

**MINUTES**  
**455<sup>th</sup> MEETING OF THE FACULTY SENATE**  
**3:00 pm, Wednesday, December 8, 2016**  
**School of Medicine Administration, MRB 181**

**PRESENT:** Drs. Andrisse, Blakeley, Bosmans, Burke, Carey, Dlhosh, Eghrari, Fricano, Gonzalez-Fernandez, Ishii, LaFavor, Lehmann, Maddler, Mahesh, Manahan, McGrath-Morrow, McNutt, Mooney, Rini, Sokoll, Stayman, Sukumar, Tamashiro, Taverna, Tobian, Urban, Wade, Woods, Wyhs, Zahnow  
**Mmes: Messrs:**

**ABSENT:** Drs. Aguh, Aucott, Aygun, Barone, Barker, Best, Bettridge, Bydon, Cameron, Collins, Conte, Daumit, Frank, Gable, Kudchadkar, Lee, McCormack, Millin, Nieman, Reddy, Redgrave, Shepard, Shuler, Sperati, Srikumaran, Swartz, Wilson, Zhou  
**Mmes: Messrs:**

**REGULAR GUESTS:**  
**Mmes: Vargan Messrs:**

**GUESTS:** DeWeese, Ishii  
**Mmes: Messrs:** Doty

**I. Approval of the minutes.** The minutes of the 454<sup>th</sup> meeting of the Faculty Senate of November 9, 2016, were presented. A motion was made, seconded, and minutes were approved as distributed.

**II. Theodore DeWeese, MD, Sidney Kimmel Professor and Director of the Department of Radiation Oncology and Molecular Radiation Sciences and VP of Interdisciplinary Patient Care for JHMI.**

Dr. DeWeese, presented a plan for Integrated Service Lines. Integrated Service Lines are an interdisciplinary approach to patient care. The goal of Integrated Service Lines is to keep the patient at the center of care and increase efficiency of care. Integrated Service Lines will offer a single point of access to ensure the patient visits the appropriate physician at the appropriate point of care. The plan speaks to the School of Medicine's Strategic Plan and allows JHU to deliver on the promise of medicine. Service Lines will be determined by the departmental director and vetted for translation across the institution. The Dean has proposed three Service Lines for FY 2017. The Service Lines will address, back pain, solid organ transplant, and degenerative joint disease. The plan should not replace physician-to-physician referrals but should serve as a guide to best serve the patient.

**III. Lisa Ishii, MD, Associate Professor, Department of Otolaryngology Head & Neck Surgery; Chief Quality Officer, Clinical Best Practices, JHHS.**

Dr. L. Ishii presented clinical communities, an initiative spearheaded by the Armstrong Institute. The idea of clinical communities is coordinated with the Integrated Service Lines. Clinical communities are physician led quality improvement groups. The goal is to improve patient safety and quality of care. The driving forces will be the physicians who lead the teams with the thought that the physicians who know the work also know how to best accomplish the group goals. Clinical communities were first introduced to Johns Hopkins in 2012 and should not be looked at as standardization of care but a standard for care. Each clinical community is tasked to demonstrate their value objectively and prove to be sustainable across the institution. Each clinical community will be fitted with a project management team with three full time project managers. Clinical Communities have also created formal partnerships, for example, with the Supply Chain Office from Richard A. Grossi, MBA, CFO of Johns Hopkins Medicine to reduce cost. The communities will reward clinicians for efficiency of work.

**IV. Christina Doty, JD, MA, Director of the Division of Outside Interests.** Miss Doty presented the senate with two proposed revisions to policy guiding physician involvement with outside interests. The goal of the policy change is to reduce risk to the institution. The policy was last revised in 2010 to align with federal mandate. The first revision speaks to compensation and dictates that when faculty conduct work outside of their institutional responsibilities, the compensation should go directly to the physician. When the payment comes to the institution to be routed to the physician it presents task issues and liability issues, because the activity has been taken on privately. The policy change offers guidance on receiving payment privately and steps to take to align work with the institution. The senate requests that the Division of Outside Interests create a central location for standard operating procedures related to payment and contracting. The second revision speaks to physician involvement in outside projects. Faculty may consult or advise on a private basis. Consultation and advisement should be limited, and not extend to engagement in research. Engagement in research is defined by ICJME's standard for authorship. Understanding that often projects start as consultation and become research involvement the revision requires physicians to sign an institutional agreement or service agreement in those cases. The Division of Outside Interests looks to clarify language and present the revisions to ABMF at the January 2017 meeting.

**Announcements and comments from Chair Dr. Ishii.** Biomedical Engineering and Psychiatry continue to make progress on their search for department director. Radiology has initiated their search for a department chair. Dr. M. Ishii is continuing to work on scheduling a speaker from the ethics group and legal team to present the implications of the bills being presented in support of physician assisted suicide. There are two upcoming symposiums on, research misconduct in America, and humanities and medicine. Progress continues with Joy of Medicine with discussions of support resources for EPIC use. FLSA has been federally held, more information on how the university will respond will be provided as soon as possible.

With no further discussion or announcements meeting Dr. Ishii thanked everyone for coming and adjourned the meeting at 4:27 PM. Faculty Senate will meet next, January 18, 2016 in MRB 103 Boardroom.

Respectfully submitted,  
Marlís González-Fernández, MD, PhD  
*Recording Secretary*