

ManagedCarePartners

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Pamela Johnson (left) and Susan Peterson are among the physician leads of the Johns Hopkins Health System High Value Care Committee.

Johns Hopkins Champions High Value Care Nationally

Organization co-hosts the High Value Practice Academic Alliance's second annual conference, with attendees from 56 academic medical centers.

Pamela Johnson WAS LOOKING AT THE American Hospital Association's website when she noticed the group had created two or three quality improvement guides on high value care and then seemed to stall out. She inquired about working together, and in May the group's Health Research and Educational Trust announced it would collaborate with Johns Hopkins to co-host and direct the High Value Practice Academic Alliance's second annual high value health care conference.

Held in September, the three-day event attracted over 250 physicians from 56 academic medical centers. The conference featured more than 200 abstract presentations about high value care, 25 educational sessions on appropriate use criteria and eight value-based workshops on topics like opioid stewardship and preoperative testing.

"From my perspective, it's like a dream come true," says Johnson, vice chair of quality, safety and value for the Department of Radiology and one of the physician leads of the Johns Hopkins Health System High Value Care Committee. The AHA has about 5,000 member hospitals, representing about 85 percent of medical centers nationwide. "I can't think of a better partnership for us to reach so many different medical providers across the country."

High value care is on a roll at Johns Hopkins, following efforts started in 2015 to engage students and residents in multidisciplinary, quality-improvement work designed to reduce unnecessary tests and treatments. "Really, everybody is looking at what we're doing and thinking, 'Do we really



High value projects throughout the Johns Hopkins Health System, such as reducing unnecessary imaging and laboratory tests, led to a \$573,559 savings in costs and \$4.2 million reduction in hospital charges.

need to do that? Where can we stop the excess?" Johnson says. Professional development programs in high value care have been launched for housestaff and now for junior faculty. Each department at Johns Hopkins has appointed high value faculty leads to champion projects in their own spheres.

In the Department of Emergency Medicine, for example, faculty members **Mustapha Saheed** and **Susan Peterson** led an effort that has built clinical decision support pathways directly into the electronic medical record system for 60 scenarios including chest pain, abdominal pain and dizziness. These pathways include calculators where physicians can enter criteria like heart rate and patient age to help decide how at risk someone is for pulmonary embolism, links to current evidence-based practice guidelines from organizations such as the American Heart Association, and logistical details, noting the available hours certain hospital departments have for performing some tests. They help with efficiency, minimizing unnecessary tests and educating residents, students and others who rotate through the emergency department, says Peterson.

"Pathways have been around a long time," she says. "The problem is their utilization can be limited

when you have to go to another place to find them somewhere. This is valuable because it's right in the EMR."

While the department this year will focus on creating dashboards to look at utilization patterns for the pathways and related outcomes, says Peterson, the team already has identified some improvements, such as reduced length of stay among patients with low acuity dental pain and reduced hospital admissions for some patients with chest pain.

There are even more high value plans on the horizon, Johnson notes, including a campaign with Dell Medical School at the University of Texas at Austin to get every medical school and residency program in the country to include high value care in their curricula. In addition, the group would like to engage nurses and other health care practitioners. "Our goal is to keep growing, expanding and engaging anyone who wants to be involved," Johnson says. ■

For more information: [855-390-5803](tel:855-390-5803) or hopkinsmedicine.org/alliance_patients

From the Office of Managed Care



Patricia Brown
President, Johns Hopkins HealthCare

Innovating in High Value Care

The goal of high value health care—wholly embraced at Johns Hopkins—is to deliver the best health care at the lowest cost. But as you'll see in our cover story, my colleagues here are taking high value a few steps further, searching within each department for methods to reduce unnecessary testing or creating new pathways for care. Such changes can really add up. For example, in fiscal year 2018, interventions to reduce brain MRI for uncomplicated headache led to over \$500,000 in reduced charges, and limiting abdominal CT to indications supported by evidence in the literature led to a nearly \$2 million reduction in charges. I'm excited to see continued good work from these teams.

Other innovative high value initiatives featured in this issue center on Sibley Memorial Hospital in Washington, where a nurse navigator service and education classes for prospective hip and knee replacement patients and their caregivers are having a big impact on patient satisfaction and readmission rates. Additionally, a novel protocol to make sure orthopedic patients are hydrated before surgery is reducing complications and the need for prescription-strength pain medicines.

For many patients, there is high value in being able to talk to health care providers or specialists from the comfort of home. With this population in mind, Johns Hopkins staunchly supported a bill approved by Maryland legislators in June allowing providers in the state to employ telemedicine in the management of many out-of-state patients as of next summer. Please be sure to check out our story on page 3 to learn more.

Finally, we introduce Ted DeWeese, a longtime radiation oncologist at Johns Hopkins who just took over the vice dean for clinical affairs post, succeeding Bill Baumgartner, who retired after many years in cardiac surgery at the East Baltimore campus. If you haven't yet met Ted, I know you'll enjoy working with him as much as I do. There's no question that with excellent people like him—and others—on the job, Johns Hopkins will continue innovating pathways in the business of medicine to better serve our patients, payers and caregivers. ■

IDEAS AT WORK



Sibley Memorial Hospital Streamlines High Value Care in Orthopaedics

TO GET A SENSE OF SIBLEY MEMORIAL Hospital's dedication to high value care, look no further than the orthopaedics unit. There, a two-hour joint replacement education class for patients considering or scheduled for hip or knee replacement surgery has helped streamline operations and improve patient expectations and satisfaction.

"We know from nursing literature that patients do better if they know what to expect, and you teach them," says nurse practitioner **Cathy Pulford**, clinical manager of Sibley's Institute of Bone and Joint Health. "If you can prepare them for their surgery, you eliminate a lot of anxiety."

Pulford oversees three nurse navigators, who handle everything from soup to nuts to help get joint replacement and spine surgery patients safely to surgery and back home again. The nurse navigators reach out to each patient to conduct a detailed pre-surgery interview. Who is their primary care

physician? Are they taking any medications for pain? How many stairs do they have to take to reach their front door or their bedroom? They ask patients what caregiver support they have available after surgery and inquire about their expectations. They also share the hospital's expectations of patients.

"As partners in care with the patient, we really need to make sure that we're all working together. It's not just what a patient can get from us, it's also what we expect from the patient," Pulford notes. The information gathered is shared with nurses, the operating room and rehabilitation staff and others during weekly planning rounds so the whole team is alerted to potential needs during the person's acute stay and discharge home.

Patients and their caregivers also are invited to the class, where nurse navigators go over what to expect in the hospital, how long patients will stay, what it will feel like after surgery, what type of pain medications they can take in the hospital, the side

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"We are uber-focused on our metrics, making sure that all of our outcomes are what they should be, and we're providing care in the most efficient way we can."

—CAROLINE SHAFER

MEET YOUR PARTNERS

Ted DeWeese: Appointed Vice Dean for Clinical Affairs

Theodore DeWeese, an internationally recognized radiation oncologist, has been named vice dean for clinical affairs at the Johns Hopkins University School of Medicine and president of the Clinical Practice Association, a group practice of full-time clinical faculty members and clinical associates.

DeWeese, the Sidney Kimmel Professor and director of radiation oncology and molecular radiation sciences at Johns Hopkins, succeeds Bill Baumgartner, who retired as vice dean for clinical affairs after more than 35 years with Johns Hopkins.

Since coming to Johns Hopkins 27 years ago for a residency in radiation oncology, DeWeese says he has been inspired by what Johns Hopkins means to the world of medicine.

"The core missions of excellence in research, teaching and patient care matter very much to me," he says. "I believe I have a certain skill set that can keep us focused on those goals while trying to expand our clinical enterprise."

Chief among his priorities are working with Janice Clements, vice dean for faculty, and Cynthia Rand, senior associate dean for faculty, to establish a clinical track for physicians and potentially other clinicians involved predominantly in clinical care. Currently, the institution has one track through which young trainees both conduct research and perform clinical duties. With declining federal funds for research, however, the institution relies on clinical work to help support investigations, he says. A clinical track could both meet career goals for some physicians and help support research and educational endeavors.

Johns Hopkins Telemedicine Bolstered by Interstate Medical Licensure Compact Agreement

JOHNS HOPKINS HEALTH SYSTEM PROVIDERS will have more opportunities to use telemedicine to treat patients in other states now that Maryland is joining the Interstate Medical Licensure Compact.

The compact, a voluntary agreement among medical and osteopathic boards in U.S. states and territories, reduces the time and paperwork required for doctors with no disciplinary actions toward their licenses to get approval to practice in other states. Currently, more than 25 states and territories are part of the compact, launched in 2015 by a group of state medical board executives, administrators and attorneys.

Rebecca Canino, administrative director of Johns Hopkins Telemedicine, said her office is encouraging providers to begin telemedicine programs for patients within Maryland now, so they'll be ready to grow when the compact goes into effect in the state on July 1, 2019.

"Now is a great time to get your care teams and support staff used to providing remote care before

expanding to other states," says Canino, who works closely with clinicians to develop and support telemedicine programs.

Her office can help providers create a growth plan and choose which states to target for expansion, she says, noting that neighboring Pennsylvania, West Virginia and Washington, D.C. are all part of the compact, although Virginia, Delaware and New Jersey currently are not.

The agreement speeds approval for medical licenses in other states by using documents that physicians already submitted in their primary practice states. It also creates a shared set of eligibility requirements, more stringent than Maryland's, which an estimated 80 percent of physicians meet.

The application process costs the physician \$700 and includes a fresh background check. Once physicians are approved, they can choose and gain approval in other states in a matter of days, paying fees of between \$75 and \$700 per state. These services are provided through the Maryland Board of Physicians.

"We have specialists who are among maybe two or three in the world. The technology has boundless potential to improve patient access to such providers while limiting their burden of travel."

—REBECCA CANINO



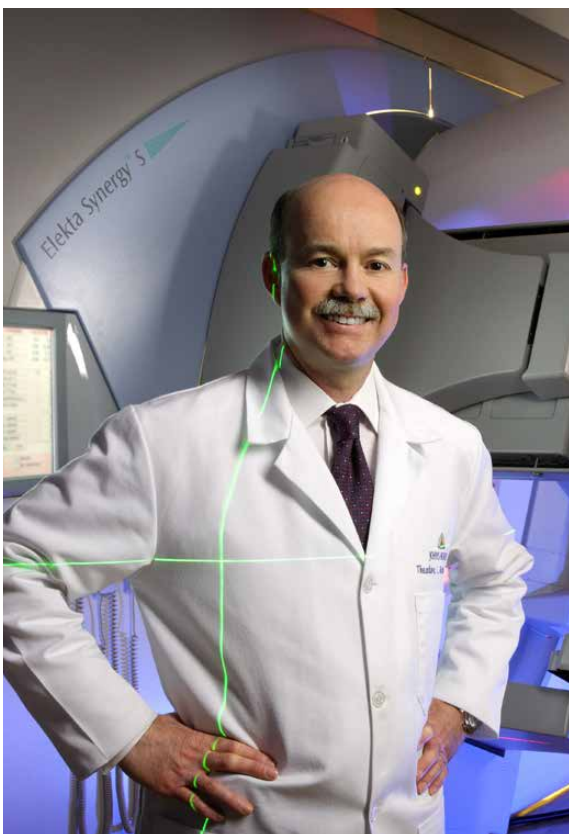
Johns Hopkins was a key supporter of the bill that allowed Maryland to join, which was approved by state lawmakers in May 2018.

Johns Hopkins Telemedicine, led by Canino and medical director Ingrid Zimmer-Galler, has helped providers launch dozens of telemedicine programs, allowing pediatricians, neurologists and many other physicians to deliver care from afar.

It's particularly useful for specialists who can provide recommendations and follow-up assessments to patients in their homes or in other inpatient or outpatient

care settings. "We have specialists who are among maybe two or three in the world," says Canino, noting the technology has "boundless potential to improve patient access to such providers while limiting their burden of travel."

The compact also makes it easier for surgical patients to receive follow-up care. "For many surgical specialties only 50 percent of people come to their postop appointments," she says. "If we can follow up on them in their own homes, catch infections early and ensure that the healing process is progressing as expected, we can really make a difference." ■



"One of my goals over the next couple of years is to try to create the infrastructure that would allow us to be much more unified in how we manage the business of medicine for Johns Hopkins."

—TED DEWEESE

Additionally, DeWeese says he would like to create a more unified practice plan.

"We have one faculty practice and one system that governs it, the CPA, but we don't function as clearly as one cohesive unit in some of the decisions we make," he says. "One of my goals over the next couple of years is to try to create the infrastructure that would allow us to be much more unified in how we manage the business of medicine for Johns Hopkins."

DeWeese received his M.D. from the University of Colorado Health Sciences Center. He served as chief resident and completed a postdoctoral research fellowship at what is now the Johns Hopkins Sidney

Kimmel Comprehensive Cancer Center and at the Brady Urological Institute in the early 1990s, then steadily climbed the academic ladder. He joined the school of medicine faculty in 1995.

DeWeese, president-elect of the American Society for Radiation Oncology, has served in several leadership roles at Johns Hopkins including founding director of the Department of Radiation Oncology and Molecular Radiation Sciences, and vice president for interdisciplinary patient care. His research interests include prostate cancer, DNA damage repair, and the development of radio-sensitizing drugs and small molecules. ■

Sibley Memorial Hospital Streamlines High Value Care in Orthopaedics

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effects of those medications, and what to expect when they return home.

“Patients love having someone they can call and talk to, and some will call two to three times a day until their day of surgery just because they’re nervous, or they can’t remember what the last answer was,” says Pulford. Nurse navigators meet patients in the preoperative area as well. Patient satisfaction scores are in the 90s.

Since March 2017, the orthopaedics group also has participated in an Enhanced Recovery After Surgery (ERAS) plan, adapted from the gastrointestinal surgery group. The protocol includes medications given preoperatively and during surgery. In addition, patients are asked to drink 20 ounces of Gatorade two

to three hours before surgery to enhance hydration and provide some carbohydrates, potentially reducing the need for pain medications and reducing gastrointestinal complications after surgery. The work has led to a statistically significant reduction in opioid use and improvement in functional outcomes, particularly for hip and spine patients, Pulford says.

While the hospital doesn’t get reimbursed for services like the nurse navigators or education classes, “we decided the investment is worth it because of the outcomes they bring,” says **Caroline Shafa**, Sibley’s vice president of operations. “We are uber-focused on our metrics, making sure that all of our outcomes are what they should be, and we’re providing care in the most efficient way we can.” ■

BITS, BYTES & BRIEFS

Johns Hopkins Study Improves East Baltimore Health, Saves \$113 Million

The authors of a four-year study designed to improve health in East Baltimore and save government dollars published their results recently in the *Journal of the American Medical Association Network Open*.

The project, a pilot program funded by a \$20 million Health Care Innovation Award from the Centers for Medicare & Medicaid Services, aimed to reduce barriers to care for underserved people in East Baltimore neighborhoods, as well as reduce hospital readmissions for many adult patients who came to The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center seeking care for acute health problems.

The publication reported a savings of \$113 million to Medicare and Medicaid, based on an independent program analysis performed by the nonpartisan and objective research organization NORC at the University of Chicago.

Johns Hopkins Experts Create Opioid Guidelines for 20 Common Procedures

A Johns Hopkins expert panel of health care providers and patients has announced what is, to their knowledge, the nation’s first set of operation-specific opioid prescribing guidelines. The guidelines are based on the premise that opioid prescribing limits should be based on the operation performed rather than a blanket approach. The ranges offered for each of 20 common operations generally call for reductions from the current rates of opioid prescription.

In a report published August 14 in the *Journal of the American College of Surgeons*, the researchers explain the process of consensus reached by 30 surgeons, pain specialists, outpatient surgical nurse practitioners, surgical residents, patients and pharmacists.

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Marketing and Communications:
901 S. Bond St., Suite 550
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Justin Kovalsky, *managing editor*
Karen Blum, Karen Nitkin, *writers*
Lori Kirkpatrick, *designer*
Keith Weller, *photographer*

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