

ManagedCarePartners

Winter 2017

A Johns Hopkins Medicine Publication for Managed Care Organizations



Mission Imperatives

The Johns Hopkins Hospital's first woman president oversees push toward sustainable operational and financial success in the changing health care environment.

INTERNIST REDONDA G. MILLER made headlines this summer as she became The Johns Hopkins Hospital's 11th president. Miller, a 28-year veteran of Johns Hopkins, succeeded Ronald R. Peterson, who remains president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine.

The first woman to hold the post since the hospital was founded in 1889, Miller previously served as senior vice president of medical affairs for the Johns Hopkins Health System and vice president of medical affairs for The Johns Hopkins Hospital.

"It's a fantastic job," she says of the presidency, in large part because of employees across the system. "It's not only the drive for excellence, because many institutions have a similar philosophy. It's the collegiality and collaborative atmosphere in which that drive occurs that sets us apart."

Miller first came to Johns Hopkins as a medical student and completed her internship and residency in internal medicine at The Johns Hopkins Hospital. She served as an assistant chief of service in 1996 and the following year joined the school of medicine faculty as an assistant professor of medicine. Miller earned her M.B.A. from the Johns Hopkins Carey Business School in 2004. In 2006, she was promoted to associate professor. During her tenure, Miller has served in positions including associate program director of the Osler Medical Residency Training Program, assistant dean for student affairs for the school of medicine and vice chair of clinical operations for the Department of Medicine.

As part of her charge, Miller is overseeing Johns Hopkins Medicine's Mission Imperatives for this

fiscal year—a push to position the organization to achieve sustainable operational and financial success in the changing health care environment.

"The purpose behind the Mission Imperatives was to try to be thoughtful and strategic in how we could improve our underlying financial performance," Miller says. "With the constraints of how we're paid in Maryland, the global budget revenue system, it's incumbent on hospitals to manage their expenses very closely."

Rather than follow tradition and institute large-scale cuts across departments, management teams sat down and came up with initiatives to realize \$50 million in savings through performance improvement

"WITH THE CONSTRAINTS OF HOW WE'RE PAID IN MARYLAND, THE GLOBAL BUDGET REVENUE SYSTEM, IT'S INCUMBENT ON HOSPITALS TO MANAGE THEIR EXPENSES VERY CLOSELY."



—REDONDA G. MILLER

efforts in several areas: increasing capacity and improving throughput for all patients, using the most appropriate venues of care, increasing the number of out-of-state and international patients,

improving quality of care, benchmarking expenses, and identifying opportunities to improve the margin through revenue enhancement or cost efficiencies.

For example, one effort in the venue of care area is moving some routine screening colonoscopies for healthy patients from The Johns Hopkins Hospital to its ambulatory care site in White Marsh, Maryland, says Claro Pio Roda, senior finance director for Johns Hopkins Medicine, who serves as the Mission Imperatives executive. Besides being less costly, the procedures have quicker turnaround times. Patients can avoid driving downtown and take advantage of free parking. Plans are underway to add additional off-site locations.

In a similar effort, Pio Roda says, some simple cataract procedures will be moved from the Wilmer Eye Institute on the main campus to the outpatient site at Green Spring Station in Lutherville, Maryland.

Miller's additional priorities include improving the patient experience: "Being a patient nowadays can be tough. It can be difficult to keep all the testing and various appointments straight." She wants to help patients navigate their own care, optimize their experience during their hospital stay and ensure they are discharged with a sense of understanding about their diseases. She also wants to work on valuing "our most precious resource—our employees," as well as balancing the hospital's dual roles as a community hospital for East Baltimore and as an innovative academic medical center that pushes the boundaries of medicine. ■



Patricia Brown
President, Johns Hopkins HealthCare

Perpetual Evolution

A familiar refrain in my column has been the recognition that health care is continuously evolving, and that we must change with it. Today, medicine is formalizing new concepts that we're creating business models to support. In this issue of *Managed Care Partners*, you'll be reading about some things that—just a few years ago—we might never have expected to discuss.

Take precision medicine, a term coined just about five years ago. While there have always been pockets of medicine working on more tailored treatments for patients, there is now a wider push to incorporate individuals' differences in genetic makeup, microbiology, behaviors and environments into treatment decisions. Expect exciting news to come from precision medicine centers of excellence being planned at Johns Hopkins.

Then there's accountable care—another term more recently added to our lexicon. I'm proud to be involved in the Johns Hopkins Medicine Alliance for Patients (JMAP), a Medicare Shared Savings Program accountable care organization covering 38,000 Medicare beneficiaries. In 2014, JMAP saved U.S. taxpayers more than \$5 million and achieved a perfect score for quality reporting. (Read about the program in 2015 at right.) JMAP is now incorporating some of the work done through our three-year Johns Hopkins Community Health Partnership, a Centers for Medicare and Medicaid Services-funded initiative to better engage residents surrounding The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center in their health care.

Finally, I'd like to congratulate Redonda G. Miller, new president of The Johns Hopkins Hospital. During her long tenure at Johns Hopkins, Miller, most recently senior vice president for medical affairs for the health system, has earned her reputation as a collaborator, with great success bringing together people and ideas to tackle problems. Co-chair of the Maryland Hospital Association's Council on Clinical and Quality Issues, she has served on dozens of administrative, medical education, system innovation and quality improvement committees at Johns Hopkins. And the great news is that she will continue to be mentored by Ronald R. Peterson, who led the hospital for nearly two decades and will still be actively involved as executive vice president of Johns Hopkins Medicine and president of the Johns Hopkins Health System.

All of us trained in health care in one way or another have to adapt to meet the new expectations of accountability. Let's enjoy the ride. ■

IDEAS AT WORK

Johns Hopkins Community Health Partnership

Four-year program brings multiple stakeholders together to improve community health and reduce health disparities.

A LOCAL WOMAN LIVING in public housing was nonadherent to medical care and needed thyroid surgery, yet was distrustful of male doctors and the medical facility where she received her care. Beyond the health issues, a Johns Hopkins-affiliated community health worker who visited the woman at home noticed something: a significant fire hazard. The woman had electrical extension cords running from a single socket through the house and out the window to a neighbor's residence. Working with the woman, the health worker got the housing authority to fix the electricity, reassigned the patient to a female medical provider and got her surgery scheduled. With the woman's health care and housing needs met, she has since graduated from school as a certified medical assistant.

It's just one of many patient success stories achieved through the Johns Hopkins Community Health Partnership (J-CHIP), an intensive four-year program to bring multiple stakeholders together to improve community health and reduce health disparities for those receiving care at The Johns

Hopkins Hospital and Johns Hopkins Bayview Medical Center and surrounding areas. Funded with support from a \$19.9 million innovation award from the Centers for Medicare and Medicaid Services (CMS), the program—which included caregivers at Johns Hopkins, two grass-roots community-based organizations and five neighboring skilled nursing facilities—enrolled over 80,000 residents, typically with complex health care needs, and more than 2,000 of whom had a community health worker help coordinate their care. Johns Hopkins HealthCare was a close partner in this effort, which was described recently in the journal *Healthcare*.

While results of the program, which completed in June, are still being analyzed, "We believe at this time that we have achieved the three aims we set out for: to reduce the cost of care; improve coordination of care for Medicare and Medicaid patients; and recruit, train and deploy a new set of care team members," says Scott Berkowitz, the project administrator/project director and senior medical director of accountable care in the Office of Johns Hopkins Physicians. The team also believes

EACH PATIENT ENROLLED WAS ASSIGNED TO A TEAM THAT INCLUDED A PRIMARY CARE PROVIDER, CLINIC-EMBEDDED CASE MANAGER AND COMMUNITY HEALTH WORKER; SOME ALSO HAD A HEALTH BEHAVIOR SPECIALIST OR A NEIGHBORHOOD NAVIGATOR.

IDEAS AT WORK

Johns Hopkins Medicine Alliance for Patients Achieves Outstanding Quality Score in 2015

The alliance saw ED visit and inpatient hospitalization rates fall from 2014, and its quality score puts it in the top quarter nationally.

INTENSIVE CARE COORDINATION and quality improvement efforts have made a significant difference in the lives of thousands of individuals—and helped the Johns Hopkins Medicine Alliance for Patients (JMAP) achieve a 96.2 percent quality score and reduce rates of hospital admissions and emergency department visits by 2 percent from 2014 to 2015. Its quality performance places JMAP among the top quarter nationally and among the top three in Maryland for accountable care organizations (ACOs) that had a quality score in 2015.

Urgent specialty access and population-based pharmacy review were additional efforts likely contributing to JMAP's achievements, says Scott Berkowitz, senior medical director of accountable care in the Office of Johns Hopkins Physicians and executive director of JMAP.

Launched in January 2014, JMAP is a Medicare Shared Savings Program ACO comprising the Johns Hopkins University School of Medicine, Johns Hopkins Community Physicians, the five Baltimore-Washington metro area health system hospitals, Columbia Medical Practice, Potomac Physician Associates and Cardiovascular Specialists of Central



Maryland. In all, some 2,900 providers care for 38,000 fee-for-service Medicare beneficiaries.

When a Medicare Shared Savings ACO reaches a savings threshold while attaining a number of quality targets, such as controlling high blood pressure or screening for fall risk, it shares in the savings generated. In 2015, only about a quarter of ACOs nationwide qualified for shared savings.

"Despite its excellent quality performance and improvement in key utilization measures, JMAP, unfortunately, did not achieve shared savings in 2015, but there is much to be proud of in these efforts, which involve the active collaboration of dozens throughout the enterprise, prepare Johns Hopkins Medicine for the future and optimize care for our patients," says Berkowitz.

"We are very pleased with the progress made so far," says DeWayne Oberlander, CEO of Columbia Medical Practice, an independent primary care practice in Howard County. "We have been a partner in JMAP since its inception and look forward to continuing to improve the quality and value of its care." ■

To read the full story, visit bit.ly/JMAP_Managed_Care_Partners.

the program met CMS' goals of promoting population health, providing patients with the highest level of service and reducing the per capita cost of care, he says.

J-CHiP included both community-based and acute care-based interventions to improve health. The community-based component targeted local Medicare and Medicaid residents with average annual health care costs totaling \$30,000 to over \$55,000 prior to enrollment. Among this population, 69 percent had six or more chronic conditions, at least 32 percent had depression or another mental health condition, and 45 percent of the Medicaid patients had substance use disorders.

Each patient enrolled was assigned to a team that included a primary care provider, clinic-embedded case manager and community health worker; some also had a health behavior specialist or a neighborhood navigator. Initial patient contacts, often done in participants' homes, noted barriers to care. J-CHiP provided low-cost bus tokens, cab or shuttle support to about 550 patients in need of transportation to medical appointments; a pharmacy assistance program to make medications more affordable for nearly 400 patients; and cellphones preprogrammed with provider phone numbers to 113 patients to keep them engaged in care.

Although the award has ended, the work is far from over, Berkowitz says: "There are a lot of great things that came out of this and a lot of enthusiasm, but we know there is still a lot to be done." Some of J-CHiP's ambulatory efforts will be sustained through the Johns Hopkins Medicine Alliance for Patients, an accountable care organization, and much of the program components will continue through other hospital initiatives and the Community Health Partnership of Baltimore. Through this new initiative, supported by the Health Services Cost Review Commission, six Baltimore hospitals, including The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, will collaborate with Healthcare for the Homeless, and continue to work with community organizations such as Sisters Together and Reaching, the Men and Families Center, and others to improve care for high-risk Medicare patients in Baltimore. ■

To read more patient success stories, see hopkinsmedicine.org/community_health_partnership/share_your_journey_stories.html#barriers.



J-CHiP by the Numbers

80,000+

Baltimore residents enrolled, 2,000+ of whom were assigned a community health worker to coordinate care

MEET YOUR PARTNERS



The Path to Precision Medicine

Paving the way to individualized treatments through better data.

A NEW PARTNERSHIP BETWEEN Johns Hopkins Medicine and the Johns Hopkins University Applied Physics Laboratory will apply rigorous data analysis and systems engineering practices toward revolutionizing the diagnosis and treatment of disease.

The partnership will leverage the medical and systems engineering expertise at the two institutions to create a "learning health system" that will speed the translation of knowledge to practice in a number of areas, such as heart failure and genetics.

"For 125 years, Johns Hopkins has focused on the idea that even when you put a disease

under one diagnostic label, patients are quite heterogeneous even within that group," says Antony Rosen, vice dean for research for the Johns Hopkins University School of Medicine. Many diseases can be broken down into subgroups based on patients' symptoms or how their conditions evolved, he says. "What we aim to do is to bring novel diagnostic tools of the era to bear on defining subgroups of patients, understanding the mechanisms that drive disease and devising more targeted, homogeneous treatment interventions."

The initiative is made possible because of advances in technology, Rosen says, including more powerful and faster computers. In addition,

"YOU USED TO BE ABLE TO STUDY A REALLY LIMITED AMOUNT OF DATA. NOW, INSTEAD OF MEASURING TWO, THREE OR FIVE ANALYTES (CHEMICAL COMPONENTS) AT A TIME, YOU CAN MEASURE TENS OF THOUSANDS OF ANALYTES AT A TIME."

—ANTONY ROSEN

diagnostic equipment has vastly improved. "You used to be able to study a really limited amount of data. Now, instead of measuring two, three or five analytes (chemical components) at a time, you can really measure hundreds, thousands or even tens of thousands of analytes at a time, and you just need a tiny amount of human material, such as a blood or saliva sample."

There are numerous sources of data today available for study, he explains, from electronic health records and patient biochemical or genetic measures to wearable devices. "A critical part of doing precision medicine well is having a place where data from various sources can be safely stored, ingested, and be available for analysis and discovery." The institutions are putting the finishing touches on a data platform that will enable such investigations.

Johns Hopkins inHealth, the precision medicine effort at Johns Hopkins, aims to launch a number of precision medicine centers of excellence to highlight areas where these efforts can be applied to greatly improve patient care. The first two, to start this fiscal year, will focus on multiple sclerosis and prostate cancer, Rosen says. ■

Medicare Beneficiaries Face High Out-of-Pocket Costs for Cancer Treatment

Beneficiaries of Medicare who develop cancer and don't have supplemental health insurance incur out-of-pocket expenditures for their treatments averaging a quarter of their income with some paying as high as 63 percent, according to results of a survey-based study published Nov. 23 in *JAMA Oncology*.

Researchers at the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins Kimmel Cancer Center say their study shows that a cancer diagnosis can be a serious financial hardship for many elderly and disabled who receive Medicare, with annual out-of-pocket costs ranging from \$2,116 to \$8,115, on top of what they pay to have health insurance. The research shows that hospitalizations are a major driver of out-of-pocket costs.

New Protocol Decreases Unnecessary Blood Draws for Critically Ill

Johns Hopkins researchers report that implementing a checklist-style set of procedures appears to cut almost in half the number of potentially unnecessary blood culture draws in critically ill children without endangering doctors' ability to diagnose and treat life-threatening blood infections.

In a description of their two-year-long project, published in *JAMA Pediatrics*, the investigators say that safely reducing the frequency of blood draws in hospitalized children with fevers has historically not been a hospital priority despite the stress, pain and high rate of false positives associated with the procedure.

Johns Hopkins Kimmel Cancer Center Expands Cancer Care and Research Facility at Sibley Memorial Hospital in Washington, DC

Cancer experts from the Johns Hopkins Kimmel Cancer Center are now embedded in a newly expanded facility within Johns Hopkins Medicine-owned Sibley Memorial Hospital in northwest Washington, D.C. Sibley recently opened the 30,000-square-foot medical oncology facility—part of its new 475,000-square-foot patient tower—including 34 private rooms and three shared spaces for patients receiving outpatient treatment, such as chemotherapy or other infusions. With 20 exam and consultation rooms, the Sidney Kimmel Cancer Center at Sibley has doubled its capacity for delivering cancer treatments.

Adjacent to the facility is a 30,000-square-foot radiation therapy treatment center for adults and children. The proximity of the two facilities supports multidisciplinary cancer diagnosis and treatment planning, enhanced research opportunities, and access to leading-edge clinical trials.

Johns Hopkins Receives \$30 Million Grant from NIH for Study on Household Air Pollution

The Johns Hopkins University School of Medicine, in collaboration with the Rollins School of Public Health at Emory University and Colorado State University, has been awarded a five-year, \$30 million grant for a field study on the impact of cleaner-burning cooking fuel on household air pollution and health in four countries. The funding comes from the National Institutes of Health (NIH) in collaboration with the Bill and Melinda Gates Foundation.

ManagedCarePartners

© 2017 The Johns Hopkins University and The Johns Hopkins Health System Corporation.

The Johns Hopkins University and The Johns Hopkins Health System Corporation.

Johns Hopkins HealthCare LLC
Office of Managed Care
6704 Curtis Court
Glen Burnie, MD 21060

Managed Care Partners is published three times a year by Johns Hopkins HealthCare LLC. For more information, call 410-614-3227, or write to Patricia Brown, president, at the above address.

Produced by Johns Hopkins Medicine
Marketing and Communications:
901 S. Bond St., Suite 550
Baltimore, MD 21231

Dalal Haldeman, Ph.D., M.B.A., *senior vice president*
Justin Kovalsky, *managing editor*
Karen Blum, *writer*
Lori Kirkpatrick, *designer*
Keith Weller, *photographer*

Non-Profit Org
U.S. Postage
PAID
Permit No. 5415
Baltimore, MD

Winter 2017

ManagedCarePartners

A Johns Hopkins Medicine Publication for Managed Care Organizations

Inside MCP



1
Mission Imperatives



2
Johns Hopkins Community Health Partnership



3
The Path to Precision Medicine