



JOHNS HOPKINS
COMMUNITY PHYSICIANS
annual report
FY19



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INTRODUCTION

A Message from the President

I am excited to share with you the Fiscal Year 2019 Annual Report of Johns Hopkins Community Physicians. Inside, you will find stories of success and achievement from the past year.

As I write this introduction, we are currently 1,425 employees strong, with practices and administrative hubs across the state of Maryland and Washington, D.C. Our 440 providers include physician assistants, nurse practitioners, physicians, surgeons and specialists. We have expanded our current footprint and piloted innovative value-based care models that we embedded in our core primary-care programs. These tactics increased the “Joy in Johns Hopkins Medicine” for both our providers and our staff. I cannot wait for you to read all about it.



While this year’s report highlights only a fraction of the tremendous accomplishments our teams achieved throughout the year, the stories and lessons within demonstrate the complicated nature of health care in 2019, complimented by the agility of our staff, providers and administrative teams. At the end of the day, we are committed to providing the highest quality of care to our patients throughout the communities we serve, and we remain a solid and strong arm of Johns Hopkins Medicine.

Thank you to our patients, staff, providers, board members, friends and supporters for contributing to our tremendous year.

A handwritten signature in black ink, which reads "Steven J. Kravet". The signature is stylized and cursive.

Steven J. Kravet, M.D., M.B.A.
President
Johns Hopkins Community Physicians

Mission

We bring Johns Hopkins Medicine to our communities.

Vision

We give our patients and teams the time and attention they need to achieve their best health.

Core Values

Excellence & Discovery
Leadership & Integrity
Diversity & Inclusion
Respect & Collegiality



EXECUTIVE TEAM



Steven Kravet, M.D., M.B.A.
President



Melissa Helicke, M.B.A., M.H.A.
Chief Operating Officer
Vice President, Operations



Jim Clauter, C.P.A.
Chief Financial Officer
Vice President, Finance



Raymond Zollinger, M.D., M.B.A.
Vice President, Medical Affairs



Jennifer Bailey, R.N., M.S.
Vice President,
Quality and Transformation



Maura McGuire, M.D.
Senior Director,
Education and Training



Leslie Rohde, M.B.A.
Senior Director,
Human Resources



Kathryn Waldeisen, M.H.A.
Chief of Staff



Michael Albert, M.D.
Chief of Primary Care
Clinical Innovation



Molly Jackson
Marketing and Communications
Manager



You do not have to travel far to experience high-quality primary and specialty care from one of the most trusted names in medicine.

440 providers

40+ locations



LOCATIONS

BALTIMORE NORTH

Now On-Stage: Green Spring Station



Major initiatives were not lacking for Johns Hopkins Community Physicians' (JHCP) Baltimore North Region in fiscal year 2019. One of the region's most notable projects was the relocation of the Green Spring Station practice. "Many factors made the case for relocation," says Michael Cole, senior director of operations and strategic initiatives. Among them were the limited size of the space, intertwined registration and clinical work areas, and other layout inefficiencies. A renovation to the previous space was out of the question. Due to the floor plan, foundational updates would not be feasible without closing portions of the practice for extended periods of time, and new standards for exam room sizes would necessitate fewer rooms. This, coupled with the lease expiring at the beginning of FY 2020, produced the perfect conditions for a relocation. As the presence of Johns Hopkins Medicine on the Green Spring campus continued to expand, leaders knew they wanted to remain there to provide primary care. Fortunately, a larger space was available, just steps away in the building concourse next door.

With square footage nearly doubling, the growing practice would be able to accommodate up to eight providers (the previous space was capped at four), along with additional staff to support them. The added space would also open up the possibility to host more services for patients, such as embedded behavioral health specialists and social workers, and give leaders the option to make integral changes to workflows. The newly designed practice would feature an "onstage/offstage" clinic model in which patients would register at the front desk and room themselves. Theoretically, this system eliminates waiting room congestion and supports a patient-centered care ideology, while promoting physician collaboration and communication as they would now share a workspace.

Design was an important focus of the new suite's renovation. Leaders met to create new standards for practice colors, furniture and equipment so that each JHCP location will eventually have a consistent look and feel. "This was definitely a team effort," Cole says, "Not just with JHCP leadership, but with information systems, central operations and external Johns Hopkins Medicine departments. Integration was key to completing a project of this scope." The ultimate goal of projects like these is to provide quality health care to all our patients; Cole hopes that the relocation to a renovated suite will better enable them to bring that quality care to the Green Spring community.

...by the numbers.

135+

trainees

113

primary care
providers

62

active research
projects

18

new providers

The Heart of the Matter

Creating, supporting and fostering relationships among all Johns Hopkins Medicine entities is integral to the success of the Johns Hopkins Health System and, in this case, it is the secret sauce that keeps the Johns Hopkins Community Physicians (JHCP) cardiology and surgery teams thriving. The relationship between the Johns Hopkins University School of Medicine cardiology department and the JHCP Heart Care and surgery departments is a high-functioning model that serves as a best practice for all. The transcatheter aortic valve replacement (TAVR) program highlights collaboration between JHCP's cardiothoracic (CT) surgery team at Suburban Hospital, JHCP's heart care team and The Johns Hopkins Hospital.

The TAVR procedure is a minimally invasive surgery for patients who need an aortic valve replacement. A major component of the procedure is assessment: Each case is reviewed by CT surgeons and interventional cardiologists to decide what the best option is for the patient. The program would not be possible without the efforts of a multifaceted team including Rani Hasan, regional medical director for Suburban's Structural Heart Disease Program, Gregory Kumkumian, medical director of the Cardiac Catheterization Laboratory at Suburban Hospital, Eric Lieberman, JHCP cardiologist, and cardiac surgeons Thomas Matthew, director of the Johns Hopkins Cardiothoracic Surgery Program at Suburban Hospital, Philip Corcoran and Michael Siegenthaler.

The first TAVR procedure at Suburban Hospital took place on April 11, 2017. Since then, and especially during fiscal year 2019, major steps were taken to make it a true clinical option for patients on a routine basis, with set clinic times and procedure days, says JHCP cardiology medical director, Harry Bigham. TAVR spurred what Bigham calls, "the heart team approach to the care of patients." This team he references includes JHCP's CT surgeons, stationed at Suburban Hospital, interventional cardiologists from The Johns Hopkins Hospital and the Johns Hopkins University School of Medicine, and JHCP's heart care practices, which often provide pre- and post-surgical care. JHCP also provides administrative and managerial structure and support to the team.

Since TAVR brought them together, collaborations between the entities have increased immeasurably. Case reviews are performed jointly for care beyond TAVR and structural heart, encouraging the entities to work as one when deciding what cases can safely be undertaken at Suburban and which are better suited to The Johns Hopkins Hospital. Furthermore, in fall 2018, a cardiovascular skills day was held that included both lectures and hands-on learning experiences. This initiative, which strengthened relationships even further, was born out of the desire to explain the complex techniques behind TAVR.

Beyond being a revolutionary procedure that offers flexibility, TAVR has fostered and encouraged meaningful relationships among multiple cardiology sections of Johns Hopkins Medicine.

...by the numbers.

100%

coverage of Suburban Hospital
Cardiology consultations and
unassigned patients

7

cardiovascular research studies
led by Heart Care physicians

2

2019 Johns Hopkins Medicine
Clinical Award winners



CARDIOLOGY & SURGERY

EDUCATION & TR

Clinical Coaching for Provider Excellence

If you had to choose an overall theme for Johns Hopkins Community Physicians (JHCP) Department of Education & Training's fiscal year 2019 achievements, "excellence" would fit the bill. From earning national recognition for their training programs to supporting countless pilot initiatives, this phrase does not oversell their busy and productive year. One new initiative, in particular, perfectly embodies this theme: the development of a clinical coaching program with support from the JHCP Academy of Clinical Excellence (ACE).

The idea to introduce clinical coaching into a primary care setting came from another Johns Hopkins Medicine institution: the Miller-Coulson Academy of Clinical Excellence — a working academy with the mission of recognizing and promoting excellence in patient care at Johns Hopkins for the benefit of the individuals and communities that they serve. The Miller-Coulson Academy approached Michael Crocetti, Academy member and JHCP chief of pediatrics, about carrying out a study, which led to discussions for adapting the program to leverage the knowledge and influence of JHCP Academy of Clinical Excellence inductees. One of those inductees, pediatrician Catherine Parrish, has seen firsthand the positive effects that clinical coaching can have on her fellow providers. She says, "Improving efficiency brings joy to medicine as it enables us to better care for our patients."

The success and influence of the program, which began in late FY 2019, lies in its emphasis on coaching. "Definition-wise, coaching is different from mentoring," Crocetti says. He explains that mentors, who are often characterized by age and length of career, reflect a "do and see as I do" mantra. Coaches, on the other hand, focus on the individual, directly observing them to identify specific weaknesses to improve on and strengths to further develop. This is the role that the ACE coaches play, with a goal of reaching new providers within their first 90 days.

What factors are they observing? Peter Chin, education programs manager, explains that coaches observe all aspects of a provider's day, including huddles with medical assistants, bedside manner, interactions with patients and their families, explanations, and Epic efficiency and navigation. The latter is one of the major areas of focus for the coaches. If inefficiencies in Epic are observed, the coach will seek the help of Cheryl Godsey, senior instructional design and development specialist. Says Godsey, efficiency in Epic "gives providers a sense of accomplishment and success ... and allows them to provide the best care possible to their patients." She explains that she will observe the provider's use of quick actions and smart tools, how they manage their InBaskets and their relationship and workflow with their support staff.

By the end of FY 2019, five ACE members provided 64 hours of coaching to 16 new and existing primary care providers. With a few months of data on their hands, next steps for the education and training team include analyzing relative value units, CG-CAHPS scores and Epic Provider Efficiency Profiles before and after the coaching to measure its impacts. Anecdotally, for Crocetti, the impacts of the program are profound. "The immediate impact is that our clinicians realize that the organization is investing in their development." Beyond that, he adds, as the coaching program continues, it will ensure that JHCP's providers will maintain clinical excellence throughout their careers.



*2018 Johns Hopkins Community Physicians Academy of Clinical Excellence Inductees
From left: Marianne Fingerhood, C.R.N.P., Scott Feeser, M.D., Sajida Chaudry,
M.D., Swati Phatak, M.D.*

TRAINING

FY 2019 Achievement Highlights



National Award

The department of education and training was recognized in *Training* magazine's Training Top 125, ranking 52nd, for their successful learning and development programming.

Team-Based In-Basket

A new, collaborative workflow for Epic in-basket management was developed, where staff manage messages. Outcomes include enhanced communication among teams, a reduction in the amount of back-and-forth messages and improved patient satisfaction.

New Administrative Supervisor Program

Developed a new program to coach and mentor administrative supervisors to strengthen skills, align their work with that of the clinical supervisor and for consistent utilization across practices. Fifteen administrative supervisors completed the first cohort, with 100 percent saying that they "will be able to use what [they] learned to improve patient care."

...by the numbers.

842

Epic class completions

236

CPR trainees certified

286

providers attended the 18th
Annual Provider Retreat

165

nurses and officers attended
the 10th Annual Nursing Summit



FINANCE

Challenge: Accepted

The Johns Hopkins Community Physicians Finance Department had an exceptionally busy fiscal year 2019, but they overcame it with tenacity, teamwork and the support of their stakeholders.

The first hurdle for fiscal year 2019 developed in the spring of 2018, when the finance team committed to Johns Hopkins Health System (JHHS) leadership to implement the budget module of the EPSi System. EPSi is a financial decision support system used by Johns Hopkins Medicine. A tool for financial budgeting, forecasting and cost accounting, EPSi captures volume-related statistics and revenues from the Epic medical record system and marries that information with cost data from the SAP system. The implementation of EPSi at JHCP would improve the team's ability to budget and perform revenue and cost volume analyses. In addition, it would further integrate the financial operations of JHCP into Johns Hopkins Medicine and the Johns Hopkins Health System at large, advancing the strategic goal to "Work Like One Organization."

For Kathy Rogers, director of finance and budgeting, transitioning to the new system was imperative. "We are a front door to Johns Hopkins Medicine, and we needed to be connected," Rogers says. The team would soon realize that this was easier said than done. At the beginning of fiscal year 2019, as they were gearing up to launch the implementation of the system, the finance team was confronted with an additional hurdle. Explains Jim Clauter, chief financial officer, "The budget cycle for JHCP and JHHS was accelerated from a time period that had previously spanned five months, January through May each year, to a new cycle that would begin in September and end in December. Now, we had to have a budget completed for the health system by the second week of December." While not *uncommon*, this specific budget cycle acceleration had particularly unfortunate timing: JHCP finance would simultaneously have to implement and learn a new system while building the fiscal year 2020 budget. Rogers likens this to building an airplane while flying it midair.

As the full scope of the requirements sank in, the finance team framed this challenge as an opportunity to excel. They developed a two-phase plan: First, building and using EPSi simultaneously, they would prepare a high-level budget in the fall, entering volume estimates supplied by regional leadership into EPSi to project revenues and variable costs. Then, after completing the EPSi build, they would focus on developing detailed, practice-level budgets in spring 2019. A well-thought-out plan proved to be successful: All goals were achieved.

How did they do it? Rogers attributes their success to the dedicated, talented finance team who worked tirelessly. But she also credits the accomplishment to all the practice personnel and JHCP leaders who contribute to the budget process. "Everyone understood the challenging situation and, as always, supported us with total patience and cooperation. Finance did not do this alone," Rogers reflects. "JHCP accomplished this together."

FY 2019 Achievement Highlights

Supporting Growth

JHCP, under the leadership of the finance department, met the financial targets for fiscal year 2019, which supported the capital requirements for JHCP growth through the Hagerstown and Germantown expansions and Green Spring relocation. All of these projects were successfully completed within the scope of the overall budget.

Supporting Innovations in the Delivery of Primary Care

The finance team collaborated with multiple JHCP departments during the year to support innovations in the delivery of primary care. Programs and pilots such as Direct Primary Care, Home-Based Medicine, the Small High Acuity Risk Panel (SHARP) program and the Nurse Practitioner Pilot Program are just a few of the initiatives that were successfully supported by the finance department.

Improving Benchmarking Capabilities

In order to benchmark JHCP against peer organizations, JHCP participated in the Medical Group Management Association's (MGMA) Data Dive. This required the submission of several lengthy data surveys to MGMA. JHCP now has access to data of comparable organizations at the state, regional and national level and the ability to benchmark against this data.

...by the numbers.

932,233

patient encounters

1,378,000

total RVUs

3.44%

operating margin



FAMILY MEDICINE

...by the numbers.

100

family medicine providers

79 physicians

17 nurse practitioners

4 P.A.-C.s

Opioid Prescription: Safely Navigating the Pain Management Field

You would be hard-pressed to read your local news and not see headlines related to the opioid crisis. In October 2017, the federal government declared the opioid crisis a public health emergency, and according to the Centers for Disease Control and Prevention, an average of 130 Americans die every day from opioid overdoses.¹ With these realities in mind, confronting the opioid epidemic has become a priority for the Johns Hopkins Community Physicians (JHCP) family medicine clinical section.

“In primary care, we have a unique relationship with our patients,” says Steven Blash, chief of family medicine for Johns Hopkins Community Physicians. “Generally, we know [our patients] and their medical histories very well,” he adds, “So we have the opportunity to address this problem and be good stewards.” Blash asserts that he and his colleagues need to be mindful of the medications they are prescribing and that they have the responsibility to “help [them] safely navigate this playing field.”

A handful of initiatives were introduced to further address the opioid crisis. First, the organization instituted electronic prescribing for all controlled substances. Using this new method, prescriptions are sent directly to the pharmacist, which decreases the potential risk of medication being diverted. Then, as a second level of authentication, the pharmacy contacts the prescriber upon receipt to confirm the prescription’s origin. Methods for oversight of opioid prescriptions were created to track who is being prescribed the medication along with the frequency and doses. Providers have also been given tools to efficiently document how they are treating patients for more meaningful monitoring.

To ensure that there is consistency in how these metrics are reviewed, JHCP partnered with the Johns Hopkins Health System as a whole to standardize how the topic of opioids is approached. Blash, who sits on the Johns Hopkins Opioid Clinical Community board, touted that another major accomplishment has been the development of an opioid stewardship dashboard, which brings together multiple data points to provide a clear, big picture of prescribing patterns.

Other initiatives implemented this year take advantage of the power of data as a value-added resource. Says Blash, “This year we made some really strong moves to get that data right to the provider in an efficiently summarized way.” The first of those is leveraging a relationship with Chesapeake Regional Information System for our Patients, a regional health information exchange, specifically their prescription drug monitoring program. This database, which tracks and reports controlled substance prescriptions in Maryland and surrounding states, was integrated into Epic so that a provider can perform a real time query to see what medications a patient is getting from not only JHCP, but also from other prescribers.

Another valuable tool developed this year makes it easier for JHCP prescribers to know the total amount of opioid medication in milligrams that a particular patient is taking. In many cases, patients may be prescribed multiple drugs that contain opioid medications of different doses, making calculations complex and difficult. The solution was to integrate a calculation into Epic that automatically determines a patient’s daily morphine milligram equivalent and displays it on a banner in the patient’s chart.

While he admits that there is still a lot of work to be done, Blash acknowledges that “we have a deep responsibility to be an active participant in safe, effective and appropriate prescribing.” He hopes that JHCP will continue to play a major role in minimizing the amount of opioid medications that are prescribed, monitoring and supporting patients who are prescribed these drugs and creating best practices that can be shared among other health care providers throughout Johns Hopkins and beyond.

1. *Understanding the Epidemic*. (2018, December 19). Retrieved from [cdc.gov/drugoverdose/epidemic/index](https://www.cdc.gov/drugoverdose/epidemic/index)

Hospital Medicine Program to the Rescue

Johns Hopkins Community Physicians' (JHCP) hospital-based medicine clinical sections are far more extensive than one might initially realize. A perfect example of this is the infectious diseases (ID) program at Sibley Memorial Hospital.

Previously, Sibley's ID program was covered by a private, non-Hopkins group, but a few months into the fiscal year, that practice announced that it would be closing. To address this gap in care, the acting president of Sibley Memorial Hospital, Hasan A. Zia, approached Eric Howell, chief of hospital medicine for JHCP. The goal was to absorb the two ID providers into JHCP, so they could work in-house at Sibley Memorial. In the spirit of "Work[ing] Like One Organization," Howell and his team accepted the challenge and got moving on a plan.

The biggest hurdle they had to overcome was timing as the private practice had closed abruptly. Pat Wachter, administrator for the hospital-based medicine program at JHCP, notes that the development of the in-patient program was a true team effort. They partnered with JHCP human resources, credentialing and finance to complete the administrative work within a short turnaround period. Says Wachter, "HR and credentialing are truly wonderful — they worked with us on a tight deadline to expedite the providers, who were already credentialed at the hospital, through JHCP's credentialing process." She adds that the finance team was instrumental in building a proper budget for the program.

By the end of fiscal year 2019, the two providers were seeing follow-up patients within seven to 10 days of being discharged from the hospital. The addition of a medical office assistant and a partnership with JHCP's Foxhall General Surgery practice, where the ID specialists see patients one day per week in the outpatient setting, have both been great supports for the program, according to Wachter. The goal of the program, she says, is to keep patients with chronic diseases and conditions out of the hospital.

"From the patient's perspective, there was continuity in service," Wachter adds, which is a testament to the success of the transition. Leaders at the hospital saw the need for the ID service in the community, and JHCP was able to step in to maintain it. "We're proud to have been able to accommodate the ID program at Sibley Memorial because it emphasizes JHCP and Johns Hopkins Medicine's commitment to providing our patients with the best care possible," says Howell.

Looking to the future, Wachter hopes that they can eventually expand the outpatient program to other specialties such as endocrinology and palliative care. She notes that in order for that to happen, they must remain as nimble as possible and "be more fluid about how we look at medicine from both the inpatient and outpatient perspective."

...by the numbers.

24,000

annual admissions

90+

hospital medicine providers



HOSPITAL MEDICINE

HUMAN RESOUR

And They All Lived Healthily Ever After

Johns Hopkins Health System's Healthy at Hopkins program has grown significantly at Johns Hopkins Community Physicians (JHCP) over the past few years. Healthy at Hopkins is an employee well-being program that boasts health and wellness resources, features employees' success stories and supports employees in improving their health and reaching personal goals. When the program started in 2016, 579 of an eligible 1,232 JHCP employees participated. Fast forward to fiscal year 2019, and participation has grown to more than 800 active users out of an eligible 1,300.

More impressive, though, is the increase in total logins to the Healthy at Hopkins portal by JHCP employees. At its infancy, in FY 2017 the portal had about 7,000 logins. In FY 2019, that number nearly tripled to 19,893. This growth is a point of pride for the JHCP human resources team in particular. "It feels great knowing that so many of our employees are making their health a priority," says senior director of human resources Leslie Rohde. She continues, "It all circles back to our efforts to create a culture of health and well-being."

Healthy at Hopkins-sponsored events also saw encouraging growth in participation. Eleven events were successfully implemented in FY 2019, engaging around 500 employees — the most popular of which included blood pressure screening (453 participants, or 35 percent of eligible employees) and the Race the Globe challenge (256 participants — a substantial increase from the previous year's 92). What has bolstered participation in the program by such a large degree? There are many factors, the most likely of which is increased promotional efforts by the human resources department, specifically in recruiting more Healthy at Hopkins champions. As of FY 2019, 27 JHCP employees carry this title, and that number is growing. "Our champions have become more engaged and enthusiastic about the program," says Paul Brewer, HR generalist and one of the project leads for Healthy at Hopkins at JHCP. "We have started meeting with them each quarter, then they disseminate information back to their sites."

Healthy at Hopkins acts as an essential instrument in JHCP's successful Centers for Disease Control and Prevention (CDC) Worksite Health ScoreCard results. As Brewer explains, "The CDC ScoreCard is a measure of recommended standards for an organization's health and wellness. It provides guidance on where to focus our wellness efforts through Healthy at Hopkins." The relationship between Healthy at Hopkins and the CDC ScoreCard is mutually beneficial; success in one reflects success in the other. Since Johns Hopkins Medicine began employing the CDC ScoreCard in 2016, JHCP's score has increased by more than 50 points to 222 out of a possible 264 — far surpassing the industry benchmark of 163.1. "This data serves as proof beyond the anecdotal that Healthy at Hopkins is having a real impact on the health and well-being of our employees," Rohde says.

It is also a testament to the enthusiasm and engagement surrounding health and wellness of the JHCP community. Adds Beth Wilson, human resources manager, "we spend a lot of time with our co-workers, and it's important to take care of ourselves so that we can take care of each other; that way, we can take even better care of our patients."



ACES

FY 2019 Achievement Highlights

Efforts in Developing Leaders

The human resources team spent significant time in developing JHCP's leaders. They revamped their new manager orientation (with 30 new managers on-boarded in fiscal year 2019), and conducted 23 manager consults and feedback sessions.

Employee Engagement

Great strides in employee engagement were made in fiscal year 2019 – a point of pride for JHCP human resources. JHCP's overall grand mean score on the Gallup survey was 4.27, placing them in the 93rd percentile, with a participation rate of 87 percent. The overall team engagement for the JHCP human resources department was ranked in the 94th percentile partly due to team efforts to recognize each other's individual language of appreciation preferences in the workplace. Beyond these strong results, the HR team conducted 37 debriefings upon the survey's close.

...by the numbers.

284

new hires on-boarded

23

new job descriptions created

4.27

overall grand mean score out of 5
on the employee engagement survey



INFORMATION SYSTEMS

Where to Place a Printer

Fiscal year 2019 kept the Johns Hopkins Community Physicians (JHCP) Information Systems team on their feet! From site expansions, to supporting the new Direct Primary Care pilot, to preparing for new practice openings, upgrading existing equipment and planning for institutionwide changes, major projects were not lacking. For that reason, their FY 2019 story may prompt some head scratching: As JHCP develops a standardized design for new practices and expansions, where would be the best place in an exam room to station a printer?

Their quest to find the perfect configuration began as the team started space planning for new sites in Brandywine and Urbana. A new wall mount was chosen for the exam room workstations; if the printer were also attached to the mount, it would have to be low to the ground. This location posed a few problems: First, it is too low for easy access to providers and staff; second, it would be too accessible to pediatric patients and children, increasing the risk of damage to the printer, or injury to the child.

With the wall mounted printer, the team turned to the solution at the Remington practice: a space built into the cabinetry. Unfortunately for the team, since that site opened, the printer model used in practices changed and no longer fit in that space. Another space under the sink was also quickly ruled out as it would not leave enough room for the trash.

Stumped, but not defeated, more options were considered. What if they opened up a space in the overhead cabinetry? Matt Eyre, information systems director, and Lisa Bolt, IT project manager, along with a workgroup of other central-planning decision-makers carefully reviewed many rounds of equipment floorplans. They thought they had reached their solution when Bolt prompted the question, “Wait, how high is that printer shelf?” After grabbing a tape measure, she, Eyre and desktop manager Mike Castille built a mock-up in the conference room. The top of the printer would come to rest at nearly 5½ feet — too high for easy access. With all these trials in mind, a solution was finally reached with a proposal to reduce the overhead cabinetry shelf height by 6 inches.

The presence of a printer in an exam room is vital for maintaining efficiency at the point of care, and its location became a more time-intensive endeavor than anyone would have imagined. For Eyre, the lesson from this experience was significant in its simplicity: “Bringing technology to a new space is not always tough from the technological point of view, but sometimes in its execution, when considering its real world use and operation.” He adds that when making operational decisions it’s important to put yourself in the place of the provider, staff member or patient, even for what seems like a simple choice. “It takes a lot of voices to make it work,” he says.

The information systems team can deploy hundreds of pieces of equipment, reconfigure a technological space to meet standards of new programs and upgrade interfaces for improved efficiency — and they certainly know where to place a printer.



SYSTEMS

FY 2019 Achievement Highlights

Epic Time of Service Reconciliation

Alongside the central operations team, information systems recognized an opportunity to standardize the end-of-day co-pay reconciliation process at JHCP practices. Together, the departments developed a solution, which included the deployment of more than 40 scanners.

Supporting Growth

The information systems department was instrumental in the expansion projects at Hagerstown and Germantown. Between the two expansions, the department partnered with regional and local leadership to implement 35 workstations and 32 phones. These expansions also marked the first deployment of the new wall mounted exam room computers.



...by the numbers.

500+

desktop PCs and laptops
replaced

100+

mobile devices
upgraded

60+

new scanners
deployed

INTERNAL MEDICINE

The Team, the Whole Team and Nothing but the Team

When you work with a talented team of internal medicine providers, you simply have to look to their collective quality scores to tell the story of success for fiscal year 2019. “A tried and true story [for JHCP internal medicine] is our staff and providers’ reputation for quality and expertise,” says Michael Albert, chief of internal medicine and primary care clinical innovation for Johns Hopkins Community Physicians (JHCP). In FY 2019, this reputation was supported with CG-CAHPS and quality data. Since FY 2017, metrics for provider communication, provider recommendation, hypertension control, diabetes control, colorectal screening and annual wellness visits for patients 65 and older have seen significant increases. The latter in particular has grown by 8 percent in the past two years. Albert notes that JHCP’s internal medicine providers manage more than 14,500 high-risk geriatric patients, a large portion of their overall panels.

What has been the catalyst for these increased, high-performing quality scores? According to Albert, a main contributor is the emphasis on engaging the entire team within our practices. “This year, we’ve moved forward a lot in promoting team-based care,” he says. Three practices that have made great strides in incorporating a team-based approach are Canton Crossing, White Marsh and Greater Dundalk. Says Canton’s office medical director of internal medicine and pediatrics, Susan Schrock, “Internal medicine at JHCP is at an exciting crossroads ... we have many opportunities to leverage the large amounts of data that Hopkins is amassing and to use Epic as a tool to help us communicate better with patients.”

An example in action includes the use of technologies, such as stool DNA testing to screen average-risk patients for colon cancer, coupled with MyChart messaging. By running reports of patients who have not received colon cancer screening and directly messaging them to gauge interest in the stool DNA testing, “We can both improve the health of groups of patients and start to create more unified, less episodic care,” Schrock says. “This effort can engage not only the providers but also the quality improvement officer, medical assistants and registered nurses.”

Similarly, Alice Lee, office medical director for internal and family medicine at White Marsh, notes the important effects of engaging the whole care team on their quality metrics. Much effort is put into training all staff to track referrals, send follow-ups and accurately scan results for appropriate credit. They also distribute quality metric opportunity reports to all providers, registered nurses, medical office assistants and medical assistants so that everyone “can act as a team to help patients get the services

they need.” Likewise, at Greater Dundalk, regional medical director Swati Phatak explains that the site focuses on achieving quality metrics by engaging staff and providers as teams of three: one medical assistant, one medical office assistant and one provider. They have focused on and have seen great improvement in the hypertension control, diabetes control, diabetic eye exam and colorectal screening metrics. Says Phatak, “the staff has been very enthusiastic about [the collaboration].”

These efforts from Canton Crossing, White Marsh and Greater Dundalk exemplify Albert’s hypothesis. You can bet that as fiscal year 2020 comes and goes, the internal medicine section will continue to emphasize the importance of the whole care team.

...by the numbers.

90+

internal medicine
providers

20+

JHCP locations that offer
internal medicine services

Access: Our Responsibility

One word that is consistently at the top of mind for all involved in health care — providers, staff, management, central administrative services and patients — is access. In primary care, innovative solutions such as small panel medicine, direct primary care, home-based medicine and other programs seek to address this issue in creative, groundbreaking ways.

In fiscal year 2018, access to Johns Hopkins Community Physicians' (JHCP) medical specialists was extremely limited, with new patient appointments scheduling as far out as one to six months for some specialties. With a presence in the inpatient setting, JHCP's medical specialists were able to meet the demand of Howard County General Hospital, Sibley Memorial Hospital and Suburban Hospital, but, says Carolyn Wang, chief of medical specialties, "[the specialists] were never able to meet the needs of the community once the patients were discharged."

In FY 2019, increasing access became a priority, specifically for our endocrinology, neurology and pulmonology specialties. To address the need, each of these specialties hired a full-time provider during the fiscal year. The effect was immediately noticeable. In the case of neurology, new patients previously waited between three and four months for a new patient visit; this was decreased to two weeks with the addition of just one provider. Other specialties saw similar results. Overall, specialty service total encounters saw a nine percent increase from FY 2018 to FY 2019.

Medical specialty leadership also experimented with template changes to increase efficiency. Soon after, JHCP's primary care providers commented on the ease of getting appointments for their patients, and specialists and hospitalists have noted that the improved access has prevented hospital admissions and costly emergency room visits.

Increased access amplified the presence of endocrinology, neurology and pulmonology in our communities, which can only be a positive thing, says Wang. "When we see patients in the hospital, it's our responsibility to follow them through the course of their illness, because it doesn't end when they're discharged," she says. Furthermore, increased access for specialists increases the joy of medicine for providers, since they are able to take more responsible, comprehensive care of their patients. By having the capacity and access to capture them after discharge, Wang adds that "we avoid losing patients to follow-ups or other health systems." As the expansion of JHCP's specialty care continues, the work of JHCP's medical specialty section can be looked to for guidance and best practices.

...by the numbers.

20,727

patient encounters

58%

growth of total fee-for-service
for all specialties

MEDICAL SPECIALTY

MARKETING & CO

Think Globally to Market Locally



What do you do when you have to provide marketing for the more than 40 practices across Maryland and Washington, D.C., and the new practice builds, all with a limited marketing budget? This age-old dilemma was addressed by the Johns Hopkins Community Physicians (JHCP) marketing and communications team with data and a nod toward a global approach. At the center of this strategy, explains marketing and communications manager, Molly Jackson, are a few simple questions: “Is there true need, or is this a want? Can this tactic benefit more than one practice, a whole region or even all of our practices? Can it be done on a large scale to maximize our benefit?” If the answer was in the affirmative, plans were drafted and tactics moved to implementation.

Consider the provider bio video project: It began as an initiative in early fiscal year 2019, and now, more than 50 videos have been filmed, most of which have been filmed in bulk either regionally or at the annual provider retreat, to make the best use of the video vendor’s time, thereby dramatically lowering costs. The global approach doesn’t end there: Once the videos are finished, they are promoted across multiple channels: on the JHCP website, social media, digital screens and paid digital ads. This valuable content is evergreen, meaning that it is easily edited should the provider change practices or if phone numbers or URLs change.

Other examples of global thinking in FY 2019 include efforts in standardizing practice signage processes, the use of local baseball team sponsorships in geographies that would impact multiple practices (primarily in the Maryland suburbs region or, more specifically, the “Chesapeake West” region) and the recycling of JHCP content through multiple communications channels (internal and external) to increase message reach and impact.

Arguably the biggest endeavor that exemplifies the FY 2019 “global” theme is the creation of the standardized JHCP brochure with accompanying inserts. The brochure, a brightly colored trifold with an internal pocket for additional material, was deployed to all primary care locations, with the rollout of practice-, provider- and program-specific inserts. “Many of these inserts can be used by multiple locations,” Jackson says, “for referrals and regional, entitywide or institutionwide resources.” She adds that this approach makes the most out of her team’s time and results in cost savings, as larger quantities of collateral can be ordered at a time. With practice growth and expansion eternally on the horizon, the marketing and communications team will continue to think globally, remaining conscious about how their efforts not only affect the individual practice, but the entirety of JHCP.

COMMUNICATIONS

FY 2019 Achievement Highlights

Supporting Growth

Marketing and communications supported growth and expansions of practices by developing a customizable video, multiple ads (including placement in print publications, metro stations and a mall), patient letters and other printed collateral, such as directional posters, buck slips and brochure inserts.

Strengthening Internal Communications

The marketing and communications team made great strides in improving email-based communications in fiscal year 2019. They revamped the weekly internal newsletter, created and reignited multiple new newsletters, created templates for readability and began tracking email open rate data through the use of a web-based email designer.

Streamlining Signage

The development of a new signage package has streamlined the ordering process for internal (ADA), door, lobby and exterior signage for new and existing practices. This process involves stakeholders across our communities and Johns Hopkins Medicine: building management, Johns Hopkins Medicine real estate, local government and practice leadership.

...by the numbers.

158%

increase in weekly email newsletter average open rate

50+

provider bio videos filmed

31

versions of global collateral inserts designed and printed



MEDICAL AFFAIRS

Credentialing: Go with the (Work)Flow

Johns Hopkins Community Physicians' Medical Affairs department covers a wide range of administrative functions — provider compensation, credentialing, regulatory compliance, social work, safety and risk. Credentialing in particular saw major changes in fiscal year 2019, predominantly with significant improvements to their workflow.

First, the department's team grew by a half full-time equivalency (FTE). "Normally, we never have growth in this department," says credentialing manager Deb Brazil, "but we were hiring a record number of physicians and we needed the extra hands." The extra half FTE allowed the credentialing department to stay on top of the demand and keep up with demand.

Throughout the past year, Brazil also had to ask herself, "Why do we have this file room — it's the year 2019!" Now all files have been scanned into a new system. This change has improved multiple credentialing functions, namely payer audits. Previously, auditors would come to the office in search of physical files. Now auditors can view everything they need through the new online system, and the department can tout their status as 100 percent paperless. Says Phyllis Kalar, senior credentialing specialist, about the change to a paperless system, "In addition to the obvious — saving money and being environmentally green — going paperless allows faster communication along with a more mobile environment for sharing data with our applicants, section chiefs, payers and others."

The Medical Affairs department is comprised of risk, safety and service, credentialing, regulatory compliance, provider compensation and social work.

"Credentialing is not rocket science, but there *is* a lot to know," says Brazil. A small, but mighty team of four, the credentialing department has many responsibilities. With so many functions to perform with no margin for error, any change in processes would have noticeable impacts. Mark Phillips, family practice physician at White Marsh and JHCP Credentialing committee chair reflects, "It's great to see so much positive change coming from credentialing. Streamlining their processes increases efficiency, but does not compromise quality; their efforts ensure that our patients receive the utmost quality of care, from providers of the highest caliber." According to Brazil, the theme of this past fiscal year was streamlining workflows. Online checklists, online audits and paper files are a distant memory. Talk about a change in workflow.



Johns Hopkins Community Physicians credentialing department

FY 2019 Achievement Highlights

Provider Compensation

The provider compensation section of medical affairs recognized a need for improved post-maternity provider support. With input from the recruitment and retention committee, the team implemented a Transition Back to Work from Maternity Leave provider compensation support program.

Regulatory Compliance & Risk, Safety and Service

A major focus for these sections of medical affairs in fiscal year 2019 was improvement in existing Johns Hopkins Community Physicians and Johns Hopkins Medicine policy dissemination. As coordination with Johns Hopkins Medicine policies improved, there was no longer a need for many JHCP policies. By the end of FY 2019, director of regulatory compliance Lisa de Grouchy and team were able to reduce the number of policies to 150. Correspondingly, the team encouraged use of the Hopkins Policies Online website by improving policy update communications.

Social Work

Fiscal year 2019 was all about recruitment and retention for the social work team. A new manager and administrative assistant were hired at the beginning of the fiscal year. The team was encouraged to pursue professional growth opportunities, held monthly meetings to share information and participated in a department retreat. They also led the 2nd annual “JHCP Day of Service” at three locations across Maryland.



Johns Hopkins Community Physicians social work department

MARYLAND SUBURBS

A Fresh Outlook and New Energy

The administrative and clinical dyad is the foundation of a successful and thriving clinical practice. With a strong and respectful relationship, there is no challenge too big to take on. The Maryland Suburbs Region saw a number of new practice administrators and office medical directors in fiscal year 2019, so Karen Skochinski, director of operations for the Maryland Suburbs Region, and Melissa Blakeman, regional medical director for the Maryland Suburbs Region, decided that it was the perfect time to reinvigorate the structure of these dyads. “The relationship between practice administrators and office medical directors is the backbone of each site,” Blakeman says, “their collaboration and teamwork trickles down throughout the practice.”

Skochinski and Blakeman realized that expectations for each dyad were not clear. They addressed this by requesting that each dyad make the time to have structured, formalized meetings at least twice a month. With regular meeting times in place, the practice leaders have more time for deeper conversations regarding provider templates, access, quality metrics and other key performance indicators.

Historically, Johns Hopkins Community Physicians’ (JHCP) practice administrators and office medical directors have always collaborated. To help ensure the meetings were as productive as possible, Skochinski and Blakeman became deliberate about providing them resources, this included receiving guidance from JHCP’s “Tiger Team” — a panel of experts with diverse knowledge who recommend solutions for improvement. Alissa Putman, organization development and training consultant, provided insight and resources for the teams. Says Putman, “We know that dyad dynamics contribute to team engagement, productivity, patient safety, communication and practice culture.” This is the exact result that Skochinski and Blakeman sought: Using the power of their team, practice administrators and office medical directors improved resiliency and communication within their practices. Skochinski explains that setting expectations has provided their region with a “fresh outlook and new energy.” Armed with unified teams of leaders and a renewed outlook, the forecast for fiscal year 2020 is brighter than ever.



Howard County pediatrics practice administrator, Danielle Noble, and office medical director, Michael Lasser

...by the numbers.

10.8

full-time equivalency new providers hired

2

Patient Family Advisory Council meetings held by each practice

A Tale of Two Practice Expansions

Fiscal year 2019 saw major expansions at two National Capital Region (NCR) sites: Hagerstown and Germantown. Both projects had the same goals of increasing square footage to accommodate more exam rooms and larger shared spaces to meet the growing needs of the communities they serve.

Hagerstown's transformation came first, beginning concurrently with the new fiscal year in July 2018. When the expansion was first proposed, says Doug Widdowson, long-time practice administrator for the Hagerstown practice, they only planned to add 1,100 square feet to give their providers and staff more breathing room, but Johns Hopkins leaders wondered if even more space could be acquired. It was then that a JHCP neighbor moved, leaving their large suite unoccupied. "Johns Hopkins Medicine wanted to expand [primary care access] in western Maryland — this was the golden opportunity to do so," recounts Widdowson.

Adding roughly 4,000 square feet, the site added 10 exam rooms and another treatment room for minor surgical procedures, bringing the totals to 24 and three, respectively. To support these additional rooms, which would comfortably outfit 12 providers (an increase from the previous seven), four new medical assistant/nurses stations and a larger reception area were also developed. Widdowson attributes the expansion's success to the staff and providers' teamwork and leadership's attention to how different people respond to change. "We have a resilient team," he says. "The expansion is good for the community and it's good for us because we're getting the access that we've needed for years."

Similarly, Germantown's expansion arose to support a growing Montgomery County, and was prompted by the move of a neighboring tenant. With an additional 1,500 square feet, Germantown gained five new exam rooms, bringing their total to 15. This gave them the space to accommodate two more providers. The expansion also resulted in a larger waiting area, additional restrooms for patients, more space for their lab and a bigger break area to support their growing team. "Patients have responded well to the change," says Germantown practice administrator Elyse Ross. "It's bigger and brighter, more welcoming and stylish. The staff feel that they aren't as cramped and the flow makes great sense."

While the results of both expansions have been positive, the expansion processes were not without their growing pains. Being JHCP's first major site expansions in many years, there was not a template to follow. This meant that Widdowson, Ross, JHCP operations and NCR leadership would have to pioneer these changes. "There was a lot of planning and discussion, a lot of perseverance, and many good decisions made," Widdowson says. Even with preparation, both sites met challenges, but in the end, their practice administrators remain positive. "We are able to share our challenges and lessons learned to create best practices for [future] site expansions."

...by the numbers.

139,000

visits

10

new providers

96%

of CG-CAHPS scores met or exceeded target metric for Access, Communication and Office Staff Quality

11

research projects



Doug Widdowson and staff at Johns Hopkins Community Physicians in Hagerstown

NATIONAL CAPITAL REGION

OB/GYN

MFM Ultrasound Integration: A Win-Win-Win

As Johns Hopkins Medicine and its underlying entities aim to “Work Like One Organization,” the Johns Hopkins Community Physicians (JHCP) obstetrics and gynecology (Ob/Gyn) clinical section and The Johns Hopkins Hospital’s maternal fetal medicine (MFM) team can be looked to for guidance.

Francisco Rojas, chief of Ob/Gyn for JHCP, was hopeful that JHCP could collaborate with other entities’ programs, realizing that they would be stronger together, both for patients and for the Johns Hopkins Health System. “We have a responsibility to consider a better way to work together to increase efficiency, reduce expenses, improve profitability, reduce legal risk and be better agents of customer service,” Rojas explains. “This will make us more competitive with our neighboring institutions — if we don’t collaborate now, others will fill that space.”

Rojas finally got this opportunity in fiscal year 2019 when he worked to bring MFM ultrasound services to Remington’s Ob/Gyn practice. The MFM ultrasound integration would greatly benefit the practice, allowing them to provide the best quality of care to their patients. This collaboration resulted in a mutually beneficial relationship. For JHCP, this new partnership offered a wider patient base and more demand for services, the quality and expertise of the MFM team, and convenience and increased speed of diagnosis for patients. MFM, meanwhile, gained volumes that would support self-sufficiency and reduced expenses without hospital environment overhead, both of which contribute to financial viability.

Feedback from the collaboration has been nothing but positive — patients did not experience any interruption to services when the pilot started and they appreciate the convenience of on-site ultrasound services. Providers have also noted that they are pleased to have great diagnostic services embedded within their own practice.

With the success of this pilot, Rojas cannot help but look optimistically toward the future. He has two hopes: First is that MFM services will expand beyond Remington, and second is that partnerships within Johns Hopkins Medicine can be expanded to other services, for example radiology to accompany gynecological services. “Collaborations like this wouldn’t just work for ultrasound,” Rojas asserts, “but for all JHCP specialties.” As he stated before: We are stronger together.



Stephen Martin, M.D., and the Ob/Gyn R.N. Triage Team: recipients of a FY 2019 Johns Hopkins Medicine Clinical Award for Clinical Collaboration and Teamwork

Vaccinations: What's the Buzz?

Pediatric offices strike fear in children across the United States for one common reason: vaccinations. No one ever wants a shot, especially children.

While whether or not to vaccinate continues to capture the attention of media outlets and the far-reaching corners of the internet, they remain a top priority for pediatric leadership at Johns Hopkins Community Physicians (JHCP). “There is a ton of evidence that [vaccines] improve the health of children and the population,” says Michael Crocetti, chief of pediatrics. Anecdotally, Crocetti likes to tell his experience with *Haemophilus influenzae type b* (HIB), a disease that once morbidly affected thousands of children in the United States yearly. After the HIB vaccine was developed in the early 1990s, Crocetti encountered the disease only once as a medical student, and then never again.

His hope is that other modern diseases will meet a similar fate: near complete eradication. “In order to do this, kids need a lot of shots — a lot of injections — so our question became, how can we be better at alleviating pain?” The answer, his team found, was to apply two solutions adapted from the hospital/inpatient setting. First was a method for reducing pain and discomfort for babies under one year of age: Sweetease. A sucrose solution, Sweetease stimulates the production of endorphins, acting as a natural pain reliever. When ingested by sucking on a pacifier or a mother’s finger, Sweetease presents about a 10-minute pain relief window. In response to the use of Sweetease, staff noted that babies were less agitated and parents noticed positive behavior changes in their infants.

The second solution explored by the pediatrics and clinical education teams was a small mechanism shaped like a bee, aptly called Buzzy. There are two features of the Buzzy device that relieve injection pain: First are its “wings,” which act as ice packs for cooling and numbing; second is its buzzing motion, which sensitizes the upper levels of the skin, minimizing the sensation of an injection to that of a pin prick. A pilot study at East Baltimore Medical Center conclusively found that Buzzy makes a big impact; 95 percent of parents believed that it decreased their child’s pain and 100 percent of parents wanted to use it again at their next visit.

Of the 22 JHCP practices that care for pediatric patients, 17 are currently employing Sweetease and Buzzy. “The overall response from our front line team members has been very positive,” says Casey Green, clinical education nurse. “These new interventions have simultaneously aided staff workflows and enhanced the patient experience at Johns Hopkins Community Physicians.”

In addition to these efforts to alleviate injection pain, Crocetti and his team developed scripting and talking points to help medical assistants, medical office assistants and providers navigate tough discussions around vaccinations with parents. While the eradication of modern preventable diseases could take decades, the pediatrics team at JHCP made significant strides to discuss the necessity of vaccinations and ease the discomfort some children associate with the shot.

...by the numbers.

80%

average completion of Annual Well Child Visits quality metric, exceeding the 75 percent target

93.2%

CG-CAHPS provider communication satisfaction score



PEDIATRICS

PRACTICE OPERATIONS

A Prescription for Joy

The Johns Hopkins Community Physicians (JHCP) Department of Clinical Operations covers an expansive collection of functions across the entity. Included are practice-level operations, central operations, central scheduling intake (CSI), health information management, patient experience and the diversity council. Finding a singular achievement from fiscal year 2019 to showcase that relates to all functions would be difficult, were it not for JHCP's Joy at Johns Hopkins Medicine (JaJHM) Workgroup, housed under central operations, yet integral to the success of all. The JaJHM workgroup's primary goal is to create and support joy for all providers and staff by reducing workload at practices and by standardizing or centralizing tasks and roles to improve efficiency and add value. Formed near the beginning of FY 2019 as a response to the call from Paul B. Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, to address resiliency and joy in medicine, the workgroup has already improved the working environment at JHCP.

Four major projects were born in spring 2019: No Need to Route, Access Nurse Disposition Notes, Triage Policy Revision, and Prescription Refill Protocol for Registered Nurses. The latter was most recently implemented as a pilot in May 2019, and was the idea of National Capital Region leadership: William Convey, regional medical director, and Kimberly Zeren, director of operations. Assistant director of nursing practice and clinical education, Nichole Jantzi, along with the JaJHM workgroup, developed the structure of the pilot. Essentially, a handful of registered nurses are trained to refill maintenance medications, sign them and send them to the pharmacy. Says Jantzi, "the unique thing about this project is that it doesn't just impact providers — it also impacts support staff." For every prescription refill signed by a registered nurse, the burden is taken off providers and medical assistants. It also promotes joy by allowing registered nurses to work at the top of their licenses.

Kristine Burneko, registered nurse, was hired specifically for the Prescription Refill Protocol for Registered Nurses pilot. She filled more than 550 refills for Montgomery Grove in her first month — that's 550 provider messages that were removed from in-baskets. Says Burneko, "Many have shared what a daily burden has been lifted by our work, and it's a pleasure to help make room at the sites for what our clinicians do best."

Kathy Picarelli, director of central operations and practice operations improvement, and core JaJHM member, notes that for each project the workgroup develops, great consideration is given to who it will help and how it will help. She adds that to create joy across JHCP, "programs that add value to the work of the individual must be implemented with collective effort of clinical and nonclinical employees all working together to support our practices." What a joyful sentiment.



Nichole Jantzi and Kristine Burneko at the President's Promise Awards.

TIONS

FY 2019 Achievement Highlights

Customer Relationship Management (CRM)

Central operations implemented a new Epic CRM tool that has increased efficiency with patient identification, allowing the central scheduling team to assist patients quickly with precision.

Open Scheduling

The central operations team at JHCP made it easier than ever for new patients to find us and schedule appointments online 24 hours/day; no MyChart account required. The program went live at the end of fiscal year 2019, with expansion plans set for early FY 2020.

Language of Caring

The patient experience team, with support from a committee of individuals from across JHCP, successfully implemented a year-long program, Language of Caring. The program was positively received by providers and staff and is one of the catalysts for improved CG-CAHPS performance in every domain across JHCP in FY 2019.



Charles County staff sporting their Language of Caring t-shirts.



Operations leadership from left: Karen Skochinski, Kathy Picarelli, Kimberly Zeren, Melissa Helicke, Angela Pilarchik, & Mike Cole

...by the numbers.

100%

of primary care practices held two Patient Family Advisory Council meetings

87%

of JHCP employees completed Language of Caring modules

7

practices implemented online open scheduling by the end of fiscal year 2019

2

practice expansions completed: Hagerstown and Germantown

QUALITY & TRANSFORMATION

A Framework for Quality & Transformation

The Johns Hopkins Community Physicians (JHCP) Quality & Transformation team works to develop best practices to improve quality across Johns Hopkins Medicine and within the Office of Johns Hopkins Physicians (OJHP). In fiscal year 2019 specifically, much time and attention was given to developing a seven-step quality framework that supports their time-tested best practices. As Lauren Moon, assistant director of quality improvement, explains, “Everyone [in the department] provides support for the quality framework, and we collaborate to ensure the smooth delivery of these steps.”

1. Use of Data & Dashboards

The first step is use of data and dashboards — an integral job function of the entire quality and transformation team. Tasks under this step include updating the data in Tableau monthly, which are then turned into dashboards by data analysts, and finally validated by quality improvement nurse analysts. Once validated, the dashboards are updated monthly for leaders and staff to review performance and identify opportunities for improvement.

2. Outreach

The performance improvement support team conducts regular outreach by telephone and patient letters. The quality and transformation team also facilitates central initiatives through MyChart and automated telephonic outreach.

3. In-Reach (Use of Clinical Decision Support - CDS)

As part of this step, analysts assist with the development of best practice alerts, SmartForms and tools to act as reminders of care gaps.

4. Standardization and Protocols

Examples of this step in action are the use of Epic flowsheets, SmartForms and Smart Sets, as well as standardization of different procedures, such as the rooming process.

5. Quality Improvement Facilitation

In practice this is exemplified through quarterly site visits by the quality improvement nurse analysts, who facilitate conversations with evidence-based processes, using a Lean Six Sigma methodology.

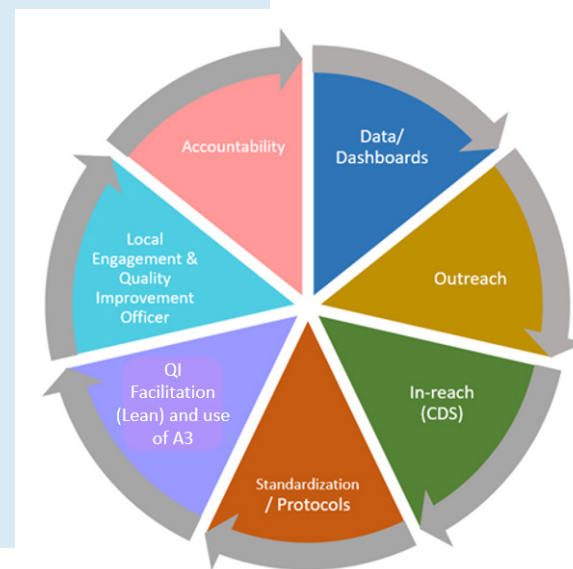
6. Local Engagement - Quality Improvement Officer

Local engagement is brought to life through the department’s team of quality improvement officers (QIO). Included are annual trainings to develop and educate new officers, with the goal of having one ambassador per practice. The QIOs act as liaisons at the site, assisting with performance improvement planning, understanding quality dashboards and working with the department to share priorities.

7. Accountability

Multiple functions keep the department accountable, including monthly metric updates in Tableau and regional management, discussion and analysis reports, reviewed annually with leadership. Beyond the department, other stakeholders at all levels also maintain accountability: metrics are tracked monthly by OJHP and are reported to the Patient Safety and Quality Board.

If this seems dense — that is because it is. The quality and transformation department aims to perform at the highest caliber and this comprehensive framework ensures the integrity of the data they work with and the recommendations they make.



FORMATION

FY 2019 Achievement Highlights

Maryland Primary Care Program (MDPCP)

The MDPCP program provides funding to qualifying primary care institutions in the state of Maryland. The quality and transformation department oversees the site application process, completing quarterly analytics reports to ensure that sites meet necessary requirements.

Tableau Development and Maximization

Throughout fiscal year 2019, the department developed a new dashboard in Tableau to streamline and standardize access to quality data and improve the end-user experience. A table of contents was added for ease of use and a monthly newsletter was created to disseminate new information to users.

MIPS Reporting and Performance

One of the quality and transformation department's major achievements of FY 2019 was the completion and submission of all necessary reports for the Merit-based Incentive Payment System (MIPS) Quality Payment Program. MIPS provides performance-based payment adjustment services provided to Medicare patients. The final score for calendar year 2018 was a perfect 100/100.

...by the numbers.

100/100

2018 Merit-based Incentive Payment System (MIPS) score

10

Quality improvement officers trained at the practice level

82

Department employee engagement score percentile

11

Ambulatory Quality Tableau dashboards



RESEARCH

Geriatrics Workplace Enhancement Project

The Johns Hopkins Community Physicians (JHCP) Research Department advances the science of medicine, and translates innovations in clinical practice and research findings into improved patient care. Their goal is to have JHCP at the forefront of medical discovery and innovative clinical care. In fiscal year 2019, they were guided by answering the question: What is the next thing we can do to advance science and research for JHCP, Johns Hopkins Medicine and the world?

The answer came in many forms and a variety of projects, one of those being the Geriatrics Workplace Enhancement Project (GWEP). GWEP began in 2015 when Johns Hopkins University School of Medicine geriatric researcher Jessica Colburn approached the JHCP research and projects committee (RPC). Her vision was to develop pilots at four JHCP practices that would inform researchers on how to effectively treat the growing geriatric patient population. Under the guidance of Maura McGuire, senior director of education and training, the RPC put out a call for proposals to all JHCP providers and chose the four that they anticipated would add the most value to JHCP.

Research specialist Todd Nesson notes that there are many factors that make GWEP unique, including the fact that JHCP is guiding the research. “There is a lot of active communication between education, research and the practices to make sure that all of the pieces fit together,” says Nesson. Another unique feature of GWEP is that many of the project leads are first-time researchers. Colburn acts as a mentor, providing them with the resources they need to run a successful study.

Originally funded for three years, GWEP found so much success that funding was extended to FY 2019. Specifically, Naaz Hussain’s work on advanced directives at Frederick has greatly impacted processes at JHCP.

Says Hussain, “The goal of my project is to keep what matters most to our patients in mind at all decision points to allow them to live their best life every day.” Her work has made a significant impact on JHCP. Realizing that there was not a process in place for where to organize patients’ advanced directive documents in the electronic medical record system, Hussain endeavored to establish a consistent workflow. To do this, the entire care team would need to be educated and engaged. Medical office assistants would be given a specific location in the electronic medical records to scan documents, medical assistants would make advanced directives a part of their routine history conversations, and providers would be encouraged to have these conversations with their patients.

“GWEP allows for [increased] collaboration between the education and training department, Dr. Colburn, the RPC and all researchers,” says Hussain. The impact of this unique approach to research is clear: By the end of FY 2019, GWEP was approved for five more years of funding. “Geriatrics calls for collaborative, supportive, team-based care,” Hussain adds. “You cannot do it as one person alone.”



Naaz Hussain in her Frederick office.

...by the numbers.

50

total projects

29

project updates and continuing reviews

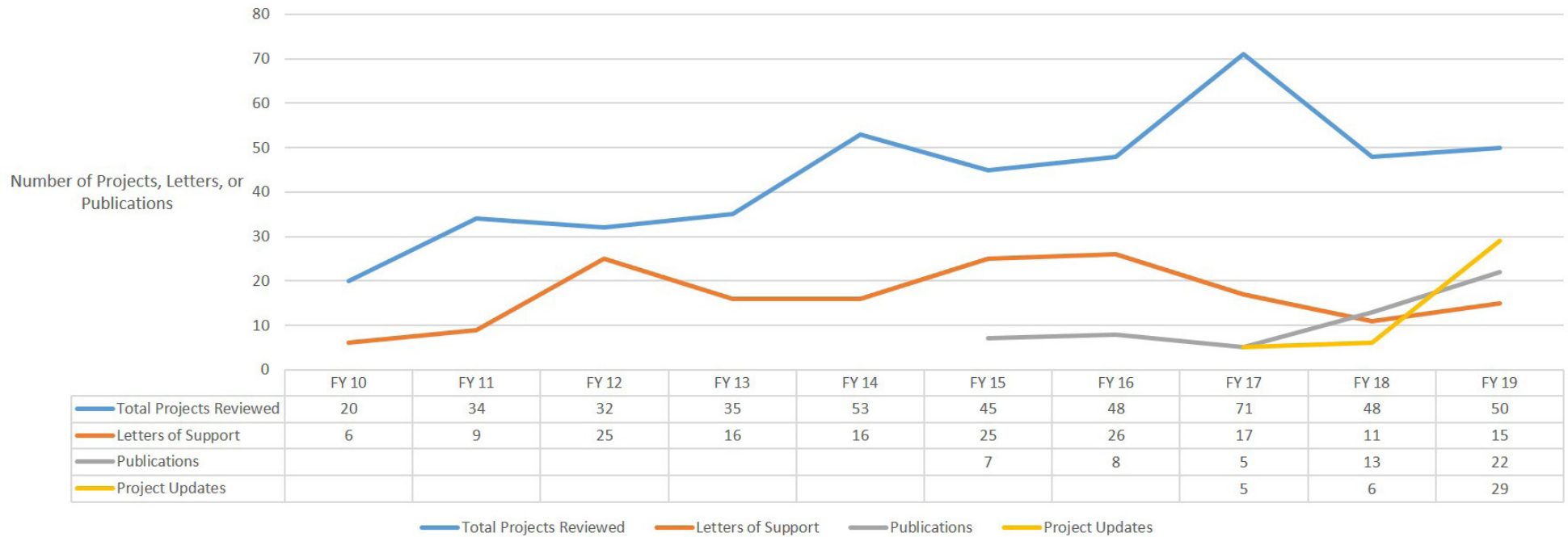
22

letters of support

15

publications

Research Growth FY 2010–FY 2019



PRIMARY CARE CLINIC

PAPC

Priority Access Primary Care (PAPC) is the first of five innovative primary care models that employs a small, “right-sized” panel approach to provide more comprehensive care to a selected subset of patients. Championed by chief of primary care clinical innovation Michael Albert, the PAPC model’s small panel sizes caters to high-acuity Medicaid patients who need more time and attention. Patients have 24/7 direct phone access to their provider and behavioral health resources are embedded in the program. Providers have fewer, extended office visits and are fully available via phone to their patients, specialists and coordinating hospitals. Templates are fully open to meet the needs of their patients. The program, currently located at Johns Hopkins Community Physicians’ (JHCP) East Baltimore Medical Center, has demonstrated great outcomes and positive results for its patients, many of whom never engaged with the health system effectively before enrolling in PAPC. This improvement in patients’ health is demonstrated in a more than 60 percent reduction in emergency department and hospital visits, and a medical cost savings of more than two million dollars per year for the panel.

MESH

The Multidisciplinary Empowerment for Sustainable Health (MESH) is modeled after PAPC with small panels of high-risk patients. The major difference is that MESH was developed for Medicare and Medicare Advantage patients and is located at JHCP’s Bayview General Internal Medicine practice. MESH began in fiscal year 2019 and is led by office medical director and director of primary care services at Bayview, Heather Agee. Like PAPC, MESH frees its providers from volume-based care and has also resulted in multiple positive outcomes. Early results show more than a 50 percent reduction in inpatient admissions and a 20 percent reduction in readmissions.

JHOME

Johns Hopkins Home Based Primary Care (JHOME) is another innovation in primary care that features “right-sized” panels. Its major point of differentiation lies in its name – it is home-based. JHOME has been serving home-bound elderly patients for decades as part of the Bayview geriatric academic program. In 2019, JHOME transitioned to Johns Hopkins Health System under the direction of Johns Hopkins Home Care Group and Johns Hopkins Community Physicians. The multidisciplinary provider team, comprised of one physician and three nurse practitioners, ensures that home-bound geriatric patients have access to seamless primary care. JHOME is a collaboration between the Division of Geriatrics, Johns Hopkins Community Physicians, Johns Hopkins HealthCare, Johns Hopkins Financial Analysis Unit, Johns Hopkins Medicine Business Development & Strategic Alignment and Johns Hopkins Home Care Group.

CLINICAL INNOVATIONS

DPC

Direct Primary Care (DPC) is fundamentally changing the delivery of primary care. Launched in January, 2019, this new practice is part of a series of innovative primary care models in the JHCP platform. The DPC practice offers Johns Hopkins Health System employees an opportunity to connect with a primary care provider through extended hours as well as virtual services. Each primary care provider manages a smaller patient panel, allowing the provider more time to meet with their patients and promote a more personalized care experience to employees. Led by two providers, Norman Dy and Carolyn Le, the practice continuously achieves the highest patient experience scores amongst all primary care practices nationally. Further, DPC aims to decrease unnecessary urgent care, emergency care, and specialty visits through strong, personal relationships, a health care team approach and robust 24/7 telemedicine. DPC providers also report greater workplace satisfaction. The practice has made significant strides since its launch and JHCP is hopeful for further achievements in excellence in the months to come.

JOHNS HOPKINS
DIRECT
PRIMARY
CARE



Direct Primary Care providers Norman Dy and Carolyn Le

SHARP

Another primary care clinical innovation model that kicked off in fiscal year 2019 is SHARP (Small High Acuity/Risk Panel). SHARP differs from its “right-sized” panel counterparts as it utilizes a multidisciplinary team-based approach. The model features a nurse practitioner that works at the center of a pod of several primary care providers (PCP), helping them manage each of their panel’s highest-risk patients. This embedded small-panel “co-PCP” enhances and adds to the standard level of care of a single full-panel PCP, allowing for more comprehensive care including extended visits, increased access, telemedicine services and care coordination. Early results from the pilots at our White Marsh location, and the subsequent East Baltimore Medical Center, Westminster and Bayview locations, shows great PCP and care team engagement, and a trend toward reduced ED utilization and hospital readmissions.

DIVERSITY COUNCIL

The Johns Hopkins Community Physicians (JHCP) Diversity Council aims to empower JHCP's diverse and inclusive workforce, sparking innovation to achieve cultural humility and health equity in every community they serve.

The Diversity Council is comprised of three action teams: Civility and Respect (CRAT), Cultural Competency (CCAT) and Health Equity (HEAT). The foremost aims to raise awareness and create a workplace culture that supports and sustains open communication and mutual respect within the organization. CCAT strives to ensure that all programs, policies, standards, and special or new initiatives promote cultural competency throughout the organization. Finally, the primary goal of HEAT is to identify and reduce the inequality of care for all patients, create awareness and facilitate meaningful action.

FY 2019 Achievement Highlights

CRAT

The Civility and Respect action team developed their own JHCP Diversity Council toolkit, shared monthly updates through the organization's weekly email newsletter and created mass messaging in response to office related incidents that may be considered offensive.

CCAT

The Cultural Competency action team provided monthly content for the organization's weekly email newsletter; built an intranet-based Cultural Competency toolkit and participated in Johns Hopkins Medicine employee resource groups (ERGs).

HEAT

Members of the Health Equity action team gathered and analyzed data regarding JHCP patients with uncontrolled hypertension and poorly controlled diabetes mellitus.



East Baltimore Medical Center's Farm to Clinic team - recipients of a 2019 Johns Hopkins Diversity Leadership Council Diversity Recognition Award.

DAY OF SERVICE

The Johns Hopkins Community Physicians (JHCP) Social Work team hosted their second annual JHCP Day of Service during fiscal year 2019. The weekend community service event drew nearly 150 employees and their families from across the state of Maryland and Washington D.C. to participate in one of three regional volunteer projects. Organizations supported included Happy Helpers for the Homeless, A Wider Circle and The 6th Branch.

Lisa Frame, social work manager, spent her day cleaning up trash and debris in East Baltimore's Bauernschmidt Court with The 6th Branch. "There was just so much positive feedback, from feeling good about volunteering and seeing a big difference from the work that was done, to having a blast trying different tools (like sledgehammers, pruning tools and saws!). I think it was so impressive that the group at East Baltimore filled 50 bags of trash – much more than what the members of The 6th Branch are used to accomplishing with a group. The visible change in East Baltimore's Bauernschmidt Court was representative of the kind of 'invisible' impact each of the groups had on the communities in which we volunteered." Undoubtedly, the Day of Service embodies the mission of JHCP.

...by the numbers.

100%

regional participation in community service projects

56

reported community service projects during FY 2019

20

projects to support families and communities

18

projects that promoted health and wellness in our communities



COMMUNITY ENGAGEMENT







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