Director’s message

Happy New School Year!

As the 2016–17 school year starts, we are about to introduce 27 new MHA students to the “Hopkins Hustle.”

Our incoming students hail from places far and wide, including Istanbul and Vancouver. They are diverse in their work experiences, with physicians, nurses and naval officers coming onboard. The class of 2017 is now fully immersed in their residencies. Our students continue to expand the Johns Hopkins network with positions in Florida, California, New York and Michigan. Hopefully, we will get to visit all of them.

The big events celebrating the School’s centennial are also coming up this fall, including a New York City gala with Michael Bloomberg. In this issue of Management Rounds, we’re marking the anniversary by interviewing Dean Klag on the future of healthcare management and leadership for the next 100 years.

Overall, the leadership and management programs are thriving and innovative. Much of our ongoing success is owing to the strong support of our department chair, Ellen MacKenzie. Sadly, we are in the midst of the search to find her replacement as she returns to her research.

We wish you, your colleagues and students the best for the upcoming school year.

Eric W. Ford, MPH, PhD

Michael J. Klag, MD, MPH, an internationally known expert on the epidemiology and prevention of cardiovascular and kidney disease, became dean of the Bloomberg School of Public Health in 2005. With the School celebrating its 100th birthday, 2016 is the perfect year to engage Dean Klag in a Q&A on matters of extreme interest to readers of Management Rounds.

MR: Please share your thoughts on how we should be teaching leadership and management in the century to come.

MK: As our research into public health and its determinants continues to grow, the challenges of leading effective change for building healthy communities grow along with it. On the one hand, leaders in public agencies need to adopt some of the skills that the private sector’s managers rely on to ensure their organizations are sustainable and consumer focused. On the other hand, leaders of private sector organizations are, with greater and greater frequency, taking on roles in the community to ensure a healthy workforce. Building and teaching shared leadership models is one of the important contributions of our management programs.

MR: How would you describe your leadership style as dean?

MK: My approach to leadership is to be transparent, communicate well and to make clear what the vision and goals are. Following that, I try to be altruistic and share the resources so that as an organization we are able to achieve our goals and realize the vision. By having and communicating a clear vision, being transparent in process and funding, one is able to develop a culture of collaboration, which is essential to getting things accomplished.

MR: We are now well into the Affordable Care Act, and several new organizations are online as a result. How are new parts like the Patient Centered Outcome Research Institute (PCORI) and CMS Innovation Center working?

MK: PCORI, which built into this legislation a means to allocate funding to study and create evidence for how to deliver health care more effectively, is a truly remarkable and visionary aspect of the ACA. The CMS Innovation Center has relied on demonstration projects to test the impact of new reimbursement and delivery strategies on improving process and outcomes. The hope is that these efforts can remain clear of the politics that impacted other organizations whose purpose is to study care delivery processes and outcomes. Overall, we as a country spend a lot of money on health care, and allocating funds to study effectiveness is essential if we want to improve outcomes and be as efficient as possible.

MR: How have those efforts changed the School’s research agenda and the way health systems operate?

MK: They have given us the resources to do projects at scale, across entire, and sometimes multiple, health systems. It clearly has allowed us to do work at a greater scale and continued on page 11
Hopkins HPM celebrates the School’s Centennial

During this milestone year in the School’s history, each department has a designated centennial “month” to feature events, showcase alumni and create platforms that reflect the core mission of the department and are meaningful to students, alumni, faculty and the community at large.

The Department of Health Policy and Management celebrated its Centennial Month in March with a variety of seminars and events in Baltimore and Washington, including one that featured a conversation with Dean Michael J. Klag and Congressman Henry A. Waxman. Alumni and guests had the opportunity to hear from and participate in a conversation with two dedicated public health champions, Dean Michael J. Klag and the School’s Centennial Policy Scholar, Congressman Henry A. Waxman.

Thanks to alumna Frances Hanckel, DSc ’85, whose generous gift makes the Centennial Policy Scholar Program possible, the School is able to expose a new generation of future public health leaders to firsthand accounts of some of the most impactful legislative challenges and victories that Rep. Waxman championed during his 40-year career in Congress.

The March 15 event at the Decatur House in Washington offered guests the opportunity to spend time with one of the most prolific and undeterred legislators in the history of the U.S. Congress. Waxman’s legislative achievements include the Ryan White Care Act on HIV, the Hatch-Waxman Act establishing generic drugs, and major improvements to the Clean Air Act and the Clean Water Act, among others. His oversight of the tobacco industry forever altered the nation’s perceptions of cigarettes and created history when, while Waxman was chairing the House Energy and Commerce Subcommittee on Health and the Environment, the nation’s leading tobacco executives testified that cigarettes were not addictive.

Dean Klag and Congressman Waxman discussed a number of current public health issues, including what should have been done to protect the families and residents of Flint, Michigan, and what should be done moving forward, as well as which administrations were the most “pro-health” and which the least, the passage of the Affordable Care Act and the early days of the AIDS crisis. A lively Q&A with guests followed the conversation.

Hopkins MHA Students Spend a Night in the ER

They were not actually in the ER...just experiencing the rush of hospital management through a simulation game. Master of Health Administration students need to learn what it takes to handle night-marish situations by doing more than simply reading a textbook. That’s why William Ward, MBA, unpacks “Friday Night at the ER”—a board game created by Breakthrough Learning Inc. that provides real-world experience without setting foot in a hospital. Played out over a simulated 24-hour day at a hospital, the game graphically shows the downside of short-term thinking and faulty assumptions. Four-player teams try to juggle a limited number of hospital beds, an influx of patients and a gradual attrition of nurses to care for them.

Students enrolled in the course Fundamentals of Managing Healthcare Organizations played the game early continued on page 8

Ankit Patel and classmates manage patient flow in ER.
Mark J. Bittle
Associate Director, Master of Health Administration, JHU Bloomberg School of Public Health
Executive Scholar in Residence, JHU Carey Business School

The MHA program welcomes Mark J. Bittle, who joins the full-time faculty after 30 years in the healthcare industry. Throughout his career, Mark held several executive positions in academic and community medicine at organizations that include the University of Pennsylvania Health System, Johns Hopkins Medicine and LifeBridge Health. His focus has been on the ambulatory and physician practice management space. He has extensive experience in developing ambulatory and multispecialty physician practice networks, M&A and physician practice integration, and service line management as well as applying evidence-based management to lead organizations through complex change to improve organizational performance. In addition, he and his team developed the administrative, financial and clinical infrastructure to deliver healthcare services under global capitation.

Mark started his career in health care after completing his undergraduate degree in Emergency Health Services Administration from the University of Maryland. He did his final semester interning in the emergency department of Johns Hopkins Hospital and was hired upon graduation. Married at this point, he worked full time and went to school at night to earn his MBA from the University of Baltimore; a decade later, Mark returned to school part time to earn his DrPH degree from the Johns Hopkins Bloomberg School of Public Health. When asked why he chose to join the MHA full-time faculty, Mark responded, “After 12 years on the adjunct faculty at the Carey Business School and the School of Public Health, I realized how much I truly love teaching and when presented with such a wonderful opportunity, I could not turn down the chance to share all that I have learned over the years.”

Dr. Bittle teaches the Healthcare Operations/Medical Practice Management course and leads the Consulting Practicum for the MHA program in the third and fourth terms. In the second term, he co-instructs, with Eric Ford, Fundamentals of Management for Health Care Organizations. When not teaching, he advises MPH and DrPH students as well as members of the MHA cohort. His teaching and research interests include change and change management in large healthcare systems, physician alignment and engagement strategies to improve system performance, patient safety related to the proliferation of electronic healthcare systems in physician office settings, and development of systems of care (care coordination) within integrated delivery systems.

Mark and his wife of 31 years, Theresa, are proud parents of two children. Mark, an avid aviator, holds a commercial pilot certificate with multiengine and instrument ratings and is a certified flight instructor. When he is not flying, Mark and Theresa also enjoy boating, cooking and spending spare time together.

“I realized how much I truly love teaching and when presented with such a wonderful opportunity, I could not turn down the chance to share all that I have learned over the years.”
One of the advantages of having second-year MHA students complete their administrative residencies at Johns Hopkins Health System is that the program can reach out to them to make learning opportunities available to first-year students. Mariya Grygorenko completed her residency within the Department of Operations Integration and had the opportunity to be involved with the partnership between JHH and GE Healthcare Camden Group to build a state-of-the-art centralized control center to improve capacity management and patient flow. The Johns Hopkins Capacity Command Center, or C3, which opened in January, provides real-time analytics to guide decisions to place the right patient in the right bed at the right time. This command center is the first of its kind in the nation—and it is part of a larger project to improve efficiency throughout the health system. The 2,550 square-foot high-tech center brought together departments that manage patient flow, whose staff formerly communicated via emails, phone calls, and even faxes. Now staff members sit together at workstations referencing the 22 digital screens that keep them informed about bed assignments and staffing. As part of her residency, Mariya had the opportunity to join any of the workstreams associated with the project. She joined the perioperative throughput team in examining capacity, analyzing data and working with clinical leaders to develop and implement solutions. Additionally, she participated in the capacity optimization and command center workgroups. Mariya arranged for members of the MHA Class of 2017 to tour C3 on May 9. Linda Huffman, the assistant director of Bed Management, walked the cohort through the center and explained how the proactive approach of the command center is changing patient care at Hopkins. Given that it is unlikely that any member of the Class of 2017 will have the opportunity to visit a similar facility anytime soon, the cohort appreciated the opportunity to have an extensive Q&A with Linda. To learn more about C3, visit https://www.youtube.com/watch?v=kBqKjlPGE6I.

Postscript: Mariya will be joining GE Healthcare Camden Group this summer as a consultant.

—Eric Ford

Customer-Centered Health Care by Design

As a relative newcomer to the area, I like to get out of the office and visit residents and alumni in their workplaces. In March, I had the opportunity to visit Nik Buescher, Class of 2004, the executive director of the Ann B. Barshinger Cancer Institute at Lancaster General in Pennsylvania, and just as we have our students reflect on what they have observed during field trips, let me share some of my observations.

As one approaches the Institute, you can see that it is different from most healthcare facilities. Both the building’s design and the way care delivery is organized start from the customer’s point of view. To that end, there are several noticeable differences.

One of the first things that stand out is the amount and quality of art that decorates the walls. The main interior thoroughfare has numerous paintings and photos on one of the walls. The other wall is a glass façade that looks out onto the meditation garden at the center of the building. Along the way there are shops, hair salons and food outlets that all have the cancer patient’s needs as a primary consideration. The restaurant in particular has gone to extraordinary lengths to make healthy and tasty options for the clients.

Another feature that demonstrates the customer focus is the patient portal kiosk. Nik and I are standing next to one of the kiosks while we look at the artwork in the background. Many patients come to the facility for multiple treatments. Being able to go directly to the infusion suites saves the patient time.

The infusion suites themselves look out over the Lancaster countryside. Given that many treatments last several hours, every consideration has been made to ensure that patients are comfortable and entertained. What the patients do not see are the interior hallways, or back-of-house work spaces where equipment is stored, supplies are moved about, etc. Disney developed many of these design principles for their theme parks. The team at the Barshinger Institute has done a great job implementing those ideas, and they are already operating at capacity.

Thanks for the visit, Nik! For anyone who wants to take a virtual tour: http://www.lancastergeneralhealth.org/LGH/Our-Services/Cancer-Institute/Programs-Services/Virtual-Tour.aspx

—Eric Ford

MHA Students Tour the “inner brain” of JHH

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—Eric Ford
Once again Jerry Anderson and his colleague Ge Bai, who recently joined JHU’s Carey Business School, published research in the May 2016 issue of *Health Affairs* that would be of interest to readers of *Management Rounds*. Bai and Anderson set out to identify the characteristics of the most profitable U.S. hospitals and learned that seven of the top 10—each earning profits of more than $163 million from patient care services—were nonprofit. None was located in the state of Maryland owing to the regulatory nature of the Medicare waiver and the Health Services Cost Review Commission. The research did show, however, that Maryland hospitals were able to turn a slight profit, an achievement something that the average U.S. hospital could not attain. Leading the list of hospitals generating large profits was the 239-bed nonprofit Gunderson Lutheran Medical Center in La Crosse, Wisconsin, which earned in the fiscal year ending in 2013 a profit of $302.5 million, or $4,241 per patient.

As MHA students learn in Fundamentals of Budgeting in Healthcare, *nonprofit* does not mean “no profit”; however, enormous profits would indicate possible flaws in the payment systems. The research conducted by Bai and Anderson raises questions about whether these hospitals are doing something right or whether they are taking advantage of a flawed payment system. The study leaves unanswered the question of what the hospitals are doing with these profits.

For their study, Bai and Anderson analyzed fiscal year 2013 for about 3,000 acute care hospitals, of which 59 percent were nonprofit, 25 percent were for-profit and 16 percent were public. To measure profitability, they used net income from patient care services, leaving out profits from non-patient care activities such as investments, charitable contributions, tuition, parking fees, the hospital cafeteria and rental space.

Overall, Bai and Anderson found that more than half of all hospitals incurred small losses from patient care services. Hospitals that were part of a system were more profitable, perhaps because they could use their weight to negotiate higher prices from insurers. Hospitals with the highest price markups (charges over costs) earned the largest profits. Rural hospitals, those with 50 or fewer beds, and major teaching hospitals tended to lose more than urban hospitals, larger hospitals and those with either no teaching component or a small one. Following Gunderson Lutheran on the top 10 list of profitable hospitals are Sutter Medical Center, Stanford Hospital and Clinics in California and Norton Hospital in Louisville, Kentucky. Next in line are two for-profit hospitals: Medical City Dallas Hospital in Texas and Swedish Medical Center in Englewood, Colorado. Hospital of the University of Philadelphia, a nonprofit, came in next making $172.4 million in profit.

In 2013, Medicare and Medicaid payments were primarily based on the fee-for-service model, which incentivizes hospitals and physicians to conduct more tests and procedures in order to earn more money. The new value-based model under development will reward hospitals whose patients have the best outcomes. It is likely that this will change the landscape of profitability for hospitals, but it is not yet clear how. This study provides baseline data to monitor any changes.

“In the system is broken when nonprofit hospitals are raking in such high profits,” says Anderson, a professor in the Department of Health Policy and Management and director of the Johns Hopkins Center for Hospital Finance and Management. “We need to develop incentives that allow all hospitals to make a fair profit while at the same time keeping prices reasonable.”
Each year, three weeks before graduation, the MHA program hosts a series of events that involves first- and second-year students, alumni, preceptors and local health care executives. What was different this year is that these events, traditionally known as the MHA May Weekend, were all in April because of the earlier than usual University graduation date!

The weekend started at 8 a.m. on Friday, April 29, with the program’s eighth Annual Case Competition. Eight teams, composed of all 26 first-year students, presented to two sets of judges; the top two teams presented to their classmates, program faculty and three judges in the early afternoon. By 3:30 p.m. LIT Partners Inc. (Ryan Le, Jordan Hughes and Ginal Shah) won first prize, and PopLou Solutions (Gabriel Gomez, Erica Barnum and Andrew Metzler) came in second.

At 4:30 Upsilon Phi Delta (UPD) President Fadi Rammo convened the annual meeting and induction ceremony. This year the following students and alumni were inducted: Neil Claracay ’16, Gabriel Gomez ’17, Andrew Metzler ’17, Christian Wendland ’17, Jane Yang ’16 and Stephanie Vicent ’13. Faculty advisor Doug Hough and Fadi selected How Will You Measure Your Life by Clayton Christensen as this year’s gift to inductees.
The **Alumni/Preceptor Dinner** started at 5:30 p.m. with a reception and slide show by the School’s Wall of Wonder. Dinner moved to Feinstone Hall, and the program began at 7. In addition to honoring the current preceptors of the Class of 2016, a special tribute was made to Ann-Michele Gundlach for all her years as associate and acting director of the MHA program. UPD Honor Awards were also presented to James Case '06, director, KPMG; and Catherine Boyne, chief administrative officer, Musculoskeletal Service Line at JHM. An Honor Award was also given posthumously to Bob Marshall, longtime supporter of the MHA program and, more recently, instructor of the Healthcare Operations course.

On Saturday morning, April 30, after honoring their preceptors and residency sites, second-year MHA students returned to campus to present their capstone papers to their classmates and program directors. Outstanding papers and presentations included Mitali Desai’s *Navigating Provider Payer Shared Risk Contracts: A Case Study at Temple University Health System,* Carolyn Kniefel’s *Patient Safety in the Ambulatory Setting: Laying the Foundation for Safer Care,* and Humoud Aljalahama’s *The Completeness of Electronic Health Records Data at Dasman Diabetes Institute.* Next year’s MHA May weekend will be in May!

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*Case Competition finalists with judges Steve Kravet, John Chessare and Chris Herzog; Eric Ford with advisees; reception by the Wall of Wonder; and honoring Ann-Michele Gundlach.*
Baltimore City Health Commissioner Meets with LTVH Cohort #4

This year’s Leading Transformation for Value-based Healthcare (LTVH) executive education program ended on June 16 after a rousing and candid conversation with Leana Wen, the city’s health commissioner. Dr. Wen, an emergency physician and patient advocate, came into this role only a few months before Freddie Gray died in police custody. In her first 18 months, Wen’s energy and passion have helped the Baltimore City Health Department (BCHD) make major strides in addressing many of the city’s public health challenges. One of the most significant accomplishments, and one that serves as a national model of innovation, is the department’s strategy to combat opioid addiction. Last fall, a law went into effect that allowed the commissioner to issue a “standing order” and prescribe naloxone, the lifesaving heroin overdose antidote, to the city’s 620,000 residents. Wen told the cohort that within six months, 30 lives were saved by policemen who administered naloxone. In addition to saving lives, the department has increased access to on-demand treatment and long-term recovery support. Another major priority for the department is youth violence prevention. “Safe Streets,” a successful albeit controversial program employing former felons, takes a public health approach in that it treats violence as a learned behavior that can be prevented using disease control methods. Wen sees behavioral health issues to be a priority, but one of her early success stories for the department has been in infant health outcomes. Ten years ago, Baltimore, despite its reputation as a “medical” city, had one of the poorest records in infant mortality in the U.S. The department, in collaboration with other community organizations, created a partnership called B’More for Healthy Babies. Since its inception, B’More has reduced infant mortality by 28 percent and narrowed the disparity between black and white infant deaths by almost 40 percent.

Wen shared with the cohort that Baltimore is the only city where she would consider serving as health commissioner. Why? The BCHD, formed in 1793, is the oldest of such departments in the U.S., and the commissioner reports directly to the mayor. The fact that the department receives only 20 percent of its funding from the city is a blessing and a curse, but Wen’s team has been successful at fundraising and grant writing. BCHD also has a tradition of hiring youthful physicians as commissioners. Peter Bielenson, MPH ’90, became the commissioner in 1992 at the age of 32, the same age as Wen when she was appointed. Between Bielenson’s and Wen’s tenures, Josh Sharfstein served as commissioner at age 36. Sharfstein, now the associate dean for public health practice at JHSPH, helped recruit Wen, and she shared with the cohort some advice that he gave her: “Your only limitation as far as how much you can get done is your own capacity to stay awake at night.”

After an extensive Q&A with the LTVH cohort of clinicians and administrators, Dr. Wen personally congratulated each of this year’s participants and expressed her jealousy that she wasn’t able to take part in this leadership program.

Dr. Wen is regularly featured on National Public Radio, CNN, Fox and MSNBC as well as in major newspapers. She is the author of the critically acclaimed book When Doctors Don’t Listen: How to Avoid Misdiagnoses and Unnecessary Tests. Want to learn more about Dr. Wen’s views on how public health can serve as an urban solution? Visit her TED talk: https://www.youtube.com/watch?v=oZc6Kvml8Rk

Hopkins MHA Students Spend a Night in the ER

continued from page 2

in the term. Each person fills the shoes of a department manager working a 24-hour shift on a Friday evening. Teams must direct staff and the flow of patients through a hospital with four departments: emergency, surgery, critical care, and inpatient nursing. “The idea behind this game is to learn without knowing that you’re learning,” says Ward, former director of the MHA program at the Bloomberg School.

During the one-hour simulation, there is a steady clatter of bingo chips—blue for patients, white for staff—as students make tough decisions, such as calling in extra nurses or temporarily closing a unit to new patients. Individual leadership styles emerge, and students learn as much about themselves as they do about hospital management. They realize the importance of communication between departments and feel the pressure of finding solutions in a time-crunch.

But every decision comes with a price. In the end, Ward scores them on both the quality of care and financial outcomes. Calling in extra staff, for example, incurs hundreds of dollars in overtime.

The game embodies what Ankit Patel, a first-year MHA student, sees as the No. 1 goal of health administration: “Providing quality of care in a fiscally responsible fashion. That’s what I’m here to learn and hopefully implement in the industry,” he says.

For over a decade, Ward has traveled around the world with the game kit in tow, using it to teach professionals in Peru, Singapore, Hong Kong, China and Taiwan. One lesson has persisted: Admitting a patient into the emergency department, and eventually discharging him, is not as easy as it seems—especially on Friday night.

—Salma Warshanna-Sparklin
Carolina Rayzel Takes Third Place in Stull Competition

In March, Carolina Rayzel ’16 was awarded Third Prize in the graduate division of the 2016 Richard J. Stull Student Essay Competition in Healthcare Management for her essay “The Health Insurance Marketplaces: Health Plan Success Strategies in a Consumer-Driven Market.” Carolina was recognized at the ACHE Annual Congress in Chicago, where she received a certificate and a cash award.

In her article, Carolina argues that the health insurance marketplaces created by the Affordable Care Act have the potential to transform the market for health insurance. The most obvious impact is the rapid expansion of the market for individual policies, to complement the group policies that insurers have always offered. In addition, health insurers face a consumer who is increasingly price-sensitive, cost-conscious and attuned to quality. This new orientation, along with the growing sentiment among consumers in general for more control over their decision making, will create a market that will challenge many existing insurers and provide opportunities for new entrants.

Carolina identifies four “success strategies” that all insurers need to adopt: comprehensive customer service, commitment to quality, smart benefits design and operational efficiency. Consumers are looking for a health insurance purchase experience that is similar to the service they receive from Apple and Amazon, and they have demonstrated a willingness to switch plans if their expectations are not met.

Carolina maintains that people might accept narrow networks but only with contracted providers that have high quality and satisfaction scores. Disease-specific health plans, such as those for diabetes, are likely to be popular. Overall, Carolina sees a health insurance industry that will be compelled to evolve from its traditional, slow-moving perspective to a more consumer-driven, almost retail approach.

MHA End-of-Year Seminar with JHHS President

The end-of-year seminar with Ron Peterson, then president of the Johns Hopkins Hospital and Health System, was held the first week of May. Unlike the fall seminar, which introduces the entering MHA class to Johns Hopkins Medicine, the spring seminar is primarily a Q&A with students. Knowing that the search for the next president of the Hospital was coming to a conclusion, students were interested in learning about the process and what the committee was expecting from its next leader as well as the role that Mr. Peterson was going to play moving forward. Mr. Peterson, who has been in his current position for nearly 20 years, will remain president of the health system and continue serving as executive vice president of Johns Hopkins Medicine.

Although the cohort was hoping to be the first to hear who would be appointed the 11th president of JHH from Mr. Peterson during the seminar, the announcement was made a few days later. On July 1, Redonda Miller, formerly the senior vice president of medical affairs for the JHHS, became the first woman to hold this position since the hospital was founded in 1889. In her former role, Dr. Miller was responsible for medical staff administration, pharmacy, health information management, hospital epidemiology and infection control, spiritual care and chaplaincy, and patient safety. She came to Hopkins as a medical student and remained here to complete her internship and residency training in internal medicine. In addition to her commitment to her alma mater, Dr. Miller is a passionate advocate for women’s health.

The MHA program already has its fall 2016 seminar scheduled with Mr. Peterson. Another cohort will be introduced to Johns Hopkins Medicine and will receive an update on the six-point strategic plan that was formulated in 2013.
Featured in last year’s Management Rounds, Hadi Kharrazi, MD, PhD, addressed the role of health IT in value-based care. Since then, Hadi and his colleagues in the Center for Population Health IT (CPHIT) at the Bloomberg School of Public Health have issued a set of recommendations to guide the field of population health informatics.

In the March issue of the Journal of the American Medical Informatics Association, the CPHIT experts called for a host of common-sense strategies. These include public and private sector policies for collaboration, data sharing and privacy protocols, and the adoption of new state-of-the-art technologies. Without them, the experts say, the billions of bytes of “big data” now online may not be used to maximum effect to address the numerous health challenges facing communities across the nation.

The growth of health information technology over the past decade has been unprecedented. Use of electronic health records among physicians and hospitals quadrupled, and a significant part of the population owns smartphones with several wellness apps. The potential for medical providers, consumers, health plan providers and government agencies to collaborate and link these and other digital tools could significantly improve health programs, particularly if attention is redirected to those now falling through the cracks. “Given the transformation of the health care and health IT fields under both public- and private-sector reforms, the need to establish and set priorities in this burgeoning arena has never been greater,” says Kharrazi, the lead author of the group’s published report.

Population health is one of the fastest growing areas in health care. It is not just about “patients” who seek care; it is about everyone. It represents a blending of both public health and medical principles. A target “population” can be a specific geographic community or it may represent some other “denominator,” such as enrollees of a health plan or those cared for by a clinic or group doctors. A population can be as small as an urban neighborhood or as vast as all Medicare enrollees.

The experts identified 18 specific priority recommendations. Examples include:

- Develop a standardized approach for linking medical, social, environmental and insurance data from a community;
- Expand case finding and predictive modeling tools at the level of neighborhoods;
- Digital “learning health systems” that add evidence about what works should not just have a medical focus but should also take a population or community perspective; and,
- Develop model regulations for linking and sharing existing data for the community good while protecting individual privacy.

“These recommendations represent the latest thinking of a diverse group of stakeholders,” says Jonathan Weiner, DrPH, director of Johns Hopkins CPHIT and a professor at the Bloomberg School. “But given the dynamic state of the fields of health policy, population health management and informatics, the recommendations outlined will require monitoring and frequent updating.”

Q&A With Mike Klag

continued from page 1

with greater impact. In terms of the impact on how health systems operate, the ACA has fundamentally altered the landscape and the way health system leaders are thinking about the future. In many ways, it is a very trying time to be running a health system. The levels of change and uncertainty are greater than perhaps at any point in the past. PCORI has provided new opportunities for funding in departments like HPM to assess better ways to deliver health care.

MR: Similar to the ACA, Maryland’s new Global Budget program for hospitals is now beginning to take effect. What impacts do you see on how Maryland health systems are being managed? What has been the impact on the clinical professionals—doctors, nurses, pharmacists, etc.?

MK: As somebody who cares about improving outcomes, prevention and reducing costs, the Global Budget is a great program. From the delivery system’s perspective, it has required a completely different set of competencies at all levels. It is requiring health systems to reach out into the community and work beyond their traditional scope. In many ways this adds to the complexity, making their jobs much harder and creating stress on top of that caused by the overall uncertainty surrounding the ACA. All that said, I think it is a model for what is happening nationally, and we as a school are well-positioned to be a trusted partner to study, inform and help improve performance under this new system. Our competencies as a school are perfectly positioned to be the independent voice in helping to quantitatively assess what is or is not working, the impact on populations, and identifying how to enhance the system.

MR: “Population health” is the new buzzword. How does this differ from “public” health and how do they complement one another?

MK: To public health professionals, the term population health has been in the language for a long time, mainly to indicate the management of health at the true population level, for example at the nation or state level. From the School’s perspective, it is almost synonymous with public health.

MR: What is the Bloomberg School doing with respect to population health?

MK: More recently, as health systems have gotten bigger and payment systems have focused more on capitation and risk sharing, leaders have started to recognize the need to look beyond the clinical encounter to manage the care of a larger pool of individuals, so they have adopted the term population health. Health systems, I think, usually use the term to describe the population that they have under care in capitated and other payment models. But this definition—unlike the traditional public health usage—does not include that portion of a given population that is not receiving care or is part of a particular care system. So while I do believe there is a mismatch between the two perspectives, the term has become part of today’s healthcare lexicon. Interestingly, Maryland’s Global Budget has helped push the health systems more toward the public health definition of population health.

MR: What do you think health system managers need to know for future success?

MK: There is a tension growing between the need to operate the health system efficiently and safely for those who need care under the traditional systems of reimbursement while at the same time expanding the scope to include those in the population who may not be ill now or may be at risk of becoming ill—prevention, wellness, improving the determinants of health. How to do this and still maintain a financially viable and stable organization is a tough challenge. Managers today need to be adaptable, agile and innovative—to be able to think of new ways of doing things. This is a different industry than it was 10 years ago. You may ask why have an MHA degree from the JHSPH? For one, this notion of looking at the health of a population has been baked into our curricula from day 1. And that’s the way health care is moving. The MHA provides a very effective set of tools that give students a balanced approach to managing care as well as the business aspects in a rapidly changing environment.

MR: From your perspective, what would be the impact if healthcare reform efforts were substantially altered, i.e., repeal of the ACA?

MK: In talking to those who walk the halls of Capitol Hill, there is much talk about repealing the ACA. The reality behind the scenes is that there is no viable alternative in the wings. So I think it will be necessary to see if there is any feasible and affordable alternative. Provisions of the ACA have helped so many in terms of gaining access to, or being able to keep, coverage. If people were to look at the ACA rationally, there are so many good things that have come about because of it. Unfortunately, the ACA has been politicized. That said, there are elements that need to be improved. We need to look carefully at what works and what doesn’t, then work collectively to fix what does not. An example of this would be the activation energy necessary to get into government programs like Medicaid, which is excessive and a barrier to uptake.

MR: What role should public health play in the continuing evolution of healthcare delivery in the U.S.?

MK: As I mentioned, our role is really that of the trusted partner. Health systems are busy caring for patients, that’s what they do best. We, in public health, are not in the operational fray, and therefore we can step back, look at models from all over the world. We are really good at measuring what is happening in populations and then designing population-focused interventions, whether related to health care or not. We measure the impact of policy and other such interventions. It is a mind-set that really fits with the direction health care in the U.S. is taking. Thus the School is perfectly suited to deal with the evolving notions of population health and healthcare reform.
A record-setting number of graduates had the distinction of being part of the School’s Centennial class. Among the 904 graduates from 52 different countries, 25 earned their MHA degrees, and most were in attendance at the Convocation ceremony held on May 17 at the Royal Farms Arena in Baltimore.

This Centennial cohort has already contributed and achieved much. Notably, it collaborated with community-based organizations throughout Baltimore to log more than 18,000 hours of service last year. “Strengthening communities,” Dean Klag emphasized, “is at the core of our School’s mission.”

Dr. Mona Hanna-Attisha, the courageous public health–trained pediatrician who sounded the alarm over the contaminated water supply in Flint, Michigan, was the Convocation speaker and received a standing ovation for her inspiring speech.

Best wishes to the Class of 2016!

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**Administrative Residency Placements for the MHA Class of 2017**

**Erica Barnum**  
Shands, Univ. of Florida Health  
Gainesville, Florida

**Patrick Chang**  
Deloitte Consulting, LLP  
McLean, VA

**Stephen Clark**  
Baltimore Washington Medical Center, UMMS  
Glen Burnie, MD

**Caleb Cobane**  
Chippenham & Johnston Willis Hospitals, HCA  
Richmond, VA

**Mario (Felipe) Dest**  
LifeBridge Health  
Baltimore, MD

**Nathan Detro**  
Kaufman Hall & Associates  
Chicago, IL

**Rebecca Duffin**  
Kaufman Hall & Associates  
Chicago, IL

**Jamie Wei Zhi Fan**  
Johns Hopkins, Dept. of Emergency Medicine  
Baltimore, MD

**Gabriel Gomez**  
Greater Baltimore Medical Center (GBMC)  
Towson, MD

**Jordan Hughes**  
Johns Hopkins, Department of Medicine  
Baltimore, MD

**Madhu Karamsetty**  
Bon Secours, Corporate  
Marriottsville, MD

**Caroline Kaszycy**  
KPMG, LLP  
Baltimore, MD

**Bhoomi Lalani**  
Johns Hopkins, Finance  
Baltimore, MD

**Ryan Le**  
New York Presbyterian, Global Services  
New York, NY

**Sebastian Lim**  
San Francisco Health Plan  
San Francisco, CA

**Alexandra Lopez**  
New York Presbyterian, Strategy  
New York, NY

**Andrew Metzler**  
Johns Hopkins, Radiation Oncology  
Baltimore, MD

**William Neukum**  
Meridian Health Plan  
Detroit, MI

**Kathleen Nolan**  
Remedy Partners  
Darien, CT

**Ankit Patel**  
Berkeley Research Group, LLC  
Hunt Valley, MD

**Slesha Patel**  
Johns Hopkins, Department of Medicine  
Baltimore, MD

**Zein Quraishi**  
KPMG, LLP  
Baltimore, MD

**Tanuka Raj**  
Sibley Memorial Hospital  
Washington, DC

**Gina Shah**  
Greater Baltimore Medical Center (GBMC)  
Towson, MD

**Christian Wendland**  
Upper Chesapeake Health Systems, UMMS  
Bel Air, MD

**Jennifer Yu**  
Medstar—Institute for Innovation & Medstar—Emergency Physicians  
Washington, DC