What is the Community Health Partnership?
The Johns Hopkins Community Health Partnership is an exciting program that builds on existing efforts. Grounded in the idea that medicine is a public trust, the Community Health Partnership will transform how patients are treated throughout the continuum of care. Aided by a three-year Centers for Medicare & Medicaid Services’ (CMS) grant, the Community Health Partnership aims to create better health and health care while reducing costs through systems improvement.

What is the goal?
To advance the quality and efficiency of care for patients and the community while reducing unnecessary health care costs. The focus is on underserved and high-risk adult patients in East Baltimore, especially those with chronic illness, substance abuse or mental illness, and patients discharged from The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center. The Community Health Partnership is seeking to “change behavior” in care teams so they communicate better, as well as for patients so they make healthier choices.

How will this be accomplished?
By connecting patients with the right care team at the right place and at the right time. Building on existing programs, the Community Health Partnership will coordinate with a broad network of community partners, leverage novel health information technology and support and oversee recruitment and training for more than 80 new jobs (funded by the grant), including community health workers and transition guides, who will directly improve care during transitions and in the community.

How is it funded?
By a $19.9 million grant, the fifth largest in the CMS billion-dollar Healthcare Innovation Challenge. Above that, Johns Hopkins Medicine will commit significant institutional funding to ensure the successful launch of the program. Beyond the three years of grant funding, sustainability will be a JHM priority.
How will it work?
By reducing preventable hospital readmissions, as well as unnecessary emergency department visits or testing, the program will improve the quality of care our patients receive while reducing costs from unnecessary care. This will be achieved through improved community-based care management, with more effective inpatient and discharge processes and highly coordinated care.

Critical components include:
- A comprehensive redesign of inpatient care coordination for adults admitted to Hopkins Hospital and Hopkins Bayview to include interventions that improve outcomes and reduce readmission risk.

Examples include:
- Early risk screening
- Multidisciplinary care planning
- Enhanced medication management
- Patient and family education
- Provider communication
- Integration of behavioral health services into all components of care
- Post-discharge support when transitioning back to the community

- Improved coordination of primary care for outpatients who come to JHM clinics and a Baltimore Medical System clinic within or near seven identified ZIP codes surrounding Hopkins Hospital and Hopkins Bayview.

- Improved care for patients discharged from Hopkins Hospital or Hopkins Bayview to five neighboring skilled nursing facilities with coordinated services delivered by JHM geriatric experts implementing best practices developed at the Bayview Care Center.

Who does it impact?
To start, the Community Health Partnership will target anticipated frequent users of health care services in the East Baltimore community and a greater number of Hopkins Hospital and Hopkins Bayview inpatients. By July 2015, nearly all adult patients discharged from Hopkins Hospital and Hopkins Bayview will be positively impacted. That translates to tens of thousands of patients per year.

What does the Community Health Partnership mean for you?
Improved communication and coordination between providers and care teams working with patients and their families. Whether practicing in hospitals, clinics or the local community, primary care physicians will benefit from the support of an innovative workforce and various IT solutions. Patients will learn self-care management and receive home-based services. Students and trainees will be educated on the science of health care delivery. It will create value for our patients, our providers and our community.

Through leadership, engagement and teamwork the Community Health Partnership will improve care services in East Baltimore

Who is involved in this partnership?
- The Johns Hopkins Health System, including The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center
- The Johns Hopkins University, including the schools of medicine, nursing and public health
- Johns Hopkins Community Physicians
- Johns Hopkins HealthCare
- Johns Hopkins Home Care Group
- Priority Partners
- Johns Hopkins Urban Health Institute
- Center for Medicare & Medicaid Services
- Baltimore Medical System
- Baltimore Alliance for Careers in Healthcare
- Five local skilled nursing facilities
- An involved group of community representatives
- Many others

The project described above was supported by Funding Opportunity Number CMS-I-ICI-12-0001 from Centers for Medicare and Medicaid Services, Center for Medicare and Medicaid Innovation. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.