

# The Aliko Initiative: Putting the “Care” Back in Health Care

What’s wrong with health care in this country? That’s a huge question. Let’s make it smaller: How is your health care? Think about your last trip to the doctor, or the last time you visited someone in the hospital. How did it go? Did the doctor spend time with you, listen to you, answer your questions – or seem not to give a hoot? Did you feel cared about? Were you helped?

It is a great irony that the United States, which has the best medical care in the world, also faces severe health care problems. One, of course, is the price. Unless you’re lucky enough not to have to worry about how much it costs, medical treatment is often prohibitively expensive. Even if you have insurance, it doesn’t cover everything. Also, the quality of medical care is inconsistent; it truly is “operator-dependent.” A good doctor or nurse can make a world of difference; so can one who’s brusque, indifferent, or just plain bad.

“We believe medical care should be a lot better for everyone, and now we have a remarkable, very exciting opportunity to make a change,” says David B. Hellmann, M.D., M.A.C.P., Aliko Perroti Professor of Medicine, Vice Dean of Johns Hopkins Bayview, and Chairman of the Department of Medicine. “At the Center for Innovative Medicine, our goal is encouraging our researchers, clinicians, and nurses to work together on common problems, so they can concentrate their energies on the needs of patients, regardless of someone’s ability to pay. Now, as part of that effort, thanks to the generosity of Mrs. Aliko Perroti, we are launching the Aliko Initiative – the nation’s first effort to change medical education by focusing on personal care.”

**Thanks to the generosity of Mrs. Aliko Perroti, these doctors will learn how to listen better, be more observant, and even follow up with home visits.**

What does this mean? “Unfortunately, as skilled as many doctors and nurse are – even at a world-class medical center such as Bayview – they are overworked and, as far as dealing with patients as individuals, undereducated,” Hellmann explains. “National statistics estimate that about 60 percent of all patients feel their doctors do not know them as individuals. Worse, only 40 percent of patients nationally receive care that is considered to be appropriate based on scientific evidence. We have designed the Aliko Initiative to change this.”



**Briefly, here are the key features of the Aliko Initiative:**

**Fewer patients for each doctor, so the doctor can spend more time with each one.** There are four teams of doctors, nurses and medical students that staff the Hospital at Johns Hopkins Bayview. One of these teams will see half as many patients. “We believe a key to providing personal care is having the time to provide it,” says Hellmann.

**Doctor-patient relationships that don’t end when the patient is wheeled out of the hospital.** “We will offer intensive instruction on providing personal care, with an emphasis on psychosocial learning,” notes Hellmann. (Bayview is already doing this in other programs; see story on Page 14.) All members of the care team will learn how to listen better, to be more observant, and to build relationships with their patients; they will also check how the patients are doing when they leave the Hospital, with follow-up phone calls and even home visits.

**Evidence-based medicine.** “Some things work, and others don’t,” explains Hellmann. “We know this because controlled trials tell us so. Yet all too often, doctors don’t give drugs that work, and don’t stop giving drugs or recommending treatments that don’t work.” For example, clinical trials showed that inhaled steroids could be of great help in controlling asthma, but it took years before prescribing them became standard practice. Similarly, studies showed that taking aspirin could help prevent heart attacks – but it took many years before doctors and hospitals began incorporating this evidence, as well. “We will provide rigorous instruction on evidence-based medicine, so that medical tests and treatments are appropriate, and based on published scientific studies.”

**Wise use of technology.** “We need technology to help us manage the massive amounts of information that we must deal with,” notes Hellmann. “There is just so much information, no one can keep it all memorized – but we also need to have fast access to it.” Technology is also essential in helping to manage complicated medical records. “The goal is to allow caregivers to provide the most personalized care, and technology can help us do that.”

**Patients get to report how well their doctors did.** Patients will be asked whether their doctors knew them as individuals; the results will be compared with those of the three other teams. “We will attempt to measure whether more time with caregivers translates into patients having a greater understanding of their treatment plan,” adds Hellmann. “Finally, we will see whether this approach reduces costs and improves outcomes. If, as we suspect, enabling doctors to spend more – and better – time with their patients produces lower costs through greater compliance and better outcomes, the impact on the nation’s health care system will be profound. We are all very grateful to Mrs. Perroti for her generosity in allowing us to do this.”

## MILLER SCHOLAR’S LECTURE



William R. Brody, M.D., Ph.D., the President of The Johns Hopkins University, delivered the fourth annual Miller Scholar’s Lecture in May. “It is fitting that Dr. Brody gave this lecture, because we often refer to him as the “father” of the Center for Innovative Medicine,” says David B. Hellmann, M.D., Aliko Perroti Professor of Medicine, and Vice Dean of Johns Hopkins Bayview. (For more on how the Center started, see story on page 1). The Miller Lectureship is provided by the Miller family – Thomas and Anne Miller and their daughters and sons-in-law, Sarah Miller Coulson and Frank L. Coulson, Leslie Anne Miller and Richard Brown Worley.