An Integrated Healthcare System

Paul B. Rothman M.D.

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

EDITORS' NOTE *Paul Rothman is the Frances Watt Baker, M.D., and Lenox D. Baker Jr., M.D., Dean of the Medical Faculty and Vice President for medicine of The Johns Hopkins University. He is the 14th Dean of the Johns Hopkins School of Medicine and the second CEO of Johns Hopkins Medicine. As Dean/CEO, Rothman oversees both the Johns Hopkins Health System and the School of Medicine. A rheumatologist and molecular immunologist, he came to Johns Hopkins in July 2012 after having served as Dean of the Carver College of Medicine at the University of Iowa and as leader of its clinical practice plan since 2008. Beginning in 2004, he served as head of internal medicine at the University of Iowa. Prior to that, he was the Vice Chairman for research and the Founding Director of the Division of Pulmonary, Allergy and Critical Care Medicine at Columbia University College of Physicians and Surgeons, where he joined the faculty in 1986. A 1980 Phi Beta Kappa graduate of the Massachusetts Institute of Technology, Rothman earned his medical degree at Yale University in 1984. He then trained at Columbia-Presbyterian Medical Center and accepted a postdoctoral fellowship at Columbia University prior to joining its medical school faculty.*

INSTITUTION BRIEF *Johns Hopkins Medicine (hopkinsmedicine.org; JHM), headquartered in Baltimore, Maryland, is a $7-billion integrated global health enterprise and one of the leading academic healthcare systems in the United States. JHM unites physicians and scientists of the Johns Hopkins University School of Medicine with the organizations, health professionals, and facilities of The Johns Hopkins Hospital and Health System. JHM's vision – "Together, we will deliver the promise of medicine" – is supported by its mission to improve the health of the community and the world by setting the standard of excellence in medical education, research, and clinical care. Diverse and inclusive, JHM educates medical students, scientists, healthcare professionals, and the public; conducts biomedical research; and provides patient-centered medicine to prevent, diagnose, and treat human illness. JHM operates six academic and community hospitals, four suburban health care and surgery centers, and more than 40 Johns Hopkins Community Physicians sites.*

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 healthcare 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. ●

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