An Integrated Healthcare System

An Interview with Paul B. Rothman M.D.,
Chief Executive Officer, Johns Hopkins Medicine

Johns Hopkins is an institution known for innovation and cutting-edge technology, and for so much of the leadership in the industry. From the inside, what has made Johns Hopkins so special?

The secret has historically been that it is an extremely mission-driven institution. The mission has always been to improve the health of our community through innovation, education, and service.

We were the first institution in this country that brought education, research, and clinical care to the same geographic place, and that was back when The Johns Hopkins Hospital was founded 125 years ago. That model was the basis of the Flexner Report, which changed medical schools in this country 100 years ago.

It starts with innovation and this is what Johns Hopkins is about— we’re about discovery and innovation, and that informs our clinical care. People come to Johns Hopkins because they know that we’ll provide the most innovative and leading-edge care in a setting where we have one of the top-ranked hospitals in the country.

Will the hospital of the future have a different focus in taking care of only the sickest patients? If so, how is Johns Hopkins adapting?

We have a strategic plan, and one of the six priorities is building an integrated health-care delivery and finance system. We think that to serve our patients, we have to ensure they get the right care, at the right place, at the right time, at the right price.

This is an integrated health system where you have primary care, which we developed decades ago with our robust primary care network of Johns Hopkins folks—ambulatory centers and home care that we’ve tied together.

In this model, where there are integrated healthcare delivery systems serving a regional population, the hospital does have a role in it. As we work to become more efficient and control our healthcare costs, the hospital will continue to be a place where the sickest patients have access to very complex services. We’ll see ambulatory centers and other outpatient venues providing less complex care.

At Johns Hopkins, we have the ability to treat the people in our integrated health care system in the Mid-Atlantic region, but people also come from throughout the world to get treatment here. Up to 20 percent of our inpatient population doesn’t come from this region—they come from out of state or internationally. They travel from throughout the world to access our integrated healthcare system, where we provide high-end care, and to take advantage of the innovation that only Johns Hopkins can provide.

As a thought leader, would you touch on your focus on driving preventive care?

We have received close to a $20-million grant from the Center for Medicare & Medicaid Innovation to deal with a challenged inner-city population. We have people who live in the seven zip codes around our two Baltimore hospitals whose long-term life expectancies are way below those in suburbs just 10 miles away.

We call this the Johns Hopkins Community Health Partnership (J-CHIP) grant and the goal of it is to address two major thrusts of the project. One is the continuum of care as patients move in and out of the acute-care setting, making sure there are no gaps of care and that the transition of care is seamless. This is a major goal, especially for the complex patients who get hospitalized. The second thrust is to work with patients to keep them out of the hospital and to address how to reach people who may or may not be part of our care delivery system. At Johns Hopkins, about 50 percent of the people in those seven zip codes are not part of our primary care system, so we have to think of new ways to affect their care.

It’s an interesting project and it has to do with gaining the trust of community groups, leaders, and healthcare providers. These groups are helping us reach out to our local citizens to try to engage them in their homes and talk about behaviors that might improve their health, such as smoking cessation and diet.

Improving the health of a population requires us to think outside the normal avenues we use to deliver care. We need to consider how, as an academic medical center, we can partner with our community to improve health and affect behaviors that otherwise might be disadvantageous for good health.

This project has required us to build many bridges that we hadn’t before. We have community advocates to work with now. We’re really excited about this, because we are committed to improving the health of this community.