A Journey to Excellence in Medicine

An Interview with Ronald R. Peterson,
President, The Johns Hopkins Hospital and Health System

EDITORS' NOTE *Since 1973, when he arrived at Johns Hopkins, Ronald Peterson has carried out one assignment after another on behalf of the Baltimore-based health system with an increasingly global reach. He became administrator of the Henry Phipps Psychiatric Clinic in 1974, of Hopkins Hospital's Cost Improvement Program in 1975, and of the Johns Hopkins Children's Center in 1978. In 1982, he began the process of transforming the troubled Baltimore City Hospitals into what is now known as Johns Hopkins Bayview Medical Center, and he served as its President from 1984 until 1999. In 1995, Peterson was named Executive Vice President and Chief Operating Officer of Johns Hopkins Health System. He was made Acting President of The Johns Hopkins Hospital and Health System in September 1996, with the position becoming permanent shortly thereafter. He remains in this post today. Peterson is also Executive Vice President of Johns Hopkins Medicine, which is the formal alliance of the Johns Hopkins Health System and the Johns Hopkins University School of Medicine. A 1970 graduate of The Johns Hopkins University, he earned his master's degree in hospital administration from George Washington University.*

Ronald R. Peterson

INSTITUTION BRIEF *From the 1889 opening of The Johns Hopkins Hospital (hopkinsmedicine.org), to the opening of the School of Medicine four years later, there emerged the concept of combining research, teaching, and patient care. This model, the first of its kind, would lead to a national and international reputation for excellence and discovery. Today, Johns Hopkins uses one overarching name – Johns Hopkins Medicine – to identify its entire medical enterprise. This $6.7-billion system unites the physicians and scientists of the Johns Hopkins University School of Medicine with the health professionals and facilities that make up the broad, integrated Johns Hopkins Health System.*

What were the origins of Johns Hopkins and how this institution has achieved such acclaim?

The original benefactor, Mr. Johns Hopkins, was able to leave a very tidy sum – some $7 million – to create a university and a hospital. He believed that the hospital should exist in a symbiotic relationship with the university-based school of medicine and that, together, they should support the tripartite mission of excellence in research, education, and patient care.

This vision, which was then revolutionary, has come to fruition over many years. We strive to recruit the brightest minds in academic medicine, and a great deal of time and attention go into the training and development of our people. It is a very collegial and supportive environment.

Has the university-hospital relationship remained in the forefront over the years?

Absolutely. In the 1990s, the trustees of the university and the health system created what we now call Johns Hopkins Medicine: the formal alliance between Johns Hopkins Health System and the Johns Hopkins University School of Medicine. Under this structure, the dean of the medical school is also the CEO of Johns Hopkins Medicine.

While the relationship existed on an informal basis for many years, it has since been solidified and is more at the forefront.

Do you believe the intimacy of the doctor/patient relationship has been lost?

The economic pressures have caused physicians to spend less time with patients than they might choose, but we work to maintain a special focus on patients and their families. We aim for our trainees to spend the proper time with them. Our goal is to develop the bonds and trust that are necessary for the very best care.

At our Johns Hopkins Bayview Medical Center campus, for instance, we have a training program that emphasizes this concept by offering trainees significantly more interaction with patients. Sometimes, they will go into the home setting after hospitalization. This is part of an approach that allows them to better understand the conditions and circumstances that are contributing to their patients' health.

What focus has Johns Hopkins adopted on preventive care?

Historically, as a major academic medical center, we have focused on inpatient care for many complex problems, but a few decades ago, we began significantly investing in primary care. We have responsibility for two major populations of patients: One is through the Department of Defense, because we are the successor in interest to the former U.S. public health hospital in Baltimore; the other consists of Medicaid beneficiaries, which we manage through a Medicaid managed care organization.

In these two population health management experiences, we have placed an emphasis on wellness by investing in primary care practitioners. This is a situation in which we have full capitation risk for each group.

Ultimately, this approach is best for the patients, and it is also to our financial advantage to help keep them as healthy as possible. The idea is that when they need to access the health care system, they will enter it at the most appropriate time and place.

We are also extending this concept to our employee population.

Do you agree that in the future, consolidation will bring about a handful of very large medical institutions?

We appreciate the thought that a certain scale is required as we move toward a whole-population health model of caring for patients. The implication when one goes in that direction is that you need a certain size footprint, both geographically and in terms of numbers of hospitals or relationships. So, yes, there is something to be said for scale.

As an academic organization, we also think about it in the context of needing a certain amount of access to clinical research, as well as having sufficient influence with payers and vendors.

I don't know if we're going to end up with super large systems. We are an academically oriented system with six hospitals. I think there will be a combination of some hospitals and we see evidence that it's increasingly difficult for freestanding hospitals to make a go of it.

How critical is it that your workforce mirrors the diversity of your patients?

Very. Diversity and inclusion are a part of our core values as an institution.

We are physically located in Baltimore's inner city, and we have a very diverse patient population. Increasingly, we are also seeing a number of international patients, because we have active relationships in many countries. It is important for our physicians and staff to have appropriate cultural understanding and empathy, so they can deliver the best care to our patients.

We have made a concerted effort, largely through the way in which we approach admission to medical school, to increase opportunities for under-represented minority students. In addition, we have a number of training directors focused on increasing opportunity for minorities and a significant number of under-represented minorities within our non-physician workforce. ●