

Impact Statement

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Since joining Hopkins faculty in 1998, Dr McNabney has focused his career on the care of older adults with the most complex and frail health status. Dr. McNabney's principal contributions to clinical care have been as physician and medical director for the Program of All-Inclusive Care for the Elderly (PACE). This document summarizes his impact in clinical care for the most vulnerable older adults as well as his educational and scholarly contributions that have been recognized at the institutional, national and international level.

Clinical Excellence and Performance at Johns Hopkins

Dr. McNabney's clinical skills as a primary provider of care for a very vulnerable population of older adults is well recognized and respected. For the past 18 years, he has been the sole physician at Hopkins ElderPlus, the only PACE program in Maryland. He works with nurse practitioners and other members of the inter-disciplinary team in pursuit of important patient-centered goals – quality of life and autonomy. Specifically, **Dr. McNabney is fully committed to enabling older adults with complex care needs to remain living in the community as long as possible.** He has been successful at achieving that goal for the vast majority of patients he has served, despite managing a panel of patients with very high rates of multimorbidity and co-existing dementia. His skills at managing these clinical situations through the end of life are exceptional.

In 2002, Dr McNabney was named Medical Director of Hopkins ElderPlus (HEP). **This PACE program is a capitated health plan with full risk.** Dr. McNabney oversees all medical services and is accountable for quality of care and patient care outcomes, including health care expenditures. Dr. McNabney has represented Hopkins as the medical voice of HEP throughout the Hopkins health system as well as regulators and official visitors from the Centers for Medicare and Medicaid Services (CMS), Maryland Department of Health and Mental Hygiene (DHMH) and numerous representatives from foreign health systems.

Regarding specific and measurable outcomes, Dr. McNabney has successfully led the Baltimore PACE program to achieve **lower than average hospitalization and nursing home rates when compared to the other 150 PACE sites in the US.** In 2016 (the last year that this national comparative data was available), Hopkins ElderPlus hospital days (per 1000 participants) was almost 30% lower than the national PACE average (2561 vs. 3601). In the same year, the nursing home utilization rate was 5% for all other PACE programs, while the HEP rate was 3.5%. Regarding medication use, Dr. McNabney has been successful at controlling polypharmacy in this frail older population with the average number of total meds for his patients being 7.4 prescriptions per month compared to 9.0 (the national average). The national I-SAT satisfaction survey of PACE enrollees (compiled by Vital Research) reported member satisfaction with the HEP medical provider as 93% compared to 88.6% for PACE physicians nationally in 2019.

Dr McNabney was the Principle Investigator of the Mosaic Initiative in Geriatric Medicine and Gerontology, which began in 2011 to promote diversity and inclusion within the division for the benefit of faculty, fellows and staff. Originally funded by a competitive grant the JHU Provost Office, Dr. McNabney has continued as the chair since its inception. The efforts of this initiative have had a profound impact on the Division, including staff education and recruitment of trainees from medical schools that primarily educate under-represented minorities, including Howard University. There is an annual Mosaic Lecture, with influential speakers from many institutions in the US and abroad. Dr. McNabney has also established a strong relationship with the LGBTQ community and the Gertrude Stein Society at the JHU Schools of Nursing, Public Health and Medicine. This has included participation on a panel presentation on transgender health; he has also completed "Safe Zone" training (2019) to ensure that he is most prepared to be supportive of trainees and colleagues.

Dr. McNabney has been a regular presenter in the Hopkins "Call to Care" initiative that reaches out to Baltimore communities, as well as Centro Sol in the Latino community near Bayview. From 2004-2007, he worked as a

physician volunteer at the Caroline Street Clinic, which served the uninsured in East Baltimore. He also serves on the advisory board for the Oblate Sisters of Providence, a convent in Baltimore County, providing several educational sessions for that community of aging nuns and is on the Board of Directors for Linden Park Senior Apartments cooperative.

In 2020, the Director of the Hopkins Go Teams recruited Dr. McNabney to serve as geriatrician expert on evaluation missions to skilled nursing facilities disproportionately affected by COVID 19. In this capacity, he performed assessments on hundreds of vulnerable patients. National Public Radio (NPR) interviewed Dr. McNabney about his role and this Hopkins effort.

Teaching and Mentorship

Throughout his tenure on faculty at Hopkins, Dr. McNabney has recognized that his skills and clinical venue offer special opportunity to educate learners of all levels of training and across disciplines. Management of chronic disease, counseling older adults on end of life care and working within an interdisciplinary team have been the mainstays of his educational mission. It is from this base that he has been recognized as an outstanding clinician educator within Johns Hopkins, including **twice being named Teacher of the Year by the geriatric medicine fellows.**

In 2006, the Division of Geriatric Medicine and Gerontology recognized Dr. McNabney's teaching skills and educational leadership when he was named the **Fellowship Program Director for Johns Hopkins.** He has held that position since 2006 and has developed into a national leader among U.S. fellowship directors. **Since he has been program director, there have been 60 fellowship graduates, including sixteen (16) who have joined JHU faculty and many more have entered academic medicine at other institutions in the U.S. (n=21).** There are four trainees matched in the Hopkins geriatric medicine fellowship each year. He has been an active member of the Association of Directors of Geriatric Academic Programs (ADGAP) since becoming fellowship director in 2006 and been a member of the national meeting planning committee since 2016.

Dr. McNabney has been extremely proactive in growing the capacity of the geriatrics fellowship at Johns Hopkins. **He has led several efforts to address challenges to funding fellowship positions, including a creative collaboration with the Baltimore VA Medical Center/University of Maryland.** He has established an arrangement such that the VA funds JHU for one additional fellowship position per year. In return, the JHU geriatrics fellows spend 2-3 months rotating at the VA with a total of 12 months served by JHU fellows, collectively. This has allowed Johns Hopkins to train one additional fellow per year since 2016 and for our fellows to gain valuable experience within the VA health system (a key provider of geriatric care in the US and a large volume employer of academic geriatricians).

Dr. McNabney has also collaborated with the leadership at Moorings Park Retirement Communities in Naples, FL to establish an entirely new "Clinical Leadership" fellowship track, fully funded by Moorings Park. This involves 12 months of clinical training at JHU in Baltimore followed by 6-12 months of leadership training with medical directors and business managers at Moorings Park. This is a model of training for the rest of the U.S., where there is a significant shortage of geriatricians with this type of leadership preparation.

Dr. McNabney has been a mentor throughout his career to several trainees and colleagues of various disciplines. All geriatric medicine fellows work with him as a mentor in general skills development and career transition. He meets with all fellows several times a year, providing direct mentorship and guidance about careers in geriatric medicine. His CV outlines the diversity of career placement of graduates. He has also served as primary mentor

for several fellows in the past 10 years; at least two of whom have taken positions within the Program of All-Inclusive Care for the Elderly (PACE) and NHs.

Dr. McNabney has also served as the primary mentor for all geriatric nurse practitioners at HEP. Since he began, he has assisted each of these NPs in skill development, and has mentored them in the application and presentation of their work at national conferences (2002, 2008, 2010, 2012, 2014, and 2015). He has also successfully mentored the NPs at HEP to be semi-independent preceptors for Osler residents, Urban Health residents and Bayview residents which has greatly expanded the teaching bandwidth of geriatrics. To disseminate these teaching methods, he worked with his two NP colleagues to publish their experience as successful educational efforts with medicine residents.

Since 2005, Dr. McNabney has consistently served as primary mentor to summer scholars (1st year medical students); total n=11. This initiative, funded by National Institutes on Aging, allows several students to work with faculty at Johns Hopkins. All of the students mentored by Dr. McNabney have presented at the annual meeting of the American Geriatrics Society (AGS) and several have publications.

Scholarship

Dr. McNabney has authored of over 40 peer-reviewed articles, 13 book chapters and has served as editor of Primary Care Geriatrics, 7th Edition. His manuscripts have appeared in the full-range of leading geriatric journals and have addressed important topics involving the patient population that he serves. This includes studies involving nursing home and assisted living residents, older adults with dementia and multimorbidity, and end of life care.

He has several papers where he served as collaborator and mentor (senior author) to trainees and junior faculty in a range of clinical topics and venues. Under his mentorship, several trainees have been able to publish research papers and letters to the editor that have given them valuable exposure to research and the opportunity to disseminate knowledge.

Dr. McNabney has published several manuscripts on educational initiatives, including a health services orientation series, incorporation of PACE into geriatric medicine fellowship curricula, an in-depth interview with family members on end of life care and a description of the role of nurse practitioners as primary educators in geriatric medical education.

Finally, **Dr. McNabney is editor of the first edition of the only book describing the PACE model, Community-based, Integrated Care for Older Adults.** The publishing agreement has been finalized, authors have been assigned to all chapters and the book is scheduled to be completed in 2021.

National Recognition

Dr. McNabney's leadership skills as a PACE medical director were quickly identified by members of the National PACE Association (NPA) where he has held many national leadership roles. NPA is the national provider organization representing over 150 PACE programs in the U.S. Notably, **Dr. McNabney served on the NPA Board of Directors from 2011 to 2016.** He has also served as Chair of the NPA Research Committee, which has helped to evaluate and disseminate best practices within the PACE model.

Dr. McNabney has **regularly presented at the national meeting of the National PACE Association** ('02, '04-'05, '07-'15, '17, '19). His specialized skill set is well represented in these presentations, ranging from collaboration

with sub-specialists in the care of older adults ('15) to the details of optimal coding in a risk-adjustment model of payment ('11). NPA has invited him for several “encore” presentations via webinar to the larger NPA audience (for those unable to attend the annual conference).

Dr. McNabney is an active leader within the American Geriatrics Society (AGS) where he is a fellow (AGSF). He was **Chair of the highly influential Clinical Practice and Models of Care committee (2010-2013)**. Under his leadership and co-authorship, the AGS disseminated its position on several key care challenges under the “Choosing Wisely Campaign”. **In his most significant contribution, he was co-chair of the Task Force to Evaluate Multimorbidity in Older Adults, which led to the landmark publication, “Guiding Principles of the Care of Older Adults with Multimorbidity”**. This led to Dr. McNabney presenting at the national conference of AGS in 2012, as well as presentations at national conferences in Richmond, VA and Orlando, FL.

In recognition of his clinical expertise and awareness of the educational needs of AGS membership, Dr. McNabney served on the **Program Committee of the annual meeting for the American Geriatrics Society 2013-2016 and was chosen as Committee Chair for 2014-2015**. He has also been an active member of the Association of Directors of Geriatric Academic Programs (ADGAP) since becoming fellowship director in 2006 and been a member of the national meeting planning committee since 2016.

In 2018, **Dr. McNabney was chosen to be one of the editors for “Ham’s Primary Care Geriatrics, 7th Edition”**. This textbook is a key reference in geriatric medicine and is being published in 2020. He has also served as Special Advisor and co-author of two chapters in the Geriatrics Review Syllabus, 10th Edition (published by the American Geriatrics Society in 2019).

International Recognition

His expertise in PACE and community-based integrated health care for older adults has garnered international recognition. In 2015, Dr McNabney presented on the key aspects of the PACE model at the annual “Johns Hopkins-Peking Union Medical College (PUMCH) Symposium on Aging” in Beijing. The notable reception of his presentation led to an invitation for a **3-month onsite educational exchange (mini-sabbatical) with PUMCH in 2018, where Dr. McNabney worked directly with academic leaders at PUMCH as well as providers at the Taikang Continuing Care Retirement Community (CCRC) in Beijing**. The primary objective of this exchange was to evaluate the current approach to provision of health services within Taikang (which was largely urgent care design). His assessment and guidance led to the design and implementation of a primary care approach within the CCRC to improve function and reduce need for higher levels of services. This inspired a geriatrics-focused, interdisciplinary team (similar to PACE but much smaller and less expensive to operate). Dr. McNabney presented his work in Beijing at the 2019 meeting of the American Geriatrics Society.

Dr. McNabney has been invited to present in several international forums. **This includes presentations on his transformative work in the care of community-dwelling older adults at conferences in Mexico (2012), Korea (2014), Norway (2016), Chengdu, China (2018), Wuhan, China (2019) and Nigeria (2020)**. He was asked to speak on US geriatric fellowship programs in Korea (2018) and Nigeria (2020).