Director’s message

Hello Colleagues,

Greetings from the Master of Health Administration program at the Bloomberg School of Public Health at Johns Hopkins University. This edition of Management Rounds is not only filled with highlights of student accomplishments and faculty and program spotlights, it is actually brought to you by our students. Please note the many student bylines. With each issue, it is our pleasure and our goal to share, with great pride, all the news that makes our program so special.

Our students have prepared quite an impressive issue. There are interviews with Kevin Sowers, the new president of the Johns Hopkins Health System, and Daniel Polsky, Bloomberg Distinguished Professor in Health Policy and Management. The breadth of student, faculty, and alumni awards and accomplishments is simply amazing. Read about the exciting work of our MHA Student Association, as well as the many awards recognizing students and faculty in our program. One of our second-year students, Xing Yi, who was the recipient of a School of Public Health nursing scholarship this year, authored our alumni spotlight column featuring recent HPM Doctor of Public Health graduate Claro Pio Roda, chief financial officer of Howard County General Hospital and an adjunct faculty member teaching our online Healthcare Finance course. Exciting pictures continued on page 9

Management Rounds

Johns Hopkins Master of Health Administration Program | Johns Hopkins Bloomberg School of Public Health | Department of Health Policy and Management | December 2019

MHA Students welcome new Health System President

Every year, the first year MHA students have the opportunity to meet the president of the Johns Hopkins Health System early on in the program. Kevin Sowers, RN, MSN, FAAN, took on this role in early 2018 after working at Duke University Health System for 32 years. The following Q&A with Kevin Sowers provides insight on the impact of the move towards value based care and population health on academic medical centers and the challenges that health systems face."

MR: How does your RN degree inform your decisions as you lead Hopkins into the future? What are your leadership imperatives as a result of your background?

KS: I spent my early career in an academic hospital, so, essentially, I grew up in an academic setting. It made me appreciate the importance of all three prongs of the tripartite mission of patient care, research and education. That experience also taught me the value of training the next generation. My work at the bedside gave me an experiential understanding of the importance of the patient/caregiver relationship and the challenges frontline employees face each day. As I took on positions of increasing responsibility, I gained a broader understanding of how the three parts of our mission came together to allow us to deliver cutting-edge care – care that truly makes a difference in the lives of the people we serve. I also grew to truly appreciate the skills and knowledge that each individual brings to the team. That’s why I often ask physicians and staff to “teach me something.” It shows that I value their expertise and want to hear their thoughts and opinions. I also went on to earn a master’s degree in nursing. So, I would say my nursing degrees provided the strong foundation that I needed to achieve success, and my education combined with more than three decades of experience in academic health care have prepared me for my current role.

MR: With the recent PWC study about how AMCs are facing an identity overhaul, how do you think Hopkins prioritizes the identities of experience-leader, product-leader, integrator, and health manager? Is this different from when you first came to Hopkins?

KS: I want to start by saying that I thought I would retire at Duke. But when I was asked to come to interview at Hopkins, what I found were the brightest minds and biggest hearts in healthcare. Johns Hopkins’ stance aligns with the PWC model as we seek to manage quality, provide the best patient experience, reduce costs, and increase efficiency.

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Even as a senior in high school, Doug Hough always knew he was meant to have a career in academia. He wanted to be an economist and pursued this dream by getting his bachelor’s, master’s, and PhD in economics. After completing his schooling, Doug worked in Chicago, where he held a variety of different positions, including roles at the American Medical Association and PwC. From there, Doug moved back to Virginia, where he had grown up, and told himself that by 60, he would start teaching; it turned out, however, he wouldn’t have to wait nearly that long as he was recruited to the Hopkins Business of Medicine program by age 50! When asked about onboarding at Hopkins, Doug remembers thinking, “Oh my god! I’m on the faculty at Johns Hopkins! Never in my wildest dreams would I have expected to be here.”

Now, after a long and illustrious career, Doug Hough has begun thinking about retirement and what will come next.

This school year, Doug will still be teaching a full course load, but as of July 1 he has officially given up all administrative responsibilities, including his role in running the MHA and MPH/MBA programs. Although he is still managing a busy course schedule, Doug jokes about how he has so much newfound free time, now that he no longer has so many meetings to attend. The best part of teaching at Hopkins, Doug professes, is the students. “I like interacting with smart students, but with smart students you always have to move fast. Teaching is performance, and while that doesn’t mean entertaining, you do have to make topics relevant while still ensuring students really understand what you’re saying so they can use and apply what they’re learning.”

One of the touchpoints of great leadership is putting in structures that will succeed you,” Doug notes. These structures were already in place by the time he joined the MHA program; Doug spoke about the amazing work Bill Ward and Ann-Michele Gundlach had accomplished with the MHA program prior to his arrival, but the MPH/MBA program was his chance to help build and design a new program and is part of his legacy in a sense. Reflecting on his time at Hopkins, Doug said, “It’s been wonderful working at the School of Public Health. But, you know, I’ve accomplished what I came here to do. It may be hard to walk away from a dream job, but it’s time. I’m done.” Looking forward, Doug is excited to spend more time with his family, more time traveling, and find new ways to keep “intellectually alive.” He is continuing to pursue his love of behavioral economics with consulting gigs, many of which involve international trips, and he is keeping an open mind as to what will happen next.
With the shift to value based care, the goal is to be an integrated delivery system with an emphasis on population health and quality. To do this, we need to have a distributed model of health care that feeds the AMC, focuses on population health, and is provider driven. Johns Hopkins Medicine has always been an intentional leader in healthcare, education and discovery, but now it is time to be a leader in value based care.

**MR:** One year into the development of the JHM Innovation 2023 strategic plan, what do you foresee will be the biggest obstacle to achieving the goals from an overall industry perspective? Are there any unique obstacles that result from being a Maryland institution?

**KS:** I think the problems we face are ones we share with academic medical centers across the country. How do we strike the right balance between quality, the patient experience, costs, and efficiency? Our strategic plan is essentially a blueprint for the work we’re doing to respond to this question. Maryland is unique, but its uniqueness doesn’t make figuring this out any harder. If anything, it brings about an opportunity, as our payment model already measures what we should focus on. A main areas of focus will be aligning our provider models with payment models.

**MR:** How will Johns Hopkins Medicine invest resources - capital, materials, staff, etc. - into the reinvention of healthcare?

**KS:** Again, we have to think about the balance between quality, the patient experience, cost and efficiency. We also have to appreciate the interrelationship between patient care, research and education, and ensure that we’re planning in ways that look at the whole enterprise and not just the sum of the parts. The reinvention of healthcare also means the need for capital investments in expanding our ambulatory footprint and investing in technology resources to improve how we deliver care, especially in terms of population health. It’s also imperative that we continue to invest in research and education, focusing on areas such as precision medicine, for example, and providing opportunities for clinicians to train in the settings they will be practicing in.

**MR:** With Hopkins being a leading AMC, how do you make sure to balance that tripartite mission of research, patient care, and education?

**KS:** It’s important to integrate all three parts of the mission into decision-making and into every discussion about our future. You have to ask how the choices you make will impact all three prongs. Sometimes there is no to minimal impact at all, but you have to ask because you can’t lose sight that all are important. When AMCs fail to remember that there are three missions, that’s when they struggle because that’s when the balance is lost.

**MR:** As a leading AMC and employer in the area, what responsibilities does Hopkins have to the communities it serves/exists within?

**KS:** Being a part of a community means being a part of a partnership. As such, we focus on how we can achieve long-term success, together. This helps drive our work around understanding health disparities and the social determinants of health and how we can affect them. We want to be good neighbors as well as good partners.

**MR:** Based on past and current investments in population health, how have we been able to measure success and how our community is being impacted?

**KS:** The power of precision medicine to determine the dual or triple diagnoses that drive patient outcomes and costs helps us determine where to focus our efforts and resources. It’s important to step back and understand the needs of the population we serve, not just focusing on chronic diseases but really working to identify and understand the underlying issues that might be contributing to them.
Q&A with Claro Pio Roda

In this issue of Management Rounds, we introduce you to Bloomberg School alumnus Claro Pio Roda, chief financial officer of Howard County General Hospital. During his 23 years at Johns Hopkins Medicine, Dr. Pio Roda has held a number of significant leadership positions. This interview was conducted by two second-year MHA students, Iris Chijioke and Xinyi Liang, from the same program Dr. Pio Roda graduated from in 1995.

XL: From your profile, we learned that you received a Master of Health Science in health finance and management and a Doctor of Public Health in health leadership and management from the Johns Hopkins Bloomberg School of Public Health. As an alumnus of Johns Hopkins Bloomberg School of Public Health, can you give a brief introduction about your career path?

CPR: I had my first experience with health care administration as an administrative intern for the president of a community hospital here in Baltimore. But it was my residency in the Johns Hopkins Office of Managed Care during my MHS program that helped me get my foot in the door at Hopkins, and I've been working at the Johns Hopkins Health System ever since. I had the great fortune of working with Mike Cardamone during my residency, and he ended up offering me a job as an analyst in the Financial Analysis Unit after I graduated. With that team, I was able to work on many projects throughout the health system, and one of those projects led to my next job as the director of finance for a new entity called Johns Hopkins International. After about six years there, I was offered an opportunity to work concurrently as the director of finance for two large clinical departments, a job that gave me a chance to learn about the academic side of medicine. I eventually took on a position that involved overseeing all the clinical finance directors, which I did for two years before taking the CFO position at Howard County General Hospital. I've been very lucky to have had great opportunities to learn and grow within a world-class organization like Hopkins. It's really a special place.

IC: As you are approaching two years in your new role as VP/CFO for Howard County General Hospital, how would you describe your experience transitioning into taking over these new responsibilities and what's coming down the line for Howard County?

CPR: The biggest difference for me was the transition from the academic side to the community division. The mentality is very different. At JHH, the departments are basically drawing patients not just locally but from all over the world, and this activity is able to fuel the research and teaching mission. At HCGH, our main focus is how we can best serve our community—whether it is through the care we provide in the hospital or the work we do to keep people healthy and out of the hospital. I was very fortunate to have the former CFO, Jim Young, still working within the hospital in a different capacity, to provide his insight and guidance to me. I have also benefited from being able to join a very strong and experienced Executive Leadership team, led by our president, Steve Snelgrove. Steve has a clear vision for what we need to accomplish (whether it is working with the County Health Department, private physician groups, or other parts of Hopkins) and does a wonderful job of communicating this to us as leaders, to the staff as a whole, and to our stakeholders.

IC: Considering that HCGH is the only hospital in its county, how would you describe the hospital’s approach to managing the TCOC for its population? How has HCGH’s focus on population health impacted the hospital fiscally as well as the overall health of the community?

CPR: As you know, the GBR (Global Budget Revenue) system in Maryland is pushing hospitals to focus on the total cost of care, particularly for Medicare patients. HCGH had initiated many programs to reduce the total cost of care before I arrived. Most of these initiatives involved finding the most appropriate setting of care for services that can be safely performed outside the hospital. In addition to the GBR pressures, many payers are also influencing this by steering patients to unregulated facilities for simple procedures. It’s all about providing the right care, in the right place, at the right time, and at the right cost.

As you point out, HCGH is in a unique position to influence the health of the residents of Howard County. We have many programs through our Population Health office to extend our impact outside the walls of the hospital. Our Community Care Team, for example, has shown excellent results and even received commendations from state officials. We need to continue to find ways to grow these efforts because we know that it is our future. The challenge is that the true impact of population health efforts is often realized over long periods of time, though we are focused on meeting financial targets on a real-time basis.

XL: We know that you held a significant role in the establishment of Johns Hopkins Medicine International and Johns Hopkins Singapore. Would you share insight into your vision for Johns Hopkins from a global perspective?

CPR: Well, I think that it’s really important to see how the development of international operations is going to impact the future of Johns Hopkins as a whole. I think that we have a unique position as an institution that is able to develop partnerships and collaborations that can really drive change in the global health care landscape. I believe that we have a lot of potential to make a real impact in the world, and it’s really important for us to think about how we can best utilize our resources and expertise to do that.
management courses. I found the experience incredibly rewarding, and I often hear from my students and staff that they feel supported and motivated to do their best work.

I am also proud to have served in a variety of leadership roles. I have held positions as a senior director of finance at Johns Hopkins Medicine, as well as a CFO at Howard County. I have also been involved in consulting work and affiliations.

In addition to my work in healthcare management, I have been involved in academic work. I graduated from Johns Hopkins University with a degree in public health and have pursued further education in management.

I have also been involved in consulting work and affiliations. I have served as a consultant to several healthcare organizations, and I have been recognized for my contributions to the field. I have received several awards and recognition for my work.

In conclusion, I have been fortunate to have had a career that has allowed me to positively influence others. I am grateful for the opportunities I have had and look forward to continuing to contribute to the field.

CPR: What advice would you give to someone entering the field of healthcare management?

XL: When you transitioned away from your senior director position, what was the most difficult part of the transition? How did you overcome this challenge?

CPR: The most challenging part of the transition was the need to balance the responsibilities of my new role with the responsibilities of my old role. I was able to overcome this challenge by being proactive in my communication with my team and by setting clear expectations for myself and my team.

XL: Have you faced any major ethical challenges in your career? How did you address these challenges?

CPR: One of the major ethical challenges I faced was when I had to make a decision that would impact the lives of many patients. I addressed this challenge by consulting with my team and by seeking input from other experts in the field.

XL: Do you have any advice for students entering the field of healthcare management?

CPR: My advice for students entering the field of healthcare management is to stay curious and open-minded. Healthcare management is a field that is constantly changing, and it is important to be able to adapt to the changes.

Find your purpose. Visualize where you want to be and then work backwards to determine the steps you need to take to get there.
Each May, faculty, students, preceptors, and alumni participate in a day of sharing and celebrating accomplishments of the year. It was a full day of activities, beginning with the MHA program’s 11th annual case competition and ending with a gala celebration.

The case competition is the culminating activity for the first-year MHA students. Eight teams of three to four students competed to develop recommendations and a plan of action that address the challenges facing a complex “real-life” health care organization. We were privileged to have teams work on the official case from the 2019 UAB national case competition.

Teams presented their cases to judges, all of whom are local health system executives or consultants. The judges identified the top two teams, which then advanced to the final round. We would like to thank all our judges: Don McDaniel, CEO of Canton and Company; Lyle Sheldon, president and CEO of Upper Chesapeake Health; John Chessar, CEO and president of GBMC HealthCare, and Bob Sloan, president and CEO of Jane Bancroft Robinson Foundation.

The two finalist teams were CGN & Associates (Gus Carlin, Jacquelin Garcia, and Nico Neugebauer) and BHK Consulting (Kinjal Kakadiya, Jennifer Ha, and Jordan Besche).

While CGN & Associates and BHK Consulting prepared for the final head-to-head battle, the rest of us enjoyed an excellent presentation by the official JHU MHA program team of second-year students, Tai Izawa, Justin Serrano, and Tori Ellsworth. This group represented us in February 2019 at the National Health Administration UAB case competition.

Doug Hough, associate director and case competition instructor, presided over the final round of the first-year case.
competition. The judges were Kathy McCollum, senior vice president of clinical integration and chief operating officer of Baltimore Washington Medical Center; Mary Myers, president/CEO of Johns Hopkins Home Care Group; and Conan Dickson, senior director of business development and strategy at JHM, who is also a judge at the national UAB case competition. CGN & Associates was the winning team and received an award from program director Mark Bittle on behalf of Steve Kravet, president of Johns Hopkins Community Physicians and sponsor of this year’s competition.

The annual meeting of Upsilon Phi Delta was held that afternoon, when the UPD chapter president, Fadi Rammo, inducted nine new members. Each of them received a copy of “How Will You Measure Your Life” by Clayton M. Christensen. The UPD Honor Award was presented later in the evening to Mary Miller, CFO at Mt. Washington Pediatric Hospital, and John Hundt ('85) chief administrative officer, Surgery JHHS.

The evening gala was a celebration of alumni, preceptors, and the graduates of the Class of 2019. It was also a celebration of the retirement of Teresa Schwartz, who served the MHA program as assistant director for over 10 years. A highlight of the evening was a video of Teresa’s contributions to the program produced by current students and including messages from alumni, colleagues, and students. A Master of Health student fund was created in Teresa’s honor. It is our hope that this will be an ongoing source of funds to support talented students in our program.

The evening ended with the Class of 2019 students thank you presentations to their administrative residency preceptors, sharing some of their memories and accomplishments with the audience.

Lakeasha Wormley, Ruth Freeman Scholarship and the Lillian Hiss-Ethel Crosby Scholarship recipient, Xinyi Liang, and 2nd year student, Madhana Pandian; Case Competition judges and MHA program directors; 2019 UPD inductees;insert UPD 2019 group photo; Teresa Schwartz Scholarship Fund
In the true spirit of Lean Six Sigma, Eric Hamrock and Julie Cady-Reh approach the instruction of their course, Applied Methods for Optimizing Performance in Health Care Organizations, with a continuous improvement mentality. Begun by Hamrock as part of the lunchtime seminar course back in 2016, the initial Lean Six Sigma overview transitioned to a full 2-credit course in the MHA curriculum the following year. In 2018, Cady-Reh joined Hamrock to co-teach the course. Together they bring many years and a diverse combination of Lean Six Sigma experience in the health care industry. Hamrock’s career began in health care operations, initially focusing on long-term care and skilled nursing but transitioning to process improvement close to 20 years ago. Since 2008, he has worked as an internal consultant, managing and leading process improvement initiatives in all settings of health care within Johns Hopkins Medicine. His most recent role at JHM was focused on population health and analytics at Howard County General Hospital. Currently, Hamrock is a co-founder of StoCastic, a health care predictive analytics company that provides electronic health record embedded decision support software and consulting services.

Cady-Reh has also worked across the Johns Hopkins Health System since 2008, first at the Armstrong Institute for Patient Safety and Quality and currently as the director of Continuous Improvement at Johns Hopkins University. She began her process improvement journey as a chemical engineer at Xerox in Rochester, New York, when the company adopted Lean Six Sigma as a quality improvement strategy. Rising from the Black Belt training program, Cady-Reh eventually became the company’s Lean Six Sigma deployment lead. Together, Hamrock and Cady-Reh led the development and deployment of Continuous Improvement and Innovation at Howard County General Hospital, a division of JHM. Cady-Reh continues to build capability across the university system through Lean Six Sigma Yellow and Green Belt courses that are tailored to the higher education environment.

As the title of the course indicates, Hamrock and Cady-Reh focus on teaching Lean management tools and methods that students can put into practice as soon as they are in their residencies. As the title of the course indicates, Hamrock and Cady-Reh focus on teaching Lean management tools and methods that students can put into practice as soon as they are in their residencies. With each cohort they instruct, a cycle of learning occurs, and by using inputs from the industry and feedback from their customers’ course evaluations, improvements are made to the course in real-time and again at the completion of the term. This year, an added focus on Hoshin strategy deployment and change management culture was included in the curriculum for the 2021 cohort. According to Cady-Reh, “The tools and the methods will only get an organization so far. Without the management discipline and the strategic vision and the cultural foundation, the tools can be very counterproductive.” While this curriculum could be applied across many management programs, Hamrock and Cady-Reh are careful to use a health care lens by having students apply the methods to health care case studies.

As active participants in the Lean management industry, Hamrock and Cady-Reh also have a unique lens into the gaps that can prevent organizations and departments from moving forward. By engaging with faculty, staff, leadership, and the industry, they continue to curate the course curriculum to address those gaps with the future leaders of the MHA program. As a requirement of the course and to get them started, students will sit for the Johns Hopkins Yellow Belt certificate exam at the end of the term. In addition, as a part of the MHA program’s commitment to continuous improvement, half of a student’s Green Belt exam cost will be sponsored by the program if a student is interested in pursuing this option during their second year.

Father and Son Leaders in Healthcare

William Ward, Associate Professor in Health Policy and Management, hoods his son, Colin Ward, Vice President of population health/clinical integration at University of Maryland Upper Chesapeake Health, as he received his DrPH in May 2019.
Care Across the Continuum

Bridging acute care with palliative care to address the social determinants of health, and consequently the overall health of older adult populations, is pivotal to improving aging baby boomers’ quality of life. MHA students recently had the pleasure of learning about social determinants of health, Medicare reform, and the continuum of care from David Chin, MD. In his lecture, Dr. Chin emphasized how 2020 CMS updates will expand supplemental benefits for Medicare Advantage members in an effort to address the social determinants of health among older adult populations. Beneficiaries will have the option to receive assistance with nonmedical needs; for example, home air cleaners and carpet shampooing services for patients with asthma.

Palliative care focuses on pain and symptom management for critically ill patients through the efforts of a team, often consisting of a social worker, case manager, nurse, chaplain, and other specialty-trained doctors. My gerontology background and experience working on a palliative care research team exposed me to how palliative care can improve patients’ overall quality of life through addressing the social determinants of health. For example, one of the patients enrolled in our study benefited from their social worker contacting the city so the patient would no longer have to take their trash bins to the curb.

Addressing patients’ nonmedical needs has historically been overlooked in medical care delivery and the larger context of health reform. Research developments in palliative care and the social determinants of health, however, have revealed how patients’ quality of life (and overall health experience) relies on a breadth of external factors that extend beyond traditional acute care. In lieu of these findings, CMS has proposed a new regulation that will expand coverage of care for older adults into palliative care. With these expanded efforts to address patients’ nonmedical needs, the United States is finally taking steps toward addressing how patients’ health outcomes have a direct relationship with social determinants of health.

HPM Welcomes New Bloomberg Distinguished Professor

Daniel Polsky, Bloomberg Distinguished Professor of health economics, joined the Department of Health Policy and Management in March. Prior to his arrival at Johns Hopkins, Dr. Polsky served as a professor of medicine and health care management at the Wharton School of the University of Pennsylvania.

Dr. Polsky’s research spans the Bloomberg School of Public Health, School of Medicine, School of Nursing, and Carey Business School. One could view these schools as a microcosm for the health care system, and Dr. Polsky’s aim is to bring all these actors together. Because of his role as an interdisciplinary leader, Dr. Polsky is in a unique position to champion change.

The underlying theme of his work is the value of collaboration and managing complexity in the health care system. He is particularly interested in innovation opportunities surrounding the interaction of providers and health plans. Dr. Polsky also uses a systems thinking approach to address some of health care’s biggest problems. Health economists’ ability to analyze situations from a perspective of relative neutrality, he says, is a critical tool for addressing large-scale health care challenges in the near future.

When Dr. Polsky is not teaching or conducting research, he has a strong commitment to mentoring future health care professionals. The greatest career advice he has ever received, he says, was to build adaptable skill sets that will allow him to make an impact wherever he goes. Polsky reflected, “No matter which direction I go, I will always be me,” a lesson he advises students to keep in mind as they navigate their careers. Polsky is excited about the future of Johns Hopkins.

Director’s message

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document many of this year’s events including Convocation, which was made even more special when past program director Bill Ward hooded his son, Colin Ward, MHA alumnus and vice president for population health at the University of Maryland Upper Chesapeake Medical Center, as he graduated with his Doctor of Public Health from the Bloomberg School of Public Health.

There are so many wonderful articles in this issue. Did I mention that it was brought to you by our students? Read about our Lean Sigma Course, led by Black Belts Eric Hamrock and Julie Cady-Reh, written by second-year student Sarah LeFavre, and get an update on former Associate Director Doug Hough’s whereabouts. Pride for the MHA program runs strong, and we hope you are as proud as we are that it continues to excite and excel, building on the hard work and successes of the past.

As we admit the 36th cohort, the Class of 2021, I am also happy to share that we are in the final stages of recruiting new full-time faculty to the MHA program. Further information is available on our website at http://www.jhsphs.edu/depth/pm/degrees/mha/health_finance_management.

Wishing you the best during this coming academic year.

Mark J. Bittle, DrPH, MBA, FACHE
Senior Scientist and Program Director
Master of Health Administration
Master of Applied Science in Population Health Management
Master of Health Administration Student Association

The purpose of the Master of Health Administration Student Association (MHASA) is to provide student leadership for past, current, and future members of the MHA program. MHASA serves students by exploring and encouraging participation in our tripartite mission of community service, academic excellence, and professional networking as they relate to healthcare administration. The overall mission of the MHASA is to promote continuity of student involvement both with the program and the larger student body and maintain active lines of communication between students, the school and the community. The current MHASA leadership team is comprised of 14 individuals from the second year class as well as 3 newly elected first year representatives.

Last year’s student association focused on the creation of new traditions that would align with the pursuit of our tripartite mission. With this focus in mind, they reinvigorated the role that the student association plays in the life of the first and second year students. Building on their goal of academic excellence, the student association added a family component to the buddy system (each first year student is paired with a second year who they can go to for guidance and advice) so that all first-years have a second year resource within Baltimore. In addition, MHASA took an active role in new student orientation by creating a student panel, presentations, and breakout sessions. Finally, they hosted the first MHASA-sponsored speaker series which brings working executives to speak to Johns Hopkins students on a relevant healthcare administration topic. As they worked to start new community service traditions, they chose to work with Book Bank as their annual, ongoing partnership. Finally, last year’s MHASA excelled at building social traditions through the creation of a Neighborhood Guide (a PDF document consisting of the best places to eat, study, exercise, etc.) that will be passed down each year, a consolidated communication channel on Slack for both cohorts, and a variety of social events that would help to foster friendships between the two cohorts. While these efforts built awareness of MHASA and camaraderie between the classes, it cannot go unnoticed that one of their greatest legacies was the structure that they established within MHASA. Accomplished through the formation of an MHASA email and OneDrive, shared calendars of events, quarterly meetings with the program directors, and a democratic election process, the 2018-2019 MHASA board added new traditions and gave them a platform by which they could be sustained in future years.

As last year’s MHASA board transitioned to Class of 2020 leadership, new aims were set for the 2019-2020 school year. We selected the three aims of establishing an enduring community service partnership, solidifying alumni outreach strategies, and becoming more integrated with the Bloomberg student body. During this transition, the current board met with the program office to discuss their goals and aspirations for the student association as well. With all of the traditions that last year’s student association created, the program office gave us the directive to “make MHASA sustainable” - to continue with the newly established traditions and build a model that can be easily adapted year after year.

In our first couple of months of being the new student association, we have been busy planning for the upcoming year. During the month of August we participated in orientation activities, attended the welcome party at Dr. Bittle’s house, and presented “tips and tricks to make the most of your first year” at the program orientation. In parallel, social committee hosted two happy hours, one open to Baltimore area alumni as a professional networking opportunity. Our first big social event will be a hiking trip to Sugar Loaf Mountain in early November in hopes of capturing gorgeous autumn colors. Additionally, social committee created a new resource guide called “First Year FAQ” to compile the answers to simple questions that we all had upon entering the program but felt too foolish to ask. Community service has also been active, adding service opportunity sites to the Neighborhood Guide in order to encourage and facilitate involvement in the neighborhoods where our students live. Additionally, our two chairs have begun to establish a relationship with the school’s community service organization, SOURCE. In order to grow our community service leg, so far, they have identified a quarterly dedicated service opportunity with Meals on Wheels, participation in the bi-annual Tri-School Day of Service and participation in the Power Bar drive during the holidays. As our third area of scope, alumni relations has been working on an alumni survey and organizing the first speaker event to take place in November. The alumni survey will allow us to establish a database of alumni contact information and gauge the ways in which they wish to engage and stay involved with the program. Finally, our executive leadership has been aiding in the selection of the new Associate Director Position for the program by participating in informal lunch interviews. With a solid foundation built by the 2018-2019 MHASA, the 2019-2020 MHASA looks forward to the exciting events and opportunities we will be able to provide to first-years, second-years, and alumni alike!
Population Health Management

In the 2017 issue of Management Rounds we shared the news that the Department of Health Policy and Management launched new online Certificate and Master of Applied Science programs, both in Population Health Management. Twenty-nine students matriculated in the program’s first year.

The program was developed to respond to a rapidly transforming health care landscape. The Population Health Management program represents an interdisciplinary approach to understanding and leading population health management systems and is targeted to clinicians and managers actively engaged in hospital and health systems transformation to value-based, population-focused care delivery.

The program allows for the completion of an online certificate and the ability to get a master’s degree in four years, part time. The Certificate in Population Health Management provides essential, yet comprehensive, groundwork for a broad understanding of population health management and how it differs from the traditional approach to health care delivery. The Master of Applied Science in Population Health Management provides students with the opportunity to learn from experts and develop advanced skills in population health leadership and management, informatics, assessment, and social and behavioral techniques to engage communities and improve health.

In 2019, we are happy to report that 27 students became the first graduating class, earning the Master of Applied Science in Population Health Management. In addition, numerous students completed the one-year Certificate in Population Health Management.

With the most recent admission cycle, 57 new students matriculated in 2019. At this time, there are 110 active students in the program. The expert practitioner faculty in this program are simply terrific, earning numerous kudos from the students for their thoughtful and practical approach to teaching. At the June 2019 faculty meeting, Ashwini Davison was recognized as Outstanding Faculty Member of the Year. Dr. Davison, “Ash” to her students, teaches Essentials of Population Health, is one of the “founding” faculty members, and is beloved by her students.

On behalf of the faculty, we are very proud of our recent graduates and look forward to their contributions to health.

Scholarships: Making a Difference

by Xinyi Liang

I believe that nurses are not only significant in a hospital setting but also have an indispensable role in public health; being either at the bedside or in an administrative position can enable a nurse to shine. That was essentially why I chose to start my MHA path. During my time at Hopkins, I always think about how fortunate I am to be able to learn from top scholars and excellent colleagues. The more I realize that these two years are the most treasured time in my life, the more I want to push myself further. The two scholarships I received—the Ruth Freeman Scholarship and the Lillian Hiss/Ethel Crosby Scholarship—really made my journey in Hopkins increasingly remarkable.

Both scholarships are designated to reward nurses who will work in the public health field. As Dr. Freeman said, “The public doesn’t understand what a nurse really is. A nurse does more than just boost the morale of patients. She is an individual who must have an understanding of human nature and a keen sense of responsibility.” Her words resonate with me and embody my belief of what makes an impeccable nurse.

These scholarships really helped me in numerous ways. First, the awards significantly eased the tuition burden, which is substantial for an international student. Second, the scholarships enable me to get into further training and education, equip me with valuable experience and knowledge, and help me address the challenges that I will face during the professional transition. They funded professional development in the residency year, supporting my efforts to obtain certifications like Project Management and Lean Six Sigma Green Belt. I will also utilize the scholarship funds to obtain a Medicare/Medicaid Insurance counseling certification and serve as a pilot candidate for the development of the potential MHA Insurance counseling certification. Last, these honors added a boost to my confidence in the career path that I chose, confirming my decisions and reminding me of my original goal—to better the health care system and help the broader population.

I am lucky to be able to inherit the spirit of Dr. Freeman, Lillian Hiss, and Ethel Crosby and to carry on the responsibilities as a nurse and bring nurses’ powers into the public health field. As I am passionate about health care administration and eager to combine my nursing background and administration knowledge, I am excited to devote myself to optimizing the health care system and, finally, to give back to the communities I have been a part of in a meaningful way.

Congratulations to Xinyi Liang, the first MHA recipient of the Ruth Freeman and Lillian Hiss/Ethel Crosby scholarships totaling $28,905!
Administrative Residency Placements

Jill Barbaro
JHM — Office of Johns Hopkins Physicians
Baltimore, MD

Jordan Besch
Yale New Haven, Internal Consulting Group
New Haven, CT

Gus Carlin
Deloitte
McLean, VA

Audrey Chan
Johns Hopkins Home Care Group
Baltimore, MD

Iris Chijioke
Johns Hopkins, Finance
Baltimore, MD

Chelsea Finfer
KPMG, LLP
Baltimore, MD

Lauren Friedman
Cigna Medical Group
Phoenix, AZ

Jacquelynn Garcia
Booz Allen Hamilton
Rockville, MD

Jennifer Ha
Booz Allen Hamilton
Rockville, MD

Carly Johnson
JHM — Capacity Command Center
Baltimore, MD

Connor Johnson
Medstar — Institute for Innovation & Emergency Physicians
Washington, DC

Kinjal Kakadiya
JHM, Department of Medicine
Baltimore, MD

Likhita Kalla
JHM— Office of HC Transformation
Baltimore, MD

Emma Lavandosky
Booz Allen Hamilton
Rockville, MD

Sarah Lefebvre
Greater Baltimore Medical Center (GBMC)
Towson, MD

Xinyi Liang
JHM — Howard County General Hospital
Columbia, MD

Brian Lin
USC Verdugo Hills Hospital
Glendale, CA

Alice Liu
LifeBridge Health
Baltimore, MD

Connor Mauriello
Keswick Community Health
Baltimore, MD

Andrew Michalek
JHM, Department of Medicine
Baltimore, MD

Nico Neugebauer
Kaufman Hall
Chicago, IL

Madhana Pandian
UM Capital Region
Cheverly, MD

Dhruv Patel
Johns Hopkins Home Care Group
Baltimore, MD

Rima Patel
Meridian Health Plan
Detroit, MI

Kanak Vyas
JHM — Bayview/Department of Medicine
Baltimore, MD