary arteries was probably blocked, he was scheduled for a cardiac catheterization at Frederick Memorial two days later.

“It all happened so fast,” said Jim. “In less than a week, I went from somebody with no previous history of cardiac issues to this new guy with heart problems. In addition to what the doctors told me, I really wanted more information. That’s when I was introduced to Emmi®.”

Part of a new program being offered at FMH, Emmi isn’t a person but rather a system of online tools that translates complex medical information into straightforward, easy-to-understand programs. Jim says the Emmi videos he watched gave him a much clearer sense of what to expect before, during and after his procedure. He was able to view them at his own pace, learn more about his condition and procedure, and make a list of additional questions for his doctors.

According to Laura Jackson, Director of Progressive and Critical Care and the Emmi project sponsor, all adult patients scheduled for admission to FMH are offered Emmi programs in advance. “Typically, we send our patients information about what they can expect during their upcoming hospital stay and discharge. We also send information on general pre-surgical expectations, safety programs, and specific information on the procedure or treatment they will be receiving,” she said.

Jim’s procedure was successful, and he was discharged from FMH the next day. Shortly thereafter, he got his first call generated by the Emmi system to check on him. How was his transition home? Did he need any help making the recommended follow-up appointments? Was transportation an issue? Had he gotten his prescriptions filled and did he understand how to take them? He also received links via email that he could use to view short videos about his condition and how to make healthier choices in the future.

Every adult patient, said Jackson, including those treated in the Emergency Department, receives follow-up calls. However, Emmi’s follow-up program for patients diagnosed with chronic obstructive pulmonary disease or congestive heart failure include more disease-specific questions and occur over a longer period of time following discharge.

“Emmi is about helping our care teams extend their reach beyond the hospital setting,” said Jackson. “Emmi helps provide the education, encouragement and follow-through our patients need to become active partners in their own healthcare so that they can get better more quickly and stay well longer.”
WELCOME DR. MARY MCDONALD TO HOSPICE OF FREDERICK COUNTY

Whether facing cancer or a terminal diagnosis due to other chronic disease, Hospice of Frederick County provides comfort-oriented, dignified care that neither hastens death nor prolongs life. Instead, the focus is on quality of life while allowing illness to take its natural course.

“The hospice model of care calls for a team approach that involves nurses, home health aides, social workers, chaplains, and physicians, including the patient’s primary care physician,” said Dr. Mary McDonald, Medical Director for Hospice of Frederick County. “We all work together closely to develop a multidisciplinary care plan that looks after the patient and their loved ones.”

For the patient, that means managing medications to ensure any symptoms associated with their illnesses, such as pain, nausea, shortness of breath, and anxiety, are well controlled. “Symptoms drive the plan of care,” Dr. McDonald said. “We do not automatically increase medications over time. They are only used as the symptoms warrant.”

She also points out that not all pain associated with the end of life is physical. “There can be spiritual and psychosocial pain, which is why our chaplains and social workers are also so critical to the care we provide,” she said. “We are here to support the patient as well as their loved ones. We are a team of cheerleaders at their doorstep.”

Hospice of Frederick County encourages families to think about end-of-life issues before a disease reaches the point where it can be difficult to make decisions. To help people start this conversation in their own homes, Hospice will present a special performance of Dusk, a thought-provoking, one-act play that examines how a family deals with one member’s wishes regarding life-sustaining treatment options.

Members of the Hospice of Frederick County interdisciplinary team include (left to right): Brienne Superczynski, Social Worker; Georgia Wells, Music Therapist; Kelly Hinkhaus, Home Health Aide; Dr. Mary McDonald, Medical Director; Michelle Curley, RN Case Manager; and Fr. Pothin Ngyele, Chaplain.

Dr. Mary McDonald

Dr. Mary McDonald specializes in symptom management for end-of-life care. She is a graduate of the University of Kansas School of Medicine, where she performed her residency in family medicine before completing a fellowship in geriatric medicine. For the better part of the last 15 years, she has served as a medical director for leading hospice organizations, including The Washington Home and Community Hospice. She is board-certified in family medicine with additional certification in geriatrics and hospice/palliative medicine.

Monday April 30, 6-8 P.M.
Delaplaine Fine Arts Center at Mount St. Mary’s University
16300 Old Emmitsburg Road, Emmitsburg MD 21727

For more information or to reserve a seat, email communityevent@fmh.org or call 240-566-4055.

To read more about Hospice of Frederick County’s efforts to help people start the discussion about end-of-life care and advance care planning, visit fmh.org and search Dusk.
WINNING THE WEIGHT LOSS BATTLE

Matt Burns is no stranger to diets. “I’ve battled weight my whole life,” he said.

After Matt retired as a lieutenant from the Frederick Police Department, he took a job with the Montgomery County Police Department as an IT technician. His new job meant he was less active, and he soon found himself putting on weight. “I saw my weight creeping up,” he said. “I got big everywhere—my toes, my earlobes, everywhere,” he joked. When the scale hit 342 pounds, he knew he had a serious problem. “I got fed up and decided I needed to do something.”

That fed-up feeling is a common beginning to many weight-loss success stories, but Dr. Kristin Conley, D.O., a physician with Monocacy Health Partners Internal Medicine Associates, says some people need help to achieve their weight loss goals. “Very few people can lose more than 40 pounds without professional support,” she said.

For Matt and many others, Dr. Conley recommends the medically supervised weight loss program offered by the Center for Diabetes and Nutrition Services at FMH Crestwood. “The program is not ‘one-size-fits-all.’ It’s tailored to each patient, their specific weight loss goals, and their overall health,” she said. “We review diet history, medical history, and conduct a physical evaluation with labs and an electrocardiogram prior to starting the program.”

Matt has surpassed his initial goal to lose 80-100 lbs., “When I hit the 100-pound mark, I decided I wanted to keep going,” he said. Matt has now lost a total of 125 pounds and has transitioned from the active weight loss stage to maintenance.

Dr. Conley continues to work with Matt to keep the weight off. “My goal is to establish a relationship with my patients so that I can be there to help them when life stress creeps back in and it can be tempting to fall back into old habits,” Dr. Conley said. “I always tell my patients: you have a cardiologist, a podiatrist, a pulmonologist, etc. I want to be your ‘weightologist.’”

Matt’s advice to those facing the same challenge he faced is frank: “I think you almost have to hit your own rock bottom,” he said. “But once you decide to make the commitment, you have to jump in with both feet. I had to make myself a priority. My entire life, I always put others first. I realized it was time for me.”

To learn more about Matt Burns’ amazing weight loss, visit fmh.org and search Weight Loss.
WHEN IS A HOSPITAL STAY NOT AN ADMISSION?

It sounds like a tricky riddle: When is a stay in the hospital not an admission to the hospital?

The answer: It depends.

“Many people think that if they stay overnight in the hospital, then they have been admitted to the hospital,” said Dr. Jim Trumble, Frederick Memorial Hospital’s Medical Director of Physician Utilization. “But from an insurance coverage point of view, it’s not that clear cut.”

Insurance guidelines require hospitals to make a distinction between patients who are held for observation versus patients who are admitted as inpatients—even though both may spend one or more nights in a hospital room.

Individual insurance companies’ requirements regarding inpatient admissions may vary, but for Medicare patients the guidelines are more detailed. “Medicare says that if a patient’s condition after assessment in the Emergency Department, including other health factors such as pre-existing conditions, strongly indicates that they would be expected to be in the hospital when the clock passes midnight two times, they would be considered an inpatient,” Dr. Trumble explained.

“As medical experts, we must use our knowledge and experience to determine whether we believe a patient’s condition dictates immediate admission to the hospital, or whether more testing and evaluation warrants that we keep them for observation, but not necessarily require them to be admitted right away,” Dr. Trumble said.

“A good example of that is when someone comes to the Emergency Department complaining of chest pain,” Dr. Trumble said. “Sometimes the symptoms associated with acid reflux or gastritis can mimic a heart attack. So we may recommend keeping someone to better determine the exact cause of the pain before we make a decision to admit or not.”

If immediate tests such as EKGs or blood work do not conclusively demonstrate evidence of a specific significant diagnosis, such as a heart attack, that patient may be held for additional, or repeat, testing.

Regardless of their admission status, Dr. Trumble said, one thing never changes: “We provide the same comprehensive care to every patient who walks through our doors, regardless of whether they are admitted or kept for observation,” he said.
Since the hospital opened its doors in 1902, the Frederick community has been a generous partner in ensuring that our service lines are based on the highest standards of care, our medical technology is leading edge, and our facilities reflect the best in patient-centered design. The recently opened James M Stockman Cancer Institute, funded by the community, for the community, is the latest example of the quality of care that is possible through the generosity of those who live and work here in Frederick.

Every gift to Frederick Memorial Hospital is vital to helping us improve our community’s access to life-saving technology, construct new facilities and renovate existing ones, and expand much-needed health and wellness services. From becoming a member of one of our giving clubs to designating the hospital as a beneficiary in an estate plan, there are many ways for individuals, families, businesses, civic and professional organizations, and foundations to charitably partner with FMH.

Now that The Time is Now campaign to build and equip the James M Stockman Cancer Institute has come to its successful conclusion, we can all be justifiably proud. Yet providing the best possible care to patients will continue to require constant expansion, renovation, and innovation throughout the hospital’s service lines. As the FMH Board of Directors and senior leadership team evaluate and plan for our growing community’s future healthcare needs, we ask that you continue your support of FMH.

The FMH Development team, consisting of a dedicated volunteer core of business and community leaders and a professional, knowledgeable staff, are always available to discuss the many meaningful ways your gift can impact the lives of the thousands of patients who turn to FMH to meet their healthcare needs. Rest assured that 100% of your contribution to FMH will be used exclusively for hospital projects, programs, or identified areas of greatest need to provide patient benefit.

For more information on giving clubs or to make a contribution, please contact the FMH Office of Development at 240-566-3478 or donate@fmh.org.
PASSING THE BATON

Since 1989, Frederick Memorial Hospital has relied on a group of local volunteers to help achieve its fundraising goals. Called the FMH Development Council, this dedicated group of business and community leaders has helped to raise almost $80 million for renovation, new construction, service line enhancements, and new and replacement medical technology.

Past chairs of this group have included the late Charles Snyder, local businessman Philip Berkheimer, retired FMH President and CEO James K. Kluttz, and real estate developer Earl M. “Rocky” Mackintosh. Since 2012, retired oncologist Dr. P. Gregory Rausch has served in this important position, spearheading the Development Council’s remarkable success during The Time is Now campaign in support of the James M Stockman Cancer Institute.

In October of 2017, active community volunteer and local philanthropist Karlys Kline succeeded Dr. Rausch as Chair of the Development Council. Karlys has been involved in the hospital’s development efforts for many years as a member of the Special Gifts committee and was named FMH Good Samaritan of the Year in 2012. Local businessman Jeff Hurwitz will continue to serve as the Development Council’s Vice Chair.

“Karlys is a recognized leader in the Frederick community. She has a long and distinguished history of local fund development through the Women’s Giving Circle and numerous other non-profit organizations. I am confident she will lead the Development Council to new and greater achievements, helping to ensure that FMH remains the premier healthcare facility our community deserves.”

— Dr. P. Gregory Rausch, Former Chair
FMH Development Council

“In behalf of the staff, the Board, and a grateful community, I would like to thank Dr. Rausch for his outstanding leadership of The Time is Now campaign,” said Dr. Gerald Winnan, Chair of the FMH Board of Directors. “His passion for FMH has been a constant since he arrived here as an Emergency Room doctor in 1972, and throughout his 30-year career as a medical oncologist. Now that Karlys Kline has taken over for Dr. Rausch as Chair of our Development Council, it is our pleasure to welcome her also to the FMH Board of Directors. We look forward to working closely with her to assure that our programs and facilities remain second to none.”
Superb Quality. Superb Service. All the Time. | Frederick Regional Health System | 400 W. Seventh Street | Frederick, Maryland 21701

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UPCOMING EVENTS: THE MORE YOU KNOW

Interpreters are available upon request at least one week prior to the scheduled event by calling 240-566-4370. For more information, visit fmh.org/calendar. • ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-240-566-4370. • ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 240-566-4370.

Joint Replacement: Are You a Candidate?

Wednesday April 25, 6-8 P.M.
FMH Crestwood 2nd Floor Conference Room
7211 Bank Court, Frederick MD 21703

Join FMH Joint Works Program Surgeon Dr. Robert Fisher, MD and Joint Works Program Coordinator Angela Michael as they provide community education, hands-on demonstrations, and step-by-step guidance on the process of diagnosing and treating the arthritic knee.

Seats are limited to 75. Please reserve your attendance today by calling 240-566-3236 or visit fmh.org/calendar. Light refreshments will be served.

Hope, Health, Healing – National Cancer Survivors Day

Sunday June 3, 12 NOON-3 P.M. (Registration opens at 11:30 A.M.)
James M Stockman Cancer Institute
1562 Opossumtown Pike, Frederick MD 21702

Join us for lunch, fellowship, and an afternoon of wellness in recognition of National Cancer Survivors Day. This annual celebration of life is held in hundreds of communities across the country. Frederick County survivors and friends of survivors unite to show the world that life after a cancer diagnosis is a celebration.

Free for one survivor and one guest; $10 for each additional guest. Visit fmh.org/calendar, or call 301-418-6735 to register.

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