Welcome to the 2014 edition of Management Rounds. I opened last year’s edition as the interim director of our MHA program and am pleased to announce that Eric Ford, PhD, MPH, joined us on July 1 as the associate chair for leadership and management programs. Given the increasing importance of this field of study in the Department of Health Policy and Management and throughout the Bloomberg School, this new position was created with the MHA director role embedded in it. Eric comes to us from the University of North Carolina at Greensboro, where he had been a Distinguished Professor of Health Care Management in the School of Business and Economics. In this edition of MR, Eric introduces himself to you with his article, “The Iron Triangle: Quality, Cost and Access.”

Management Rounds is our program’s vehicle for showcasing program initiatives, faculty and student activities, and for providing updates about our department. In this edition, HPM faculty report on progress with evidence-based gun policy and mental health. We are also pleased to profile two of our part-time faculty as well as to report on an innovative residency opportunity in the MedStar Health System.

As we prepare to welcome 26 members of the Class of 2016, we wish you the best for the coming year.

Ann-Michele Gundlach

The Iron Triangle: Quality, Cost and Access

Health care and higher education are two institutions that are key to a community’s well-being and success. Given their importance and costs, our society’s expectations for both are changing rapidly. For administrators charged with ensuring these institutions’ sustainability in the 21st century, a major concern is that the public’s trust and support for these institutions are in precipitous decline. Policymakers, the media and even advocates question our health systems’ and universities’ return on investment. In the health sector, above-average inflation coupled with care quality concerns has raised numerous questions with too few effective answers. By the same token, universities’ reliance on student-borne debt to finance their activities juxtaposed against graduates’ diminished career prospects is raising red flags in many quarters. In both health care and higher education, consumers are increasingly concerned that product quality is questionable, costs are too high and not everyone has access to essential services. In short, health care and higher education face many challenges that can be broadly categorized into three similar consumer-focused issues—Quality, Cost and Access. This begs the question, Do these common challenges have any common solutions?

Taken together, quality, cost and access form what has been referred to as the Iron Triangle of health care. The Iron Triangle represents a set of relationships where it is possible to positively influence one leg, or even two legs, of the triangle, but such change inevitably comes at the expense of the remaining element. The recent Veterans Administration (VA) scandal around appointment waiting times is a prime example of an Iron Triangle trade-off. Access to care was delayed as a means to control costs. Worse still, VA administrators falsified wait times to cover up the failure and received performance bonuses tied to the deception—allegedly. While the VA managers’ behaviors are inexcusable, when employees are given only bad options, they invariably make bad choices. In such instances, the Iron Triangle poses not only a trade-off dilemma but also a trap that ensnares providers and consumers alike.

In higher education, the same quality, cost and access Iron Triangle is in play. The two legs currently drawing attention in the media are quality and cost. On the one hand, the proportion of recent graduates working in a profession related to their academic credentials is at its lowest point in memory. On the other hand, these same...
Faculty Q & A

Stacey B. Lee, JD
Our Newest Faculty Associate

This is Stacey Lee’s first year as an instructor in the MHA program at JHSPH, and she teaches our Legal and Ethical Issues in Health Services Management course as well as Negotiations in Health Care Settings for the School at large. Her primary appointment as an assistant professor is with the Johns Hopkins Carey Business School. We asked Stacey to answer a number of questions so that our students and alumni could learn more about her. Here are her responses.

MR: What is the key takeaway you would like students to gain from your class?
SL: The goal of my law classes is to promote an understanding of the links between the legal environment and the regulatory controls that define, promote and limit business. At the end of the course, I hope students take away an expanded capacity for critical thinking and an enhanced ability to draw appropriate lines with regard to healthcare, law and business ethics.

MR: What is your primary research focus?
SL: My research focuses on the pharmaceutical industry. More specifically, how pharmaceutical manufacturers’ business practices influence access to medicine, both domestically and abroad. Recently, I have explored the legality of pharmaceutical companies’ business practices that delay the entry of generic drugs into the market and FDA regulations that prohibit generic manufacturers from changing inadequately labeled pharmaceutical products. Currently, I am examining whether purchasing organizations’ use of safe harbor anti-kick provisions is responsible for the increasing shortage of critical generic drugs.

In addition to these specific research interests, I have been researching the law since the day I walked into law school. What is different now (and what I love) is how I research the law. As a litigator and in-house counsel, my responsibility was to use the law as a tool to advance my clients’ interests. For 10 years, I found that very interesting and challenging. However, these cases also presented me with situations when I wondered, outside my particular client’s needs, what should the law be? Now I get to do that. This changed vantage point motivates and inspires me.

MR: What do you enjoy most about teaching at JHSPH?
SL: I think the best thing about teaching in this program is the students. Having taught law students, MBA students, I thought I had encountered basically all the types of students. I was wrong. Bloomberg School public health students are a different and inspiring breed. I have been blown away by the passion that students bring to the classroom. I love talking to students who literally “want to change the world and make it a better place.” Their enthusiasm and optimism make our classroom discussions thoroughly engaging.

MR: When did you know you wanted to study the law as a career goal?
SL: I have always been fascinated by the law and driven by a deep sense of justice. As I grew older, becoming an attorney seemed like a natural fit. During law school and my early career as a litigator, what I did not anticipate was that my passion for the law would lead me to academia. The decision to transition from practicing to teaching law is the best work-related decision I have made in my life.

Bloomberg School’s MHA Team Places Second at UAB Case Competition

Emily Lenneville, Avi Handa and Christine Laccay focused on the sensitive and difficult nature of palliative care to place second in the University of Alabama at Birmingham’s eighth annual Health Administration Case Competition. Acknowledging that “patient-centered care” can be a bit of a buzzword these days, the team prioritized both the patients’ and families’ needs in their case.

The Bloomberg School’s MHA team competed against 35 teams from CAHME accredited healthcare administration programs located throughout the U.S. and Canada. A panel of 12 nationally recognized healthcare executives were the judges for this event where the team was awarded a cash prize of $6,000.

“Because of the way in which the Bloomberg School’s Master of Health Administration program prepared us, the three of us had already developed a work process and established a positive team dynamic,” says Laccay. A key strategy: “We were able to play to each other’s strengths.” Success meant differentiating themselves, according to Lenneville.

“[We] wanted our work to reflect our values, so our analysis emphasized the people, and our presentation told a story,” she says. “We were taking a risk, but it was that risk that distinguished our group from the rest.”
On April 29, MedStar Health, via the MedStar Institute for Innovation, announced a strategic partnership with 1776 Global LLC, which is based in Washington, DC. Opened in April 2013, 1776 is a global platform for startups that are tackling major world challenges in heavily regulated industries such as health care, education, energy and “smart cities”: http://www.1776dc.com/. Located a few blocks from the White House, 1776 provides its now 200+ startups with the mentorship, programs and unique access to the right connections to scale up their businesses rapidly. MedStar Health joins Microsoft, Comcast Business and the District of Columbia in becoming the fourth and final founding partner of 1776. Under this multifaceted partnership, MedStar Health clinicians and administrators will have an ongoing presence at the 1776 campus to actively work alongside the entrepreneurs who are building solutions to major healthcare challenges, as well as other industries that may have a healthcare application. MedStar experts will also provide educational workshops and experiential opportunities for innovators seeking to stay current with the evolving healthcare delivery landscape.

As Mark S. Smith, MD, director of the MedStar Institute for Innovation, said, “Our mission is to catalyze innovation that advances health. True innovation often starts with an idea from outside the system, is shaped by input from content experts and then informed by the friction of real experience in an actual clinical environment. Between 1776 and MedStar Health, we have all three components. Working together, we increase the probability of identifying and testing those new technologies, approaches and business models that will be big wins for patient care. This relationship is really something special.”

But not only is this great news for health care in the Baltimore-Washington DC region (and ultimately nationally), but it has specific impact for students in the Johns Hopkins MHA program. In July MedStar Health welcomed its fourth consecutive Administrative Resident in Emergency Medicine and Innovation from the program. Leatt Gilboa (’15) joined program alumni Christine Laccay (MHA ’14), Linda Sobh (’13) and Fadi Rammo (’12) in this unique practicum that pairs the intensive clinical operations of MedStar Emergency Physicians (MEP) with the future-focused catalyst of the MedStar Institute for Innovation (MI2). (Note: All three residency graduates have found full-time employment at MedStar Health.) Beginning this year on the innovation side of the residency, students will be able to engage with 1776 on projects, access educational opportunities on their campus and network with a diverse population that often attracts VIPs—in fact, Leatt saw President Obama in her first weeks on the job when he made an impromptu visit to 1776 on July 3 to meet the entrepreneurs and discuss the economy and the role of innovation in job growth.

This MedStar residency program was conceptualized in 2010 by two JHSPH alumni: Jeff Collins (’08) with MI2 and Hasnain Photowala (’04) with MEP (currently with Surgical Services). The alumni duo realized that given shared senior leadership between Emergency Medicine and Innovation at MedStar—Mark Smith, MD, and Heather Kratz (Hopkins MBA ’10)—there was a great opportunity to create a distinctive program that would benefit MHA students. “A major reason we wanted to create this residency was because we would have been very interested in it if it were available when we were in school—it covers a lot of ground and exposes students to both frontline operations and higher-level health system strategy. It’s really a phenomenal opportunity for the students, and MedStar gets access to top-notch talent—win, win,” said Jeff Collins, administrative director of MI2.
Spotlight on Part-Time Faculty

Pamela Paulk Honored at the White House as a Champion of Change

Pamela Paulk, senior vice president for human resources for the Johns Hopkins Health System and Johns Hopkins Medicine and associate faculty member in HPM, was recognized at the White House on Monday, June 30, as a Champion of Change because of her work and advocacy in hiring ex-offenders into the Johns Hopkins workforce.

President Barack Obama instituted the Champions of Change program to celebrate Americans whose innovative ideas have fostered positive change. For more than 10 years, Paulk and Johns Hopkins Hospital and Health System President Ronald Peterson have been leaders in the push to give qualified ex-offenders a second chance at a job and a life. Recognizing a need for stable, reliable employees in hard-to-fill positions, Paulk led an initiative to hire people whose pasts might otherwise disqualify them from employment. The initiative, which received funding secured by Sen. Barbara A. Mikulski, is conducted in partnership with local community-based groups that identify individuals who want to work. Although not all ex-offenders are suited for the program, careful screening has made the program a success.

“First and foremost, this is a good business decision,” Paulk says. “These are good, loyal, solid workers. And I have the numbers to prove it.” Paulk and her department conducted a sample of 80 ex-offenders hired by the Johns Hopkins Hospital in 2000. Four years later, 73 of the 80 were still employed at Johns Hopkins. A 2009 study at Johns Hopkins of almost 500 ex-offender hires showed a retention rate after 40 months that was better than a matched group of non-offenders. “So from a business perspective, you’ve got great workers who truly are pleased to have a second chance,” Paulk notes.

In addition to being responsible for the human resources policies governing approximately 41,000 employees, Paulk teaches Human Resources in Health Organizations in the Bloomberg School of Public Health. Paulk has had a part-time faculty appointment in HPM since 2002. Her students have learned about strategic human resources management through a well-experienced practitioner and educator.

Paul Levy Brings His Case Study to Life

One of the highlights of the past academic year was Paul Levy’s visit to Ann-Michele Gundlach’s second-term Foundations of Leadership course. The culminating HBR case study used in the course is Paul Levy: Taking Charge at Beth Israel Deaconess Medical Center. The case study CD details the steps Levy undertook as the new CEO to turn around this failing medical institution and features him discussing progress over his first six months in the job. This year the class was privileged to have Levy attend the last class of the term to provide an engaging “live case” experience. True to his persona in the case study CD, Levy was stimulating and forthright as he recounted his experience with the BIDMC turnaround. Additionally, he offered leadership lessons for building and revitalizing a healthcare institution in this age of change. This rare opportunity to learn firsthand brought theory to life.

A number of leadership lessons stood out from Mr. Levy’s talk. First and foremost, he emphasized the importance of developing trust through transparency and consistency. This has been the theme of his blog about running a hospital, which he began publishing in 2006: http://runningahospital.blogspot.com/. The second lesson was about the importance of creating an environment in which people can learn and achieve. This is underscored by his philosophy that “people want to do good in the world,” a goal that they can accomplish through their work in healthcare organizations. Of the many other points Mr. Levy made about leadership, perhaps the most salient was that “people want to know there is someone in charge who cares about them.” Rounding out his talk was the emphasis Mr. Levy placed on the importance of patient safety in the delivery of healthcare services and the leader’s role in ensuring its primacy.

Levy shared copies of his most recent book with students.
The MHA Road Show 2014-2015

Every year, the MHA program packs up the first-year students and hits the road to reality – the world of practice where the classroom lessons are updated, massaged, tweaked and applied. This year is no different. The 26 new MHA students will be visiting a wide variety of healthcare providers of one stripe or another. The site visits help to provide students with the context in which they will apply the lessons learned in their management, leadership, finance, strategy, operations and other first-year courses. The Class of 2016 will be visiting the following organizations:

- Greater Baltimore Medical Center
- Johns Hopkins Home Care Group
- Wilmer Eye Institute, Johns Hopkins
- LifeBridge Health System
- Lutherville Personal Physicians, Mercy Health System
- Hopkins tow line
- CareFirst BCBS
- University of Maryland Medical Center, Shock Trauma
- Nurse manager shadowing experience
- Gettysburg battlefield

Johns Hopkins Bloomberg School of Public Health Reaches MOOC Milestone: One Million Enrollees

The Johns Hopkins Bloomberg School of Public Health, long a pioneer in online instruction and among the first to offer Massive Open Online Courses (MOOCs) through the web-based education platform Coursera, topped 1 million MOOC enrollees in the spring of 2014, less than two years after the School launched its first MOOC courses in the summer of 2012.

“It is exhilarating to pass the 1 million mark,” said Michael J. Klag, MD, MPH, dean of the Bloomberg School of Public Health. “Sharing our knowledge and research with the world is an essential part of our mission of improving health and saving lives.

With MOOCs, our faculty can reach more learners in one course than they would have throughout their entire careers.”

MOOCs are part of a growing trend in online education that aims to bring high-level instruction from faculty at leading institutions free of charge to anyone who has the interest and access to the Internet. The Bloomberg School currently offers 23 MOOCs covering a range of public health topics, such as “Community Change in Public Health,” a six-week course that started this spring, and “Health for All Through Primary Health Care,” a six-week course that began in May.

The Johns Hopkins Bloomberg School of Public Health has been active in online public health education since 1997, when it began offering for-credit online courses to full- and part-time students. The School was among the first to offer an online graduate degree in public health, with the introduction of its part-time Master of Public Health (MPH) degree program in 1999. In addition to its 23 current MOOCs, the School currently offers over 113 for-credit online courses and publishes teaching materials from 112 courses through the Bloomberg School’s OpenCourseWare, making it one of the world’s largest providers of online public health education.
MHA’s Special Friday: May 2, 2014

The First Friday In May continues to serve as the most special, and longest, day of the MHA year. HPM department chair Ellen MacKenzie greeted the MHA Class of 2015, program directors, and case competition judges at 8 a.m. in the Wolfe Street Building. The final round of the program’s sixth annual Case Competition concluded by mid-afternoon. The first-place team, TriContinent Consulting LLP, pictured above, was composed of Nuriesya Abu Bakar, Anthony DeAngelo and Sophie Holmes.

This year’s Upsilon Phi Delta Induction Ceremony once again followed the case competition. In the School’s newly renovated Paige Hall, faculty advisor Ann-Michele Gundlach and Fadi Rammo, ‘12, welcomed members and inductees. As this year’s induction gift, Ann-Michele and Fadi chose Where Good Ideas Come From by Steven Johnson. This year’s inductees included Leatt Gilboa, ‘15; Natasha Gill, ‘15; Alyssa Nardi, ’13; Shivani Patel, ’14; Samantha Pruden, ’14; Sindhusha Ravi, ’15; Chase Roberts, ’15; Ashna Saxena, ’14; and Spencer Wildonger, ’14.

Three Upsilon Phi Delta Honor Awards were presented by Fadi at the alumni/preceptor dinner also scheduled for May 2. This year’s recipients were John Ellis, longtime finance instructor and preceptor; Brett McCon, alumnus and preceptor; and Ron Peterson, president of the Johns Hopkins Hospital and Health System. Each of the recipients and their organizations—Greater Baltimore Medical Center, KPMG and Johns Hopkins Medicine—
have been active supporters of the MHA program and its students. This year’s dinner in Feinstone Hall was well-attended. Several alumni from the Class of 2004 chose this as an opportunity to reunite for their 20th reunion, but the highlight of the evening was paying a special tribute to Bill Ward for his 17 years as program director. Ron Peterson recalled his early days working with Bill at Bayview Medical Center (originally known as Baltimore City Hospitals) when Johns Hopkins assumed the management of the financially troubled hospital. Bill was recognized not just for making a significant contribution to Bayview but for his subsequent role in developing a generation of healthcare administrators. Following Ron was this year’s alumni speaker: Charlie Reuland, executive vice president and COO of Johns Hopkins Bayview Medical Center. Charlie was the perfect choice for this year’s speaker. A 1991 graduate of the program who later earned his DrPH from the department of HPM, Charlie entered the MHS in Health Finance and Management program directly from undergraduate school and became Bill’s second administrative resident at Bayview. Bill provided Charlie with numerous opportunities to learn from doing. Charlie had his opportunity to reciprocate by sharing with attendees how meaningful and long-lasting Bill's influence has been on the lives of his previous residents.
Mental Illness and Guns: Evidence-Based Public Health Policy and Provider Awareness

In the past decade, a series of mass shootings has prompted a national dialogue about mental illness and gun policy. In the aftermath of these highly publicized tragedies, policymakers are often faced with conflicting messages that are not directly informed by research evidence. Some gun violence prevention groups highlight the link between mental illness and violence and call for policies to prevent persons with mental illness from having guns. In contrast, mental health advocates often assert that individuals with mental illness are no more likely to be violent than other members of the community, and that mental illness–focused gun restrictions further stigmatize persons with mental illness. Faced with these conflicting messages, policymakers have struggled to identify policies in response to the mass shootings that are increasingly common in communities throughout the U.S.

The dialogue around mental illness and guns was particularly strong in the months following the December 2012 shooting in Newtown, Connecticut. During this period, many gun policy proposals were based on the common assumption that mental illness is an important cause of violence. This assumption is counter to the available research evidence, which shows that the large majority of persons with mental illness are not violent, and that most violence is not caused by mental illness. In response to this breach between the research evidence and the policy dialogue, in March 2013 faculty from the Johns Hopkins Center for Gun Policy and Research partnered with the Educational Fund to Stop Gun Violence—a Washington DC–based advocacy group—to convene a two-day meeting at the School of the nation’s leading researchers, practitioners and advocates in gun violence prevention and mental health.

Stakeholders representing more than 15 organizations reviewed and discussed the research evidence and came to consensus on the following points: 1) the large majority of people with mental illness do not engage in violence against others, and most violence is caused by factors (e.g., substance abuse) other than mental illness; 2) at certain times, such as the period surrounding a psychiatric hospitalization or first episode of psychosis, small subgroups of individuals with serious mental illness are at heightened risk of violence; and 3) mental illnesses such as depression significantly increase the risk of suicide, which accounts for more than half of gun deaths in the U.S. each year.

On the basis of these consensus points, the group—later named the Consortium for Risk-Based Firearm Policy—agreed on a set of detailed policy recommendations to 1) strengthen existing laws to prevent people with serious mental illness from having guns during periods of heightened risk; 2) prevent individuals meeting evidence-based criteria for risk of future violence, such as substance abuse and domestic violence perpetration, from having guns for a defined time period; and 3) create a new mechanism, called a “Gun Violence Restraining Order,” to provide family and intimate partners with a civil mechanism to temporarily prohibit the purchase and/or possession of firearms when a family member or intimate partner is in crisis and acting in a dangerous manner. The Consortium also specified clear guidance for the restoration of individuals’ firearm rights at the conclusion of their temporary prohibitions. (For the full recommendations, see the Consortium’s state and federal reports: http://www.jhsp.h.edu/research/centers-and-institutes/johns hopkins-center-for-gun-policy-and-research/publications/GPHMI-State.pdf and http://www.efsgv.org/wp-content/uploads/2014/02/Final-Federal-Report.pdf).

Consortium members have been participating in educational forums to promote discussion about gun violence prevention, mental health and the evidence base. Policymakers and advocates appear to be paying attention, with significant state and federal legislation under consideration.

The evidence compiled by the Consortium demonstrates the complex relationship of mental health and gun violence. Leaders and managers in healthcare delivery must recognize this complexity and establish programs within their organizations that address this relationship with compassion and care, and attention to the available evidence.
Joshua M. Sharfstein Named Associate Dean for Public Health Practice and Training

Joshua M. Sharfstein, the secretary of the Maryland Department of Health and Mental Hygiene, will join the full-time faculty of the Johns Hopkins Bloomberg School of Public Health as the new associate dean for public health practice and training, effective Jan. 1, 2015. Sharfstein’s faculty appointment will be in the Department of Health Policy and Management.

As secretary of DHMH, Sharfstein led efforts to modernize Maryland’s all-payer system for hospital payment and has described the outcome of that process in a recent New England Journal of Medicine article. He also serves as a member of the editorial board of JAMA: The Journal of the American Medical Association. Before joining the state, he was principal deputy commissioner of the U.S. Food and Drug Administration and, earlier, Baltimore City’s commissioner of health. He began working on health and social policy matters as an advisor to longtime U.S. Rep. Henry A. Waxman of California, where he was responsible for projects related to public health.

“Josh Sharfstein has had a distinguished career in public health practice and policy, and we are delighted that he is joining the faculty of the Bloomberg School,” says Michael J. Klag, dean of the School. “Josh will bring a wealth of experience and insights that will strengthen the practice, teaching and research opportunities available to our faculty and students.”

A Maryland native, Sharfstein is a graduate of Harvard College and Harvard Medical School and, during his training in pediatrics, worked with the Massachusetts Department of Public Health and the World Health Organization. He was a contributing editor at Public Health Reports and serves on the Board on Population Health and Public Health Practice of the Institute of Medicine.

Sharfstein will succeed Thomas Burke as associate dean. Burke is President Barack Obama’s nominee to lead the Environmental Protection Agency’s Office of Research and Development. He will serve in his current role as associate dean until Sharfstein joins the School; until his confirmation by the Senate, he will remain director of the School’s Risk Sciences and Public Policy Institute.

“As a pediatrician and as a public servant, Josh Sharfstein has been committed to children, families and improving people’s lives,” says Maryland Gov. Martin O’Malley. “As the secretary of health and mental hygiene, he’s led the way as we have invested in public health and prevention, aligned the healthcare system to the vision of better health at lower cost and expanded health-care coverage to hundreds of thousands of Marylanders. As a Marylander, I’m thrilled that he’s going to Johns Hopkins.”

While serving as city health commissioner until his confirmation by the Senate, he will remain director of the School’s Risk Sciences and Public Policy Institute.

Health Disparities Present Huge Burdens for African-American and Hispanic Men and the U.S. Economy

A recent study by JHSPH researchers concluded that between 2006 and 2009 African-American men incurred $341.8 billion in excess medical costs as a result of health inequalities, and Hispanic men incurred an additional $115 billion over the four-year period. The study, published this winter in the International Journal of Men’s Health, looks at the direct and indirect costs associated with health inequalities and projects the potential cost savings of eliminating these disparities for minority men in the United States.

“Health disparities have a devastating impact on individuals and families, and they also affect society as a whole,” said Roland J. Thorpe Jr., PhD, lead author of the study and assistant professor in the Department of Health Policy and Management, as well as director of the Program for Research on Men’s Health in the Johns Hopkins Center for Health Disparities Solutions.

Researchers used data from the Agency for Healthcare Research and Quality’s 2006–2009 Medical Expenditure Panel Survey (MEPS) to determine the prevalence of a variety of health statuses and conditions among each racial/ethnic group. This information was incorporated in statistical models to estimate the total direct medical costs and the proportion of costs incurred for each group as a result of health disparities.

The indirect costs of lower worker productivity owing to illness and premature death were calculated using data from MEPS and the CDC’s National Vital Statistics System. Over the four-year period, these factors cost the economy a total of $436.3 billion. “These stark findings underscore the fact that we can’t afford to overlook men’s health disparities that exist in this country,” added Thorpe. “The cost to society—both moral and economic—is staggering.”
The Honorable Ronnie Musgrove has joined the Johns Hopkins Bloomberg School of Public Health as the inaugural Senior Policy Scholar in the Department of Health Policy and Management. Known as the “Education Governor,” Musgrove championed the Adequate Education Act, which changed the face of public education in Mississippi by ensuring that every public school in the state received adequate and equitable funding, to deliver on the promise of a quality education.

“Governor Musgrove is the ideal candidate to take on this role and craft an agenda that will resonate with our faculty, students and policymakers,” said Ellen MacKenzie, PhD, the Fred and Julie Soper Professor and Chair of the Johns Hopkins Bloomberg School of Public Health’s Department of Health Policy and Management. “His long-standing career in public service—and access to our local, state and national leaders—gives us an opportunity to contribute to the national discussion on the public health policy issues of our time, and offers our students an amazing opportunity to be part of the process.”

In his role as Senior Policy Scholar, Governor Musgrove consults with students and Bloomberg faculty on the policy implications of their work; advises on outreach to people who can help implement programs or policies coming out of their research; recommends ways to better communicate the School’s research to policymakers on the state and national level; and acts as a resource for students and faculty.

### HPM Updates and Accolades

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<tr>
<th>Karen Davis, PhD, the Eugene and Mildred Lipitz Professor in Health Policy and Management (HPM), has been asked to serve on U.S. Sen. Ben Cardin’s Health Advisory Group.</th>
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<tr>
<td>Lilly Engineer, MD, DrPH ’08, MHA, associate director, DrPH program in Health Care Management and Leadership, and Certificate in Quality, Patient Safety and Outcomes Research, HPM, and assistant professor, ACCM, JHSOM and HPM, was selected as a Baldrige Performance Excellence Award examiner by the Maryland Performance Excellence Foundation.</td>
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<td>Eric Ford, PhD, MPH, associate chair for Management and Leadership and director of the MHA program, received the Academy of Management—Health Care Management Division’s Excellence in Teaching Award at the academy’s annual meeting in August. The award recognizes innovation and outstanding teaching.</td>
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<td>Andrea Gielen, ScD ’89, ScM ’79, professor, Health, Behavior and Society, and director of the Johns Hopkins Center for Injury Research and Policy, received the 2013 American Public Health Association Award for Excellence.</td>
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<td>Ann-Michele Gundlach, EdD, associate director, MHA program, received another Golden Apple from the JHSPH Student Assembly for excellence in teaching at the 2014 Convocation ceremony.</td>
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<td>Thomas A. LaVeist, PhD, the William C. and Nancy F. Richardson Professor in HPM and founding director of the Hopkins Center for Health Disparities Solutions, received the 2014 ICON Award from Associated Black Charities.</td>
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<tr>
<td>Donald Steinwachs, PhD ’73, professor, HPM, was appointed to the Department of Veterans Affairs National Research Advisory Council.</td>
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**Sharfstein continued from page 9**

As previously reported, Dr. Donald S. Sharfstein, M.D. ’73, served as the health commissioner for the Baltimore City Health Department until his appointment as the 16th Surgeon General of the United States. As Surgeon General, he led the highest public health agency in the nation, serving as a policy advisor, influencer and advocate for health, and as such was the nation’s chief health advocate for 3 years. While serving as Surgeon General, Sharfstein led a campaign warning parents not to use over-the-counter cough and cold medications after the deaths of four city children under the age of 4. He later was the lead author of a petition to the FDA that led manufacturers to remove cold and cough medications for children under age 4 from the market.

“We already know Josh from his lectures at our School, his mentorship of our students and our productive collaborations, and we look forward to his full-time presence and impact at the School,” Klag says. “We know that he will build on the very strong foundation of practice and policy activities already here to create new synergies and increase the impact of our work.”
Experts Confront Rx Drug Abuse Epidemic

President Clinton, MHA’s Doug Hough and others share personal stories and data.

On May 13, Doug Hough, associate director of the MHA program, participated in a town hall meeting co-sponsored by the Bloomberg School and the Clinton Health Matters Initiative of the Clinton Foundation. The session was kicked off by President Clinton himself, who shared the personal losses that opened his eyes to America’s prescription drug abuse.

A year ago, the Clinton Foundation announced its prescription drug abuse initiative to cut in half the number of young people ages 18 to 26 misusing prescription drugs for the first time—and save 10,000 lives in three years.

President Clinton said he’s looking to the Bloomberg School for help in applying public health expertise to practical action. He urged experts to develop ways to increase the availability and user-friendliness of the drug Naloxone. “That’s what I’m obsessed with, so if you can help us in that specific way, I would be very, very grateful,” he said.

A panel discussion followed President Clinton’s remarks, moderated by Gail Saltz, a Today Show correspondent. In addition to Doug Hough, the panel included U.S. Sen. Amy Klobuchar, FDA Commissioner Margaret A. Hamburg and Patrick J. Kennedy, a former U.S. representative.

Runaway opioid prescribing was one of the provocative topics taken up during the panel discussion. Doug, a behavioral economist, said our culture finds use of widely available drugs normal and acceptable. The majority of people who use prescription drugs inappropriately get them free from friends or relatives—only 5 percent get them from a stranger or drug dealer, he said, quoting CDC statistics.

He also noted CDC statistics show that deaths from motor vehicle accidents have been cut in half over the past 30 years. “It is unlikely that people became better drivers,” Doug said. “Witness the number of people texting while driving.” Rather, it is the cars—and the roads—that have been made safer. With prescription drug abuse, instead of trying to change people’s behavior, it might be more effective to change the system so that drugs like Oxycontin and Vicodin are not readily available.

Iron Triangle

continued from page 1

graduates have the highest student debt levels of any cohort ever. Few things make a poor decision more visceral than having a bill arrive every month without the means to pay it. The irony that graduates are unable to pay for the credential that was intended to make payment possible is lost on no one. The degree-loan trade-off dilemma was covered up in a sense because the perceived degree's quality was not accurately assessed against the cost. The true magnitude of the problem is further obfuscated by the inability of loan recipients to default, and thus no institution is put at financial risk for systemic failure (too big to fail?). Subsidized student loans masked the Iron Triangle trade-off dilemma and ensnared a generation of graduates, compromising their abilities to invest in other life-enhancing acquisitions (i.e., homes and children). Reforms designed to right the financial leg of the higher education Iron Triangle are already ensnaring for-profit universities. Like health care, the current generation of education providers and consumers will experience the Iron Triangle trade-offs to a greater extent than their predecessors.

While I have painted a bit of a grim picture, I firmly believe that the Iron Triangle can be broken through innovation. Most importantly, I believe that the Johns Hopkins community will continue to lead in both the healthcare and education endeavors.

—Eric W. Ford, PhD, MPH
At exactly 2:30 p.m. on May 20, MHA graduates followed Graduates Marshal Brad Herring and marched into the Joseph Meyerhoff Symphony Hall wearing their peacock blue hoods. This year’s convocation speaker was Carol S. Larson, president and CEO of the David and Lucile Packard Foundation. Those JHSPH graduates who attended the University-wide Commencement ceremony on May 22 had the opportunity to hear Susan Wojcicki, CEO of YouTube, who was the featured speaker.

### Administrative Residency Placements for the MHA Class of 2015

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<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<td>The Johns Hopkins Hospital</td>
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<td>John Adamovich</td>
<td>The Johns Hopkins Home Care Group</td>
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<td>Alexandra Bono</td>
<td>Deloitte Consulting, LLP</td>
<td>McLean, VA</td>
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<tr>
<td>Rebecca David</td>
<td>Children’s Medical Center</td>
<td>Dallas, TX</td>
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<tr>
<td>Anthony DeAngelo</td>
<td>The Johns Hopkins Health System</td>
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<td>Lucas Divine</td>
<td>Covenant Health System</td>
<td>Lubbock, TX</td>
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<tr>
<td>Leatt Gilboa</td>
<td>Medstar — Institute for Innovation (MI2) &amp; Emergency Physicians (MEP)</td>
<td>Washington, DC</td>
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<td>Sophie Holmes</td>
<td>Al Noor Hospitals Group, Plc</td>
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<tr>
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<td>Jordan Kurtzman</td>
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<td>Association/Office of Johns Hopkins Physicians Baltimore, MD</td>
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<td>Katherine Park</td>
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<td>Noreen Quereshi</td>
<td>San Francisco Health Plan</td>
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<td>Sindhusha Ravi</td>
<td>Accenture</td>
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<td>Arett Zartarian</td>
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