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Drama

A publication for the Johns Hopkins Medicine family

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Taking Collaboration to New Heights

Creative sparks fly when speed dating brings together faculty from different schools.

IN HIS OFFICE AT THE JOHNS HOPKINS HOSPITAL, pathologist Timothy Amukele uses Google Earth to scan the flat, rural landscape of Kenya's Nzoia district. His computer screen shows a patchwork of green farms and a rutted brown road. From previous Skype and email conversations with health officials in Africa, Amukele knows this region is dotted with 40 health clinics. But it has just one diagnostic laboratory capable of testing blood for HIV, tuberculosis, diabetes, pregnancy and other conditions.

The clinic workers who draw blood from patients send samples to that lab by commercial buses, which travel as far as 30 miles over bumpy roads that can break down the cells of the blood, making analysis impossible.

"The district director tells me a lot of times the samples are not useful or never arrive," says Amukele, who spends about one-third of each year in Africa, studying the number and quality of diagnostic labs.

The Johns Hopkins pathologist wants to create a courier system with dozens of unmanned aerial vehicles (UAVs), popularly known as drones, to transport blood samples in Nzoia. He has already purchased a couple of UAVs online and packed them with vials of blood from local volunteers. During test flights in the Baltimore area, the samples remained intact.

Now Amukele is getting help from people who can automate drones and map out efficient transportation patterns of routes and hubs. He found these experts at a recent "speed dating for research" event that introduced pathologists in the school of medicine to engineers and scientists at the Applied Physics Laboratory (APL).

Part of a Johns Hopkins University push called One University, which encourages research and interactions across Johns Hopkins schools, the speed-dating program orchestrated one-on-one conversations between potential scientific partners. Everyone had three minutes to talk about their research interests and three minutes to listen,

(continued on page 4)

Pathologist Timothy Amukele, left, is teaming with Robert Chalmers and other Applied Physics Laboratory engineers to create a courier system that will use unmanned aerial vehicles to transport blood to diagnostic laboratories in Africa.



Read more about the strategic priority for biomedical discovery online at hopkinsmedicine.org/strategic_plan.

Making a Good Match

Innovative partnerships throughout Johns Hopkins will help fuel biomedical discoveries.

PAUL B. ROTHMAN, M.D.
DEAN OF THE MEDICAL FACULTY
CEO, JOHNS HOPKINS MEDICINE



At Johns Hopkins, our research has produced many world-changing discoveries, ranging from identification of the three strains of polio virus to detection of the first restriction enzyme, which allowed scientists to manipulate DNA, essentially forming the basis of the entire biotech industry.

One thing we have not been known for, historically, is our entrepreneurial activity. There, we lag behind some of our peers, like Stanford and MIT, where new startups seem to sprout daily.

But we've been steadily changing that by taking steps to strengthen our innovation ecosystem. We are working to foster an environment where people are encouraged and supported to translate their discoveries into real-world applications that have tangible benefit for patients.

Scientific collaboration leads to innovation. We are helping our school of medicine investigators partner with the incredible thinkers elsewhere at Johns Hopkins. To encourage these connections, we provide early-stage funding to worthy projects springing from more than one division of the university and host scientific "speed dating" events that act as cross-school matchmakers. During these lively encounters, researchers share ideas and questions about their work in a series of short, one-on-one conversations with colleagues trained in other disciplines (see cover story).

This year, investigators from the school of medicine's Department of Pathology have used this format to find potential collaborators from the Whiting School of Engineering and the Applied Physics Laboratory (APL). Pathologist Timothy Amukele, for example, forged a connection with APL engineers to create an unmanned courier system for transporting blood samples from remote locations to diagnostic laboratories. And the APL's David Silberberg is repurposing his group's data science research and development to help pathologist Matthew Olson identify people most at risk for thyroid cancer.

Another way we're encouraging the flow of ideas among scholar-inventors is through FastForward, the innovation hub that has expanded to the East Baltimore campus from its original site near Homewood. Located in the Rangos Building, FastForward East provides startups with affordable lab and office space. It's a place where creative passion—which our faculty and students possess in spades—comes together with helpful resources and tailored services to fuel the development of new technologies.

These efforts are starting to bear fruit. In 2014, the university secured 92 new U.S. patents and received 454 invention disclosures from faculty members, approximately 85 percent of which came from the school of medicine. Additionally, there were 13 new startups formed based on Johns Hopkins technologies.

The field of medicine owes many of its major health victories to imaginative, interdisciplinary collaborations and to joint efforts between industry and academia. Since 1991, research and development at universities have yielded more than 130 new drugs and devices. The innovative discovery programs that are currently underway at Johns Hopkins will continue to build upon this tradition.

FAQs About the Medicare Waiver

1 Why is it called the Medicare waiver? What is being waived?

Federal Medicare rules are being waived. Instead of following federal Medicare rules for payment, hospitals in Maryland follow Maryland-specific rules. Maryland is the only state with a Medicare waiver.

2 Does the Medicare waiver affect only Medicare patients?

The Medicare waiver affects all patients, regardless of age or Medicare eligibility, treated in Maryland hospitals. Under its rules, every payer—whether an individual, Medicare, Medicaid or a private insurer—pays the same charge for the same care. In other states, cost-shifting is common—that is, the practice of charging some payers higher amounts to compensate for Medicare's and Medicaid's low reimbursement rates.

3 Why have a waiver? What are the benefits?

There are financial benefits—with a catch. Because of the waiver, hospital services delivered to Medicare patients in Maryland are paid by the federal government at a higher rate than would be the case without the waiver. The catch is that, to keep the waiver, Maryland must slow the rate at which total hospital costs are increasing. The goal of the new waiver is to simultaneously improve health, quality and affordability. If Maryland is successful, other states may adopt its model.

4 Does the Medicare waiver change how The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital and Suburban Hospital are paid for care?

Yes. Previously, hospitals were paid based on admissions: More admissions equaled more revenue.

NOW, hospitals have a global revenue budget that they cannot exceed.

The new waiver rewards preventive care that keeps patients out of the hospital.



While admissions proceed as normal, we continue to be reimbursed at the approved rates.



However, as we approach the global revenue budget limit, and admissions grow ...



... the amount paid per admission drops to ensure that the global revenue budget is not surpassed.

5 What are the implications for out-of-state and international patients?

Revenue generated from such patients is not governed by the global revenue budget. So while these patients are still charged the same rate as other patients, there is no limit on the number of patients. Hence, there is no cap on the revenue that Johns Hopkins Medicine hospitals in Maryland can derive from out-of-state and international patients.

—Reported by Christina DuVernay

Meet The Johns Hopkins Hospital's New Surgeon-in-Chief

CARDIOTHORACIC AND heart-lung transplant surgeon Robert Higgins will become the new surgeon-in-chief of The Johns Hopkins Hospital on July 1, when he assumes his role as the William Stewart Halsted Professor of Surgery and director of the Department of Surgery at the Johns Hopkins University School of Medicine.

Higgins comes to Johns Hopkins from The Ohio State University, where he is professor and chairman of the Department of Surgery, as well as surgeon-in-chief and director of the Comprehensive Transplant Center at Wexner Medical Center.

“Robert Higgins is not only a brilliant cardiothoracic surgeon and talented clinician, but also a prolific researcher, educator, innovator and transformative leader whose accomplishments render him a perfect fit for Johns Hopkins Medicine,” says Paul Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine. “We are thrilled and honored to welcome him among us.”

Higgins is a leading authority in the field of heart and lung transplantation, minimally invasive cardiac surgery, and mechanical circulatory support. His scientific interests are broad and far-ranging, including the mechanisms of cell

“MY JOB IS TO ENSURE THAT FACULTY AND TRAINEES ARE NOT ONLY ABLE TO MEET THESE DEMANDS, BUT ALSO GROW, EXCEL AND THRIVE. IT’S A CHALLENGE I VERY MUCH LOOK FORWARD TO.”

—ROBERT HIGGINS

injury in failing hearts, health economics and policy, racial disparities in post-transplant outcomes, access to care, and improving outcomes among heart failure and cardiac surgery patients.

“Academic medicine is facing turbulent times, as established surgeons and trainees alike must deal with the ever-growing pressures of research innovation, clinical care, and training and education,” Higgins says. “My job is to ensure that faculty and trainees are not only able to meet these demands, but also grow, excel and thrive. It’s a challenge I very much look forward to.”

Higgins earned his bachelor’s degree from Dartmouth College, his medical



Higgins served as professor and chief of the Division of Cardiac Surgery there, and as executive director of the Richard M. Ross Heart Hospital. Before joining Ohio State, Higgins directed the thoracic surgery resident program in the Department of Cardiovascular-Thoracic Surgery at Rush Medical College in Chicago. As

degree from the Yale School of Medicine, and a master’s degree in health services administration at Virginia Commonwealth University. He completed a residency in general surgery and served as chief resident at the University Hospitals of Pittsburgh, was a Winchester Scholar and fellow in cardiothoracic surgery at the Yale School of Medicine, and served as a senior registrar in transplantation at Papworth Hospital, the U.K.’s largest cardiothoracic surgical program and its main heart-lung transplant center.

Prior to becoming chairman of the Department of Surgery at Ohio State,

surgical director of thoracic organ transplantation at Henry Ford Hospital, Higgins led the surgical team that performed the first lung transplant in southeast Michigan. He also created a Medicare-approved lung transplant program and a pediatric heart transplant program in collaboration with the Children’s Hospital of Michigan.

Higgins has held leadership positions at various organizations, including president of the United Network for Organ Sharing and of the Society of Black Academic Surgeons.

—Ekaterina Pesheva

ICD-10

Ready for a More Detailed Billing Code

The switch to ICD-10 is expected to be smooth for Johns Hopkins Medicine.

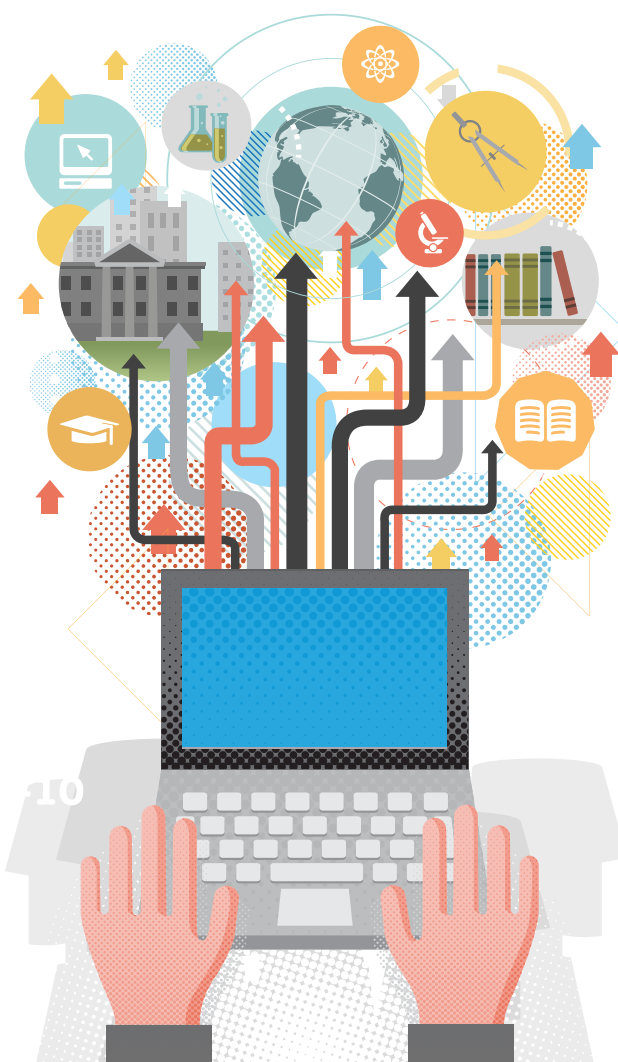
ON OCT. 1, HEALTH CARE ORGANIZATIONS nationwide will switch from the ICD-9 billing code system to the more detailed ICD-10. Johns Hopkins Medicine will be ready, says M. Tyrone Whitted, interim senior director of compliance and training in the Office of Billing Quality Assurance. In fact, most doctors may barely notice the change, because they are already providing more detailed documentation within the Epic electronic medical record system.

“If they document and bill through Epic, by the time Oct. 1 comes around, it will be just another day,” Whitted says.

More than 100 countries facilitate record-keeping and research around the world through use of the International Classification of Diseases, or ICD. In the U.S., the change from ICD-9 to ICD-10, first announced in 2008, was delayed three times by the Centers for Medicare and Medicaid Services amid concerns about transitioning from a template with 14,000 codes to one with nearly 70,000.

One goal of ICD-10 is to provide a unique code for every imaginable injury, inspiring observers to note that there are codes for such unlikely scenarios as being injured in a spacecraft or deep freezer.

More usefully, the ICD-10 codes add such details as whether the diagnosed injury or ailment is on the patient’s right or left side and how it is progressing over time, explains Ruth Spangler, interim director of the Office of Billing Quality Assurance’s operations. For example, all broken ankles are assigned the same ICD-9 code. But under ICD-10, the code also reflects the type of fracture, whether it is the right or left ankle, how long ago the injury took place and whether it is healing.



Whitted says Epic is already prompting clinicians to enter such details through a diagnosis calculator that is being updated several times to reach the level of specificity required by ICD-10. In entities that do not yet use Epic, including inpatient departments at Johns Hopkins Bayview Medical Center and The Johns Hopkins Hospital, the existing medical record systems are being updated the same way, Whitted notes.

“I know there’s always been some concern because it will be 70,000 new codes,” says Whitted. “But with the Epic system’s diagnosis calculators, clinicians don’t need to necessarily know the code. Epic will get them to the code.”

“Epic really does walk you through that coding,” agrees Stephen Sisson, executive director of ambulatory service at The Johns Hopkins Hospital and physician co-director of education outreach for the ICD-10 launch. “Clinicians don’t need to memorize a ton of codes. What’s important is that they continue to appropriately document the level of detail that supports the billing code they submit.”

Whitted believes the migration to ICD-10 will be so intuitive, it will require little or no physician training beyond information in Epic newsletters and in other institutional communications. Moreover, Sisson says, the time doctors spend providing additional information yields benefits beyond ICD-10. “Good documentation really is the key to communicating with other clinicians,” he says.

—Karen Nitkin and Abigail Pulcinella

For more information on ICD-10, visit: intranet.insidehopkinsmedicine.org/icd-10.

“Speed Dating” Takes Collaboration to New Heights

(continued from page 1)

before switching seats to meet someone new.

A few days later, Amukele drove to APL's Laurel headquarters, where he met with five UAV engineers. Amukele knew little about UAVs, and the APL staffers knew even less about blood tests in low-resource settings. But once they were in the same room, ideas flew. The engineers would focus on creating a UAV system to meet Amukele's requirements for simple operation and collision-free, accurate flight. Amukele would travel to the region to learn more about its landscape and diagnostic needs.

The team is one of several formed through speed dating that applied for a Discovery Award grant, a new funding program from the Office of the Provost that rewards projects led by investigators from more than one school. (See the latest grant winners at hopkinsmedicine.org/dome.)

Conversations and Collaborations

Speed dating for research was brought to Johns Hopkins by Ralph Hruban, interim director of pathology, and Denis Wirtz, vice provost for research, who has appointments in engineering, pathology and oncology. Inspired by a similar program at the University of Wisconsin,

Hruban and Wirtz began in January with a matchmaking event between pathology and the Whiting School of Engineering. (Additional speed-dating sessions are not yet scheduled, says Hruban.)

Both matchups were held in Turner Auditorium and attracted about 25 people from each participating school. Faculty members were awkward at first, folding their arms and sticking with others in their own schools, Hruban says. But once the speed dating began, they grew enthusiastic about contributing to projects outside their fields.

“It's always hard to get out of your comfort zone,” says Wirtz. “We had to physically meet, not just email, so we could see for ourselves, ‘This is someone I can work with.’”

At the event with the engineering school, pathologist Aaron Tobian discussed his research showing that circumcision of adult men in Africa can reduce their HIV risk by 60 percent. He also explained to potential collaborators that no existing technique or device is perfect for a procedure that many men are reluctant to undergo. Surgery is resource-intensive because it requires anesthesia, a sterile setting and skilled clinicians. Devices that block blood flow to the foreskin, causing it to fall off, have been linked to fatal infections.

“THIS PROGRAM MADE ME THINK OUTSIDE THE BOX. I WAS THINKING ABOUT WHAT WOULD BE INTERESTING TO ENGINEERS.”

—AARON TOBIAN

Tobian is now working with Youseph Yazdi, executive director of the Johns Hopkins Center for Bioengineering Innovation and Design. They are analyzing current devices and procedures to “really understand what the weaknesses are with existing solutions,” Yazdi says, before launching a project to design and develop something better.

New Approaches

At least one pathologist was surprised to find a kindred spirit in a Johns Hopkins research center devoted to national security. “I didn't know there was a big genomics group at APL,” says Kathy Burns, a pathologist now working with Christopher Bradburne, an APL scientist with a doctorate in genomics.

They are combining Bradburne's study of the genes encoding an enzyme that regulates drug metabolism with Burns' insights on the replicating sequences in genes known as “junk DNA.” Together, they hope to gain a better understanding of how individuals react to medications, ultimately improving dosage recommendations.

Speed dating also connected pathologist Matthew Olson with David Silberberg, an APL data scientist who is repurposing his group's algorithms to help Olson measure cancer risk. “He's looking for behaviors, and I'm looking for cancer patients, but the tools are the same,” says Olson. “We can use the same software to look for patterns in people who do and do not have thyroid cancer.”

Happy as he is with his current match, Olson has no intention of settling down with just one research partner. “I have every business card I got that night,” the pathologist says. “I could see a potential for collaboration with everyone I met.”

—Karen Nitkin



Speed-dating participants from the Department of Pathology and the Applied Physics Laboratory describe their work to potential collaborators.

IN BRIEF



Biomedical Odyssey Blog

Ever wonder what a Johns Hopkins medical student is thinking about beyond his or her lab studies and clinical interactions? To get a taste, check out a new blog, Biomedical Odyssey: Adventures from the Johns Hopkins University School of Medicine. Written by and for trainees, the blog features news and musings from 13 contributors selected from more than 50 applicants, explains Roy Ziegelstein, the school of medicine's vice dean for education. The blog aims to showcase “the varied experiences of students, clinical residents and fellows, and research postdoctoral fellows as they launch their careers.” Topics run the gamut—from ring structures in antibiotics to grass-roots efforts to improve global education. Bree Yanagisawa serves as the site's managing editor. To access the blog, visit bit.ly/biomedicalodyssey.

Fresh Produce Offerings

The Johns Hopkins East Baltimore farmers market is open for business—rain or shine. You'll find fresh produce, bread, cheese and prepared meals to purchase from local vendors every Thursday through October, from 10 a.m. to 2 p.m., on the Jefferson Street pathway, near the cancer research buildings. Watch a vendor share cooking tips on June 18, July 16, Aug. 13 and Sept. 17. A similar market at Johns Hopkins Bayview Medical Center operates 10 a.m. to 2 p.m. Wednesdays into mid-October on the grassy area in front of the Burton Pavilion. Howard County General Hospital also hosts a farmers market every Friday, from 2 to 6 p.m. through September, in the hospital's visitor parking lot C, near the drainage pond. Also, consider signing up for a community-supported agriculture program, where seasonal products are bundled and delivered to the East Baltimore farmers market each Thursday or at the school of public health's parking garage on Tuesdays. For questions, email sustainable@jhmi.edu or visit sustainability.jhu.edu.



Sibley Construction Update

The new Emergency Department at Sibley Memorial Hospital is slated to open this summer, and the New Sibley is on track to open in the summer of 2016. The ED will include 28 new treatment rooms; CT and MRI capabilities within and adjacent to the new ED; and specialized, fixed decontamination showers to handle exposure to radiation, chemical or biological contaminants. The New Sibley will feature 200 all-private patient rooms, each furnished with sleeper sofas for visitors. Also included are expanded space for a medical oncology and inpatient oncology unit; preoperative and postoperative surgical facilities and medical-surgical units; and women's and infants' services, with 18 private special-care nursery bassinets. In addition, the new space will house an orthopaedic unit with rehabilitation gym and communication upgrades, including a nurse call system that sends alerts via mobile phones. Watch the building progress in real time at webcam.sibley.org.



Dominique Thayil, below, writes to her daughter in a card made by 15-year-old Alice Ball, left.

Sharing Milestones

In cards designed by teenage girls, women with advanced breast cancer compose messages for important moments in the lives of their children.

IN THE COZY LIBRARY OF THE BRYN Mawr School in Baltimore, freshman Alice Ball fashions a birthday card. "It's your 18th birthday," she prints in purple marker. She adds smiling green suns and heart-shaped red balloons. The 15-year-old is thinking of the future. "When I turn 18, it's going to be a milestone," she says.

Two months later, at a three-day Johns Hopkins Breast Center retreat for women with metastasized breast cancer, Dominique Thayil, 39, picks up the same card.

Thayil's daughter is 13, but Thayil, wearing a blue hat and bright pink sweatshirt, is thinking of the future too. She writes the words she won't be able to deliver in person, puts the card in its envelope and labels it: "Emma. 18th birthday."

"I told her to be brave enough to walk away from situations where she is in danger of not being true to herself," says Thayil, who also has a 10-year-old son. "It felt good to write that down. Eighteen is a significant age."

It's a breezy spring day, trees begin-

ning to bloom, buds unfurling to greet the afternoon sun. Inside the Retreat and Conference Center at Bon Secours in Marriottsville, Thayil and 11 other women with advanced cancer have finished a yoga session and are relaxing on couches and chairs arranged in a large circle. Guided by Lillie Shockney, administrative director of the Breast Center and cancer survivorship programs at Johns Hopkins, they voice frustrations, fears and sadness.

"The top issue that mothers talk about is wanting to be there for their children, instilling their values, giving their advice, sharing their moments," says Shockney, who has been leading twice-a-year retreats since 2007 for women with metastasized breast cancer and their spouses, friends, or family. By writing cards for their children, the women can "still be here," says Shockney. "It's powerful to see a mother's handwriting and read her words."

Along one wall of the sunny room, a table holds hundreds of cards—some donated, some made by Bryn Mawr students—divided into categories, including "thank you," "celebrate," "school," "birthday" and "baby."

Shockney has been collecting these cards for years. In February, she tried something new,

asking students at the all-female Bryn Mawr School to design cards inspired by their own experiences as daughters. In an event organized by senior Julia Cardwell, 30 students crafted 165 cards, celebrating weddings, graduations, birthdays, the first day of school. They drew delicate flowers, yellow school buses, caps and gowns.

Bryn Mawr senior Evan de Lara's card commemorates a first heartbreak because, she says, "I think that's a job that's very central to a mother, talking about heartbreak, especially with a daughter." Inside, she wrote in red marker: "I know it's hard to get over the one you thought was perfect, but you are loved and you will love again."

At Bon Secours, Gerry Wallace, 52, picks up Evan's heartbreak card and adds it to the collection in her hand. She plans to set it aside, like the other cards, for her daughter to read after she is gone.

But plans change, as Wallace knows all too well. Within days, her teenager is sobbing over a first love gone sour. Wallace sees no reason to save the card. The message is needed now. "They're created by kids, so they're what a child would want to hear," she says.

Together, the student and the mother deliver a message of love, comfort and hope.

—Karen Nitkin



Lillie Shockney, standing, talks to Bryn Mawr students about the cards they are creating.

View more photos at hopkinsmedicine.org/dome.

Confronting Health Crises

Training program guides staff to help patients make big changes—one step at a time.



Social worker Katie O'Neil has become more attuned to patient cues.

THE HOMELESS MAN SAT CROSS-LEGGED ON his hospital bed, bent at the waist, his head tucked to his chest. He didn't need to speak for Johns Hopkins social worker Katie O'Neil to understand him.

"Without actually talking, he was telling me to leave the room," O'Neil says. "He let me know that he wasn't ready to talk about his addiction or his homelessness yet. It took everything I had, but I walked out of his room."

When people with serious illnesses aren't ready to confront the life adjustments often key to getting better, both patients and providers face frustration and may even lose hope.

Stephen Wegener, director of the Division of Rehabilitation Psychology and Neuropsychology, has designed a

program to train health care professionals to work with patients whose priorities might differ from their own. In two half-day sessions, trainees learn to recognize patient cues—spoken and unspoken—that reveal patients' readiness to confront their health issues.

"When a patient is more worried about a sore knee than about hypertension, we have to collaborate with that patient by taking the knee seriously, then addressing the hypertension in the same visit," says Wegener. "The key to patient engagement is provider engagement."

O'Neil's patient was admitted to Johns Hopkins Bayview Medical Center with life-threatening breathing problems. But his addiction and homelessness served as barriers to making the life adjustments required to get healthy and stay out of the hospital.

O'Neil returned the day after she left and started a conversation with the man. Little by little, they made progress together. "Fast forward a few months and he's off the streets for the first time in about 15 years," she says. "He's been through an inpatient rehab program, and he's got a roof over his head. He's absolutely engaged with his primary doctor and his care team."

Wegener says that major changes in patient behavior often happen slowly. The Patient Engagement Training program shows providers how to acknowledge more incremental steps taken in a healthy direction.

"We have to accept people where they are," he says.

"And we have to make sure that every interaction we have with patients moves them closer to taking action."

Training is currently taking place within the Johns Hopkins Community Health Partnership (J-CHiP), a program that helps patients who live in the neighborhoods closest to The Johns Hopkins Hospital and Johns Hopkins Bayview take an active role in their own care. Funded in part by the federal government, J-CHiP serves as a proving ground for ideas and projects designed to remove obstacles that can lead to health crises and preventable, repeated, and costly inpatient stays.

One such idea is getting health care providers to change their own behaviors, which Wegener says can be as tough as getting patients to alter theirs. "We're taking the same approach with the trainers as we take with the patients," he says. "Different people are in varying degrees of readiness for this."

To date, the trainings have been held for nurses, social workers, community health workers and other nonphysicians who have direct contact with patients. Wegener says training for physicians will be part of the next phase. Ultimately, he says, the patient engagement concept will extend into the overall hospital culture.

Wegener has embedded "champions" of the concept on J-CHiP care teams. To maintain the program's momentum, those champions revisit topics of patient engagement at staff gatherings.

Nonjudgmental listening and empathy are key to helping patients make life changes when they don't seem motivated. "They're not bad people," he says. "And they're not noncompliant. They're just not ready yet."

—Patrick Smith



Caring for Transgender Patients

A conversation with Paula Neira

NURSE EDUCATOR PAULA NEIRA BRINGS AN UNUSUALLY RICH PORTFOLIO of experiences to her job overseeing new nurse orientation, coordinating in-service training and tracking required regulatory instruction in the Emergency Department. Before she made the decision to transition, accepting that her gender was different from the one assigned to her when she was born, Neira graduated from the U.S. Naval Academy and served as an officer in the 1991 Gulf War. After leaving the military, she became a registered nurse and then pursued a law degree. A nationally recognized expert on LGBT military issues and transgender military service in the United States, she helped lead the efforts to repeal the "don't ask, don't tell" policy and serves as an advocate for the transgender population.

In March, she hosted a webinar titled "Caring for Transgender Patients: Raising Awareness in the Health Care Environment" for the Institute of Johns Hopkins Nursing. Neira recently discussed transgender awareness and health care issues.

What exactly does transgender mean?

Transgender, a word coined in the 1970s, is an umbrella term that describes individuals whose gender identity—how they perceive themselves—is different than the gender they were assigned at birth. Transgender people may also include some who may not identify themselves exclusively as either male or female.

When did you decide to transition?

I had my first conversation about my gender with my mom when I was 11. She freaked out, so we did not discuss it again for a long time. The next significant conversation was in my early 20s, in the middle of my time at the Naval Academy. I love the Navy—it was my calling—and I went on to serve in Operation Desert

Storm. The hardest thing I've ever done was to leave the Navy, but I made the decision that I had to transition. Once I left, I started going through the process of changing my name legally and living as a female.

You're a former naval officer, a lawyer, a nurse and advocate for the transgender population. What motivated you to follow such an unusual career path?

I was raised and educated with the belief that "To whom much is given, much is expected." A Jesuit high school and the Navy both reinforced this concept. This background also gave me the moral courage, tenacity and resilience to deal with the challenges of transition. Later, what eventually got me to nursing school was the discrimination I faced

in civilian employment. Job offers disappeared once the employers looked at my background. I've never had an issue with discrimination in nursing.

Do transgender people have special health care needs?

Appropriate medical care can vary widely for people who are actively transitioning. The standard of care has several components—hormone therapy, psychological therapy and surgery—and some combination of that will apply. After transition, transgender patients will have some

health needs that are legacies of their gender at birth. For example, even though I had gender-confirming surgery, I may still need to have my PSA (prostate-specific antigen) levels checked as I age.

What advice do you have for staff members who work with transgender patients?

If you don't know what name or pronoun to use, ask. Say: "I'd like to interact with you respectfully. What pronoun would you like me to use? What name would you like me to use?" Then use the ones they give you. Secondly, meet your patient where he or she is. Some transgender people will be questioning their gender identity and will not have begun transitioning. Some will be actively in transition. Then there are people like me, who transitioned 20 years ago. Now it's a part of my medical history.

—As told to Alex Bowers



See video at hopkins-medicine.org/dome. View Neira's webinar at bit.ly/transgenseminar. Enter coupon code: JHHS-TRANSGEN.

A Life Saved—and Shaped— by Johns Hopkins

With public health job and baby daughters, Elizabeth Edsall Kromm continues lifelong Johns Hopkins bond.

ELIZABETH EDSALL Kromm cradles one daughter under each arm, holding them easily even though they are getting pudgier and wigglier every day. She's gotten used to having her hands full. Just weeks after becoming a mother, Edsall Kromm began a second new role, as senior director for population health and community relations at Howard County General Hospital.

The newly created job reports to both Steve Snelgrove, president of Howard County General, and Linda Dunbar, vice president for population health and care management with Johns Hopkins HealthCare. Edsall Kromm's assignment: Forge partnerships and create a unified health care system that will serve Howard County residents in the community and across treatment settings. "She will have a tremendous leadership impact on population health in Howard County," says Snelgrove.

Edsall Kromm knows firsthand the power of Johns Hopkins to improve lives. Her enduring connection with the institution began with cancer treatments she received as a toddler and includes her surprising path to parenthood. "I think Hopkins is not only responsible for why I am alive, but also for helping to shape my world view and the type of professional I have become," she says. "Most recently, Hopkins helped make it possible for me to add the title of mom to my resume."

Pink Lines

In 1981, Edsall Kromm was diagnosed with Wilms tumor, a rare kidney cancer that mostly afflicts children. When surgeons removed her left kidney, they discovered the cancer was so widespread, it was stage 4. Edsall Kromm, now 36, endured two more surgeries and outpatient chemotherapy and radiation that lasted from age 3 until she started first grade.

The treatments eradicated Edsall Kromm's cancer but impaired her fertility. After she married, Edsall Kromm and her husband turned to Johns Hopkins gyn/ob Lisa Kolp, who guided them through four rounds of intrauterine insemination and four rounds of in vitro fertilization before helping them with surrogacy.

A year ago, as the surrogate was enjoying a healthy, easy pregnancy, Edsall Kromm began feeling rundown and ill. Because of her cancer history, Edsall Kromm's primary care doctor recommended a nuclear scan but told her to take a home pregnancy test first.

Although Edsall Kromm didn't think it was necessary, she reluctantly took the home test. Then she took another because she didn't believe the result. The pink lines told Edsall Kromm she needed to go back to Kolp's Green Spring Station office, where she and husband Jonathan heard their baby's heartbeat for the first time.

Kolp, who specializes in fertility preservation for cancer patients, says Edsall Kromm's ovaries, though damaged, still produced sporadic eggs. "It was possible for her to become pregnant even though exhaustive fertility treatment attempts had not resulted in pregnancy."



While Caroline plays with Elizabeth Edsall Kromm's necklace, her sister Amelia relaxes in her mom's arms. Edsall Kromm now works for Johns Hopkins, but in 1981 she was a patient, shown in the photo at right getting a hug from Colleen Blough, who is still an oncology nurse in the Johns Hopkins Children's Center.

Last November, baby Amelia was born at 27 weeks, only 12 days after the surrogate delivered her full-term sister. Caroline weighed 7.2 pounds, while Amelia weighed just 2 pounds. Amelia arrived early—and bruised—because the radiation that had killed Edsall Kromm's cancer had damaged her uterus so it couldn't grow with the pregnancy. Amelia remained in the neonatal intensive care unit at Howard County General for three months, with Edsall Kromm visiting before and after work from her new office in the same building.

Treatment, Friendship, Inspiration

In addition to lifesaving medical treatment, Johns Hopkins has given Edsall Kromm education, guidance and friendship: Her pediatrician, Peter Rowe, became ordained as a Universal Life Minister in order to officiate at her wedding. "He has been a huge part of my life," Edsall Kromm says. "He watched me grow up, helped me stay healthy, and served as an informal mentor and even career counselor."

Inspired by her oncologist, Brigid Leventhal, the first director of the Pediatric Oncology Division, Edsall

"HOPKINS, IN MANY WAYS, FEELS LIKE A FAMILY MEMBER."

—ELIZABETH EDSALL KROMM

Kromm decided before she started kindergarten that she would be a doctor. She stuck to her plan until a college internship at the school of public health motivated her to

pursue that field, first as an undergraduate at the University of Pennsylvania and then in a master's program at the London School of Economics.

"Being able to help segments of the population instead of one individual at a time was very appealing," Edsall Kromm says. In 2007, she earned her Ph.D. at the Bloomberg School of Public Health, where she holds an adjunct assistant professorship.

Among previous jobs, Edsall Kromm has worked as manager of cancer science and trends for the American Cancer Society and helped create the Healthy Howard Health Plan, a nonprofit program connecting uninsured

county residents to health services.

Last month, Howard County General and Johns Hopkins HealthCare won a \$200,000 state grant to integrate health resources in Howard County, a major step toward meeting the goal of delivering comprehensive care that is aligned and accountable. Edsall Kromm hopes the data-guided population health model she helps develop will be replicated throughout the state.

"We have a unique opportunity to do good stuff here," she says. "Hopkins, in many ways, feels like a family member. At various points in my life it has even felt like home. It's nice to be back."

—Karen Nitkin



New Senior VP and COO



Robert Kasdin, J.D., has been named Johns Hopkins Medicine's senior vice president and chief operating officer, a newly created position. In his role as COO, he will manage overall operations, including strategic direction, administration of existing programs and development of new initiatives. Currently serving as senior executive vice president of Columbia University, Kasdin oversees overall operations, finances, human resources, information technology, and development and commercialization of intellectual property. Kasdin earned his B.A. from Princeton and his J.D. from Harvard Law School. He will begin his new position on July 1.

Best in Finance



Richard Grossi, chief financial officer of Johns Hopkins Medicine, has received the Best in Finance: CFO Award from the *Baltimore Business Journal*.

EAST BALTIMORE



Donald Coffey, Ph.D., distinguished professor of urology and professor of oncology, pharmacology and molecular sciences, and pathology, has received the American Association for Cancer Research Margaret Foti Award for Leadership and Extraordinary Achievements in Cancer Research.



Gul Dolen, M.D., Ph.D., assistant professor of neuroscience, and **Eili Klein, Ph.D.**, assistant professor of emergency medicine, were among a dozen recipients nationwide of The Hartwell Foundation's 2014 Individual Biomedical Research Awards. Dolen studies autism, and Klein studies how influenza viruses evolve from one season to the next.



Kay Redfield Jamison, Ph.D., professor of psychiatry and behavioral sciences, co-director of the Johns Hopkins Mood Disorders

Center and an authority on bipolar disorder, has been elected to the American Academy of Arts and Sciences.

Michele Manahan, M.D., assistant professor of plastic and reconstructive surgery, has been elected to the American Association of Plastic Surgeons.



Jeffrey Palmer, M.D., professor of physical medicine and rehabilitation and former director of the department, has received the 2015 Distinguished Academician Award from the Association of Academic Physiatrists.



CULTIVATING LAND—AND RELATIONSHIPS: Alyssa Walker, a pathobiology grad student and president of the Johns Hopkins University Graduate Student Association recently joined grad students from the schools of medicine, nursing and public health to help out at Civic Works' Real Food Farm at Perlman Place, just north of The Johns Hopkins Hospital. Real Food Farm promotes green space and trains youth and adults in agricultural and horticultural jobs in some of Baltimore's most blighted neighborhoods. Above, Walker and her companions dig trenches and raised beds for planting vegetables to be sold at farmers markets, to local restaurants, and through a community-

supported agriculture program. This day of service was organized through SOURCE (Student Outreach Resource Center), The Johns Hopkins University's community service and service-learning center for the schools of public health, medicine and nursing. In the wake of the recent unrest following the death of Freddie Gray, additional efforts are underway throughout Johns Hopkins Medicine to build trust and improve the quality of life for its neighboring community. Learn what Johns Hopkins faculty, staff and trainees are already doing to help Baltimore City thrive: bit.ly/jhuSOURCE. View more photos at hopkinsmedicine.org/dome.

WILL KIRK HOMEWOOD PHOTOGRAPHY

Excellence in Education

The school of medicine's Institute for Excellence in Education has bestowed its annual awards for outstanding achievement in education to faculty members who were nominated and chosen by their peers:

- Jessica Colburn, M.D.**, the Lisa J. Heiser Award for Junior Faculty Contribution to Education
- Renee Dintzis, Ph.D.**, and **Harry Goldberg, Ph.D.**, educational innovation
- Khalil Ghanem, M.D., Ph.D.**, teaching faculty for 10 or more years
- Rachel Levine, M.D., M.P.H.**, educational scholarship
- Michael Melia, M.D.**, teaching, faculty for less than 10 years
- Julia McMillan, M.D.**, the Martin D. Abeloff Award for Lifetime Achievement in Medical and Biomedical Education
- Mary Newman, M.D.**, teaching, part-time faculty

Scott Wright, M.D., leadership and mentoring

The **Learning Communities Institute**, part of the Colleges Advisory Program, received the educational program award.

Young Investigators' Awards

The Young Investigators' Day annual ceremony honored the following 20 junior researchers for their accomplishments in the laboratory:

- Joseph Bedmont**, Alicia Showalter Reynolds Award
- Danfeng Cai**, Bae Gyo Jung Award
- David Herzfeld**, Mette Strand Award
- Sudath Hapuarachchige**, Alfred Blalock Award
- John Issa**, David Yue Award
- Ji Hoon Jim**, Daniel Nathans Award
- Bridget Keenan**, Paul Erlich Award #3

Min-Sik Kim, Albert Lehniger Award

Olof Lagerlof, Nupur Dinesh Thekdi Award

Gregory Laird, David I. Macht Award

Qing Ma, Hans J. Prochaska Award

Chih-Ping Mao, Michael A. Shanoff Award

Kirsten Meyer, Paul Erlich Award #2

Ha Nam Nguyen, Paul Erlich Award #1

Susan Stanley, Michael Shanoff Award

Benjamin Singer, A. McGeehee Harvey Award

Zhexing Wen, Helen B. Tausig Award

Tim Xu, Paul Erlich Award

Yong Zhang, W. Barry Wood Jr. Award

Yulian Zhou, Martin and Carol Macht Award



Alan Partin, M.D., Ph.D., professor and director of the Brady Urological Institute, has received the American Urological Association's 2015 Distinguished Contribution Award.



Kenneth Shermock, Pharm.D., Ph.D., assistant professor and director of the Center for Medication Quality and Outcomes at The Johns Hopkins Hospital, recently received a Fulbright Specialist grant from the U.S. Department of State's Bureau of Educational and Cultural Affairs.



Jennifer Thorne, M.D., Ph.D., chief of the Division of Ocular Immunology at the Wilmer Eye Institute, has been named the inaugural recipient of the Cross Family Professorship in Ophthalmology. Meredith and John Cross of Washington, D.C., and their son, Joseph, of New York City, endowed the chair.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER



Alfredo Quiñones-Hinojosa, M.D., professor of neurosurgery, neuroscience and oncology, and director of the brain tumor surgery program, the pituitary surgery program and the neurosurgery brain tumor stem cell laboratory, has

received an honorary doctorate of science degree from the University of Notre Dame in Indiana.

HOWARD COUNTY GENERAL HOSPITAL

Kursten Jackson, M.S., has been appointed senior director of human resources. Jackson, a member of the human resources department since 2006, served as interim director for the past year.

SIBLEY MEMORIAL HOSPITAL

The **Stroke Center** has received its second consecutive American Heart Association/American Stroke Association's Get With The Guidelines Gold-Plus Quality Achievement Award for implementing specific quality improvement measures in the treatment of stroke patients.

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