Helping Patients Navigate Healthcare After Hospital Discharge
Dear Colleagues:

When a patient is discharged from the hospital, there is usually a sense of optimism and excitement that the patient is on the road to recovery and the inpatient stay was a success. Unfortunately, patients occasionally need to be readmitted shortly after discharge because of an exacerbation of their primary illness or a complication of their therapy. Sometimes the disease is just so progressive that the worsening is unavoidable. Other times, the risk of readmission can be minimized by improved handling of the discharge and follow-up process. In this issue of MD Today, two articles detail the efforts and resources GBMC is putting into action to reduce potentially avoidable readmissions.

Certain conditions are frequently associated with a high readmission rate: CHF, COPD, diabetes and being post-operative. Drs. Fred Chan and Marie Chatham are part of a team that is redesigning protocols to stress patient education and involvement, as well as specific guidelines for outpatient management of these disorders to be used on discharge from the hospital. Emphasis will be placed on ensuring that the patients adhere to the recommended treatment plan and follow-up with their primary care physicians within an appropriate timeframe. Failures of patients to understand the diagnosis, comply with the plan of care and be re-evaluated in a timely way are major reasons for readmissions, and GBMC hopes to combat these concerns effectively.

Poorly controlled diabetes also affects many aspects of patient care – prolonged hospital stays, increased risk of infections and complications and poorer outcomes of therapy. Medications aimed at controlling blood sugar are among the highest at inducing side effects necessitating hospitalization (second only to anti-coagulants). So, better inpatient and outpatient management of patients with diabetes is the goal of a new program at GBMC as outlined by Dr. James Mersey. Like the readmission protocols, this program will emphasize education, close follow-up and recommendations to the primary care physician for continued management. Better control of patients with diabetes could have significant impact on their well-being and clinical outcomes and GBMC is making considerable effort to achieve this goal. Enhanced utilization of our outstanding Geckle Diabetes and Nutrition Center by patients and community physicians can further improve the management of these vulnerable patients.

Also in this issue, please note the accomplishments of many of our care providers. The Compassionate Caregiver Award highlights the exceptional and sensitive way our patients are cared for by so many different types of providers at GBMC. The accomplishments of our medical staff in publishing authoritative articles and texts, conducting original scientific research and being recognized for meeting national standards in many different areas within our healthcare system is worth recognition and congratulations.

Harold J. Tucker, MD  
Chief of Staff  
htucker@gbmc.org
**Infection Prevention is a Team Effort**

Infection Prevention is constantly working on ways to provide a safe environment for GBMC patients and reduce their risk for infection.

Hand hygiene compliance has always been a priority. GBMC participates in the Maryland Patient Safety Center Hand Hygiene Collaborative, which includes 14 “secret shoppers” who make sure that physicians and other care providers wash before going into a patient room and after coming out. When GBMC began participating in the program in early 2010, compliance was at 47 percent, but rose to 83 percent by April 2012.

Additionally, the Hand to Hand program was launched in November 2011. In this program, patients and families are asked to observe the hand hygiene of their entire care teams, and then submit feedback anonymously on special survey cards distributed throughout the units. To date, 3,500 responses have been received and 91.2 percent of patients said their healthcare team always performs hand hygiene.

“This was a unique way for us to measure hand hygiene compliance,” says Stephanie Mayoryk, Infection Control Practitioner. “It really gets patients involved and makes care providers feel even more accountable.”

Also in the last year, Infection Prevention has made significant progress in reducing Central Line-Associated Blood Stream Infection (CLABSI) rates. Every case of CLABSI is reviewed and evaluated for how it could have been prevented. Physicians and nurses now follow a comprehensive, five-step checklist, as well that helps to even further prevent these infections. Because of this, CLABSI rates have dropped dramatically over the last several years.

“Our goal for CLABSI rates is always zero. Although we have not been able to sustain a zero rate for a long period of time, we’ve made huge strides over the last few years. It’s really a team effort to make sure our rates stay low and continue to drop,” says Ms. Mayoryk.

**GBMC Foundation Supports Physicians**

Touching stories and generous donations made by grateful patients over the years prove how much GBMC’s physicians touch the lives of those in the community. “We at the GBMC Foundation are so thankful for the work of our dedicated physicians and want to be able to support their efforts in caring for the community as much as possible,” says Jenny Coldiron, Vice President of Development for GBMC and President of the GBMC Foundation.

To better understand what attracts physicians to GBMC and how donors can make a difference, Tim Krongard, member of the GBMC Philanthropy Committee, organized a special physician panel consisting of five of GBMC’s physician leaders: Rob Brookland, MD, FACR, FACRO; Gary Cohen, MD, FACP; Neal Friedlander, MD, FACP; Robin Motter-Mast, DO and Hal Tucker, MD. During a discussion on May 30, 2012, the physician panelists answered questions to help those who fundraise for the hospital better understand what makes GBMC a wonderful place for physicians to practice as well as the challenges and opportunities at GBMC and in the community it serves.

“By effectively articulating why GBMC is so special and emphasizing the critical services it provides to the community, we are better able to create interest among potential donors,” says Mr. Krongard. “After all, the exceptional care we provide starts with the passionate people who work day in and day out at GBMC.”

Physicians interested in learning how the GBMC Foundation may be able to assist their practice may call 443-849-2773 to have a conversation with a Foundation representative.
GBMC Attests for Meaningful Use Phase 1

Since early 2011, GBMC’s Meaningful Use Governance Committee has been working diligently to ensure that the hospital meets all the necessary requirements to apply for reimbursement under the Centers for Medicare and Medicaid Services’ (CMS) American Recovery and Reinvestment Act (ARRA). In May 2012, the group successfully completed attestation for Meaningful Use Phase 1. “Hospitals must go through both a registration and an attestation process, which confirms their ability to meet the eligibility requirements for receipt of incentive payments. Physicians must do each of these steps individually,” says Tressa Springmann, Vice President and Chief Information Officer.

In order to attest, GBMC had to meet 14 core measures, implement five out of 10 “menu” measures and meet 15 quality measures (such as collecting specific data from Emergency Services and Stroke Services). Comprised of representatives from multiple departments, the Meaningful Use Governance Committee was responsible for changing the way quality data is gathered. Instead of hoping that GBMC care providers might enter the necessary data in various parts of their documentation process, the team added discrete data fields within the Meditech system, primarily in the physician orders. If these fields are documented appropriately, GBMC will improve patient outcomes through standardized care. And by demonstrating that it has met CMS requirements, GBMC will be entitled to financial incentives. The combined benefit to GBMA and GBMC for Phase 1 will be more than $3 million. While subsequent year incentives will be lower if met, they will translate into additional dollars.

“For this first phase of Meaningful Use, we needed to show that the quality data fields have been created and report the results. CMS will not be interpreting data,” says Amanda McCusker, MIS Team Leader, who led the hospital’s attestation effort. “But in future phases, the information will be used to monitor GBMC’s progress and can have an impact on reimbursements.”

New Surface Brachytherapy Option for Skin Cancer Patients

Some skin cancer patients at GBMC’s Sandra & Malcolm Berman Cancer Institute have a new method for receiving their treatments. The Radiation Oncology Department is now home to a piece of equipment capable of delivering brachytherapy directly to non-melanoma skin cancer (NMSC) tumors. This treatment may be considered as an alternative to surgery or standard external beam radiation in certain instances or as a complement to a necessary surgical procedure. “Delivering brachytherapy via the microSelectron® Digital afterloader high dose rate (HDR) unit allows us to apply surface radiation with precision so that we can spare healthy tissue surrounding the tumor. This often means the patient can expect a shorter recovery time and excellent cosmetic results,” says radiation oncologist Albert L. Blumberg, MD.

For additional information about the Radiation Oncology services at GBMC, visit www.gbm.org/radiationoncology or call 443-849-2540.
For the first time, a pair of caregivers was recognized with GBMC’s Nancy J. Petrarca Compassionate Caregiver Award on June 6. Award recipients Heidi Dorsey, LGSW, and Amy LaMoure, LCSW-C, are social workers on the inpatient unit at Gilchrist Hospice Care on the GBMC campus.

One Gilchrist coworker recalls that Heidi and Amy “amazed” her when she experienced the deaths of her mother and brother 15 months apart at Gilchrist. “They asked questions I hadn’t thought of, looked after and supported me, and looked me in the eye when I asked if my Mom was going to die,” she said.

The Compassionate Caregiver Award was established in 2008 as part of the Schwartz Center Rounds Program at GBMC as a way to honor those caregivers who display extraordinary compassion in caring for patients and their families. Heidi and Amy were awarded a $1,000 cash prize and recognized at a ceremony along with four other finalists, including two physicians:

HONORABLE MENTION FINALISTS

John Kuchar, MD
Anesthesiologist

Christine Clevenger
Gilchrist Hospice Care homecare nurse

Howard Siegel, MD
Pathologist

Ruth Nolan
Gilchrist Hospice Care volunteer

Dr. Chessare Named Top Physician Leader

President and CEO of GBMC HealthCare, John B. Chessare, MD, has been named one of “100 Physician Leaders of Hospitals and Health Systems” by Becker’s Hospital Review. He is one of only two hospital leaders in Maryland to earn this recognition, which was based on the leaders’ healthcare experience, awards they have received and their commitment to quality care. Becker’s Hospital Review includes business and legal news and analysis as related to hospitals and health systems. It is published nine times per year and reaches more than 18,000 readers, mostly CEOs and CFOs of acute-care hospitals.
Helping Patients Navigate Healthcare after Hospital Discharge

With the focus of healthcare shifting to prevention and management of chronic conditions, hospitals are seeking to reduce unnecessary readmissions related to diseases like congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD). In fact, the Affordable Care Act (ACA) has tasked healthcare organizations with reducing such readmissions by 20 percent. With this and its commitment to providing better health and better care at a lower cost in mind, GBMC formed a multidisciplinary team to tackle the issue.

After surveying readmitted patients, the team found that:

- Approximately 30 percent of patients did not know or were unsure of their discharge diagnosis.
- Thirty-two percent either did not know or were unsure of what symptoms to watch out for regarding worsening of disease.
- Forty-one percent did not make a follow-up appointment after their hospital stay.
- Hospital staff personally scheduled follow-up appointments for only 13 percent of patients.
- Fifteen percent returned to the hospital within three days of discharge and 53 percent in fewer than 15 days.

Although 59 percent of the readmitted patients scheduled follow-up appointments with their primary care physicians, approximately 52 percent did not get to see their physician prior to readmission.

Fred Chan, MD, one of the physician leaders of the initiative, says GBMC’s survey findings were consistent with those from the Centers for Medicare and Medicaid Services. “According to published Medicare data, as many as two-thirds of readmissions occurring within a month of discharge were considered preventable. These statistics indicate several areas of improvement, from providing clearer discharge instructions to enhancing accessibility.”

Since this realization, the team has been standardizing protocols for chronic diseases and improving communication. For patients diagnosed with CHF, they have developed a clinical pathway that goes beyond traditional order sets.
throughout the care continuum, including the hospital and post-acute providers, such as primary care physicians. Similar efforts led to the development of a COPD readmissions order set. “The successful implementation of order sets like these serves as a launch pad to develop protocols for other chronic conditions,” says Marie Chatham, MD, who spearheaded the COPD project with a team of four internal medicine residents training to become pulmonary/critical care specialists.

Focusing on “Transitioning” Rather Than “Discharging” Patients

One important facet of the readmission reduction initiative is the introduction of “transition guides.” The guides are from Johns Hopkins Home Care Group and work one-on-one with patients who have a primary diagnosis of CHF. The nurses follow up with CHF patients who opt into the program via telephone or schedule an in-home meeting, based on the patient’s preference. During in-home meetings, nurses complete an overall assessment of lifestyle and environmental issues that could impact the patient’s health, including the safety of their home, medications being taken, diet and what food is being kept in the house. Since many patients do not understand their diseases, the nurses provide education about their diagnoses and help them navigate the healthcare system, often connecting them with social workers and assistance programs.

“The work of this committee and our efforts to get patients healthy and keep them healthy as they transition back to their home life is all part of GBMC’s greater goal to provide the improved, standardized care that we’d want for our own loved ones,” says Dr. Chatham.

“The goal is to create a reliable, sustainable and measurable solution. To help us measure our success, we have joined the Partnership for Patients program, which allows us to compare our performance to approximately 500 similar organizations across the country.”

Catherine Hamel
Vice President of Post Acute Services and Executive Director of Gilchrist Hospice Care

Marie Chatham, MD (seated right) led the development of the COPD protocol and order set with the assistance of four internal medicine residents training to be pulmonary/critical care specialists: (left to right) Krishna Keri, MD; Vidya Jagadeesan, MD; Saqib Baig, MD and Karthik Kovuru, MD. To serve as an alternate means for prompt follow-up care, the Medical Residency Clinic is offering interim visits for COPD patients within a week of discharge from the hospital. This unique collaboration between private practice physicians and a residency/teaching program has not otherwise been accomplished in the Baltimore area.

ON THE COVER: Several members of the GBMC team that aims to better enable patients to care for themselves after discharge and reduce unnecessary readmissions. Clockwise from left: Catherine Hamel; Fred Chan, MD; Colin Ward; Marie Chatham, MD; Michele Phillips.
As physicians, it is our job to keep up with the latest medical information. But at times, I feel bombarded by television, newspapers and magazines that are all promoting the latest miracle cures, diets, exercise regimens and so forth. Just last night, some doctor was touting a brand new study that suggests aspirin can prevent skin cancer. Is this confirmed? I doubt it.

There are a lot of controversies in the medical world. Is prostate-specific antigen testing a good idea? Should mammograms be given to women under the age of 50 if no family history is present? Do patients need annual physicals? Are multivitamins beneficial? During times like these, when professional opinions and media reports about health vary so greatly, I am reminded of one of my father’s favorite sayings: “moderation in everything.”

This phrase can be a useful approach for those of us in primary care medical practices. In many instances, medicine gets ahead of itself and the media sensationalizes the next new thing, which may turn out to be the wrong thing for patients. Now that medical organizations are urging doctors to test less and test smarter, it can be even more challenging not to “do something” when presented with a patient who believes the hoopla. After all, didn’t Dr. Such-and-Such recommend it on TV? It takes time to explain why a certain test, medication or diet isn’t needed or worthwhile — time that is often in short supply.

I do think there are a few recommendations we can offer our patients that encompass the moderation idea. None of us can alter our basic genetic makeup, but we can alter our lifestyles by:

- Not smoking
- Consuming alcohol in moderation (if at all)
- Exercising regularly
- Keeping our weight close to ideal
- Trying to find stress-relieving activities

It is our responsibility as doctors to treat the individual patient. A test or treatment promoted on TV that helped one patient may not have the same effect on another. Don’t drive yourself crazy with the hype. Make changes to the way you provide care slowly and based on evidence instead of jumping on the latest bandwagon. As for following my own advice, I am learning to change the channel.
Improving Care for Patients with Diabetes

According to the American Diabetes Association, 8.3 percent of the entire U.S. population has diabetes. This alarming statistic emphasizes the need for effective diabetes management programs within the healthcare system.

“The evolution of our population is making it necessary to focus more on managing diabetes,” explains James Mersey, MD, Chief of Endocrinology at GBMC and Medical Director of the Geckle Diabetes and Nutrition Center. “Our aging population is growing as well as our population of overweight patients, both of which are more at risk for developing diabetes.”

Dr. Mersey and Neal Friedlander, MD, FACP, Chairman of the Department of Medicine, are spearheading an initiative committed to improving GBMC’s overall management strategy for patients with diabetes across its healthcare system, from the hospital’s inpatients to outpatients at its primary care and specialty practices. A multidisciplinary team comprised of endocrinologists, diabetes educators, dietitians, nurses, and pharmacists recently assessed what improvements could be made to the current system to offer better outcomes for patients.

Perhaps the largest component of the initiative has been the changes made to GBMC’s Geckle Diabetes and Nutrition Center. In addition to offering outpatient services such as support groups and nutrition counseling, the Geckle Center will add physician services three days a week so that patients can have their regular endocrinology visit at the same time they come in for their nutrition consult. “The goal is to improve accessibility and convenience for the patient, making it easier to take control of their diabetes,” says Dr. Mersey. “Eventually, we would like to consider getting ophthalmology and podiatry involved so that the Center can be a one-stop resource for our patients.”

Another major focus of the initiative is better education and transitioning of patients from the hospital to home. “Staff may be able to get a patient’s blood glucose under control during their hospital stay, but it’s paramount that patients be able to sustain that control once they are discharged to prevent recurring illness and readmission,” says Dr. Mersey. He notes that GBMC added an inpatient diabetes educator to its staff in July 2012 to help improve patient education and facilitate smoother transitions from the hospital to outpatient setting. “We’re emphasizing treatment throughout the continuum of care while also empowering patients to take charge of their own lifestyles. Systems are being put in place so that the primary caregiver and all other providers in a patient’s care are able to coordinate and see what the patient is going through as well as treatments they have received at any given time.”

Karen M. Bolderman, RD, LDN, CDE, joined GBMC in May 2012 as Clinical Program Manager of the Geckle Diabetes and Nutrition Center. She brings more than 15 years of clinical education and training experience to both healthcare professionals and patients through the diabetes pharmaceutical and medical device industry and nearly 10 years of experience in diabetes clinical research and education. One of Ms. Bolderman’s goals is to oversee the integration of physician services into the Center and ensure that patients continue to receive the education necessary to help them achieve and maintain glucose goals and a healthy lifestyle.
The Centers for Medicare and Medicaid Services (CMS) recently finalized the new rules for the Shared Savings Program that is a part of the Patient Protection and Affordable Care Act of October 2011. This was established to help doctors, hospitals and healthcare providers become Accountable Care Organizations (ACOs), which provide the highest quality of care and the best patient care experience, at the lowest cost.

The Affordable Care Act also includes the Medicare Shared Savings Program that rewards ACOs for reducing growth in healthcare costs, while meeting performance standards in quality care and putting patients first.

The Greater Baltimore Health Alliance (GBHA) was developed by GBMC to offer an integrated system of care provided by doctors, both employed by the system and in private practice, which ties together a common electronic health record (EHR). It also manages patients’ needs across multiple physician locations. GBHA’s executive leadership saw the Shared Savings Program as an opportunity to continue building on the patient-centered medical home experience and applied for the program on March 30, 2012. Several criteria had to be met, including:

- The organization must employ ACO professionals.
- They must demonstrate care for at least 5,000 lives.
- There must be a board of directors made up of 75 percent ACO professionals, a Medicare recipient and a medical director.
- There must be a process for patient engagement.
- The organization must utilize a care management system.

GBHA also expects to participate with commercial contracts within the coming year.

The CMS program is fee-for-service based with an opportunity to share in any savings earned through quality and coordination of care. GBHA applied for the single-sided risk model of the Shared Savings Program, meaning that repayment to CMS will not be required if targets are not achieved. If certain quality metrics (set by CMS) and a minimum savings rate are achieved, GBHA will be eligible for a 50 percent savings bonus. A majority of this savings will go back to the physicians who have made the results possible and sustainable.

Physicians will maintain responsibility for deciding how care is coordinated and how the evidence-based practice model is promoted. Regardless of payment model, GBMC will need to be able to demonstrate quality care with the least amount of waste.

“This is the first step of what will likely be the healthcare model of the future,” says Mark Lamos, MD, Internal Medicine physician and leader of the primary care physician side of GBMC’s physician enterprise, Greater Baltimore Medical Associates (GBMA). “By starting early, GBMC will have a competitive advantage by learning how to navigate the system.”

For more information about GBHA, contact Colin Ward, 443-849-2331 or Garret Morris, 443-849-4242.
**Who's New**

**Rachel Benn, DO**, recently joined the GBMC at Owings Mills practice as a Family Practice physician. Dr. Benn previously worked with GBMC at the Weinberg Family Health Center from 2002 to 2004. Since then, she has been employed by the Emergency Department at Franklin Square Hospital as well as Primary Care at LifeBridge Health. After graduating from Muhlenberg College, Dr. Benn earned her medical degree at the University of Medicine and Dentistry of New Jersey and completed her residency at Franklin Square Hospital. She is board-certified in Family Medicine.

**Accomplishments**

**Randolph Capone, MD, FACS**, Director of The Baltimore Center for Facial Plastic Surgery, recently co-edited *Complications in Facial Plastic Surgery*, a textbook that explores the processes by which adverse outcomes in contemporary plastic surgery of the face occur, as well as their treatment and prevention. It was published by Thieme Medical Publishers, New York, in May 2012.

**Thomas Aversano, MD**, Associate Director of Johns Hopkins Cardiology at GBMC, recently served as lead author on a major publication in the *New England Journal of Medicine* titled “Outcomes of PCI (percutaneous coronary intervention) at Hospitals with or without On-Site Cardiac Surgery” (NEJM: 366: 1792-1802, 2012). Board-certified in Cardiology and Internal Medicine, Dr. Aversano earned his medical degree at the University of Oklahoma College of Medicine, residency at SUNY at Buffalo School of Medicine and completed his Cardiology Fellowship at Johns Hopkins.

**Janet Sunness, MD**, Medical Director of GBMC’s Richard E. Hoover Rehabilitation Services for Low Vision and Blindness, will receive the Senior Achievement Award from the American Academy of Ophthalmology, the world’s largest association of eye physicians and surgeons, at its 2012 annual meeting in November. The award is based on one’s contribution to the Academy in terms of teaching, scientific contributions and committee work.

**GBMC Recognized at CPR Survivors Event**

In June (National CPR/AED Awareness month), the Baltimore County Fire Department held a CPR Survivors Event in honor of several local heart attack survivors and the people who helped save their lives. **Jeff Sternlicht, MD**, Chairman of Emergency Department Services, accepted a “Certificate of Recognition” on behalf of GBMC from Baltimore County Executive, Kevin Kamenetz. This is the second year in a row that GBMC was recognized for resuscitation of full arrests in which bystanders began CPR, medics continued and GBMC ultimately discharged the patient fully intact. The framed certificate hangs in the Emergency Department.

**Internal Medicine Residents are Finalists**

Five of GBMC’s Internal Medicine Residents were poster presentation finalists at the April 2012 American College of Physicians (ACP) national meeting in New Orleans, Louisiana. Pictured above, clockwise from top left, the presentation finalists are:

- **Subash Chandra, MD** - “Inpatient Mortality in an Urban Community Hospital: A Contribution from Clostridium Difficile Infection”
- **Nyan Latt, MD** - “Flood’s Syndrome: A Desperate Case of Ruptured Umbilical Hernia in a Patient with Cirrhotic Ascitis”
- **Stefan David, MD** - “Three Cases of Negative Pressure Pulmonary Edema: An Acute and Potentially Lethal Post-Anesthesia Complication”
- **Ezza Khan, MD** - “Acute Psychosis as a Manifestation of Lyme Disease”
- **Hui Peng, MD** - “Stiff-Person Syndrome”

A total of 576 research and clinical vignette posters were presented at the meeting from all across the country. Maryland submitted 16 posters, five of which came from GBMC.
Save These Dates

Medical Staff Meeting
Tuesday, November 13, 2012 at 6:30 p.m.
in the Civiletti Conference Center, Physicians Pavilion East
Reception to follow in the Dining Room.

Continuing Education Conferences

Schwartz Center Rounds at GBMC
Wednesday, September 5
Psycho-Social Healing - A Family’s Story
Wednesday, October 3
Helping a Colleague in Trouble
Wednesday, November 7
“Should They Trust Me?” - The Experience of GBMC Residents
Taking on the Responsibility of Clinical Decision Making
Wednesday, December 5
Saving Brittany - The Miraculous Recovery
of a Victim of Torture in Baltimore County

Time: 12:00 – 1:00 p.m.
Lunch served beginning at 11:30 a.m.
Civiletti Conference Center, Physicians Pavilion East
No registration required.
Contact the CME Office at 443-849-3690
for more information.

Multidisciplinary Comprehensive Rehabilitation Following Laryngectomy 2012
Friday, September 7 – Saturday, September 8, 2012
Registration and brochure are available at
www.gbmccmeevents.

15th Annual Conference on Head and Neck Rehabilitation
Friday, October 26, 2012
Registration and brochure are available at www.gbmccmeevents.

Perspectives in Medicine Lectures
Wednesday, October 3, 2012, 5:45 p.m.
Speaker: Dr. Lauren Schnaper
Wednesday, November 7, 2012, 5:45 p.m.
Speaker: TBD

$20.00 per person/dinner and lecture
Civiletti Conference Center, Physicians Pavilion East
Call 443-849-2773 for information or register online

Women in Medicine Networking Luncheon
Tuesday, October 23, 2012
12:00 – 1:00 p.m.
Civiletti Conference Center, Physicians Pavilion East
To register or for more information,
contact Mary Ely at 443-849-2435.

The Legacy Chase at Shawan Downs
Saturday, September 29, 2012
Shawan Downs
1401 Shawan Rd.
Cockeysville, MD 21030

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