

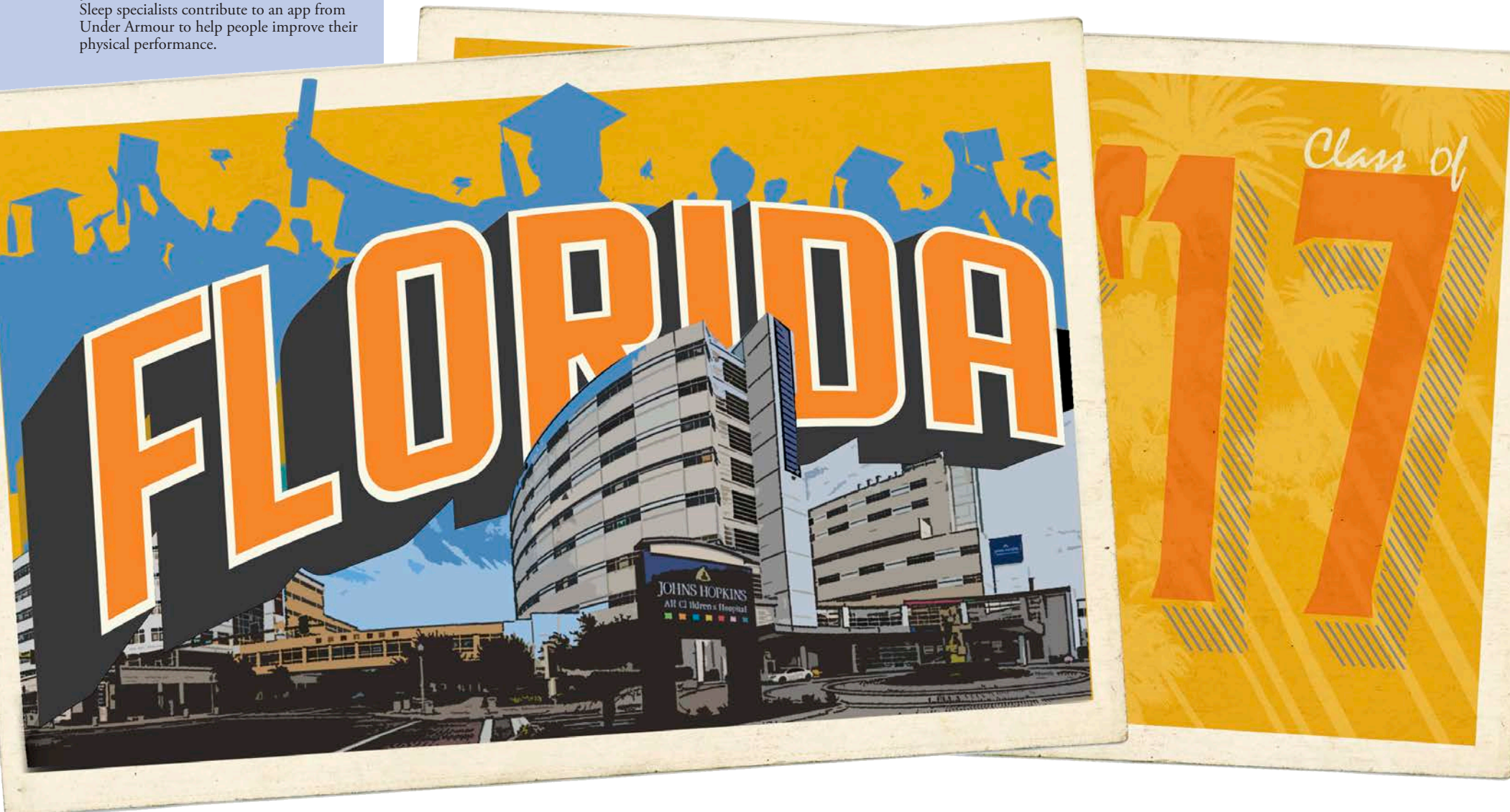
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# Dome

A publication for the Johns Hopkins Medicine family

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## First Residents Graduate from Johns Hopkins All Children's Hospital

New residency model gives trainees more time to learn about patients, diseases and systems.



Learn more about the strategic priority for education online at [hopkinsmedicine.org/strategic\\_plan](http://hopkinsmedicine.org/strategic_plan).

**I**n an emotional ceremony at a beachside hotel in Florida, the first 10 graduates of the Johns Hopkins All Children's Hospital residency program stepped into their futures.

After three years of learning and caring for patients in the newest Johns Hopkins hospital, the six women and four men who accepted diplomas in June have begun the next stages of their careers, some in hospitals and others in private practice. Two are moving to Baltimore for fellowships at The Johns Hopkins Hospital. Three more are staying at Johns Hopkins All Children's Hospital.

All take with them the knowledge they gained as pioneers.

"I tried to hold back tears," said Raquel Hernandez, director of the office of medical education at Johns Hopkins All Children's. "None of us knew what we were getting into. The courage and vision of the residents kept me believing we're doing the right thing."

Most hospitals rely on residents to handle the logistics of day-to-day patient care. But Johns Hopkins All Children's, established in 1926, was already functioning smoothly as a freestanding children's hospital. That meant Hernandez could create a program with more opportunities for residents to tailor and optimize their learning.

Hernandez was steeped in the rigors and rituals of Johns Hopkins education, first as a medical student and then as a pediatric resident and fellow. In 2011, she moved from The Johns Hopkins Hospital to All Children's Hospital as it began the five-year process of fully integrating with Johns Hopkins Medicine.

As she developed the residency program, Hernandez drew inspiration from the Alike Initiative, a Johns Hopkins Bayview Medical Center curriculum that helps internal medicine trainees get to know patients through home visits and in-depth interactions with family members.

Hernandez hopes the philosophy becomes a framework for others seeking to improve patient care and resident education.

—Karen Nitkin

(continued on page 4)

# Prescriptions for Healthier Health Care

**RONALD R. PETERSON**  
PRESIDENT, JOHNS HOPKINS HEALTH SYSTEM  
EXECUTIVE VICE PRESIDENT, JOHNS HOPKINS MEDICINE

Recently, I had the distinct honor of giving the commencement address to the school of medicine's class of 2017. It was a great privilege to offer not only sincere congratulations to all of the newly minted physicians, Ph.D.s, and master's recipients, but also to provide them a few insights about the nation's health care system that I have gleaned during my 44 years at Johns Hopkins.

First, there's no question that the United States has the best medical care in the world. That's why people from around the globe come here for treatment. Yet it's also undeniably the most expensive health care on the planet and fails to help many, many people in this country.

When I began my career in the early 1970s, total U.S. national health care expenditures accounted for approximately six percent of our gross national product. Today, they account for 18 percent of GNP, with a per person cost of \$10,000 annually—twice what other Western nations spend. I am not sure this is sustainable.

Instead, consider these three common factors in other advanced countries where per capita health care costs are kept down and better overall health care outcomes are achieved:

- Universal health care coverage, but not necessarily a single payer system.
- More emphasis on primary care and preventive health service.
- A greater percentage of gross domestic product devoted to social services and behavioral health.

I propose some practical prescriptions for curing our untenable health care cost problem:

- Health care organizations must invest in population health management programs, including primary and preventive medicine services, care management, and population health data analytics. Johns Hopkins Medicine started investing in primary care and managed care infrastructure more than 20 years ago.
- Scientific rigor must be applied to health services research, with special emphasis on health disparities, patient safety and quality, and diagnostic error. JHM is pursuing initiatives on each of these.
- We must do a better job teaching our trainees to choose wisely in terms of where to treat patients, as well as in the use of technology and drugs. JHM has begun to do this in earnest.
- We must work methodically to eliminate waste—administratively, operationally and clinically. Here, we can also improve.
- We must allocate more resources for behavioral health challenges, with particular focus on the opioid crisis. Although JHM is doing its fair share, state and federal governments must do more.
- We must invest in technology that improves clinical and scientific productivity while enhancing the clinical practice and laboratory work environments so that we don't lose the joy in medicine. JHM has considerable work to do in this area.
- As JHM is now doing in a methodical fashion, we must parlay scientific advances into more precision medicine centers of excellence. That way we'll better understand which patients with a particular diagnosis will respond best to a specific drug or care regimen.
- We must better align the interests of providers and insurers so that patients can be protected from the crossfire. JHM's academically driven, integrated delivery and finance system shows real promise on this front.
- Finally, as difficult as it may be, we must move toward universal coverage in this country—even though, realistically, that may not be in the cards anytime soon.

On graduation day, I reminded the new physicians, Ph.D.s and masters that Sir William Osler, Johns Hopkins' founding physician-in-chief, regarded medicine and science as a public trust. So should they. However, Osler also believed in not taking himself too seriously. It's OK, I told them, to have fun. By doing so, they'll become better physicians and scientists—and help preserve the joy in medicine.



# Ronald R. Peterson Announces His Retirement

**A**FTER MORE THAN 44 years of service to Johns Hopkins, Ronald R. Peterson has announced plans to retire as president of Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine at the end of 2017.

Peterson's relationship with Johns Hopkins dates back 50 years to his undergraduate studies at The Johns Hopkins University. After completing his administrative residency, Peterson landed his first job as administrator in the Johns Hopkins Department of Psychiatry. He went on to work in a variety of staff roles before serving as administrator of the then-financially challenged Johns Hopkins Children's Center.

Over the years, he became known as a "fiscal surgeon" for his ability to manage financially challenged organizations, including the former Baltimore City Hospital, which Johns Hopkins acquired in 1984 and renamed Johns Hopkins Bayview Medical Center. Peterson served as president of that hospital. In 1995, he was chosen to be executive vice president and chief operating officer of the health system. A year later, he was officially named president of The Johns

Hopkins Hospital and Health System.

Under his leadership as president of The Johns Hopkins Hospital, a role he held until July 2016, he oversaw the opening of a new comprehensive cancer center and undertook one of the most expansive private building campaigns in Maryland history, culminating in two new state-of-the-art hospital towers for adult and pediatric patients.

Throughout his career, Peterson has advanced programs that bolster research and patient care. He's also forged community partnerships, expanding participation of local and minority-owned businesses in construction, employment opportunities and mentoring, most recently, through the launch of HopkinsLocal.

As president emeritus of the Johns Hopkins Health System, Peterson will serve for at least one year as special adviser to Paul B. Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine.

—Kim Hoppe



Read a letter of gratitude from Dean/CEO Paul B. Rothman at [bit.ly/retirementletter](http://bit.ly/retirementletter)

# Employee Engagement Survey: Results and Reflection

**J**OHNS HOPKINS MEDICINE SAW AN improvement in its engagement score this year. Its overall institutional rating on the Employee Engagement Survey increased from 3.96 on a five-point scale in 2016 to 4.03 in 2017. Johns Hopkins Medicine now rates higher than 65 percent of health care organizations that take the Gallup survey.

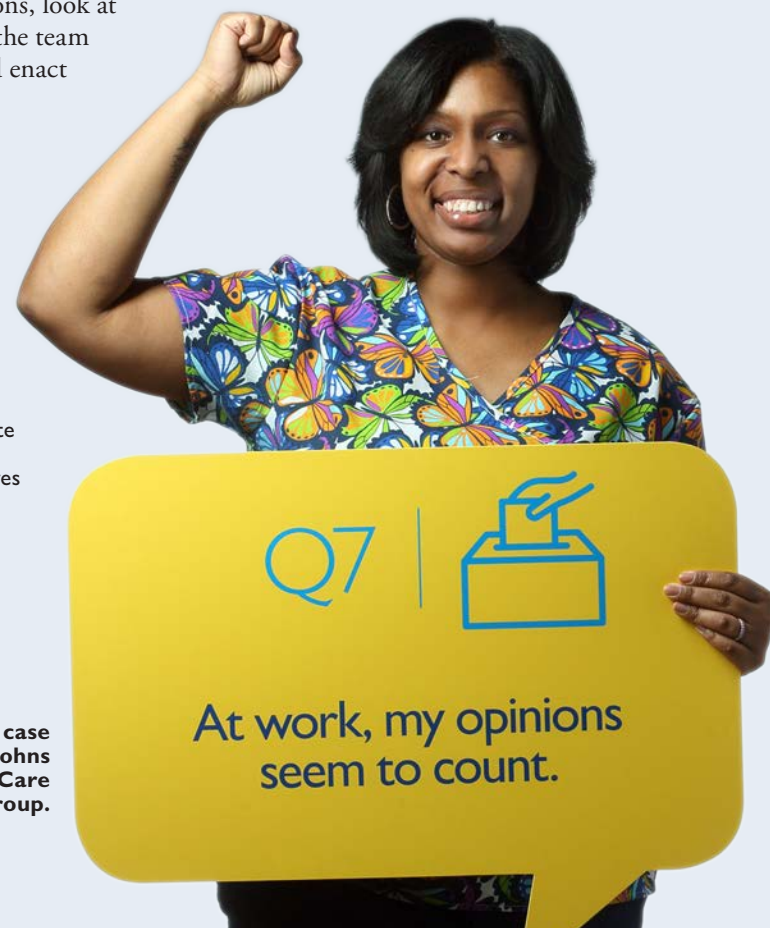
Now comes the most critical part of the process. Managers have received the results for their departments and will share and discuss them with their teams. During these conversations, look at the areas where the team can improve and enact positive change.

Here are some points to consider:

- Celebrate the accomplishments of the team and on survey items where you scored well.
- Consider creating cascading goals about engagement in SuccessFactors for all staff.
  - Everyone plays a role in engagement. Talk about what the team can do to improve the work experience.
  - Make engagement an agenda item on one-on-one and staff meetings to keep engagement on everyone's minds.



Access online learning modules, guides and further resources on the Employee Engagement website at [intranet.bit.ly/engagementimproves](http://intranet.bit.ly/engagementimproves)



**Carla Johnson**, case manager for Johns Hopkins Home Care Group.

# Immunotherapy Treatments Bring Success

Johns Hopkins research may lead to a new standard of care for thousands of patients whose cancers do not respond to existing treatments.

**I**N A THREE-YEAR CLINICAL TRIAL OF 86 PATIENTS with 12 kinds of cancer with so-called “mismatch repair” genetic defects, scientists at Johns Hopkins Medicine and its Bloomberg-Kimmel Institute for Cancer Immunotherapy have found that half of the patients respond to the immunotherapy drug pembrolizumab, known by the brand name Keytruda.

A report on the findings, which led the U.S. Food and Drug Administration to approve expanded use of pembrolizumab for patients, also cites evidence that the immune responses closely align with mutations found in their cancers. The report appeared in June in the journal *Science*.

“Our study results may lead to a new standard of care that includes mismatch repair deficiency testing to help identify a wider group of patients who have failed other therapies but may benefit from immunotherapy drugs,” says Dung Le, leader of the trial and an oncologist at the Johns Hopkins Bloomberg-Kimmel Institute.

**“Our study results may lead to a new standard of care that includes mismatch repair deficiency testing to help identify a wider group of patients who have failed other therapies but may benefit from immunotherapy drugs.”**

—DUNG LE, JOHNS HOPKINS ONCOLOGIST

Mismatch repair (MMR) defects are part of a system that helps cells recognize and correct mistakes during DNA replication. For more than two decades, defective MMR genes have been linked to inherited and non-inherited (or sporadic) forms of colon cancer and used as biomarkers for diagnostic screening and chemotherapy treatment planning.

For the current Johns Hopkins study, designed and led by Le and Luis Diaz, a Johns Hopkins oncologist who recently moved to the Memorial Sloan Kettering Cancer Center, 86 adult men and women with 12 cancer types were recruited to the clinical trial at six U.S. hospitals, including The Johns Hopkins Hospital. All tested positive for mismatch repair defects and had failed to respond to at least one prior therapy. They received pembrolizumab intravenously every two weeks for up to two years.

After a median follow-up of 12.5 months, imaging scans showed that tumors shrunk by at least 30 percent in 46 of the 86 patients (53 percent). Tumors completely disappeared in 18 of the 46.

The most common side effects of the immunotherapy included fatigue, skin inflammation, joint pain and thyroid dysfunction.

The median point of survival without disease progression and overall survival has not yet been reached. However, the scientists estimate that disease-free survival at one and two years is 64 percent and 53 percent, respectively. Without immunotherapy, patients with advanced, treatment-refractory cancers can expect to live less than six months.

The scientists estimate that mismatch repair defects occur in nearly 5 percent of patients with many types of cancer, including the endometrium, stomach, small intestine, colon, rectum, cervix, prostate, bile duct, liver, neuroendocrine system, nonepithelial ovary and uterine



**Oncologist Dung Le designed and led a multicenter clinical trial that could improve immunotherapy results.**

sarcomas. This translates to approximately 40,000 (8 percent) stage I-III cancers and 20,000 (4 percent) of all stage IV cancers.

These MMR defects were first identified in 1993 by oncologist Bert Vogelstein, who co-directs the Ludwig Center at the Johns Hopkins Kimmel Cancer Center, and fellow scientists at Johns Hopkins and other institutions. Two decades later, an idea for the current clinical trial took root when Johns Hopkins experts discovered mismatch repair defects in a single patient with colon cancer who responded to immunotherapy while other patients with colon cancer did not.

Pembrolizumab and other immunotherapy drugs can cost \$100,000 or more per year, fueling the need to identify patients who are likely to respond to the drug. Tests for defects in mismatch repair range in cost from \$300 to \$600.

—Vanessa Wasta




To learn more: [bit.ly/keytrudamatch](http://bit.ly/keytrudamatch)

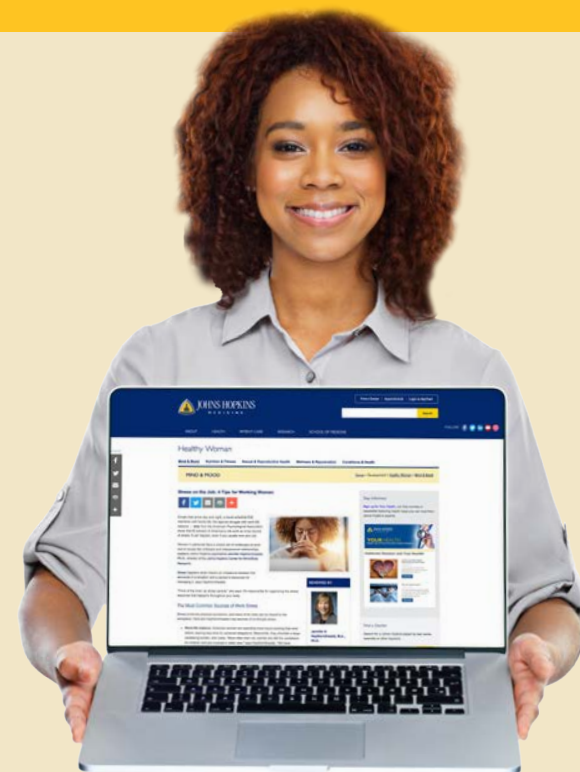
## IN BRIEF

### Showing Their Pride

In June, Johns Hopkins Medicine was represented at Pride celebrations in Baltimore, Maryland; Washington, D.C.; and St. Petersburg, Florida. Employees, faculty members and students, along with their families and friends, donned Johns Hopkins gear and colorful accessories to show their support for the LGBTQ community.

More than 200 employees from Johns Hopkins Medicine and The Johns Hopkins University participated in the Baltimore Pride festival (see below). About 25 employees from Sibley Memorial Hospital represented Johns Hopkins Medicine at the DC Pride Festival, and roughly 75 employees from Johns Hopkins All Children’s Hospital marched in the parade in St. Petersburg.

 To see photos: [bit.ly/JHMPride](http://bit.ly/JHMPride)



### New Johns Hopkins ‘Healthy Woman’ Portal Launches

As the latest addition to the Johns Hopkins Health section on [hopkinsmedicine.org](http://hopkinsmedicine.org), Healthy Woman is filled with research and insights from faculty who not only specialize in treating women but are, by and large, female themselves. The site features content for millennial and Gen X consumers, and covers topics from mental and digestive health to fitness and rejuvenation. The portal partners with *A Woman’s Journey*, a longstanding source of women’s health information from Johns Hopkins.



Learn more: [hopkinsmedicine.org/healthywoman](http://hopkinsmedicine.org/healthywoman)

# First Residents Graduate from Johns Hopkins All Children's Hospital

(continued from page 1)

**“These first graduates will always have an impact on me.”**



—RAQUEL HERNANDEZ,  
DIRECTOR, OFFICE  
OF MEDICAL EDUCATION, JOHNS  
HOPKINS ALL CHILDREN'S HOSPITAL



The 2017 program graduates. To see who's who, visit [hopkinsmedicine.org/dome](http://hopkinsmedicine.org/dome).

## Jacquelyn Crews, the Entrepreneur Who Wants Hospitals to Run Better

The 97-bed neonatal intensive care unit at Johns Hopkins All Children's Hospital cares for the tiniest patients. The premature infants who are too young to swallow are kept alive with total parenteral nutrition (TPN), an intravenous mix of fluids, fats, carbohydrates, electrolytes, vitamins and minerals.

As a resident at Johns Hopkins All Children's Hospital, Jacquelyn Crews helped change the system, reducing the risk to patients and saving time for clinicians and pharmacists.

Crews worked with neonatologist Fauzia Shakeel to standardize and automate calculations and the ordering of TPN. As a result, formulation errors dropped from 26 percent to less than 2 percent.

“We started the project early in my residency, so I got to see the changes in action,” Crews says. “People say it's much simpler now to order TPN. They just click two buttons. It's making the hospital safer and reducing costs.”

The experience helped Crews realize that she wants to focus on improving the way hospitals operate. It's a natural direction for Crews, who earned finance and international business degrees at the University of Florida.

She will continue making the hospital more efficient in her new role as co-chief resident of JHACH, overseeing resident training and patient care alongside John Morrison, a fellow 2017 graduate, who is from Iowa City, Iowa.

“I realized I want to make a difference in people's lives by improving the system,” says Crews, who grew up in Weston, Florida. “I have a specific interest in tinkering with cause and effect and how to change models.”

—Karen Nitkin



## Nick Jabre, the Asthma Patient Becoming an Asthma Specialist

Nick Jabre remembers long stretches of childhood summers when he couldn't seem to catch his breath. He has asthma, but he didn't know it until he was diagnosed at age 7. Under the care of an attentive pulmonologist, he learned to manage the condition.

The doctor “sat down with me and my family and really talked about finding the right treatment,” says Jabre, of Cincinnati, Ohio. With that guidance, Jabre never had an asthma attack severe enough to send him to the emergency room.

He wants the same for his patients.

The recent graduate of the Johns Hopkins All Children's Hospital residency program is starting a pediatric pulmonary fellowship at The Johns Hopkins Hospital.

“Asthma has personal meaning to me,” he says. “But it took me a long time to realize that was the direction I wanted to pursue.”

Jabre earned a bachelor's degree at Xavier University and a master's degree in biology at Purdue University before going to the University of Cincinnati College of Medicine. His experiences at JHACH, including a second-year pulmonary rotation at The Johns Hopkins Hospital, led him to pediatric pulmonology.

During his JHACH residency, Jabre treated terrified children gasping for air in the Emergency Department. After they were admitted to the hospital, he helped determine the right combination of medications and worked with patients and families on strategies to help them stick with their treatment regimens.

“When I tell patients and families I have asthma and I've grown up with it and it's tough, I see their eyes light up,” he says. “Those experiences pushed me toward pulmonology.”

When patients were ready for discharge, Jabre referred them to local pulmonologists. But he wished he could be the one to deliver the long-term care that his own pulmonologist had provided for him. Soon, he'll be able to.

—KN

## Epic Resources Get Updated

Tips, links and alerts help users personalize the functions of the electronic medical records system and get information as it becomes available.

**E**PIC TRAINER EVELYN CHEN KEEPS her instructions simple when she teaches new employees how to navigate the electronic medical record system that spans Johns Hopkins Medicine. There will be plenty of time later for users to tailor the system to their departments and roles.

“The users are already overwhelmed with the amount of features to learn,” says Chen, who was a “super user” nurse at Howard County General Hospital when it adopted Epic in 2013. She is now a principal trainer for ASAP, the Epic module for managing emergency room visits. She’s also leading efforts to update the resources that are available, rolling out new tip sheets to make time in front of a computer more logical and efficient.

Some of the new information will help clinicians prepare for a September upgrade, which will add features and change the look of the templates in Epic. Weekly bulletins about the upgrade began July 1 and continue through this fall.

### Where to Find Resources:

- An Epic Tips and Tricks link can be found by clicking the Epic button on the top left after logging in, and then going to the Help section.
- Quick Start Guides (QSGs), which provide overviews of Epic use by role (for example: ambulatory surgeon or Emergency Department nurse) are being updated. They can be found under the application within the Classroom Training Materials section in the Training Portal. QSGs with the blue JHM logo have been updated with information about Epic 2017.
- News about current Epic features coming to production are posted in Epic News. To receive relevant information by email when it becomes available, fill out the form that can be reached by clicking “page” on the top left of the screen, then the “alert me” button.
- Find resources and reports on the Epic toolbar by going to the My Dashboards workspace and selecting the template specific to your role and entity, then linking to resources or running reports.

### Tips for Personalizing Epic:

- Use Epic SmartTools to automate your documentation. SmartLinks pull information from the patient record into the documentation; SmartTexts auto-populate a larger block of text after a few characters are typed. Add the SmartTexts you use most often as favorites.
- SmartPhrases are similar to SmartTexts, but can be personalized. A new Personalize button on the Epic toolbar helps tailor SmartPhrases, order sets and preference lists.



### Additional Tips:

- Make sure to log in to the correct department because the system’s navigators are designed for the workflow in each specific area. If you log in to the wrong department—for example emergency medicine instead of hospitalist—use the Epic button and then click Change Context to quickly log in to another department without logging out of Epic.
- Document in real time, or as close to it as possible. Real-time documentation is particularly important for clinicians who use flow sheets to record numbers-based data, such as weight or blood pressure, because it ensures that the information is available to the patient’s care team.
- Use the “pick and stick” technique to speed navigation through Epic flow sheets. Click on the “Doc Detail Report” link on the right side of the flow sheet screen. Then left-click to pick the option, and right-click to make it stick. This will automatically advance the cursor to the next flow sheet row, eliminating the need to scroll up and down. This trick is a particular time-saver for nurses, respiratory therapists and others who document frequently in flow sheets.
- Use filters to find information quickly. For example, a clinician can filter the encounters or notes in Chart Review to narrow down the search.
- Use the Chart Search (within a chart, press the control key and spacebar) to quickly search for something in the patient’s chart. To search for an activity or function, type a few letters of the name of the activity, but don’t press “enter.” After a moment, a list of matching Epic activities will pop up to the left of the “Search the Chart” list.

- Look before clicking to make sure that the correct patient is being documented and that accurate information has been added to the record.

- In orders or medication-related documentation, do not use abbreviations that are prohibited; they are easy to misread. For example, IU, for international unit, could be confused with IV. Use of other abbreviations is strongly discouraged.

—Karen Nitkin



## Paul Gilbert, the Resident Who Loves Teaching

During his second year of residency at Johns Hopkins All Children’s Hospital, Paul Gilbert faced a mystery.

An 8-year-old girl had arrived from another hospital with unexplained abdominal pain. Nobody knew what was wrong, Gilbert recalls. His job was to find out.

Gilbert logged on to his computer and began reading the scientific literature. Within a few hours, he realized that the patient had a condition called Henoch-Schönlein purpura, or HSP. It’s normally accompanied by a rash, but in her case it was not.

“Typically it’s a bad rash that also causes belly pain and hurts kidneys,” Gilbert explains. “Most kids recover just fine. It’s sometimes treated with steroids to protect the kidneys.” Gilbert took his findings to the care team, and treatment with steroids began immediately. He also discussed the case with other doctors in the hospital.

The experience was part of a six-week rotation called Resident As Educator (RAE), which Gilbert had created with fellow resident and Johns Hopkins University School of Medicine alum Mirinda Gillespie.

During the rotation, RAEs are freed from the daily responsibilities of clinical care so they can delve into complex cases. They study the literature and spend time with the patient and family. Then they teach what they learned to an entire care team, including attending physicians, patients and family members.

Not every case is a medical mystery. As an RAE, Gilbert also got to know patients with diabetes, helping them craft disease management plans that fit their lives.

Gilbert grew up in Fort Wayne, Indiana, and earned a biochemistry degree from Purdue University before attending Johns Hopkins University School of Medicine. He says he chose the new residency program at JHACH because “it’s education-driven.” He also liked that he could tweak the new program for himself and for future residents by creating the RAE residents.

Gilbert is moving to Boca Raton, Florida, to join a pediatric outpatient practice.

—KN

# Cancer Resource Extends Help—and Hope

Nearly three years since its debut, *Managing Cancer at Work* continues to support employees and their supervisors after a cancer diagnosis.

**T**HREE YEARS AGO, WHILE CHANGING INTO pajamas, Joselyn Witherspoon felt four lumps in her breasts. Fearing the worst, the Johns Hopkins oncology technician rushed to get a diagnostic mammogram the next day at the Johns Hopkins Breast Center.

Her doctor performed a biopsy, which tested positive for cancer. “It felt like my heart fell out of my body,” Witherspoon says, recalling the moment when she learned that she would need a double mastectomy, chemotherapy and radiation.

Witherspoon had spent 28 years as a post-anesthesia care unit technician, supporting patients after cancer surgery. Anxiety dogged her. How would she endure months of treatment with little income to support her family? Would she still have a job after her recovery?

Her supervisor, Susan Humphreys, reassured her and introduced her to an online resource, then brand new, that could help her to understand and navigate the landscape of her disease.

*Managing Cancer at Work*, available free to employees of Johns Hopkins Medicine, is a web-based resource that offers advice through videos and links to help users regain a sense of normalcy after a cancer diagnosis. An oncology nurse, available by phone, will listen to each individual situation and offer guidance through the stages of treatment. Employees can also use the service for parents, spouses, children and/or siblings who are diagnosed with cancer.

In addition, the site serves as a resource for supervisors, suggesting how they can respond appropriately to their employees’ and co-workers’ needs while reshuffling their workloads.

The interactive website was created by Terry Langbaum, then administrative director of the Johns Hopkins Kimmel Cancer Center, and Lillie Shockney, administrative director of breast cancer and survivorship programs. Both women had survived cancer and recognized the need for a roundup of resources to help guide employees affected by the disease.



**“I never expected a program like this to do so much; it really fights for you and helps you get through the tough times.”**



—JOSELYN WITHERSPOON, ONCOLOGY TECHNICIAN

## Spreading the Word

*Managing Cancer at Work* launched at Johns Hopkins in 2015. It is also available to employers across the country through Johns Hopkins HealthCare Solutions, a business team that manages the program and connects the marketplace to the wide range of Johns Hopkins’ research-based products and services.

At first, only a handful of the approximately 40,000 eligible Johns Hopkins employees and their dependents took advantage of the program, says Solutions’ Executive Director Mark Cochran. Now, thanks to positive feedback and greater awareness, some 350 Johns Hopkins Hospital employees have called nurse navigator Marie Borsellino to coordinate personalized care.

Witherspoon was among the first. “I never expected a program like this to do so much; it really fights for you and helps you get through the tough times,” she says, noting Borsellino’s assistance with finding ways to reduce her expenses. After eight months on medical leave, Witherspoon received a call from her supervisor, who suggested she return part time. “Even though it wasn’t 40 hours a week,” says Witherspoon, “it was a steady paycheck. And that meant the world to me.”

The nurse navigator’s first duty, says Borsellino, is to ensure that the employee is connected with the appropriate oncologist to discuss the cancer diagnosis and treatment plan. Next, the two talk about the employee’s work situation and explore human resources policies and workplace protections. They also talk about privacy and how to prepare for meeting a manager to go over upcoming treatment. Other topics include short-term disability and financial and transportation challenges.

Witherspoon says Borsellino “listens and then finds ways to help,” for example, arranging physical therapy to ease Witherspoon’s back pain and encouraging her to attend monthly lunchtime support groups.

## A Marketable Tool

In May, oncology nurse navigator Eden Stotsky-Himelfarb, also based at Johns Hopkins, joined the *Managing Cancer at Work* team to help with the growing number of employees using the resource.

Pitney Bowes, a mailing and shipping company based in Stamford, Connecticut, was the first outside company to sign up. Since then, several more businesses have come on board, including AARP (for their employees), Nissan and Novartis. Each participating company spends about 70 cents per employee per month to purchase the service. Roughly 250,000 employees and family members, including those at JHM, are now eligible to use *Managing Cancer at Work*.

Borsellino guides non-Hopkins employees and their family members to National Cancer Institute-designated cancer centers if their diagnosis requires them to be seen at such institutions. She also connects them to oncology nurse navigators in their own communities for local resources and support.

Each year, approximately 500 Pitney Bowes employees are diagnosed with cancer, says Mary Bradley, the company’s director of health care planning. Currently, 200 Pitney Bowes employees are accessing the website; 50 are taking advantage of the nurse navigation.

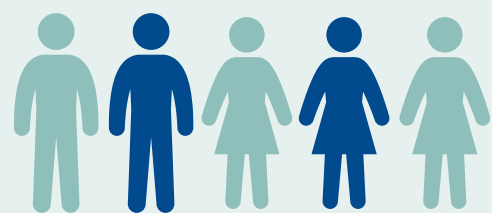
Bradley praises the program “for the knowledge and empathy it shows when it comes to helping employees and their families during a difficult time.”

Now that her immune system is stronger, Witherspoon has resumed doing what she loves most: taking care of patients full time and spending her leisure hours with her grandchildren and great-grandchildren. She also checks in regularly with Borsellino. “I’m so grateful [for this program],” she says. “I hope every employee battling cancer takes advantage of [it].”

—Judy F. Minkove

For more information on *Managing Cancer at Work*, visit [bit.ly/ManagingCanceratWork](http://bit.ly/ManagingCanceratWork).

To learn about Lillie Shockney’s personal cancer journey, visit [bit.ly/LillieShockneyCancerStory](http://bit.ly/LillieShockneyCancerStory).



## A Common Reality

One in two men and one in three women in the United States will be diagnosed with cancer during their lifetime, according to the American Cancer Society. Cancer survivor Terry Langbaum, one of the creators of *Managing Cancer at Work*, says that many employees with cancer not only prefer but also need to continue working. And, as more people delay their retirement, the number of cancer survivors in the workplace will rise.

Concerned about cancer rates, several companies who subscribe to the resource now routinely urge their employees to consult its cancer prevention tips. Following advice such as getting cancer screenings can detect disease earlier, require less treatment and save lives. Langbaum says prevention and education programs are the best tools to help reduce risk and mitigate growing health care costs.

# Research Group Keeps Focus on Women's Health

**C**AROLYN SUFRIN STUDIES FEMALE PRISONERS—women who live out of public view, without visibility or voice. Sufrin, a gynecologist/obstetrician in the school of medicine, leads the Pregnancy in Prison Statistics project, a collaboration that is collecting data on more than 600 pregnant women in 22 state prison systems and six jails.

She's working with mentorship from the Johns Hopkins Women's Health Research Group, which also helped her secure funding from the National Institutes of Health through a program called Building Interdisciplinary Research Careers in Women's Health (BIRCWH).

In May, Sufrin discussed her work at the research group's annual symposium, telling an audience of about 150 men and women that as many as 10 percent of incarcerated women are pregnant, but receive inconsistent care behind bars.

Sufrin's findings underscore the purpose of the research group: to study women's health in order to improve it.

Until very recently, most biomedical research was conducted on and for men, leaving women with less information about their diseases, symptoms and treatments. Only in 2015 did the NIH require that researchers consider sex and gender in biological studies.

"Sex and gender research is a growing area," says internist Wendy Bennett, founder and chair of the Johns Hopkins Women's Health Research Group.

Accordingly, the group she helms is growing as well, and will become the Johns Hopkins Center for Women's Health, Sex and Gender Research. Bennett announced the change at the symposium, saying it will provide a higher profile and more opportunities to attract funding and award seed grants to early-career researchers.

The research group began in 2007 as a journal club to promote and highlight research related to women's health. From the start, it spanned the schools of medicine, public health and nursing, receiving financial support from all three. It holds seminars, networking events and the annual symposium, plus provides mentorship and funding to investigators. About 30

**"I cannot tell you the joy I feel that this group exists."**

—SENATOR BARBARA MIKULSKI



**Wendy Bennett is founder and chair of the Johns Hopkins Women's Health Research Group, which is becoming the Johns Hopkins Center for Women's Health, Sex and Gender Research.**

Johns Hopkins faculty members, including men, are active in the group, Bennett says.

"It's not all about reproduction," says Bennett. "One of the changes we're seeing is the recognition that women's health involves the whole person at all stages of life. We need to look at pre-adolescents, older women, even sex differences in the fetus."

Research presented at the symposium explored gender differences and women's health in all of those stages, also considering such topics as mental health, hypertension and cancer. Presenters included Carmen Alvarez of the school of nursing, Avonne Connor of the school of public health and Angie Jelin of the school of medicine, as well as three BIRCWH scholars from the University of Maryland: Richelle Williams, Tatiana Sanses and Ana Pocivavsek.

Developmental psychologist Kristin Voegtline and cardiologist Rosanne Rouf discussed the work they've done as 2016 winners of \$25,000 grants from the Foundation for Gender Specific Medicine, helmed by Marianne Legato, an adjunct professor of medicine at Johns Hopkins.

Voegtline is learning that prenatal exposures such as cigarette smoking may influence male fetuses more than females. Rouf is studying mice with Marfan syndrome, a genetic disorder that often leads to heart damage, to better understand how heart disease progresses in human men and women. The foundation will offer two more \$25,000 grants later this year, Legato says.

The half-day symposium included a discussion with Sen. Barbara Mikulski, now a Johns Hopkins University professor of public policy and adviser to President Ronald J. Daniels. Mikulski spoke of her 2009 amendment to the Affordable Care Act—providing mammograms and other women's health protections—and her role in establishing the NIH's Office of Research on Women's Health in 1990, with Johns Hopkins-trained cardiologist Bernadine Healy as its first director.

"I cannot tell you the joy I feel that this group exists," says Mikulski.

—Karen Nitkin



Read about Carolyn Sufrin's book, *Jailcare: Finding the Safety Net for Women Behind Bars*: [bit.ly/jailcare](http://bit.ly/jailcare).

## IN BRIEF

### Armstrong Institute Opens Office at Johns Hopkins Bayview

The Armstrong Institute for Patient Safety and Quality has expanded to the campus of Johns Hopkins Bayview Medical Center. Directed by epidemiologist Jonathan Zenilman, this new location will support and strengthen the hospital's clinicians, researchers and administrators who are focused on the Armstrong Institute's mission to eliminate preventable harm, improve patient outcomes and experiences, and reduce waste in health care.

Other goals include creating an innovation hub and incubator for quality and safety projects, and funding them via seed grants; further integrating the Johns Hopkins Bayview community with the resources and training opportunities of the Armstrong Institute; and increasing the pace and flow of innovations from Johns Hopkins Bayview to the Armstrong Institute and Johns Hopkins Medicine.



To learn more about the Armstrong Institute on the Johns Hopkins Bayview campus, visit [hopkinsmedicine.org/armstrong/bayview](http://hopkinsmedicine.org/armstrong/bayview).

### Expanded Collaboration with Allegheny Health Network and Highmark

Johns Hopkins Medicine has broadened its five-year affiliation with Allegheny Health Network (AHN) and Highmark, which provide health care services and insurance to people in Western Pennsylvania, West Virginia and Delaware. The expanded relationship aims to support the care of patients with rare and complex adult and pediatric cancers and some organ transplant patients. It will also widen the portfolio of cancer clinical trials available to AHN's patients, facilitate participation in medical education, and collaborate on genomic sequencing and precision medicine research.

The Johns Hopkins Kimmel Cancer Center and AHN launched their collaboration in 2014. It was initially designed to provide continuing medical education, clinical trials access and physician-to-physician consulting services to AHN clinicians. Johns Hopkins also has an affiliation with AHN and Highmark to provide molecular testing for late-stage cancers.



**AAA&S Honor**



**Paul Rothman, M.D.**, dean of the medical faculty and CEO of Johns Hopkins Medicine, has been elected to the American Academy of Arts and Sciences. Founded in 1780, the academy is one of the country's oldest learned societies and independent policy research centers.

**Hall of Famer**



**Patricia (Patty) M.C. Brown, J.D.**, senior vice president, Managed Care and Population Health; president, Johns Hopkins HealthCare; and senior counsel for the Johns Hopkins Health System, has been inducted into the Maryland Chamber of Commerce Business Hall of Fame.

**New Vice Dean**

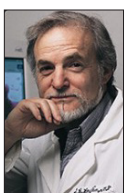


**Geraldine Seydoux, Ph.D.**, professor of medical discovery in the Department of Molecular Biology and Genetics and a Howard Hughes Medical Institute investigator, has been named vice dean for basic research for the school of medicine. She will focus on implementation of the Fundamental Science Task Force's recent findings that identified five principal areas on which Johns Hopkins researchers should focus.

**NAS Honorees**

**Stephen Baylin, M.D.**, professor of oncology and medicine, co-director of the Cancer Biology Division, and associate director for research programs at the Johns Hopkins Kimmel Cancer Center; and **Robert Siliciano, M.D., Ph.D.**, professor of medicine and an investigator in the Howard Hughes Medical Institute, have been elected to the National Academy of Sciences.

**AAP Accolades**



Six Johns Hopkins physicians have been elected to the Association of American Physicians for their achievements in the pursuit of medical knowledge. The honors were bestowed on **Stephen Baylin, M.D.**, professor of oncology and medicine, co-director of the Cancer Biology Division, and associate director for research programs at the Johns Hopkins Kimmel Cancer Center; **Peter Calabresi, M.D.**, professor of neurology and director of the Division of Neuroimmunology; **Larry Cutting, M.D.**, professor of pediatrics and medicine; **Sherita Hill Golden, M.D.**, professor of endocrinology and metabolism and executive vice director of the Department of Medicine; **Frank Giardiello, M.D.**, professor of medicine and director of the Johns Hopkins Colorectal Cancer Registry and Risk Assessment Clinic; and **Justin McArthur, M.B.B.S., M.P.H.**, professor and director of the Department of Neurology.



has received the Provost's Award for Excellence in Faculty Mentoring. The award is accompanied by a \$5,000 honorarium.

**New Psychiatry and Behavioral Sciences Director**



**James Potash, M.D., M.P.H.**, has been chosen as the new Henry Phipps Professor and director of the Department of Psychiatry and Behavioral Sciences. A 1993 graduate of the school of medicine and former faculty member, Potash returns to Hopkins after serving as head of the psychiatry department at the University of Iowa Carver College of Medicine.

**New Cardiac Surgery Chief**



**Jennifer Lawton, M.D.**, professor of surgery, has been appointed the new chief of the Division of Cardiac Surgery, becoming the first woman to hold that position. Previously, Lawton, who specializes in adult cardiac surgery, was associate chief of the division. She is also director of the Cardiac Surgery Research Laboratory.

**Interim AAM Director**

**Corinne Sandone, M.A., C.M.I.**, associate professor of art as applied to medicine, has been appointed interim director of the department, succeeding **Gary Lees, M.S., C.M.I., F.A.M.I.** He will remain on the full-time faculty.

**Hartwell Foundation Awards**

**Samuel Alaish, M.D.**, assistant professor of surgery, specializing in pediatric surgery, and **Jill Fahner, M.D., Ph.D.**, professor of pediatrics, have each received a 2016 Hartwell Individual Biomedical Research Award. The awards provide three years of \$100,000 support per year to foster their research.

**Quality and Efficiency Recognition**

The Johns Hopkins Hospital has been recognized by the American Board of Internal Medicine Foundation for the examples of patient safety and cost control initiatives it submitted to the foundation's "Costs of Care—Creating Value Challenge."

**EAST BALTIMORE**



**Henry Brem, M.D.**, professor, director of the Department of Neurosurgery, and neurosurgeon-in-chief of The Johns Hopkins Hospital, has received the Provost's Award for Excellence in Faculty Mentoring. The award is accompanied by a \$5,000 honorarium.



**Alan Cohen, M.D.**, professor and chief of the Division of Pediatric Neurosurgery, has won first prize in the Prose Awards, given by the Association of American Publishers, for his book, *Pediatric Neurosurgery: Tricks of the Trade*.

**Jennifer Elisseeff, Ph.D.**, professor of ophthalmology and orthopaedic surgery and director of the Translational Tissue Engineering Center at the Wilmer Eye Institute and the Department of Biomedical Engineering, has



**HEART TO HEART:** With hospital chaplain David Whye officiating, Wendell and Rose Eve renewed their wedding vows at The Johns Hopkins Hospital on May 23. The surprise ceremony and reception were organized by Wendell's caregivers in the Department of Physical Medicine and Rehabilitation. The Eves had planned to celebrate their 25th anniversary in Hamilton, Bermuda, where they live. Instead, they exchanged vows at the hospital, where Wendell was recovering from a near-fatal aortic tear he suffered on April 18. The couple returned to Bermuda in early June. Read more: [bit.ly/JHMweddingvows](http://bit.ly/JHMweddingvows).

been appointed to the board of directors of the Maryland Technology Development Corporation (TEDCO).

**Paul Fuchs, Ph.D.**, professor of otolaryngology-head and neck surgery and co-director of the Center for Sensory Biology, will serve a two-year term as chair of the National Institutes of Health's Auditory System Study Section in the Center for Scientific Review.

**Charlene Gamaldo, M.D.**, associate professor of neurology, medicine and psychiatry, as well as medical director of the Johns Hopkins Center for Sleep at Howard County General Hospital, has become a member of the American Academy of Neurology board of directors.

**Elizabeth Jaffee, M.D.**, professor and deputy director of the Johns Hopkins Kimmel Cancer Center, as well as of the Institute for Clinical and Translational Research, has been named president-elect of the American Association for Cancer Research (AACR). Jaffee will begin a one-year term as head of the AACR in 2018.

**Rita Rastogi Kalyani, M.D., M.H.S.**, associate professor of medicine and editor-in-chief of the Johns Hopkins Diabetes Guide, has been named one of the "Top 100 Women in Maryland" by *The Daily Record*, the state's legal and business newspaper.

**Reza Sedighi Manesh, M.D.**, assistant professor of medicine, has received the 2017-2019 Jeremiah A. Barondess Fellowship in Clinical Translation. The \$50,000 fellowship is bestowed by the New York Academy of Medicine, in collaboration with the Accreditation Council for Graduate Medical Education.

**Daniel O'Connor, Ph.D.**, assistant professor of neuroscience, has received a Presidential Early Career Award for Scientists and Engineers, the highest honor given by the U.S. government to science and engineering professionals in the early stages of their independent research careers.



**Linda Regan, M.D.**, associate professor of emergency medicine, has been appointed as the first vice chair of education for the Department of Emergency Medicine. A 10-year veteran of the department, Regan will oversee the department's education programs and faculty development related to education.

**NATIONAL CAPITAL REGION**



**Kathleen Allenbaugh, M.A.**, a communications, fundraising and media relations veteran, has been named senior director for consumer and physician engagement for the National Capital Region. She will work with executive and clinical leadership at Suburban Hospital and Sibley Memorial Hospital.

**SIBLEY MEMORIAL HOSPITAL**



**Jonathan Forsberg, M.D., Ph.D.**, assistant professor of surgery and a professor in the Uniformed Services University of the Health Sciences-Walter Reed National Military Medical Center, has been awarded the 2017 Ellis Island Medal of Honor.

**SUBURBAN HOSPITAL**

**Chris Granacagnolo, M.S.**, has become senior director of human resources.

**Thomas Matthew, M.D.**, has been appointed director of the cardiothoracic surgery program. He was previously co-director of the cardiovascular service line at the Colorado Health Medical Group.



**Jacqueline "Jacky" Schultz, R.N., M.S.N., C.N.A.A.**, president of Suburban Hospital, has been named the 2017 "Shining Star" recipient by Montgomery Women, a group that encourages women to achieve their professional potential and become Montgomery County leaders.

**Dome**

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