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PRIMARY CARE LEADERSHIP AT JOHNS HOPKINS

*Building the Primary Care Consortium*

**Current Areas of Focus**

* **Global recognition**
  + Strive for Hopkins to be recognized as a model in primary care thought leadership in research, education, clinical best practices, and policy/advocacy.
* **Population health**
  + Focus on population health through policy and advocacy and facilitating partnerships with Hopkins state, federal government and community affairs while leveraging the value-based care model in MD.
  + Leverage telehealth to increase access to primary care while being mindful of health disparities.
* **Collaboration**
  + Promote collaboration among the School of Medicine, School of Nursing, and School of Public Health, the Homewood Campus, the Carey School of Business, Johns Hopkins Community Physicians, and the community to synergize energies and resources toward the mission of primary care.
* **Education**
  + Reduce bias against primary care and support the primary care pathway such that primary care is viewed as a valuable and rigorous opportunity to improve health outcomes.
  + Emphasize the role of primary care in prevention of chronic disease morbidity and mortality.
  + Harness a generational interest in social determinants of health by promoting and supporting primary care futures.
  + Promote funding for grants and scholarships to pursue primary care education.
* **Research**
  + Include community perspective.
  + Be on the forefront of primary care research by exchanging ideas with experts in the field, creating a “think tank,” monitoring trends, tackling “wicked problems,” and investing in primary care research to promote best practices in clinical care.
* **Clinical Care**
  + Promote the integration of primary care and scholarship at Hopkins by fostering protected time/dedicated research time for clinicians.
  + Promote primary care advisory boards to amplify the voices of patients and their families.
  + Include full teams in academic work (nurses, social workers, community health workers, etc.).