

The CEO Forum

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HEALTH EQUITY

Robert C. Garrett
CEO

HACKENSACK MERIDIAN HEALTH



DEI

Rosalind Brewer
CEO

WALGREENS BOOTS ALLIANCE, INC.



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- 17 NCAA Division II men's and women's athletic teams
- More than \$668.3M in community benefit and charitable care
- We are home to Jefferson Health Plans, a health maintenance organization that provides Medicare, Medicaid and Children's Health Insurance coverage to more than 392,000 members

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Healthcare has always been central to our lives; now post-pandemic — it has arguably become the driving force of business, the economy and society.

In this issue, we share the in-depth and unfiltered stories from ten CEOs that The CEO Forum Group has selected as the “Top 10 CEOs Transforming Healthcare in America.”

These individuals are carefully chosen by our Editorial Board as CEOs who have created new value that is reinventing the healthcare industry. You will learn about best practices from providers to insurers to retail to generative AI.

I hope you find new insights and perspectives that can move your business forward. Of course, if there’s an idea that strongly resonates with you, feel free to email me directly at **robert@theceoforumgroup.com** to share your thoughts.





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for being honored with The CEO
Forum Group's prestigious Top 10 CEOs
in Healthcare Award.**

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*Alberto "Beto" Casellas
Executive Vice President &
Chief Executive Officer,
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The CEO Forum

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THE CEO FORUM GROUP TEAM HIGHLIGHT



Meet Gina Leone.

ASSOCIATE PUBLISHER

Gina is Associate Publisher for the CEO Forum Group. She brings a creative and process-centric perspective to the Journal.

Gina spends her time trying as many restaurants in Chicago as possible, cooking up a storm, hopping on a flight to a bucket list destination, and playing in the park with her fiancé and pictured cavapoo puppy, Basil.

Pictured is Basil giving Gina a kiss for luck while she cooks for a large dinner party in New York City.



Transforming healthcare through equity

Hackensack Meridian Health's CEO, Robert C. Garrett, explains how the network has expanded and improved to provide care for all—regardless of race, ethnicity, gender, sexual orientation, or zip code.

Robert Reiss: There are over 5,000 hospitals in America. What is unique about Hackensack Meridian Health?

Robert C. Garrett: Hackensack Meridian Health has grown to New Jersey's largest health network with 18 hospitals, more than 500 patient care locations, 36,000 team members, and 7,000 physicians.

Hackensack Meridian's growth is driven by the need to expand access to high-quality, convenient, and affordable healthcare to all communities and to enhance the patient experience. The network specializes in integrating care throughout the system to provide seamless connections for patients in order to meet all of their healthcare needs. By offering the full continuum of care, we improve outcomes, create a better patient experience, and address health disparities.

Our growth in just the last five years has been extraordinary and unique. We have added three hospitals, opened the first private medical school in New Jersey in 60 years, opened the Center for Discovery and Innovation, and joined the NCI-designated Georgetown Lombardi Comprehensive Cancer Consortium.

By taking a multi-faceted approach to improving healthcare, Hackensack Meridian is covering all the bases. Whether it is enhancing technology to make care more accessible, or building one of the first smart hospitals in the nation, we are investing in creating the health system of the future. And we are building a physician workforce to thrive in a new state of healthcare that values maintaining health as much as curing illness and disease.

What role does innovation play in that growth?

Innovation is in our DNA. It is at the heart of our strategic priorities. Here's a great example: Hackensack Meridian opened the Center for Discovery and Innovation (CDI) in 2019 to address



The CEO Forum Group has selected Robert C. Garrett, CEO of Hackensack Meridian Health, No. 1 for the third consecutive year for the 2023 "Top 10 CEOs Transforming Healthcare in America." The specific award category bestowed is "Health Equity" for Mr. Garrett's leadership in identifying social determinants, analysis of demographics and creating new levels of access, and methodology of inclusivity in training medical students.

unmet medical needs for people with cancer, infectious diseases, and immunologic, behavioral and neurodegenerative disorders. In a short time, it has made remarkable strides.

CDI scientists and network clinicians collaborate to do a deep dive on specific diseases and develop approaches to improve clinical outcomes, either by refining or improving an existing standard of care or by creating a new one.

The CDI played a critical role in the COVID-19 pandemic, first developing and rolling out one of the first diagnostic tests under the FDA emergency use authorization for a health system. It was used to diagnose 25,000 patients early on (and one million more following successful licensing). The scientists also developed one of the first convalescent plasma programs to treat COVID patients—with about a 90% success rate in preventing severe disease. The center also created a high-throughput rapid technology to identify virus variants that, in partnership with Quest Diagnostics and the New Jersey Health Department, provided real-time evaluation of the virus landscape in the state. And CDI is now working with clinicians on the next generation of cell-based immunotherapies for cancer.

Robert C. Garrett

Here are some other core innovations at the network. There is an urgent need to increase access to high-quality care because one in four Americans does not have a primary care physician. We are addressing this on many fronts including opening new ambulatory care centers. We have more shovels in the ground than any other time in our history. We opened a state-of-the-art facility last year and plan to open four more throughout the state over the next few years.

“Whether it is enhancing technology to make care more accessible, or building one of the first smart hospitals in the nation, we are investing in creating the health system of the future.”

We are also exploring Artificial Intelligence (AI) to help us transform care delivery through improved diagnostics and predictive analytics. Our digital team is working with leaders in radiology and the network’s Imaging Council on potential uses where AI can identify complex patterns in imaging data and provide quantitative evaluation of radiographic traits. We have also created a Predictive Health Team in the past 10 months. The goal? To leverage AI technology

to predict and detect disease and embed intelligence into clinical workflow. A great example of this is that we are working to develop a system to get seriously ill patients into palliative care faster, which is better for patients and delivers more value.

The network recently joined the Health AI Partnership, a first-of-its kind national collaborative to develop best practices for AI in healthcare. It is a group that includes Mayo Clinic, Kaiser Permanente, Jefferson Health, NewYork-Presbyterian and UCSF Health.

Through the Bear’s Den, our innovation center, the network vets potential investments in start-up companies and products which show the promise of improving health and care delivery. We recently made an investment in the software company Canary Speech, which uses AI technology to monitor digital biomarkers in the human voice. The goal is to explain or predict energy levels and health-related outcomes, as well as track the presence and severity of diseases such as anxiety, depression, and cognitive decline.

Hackensack Meridian has also opened a genomic profiling lab that offers next-generation sequencing data of DNA and RNA that will result in more precision medicine and will benefit researchers in improving their understanding and management of blood cancers and solid tumors.





Left to right: HMM Board Chair Frank Fekete; Dr. Jeffrey R. Boscamp, President and Dean of Hackensack Meridian School of Medicine; New Jersey Gov. Phil Murphy; Rosemary Sorce, Chair of HMM Hospitals Board Corp.; HMM CEO Robert C. Garrett.

“We believe that access to high-quality healthcare—no matter where you live, the color of your skin, or who you love—is everyone’s right.”

It sounds like health equity is at the core of your philosophy.

Too often people think that advancing healthcare means developing a blockbuster drug, new robotics, or diagnostic tools. We need all of that innovation,

but an organization’s deep understanding of the needs of all communities is also at the center of improving outcomes and achieving health equity. We call this Healthcare 2.0. We believe that access to high-quality healthcare—no matter where you live, the color of your skin, or who you love—is everyone’s right. The gaps in outcomes are just staggering: People of color have a life expectancy that is 3.5 years less than their white counterparts.

Hackensack Meridian is making significant progress on many fronts—starting with improving data collection. That’s why we ask patients questions about race, ethnicity, sexual orientation, gender, etc.

“Future physicians must understand that there’s so much more to patients than what’s in a medical record. This is how we improve outcomes, make people healthier and create more equity in American healthcare.”

so that we can provide more culturally competent care and create initiatives that promote health and wellness within whole populations of patients.

We have a robust and rapidly growing social determinants of health strategy for the entire network. We screen patients in five areas: food, housing, transportation, caregiver support, and mental health/substance abuse treatment.

We created two separate digital platforms which were built into the electronic medical record to help providers collect information about social needs from patients. In just two years, we have screened 700,000 people and provided more than 2.4 million referrals to community resources many people in need did not even know existed. This will help to close disparities in outcomes in underserved communities.

In training medical students, what are the mechanisms to elevate the understanding of social determinants?

At the heart of the Hackensack Meridian School of Medicine is the innovative and nationally acclaimed Human Dimension program to teach future physicians about the importance of the social determinants of health. This is how we transform care delivery—at the beginning in how we train physicians.

While many schools offer courses or classes, this approach is foundational to our curriculum. Students go out in pairs to underserved patients throughout the entirety of their medical education.

They do this while they are also mastering the hard sciences required of any M.D. candidate in the nation. By viewing healthcare through a broader

lens, including non-medical issues, we add a human dimension to the training of future physicians.

Indeed, there are hundreds of members of our communities in New Jersey who are healthier for their contact with these students. Our future physicians have helped people quit smoking, lose weight, and require less medication.

In short, future physicians must understand that there’s so much more to patients than what’s in a medical record. This is how we improve outcomes, make people healthier, and create more equity in American healthcare.

Since we opened the school of medicine in 2019, more than half of the graduates serve their residencies at network hospitals and seamlessly integrate the social determinants of health into their practice.

How does health equity tie into improving clinical outcomes?

When it comes to inequality, we have to focus on quality. We are working diligently to make sure that all patient populations, especially those historically facing disparities, have access to high-quality care. We are building equity into our Quality and Patient Safety Systems across Hackensack Meridian. We are taking the focus on equity and the social determinants of health and integrating them into the data we analyze and the interventions we are implementing.

I am really proud of the network’s DEI Quality Council, which is responsible for developing a framework for measuring structures, systems, and processes to achieve equity. We are facilitating the use of data to help reduce disparities. For example,



HMH CEO Robert C. Garrett with U.S. Health and Human Services Secretary Xavier Becerra in Washington D.C.

we are analyzing discharge and readmission rates by race, ethnicity, and geography to improve outcomes. This also helps us promote the practice of culturally appropriate care.

To improve maternal health and target racial disparities in outcomes, Hackensack Meridian Health has made major strides in reducing prenatal and postpartum hemorrhage. In the U.S., Black women are almost more than two times as likely than white women to die of hemorrhage or embolism. Because of our many advances, Hackensack University Medical Center, our network's academic flagship hospital, is the first in the nation to earn the Joint Commission's Gold Seal of Approval for Advanced Certification in Perinatal Care.

Codify the core elements of your leadership philosophy. What are some unique practices that have been most important?

I am an optimist by nature, and I truly believe that optimists take more chances, which can also inspire

others to be more bold. Being an optimist is especially helpful in times of uncertainty, such as during the COVID pandemic. As a leader, it was imperative to have hope and confidence about the future, especially when our teams were challenged like never before.

With a positive outlook and vision, you can see the big picture and remain focused regardless of challenges or roadblocks that can seem insurmountable at times. A great example of this is my dream of opening a school of medicine. Why? You can't make all improvements necessary to remodel a flawed American healthcare system at the point of care. You have to instill a new way of learning with a far more expansive view of health and healthcare. It took more than a dozen years for my dream to reach fruition—and a few harrowing moments to keep on course—but it has been one of the most satisfying and epic gambles I have ever taken.

This journey has also been a great example of the value of perseverance. I am a fan of a great quote by Thomas Edison: "Genius is one percent inspiration and 99 percent perspiration."

Another key element of my leadership philosophy is staying focused on your organization's mission. A mission defines us and declares the difference we seek to make in the world. It must guide you in creating all strategies. To succeed, you need complete alignment between mission and strategies.

You've had several groundbreaking partnerships. Tell us about them and the potential mistakes CEOs should avoid when creating partnerships.

In healthcare today, you cannot reach all of your goals by going it alone. Our partnerships have helped us deliver for our communities tremendously. A great example is our growing partnership with Paterson, NJ-based St. Joseph's Health.

We joined forces to expand home healthcare and hospice, and now we are addressing the need to

Robert C. Garrett



Left to right: HMH Board Vice Chair Keith Banks; Mary Pat Christie, treasurer of Carrier Clinic Board of Trustees; HMH CEO Robert C. Garrett; Andrew Christie.

expand and improve oncology and rehabilitation services. Just last month, we opened a new joint-venture oncology outpatient center so patients have high-quality care close to home. This partnership also goes a long way to deliver more specialized care in underserved communities.

We also celebrated our five-year partnership with Memorial Sloan Kettering Cancer Center earlier this year. The collaboration has benefitted patients in so many ways. We developed guidelines for eight diseases including breast, colon, and prostate cancer. We have conducted more than 1,000 clinical trials, produced more than 100 publications, and jointly secured multiple research grants. We are also part of the NCI-designated Georgetown Lombardi Cancer Center Consortium in which we collaborate on research and work to address health disparities.

One of our most innovative partnerships has resulted in the creation of Braven, the fastest growing Medicare Advantage plan in New Jersey. We partnered with Horizon Blue Cross and Blue Shield of New Jersey, the state's largest insurer, and another provider and now have more than 41,000 members and expect to continue strong growth.

"I am an optimist by nature, and I truly believe that optimists take more chances, which can also inspire others to be more bold."

My advice? Be transparent and put on the table some of the more difficult decisions early on so that

the partnership can be built on trust and collaboration from the outset.

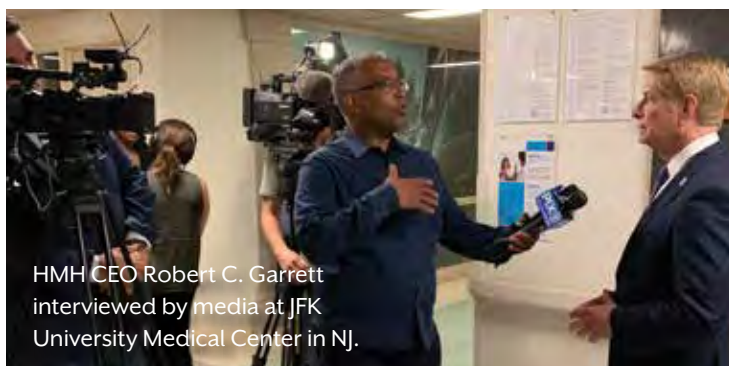
What is your vision for healthcare in America, and what role will Hackensack Meridian Health have in that future?

Every person in this nation should have equal access to high-quality healthcare providers and be given all the tools necessary to achieve optimal health. And the status of your health will no longer be determined by your zip code or the color of your skin.

“Every person in this nation should have equal access to high-quality healthcare providers and be given all the tools necessary to achieve optimal health.”

Hackensack Meridian Health is transforming healthcare every day with talented clinical teams, exceptional leaders, and committed board members. We never stop innovating, even in a pandemic. I have no doubt that through our proven strategies, our commitment to improving quality, expanding access to care, and reinventing medical education, we will create a more vibrant, responsive and compassionate health system for the future.

We can never forget that healthcare is more than statistics; it's about people and their hopes, dreams, and desire to be treated with dignity.



HMH CEO Robert C. Garrett interviewed by media at JFK University Medical Center in NJ.



Robert C. Garrett is the CEO of Hackensack Meridian Health, New Jersey's largest health network with 18 hospitals, 36,000 team members, 7,000 physicians and the Hackensack Meridian School of Medicine. Under Mr. Garrett's visionary leadership, the network has made major strides in medical education, behavioral healthcare, cancer care and innovation and research.





Building equity for diverse and underserved communities

Rosalind (Roz) Brewer, Chief Executive Officer of Walgreens Boots Alliance, Inc., speaks to diversity and growth within the healthcare industry. With a bright outlook toward the future generation of healthcare leaders, Roz shares that companies need to focus on standing up for the needs of the communities they serve.

Interviewed at Women Business Collaborative
Summit September 21, 2022

Robert Reiss: Let's start with a topic that I know is very important to you: gender equity and DEI.

Rosalind (Roz) Brewer: We've set a very high standard and expectations when it comes to gender and racial equity. Our pharmacy staff throughout all of our stores is comprised of predominantly women as is our entire company. We have a nice distribution of a broad array of racial and gender equity in both. It's also represented at our board level. One of the things that attracted me to Walgreens Boots Alliance (WBA) as I was considering this opportunity is the board representation, and five women on our board was really an exceptional number. It creates a really nice conversation, especially when we're trying to think about what needs to happen in the communities that we support. When it comes to issues around health equity, and who serves as leadership at home, usually it's the mom or the grandma who's the caretaker. We recognize that we feel like it fits with who we are and how we want to serve our communities.

Specifically, when I joined the company, I read a lot about the history of the Walgreen family and how the drugstore business started. If you could see the archives, the history, and the pictures on the walls in this company, some of the first African American pharmacists started at Walgreens. And so, I will tell you that this has been deeply embedded in this company. For me, having carried the flag and being a black woman myself, I feel like I'm in the right place. I feel like the conversations are one of how we now take this out into our communities. It gives me a chance to grow upon a really strong foundation of diversity.

How do you operationalize that?

First and foremost, it's the way that we recognize our annual performance of our leaders. In their goals and objectives is a very strong position on how they've



The CEO Forum Group has selected Rosalind Brewer, CEO of Walgreens Boots Alliance, for the 2023 "Top 10 CEOs Transforming Healthcare in America." The specific award category bestowed is "DEI" for the intentional strategy and action in creating gender and racial parity for the board, management and the entire enterprise and outreach to underserved communities.

met their diversity goals. It is talked about as part of performance management discussions. And then at the top of the company, and actually down to a significant level of leadership, part of your bonus is held against how you perform against your initiative.

The second point that's really interesting to me is how critical it is to have a diverse slate. As an example, we were having a board meeting, and we decided to suspend a search because the slate wasn't diverse enough. We really stopped the process. It says that it is a priority for us, and we put it out in front in some of our major decisions.

When thinking about the whole company, one of the things that I've learned is that when we are embracing people of differences, it's important that they feel seen and heard and listened to.

What are your thoughts on how equity ties into wellness?

We learned a lot during the vaccine administration and what was happening with our company around the pandemic. First of all, we let science lead our decisions in terms of how we were going to operate through the pandemic. Part of the science taught us who was dying most. Who was most impacted was actually people of color and people with

Rosalind Brewer

immunocompromised situations, and so we leaned into that. We went into communities that were left behind, communities that look like food and healthcare deserts. We brought the vaccines to them. We vaccinated close to 70 million individuals, and we did those in predominantly medically underserved communities. We stretched our pharmacists—they were in the stores and our pharmacies, and we set up mobile clinics. We contacted every interfaith community. We reached 70 million individuals where almost 50% of them were people of color or in underserved communities. We were living through our purpose thinking about health equity because that is so important to us. Our mantra is to create joyful lives through better health.

“One of the things that I’ve learned is that when we are embracing people of differences, it’s important that they feel seen and heard and listened to.”

We think that part of being healthy starts with wellbeing, but it also starts with access. We’re moving from just dispensing pharmaceuticals to having conversations and enabling people to get to their physicians, which is the work that we’re doing with VillageMD. We’re building clinics around the country and providing access. We’re going to live through what we stand for, and really think about who needs us the most and get into these communities and provide local health care.

What are your thoughts on talent?

I think about who we need to hire for the next generation in this company. I was with our summer interns, and their interests are so much broader than when I would address a summer intern. Many of





them would want to know how to get ahead, wanting to know what's the next job and understanding the P&L. Most of them start off right away with social issues. We did a Q&A period with them, and we began to talk about sports and athletics. I looked around the group and saw they were a young, healthy looking group of people, and you could tell that self-care was important to them. They talked about their experiences on their campuses. That's our next generation, that's who we're hiring. Companies must figure out that they need to stand for something more than profits, and you don't have to sacrifice profits in order to do the right thing for the communities that you serve.

“We vaccinated close to 70 million individuals, and we did those in predominantly medically underserved communities.”

I think this next generation will serve us well. They're teaching us a lot. I listen intensely to my new hires because they are setting the tone for the future. So first of all, it's a recruiting tool, but I don't want to make it seem so transactional. We have to remember that this next generation has seen some things that we've not seen. They have been exposed to pandemics. They've been exposed to public murders, public unrest, and social unrest, and they want these companies to stand for something else. They're not going to look for mom and dad anymore. They're going to look for their employer to stand up and help them through their day-to-day needs. And that's who we need to be.

Now, let's talk about community.

For us, it's really important to optimize the relationships that our pharmacists have built with the communities. It's not uncommon for someone who's



been recently diagnosed to come to our pharmacist as the first place they go. Sometimes they are stunned, or not clear, or there are multiple issues. It's their pharmacist that they count on, and that relationship goes far and wide. If you are at our pharmacy, stand back and hear the conversations. It's first about the transaction of the pharmacy, but the next part of the conversation is, "How's your son and how's his ear infection?" It goes from there. We can't let that relationship just sit there at that counter because we know that really what happens with healthcare—with the way people absorb what happens to their bodies and the way they think about themselves—it is who has that partner that they can take with them through their journey. And nine times out of ten it is the pharmacist. Now what we're trying to do is build the relationship between the pharmacist and a primary care physician. That's our work with VillageMD.

The other part of this is that we have nearly 9,000 stores, and 80% of these stores are within five miles

of every household in the United States. I am a huge proponent of a virtual relationship, which I think is an opportunity as well. But there's something to be said that when you need access, there's nothing like eye contact—that one-to-one contact when you are at a point of need. This is what we want to stand for, and this is how we began to talk about the work. We're in the communities and, yes, we're going to do the right thing for the people who need us the most. I think that's what's in our DNA.

"I think this next generation will serve us well. They're teaching us a lot. I listen intensely to my new hires because they are setting the tone for the future."

Where should we focus in terms of having more women leaders?

The numbers are still way too thin, in my mind, especially when you look at a double minority like myself. There's so few of us that have been in these seats. I think part of it is that many women need to understand that at some point in their career they need to get close to their customer base, which usually is managing part of the profit and loss statements of the company. I always admire women that are in the



support functions because they are absolutely needed. But if you look at the numbers, our male counterparts usually come from the businesses. It's important to see more women come up through segment management, business management, and customer management. I would also say the work that I am really glad to see are woman CFOs becoming CEOs. I think that's also a good opportunity. I think what is the real bottleneck is that women need more exposure to some of the biggest problems to solve in the companies that they work for. Women need to understand how the company makes money and move close to that area. I often see that not changing enough to get women in critical roles, roles with visibility, and roles where women are going to lead the next generation toward growth in the company.

“I think what is the real bottleneck is that women need more exposure to some of the biggest problems to solve in the companies that they work for. Women need to understand how the company makes money and move close to that area.”

I think companies need to be more deliberate and intentional about that and say, “We need this woman to get on this problem.” When we are looking at our objectives for the year and the work ahead of us, we should be very intentional with aligning our diverse talent with some of the major work that needs to get done. I don't think that happens enough. The real message here is intentionality, focus, and being very deliberate.

We must give people an opportunity to take risks, give them a place to fall to, and give them a place to grow in. And I don't think companies have absorbed that really well. Some feel like it's a risk; I think it's a great opportunity to have a diverse slate and the room against some of the toughest business problems to solve.



Rosalind (Roz) Brewer joined Walgreens Boots Alliance, Inc. as Chief Executive Officer in March 2021. She also is a Director on WBA's Board and most recently served as Chief Operating Officer and Group President at Starbucks from October 2017 to January 2021. Prior to Starbucks, she served as President and Chief Executive Officer of Sam's Club, a membership-only retail warehouse club and division of Walmart, Inc., from February 2012 to February 2017. She held several executive leadership positions with Walmart beginning in 2006. Prior to Walmart, she served as President of Global Nonwovens Division for Kimberly-Clark Corporation, a global health and hygiene products company, from 2004 to 2006, and held various management positions at Kimberly-Clark beginning in 1984. She currently serves as a Board Member of VillageMD, World Business Chicago, Business Roundtable and the Smithsonian's National Museum of African-American History and Culture. She formerly served on the board of directors for Starbucks, Amazon, Lockheed Martin Corporation and Molson Coors Brewing Company. She is Chair Emerita of the Board of Trustees for Spelman College, where she did her undergraduate work. She served on the college's board for 17 years. Brewer is currently ranked #7 on Fortune's 50 Most Powerful Women in Business and was named one of the 25 most influential women by the Financial Times in 2021.



Walgreens Boots Alliance



Photo credit: Getty Images

The long-overlooked solution to upend health care economics: Bringing the hospital home

By: Robert Reiss | Featured on Fortune.com | May 3, 2023

If the pandemic has taught us one thing, it's the importance of healthcare. Just as the Bubonic Plague opened the door to the Renaissance, COVID could usher in a new model of significantly elevated wellness and health economics.

For two decades, I've been on hospital boards, observing the challenges of our national health system. Now, after personally interviewing over 100 leading healthcare CEOs, the problem is becoming clear: The current incentive system is actually backwards. It favors services rendered in hospitals by reacting to illness instead of preventing it and creating wellness. With advanced technologies in place, once we align payment systems to focus on preventative and home-based care, we can build the powerful healthcare system of the future.

This is a two-part solution: We must focus on preventative health and embrace moving healthcare out of the hospital—and more to the home.

Preventative care is the what

Dave Hickey, the president of BD Life Sciences, has identified the key trends that are driving the future of healthcare as: “developing smart, connected care technology; enabling new care settings; and improving chronic disease outcomes.” Chronic diseases are a great place to start because they are the leading causes of death, illness, and disability in the United States—as well as being responsible for 86% of our nation's \$4.1 trillion annual healthcare costs.

As Mike Alkire, the president and CEO of Premier Inc. aptly outlines, “At the end of the day, you can't have a focus on prevention and wellness if you only pay for curing illness. The economic structure of preventative care must be consistent throughout the entire care continuum—from retail clinics to hospitals to the home and everything in between.”

For too long, the interests of key players in that continuum—patients, government, insurance companies, and hospitals—have been misaligned. That mindset is changing, starting with the insurance industry.

“From an insurance perspective, we know the extraordinary value of preventative care, particularly when dealing with potentially catastrophic challenges like cancer or heart disease. From a human perspective, we know that the chances of survival rise exponentially with early detection. We also know that from a financial outlook, preventing a disease is a lot less costly than treating one for both the patient and insurance carrier,” Virgil Miller, the president of Aflac U.S., told me.

Additionally, Senate and House committee leaders can start realigning payment structures and advancing legislation

to restructure the economics of healthcare to focus on prevention and wellness.

Key societal elements of prevention could be targeted with practical solutions, BD's Dave Hickey pointed out. “Racial and ethnic minorities, rural residents, sexual and gender minorities, and those with limited English proficiency often face cultural, economic, and geographical factors that preclude them from obtaining critical health screenings, including Pap and HPV tests,” he said.

Home-based healthcare is the where

Preventative health can often be best served by shifting from a hospital to a home setting, which not only improves the economics, but also dramatically elevates well-being.

“To truly transform healthcare, we need to focus less on what happens in care settings and more on what happens where people live their lives. We need to explore ways such as the Planetree person-centered care framework which can help healthcare providers make practical operational improvements to integrate healthcare seamlessly into peoples' lives and address what matters most to people to make it as easy as possible to adopt healthy behaviors,” says Patrick Charmel, the CEO of Griffin Health Services Corporation.

Just as the pandemic has shown that workers often prefer being home, patients often prefer being at home as well. A recent survey on post-acute care showed that 86% of adults preferred to receive post-hospital, short-term healthcare at home. And this trend is increasing. In fact, through 2028, the Centers for Medicare and Medicaid Services estimates that home health expenditures will reach \$201 billion—up 73% from 2020.

“Success for healthcare is meeting patients where they are and easing their way to wellness. Virtual nursing care and hospital at home will be supportive of patients and allow health systems to reimagine how care is delivered. An added benefit is that will also have a significant positive impact on caregiver burnout and other workforce shortages,” says Erik Wexler, the president and chief operating officer of Providence.

In summary, if we can just change our mindsets and flip reimbursement policies, we can save billions of dollars on healthcare every year while enhancing our wellness.



Listening leads to empowerment for all

Jefferson CEO Joseph G. Cacchione, M.D. shares his perspective on leading a large healthcare and higher education organization and how humility and an ability to listen empower patients, healthcare professionals, students and faculty.

Robert Reiss: Jefferson has many firsts in America, and next year will be the 200th anniversary.

Joseph G. Cacchione, M.D.: The medical school is one of the first medical schools in the country. It's quite unique in the fact that it is in a community where much of healthcare came from and originated in this country. The seed of healthcare in many ways started in Philadelphia. Some of the first hospitals in the country started in Philadelphia. Jefferson was the first medical school to also have a teaching clinic so students could get direct patient experience, which has become a bedrock of healthcare education. We feel proud of our history here at Jefferson. We also feel like the past 200 years really identifies who we are and our commitment to this community and the commitment to the community at large. And candidly, we're looking forward to setting the course for our third century than anything.

And so much about Jefferson is its culture. You have 42,000 employees. What is the secret with building a great culture in a large organization?

I would start with empowerment—empowering all of our workers, from the people that are doing neurosurgery to the people that are responsible for

“Humility is a key attribute that is so important for leadership. It allows you to listen better.”

delivering our food trays. Everybody needs to feel empowered to make an impact on those around them and to ensure those we serve feel like they're being cared for. A key initiative we have is called Empower You where we empower frontline staff and managers to help provide recovery services and make things right for the patient or the family that we're serving. I believe the way we build a culture of commitment to everybody we serve is through empowering our staff to actually do more than what is simply required and to help them develop a sense of shared ownership.

What's a specific example of Empower You?

There are so many, but one that comes to mind is when one of our nurses saw that a patient lost their shoes from the transport to the emergency room to the ICU and then to a general floor bed. They lost their shoes and were going home in the winter. This nurse was able to, with Jefferson funds, purchase a pair of shoes for that person to go home with. Now, that could have been a negative experience where this patient lost their shoes, but instead it becomes a positive story. It's just a small example that shows the power of empowerment, and it makes the staff member feel good about being able to fix something and not have to wait for the president of the hospital or the nursing director to resolve the issue. It better serves both the patient and the staff member, and it also empowers and makes the employee feel much more rewarded at the end of the day.

What are your other core tenets of leadership?

I would say humility. Humility is a key attribute that is so important for leadership. It allows you to listen better. You don't feel like you need to be the smartest person in the room, or you don't need to be



The CEO Forum Group has selected Joseph G. Cacchione, M.D., CEO of Jefferson, including

Jefferson Health and Thomas Jefferson University, for the 2023 “Top 10 CEOs Transforming Healthcare in America.” The specific award category bestowed is for “Culture” for the exceptionally devoted, focused and aligned team of 42,000 delivering extraordinary care and for creating a true community focused organization.

Joseph G. Cacchione, M.D.

the center of knowledge. I spend more time listening because I learn from everybody I talk with, and that requires humility that I'm not the be-all-end-all here. This is an organization run by 42,000 people and served by 42,000 people. So humility to me is one of the most important attributes for effective leadership. We're not always right; I make mistakes every day. We have to be able to recognize that and recognize the importance of everybody's input into an organization.

I visit our hospitals all the time. My very first day was a Tuesday in September, right after Labor Day. The first place I went to was to talk to our emergency room folks at Jefferson Einstein Hospital in North Philadelphia, and I spent about four hours in the emergency room that night learning about what they were dealing with and listening to people. People

don't want to be told; they want to be able to tell their story, and they want to be able to tell the issues. I think that humility gives me the ability to be a much better listener.

I believe really listening is also core to effective leadership. I think people look to leadership to see what characteristics their leaders are exerting in a particular situation. I think the more we become the example and exhibit that behavior, the more it becomes more the norm rather than the exception. We encourage our physicians and our leaders to be good listeners—not only to their fellow employees—to our patients, the families of the patients, our membership, our students, and our faculty. We have to all become better listeners. The better I listen, the better example I become for everybody.



When we set the example, it can help drive the cultural norm to be a good listener; it becomes the cultural norm to be somebody who feels a sense of humility. I think that becomes more cultural, and over time we'll get there. I think this organization has such a great foundation and commitment around its mission of just improving people's lives. That unites us out of the gate, and the way we do that has to be in a way that is—maybe sometimes an overused term—servant leadership. How do we serve people rather than feel like they're doing us a favor coming here?

Let's talk about the future of healthcare.

I think that, in the past, healthcare has really been a hospital-centric sport as it were. We always thought about the quality of care and how we delivered it in the hospital. All of our metrics were around hospital stays. We always measured our success by the number of hospital admissions or the number of procedures we did. Today, healthcare is transforming into much more of a longitudinal impact on people's lives. People access healthcare in so many different areas. It starts as a child, accessing your vaccinations and things like that. The practice of medicine in the offices has changed. It goes all the way from that office practice, into the hospital, and into the home. We will continue to provide more care in the home. How do we care for you between the times that you're accessing us through our many different points? This will become increasingly important. We'll need to continue addressing the social determinants of health that have had an impact on the health of our communities.

It's not just about saying you have diabetes, and you need to be on insulin. It's asking, "Can you afford your diabetes medicine? Do you understand how to check your own blood sugars?" To me, this is an expanded version of that. We need to stay connected to patients in a longitudinal way. The focus in the past has always been on the hospital. Today, it's focusing on an end-to-end consumer journey around healthcare and health, and that includes those social

determinants of health that are such an important part of good, true health outcomes.

How do we accomplish that?

We have to meet people where they are. What we found during the pandemic is people do access and can access us in ways that are different. We found that, during the pandemic, people were able to access using smartphones and computers. We can access people in different ways, and we in healthcare have to be much more creative. We can't wait for them to come to us. We have to be able to go to them, and I think we have to demonstrate that those models of care that we deliver and that the things that we do are as effective as the old traditional models. We have to go that extra mile to show that.

"Today, healthcare is transforming into much more of a longitudinal impact on people's lives. People access healthcare in so many different areas."

A lot of this starts with good data and how we collect the information around patients to be sure that everything we do for them matters and that we're able to collect that data at multiple points from where they're accessing us. If they decide they want to do an office visit in the home or they want to get their care in the home, can we access the information that allows us to demonstrate that the care they received was as effective as if they were to come to our office or to our hospital? Ultimately, it's about meeting people where they are, and I think it has to be foundational. The data piece of this has to be foundational to be able to demonstrate to people that we are treating them as effectively as we were in the past.



Let's shift to the personal side. If you could roll the clock back to your 21-year-old self, what advice would you give?

I would say, "Don't take yourself too seriously. And no matter how good you think you are at something, you're replaceable." Not taking yourself too seriously is an important thing. Honestly, that comes from the values of my parents, who taught us that sense of grounding and not taking yourself too seriously. There were two people that could knock me and all three of my brothers down. And they would be our mom and dad.

Was there any specific message you learned about leadership from your mom?

The phrase that comes to mind for her is "Don't be a phony." And that was her thing—she would call phoniness out all the time. She would say, "That person is a phony, so don't be one." And I guess I attribute that philosophy to my mom.

And that really ties into reputation.

Agreed. I think reputation is really important for the organization, and it always comes back to the

organization. My hope is that someday, when I walk out the door, they'll say, "Oh, he did a great job, and we're sad he's gone because we like to have a lunch with him. But we're not going to miss a beat." It's about building the organizations and continuing the legacy of this organization's reputation so that it goes on in perpetuity and so that we set Jefferson up for the next 200 years. You build a reputation by providing a high-quality Jefferson experience in terms of healthcare, health insurance, or higher education. You want to provide an extremely positive experience.

Our brand has a brand promise attached to it, and that's how you build that reputation. You look at organizations that have it in other industries, and it's always about this because they have that predictable level of experience. Jefferson becomes that brand promise. When you come here, you know you're going to get the best clinical outcome or best education with a great experience.

"I think we have a responsibility to this community to lift up everybody that we serve. We need to reach more people on a daily basis from a health equity standpoint."

What advice do you have to CEOs in any industry in terms of how to build a reputation, how to lead effectively, and like you're saying, be humble? What's your real advice to CEOs?

I think the question always for a CEO is why. When I first began my experience at Jefferson, I think I was like an inquisitive three-year-old. You know, like your son or daughter was when they were three and asked the question "why, why, why?" I felt a little bit like that three-year-old asking, "Why are we doing it that way?" And you get the response, "Well, we've always done it that way."

That's not the response we're looking for. So it's asking the question why, and then the next two or three questions and trying to understand what has landed Jefferson where it is today and why it's there at number one. Once you understand how we arrived at where we are in the present state, it forms that foundation of where we need to go, what we need to change. And, it respects the past, but it really tees us up foundationally for the future.

It's about asking not only the first order questions, but that second and third order question. And the answer is always ask the why and then listen intently to the response. It comes back to what we said earlier that being the good listener of the "why" is an important piece. I don't want to be too presumptuous with advising other CEOs, but my approach is always about asking "why" and listening to those answers intently.

Final question: when you and I sit down again five years from now, what would you want to say about Jefferson?

First of all, I think we have a responsibility to this community to lift up everybody that we serve. We need to reach more people on a daily basis from a health equity standpoint. We have to be able to do that. That's number one, and I would love for that to be my legacy: that we've made significant impacts on health equity across Jefferson.

From a Jefferson-centric standpoint, I would hope that we have changed the financing arm. Jefferson is now more responsible for people's care, not only the care delivery, but the financing of that care delivery, whether that be through partnerships with our colleagues at IBC or whether that be through our own health plan—the Jefferson Health Plans, which used to be the legacy Health Partners Plans. To me, it's about changing the financing arm of that.

Lastly, it's about optimizing the university in order to provide an unparalleled experience for students that will ultimately help provide a path for them to flourish within our health system or provide them the solid foundation for their professional aspirations in the many fields of study that we offer.



Joseph G. Cacchione, M.D. is the CEO of Jefferson, which includes Thomas Jefferson University, Jefferson Health, and Jefferson Health Plans (formerly known as Health Partners Plans). He joined Jefferson from Ascension Health, one of the largest private healthcare systems in the US, where he served as executive vice president of clinical and network services.

Throughout his 30-plus year career, Dr. Cacchione has held leadership roles nationally and in Pennsylvania for the American College of Cardiology and has served on several national and community-based administrative health committees. He has authored and co-authored scholarly papers and presented at national conferences and meetings on healthcare systems and cardiology.





Balancing short-term and long-term goals for healthcare employees

Universal Health Services President and CEO Marc D. Miller dives into the core drivers of culture and performance across business sectors that have created a proven track record for employees, and subsequently patients, over the past 44 years.

Photos above: In March 2023, UHS ceremoniously named and broke ground on a de novo hospital in Palm Beach Gardens, Florida. The Alan B. Miller Medical Center is named in honor of UHS Founder and Executive Chairman Alan B. Miller, who was CEO until 2021, when he transitioned responsibilities to Marc D. Miller.

Robert Reiss: Explain the unique Universal Health Services healthcare model.

Marc D. Miller: We're unique in a few ways. We were established in 1979, so we're in our 44th year. What makes us different than most others in our sector is that, for a healthcare company, we concentrate on two significant aspects of the business: acute care hospitals and behavioral health facilities. Most of the companies in the healthcare sector would concentrate only on one. But we've done this almost from our inception and have continued to grow in both segments to the point now where we're one of the largest behavioral health companies in the U.S. and the U.K., and we have almost 400 facilities in total. We have very large business segments on both sides—almost equal in revenue—which makes us different from most others in this sector.

“Our employees embrace this long-term philosophy because they know that we’re doing things for the right reasons all the time.”

You have over 90,000 associates. Describe your culture.

Our culture is one of accountability, expertise and growth. We are thoughtful and conservative, yet entrepreneurial. We aim to hire the best in the industry. And we are passionate about our mission,

which is to deliver high-quality patient care. Every role contributes, whether on the front line or in support of those who are. It's all about Service Excellence and the care we deliver to patients.

Throughout our 44 years, we've always had the ability to focus on long-term performance, as opposed to making decisions for the short term. We communicate that we'll always do the right thing for the right reason. With a long-term perspective as a public company, that's often difficult to do. We've been fortunate that we've had a very good track record for a long time. We are financially stable and have demonstrated that year over year.

Our employees embrace this long-term philosophy because they know that we're doing things for the right reasons all the time. And I think that makes us a very healthy organization and has contributed to our success over the last few decades.

Let's talk about your leadership philosophy as you've been president for over a decade.

My primary responsibilities are setting strategy, setting vision, and leading our organization. Our senior executive team puts in place whatever it is we need to achieve those goals. I think that it's very important, especially in a large organization like this, because it can become more difficult to communicate that message and ensure that all of your employees know that you're in the trenches with them. So what we try to do is to communicate in different ways.



The CEO Forum Group has selected Marc D. Miller, President & CEO of Universal Health Services, Inc., for the 2023 “Top 10 CEOs Transforming Healthcare in America.” The specific award category bestowed is “Behavioral Health,” in recognition of his unparalleled leadership in delivering exceptional patient care and quality from an aligned team of over 90,000 who focus on always doing the long-term right thing. This is delivered throughout over 400 facilities and is making a palpable difference in behavioral health in America.

Marc D. Miller



Marc addresses UHS Marketing Directors at an internal conference

In the past, much like other organizations, we would rely on distribution of printed materials to keep employees informed. We would visit our hospitals as much as we could. However, now with digital technologies including social media, we do so much more online.

There are more two-way touchpoints for not just our staff, but also our patients, our physicians, referral sources and our communities. They see us communicating with them more frequently, in a way that I think they can relate to much better. We've gotten into more use of video on our platforms—another example of improving the way we communicate and engage. I think that shows all our folks who are caregivers at the facility level that we're in this with them, and we're setting a vision that they can buy into and agree with. And we're celebrating news, milestones and our collective successes. Hopefully, that will help them continue to make the decision to work for our company for the long term.

“No matter how big or small we are, we are focused on high quality at all of our facilities.”

Talk about some leaders whom you respect and admire whom you've learned from.

I've been a student of Apple and Walmart for many years for different reasons. Walmart because of their growth every quarter each year. They have to reinvent themselves to figure out how they're going to grow, because they're nearly in every market around the globe at this point. It's interesting to read and see how they run their business. And it's always been fascinating to me how a company like Apple was able to stick to certain core values and really gave up early on the ability to grow because they wanted to perfect their technology first.

Even though they had only about 10% of the market, Steve Jobs for many years didn't really consider himself competitive with Microsoft, per se, because he thought their products were inferior to what he was trying to create.

We are learning lessons from both Walmart and Apple. At UHS, we talk a lot about quality. And we also talk about doing things “the UHS way,” meaning we've never been obsessed with growth for growth's sake. For us, no matter how big or small we are, we are focused on high quality at all of our facilities. That's the most important thing. So whether we have 400 hospitals or 700 hospitals, \$13 billion or \$50 billion revenue, we will never grow for just growth's sake; our focus is always going to be on patients and



Marc presents the Quality and Service Excellence Awards to our stellar Behavioral Health Facility leaders for their excellence in quality healthcare.

on quality. Of course, I've certainly learned a lot from my father—who was the founder of this company—how he set out his goals, how he grew the business and we continue to live up to that and do things the right way.

When you talk about leadership, when you're interviewing candidates for leadership positions, what do you look for?

We want honest, ethical people. Also, culture fit is a big thing. There are many wonderful people, and many bright individuals who have had success elsewhere. But you're always trying to find people who will fit well in your culture. And lastly, something I've always focused on, is self-awareness. With every candidate that I interview, it's one of the things I don't talk to them about overtly but try to glean through the conversation. We're not looking for the perfect candidate; we're looking for the people that understand what they need to be working on. And I have my own lifelong journey with different facets of my personality that I'm trying to improve. But if you're not aware of them, then it's impossible to improve upon them. Self-awareness is a big one for me.

Talk about behavioral healthcare and staffing.

There are many challenges in the behavioral health sector right now—some that were exacerbated by the COVID pandemic. We're seeing an increase in need for effective behavioral health services across the board. And that's only increased through COVID. For the last three years, we've seen people trying to access services in different ways, but we also have a reality of looking for staff that you sometimes can't find and trying to navigate through various new barriers that have been put up because of the pandemic.

Now, luckily, we're on the tail end of this, and things have opened back up. We still find ourselves actively recruiting for staff to be able to accommodate the needs of patients, but we're making tangible progress, especially the last 12 months.

We run so many different types of programs that it seems like when one settles a bit, then something else pops up. We're always trying to meet needs as quickly as we can. Because of our size and our scope, we're able to meet those challenges, in a great deal of cases, quickly. We're proud of the work that we've been doing, but we recognize that some challenges continue to exist.

What is it that CEOs need to know about behavioral health?

I think the most important aspect revolves around stigma. Stigma in the industry and in the country has always been a big issue. People have shied away from sharing troubles that they had with their mental health. For obvious reasons, folks are worried about getting negative reactions, being judged, perhaps shunned.

“The good news is that the stigma [of mental health] has decreased over time due, I believe, to education, outreach, the public sharing of personal stories by celebrities and other known public figures, and legislative and infrastructure measures.”

My message to CEOs is to remove within their organizations any stigma toward behavioral health. Of course, it's critical to address when issues first surface so they can be prevented from getting worse. Mental illnesses are legitimate and can become crippling if not treated, so getting folks help early on can really make a huge difference.

The good news is that the stigma has decreased over time due, I believe, to education, outreach, the public sharing of personal stories by celebrities and other known public figures, and legislative and



On a visit to Southwest Healthcare Rancho Springs Hospital in Murrieta, CA, Marc signs the vision wall.

infrastructure measures. Due to increasing numbers of people experiencing mental health issues, it's no longer rare. Importantly, the 988 Suicide and Crisis LifeLine was launched nationally in July 2022 for those in mental health crisis. While 911 remains the primary emergency line for police, fire, and medical emergencies, the establishment of 988 is the most significant transformation in the behavioral healthcare space in years.

Is that the most important challenge you see in the behavioral health industry today?

I think that there are many, many challenges. Patients' access to effective care has always presented barriers. I do think that the different ways that we provide patient care these days actually helps. Access is much better than it was five or 10 years ago. For example,

a lot of people think of psychiatric care as only inpatient care, but we do so much in an outpatient setting. We have intensive outpatient programs and we do partial hospitalization programs where there's a component in a hospital, but the patient lives at home and is integrated with his or her family and community. And now with telehealth, we're able to engage virtually, which has only increased the availability of effective services for patients. And that's a terrific thing. The offerings now are so much more versatile. There's really no excuse to not be able to get help whether it's for a family member, a staff member, or anybody who needs it.

Let's talk about reputation.

Reputation is important in any walk of life. But it can't be any more important than in an organization providing patient care. It's the core to everything that we do. People are choosing one of our facilities, one of our nurses, one of our doctors, in a situation where they're most vulnerable. Our reputation is so important. I've often heard—and many of us have heard this as well—that it takes a lifetime to build a reputation, but it can take a minute to ruin a reputation. So we really think about everything that we do, on a daily or weekly basis, to make sure that we're emphasizing the importance of reputation to everybody that works here, all 90,000 employees.

Everybody knows, and they often hear from us, how important reputation is. I talked already about doing things for the long term, but it's doing the right things all the time—you can't deviate from that. Reputation is the most important thing to us here, as I know it is for many people. But again, because of the type of business we're in, I think it's critically important for us.

How do you view the future of Universal Health Services?

The future is bright. The healthcare business as a whole has always been a tough business. It's gotten tougher in the last few years. We have some economic

President & CEO, Universal Health Services, Inc.

challenges now throughout the country, and they're affecting everybody, including businesses. But we have a mission to serve patients well. Whether we have a booming economy or a struggling economy, or if we're in a pandemic or not in a pandemic, people need health care services. There's a great responsibility that's inherent in what we do, and we take that responsibility seriously.

“Reputation is the most important thing to us here, as I know it is for many people. But again, because of the type of business we're in, I think it's critically important for us.”

We are excited about a lot of the things that we're working on and planning for the future, but the core of it is taking care of patients in both of our business segments. And beyond that, we look to grow in new areas beyond our traditional acute and behavioral services.

We're doing a lot with tech on the innovation side, and we're looking into some different business models, as well. We have expanded over the last 10 years domestically and in the U.K. Further expansion into other markets is certainly on the horizon. We have a very bright future that we're excited about.



Mary Mullen, RN at Brooke Glen Hospital, a subsidiary of UHS located in Pennsylvania, is honored by the Ben Franklin Global Forum as the 2022 Distinguished Healthcare Professional, in recognition of her steadfast commitment to serving behavioral health patients over her 40+ year career.



Marc D. Miller is President and CEO of Universal Health Services, Inc. (NYSE: UHS). Mr. Miller was named CEO in January 2021 after having served as President since 2009. He is a member of the UHS Board of Directors, serving on the Executive Committee and the Finance Committee. He joined UHS in 1995 and over the years has held various positions of increasing responsibility at hospitals and the Corporate office. Prior to assuming executive leadership roles at the Company's Corporate Headquarters in King of Prussia, Pennsylvania, Mr. Miller served in various operational leadership roles at several UHS Acute Care Hospitals.

Mr. Miller is a member of the Board of Directors of Universal Health Realty Income Trust (NYSE: UHT), a real estate investment trust that has investments in 65 properties located in 20 states. In 2021, he was selected to serve on the Board of Directors of the Federation of American Hospitals (FAH). Additionally, he has served as a member of the Board of Directors of Premier since 2015. In 2022, Miller ranked #49 on Modern Healthcare's "100 Most Influential People in Healthcare" list, in recognition of his visionary leadership, and most importantly, for upholding the company's patient-centered focus. He earned a Masters of Business Administration degree in Healthcare from The Wharton School of the University of Pennsylvania and holds a Bachelors of Arts degree in Political Science from the University of Vermont.



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A new era in senior living

Lucinda “Cindy” Baier— President, Chief Executive Officer, and a member of the Board of Directors of Brookdale Senior Living—shares the background on her book “Heroes Work Here: An Extraordinary Story of Courage, Resilience, and Hope from the Front Lines of COVID-19.”

Brookdale Senior Living is the largest senior living operator in the nation. We have close to 700 communities, in more than 40 states, with the ability to serve more than 60,000 residents. We operate independent living (IL), assisted living (AL), memory care (MC), and skilled nursing (SNF) communities. Throughout all of our communities, we help seniors and their families manage the challenges of aging. We proudly provide seniors with care, personal connection, and services in an environment that truly feels like home. There is no other industry that offers all of the benefits of working in senior living.

One of the ways in which Brookdale Senior Living stands out is our collective dedication to our mission. Our shared mission is to enrich lives with compassion, respect, excellence, and integrity. That is a large reason why I felt compelled to write “Heroes Work Here: An Extraordinary Story of Courage, Resilience, and Hope from the Front Lines of COVID-19.”

I have never seen so many people who are willing to sacrifice so much for the benefit of others. I am an introvert, and I like to express gratitude by writing notes. This is my attempt to make sure every associate and leader knows how much their efforts mean to me, our communities, and our residents.

Our story spotlights some of the heroes that helped save lives throughout 2020 and 2021 and preserve their important role in history. Brookdale’s associates

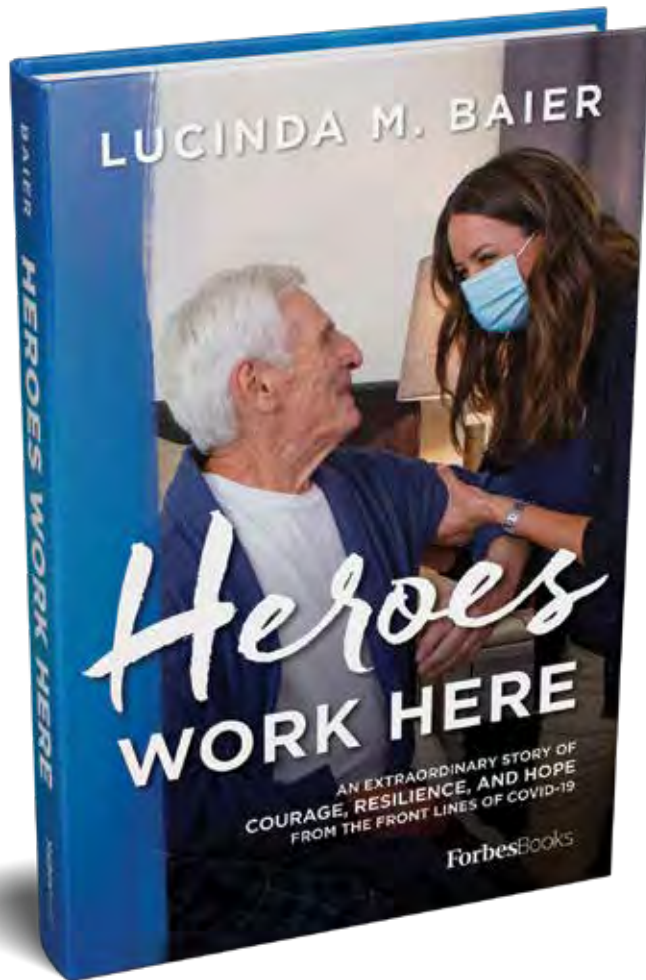
deserve to be celebrated, I wanted to preserve the memory of their achievements. By sharing behind-the-scenes information, we can help others learn from our experiences. At the same time, this is especially helpful for leaders navigating uncharted waters to bring out the best in their teams for the greater good of society.

“I have never seen so many people who are willing to sacrifice so much for the benefit of others.”

This is both a keepsake for those who stepped up when it mattered most and a guide to inspire other leaders to overcome whatever challenges they might face. Our spirit of servant leadership led to success, and those lessons are universal. We are committed to sharing our knowledge with the industry and the larger healthcare continuum.

When we first learned of the pandemic, we reinvented our business virtually overnight. Our leadership took fast and focused action as we aligned our priorities around our North Star: the health and well-being of our residents and associates.

We quickly established a command center as a central point for clear decisions and consistent



A brief introduction to Cindy Baier's "Heroes Work Here," also available as an audiobook:

CEO Cindy Baier shares a mesmerizing, behind-the-scenes look at how Brookdale Senior Living navigated the COVID-19 pandemic as she stood at the helm of a company with \$3.5 billion of revenue in 2020. Woven together with her own personal accounts, Cindy highlights the broad symphony of voices and diverse cast of players who proved pivotal in helping save lives during the most challenging crisis the senior living industry has ever faced. The audiobook is chock-full of heartfelt sentiment and granular insights that serve to redefine corporate leadership as the world enters a new normal. *Heroes Work Here* is the new gold standard for crisis management, a perfect primer for leaders wanting to stay one step ahead of any crisis, and a keen reminder of the wonders that result from a culture of caring.

communications. Every single person had an important role to play in the crisis and beyond. Leveraging everyone's strengths was critically important.

We created the structure to communicate broadly and used every type of communication imaginable. Connection is key. We made intentional efforts to connect with the team professionally and personally. When it came to connecting with residents, we found the people who were closest to the residents often had the best ideas. They could understand what each resident needed in terms of engagement and their relationships. We wanted to make as many decisions as close to the residents as possible.

“Our sense of purpose, creating a culture people want to be part of is at the center of everything we do at Brookdale. People want to be part of something bigger than themselves.”

We also continue to put a genuine emphasis on the utilization and implementation of new technology to help provide new ways to improve the lives of our residents and associates.

I think the thing we learned most is something we always knew: The focus on the mission is vital. Our sense of purpose, creating a culture people want to be part of is at the center of everything we do at Brookdale. People want to be part of something bigger than themselves.

Even in the most difficult times, associates maintained focus on what matters most: the health and well-being of residents and associates. My

“When it came to connecting with residents, we found the people who were closest to the residents often had the best ideas. They could understand what each resident needed in terms of engagement and their relationships.”

advice: Be a learning organization, mobilize quickly, have clear priorities, and ensure everyone knows the objective. Then, align around the objective. When you are clear about what you are trying to accomplish you can overcome a series of events that individually may seem insurmountable.

I am particularly proud of our Associate Compassion Fund, which provides financial assistance to eligible Brookdale associates who are dealing with a catastrophe or personal crisis outside of their control. All net proceeds from book sales go to Associate Compassion Fund.

We’re optimistic about the future. The most challenging times create the strongest leaders. We are taking what we learned from the pandemic to drive a strong recovery. Overall, our game plan for success is to have a highly valued offering that welcomes the most residents into our senior living communities. Thanks to lower construction starts, an acceleration of demand through demographic growth, and strong industry leadership, we are entering an extraordinary new era in senior living.



Lucinda (“Cindy”) Baier is the President, Chief Executive Officer, and a member of the Board of Directors of Brookdale Senior Living, the nation’s premier operator of senior living communities. As of year-end 2022, the \$2.8 billion company operated 673 senior living communities and had the ability to serve more than 60,000 residents through its independent living, assisted living, memory care, and continuing care retirement communities. The company’s 36,000+ employees are taking care of America’s seniors. Ms. Baier became Brookdale’s President, Chief Executive Officer, and a member of the Board of Directors on February 28, 2018. As CEO, she led the company through the largest public health crisis in 100 years by prioritizing the health and well-being of its residents, patients, and associates. She focused the company’s efforts on increasing diversity, including the Board and executive leadership team approaching gender parity in 2020. Ms. Baier led Brookdale’s efforts to negotiate and restructure leases with its largest three REIT partners. She led the company through the sale of assets, including Brookdale’s interest in the unconsolidated entry CCRC ventures and the majority share of its home health, hospice, and outpatient therapy business. These deals unlocked significant value for Brookdale and shareholders. In 2022 Baier published her first book *Heroes Work Here: An Extraordinary Story of Courage, Resilience, and Hope from the Front Lines of COVID-19*.





Amplifying awareness of the underlying issues in our health system

James L. Madara, M.D.—CEO of the American Medical Association—expresses the need for change across our healthcare system in America. With recent experience with COVID and a reflection on past health crises, Dr. Madara shares insights to how a shift in healthcare can benefit both patient and physician.



The CEO Forum Group has selected James L. Madara, M.D., CEO of American Medical Association, for the 2023 “Top 10 CEOs Transforming Healthcare in America.” The specific award category bestowed is “Physicians” for Dr. Madara’s leadership in elevating how physicians deliver care. This includes being a paralleled ally to almost 300,000 physicians in areas like R&D, medical education, and advocacy, and taking a powerful stand to reduce the amount of administrative work so physicians can spend their energy and intellect on patient care.

Interviewed March 15, 2022

Robert Reiss: Talk about the AMA organization which was founded in 1847.

James L. Madara, M.D.: Our mission statement is to promote the art and science of medicine and the betterment of public health. When we advocate, that’s what we advocate for, and we want to be a powerful ally to physicians in patient care that they deliver.

You can think of the organization as being composed of multiple pieces. There’s the membership component, and then there’s the House of Delegates—which are all the medical societies and state and specialty societies—that make up our house in a democratic way. The House of Delegates debates and formulates the policy. The AMA and most all physicians in the United States link to elements that are present in the House. We have business products as well, and we steward the nation’s CPT codes so we can follow the procedures that are done on patients by physicians in a normalized way.

We have R&D that includes things like the medical education area, where we have a consortium of 37 medical schools, thought leadership, and tomorrow’s medical education. We have our journal, the Journal of the American Medical Association. With 290,000 issues circulating globally every week, it is the widest circulating general medical journal. And lastly, we have an office that advocates for our mission statement. Underlying all of this, we have an innovation ecosystem both in D.C. and Chicago, as

well as a for-profit subsidiary in Menlo Park on Sand Hill Road, Health 2047.

It really is a full continuum of services and activities to support the discipline. Over the last two years, I know your strategy had been around building this ecosystem of healthcare. With the pandemic, which impacted healthcare and physicians significantly, what did you learn?

I think we’ve learned a lot during the pandemic. First of all, in terms of how we operate, we learned that we can do a lot remotely. In fact, I was astonished by how quickly and effectively we moved to full remote in the organization. Having said that, there’s no substitution for person-to-person interactions. As remote work went on, one could start feeling that there was a little bit of a tilt back to siloing that we had gotten away from. There was a little more back-end work around by IT, Finance, General Counsel, and HR, as people started drifting in process.

“I’ve seen a move from inpatient dominant to outpatient dominant. And now you’re starting to see the move from outpatient to home.”

We learned that we have a different mix of needing to be together on one hand and needing to be remote on the other. The other big thing that came out of the pandemic was a reinforcement that our strategic framework fit the moment very well, and there

were certain components of it. The Health Equity accelerator, for example, is one of the six pieces of that strategic framework where there was a bright light cast on the problem of health inequity in this country by the pandemic. It was really a validating exercise for our strategic framework.

What's your take on what's happening with telemedicine?

This was astonishing to witness in 2020. When the pandemic began at the end of 2019 to the summer of 2020, the use of telehealth and telemedicine didn't grow by a factor of three, or a factor of 10. Telemedicine grew by two orders of magnitude, and it was astonishing to see. A lot of this was allowed by the loosening of restrictions around telemedicine that existed before—the loosening of restrictions because of the public health emergency.

Now, there are some things that just can't be done by telemedicine, but a lot that can. I myself had an arthroscopy during the pandemic, and my followup was done at home by telemedicine. Obviously, the arthroscopy had to be done in person as well as the initial exam and imaging. But the at-home followup was really comfortable both for my surgeon and myself. And it was also intimate. I got to meet my orthopedic surgeon's wife and see their new dog, which added a really personal aspect to it as well.

So that's interesting. You're saying telemedicine actually might personalize things more.

For example, I've talked with a diabetic technologist who appreciated having a home visit, asking the patient to open the refrigerator and see what was in there in terms of recognizing what the patient's diet might be. So, what we're really advocating for now—at the end of the emergency state—is to retain the flexibilities that we have for telehealth and telemedicine so we can blend it in. In thinking about business models, we are also working with practices to do a lot of telemedicine because if you have

telemedicine on one hand and face-to-face on the other, you have two kinds of business models. How we can put those into one practice most effectively is the problem that we're working on currently.

“Physicians want to see patients but are blocked from doing so by administrative requirements.”

Obviously, the trend is towards home healthcare. Since you're so involved with innovation, what is your vision for that?

In my own career, I've seen a move from inpatient dominant to outpatient dominant. And now you're starting to see the move from outpatient to home, and that makes a lot of sense. But there are things that need to be done and organized with the health system for that to work well, so here's an example.

The number one killer in our society is high blood pressure, or hypertension. It's a chronic disease that needs to be followed in various ways. It could be



followed at home. In fact, blood pressures that are taken at home can be more accurate than those taken in the clinic because of something we call the “white coat effect.” People are uptight when they go to see a physician and are in the clinic, thus their blood pressure may be a little elevated.

However, if blood pressures are taken at home by a well-validated cuff, ideally you would have the electronic means to send those important bio-signals into an organized electronic record. We have tools where we’re starting to do that, and we’ll be testing those in the real world in the next quarter. Getting bio signals from the home will be a very important part of healthcare in the future. You’ll even start seeing things emerging like hospital at home where with special kinds of activities and support, a physician in an emergency room can write a prescription saying “admit to home.” So we start seeing more home care, but the connectedness aspect needs to be overcome right now.

In areas like opiates and gun violence, it sounds like you’re really taking a lead here.

Yes, absolutely. These are problems in society that physicians face in their offices every day. We need to have freedom in which to treat and deal with these problems. For example, physicians need Naloxone widely available for overdose treatment without so many restrictions. Pediatricians should be speaking to their patients about safety issues in the home environment. These are things that have to be done.

You represent over 270,000 physicians, more than anyone in the world. What should we be advancing in the physician world?

I have to point out where we are right now in terms of how physicians can function with patients. We did a study collaboratively with Ran Health and multiple markets some years ago. The question is what satisfies physicians, and then what are the dissatisfiers. And the number one, two and three satisfiers were face



time with patients. That’s what physicians wanted. Then we did a multimarket study with Dartmouth on how physicians spend their time. For every hour a physician spends face to face with a patient, that physician spends approximately two hours on data entry and administrative work.

Here you have this workforce that’s very well-trained. It’s an expensive workforce, and you want it to use it to its highest principle, but you basically turn that workforce into the most expensive administrative outsourcing that this country has. A consequence of that has been measured in a series of studies we’ve done in collaboration with Mayo Clinic and Stanford on physician burnout.

And not surprisingly, physician burnout is higher than any other white collar profession. And I think a lot of this is due to the fact that physicians want to see patients but are blocked from doing so by administrative requirements.



This to me is a surprise. I knew there was a problem, but I never realized that it is a two to one ratio in the reverse direction than it should be. What can be done about this?

One of the areas that we advocate for is to get rid of the administrative trivia that is layered into being a physician. Our health system could be simpler. One of the things that we, in our health system, have that other health systems—including Europe and Canada—don't is this huge administrative waste by having multiple processes. An example of this is that one physician's office might have 20 different contracts with payers. And with Medicare

Advantage, there might be 10 different flavors of Medicare Advantage. And all those contracts will require measures of quality, but each one has a different measure of quality. So there isn't uniformity in how this important area of quality is viewed by payers, as well as the federal government. So we have this incredible administrative complexity that falls down onto the physician in the offices.

Another example of this would be what is called prior authorization. And that is when, for instance, a payer decides that we need to make sure a drug is actually needed, which is perfectly legitimate. But right now, an average physician will see 34 prior authorizations

per week. To satisfy those prior authorizations, it takes someone in the office, either the physician or someone that's working with the physician, approximately 16 hours a week. This means having an FTE for two days a week for prior authorizations. And it's very rare that the authorization is not permitted to go forward eventually. But at times, there is a lapse in treatment to the detriment of patient care. So, these are just some of the many embedded obstacles in our system that need to be simplified.

With all of these obstacles, what is your vision for the future of healthcare?

We take what I would call a pre-competitive view of this. And what I mean by that is, in this nation with all of its complexity, it's really hard to predict what the healthcare system is going to look like mid-century. The pre-competitive judgments are: what do we need to make a system work regardless of its form and what does any system need? We think there are three things that are strategic arcs in our framework.

The first is removing the obstacles so the physicians can spend time with patients, and the patients can have more time with physicians.

The second is educating the workforce for the 21st century, not the 20th. This includes moving from inpatient to outpatient to home. It's team-based with huge amounts of data. One can no longer memorize all the data and facts that you need, so that's a different kind of learning environment. It's more data utilization, data manipulation, how to think about population health...all of these things. Educating the workforce for the 21st century is the second one.

And the third one is how do we deal with chronic disease? In the last half century, the greatest change in the health and disease burden in the United States has been this move from episodic to chronic disease.

Things that used to kill you, we can now work through, but you need to chronically have a followup.

We have diabetes, hypertension, and cured cancer with residual aspects that need to be taken care of. We have COVID now, and the chronic sequela of COVID. We have taken one primary example of chronic disease, which is hypertension, and we're trying to pick the lock on how we can better control it in our population.

“One of the things that we, in our health system, have that other health systems—including Europe and Canada—don't is this huge administrative waste by having multiple processes.

We've created a tool that will go into a physician's electronic record and interrogate it for all patients with hypertension, like who's controlled and who's not. And what we've learned is that when physicians get a actionable panel of organized data, they react to it. And what that reaction does is increase the control and the practice from just over 50% to upwards of 80%. And when you look at the literature, that should be saving about a quarter of the strokes and cardiovascular complications that occur in our population. We need to get our arms around chronic disease because there's going to be more of it in the future, not less.

What is it that CEOs don't know about healthcare that you think they should?

One thing is if there's harmonization of requirements, whether it be quality or electronic forms of the record, the cost will go down. One of our companies coming out of Health 2047, First Mile, care does this with prediabetes. One could have enormous savings with administrative simplification. And, I think



people are recognizing how we use our workforce today, and the way I described this two to one ratio, it is a massive waste of talent—and a massive waste of medical expertise—in this country. That goes on day after day of the way we're currently fragmented.

“The work we do always starts with a problem definition at the physician-patient level.”

One of the key arms of AMA is innovation. What do you see is the best way to innovate in healthcare?

I think part of the trick is the sight of problem definition. Most of the tools that we have today have been at the administrative level. And then we get something thrown over the transom that may not work that well as a point solution between physicians and patients. The work we do always starts with a problem definition at the physician-patient level.

The analogous to this analogy would be if you took a corporation like General Motors, and they only cared about the dealer but didn't care about the driver or the mechanic. That's kind of where we are today with the off-target problem definition in healthcare.

As we look at AMA and your advocacy, what is your focus on public policy?

Public policy has many pieces. It's focused on that mission statement of promoting the art and science of medicine and the betterment of public health. So what do you need to have that? Well, one thing you need to have is access. If there are sub-populations in the United States that don't have access to health care, that's a problem.

We talk a lot about access, and we also talk a fair amount about coordination and strengthening public health. The pandemic showed that we had

some weaknesses there. And one of the weaknesses we have is the electronic communication of information between the health system and the public health system.

Unfortunately, underlying that problem is that the electronic communications within the health system are not the best, as I have outlined. And the same is true in the public health system.

“One could have enormous savings with administrative simplification. And, I think people are recognizing how we use our workforce today, and the way I described this two to one ratio, it is a massive waste of talent—and a massive waste of medical expertise—in this country.”

So we have three problems. We have the the forms of electronic communication in both systems—public health and healthcare. And then we have the interface between the two. And what we found is that after the NI (the threat that we had in this country as an infectious agent some years ago), we find that there's more funding for public health when we have these threats. And then when the threats go away, it erodes year by year by year, until the next tragedy as we had with a pandemic here. We have to build public health, but we also have to have sticking power to that build.

We also have the big picture challenges to the health system in the wake of the COVID-19 pandemic: burnout, struggling physician practices, and inflation. To address those challenges and strengthen the health system, we rolled out the AMA Recovery Plan for America's Physicians—a five-point plan to fix prior authorization, reform Medicare payment, fight scope creep, support telehealth, and reduce physician burnout.



James L. Madara, M.D. serves as the CEO and executive vice president of the American Medical Association, the nation's largest physician organization. He holds the academic title of adjunct professor of pathology at Northwestern University. Since taking the reins of the AMA in 2011, Dr. Madara has helped sculpt the organization's visionary long-term strategic plan. He also serves as chairman of Health2047 Inc., the wholly-owned innovation subsidiary of the AMA.

Prior to the AMA, Dr. Madara spent the first 22 years of his career at Harvard Medical School, receiving both clinical and research training, serving as a tenured professor, and as director of the NIH-sponsored Harvard Digestive Diseases Center. Following five years as chair of pathology and laboratory medicine at Emory University, Dr. Madara served as dean of both biology and medicine, and then as CEO of the University of Chicago Medical Center, bringing together the university's biomedical research, teaching and clinical activities. While there he oversaw the renewal of the institution's biomedical campus and engineered significant new affiliations with community hospitals, teaching hospital systems, community clinics and national research organizations.





Taking risks to create equity in care, cures, and culture

Dana-Farber Cancer Institute's President and CEO, Laurie H. Glimcher, M.D., prioritizes the patient. Backed by life-saving science and a culture of dedication, Dana-Farber is tackling the complicated cure of cancer.



The CEO Forum Group has selected Laurie H. Glimcher, M.D., President & CEO of Dana-Farber Cancer Institute, for the 2023 "Top 10 CEOs Transforming Healthcare in America." The specific award category bestowed is "Cancer Research & Treatment" for their unique model of 50% clinical and 50% research and an unprecedented culture of excellence in eradicating cancer.

Interviewed May 24, 2023

Robert Reiss: Explain the Dana-Farber Cancer Institute model.

Laurie H. Glimcher, M.D.: Dana-Farber Cancer Institute is a hospital and research organization that is one of a number of hospitals affiliated with Harvard Medical School. Our faculty are also on the faculty at Harvard Medical School. We are an independent hospital, but we partner with many of the other hospitals that are affiliated with Harvard Medical School as well.

"Our model is 50% of our faculty are researchers and 50% are clinicians who take care of our patients. I don't think you'll find that kind of 50/50 at any other cancer center."

You have a singular purpose, which is cancer. And, you are almost, "maniacally mission driven." We've talked about this before.

You said it well. We are a dedicated cancer center. As you may or may not know, there are about 54 cancer centers throughout the United States that

have national cancer institute affiliations. Among those 54, there are 11 of us who are dedicated solely to cancer. For example, you could have a general hospital that has a cancer center, but they do general medicine as well—whether it's kidney problems or blood pressure or whatever. The dedicated cancer centers do nothing but cancer, and Dana-Farber is a unique, dedicated cancer center. Our model is 50% of our faculty are researchers and 50% are clinicians who take care of our patients. I don't think you'll find that kind of 50/50 at any other cancer center, be it a dedicated cancer center or cancer center that lives within a general hospital.

And this model clearly works effectively. How does your organization compare?

Our ranking in New England has been number one for well over 20 years. Nationally, we rank in the top four in adult oncology. And in our alliance with Boston Children's Hospital, we are among the top pediatric oncology programs in the world.

Very impressive. Laurie, everyone wants to know. What is on the forefront for cancer research?

I could discuss this for a long time, but I will be brief here and tell you about our main priority. One out of every two men and one out of every three women will experience cancer during their life. That's a shocking statistic, but it's true.

Cancer incidence has not slowed down. 25% of our patients present to us with early stage cancer—or stage one—and we can pretty much cure those individuals 99% of the time. Somewhere between a third or three quarters of our patients come to us when the tumor has already spread. Now, we can certainly cure some of those patients and certainly give some of them more time, but it's much tougher. And so, when you ask me what a top priority is, it is early detection. If we can detect cancer before it has spread through the body, we can cure it. At Dana-Farber, we have established a number of different

“One out of every two men and one out of every three women will experience cancer during their life. That’s a shocking statistic, but it’s true.”

centers that deal with different parts of early detection, prevention, and early interception. Let me give you an example: 10% of cancers are genetic, meaning they are inherited from a father or a mother. One of these is what we call Lynch syndrome. Lynch syndrome has genetic mutations that get passed on to the next generation. One in every 300 people has Lynch syndrome, and there are about five different specific mutations. If you have these mutations, you have about an 80% chance of developing colorectal cancer, pancreatic cancer, or uterine cancer.

So what happens is when a patient comes in to Dana-Farber with one of those cancers, we sequence their genome. If they have Lynch syndrome, we then bring in the whole family to test them, not just the nuclear family. Uncles and aunts, and brothers and sisters,

and cousins and so on because then we can keep a very close eye on them. I mean, it’s not a lot of fun to have a colonoscopy every six months, but it’s a lot better to do that than to present with metastatic colorectal cancer, which is hard to cure. That’s just one example of how we approach this priority.

BRCA one is another good example. One in 40 Ashkenazi Jewish women have BRCA mutations. I could give you other examples, the list goes on. But this is something that we must work hard at because, if we could get patients at stage one, cancer will go away. For example, cancer DNA can be detected in your blood or urine. If we can detect small amounts at an early stage, we can start treatment right away and cure those individuals.



Dr. Glimcher talks with a member of her laboratory at Dana-Farber Cancer Institute.

President & CEO, Dana-Farber Cancer Institute



What about things that are rare, like a multiple myeloma?

Multiple myeloma treatment and research is a real strength at Dana-Farber. I think no one would dispute that we are the number one multiple myeloma division in the world, and that's thanks to our incredibly talented researchers and clinicians. When you look at US FDA approvals for drugs that treat multiple myeloma, you will find that 22 out of the 26 FDA approved drugs came from Dana-Farber. We have turned multiple myeloma from a life survival of about two years to 10 to 15 years sometimes. Now, I think we can cure multiple myeloma by early detection of multiple myeloma cells in the blood, which is something we are doing now.

You have been known to have a really exceptional culture where people start with you, stay with you, and grow toward the mission. What is the secret of your culture, and how does it affect the business?

I wish I could tell you what it is, but I don't know. When I had just arrived at Dana-Farber, I was at reception. A woman came up to me and asked, "Are you Dr. Glimcher?" and I said, "Yes, I am." And she said, "Can I ask you a question? Well, I've been told that my breast cancer has been cured, and I don't need to come back to Dana-Farber anymore. But I have my family at Dana-Farber. Whether it's the physician, the nurse, or the nutritionist, I feel like I'm part of the family here. Can I come back a few times to say hi to

this family? I won't take up too much time, I promise you." And I replied, "Of course, you can come back." And I have gotten hundreds of letters and emails and texts saying what an exceptional place Dana-Farber has been. Our patient satisfaction score from Press Ganey is somewhere between 97 and 99%, which is pretty remarkable.

We've been speaking internally. Let's talk externally and about partnerships. We interviewed you about six or seven years ago, and you told me that you're not about competition, you're all about collaboration. How can CEOs think about potential partnerships like Dana-Farber?

I think that CEOs always need to do what is best for the patient. And if you do what's best for the patient, you will not go wrong. To me and to the faculty and workforce at Dana-Farber, that's what we do. We partner with Brigham and Women's Hospital. We partner with Boston Children's Hospital, a top children's hospital in the country. We reach out to pharmaceutical companies and to biotech companies. We have founded a lot of our own biotech companies too. To me, it's all about what's going to get that new drug fastest to the patient. And to make progress, it requires that academic medical centers, biotechs, and pharmaceutical companies work together. If we all work together, we will get treatments to our patients faster. It's a marriage made in heaven.

I want to shift to the personal side. When you were a fourth year Harvard Medical School student, you had a special transformative moment. Can you share this with our CEOs?

I'm happy to share that. I was in my fourth year of Harvard Medical School, and I joined the laboratory for the year of Dr. Harvey Cantor, who's an immunologist, as am I. I didn't recognize how tough research could be. 90% of the time your experiments fail, your grants don't support it, and your papers get rejected. It's a tough life being a scientist. I was sort of fed up one day, and I just left the laboratory

Laurie H. Glimcher, M.D.

and happened to run into my dad, who, at that time, was chair of orthopedic surgery at Boston Children's Hospital. Like me, he was a physician scientist—a biophysicist. And he said to me, "Where are you going?" And I said, "Well, I'm going home because I'm just fed up with this whole thing." And he said, "No, you're not going home because this is what science is. You need to go back to the lab and work even harder than you did before. You can't give up."

What keeps you going today?

When I come in every day, I always pass through the Jimmy Fund clinic. And I think of Dr. Sidney Farber, who is the father of chemotherapy for children 75 years ago, and I see those little people. If you ever have any question about what you're doing and why you're doing it, just walk through the Jimmy Fund clinic. Dr. Farber refused to listen to skeptics. When he said, "We must treat children with acute lymphocytic leukemia with chemotherapy," he got a lot of pushback saying, "You're gonna hurt those kids. They're going to have side effects." He said 100% of those children will die if we do nothing, and that was the beginning of chemotherapy. We now have a 95% cure in acute lymphocytic leukemia in our children.

"You have to be a thoughtful risk taker as a CEO...you come in with a vision when you become a CEO."

How do you integrate this into being a CEO?

You have to take risks. I wanted to be a scientist, and I wanted to make important contributions to immunology. And so, I became a risk taker. You have to be a thoughtful risk taker as a CEO as well. You come in with a vision when you become a CEO. You surround yourself with A+ senior management, and you pick individuals who have expertise that you don't have and let them flourish. We all have to take thoughtful risks, or we're never going to cure

Dr. Glimcher and William Kaelin—recipient of the 2019 Nobel Prize in Medicine—display his Nobel Medal and certificate.



cancer. Right now, I have the most wonderful senior management team I've ever had. I'm happy to say that, if we look at the numbers, over half of our senior management is comprised of women and a third is people of color. We pick the best.

Can you tell me about the Helen Gurley Brown Foundation and how it helps women? What is your take on women in the workforce?

We take 10 of our female postdoctoral fellows, senior professors or junior professors, that are in the labs. We call them Helen Fellows and give them mentors and other support. Now we have this old girls club/young girls club. It's really worked well, and the mentees have become very successful. My favorite quote comes from former U.S. Representative Pat Schroeder, when she was being asked, "How can you possibly be a mother and a congresswoman?" And she said, "I have a brain, and I have a uterus. And they both work for me." As a mother of three kids and a grandmother of seven, I know what it's like. It can be tough, and we have to continue to provide support—financial and emotional—to our women.

Final question: the future. What is the future of solving cancer?

I'm an optimist. And I agree with President Biden that with 25 years of intense focus on cancer, we can reduce the mortality by 50%. I think he's right about

President & CEO, Dana-Farber Cancer Institute

that. Right now, we have several priorities. We talked about early detection, which would be revolutionary. We need to continue to do what we call genomics because we have to find out not only what's in the proteins that we see but also in the dark part of DNA. That requires artificial intelligence, which we are working hard on. Secondly, it's immunotherapy—activating your immune system. Gordon Freeman at Dana-Farber was the person who discovered PD-L, and that is now the most popularly used immunotherapeutic. However, only 25% of our patients respond to the current immunotherapeutics, so we have more to do there.

We are also focused on therapeutic vaccines. Dr. Cathy Wu has developed several therapeutic vaccines. The first one was seven or eight years ago, and she was the first person to ever do this. This was very effective in patients with skin cancer, melanoma, who had progressed to no other options. Well, six of those eight people are alive years later and are perfectly happy and healthy. We're making vaccines for ovarian cancer, for renal cancer, and for glioblastoma—that's brain cancer. And she's still making more.

T-cells is another big immunotherapeutic that has continued to expand. We need to not only treat hematologic malignancies like leukemia, but we also need to figure out how to attack solid tumors with CAR T-Cells. As I said before, we need to come up with more drugs. If you think about it, you have 20,000 proteins in your body. We only have treatments for about 1,000 of those 20,000 proteins because standard chemists call most targets undruggable. Well, we don't believe that, and we now have a center for protein degradation. That's a way to target the proteins that we can't target by small molecules or by biologics.

Another huge priority for us is equity. Cancer equity. Nothing works and nothing matters if you can't deliver that care to every patient who has cancer—no matter where they are or what their zip code is. We must fix this. Every patient deserves the best quality cancer care whether they live in a rural community, there are financial issues, or they have lack of access to a cancer hospital like Dana-Farber. We're working very, very hard on that. We've done a lot of things already, and we still have far to go.



Laurie H. Glimcher, M.D. is the President and CEO of the Dana-Farber Cancer Institute, Director of the Dana-Farber/Harvard Cancer Center and the Richard and Susan Smith Professor of Medicine at Harvard Medical School.

She is a Member of the National Academy of Sciences, the National Academy of Medicine, the American Philosophical Society, Fellow of the American Academy of Arts and Sciences and the former President of the American Association of Immunologists. She served on the Vice President's Blue Ribbon panel. She currently serves on the Board of Directors of Analog Devices, Inc.

Dr. Glimcher's research identified key transcriptional regulators of protective immunity and the origin of pathophysiologic immune responses underlying autoimmune, infectious and malignant diseases.

Aside from her research efforts, Dr. Glimcher has been a staunch proponent of improved access to care, health policy, and medical education, while simultaneously serving as a pioneering mentor and role model for cancer research trainees and for all women in science.



Dana-Farber
Cancer Institute



Dr. Susan B. Frampton with Susan Stone, Ph.D., RN, Senior Vice President of Health System Operations and System Chief Nursing Executive at Sharp Healthcare.

The effect of organizational culture

By: Dr. Susan B. Frampton, President, Planetree International

As we enter Q2 of 2023, we are all acutely aware of the continued headwinds we face post-pandemic in terms of healthcare workforce and financial challenges. Despite this, mergers and acquisitions have not slowed. These system expansions have historically improved clinical outcomes, but the impact on overall patient experience and staff well-being is not as positive. Studies report slower growth in HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores for two of four domains (overall satisfaction and nurse communication) in hospitals that have recently experienced a merger. Yet, with system growth on the rise, the question is what can be done to combat the negative effects of expansion?

The answer resides in organizational culture. Culture is the foundation on which a successful system is built. It influences how we hire and promote our staff, how we engage with our communities, and how we shape the experience each patient has when they enter our doors. Organizations rooted in cultures of caring, of empathy, and of person-centered care

and communication, are better equipped to manage the challenges and changes a merger, acquisition, or system growth can bring. These same organizations routinely experience improved staff retention and engagement, better clinical outcomes, improved patient satisfaction, and deliver high value care.

Sharp Healthcare, the leading healthcare provider in San Diego, CA, is an excellent case in point. Sharp Healthcare includes four acute care hospitals, ranging in size from 180 to over 600 beds. In 2004, Sharp Coronado, the smallest acute care hospital in the system, was experiencing a lack of followership in the community, causing them to barely break even on budget. Their goal was to transform the hospital into a destination of choice for patients, increase fundraising, and provide the best in clinical care. After exploring various avenues for change, the leadership team at Coronado quickly realized that to create sustainable change, they would need to transform from the inside out. This involved changing the way they communicated, cared, and worked. They

transformed their physical environment to create spaces of healing. They communicated with empathy and compassion. They hired people who not only met the job description but fit their culture, and they engaged their patients and community to co-design a care experience that exceeded the expectations of staff, patients, and families.

The results that Sharp Coronado experienced were unprecedented. Their HCAHPS scores, outcomes for clinical effectiveness, and staff retention quickly became the best in the system, competing for top rankings nationally. Now, nearly 20 years later, this culture is still a driving force at Sharp Coronado, a Leapfrog Grade A, Best Hospital in America, award winning site.

This person-centered culture has since been successfully adopted by Sharp Healthcare's remaining three acute care hospitals. Each hospital is different, and each serves a unique community, but all four hospitals have achieved impressive outcomes. Over the past 20 years, Sharp has been the beacon of excellence in clinical care, patient satisfaction, safety, and staff engagement, with a community committed to donating to the longevity and success of the system. Yet, these past two decades have not been easy. The system has seen increased competition, economic recession, and a global pandemic, not dissimilar to other healthcare systems across the U.S. and around the world. Sharp's culture enabled them to remain unwaveringly best in class despite these trials and tribulations, proving that a culture of caring is more than a nicety, it is sustainable and can be an effective differentiator.

Walking into a Sharp hospital, or any hospital around the world that has achieved Certification for Excellence in Person-Centered Care, the highest mark of achievement for creating an organizational culture of engagement, it is easy to see and feel the difference. From the healing physical environment to staff who feel empowered, engaged, and cared for; patients, visitors, and communities quickly comment on the difference in their care experience.

This difference, which aligns with their cultural foundation, has carried countless organizations through uncertain times while maintaining optimal patient experience and staff engagement scores. It frames how we speak to one another, how we empower staff, and how we care for both our patients and our caregivers, and it starts at the top. Leadership drives culture, and culture drives success.

So now, I challenge each of you, as leaders in healthcare, to look inward at your organization. Are you creating a culture where your staff feels cared for, heard, and empowered? Are you nurturing caring communication as a skill, teaching caregivers how to display caring through both words and actions? Are you engaging your patients and community to co-create a healing environment that meets their unique needs? And are you infusing this culture of caring, inclusion, recognition, and co-design at all levels of your organization? Ask these questions of yourself, your caregivers, and your community.

In over 20 years with Planetree International, I encounter leaders surprised by these answers every day. I remind them that a vibrant, consistent culture is the glue that holds an organization together, and is especially important in large, diverse healthcare systems. A person-centered culture can be the rallying force that can truly transform from within the experience of staff, patients and communities.



Dr. Susan B. Frampton is the President of Planetree International, a mission-driven non-profit setting the global standard for person-centered excellence across the continuum of care. As a medical anthropologist, she has authored numerous publications. She is an elected member of the International Academy of Quality and Safety and a member of the board of the National Quality Forum. Dr. Frampton is an advisor to person-centered care organizations and initiatives in Europe, Latin America, Canada, and the Middle East, and speaks internationally on consumer trends in healthcare, and connections between quality, safety, and person-centered approaches to care.





Partnering for a more innovative health system

Jeffrey A. Flaks, President and CEO of Hartford HealthCare, reveals the secret sauce of changing the American health system to be more accessible, affordable, equitable, and excellent. Innovation.

Robert Reiss: Describe Hartford HealthCare and specifically what about your model is unique.

Jeffrey A. Flaks: Hartford HealthCare thinks differently about the ways care is delivered. Although we have hospitals across Connecticut, we do not define ourselves as a hospital system. Our hospitals are incredibly important points for care delivery, and we deeply respect their cornerstone roles in communities across our state and beyond. But as I look across Hartford HealthCare today, I see nearly 500 locations, each of which bears our brand, delivers on our promise, and brings care closer to the people we serve.

Many health systems share attributes that are similar to Hartford HealthCare's continuum: Essential acute-care sites; growing ambulatory services; urgent, primary, and specialty offerings; care for seniors or other consumer segments; and the potential for partnerships with best-in-class health organizations. Optimizing each of these components—and taking a clear-eyed assessment of what we can do best for those we serve and where we need industry partners to accelerate excellence—requires rigor and provides measurable benefits to consumers and colleagues.

We are actively building a system of care that is more accessible, has lower-cost options, is a champion for equity, and both attracts and delivers excellence. I truly believe Hartford HealthCare's approach to care delivery can serve as a model for the nation.

What attributes define Hartford HealthCare's model of care?

We talk about four principles, which we call "A2E2":

Access: Making it easier for people to receive their care close to home in all the communities we serve. We improve access both through our facilities and when we go to people in their homes and neighborhoods. Access, for us, includes information and education; behavioral health and telehealth; and care and outreach for the most vulnerable, including underserved communities and seniors.

Affordability: Creating and delivering more cost-effective and convenient options to health services. Increasingly, this means providing safe and efficient care outside of higher-cost settings like hospitals, with options in urgent care and ambulatory care centers and through a growing network of home-based and community services.

Equity: Fostering a diverse, equitable, and inclusive environment in which our colleagues, customers, and communities feel valued and respected. Equity includes targeted outreach through our Neighborhood Health initiative, offerings for health education, and a whole body of work that advances our Diversity, Equity, Inclusion and Belonging efforts.

Excellence: Through our Institute model, we have become a destination for the greatest experts to do their lives' work and be our colleagues. Our coordinated model of care regularly earns Hartford HealthCare national recognition for excellence in



The CEO Forum Group has selected Jeffrey A. Flaks, President & CEO, Hartford HealthCare, for a second consecutive year as "Top 10 CEOs Transforming Healthcare in America." The specific award category is "Innovation" and is bestowed to Jeffrey A. Flaks for his groundbreaking work including MIT, Google Cloud and Amazon as well as revitalizing the city of Hartford and job creation through their new headquarters.

“It is time to stop pondering the problems and to set about addressing and fixing them. That will require fresh thinking, next-generation tech tools, and bold new approaches. In a word: Innovation.”

quality and safety, research, and innovation. We have achieved impressive firsts in several specialties and regularly earn honors and accolades from independent rating authorities for quality, safety, and experience.

Recently, you have placed a laser focus on innovation. Why?

The problems with American healthcare have been well-documented, measured, analyzed, and debated. Among them: Care that is too expensive. Inequities that disproportionately affect the poor and our most vulnerable people and communities. Access

to expertise that is limited both geographically and demographically. It is time to stop pondering the problems and to set about addressing and fixing them. That will require fresh thinking, next-generation tech tools, and bold new approaches. In a word: Innovation.

Innovation accelerates transformation, and we must accept that it will necessarily disrupt our normal mode of operations. That is why innovation starts with two things: A mindset that is open to new ways of seeing things and an ecosystem that places a premium on agility and is open to change. I am so proud that we are creating a climate where bold and intriguing ideas are welcome; innovators are paired with the deep and varied resources of our system; and concepts give way to new solutions, clinical pilots, and investments that allow them to flourish.

“Innovation accelerates transformation, and we must accept that it will necessarily disrupt our normal mode of operations.”

We also cannot overlook innovation’s ability to be a force for good. Technology like wearable devices and remote monitoring must not be limited to those who can afford the latest gadget. When we asked several tech start-up organizations to share with us their innovative concepts to improve healthcare, we deliberately limited the field to those that directly improved health equity. Many widespread health issues—diabetes, COPD, obesity—can be monitored and addressed with innovative tools before they become debilitating.



Jeffrey Flaks celebrates the Neighborhood Health team on its first anniversary by hosting a cookout for colleagues and residents at The Open Hearth homeless shelter.



Jeffrey Flaks hosts a special panel discussion: The Innovation Imperative with Annie Lamont, Co-Founder and Managing Partner of Oak HC/FT and Dimitris Bertsimas, Ph.D., Entrepreneur and Associate Dean of Business Analytics at M.I.T.

We cannot wait for others to ideate, invent, and transform. As we say, we must be “all in on innovation,” creating a space where fledgling solutions flourish and have the potential to more equitably and excellently deliver care.

In healthcare, what is the secret to building a culture of innovation?

It is very easy to talk about innovation and what might be possible. But healthcare innovation that actually improves patients’ lives and experience requires shared commitment, clear structure, and many partnerships.

Innovation cannot be the responsibility of one person or any single department. At Hartford HealthCare, we have created a broad cross-functional team to lead innovation. This starts with my role as the executive champion to underscore commitment and alignment

with our core goals. It extends to the CEO cabinet and includes leaders from many areas: information technology, clinicians and nurses, research, academic affairs, behavioral health, quality and safety, communications, revenue cycle, and others.

Innovation is, by definition, collaborative so we must work closely with our innovation ecosystem stakeholder partners. These include academic institutions, including M.I.T., the University of Oxford, and universities throughout Connecticut and the Northeast. Our startup sourcing partners include the Israel Export Institute, Connecticut’s strategic venture capital arm and various incubators. Our venture capital partners advance health innovations from existing portfolio startup companies and collaborate with inventors to test their hypotheses in the real world. Combined, these bring new solutions to life and advance better and more affordable care.

Data analytics is sometimes called the secret sauce to transforming primary care. Describe how your affiliation with M.I.T. is driving results.

Barely a day passes without a headline regarding ChatGPT and other forms of generative artificial intelligence (AI) enhanced by machine learning capabilities. Fortunately, these transformative tools are not new to Hartford HealthCare. We have been privileged to work closely for several years with Dimitris Bertsimas, Ph.D., associate dean of business analytics, and other faculty at M.I.T. The foundational part of our work was educational—literally providing a course tailored for our Hartford HealthCare leaders from clinical and other areas called “The Analytics Edge.” The rigorous course explored the science and power of using data to build models, improve decision-making, and add value to healthcare. We used predictive analytics throughout the height of the COVID-19 pandemic to determine and share peak exposure and hospitalization rates, enabling us to be better prepared.

Working together, we created an analytics platform with M.I.T. called H2O (for Holistic Hospital Optimization). This tool leverages artificial intelligence and machine learning to address operating room scheduling, staffing efficiency and improved length of stay. The technology, powered by predictive algorithms, identifies when patients can safely transition from the hospital; it has been implemented with measurable success in most of our acute-care hospitals.

We have also partnered with, and invested in, other innovations that also use the power of artificial intelligence and machine learning to:

- Increase the accuracy and precision of cancerous tumor removal
- Enhance pathologists' ability to quickly and accurately detect breast cancer
- Prevent intravenous devices from dislodging, a quality and safety issue that adds billions of dollars a year in avoidable cost
- Develop convenient virtual care for patients with chronic

obstructive pulmonary disease (COPD) and prostate cancer

- Send timely text messages informing patients of tests and treatments they are due for, and remind them of medications they need.

Smart technology can identify health conditions before they become severe, guide access to equitable, cost-effective care options, and allow clinicians to deliver care that is more personalized and precise.



Talk about your Amazon One Medical collaboration.

Amazon's One Medical is partnering with Hartford HealthCare to bring its innovative primary care model to Connecticut. One Medical is a membership-based primary care platform, which offers members seamless digital health and convenient in-person and on-demand virtual care options. This is a transformative delivery model, and Amazon is focused on delivering a great patient experience, enhancing health outcomes and lowering healthcare costs. This partnership creates a unique direct-to-business opportunity and provides Hartford HealthCare patients access to a model of care not yet offered in Connecticut. Two locations are operational, with more coming in 2024.

And how about Google Cloud?

This is a long-term partnership, and it will accelerate Hartford HealthCare's digital transformation and advance on-demand, personalized, and coordinated care for patients. We are proud to work with Google,

the world's leader in organizing information, and use AI and machine learning to augment existing experts and unlock trends in health data.

“Success in healthcare leadership starts with a communicated commitment to change the status quo. That means developing agile teams that see past barriers and find solutions.”

We know that massive amounts of health data are generated every day, but too much of it is hidden in unstructured and increasingly complex patient records. In this partnership, our teams will work alongside Google's designers, engineers, and data scientists as we co-create a safe and secure system to make better sense of this health data. This will allow us to better understand and predict each person's health needs, as well as advance the diagnosis and treatment of disease at both the individual and population health levels.

This is your second consecutive year as a top 10 healthcare CEO in America. What is a key to success in healthcare?

Success in healthcare leadership starts with a communicated commitment to change the status quo. That means developing agile teams that see past barriers and find solutions. Successful leaders know how to motivate colleagues to innovate and do their best, to work as a team, to be goal-minded, analyze challenges, and celebrate success. And to create an environment where all of this is possible and expected every day.

I like to say that healthcare is the ultimate team sport—no one person can make significant and lasting changes on their own. Whether at the bedside or in a boardroom, every person must first feel valued and as if they belong, while knowing how they can contribute to and exhibit the organization's mission, vision, and values.



Jeffrey A. Flaks is a progressive and passionate leader who has dedicated nearly three decades of his professional career to the transformation of healthcare. As President and Chief Executive Officer of Hartford HealthCare, he leads a \$5.4 billion enterprise caring for more than 1.7 million patients and customers—with a clear focus on transforming healthcare to ensure every patient receives the highest level of care that is more accessible, more equitable and more affordable.

A proud Connecticut native, Flaks began his tenure at Hartford HealthCare in 2004. He has been honored by the National Association of Hispanic Healthcare Executives for his leadership; appointed to the American Hospital Association's Health System's Council; served as co-chair of the Connecticut Governor's COVID-19 Health System Response Team; and appointed to the Governor's Workforce Council. Flaks was elected to and served on the Board of Trustees of George Washington University and received the Distinguished Alumnus of the Year and Alumni Service Awards. Also, he was awarded honorary doctorate by Trinity College, Eastern Connecticut State University, and Sacred Heart University. Flaks earned a master's degree in health services administration at The George Washington University. He received a Bachelor of Science degree at Ithaca College.





Making healthcare more flexible for consumers

Synchrony Health & Wellness CEO Alberto (Beto) Casellas shares his passion for making healthcare more financially approachable for all. Shaped by experiences as a Puerto Rico native, Beto brings a unique perspective to the table in how he involves all employees to have a voice at Synchrony—which in turn allows the company to better serve its consumers.

Robert Reiss: Synchrony Health & Wellness is a unique model. Describe how it works.

Alberto (Beto) Casellas: At Synchrony Health & Wellness, we believe people should be able to seek out the health and wellness services they need or want with the peace of mind that they will be able to pay for them in a way that works best for their budgets. Payment flexibility is key, particularly as consumers assume a greater share of the healthcare bill. We help consumers finance healthcare and wellness products and services, while simultaneously helping providers maintain financial stability during a time of evolving change. Financial support and patient payment flexibility enable patients to get the treatments their providers recommend, and providers to focus on what they do best—deliver exceptional care.

“We are in a network of 266,000 providers that use and offer our financial solutions to patients so they can say yes to the treatments and services their provider recommends, and get the care they need.”

You have mentioned the increased payment burden that is impacting consumers. Now there’s another shift to preventative health. For example, a colonoscopy which insurance companies will say no, but the person wants to have the procedure. So, that’s sort of some of your key space. That’s where you come in to help both sides, right?

Several trends have converged to redefine how people view, seek and pay for wellness services. The main trend is a rising, evidence-based philosophy that “health” is not simply an episodic point on a spectrum between healthy and sick. Instead, it’s an ongoing optimization of a person’s mental, physical, emotional and social experiences to drive better outcomes and overall well-being. As demand for wellness services



The CEO Forum Group has selected Alberto (Beto) Casellas, CEO Synchrony Health & Wellness, for the

2023 “Top 10 CEOs Transforming Healthcare in America.” The specific award category bestowed is “Consumer Finance” for leading the unique and powerful model where the consumer now has the option to finance an operation that wasn’t covered. This is available for 12 million consumers in Synchrony’s CareCredit network opening the door for 266,000 providers.

grows, and, in some cases, are urgently needed, these costs can sometimes remain out of reach for many who may not have planned for these largely out-of-pocket costs. The financing solutions offered by Synchrony allow patients to get that colonoscopy, or a number of other procedures, when and how they and their doctors decide they need it.

Let’s talk about your vision for the future of healthcare.

We recently announced the results of our Lifetime of Healthcare Costs study. The findings told us that Americans—even if insured—can expect to pay hundreds of thousands of dollars for healthcare throughout a lifetime. Additionally, the research showed fewer than half of all Americans are actively saving for future healthcare expenses. As a leader in patient financing, we believe it is important to build awareness among consumers of the cost of healthcare over a lifetime, so they think about and prepare for how to save and pay for their current and future healthcare needs. Synchrony is responding to this by providing educational information and financial solutions that remove financial barriers around care and helps people save for and manage those costs.

What's an example of how you work?

One example is a patient who goes to the dentist and learns they need a dental implant. They may have insurance, but it's likely their insurance has a coverage limit, leaving the patient responsible for the remaining balance. If their dentist is one of the 266,000 providers in our network, the patient can apply for CareCredit with their dentist's office to pay for the remaining balance.

“Take care of the people. It has been a part of my leadership philosophy ever since that day.”

Let's move to the personal side, Beto. Tell me about a transformative moment that you had that helped lead you to become CEO.

When I was just about 12 years old, Puerto Rico won hosting responsibilities for the Pan American games and my father was the volunteer director of the competition's yachting events. Every weekend for two years, we would drive down to Ponce—about 70 miles on the other side of the island—where I would help my father organize and prepare for the events.



Celebrating Synchrony's #1 Ranking for Great Place to Work Philippines

Through that experience, I learned how to network, how to problem solve, how to organize, how to lead—from hosting 400+ sailors to handling VIPs, coordinating hotels, meals, infrastructure, volunteers, transportation logistics—you name it and I had my hands on it. When someone needed an answer and my father wasn't available, I was the “go-to guy.” My dad had this phrase he used with the staff: “barriga llena—corazon contento,” or “full belly—happy heart.” What I learned from this simple phrase was that to be fulfilled, and to accomplish and produce effective outcomes, you cannot cut corners. In life, you should always aim to do things the right way from the start, put the work in, and check in with others to make sure they are satisfied. You cannot have full bellies and happy hearts without putting in the work to produce them. Take care of the people. It has been a part of my leadership philosophy ever since that day.

Inspiring story. And really Beto, so much of your focus I know has been in giving back. And you have been focused as executive sponsor of Synchrony's Hispanic Network.

Equity, diversity, and inclusion are part of Synchrony's DNA. That means we treat DE&I as a business imperative at every level. We recently published our Diversity Report for 2022 that reflects on our progress toward three main goals: 1. Evolving our workforce to reflect the diversity of Synchrony's communities; 2. Nurturing a culture of inclusion with 75% of all employees participating across our Diversity Networks; and 3. Increasing access to education in underserved communities through our Education as an Equalizer initiative. While we've made tremendous progress, there's still more work to do within our organization, and more broadly as a nation.

Only 4% of top executives in large U.S. companies are Hispanic, according to a 2021 report by the Hispanic Association of Responsibility. That's just not enough, given that Hispanics comprise 19% of the population. The value of a diverse workforce is clear—it drives more innovation, stronger

performance and customer service. But it has to be real, not just corporate talk.

It's not just human resources. It's not just a division of the company. It has to be within the leadership of the business, because that's where it starts. For those organizations that do not have that leadership type of connectivity to DE&I, there will be a gap in terms of being able to really move the agenda forward. We all have a responsibility to provide the support and tools the next generation of Latinx leaders need to be able to compete on a more level playing field and thrive in corporate America.

We've taken this approach beyond Synchrony as well. I am particularly proud of the Latinx Executive Alliance, which I co-founded with other executives in 2021. It is a coalition of executives and business leaders from different organizations, dedicated to helping Latinx employees advance in corporate America through mentoring and upskilling. The Alliance also helps identify opportunities within different companies where diverse professional talent can have a meaningful impact and help companies better meet the needs of their customers and communities.

So, the secret sauce of Synchrony is it's the whole DNA.

Absolutely. Welcoming diverse perspectives and challenging people to think beyond their personal experiences is how you build a culture of innovation equipped to take on the most pressing challenges our industry faces today. Diversity must be more than a corporate talking point—it has to come through in everything you do, beginning with your board of directors and the executive leadership team. We believe that the value of a diverse workforce is clear. A company with diverse leadership has the benefit of unique backgrounds, experiences and viewpoints to draw from. It puts you in a better position to find solutions to complex problems, which leads to stronger business results, more effectively attracting top talent, and improving customer service.



Alberto (Beto) Casellas is Executive Vice President and Chief Executive Officer of the Health & Wellness platform of Synchrony, one of the nation's premier consumer financial services companies. As the CEO of Synchrony's Health & Wellness platform, Beto is responsible for driving growth through comprehensive healthcare payments and financing solutions with a network of health providers and health systems. Beto oversees the CareCredit healthcare and wellness credit card that is designed to provide financing to those seeking health and wellness care for themselves, their families, and their pets. He also oversees Pets Best, a pet health insurance provider that helps people better manage the cost of caring for their pets. Prior to this role, Beto served as Executive Vice President and Chief Customer Engagement Officer of Synchrony. He began his career at GE, where he had roles of increasing responsibility in sales, operations, and e-commerce.

Beto was born in Puerto Rico and is a champion for diversity and inclusion in the workplace. He is currently the executive sponsor for Synchrony's Hispanic Network. He also serves on the Board of Directors of Domus Kids, a nonprofit organization that helps thousands of disadvantaged children experience success. He earned a bachelor's degree in economics from Yale University.





Preparing Neurodiverse Workers with Specialty Charter Schools Across America

By: Diana Diaz-Harrison, Co-Founder, National Accelerator of Autism Charter Schools

As the mother of a young child with autism, I had quite the journey navigating the public school system to find a school to meet my son's needs. I wanted a school that helped Sammy evolve both academically and socially, despite his marked developmental challenges. In his early intervention programs, Sammy received intensive help with his gap skills while capitalizing on his strengths: memorization and visual spatial learning. Sadly, when Sammy became school-aged, traditional public schools fell short and focused mainly on what Sammy couldn't do. That's why, in 2014, I opened my own school. The Arizona Autism Charter School (AZACS) was the first tuition-free autism focused charter in the state of Arizona and in the Southwest. What started as a single school with 90 students in grades K-5 has now grown into a thriving network with five sites

that will be serving close to 1,000 students next school year. Entering our tenth year of operation, the schools now serve grades K-12 and offer a transition program for 18- to 22-year-old students called the Post-Secondary Innovation and Entrepreneurial Career Education Academy. This program aims to get students workforce ready by teaching them high-tech skills such as coding, robotics, and engineering concepts. We use the WozEd curriculum developed by co-founder of Apple, Steve Wozniak. AZACS is the only autism school in the world considered to be a WozEd Pathway school. Our highly trained staff use differentiated instruction to make this high-tech curriculum accessible to students at all levels of the autism spectrum. Our programs have received national acclaim as the 2022 winners of the prestigious Yass Prize.

The growth and success of our network speaks to the urgency parents have for innovative, high-quality, and specialized programs for their children on the spectrum. In fact, that wave of demand has now turned into a tsunami with the latest statistics from the Centers for Disease Control and Prevention stating that one in 32 children in the U.S. are on the autism spectrum.

To fill this gap in the landscape of education options, we've launched the National Accelerator of Autism Charter Schools (NAACS). The two largest and most successful autism charters in the nation, Arizona Autism Charter School in partnership with the South Florida Autism Charter School (SFACS), have joined forces in this effort. Our goal is to open an innovative autism charter school in every major city in America. NAACS is already supporting founding teams in Nevada, Colorado, Louisiana, and Texas. These schools will follow in the footsteps of AZACS and SFACS to prepare neurodiverse learners for high-demand jobs as well as entrepreneurial endeavors.

We're excited to partner with The CEO Forum Group's CEO community, who wants to tap into this workforce pipeline and partner with NAACS to build strong bridges from our schools to hard-to-fill-jobs. It's important for CEOs to realize there are many advantages to hiring individuals on the autism spectrum. Here are just a few we see exemplified by our students routinely:

Unique perspectives and talents: Neurodiverse individuals often possess unique strengths and abilities that can bring fresh perspectives and innovative problem-solving skills to the workplace. They may excel in areas such as attention to detail, pattern recognition, memory, analytical thinking, and creative problem solving.

Increased productivity and efficiency: Many neurodiverse individuals have exceptional focus and attention to detail, allowing them to excel in tasks requiring precision and accuracy. They can be highly

productive in areas that demand repetitive or specialized work, leading to increased efficiency in certain roles.

Positive public image and reputation: Embracing neurodiversity and actively hiring individuals with autism can enhance an employer's public image and reputation. It demonstrates a commitment to social responsibility, inclusivity, and equal opportunities, which can attract other employees, customers, and partners who value these principles.

Ways The CEO Forum Group's CEO community can help:

- Reach out to NAACS if you'd like to see a tuition-free autism charter school started in your city or state
- Serve on one of our boards or advisory boards
- Offer internships, apprenticeship and career exploration opportunities to students with autism
- Donate to our 10-Year Anniversary Campaign at autismcharter.org

The schools emerging from the National Accelerator of Autism Charter Schools are committed to helping students on the spectrum become contributing members of the workforce. Now, we need CEOs across America to embrace this population of uniquely capable individuals. To learn more or for partnership opportunities visit autismcharter.org or email Diana@autismcharter.org.



Diana Diaz-Harrison is the Co-Founder of the National Accelerator of Autism Charter Schools, a non-profit organization that aims to support the opening of a tuition-free autism charter school in every major city in America. Diana is also the Founder and CEO of the Arizona Autism Charter Schools, an award-winning charter network getting students workforce ready. Diana was inspired to engage in this trailblazing work by her son Sammy, who is on the autism spectrum.





Utilizing AI to save lives

CEO Dr. Lana Feng shares how Huma.AI is changing the way life sciences can impact people and healthcare. With their innovative model, Huma.AI will save lives by reducing time and cost of drugs.



The CEO Forum Group has selected Dr. Lana Feng, Co-Founder & CEO of Huma.AI, for the 2023

“Top 10 CEOs Transforming Healthcare in America.” The specific award category is “Life Sciences Generative AI” for being the pioneer of generative AI in life sciences where their model is to significantly reduce the cost and time to market of lifesaving drugs.

Robert Reiss: Talk about what the Huma.AI model is.

Dr. Lana Feng: Huma.AI is a leading generative AI platform for life sciences, where machine learning is applied to complex use cases and data. In addition, and perhaps more importantly, the large language models behind ChatGPT, which took the world by storm, are applied to the life sciences industry to assist the experts in curating and analyzing data more effectively, while gaining insights along with intelligence instantly. As a result, the automation and insights can lead to accelerated development of lifesaving drugs.

Let’s talk about the different types of AI. My understanding, and please clarify this, is AI generally works on creating databases, analysis, and decision-making, but generative AI is different in that it generates content.

That is correct. AI has evolved from its traditional roles in data analysis and decision-making to a powerful tool that can generate innovative and creative content. AI has been a subject of interest for many decades. However, a significant shift occurred with the ground-breaking paper “Attention is All You Need,” which laid the foundation for the Transformer models that underpin today’s Large Language Models. The transformative architecture

of these models allowed them to interpret and generate human-like text across vast amounts of data. They can also write code, compose music and create and analyze images.

Also, I would obviously be remiss not mentioning ChatGPT. OpenAI, the company that created ChatGPT, has greatly enhanced the capacity of AI to process and reproduce human language. ChatGPT is truly transformative and essentially the greatest technology story in our lifetime, given that they reached 1 million users in five days and 1 billion users in just six months.

“Essentially, what we’re trying to achieve is a very tall order: human AI which begins where ChatGPT ends, pushing this phenomenal technology beyond the current capabilities to satisfy the needs of the life sciences industry.”

How are you different from ChatGPT?

We took the concept of generative AI and applied it to arguably the hardest, yet most important, segment: life sciences. Our company objective has always been to help life sciences companies bring lifesaving drugs to market faster, therefore saving lives. We initially began our journey as an AI company using traditional natural language processing technologies like Transformers to help life sciences experts and remove manual curation which could be reading 100 publications one at a time.

Given the needs, we naturally adopted generative AI by collaborating with open AI quite early, accessing those larger language models long before ChatGPT took the world by storm, to really fine tune them for this highly complex and highly regulated industry.

Essentially, what we're trying to achieve is a very tall order: human AI which begins where ChatGPT ends, pushing this phenomenal technology beyond the current capabilities to satisfy the needs of the life sciences industry. Can we provide privacy and security? Can we use it to analyze our life sciences private data? Can we increase the accuracy and avoid hallucination? Most importantly, can we provide transparency to AI to the generative content?

Explain the concept of your name.

We had fun coming up with that name. Basically, I'm a life sciences expert sitting on the AI team. My goal has always been: Can we build human intelligence from domain experts into an AI platform? In the end: "Huma" represents humans plus machines where humans always come first.

"A critical part of our model is always having a human expert in the loop. It's our philosophy that humans always come first."

You bring up something really significant. It's no secret that there's a lot of fear of AI. What are the potential challenges of AI that CEOs should be aware of?

The biggest challenge of generative AI is trust. Can we adhere to trust and ethics? Can we trust a generative AI platform? Can we trust the information it provides? Is it accurate? Can we validate the answers? Secondly, of course, privacy is a huge issue, particularly in healthcare and life sciences. Finally,



Dr. Lana Feng and her family

can we harness it? Of course now that the genie is out of the bottle, can we steer this amazing technology in the right direction and use it for human good? We are working on that. It is what our company stands for: AI for good.

A lot of people are concerned as AI grows, that jobs will be lost. What are your thoughts on that?

I think that, unfortunately, there will be instances where that is the case. Some jobs will be replaced. However, experts are becoming more important in the generative AI age. A critical part of our model is always having a human expert in the loop. It's our philosophy that humans always come first. Additionally, the human in the loop approach can accelerate how AI can be leveraged for good—specifically to maximize the potential of AI and limit potential challenges such as hallucinations.

“By surfacing that critical intelligence, we can accelerate clinical development. Right now it takes 10 years and \$2.3 billion to bring a drug to market, and the majority of that time and money is spent in clinical development.”

Humans should always be checking the answers, whether they're correct or not, and then modify those answers and feed them back into the model. We call this reinforced learning via human feedback loop. From the generative AI perspective, this is also the key to how we have successfully leveraged these technologies. I'd like to say AI is not going to replace your job, but people who use AI will replace select jobs. I think this is my call to the technology community. Let's embrace AI for good.

What we do at Huma.AI is a prime example of AI for good. We chose a complex domain, life sciences which is highly regulated, has incredibly complex data and impacts patient lives. For example, some of our clients have over 100 disparate data systems, and 80% of the data is what we call unstructured, meaning they're documents, PDF PowerPoints, even even free text field in tables. So, we must get it right. Our mission is to help life sciences companies to save lives and ultimately benefit humankind.

Talk about the types of challenges you solve.

The types of challenges we solve are what we call use cases in life sciences. One of the use cases is to apply the platform in clinical trials. For example, can we look at historical data and figure it out on the design side, as to what is the secret sauce for successful trials?

By surfacing that critical intelligence, we can accelerate clinical development. Right now, it takes 10 years and \$2.3 billion to bring a drug to market, and the majority of that time and money is spent in clinical development.

The second use case is helping companies launch a new product. While we work across all departments, we do a considerable amount of work in Medical Affairs. Medical Affairs teams are primarily M.D.s, Ph.D.s, and PharmDs that pharmaceutical companies hire to engage with key opinion leaders and healthcare professionals to strategically position a drug launch. Those teams work with a lot of unstructured scientific data that requires massive manual effort. We can use generative AI to automate the curation process across multiple data sources and surface previously unknown intelligence.

Finally, and potentially the most relevant, is post-market surveillance. Once we put an approved lifesaving drug or a medical device on the market, what are the side effects that need to be monitored and reported? That effort requires combing through millions of publications as well as external and internal data. That's a huge area for our application.



An “all-hands” Zoom call with the team at Huma.AI

“That was the beginning of my journey to fulfill my dream of developing lifesaving drugs.”

Last but not least, real world evidence. Can we glimpse any intelligent insights out of the massive amount of data that’s already in the healthcare ecosystem, such as electronic health records, payer data, etc.?

So you might be able to help solve chronic diseases, which I believe are over 80% of the entire healthcare cost. I always start with, what’s the goal? We see this transformational platform as rising tide raises all boats. That is why even our clients want us to work with their competitors. I’d like to say that many years later when I look back, if we can shorten that 10-year, \$2.3 billion cycle by just two years, that would be phenomenal and evident that we made our contribution and saved lives through this revolutionary technology.

Obviously it’s a financial win, but more significantly you’re saving lives by bringing drugs to the market quicker.

That is correct. If you look at cancer, there are about 27,000 cancer patients that will die from their disease everyday. So if you can just accelerate the cycle by months, we’re talking about countless lives that we can save.

Talk about the types of specific organizations that you might partner with.

We know we have something incredibly special that can significantly reduce costs of the current healthcare systems and save lives. So, our life sciences clients would include pharma, medical device, and

diagnostic companies. We are also looking for partnerships to expand into healthcare with the providers, the payers, and maybe even the data providers.

“We know we have something incredibly special that can significantly reduce costs of the current healthcare systems and save lives.”

A personal question: you are from a family of physicians, and yet you went in a completely different direction.

That is correct. I came from a family of physicians. In fact, not only my parents were physicians, but my aunts and uncles as well. You can imagine that they always expected me to go to medical school with the intent of becoming a practicing physician. While I understood that route wasn't for me, so I chose a different direction which was to pursue my Ph.D. for biomedical research. That was the beginning of my journey to fulfill my dream of developing lifesaving drugs.

While I'm not directly in the drug discovery process as a pharma company, my organization is still facilitating that process through technology, which is fabulous for me because it's still very tied to my dream. Ultimately, it's my belief that even though I went in another direction, my family is incredibly proud of what I'm doing and the contributions I've made to medicine.

What is your vision for Huma.AI?

My ideal situation is to help create many lifesaving drugs and help these come to market quicker and in a more cost-effective manner. When that occurs, we will have improved the economics of healthcare and expedited the trajectory of live saving care!



Dr. Lana Feng is the co-founder and CEO of Huma.AI. She has led the company from inception to growth phase post series A. Huma.AI's leading generative AI platform for life sciences automates manual data curation and eliminates data bottlenecks in medical affairs, clinical development, RWE, and post market surveillance.

Dr. Feng spent over 20 years in precision medicine. Dr. Feng came from Novartis Oncology Business Unit where she established international partnerships for their targeted cancer therapeutics programs. She joined Novartis through its acquisition of Genoptix.

Dr. Feng built the BioPharma division at Genoptix, where she grew the business from zero to \$45M in five years by forging alliances with pharmaceutical companies and providing companion diagnostics development for targeted cancer therapies. The division was instrumental in Genoptix' acquisition by Novartis for \$500M.



Virgil Miller with legendary Coach Nick Saban and Terry Saban at My Special Aflac Duck Delivery event at Childrens of Alabama June 6, 2023



Adjusting to evolving healthcare needs

Virgil Miller—President of Aflac U.S.—speaks to the changes the healthcare industry is currently facing from technology and AI to advancements in medical treatments. His belief is that, as insurance providers must keep up with the everchanging landscape of healthcare, Aflac will always prioritize its culture and customer service.

Robert Reiss: Describe Aflac's model and its unique spot in the marketplace.

Virgil Miller: Aflac is very different from major medical insurance. We are the number one provider of supplemental health insurance products in the United States, as well as the leading provider of cancer and medical insurance in Japan in terms of policies in force. Our products—which include policies covering cancer, accidents, hospital indemnity, specified diseases, dental and vision, and more—are designed to close the gaps between what a policyholder's health insurance does and does not cover.

Working with brokers and a 30,000-strong independent field force, Aflac sells its products primarily through the worksite. Our traditional products are individually owned by the policyholder and are portable, while our group products are employer-sponsored to provide the benefits to employees. Group policies are typically sold at larger companies, while individual insurance is often sold at smaller businesses.

“It is essential that the insurance industry acknowledges and adjusts to the changing healthcare environment.”

You've spoken about preventative care and the move from hospital to home. What specifically is Aflac doing to drive those initiatives?

It is essential that the insurance industry acknowledges and adjusts to the changing healthcare environment. For instance, in recent years, we have refreshed some of our policies to include mental health benefits and value adds to keep pace with consumer demand and growing healthcare concerns. But it goes beyond that. The best example is our new cancer policy, which

was refreshed earlier this year. With certain aspects of healthcare changing—such as more treatment being conducted at home, rather than in a hospital or doctor's office—we needed to adjust our benefits structure. A great example is chemotherapy, which, in the past, would have involved hours in a hospital. Today, in some cases it is delivered via a pill. In cases such as this, we have shifted our benefits structure away from a strict focus on time spent in the hospital toward the type of care that could easily be done at home. This, and utilizing advancements like artificial intelligence (AI) in very strategic ways to accelerate the delivery of benefits, are how we are enhancing the value proposition to our customers.

We are also focusing a great deal on encouraging people to utilize the wellness benefits that some of our policies provide. These are benefits that we pay just for going for routine checkups or things like colonoscopies and mammograms. With early detection improving with technology, we want our customers to go for regular checkups and then file a claim.

What is your vision for healthcare in America?

More and more technology will be infused into our healthcare system. I truly feel that the healthcare industry has merely scratched the surface of what it



The CEO Forum Group has selected Virgil Miller, President Aflac U.S., for the 2023 “Top 10 CEOs Transforming Healthcare in America.” The specific award category bestowed is “Insurance” for the visionary approach Aflac has taken in moving to home healthcare, preventative health and their significant contributions in children’s cancer treatment.

can be. Just think about it. Today, we are seeing things that had previously been so absurd to imagine that you'd be more likely to see it on some futuristic movies or television shows. But today, we routinely attend Zoom meetings, text, and conduct research that used to take weeks in hours. With the power of AI and machine learning, it is almost impossible to predict where it will go. But what I do think is that, as an insurance company, we will need to be on the cutting edge alongside the medical community making all of these advancement in how healthcare is delivered.



Miller dedicates Aflac Park Bench and presents \$100,000 check CareGrant to Community HealthNet in Gary, IN on May 16, 2023.

Consider how more people are surviving cancer today than ever before. At the same time, those who do survive cancer are often saddled with medical debt and often experience higher healthcare costs than those who have never experienced cancer. That is why Aflac's cancer policy includes survivor benefits, which will become more and more essential as medical advancements continue to improve. Considering that more than half of Americans say that they do not have \$1,000 in savings for a medical emergency, this becomes very pertinent to this discussion.

What is unique about Aflac's culture and customer experience?

You would be hard pressed to find a company with Aflac's culture, for which I am living proof. As an African American man, I have been afforded the opportunity to succeed, which is all anyone can ask for. Having come up through the ranks, I am now President of Aflac U.S., and amazingly, I replaced an African American woman who previously held this title before retiring.

“Our workforce is 66% women and nearly 50% people of color. Our board of directors is 64% either people of color or women. It is intentional that we have diverse representation at the highest levels.

This doesn't happen by chance. It is part of an overall prioritization, from the top down. The credit goes to Aflac's 34-year CEO Dan Amos, who has always said that he wants a diverse group of people sitting at the table. It's why our workforce is 66% women and nearly 50% people of color. Our board of directors is 64% either people of color or women. It is intentional that we have diverse representation at the highest levels.

Aflac's culture filters to our customers and communities as well. We have what we call The Aflac Way, which is a set of principles by which we live and operate. These guidewires ensure that the customer always comes first and how it is everyone's responsibility to ensure a great customer experience.

From a community perspective, I believe every Aflac employee takes pride in the fact that we have contributed more than \$168 million to help children and families deal with childhood cancer and blood disorders like sickle cell disease. In fact, our 28-year sponsorship of the Aflac Cancer and Blood Disorders

“...Every Aflac employee takes pride in the fact that we have contributed more than \$168 million to help children and families deal with childhood cancer.”

Center in Atlanta has helped make the hospital a top 10 children's cancer hospital in the nation. That, along with our award winning robotic My Special Aflac Duck, an interactive medical play device, which we have given to more than 23,000 children at no charge, is helping children and families cope with their cancer and sickle cell journeys. In fact, Time Magazine named My Special Aflac Duck one of the 50 top inventions of 2018.

Our commitment to culture and community is under the umbrella of our Care on Purpose program, which is a beacon for all the Aflac family, be they W-2 employees or 1099 sales agents, to follow. It makes us proud to work here.

Talk about your background and how that helped shape your leadership philosophy today.

I am a proud United States Marine and Desert Storm veteran. Along with my upbringing in small town Georgia, where I learned certain values that have always stuck with me, my time as a Marine helped mold my leadership style. I learned to always keep my head up and observe, analyze, and gain a firm grasp of the overall mission. I also learned to do any task to the best of my ability. As a Marine, I wanted to be the best soldier I could be. During my humble beginnings in a call center, I wanted to be the best customer service representative I could be. That drive has followed me wherever I have gone.

As Hall of Fame football coach Bill Parcells once said, “You are what your record says you are.” I firmly believe that. Your record is your credential, so measure your results and understand that is the gauge of your success or failure. And never typecast because people may not always be what you think they are, and finally, remember that success is earned, it's not given. I've built my leadership philosophy on this foundation of fairness, hard work, discipline and compassion—qualities of a Marine.



Virgil Miller, President of Aflac U.S., is a champion for driving growth by leading with innovation in overseeing customer experience and digital journey with a keen ability to understand and meet the ever-changing customer and market expectations. In 2018, Virgil was a recipient of the prestigious Stevie Award by the American Business Association for Executive of the Year in the insurance industry, was named one of Columbia Business Monthly's 50 Most Influential Individuals for 2019, 2020, and more recently named to the 50 Most Influential Hall of Fame in 2022. He was also awarded Insurance Executive of the Year by the 2020 BIG Innovation Awards and the Business Intelligence Group's 2020 Excellence in Customer Service Award, and made Savoy's list of 2020 Most Influential Black Executives in Corporate America. He was recently named 2023 Corporate Leader of the Year by the National Forum of Black Public Administrators. Virgil is a veteran of the U.S. Marines and of Operation Desert Storm. He holds a bachelor's in accounting from Georgia College, a master's in business management from Wesleyan College, and a doctorate in humane letters from Gammon Theological Seminary. Miller serves on the board of trustees for PlanSource via Vista Equity Partners, America's Health Insurance Plans, South Carolina Chamber of Commerce Board, Georgia Chamber of Commerce Board of Governors and Directors, the Institute of Medicine & Public Health, and Claflin University's Board of Trustees.





First-ever beauty & wellness roundtable brings CEOs together to help solve the industry's job crisis

By: Lynelle Lynch



During the pandemic, an estimated 20% to 25% of beauty and wellness employees left the workforce. Businesses attempted a return to a state of normality but found themselves without the staff to support client demand.

In response, the industry's leading beauty and wellness associations came together as the Unite as One (UAO) coalition to address this challenge.

Beauty Changes Lives, a member of Unite as One coalition, hosted a CEO roundtable in Chicago, the first time that C-suite executives representing all segments of beauty and wellness—including service (salons/spas), manufacturing, distribution, retail,

and education—had come together to work on identifying solutions.

Facilitated by award-winning author, change-management futurist, and former L'Oréal Managing Director Minter Dial, the three-hour working session included over 25 of the industry's top executives.

The group uniformly validated the severity of the problem and the need to make millions of young people—who are already beauty and wellness enthusiasts on social media—aware of the wide range of available career opportunities.

Three themes emerged.

CEO Roundtable

Roundtable participants

Phil Horvath, President & CEO | Chatters

Reuben Carranza, CEO | Amika

Sue Trondson, Vice President | Aveda

Lynelle Lynch, CEO | Bellus Academy

Jan Arnold, Co-Founder | CND

Jane Wurwand, Founder & CEO | Dermalogica

Carolyn Aronson, Founder & CEO | It's a 10

Filip Spacek, President Professional Products Division
North America | L'Oréal

Tatum Neill, Artistic Director | Neill Corporation

Pete Castellanos, Executive Vice President | Paul
Mitchell

Robert Passage, Chairman & CEO | Pivot Point
International

Christina Russell, CEO | Radiance Holdings

Michael Heines, Chairman of the Executive Board |
Salon Service Group

Luke Massery, CEO | Scrip

Nick Stenson, Senior Vice President | Ulta

Anna Manukyan, Senior Director | Ulta

Karen Short, CEO | Universal Companies

Mary Atherton, Director of Communications | Wella

Larry Silvestri, Senior Vice President | Tricoci

Charles Brown, CEO | CLICS

Tony Gordon, Owner | Gordon Salons

Brandon Hutchins, President Professional Brands |
Beauty Industry Group

Bob Maconi, Vice President | Millennium Systems

Eric Bakken, President & CEO | Hair Cuttery

John Moroney, Vice President | Olaplex

Megan Murray, Senior Director | Ulta

Victoria Gallo, Director | Wella

Kristin Firrell, Vice President | Paul Mitchell

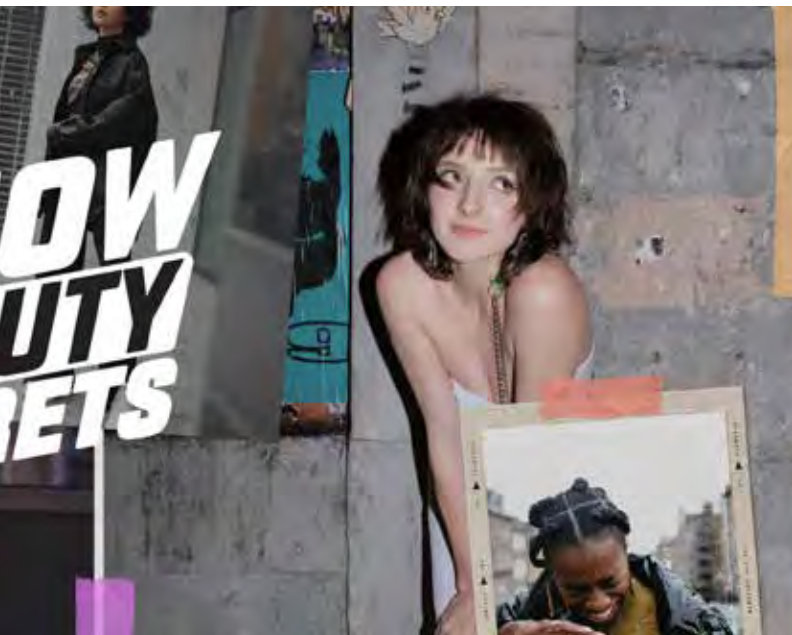


Theme One

Our audience would likely consider us as a career opportunity if they knew more about us. Post-pandemic Gen Z enters the workforce with very different considerations than past generations. They value flexibility, self-expression, meaningful work, diversity, and the ability to control their earnings based on their time commitment—all things that our industry, compared to traditional post-secondary education, can offer. As beauty and wellness compete against other service industries and college, the executive group agreed on the need to show how well we align with the Next Gen's core values of freedom, creativity, and purpose. Additionally, Gen Z regularly and actively engages with beauty and wellness on social media.

Theme Two

We can't win over the students if we don't win over their parents. Outdated myths and stereotypes (think "beauty school dropout") are pervasive and entrenched. While parents may be familiar with beauty and wellness from their visits to salons and spas, most have never considered the industry a viable career option. We know that success takes hard work, determination, passion, and intention, and the



executive group agreed that we needed to showcase the rigor and professionalism of our careers (which generally require licensing). We also needed to highlight opportunities to make a highly competitive income limited only by individual efforts.

Theme Three

We need to share our personal stories. Our personal stories are about dimensions of success—overcoming adversity, finding a community to belong to, and achieving career satisfaction. Our industry is full of personal stories that reveal what careers in beauty and wellness look like. Our compelling stories put a face on our industry, address misleading stereotypes, and change hearts and minds. The

Unite as One Coalition Members:

The American Association of Cosmetology Schools, Associated Skin Care Professionals, Beauty Changes Lives, Cosmetologists Chicago, Intercoiffure America Canada, International Nail Technicians' Association, International Salon Spa Business Network, International Spa Association, Professional Beauty Association, Professional Beauty Federation of California, Pro Nails Association.

beauty and wellness industry has over one million socially active members—and by helping them share their stories (we touch and connect with millions of consumers every day), we have a unique opportunity to make sure our stories are heard.

Following the roundtable, the Unite as One group launched KNOW SECRETS (www.knowbeautysecrets.org), an industry advocacy campaign sharing the real stories of beauty and wellness professionals across social media. Future roundtable meetings will utilize our new dialogue to support the industry and drive the campaign's success.

About the article author

Lynelle Lynch is intimately involved in beauty and wellness as the owner of Running Y Ranch Resort—a destination spa, fitness and golf resort, and CEO of Bellus Academy group of leading beauty and wellness career schools.

Lynelle's volunteer work includes being President & Founding Member of Beauty Changes Lives—a non-profit to empower beauty and wellness professionals through scholarships, mentorship and advanced education; Chairman of the Career Education Colleges and Universities—dedicated to connecting the Higher Education Act to jobs; and Board Member and Immediate Past Chair of the La Jolla Playhouse, a leading regional theatre which has sent over 30 productions to Broadway.



The Transformative CEO Summit

March 23, 2023

LEADERSHIP AND HOW THE WORLD IS CHANGING

AGENDA

Part A: 11-11:30 a.m. ET

WELCOME & OPENING SPEAKERS

Opening presentations set the stage for our CEO problem-solving work groups.



“How the new capitalism is transforming the business landscape”

Alan Murray

CEO, Fortune Media



“Women Leadership”

Caroline Feeney

CEO, Prudential Financial/
U.S. Insurance & Retirement Business



“Visionary Leadership: Lessons on Past and Future Leadership From a Three Time Fortune 500 CEO”

Ravi Saligram

President & CEO,
Newell Brands

Part B: 11:30 a.m.–12:30 p.m. ET

WORKGROUPS

We break out into five different CEO workgroups to address critical topics.

Workgroup 1 - Supply Chain Leadership – Strategies During Volatile Times

Workgroup leader (facilitator):

Kate Gutmann

President International, Health care & Supply Chain Solutions, UPS

Workgroup participants:

Ravi Saligram, President & CEO, Newell Brands

Farooq Kathwari, Chairman, CEO & President, Ethan Allen

Russell Stokes, President & CEO, GE Aerospace

David Best, CEO, Newman's Own

Workgroup 2 - Developing Better Leaders to Accelerate Transformation

Workgroup leader (facilitator):

Dr. David Rock

Co-Founder & CEO, NeuroLeadership Institute

Workgroup participants:

Steve Bandrowczak, CEO, Xerox

Keith Banks, Vice Chairman, Bank of America

Cindy Baier, CEO, Brookdale Senior Living

Workgroup 3 - Transformative Forces Shaping the Future of Healthcare Delivery

Workgroup leader (facilitator):

Dave Hickey

President, Life Sciences, BD

Workgroup participants:

Virgil R. Miller, President, Aflac U.S.

Michael J. Alkire, President, and CEO, Premier

Erik G. Wexler, President, Providence Health

Patrick A. Charmel, CEO, Griffin Health Services Co. and CEO, Planetree Inc.

Workgroup 4 - Repurposing The Firm in Times Of Crisis

Workgroup leader (facilitator):

Rudy Durand

Strategic Management Society, Founder & Academic Director, Society and Organizations Institute

Workgroup participants:

Bill George, Former Chairman and CEO, Medtronic and Best-selling author, True North

Cindi Bigelow, CEO, Bigelow Tea

Lynn Tilton, CEO, Patriarch Partners

Workgroup 5 - Repurposing The Firm in Times Of Crisis

Workgroup leader (facilitator):

Kip Morse

President & CEO, International Association of Better Business Bureaus

Workgroup participants:

Tom O'Brien, President, Weather Group

Alan Suna, Chairman, Silvercup Studios

Tiger Tyagarajan, CEO, Genpact

Dr. Stephen Klasko, MD, Former CEO, Jefferson Health



Alan Murray | CEO, Fortune Media

HOW THE NEW CAPITALISM IS TRANSFORMING THE BUSINESS LANDSCAPE

Robert, great to be with you. As you know, the CEO thing is new for me. I've been a journalist most of my career, a business journalist. I started as the business editor of the Chattanooga times in 1980. So I've been doing it for a long time. And I think I can say without reservation that there has never been a period in the history of business over the four decades that I've been looking at it when leaders have been faced with such an interesting array of profound challenges, transformational challenges.

Part of that is coming from technology. You have this new wave of technologies, the latest being AI and generative AI that has the potential to really change their businesses and the way they provide value from front to back. Then on top of that, you have what I refer to as the purpose revolution—a new generation of workers and consumers that is demanding much more from companies and CEOs in terms of proving not just that they are generating returns to their shareholders, but returns to multiple stakeholders, their employees, their customers, the communities they live in, and the planet that they live on. It's a huge trend of the last three years, and it's going to keep growing.

And then finally, the pandemic forced on us all to reinvent work. What does work mean? How does it work? Do we have to be together? Can we be apart? How do you create cultures if you don't have everyone in an office five days a week?

And so, the burden on the people who run these large organizations has never been greater, and it's never required more creativity because this isn't just about taking existing processes and making them more efficient. There is nothing you will learn in a Six Sigma course that will help you solve this problem. This is really about fundamentally rethinking the company why it exists, how it creates value, how it engages its workers to maximize their desire to create that value.

I find it a fascinating time, but it's a very difficult time and it requires CEOs to develop a whole bunch of new muscles and a whole bunch of new skills. A part of it is empathy and just listening. **Today's CEOs have a lot of stakeholders who can determine the success of your business and you better pay attention to them. It does not matter how smart or how prepared you are for the job, you do not have all the answers.** So you have to be empathetic, you have to listen and you have to be creative on a scale that has never been seen before in business because if you think that you can continue to do what you're doing today for the next decade and be successful, you're probably wrong; the odds are greater than 90% that you are wrong. And Robert, you frame that this conversation is about capitalism, which I think is the right frame. Look, all of us who have studied this and all of us who are fans of capitalism understand it is the best way to organize the means of production. And I've seen, over the course of my lifetime, what incredible value it can create for the world. I mean, think about what's happened: over the course of the last 30 years, we've had the greatest alleviation of poverty in the history of the world. Literally a billion people have been lifted out of extreme poverty because the world adopted more of a free market model.

So we know capitalism has value. But unfortunately, we're at a moment in time where there's a lot of skepticism, particularly among young people about whether capitalism is as good as it could be. And so, I think, on top of the creative challenges I've already talked about, the bigger mega-creative challenge is to prove to new generations that this is the best way to organize the means of production. This is the best way to create a better society, and we can do it better to prove that.



**Caroline Feeney | CEO, Prudential Financial/
U.S. Insurance & Retirement Business**

WOMEN LEADERSHIP

Robert, it is always great to speak with you. And I'll just start by saying thank you for everything you do to help elevate the work that we do as business leaders across all of the industries represented here; it's certainly very meaningful. And I know I speak for many of us here when I say it makes a positive difference and is very much appreciated. And thank you for this opportunity. I've had the privilege of attending your Transformative CEO Summits before. It is always a great event, and I come away with so much to think about after hearing from you and other executives. And that's what I really hope to leave everyone with today—at the very least something to think about. Hopefully, you also commit to a few actions you can take back with you.

As Robert knows, I'm an advocate for helping companies see the value of increasing the number of women and C-suite roles, and certainly while I think we've made some progress over the years, it's been slow. And even more concerning is that we see clear evidence that the pandemic has really set us back. I'm here to say that, whatever efforts we were undertaking before, we have to double down on those efforts to not only reverse the trend we're seeing—to not only continue from where we left off, but to accelerate our momentum and our progress. We know that women make up just under half of the workforce overall. Yet, the higher you get in a company that percent of women quickly declines.

For example, women make up about 25% of director or vice president roles and 14% of senior executive roles. But then once you get to roles in P&L responsibility, those roles that are the pipeline to the C-suite, that number continues to drop a long way, all the way down to less than 5%. This is a problem that companies simply have to recognize and address head on, just as we would any other business problem. And that's because the data is very clear that companies with a higher percentage of women in leadership roles especially at higher levels, as well as in board positions, simply do better. And in fact, the majority of the most desirable management characteristics in a recent study were associated with female leadership. And that includes accountability, fairness, open mindedness and communication. We know that the skills that make good leaders are actually skills that many women tend to possess. Yet a disconnect clearly exists because women too often lack the opportunity to move into the pipeline that leads ultimately to the most senior level roles.

So what do we do about all this, and how do we get women ready for P&L roles? There's a few solutions that we've employed at Prudential and elsewhere that are working. And first, it begins with strong sponsorship and advocacy from leaders. That means actively seeking out working with and supporting our future leaders. Mentoring, as we know is generally a bit more passive and I see many women seeking out these types of relationships and certainly there's value there, but **having men and women at senior levels being on the lookout for talent and just taking that extra step to give women high profile challenging assignments and then just being vocal about their success goes even further.**

For example, I recall how an advocate—a leader who mentored me and believed in me—really helped me move into a role. That was perhaps one of the most important turning points in my career. He tapped me on the shoulder and asked me to take on a role that I'd only seen done one way over the years, and never by a woman, let alone one with very young children. I had a one-year-old and a three-year-old at home, and I did not see myself being able to do the role in the same way that it had always been done, which involved lots of late nights and taking people out to dinner night after night. I'll never forget what he said to me. He said, "I'm asking you to do the role the way you think it should be done, not the way you've seen it done by others." And so just his advice and his willingness to advocate for me gave me the confidence I needed to take a

KEYNOTES

rest to get out of my comfort zone and just jump into the pond. Without his advocacy that led to many important experiences and lessons, I think my career path would have been very different, and I don't think I'd be in the role that I'm in today.

Another solution is that companies need to make a concerted effort to put formal programs in place to identify specific gaps and create an action plan. To fill them specifically, I think giving people the training and the tools they need is critical, and you should lean into offering challenging assignments and let people stretch wherever possible.

Lastly, I'd encourage you to think differently about the qualifications your teams are looking for when it comes to certain leadership roles. Don't simply look for people who check off traditional boxes, because we've seen time and time again, that when you think differently about the qualifications for a role, you'll often find someone incredible who may never have had the opportunity otherwise.

So please think about these ideas and how they may work for you and your company. And if none of this is new information for you. Well, that's great, right? It means these issues are already very much front and center for you. But please pass these ideas along to other leaders at your company, because the numbers we're seeing when it comes to women in the pipeline for P&L and senior leadership positions are just not progressing the way that they should be. And I know that all of us can make a very big difference. So thank you all for your time. I hope you enjoy the summit. And Robert, thanks again for putting all of this together and for all the great work that you do in promoting women in leadership.



Ravi Saligram | President & CEO, Newell Brands

VISIONARY LEADERSHIP: LESSONS ON PAST AND FUTURE LEADERSHIP FROM A THREE TIME FORTUNE 500 CEO

Thank you, Robert. And, good morning everybody. As a young leader, I was so inspired when President Kennedy toured NASA in the 60s. He met a janitor and asked him, "What's your job, young man?" And the janitor said, "Mr. President, it is to put a man on the moon. I was so touched that here is a janitor who doesn't say it's about cleaning floors. He identifies with the total mission to put a man on the moon. As I became CEO, this creation of a mission or a noble purpose has been so crucial.

When I joined OfficeMax as CEO, just on the tail end of the recession somewhere in 2010, I was touring stores and found that some employees were disengaged, disinterested, and apathetic. They did not find meaning in their job. As we effected a turn around, we repositioned the company. And because we were just focused on light users and on back-to-school, we needed to refocus on the heavy users on small businesses to provide them cutting-edge solutions. So this came about and created this noble purpose of helping small businesses grow, helping America grow. This galvanized our employees because it created a patriotic fervor, especially on the heels of the recession, about helping small businesses who constitute a large percent of our GDP.

When I went to Ritchie Brothers, the world's largest heavy equipment auctioneer, we came up with this whole purpose of noble. Movement was all about how we sold trucks in our auctions. So there's the movement of goods across borders across states to drive the economy. It was about our construction



equipment and building the world. And it was about our agricultural equipment, helping farmers grow crops, all of which to help economies and our own people grow.

When I joined Newell Brands in 2019, I thought about our purpose. We have such great iconic brands such as Sharpie, Paper Mate, Graco, Coleman, Rubbermaid, Yankee Candle etc. So with all of these brands what is the common hook? How do we create a purpose? Well, our brands are about brightening consumers' lives; we provide moments of joy and peace of mind. Just think about it. A mom putting her baby in a car seat, which is Graco she has peace of mind knowing that her baby will be safe in Graco; a Sharpie when you use it our latest pen Sharpie its gel glides, like smooth as silk. So this has helped our employees create and drive innovation and turbocharge innovation because they know the end meaning is that they're really brightening consumers' lives.

Noble purpose, the lifestyle is all about the why. Strategy is about the how, but a very important foundation is values, values of who we are. So I knew when I joined, our engagement scores were very low, about 45. We had just finished an acquisition, and the integration had not gone well. Employees were floundering. So I promised them a people-first mantra and that I would help build one culture. And we created simple values, very telegraphic about truths about transparency about teamwork—all of which would build trust. And we had our employees bring these values to life, so that they were not just the CEO's values, but they were everyone's values. We lived our values. And this has helped our engagement scores surge forward in just two years. Our engagement went from 45 to 75, world-class norms, and we've sustained it two years in a row at 75, so much so that Fortune recognized Newell Brands as one of their most admired companies in the world, two years in a row. So the why purpose, the how strategy, who we are values...those combined together become a powerful formula. That also then says, "Hey, your employees are your true secret sauce." And that's what enables you to turbocharge, to find meaning for your employees, to be part of something that is much bigger than themselves where the whole is much greater than the sum of the parts. And this is what allows vibrancy and endurance and creating long term shareholder and stakeholder value.

So let me sum it up for new leaders. **The mantra I'd give you is something called TEA: transparency, empathy, authenticity.** I hope this TEA formula will help you because today's multi-generational employees and companies want authentic leaders who mean what they say and say what they mean. I look forward to seeing you on the panels. Onwards and upwards. Robert, thank you so much for this great opportunity.

CEO LIBRARY

“One of my favorite quotes on learning is from Julia Child, ‘You’ll never know everything about anything, especially something you love.’ My love has been learning about business models and success, where I have read over 1,000 business books; following are three of those which I believe can be of great value to today’s top CEO.”



Heroes Work Here: An extraordinary story of courage, resilience, and hope from the front lines of COVID-19

By: Lucinda M. Baier

Learn how Brookdale Senior Living’s response to the pandemic has been nothing less than extraordinary.

Brookdale President and CEO Lucinda “Cindy” Baier shares information about her deeply personal past and how it helped position her to lead Brookdale through a once in a lifetime pandemic. Baier helped unite her team around a common mission, sought out the best counsel possible, and relied on each associate to bring his and her skills to the table. Those associates helped make Brookdale a leader in the senior living industry. The lessons Baier and Brookdale learned are universal. Read about their invaluable insights and prepare to be inspired.

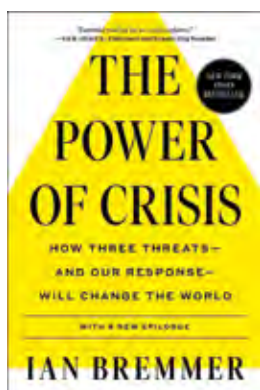


Subscribed

By: Tien Tzuo

Learn how you can transform your own product into a valuable service with a practical, step-by-step framework.

Subscription companies are growing nine times faster than the S&P 500. Why? Because unlike product companies, subscription companies know their customers. But how do you turn customers into subscribers? As the CEO of the world’s largest subscription management platform, Tien Tzuo has helped hundreds of companies transition from relying on individual sales to building customer-centric, recurring-revenue businesses. His core message in *Subscribed* is simple: Ready or not, excited or terrified, you need to adapt to the Subscription Economy—or risk being left behind.



The Power of Crisis

By: Ian Bremmer

Learn lessons from global challenges of the past 100 years to show how we can respond to three great crises unfolding over the next decade.

Domestic and international conflicts leave us unprepared for a trio of looming crises—global health emergencies, transformative climate change, and the AI revolution. We are squandering opportunities to meet the challenges that will soon confront us all. *The Power of Crisis* provides a roadmap for surviving—even thriving in—the 21st century. Bremmer shows governments, corporations, and every concerned citizen how we can use these coming crises to create the worldwide prosperity and opportunity that 20th-century globalism promised but failed to deliver.



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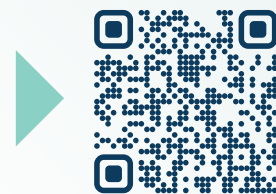


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