

# NEWSLETTER

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National Minority Health Month 2022: Give Your Community a Boost!

## APRIL IS MINORITY HEALTH MONTH!

To highlight the importance of improving the health of racial and ethnic minorities and reducing health disparities, the HHS Office of Minority Health observes National Minority Health Month every April.

We are excited to participate in the National Minority Health Month 2022: Give Your Community a Boost! campaign and do our part to improve health outcomes in Southern Maryland.

This month we will highlight the wide range of free and low-cost programs and services offered by PreventionLink that help patients living in minority communities and showcase how PreventionLink supports practices targeting their efforts and resources in those communities.



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# IN THE SPOTLIGHT: GERALD FAMILY CARE TRANSFORMING THE PRACTICE



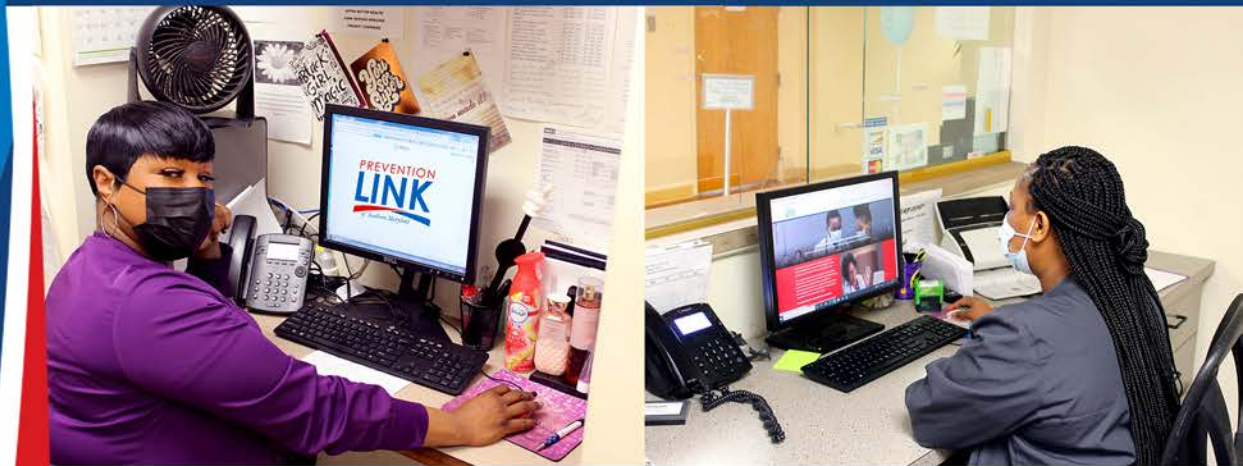
Practice transformation is a high-level change strategy that involves making quality improvements to advance the quality of care. It's a patient-centered approach that involves using technology, leveraging partnerships, training staff, incorporating teams, educating, and following patients over time.

PREVENTION  
**LINK**  
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# HOW ONE LOCAL PRACTICE TRANSFORMED INTO A HIGH-PERFORMING PRIMARY CARE OFFICE AND IMPROVED PATIENT CARE AND WORKFLOWS DURING THE COVID-19 PANDEMIC



For Gerald Family Care P.C., getting patients to set health improvement goals is a difficult barrier, but the practice, which has locations in Prince George's County and Washington, D.C., has been able to engage more actively with the people they serve, thanks to PreventionLink.

Aside from setting goals, the practice faces many challenges, from patients who can't afford their medications to patients and/or their caregivers who don't understand the importance of taking medications on a schedule. We found that patients could benefit from a Medication Therapy Management program (MTM), which is provided by PreventionLink.

"There are situations where we will prescribe a particular medication and the medication is not on formulary and the patient may not reach out to us and say, 'Hey, I didn't get this prescription.' Instead, they wait for three months before coming back," said Dr. Eric C. Marshall, who has been with the practice since 2001. He focuses on helping his patients manage conditions like diabetes, hypertension, and cholesterol.

The recent implementation of practice transformation by working with PreventionLink has helped create streamlined workflows in the practice to address patients' social determinants of health. Also, they've fully integrated the health information exchange services of CRISP and taken advantage of the system's referral tools.



# HOW ONE LOCAL PRACTICE TRANSFORMED INTO A HIGH-PERFORMING PRIMARY CARE OFFICE AND IMPROVED PATIENT CARE AND WORKFLOWS DURING THE COVID-19 PANDEMIC



## CONTINUED

“Getting the staff involved and creating a workflow in which everyone understands the tools and how to refer our patients to receive the resources they need to improve their health has been a game changer,” Marshall said.

Another big improvement for the practice has been identifying a patient referral expert within the organization to streamline patient referrals to specialists or other types of providers. Previously, the process was disjointed and often determined by the provider’s availability to complete the referral.

Now, patients who meet certain criteria are identified so providers can quickly refer them to receive MTM services and access programs and services like the National Diabetes Prevention Program, the Diabetes Self-Management Education and Support, and more. PreventionLink also provides a team of community health workers from Prince George’s Healthcare Alliance to reach out to patients to inform them about programs that will get patients involved in taking their well-being in their own hands.



# HOW ONE LOCAL PRACTICE TRANSFORMED INTO A HIGH-PERFORMING PRIMARY CARE OFFICE AND IMPROVED PATIENT CARE AND WORKFLOWS DURING THE COVID-19 PANDEMIC

## CONTINUED

"This education of patients is huge, because once you have them on board, that's when you start seeing positive differences in their health care," Marshall said.

The improvement felt by the practice is not solely reliant on the implementation of new services, it also reflects the commitment of the staff to serving more than 7,000 patients.

"One thing I would say about Gerald Family Care is that no matter what I bring to them, they are willing to learn and try," said Judy A. Lichty-Hess, PreventionLink Improvement Consultant. "They just have been willing to participate, to listen, and to transform. They are a very exciting practice to work with!"

About the Practice:

Since 1974, Gerald Family Care P.C. has been a primary care organization specializing in family practice, including primary, preventive, and managed care services for newborns through the elderly. There are four locations, including three in Prince George's County and one in the Washington, D.C. metro area. Currently, there are four physicians and two physician assistants: Dr. Melvin D. Gerald, Dr. Edwin S. Williams, Dr. Eric C. Marshall, Dr. Sonja Gerald, Courtni Guevara, PA-C, and Esther Odagbodo- PA-C



# THE IMPORTANCE OF PREVENTATIVE CARE IN MINORITY COMMUNITIES

Preventing a disease is less expensive than treating a patient whose condition progresses, becomes complex, and continually gets worse.

According to the Centers for Disease Control and Prevention, the United States spends \$34 trillion dollars annually for people with chronic and mental health conditions -that's 90% of the nation's annual health care expenditures.

**Disease progression is costly, but even more so in minority communities.**

The National Kidney Foundation found that minorities in America are up to three times more likely to have kidney failure compared to white Americans.

The disparity is striking.

It's often hard to focus on prevention when a fire is raging.

But, to make a difference in minority communities, we must.

The high fatality rate from preventable and treatable conditions among minority communities necessitates preventative health care.

Providers looking to make healthcare more proactive by preventing problems before they start in minority communities have many options to consider, from offering regular health screenings and monitoring to counseling and education. The need is great, but many providers lack the time and resources.

**Are you considering offering preventative care services?  
Or are you already providing those services?  
Either way, it's a significant investment in time and resources.**

PreventionLink understands the unique challenges providers face. Our programs are designed to prevent and manage chronic disease while streamlining costs and saving time through our partnerships.

Our innovative programs help providers:

- Achieve better health outcomes for people at risk for type 2 diabetes
- Identify health problems more quickly using our remote patient monitoring program
- Reduce hospitalizations by improving cardiovascular health for patients following a cardiac event or procedure
- Improve medication adherence and help patients avoid medication mistakes
- Track healthcare outcomes and better match treatments to patients' needs and preferences using our two-way communication system

By partnering with PreventionLink, you can advance healthcare for your patients living with chronic conditions by offering a wide range of prevention services. Give your practice and community a boost, join the PreventionLink Provider Network today! Contact us to learn more.



# REGISTER FOR AN UPCOMING WEBINAR

Learn more about how PreventionLink is helping providers transform their practices in Southern Maryland.

## APRIL

Tuesday, April 5th at Noon:

<https://attendee.gotowebinar.com/register/5020417792734587403>

Wednesday, April 6th at 5pm:

<https://attendee.gotowebinar.com/register/8210117517587218956>

Thursday, April 7th at Noon:

<https://attendee.gotowebinar.com/register/6321461105788979983>

Tuesday, April 19th at 5pm:

<https://attendee.gotowebinar.com/register/7012958262148488463>

Thursday, April 21st at Noon:

<https://attendee.gotowebinar.com/register/8517393634155341840>

## MAY

Wednesday, May 11th at 5pm:

<https://attendee.gotowebinar.com/register/30781249329104909>

Tuesday, May 24th at Noon:

<https://attendee.gotowebinar.com/register/511079814178884876>

Thursday, May 26th at 5pm:

<https://attendee.gotowebinar.com/register/6254012664494805515>



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