MINUTES
431st MEETING OF THE FACULTY SENATE
3:00 pm, Wednesday, June 18, 2014
School of Medicine Administration, Boardroom 103

PRESENT: Drs. Ahn, Aucott, Barone, Blakeley, Carroll, Chanmugam, Crino, Daumit, Dlhosh, Gee, Gonzalez- Fernandez, Heitmiller, Herman, Ishii, Lehmann, Li, Macura, Matunis, McCormack, Mian, Mooney, Pluznick, Reddy, Shuler, Sokoll, Taverna, Urban, Williams, Wilson, Zachara
Mmes: **Mssrs:** Rini

ABSENT: Drs. Ahuja, Bivalacqua, Bunz, Bydon, Chung, Conte, Daoud, Lacour, Neiman, Poynton, Püttgen, Puts, Shepard, Solomon, Sperati, Srikumaran, Swartz, Tufaro, Wade
Mmes: **Mssrs:** Halls, Huddle, Johnson, Tanner

REGULAR GUESTS: Drs. Skarupski, Smith
Mmes: **Mssrs:**

GUESTS: Dr. Nancy Hueppchen

I. Approval of the minutes
The minutes of the 430th meeting of the Faculty Senate of May 7th, 2014, were presented, reviewed, and approved.

II. Paul Rothman, MD, Dean of the Medical Faculty and CEO of Johns Hopkins Medicine gave an update on the searches (Medicine – Dr. Mark Anderson [starts August 15th]; Anesthesia announcement is imminent [by July 1]; search committees for Surgery [chaired by Drs. Partin & Clements] and Pathology [chaired by Drs. Nelson & Rosen] have been convened; Chief Diversity Officer – Mr. James Page; new searches required for Rich Grassi [retiring in 2015] and JHI). Dr. Rothman identified 2 focus areas for this year: (1) the Clinical Excellence task force and (2) faculty compensation. The Clinical Excellence Task Force as completed their analysis and is generating their report. This will lead to action items. The faculty compensation task force will complete their analysis this summer. Dr. Rothman summarized other important efforts: (1) the integration of hospitals and health systems re: the Maryland waiver (moving away from fee-for-service model- expected over 5 years); (2) Epic 2B (Bayview hospital, then Hopkins hospital; this will begin next year); (3) JHI traveling fund; (4) research cores (bioinformatics and big data and proteomics & metabalomics – Antony Rosen leading)- research cores will have a viable and self-sustaining business model; (5) innovation hubs -Atwater (approved by the board last month – Rangos 1st floor area will have space for tech transfer, patent licensing, start-up companies and an effort will be made to consulate all services in this area); (6) park being build this summer (to include concerts, play equipment, skateboarding area). An interactive Q & A session followed Dr. Rothman's update on the following topics: (1) Dr. Colleen Christmas heading the new primary care track for students. Question: will this new track include more post grads/residents training? Answer: not yet discussed; starting with students first. Question: what happened with Predana Answer: We were not getting reimbursed for our expenses over the past year ($400K/month); had to pull-out. We are in discussions with the Ministry of Education to get the students through the next 3 years of training. Question: Who's in charge of the cores? Answer: Dr. Antony Rosen. Question: What are we doing about the salaries of the maintenance staff (re: strike). Answer: All SOM buildings' maintenance contracts are through the University. We have no revenue cushion (e.g., clinical practices run $20 million in the red for past decade, Hopkins insurance products and now international make us whole). Question: Are there any areas where we can cut/improve? Answer: Procurement (service contracts) – increasing efficiencies in research labs; exploring new revenue streams in education (e.g., IP streams & commercializing; new certificate of Quality & Safety is online); better to create new revenue streams than to cut. Question: how much do we make in tech transfer (re: innovation hubs)? Answer: Approx. $18M in patents, but we should probably have twice that amount. We need to figure out how we can help our faculty develop, license, and patent their inventions. This initiative is looked at as a faculty development mechanism as opposed to an alternate revenue stream and is motivated by the changing health care environment and funding opportunities. Question: How do we decide to expand internationally? Answer: We have two priorities in JHI – do they fit our mission and will it add to our revenue stream? (e.g., Saudi Aramco ~= $100M and we have 25%). We currently have 4 opportunities in China and one in India that JHMI is looking into.

III. Announcements. Dr. Jude Crino recognized all of the outgoing Faculty Senate representatives and thanked them for their service and welcomed and named the incoming Faculty Senate representatives. Dr. Mike Barone announced that the IEE is looking for a biomedical educator to join its managing board (which includes partial salary support).

IV. Annual Faculty Senate Officer Election for the one (1) year term with three (3) year limits was held. Drs. Jude Crino, Arjun Chanmugam, and Masaru Ishii were nominated to be Chair, Vice Chair, and Secretary, respectively, and each was voted-in unanimously (N=24 votes).

V. Nancy Hueppchen, MD, Associate Dean of Undergraduate Medical Education presented the results of the recent LCME site visit. The LCME uses 3 scoring categories: strengths; in compliance with monitoring; and non-compliance. In the 5 reporting categories (institutional setting, educational program [curriculum], medical students, faculty, and educational resources), we had a total of 5 strengths, 3 monitoring, and 3 non-compliance (See pg. 3-14).

VI. **John Flynn, MD, MBA, FACP, FACR** discussed the "OpenNotes" project. Epic has the ability through My Chart to make physician notes available to patients. The administration is exploring the activation of this feature. A number of major medical institutions, like Geisinger, Beth Israel, etc., do this and have studied primary physician and patient satisfaction with this feature. 5% of physicians think this increases their work load significantly; the majority of patients think this is a great feature- so much so that Dr. Flynn thinks patients will choose health care organizations based on this feature. Dr. Flynn acknowledged there are issues with epic and the ability to compile notes. It is still early in this process, i.e., he anticipates implementing this will be an 18 months project and he is soliciting comments from the faculty. There may be an opt-in feature for physicians and it may be possible to turn this feature off for some patients. (See pg. 15-30).

VII. **Todd Dorman, MD, FCCM, Senior Associate Dean for Education Coordination, Associate Dean for CME and Phil Roberts, JD, Associate General Counsel,** presented on *Intellectual Property Policy for Educational Materials* (see handout: "Policy on the Ownership and Use of Educational Materials", see pg. 31-32). Dr. Dorman and Mr. Roberts represented the institution's policy on the ownership and use of educational materials. The University owns the intellectual property (faculty developed teaching material electronic and otherwise) developed by faculty. Faculty have a non-exclusive, no cost license to use this material, develop it further, while at Hopkins or if they leave Hopkins. Students depending on if and or how they are compensated may not be subject to this policy (See pg. 33-46).

With there being no further business Dr. Crino thanked everyone for coming and adjourned the meeting at 5:00 PM

Respectfully submitted,
Kimberly A. Skarupski, PhD, MPH
Recording Secretary

Report of LCME Survey Team

Summary Report of Survey Team Findings

DISCLAIMER: This report summarizes the findings of the *ad hoc* survey team that visited the Johns Hopkins University School of Medicine from February 2-5, 2014, based on the information provided by the school and its representatives before and during the accreditation survey, and by the LCME. The LCME may come to differing conclusions when it reviews the team's report and any related information.

Section	Strengths	Monitoring	Noncompliance
Institutional Setting	2	0	0
Educational Program	0	2	2
Medical Students	1	1	0
Faculty	0	0	0
Educational Resources	2	0	1
Total	**5**	**3**	**3**

There are 3 areas of noncompliance and 3 areas in need of monitoring. By comparison to the 3 areas of noncompliance this time, the SOM had 11 areas of noncompliance at the last review.

Noncompliance

ER-9: **"A medical education program must have written and signed affiliation agreements in place with its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students."**

Finding: At the conclusion of the survey visit most but not all of the affiliation agreements were updated with language to specify the responsibility for treatment and follow-up for occupational exposures and the shared responsibility of the clinical affiliate for creating and maintaining an appropriate learning environment.

Noncompliance

ED-8: **“The curriculum of a medical education program must include <u>comparable educational experiences and equivalent methods of assessment</u> across all instructional sites within a given discipline.”**

Finding: An evaluation system to compare students’ experiences across clinical sites is not in place for all clerkships.

Noncompliance

ED-2: **"An institution that offers a medical education program must have in place a system with central oversight to ensure that the faculty define the types of patients and clinical conditions that medical students must encounter, the appropriate clinical setting for the educational experiences, and the expected level of medical student responsibility. The faculty must monitor medical student experiences and modify them as necessary to ensure that the objectives of the medical education program are met."**

Finding: In most clerkships there is lack of clarity regarding the required clinical encounters and level of responsibility for these experiences.

In Compliance, With Monitoring

ED-32: **"A narrative description of medical student performance in a medical education program, including non-cognitive achievement, should be included as a component of the assessment in each required course and clerkship (or, in Canada, clerkship rotation) whenever teacher-student interaction permits this form of assessment."**

Finding: Narrative description of medical student performance is lacking in several courses where student-teacher interaction would allow such assessment. Course directors have a plan in place to implement narrative description in these courses.

In Compliance, With Monitoring

ED-47: **"In <u>evaluating program quality</u>, a medical education program must consider <u>medical student evaluations</u> of their courses, clerkships (or, in Canada, clerkship rotations), and teachers, as well as a <u>variety of other measures</u>."**

Finding: Evaluations over time have shown need for improvement in several courses and clerkships. Recent efforts have been made to address these areas, however it is too early to determine the effect of these changes.

In Compliance, With Monitoring

MS-32: **"A medical education program must define and publicize the standards of conduct for the faculty-student relationship and develop written policies for addressing violations of those standards."**

Finding: The percentage of students experiencing mistreatment exceeds the national average. Strategies are being implemented to promulgate the policy and procedures, create additional reporting avenues, and intervene when students report mistreatment. It is too early to tell the effect of these strategies.

Strengths

ER-2: **"The present and anticipated financial resources of a medical education program must be adequate to sustain a sound program of medical education and to accomplish other programmatic and institutional goals."**
Finding: The strategic priority to "lead the world in the education and training of physicians and scientists" has led to the allocation of significant resources dedicated to the medical education program.

ER-4: **"A medical education program must have, or be assured the use of, buildings and equipment appropriate to achieve its educational and other goals."**

Finding: The Armstrong Medical Education Building space enhances the student support and mentorship provided in the Colleges Advisory Program and provides outstanding space for learning.

Strengths

MS-24: **"A medical education program should have <u>mechanisms in place to minimize</u> the impact of direct educational expenses on <u>medical student indebtedness</u>."**

Finding: Minimal annual tuition increases and generous scholarship awards have produced a level of indebtedness of graduating students that is significantly lower than the national average.

Strengths

IS-1: **"An institution that offers a medical education program must engage in a planning process that sets the direction for its program and results in measurable outcomes."**

Finding: The Johns Hopkins University School of Medicine has been successful through its planning process to be a leader in biomedical research, medical education, academically-based integrated delivery systems, and patient and family centered care, while continuing its commitment to the East Baltimore community.

IS-14: **"An institution that offers a medical education program should make available sufficient opportunities for medical students to participate in research and other scholarly activities of its faculty and encourage and support medical student participation."**

Finding: There is an impressive array of modalities supporting medical student research from funding, to diverse scholarly opportunities, to the rich mentoring relationships between faculty and students.

Johns Hopkins Medicine

Open Notes

John A. Flynn, MD, MBA, MEd

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About *OpenNotes*

- Began in 2010 with 105 volunteer primary care doctors and 19,000 of their patients in Boston, rural Pennsylvania, and the Seattle inner city in Washington state.
- The doctors invited the patients to read their notes via electronic portals
- Now, 18 months after we published our findings, more than 3 million patients in the USA, thousands of doctors, nurses, therapists, trainees, physician assistants, case managers, and other clinicians are sharing notes

What's going on?

Beth Israel Deaconess Medical Center

GEISINGER HEALTH SYSTEM

UW Medicine HARBORVIEW MEDICAL CENTER

Three Principal Questions

- Would open notes help patients become more engaged in their care?
- Would open notes be the straw that breaks the doctor's back?
- After 1 year, would patients and doctors want to continue?

Participants

108 volunteer PCPs and more than 19,000 of their patients who use portals

BIDMC (urban and suburban Boston)
39 PCPs 10,300 patients

Geisinger Health System (rural Pennsylvania)
24 PCPs 8,700 patients

Harborview Medical Center (inner city Seattle)
45 PCPs 270 patients (new portal)

The Bottom Line

- 99% of patients *wanted to continue* to be able to see their visit notes online.
- 85% of patients said availability of open notes *would affect their future choice* of providers.
- *Not one doctor asked to stop*.
- All 3 institutions decided to *expand the practice widely*.


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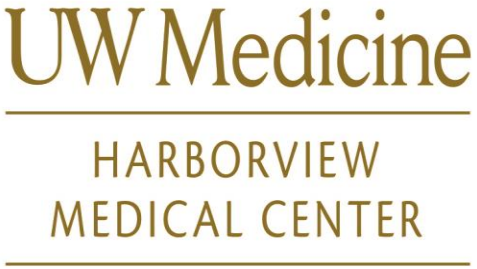
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of Veterans Affairs

PCPs' Concerns and Experiences

Baseline Surveys
Take a guess…

% who think	Nonparticipating PCPs (%)	Participating PCPs (%)	Patients (%)
Open notes is a good idea	25	76	95
Patients will better understand their health and medical conditions	53	85	92
Patients will worry more	90	51	14
Patients will find notes more confusing than helpful	76	48	11

…and patients who are older, or less educated, or sicker, were at least as enthusiastic.

(Walker, et al, Ann Int Med, 2011)

PCPs' Main Concerns

Changes in workflow

	Pre-intervention (%)	Post-intervention (%)
Visits significantly longer	24	2
More time addressing patient questions outside of visits	42	3
More time writing/editing/ dictating notes	39	11

…and, compared to the year preceding the intervention, the volume of electronic messages from patients did not change

(Delbanco, Walker, et al, Ann Int Med, 2012)

PCPs' Main Concerns

Changes in documentation

Changed the way they addressed:	Pre-intervention (%)	Post-intervention (%)
Cancer/possibility of cancer	27	15
Mental health issues	43	24
Substance abuse	38	19
Overweight/obesity	19	16

Comments from Doctors

I had to have better documentation, which is a good thing.

My fears: Longer notes, more questions, and messages from patients. In reality, it was not a big deal.

For me the most difficult thing was having to be careful about tone and phrasing of the notes knowing the patient would be reading them.

I felt like my care was safer, as I knew that patients would be able to update me if I didn't get it right. I also felt great about partnering with my patients, and the increased openness.

Patients should not have access to their notes. The note already serves far too many purposes such as billing, research, etc, and adding one more is not a good idea. They are not intended as a vehicle for patient communication.

Patients’ Experiences

Among Patients with Notes (visits):

- 82% of patients opened at least one of their notes (and they keep on doing so…)
- Few patients said reading notes made them
  - Worried (5-8%)
  - Confused (2-8%)
  - Offended (1-2%)
- 20-42% shared notes with others

Among Patients with Notes:

- 70-72% of patients across the 3 sites reported taking better care of themselves
- 77-85% reported better understanding of their health and medical conditions
- 76-84% reported remembering the plan for their care better

Among Patients with Notes:

- 69-80% felt better prepared for visits
- 77-87% felt more in control of their care
- 60-78% of patients taking medications reported "doing better with taking my medications as prescribed"

Comments from Patients

Weeks after my visit, I thought, "Wasn't I supposed to look into something?" I went online immediately. Good thing! It was a precancerous skin lesion my doctor wanted removed (I did).

In his notes, the doctor called me "mildly obese." This prompted immediate enrollment in Weight Watchers and daily exercise. I didn't think I had gained that much weight. I'm determined to reverse that comment by my next check-up.

If this had been available years ago I would have had my breast cancer diagnosed earlier. A previous doctor wrote in my chart and marked the exact area but never informed me. This potentially could save lives.

It really is much easier to show my family who are also my caregivers the information in the notes than to try and explain myself. I find the notes more accurate than my recollections, and they allow my family to understand what is actually going on with my health, not just what my memory decides to store.

POLICY 0.00

Responsible Executive: Dean
Responsible Office: Office of the Dean
Approval:

Johns Hopkins University School of Medicine
Office of the Dean

Policy on the Ownership and Use of Educational Materials

DRAFT

Introduction

The Johns Hopkins University Intellectual Property Policy (http://jhuresearch.jhu.edu/JHU_Intellectual_Property_Policy.pdf) clarifies ownership of intellectual property (IP) created by faculty, staff and students of the University. In most cases, the University asserts its ownership rights to IP created by those working on behalf of the University. An exception is made for some "literary or scholarly works", for which the University relinquishes ownership to the individual creator(s). This policy is meant to provide clarification on the ownership and use of educational materials by Johns Hopkins University School of Medicine ("JHUSOM") faculty, staff and students working on behalf of JHUSOM (hereinafter referred to as "faculty"). JHUSOM does not consider educational materials to be traditional literary or scholarly works, and it is important that ownership of these materials be clearly understood in order to operate effective academic programs. Educational materials include online course materials, lecture materials, educational web sites, videos, and manuals (this is not intended to be an exhaustive list). Literary and scholarly works would include books, monographs, articles and similar work. This policy is not meant to change ownership rights for literary and scholarly works, as defined in the JHU IP Policy.

Policy Statement

I. By law under the work for hire principle, the University is the owner of intellectual property developed by faculty as part of their usual teaching, research, and service activities; developed with sponsored project support; or otherwise developed within the scope and course of employment.

II. Intellectual property owned by the University includes, but is not limited to, faculty developed teaching materials in electronic and print formats such as slides, lecture notes, lab exercises, web pages, audio and video recordings of the faculty, distance education materials, software, survey instruments, research and teaching data, assessment tools, manuals, and any current or future means of disseminating knowledge or expertise (hereinafter referred to as "Educational Materials").

III. Faculty who develop Educational Materials in performing their usual teaching, service, or sponsored project activities are granted a non-exclusive, no-cost license to use these

materials as part of any of their teaching or scholarly functions either inside or outside of the University. The faculty are granted a non-exclusive, no-cost license to use these materials in developing traditional derivative works such as books, book chapters, journal articles, and electronic representations of these conventional works. The license to use the materials and develop traditional derivative works remains in effect if a faculty member leaves the University. Revenues from the distribution of these traditional derivative works shall remain entirely with the faculty authors. The University shall retain all other rights associated with these Educational Materials, including commercialization. Specifically with regard to electronic works (such as videos and distance education materials), this section, and related sections concerning licenses back to faculty, refer to the faculty member's personal contribution only, and do not include a license to any portion of the entire work contributed by others.

IV. In cases where Educational Materials are jointly developed by two or more faculty, each author retains the right to use the Educational Materials for teaching, research, or other scholarly functions. Development of derivative works such as books or journal articles shall be negotiated among the authors. Likewise, if one member leaves the University, the right to use material developed by others will need to be negotiated with the other faculty members. Disputes regarding use of Educational Materials or development of derivative works shall be referred to the Office of the Dean.

V. When faculty leave the University, or for any other reason are not available to teach a course they developed, the University continues to own the Educational Materials and retains the right to use and revise the traditional derivative works developed for the course. Where appropriate, authors of the materials may be involved in the development of revisions.

Entities Affected by this Policy

All individuals hired by Johns Hopkins University School of Medicine engaged in the creation, modification or use of Educational Materials.

Who Should Read this Policy

All faculty and staff of the School of Medicine who create, modify or use Educational Materials; administrators responsible for hiring individuals who create, modify or use Education Materials, or direct the use of Education Materials in academic programs; and any other individuals (including students) who create, modify or use Education Materials.

DRAFT

Educational Material Use and Ownership (Intellectual Property) Policy: SOM

Todd Dorman

Phil Roberts

Faculty Senate, June 18, 2014

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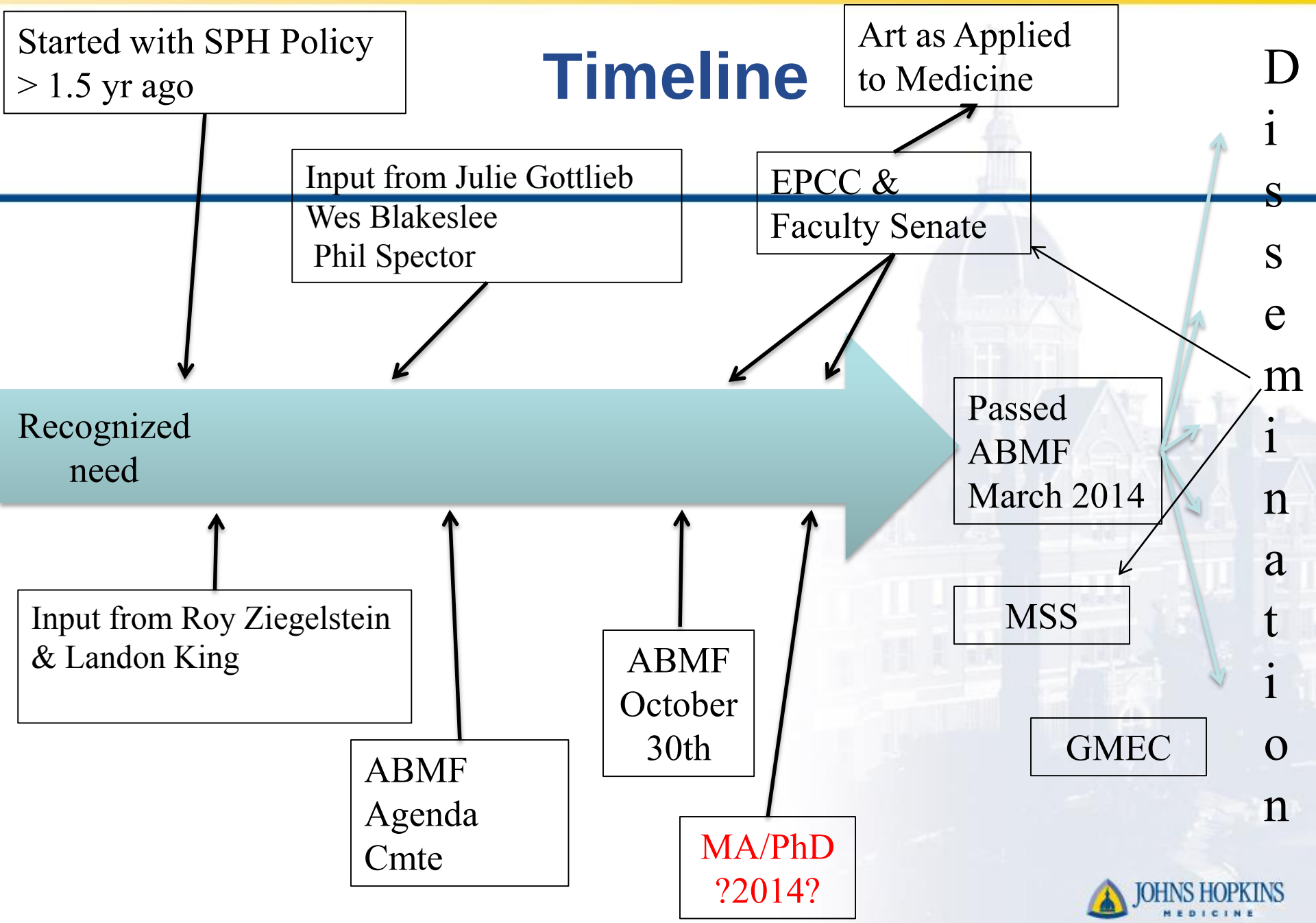
Timeline


Started with SPH Policy
> 1.5 yr ago
Art as Applied
to Medicine
Input from Julie Gottlieb
Wes Blakeslee
Phil Spector
EPCC &
Faculty Senate
Recognized
need
Passed
ABMF
March 2014
Input from Roy Ziegelstein
& Landon King
ABMF
Agenda
Cmte
ABMF
October
30th
MA/PhD
?2014?
MSS
GMEC
Dissemination

What is an Intellectual Property Policy

- A policy designed to explicitly address ownership rights
- IP policies are based on established standard legal principle as relates to IP
- In the case of a university, such a policy clarifies ownership for the faculty and university

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Why Does SOM Need an IP Policy?

- JHU has a central IP policy, but it does not explicitly address education materials and products
- Such a policy would add clarity, fairness, transparency and legal protection for faculty and school
- Courts typically assign all rights to university
  - Our policy clarifies faculty use and thus offers faculty protection

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Why Now?

- Expansion into the online space
  - Facilitate faculty as we go forward
- ?? additional international markets for GTSC
- Innovation and entrepreneurship in the educational domain is increasing
- The strategic plan, in Goal 5 of the Education section calls for such a policy in FY14 metrics
- Goal 5 states…"Create a model for global dissemination of JH programs in medical and graduate medical education, to include distance learning via online educational programs"

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Do Our Comparators have One?

- Yes, almost every school surveyed several years ago had one

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How about Schools within JHU?

- SPH for about a decade
  - More detailed and extensive
- SON as of 6 months ago
- Carey as of about 5 month ago
- SON & Carey are essentially identical to what we are proposing
- Other JHU schools in development
- We have made JHU aware that JHU policy ultimately may be best approach and now renewed interest in same

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Who Does the Policy Cover?

- All employees of JHUSOM
- **Not students** unless as work for hire
  - Paid by faculty, grant, departmental funds, etc
  - Best to address this in advance of project

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What does the Policy State?

- The University owns all rights to education material developed by its employees
- The employees maintain the right to develop traditional derivative scholarly works
  - Books, chapters, manuscripts
- The employees are granted no-cost license to use their material while here on faculty for the purposes of teaching inside and outside JHU.

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What Does the Policy State II

- The employees retain that no –cost license to use the material for teaching or the development of tradition derivative scholarly works should they leave JHU.
- If the employee leaves JHU, JHU retains ownership and the right to commercialize

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What Does the Policy State III

- If multiple employees work on the educational material together, then each retains their rights as aforementioned

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What does the policy not address?

- Copyright management and support for material utilized
  - We are working through some options with the library to help address this
  - Faculty education will need to be part of plan
- Distribution of funds if a product is commercialized
  - JHU starting to discuss this topic as it may require a central policy

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Dissemination Plans

- Broadcast email
- Meet with Faculty Senate or others as desired
- Meet with student senate
- Reschedule with MA/PhD and GMEC
- Articles in Change, Dome, possibly Gazette
- Talk with departmental administrators and offer to present at faculty/business meetings

In Addition

- Create a “navigation” document to help folks understand which topics fall under which policies and who is the best contact