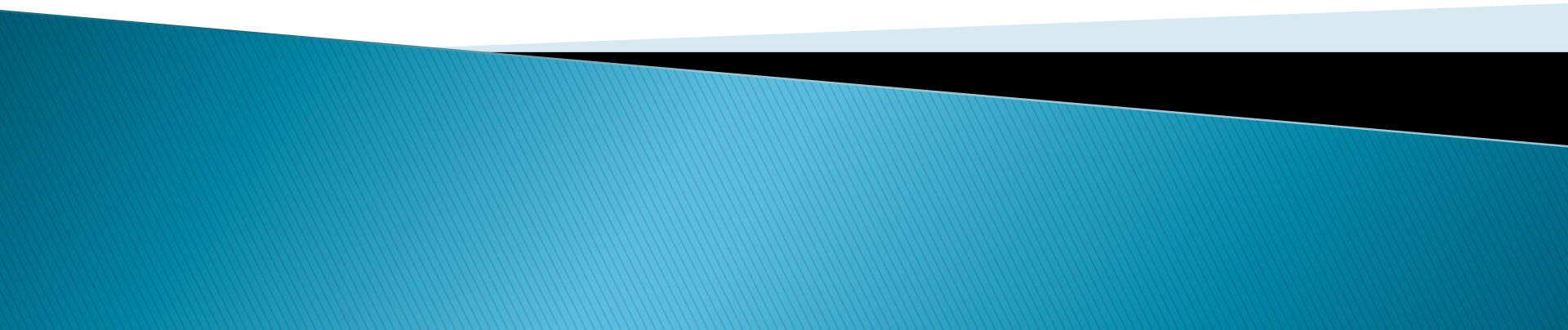


Your Academic Clinical Practice Toolkit

Maximizing your academic success
at Johns Hopkins



Johns Hopkins Medicine

Mission

The mission of Johns Hopkins Medicine is to improve the health of the community and the world by setting the standard of excellence in medical education, research and clinical care

Johns Hopkins Medicine Vision

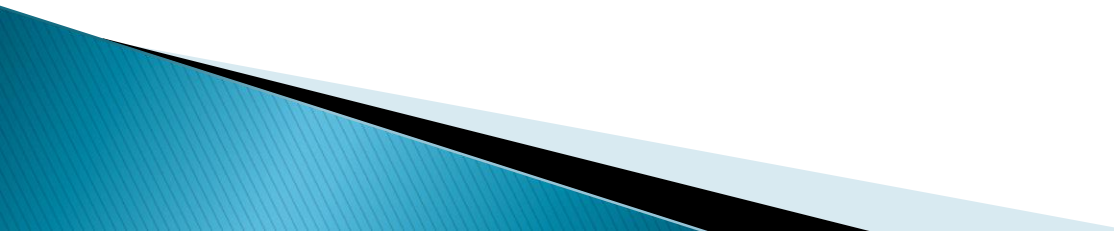
Johns Hopkins Medicine
pushes the boundaries of discovery,
transforms health care,
advances medical education
and creates hope for humanity

Together, we deliver the promise of medicine

The faculty make it happen

Johns Hopkins Medicine

Core Values

- ▶ **Excellence & Discovery**
 - Be the best. Commit to exceptional quality and service by encouraging curiosity, seeking information and creating innovative solutions
 - ▶ **Leadership and Integrity**
 - Be a role model. Inspire others to achieve their best and have the courage to do the right thing.
 - ▶ **Diversity and Inclusion**
 - Be open. Embrace and value different backgrounds, opinions, and experiences.
- 

Essential Elements of a Successful Academic Clinical Practice

Effective/Quality Care

Efficient/Cost Effective

Patient-Family Centered

High level of Patient Satisfaction

Opportunities for Academic Pursuits: Scholarship



"Age? You mean now or



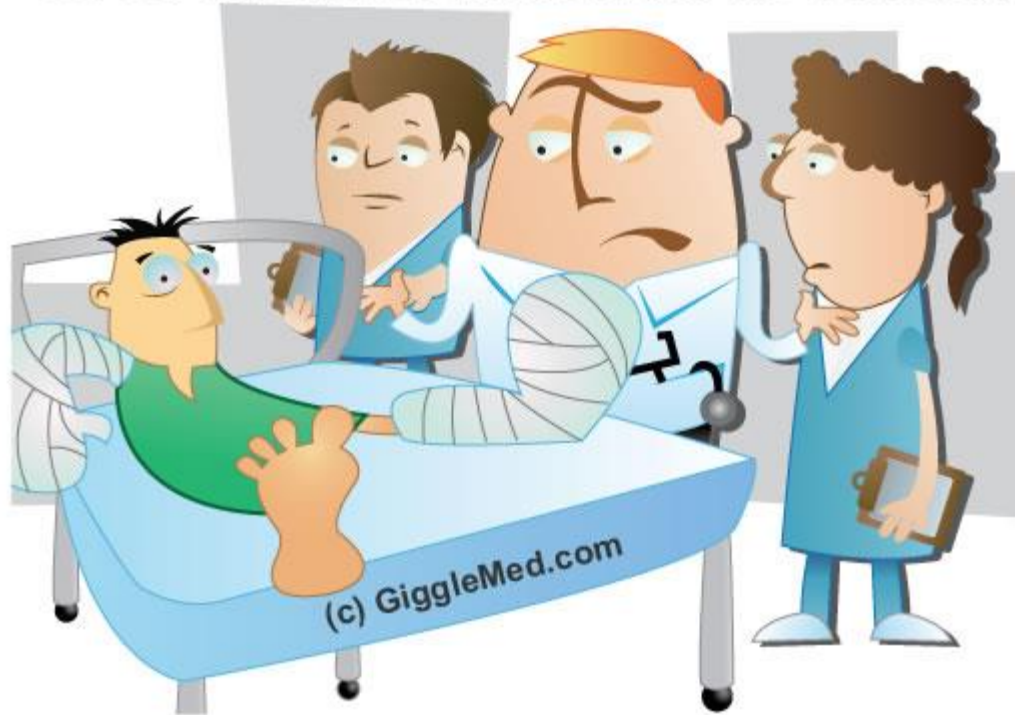
doctor will see you now —
promise that he'll talk
ou, but he'll see you."



Search ID: aban1374

**"When the computer senses that you are
in a hurry, it automatically slows down."**

EVERYONE IS HERE TO SAVE YOU,
BUT UNFORTUNATELY, YOU'RE NOT IN THE COMPUTER.



- **Establishing a Successful Academic Clinical Practice:**
 - Kayode Williams, M.D., MBA Associate Professor ACCM

Getting to know you! – Interactive Session -

- **Financial Success in Clinical Practice**
 - *Joe Bezek: MBA, Senior Director of Finance Clinical Practice Association JHSOM*
 - How Clinical Revenue Flows
 - *David Yousem, M.D., Professor of Radiology, Associate Dean for Professional Development*
 - Interactive exercise – Profit and Loss Statements

Break out Sessions

(9:00-9:45)

- **Clinical Academic Practice Primers:**

- *Bill Baumgartner, M.D. Professor of Cardiac Surgery, Vice Dean for Clinical Affairs, President CPA*

- Establishing a Surgical Practice:

- *Nisha Chandra-Strobos, M.D., Professor of Medicine, Chief, Bayview Division of Cardiology*

- Medical Practice Primer for Success:

- *Kelvin Hong, MBBCh, MBBS, Assistant Professor of Radiology, Clinical Director of Interventional Radiology*

- Moving from Inpatient to Outpatient Practice: ()

- **What Makes a Clinical Practice “Academic”?**
 - *Lisa Christopher Stine: M.D., MPH, Co-Director JH Myositis Center*
 - Creating a Center of Excellence
 - *Dan Ford, M.D., Professor of Medicine, Vice Dean for Clinical Investigation*
 - Clinical Trials Research support
 - *Lisa Ishii, M.D, Associate Professor of Otolaryngology*
 - Best Practices and Protocol Development: Recipe for Success
 - *Peter Pronovost, M.D., Ph.D., Professor of ACCM, Director of the Armstrong Institute and Quality*
 - Safe and Quality Patient–Center Care

Break Out Session #2

11:00-11:45

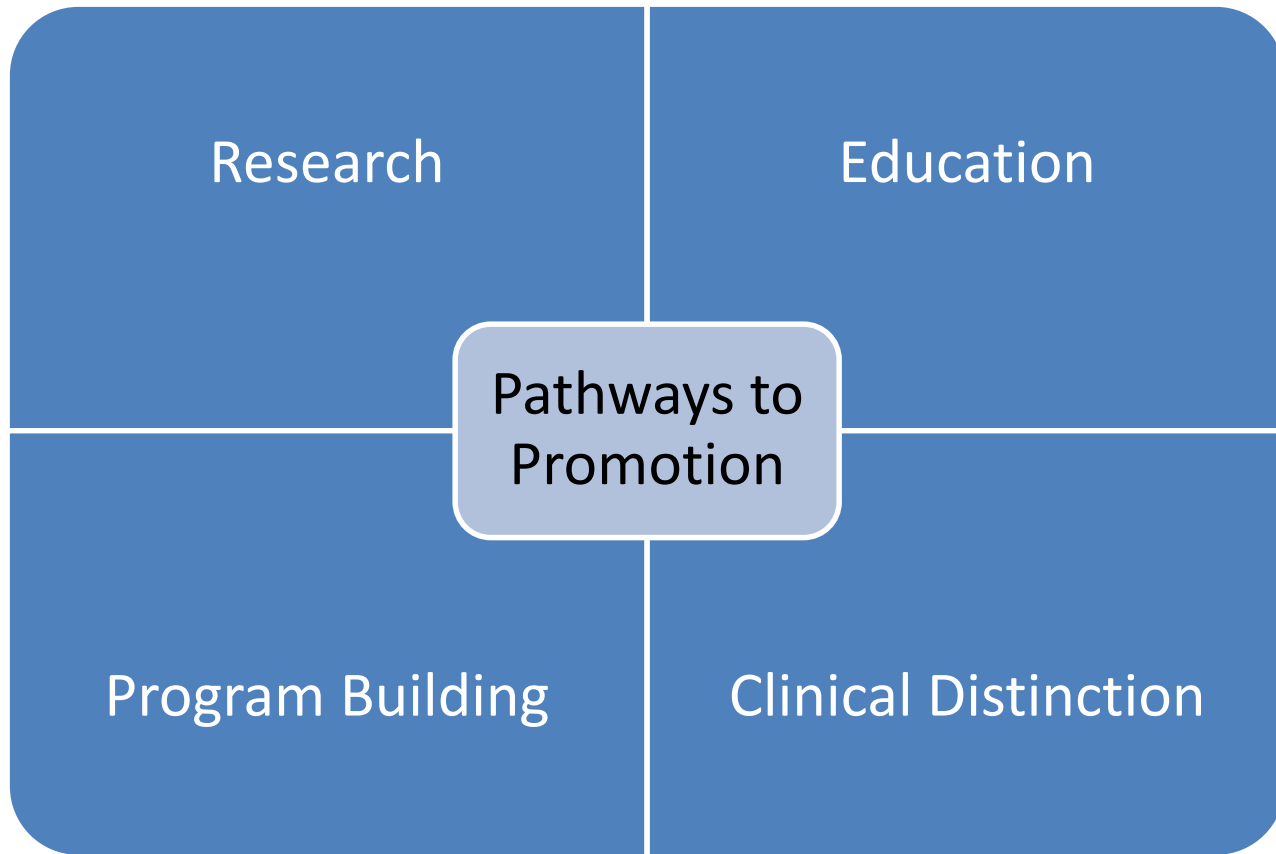
- **Academic Focus in the Clinical Excellence Pathway**
 - *Toni Ungaretti, Ph.D, Assistant professor, School of Education*
 - Masters of Education of Education in the Health Professions (MEHP)
 - *Joe Cofrancesco, M.D., MPH, Associate Professor of Medicine, Director of the Institute for Excellence in Education*
 - Education in the Clinical Setting
 - Kim Skarupski, Ph.D., Associate Professor of Medicine, Assistant Dean for Faculty Development
 - Clinical Writing Accountability Groups:
 - Anne Seymour, MS, Director of Welch Library
 - Clinical resources and information services that will help you publish

- **Advancement in the Clinical Excellence Pathway :**

- *John Flynn, MBA, M.D., M.Ed, Vice President , Office of Johns Hopkins Physicians*
 - Identifying a Clinical Mentor
- *Andy Lee, M.D. Professor of Plastics and Reconstructive Surgery, Chair of the Associate Professors Promotions Committee*
 - Clinician with Distinction
- *Estelle Gauda. M.D. Professor of Pediatrics, Senior Associate Dean for Faculty Development*
 - The OFD: Support for your academic Success
 - Faculty Connects: Resource for designed specifically for you

Q&A – 12:30-1:30 – with speakers:

Box lunches





KAYODE WILLIAMS

Overview: Establishing a successful academic clinical practice



Faculty Orientation Office of Dean For Faculty Development August 5th 2015

K.A. Williams, M.D., MBA, FFARCSI

Associate Professor

Division of Pain Medicine

Department of Anesthesiology and Critical Care Medicine

Johns Hopkins School of Medicine

Johns Hopkins Carey Business School

**JOHNS
HOPKINS**

CAREY
BUSINESS SCHOOL

Overview

- Definition: Academic Clinical Practice
- Key practice success indicators
- How to build the practice effectively
- Importance of Partnerships
- How to incorporate scholarly activity

Definitions

- Academic Practice: Tripartite Mission
 - Providing Tertiary/Quaternary care
 - Providing Education-Resident/Fellow
 - Generating Research/Innovation
- Successful Practice: Key Performance Indicators
 - Clinical Productivity – operations
 - Financial Productivity
 - Value-Based=Patient Outcomes/Cost (effective care)

Anatomy of the Business of Medicine



How to start from scratch

- Take time to plan your strategy
- Map out your practice operations process
- Identify potential bottlenecks
- Gather data
- Simulate process (optional-Business tools required)
- Experiment with simulation (optional-Business tools required)
- Identify most powerful changes
- Implement changes
- Verify results/Publish results

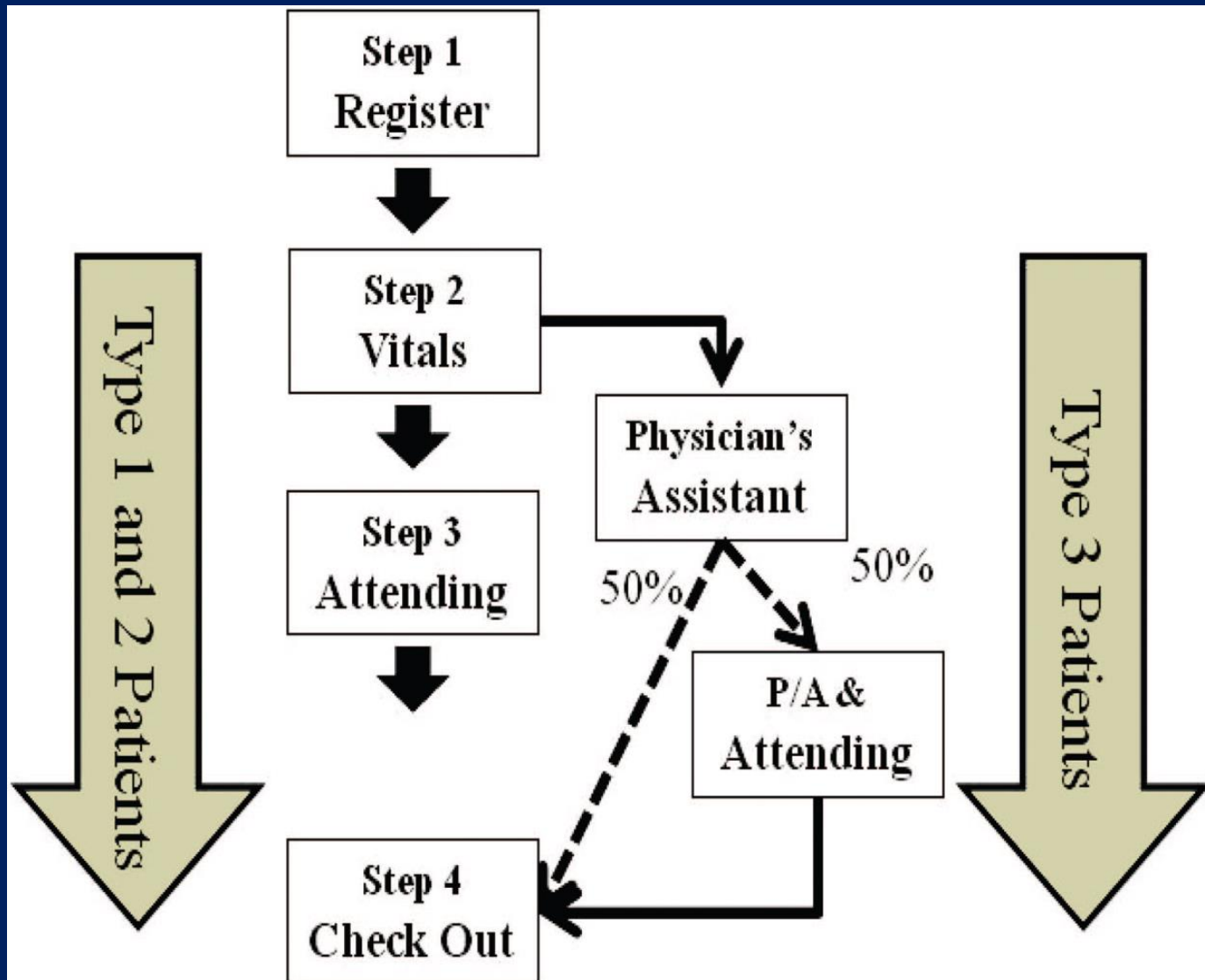
Our Experience

- 2005-2009 Faculty-led practice:>2400 visits/yr.
 - Developed mission, strategic plan for practice
 - Developed process map for practice
 - Developed strong inter-departmental relationships
Neurosurgery/Neurology,PM&R,Ortho,Medicine,Psy
 - Developed CQI data collection process
- 2009-date Merge Faculty practice/AMC practice
 - Developed partnership with Carey Business School

CQI Questions We Asked

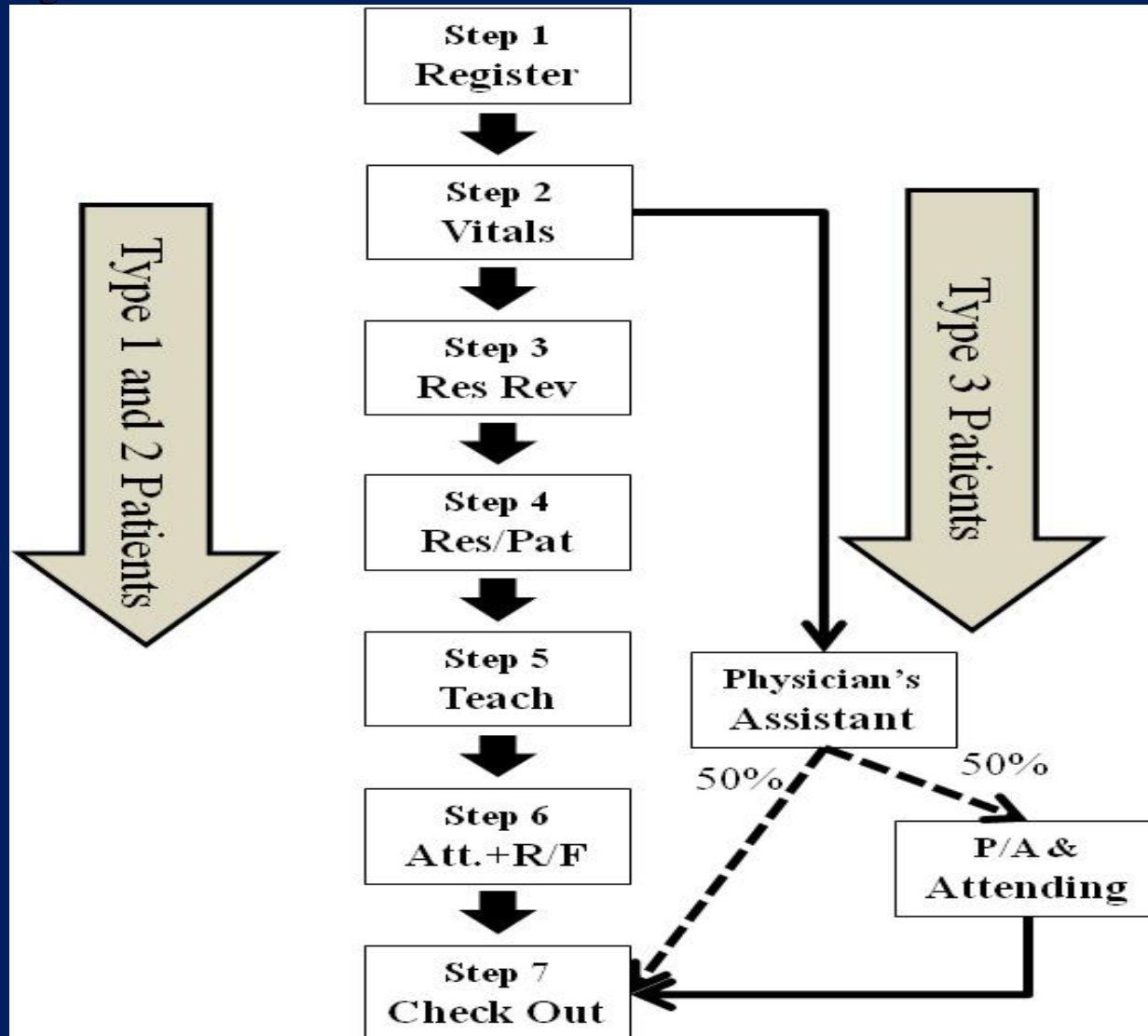
- We focused on issues that require a research approach that merges OR techniques with the philosophy of medical research.
 - What impact does the process of care delivery in the AMC have compared to private practice model on clinic performance?
 - Is there a way to arrange the educational process of the AMC to improve both education and clinic performance?
 - How can we improve medication reconciliation compliance?
 - How can we improve patient punctuality?
 - How can we improve the process of care for patients who require Spinal cord stimulation treatment?

Clinician`s Process Flow-Faculty Led Practice



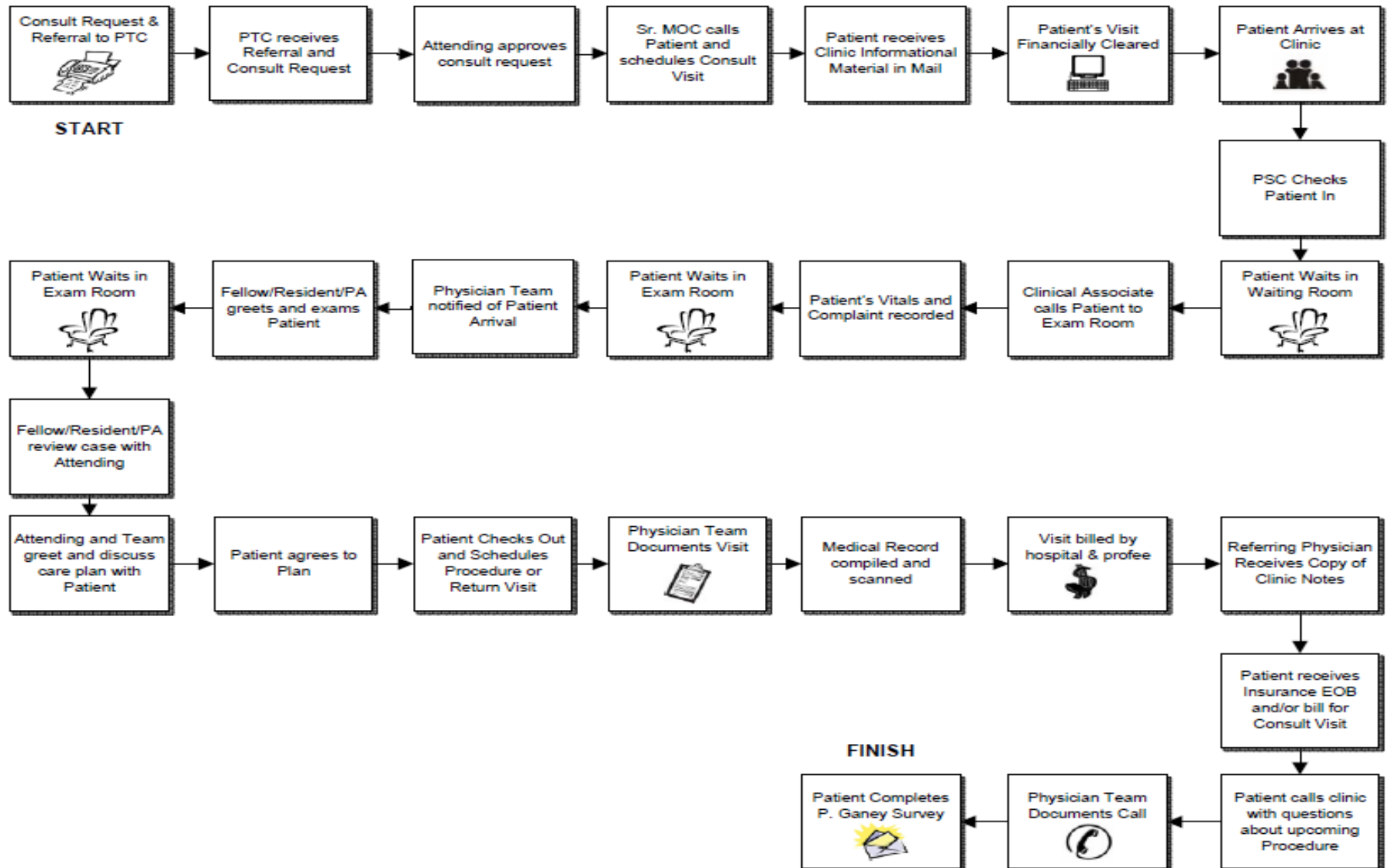
Clinician`s Process Flow–Resident driven Practice

Figure 3:



Our Clinical Practice Process Map

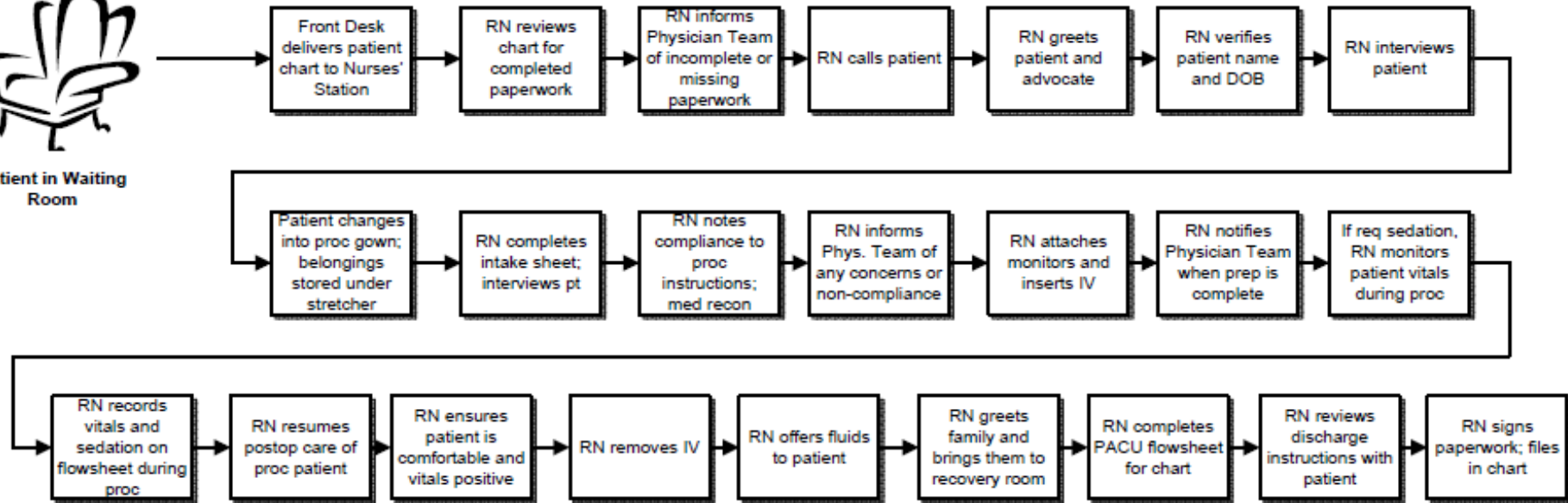
JHOC Blaustein Pain Clinic Overview: *Patient's Journey – Clinic Visit*



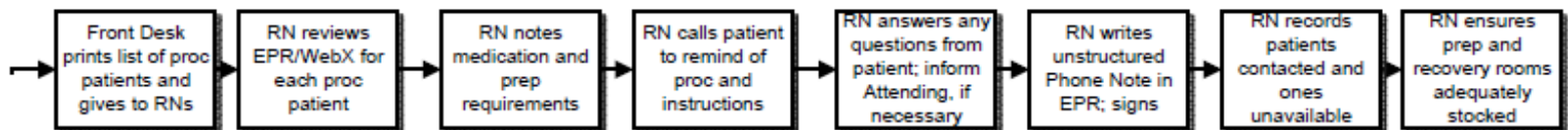
JHOC Blaustein Pain Clinic Process Map: Procedure Prep & Recovery



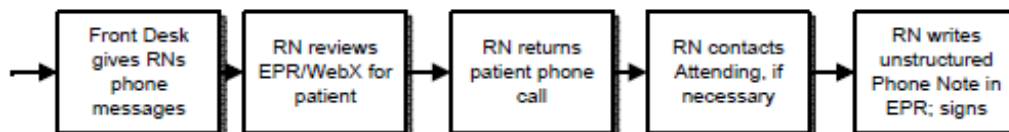
Patient in Waiting Room



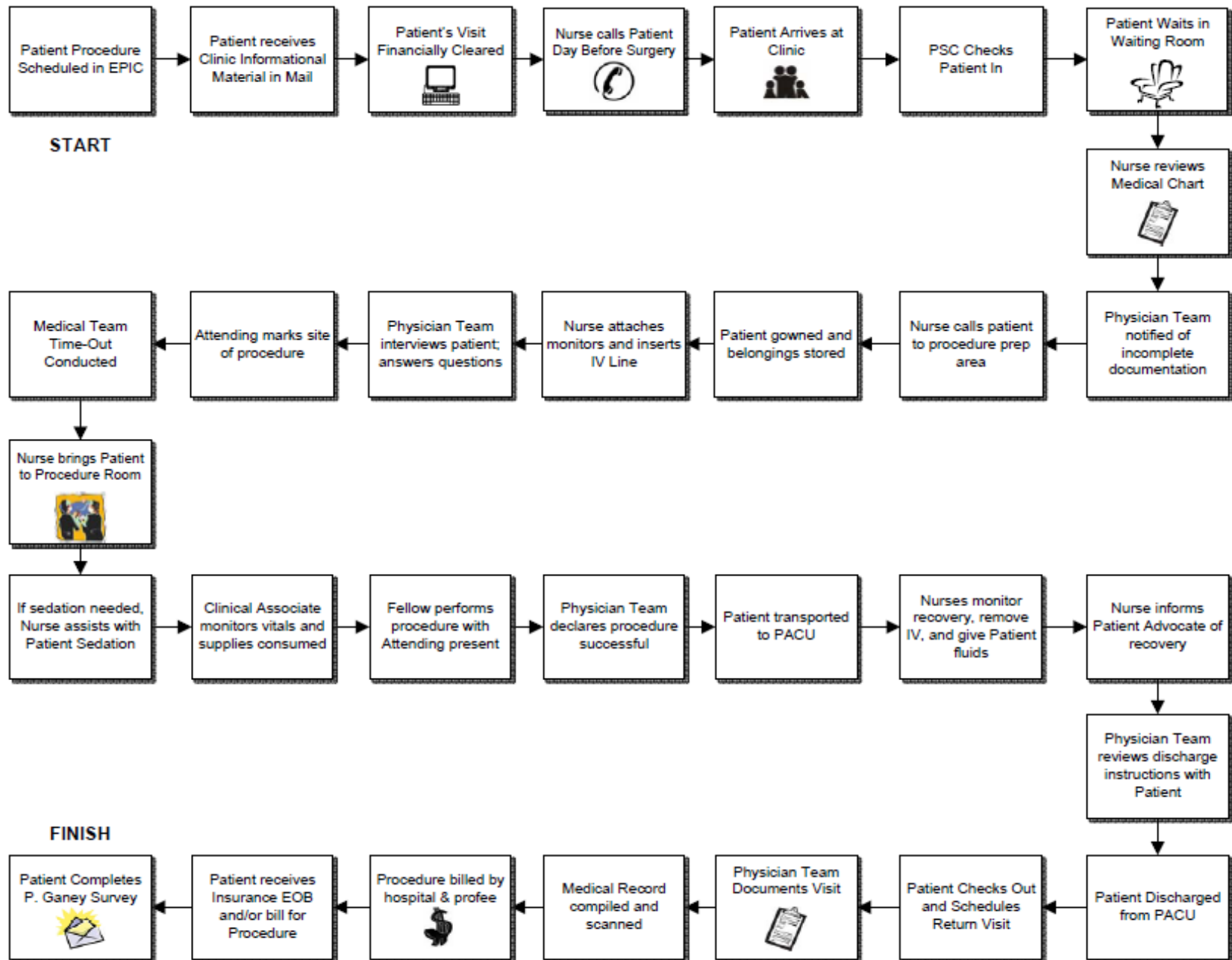
RN calls patient day before procedure



RN returns patient phone calls and conducts postop follow-up calls



JHOC Blaustein Pain Clinic Overview: *Patient's Journey – Procedure*



JHOC Blaustein Pain Clinic Process Map: *Financial Clearance*



Access Services Clearance Team assigned to Clinic 340

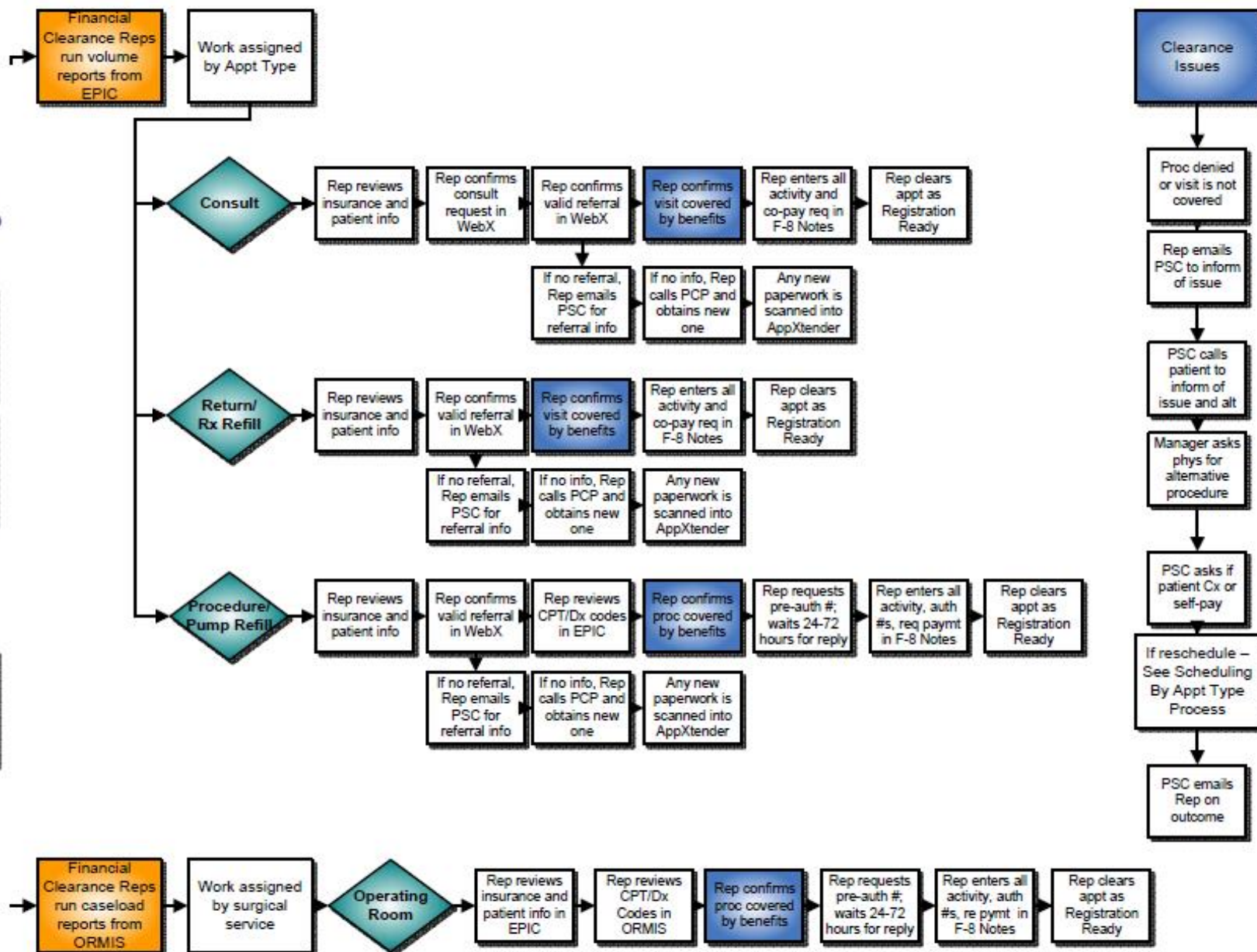
Clinic Procedures must be scheduled at least 5 days prior, or clinic obtains pre-auth

Special Procedures, like SCS trials, require a special email notification to Rep

If OR case scheduled after 3pm the day before surgery, the clinic must obtain pre-auth



Access Services Clearance Team assigned to Clinic 135X (Weinberg OR)



Process Flow Data Feb 2010

	A	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	date of service	Attending	Type	Appt Time	Sign in	Reg start	reg end	ca in	ca out	res in	res out	att in	att out	co start	co finish	
119	3/1/2010	cohen	return	14:30	14:27	14:27	14:30	15:05	15:08	15:10	15:25	15:40	15:47	16:02	16:05	
120	3/1/2010	erdek	return	11:30	11:13	11:20	11:22	11:32	11:35	11:36	12:00	12:18	12:23	12:25	12:30	
121	3/1/2010	erdek	return	8:15	8:03	8:21	8:23	9:27	9:35	9:36	9:43	9:57	10:08	10:10	10:16	
122	3/1/2010	erdek	return	8:15	7:58	8:10	8:12	8:53	8:57	9:01	9:09	9:31	9:36	9:49	9:54	
123	3/1/2010	erdek	return	8:00	7:38	7:43	7:51	7:55	7:57	8:17	8:27	8:33	8:44	8:54	8:59	
124	3/1/2010	erdek	return	9:30	9:15	9:15	9:17	10:24	10:26	10:30	10:57	11:05	11:18	11:22	11:28	
125	3/1/2010	korto	return	10:00	9:30	9:31	9:39	10:35	10:38	10:40	10:47			10:28	10:32	
126	3/1/2010	korto	return	8:00	7:53	8:04	8:08	8:09	8:12	8:24	8:47			8:47	8:53	
127	3/1/2010	korto	return	12:30	12:14	12:16	12:21	12:26	12:42	12:26	12:42			12:42	12:46	
128	3/1/2010	korto	return	10:30	10:57	10:57	11:00	11:28	11:32	11:36	11:40	12:05	12:15	12:16	12:17	
129	3/1/2010	korto	return	14:00	13:51	13:51	13:54	14:10	14:13	14:45	15:02	14:57	15:00	15:02	15:04	
130	3/1/2010	korto	return	9:00	8:54	9:02	9:04	9:51	9:54	9:55	10:23			10:24	10:26	
131	3/1/2010	korto	return	13:30	13:23	13:24	13:27	13:29	13:32	13:47	14:00	14:04	14:16	14:45	14:50	
132	2/26/2010	korto	return	8:00	7:49			8:04	8:07	8:16						
133	2/26/2010	korto	return	11:00	11:19	11:22	11:25	11:32	11:35	11:37	11:55		11:59	12:02	12:06	
134	2/26/2010	williams	return	8:00	7:49	8:00				8:30	8:33		8:40	8:43	8:44	
135	2/26/2010	williams	return	7:45	7:16	7:45	7:50							8:21	8:24	
136	2/25/2010	cohen	return	10:15	10:04	10:09	10:10	10:10	10:18	10:20	10:24	10:32	10:36	10:37	10:38	
137	2/25/2010	korto	return	14:30	13:33	13:35	13:40	14:40	14:43	15:30	15:42	15:44	15:47	15:53	15:54	
138	2/25/2010	korto	return	14:00	13:19	13:22	13:27	14:20	14:23	14:26	14:31	14:36	14:39	14:39	14:43	
139	2/25/2010	korto	return	11:30	11:22	11:26	11:28	11:28	11:32			11:40	11:50	11:52	11:56	
140	2/25/2010	korto	return	13:30	13:08	13:08	13:11	13:48	13:50	14:17		14:25	14:36	14:37	14:40	
141	2/25/2010	korto	return	9:30	9:22	9:22	9:25	9:29	9:33	9:48	10:18			10:19	10:20	
142	2/25/2010	korto	return	13:00	13:02	13:02	13:04	13:06	13:11	13:15	13:37	13:43	13:45	13:48	13:55	
143	2/25/2010	korto	return	9:00	8:54	9:01	9:02	9:04	9:08	9:10	9:29	9:39	9:48	9:51	9:52	
144	2/25/2010	williams	return	14:30	14:29	14:29	14:32	14:33	14:37	14:40	14:49			14:18	14:20	
145	2/25/2010	williams	return	14:45	14:25	14:31	14:33	14:35	14:38	15:33	15:34	15:43	15:46	16:31	16:35	
146	2/23/2010	christo	return	15:00	14:19	14:27	14:29	14:48	14:49	14:57	15:02	15:10	15:17	15:23	15:30	
147	2/23/2010	christo	return	14:30	13:50	13:54	13:57	13:55	13:59	14:04	14:13			14:41	14:45	
148	2/23/2010	christo	return	13:30	13:53	14:00	14:05	14:34	14:36	14:40	14:56	15:09	15:10	15:11	15:15	

Research Question

- Under simulated conditions, how does Private Practice with no teaching mission



Resource Levels

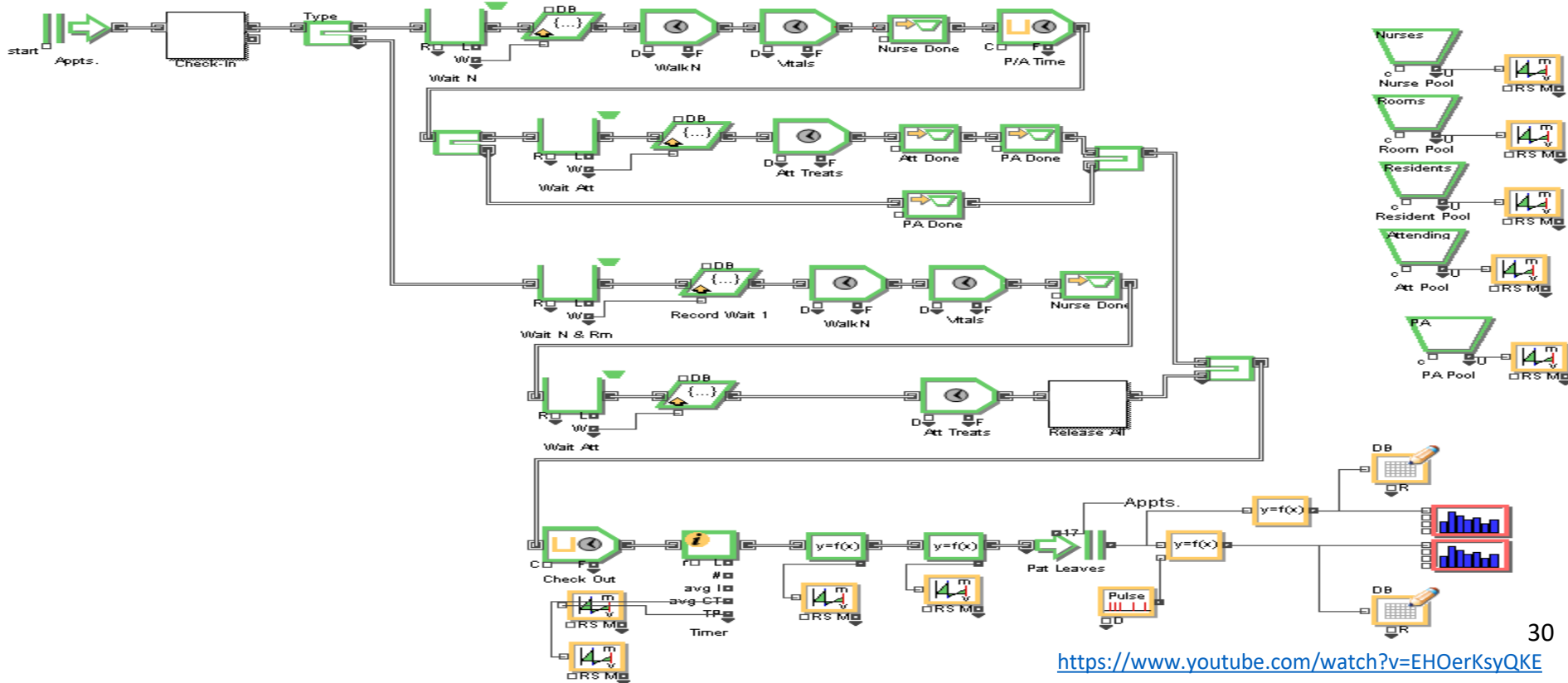
Resource Pool:	Units Available:
Nurses	1
Rooms	4
Residents	0
Attending	1

Ave. Cycle Times

Mean:	132.3671849506
Standard deviation:	27.60116977609
Confidence interval +/-	1.712781874823
Ave. Throughput	0.04382330613
Ave Final Wait	160.7670980338
Ave Total Wait	1477.809960637

Ave. Utilization Levels

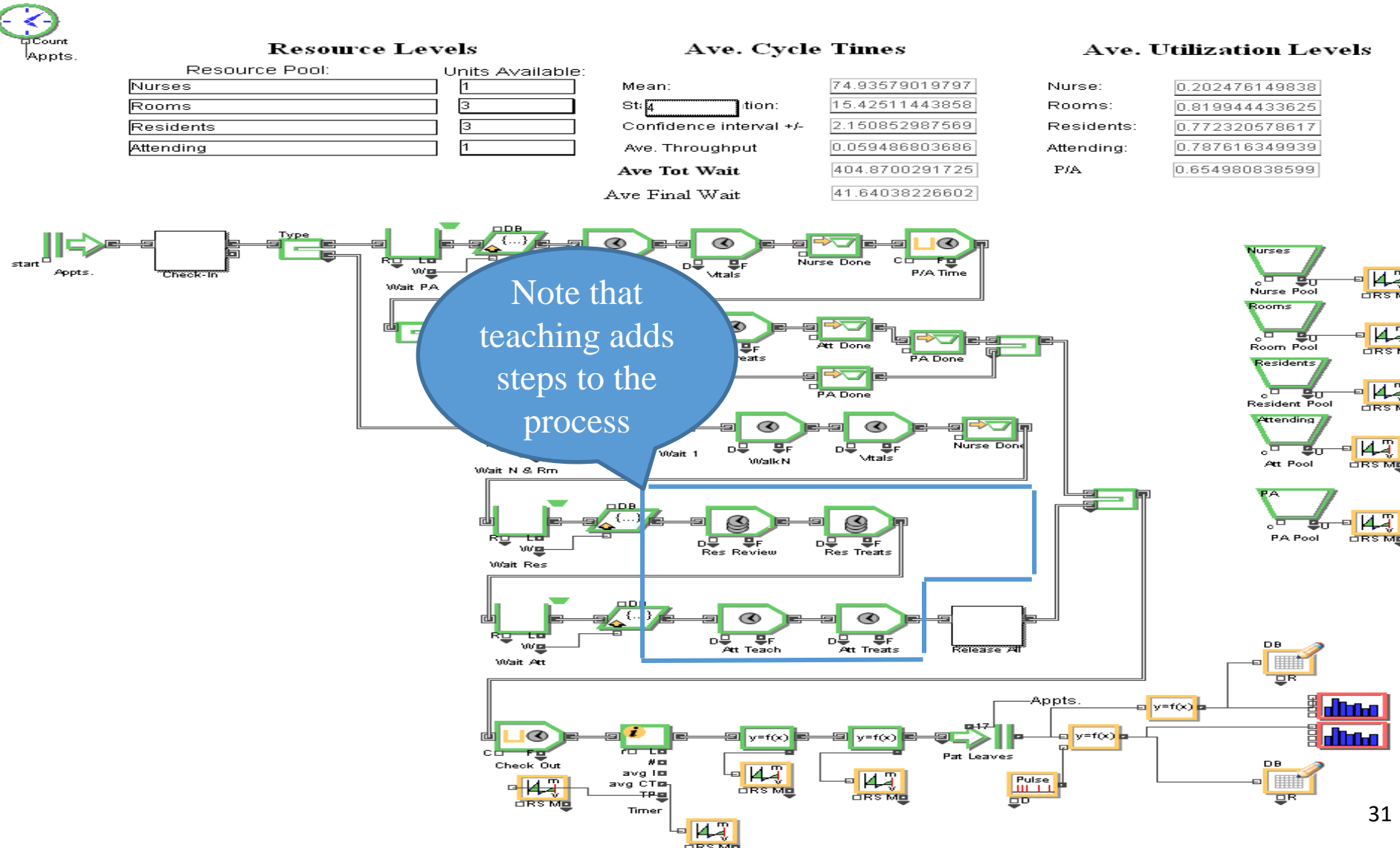
Nurse:	0.235938246401
Rooms:	0.754881981727
Residents:	0
Attending:	0.932202663097
P/A	0.809176357281



Research Question

Compare with an academic practice with a teaching mission?

- We simulate AMC with teaching mission



Results

- Selected highlights for AMC

	Ave FT	Ave TP	ATT Util	Ave Wait	Ave Final Wait
Base Case	76.23	3.48	79.0	30.02	45.43
TT 90%	73.42	3.60	78.3	27.78	45.43
TT 80%	71.15	3.66	76.4	25.77	40.36
TT 110 %	78.46	3.48	80.0	32.03	54.66
TT 120%	81.54	3.41	81.1	35.10	60.53

Note that waiting times are quite sensitive to teaching time. This leads people to believe that the AMC must be inefficient.

Results

- Selected highlights for Private Practice assuming identical schedule

	Ave FT	Ave TP	ATT Util	Ave Wait	Ave Final Wait
Base Case AMC	76.23	3.48	79.0	30.02	45.43
Base Case PP	129.12	2.66	93.4	83.89	83.89
Att 90%	111.64	2.90	92.4	68.8	68.82
Att 80%	93.71	3.20	91.3	52.0	52.04
Att 70 %	75.46	3.56	89.9	35.3	35.26
Att 60%	62.91	3.81	87.8	223.9	23.90

For the PP to match the throughput of the AMC the attending physician would have to cut face-time with patients by 30%.

Using Process Analysis to Assess the Impact of Medical Education on the Delivery of Pain Services

A Natural Experiment

What We Already Know about This Topic

- Academic clinical care is thought to be more costly than clinical care in private practice
- The impact of the academic mission on performance in a private practice pain clinic is not known

What This Article Tells Us That Is New

- When simulating the two practices, the academic pain clinic model improved performance metrics but required more processing

Williams KA, Chambers CG, Dada M, Hough D, Aron R, Ulatowski JA.
Anesthesiology. 2012 Apr;116(4):931-9.

Applying JIT Principles to Resident Education to Reduce Patient Delays: A Pilot Study in an Academic Medical Center Pain Clinic

Table 7 Performance metrics from simulation using standard schedule

Scenario	Flow Time (min)	Wait Time (min)	Session Time (min)
Pre-intervention			
Average	73.6	36.1	275.6
Standard deviation	18.2	16.5	33.5
Post-intervention			
Average	60.2	21.4	247.5
Standard deviation	10.6	8.9	17.5

Flow time = average time between start of check-in and end of checkout for each patient; wait time = average waiting time measured in minutes for all patients in a session; session time = average time between session start and exit of the last patient on the schedule.

Positive Recognition Program Increases Compliance With Medication Reconciliation by Resident Physicians in an Outpatient Clinic

Abstract

The purpose of this study was to determine if well-understood, positive reinforcement performance improvement models can successfully improve compliance by resident physicians with medication reconciliation in an outpatient clinical setting. During the preintervention phase, 36 anesthesiology residents who rotate in an outpatient pain clinic were instructed in the medication reconciliation process. During the postintervention phase, instruction was given, and then improvement was recognized publicly. Data on physician compliance were collected monthly. The authors performed a secondary analysis of the audit database, which contained 1733 patient charts. The data were divided into preintervention and postintervention phases for comparison. A 4-fold increase in compliance was found. When logistic regression was used to adjust for adaptation of resident physicians over time and year, the odds of reconciling were 82% higher postintervention. By the consistent application of this effective tool, the authors have demonstrated that sustained performance of a tedious but important task can be achieved.

Keywords

positive reinforcement, residency, motivation, quality improvement, ambulatory care facilities

Neufeld NJ, González Fernández M, Christo PJ, Williams KA.
Am J Med Qual. 2013 Jan-Feb;28(1):40-5.

Results

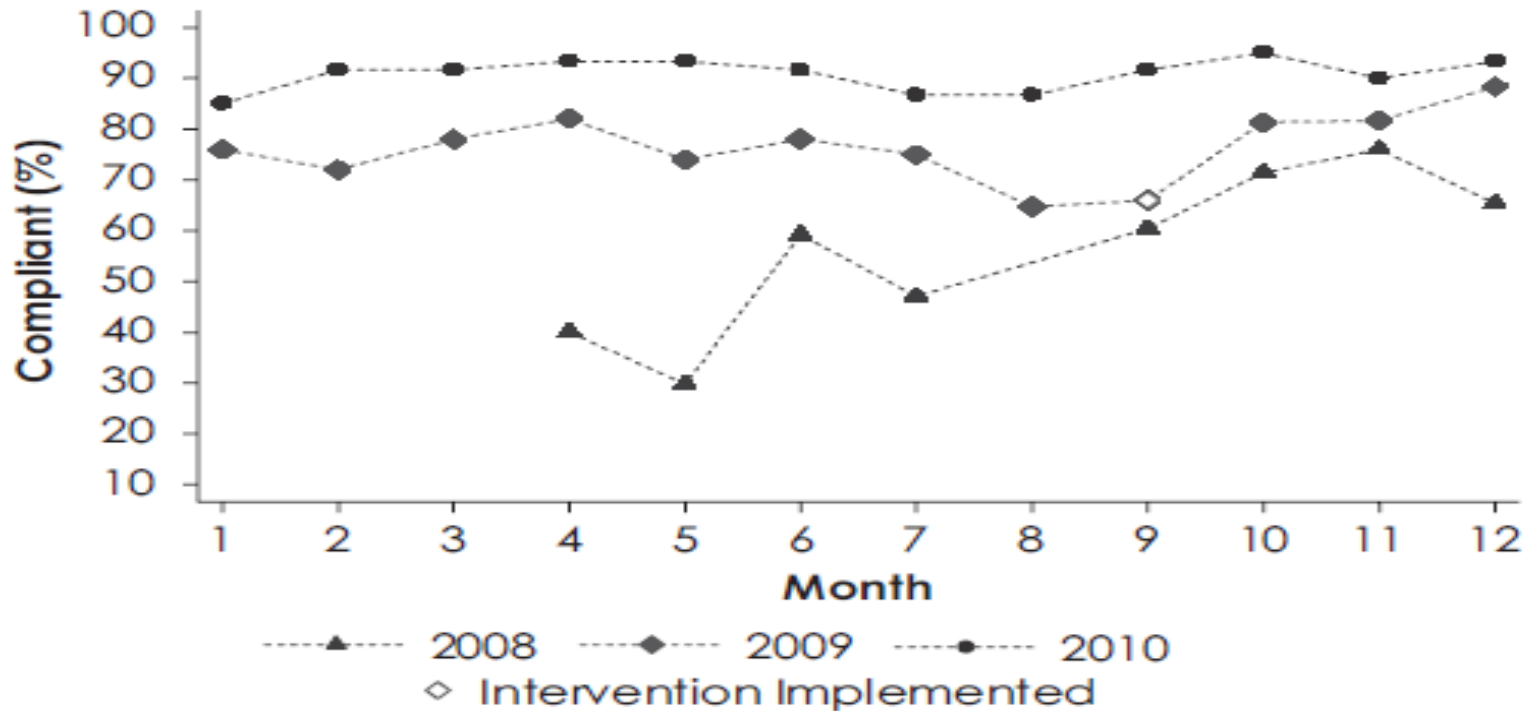


Figure 1. Proportion of charts compliant with medication reconciliation by year and month, 2008-2010, N = 1733^a

^aThe open diamond indicates the point at which the intervention began.

BMJ Open Patient punctuality and clinic performance: observations from an academic-based private practice pain centre: a prospective quality improvement study

Table 2 Characteristics and distribution parameters of unpunctuality at selected times

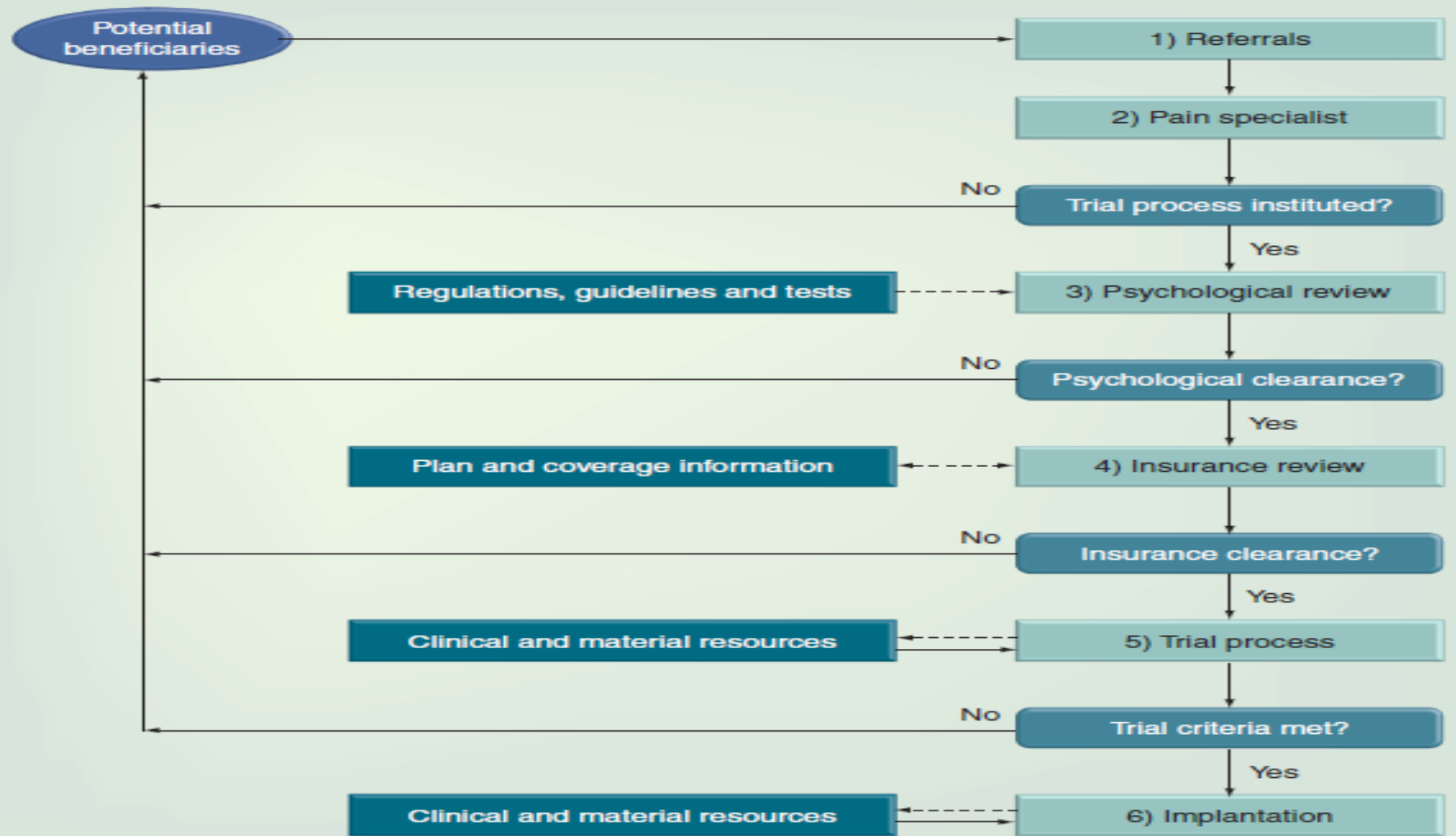
	All punctual	Preintervention	After 1 month	After 6 months	After 12 months
Minimum (min)	0.0	-60	-60	-58	-56
Maximum (min)	0.0	40	33	18	2
Mean (min)	0.0	-20.46	-23.21	-21.51	-25.03
STD	0.0	17.91	15.85	15.17	13.15
Observations	N/A	143	169	108	69
Portion early (%)	0.0	90.38	92.02	94.12	95.71
Ave earliness (min)	0.0	24.06	26.35	25.70	26.18
Portion tardy (%)	0.0	7.69	7.36	4.41	1.48
Ave tardiness (min)	0.0	16.75	14.17	8.67	2.08
α	1.0	2.55	2.86	2.34	2.05
β	1.0	3.90	4.37	2.87	1.79

All punctual, scenario in which all patients arrive at the appointment time; Portion early, proportion of patients arriving earlier than the appointment time; Ave earliness, average gap between the appointment time and arrival time for patients who arrive early.

Management Perspective

How process analysis could improve the implementation of spinal cord stimulation treatment for chronic pain

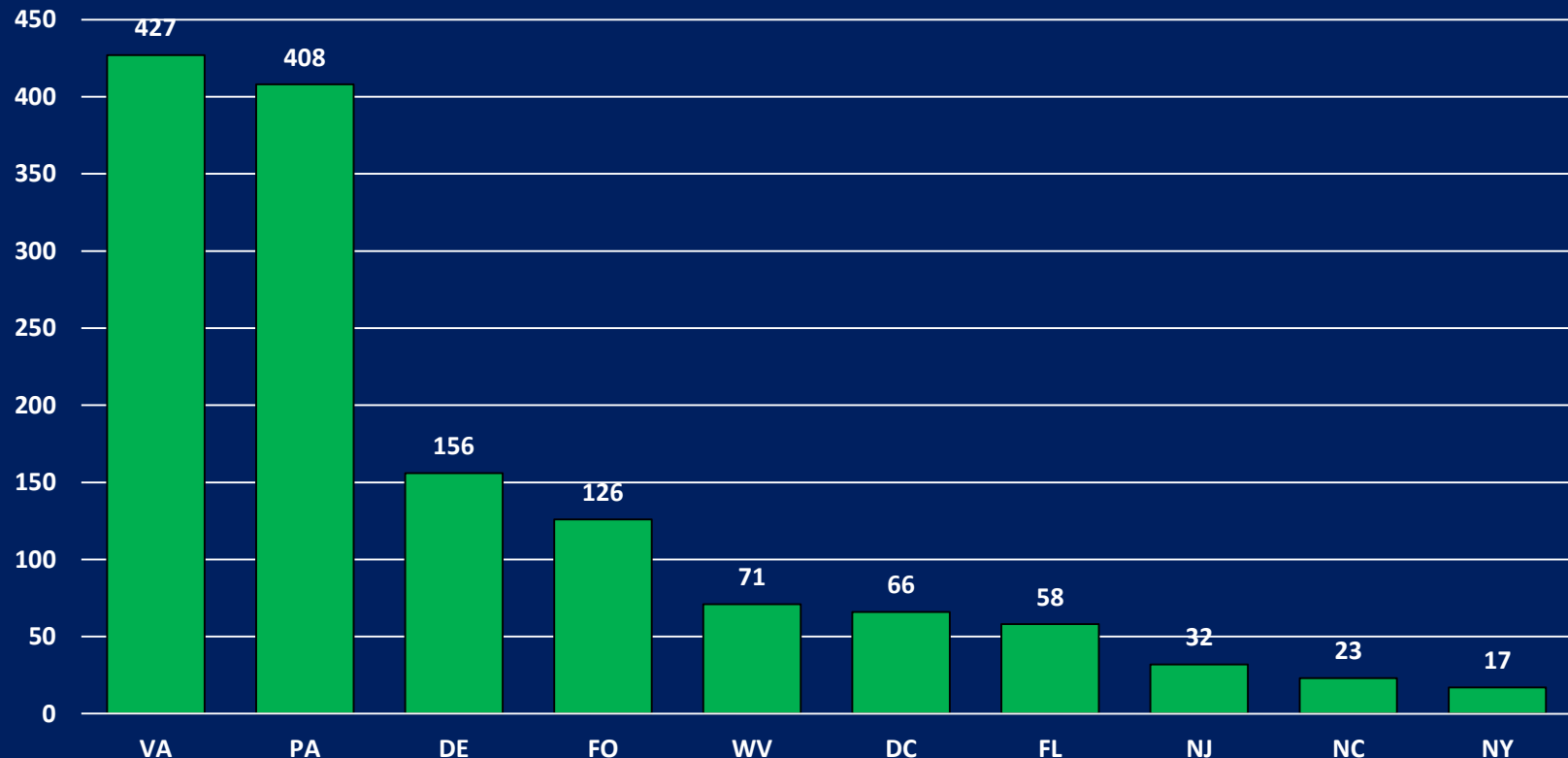
Kayode A Williams*, Julia C McLeod¹ & Gilles Reinhardt²



ROI- Patient Centered Care Catchment area-by zip code/state

Pain Treatment Top Ten States for OOS Appointments Scheduled

This graph shows the top ten states from where OOS patients originated for FY 2015



FO = International Patient Abbreviation

Source: Case mix Visit Volume from DataMart

Conclusion

- Start with a clear vision/mission
- Spend the most time developing a Strategic plan
- Use effective business process engineering techniques to build efficient operations
- Build strong multidisciplinary relationships
- Ask daily “ How can we do this better”
- Collect Data and Publish your results

Conclusion

Translate clinical success into academic progress

- “Passion
- Persistence (The Grit Factor)
- Partnerships (Interdepartmental, Armstrong Institute, Carey Business School)”

Estelle Gauda M.D.

Senior Associate Dean Faculty Development

circa-2007

Thank You



ESTELLE GAUDA: GETTING TO KNOW

YOU

**BILL BAUMGARTNER, JOE BEZEK,
JIM ERICKSON**

**JOHNS HOPKINS UNIVERSITY
SCHOOL OF MEDICINE**

“Starting your Academic Clinical Practice”

How Clinical Revenue Flows

August 5, 2015



JOHNS HOPKINS
M E D I C I N E

JHM Finances – Revenue Stream

Hospitals: \$3.7 Billion

1. Reimbursement system is NOT like the rest of the US (excluding ACH)
2. State of Maryland, via the Health Services Cost Review Commission (HSCRC) (www.hscrc.state.md.us), has a unique payment model
3. Previously, methodology provided similar payments for similar services (included a waiver from the national Medicare hospital payment system), more volume was good
4. Currently, a new Global Budget Revenue (GBR) model based on a 5-year pilot with a cap on total revenue, resulting in volume / revenue being restricted

JHM Finances – Revenue Stream

Johns Hopkins University – School of Medicine : \$2.0 Billion

- Revenue stream is similar to the rest of US and other Academic Medical Centers
- Patient Clinical Services
- Research / Sponsored Projects
- Education
- Internal funding sources (Joint Agreement & SOM)
- Fund raising

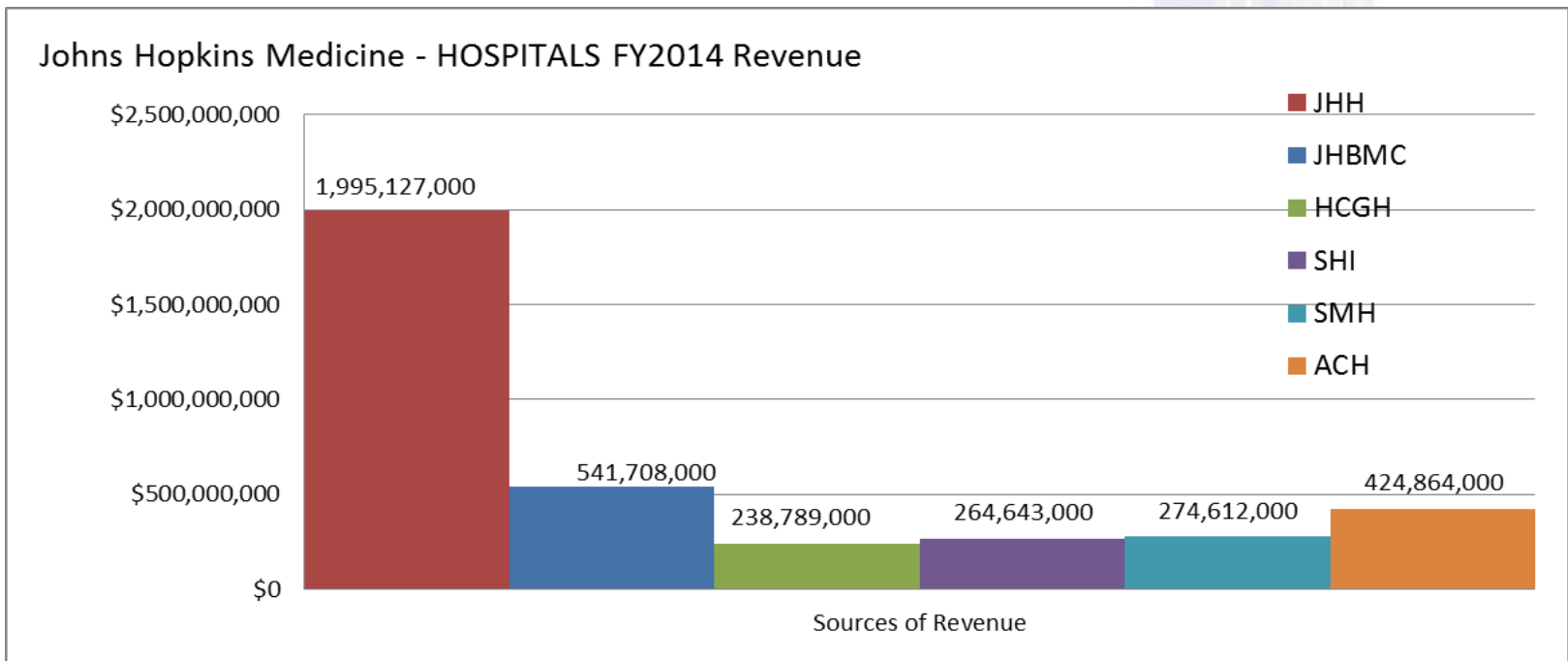
JHM Finances – Revenue Stream

Hospitals: \$3.7 Billion (FY 2014)

- Global Budget Revenue (GBR) Agreements
 1. Each hospital has their own GBR that ties into the overall 3.58% growth rate
 2. Revenue / volume in excess of the GBR agreement is not good
 3. JHH and JHBMC has a GBR growth rate exceptions for Out-Of-State and International patients, more volume in these areas is good

JHM Finances – Revenue Stream

Hospitals: \$3.7 Billion



JHM Finances – Revenue Stream

Johns Hopkins University – School of Medicine: \$2.0 Billion (FY2014)

1. Grants, Contracts & Other Sponsored Programs @ \$693 million (34%)
2. Patient Service Revenue @ \$639 million (31%), excluding impact of Dean's tax
3. Reimbursement from Affiliates @ **\$409 million (20%)**
4. Contributions @ \$113 million (6%)
5. Other @ \$188 million (9%)

JHM Finances – Revenue Stream

Johns Hopkins University – School of Medicine: \$2.0 Billion (FY2014)

Grants, Contracts & Other Sponsored Programs @ \$693 million (34%)

1. Significant part of the Hopkins Mission
2. Challenges:
 - a) NIH budget reductions
 - b) NIH salary cap @ \$181,500
 - c) reductions in indirect cost recoveries
3. Opportunities:
 - a) Discovery / patents
 - b) Diversification of research portfolio (industry, foundations, Biotech)

JHM Finances – Revenue Stream

Johns Hopkins University – School of Medicine: \$2.0 Billion (FY2014)

Patient Service Revenue @ \$639 million (31%)

1. Significant part of the Hopkins Mission
2. Represents major source of cross-subsidy for other SOM missions and programs, only service line that generates a profit (or loss)
3. Payer Mix
 - a) 41% of payments are dictated (Medicare and Medicaid)
 - b) 49% of payments negotiated (BlueShield / CareFirst, United Healthcare, Aetna, Cigna, etc.)
 - c) 5% Self Pay
 - d) 5% Other (including International)

JHM Finances – Revenue Stream

Johns Hopkins University – School of Medicine: \$2.0 Billion (FY2014)

Patient Service Revenue @ \$639 million (31%)

Challenges

- a) Medicare Fee-For-Service payment SGR formula has been eliminated, 0.5% annual increases through 2019 with future payments being influence by quality metrics
- b) CPT code realignment (e.g., 2015 reductions in Ophthalmology and Radiology)
- c) Medicaid payment reductions due to state budget issues (e.g., E&M codes from 100% of Medicare rates to 92%)
- d) Bending the cost curve, Medicare Accountable Care Organizations based on “risk arrangements” resulting in overall payments being lower
- e) ICD-10 implementation October 2015, Payer readiness
- f) Epic Professional Fee billing system implementation December 2015, cash lag
- g) Medicare payments tied to quality reporting and related scores
- h) Non-governmental Payers following Medicare’s lead also, narrow networks

JHM Finances – Revenue Stream

Johns Hopkins University – School of Medicine: \$2.0 Billion (FY2014)

Patient Service Revenue @ \$639 million (31%)

Opportunities

- a) Improve the patient experience
- b) Reduce clinic cancellations
- c) Increase patient access via Access Services scheduling (e.g., direct scheduling via Epic myChart)
- d) Meaningful Use quality measures (e.g., After Visit Summary, etc.)
- e) Productivity improvements
- f) Close Epic encounters in a timely fashion so bills can be processed
- g) Population Health via Accountable Care Organization (e.g., best practices / clinical protocols and cost efficiencies)

JHM Finances – Revenue Stream

Johns Hopkins University – School of Medicine: \$2.0 Billion (FY2014)

Reimbursement from Affiliates @ \$409 million (20%)

1. Primarily from JHH and JHBMC for services rendered
2. Challenge: Hospital will find it more difficult, but not impossible, to provide future funding due to the new HSCRC GBR constraints
3. Opportunity: Partner with Hospitals on initiatives noted above (e.g., International & Out-Of-State patients, Gainsharing / Cost reduction, etc.)

JHM Finances – Revenue Stream

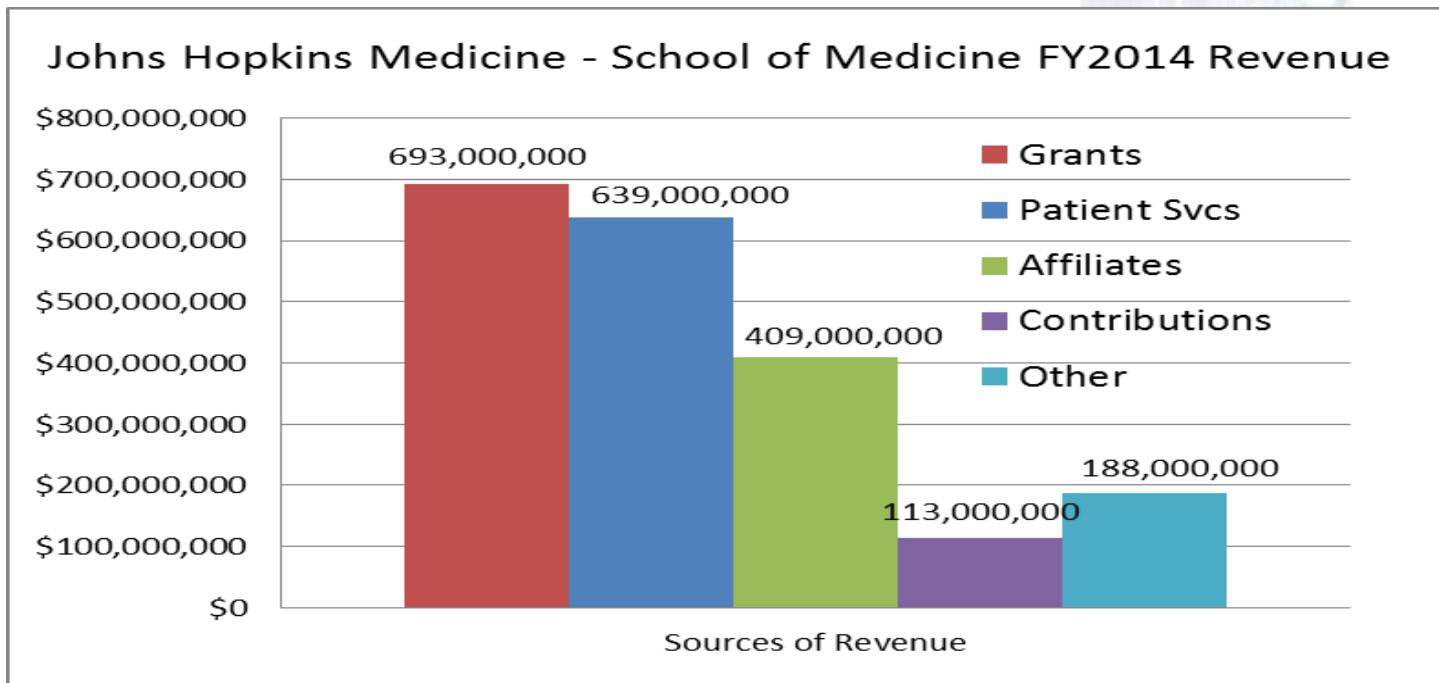
Johns Hopkins University – School of Medicine: \$2.0 Billion (FY2014)

Contributions @ \$113 million (6%)

1. Hopkins has been very fortunate
2. Philanthropy subject to the economy
3. Endowment income subject to market

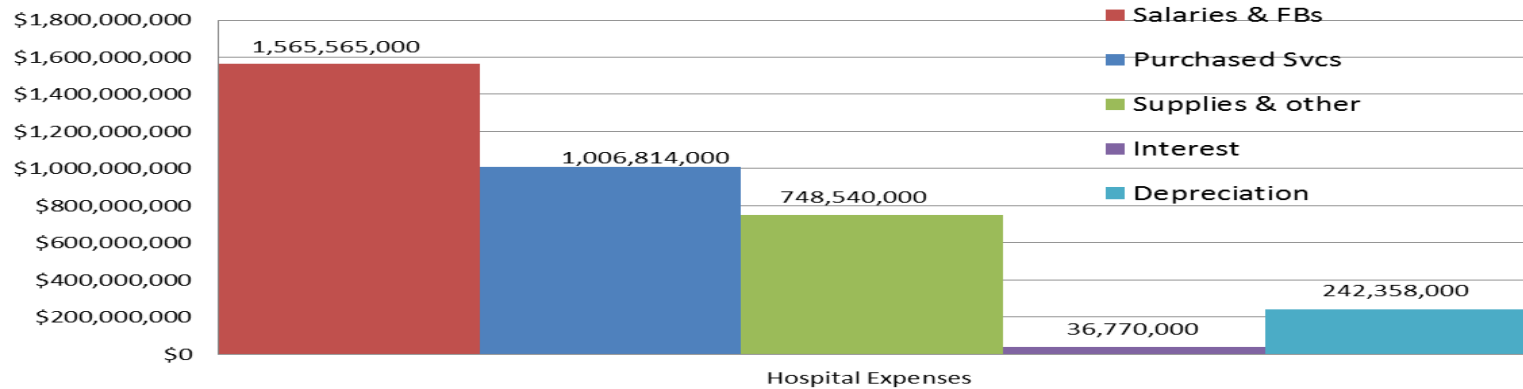
JHM Finances – Revenue Stream

Johns Hopkins University – School of Medicine: \$2.0 Billion (FY2014)

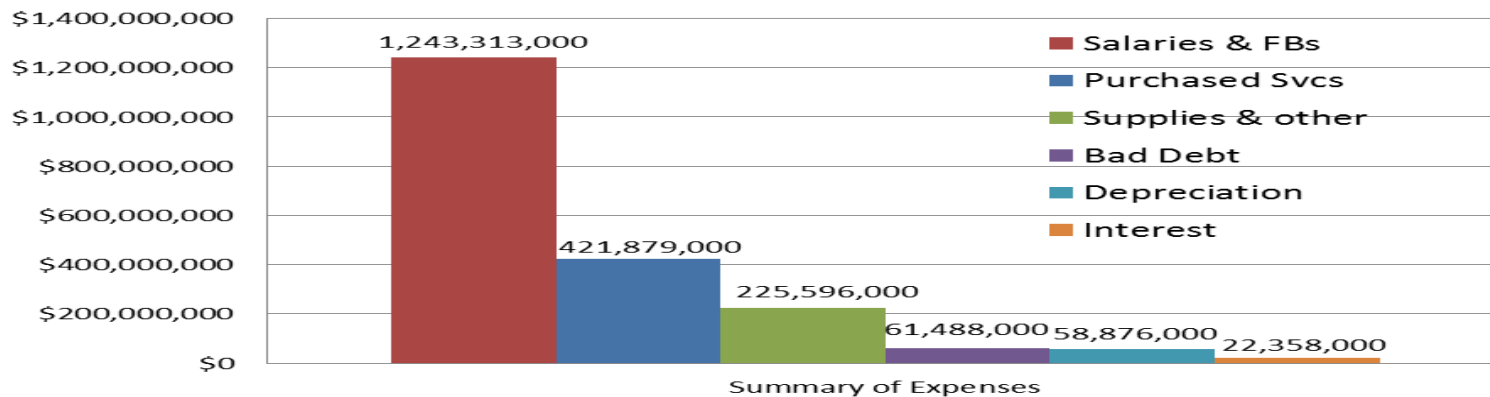


JHM Finances – Expense Summary

Johns Hopkins Medicine - HOSPITALS FY2014 Expense



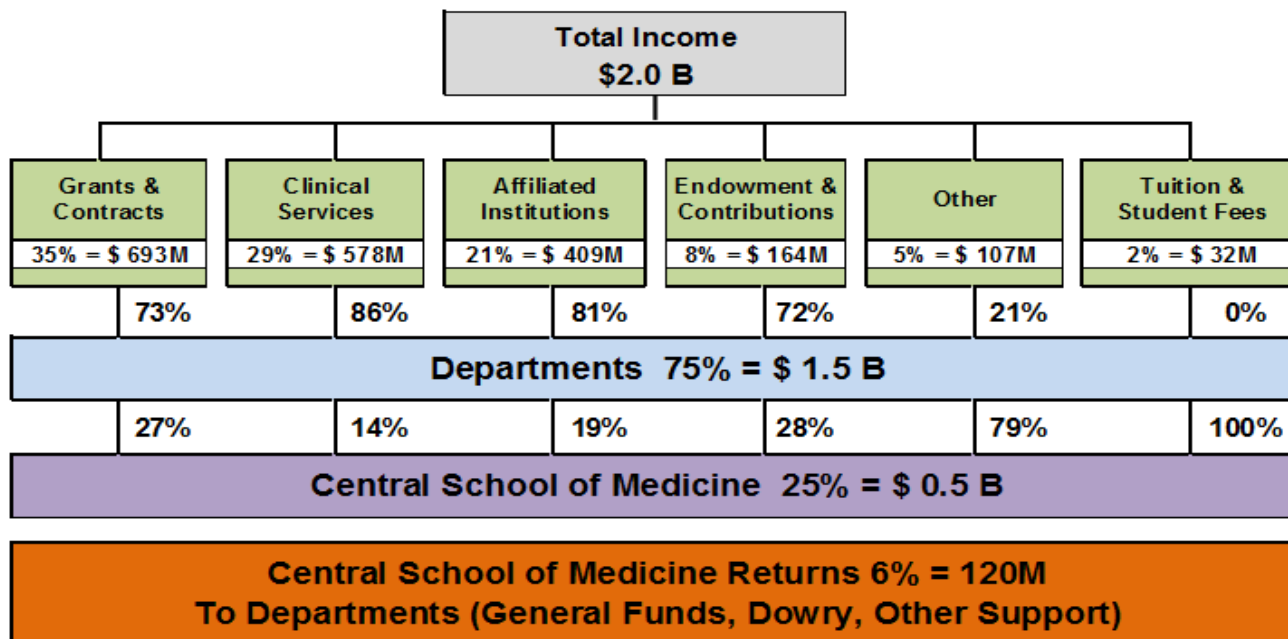
Johns Hopkins Medicine - School of Medicine FY2014 Expenses



JHM Finances – Income Summary



Johns Hopkins School of Medicine Income Summary FY 2014



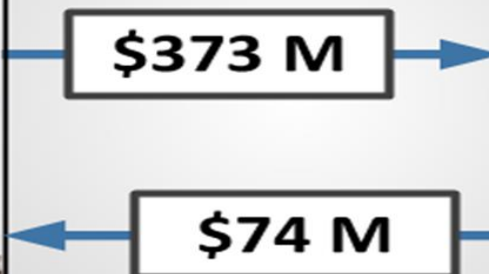
JHM Finances – Payments among the SOM and the Johns Hopkins Health System



FY2014 Payments Among School of Medicine and Johns Hopkins Health System



**Johns Hopkins
Health System**



School of Medicine

Thank you



Questions

DAVID YOUSEM

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LISA CHRISTOPHER-STINE

Creating a Center of Excellence

Your Academic Clinical Practice Toolkit
Maximizing Your Success

August 5, 2015

Lisa Christopher-Stine, MD, MPH
Associate Professor of Medicine and Neurology
Director, Johns Hopkins Myositis Center



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M E D I C I N E

The Johns Hopkins Myositis Center



**Johns Hopkins Bayview Campus
301 Mason Lord Drive; Neurology Suite 66**

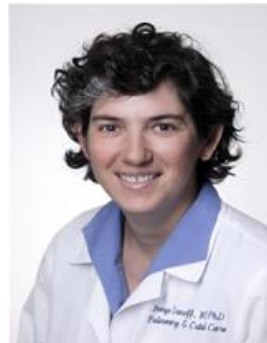
The Johns Hopkins Myositis Center Team 2007



Lisa Christopher-Stine
Rheumatology



Andrew Mammen
Neurology



Sonye Danoff
Pulmonary



Livia Casciola-Rosen
Rheumatology/Bench research



Thien Nguyen
Neurology



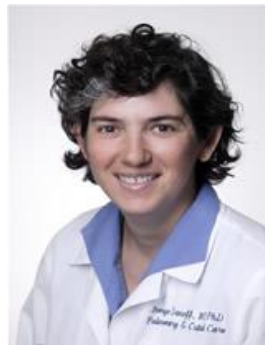
The Johns Hopkins Myositis Center Team 2015



Lisa Christopher-Stine
Rheumatology



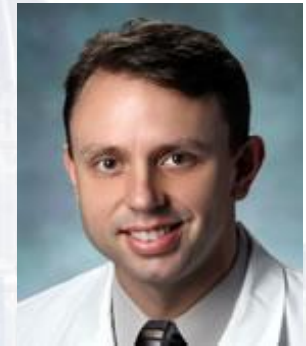
Andrew Mammen
Neurology



Sonye Danoff
Pulmonary



Livia Casciola-Rosen
Rheumatology/Bench research



Tom Lloyd
Neurology



Jemima Albayda
Rheumatology



Cheilonda Johnson
Pulmonary



Tae Chung
PM&R/Neuromuscular



Julie Paik
Rheumatology



Doris Leung
Neurology



JOHNS HOPKINS
MEDICINE



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MEDICINE

What is a Center of Excellence?

- A **center of excellence** refers to a team, a shared facility or an entity that provides leadership, best practices, research, support and/or training for a focus area. The focus area in this case might be a technology, a business concept, a skill or a broad area of study.
- In the healthcare sector, the term often refers to a center that provides sufficient and easily accessible medical services to patients.

-Wikipedia

Why this may be difficult for doctors to do: Medicine as a Business

– May be uncomfortable for us; we may lack the skillset; it seems inconsistent with our mission to heal.

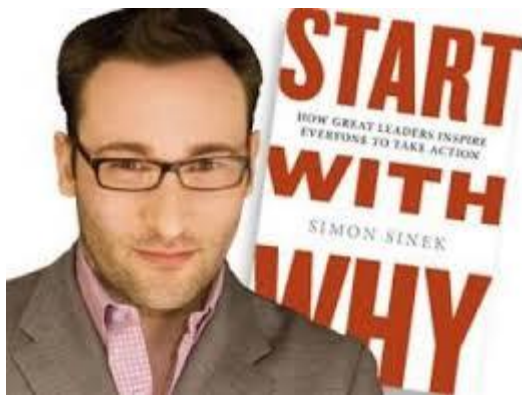
- “Medicine is a calling, not a business.”

» Dr. William Osler

- Medicine is a calling AND a business; they need not be mutually exclusive.”

» Dr. Lisa Christopher-Stine

How to start: Find your WHY.

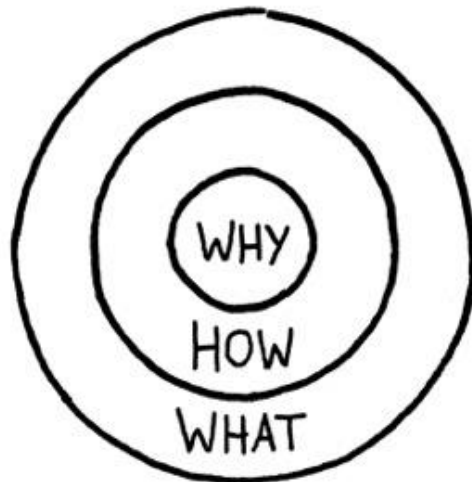


“People don’t buy what you do; they buy why you do it.”

- Simon Sinek

“People don’t buy what you do; they buy why you do it.”

The Golden Circle



© 2013 Simon Sinek, Inc.

What

Every organization on the planet knows WHAT they do. These are products they sell or the services they offer.

How

Some organizations know HOW they do it. These are the things that make them special or set them apart from their competition.

Why

Very few organizations know WHY they do what they do. WHY is not about making money. That's a result. It's a purpose, cause or belief. It's the very reason your organization exists.

“What you do simply serves as the proof of what you believe.”

WHAT you do...

- See a lot of patients with a rare disease (or a common disease with a unique approach)
- Provide a multidisciplinary approach that is innovative and provides a “one-stop shop”
- Offer ancillary services that are known for excellence
- Combine research and clinical care

HOW you do it...

- Share your passion. Make your ideas known to others and seek critique and praise
- Collaborate with those in complementary fields who share your passion and vision.
- Identify the appropriate stakeholders and obtain their buy-in (institution; faculty mentors; administrators; staff; patients)
- Find clinical space and time that is under-utilized.
- Partner with imaging, lab, nutrition, rehab, etc to provide a “one stop shop” experience that will also lead to downstream revenue
- Form a comprehensive team.
- Choose staff based on their passion for the work and not necessarily their skillset. Learn what a Medical Office Coordinator (MOC) does and help to manage him/her
- Be plastic, not static.
- Make a Business Plan.
- Be innovative (e.g., find free ways to advertise: Utilize your PR department; find web developers that will help you search optimize)



myositis center



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Johns Hopkins Myositis Center -

www.hopkinsmyositis.org/ ▾

Jun 10, 2014 - Information on how to prepare for an appointment with the Myositis Center ...

Take a moment to get to know the doctors at the Myositis Center ...

Contact - Our Doctors - Treatment of Myositis - About Myositis

The Johns Hopkins Myositis Center - Johns Hopkins Medicine

www.hopkinsmedicine.org/.../centers... ▾ Johns Hopkins School of Medicine ▾

The doctors at The Johns Hopkins Myositis Center have spent the majority of their medical careers diagnosing, researching and treating myositis. As physicians ...

Myositis Center | Johns Hopkins Bayview Medical Center

www.hopkinsmedicine.org/.../myositi... ▾ Johns Hopkins School of Medicine ▾

The Johns Hopkins Myositis Center located at Johns Hopkins Bayview is one of the nation's premier facilities for the management of myositis and the symptoms ...

Find a Doctor - TMA - The Myositis Association

www.myositis.org/find.../find-a-doctor ▾ Myositis Association of America ▾

The Johns Hopkins Myositis Center combines the expertise of rheumatologists, neurologists and pulmonologists in a single clinic so that patients benefit from a ...



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Myositis

From Wikipedia, the free encyclopedia

Not to be confused with meiosis, miosis, mitosis, or myosotis.

Myositis is a general term for inflammation of the muscles. Many such conditions are considered likely to be caused by autoimmune conditions, rather than directly due to infection^[1] (although autoimmune conditions can be activated or exacerbated by infections.) It is also a documented side effect of the lipid-lowering drugs *statins* and fibrates.

Elevation of *creatine kinase* in blood is indicative of myositis.

Contents [hide]

- 1 Types
- 2 See also
- 3 References
- 4 Further reading
- 5 External links

Types [edit]

Types of myositis include:

- myositis ossificans
- (idiopathic) inflammatory myopathies
 - dermatomyositis
 - juvenile dermatomyositis
 - polymyositis
 - inclusion body myositis
- pyomyositis

See also [edit]

- myopathy (muscle disease)
- myalgia (muscle pain)
- Masticatory muscle myositis (a disease in dogs)

References [edit]

1. MedlinePlus Encyclopedia *Myositis* [↗](#)

Further reading [edit]

- Myositis [↗](#). The Arthritis Foundation
- Inclusion-body myositis [↗](#)
- Myositis [↗](#). NIH
- FAQ [↗](#)

External links [edit]

- The Myositis Association [↗](#)
- The Johns Hopkins Myositis Center [↗](#)
- University of Washington Department of Orthopaedics Patient Article [↗](#)



The Bayview News...

Myositis Center Opens its Doors

The Johns Hopkins Myositis Center, located at Johns Hopkins Bayview Medical Center, treats those with inflammatory (autoimmune) and toxic (drug-induced) muscle conditions. These complex, often misunderstood conditions cause patients to suffer swelling, inflammation, weakness and fatigue of the muscles. Some also function and cause scarring or fibrosis of the lungs.

What makes the Johns Hopkins Myositis Center unique is its comprehensive, multidisciplinary medical team. The team includes specialists in rheumatology, neurology and pulmonology as well as physical therapy and nutrition. "Since myositis is so misunderstood and may require several medical specialties, this is one of the best places patients can find to help fight it," says Andrew Mammen, M.D., Ph.D., co-director of the Myositis Center.



Andrew Mammen, M.D., Ph.D.
Co-Director Myositis Center
Neurologist



Lisa Christopher Stine, M.D., MPH
Co-Director Myositis Center
Rheumatologist

For more information about the Johns Hopkins Myositis Center or to schedule an appointment, call 410-955-3000.

From the Comfort of Your Home

Home dialysis service allows patients to maintain independence.

While dialysis has been around for decades, the concept of home dialysis is growing stronger. Not only due to the convenience of eliminating a visit to the dialysis center, but to gain independence.

At Johns Hopkins Bayview, Gary Briefel, M.D., director of hemodialysis services, partners with DeVita at Home and assesses patients that have a desire to free themselves from a rigid dialysis schedule and be able to return to such things as working or traveling. "The patients I see each day are stable, reliable and usually have a strong desire to be independent," explains Dr. Briefel. "Home dialysis simply fits their lifestyle."

To learn more about the home dialysis services, call 410-558-9004.

NEUROLOGY

Unmasking the Mystery of Myositis

Myositis is a painful, debilitating condition, most often diagnosed by an electromyography (EMG) to assess the health of

muscles, "we have a grab bag of medications, but we can't predict which patients will be most helped by which medicine."

One of the center's strengths is that it is jointly led by a neurologist, Mammen, and a rheumatologist,

One of the Center's strengths is that it is jointly led by a neurologist, Mammen and a rheumatologist, Christopher Stine. "That's unusual because with autoimmune disease, neurologists and rheumatologists don't always see eye to eye," says Mammen. "Neurologists think rheumatologists are poor at diagnosis; rheumatologists think neurologists are poor at using medications to treat immunosuppression. Lisa and I, though, have none of these hang-ups. We're learning from one another."



More Bayview News...

Johns Hopkins Bayview
Myositis Center

Uncommon Care for a Rare Disease

Johns Hopkins Myositis
Center brings patients
expertise and understanding

Jenny Silverberg Leonard

Recognizing the Signs of Myositis

- muscle weakness that may make it difficult to rise from a chair, climb stairs or lift your arms
- tired feeling after standing or walking
- muscle pain or soreness that does not resolve after a few weeks
- unexplained skin rash
- difficulty swallowing or breathing
- rapid weight loss
- high muscle enzymes (determined by blood tests)

At age 19, Jenny Silverberg Leonard was an active, independent college student ready to take on the world. She never thought her life would change dramatically during a ski trip with friends.

"I was out in the cold and felt extreme pain in my fingers and redness under the nail beds. I thought it was frostbite, but when I got home, the redness never went away," she recalls.

Leonard saw a dermatologist who, after reviewing her symptoms, referred her to a rheumatologist. This specialist diagnosed Leonard with myositis, an autoimmune inflammatory disease of the muscles.

A rare disorder, myositis affects only 50,000 people nationwide. The condition is characterized by muscle fatigue and weakness. It also can cause problems in the skin and lungs. While myositis is treatable, there is no known cause or cure.

Managing the Ups & Downs of Myositis

Leonard was fortunate to be properly diagnosed so quickly. Because myositis is uncommon and poorly understood, many people see doctor after doctor and wait months—even years—to receive the right treatment.

For the next several years, Leonard's physician managed the condition through aggressive steroid treatment. Looking at her then, you would have never known she was sick.

All that changed after Leonard turned 27. A bad sunburn and a stressful job led to flares-ups and numerous complications. She developed a rash on her face, her hair started falling out and she got down to a weight of 86 pounds. "I became so weak I couldn't stand, use the toilet, open a jar or do other things on my own," she explains. "It really affected my self-image. This was a very strange and scary situation for someone who was used to taking care of herself."

By this time, Leonard had moved to Maryland and found it challenging to receive the proper

treatment to keep the disease under control. Then, she discovered the Johns Hopkins Myositis Center. Located on the Johns Hopkins Bayview campus, it is one of the first multidisciplinary centers of its kind that focuses on the diagnosis and management of myositis—combining the medical expertise of specialists in the fields of neurology, rheumatology and pulmonology, as well as physical therapy and nutrition.

"We try to stay one step ahead of the disease and manage it as best as we possibly can," says Lisa Christopher-Stine, M.D., co-director of the Myositis Center. "This makes it all the more important that we have a whole team working with patients to help them through the ups and downs. From a research point of view, we also have insights that will help us develop better therapeutic strategies based on the cases we've seen."

Instilling Confidence, Inspiring Hope

Because myositis is a multi-system disease, it often requires a great deal of testing and appointments with a variety of physicians. At the Myositis Center, physicians thoroughly review patients' medical records prior to their first appointment to determine their needs. All appropriate tests are

scheduled the morning of the initial visit. Later in the day—with test results in hand—patients see

several specialists who can work with them to map out a plan of care. In most other settings, each test and appointment would have to be scheduled on a different day.

"When I went to see Dr. Christopher-Stine, I was impressed and surprised by how much she knew," Leonard says. "Not only did she know the disease, she put me in touch with other specialists

who knew it just as well. That made me feel much more confident in my care."

The quality of life for myositis patients can be incredibly variable. Some may simply have a skin rash that causes cosmetic or itching problems,



while other cases may be so severe that patients are in an intensive care unit and have to be intubated because they can't breathe or swallow. "The good news is that we can successfully treat the vast majority of patients and improve their quality of life," explains Andrew Mammen, M.D., Ph.D., co-director of the center. "Because of our experience with all levels of severity, we are able to prescribe highly individualized treatment plans. Some patients who have come to us in wheelchairs are now walking. This makes our work extremely rewarding."

As for Leonard, she reports that she's doing better than ever. She has even started a support group for myositis patients in Maryland, Virginia and Washington, D.C. "When I was young, I didn't want anybody to know I had the disease, and I feel like I made a lot of mistakes," she explains. "Now, I feel like the disease has forced me to grow up. I hit some really low points, but I've learned that the body has an incredible ability to bounce back. I've also learned so much from talking to other patients. The best advice I can share is to be your own advocate for receiving the best possible care—and to take good care of yourself along the way."

—Kim Fabian

Lisa Christopher-Stine, M.D.
Co-director, Myositis Center



For more information about the Johns Hopkins Myositis Center or to schedule an appointment, call 410-550-6962.

TLC's Mystery Diagnosis



[Home](#) > [GMA](#) > [OnCall](#)

Medical Mystery: Immune Disorder Often Misdiagnosed

Illness Affects Tens of Thousands, Could Turn Deadly

March 29, 2007



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Source: [Myositis Association](#) Released: Thu 29-Mar-2007, 16:55 ET
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Myositis Patients Get Rare Media Attention and a New Johns Hopkins Center

Libraries
 Medical News

Keywords
 JOHNS HOPKINS, MYOSITIS, NEW YORK TIMES, GOOD MORNING AMERICA

Contact Information
 Available for logged-in reporters only

Description
 Amid growing awareness of the problems facing patients with autoimmune disease, people with myositis have a new clinical center and attention from national media.

your Health (MEDWATCH)

Condition Confusion

Myositis often is confused with other conditions, including RA, lupus and Lyme disease.

IT TOOK RENEE PARCOVER TWO YEARS TO FIGURE OUT WHAT disease, RA, OA, fibromyalgia and lupus, making diagnosis

Arthritis Today


ADVICE FROM THE EXPERTS YOU TRUST

Be Good to Yourself!

Sleep Well, Move More & Eat Better

AN EXCLUSIVE GUIDE

164 Superfoods People With Arthritis MUST HAVE



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MEDICINE

The \$ Value of Media Exposure

- GMA and local news segments: \$401, 239.08
- 8,864,000 viewers saw the coverage
- Print media: estimated at \$200,000

SWOT ANALYSIS



And...always work hard – but *especially* in the beginning

FY10	New	403
	Return	810
	Total	1,213

1 rheumatologist
2 neurologists
1 pulmonologist

FY14	New	504
	Return	1,225
	Total	1,729

3 rheumatologists
3 neurologists
2 pulmonologists
1 PM&R/Neuromuscular

Recall the WHAT

- See a lot of patients with a rare disease (or a common disease with a unique approach)
- Provide a multidisciplinary approach that is innovative and provides a “one-stop shop”
- Offer ancillary services that are known for excellence
- Meld research and clinical care

Now here's the WHY

- You want to provide patients with a team of doctors with the MOST EXPERIENCE in diagnosing and managing this disease.
- You have had difficulty obtaining all needed testing and patients are frustrated, so you want to make diagnosis and treatment a better experience for your patients.
- You can leverage the most experienced radiologists, pathologists, etc to help you to provide the best opinion possible.
- You know that you can learn from- as well as teach- your colleagues in other disciplines about a particular disease area.
- You want to take advantage of one of the best research institutions in the world to create a unique patient cohort where patients and doctors together will partner together to make new discoveries.

Summary

- Know Your WHY.
- Know that medicine and business can meet to enhance patient experience.
- Share your passion and find those who can assist you.
- Be prepared for setbacks, unforeseen circumstances.
- Identify your stakeholders and obtain their buy-in.
- Be creative and multidisciplinary.
- Explore partnerships like Joint Agreements with the School of Medicine.
- Be ready for change and go with it –plasticity is important.
- Anticipate how you will grow your practice in time.
- Utilize the unique academic nature of your practice to build important clinical cohorts that can help advance research.



If you build it, they will come

DAN FORD



Support for Clinical Academic Pursuits: CTSA, Clinical Trials, Clinical Research

Daniel Ford, MD, MPH

Vice Dean for Clinical Investigation

Director, Institute for Clinical and Translational Research

Identifying a Research Question

- Take advantage of your clinical experience
- Read journal articles critically
- Talk to colleagues and patients
- Consider payer's perspective and other stakeholders

Getting started

- Introduce yourself to an active research team
 - Scival Johns Hopkins Research Experts
 - <http://www.experts.scival.com/jhu/>
- Work on a team doing a meta-analysis
 - Johns Hopkins Evidence Based Practice Center
 - <http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-evidence-based-practice-center/>

Getting Started

- Become a research site in a multisite clinical trial
 - Periodic workshops on identifying protocols, creating budgets, finding participants, etc
- Get more training in clinical research
 - 2 week fulltime course Introduction to Methods in Clinical Research
 - Plan ahead because held every July
 - SOCI – Science of Clinical Investigation
 - Evening courses
- Work with your department research leadership

Working With Johns Hopkins Institute for Clinical and Translational Research (ICTR)

- ICTR will help you with development and execution of a study protocol
- Key services
 - Biostatistical consultations
 - Center for Clinical Trials Consultations
 - Access to part-time research coordinators – SCAMP program
 - Access to Epic and other clinical data – Center for Clinical Data Analysis
 - Data Management Support - REDCap
 - Clinical Research Centers at Johns Hopkins Hospital and Bayview Medical Center

Working With Johns Hopkins Institute for Clinical and Translational Research (ICTR)

- Key services
 - Pilot Grants
 - Regulatory Support for New Uses of Drugs and Devices
 - Center for Bioengineering Innovation – CBID
 - Dr. Cliff Weiss, Director of the Device Translational Research Community
 - PCORNet – Patient Centered Outcomes Research Network
 - Working with patient communities and use of patient reported outcomes
 - Johns Hopkins Clinical Research Network

Working With Johns Hopkins Institute for Clinical and Translational Research (ICTR)

- Ask a Research Navigator on the ICTR website
 - Can get you started with addressing most of your questions
- ICTR website
<http://ictr.johnshopkins.edu/>

Working with Faculty Development Resources

- WAGS – Writing Accountability Groups
- Relevant Courses
 - Getting and staying organized
 - Starting a lab
 - Scientific Presentations

ICTR Coming events

- Clinicians who succeed in research
 - Senior faculty members describe their journey
- Series of Workshops on How to Build a Clinical Research Registry

LISA ISHII



Best Practices

A collaboration of the Armstrong Institute, the Office of Physicians, Clinical Departments, and Community Physicians

What?

- Physician led multi-disciplinary teams convened to improve value
- Goal: Reduction of *unintentional* practice variation while supporting innovation
- Organized pathway/protocol development of specific DRGs throughout the health system (i.e. spine, joint, CABG/AVR, colorectal)

Why?

- Eliminate harm, improve outcomes and experience and reduce waste
 - i.e. clear patient goals explained to patients; avoidance of mistakes that occur when multiple pathways exist

Quality Indicators

- Length of stay
- Readmissions
- Patient experience
- Surgical site infections
- MHACs
- PSI's

Resources for best practice development



- Project Management Office (PMO)
- Co-led by Dr. Lisa Ishii (OJHP) and Renee Demski (AI)
- Project management
- Financial data and analytics
- Lean support
- Supply chain

Results to date



- Cardiac Surgery- Reduced LOS from 10 days to 8 days for all Isolated CABG/AVR patients, reduced LOS from 7 days to 6 days for pathway patients
- Joint- \$2,000 cost per case reduction in direct variable costs at JHBMC; Vendor capping initiative savings \$1.5 million; standardized pre-op testing and education
- Spine- ACDF and Lumbar pathways implemented; LOS reduction for pathway patients; Vendor Capping Initiative savings of \$3.0 million
- Surgery- Implementation of ERAS for colorectal patients, reduced LOS from 6 days to 3 days

Shared Savings Incentive Model: Pilot

- Partnership with finance to reward efforts
- Transparent reward for quality improvements and supply chain standardization
 - i.e. \$300,000 reward to spine clinical community

Contact

- learnes2@jhmi.edu (Lisa Ishii)
- rdemski@jhmi.edu (Renee Demski)

PETER PRONOVOST

JOHN FLYNN

Identifying a Clinical Mentor

John Flynn, MD, MBA, M.Ed., FACP, FACR
Professor, Department of Medicine



JOHNS HOPKINS
M E D I C I N E

Thought Experiment

- When you think of a mentor . . .
- Close your eyes . . .
- . . . what do you think of?











Who Was Mentor?

A character found in Homer's *Odyssey*

Son of Heracles & Asopis

Close friend of Odysseus

Telemachus, the son of Odysseus, was placed in the care of Mentor when Odysseus left for the Trojan War.

He did not return to Ithica for ten years.



Definitions

- **Mentor:**
 - Someone who teaches or gives help and advice to a less experienced person
 - An individual interested in helping others succeed
- **Mentoring:**
 - A learning and development partnership between someone with vast experience and someone who wants to learn



How Did I Find A Clinical Mentor?

- What kind of (rheumatologist) do I want to be?
- How do I see this person helping me?
(Know yourself!)
- Reach out to this person you admire
- Realize that you are establishing a relationship
(time and trust)

Once Identified, Then What?

- Develop the relationship – invest time & establish trust
 - Establish dedicated time to meet
 - Do each day's job well
 - Be proactive in your responsibilities
 - Be coachable
 - Be appreciative
- Look for ways to mentor others

Look For Mentors In Other Dimensions

- Plan on multiple mentors – it's alright
 - Clinical
 - Educational
 - Organizational
 - Technological
- Local, national & international

Value of Mentorship

- Blind spots are revealed
 - Allows for accurate and timely evaluation
- Enhances professional development
 - identifying road blocks
 - navigating paths
 - establishing networks
- As you become a mentor, the self-satisfaction is enormous

Resources Available

- Start within your clinical area (division and/or department)
 - Your clinical director will be your first resource
- What is happening across the institution
 - Public Health, Nursing, Business, Education, Homewood
- Who is doing similar work in the US?
Internationally?

Success Wisdom Skill Group Positive Coach Techniques Mentor
Speed Coaching Partnership development Advancement One-on-one Mentee Leading Mentoring Departmental Teaching Relationship Role-model Support Sharing Knowledge Guides Peer
Confidence Satisfaction Informal Learning Informal Mosaic functional Career
Opportunity Personal

ANDY LEE

Promotion Pathways: Clinician of Distinction

W. P. Andrew Lee, MD

*Chair, Associate Professor Promotion Committee
The Milton T. Edgerton, MD, Professor and Director
Department of Plastic & Reconstructive Surgery*

Mission of Johns Hopkins Medicine

To improve the health of the community and world
*by setting the standard of excellence in medical
education, research and clinical care.*

- THE GOLD BOOK (2013)

- POLICIES AND GUIDELINES

- GOVERNING APPOINTMENTS, PROMOTIONS, AND PROFESSIONAL ACTIVITIES OF FULL-TIME FACULTY

- THE BLUE BOOK (2010)

- POLICIES AND GUIDELINES

- GOVERNING APPOINTMENTS, PROMOTIONS, AND PROFESSIONAL ACTIVITIES OF PART-TIME FACULTY

- THE SILVER BOOK (2011)

- PROFESSIONAL DEVELOPMENT GUIDE FOR FULL AND PART-TIME FACULTY

- DOCUMENTATION OF ACHIEVEMENTS SUPPORTING APPOINTMENTS AT EACH ACADEMIC RANK

- GUIDE FOR PROFESSIONAL DEVELOPMENT THROUGH SELF-DIRECTION, MENTORING, AND ANNUAL REVIEW

Scholarship

*As defined in the **Gold Book***

- Primary basis for academic advancement
- Encompassing **generation** of new knowledge and/or the **dissemination** of knowledge to others
- Accessible to **critical assessment** and accessible to **future use** by members of the academic community

Achievements Supporting Academic Appointments

- **ASSISTANT PROFESSOR**

A CLEAR SCHOLARLY COMMITMENT AND
DEMONSTRATED CREATIVE SCHOLARLY CONTRIBUTION

- **ASSOCIATE PROFESSOR**

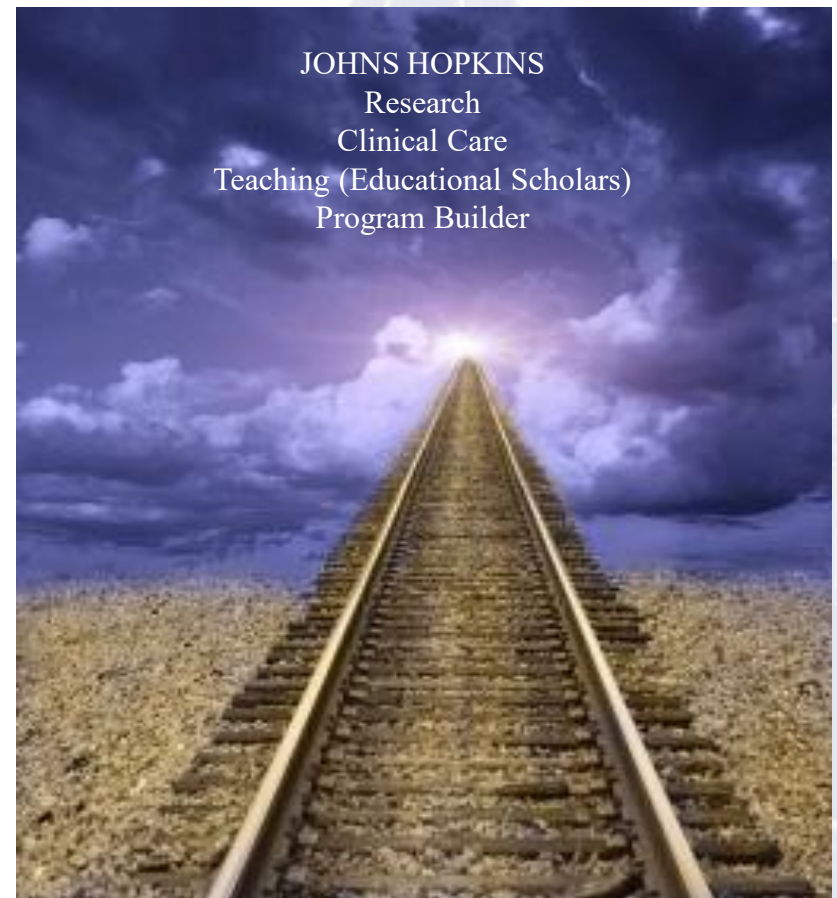
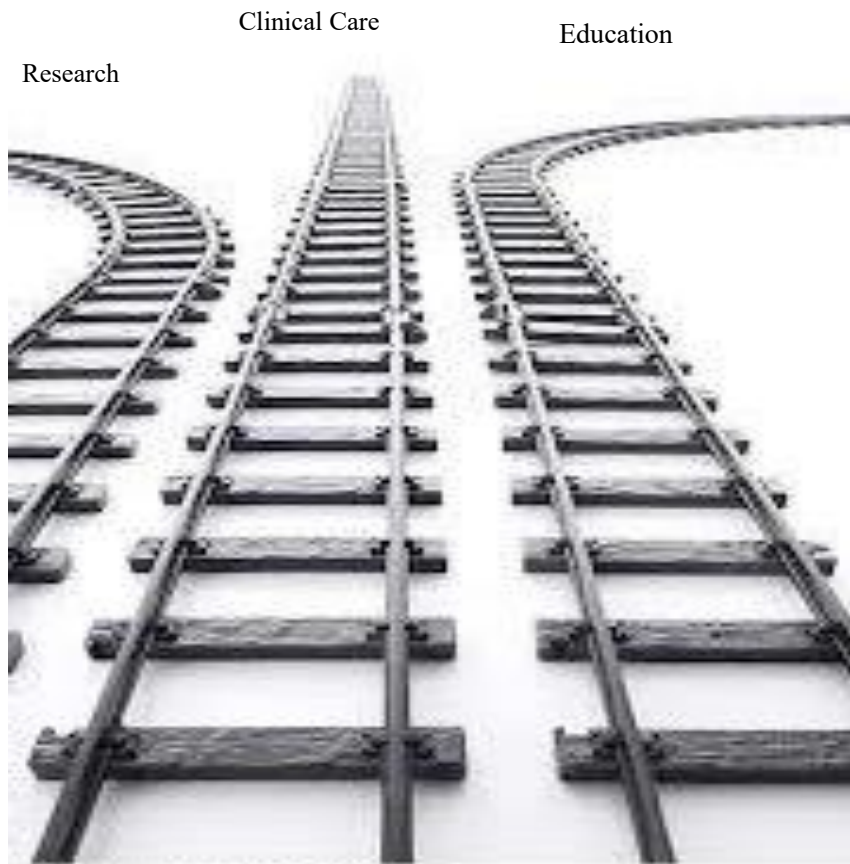
NATIONAL RECOGNITION FOR SCHOLARSHIP

- **PROFESSOR**

NATIONAL LEADERSHIP AND (IN MOST CASES)
INTERNATIONAL RECOGNITION FOR IMPORTANT
SCHOLARLY CONTRIBUTION

Promotion at Johns Hopkins

SINGLE TRACK SYSTEM



6177180L [311] © www.yesallpictures.com

Promotional pathways

Specific career focus

RESEARCHER

- Physician-Basic Scientist
- Physician-Clinical Investigator/Translational Researcher
- Basic Scientist/Educator
- Research Innovator – developed novel research assay

CLINICIAN

- Physician with clinical distinction for outstanding clinical skills
- Clinical Program Builder – developed a broad-reaching clinical program
- Physician-Innovator – developed a diagnostic tool, assay, or clinical procedure
- Clinician/Educator- patient care and local educational leadership

EDUCATOR

- Educational Scholars
- Clinician/Educator

PROGRAM BUILDER

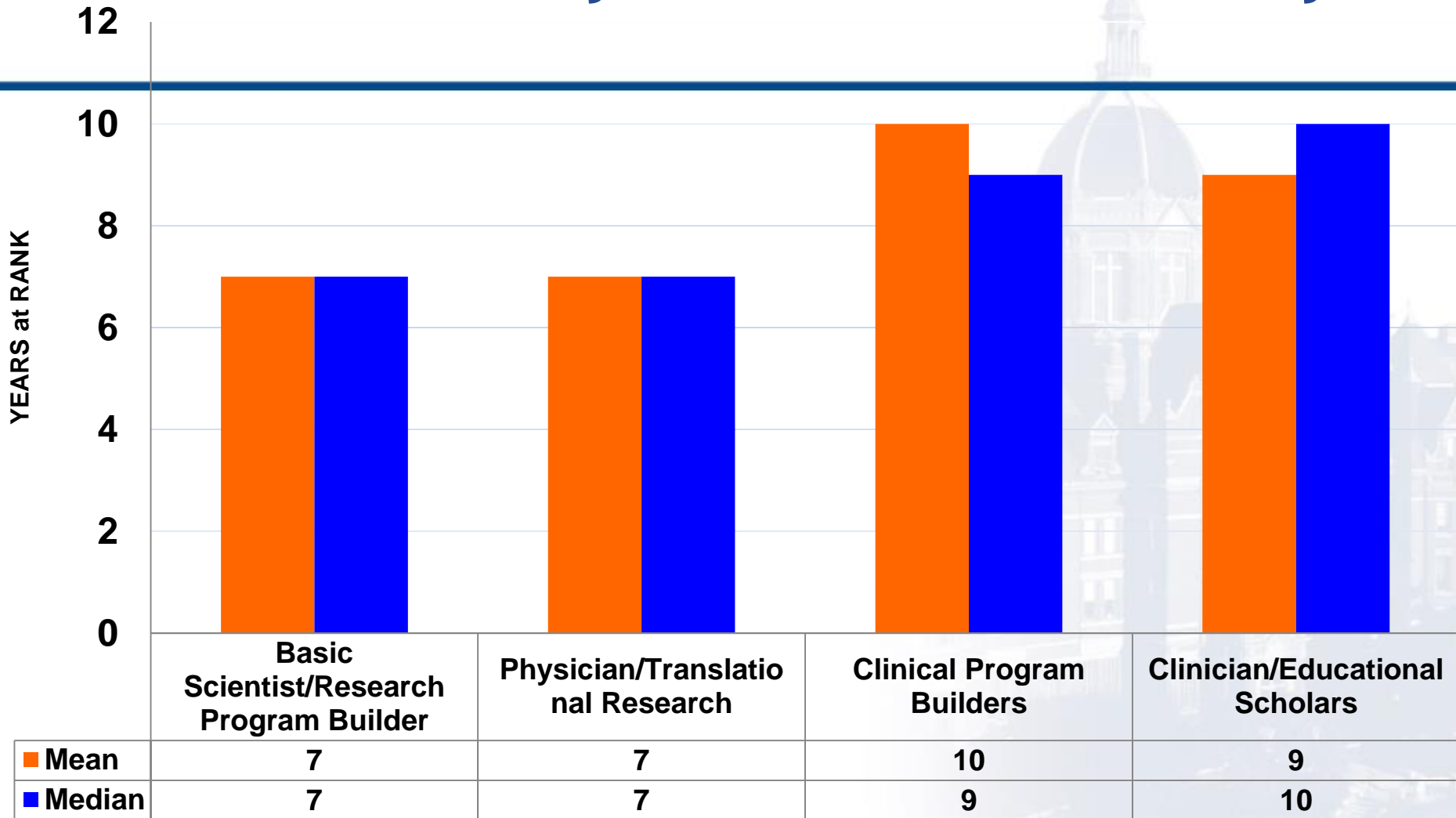
- Clinical program builder
- Research Program Builder–developed a broad reaching program
- Educational Program Builder

Academic Promotion Process

To Associate Professor

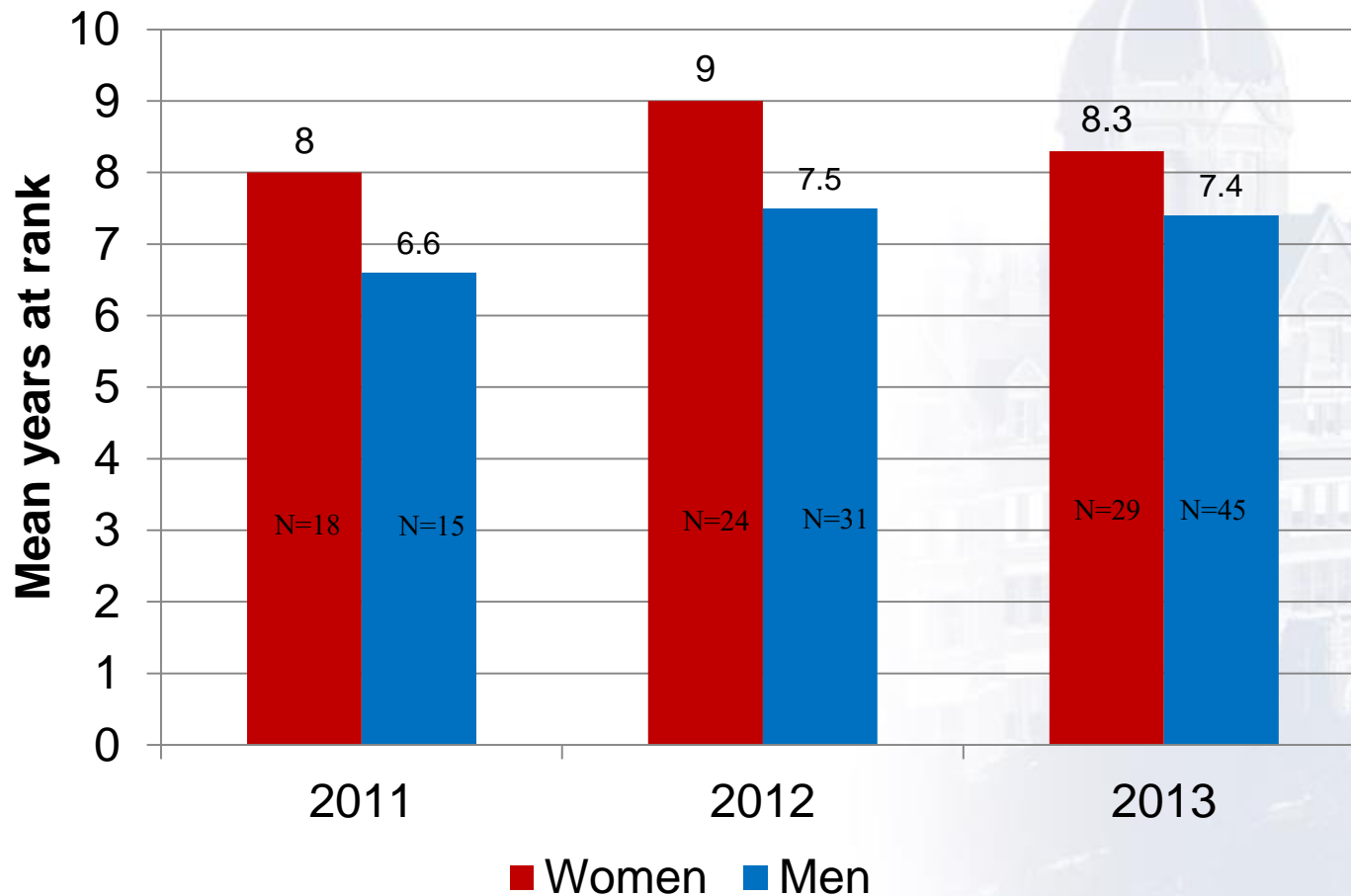
- Application in APPC Nomination Manager
- Approval by Department Director
- Submission of Director's Letter by credentialing coordinator
- Solicitation of reference letters (14 total, 8 external)
- Average time to APPC review 3-6 months
 - APPC will contact for missing information
 - Questions directed to department credentialing coordinator
- APPC review
 - Two primary reviewers
 - Committee deliberation
 - Disclosure of conflict of interests
- Recommendation to Advisory Board of Medical Faculty

Years at Rank by Promotional Pathways



Range	3-14	4-15	5-17	5-15
Promoted	82% (34/41)	89% (34/38)	91% (11/12)	75% (12/16)

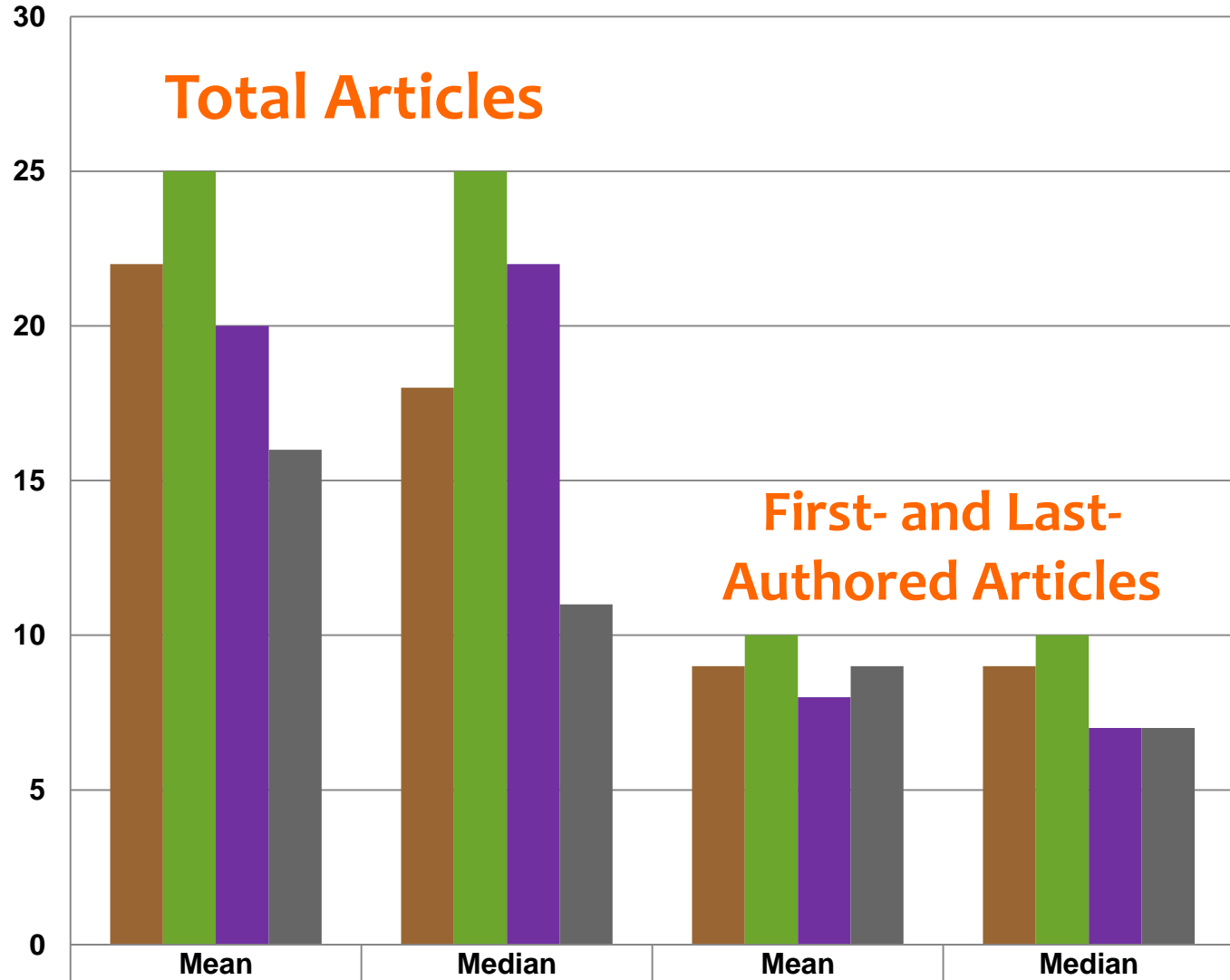
Years at Rank by Gender (Promotion to Associate Professor)



Summary Statistics for Associate Professor Promotion Committee

Year	Total Number Reviewed	% Promoted on First Review	Years at Rank (mean \pm SD)	Years at Rank (Median)	Range
2007	41	100	7 \pm 2	6	3-15
2008	87	94	8 \pm 3	7.5	2-17
2009	65	82	6 \pm 2	6	3-12
2010	52	95	IC	IC	IC
2011	73	100	7 \pm 3	7	3-14
2012	75	82	10 \pm 3.2	10	2-31
2013	110	87	7 \pm 2	7	2-17
2014	101	81	10 \pm 3.2	9	1-23

Original Research Articles at Rank

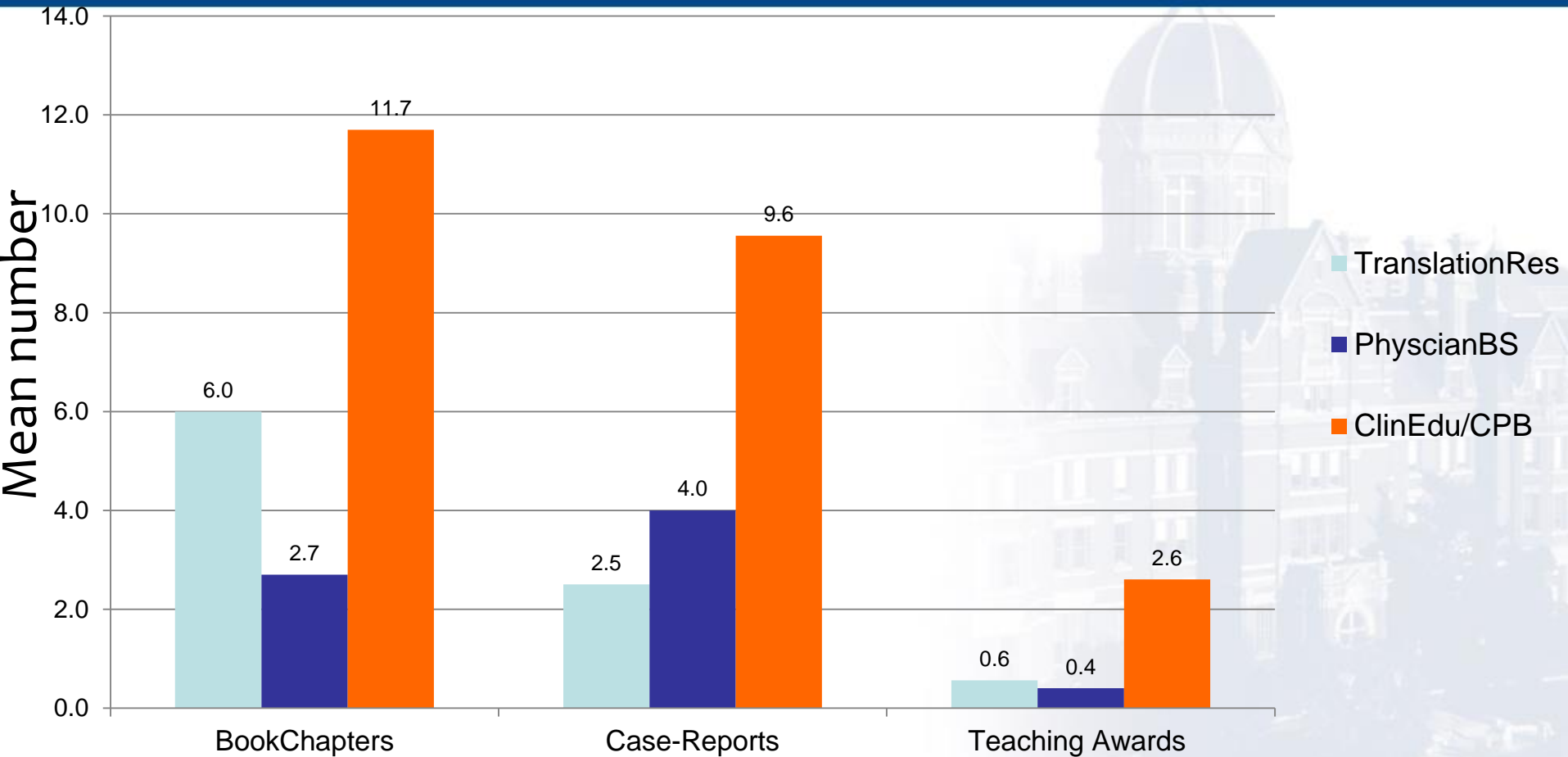


■ Basic Scientist/Research Program Builder	22	18	9	9
■ Physician/Translational Research	25	25	10	10
■ Clinical Program Builders	20	22	8	7
■ Clinician/Educational Scholars	16	11	9	7

Summary Statistics for Associate Professor Promotion Committee

Year	Total Pubs Original Res (mean)	Total Pubs Original Res (Median)	Range	Female, %
2007	26	25	3-58	39
2008	25	24	7-90	48
2009	32	30	6-99	30.5
2010	IC	IC	IC	IC
2011	26	28	7-51	50
2012	40	30	10-152	41
2013	33	27	1-137	39
2014	37	30	3-138	37

Other publications and Teaching Awards by Career Pathway



Promotion Committees

	Associate Professor	Professor
Web-based Nomination Manager - Required	YES	NO
H-index – Citation Index	NO	YES
Candidate submission of potential referees	YES (n=14)	YES (n=10)
Subcommittee selection of additional Referees	NO	YES
Required period before resubmission if denied promotion	None	2 years
Where to go to find out more about the information	CV – Workshops <u>Nomination Manager</u> (Google – APPC Nomination Manager) (downloadable forms) APPC and Faculty Development Website Chair and Committee Members	CV – Workshops Website Professorial and Faculty Development Chair and Committee Members

Clinician Promotion Workgroup

- Recommended by the Clinical Excellence Committee
- Maintains single-track promotion system
- Reflects institutional values in clinical excellence
- Assesses promotion criteria for clinicians

Clinician Promotion Workgroup

- Mary Armanios APPC
- Michele Bellantoni MCACE
- Daniel Brotman PPC
- Meg Chisolm APPC/MCACE
- Nauder Faraday APPC
- Michael Fingerhood MCACE
- Eric Howell APPC/MCACE
- W. P. Andrew Lee APPC
- Justin McArthur PPC
- Tim Moran PPC
- Scott Wright MCACE
- Martha Zeiger PPC

Promotion Criteria Pertinent to Clinicians

From Gold and Silver Books

- Reputation as reflected by referrals within and beyond SOM
- Invitation to teach and to conduct workshops
- Invited reviews, book chapters, case reports
- National presentations, invited talks
- Professional society leadership
- Member or examiner for specialty boards
- Development of nationally recognized standards of care
- Role model of professionalism in clinical practice
- Patient volume and referrals

Workgroup Recommendations

- Maintain fundamental principles of promotion (scholarship, recognition beyond SOM)
- Elaborate on criteria applicable to clinicians
- Educate faculty candidates and departmental promotion committees about clinician promotion
- Enhance CV template to include clinical criteria

New & Enhanced CV Template

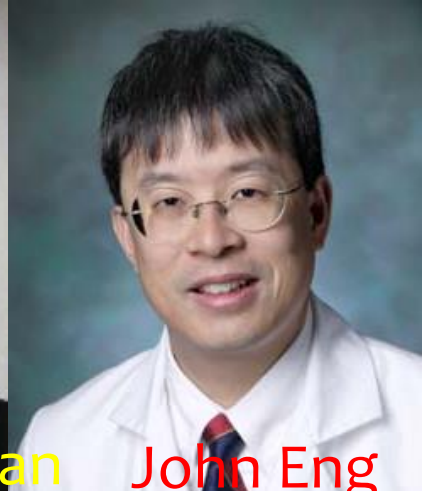
To be approved by ABMF

- DEMOGRAPHIC & PERSONAL INFORMATION
- PUBLICATIONS
- FUNDING
- CLINICAL ACTIVITIES
- EDUCATIONAL ACTIVITIES
- RESEARCH ACTIVITIES
- SYSTEM INNOVATION & QUALITY IMPROVEMENT
- ORGANIZATIONAL ACTIVITIES
- RECOGNITION

Clinical Activities to be Listed in CV

To be approved by ABMF

- Clinical Focus (*up to 100 word narrative*)
- Certification
- Medical, other state/government licensure
- Boards, other specialty certification
- Clinical (Service) Responsibilities
- Clinical (Service) Reputation / Recognition
- Clinical Productivity
- Clinical Draw from outside local/regional area
- Membership in or examiner for specialty board
- Clinical Program Building / Leadership
- Clinical Demonstration Activities to external audience
- Development of recognized clinical standard of care



Mary Armanios

Michael Baron

Meg Chisolm

Susan Dorman

John Eng



Nauder Faraday

Howard Francis

Eric Howell

Daniel Judge

Dawn LaPorte



David Loeb

Mollie Meffert

Lee Peterlin

Hiromi Sesaki

Michael Wolf

ESTELLE GAUDA

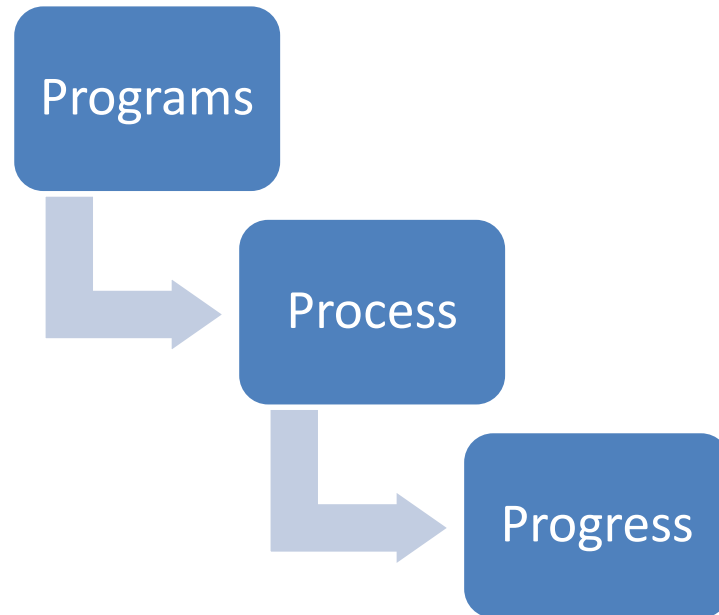
OFFICE OF FACULTY DEVELOPMENT

Estelle B. Gauda, M.D.
Professor of Pediatrics
Senior Associate Dean for Office of Faculty
Development

What can we do for you!

Office of Faculty Development

Supporting Faculty



WHAT CAN OFD DO FOR YOU??



- Provides knowledge and skill-building seminars and workshops
- Organize departmental mentorship and leadership programs
- Create web-based information resources to support faculty development
- Advise and assist faculty in navigating systems and understanding processes

WHAT CAN OFD DO FOR YOU??

OFFICE OF FACULTY DEVELOPMENT TEAM



Janice Clements, Ph.D.
Professor, Comparative Medicine,
Neurology and Pathology
Vice Dean of Faculty

Estelle B. Gauda, M.D.
Professor of Pediatrics
Senior Associate Dean for
Faculty Development



Kimberly Skarupski, Ph.D.
Associate Professor of
Assistant Director for Faculty
Development



David Yousem, M.D. MBA
Professor of Pathology
Assistant Professor for
Faculty Development



Michael Barone, M.D.
Associate Professor of
Associate Professor for Faculty
Development

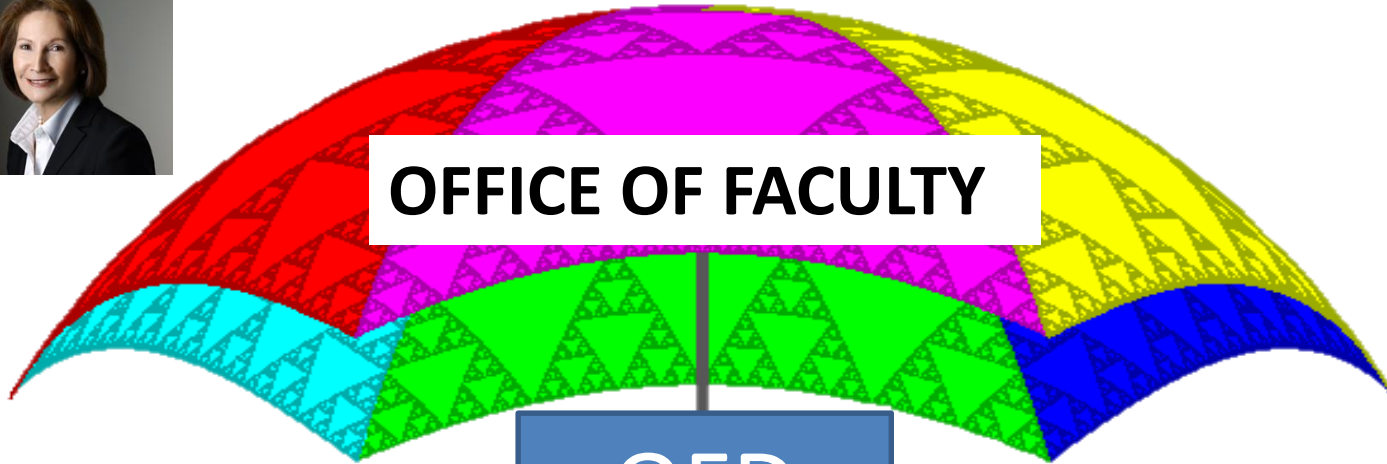


Valentina Viertel, B.S.
Program Coordinator



Linda Dillon Jones, Ph.D.
Senior Faculty Development
Assistant





OFFICE OF FACULTY

OFD



**Office of Women in
Science and Medicine
OWSIM**

**Barbara Fivush, M.D.
Associate Dean**



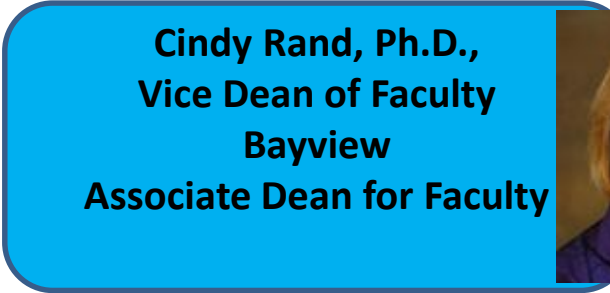
**Office of Cultural
Competence and
Diversity**

**Chiquita Collins, Ph.D.
Associate Dean**



**Office of Part-Time
Faculty**

**Maura McGuire, M.D.
Assistant Dean**



**Cindy Rand, Ph.D.,
Vice Dean of Faculty
Bayview
Associate Dean for Faculty**

OUR PARTNERS

**Professional
Development Office**
Donna Vogel, M.D., Ph.D.,

**Talent Management and
Organization
Development**
Louis Biggie

**Institute for Educational
Excellence**
Joe Confrancesco, M.D

Advisors

Senior Faculty
Advisory Council

Department
Directors

FACULTY
SENATORS

Junior Faculty
Resource Advisory
Council

Junior Faculty Leadership Program (JFLP) – *4th cohort (January 22 – July 2)*

22 junior faculty selected; 7 two-hour sessions held monthly

- Topics:

- Session #1: What you need to know to succeed & The unwritten rules for success; Preparing your Individual Development Plan (IDP)
- Session #2: Reviewing your IDP; Make the most of the mentor/mentee experience
- Session #3: Using an understanding of MBTI personality type to be more influential
- Session #4: Negotiating the building blocks of your career in academic medicine

Junior Faculty Leadership Program (JFLP) – *4th cohort (January 22 – July 2)*

22 junior faculty selected; 7 two-hour sessions held monthly

- Session #5: Communicating well in a diverse environment
- Session #6: Ramping-up your scholarly productivity: Getting those papers out the door
- Session #7: Promoting yourself with success and good grace
- *Optional Sessions: Speak like a Pro I and II*
- *Optional luncheon sessions (2): “Personal Journeys of Faculty Leaders”*

- **Time Management: How to Create 5 Extra Hours a Week for Your Use**
 - April 22, 2015 | 8:00 - 10:00 AM | 2024 East Monument, 2-1002 | [RSVP](#)
- **FLEX Talk: Using an Understanding of MBTI Type to Create More Productive Outcomes**
 - May 5, 2015 | 8:30- 11:30 AM | 2024 East Monument, 2-1002
 - Offered by the TMOD, register on [MyLearning](#)
- **Becoming a Conflict Competent Leader**
 - June 10, 2015 | 8:30- 11:30 AM | 2024 East Monument, 2-1002
- **Relationship Awareness Theory**
 - July 8, 2015 | 8:30- 11:30 AM | 2024 East Monument, 2-1002
- **Communicating with Others: Your Style and Its Impact**
 - September 9, 2015 | 8:30- 11:30 AM | 2024 East Monument, 2-1002
- **THE POWER OF NICE: NEGOTIATION:**
 - GUEST SPEAKER: Ron Shapiro: LECTURE and WORKSHOPS:
 - OCTOBER 8, 11:30-12:30. register on [MyLearning](#)
- **Crucial Conversations**
 - October 15, 2015 | 8:30- 11:30 AM | 2024 East Monument, 2-1002
- **Getting and Staying Organized: Lifelong Habits for Unlocking Your Full Potential**
 - November 11, 2015 | 8:30- 11:30 AM | 2024 East Monument, 2-1002
- **The Art of Negotiation**
 - December 10, 2015 | 8:30- 11:30 AM | 2024 East Monument, 2-1002
 - Offered by the TMOD, register on [MyLearning](#)

Developing: Curriculum for Clinicians with Distinction – Spring 2016:



FACULTY CONNECTS

<http://jhsum.askadmissions.net/vip/vip.aspx>

- Interactive Faculty Database
- Connects the Office of Faculty with You!
- Tell us what you need, and
- ***We will respond with suggestions specifically relevant to your needs and interest***
- Info: Teaching opportunities;
- Research
- Networking events

NETWORKING

You are invited to...

**"The Fall Faculty Mixer:
Wine and Cheese Pairing
Party"!**

October 22nd, 4:30-6:30 PM
in the Welch Library, West
Reading Room

Come socialize with your fellow
faculty members and learn about
wines from around the world with
Louie Biggie, the interim Director of
the Talent Management and
Organization Development
(TMOD).

Click [here](#) to RSVP.

PROMOTING HOPKINS FACULTY

[Associate Professor
Promotions Committee
\(APPC\) Nomination
Manager](#)

[Professorial Promotions
Committee \(PPC\)](#)

[Gold Book](#)

[Silver Book](#)

Part-Time Faculty: [Blue
Book](#) and [Addendum](#)

Office of Faculty Development



The Johns Hopkins University School of Medicine

Dear Dr. Gauda,

On behalf of the JHSOM Office of Faculty (OFD), welcome to your VIP Page.

This page is tailored specifically for you based on your interests and career development needs indicated on your *Faculty Interest Page*. Please select [Edit Profile](#) on the task bar above to complete or update your *Interest Page*. You may then return to your VIP page to see our recommendations based on your interest.

Whether in the lab, the clinic, or teaching students, your busy schedule demands that the resources you seek be available when you need them. With that in mind, we strive to better serve you using *Faculty Connects*.

Please do not hesitate to reach out to us using *Faculty Connects* or by e-mail at OFD@jhmi.edu. We look forward to connecting with you.

Janice E. Clements, PhD
Vice Dean for Faculty

Estelle B. Gauda, MD
Senior Associate Dean for Faculty Development

THE OFFICE OF FACULTY DEVELOPMENT | 2024 E Monument Street | Baltimore, MD 21267

THE JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE | 733 North Broadway | Baltimore, MD 21205

HELPFUL LINKS

[Fall 2014 Faculty Events &
Seminars](#)

[Faculty Resources Portal](#)

[The Office of Faculty
Development](#)

[Faculty Policies](#)

[Human Resources: Benefits](#)

[Work-Life Integration](#)

PART-TIME FACULTY ONLY

Welcome! We are excited to have you as a member of the *part-time faculty*. You are vital to fulfilling our tripartite mission of clinical care, medical education, and research.

Please take a moment to provide us with additional information about you that will allow us to better meet your needs. [Click here](#).

Maura McGuire, MD
Assistant Dean for Part-Time
Faculty

Contact: Thomas Bogetti,
tbogett1@jhmi.edu

Estelle, our recommendations for you based on your selected interests:

Dear Dr. Gauda,

WELCOME TO YOUR VIP, PAGE!

This page is tailored specifically for you based on your interest and care development needs indicated on your faculty **INTEREST PAGE**. Please select **Edit Profile** on the task bar above to complete or update your INTEREST PAGE. Then return to your VIP page to see our recommendations based on your stated interest.

Please do not hesitate to reach out to us using FACULTY CONNECTS or by direct email at OFD@jhmi.edu. We look forward to connecting with you.



Welcome to your Interest Page!

Welcome to **FACULTY CONNECTS**, which is an interactive database organized by the Johns Hopkins University School of Medicine Office of Faculty that allows us to connect with you.

Please complete this **Interest Page** so that we can better assist you in achieving your career and professional goals. Based on your interest, we will recommend specific faculty development programs to you. You can find our recommendations on your **VIP page**. You can return to your **Interest Page** at any time and change selections. Visit your **VIP page** often to connect with us and see important information regarding faculty development programs and networking opportunities.

Please remember to hit the submit button at the bottom of page after completing. If you have already filled out this form, [click here](#) to access your personalized VIP Page.

Your Professional Information

I participate in the following:

Select all that apply. *

- | | |
|--|--|
| <input checked="" type="checkbox"/> Patient Care | <input checked="" type="checkbox"/> Basic Bench Research |
| <input type="checkbox"/> Translational Research | <input type="checkbox"/> Clinical Research |
| <input type="checkbox"/> Outcomes/Epidemiological Research | <input checked="" type="checkbox"/> Medical Student Education |
| <input type="checkbox"/> Resident Education | <input checked="" type="checkbox"/> Fellowship Education |
| <input type="checkbox"/> Graduate Student (Ph.D) Education | <input type="checkbox"/> Postdoctoral student (Ph.D) research training |

I AM INTERESTED IN LEARNING MORE ABOUT

Select all that apply.

Remember you may always come back to your interest page and make new selections that may become relevant as you advance through your career. Your VIP page will reflect information related to all the items you select. *

- | | |
|---|---|
| <input checked="" type="checkbox"/> Being an effective mentor | <input type="checkbox"/> Finding a good mentor |
| <input type="checkbox"/> Finding research collaborators | <input type="checkbox"/> Networking opportunities |
| <input type="checkbox"/> Planning your career | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Clinical program building | <input type="checkbox"/> Resources for women |
| <input type="checkbox"/> Diversity and inclusion | <input type="checkbox"/> Quality improvement |
| <input type="checkbox"/> Work-life satisfaction | <input type="checkbox"/> Building/maintaining a wet lab |
| <input type="checkbox"/> Statistical support | <input type="checkbox"/> Grant writing and submission |
| <input checked="" type="checkbox"/> Effective Biomedical/Scientific Writing | <input type="checkbox"/> Teaching skills for adult learners |
| <input type="checkbox"/> Educational scholars | <input type="checkbox"/> Developing curricula |
| <input type="checkbox"/> Communication skills | <input type="checkbox"/> Community programs |
| <input type="checkbox"/> Promotion to Associate Professor | <input type="checkbox"/> Promotion to Full Professor |

Submit Information



JOHNS HOPKINS
MEDICINE



Your information has been successfully updated. [RETURN TO YOUR VIP PAGE](#).



Estelle, our recommendations for you based on your selected interests:

To improve your writing, we recommend you check out these offerings:

- Start your own **Writing Accountability Group (WAG)**
 - Please e-mail OFD@jhmi.edu for more information.
 - Oct. 2, 8:00-9:00 AM Information Session, [More>>](#)
- Check out the [Editing Referral Service](#)
- **Course: "Biomedical Scientific Writing"** with Dr. Sarah Poynton
 - Held twice yearly over 8 weekly sessions
 - Contact OFD@jhmi.edu to apply for the Spring 2015 course
- **Workshop: "Writing for Publication"** with Dr. Donna Vogel
 - Oct. 14, 9:00 AM- 2:00 PM
 - Hosted by the Professional Development Office, [More>>](#)
- **Seminar: "Getting that Paper out the Door: Pearls and Pitfalls of Publishing"** with Dr. David Yousem
 - Oct. 23, 8:30-10:00 AM
 - Hosted by the OFD, [More>>](#)

Dr.Gauda, our recommendations for you based on your selected interests:

Resources to make you a better teacher:

- **[The Vice Deans' Series on Teaching Excellence](#)**
 - Seminar 1: "Psychometric Principles for Medical Educators"
 - Held on June 4, 2015 | Click [here](#) for video
- **[The Institute for Excellence in Education \(IEE\)](#)**
 - Programs in [Teaching Skills](#)
 - Programs in [Curriculum Development](#)
 - ["Improve Your Teaching"](#)
 - An interactive website, complete with videos and modules, to find information on effective teaching methods, types of assessments, adult learning principles, learners as teachers, and many useful resources.
 - Examples of the resources are those related to how to create an effective e-lecture and small group facilitation strategies

We recommend these professional development opportunities for you:

- **Leadership Programs for Faculty**
 - **Skill Building for Junior Faculty**
 - Topics include *effective communication, crucial conversations, leadership, conflict, and MBTI theory*
 - For a full list of courses, [please visit>>](#)
 - **Junior Faculty Leadership Program (JFLP)**
 - Currently accepting nominations, application deadline December 14, 2014
 - For more information about the program and to apply, [click here>>](#)
 - **Emerging Women Leadership Program (EWLP)**
 - Cohort program designed for women held yearly, see [2014 program description here>>](#)
 - For application details for the 2015 Cohort, please contact [OWISM](#).
 - **Leadership Program for Women Faculty (LPWF)**
 - Created with the goal of developing JHUSOM women leaders who can contribute to future initiatives throughout the school
 - [For more information>>](#)
 - **Johns Hopkins Medicine Leadership Development Program**
 - For Mid-Level and Senior Faculty, application for 2016 cohort due October 2015.
 - [For more information>>](#)

These are great resources for your research:



[ABOUT US](#) [CONTACT US](#)

Search...

GO

CLINICAL RESOURCES

CONSULTING SERVICES

FUNDING OPPORTUNITIES

COLLABORATION, MENTORING
& TRAINING

BIostatISTICS PROGRAM

Browse: [Home](#) / [Clinical Resources](#) / [Human Subjects Research Core](#) / [ICTR Clinical Research Units \(CRUs\)](#) / [Services](#) / Biostatistics Program

Submit Request

All CRU protocols are reviewed by a member of the Biostatistics Core prior to approval, and consultations with a Core biostatistician are strongly encouraged for all investigators who do not already have biostatistical support as part of their funded protocols.

In conjunction with the Biostatistics Center, ICTR offers researchers access to a research-related consulting service. The goal of the service is to promote the appropriate use of biostatistics in the design, implementation, and interpretation of clinical and translational research studies.

The Biostatistics Center supports JHU faculty with primary appointments by providing a maximum of 5 hours of free support per clinical and translational research project through the ICTR. Consultants can assist with: research study design, design of data collection systems and instruments, data entry and validation, data management and quality assurance, statistical analysis and data interpretation, and professional and scientific report writing.

News

[New Biostatistics Interest Group](#)

[Funding Opportunity: Fisher Center Discovery Program 2015](#)

[New Computational Biology Core](#)

[New Service: IND/IDE Monitoring](#)

[Funding Opportunity: Nexus Awards, Deadline October 1](#)

Section Pages

[Human Subjects Research Core](#)

[Reserve a Study Coordinator](#)

[ICTR Clinical Research Units \(CRUs\)](#)

[Services:](#)

[Locations:](#)

[Applying to Use the CRUs](#)

[Johns Hopkins Clinical Research Network \(JHCRN\)](#)

[Advantages of the JHCRN](#)

[Information for Investigators](#)

[Our Leadership](#)

[JHCRN Educational Programs](#)

[JHCRN Network Coordinators](#)

[Clinical Research Information Core](#)

WELCOME TO HOPKINS

We are here to ensure your success!

FACULTY CONNECTS:

<http://jhusom.askadmissions.net/vip/vip.aspx>

OFD WEBSITE:

http://www.hopkinsmedicine.org/fac_development

Estelle Gauda, M.D.
egauda@jhmi.edu

Kim Skarupski, Ph.D.
Assistant Dean for Faculty Development
kskarupski@jhmi.edu
410-502-5520 (direct)

FACULTY CONNECTS:

<http://jhusom.askadmissions.net/vip/vip.aspx>

OFD WEBSITE:

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410-502-5520 (direct)