Chair’s message

It’s my pleasure to introduce the 2017 edition of Management Rounds. As I conclude my first eight months as chair, I am very proud of what we in Health Policy and Management have accomplished, and the year ahead is shaping up to be even more exciting.

The school year starts with some bittersweet news. Eric Ford, who has led the program for the past three years and has made numerous contributions to our management initiatives, will be leaving Hopkins at the end of September. We are fortunate that Mark Bittle, who became associate director in January 2016, has agreed to assume the role of director. Mark, who was spotlighted in last year’s edition of Management Rounds, has been connected to our department for many years and was one of the first graduates of our Doctor of Public Health program.

Another important leadership change in the school, and one for which our department is extremely delighted, is the appointment of our former chair, Ellen MacKenzie, as the 11th dean of the Bloomberg School of Public Health in October. JHU President Ron Daniels announced the decision on August 4 citing Dr. MacKenzie’s deep roots in the Bloomberg School, where she received both master’s and doctoral degrees before joining the faculty in 1979. Dr. MacKenzie is a veteran academic leader, having previously served as Senior Associate Dean for Academic Affairs and Director of the Johns Hopkins Center for Injury Research and Policy. During her tenure as HPM chair, Dr. MacKenzie emphasized public health practice as a core part of the department’s mission, enhanced faculty diversity and initiated a highly successful faculty development program while strengthening the department’s operations and its ties to other JHU schools. “One thing that has always impressed me about the School is how proud both faculty and staff are to be part of the whole and how committed folks are toward achieving our collective mission,” MacKenzie says. “It is a great place to work because you feel you can, and will, make a difference.”

MacKenzie says one of her top priorities as Dean will be to ensure success for the school’s Bloomberg American Health Initiative. It’s a broad $300 million effort—funded by Johns Hopkins alumnus, former New York City mayor and philanthropist Michael R. Bloomberg—to mitigate five critical threats to U.S. health: drug addiction, obesity, gun violence, adolescent health concerns, and environmental challenges.

“Michael Bloomberg has given the school and the university an unprecedented opportunity to tackle some of the major public health problems of the 21st century,” she says, “and transform the way we think about public health and engage in our communities. We need to succeed at this,” MacKenzie adds. “American lives depend on it.”

Earlier in August, Dr. MacKenzie was recently named a Bloomberg Distinguished Professor, an appointment that spans the schools of Public Health and Medicine, including the departments of Physical Medicine and Rehabilitation and Orthopaedic Surgery. The Bloomberg

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People who receive their health care in Maryland may have no idea or interest in learning what makes the state so special; Hopkins MHA students do not have that option. Since most applicants to the MHA program are not from the area and have little or no knowledge of Maryland’s all-payer hospital system, they receive shortly after their arrival an informal yet crucial course: MD Healthcare 101.

Throughout the yearlong speaker series, students meet with healthcare executives from each of the major health systems in Maryland. In order to avoid the inevitable question from speakers: “Are you familiar with Maryland’s all-payer model?” one of the first MHA seminars is hosted by the healthcare advisory practice of KPMG in downtown Baltimore. Several program alumni have joined the practice and are among the local subject-matter leaders in what sets Maryland apart from the rest of the nation.

In September, James Case, Class of 2007 and a director in the KPMG practice, presents what the MHA class needs to know about the healthcare landscape in Maryland. Calling on some other program alumni to assist in the session, James’ team introduces students to the Health Services Cost Review Commission. Established by the Maryland Legislature in 1971, the HSCRC is an independent state agency authorized to set rates at Maryland hospitals. Maryland is the only state that requires ALL payers—insurance companies, HMOs, Medicare, Medicaid, uninsured and others—to pay the same rate for the same service at the same hospital. Maryland has a special agreement with the Centers for Medicare and Medicaid Services (CMS) to receive a waiver from the federal prospective hospital payment systems. The goals of the HSCRC are to promote cost containment, access to care, equity, financial stability and hospital accountability.

During the crash course prepared by KPMG, MHA students learn how the “all-payer” system works and the financial results of the “waiver” over the course of its existence. James then introduces students to the most recent iteration of the waiver. In January 2014, Maryland signed a five-year modernization agreement with CMS to limit the growth in per capita spending. Maryland’s hospitals now operate under global budgets, meaning that each hospital is provided with a set amount of revenue per year and must care for its patients within that limit, regardless of changes in volume or service mix.

Using this type of incentive, hospitals and health systems in the state promote a population health perspective: keeping people healthy and treating them in the most appropriate, lowest cost setting. Success indicators under the GBR model include preventing unnecessary admissions, preventing readmissions and unnecessary admissions from nursing homes, preventing unnecessary ED visits, reducing hospital complications, improving patient satisfaction, increasing primary care services and increasing physician alignment. Controlling hospital costs is an obvious key success factor under GBR.

Once MHA students have a basic understanding of the current reimbursement model, it seems only natural to have MD Healthcare 102 be introduced by Brett McConen, Class of 1998, former managing director at KPMG and now Vice President of the Maryland Hospital Association, and Amale Obeid, Class of 2013, also with the Maryland Hospital Association.

Brett and Amale met with students in November to go into further detail on Maryland’s performance under the all-payer model as the state was almost midway into the five-year demonstration project. One of the financial metrics for maintaining the Maryland waiver is to keep growth in both hospital and nonhospital spending per Medicare beneficiary below that of the nation. The early results: Growth in hospital spending per beneficiary is below the national average, just enough to offset growth in non-hospital spending per beneficiary above the national average. Brett introduced concepts of the next phase in the waiver, slated to begin on January 1, 2019. The next phase will continue to incentivize providers to address Medicare total cost of care while providing additional tools and flexibility to align providers to achieve the desired results.

In April, after the conclusion of Maryland’s legislative session, Brett and Amale returned to give the Class of 2018 an update. The next steps include a “care redesign” amendment to the all-payer model and a primary care model. What does the future hold for Maryland? The next phase will likely include a total spending per Medicare beneficiary savings target.

In the meantime, Hopkins MHA students will continue to learn from healthcare leaders who are developing and implementing innovative approaches under Maryland’s grand experiment. Providers, payers and patients uniting behind a common purpose: better, less expensive and more navigable care.

Want to learn more? Visit the Maryland Hospital Association website: http://www.mhaonline.org/transforming-health-care
Michael Botticelli, MEd, former White House Director of the Office of National Drug Control Policy (ONDCP), joined the Department of Health Policy and Management in June as the School’s Distinguished Policy Scholar. In this role, Botticelli will work with faculty, students, alumni and others in the Hopkins community on various initiatives to combat the nation’s opioid epidemic.

The ONDCP was created under the Reagan administration. Botticelli was the first person in substance use recovery to hold the position of director, informally referred to as drug czar, a title that Botticelli does not particularly like. The reason, as he explained on 60 Minutes in 2015, is that the term connotes the old “war on drugs focus,” which did not succeed. Under the Obama administration, Botticelli leveraged public health and public safety strategies to advance innovative drug policy approaches focusing on prevention, evidence-based treatment and recovery.

Botticelli joins the Bloomberg School of Public Health as it undertakes the Bloomberg American Health Initiative, a project funded by a $300 million gift from Bloomberg Philanthropies to tackle the five most pressing public health threats in our country: addiction and overdose, environmental challenges, obesity and the food system, risks to adolescent health, and violence.

“This is an exciting opportunity for our School, our students and the whole Hopkins community to work with and learn from a tremendous public health leader who has been a champion for individuals and families affected by the crisis of addiction and overdose deaths in our country,” says Colleen Barry, PhD, MPP, the Fred and Julie Soper Professor and Chair of the Department of Health Policy and Management at the School. “Over his extraordinary career working in public health, Michael Botticelli has demonstrated a strong dedication to the use of research evidence to inform policy design, and this perspective makes him a great partner for us at Hopkins. He has also worked throughout his career to combat stigma at a very personal level – through his willingness to speak publicly about his own experiences in long-term recovery.”

Prior to joining the ONDCP in 2014, Botticelli served in several positions within the Massachusetts Department of Public Health, including as director of substance use disorder services. In that role, he expanded substance use disorder treatment services in community health centers and oversaw a pilot program for police to carry naloxone to treat opioid overdose, a practice now implemented in Baltimore.

In March, Botticelli was also appointed the inaugural Executive Director of the Grayken Center for Addiction Medicine at Boston Medical Center.

“Michael embodies every item on the wish list of what we wanted in the ideal director of the Grayken Center, and he is the perfect fit for the Center and its ability to lead in this battle,” said Boston Medical Center CEO Kate Walsh. “Michael was instrumental in getting the fight against addiction to the top of the national agenda. He fought for additional funding and worked closely with groups across the country to develop and replicate clinical treatment programs that work. But he also led the way in shaping our country’s understanding of addiction as a disease, not a moral failing or character flaw, and that patients with substance use disorder deserve treatment not punishment. He is a true leader in addiction medicine.”

Former HPM Chair Appointed Dean

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Distinguished Professorship initiative is supported by a $350 million gift from the former mayor of New York City.

Management Rounds is thrilled to report that someone who has been ardently supportive of the management programs within JHSPH has not only been honored as a Bloomberg Distinguished Professor but will now be leading the school.

Congratulations, Ellen!
Kyun Hee “Ken” Lee Receives Outstanding Recent Graduate Award

Each year alumni from each of the University’s schools are nominated for the Outstanding Recent Graduate Award for outstanding achievement or service in his or her professional or volunteer life. Health Policy and Management is very proud to announce that Ken Lee, who earned both his master’s and doctoral degrees from the department, is a 2017 recipient of this award.

Readers of Management Rounds were first introduced to Ken in our 2015 edition after he joined the teaching faculty. For the past four years, Ken has been teaching Quantitative Tools for Managers, a required course for MHA students and the program from which he graduated in 2008.

Ken is currently the Director of Value Analytics at Johns Hopkins Medicine’s Armstrong Institute for Patient Safety and Quality. His expertise in data analytics and his ability to partner with physicians, nurses, and administrators have resulted in higher quality at lower cost of care, which is at the core of value-driven health care. Through his work at the Armstrong Institute, Lee collaborates with 19 departments to break down silos, generate new knowledge and drive higher value care. The infrastructure that Lee has built at JHM is scalable, sustainable and a key to solving the most challenging issues in health care today. He leverages a disciplined approach of integrating and standardizing data collection and measurement to build trusting relationships and to spark motivation among his team members. His work in the field has led to more than a dozen publications, several grants, and numerous presentations.

Lee is a natural leader and influential teacher. In addition to his teaching responsibilities in HPM, he is a faculty member in the analytics training program at the Armstrong Institute. The impact of his teaching is immeasurable as it contributes to higher levels of analytics competency among healthcare professionals. His unique abilities have created new perspectives among clinical and administrative leadership at JHM and will continue to make a significant impact on enhancing the value of the American healthcare system.

Ken will receive his award on Alumni Day, September 15. In honor of this celebration, Management Rounds invited Ken to answer a few questions.

**What do you consider your most important accomplishments?**

My most important accomplishments are my three degrees from JHU. Johns Hopkins is not only the primary source of my intellectual foundation, but it is also where I learned the thrill of discovering and sharing new knowledge.

**Ten years from now, where do you hope to be and what do you hope to be doing?**

In 10 years, I would like to be in an influential position that helps healthcare organizations extract the most value out of their data assets while empowering individuals to become more skilled and effective in delivering data analytics solutions. We just began the journey, and there are many more milestones to achieve.

**What is your advice to people who are considering a career in health administration?**

Health care is a complicated business, yet that’s what makes it so attractive. The opportunity to develop creative solutions and to interact with experts in various fields should make a career in health administration an appealing choice. These two reasons were important for me when I entered the field.

Everyone in HPM is very proud of Ken, but in full disclosure, his first degree from Hopkins was awarded in 2005 from the Whiting School of Engineering!
Faculty Q&A

Colleen Barry, PhD, MPP
Colleen Barry became the Fred and Julie Soper Professor and Chair of the Department of Health Policy and Management on January 1, 2017. She joined the faculty of the Bloomberg School of Public Health in 2010. Her highly regarded research focuses on the impact of health and social policies on individuals with mental illness and substance use disorders.

Professor Barry recently sat down with Management Rounds to give us her thoughts on the state of health policy and management, as well as the role of health management education.

MR: What do you see as the state of health policy and management?

CB: Our field is growing by leaps and bounds. More students than ever are interested in pursuing degrees in public health with a focus on health policy and management. In part, this reflects the growing importance of the health sector in the U.S. economy. In a very real sense, health care is fueling economic growth.

The importance of health care is driven by several factors. One is the fast pace of medical technology and innovation—in pharmaceuticals, in biotech, in patient care. Another is population dynamics, including aging. We have a population that is living longer and is healthier at older ages than in past generations. As a result of these and other trends, the healthcare field is attractive for students who are seeking a career where they can make a difference.

One piece of advice, though: For those potentially considering this field, you have to have an appetite for change. Everything is a moving target. For those of us who thrive on fast-paced change, the health field is the place to be to build a rewarding career.

On the management side, the faculty who teach our courses have experience leading major healthcare organizations. This is one of the aspects that make our management curriculum exciting for our students—they are working on actual problems that real executives are struggling with. It’s not just textbook learning. Additionally, this real-world experience means that our faculty understand how to train our students across the spectrum of areas, including financial management, strategy, leadership, and organizational theory, that are essential to their becoming leaders in the healthcare field. This rich multidimensional training is aimed at preparing our students to guide the healthcare organizations of the future. And, our 11-month residency programs provide plenty of opportunities for our students to apply these skills on the ground.

MR: What are the biggest challenges in this field?

CB: Right now, one of the fundamental challenges in health care is being able to—in a meaningful way—shift to a value-based care model. We are in the middle of a transformation in how we pay for health care services. The movement toward value-based health care is all about improving health at the population level—which is fundamentally what public health is all about. So, we are well-positioned to help move the field in this direction—through our research, our practice-based work, and our education and training initiatives.

MR: What are the implications for the Department of Health Policy and Management?

CB: Our faculty are engaged in studying how new financing and delivery system approaches—for example, accountable care organizations, patient-centered medical homes, global payment models—can improve health. Our challenge is in figuring out how we can most effectively bring the tools of public health to inform best practices. Looking at problems at the population level is critical in many areas ranging from creating a safe water supply to improving communities where people live and work to improving the quality of the health care we deliver to patients.

MR: Public health often succeeds when nothing happens—people don’t die, at least immediately, from bad water or unsafe communities. How do you convince policymakers of the value of nothing happening?

CB: Good point! When you take a long view, you can see how public health approaches have transformed our society. For example, one of our faculty members—Sue Baker—fundamentally changed the field of injury prevention through research and policy. Her research led to policy changes that have substantially improved automobile safety. You are right—these kinds of changes are

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The Best Weekend of the MHA Year!

MHA weekend resumed its traditional schedule in 2017, starting on the first Friday in May. Always scheduled three weeks before the end of the school year, first- and second-year students had the opportunity to share their accomplishments with faculty and alumni on May 5-6.

While second-year students were either working or traveling to Baltimore on May 5, first-year students started their day participating in the program’s ninth annual case competition. Department Chair Colleen Barry kicked off the event, and by noon eight teams had presented to two sets of judges and two finalist teams were identified for the final round in the afternoon. Finalist judges Steve Kravet, MD (President of Johns Hopkins Community Physicians), and Janice Burnett (Executive Vice President of Bon Secours Health System) selected BMORE Consulting Group (Marissa Bane, George Abraham and Zafreen Farishta) as the winning team.

Shortly after the case competition, Upsilon Phi Delta President Fadi Rammo led the chapter’s annual meeting and induction ceremony. This year, 16 members from the classes of 2016, 2017, and 2018 were inducted based on their academic performance and community service. Congratulations to Tolga Babur ’18, Erica Barnum ’17, Patrick Chang ’17, Felipe Dest ’17, Rebecca Duffin ’17, Zafreen Farishta ’18, Laura Wortman Grant ’16, Staci Hodge ’18, Jordan Hughes ’17, Ellie Hwang ’18, Esther Kim ’18, Evan Kittaka ’18, Ryan Le ’17, Stephen Sademi ’18, Michele Shum ’18, and Carey Zhuang ’18.

Prior to the alumni and preceptor din-
ner, students, alumni and faculty attended the reception by the School’s Wall of Wonder. Although the venue for this year’s event did not change, the slide montage was updated to pay special tribute to the Class of 2017 and their preceptors.

Program Director Eric Ford welcomed all to the dinner and turned the microphone over to Student Association President Bhoomi Lalani and Fadi Rammo before Teresa Schwartz led the preceptor recognition portion of the program. Fadi presented UPD Honor Awards to program faculty Ken Lee, Class of ’08, and program directors Doug Hough and Teresa Schwartz. James Case, Class of ’07, who received a UPD Honor Award last year, was the dinner speaker.

After an evening of celebrations, second-year MHA students returned to campus Saturday morning for their capstone presentations—the last opportunity for members of the Class of 2017 to share their professional and academic achievements with their classmates and advisers before graduation. Among the outstanding capstones were Katie Nolan’s Are Alternative Payment Models Scalable? An Application of Business Model Innovation, which the program submitted as its nomination for the ACHE Stull Award. Rebecca Duffin’s The Transition to Consumerism and Competitive Pricing: A Health System Pricing Analysis Case Study at Kaufman Hall and Associates was also recognized by faculty as a superior paper. The capstone symposium continues to be one of the most gratifying days of the school year for graduating students and their advisers, and no one has to wear business attire or regalia!
In his past three seminars with MHA students, Ron Peterson, President of the Johns Hopkins Health System and Executive Vice President of Johns Hopkins Medicine, made it clear that succession planning was one of his priorities. After 44 years of service, Peterson wanted to ensure a smooth transition in leadership. His retirement journey started last spring when Dr. Redonda Miller was hired to succeed him as President of The Johns Hopkins Hospital. Even before his successor was identified, Peterson told MHA students that he wanted the opportunity to mentor the new president.

Although Peterson will be stepping down at the end of the calendar year, he has agreed to serve for at least one year as special adviser to Paul Rothman, MD, CEO of Johns Hopkins Medicine and Dean of the Medical Faculty. “In the life of an institution, there are leaders who leave such a deep and distinctive imprint that their influence spans well beyond the bounds of their career... Ron has been instrumental to the success of this organization,” Rothman wrote.

Peterson’s history with Hopkins dates back to his undergraduate studies on the Hopkins Homewood campus. To fulfill the requirements for his master’s degree from the George Washington University, he came to The Johns Hopkins Hospital in 1973 to complete his administrative residency. He never left. Peterson held a variety of staff positions at Hopkins before becoming administrator of the financially troubled Children’s Center.

When Hopkins entered into a management contract to run the Baltimore City Hospitals, which had been losing $7 million per year, Peterson led the effort to transform the facility into what is now Johns Hopkins Bayview Medical Center. He became president of the hospital in 1984, when it was brought into the Hopkins system. A decade later, he was named president of the Johns Hopkins Hospital and Health System.

When meeting with MHA students, Peterson spoke mostly of the achievements of others who were working toward the tripartite mission of Johns Hopkins Medicine: patient care, teaching and research. In a 2009 interview, Ron described his role: “What we do is help create the environment that enables the great, bright clinicians and scientists and staff to carry on their important work each and every day.” When asked about his personal achievements, Peterson would often cite the Bayview transformation and the joining of the Health System and the School of Medicine under the Johns Hopkins Medicine umbrella.

For 22 years of Peterson’s tenure as president, The Johns Hopkins Hospital was ranked No. 1 hospital in the nation. A new comprehensive cancer center opened, and he undertook one of the most expansive private building campaigns in Maryland history, culminating in the construction of two state-of-the-art hospital towers for adult and pediatric patients. Under Peterson’s leadership, Hopkins has attempted to spread opportunities to its neighbors by developing programs for hiring ex-offenders and rallying Baltimore-area businesses to hire and buy locally.

In addition to the 13 MHA students currently serving as residents within Johns Hopkins Medicine, 99 alumni completed their administrative residencies in a JHM entity while Peterson was president. Small wonder that the MHA program values Peterson’s support and was happy to hear that even as president emeritus, he will continue his involvement.
MHA Students Surpass GO with Strategopoly

Students in Doug Hough’s Strategic Planning course always have as their primary assignment a strategic assessment of a health-related organization, using the tools and concepts learned in the course. Most student teams write a report of 15–20 pages, but some creative types go above and beyond. In 2012 Theresa Falcon, Steve McMillen, Amale Obeid and Helen Sadik created a “Harvard Business Review Strategic Assessment Case Study Series,” a 30-minute video analyzing St. Jude Children’s Research Hospital. In 2015 Thiri Bickel, Erik Hamilton, Giovanna Imbesi and Elyse Lasser presented a 50-minute panel discussion of the strategic challenges facing Medtronic, in the style of Bloomberg Financial News. (The production quality was enhanced by Thiri’s husband, who is a professional videographer.)

This spring, the creativity award went to Allison Hart, Evan Kittaka and Lindsay McMurdie. They presented their strategic assessment of the Cleveland Clinic Foundation as a Monopoly-type board game, which they titled “Strategopoly.” The board itself was set up like Monopoly, with the “properties” being components for the Clinic’s four main service lines (primary care, women’s health, orthopedics and cardiology), and the “railroads” and “utilities” being the Clinic’s six core values (quality, innovation, compassion, service, integrity and teamwork). Instead of Jail, there was Joint Commission review.

The team presented the essence of their assessment as “Chance” (the SWOT analysis) and “Community Chest” (Porter 5 Forces, Treacy & Wiersema Value Disciplines, BCG Matrix) cards. In case Doug didn’t think that they did enough “real” strategic analysis, the team provided a 16-page, 50-reference “Theory of the Game and Rules,” in which they presented the details of their assessment.

Doug was so impressed that he asked the team—on the spur of the moment—to present their creation to the entire class (which may explain their informal, graduate-student attire in the photo).

Doug expects that it will be a long time before any team presents a more creative approach to strategic assessment. (Of course, he has said that before.)

Faculty Q&A
Colleen Barry, PhD, MPP

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not always observed or appreciated by the broader society. That means it is important for us to find effective ways to tell our stories and communicate our successes.

MR: How do you see health management education addressing public health issues?
CB: We want to recruit the top students and train them to lead hospital systems, long-term care facilities, insurance companies, palliative care and hospice services, pharmaceutical and biotech firms, etc. I had mentioned population aging earlier. Elderly individuals today are much more interested in aging in their homes, and healthcare services must evolve to meet those changing preferences and needs. We equip our students with the skills to be nimble and develop new business and financing approaches to meet the future needs of the population.

MR: What should we be doing in health management education that we are not doing now?
CB: In the Department and our School, we have strived to broaden our global reach, but we could do more. We have an outstanding MHA program training students here in Baltimore. Moving forward, we have the opportunity to expand our role in training health management leaders outside the U.S. We have begun to move in this direction, for example, through our educational programs in China and the Pacific Rim. This is an exciting area for further growth.

You asked me about my vision for the next 10 years. In a nutshell, I want us to strive to be the top-ranked health management program in the country, to expand the reach of our training locally, nationally and globally, and to more deeply impact the health of the population. I am excited to work with our extraordinary students, faculty and staff to move these efforts forward!
MHA Students “MATCH” with Johns Hopkins Medicine

Although the Hopkins MHA residency match does not get as much national media attention as the medical National Resident Matching Program, for MHA students the third Friday in March is definitely an important date. Rankings from both students and residency sites are due at the MHA office. Since every year there are more residency opportunities than students seeking them, students typically have an edge in determining where they will land for their second-year administrative residencies. For the first time in many years, Johns Hopkins Medicine came out the big winner in the match process as 13 students from the Class of 2018 ranked a Hopkins residency on the top of their lists.

As has been the tradition for the past several years, the first and last MHA seminar of the year is with Ron Peterson, President of the Johns Hopkins Health System and Executive Vice President of Johns Hopkins Medicine. At the end-of-year luncheon seminar, the 13 students pictured with Mr. Peterson had the opportunity to announce where they will be working within Johns Hopkins Medicine starting this summer. Some of the Hopkins residencies are as far away as St. Petersburg, Florida, and Washington, D.C., but most are on the flagship campus and include new residency opportunities in the Department of Health Care Transformation and Strategic Planning as well as the Capacity Command Center.

With tight budgets and so much uncertainty coming out of Washington, it is logical to ask whether JHM can afford to absorb so many administrative residents; yet the program has a long history of demonstrating that residents are a good investment. In fact, the program has modified the School’s tagline to read: Protecting Health, Saving Lives (and $) – Millions at a Time.

A full listing of all residency placements can be found on the last page.

Department Launches New Online Certificate and Master of Applied Science in Population Health Management

The health care services delivery landscape is rapidly changing. New competencies are required for clinicians—especially physicians—and midlevel managers or administrators in order to effectively navigate and succeed under value-based reimbursement models and population-oriented health delivery initiatives. The Population Health Management program represents an interdisciplinary approach to understanding and leading population health management systems. It 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 or the ability to get a master’s degree in four years, part time. The Certificate in Population Health Management provides the 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 gives students 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.

Responding to a call for proposals for a new series of completely online graduate degrees, Mark Bittle, in collaboration with Eric Ford and many other faculty, submitted a proposal for both certificate and master’s degree programs in Population Health Management. The program is truly an interdisciplinary effort, with faculty representing International Health, Health Behavior and Society, Biostatistics, Environmental Health and Engineering, as well as Health Policy and Management.

Receiving positive support from the schoolwide Committee on Academic Standards, and the Council of Deans for the University, the proposed program was sent to the Maryland Higher Education Committee for final review and approval. The MHEC approved the new program on June 15, and the first cohort will matriculate in the fall.
Bittle Selected as Member of the Faculty for the American College of Healthcare Executives (ACHE)

Responding to a call for proposals for new executive training programs sponsored by the American College of Healthcare Executives, Mark Bittle submitted a proposal to develop a two-day educational session on developing health systems as stewards of health. After several interviews and a trial presentation in Chicago to a select group of healthcare professionals invited from around the country, Mark’s proposal was accepted and is now being offered twice a year.

The premise for the new session began with a review of the 2015 report by the ACHE’s Professional Development Task Force. The report identified core and emerging leadership competencies needed in the quickly evolving healthcare environment. These included transformational competencies in Visionary and Adaptive Leadership Skills, Leading Across the Continuum of Care, Leading Sustainable Community Partnerships, and the Ability to Build and Strengthen Community.

The hypothesis for the session called “Health Systems as Stewards of Health: A Construct for Leading Transformation” is that healthcare executives need to expand their leadership and management competencies to effectively address the challenges of an expanding definition of health and the role of the health system in improving health. What used to be managed within the four walls of the hospital has shifted to settings often far-flung from the main institution. With each evolution, the challenges and complexities of organizing these expanding enterprises seem to grow exponentially, as does the need for healthcare executives to develop new competencies in order to lead them.

To meet the tripartite challenges of improving health and the patient’s experience while lowering per capita costs, healthcare executives must accelerate efforts to broaden their healthcare delivery enterprise, while simultaneously integrating across the spectrum. In addition, healthcare executives are faced with developing capacities outside the proverbial four walls of the health system. Requirements like completing community health status assessments, understanding the impact of societal factors on health, and participating in collaborative efforts to reduce health disparities have placed healthcare executives in a position more akin to that of a state or local health commissioner.

Leadership competencies must keep pace with the rapidly evolving and expanding scope of delivering health. Enhancing or developing new leadership skills emphasizing collaboration and partnership across organizational lines are essential as the industry moves to accountable care and increased risk-sharing. The session provides participants with the skills necessary to strategically assess their organizational competencies related to the design of a community-oriented care model using the Collective Impact framework. Through interactive discussions with peers, participants use case studies to evaluate and consider contemporary approaches to building meaningful collaborations and evaluate new perspectives on leading transformation to create a culture of social responsibility within their organizations. The concept of Meta-Leadership and the value of this approach provide healthcare executives with fresh leadership competencies, enabling them to build upon the foundation of their healthcare organization’s history and lead them forward as meaningful stewards of health.

What used to be managed within the four walls of the hospital has shifted to settings often far-flung from the main institution.

Chair’s message

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Hopkins Medicine. Another exciting addition to our department is our latest Distinguished Policy Scholar, Michael Botticelli, the former White House Director of the Office of National Drug Control Policy, who will be working with us on various initiatives related to the opioid epidemic. Hopefully, you’ll learn a little more about me and my goals from reading the Q&A in this edition of Management Rounds.

Since assuming my new role in January, I have had numerous opportunities to learn more about the Master of Health Administration program. I met with students from each of the master’s programs, was introduced to MHA alumni in DC, and kicked off the MHA program’s annual case competition. In the year ahead, I hope to be even more involved with the program as we welcome our largest class. I expect you will continue to hear great things under Mark’s leadership.

Wishing you the best for the coming school year.

Colleen L. Barry, PhD, MPP
Fred and Julie Soper Professor and Chair

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Convocation 2017

The School’s graduating class numbered 844 students. Of the 81 students receiving degrees from the Department of Health Policy and Management, 25 had completed the Master of Health Administration program.

This year’s Convocation speaker, Seth Berkley, MD, CEO of GAVI Alliance, called on graduates to uphold truth and science as nonnegotiable aspects of their professions. He also encouraged students to embrace activism as part of their ongoing role as public health advocates, and to seek balance between global thinking and careful understanding of local nuance.

The School’s ceremony on Tuesday, May 23, was the last under Dean Michael J. Klag who shared his optimism about the future. “All of you, every day, work to make the world a better place,” he said, addressing the graduates.

Administrative Residency Placements for the MHA Class of 2018

Tolga Babur
JHHS–Financial Analysis Unit
Baltimore, MD

Marissa Bane
KPMG, LLP
Baltimore, MD

Noah Chang
JHM–Office of Johns Hopkins Physicians
Baltimore, MD

Zafreen Farishta
Kaufman Hall
Chicago, IL

Julie Ann Fenstermaker
JHM–Emergency Medicine, Command Center
Baltimore, MD

Natalie Fung
JHM–Anesthesiology & Critical Care Medicine
Baltimore, MD

Allison Hart
Sibley Memorial Hospital, JHM
Washington, DC

Staci Hodge
LifeBridge Health
Baltimore, MD

Ellie Hwang
Medstar–Institute for Innovation & Emergency Physicians
Washington, DC

Jamison Kies
Greater Baltimore Medical Center (GBMC)
Towson, MD

Esther Kim
JHM, Dept. of Emergency Medicine
Baltimore, MD

Evan Kittaka
Cigna Medical Group
Phoenix, AZ

Alex Kronk
Upper Chesapeake Health, UMMS
Bel Air, MD

Diana Laham
Temple Center for Population Health
Philadelphia, PA

Lindsay McMurdie
Greater Baltimore Medical Center (GBMC)
Towson, MD

Sarvesh Nalluri
Booz Allen Hamilton
Rockville, MD

Valentina Opris
JHM, Dept. of Radiation Oncology
Baltimore, MD

Stephen Saddemi
JHM–Office of Healthcare Transformation
Baltimore, MD

Bernadette Sendon
JHM–Bayview/Department of Medicine
Baltimore, MD

Michele Shum
Johns Hopkins Home Care Group
Baltimore, MD

Christopher Sulmonte
JHM, Dept. of Medicine
Baltimore, MD

Benjamin Thompson
Johns Hopkins All Children’s Hospital
St. Petersburg, FL

Sandi Wetzel
Howard County General Hospital, JHM
Columbia, MD

Adam Wu
Alvarez & Marsal
New York, NY

Carey Zhuang
Booz Allen Hamilton
Rockville, MD