





## Discussion Document: A New Incentive to Improve Performance and Engagement

**Objective:** To create a system based incentive plan using a combination of productivity and patient and family centered care metrics that reflect the goals, strategies, and tactics in the JHM Strategic Plan.

### The JHM Strategic Plan: An Update

- The JHM Strategic Plan was adopted at the beginning of the FY14 Fiscal Year
- Accountability structures have been created for implementation, reporting, and communication
- There are 60 FY14 measures across the six Strategic Priorities; progress is monitored on a quarterly basis and reported to leadership and eventually the JHM Board of Trustees

### Performance Strategic Priority: Create Sustainable Financial Success and Implement Continuous Performance Improvement

- Work in the \$150 Million Performance Improvement Initiative continues to progress:
  - Procurement: reduce supply and service expenses through supply chain integration
  - Clinical Pathways: implement standardized clinical protocols and pathways to improve patient safety and reduce costs
  - Volume Retention: decrease referral leakage to Johns Hopkins from Johns Hopkins providers
  - Care Management: consolidate care management across Johns Hopkins Medicine

### A System Based Incentive Plan

- The transformative work in the Strategic Plan creates an opportunity to develop a new incentive plan
- **Objective:** To create a system based incentive plan using a combination of productivity and patient and family centered care metrics that reflect the goals, strategies, and tactics in the JHM Strategic Plan.

#### ***Possible Framework Assumptions: Scope of Incentive Plan***

1. The system based incentive plan and metrics will focus on patient and family centered care, integrated delivery, and operational efficiencies and reinforce the following:
  - Quality & Safety
  - Patient satisfaction
  - Meeting performance and Initiative goals
  - Employee engagement

And will improve:

- Alignment and compensation
- Aligned behaviors (both internally and with new HSCRC payment model)

2. Participation in the efficiency incentive model will require implementation of the following:
  - Care process changes, e.g. pathways
  - Administrative process changes, e.g. admission, discharge, and scheduling
  - Workforce changes, e.g. care management
  - Expense management, e.g. procurement, standardization, and utilization
  - Technology advances, e.g. EMR and robotics
3. The current productivity incentive model for faculty continues as is and remains primarily based upon departmental and/or entity specific plans.
4. The system based productivity incentive model is consistent for everyone and all entities within JHM beginning with hospital operations and is eventually implemented throughout all aspects of the JHM Mission.
5. The initial basis (test case) for the system based productivity incentive payments will be improvement in the cost per inpatient admission vs. the approved target (e.g. budget, prior year actual or benchmark). While this initial test case relates to Strategic Priorities focused on Patient and Family Centered Care, Integration, People and Performance, leadership working on Discovery and Education have been asked to identify similar opportunities in these areas.

#### ***Incentive Plan Participants & Distribution***

1. If the system based metrics are achieved faculty and staff members who are part of the continuum of care are eligible for the incentive bonus.
2. In order to promote collaborative behaviors and efficiency, incentive savings will be deposited into pools on behalf of the multi-disciplinary teams involved in designated groupings of care.
3. Each efficiency incentive pool will be distributed into three categories:
  - x% for faculty/medical staff member compensation and other
  - y% for other staff compensation and other
  - z% to improve operating margin and/or support mission
4. Efficiency incentive pools will be adjusted up/down to reflect performance against agreed upon non-financial quality and safety metrics.
5. Distribution of each efficiency incentive pool between individual and institutional shares may be adjusted to reflect relative opportunity, e.g. a higher percentage to compensation for groupings of care that are already near targets.

## DRAFT

### **Policy on External Funding of Residents and Fellows at Johns Hopkins University School of Medicine**

The Graduate Medical Education Committee (GMEC) and the Associate Dean for Graduate Medical Education exercise oversight authority of all GME programs sponsored by the Johns Hopkins University School of Medicine, both ACGME-accredited and GMEC-accredited. The authority of the GMEC and of the Associate Dean for Graduate Medical Education includes the funding of GME positions, and trainees in all programs must be treated non-preferentially, regardless of the source from which the sponsoring institution receives funding for positions.

**Scope of Policy:** This policy applies to any proposal that offers to provide financial support (salary, benefits, and administrative costs) for participants in residency or clinical fellowship training programs sponsored by the Johns Hopkins University School of Medicine from agencies other than the hospitals or other health care organizations or U.S. government agencies that typically sponsor graduate medical education in the United States (“other sources”). Those other sources could include (among others) governments or other agencies outside the United States, industry, alumni, the families of trainees or trainees themselves.

**Application:** Proposals for individual candidates to be trained in JHUSOM clinical training programs with support from other sources or for agreements that commit a program to consider or accept candidates into any clinical training program with support from outside sources must be submitted to the Office of Graduate Medical Education and to the Vice Dean for Education for review and approval. A rationale for entering into the agreement, including information bearing on the considerations below, must also be provided. Any contracts or agreements must also be reviewed and approved by the Office of the General Counsel. Failure to seek approval of a program may result in any offers being withdrawn.

**Considerations:** Review of proposals will include the following considerations:

- The ACGME-approved complement of program trainees, if admission to an ACGME-accredited program is under consideration, or the ACGME-approved complement in related ACGME-accredited programs if a non-ACGME program is being considered,
- The resources of the training program or department in which training is to occur, including faculty, patient number and diversity, availability of relevant procedures for trainees, space, and training sites.
- Potential contribution of proposed trainees to the training program and to the specialty or subspecialty, including educational contribution, cultural diversity, medical or surgical care practices.

- Physician workforce need in the country providing funding.
- Potential for proposed trainees to affect opportunities of U.S. medical school graduates or U.S. health care by occupying training positions in specialties or subspecialties that are facing workforce shortages in the U.S.,
- Compliance with ACGME Eligibility Requirements as outlined in the Common Program Requirements if for an ACGME-accredited program,
- Potential to lead to relaxation of acceptance standards for particular individuals and/or to compromise the recruitment, selection, assessment and promotion policies of Johns Hopkins,
- Potential to create divisions among peer residents and fellows,
- Risk that the proposed contractual agreement will lead to a conflict of interest vis a vis trainees or faculty,
- Visa requirements.

**Procedure:** Candidates who apply to an established clinical program (ACGME-accredited or non-accredited) under the terms of a validly executed agreement with JHUSOM will be considered and evaluated by the training program using the same process and procedures as for other candidates applying to the program. Decisions regarding their suitability for the program will be made by the training program using its usual procedure and applying the same criteria used to assess all other applicants. Once a proposal is approved by the relevant program director or faculty mentor, the proposed candidate's application material as well as a description of the proposed training (ACGME-accredited or not, duration, curriculum, training sites) must be approved by the Associate Dean and the Vice Dean. Once approved, individual candidates will be enrolled, supervised, and assessed in the same manner as all other trainees and will be subject to the same policies and procedures, including those for promotion, termination, and discipline.

**Oversight:** The Office of Graduate Medical Education will document participation of individual trainees supported by other sources and will maintain a record of all validly executed JHUSOM agreements with other sources. The program director or faculty mentor will provide a report to the GME Office annually describing the results of assessment of trainee(s) whose support comes from other sources. The annual report shall also include an evaluation of the short- and long-term impact of the contractual agreement on the relevant residency or clinical fellowship program(s). A subcommittee of the GMEC will review the annual report with consideration for the program's overall quality and its compliance with ACGME requirements, if applicable. The Office must be notified of any change in or termination of such agreements.

02/25/2014



JOHNS HOPKINS

M E D I C I N E

GRADUATE MEDICAL  
EDUCATION COMMITTEE

## Proposal for Acceptance of Resident or Clinical Fellow Funded by “Other Sources” \*\*

\*“Other sources” refers to financial support (salary, benefits, and administrative costs) for participants in residency or clinical fellowship training programs sponsored by the Johns Hopkins University School of Medicine from agencies other than the hospitals or other health care organizations or U.S. government agencies that typically sponsor graduate medical education in the United States. Those other sources could include (among others) governments or other agencies outside the United States, industry, alumni, the families of trainees or trainees themselves.

Name of Program: \_\_\_\_\_

Name of program director \_\_\_\_\_

Is this an existing ACGME-accredited program? Yes \_\_\_\_ No \_\_\_\_

If so, what is the current approved complement? \_\_\_\_\_ Will accepting this trainee require a request to the ACGME for a complement increase? Yes \_\_\_\_ No \_\_\_\_

If so, does your proposal meet ACGME eligibility requirements for your specialty (see Section III.A. of your program requirements). Yes \_\_\_\_ No \_\_\_\_

Is your program an existing ACGME-equivalent program? Yes \_\_\_\_ No \_\_\_\_

Are you proposing new program? Yes \_\_\_\_ No \_\_\_\_

In what specialty/subspecialty? \_\_\_\_\_

What is the source of the external funding, including name of country? \_\_\_\_\_

\_\_\_\_\_

How long will the training last? \_\_\_\_\_

Will the trainee require a visa? Yes \_\_\_\_ No \_\_\_\_

If so, what type of visa will he/she require? \_\_\_\_\_

Has the trainee completed USMLE Step 1 \_\_\_\_\_ Step 2 \_\_\_\_\_

Does this funding arrangement include administration costs, in addition to the salary and benefit cost? Yes \_\_\_\_ No \_\_\_\_ If so, please provide the amount.

Will this funding arrangement apply to additional trainees, beyond this one? Yes \_\_\_\_ No \_\_\_\_

If so, Explain:

What was the process used to select the resident(s)/fellow(s)?

For what reason(s) are you proposing acceptance of a resident/fellow funded by "other sources"?

How will residents/fellows in related ACGME-accredited programs be affected by the resident(s)/fellow(s) funded by "other sources?"

How will access to patients, faculty, procedures, or other resources for your current residents or fellows be affected by the addition of a resident/fellow funded by "other sources?"

Do you understand that health insurance for the trainee must be provided through the Student Health Plan (SHP) and that dental, life, and disability insurance must also be provided in accordance with School of Medicine policies? Yes \_\_\_\_ No \_\_\_\_

At the completion of the training, will the trainee funded by "other sources" be eligible for Board Certification? Yes \_\_\_\_ No \_\_\_\_

*Please forward the completed form, along with the proposed resident/fellow's application materials, to the Graduate Medical Education Office at [GMEOffice@jhmi.edu](mailto:GMEOffice@jhmi.edu).*

Approved by:

\_\_\_\_\_  
Julia A. McMillan, M.D.  
Associate Dean for Graduate Medical Education

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Date