

## JOHNS HOPKINS PRIMARY CARE CONSORTIUM: BACKGROUND

### **A horizon of hope**

The United States healthcare system is poised at a juncture of great opportunity. Over the past century, we have developed an academic medical enterprise that is the envy of the world; in medical centers around the country, resources have been amassed and infrastructure built, expertise has been honed, and phenomenal progress has been made in understanding and treating various diseases. The historical trend has been toward greater specialization, arguably skewing the focus of medicine toward specialist care, “high tech” intervention, and consequently, unsustainable costs. While meeting critical needs, medical care provided has become out of step with the everyday needs of the American population.

Today, however, a convergence of public policy and societal motivation is creating an opportunity to dramatically and positively impact health – through primary care. The Institute of Medicine defines primary care as, “the provision of integrated, accessible, health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.” It encompasses not only healthcare needs at any stage of life, but also “mental, emotional, and social concerns that involve the functioning of the individual.” Primary care physicians serve as a central point of contact for patients, providing them with continuity and coordination of care, and guiding them through an increasingly complex healthcare system. Enactment of the Affordable Care Act in 2014, by extending health insurance coverage to 32 million uninsured Americans, will enable vast numbers of individuals to access, and to benefit from, primary care.

The primary care mandate embedded in the Affordable Care Act bears tremendous significance for health and wellness. A strong primary care system will enable the United States to address some of the most pressing societal concerns, ranging from the management of chronic or concurrent diseases to preventive care, health promotion, community empowerment related to health, and urban health. Many individuals will gain a “medical home,” an access point to healthcare that views the whole person in the context of his or her family, community, and population.

### **Rising to the occasion**

Although primary care is vitally important to the well-being of individuals, communities, and society as a whole, our country faces a dire shortage of primary care physicians. The Association of American Medical Colleges estimates a national deficit of 45,500 primary care physicians by 2020. Most medical students in the United States – even those who match for residencies in internal medicine and pediatrics – still opt for specialty training. Why? Historical disincentives to enter primary care have included lower pay and longer hours compared with peers in other medical disciplines, low Medicare reimbursements for primary care services, and difficult case loads that comprise many elderly and/or complex\* patients.

Thus, challenges exist alongside opportunity. To achieve the health benefits made possible through excellent primary care, and to exploit the opportunity presented by this point in our history, we must invest rapidly in primary care. We must develop and test new models of care, new methods of practice,

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\* Patients are termed “complex” when they have multiple co-existing conditions, such as diabetes, hypertension, and chronic infection; increasingly, definitions of complexity also include mental health, social factors, and financial issues – reflecting the whole-person scope of primary care.

and a host of innovations that can help clinicians organize and deliver state-of-the-art primary care to growing numbers of patients, at an affordable cost.

### **Primary care: Intrinsic to Johns Hopkins Medicine**

Johns Hopkins Medicine has long upheld the values that motivate primary care. Johns Hopkins Hospital's first physician-in-chief, Sir William Osler – arguably the most revered and influential physician of the 20<sup>th</sup> century – advocated for a “generalist” approach that combined empathy for patients with the best of medical science. In his seminal 1892 textbook, The Principles and Practice of Medicine, Osler urged doctors to “care more particularly for the individual patient than for the special features of the disease.” Focus on the individual and his or her concerns continues to permeate Johns Hopkins.

Primary care is inherently inter-disciplinary. Physicians practice in close coordination with medical specialists, nurses, physician assistants, physical therapists and other adjunct health professionals, and complementary and alternative medicine providers – as warranted by the patient's unique needs. In advancing primary care on the national policy agenda, primary care providers work with public health and health policy experts. To prepare next generations of physicians and other providers who can deliver excellent patient-centered primary care to the full spectrum of patients, they engage in education, training, and mentorship. And they perform collaborative research, working with a spectrum of experts spanning basic scientists to epidemiologists and biostatisticians, to study primary care needs, interventions, and modes of healthcare delivery.

As medical practice has become increasingly specialized, technically sophisticated, and technology-based, Johns Hopkins has simultaneously raised the profile of primary care. In 2002, we established the Osler Center for Clinical Excellence, which trains physicians in the basic elements of a sound doctor-patient relationship. Through the Osler Center, physicians-in-training learn to listen to their patients, communicate effectively with patients and their families, share decision-making with them, and bridge cultural differences, as well as to apply good diagnostic skills and best medical science in patient care.

Institutional leaders have devoted considerable effort to developing the Johns Hopkins Community Physicians (JHCP), now the largest primary care group in Maryland. A network of community-based practices at more than 35 locations throughout the state, the JHCP annually serves more than 280,000 patients. In its model of care, primary care physicians' work with nurse practitioners and physician assistants; patient education and wellness programs teach patients to manage their chronic illnesses. “Our primary care is incredibly robust,” says JHCP President Steve Kravet. “Collectively, we've made great strides in delivering care that averts crises and keeps patients home longer.”

### **Institutional commitment and momentum**

Primary care is practiced, researched, and taught across many components of Johns Hopkins University. Our faculty include some of the nation's leaders in this field. It is time to coordinate, intensively support, and elevate the stature of primary care at Johns Hopkins – and to bring this strength to bear on patient care and population health.

In the winter of 2010, the Dean of the Johns Hopkins School of Medicine convened leaders from across Johns Hopkins Medicine. Their purpose was to identify and define the most pressing issues and most important opportunities facing patients, healthcare providers, learners at all levels, the institution, and society. Primary care issues dominated the agenda. The outcome was the designation of a core group of seven colleagues from the Schools of Nursing, Medicine, and Public Health began meeting to

spearhead an institutional approach to advancing primary care – both at Johns Hopkins and nationally. They formed the Johns Hopkins Primary Care Consortium.

After a concerted period of planning, the Primary Care Consortium held its first event on February 21, 2013 at The Johns Hopkins Hospital. The day-long event was well attended by healthcare professionals, the general public, and all of Johns Hopkins leadership. Participants engaged in focused discussion of institutional strengths and challenges with respect to solving primary care issues, as well as collaborative opportunities that could be made possible through the Primary Care Consortium.

### **Poised for progress**

The nascent Primary Care Consortium is now ready for its wings. Its initial committee of seven faculty, with strong institutional support, has developed a vision for a leading initiative designed to transform primary care on a national level. Already an active team, the Consortium will function as a broadly collaborative and multidisciplinary coalition. Its scope of activities will encompass innovation in clinical care, research on new ways of delivering primary care, education of new physicians and clinician-researchers, and public policy – all toward the goal of strengthening primary care, thereby improving individuals' health and achieving a highest level of wellness for society.

### **Mission**

The Johns Hopkins Primary Care Consortium will advance primary care through: (1) developing and disseminating new evidence-based models of care; (2) educating clinicians as well as clinical researchers and educators who can both provide and lead further advancement in primary care; (3) conducting multi-disciplinary research on primary care that yields new knowledge to improve the quality of care, health outcomes, and the cost-effectiveness of care; and, (4) facilitating the development of healthcare policy that supports a strong primary care system.

### **Vision**

The Johns Hopkins Primary Care Consortium will serve as a source of innovation and leadership in primary care. By offering evidence-based clinical processes and models of care, implementing educational strategies that engage medical trainees at all levels, and informing and contributing to public policy, the Consortium will provide regional, national, and international guidance for the advancement of primary care.

### **Organization**

Designed as a cross-cutting and unifying initiative that spans Johns Hopkins schools, departments, and divisions, the Primary Care Consortium will serve as an academic "home" for the far-reaching, interdisciplinary, mission of primary care. Functionally, it will coordinate a broad, collaborative coalition of researchers who possess expertise relevant to primary care, and whose institutional affiliations are distributed across Johns Hopkins Medicine.

Much as a hub with spokes, the structure of the Primary Care Consortium will be streamlined and centrally located. In its initial phase, leadership for the Consortium will be provided by the established seven-member Executive Committee. Our hope is to recruit and hire a Director to lead the Consortium. The Director and Executive Committee will receive support and guidance from a larger, widely representative, Faculty Advisory Board that will also include scientific advisors, representatives of third party payers, and patient advocates/representatives.

### ***Pillars of the Consortium***

The Consortium's activities fall into four broad categories, envisioned as the pillars that will, synergistically, support the initiative's impact:

- **Clinical innovation.** Faculty affiliated with the Consortium will develop, test, and disseminate new models of primary care delivery that improve quality of care, health outcomes, and cost. Offering different ways of taking care of people in primary care settings, current national models include interprofessional practice,<sup>\*</sup> the accountable care organization,<sup>\*\*</sup> and the patient-centered medical home.<sup>\*\*\*</sup> Emerging technologies are opening new possibilities for improving primary care, such as through patient portals, home-based monitoring, and telemedicine. This pillar will explore and test existing models of care, develop new and innovative models, and prepare new models for rigorous research.
- **Education.** Historically, Johns Hopkins School of Medicine has not sought out students with an interest in primary care, nor has it emphasized primary care in its curriculum. The Consortium will work to create an environment that encourages and supports outstanding candidates, students, and trainees who are considering careers in primary care. Through new curricular offerings, training programs, educational collaborations, and exceptional opportunities, we will enhance education in primary care and nurture the next generation of leaders for this field.
- **Research.** The Consortium will help investigators develop new clinical models, education models, and other innovations to the point where they can be studied through rigorous research. It will support the conduct of research, facilitating partnerships among epidemiologists, health services and outcomes researchers, clinical researchers, and disparities researchers to study the effectiveness of new approaches and to translate advances in knowledge into practice.
- **Policy.** The Consortium will establish a forum in which experts can collaboratively translate research and innovation in primary care into healthcare policy, and thus, practice. It will disseminate, at multiple levels, the policy changes needed in order to support primary care locally, regionally, and nationally.

### ***Institutional commitment***

The Consortium will bring together, from across Johns Hopkins University, many pockets of excellence in which investigators are committed to primary care. Its highly collaborative nature is fully aligned with President Ronald Daniels' explicit goal: "One University." In fact, the Consortium is uniquely able to help the University achieve this goal due to the broad, multi-disciplinary nature of primary care itself, with its issues and concern cutting across areas of practice and fields of study. Deans Paul Rothman, MD, Martha Hill, PhD, and Michael Klag, MD, MPH, of the Johns Hopkins Schools of Medicine, Nursing, and Bloomberg School of Public Health, respectively, have joined forces in assigning high priority to the Primary Care Consortium.

Thus, we have not only the demonstrated ability and the existing building blocks, but also the opportunity and institutional support, to build a truly institution-wide effort to advance primary care. The Primary Care Consortium vision is further enabled by strong partnerships with our colleagues in the Johns Hopkins Community Physicians, which will allow access to large patient populations for research, and to settings for implementing clinical innovations.

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\* a team-based model in which nurses, physicians, and other care providers work together closely, with shared decision-making and well-coordinated responsibilities

\*\* a group practice model which ties provider reimbursement to quality metrics and cost of care

\*\*\* not a physical place, but a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety

**Significance and impact**

Insufficiency of primary care exerts a direct toll on peoples' lives. As more and more individuals are diagnosed with chronic conditions, as the aging of the American population brings attendant health issues, and as the country extends health insurance coverage to millions of the currently uninsured, effective models of primary care will be essential to Americans' health and well-being.

The Primary Care Consortium has a critical role to play. It will develop and test new, improved methods for managing illnesses when they arise, in ways that are coordinated and effective for individual patients, and it will establish new, improved strategies for sustaining good health across the population. Its approaches – coordinated, team-based care; health education, health promotion, and disease prevention; a focus on the whole person; and good management of chronic disease through ongoing care rather than periodic emergency care – will help contain the rising costs of healthcare. Moreover, the Consortium will prepare for the country's future healthcare needs by training cadres of outstanding clinician-researchers who can help meet these needs through providing direct care, disseminating best practices, and leading the field in education, research, and clinical innovation. Backed by the strength of Johns Hopkins, a monumental enterprise when its components come together as One University, we believe that the Primary Care Consortium will transform primary care and, indeed, transform countless lives.

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