

MINUTES
430th MEETING OF THE FACULTY SENATE
3:00 pm, Wednesday, May 7, 2014
School of Medicine Administration, Boardroom 103

PRESENT: Drs. Ahn, Ahuja, Bunz, Carroll, Crino, Gee, Gonzalez-Fernandez, Heitmiller, Herman, Ishii, Lacour, Macura, Matunis, McCormack, Mian, Pluznick, Poynton, Swartz, Taverna, Urban, Zachara

Mmes:

Mssrs:

ABSENT: Drs. Barone, Bivalacqua, Chanmugam, Daoud, Dlhosh, Emmett, Gottesman, Keefer, Li, Mooney, Puttgen, Shepard, Shuler, Solomon, Sperati, Srikumaran, Tufaro, Wade, Williams, Wolfgang

Mmes:

Mssrs: Halls, Huddle, Johnson, Mandell, Putts, Rini, Tanner

REGULAR GUESTS: Drs. Skarupski, Smith

Mmes:

Mssrs:

GUESTS: Mr. Mike Amey, Dr. Gail Daumit, Dr. Steve Mandell

- **Approval of the minutes**

The minutes of the 429th meeting of the Faculty Senate of April 23, 2014, were presented, reviewed, and approved.

- **Announcements**

Medicine and Anesthesia director searches are in their final stages. Candidates for surgery have been invited. Chief Diversity Officer search – 3 finalists have visited. The final LCME letter expected – Dr. Hueppchen will review with us at our June 18th meeting. Cindy Rand, PhD has been named the Associate Dean for Faculty. Faculty Mixer being held on Thursday, May 29th from 4-6PM in the Phipps Lobby & Garden. Dr. Omar Mian has replaced Dr. Rachit Kumar as the House Staff Council representative. Faculty Senate elections are underway (terms go from June 1-June 30 to allow for overlap of outgoing and incoming representatives at the June meeting).

- **Pat Triplett, MD** presented the faculty RVU dashboard. The purpose of this project is to “disseminate faculty PCAR data in a filterable, transferable, identifiable, and actionable manner that is incorporated in the approved accountability model.” Implications include a \$21million increase in revenue. (see pg 2-19)
- **Steve Mandell, MS, Senior Director Informatics Services** talked about the Allscripts RxWriter problems and improvement efforts. (see pg 20-33)
- **Mike Amey, Associate Dean Research, Research Administration** talked about the restructuring of the Office of Research Administration (ORA) and how investigators have been given more time to upload their final applications before the deadline. (see pg 34-40)
- **Gail Daumit, MD, MHS, Associate Director, Welch Center for Prevention, Epidemiology & Clinical Research** reviewed the “K2R” component of the ICTR (CTSA) grant. (see pg 40-47)

With there being no further business Dr. Crino thanked everyone for coming and adjourned the meeting at 5:03PM

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

Ambulatory Dashboard

Faculty Senate
May 7, 2014

John A. Flynn, MD, MBA, MEd



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M E D I C I N E

Request for Information by Faculty

- ❖ “Much information is gathered about me; little information is shared with me.”
- ❖ Centrally shared data to date:
 - Meaningful Use Qualification
 - Unclosed Encounters
- ❖ Filterable, transparent, identifiable, and actionable

Metrics Subcommittee

(Chaired by Michael Choti, MD)

- ❖ Established in May, 2011
- ❖ Committee Charge
 - To understand how clinical performance and productivity metrics are used by departments
 - To identify and provide guidance (to departments) on which metrics to use and identify actionable metrics for physicians
- ❖ Objective
 - To ultimately build departmental dashboards for faculty and provide oversight of content
 - To develop a pilot in Surgery and Medicine to showcase and roll out to other departments

Physician Clinical Activity Report (PCAR)

- ❖ Disseminated to Departments since 2006
- ❖ Benchmark established by Mean of 3 Industry Medians (MGMA, UHC, and AMGA)
- ❖ Clinical FTE reported by Departments

Dashboard Example

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CLINICAL PRACTICE ASSOCIATION

Select Graph

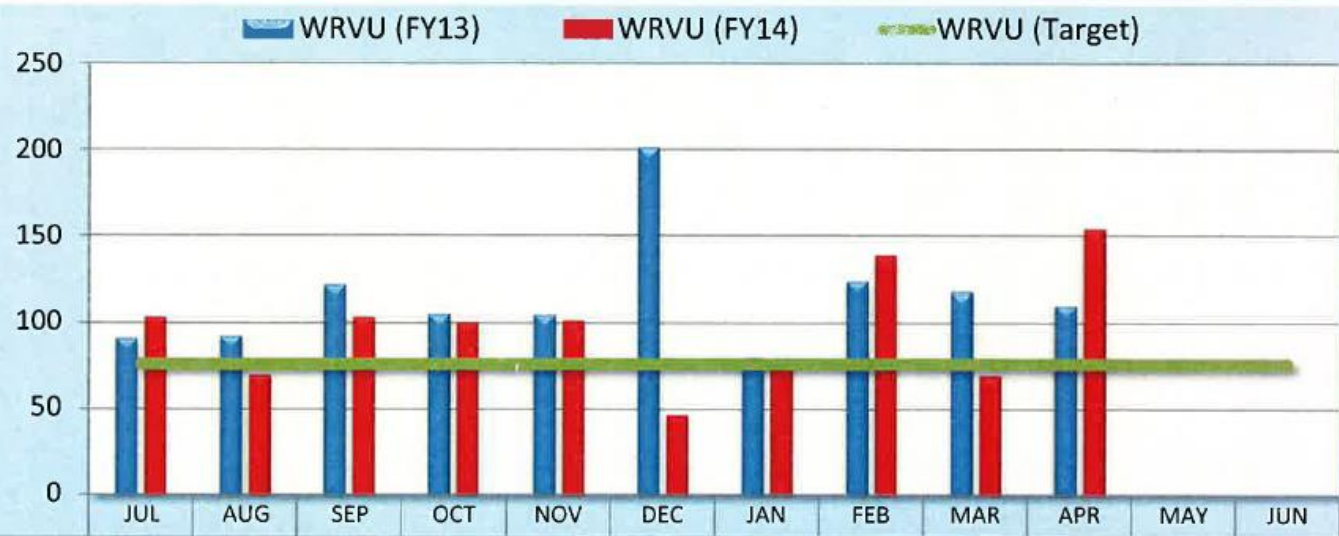
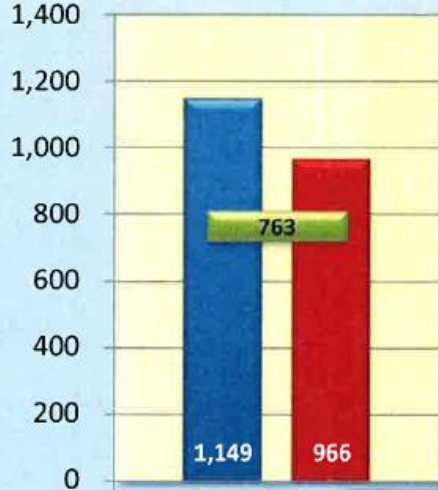
WRVUs	Collections	Charges	Coll/WRVU
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Exit

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FLYNN MD,JOHN

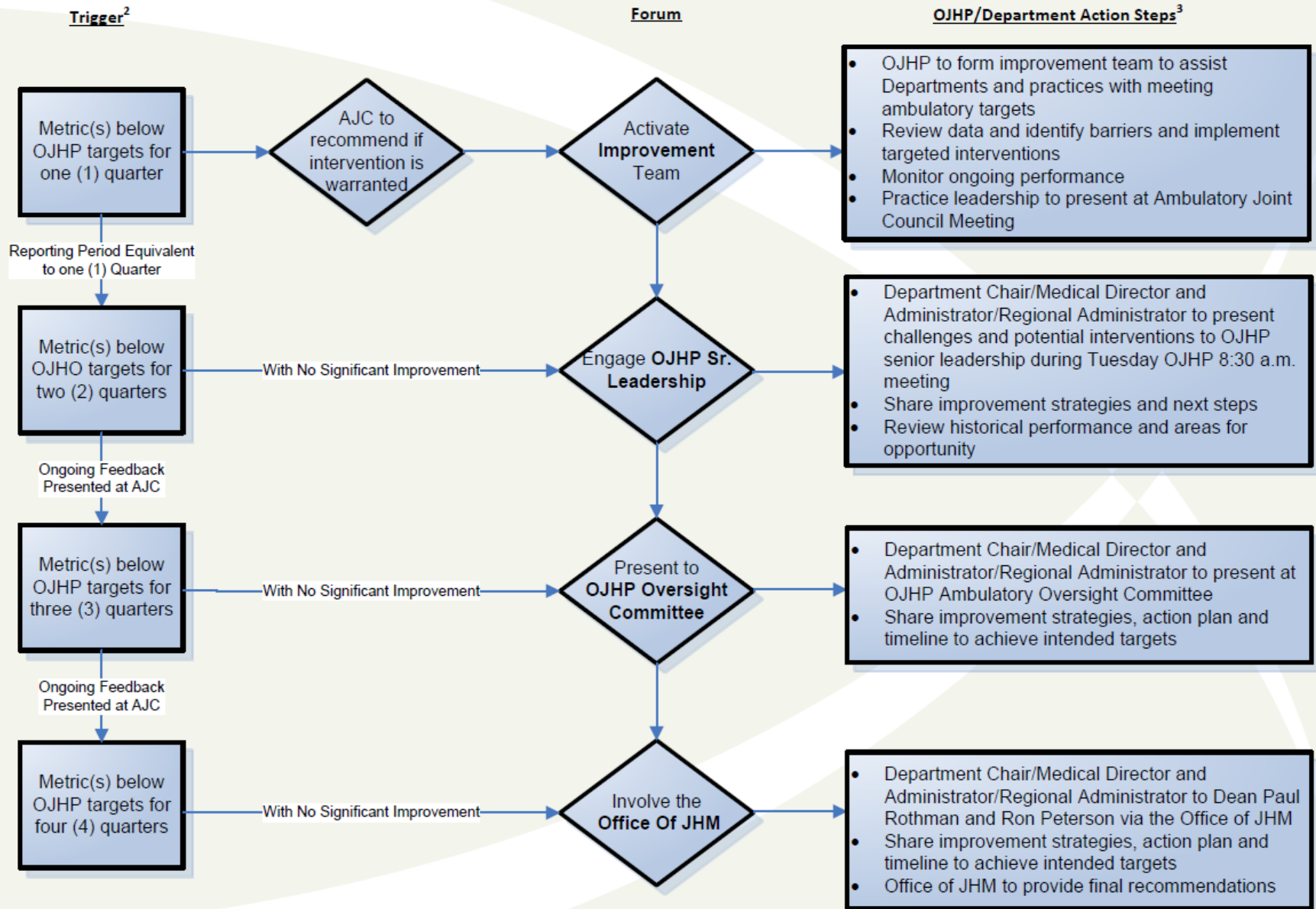
September YTD



	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
WRVU (FY13)	91	93	122	105	105	201	80	124	118	110	0	0
WRVU (FY14)	104	70	104	100	101	46	80	138	70	154	0	0
WRVU (Target)	76	76	76	76	76	76	76	76	76	76	76	76

OJHP/Departmental Ambulatory Accountability Model¹

DRAFT
1/7/2014



NOTES:

- 1) Modeled after the Armstrong Institute's Quality Indicator Accountability Plan
- 2) Does not begin until Departmental processes are unsuccessful
- 3) OJHP will work in tandem to ensure that providers have the resources needed to be effective

Motion

Disseminate faculty PCAR data in a filterable, transparent, identifiable, and actionable manner that is incorporated in the approved Accountability Model.

Allscripts RxWriter Problems

Faculty Senate Meeting
May 7, 2014

Steven Mandell,
Senior Director, Healthcare IT
Assistant Professor, Division of Health Sciences Informatics
The Johns Hopkins Hospital and School of Medicine

Background

Allscripts Sunrise Clinical Manager (SCM) is the certified EHR used by JHH for the past decade.

The RxWriter is a native SCM module introduced to generate scripts at discharge in a structured and coded format:

1) Defined process:

- input as Home Medications upon admission,
- pulled into the H&P for reconciliation,
- pulled into the Discharge Worksheet for reconciliation

2) Populate the Discharge Worksheet that is handed to the patient

3) Print prescriptions (no e-prescribe to pharmacy)

4) Populate the CCDA that is transmitted to the next provider of care (Meaningful Use Stage 2 requirement)

Prior to Rx Writer

- Nurses free texted Home Medications
- Home Medications did not populate into the H&P or the Discharge Worksheet
- Residents would free-text discharge medications
 - Ensuring patient-friendly instructions
 - Included all information on the hand-written prescription (concentration, mL, mg, mg/kg/dose)
- Studies showed that although more efficient, frequently the medication list was fraught with errors.
- Free text does not support any decision support or external communication protocols



Current State

- RxWriter is not a user-friendly tool and is cumbersome
- Underestimated the complexity and variety of departmental and divisional workflows contributing to provider frustration, lack of efficiency, and patient safety issues
- MyLearning module was too generic, its availability was poorly communicated, and our follow up was too limited

Lessons Learned

- RxWriter uses the Multum medication formulary in partnership with Allscripts SCM – both have limitations
- The general education of house officers, nurses, and others was insufficient, as was “at the elbow” support
- Recently learned of serious issues in Pediatrics and Medicine



Lessons Learned (cont'd)

- Some services are using the tool successfully, but with difficulty
- Not aware of any patient harm, but we have heard of several prescription near misses

Lessons Learned (cont'd)

- Believe that there is risk in continuing to use the product in its **current** form
- A series of meetings with IT, clinical leaders, house staff, Armstrong Institute, and others have been held to learn more about the issues and areas of most potential harm and frustration



Some RxWriter Safety Issues Identified by the Clinical Community

- Auto-calculate feature may display erroneous quantity amounts
- Default dosing range guidance is too broad or inaccurate for pediatrics
- Multum formulary contains too many selectable items
- Generic medication name does not consistently display

Two Proposals Presented to the JHH Medical Board to Resolve the Issues

- Option 1: Disable RxWriter and revert to previous manual entry of home medication list, discharge medication list and handwritten prescriptions
- Option 2: Implement new Free-text RxWriter approach
 - Limit formulary to primary medications
 - Free-text entry of dose and all other instructions (electronic script pad)
 - Disable auto-calculation and dose range guidance
 - Maintain drug-drug and drug-allergy checking
 - Build duplicate medication checking into system
 - Supports prescription printing
 - Populate discharge medication list with coded medications to meet Meaningful Use
 - Improve readability of the discharge medication list

Free-Text RxWriter: 1-2-3 Step Approach

The screenshot shows the Free-Text RxWriter software interface. At the top, there is a toolbar with icons for 'Add to Favorites', 'Calculate Dose', 'Taper Dose', 'Search', 'Advice', 'Manage Pharmacies', 'Enter Health Problems', 'Check Rx Eligibility', and 'Clear'. Below the toolbar, the 'Drug Search' section is active, with 'Full catalog' selected. The search input field contains 'amitriptyline'. To the right, the 'Requested By' field is set to 'Me', and the 'Instructions' field contains 'Take 10mg by mouth once time a day daily at bedtime. Dispense 30 capsules'. Below the search field, there are fields for 'Dose', 'Dosage Units', 'Route', 'Frequency', 'Days', and 'Refills'. The 'Quantity' field is set to '30'. At the bottom, there is a 'Rx Eligibility Status' section with a message: 'Eligibility Check in Progress... Status and Plan Information will be displayed when check is complete'. The bottom right corner shows 'Last Formulary Update: 04/19/2014' and 'Multum Version: 4/2014'. There are three buttons at the bottom: 'Add to List', 'Review and Submit', and 'Close'.

Step 1: Choose Medication

Step 2: Type in all instructions for the prescription. Include Dispense Quantity, Units, and Refills

Step 3: Enter Quantity

Approved Plan

- After detailed review of Free-Text RxWriter option, the JHM IT Patient Safety Committee (led by Dr. Peter Pronovost and Meg Garrett, JD), House Staff and faculty leadership, JHH nursing and pharmacy approved moving forward with full implementation and training
- Most technical components will be ready by May 8, but considerable training and communication is required. As such, we will implement new process on or before May 15.
- The Medical Board will be informed by JHM IT Patient Safety leadership.



Johns Hopkins Medicine Office of Research Administration

Michael B. Amey

Associate Dean

Office of Research Administration



What is a Sponsored Project?

- OMB Cost Principles A-21:
 - A separately budgeted and accounted for project for research, instruction, service or demonstration.
 - Excludes gifts without a project description (e.g., a gift for AIDS Research)
 - Includes internal project allocations that are separately budgeted and accounted for (Clinician Scientist Awards)



ORA Offices

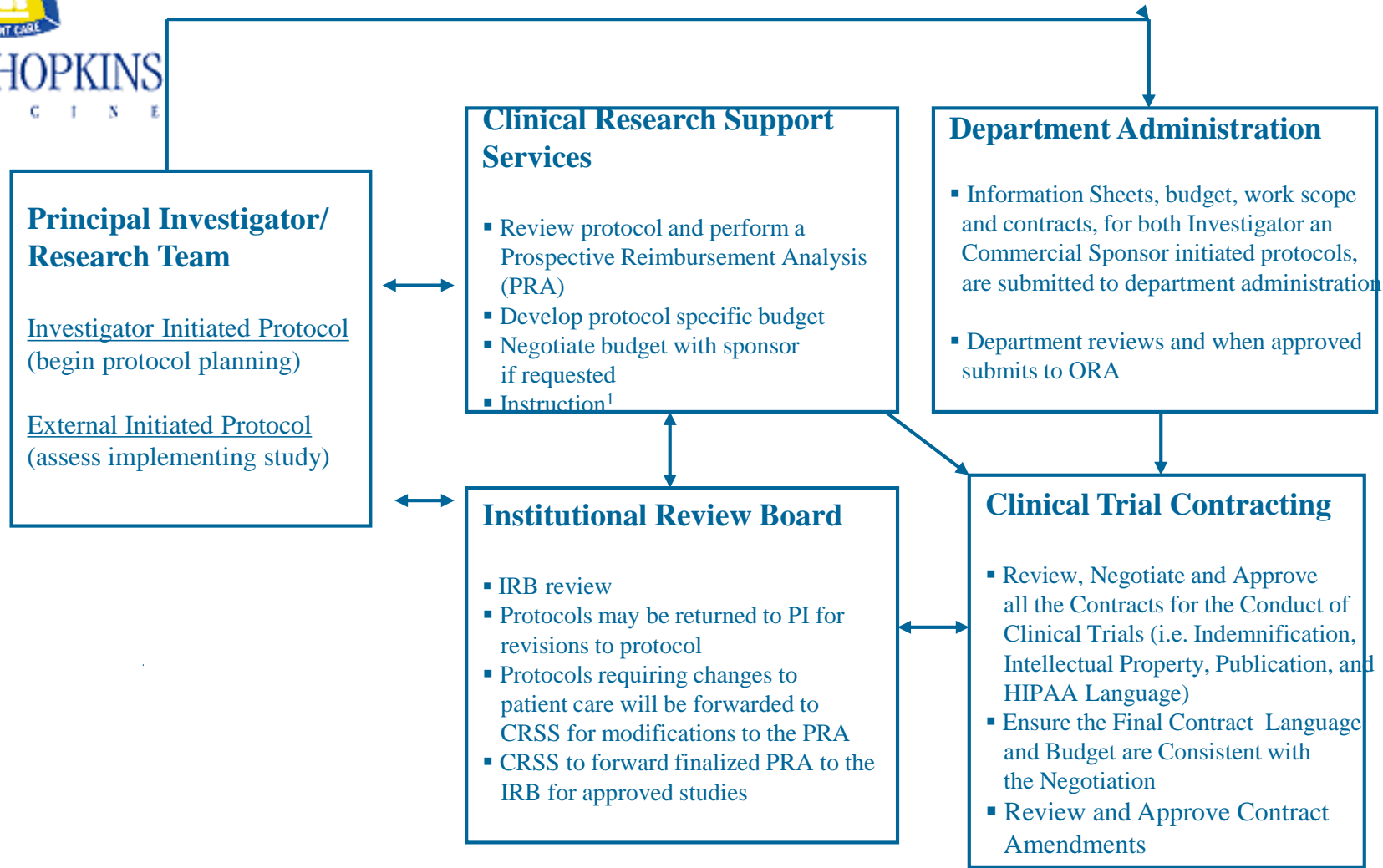
- **Miller Research Building**
 - All Grants
 - Federal & Non-profit contracting
 - Pre-clinical corporate contracting
- **Fells Point Clinical Research**
 - Prospective Reimbursement Analysis & Budgeting
 - Corporate Clinical Research Contracting
 - Sub-Awards (outgoing)

SOM Clinical Research Definition

- **Clinical Research is defined as:** *“All research that involves patients, or PHI, or clinical testing or procedures, or drug/device diagnostic testing in humans, or any planning/lab/clinical service in support of such clinical research.”*



Clinical Trials Workflow



1. CRSS Instruction - Provides on going instruction/advice for clinical research team regarding Prospective Reimbursement Analysis, budget preparation, appropriate language for costs section of consent and contract negotiation for budgets

Most Recent ORA Changes

- MRB Office reorganized into two teams
 - Grants
 - Contracts and Agreements
- Grant Deadline reduced from 5 to **3** days
- Responsible for Research Admin at all JHM sites
- Goals of Changes:
 - Increased timeliness on agreement and contract review/negotiation by assigning complex grants to the grant team.
 - Two days more time to prepare science portion of proposals; albeit, now proposals must be final when submitted to ORA
 - One unified Research Administration for all of JHM

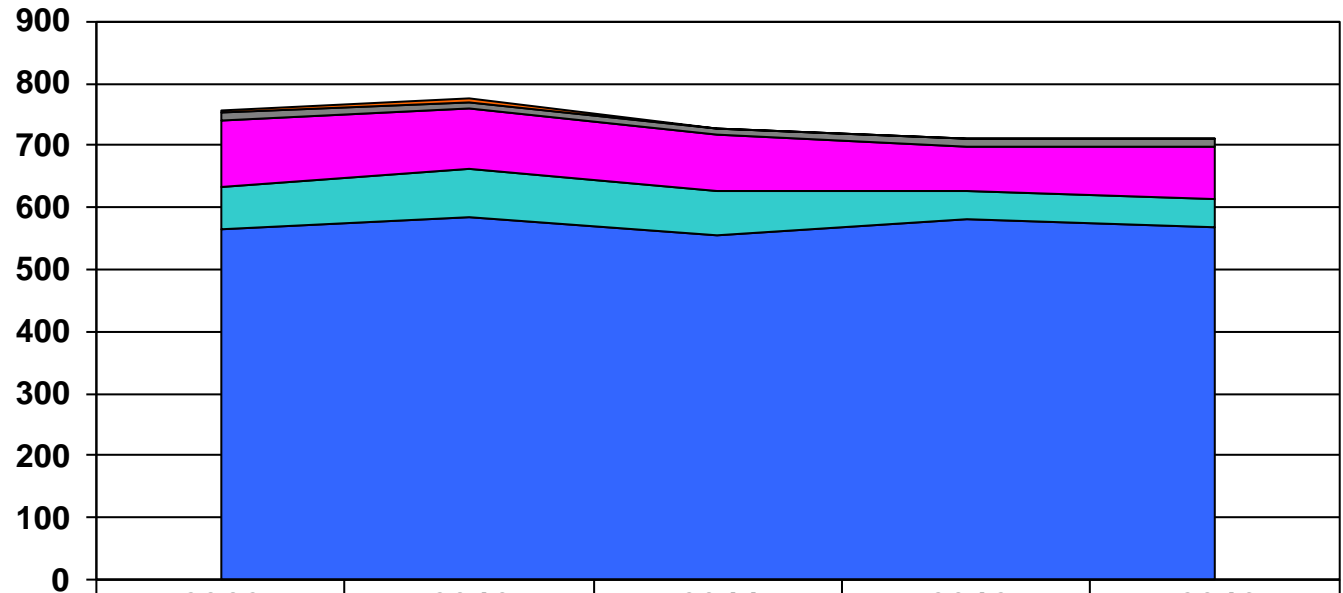
ORA 2013 Stats

- **\$712.2M Total SOM Sponsored Expense out of >7,000 active awards**
- **3,827 Competitive Proposals for \$2.7B**
- **3,792 Research agreements (NDAs, MOUs, data/tissue sharing/access agreements, collaborative agreements, sponsored contracts) reviewed/drafted/negotiated**
- **>7,300 Grant proposals, JIT, awards, admin grant actions**
- **1,019 Sub Awards issued**



Sponsored Project Sources Johns Hopkins School of Medicine (Expenditures)

\$ (Millions)



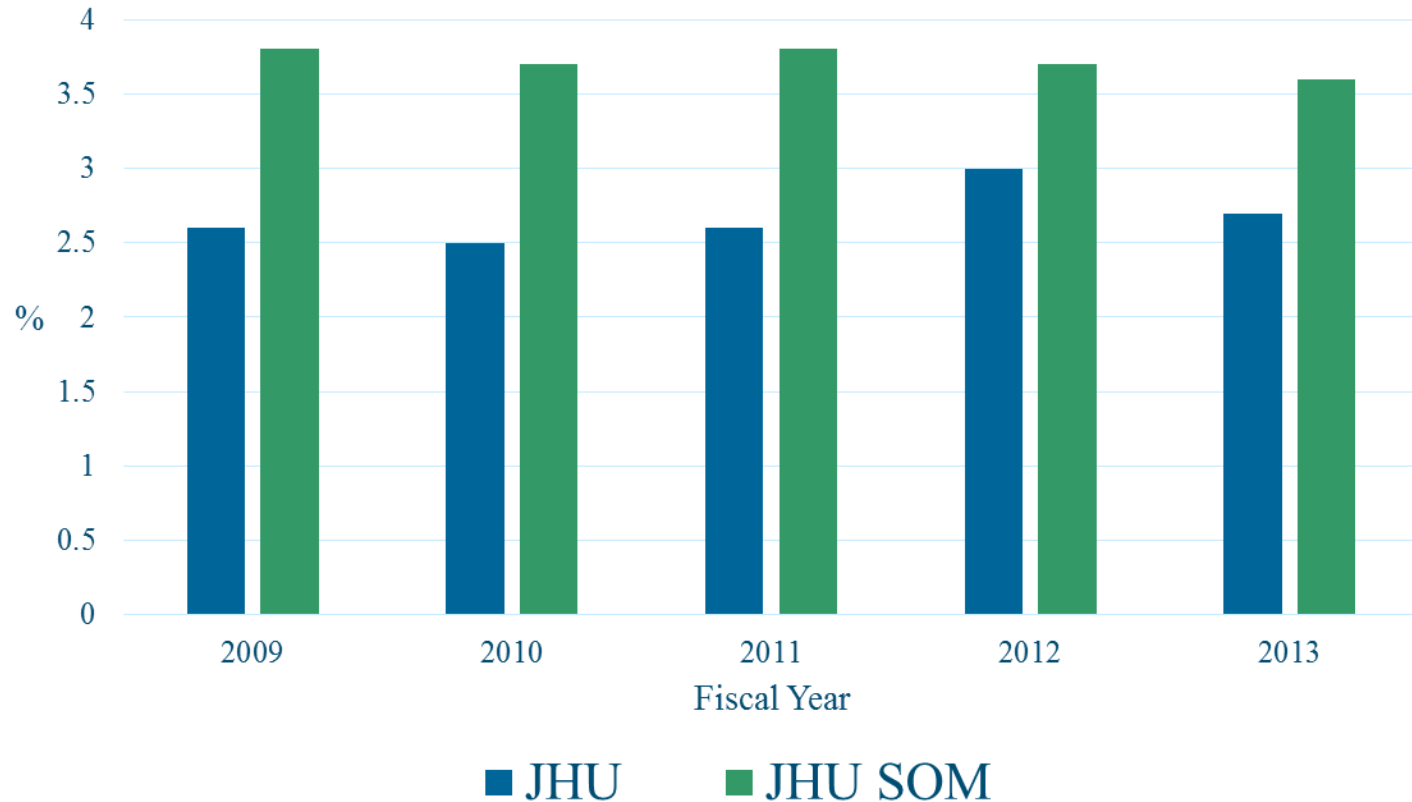
	2009	2010	2011	2012	2013
Universities	0.8	5.4	0.08	2.8	2.9
State/Local Govt	13.4	11.1	11.2	10.6	10.8
Fnd/Non Profit	109.8	95.9	90	73.6	85.7
Commercial	65.5	77.5	69.8	45.3	43.9
Federal	566.3	585.5	556.4	580.4	569.4

Fiscal Years



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JHU % of all NIH extramural award \$ SOM is % of Awd \$ to all Schools of Medicine





Institutional Resources

- **Supported by ORA:**
 - **Clinician Scientist Awards**
 - **Discovery Fund Synergy Awards**
- **Institute for Clinical and Translational Research (ICTR)**



Internal Applicant Selection

- **ORA coordinates all restricted submission internal applicant selection, via peer review by the Vice Research Deans and Associate Dean for Research Administration**
- **Last year there were 32 such internal selections**



Research Administration Training

- Research Administration Training Program
 - New Employees (currently 5th & 6th annual classes starts June 1st, 4 to 6 per class)
 - Existing Employees (2nd year, 26 enrolled)
- SOM Research Administration Professionals group (RAP)
- Monthly Training of Academic Departmental Staff by ORA (Grants, Sub-awards, Clinical Research, Contract processing)
- Masters in Research Administration (School of Arts and Science)
- Prepare Training materials and present at COGR, MAGI, NACUA, NCURA, & SRA



Research Administration Committee Memberships/Staff

- Institutional Compliance Oversight Committee
- Research Oversight Committee
- SOM Research Council
- JHU Commercial Collaboration Advisory Group
- Clinical Research Network Exec. Cmte.
- Clinical Research Billing Compliance Exec. Cmte.
- SOM COI Committee
- ISCROC
- SOM MyLearning Requirements Tracker



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Research Admin Systems

- **COEUS** – Proposal development, review and submission
- **MyLearning** – Compliance Courses (HS, Animal Use, COI, Effort, Resp. Conduct, HIPAA, etc.)
- **Research Environment Systems** – web based protocol review (IRB, ISCRO), eDisclose for outside interests and MyRAP (My Research Agreement Place). IACUC is to be added in 2014.
- **CRMS** (Clinical Research Management System) – Required Registry of studies and subjects with optional schema, data forms, financial, etc. Linked to IRB and EPIC


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In the past five years, we have seen tremendous growth in the research enterprise at Hopkins. We hope that the information resources listed here will help you find the services you need in order to continue contributing to this growth. We intend to update and improve this Web site continually, and we welcome any comments or suggestions for improvement that you may have.

Antony Rosen, M.B.CH.B.
Vice Dean for Research

Daniel E. Ford, M.D., M.P.H.
Vice Dean for Clinical Investigation

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RESEARCH



> WHAT'S NEW

Web notes

October 2008

ANIMAL RESEARCH

Seminar Series

There is no seminar scheduled for October. A Rodent Surgery class will be held on October 9.

RESEARCH COMPLIANCE

Responsible Conduct of Research Guidelines

Recently revised and approved Rules and Guidelines for the Responsible Conduct of Research (RCR) now available online.

Search articles:

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Browse all articles by subject:

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JHU SOM Office of Research Administration

Updated 5/8/07

ORA Branch	Function	Location	Contact Information
Main office/E.	Review of all sponsored research	Broadway Research Building (BRB)	E. Baltimore contact list

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How Do I...

We are adding information to this section on an on-going basis. Please come back soon to find step-by-step information on answering your questions.

- [Using COEUS Proposal Development in Place of EIS](#)
- [Submit NIH Proposals electronically through Grants.gov](#)
- [American Recovery and Reinvestment Act \(ARRA\)](#)
- [Obtain approval from JHU to use human stem cells in my research?](#)
- [Determine who in ORA has my proposal?](#)
- [Respond to NIH JIT requests?](#)
- [Determine which compliance training courses I need to take?](#)
- [Find key institutional information for proposal preparation?](#)
- [Grant Proposal Development Timeline](#) Posted 8/6/13
- [Helpful Tips to Avoid Rejections and Errors](#) Posted 8/6/13

Grants:

- [F Individual Fellowship Grant Requirements Checklist](#)
- [K Awards Grant Requirements Checklist](#)
- [NSF Grant Requirements Checklist](#)
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NIH Loan Repayment Program

The NIH is accepting applications for its five Loan Repayment Programs (www.lrp.nih.gov). All applications for 2013 awards must be submitted by November 15, 2012. Institutions must certify all applications by December 3, 2012.

National Institutes of Health Loan Repayment Programs (LRPs) can repay up to \$35,000 a year of qualified educational debt for health professionals pursuing careers in biomedical and behavioral research. The programs also provide coverage for Federal and state tax liabilities.

Applicants must:

- Possess a doctoral-level degree
- Devote 50% or more of their time (20 hours per week based on a 40 hour work week) to nonprofit- or government-funded research
- Have educational debt equaling at least 20% of their institutional base salary
- Obtain a commitment of not less than two years of research appointment from the department and school of the certifying official, and
- Be a U.S. citizen, permanent resident, or U.S. national

Visit www.lrp.nih.gov for further information and to apply online.

When applying online, you will need to list an "Authorized Institutional Representative" to certify your application. Please list Michael B. Amey (kjustice@ihmi.edu) as the representative for the Johns Hopkins School of Medicine. Those applicants leaving Hopkins for appointments elsewhere

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FUNDING

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- Funding Opportunities & Notices
- Unsolicited Applications (Parent Announcements)
- Advanced Search

- Recovery Act
- Research Training & Career Development
- Small Business (SBIR/STTR)
- Contract Opportunities

- NIH Loan Repayment Programs
- New and Early Stage Investigators
- Stem Cell Information
- NIH Common Fund
- OppNet (Behavioral & Social Sciences)



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A Look at Programs Targeting New Scientists

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A Change in Our Resubmission Policy

Latest News and Events

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- NIH Regional Seminar - Register by April 28 & Save!
- Application Submission News

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Enhancing the Transition from Mentored
Career Development Awards (K awards) to
Research Project Grant Award (R-01s)

Gail Daumit, MD, MHS
Division of General Internal Medicine
Department of Medicine
Johns Hopkins ICTR

Transition to independent investigator

- Progression from K award to R-01 challenging
- 40-50% of K grantees at Hopkins do *not* obtain R-01 funding
 - Who are they?
- CTSA/ICTR funding includes support for a K to R transition program
- Other institutions are also implementing these programs

What are challenges in the transition?

- NIH funding line/funding priorities
- Barriers to scientific productivity
 - Grant writing skills
 - Mentor
 - Is protected time actually protected
 - Career development e.g., time management
 - Life

K to R program plans

- Who has K-awards – mentors, department
- Needs assessment for grantees
- Who is most at risk during transition?
- Assess career development resources school-wide and department-specific

Current Career Development Resources

- Office of Faculty Development
- Professional Development Office
- Office of Women in Science and Medicine

- Leadership programs
 - E.g., Time management, how to be a mentee, negotiation skills
- Grant writing courses
- Mock study sections
- Writing groups

What are other universities doing

- Monthly programs – lectures/discussion
- Application-based program with mock study sections

Vision/next steps for K to R program

- Understand needs of K awardees
- Inventory current resources
- Plan to meet their needs
 - Guide them to available resources to make them best prepared for future R grants
 - Provide programs and assistance where current institutional resources are not sufficient
- Envision
 - Web portal
 - Individual or small group mentoring available
 - K groups

Suggestions and Feedback?

- Should we target some individuals who may be more at risk?
- Application-based programs?

Thank you!

gdaumit@jhmi.edu