JOHNS HOPKINS MEDICINE

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Service Lines Put the Patient First

This summer, Johns Hopkins Medicine will embark on one of its biggest sea changes in patient care: the creation of service lines that integrate multidisciplinary services across the Johns Hopkins enterprise in three key areas.

Historically, a patient with low back pain wanting care at Johns Hopkins may have had to choose from multiple phone numbers or links on websites to navigate his or her way to a first appointment, which could have been with an orthopaedic surgeon, a physiatrist or an internist. From that point, the patient would then have to work through the system piecemeal as needed.

In the new service line model, such a patient would call one number and be scheduled with the most appropriate specialist in the ideal type of setting for his or her needs, whether an outpatient appointment or a presurgical consultation, at any Johns Hopkins location, says **Susan Phelps**, executive director for the Johns Hopkins Medicine Office of Integrated Health Care Delivery.

"We're really thinking about service lines as being organized around a population or disease state," adds Phelps. "It's a way of getting out of that siloed approach by department and looking at patient journeys from a much more interdisciplinary perspective."

These service lines, which start July 1, will focus on solid organ transplantation; hip, knee and low back pain through a musculoskeletal service line; and transgender health needs. The Johns Hopkins Comprehensive Transplant Center already involved experts in multiple departments, so it served as a good starting point, explains **Theodore DeWeese**, director of radiation oncology and molecular radiation sciences and vice president of interdisciplinary patient care for Johns Hopkins Medicine.

Bundled payment structures being adopted by other states are largely oriented around musculoskeletal disorders, like joint replacements and back pain management, so creating those service lines made sense, he says. Transgender health was added to provide holistic care in an arena where many patients just have individual interactions with providers as needed. "Patients now will have easier access and can move through the system in a way that would be much harder if not oriented in a service line," says DeWeese.

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—THEODORE DEWEESE, DIRECTOR OF RADIATION ONCOLOGY AND MOLECULAR RADIATION SCIENCES AND VICE PRESIDENT OF INTERDISCIPLINARY PATIENT CARE

"Our access process, for many reasons, has not always been very easy," says Phelps. "We are creating a system that will provide a much faster process for patients to enter our system at the right place, and into a care path that hopefully will lead to shorter episodes of care and a quicker return to work and daily living."

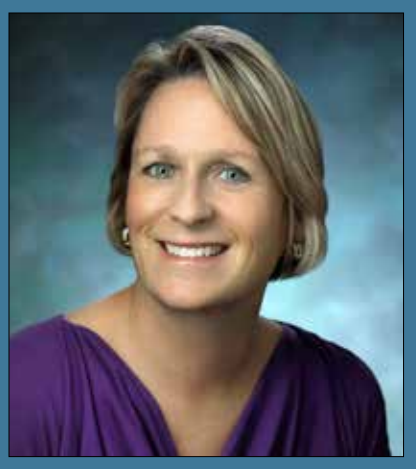
Each service line has shared leadership, including department chairs for the specialties involved and representatives from community hospitals, primary care and finance, Phelps says. Not only are they creating validated, patient-centered care pathways in each service line, but they also are creating new financial models for these joint efforts and working with the Office of Managed Care to match payers' needs.

The service lines have a number of goals to support other parts of Johns Hopkins' mission, including promoting departmental clinical research efforts, improving training opportunities for medical students and fellows, and meeting quality and safety metrics, says DeWeese.

"That's what makes us very different," says Phelps. "But we believe that's just core to who we are."

"This is a culture change for us in many ways," she adds, "But Johns Hopkins leaders, including CEO Paul B. Rothman and Executive Vice President Ronald R. Peterson, have been incredibly supportive of these efforts to really move our work forward to provide a more integrated, patient-centered approach to care." ■

From the Office of Managed Care



Patricia Brown
President, Johns Hopkins HealthCare

Maintaining Momentum

As this issue goes to press here at the beginning of May, the Affordable Care Act remains in place. Whether that will be a true a year from now is tough to forecast. What we do know is that there is concern that we may return to a day where many patients are either uninsured or underinsured, thereby significantly hindering their ability to receive optimal health care. When people lack primary care coverage and access to specialists, they turn to Emergency Departments as their provider of choice, lacking better options, which puts significant pressure on health care delivery systems otherwise doing everything possible to encourage the appropriate use of hospital-based settings. While we continue to wait and see, we must keep driving innovation and discovery forward to accelerate our efforts to meet our missions to the communities we serve.

Take our cover story, on new service lines being created by the Office of Integrated Health Care Delivery. Through this effort, we're orienting health care services around the patient in an organized fashion. As we are an academic medical center, this approach to health care delivery is a natural fit. Following a patient across the spectrum, from his or her early interventions with a primary care physician through specialty care and back, provides excellent learning opportunities for our trainees as well as easier research projects conducted across disciplines.

Another example of our commitment to innovation is the recent hire of Craig Williams as the new vice president for health innovation and management solutions. Among other tasks, Craig will look to take the best evidence-based medicine we're developing at Johns Hopkins, determine how to commercialize those solutions and push them out beyond our walls. In a similar fashion, the Johns Hopkins Armstrong Institute for Patient Safety and Quality, thanks to funding from the Agency for Healthcare Research and Quality, will share its protocols for enhanced recovery after surgery with hospitals nationwide. Both stories exemplify our mission: to take tested processes or strategies that we develop in-house and that we learn from, then share that knowledge with the world.

Imparting knowledge also applies to Johns Hopkins Medicine's Blood Management Team, which created novel methods of tracking blood product usage through Epic, our electronic medical record system. Representatives presented their work at Epic's headquarters last fall, and I hope that other medical centers were inspired to adopt similar measures.

While we can't necessarily control what happens in Washington or with health care at large, we can continue to ensure we meet our mission to improve the health of the local and global community by setting the standard of excellence in medical education, research and clinical care. Through this commitment, we can weather any storm! ■

ERAS Protocols to Go Nationwide to Improve Outcomes While Saving Costs

The Johns Hopkins Armstrong Institute for Patient Safety and Quality, in collaboration with the American College of Surgeons, has been awarded a nearly $4 million contract, with the option of an additional $12 million over three years, from the Agency for Healthcare Research and Quality (AHRQ) to improve the outcomes and experiences of surgery patients across the United States. The project will enable more than 750 hospitals to implement enhanced recovery after surgery (ERAS) protocols, which have been shown to reduce complications, decrease lengths of stay and improve the patient experience.

ERAS strategies are employed from the time a surgeon decides to operate to after a patient is discharged following a procedure. Protocols include avoiding prolonged fasting periods, using opioids sparingly and applying multiple methods to control pain. ERAS requires close teamwork among surgeons, anesthesia providers and nurses.

Elizabeth Wick, who is now an adjunct associate professor of surgery at the Johns Hopkins University School of Medicine, introduced ERAS to Johns Hopkins, along with nurse clinician **Deb Hobson**, in 2013. They joined ERAS with AHRQ's Comprehensive Unit-Based Safety Program (CUSP), a five-step culture change intervention that engages front-line health care staff members in preventing harm. CUSP can help overcome the lack of local buy-in that often dooms improvement efforts.

Through the combination of both initiatives, hospital length of stay for patients having colorectal surgery was reduced by about 1.5 days, costs dropped by $1,500 and patient complications went down, including a 50 percent decrease in surgical-site infections.

"With the success of ERAS at our hospital, we are excited to share this approach with other institutions," says **Michael Rosen**, associate professor with the Armstrong Institute. "This will be an important step in improving patient care throughout their surgery process. The challenge is the protocols are not just changes within the operating room but across the entire continuum of care. We're offering support in the form of faculty presentations, virtual learning and coaching calls with people who have managed this process in the past."

In the new project, called the AHRQ Safety Program for Enhanced Recovery After Surgery, improvement and research efforts will initially focus on colorectal surgery. Future phases will expand to introduce protocols in other areas, such as bariatric surgery, orthopaedic surgery, gynecology and emergency general surgery.

"Too often, patients suffer complications and prolonged hospitalizations after surgery, although the steps to prevent these results are known," says **Peter Pronovost**, director of the Armstrong Institute and senior vice president of patient safety and quality for Johns Hopkins Medicine. "This program brings these recommended practices together into one coordinated, unified program where everyone—clinicians, patients and their loved ones—understands what they must do for the best possible outcome."

Adds Rosen, "ERAS is a high-value intervention: It simultaneously yields better outcomes at a lower cost, which is why we're seeing the level of interest that we are."

Hospitals interested in participating can email armstronginstitute@jhmi.edu for more information. ■

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—MICHAEL ROSEN, ASSOCIATE PROFESSOR WITH THE ARMSTRONG INSTITUTE

Craig Williams Joins Johns Hopkins HealthCare as Vice President for Health Innovations and Management Solutions

Craig Williams spent years in politics, serving as chief of staff for Maryland Gov. Larry Hogan and deputy chief of staff for former Gov. Robert Ehrlich. But he's no stranger to health care. In both those prior roles, he oversaw statewide health care priorities, including budgeting, legislation, policy and management issues. In these roles, Williams worked closely with the Maryland Department of Health and Mental Hygiene, the Department of Budget and Management, the Health Services Cost Review Commission, and the Maryland Health Care Commission, so moving to Johns Hopkins HealthCare last November to become vice president for health innovation and management solutions seemed like a natural fit.

"It's a really exciting new role, with the recognition that our health system is changing rapidly," Williams says. "Johns Hopkins Medicine and Johns Hopkins HealthCare are at the cutting edge of delivering innovative care and coverage for large populations. However, the changing environment in health policy requires us to be constantly nimble and to explore and invent new solutions."

In this position, Williams is responsible for building a business unit to develop innovative products and services that improve individual and population health. He also coordinates with faculty members and Johns Hopkins HealthCare Solutions to enhance the solutions division's efforts to drive clinically tested products and services to the marketplace.

"Some of the innovations we're working on are expanding access to our population health data analytics program, the Johns Hopkins ACG System, and tailoring it to clients domestically and around the world," he says. "We're also working with internal partners to expand the on-site clinic services we provide to employers as well as a variety of solutions in chronic disease to improve health outcomes."

Williams holds a bachelor's degree in English and political science from Bethany College in West Virginia and a master's degree and Ph.D. in political science from the University of Oklahoma. His doctoral work included concentrations in congressional studies, public policy analysis and political theory.

His career began in the late 1990s in the Washington office of then-U.S. Rep. Ehrlich, where his duties included representing Ehrlich on the Energy and Commerce Committee and its Subcommittee on Health, covering Medicaid and all health-related matters. When Ehrlich was elected governor, Williams followed him to the State House as his deputy chief of staff and deputy chief of policy. From 2007 to 2014, Williams served as director of public policy for biotechnology firm Amgen, where he was responsible for health policy analysis in all 50 states.

"This role is an exciting opportunity for Johns Hopkins to build a larger platform to connect with entrepreneurs and the larger health system, and deliver applied products and services to a marketplace hungry to improve population health," Williams says. ■

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—CRAIG WILLIAMS, VICE PRESIDENT FOR HEALTH INNOVATIONS AND MANAGEMENT SOLUTIONS

Epic Promotes Evidence-Based Blood Use, Saving $1.8 Million

"Blood transfusion is the most common procedure performed in U.S. hospitals, and one of the top five overused procedures," says Steve Frank, director of the Blood Management Program.

Johns Hopkins Medicine is on pace to save over $1.8 million this year by reducing unnecessary blood transfusions, thanks to efforts by the system's Blood Management Program using the Epic electronic health records software program.

"The bottom line is Epic has improved our ability to do evidence-based transfusion practice," says **Steven Frank**, director of the Johns Hopkins Health System Blood Management Program. "Doing blood management is very data-intensive. We monitor transfusion guideline compliance. With the right data, you can improve practice by showing providers their compliance rates."

Using interactive dashboards created by **Ann Hoffman**, senior director of clinical analytics at the Johns Hopkins Health System, and Tyler Wintermeyer, a clinical analytics systems architect, Frank and colleagues can easily monitor usage of red blood cells, platelets and plasma by department, even drilling down to see practice by individual providers. Reports are distributed to hospital departments monthly to encourage improved blood utilization and reduce unnecessary transfusions.

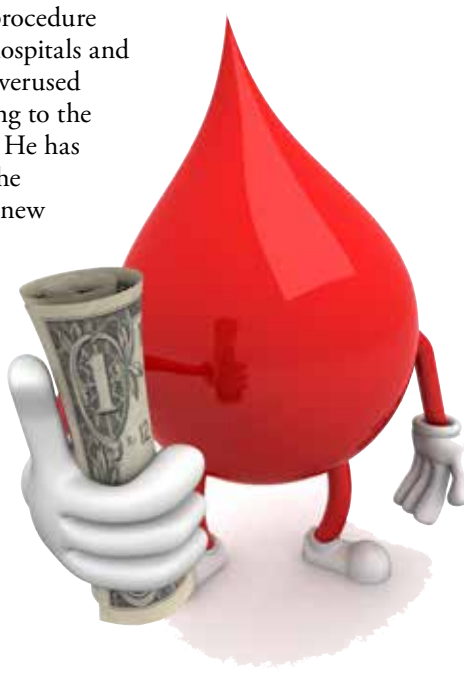
"We can show physicians their guideline compliance rates for transfusion compared with their peers," Frank says. "We've found that's the best way to improve practice." In addition, when physicians go to order blood products in the system, they see a best practice advisory supported by two reports in the *New England Journal of Medicine*, with links to the articles. "It tells the providers this is not just our opinion; these are the landmark studies supporting that less is more in terms of transfusion," says Frank.

Building on a successful campaign to reduce unnecessary red blood cell use, when Epic went live in July 2016, Frank and colleagues added a push to reduce unnecessary platelet transfusions. "Platelets are the highest risk and the highest cost of all the major blood components, so it makes sense to reduce platelet overuse as well," Frank says.

Through these efforts, Johns Hopkins Medicine is on track to save $800,000 through reduced platelet use, $716,000 through reduced red blood cell use and $296,000 through reduced plasma use for fiscal year 2017 compared with fiscal year 2014, before blood management was incorporated.

The work not only has attracted positive feedback from departments like orthopaedic surgery and gynecology/obstetrics, but last September the blood management team was invited to Epic's headquarters in Verona, Wisconsin, where they presented their work with interactive data dashboards. A description of the work also was published in the journal *Transfusion*.

"Our goals are to be as compliant as possible with evidence-based transfusion guidelines," says Frank. "Blood transfusion is the most common procedure performed in U.S. hospitals and one of the top five overused procedures, according to the Joint Commission." He has his eye on gaining the Joint Commission's new certification for blood management. ■



BITS, BYTES & BRIEFS

Strategic Relationship with Welltower Announced

Johns Hopkins Medicine and Welltower have agreed to a strategic collaboration to promote wellness for the aging population. Welltower facilities offer postacute care, assisted living and memory care to more than 200,000 elderly residents, with their outpatient medical facilities handling more than 16 million patient visits annually. Measuring quality outcomes, creating educational programs for patients and care givers, and sharing research and best practices are the relationship's goals. Says Mark Shaver, vice president of business development and strategic alliances for Johns Hopkins Medicine: "This collaboration builds on our shared vision for modern, efficient health care infrastructure. The changing health care delivery landscape underscores the need for a streamlined health care continuum to raise the quality of care, shift care to appropriate, lower-cost settings and connect caregivers and patients as part of a patient-centered, networked system."

Family History a Key to Identifying High-Risk Patients

Many physicians calculate lifetime cardiovascular disease risk with the Framingham Risk Score. But this tool does not incorporate family history, which may exclude high-risk individuals from potential preventive behavioral interventions, report Johns Hopkins researchers in a recent study published in *Preventive Medicine*. Using data on nearly 11,000 adults, investigators found that individuals with a family history of diabetes and/or cardiovascular disease are more likely to be current smokers and overweight compared with those without such history, emphasizing the value of using family history to identify high-risk patients.

HOPKINS IN THE NEWS

Johns Hopkins Medicine Alliance for Patients Continues in Shared Savings Program

The Johns Hopkins Medicine Alliance for Patients (JMAP), the accountable care organization (ACO) of Johns Hopkins Medicine, has been selected by the Centers for Medicare and Medicaid Services to renew its participation in the Medicare Shared Savings Program for the next three years. The Shared Savings Program offers financial incentives to encourage ACOs to improve coordination, communication and overall care for Medicare fee-for-service beneficiaries while also reducing health care costs. Launched in 2014, JMAP provides care to some 38,000 Medicare beneficiaries in Maryland and Washington, D.C. "We are very pleased to continue our participation in the Shared Savings Program," says Patricia Brown, senior vice president of managed care and population health for Johns Hopkins Medicine and president of Johns Hopkins HealthCare. "These models promote a highly collaborative, provider-led approach to providing the highest-quality clinical services to individuals with Medicare coverage in Maryland."

Kimmel Cancer Center Opens at Sibley Memorial Hospital

Sibley Memorial Hospital in Washington, D.C., has opened a 30,000-square-foot medical oncology facility that includes 20 exam and consultation rooms, 34 private patient rooms and three shared spaces for infusion and other outpatient services. Adjacent to the Kimmel Cancer Center is a 30,000-square-foot radiation therapy treatment center for adults and children with cancer. The close proximity of the two facilities supports the delivery of multidisciplinary cancer diagnosis and treatment planning, enhanced research opportunities and access to leading-edge clinical trials.

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