As I celebrate my first year as MHA director, it’s my privilege to introduce the 2015 edition of Management Rounds. It has been a great year for me personally and an equally successful year for the program. We are very proud of our 25 graduates from the Class of 2015, most of whom had secured employment prior to graduation, and equally proud of our 25 second-year students completing administrative residency programs throughout the United States (and Singapore!). Our students and alumni, in addition to our faculty, all represented our program well during our CAHME site visit, which occurred in early May. We believe the findings of the site visit team will contribute to making our program even more successful, and we look forward to receiving formal notice of our reaccreditation.

This will be an exciting year for everyone in the Johns Hopkins Bloomberg School of Public Health as the School celebrates its centennial. The School was originally called the Johns Hopkins School of Hygiene and Public Health, a name that reflected the dual aims of advancing public health research and practice. Needless to say, the enterprise has made remarkable contributions to both domains, and this year we will be marking both past achievements and the promise of the future with events planned to take place around the world. (http://www.jhsph.edu/about/centennial-2016/).

The ACA and HITECH acts are going to change the landscape of our healthcare delivery system for the foreseeable future. The Patient Protection and Affordable Care Act (ACA) has promoted value-based care delivery models. This has spurred the development of organizational structures such as Accountable Care Organizations (ACOs) in which the providers are reimbursed based on the quality of care they provide to their patient population as a whole. Since ACA has been in effect, the total number of registered ACOs under the CMS programs has grown from 64 in 2011, to 447 in 2013 and surpassed 744 by mid-2015. Meanwhile, the HITECH Act has incentivized eligible hospitals and professionals to adopt and meaningfully use electronic health records (EHRs). Owing to these incentives, the adoption of certified EHRs has quadrupled among hospital settings in the last decade, reaching almost 90 percent of all non-federal hospitals in 2015.

Hand in hand, these two rapidly developing phenomena—the value-based care model and EHR adoption—have created a unique opportunity for health-care administrators to utilize the available information captured in EHRs in order to turn existing delivery systems into cost-effective value-based organizations. These organizations would not only increase patient satisfaction and reduce cost but would also improve the health of the population associated with them. The latter will hopefully fulfill the missing piece of the Triple Aim’s puzzle.

Maryland is currently experiencing a comprehensive delivery reform among its hospitals, which is even more complicated than the ACA. The state has extended a long-standing CMS Medicare waiver for all of its hospitals to all payers while setting an annual cap for its growth rate. Through the efforts of Maryland’s Health Services Cost Review Commission, all of Maryland’s non-federal hospitals are currently operating under a global budget. In this context, population health is considered a key, if not the only, approach for Maryland’s hospitals to grow their market share. Despite the surge of EHR adoption among Maryland’s hospitals, they are still facing difficulties achieving the mandated quality goals as they often do not have the advanced health IT and analytical tools—which go beyond certified EHRs—to provide them with a complete picture of their attributed populations.

There are no turnkey solutions for value-based delivery systems such as ACOs, let alone the complex data and health-IT...
Ann-Michele Gundlach Transitions Back to Part-Time Faculty

After serving as associate director for seven years and interim program director during the accreditation self-study year, Ann-Michele will return to the ranks of part-time faculty, effective academic year 2015–16. Ann-Michele has been affiliated with the MHA Program for more than a dozen years and has helped develop it into one of the most elite such programs in the nation. The nurse shadowing experience, the internal case competition, and the leadership and management video series are just a few examples of the innovations she has brought to the program. Over the years, Ann-Michele has advised and guided hundreds of MHA students, preparing them for successful careers in health care. She is known nationally for her commitment to advancing the pedagogy of the MHA curriculum and the employment readiness of MHA students. In the last three years, she did yeoman’s work to develop a competency model with which to organize the program’s ever-evolving curriculum. Her work has been central to enhancing the quality and national standing of the program. Along the way, the exceptional quality of her teaching was recognized with two Golden Apple Awards. A tireless teacher and enthusiastic supporter of developing the next wave of public health leaders, Ann-Michele, in addition to her work in the MHA Program, has led the MPH Program’s Public Health Leadership and Management Concentration since 2005. Fortunately, she will continue to teach her leadership course, advise her MHA students in the Class of 2016, and work with David Chin’s Executive Education program and the Preventive Medicine Residency Program. The MHA program plans to honor Ann-Michele for her commitment and service at the 2016 alumni and preceptor dinner.

Faculty Q & A

K.H. Ken Lee, DrPH, MHS

This is Ken Lee’s third year as an instructor in the Department of Health Policy and Management at JHSPH. He teaches our Quantitative Tools for Managers course, and his primary affiliation is with the Johns Hopkins Medicine Armstrong Institute for Patient Safety and Quality. We asked Ken to answer several questions so that our students and alumni could learn more about his relationship with Hopkins and the MHA program. Here are his responses.

MR: What is the key takeaway you would like students to gain from your class?
KL: The world is filling up with more data than ever before, and we are not doing enough to leverage them. The key message that students walk away from my class with is that the ability to process data in a timely, accurate, relevant manner is a powerful skill that can change the world. In health care, patients are being harmed every day, and our costs are growing out of control. We need a more disciplined approach to use evidence-based practices, sustain improvement efforts and hold leaders accountable. Being able to process data efficiently and effectively is a fundamental requirement to succeed in these efforts. I also try to emphasize the need for systems thinking and scalability so that whatever works can be easily replicated.

MR: What is your purpose behind teaching?
KL: I studied at JHU for my undergraduate, master’s, and doctoral degrees. Giving back to the learning community at the university was a natural transition for me after finishing school. The thought of contributing to the success of future leaders and being able to stay in touch with the creative and innovative minds of students gives me personal fulfillment that I can rarely find elsewhere. In addition, I am passionate about data and its power to make an impact in health care. My purpose in teaching is to demonstrate potential opportunities and ignite new ideas among the students.

MR: What do you enjoy about teaching?
KL: After every class, I ask for feedback on my performance as the instructor so that I can continue to improve my service. A student once told me that the key difference in my course compared to other courses was the class environment where we can have interactive, honest and applicable discussions. Her statement is the gist of why I enjoy teaching. I enjoy the opportunity to share my knowledge for a greater impact beyond my reach, and I also enjoy the interaction with my students to learn about their passion and purpose. My sincere hope is that I contribute at least a little bit to their intellectual journey.

MR: Anything else you want to say?
KL: While reflecting on the last decade as a member of the MHA program, I realized that I owe so much to the current and previous program directors. I want to take this opportunity to express my appreciation for their guidance and mentorship. Special thanks to Bill Ward, Ann-Michele Gundlach, Teresa Schwartz and Donna Shiloh.
Leveraging the intellectual bandwidth of the Johns Hopkins Bloomberg School of Public Health, the schools of Nursing and Medicine, Johns Hopkins Health Care and the Carey Business School, Leading Transformation for Value-based Healthcare is the only executive education program of its kind in the U.S. to offer healthcare executives a blueprint for change and the leadership prowess to successfully ride this wave of the future.

Led by David Chin, MD, MBA, and Distinguished Scholar, the curriculum covers the A to Z of transitioning to and managing an Accountable Care Organization, which rewards physicians and health systems for keeping patients healthy and out of the hospital.

The 2013 edition of Management Rounds featured a Q&A with Chin on accountable care and an article on the program’s inaugural cohort. Dr. Timothy Pawlik, MD, division chief of Surgical Oncology for Johns Hopkins Medicine and a participant in the inaugural cohort, said, “This is a phenomenal program … it’s definitely had an impact on the way I approach managing my division and understanding the different quality metrics that are being looked at and understanding how we can improve those metrics in a very cost-effective way.”

Now in its third cohort, the program has been piloted with Johns Hopkins Medicine executives, physicians, financial managers, administrators, nurses and pharmacists, many of whom have taken on new roles and responsibilities to lead this shift to accountable care within the Hopkins community. Included among the program’s graduates are MHA program preceptors Catherine Boyne, Chief Administrative Officer, Musculoskeletal Care Johns Hopkins Medicine; Claro Pio Roda, senior director of Finance, JHHS; Steve Snelgrove, president of Howard County General Hospital; Mike Cardamone, senior director, Financial Analysis Unit; and Sarah Kachur, director, Population Health Research and Development at Johns Hopkins Healthcare.

“The six-month program kicks off in January and features an opening weeklong intensive session, a midcourse intensive week, with experiential learning and team projects in between, followed by capstone presentations and ‘graduation’ in June,” said Chin. The areas of study include leadership, negotiation and organizational change management; population health management and analytics; quality improvement and measurement; behavioral economics and finance; health information for care and health management; and enterprise risk management and ethical issues in managed care.

More information on this program is available at www.jhsph.edu/ltvh.
Nested on a quiet thoroughfare off I-95 and miles from the bustling medical campus of Johns Hopkins Hospital, Johns Hopkins Home Care Group (JHHCG) sits at the forefront of the patient-centered delivery service model and integrative business practices. Indeed, before terms like the Triple Aim of Healthcare Reform, Continuum of Care and Integrated Care Delivery Models became common across the healthcare marketplace, Johns Hopkins Home Care Group’s foundation had been predicated on improving the patient experience by providing superlative care in a significantly lower cost setting—the home. JHHCG is a nonprofit organization owned by Johns Hopkins Health System and Johns Hopkins University. It offers a broad range of home-based services and products for adults and a pediatric specialized home care program for children throughout Central Maryland. In addition to home care visits by nurses, respiratory therapists, physical, occupational and speech therapists, home health aides and social workers, Hopkins provides a complete line of respiratory and home medical equipment and supplies, home infusion therapy, private skilled nursing, and personal care and support services. JHHCG also manages the Johns Hopkins Outpatient Pharmacies. The organization has approximately 1,000 employees and receives very high rankings in patient satisfaction from independent surveys performed by Press Ganey.

Integration and Patient-Centered Care are not just industry buzzwords students hear in class. Each year the MHA cohort visits JHHCG to learn from preceptors Mary Myers, VP and COO, and Dan Smith, CEO, how their home-based services are a response to the Triple Aim of improving the patient experience, improving the health of populations and reducing costs.

Both the success of the organization and the preceptors’ commitment to training have made JHHCG one of the MHA program’s more competitive residency sites. The success of the organization and the preceptors’ commitment to training have made JHHCG one of the MHA program’s more competitive residency sites.

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Within an ambience of inclusiveness, just ask the four most recent residents, all of whom are currently employed by JHHCG. Each has been able to frame his or her current position around particular interests and experiences. For example, both Angela Saquibal (’12) and Shiv Kirat Deol (’13) articulated early on an interest in quality improvement and data analytics. Both are now employed within the Quality Department, providing key leadership and project management within the JHHCG Home Medical Equipment division and distribution warehouse and within Specialty Infusion Services, respectively. Both Angela and Shiv are being heavily relied upon to guide their respective divisions during the upcoming Joint Commission survey.

Meanwhile, JHHCG’s two most recent residents have been permitted to create new positions within the company. Aaron J. Burch (’14) is currently the administrator responsible for all business aspects of a network of home-based health agencies called Home Care Connections, which covers the Mid-Atlantic region. Connections’ primary responsibility is to guarantee that quality care is provided to patients when Johns Hopkins Home Care Group is unable to service the request. Similarly, John Adamovich (’15) is driving innovation and centralizing research by working with like-minded Johns Hopkins.

Continued on page 7
Former U.S. Representative Henry Waxman Joins HPM

Former representative Henry A. Waxman, one of the most accomplished legislators in the history of the U.S. Congress, joined the Johns Hopkins Bloomberg School of Public Health for the coming year as its Centennial Policy Scholar.

Waxman, who represented California’s 33rd Congressional District for 40 years in Congress until he retired last year, joined the Department of Health Policy and Management on July 1. He will share his insights and expertise with students, faculty and staff over the next 12 months.

Waxman arrives at JHSPH as it marks 100 years since it became the first independent, degree-granting institution for public health research and training in the U.S. “I am excited to be joining the inspiring students, dedicated staff and expert faculty of the Johns Hopkins Bloomberg School of Public Health during this year of celebration,” Waxman says. “I look forward to teaching and learning with some of the brightest minds in the country.”

During Waxman’s four decades in the House of Representatives, he served as chairman and ranking member of the House Energy and Commerce Committee and the Committee on Oversight and Government Reform. He was also chairman and ranking member of the Energy and Commerce Committee’s Subcommittee on Health and the Environment. His many legislative accomplishments include the Ryan White Care Act on HIV/AIDS, the Hatch-Waxman Act establishing generic drugs, multiple expansions of the Medicaid program, major improvements to the Clean Air Act and the Clean Water Act, and the Affordable Care Act. His oversight of the tobacco industry changed forever the nation’s perceptions of cigarettes.

In addition to meeting with students and faculty, Waxman will host a monthly seminar series throughout the school’s centennial year that will bring together public health leaders, policymakers and others to explore some of the most pressing public health topics of our time. The Centennial Policy Scholar Seminar Series kicked off July 22, with a program on Medicare at 50: Achievements and Challenges Moving Forward.

“As we approach the threshold of the school’s centennial year, it is a most appropriate time to acknowledge and highlight the vital role policy has played in the health of our nation,” says Ellen MacKenzie, professor and chair of the Department of Health Policy and Management. “Congressman Waxman is a policy and public health champion who has made our air and water cleaner, our children healthier, our families stronger, and our seniors safer.”

Centennial Policy Scholars Seminar Schedule

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Another first … attending the Healthcare Information and Management Systems Society (HIMSS) as MHA program director! HIMSS hosts an annual conference where over 40,000 health IT professionals come together for a week of networking, education sessions and vendor showcases. This year’s conference took place at McCormick Place in Chicago—the largest convention center in North America. Mike Minear, who teaches our IT class, and I managed to sneak away from the conference and have dinner at The Girl and the Goat. Two of our students made their first trip to the conference – first-year student Carolina Rayzel and second-year student Natasha Gill. It was great to hear their comments on the conference.

For my part, the one-on-one educational opportunities at many of the booths were the most informative interactions. Carolina recommended “Applying Analytics to Population Health Management.” This session discussed strategies for advancing population health management by using analytics to identify care gaps, stratify risk, engage patients and improve care management. She found it particularly interesting because population health has been a buzzword throughout our first-year course work, and is a topic she expects to be important during her residency. Natasha liked “Leveraging Predictive Analytics at the Point of Care to Improve Outcomes,” shared by Carolinas HealthCare System. Predictive analytics were used at the point of care to identify and better manage patients at highest risk for readmission and longer than average length of stay. Natasha found this to be particularly interesting and meaningful because they showed how the appropriate application of predictive analytics has the ability to lower costs and improve outcomes for some of the most acute and resource-intensive patients.

We all thought the vendors’ booths were truly amazing. Several companies had tricked out buses that they pulled right onto the convention center floor. Carolina’s favorite was Caradigm, which had a very large booth filled with demos, infographics and very friendly staff who were happy to discuss their population health solutions with anyone interested in listening. Natasha liked the Intelligent Medical Home (i-Home), a culmination of several vendors’ products installed in a simulation “smart” home. Products included health-related wearables, wireless biometric devices and other innovative products that could be found in a patient’s home. Visitors were able to walk through the i-Home and witness how these technologies helped patients receive care and manage their health at home in an interoperable and safe manner.

We also discussed advice for those wanting to attend the conference in the future. As Carolina says: “Have a plan!” It is very easy to become overwhelmed by the sheer volume of vendors, sessions and people around you. As a student, it is helpful to prioritize which vendors you are interested in talking to and do background research beforehand so that conversations can be meaningful for both parties. Natasha emphasized the importance of leaving plenty of time to explore the vendor halls. Also, get in line early for the keynote speaker—especially if HIMSS has scheduled a former U.S. president to speak! My advice is to find a famous researcher like Sheldon Dorenfest, who founded the forerunner of HIMSS Analytics, and pick his brain on trends in population health IT, as I did.

Attending the HIMSS conference is a highly valuable experience for students and professionals interested in health information technology, and for any healthcare leader who wants to learn more about the vast range of resources that exist for responding to changes in the healthcare environment. The 2016 conference will take place from February 29 to March 4 at Sands Expo and Convention Center in Las Vegas. Hope that we will continue to have students in attendance.
Jordan Kurtzman ('15) Wins Stull

In March, Jordan Kurtzman ('15) was awarded First Prize in the graduate division of the 2015 Richard J. Stull Student Essay Competition in Healthcare Management for his essay titled “A Community Hospital—County Health Department Partnership to Reduce Preventable Readmissions: Lessons Learned for Population Health Management.” He was recognized at the ACHE Annual Congress in Chicago, where he received a certificate and a cash award. Jordan is the second Hopkins MHA student to earn this honor; Prashant K. Dilwali ('13) won the competition two years ago.

In his article, Jordan described the Community Care Team (CCT), a joint initiative between Howard County General Hospital (where Jordan was an administrative resident) and the Howard County Health Department. The purpose of the team was to intervene with high-utilizers of hospital services. Jordan candidly discussed the initial failure of the program, despite what he called its “near perfect alignment” with the hospital’s initiatives to improve care transitions and reduce preventable hospital readmissions. Reasons for the failure included the lack of a dedicated hospital-based project manager, insufficient hospital infrastructure to support the program, the difficulty that case managers had in determining a patient’s eligibility for the program and the lack of tools to monitor the progress of enrolled patients.

Jordan then chronicled the program’s redesign, beginning with his appointment as project manager. The first priority was to establish a sound health IT infrastructure to identify and refer eligible patients and subsequently monitor outcomes of enrolled patients using the CRISP database in Maryland and the hospitals’ HER system. The team worked with the health system’s legal team to streamline the patient consent process, which allowed CCT staff to access patients’ medical records. Jordan admitted that though the new process was time-consuming and often frustrating, it succeeded in increasing the monthly referrals from nine to 45 (which is still below the program’s capacity).

Jordan drew a number of lessons from this experience, which can carry over into other population health initiatives. They include the need for health IT in population health management, investment in a health information exchange, real-time utilization and financial metrics, new processes to better coordinate patient care across multiple healthcare settings, and a cultural shift from a hospital mentality to a collaborative, health management perspective.

There Is No Place Like Home … Care

Continued from page 4
Hopkins entities, including Hopkins-based startups, the Technology Innovation Center, the Applied Physics Lab and the Center for Bioengineering Innovation and Design in order to develop novel tools to improve patient outcomes and increase operational efficiencies across JHHCG’s business lines. Indeed, a better run organization will increase JHHCG’s ability to perform procedures and therapies for patients who opt to receive treatment outside an acute care setting—in their homes, at work or at school.

In addition to producing a lineage of residents currently working for the award-winning company, Johns Hopkins Home Care Group boasts the highest employee satisfaction rates across Johns Hopkins Medicine—an accomplishment that clearly makes both Mary and Dan proud. This promising trend bodes well for patients, as studies show a correlation between employee satisfaction and patient safety and quality.

It is evident that opportunities are plentiful at JHHCG, and the trend is likely to continue as the spotlight shifts from the inpatient to the outpatient setting. It is truly a great time to be at JHHCG, for there is no place like home … care!
June *Health Affairs* Article Hits the Trifecta

This summer, Jerry Anderson and his colleague, Ge Bai, did something that Anderson said was “the academic equivalent to winning the trifecta at the racetrack.” First, they published an article in *Health Affairs* that got more than 20,000 downloads on the first day. Second, the article was picked up by over 500 newspapers and was the basis of an editorial in *The New York Times*. Third, the article generated a hearing before the U.S. House of Representatives Ways and Means Committee. All this occurred within the space of 40 days.

Researchers Ge Bai, an assistant professor in accounting at Washington and Lee University, and Jerry Anderson, a professor of health policy and management at Hopkins, looked at charges at nearly 4,500 Medicare-certified hospitals. They identified the 50 U.S. hospitals with the highest charge-to-cost ratios in 2012. These hospitals had charges that averaged 10 times their costs. Of the 50, 49 of them are part of for-profit hospital chains; 20 are in for-profit-hospital-friendly Florida.

“There is no justification for these outrageous rates, but no one tells hospitals they can’t charge them,” Anderson said. “They charge these prices simply because they can.” The authors acknowledge that most public and private health insurers do not use hospital charges to set their payment rates, but uninsured patients are commonly asked to pay the full charges, and out-of-network patients and casualty and workers’ compensation insurers are often expected to pay a large portion of the full charges. The one area that got the most attention was for out-of-network patients since any person with private health insurance coverage who had an emergency at the wrong hospital could end up being billed for most of these charges.

Although hospitals routinely complain that Medicare pays too little, the allowable costs under Medicare are what the government, after extensive analysis, considers to be the cost of care. “Clearly, hospitals need to receive sufficient revenue to remain in business, and having revenues that are above costs is necessary,” the researchers wrote. “This argument, however, cannot completely explain the wide variation in the charge-to-cost ratio or why some hospitals are charging 10 times their own costs.” There are no other businesses that can charge 10 times their costs and remain in business.

“For the most part, there is no regulation of hospital rates, and there are no market forces that force hospitals to lower their rates,” Anderson said. Dr. Anderson is testifying in Congress to help legislators identify ways to bring down these charges since the market does not seem to function in this case.

Bai and Anderson recommended that state and federal lawmakers enact policies to limit these charges. As all Hopkins MHA students learn as soon as they arrive on campus, Maryland, along with West Virginia, has a state agency that sets the rates that hospitals are allowed to charge for services. Requiring hospitals to disclose their charges for individual procedures could also help patients shop for the lowest-cost option, they said. Congress is looking at other approaches as well.

Since 1987, Anderson has served as the director of the Johns Hopkins Center for Hospital Finance and Management. “Once in a while you write an article that strikes a nerve with the public,” Anderson said, and “when this happens it is like winning the trifecta at the race track.”
One of the highlights of the MHA curriculum is the yearlong MHA seminar. Each year, first-year students have the opportunity to meet numerous healthcare executives in classrooms and boardrooms. For the past several years, the MHA program has been fortunate to have Ron Peterson, president of the Johns Hopkins Hospital and Health System, host the MHA cohort in the School of Medicine boardroom for both the first and last seminar of the year.

In September, Mr. Peterson provides the incoming class with a PowerPoint primer on Hopkins. He begins with an introduction to the hospital’s founder, merchant Johns Hopkins, and the opening of the hospital in 1889 and the School of Medicine four years later. Today, the term Johns Hopkins Medicine (JHM) is used to identify the entire medical enterprise, the umbrella alliance of the Health System and School of Medicine. After reviewing various facts and components of JHM, Mr. Peterson speaks about the future of Hopkins, which this year included a brief explanation of the Global Budget Revenue methodology in Maryland.

The traditional end-of-year luncheon seminar with Mr. Peterson is usually a Q&A with students. This year’s seminar occurred on Monday, May 4, just a few days after the curfew was lifted in Baltimore, and Mr. Peterson spent considerable time answering a question that no one in the Class of 2016 would have anticipated asking a month earlier: How has the situation in Baltimore changed since the race riots of 1968? Mr. Peterson was an undergraduate at Homewood in 1968 and has remained in the Baltimore-Washington area ever since. His professional career started in 1973 with his administrative residency at Hopkins. One of the key differences identified by Mr. Peterson between then and now is employment opportunities. Baltimore in the late 1960s still had jobs in manufacturing. The steel mills were active, and plants—among them General Motors and Procter & Gamble—employed many with only a high school education. These job losses, combined with the loss of many clerical positions in banking, have now made health systems the largest employers for those without a college education. Mr. Peterson shared his thoughts on some innovative solutions for creating immediate positions within Baltimore’s healthcare systems. Supporting the community, and improving opportunities for the city’s youth, is not just the right thing to do; it’s also in the best interest of Hopkins.

At the end of each spring seminar with Mr. Peterson, students announce where they will be completing their residencies. The eight students who will be administrative residents within JHM are Katie Blyth, Christine Careaga, Matt Castner, Mariya Grygorenko, Sai Khisty, Victoria Lo, Gaurav Singh and Laura Wortman. The next time these students will be in a boardroom with Mr. Peterson, they will be at work, not in school!
The Role of Health IT in Value-based Care

continued from page 1

requirements of Maryland’s payment reform. ACO leaders and healthcare administrators have so far experimented with a number of health-IT approaches but have experienced only moderate success. Some of these approaches include integrating additional data sources such as insurance claims and patient-generated data; increasing the interoperability of stakeholders within a delivery network; and utilizing the local/statewide Health Information Exchange (HIE) infrastructure to improve care coordination and, hence, management of high-risk patients. For example, Maryland’s HIE, the Chesapeake Regional Information System for Our Patients, known as CRISP, is currently developing a series of population health management services—such as real-time 30-day hospital readmission prediction reports—that could be utilized by hospital administrators to better understand their populations.

To address these increasingly impactful changes in our health care, the Department of Health Policy and Management is providing a number of courses and programs to train our next generation of health administrators and policymakers. The graduates of these programs would not only be aware of the importance of, but would also be able to use, the existing health-IT infrastructure to propel our healthcare industry in the decades to come. To name a few of the programs, the HPM Department offers a certificate in population health IT and a DrPH degree with a concentration in health informatics. On the research side, the Center for Population Health IT, housed in HPM, seeks to improve the health and well-being of populations by advancing the state of the art of health-IT across public and private health organizations and systems. And, perhaps most important, the HPM Department has appointed Dr. Eric Ford who has a strong health-IT background to lead the Master of Health Administration (MHA) program at Johns Hopkins.

It is my hope that our MHA students and alumni will recognize the importance of health-IT in the future of our health care. Value-based care is not feasible unless we efficiently collect the data we need, analyze the information properly and effectively translate our findings in our day-to-day workflow. It would be up to our collective efforts, with the leadership of our next generation of healthcare administrators who could effectively employ health-IT resources, to achieve true population health for our nation.

Interested in Learning More About Programs at JHSPH?

The Bloomberg School hosts an open house each fall providing prospective master’s and doctoral students the opportunity to learn more about our dynamic academic community. This year’s open house is scheduled for Friday, October 9 – 1:00 to 4:30 p.m.

More information is available at http://jhsph.edu/admissions/visit/open-house.

Unable to visit Baltimore?
The School will be participating in numerous recruiting events across the country. A full listing is available at http://www.jhsph.edu/admissions/meet-jhsph-in-your-area/

Representatives of Health Policy and Management will be available at the following events:

- Idealist Fair, NYC, September 15
- Syracuse Grad Fair, September 29
- Idealist Fair, Chicago, October 5
- ASPPH Fair, Minneapolis, October 6
- Emory Grad Fair, Atlanta, October 20

Can only visit virtually?
Virtual info sessions offer interested students a chance to view live or previously recorded webinars about what life is like here at the Bloomberg School.
http://www.jhsph.edu/admissions/visit/virtual-info-sessions/index.html

The Role of Health IT in Value-based Care

The Role of Health IT in Value-based Care
MHA Students March to Gettysburg – Again

As alumni of Doug Hough’s strategic planning course know, the highlight of the course is the trip to Gettysburg. This year was no exception, as the Class of 2016 journeyed to the battlefield on Friday, April 24. The weather was about 60 degrees and partly cloudy, and a stiff wind made the day a challenge (especially on Little Round Top).

As always, the tour was led by Tony Nicastro, a longtime battlefield guide. And, as always, Tony focused on the strategy and leadership lessons from the Battle of Gettysburg, and the value of communicating through visualization. For example, early in the tour the group stopped on Oak Ridge, site of an important battle on the first day. Tony described the Confederate and Union lines at the end of that day. That was informative, but when he had the students act out the formations, the result was startling, as they immediately grasped the danger facing the Union army.

Turning to the second day of the battle, Tony had five student teams develop the strategy for General Lee, based on reconnaissance reports earlier in the day from two Confederate scouts. All the teams proposed attacking the Union army on its right flank at Little Round Top. As at Oak Ridge, students acted out the march to the battle, only to find that they were blocked by a “mountain” that the scouts had failed to detect (and which, Tony mentioned, “had been in that spot for 6 million years”). Faced with having to turn around and countermarch, the students quickly saw for themselves the costs of poor strategic information.

A final highlight of the day was a stop at what Tony called a “field hospital,” which consisted of a stone slab surrounded by several large boulders. The visual of this “hospital” a hundred yards from the Wheatfield and Devil’s Den (the sites of some of the most intense fighting of the battle) reinforced the reasons why the strategy class comes to Gettysburg year after year: There is no substitute for seeing the consequences of strategy and leadership in action.

HPM Accolades and Awards

From the full-time faculty …

**Karen Davis**, PhD, Eugene and Mildred Lipitz Professor in Health Policy and Management and Director of the Roger C. Lipitz Center for Integrated Health Care, was awarded the 2015 Robert M. Ball Award for Outstanding Achievements in Social Insurance by the National Academy of Social Insurance.

**Renan Castillo**, PhD, Deputy Director of METRC (Major Extremity Trauma Research Consortium) was promoted to Associate Professor.

**Keshia Pollack**, PhD, Associate Professor, was appointed to the Baltimore Mayor’s Bicycle Advisory Commission by Stephanie Rawlings-Blake.

**Jonathan Weiner**, DrPH, Professor, was awarded AcademyHealth’s 2015 Health Services Research Impact Award on behalf of the Johns Hopkins ACG Case-Mix System.

**Sara N. Bleich**, PhD, Associate Professor, was awarded a 10K prize at the Frank 2015 Conference for Scholarly Research that helps inform and advance practice in Public Interest Communications.

From the part-time faculty …

**Pamela Paulk**, MSW, MBA, stepped down as Senior Vice President of Human Resources for Johns Hopkins Medicine to become President of Johns Hopkins Medicine International, the division of Hopkins that develops high-impact international healthcare collaborations and provides medical concierge service for patients who travel from other regions to receive care at Hopkins.

**Robert Marshall**, MBA, was named program director of the administrative residency program at the Johns Hopkins Bayview Medical Center.
Caps Off to the Class of 2015!

This year’s Convocation ceremony took place on May 19 in the Meyerhoff Symphony Hall. Of the 901 students from 54 countries who earned degrees from the Bloomberg School of Public Health, more than one-third were MPH graduates. The MHA program graduated another record class of 25, most of whom were in attendance. Ann-Michele Gundlach, as last year’s recipient of the Golden Apple teaching award, once again had the privilege of serving as marshal for the graduates.

The ceremony started with Dean Michael Klag leading the graduates in asserting the School’s mission statement, “Protecting health, saving lives—millions at a time.” MHA students over the years have amended the mantra to, “Saving lives and millions of dollars at a time.”

Dean Klag acknowledged that many will remember this as the year when the pain and inequality within Baltimore bubbled to the surface, but added, “I will also remember this as the year when our students, our staff and our faculty rededicated themselves to the challenge of improving our community.”

This year’s Convocation speaker was CDC Director Tom Frieden. Since his appointment by President Barack Obama in June 2009, Frieden has worked to control health threats from infectious diseases, respond to public health emergencies and tackle the leading causes of suffering and death in the U.S. and around the world. What message did Dr. Frieden want to impart to graduates?—the importance of practicing interventional epidemiology in their careers. Both research and practice are essential in saving lives.

Best wishes to the Class of 2015 as they join the network of more than 20,000 JHSPH alumni!

Humoud Aljalahma  
BIDMC, Inc.  
Boston, MA, and Kuwait

Rachel Bidgood  
KPMG, LLP  
Baltimore, MD

Kathleen Blyth  
Johns Hopkins Home Care Group  
Baltimore, MD

Liana Burns  
LifeBridge Health  
Baltimore, MD

Christine Careaga  
Sibley Memorial Hospital, JHM  
Washington, DC

Matthew Castner  
Howard County General Hospital  
Columbia, MD

Neil Claracay  
Kaufman Hall  
Chicago, IL

Mitali Desai  
Temple Physicians Inc.  
Philadelphia, PA

Mariya Grygorenko  
Operations Integration, JHHS  
Baltimore, MD

Laura Hand  
Greater Baltimore Medical Center (GBMC)  
Baltimore, MD

Sai Khisty  
The Johns Hopkins Bayview Medical Center  
Baltimore, MD

Carolyn Kniefel  
MedStar, Ambulatory Services  
Columbia, MD

Victoria Lo  
Johns Hopkins HealthCare  
Baltimore, MD

Amy McDonough  
Deloitte Consulting, LLP  
McLean, VA

Carolina Rayzel  
Meridian Health Plan  
Detroit, MI

Errika Romero  
Deloitte Consulting, LLP  
McLean, VA

Arron Sikka  
Deloitte Consulting, LLP  
McLean, VA

Gaurav Singh  
Johns Hopkins Clinical Practice Association/ OJHP  
Baltimore, MD

Julie Sorensen  
Cigna Medical Group  
Phoenix, AZ

Meherazade Sumariwalla  
The Advisory Board Company  
Washington, DC

Rachel Swartz  
University of Maryland Medical Center  
Midtown Campus  
Baltimore, MD

Brandon Thomas  
Berkeley Research Group, LLC  
Hunt Valley, MD

Laura Wortman  
Johns Hopkins International Singapore

Jane Yang  
San Francisco Health Plan  
San Francisco, CA

Yixin (Edwin) Zhao  
Medstar Institute for Innovation & Medstar Emergency Physicians  
Washington, DC