Looking Forward: Patient Care

Moving Academic Medicine Forward
A Conference in Honor of Edward D. Miller, M.D.

June 11, 2012

John M. Colmers
Vice President Health Care Transformation and Strategic Planning
Back to the Future

June 11, 2012
<table>
<thead>
<tr>
<th></th>
<th>1911</th>
<th>2011</th>
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<tbody>
<tr>
<td><strong>Average Life Expectancy (Men)</strong></td>
<td>47</td>
<td>76</td>
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<tr>
<td><strong>Leading Causes of Death</strong></td>
<td>Pneumonia and Influenza Tuberculosis Diarrhea Heart Disease Stroke</td>
<td>Heart Disease Malignant Neoplasm Chronic Lower Respiratory Diseases Stroke Accidents</td>
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<tr>
<td><strong>Births at Home</strong></td>
<td>95%</td>
<td>Less than 1%</td>
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<tr>
<td><strong>Wages</strong></td>
<td>22 cents per hour</td>
<td>$20.14 per hour</td>
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Health Care System Challenges

- Aging and sicker population
- High costs
- Primary care shortage
- Fragmentation and variation
- Health care disparities
- Aging and sicker population
The National Scorecard on U.S. Health System Performance, 2011, updates a series of national assessments designed to comprehensively measure and monitor population health, quality, access, efficiency, and equity in the United States. Below are a few examples of core indicators of performance included in the Scorecard.

**PREVENTABLE DEATH**

**DEATHS PER 100,000 PEOPLE**

- FR: 55
- AU: 57
- IT: 60
- Overall: 96

Up to 84,000 fewer people would die prematurely each year from causes amenable to health care if the U.S. achieved the lower mortality rate of the leading three countries.

**HEALTH INSURANCE WASTE**

**PERCENT OF NATIONAL HEALTH EXPENDITURES SPENT ON HEALTH INSURANCE ADMINISTRATION**

- Japan (JP): 1.9%
- Finland (FI): 2.1%
- Australia (AU): 3.6%
- Austria (AT): 3.6%
- Overall: 7.0%

Reducing health insurance administrative costs to the level of the best-performing countries would save an estimated $114 billion per year.

**BETTER CARE**

**PERCENT OF ADULTS WHO RECEIVED RECOMMENDED SCREENING AND PREVENTIVE CARE**

- Target: 80%
- National Average: 51%

If benchmark levels of performance were achieved, the U.S. could provide preventive care, which can improve health and cut costs, to 66 million more adults.

**MEDICARE SAVINGS**

**MEDICARE HOSPITAL ADMISSIONS FOR AMBULATOR CARE-SENSITIVE CONDITIONS, PER 10,000 BENEFICIARIES**

- Top 10% Regions: 405
- National Average: 618

The Medicare program could save more than $4.2 billion a year by reducing hospitalizations for preventable conditions.

More Challenges Ahead

Changes in Demographics and Expenditures

Minority - majority births 50.4%
Census Bureau Statistics

Age 60 plus by 2050
112,037,396 Administration on Aging Projections

Debt and Health Care Spending

US
MD
Back to the Future

“It is not the men, though success could not have come without them, so much as the method, the organization, and a collective new outlook on old problems.”

Sir William Osler
An Evolving Vision

Our planning process has led to a more expansive Vision for the Sustainability of Johns Hopkins Medicine that honors our tripartite mission.

<table>
<thead>
<tr>
<th>JHM Vision for Transformation 2014</th>
<th>Vision for the Evolution of JHM</th>
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<tbody>
<tr>
<td>Johns Hopkins Medicine will prepare for health care reform during the next three years by transforming its health care delivery system to become integrated, seamless, and patient focused while ensuring it remains steadfast in the commitment to its tripartite mission and core values. Our system will be accessible and responsive to the needs of individuals and the community we serve, resulting in it being the system of choice, constantly demonstrating its ability to be an adaptive learning organization improving the health of the population while working to reduce cost and deliver true value. It will build on its strong culture and history, commitment to diversity, and leverage its tradition of innovation while improving the science of care delivery and continually using its knowledge to inform its education and research missions.</td>
<td>Lead the world in outstanding scientific discovery, education and care delivery that is scholarly, innovative, and responsive.</td>
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<td>To achieve these goals, we will transform ourselves by:</td>
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<td>• Building on our history as a leading academic health system to achieve the necessary transformation within our culture;</td>
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<td>• Leveraging our prowess in clinical, translational and basic science research;</td>
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<td>• Advancing and evolving education across the continuum;</td>
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<td>• Investing, developing and applying our scientific discoveries and technologies to improve patient and population health;</td>
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<td>• Authoring and implementing new effective models of care delivery and evaluate their impact; and</td>
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<tr>
<td>• Redefining medicine for the future and improve the health of individuals, our communities and the world.</td>
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Guiding Principles for Health Care Transformation - JHM 2014

- JHM will lead the nation in patient centered care.
- JHM will be outcomes driven.
- All components of JHM will align the tripartite mission.
- JHM will achieve cost effective expense reduction.
- JHM supports standardization and formalization.
- JHM supports a structure that aligns people, processes and systems.
- JHM supports incentives (financial and otherwise) that align people, processes, and systems.
- JHM’s transformation will be adaptive over time.
- JHM’s implementation of health reform initiatives will be transparent.
- JHM’s implementation of health reform initiatives will be collaborative.
Achieving This Evolution Will Require Progress on Seven Mission Imperatives

- Invest, develop and apply our scientific discoveries and technologies to improve patient and population health
- Create and maintain an innovative learning environment
- Be the employer of choice to attract and retain the nation’s best health care professionals, research scientists, educators, administrators and staff
- Develop new and enhance existing revenue sources across JHM that provide for growth, flexibility and sustainability of excellence in each component of our tripartite mission
- Develop and deploy an integrated, seamless, and patient/family focused health care delivery system
- Develop and implement enterprise-wide financial and performance incentives
- Develop and implement a sustainable, viable, open, balanced, and transparent financial model

Johns Hopkins Medicine will lead the world in outstanding scientific discovery, education and care delivery that is scholarly, innovative, and responsive.
Future of Patient Care in Academic Health Systems

• Need for greater integration
• Need to focus on population health
• Need to produce and apply evidence
Growth in JHM Clinical Sites

All Children’s Hospital Outpatient Care Locations

JHM International
IT Solutions that talk to one another
Integration of Data and/or exchange of data in a credible, efficient manner

Office of JH Physicians
Clinical Communities:
- ICU
- Clinic
- Specialty

Outcomes Driven
The Armstrong Institute
Support methodologies to do QI work

Point of Service Reform
Episode of Care
Academic & Community Divisions
- Office of JH Physicians
- The Armstrong Institute

Support methodologies to do QI work
Clinical Communities:
- ICU
- Clinic
- Specialty

Population Health
- Populations
- Chronic Disease
- Episodes
- Care Delivery across the continuum, across one’s lifetime
- Longitudinal

JHM Goal:
Value
i.e. The Triple Aim
Quality/Cost

Discovery
Leveraging the Resources and Incentives of the Health Plan with the Culture of Innovation and Excellence within the large, diverse, integrated delivery system

Learning
Becoming an an adaptive learning organization in which all members of its community participate in a shared environment of learning

Alignment of Systems, People and Rewards

Community Commitment
The Emerging Culture for Academic Medicine

- Hierarchical → Collaborative
- Patriarchal → Shared
- Process → Outcome
- Individualistic → Mutually accountable
- Expert-centered → Patient-centered
The Emerging Culture for Patient Care

- Fragmented → Integrated
- Autonomous → Team-based
- Competitive → Service-based
- Proprietary → Transparent
- Expert-centered → Patient-centered
- Individual → Population
What’s Next?

Johns Hopkins individuated Health Initiative

Hopkins inHealth
University
Health System
Applied Physics

"J-CHiP" spans the care continuum:
Community/Home
Ambulatory Clinics
Emergency Departments
Acute Care Hospitals
Skilled Nursing Facilities
Looking ahead and looking back
Our Best Days Are Before Us