



Carol Emmott Foundation
Fellowship

Impact Projects

Fellowship Class
of **2021**

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The Power of Community

The Carol Emmott Foundation envisions a future where there is fully inclusive gender equity in healthcare. Our Fellowship initiative supports women who are making this goal a reality—leaders committed to rethinking, restructuring, reinvigorating the healthcare systems in their communities.

The Carol Emmott Fellowship is highly selective. Candidates are nominated by their institution and must possess the boldness of vision, communication skills, and effective command of a transformative leader. The Fellowship helps amplify their voices and impact through the power of community: access to a carefully selected national mentor and a network of other innovators and senior experts in the field. Over the course of the 14-month program, the fellows also design and implement an impact project in their own community.

The 21 fellows of 2021 represented 12 states—from California to Maine — and explored a wide range of issues in their projects: reducing social isolation in older adults, mentorship for non-English speaking women of color, improving services in rural areas, improving behavioral health responses, and more. In addition, some projects reflected how the “lessons learned” from the ongoing COVID pandemic can lead to positive change. Hope is a thread running through all 21 projects—hope stemming from the power of community, leveraged by equitable, diverse leadership.

“Finally, I was able to see that if I had a contribution I wanted to make, I must do it, despite what others said. That I was OK the way I was. That it was all right to be strong.”

Wangari Maathai



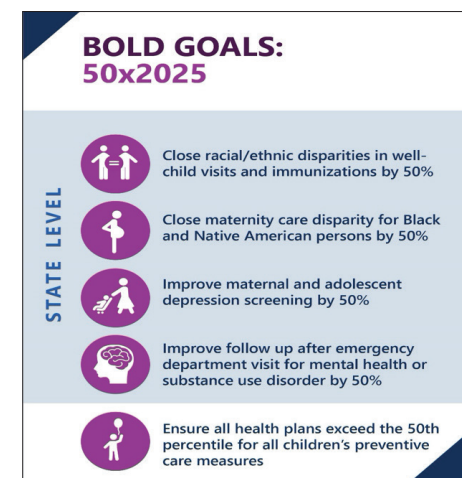
Palav Babaria, MD, MHS

Chief Quality Officer & Deputy Director,
Quality and Population Health Management
CALIFORNIA DEPARTMENT OF HEALTH
CARE SERVICES

Dr. Palav Babaria is committed to ensuring that every Californian, regardless of the circumstances of their birth, can access and leverage high-quality and equitable healthcare to improve their lives.

DHCS' Comprehensive Quality Strategy: Setting the Vision and Strategy for Improving Quality and Health Equity for California's Medicaid Program

The Department of Health Care Services' (DHCS) 10-year vision for the Medi-Cal program, which provides healthcare coverage to 14 million individuals (one in three Californians), is that the people served by Medi-Cal should have longer, healthier, and happier lives. In this whole-system, person-centered and population health approach to care, health care services are only one element of supporting better health in the population. The 2022 DHCS Comprehensive Quality Strategy (CQS) lays out DHCS' quality and health equity strategy to support this vision, including the foundational shift to population health management, value-based payment arrangement, and increased member engagement. The CQS also introduces DHCS' 50x2025 Bold Goals initiative which aims to cut in half the health disparities in children's preventive services and maternity care outcomes, as well as improve quality outcomes in key focus areas by 2025 across the state Medi-Cal program. Palav Babaria led the strategic planning and writing of the CQS and created the 50x2025 Bold Goals campaign.



The full strategy is available at: <https://www.dhcs.ca.gov/services/Documents/DHCS-Comprehensive-Quality-Strategy-2022.pdf>



Holly Beeman, MD, MBA

Chief Quality Officer
EL CAMINO HEALTH (SPONSORED BY PALO ALTO
MEDICAL FOUNDATION GROUP)

Dr. Holly Beeman is the Chief Quality Officer at El Camino Health in Mountain View California where she is bringing to life a culture of trust, teaming, and safety in both the ambulatory and acute care settings. She is a board-certified OB/GYN with a 20-year career delivering babies, performing surgery, and partnering with women to find health and dignity.

Teaming with Culture

The sisterhood, support, networking and 'Carol Emmott Foundation special sauce' provided Holly Beeman with the direction, resilience, and courage to chart a new course and career opportunity during her Fellowship year.

– Holly Beeman's Impact Statement

Holly Beeman's brand of leadership is grounded in a foundation of honesty, integrity, compassion, and courage. As the Chief Surgical Officer at the Palo Alto Foundation Medical Group (PAFMG) her leadership approach and focus on inclusive team building resulted in an increase in physician confidence in PAFMG leadership from 20 percent to 70 percent during her 5-year tenure in the role as measured by the American Medical Group Association annual survey. Her relentless focus on removing barriers to enable every member of the healthcare teams to deliver exceptional high-quality care to their patients and their families captured the attention of the El Camino Health leadership team, a community partner of the medical group. The opportunity to learn, grow, and positively impact hospital and ambulatory quality on a much more complex and large scale informed her decision to take on the role as the inaugural Chief Quality Officer at El Camino Health.

As a 'culture builder' Beeman is thrilled to lead El Camino Health on a journey of zero preventable patient harm through implementation of respectful and meaningful teaming across all elements and people of a multi-hospital and outpatient health system.



Jennifer Brooks-Mason, PMP

Vice President, Digital Strategy
SCAN HEALTH PLAN

As VP of Digital Strategy at SCAN Health Plan, Jennifer Brooks-Mason leads SCAN's digital efforts including defining the vision, strategy, and piloting the execution of SCAN's digital roadmap. Her leadership has helped drive significant growth in digital adoption with the health plan's constituents, has elevated SCAN's ability to service its membership, and created efficiencies with SCAN's business partners.

Reducing Social Isolation and Loneliness in Older Adults through Technology

Social isolation and loneliness are two risk factors that can cause significant negative impact to older adults' health. Recent studies by the National Academies of Sciences, Engineering, and Medicine indicate that social isolation increases the risk of premature death, in line with smoking, obesity and physical inactivity, and can be associated with a 50 percent increased risk of dementia. Jennifer Brooks-Mason's Impact Project focused on making technology accessible to at-risk older adults as a means to reduce social isolation and loneliness by developing an older, adult-focused brick and mortar "technology center" within the community. While the continuation of the pandemic derailed the original plans for a community center, Brooks-Mason was able to pivot and explore other technology-focused opportunities. In collaboration with her colleagues, she investigated multiple technology and partnership solutions to support older adults in their at-home environments. Based on that exploration, the team elected to partner with a virtual platform that could provide the technology support as well as a wide variety of classes, social communities, and other critical features while having a deep reach into the community. Brooks-Mason led a cross-functional team through the vendor procurement process, from development of the platform analysis and requirements to vendor selection.

Final decisions are currently pending in the health plan, with the hopes of implementing this virtual platform in 2022.

“A woman with a voice is by definition
a strong woman.”

Melinda Gates



Yvette M. Brown, MD, FACOG

Medical Director, Keystone Women's Care,
Keystone Community Outreach
KEYSTONE RURAL HEALTH

Dr. Yvette Brown is a practicing Obstetrician/
Gynecologist in a Federally Qualified Health
Center. Brown is the Medical Director for the
women's service line including Women's Care
and Outreach/Family Planning.

Empowering the Underserved

The disparity of healthcare for women of color, especially those who do not speak English, is evident in the increasing morbidity and mortality of this population. A Federally Qualified Health Center (FQHC) is designed to be a safety net and safe haven for individuals with social barriers to adequate healthcare. The barriers of cultural competency, access to adequate language services, and readily accessible transportation makes equivalent care seem impossible. Brown is seeking to develop a system of education and mentorship aimed at non-English speaking women of color. The goal of the program is to provide care through group education, with those women being able to share the education they learned with others, especially when mobile in the migrant work population. This educational apprenticeship will allow individuals to be vested in the care and well-being of other members of their community. This is of great importance to help identify problems in a migrant population, allowing care to be sought in a more timely fashion.



Kenyatta Elliott MBA, MHA

Associate Vice President
DUKE UNIVERSITY HEALTH SYSTEM

Kenyatta Elliott serves as Associate Vice President for Duke Health, where she oversees operations that span across a growing primary care network of over 45 Family Medicine, Internal Medicine, Pediatric, and Urgent Care practices sites across central North Carolina.

Dismantling COVID Vaccine Disparities in Healthcare

Along with other health systems across North Carolina, Duke University Health System was tasked with helping to administer the COVID vaccine in an effort to end the spread of COVID. COVID has disproportionately impacted communities of color, therefore vaccination of such communities was critical to reducing the spread of the virus.

Kenyatta Elliott learned, in vaccinating employees and the Durham community for COVID-19, that it was critical to achieve equity and mitigate disparities in COVID-19 vaccinations. Elliott participated in a COVID vaccine equity committee and spearheaded her community Impact Project centered on ensuring inclusivity and equity in how Duke delivers care in vaccine administration. Through her project she learned that COVID-19 vaccination rates for historically marginalized communities served in Durham, NC lagged behind other ethnic groups in early 2021. By her illuminating these data points in her project work, Duke Health along with community partnerships proved effective in increasing rates and improving trust by way of standing up testing and vaccination sites, deploying mobile units, and having protected doses specifically for those most at risk. Delivering critical health messages through radio stations and town halls with communities' trusted leaders also proved highly effective. Listening sessions with community stakeholders and intentional countermeasures that were implemented resulted in rates starting at 9 percent, increasing to 29 percent over a 9-month span.



Elisabeth Erikson, MD, MPH, FACOG, FACS

Department Chair, Obstetrics and Gynecology
and Chief, Women's Health Service Line
MAINE MEDICAL CENTER | MAINEHEALTH

Dr. Elisabeth Erikson is a practicing surgeon who is focused on program development, system integration, and innovative care-delivery models to improve obstetric outcomes in rural Northern New England. Erikson is board certified in Obstetrics & Gynecology and Female Pelvic Medicine and Reconstructive Surgery.

Building Common Ground in Obstetrics and Gynecology Across a Developing Rural Health System

In 2018, the MaineHealth system, began a process of unification, to become the healthcare delivery network for the majority of Maine across large urban and rural catchment areas with the vision of “working together so our communities are the healthiest in America.” Across the country, rural populations tend to have worse health outcomes than those living in urban areas. In rural obstetrics, access to care creates huge challenges for pregnant mothers with less than 45 percent of rural counties having an open inpatient obstetric unit.

Birth rates in Maine are declining, producing noticeable volume contraction at all seven member hospitals with the exception of Maine Medical Center, so sustaining and supporting obstetric care delivery in these areas is critically important. In the absence of a system-wide care delivery model, Elisabeth Erikson saw a need to strengthen relationships across the health system. She leveraged longstanding referral patterns to bring Obstetric and Gynecologic services across the health system together to improve care delivery. This process was successful due to forming personal relationships with each local health system, creating an Obstetrics & Gynecology Specialty Council for clinical leadership, expanding provider/nursing interdisciplinary educational offerings for grand rounds across the health system, and coordinating patient education. Pipeline development programs for OB GYN resident electives in rural local health systems have successfully placed 50 percent of graduating residents over the last two years in these communities to sustain the provider workforce for the next generation.



Michelle N. Figueroa

Chief Operating Officer
NYC HEALTH & HOSPITALS/METROPOLITAN

Michelle Figueroa is a hospital administrator with over 20 years of progressive experience in finance, operations, and strategic planning. Currently, Figueroa was previously the Chief Financial Officer for a 268-bed safety net hospital in NYC where she was responsible for managing a \$450 million operating budget.

Pathways 4 People Middle Managers Cohort

At the height of the COVID Vaccine Rollout, the facility was in need of middle managers who could be used to manage vaccination rollout efforts. There was a small group of managers that could be relied on to complete these tasks, despite having over 100 middle managers with the appropriate titles.

Michelle Figueroa identified an opportunity to leverage her leadership skills by offering to mentor middle managers. She created a Mentoring Program focused on helping staff to develop critical thinking skills, problem solving, and leadership skills. This was an opportunity that was not currently available within the facility, although there were various training programs available. Staff needed a place where they could be coached in a safe environment. Figueroa named the program Pathways 4 People, which is focused on meeting people ‘where they are at’ in their careers and giving them a safe space to learn and talk about the challenges that they experience so they can strengthen their managerial skills using real life examples. The number ‘4’ represents the four leadership lessons that Figueroa focused on sharing, based on the book by John Maxwell, “How Successful People Lead.”



Ginette Hawkins, MSW

Vice President Compliance and Compliance Officer
SCAN HEALTH PLAN

Ginette Hawkins is the VP of Compliance and Compliance Officer for SCAN Health Plan. She is responsible for leading both the organization's Compliance Program and Special Investigations Unit, which investigates potential fraud, waste, and abuse.

Serving Older Adults

SCAN Health Plan is a not-for-profit Medicare Advantage plan with more than 40 years' experience serving the aging, long-term care, and other vulnerable populations under the federal Medicare and Medicaid programs. SCAN's Mission is "Keeping Seniors Healthy and Independent," and it has established over the years an array of successful healthcare programs serving seniors and frail elderly populations that have enabled individuals to live where and how they want and avoid being institutionalized. The company has more recently embarked upon a series of strategic business initiatives to expand its health plans into new states and to diversify its healthcare delivery operations as a direct provider of care. This enterprise-wide transformation has demanded that SCAN leadership assumes new roles and responsibilities to achieve these strategic objectives. Ginette Hawkins has served in key roles as part of these growth initiatives, including leading a strategic initiative to expand the company's dual eligible (individuals with both Medicare and Medicaid coverage with the company) geographic market and membership across California.

Hawkins' Impact Project centers on forging an effective partnership between SCAN and the California Department of Health Care Services, and integrating Medicare and Medicaid services for enrolled dual eligible members. A core component of Hawkins' project is to coordinate federal Medicare and state Medicaid requirements for SCAN's enrolled dual eligible members. The goal is to achieve truly integrated care for these dual eligible members that results in better access to care and improved health outcomes.



Staci A. Hermann, PharmD, MS

Chief Pharmacy Officer
DARTMOUTH-HITCHCOCK HEALTH

Dr. Staci A. Hermann is the Chief Pharmacy Officer at Lebanon, NH-based Dartmouth-Hitchcock Health, where she oversees all aspects of the pharmacy enterprise including pharmacy supply chain, clinical practice, the 340B Drug Pricing Program, infusion services, and retail/specialty pharmacy services across the five-hospital Dartmouth-Hitchcock Health system.

With pharmacy becoming an integral part of the system strategy, Hermann has been focused on growth and development of the enterprise since being named Chief Pharmacy Officer in 2018.

System Integration: Implementation of Centralized 340B Program

Recognizing the significant financial impact of the 340B program – which enables covered entities to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services to the system – Staci Hermann implemented a system-wide 340B program to standardize compliance activities and maximize growth opportunities at the four covered entities within the system. Note, each covered entity must individually qualify and meet the requirements of the federal 340B program, which is why not all five hospitals in the system are enrolled in the program.

The management consolidation has allowed one system member to re-implement the 340B program and has provided expertise across all programs. In addition, Hermann has implemented a 340B Steering Committee, comprised of the authorizing officials of each program and key stakeholders throughout the system, to ensure accountability and encourage knowledge sharing across all programs. There is now a system dashboard tracking all compliance activities of each site, and the standardization work has identified more than \$25 million of value coming back to the system through drug acquisition cost savings and expansion in the contract pharmacy space in fiscal year 2021.

“If they don’t give you a seat at the table, bring a folding chair.”

Shirley Chisholm



Krista Hoglund ASA, MAAA

Security Health Plan Chief Executive Officer
MARSHFIELD CLINIC HEALTH SYSTEM

Krista Hoglund is the Chief Executive Office for Security Health Plan. In this role Hoglund is responsible for all facets of health plan performance in alignment with the Marshfield Clinic Health System mission, vision, and values.

Delivering Affordable Healthcare to our Greatest Asset

Recruiting and retaining a high-quality workforce in rural Wisconsin has always been a challenge, and the pandemic has provided both new opportunities and new challenges related to workforce. Krista Hoglund partnered with human resources, finance, and clinical leaders to re-imagine a benefit package that would appeal to a diverse group of current and prospective employees. The initial focus of the project was to identify opportunities within the health insurance benefit that would lower the cost of healthcare for employees while improving overall health. This resulted in the 2021 launch of a \$0 employee premium health insurance option and an enhanced diabetes management benefit for employees and dependents with additional preventive and chronic care benefit changes being evaluated for 2022 and beyond. This work continues in 2022 under human resources leadership with ongoing efforts to understand and implement benefit offerings that are meaningful to employees.



Lorraine Lee, MHA, BSP Pharm

Senior Vice President, Clinical Operations
YALE NEW HAVEN HEALTH

Lorraine Lee is a Clinical Pharmacist with over 20 years of healthcare administration experience, currently serving as Senior Vice President, Clinical Operations at Yale New Haven Health. Lee was the inaugural Chief Pharmacy Officer in 2014 and has broadened her responsibilities to include Supply Chain, Laboratory, and Radiology Services with a focus on harmonizing care delivery, ensuring expansion and growth and providing value throughout the health system.

The Imperative: Resiliency in Healthcare Supply Chain

Supply chain resiliency is an imperative to ensure that healthcare clinicians and front-line staff are supplied with the necessary medical/surgical products to care for patients with a focus on safety and quality. Resiliency has never been more important than today, due to the ongoing pandemic. Lorraine Lee’s Impact Project proposal was to execute on strategies that would optimize supply chain resiliency and logistics efficiency for medical/surgical products at Yale New Haven Health.

The health system had just completed construction on the Regional Operations Center (ROC) which is the health system’s 160,000 square foot warehouse and operational facility when the first wave of the pandemic hit Connecticut in March 2020. The ROC became the epicenter for the health system to procure, store, perform clinical evaluation, manage all community donations, and distribute medical/surgical products and equipment to front line caregivers throughout the health system. This pandemic experience taught leadership quite a bit about the logistics and resiliency processes and practices and informed the Impact Project. The outcomes are summarized as follows:

- Establishment of clinical based protocols to guide medical/surgical product utilization and safe alternatives with clinician partners
- Employ rapid process improvement cycles post utilization of medical/surgical products and alternatives

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- Perform clinical evaluation of all medical/surgical products received through nontraditional supply chain channels
 - Community donations, medical/surgical products from new vendors, the national/state stockpiles and other healthcare organizations
- Manage medical/surgical product inventory levels that are sensitive to extreme demand surges
- Proactively anticipate medical/surgical product shortages before they become critical with the support of data, analytics, and dashboards
- Communicate to the clinician stakeholders the information needed to care for patients
- Ensure financial stewardship by identifying, executing, and innovating waste reduction and appropriate utilization of medical/surgical supplies



Nicki Sandusky McCann, JD

Vice President, Provider and Payer Transformation
JOHNS HOPKINS HEALTH SYSTEM

Nicki McCann works alongside providers and community organizations to develop strategies and programs that improve patient-centered care, in alignment with the Maryland Total Cost of Care Model. McCann also works with policy makers and payers to explore value-based models of care, and pursues policy changes with elected and appointed officials to improve the delivery of quality care.

Greater Baltimore Regional Integrated Crisis System

The Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership will invest \$45 million over five years to transform behavioral health crisis response services in Baltimore City, Baltimore County, Carroll County, and Howard County. GBRICS will expand the capacity of mobile crisis teams and community-based providers to reduce police interaction and overreliance on emergency departments. The GBRICS Partnership was developed by a broad coalition of 17 hospitals, four local behavioral health authorities, and many behavioral health experts and community leaders across the four local jurisdictions.



Emily S. Moorhead, FACHE

Chief Operating Officer, Central Market
HENRY FORD HEALTH SYSTEM

Emily S. Moorhead is a healthcare executive with experience that spans diverse for-profit and non-profit networks. Currently Moorhead leads the ambulatory, hospital, and post-acute operations in Henry Ford Health System's central market with more than 1,800 FTE and \$270M in OpEx.

Driving Change in the Midst of COVID

As Winston Churchill once said, "Never let a good crisis go to waste."

Emily S. Moorhead is an eternal optimist and often leverages challenges for the opportunities they allow. Moorhead used COVID as one of these opportunities to restructure the ambulatory environment across nine counties in central Michigan. The restructure aligned accountable leaders to specific services with clear expectations and goals. Moorhead led the team through a strategic space planning process to improve access to care in a primarily rural market. This collaborative effort across multiple service lines allowed for greater utilization of resources and growth potential of key services based on disease prevalence and patient migration patterns. Although the primary goal and benefit was to improve access and streamline care in the community, additional quantitative outcomes were also realized, including:

- Improved clinic contribution margins, \$1.4M in 11 months
- Increased revenue capture, \$200K/year
- Decreased lease costs, \$1.3M/year
- Improved access and decreased appointment lead days across multiple services, e.g. in 9 months, specialty visits went from average of 93 days to 23
- Ability to recruit additional providers without increased operating expense

The most exciting part is that this is only the first step to enable the transformation needed in healthcare. Having ambulatory and outpatient services provided in the right location and co-located with complementary services allows patients and families to access care in a frictionless manner. Practices will continue to evolve around the communities served to ensure equitable access to care—not just proximity to brick and mortar, but proximity to an accepting and inviting location that evokes wellness and healing.



Kari Evan Roberts, MD

Vice President for Education, WELLFORCE
Associate Chief Medical Officer for Graduate Medical Education, TUFTS MEDICAL CENTER

Dr. Kari Roberts has been the Associate Chief Medical Officer for Graduate Medical Education at Tufts Medical Center since 2017, providing leadership and vision that has enabled Tufts Medical Center to continue to provide exceptional patient care and clinical education to physicians during the COVID19 pandemic. Roberts was recently appointed VP for Education at Wellforce,

and in this role she will be designing and implementing a clinical education program that will form the backbone of this distributed academic health system.

Graduate Medical Education as a Strategic Workforce: Lessons Learned During a Pandemic

The COVID-19 pandemic has demonstrated the importance of staff – the clinical workforce size and flexibility – in defining hospitals' surge capability. In the spring of 2020, Kari Roberts and her team at Tufts Medical Center oversaw the physician deployment that supported significant increases in ICU (90 percent) and Medical Surgical (105 percent) bed capacity.* This work revealed that physician skillsets were not wholly transferrable, but rather that the graduate medical education (GME) workforce possessed unique abilities suited to the care of patients in a pandemic.

The GME workforce, licensed physicians working under supervision as residents and fellows, plays a key role in the US healthcare, providing a disproportionate amount of patient care in academic medical centers. Despite being foundational to two AMC missions (patient care and education), GME has not historically been part of the strategic planning process, largely due to challenges in quantifying the cost and value of residents, fellows, and their training programs. The pandemic exposes this oversight as a potential liability to organizational resiliency.

Roberts is leading efforts to define the value, quality, and benefits of GME programs, and align these with the strategic and operational goals of the integrated healthcare system.

*Roberts KE, et al. Deploying the Physician Workforce During a Respiratory Pandemic: the Experience of an Academic Teaching Hospital During the COVID-19 Pandemic. Quality Management in Health Care. 2021 Apr. DOI: 10.1097/qmh.0000000000000321. PMID: 33914714.

“Justice is about making sure that being polite is not the same thing as being quiet. In fact, oftentimes, the most righteous thing you can do is shake the table.”

Alexandria Ocasio-Cortez



Lorna Rodríguez-Rodríguez, MD, PhD

Professor and Vice Chair, Department of Surgery
CITY OF HOPE NATIONAL MEDICAL CENTER

Dr. Lorna Rodríguez-Rodríguez is a practicing gynecologic oncologist, physician scientist, and member of the Executive Leadership Team at City of Hope as well as a member of the Diversity, Equity, and Inclusion Council, leading the Equitable Policies and Processes workstream within the Council. Rodríguez has dedicated her career to researching new treatments for ovarian cancer and leads a team

of 8 laboratories to collaborate on this pursue as a Team Science effort.

Enhance Supplier Diversity

Lorna Rodríguez-Rodríguez put together a diverse team across the institution that included leaders in Procurement and Supply Chain Management, construction subcontracts, Population Science, Information Security, Medical Staff, Scientific Staff, and others.

The goal of this project was to align with the institution’s commitment to embrace Diversity, Equity, and Inclusion (DE&I) in every aspect of operations. The group discussed the benefits of increasing supplier diversity and listed the following:

- Promote innovation by tapping into new and varied creative resources and benefit from the agility of small businesses that can innovate and create quickly.
- Partner with key stakeholders to gain a competitive advantage when facing changing demographics in customer communities.
- Give access to multiple procurement channels through which to promote and engage numerous suppliers for optimal selection and overall savings.
- Demonstrate interest in, and commitment to, the community’s economic growth.
- Develop a simplified path to finding and managing new and improved suppliers.

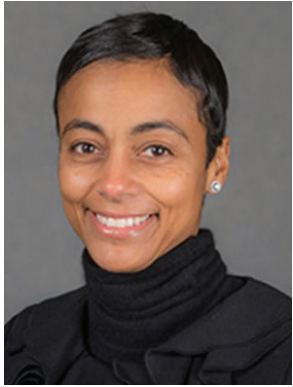
- Increase community involvement and competitiveness from minority and women-owned businesses.
- Provide opportunities to suppliers based in the communities City of Hope serves to impact local economies.
- A plan was designed as follows:
 - Suppliers certification will be verified using third parties.
 - Supplier spend will be tracked and categorized based on certified categories used in the industry.
 - Quarterly reporting will be generated to measure spend by BU, by Leader, Department, etc.
 - Policy will require the participation of diverse suppliers in sourcing events and purchasing opportunities.
 - Partner with external organizations focusing on supplier diversity.

The following plan was implemented:

Supplier Diversity Program

People	Technology	Process
• Run program efficiently • Build community relationships/ partnerships • Proactively identify opportunities to develop suppliers • Monitor program progress	• Facilitate data gathering • Ensure data integrity • Identify supply sources • Expedite reporting • Quick access to diverse suppliers	• Establish policies • Develop and execute supplier strategies • Incorporate diversity language in RFPs • Provide opportunities to diverse suppliers

Program running within 12 months



Tristé Lieteau Smith, MD, JD

Chief Strategy Officer
NEAR NORTH HEALTH

As a member of the Near North Health senior leadership team, Dr. Tristé Lieteau Smith oversees efforts to identify and manage the development of organizational strategy, translating it for people across functions and departments, and driving organizational change by forging new working relationships and synergies inside and outside the organization to grow and differentiate Near North Health as a community health center.

Equity-Driven Healthcare Transformation on the South Side of Chicago

For decades, the 900,000 residents of the South Side of Chicago have experienced health disparities ranging from materially higher disease incidence and comorbidities to significantly lower life expectancy. These health disparities reflect a history of racial inequities and underinvestment – both of which have contributed to a fragmented healthcare delivery landscape with limited resources. Today, over 50 percent of all South Side residents leave the South Side to receive their care.

Tristé Lieteau Smith was instrumental in the development of an unprecedented, comprehensive coalition of FQHCs, safety net hospitals, and health systems seeking to address these challenges – driven by community input and dedicated to fundamentally advancing healthcare access and better health outcomes for Chicago's South Side residents.

In July, Illinois Governor JB Pritzker announced \$94.3 million in funding would be awarded in the state's inaugural round of equity-focused Healthcare Transformation Collaboratives. The South Side coalition was one of eight innovative partnerships selected "for demonstrating real, innovative visions and presenting solutions that also addressed social determinants of health which heavily impact health outcomes."



Mika Taylor

Executive Finance Director
JOHN MUIR HEALTH

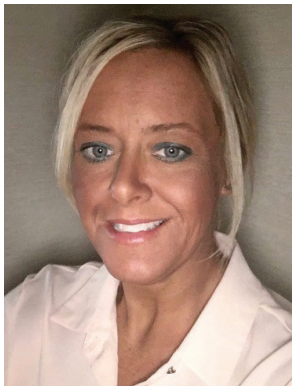
Mika Taylor is responsible for leading the systems Financial Planning and Analysis team, where she oversees the annual budget, rolling forecast, long range financial plan, and capital planning. Taylor has recently taken over the Relationship Executive role for their Optum partnership where she is responsible for managing the overall performance of the relationship.

Implementing a Service Line Performance Management System

As the healthcare industry faces labor shortages in an environment where cost growth is outpacing revenue growth, the need for reliable and accurate data is even more important for operators to make informed decisions.

After John Muir Health implemented an improved cost accounting tool, Mika Taylor initiated and led the implementation of the Service Line Performance Management system which created a structure and operating model to understand, analyze, and improve the performance of encounter-based metrics. The deliverable insured that the proper training and knowledge transfer occurred with the service line Executive Directors to foster adoption as well as utilization of dashboards & reports; development of a blueprint for service line performance management that included documentation on metrics, analytics, and processes as well as socialization of an intake process for ad-hoc report requests, system maintenance, and communication. This then led to a kickoff for a Phase 2 of the project to assess and design a process to integrate the Ambulatory service lines with the current service line analytics framework for the hospital entities and develop a comprehensive service line performance management process.

Success of the above will be defined by there being trust in the data; service line cost-based financial information; a focus on margin improvement across the organization; and information provided to operations in order for them to influence performance across the organization.



Vicky L. Tilton, DNP, MSN, RN

ACNO and Executive Director Clinical Inpatient,
Emergency Department, & Respiratory Care
VALLEY CHILDREN'S HEALTHCARE

Vicky Tilton is a Registered Nurse with 21 years of experience in pediatrics. Currently, she oversees clinical practice, with more than 1,400 nurses, respiratory care clinicians, and unlicensed staff in her divisions.

Visionary Leadership

The scope of the Impact Project was focused on the mentoring and coaching of frontline clinical managers by the ACNO. The key objective was to establish a model that incorporated frontline leaders as well as nursing executives to create a partnership to enable emerging leaders to be successful in their role and encourage ongoing advancement.

The project included the ability to develop new managers and incorporate a vision for one team that is specialized yet able to cross cover and lead through positivity, gratitude, safety, compassion, and accountability. The deliverables included the creation of a team that was high performing, an improvement in leader satisfaction, a decrease in leadership turnover, and increased leadership visibility and encouraged ongoing advancement. The outcome was measured through the results of bi-annual staff/leadership satisfaction surveys, the monitoring and evaluation of productivity, along with team successes and ongoing achievements. There were some limitations on meeting in person due to COVID-19 restrictions, which impacted several dynamics of the project. The outcome of the project has led to the creation and implementation of a new nursing vision and an established mentorship program for patient care leaders led by an executive leader.



Carolyn Tung-Conti, MS

Executive Director, Departments of Surgery
and Orthopaedics
CEDARS-SINAI MEDICAL CENTER

Carolyn Tung-Conti is the Executive Director of the Departments of Surgery & Orthopaedics at Cedars-Sinai Medical Center and leads administration over the academic and operational budgets of over \$81 million in revenues, managing the financials and productivity of over 100 clinical and research faculty, three ambulatory clinics generating over 70,000 annual clinic visits, and a robust research enterprise. Tung-Conti was formerly a Vice President of the Clinical Integration Practice at The Camden Group, a subsidiary of GE Healthcare, supporting hospital, health systems, and medical groups in their transition to value-based and population health delivery.

Not Just wRVUs: Holistic Approach to Measuring Physician Productivity

Academic Medical Center faculty surgeons have multiple obligations for clinical productivity, academic research, and resident/graduate teaching, and traditional faculty compensation models have been focused on the qualitative calculation and metric-focused evaluation of performance measures. Prior to the advent of COVID-19, the constant pressure of performance created stressors associated with burnout – 60 percent of Cedars-Sinai faculty indicated that job expectations and demands from work was their primary driver of stress. The pandemic only exacerbated the issue as one of the most effective levers to accommodate COVID surges was the use of elective surgery deferment to protect inpatient capacity in the hospital which lowered clinical productivity during the surge and then pushed the physical limits of productivity when the postponed cases were rescheduled. A vicious cycle of stress leading to more burnout. Carolyn Tung-Conti and her team have worked to support and implement a more holistic approach to assess productivity – balancing quantitative statistics traditionally measured with emphasis on qualitative feedback from other clinical colleagues and staff. A particular focus has been to encourage faculty participation in the J3P Pathfinder leadership development program created to equip faculty with the soft skills to support career and relationship success in and outside of work by fostering self-awareness, advancing crucial conversation and communication skills, and nurturing leadership expertise.



Lisa M. Walke, MD, MSHA, AGSF

Chief, Division of Geriatric Medicine
UNIVERSITY OF PENNSYLVANIA

As Chief of the Division, Dr. Lisa Walke directs Geriatric Medicine at the University of Pennsylvania's Perelman School of Medicine. Nationally, Walke promotes the interests of older adults through Geriatric Medicine leadership roles and advocacy.

Development of a Geriatric Medicine Consultation Service

Projections estimate that about half of persons 65 years of age or older, approximately 2.4 million people in the state of Pennsylvania, will require surgery at least once. Older adults who receive combined Geriatrics and Surgical care have been shown to have better health outcomes. This project developed a geriatric medicine consultation service for older colorectal surgery patients at Pennsylvania Hospital, the nation's first hospital and a member of the University of Pennsylvania Health System. Lisa Walke met with several health system, service line, and hospital senior leaders to better understand the opportunities and challenges associated with program development and to receive their endorsement of the project. Building upon experiences during the COVID pandemic, consults are provided both virtually, using a secure telemedicine platform, and in person. Proposed next steps are to disseminate the virtual consultation service to the Hospital of the University of Pennsylvania.



Karena Weikel, ASA, MAAA

Senior Vice President, Advanced Analytics
and Chief Actuary
PRIORITY HEALTH (SPONSORED BY GEISINGER
HEALTH PLAN)

Karena Weikel is an Actuary and healthcare leader with 20 years of experience in transforming healthcare through value-based care, trend management, payer-provider innovations, underwriting, risk adjustment, actuarial, and advanced analytics. As a passionate and committed strategic leader, she focuses her career on building relationships and bringing people together to improve health, so Priority Health has affordable health plan products.

It's Time to Achieve Healthcare Affordability

Making healthcare more affordable is what motivates and inspires Karena Weikel every day. The United States spends 18 percent of its GDP on healthcare, highest amongst high income developed countries, while rated last in terms of healthcare system performance compared to spending. The problem with data and information is that there is a lot of it in healthcare all over the place. Weikel led the project within Geisinger to bring it all together in a condensed dashboard that is simple, concise, comprehensive, accurate, and ready for leaders to take necessary timely action and have efficient and effective communication. Delivering the newly created monthly line of business intelligence report that leverages both the payer and provider insights provides the awareness and necessary transparency to execute on improving results. This report can reflect areas of opportunity to lower the costs of healthcare so actuaries and underwriters can provide lower premium and better benefits to the communities served.

Market pressure continues to grow in healthcare, and for a payer to rise to the challenge in being successful, a continuous evaluation, course correction, and understanding of current profitability are all crucial in leading to membership growth and financial stability. The intelligence was an organization-wide approach which brought together both payer and provider teams through accelerated and open-minded collaboration and support. The resulting report was used to shape existing efforts, agile decision-making, and identification and implementation of new initiatives as action is taken to attain affordable health insurance. Through this knowledge base, the ultimate goal was to drive operational results that will achieve the quadruple aim: Better health outcomes, improved provider experience, improved member experience, and lower the overall costs of healthcare.

**“What you do makes a difference,
and you have to decide *what kind
of difference* you want to make.”**

Jane Goodall



Leading the way to fully
inclusive gender equity
in health



Carol Emmott Foundation

CarolEmmottFoundation.org