

The CEO Forum

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INNOVATION

Robert C. Garrett
CEO

HACKENSACK MERIDIAN HEALTH



PEDIATRICS

Kevin B. Churchwell, M.D.
President & CEO

BOSTON CHILDREN'S HOSPITAL



PATIENT EXPERIENCE

Dr. Redonda Miller
President

THE JOHNS HOPKINS HOSPITAL



INTEGRATED HEALTHCARE

Howard P. Kern
President & CEO

SENTARA HEALTHCARE



CONSUMER HEALTHCARE

Bob Fontana

Founder, Chairman & CEO
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MARCH OF DIMES



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A NATIONAL MODEL

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I was recently reading a history book outlining the 14th century bubonic plague, and it dawned on me that the plague was actually the precursor to the Renaissance. Akin to that, I believe today's pandemic is really the harbinger to a new renaissance which will be led by CEOs—and in addition to elevating and inspiring society—they will lead what I call a “renaissance in health.”

The journal in your hands is all about verbatim insights and vision of this “renaissance in health” directly from 10 trailblazing healthcare executives. Additionally, there is a special section summarizing the December 14, 2021 Transformative Healthcare Summit. Concepts you'll learn from include technology, telehealth, culture, supply chain, access, clinical outcomes, cost, home health, DEI and new innovative healthcare models. It's all right here. The purpose of this journal is both to celebrate our healthcare leaders who are the recipients of our 2022 Transformative CEO Awards in Healthcare, and to inspire the top CEO community.

The mission of The CEO Forum Group has not changed since the day I founded the company on April 13, 2007; it is, “To disseminate CEO wisdom to elevate business, the economy and society.” I believe when we share best practices, all corporate ships can rise. And that is the true purpose of this healthcare journal.

Now it's accurate that many of the top 10,000 CEOs who receive this journal are from verticals other than healthcare; however, the truth of our times is that healthcare impacts all CEOs significantly...especially during this pandemic.

In summary, the word renaissance is derived from the French meaning “rebirth.” Anyone who has had kids knows that the process of giving birth is filled with intense pain. My hope is that the intense pain most of us have felt over these past two years will yield way to the positive force of ushering in a new CEO inspired “renaissance in health.”





The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.

– Martin Luther King, Jr.

There is no question we have worked together through challenging times. Throughout this all, our president and chief executive officer, Jeffrey Flaks, stands strong and steady, side-by-side with our patients and communities as we move forward. His leadership has been unquestionable and unwavering. Thank you, Jeff, for your vision, commitment and inspiration. And thank you for helping us stand together.



**Hartford
HealthCare** 

The CEO Forum

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Creating healthier communities

CEO Robert Garrett of Hackensack Meridian Health is changing the way healthcare is approached. From diversification in the workforce to new program models, Hackensack Meridian Health is dedicated to leading the industry in investing in transformative care at the direction of Bob Garrett. With many innovations underway, he's providing more people with cutting-edge care in New Jersey than ever before.

Robert Reiss: Give a snapshot of Hackensack Meridian Health and how you have grown over the past few years.

Bob Garrett: Hackensack Meridian Health has grown to New Jersey's largest health network with 17 hospitals, more than 500 patient care locations, 36,000 team members and 7,000 physicians. Our growth has been highly strategic and remarkable. We don't just grow for the sake of getting bigger; we are focused on improving care, enhancing the patient experience, and making care more convenient and affordable.

Here's a great example. We are expanding our ambulatory footprint deeper into communities. These facilities, many opening in repurposed retail centers, will be the front door to quality healthcare for more people. We are adding five health and wellness centers throughout New Jersey this year and next, joining 500 other patient care locations throughout the state. There's no question we are helping more people access high-quality care closer to home.

We also launched the first private medical school in New Jersey in several decades and engaged some great partners to advance healthcare including Memorial Sloan Kettering Cancer Center and Georgetown University, Carrier Clinic, Quest Diagnostics, St. Joseph's Health and others.

As innovation has been at the core of your success, what are some specific innovations you are proudest of?

Three innovations have been especially consequential: opening the Hackensack Meridian School of Medicine, the Center for Discovery and Innovation (CDI) and partnering with Carrier Clinic to rewrite a new narrative for behavioral healthcare.

We can't change healthcare without starting at the beginning and that's how we educate physicians. Future doctors must understand all of the factors



The CEO Forum Group has selected Robert C. Garrett, CEO of Hackensack Meridian Health No. 1 for the 2nd consecutive year in "CEOs Transforming Healthcare in America." Mr. Garrett is recognized for his unparalleled leadership and commitment to innovate all aspects of healthcare.

that impact health, including what we call the social determinants of health. These factors go beyond traditional healthcare but greatly impact well-being—including safe housing, finances, access to transportation, and healthy food. This approach helps us improve outcomes, create more equitable care, and increase value. Our students partner with people in underserved areas so they get a complete picture of a patient. They have helped people quit smoking, lose weight, and arrange virtual visits with physicians.

Additionally, I am proud that we are doing our part to diversify the physician workforce. New Jersey is the fourth most diverse state in the nation, and we need doctors to reflect the communities they serve. Sadly, throughout the nation, only 5 percent of physicians are Black. However, African-American people make up 12 percent of the population. I am proud that one in four of our medical students is from underrepresented communities in medicine.

On a personal note, opening a School of Medicine was a dream of mine for a decade. When I look back at our team's journey, I always think of that Thomas Edison quote: "Genius is one percent inspiration and 99 percent perspiration." I can't tell you how it felt to graduate our first students last year and see them thrive in residencies throughout the network.

“In short, our science truly has clinical impact.”

The CDI is another new initiative that’s a game-changer. Since its launch in 2019, the center has contributed major breakthroughs in COVID: the first commercial test which reduced wait time for results from days to hours; a clinical trial for life-saving convalescent plasma therapy and genetic sequencing that detects variants of the virus to help us better understand the evolution of COVID. Additionally, the CDI played a major role in the development of COVID vaccines and continues to provide genetic sequencing that detects variants of the virus.

Beyond the pandemic, global researchers at CDI are on a mission to address some of the world’s most vexing health problems: eliminating hospital-acquired infections; advancing regenerative medicine, and improving patient outcomes in oncology through our membership in the NCI-designated Georgetown Lombardi Comprehensive Cancer Center Consortium. In short, our science truly has clinical impact.

Our partnership with Carrier Clinic was developed to expand access to behavioral healthcare, better

coordinate care, and innovate treatment. When we launched in 2019, we could not imagine how much worse the crisis in mental health and addiction had grown. Sadly, more than 100,000 Americans died from drug overdoses from May 2020 to April 2021—the most ever recorded in a single year. And more people than ever are taking their lives.

For children, the stats are even more staggering. The demand for pediatric behavioral health visits increased by 90 percent throughout our health network in the last two years!

We are making real strides. We opened a destination, state-of-the art addiction treatment center last year. We launched one of the first behavioral health urgent care centers in the nation; we reorganized acute mental healthcare in our network, transforming a community hospital into a regional hub for behavioral healthcare. Also, we plan to add 40 pediatric beds at our Carrier location to meet the growing need for acute behavioral healthcare.



When you look at healthcare innovation, how do you imagine this can transform the entire healthcare system?

Advances in technology, clinical breakthroughs, and pivoting more to prevention are at the heart of healthcare transformation. Consider the example of telehealth. Virtual visits increased 38 times compared to engagement prior to the pandemic. Think of how many people can now access care from their homes or contact a physician while on vacation.

Artificial intelligence will also take us leaps and bounds forward. This revolutionary tool will help us bridge the gap to a smarter health system. Clinical teams are harnessing the power of AI to pinpoint diagnoses and to provide more targeted therapies. In operations, AI is creating predictive modeling to better marshal limited resources in our hospitals in the world of COVID and future pandemics.

Imagine a world where we can prevent disease before it starts. This is the promise of gene editing, the ultimate precision medicine. A technology known as CRISPR uses “molecular scissors” to cut out faulty DNA and replace it with good DNA created in the lab. This innovation alone will revolutionize healthcare.

You created a Hospital-at-Home program. Talk about the model.

This is really exciting. The approach is appealing on several fronts: it decreases re-admissions, improves outcomes, provides greater patient satisfaction, and helps expand care in underserved communities. Now that’s a win!

We launched a Medicare Hospital-at-Home pilot in February, one of the first in New Jersey. Patients are admitted to the program either as a result of an ED visit or a transfer during an inpatient stay. We identify diagnoses that often result in frequent and costly readmissions to hospitals including uncomplicated congestive heart failure and chronic obstructive

pulmonary disease. We intend to scale this Medicare model throughout all of our acute care hospitals.

But the real promise is scaling this approach with commercial payers and creating a shared savings model to benefit payers and providers. We are in conversations with national vendors that we may partner with—so stay tuned.

“We are expanding the reach of John Theurer Cancer Center to other communities in New Jersey so patients don’t have to travel for cutting-edge care.”

What are clinical innovations you have had in care delivery and clinical treatment?

We have several great examples. John Theurer Cancer Center was among the first in the nation to offer CAR-T cell therapy, one of the most consequential advances in cancer treatment in a generation. For nearly a decade, the Center was involved in developing this breakthrough gene therapy for B-cell lymphoma, which is radically changing the paradigm for treatment. Our partnership with Memorial Sloan Kettering Cancer Center shows promise of more exciting clinical breakthroughs. Additionally, we are expanding the reach of John Theurer Cancer Center to other communities in New Jersey so patients don’t have to travel for cutting-edge care.

We are investing in the latest in robotics to transform care delivery. In February, Hackensack University Medical Center—a national leader in orthopedic care and robotic surgery—completed the first total knee replacement on the East Coast using the newest generation of the TSolution One robot from THINK Surgical.

There are many other breakthroughs, but the differentiator for us is creating a culture where innovation thrives. I am proud of the winning ecosystem we have of exceptional clinical leaders, visionary researchers and leaders who can execute.

What role do the social determinants of health play in innovating healthcare at HMM and how exactly are you using technology to implement these changes?

Addressing the Social Determinants of Health is foundational to healthcare innovation.

Hackensack Meridian Health created a robust strategy and prioritized five areas that go beyond the radar of traditional healthcare, but have a great impact on health. They include food security, housing stability, transformation access, caregiver support and behavioral health.

“The differentiator for us is creating a culture where innovation thrives. I am proud of the winning ecosystem we have of exceptional clinical leaders, visionary researchers and leaders who can execute.”

There’s no question that two years of battling COVID-19 has affirmed the fault lines that we see in American healthcare: inadequate primary care; not enough focus on prevention and maintaining health; unequal access to care; limited options for mental health and addiction treatment and so on. The pandemic was especially cruel to Americans with diabetes, obesity, and other chronic and costly illnesses. It impacted communities of color much more dramatically than white communities. Healthcare must move from acute episodic care to an integrated and coordinated system focused on prevention and better care management.

We partnered with NowPow, a digital platform that helps clinical teams identify and help at-risk people. We can then connect them directly with community services including food pantries and rental assistance. So far, we’ve helped more than 52,000 people get the help they need.

How would you define your leadership philosophy?

There’s a great quote I always think of in defining my leadership philosophy: “Leaders who don’t listen will soon be surrounded by people who have nothing to say.” I am privileged to have exceptional leaders and board members who are deeply knowledgeable, nimble thinkers and committed to our commission. I listen to their counsel and value their insights.

Talk about personal experiences and what they have taught you about leadership.

Two great examples come to mind. My father was a pharmacist who was deeply trusted and respected. I saw how much people counted on him for advice, especially when they had concerns or health emergencies. He is also an incredible optimist and that has stayed with me. I remember being a kid on a rainy beach vacation, but my dad focused us on the two days the sun came out.

There’s a second great example in leadership I learned from Sister Mary Jean Brady, a family friend who was president of a hospital in suburban New York where I grew up. I was a bit adrift in settling on a major in college when she offered me an internship.



I think it was an intervention! I shadowed her and saw how dedicated and compassionate she was. Her focus was entirely on patients. She had a rare window into some of the most impactful moments in people's lives. I wanted to make a difference, too. That's why I chose healthcare. And it's why as a healthcare leader, I continue to round regularly to stay connected to our teams and our mission.

What is your vision for healthcare in America?

As an industry, change has been incremental and progress uneven. Imagine a world where innovation becomes the rule rather than the exception. This is my vision for healthcare in America.

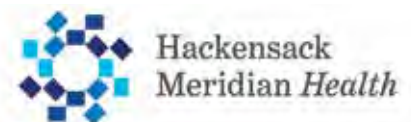
I became a grandfather for the first time this year so envisioning a better healthcare system takes on more relevance. I want a nation where zip code is not an indicator of a person's health; where we close the gap on disparities in outcomes based on race and ethnicity; where we treat addiction and mental illness like the chronic illnesses they are and really help people. I want a health system where everyone has access to quality primary care so the health of all Americans improves.

What specific role will Hackensack Meridian play in that future?

Our mission is to transform healthcare and be the leader of positive change. I can assure you that living this mission is at the heart of every strategy we create. This is why we invest in advancing the social determinants of health, why we are deeply committed to advancing research and clinical care, expanding ambulatory care and harnessing the power of technology to improve people's lives. We have created a culture where everyone knows our mission and supports our goals to create healthier communities. And we learned in this pandemic to double down on our commitment to innovation because it is needed more than ever to improve American healthcare. I always think of Steve Jobs' quote that captures our approach: "You have to be burning with an idea, or a problem, or a wrong you want to right. If you're not passionate enough from the start, you'll never stick it out."



Robert C. Garrett is the CEO of Hackensack Meridian Health, New Jersey's largest health network with 17 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.



Kevin B. Churchwell, M.D.



Advocating for equitable healthcare

Since joining Boston Children's Hospital in 2013, Dr. Kevin Churchwell has been instrumental in leading the hospital's work to become a High Reliability Organization. He has brought his signature passion for enhancing the patient family experience to Boston. As an advocate for equity, diversity and inclusivity, Dr. Churchwell is responsible for establishing three of the 11 Offices of Health Equity and Inclusion at hospitals across the U.S. and Canada, including the Office at Boston Children's, which he founded in 2016.

Robert Reiss: Dr. Churchwell, tell me about Boston Children's Hospital's history and its role in the fabric of society today.

Dr. Kevin Churchwell: We recently celebrated our 150th year, and our development mirrors the evolution of pediatric care. Whether it was the research on the polio virus that resulted in a Nobel prize for John Enders, the innovations in pediatric cardiac surgery by Drs. Robert Gross and Aldo Castaneda, or the development of the first effective treatment for childhood leukemia, Children's has been a hospital that continues to work to find the answers to the important questions in pediatric disease, care, treatment and education.

We continue to be committed to the care of the children in our community and state and also be a resource for treatment and care for children with complex, difficult disorders from a regional, national and international standpoint. Innovation in research, care and education continues to be how we view our responsibility to our children.

What are you proudest that Boston Children's Hospital has achieved since you became CEO?

I am most proud of how Boston Children's Hospital has responded to the pandemic.



The CEO Forum Group has selected Dr. Kevin Churchwell, President and CEO, Boston Children's Hospital, for the Transformative CEO Award in the category of Pediatrics for their global leadership in research and delivery of care for children.

“The solutions to have equity and access for all are not hidden. They are in front of us. We must be more intentional in putting the work and initiatives in place that will make a difference.”



I am extremely proud of what we have done as an institution, but even prouder of what our people have done—and continue to do—in the face of circumstances beyond what any of us could have imagined.

Throughout the pandemic, we have sought to protect not only the health and well-being of our employees, but also their financial health and well-being.

More important and more impressive, every day—for nearly two years—the Boston Children’s team has supported our patients, their families and each other with an extraordinary level of hard work, resilience and devotion. I am enormously proud and grateful to each and every one of them.

Talk about your role in establishing Offices of Health Equity and Inclusion at hospitals across America.

From my parents and the lives they lived, the need for positive movement in equity, diversity and inclusion has always been an important component of what I need to achieve with my leadership. I have been fortunate to be part of and help lead more than one pediatric hospital. The importance of inclusion, health equity, diversity of thought and people in healthcare has always been a goal. The pediatric hospitals where I have worked recognized that simply having a hospital-wide diversity committee was not enough, and that a dedicated office of health equity and inclusion would be critical to the delivery of culturally effective pediatric care and to fostering an inclusive environment. I am honored to have had the opportunity to create dedicated offices of health equity, diversity and inclusion at Monroe Carell Jr. Children’s Hospital at Vanderbilt University Medical Center, Nemours/Alfred I. duPont Hospital for Children, and Boston Children’s Hospital. It’s important that children are comfortable with the people caring for them, and research has shown that race, ethnicity and language all play a role in enhancing that comfort.

President & CEO, Boston Children's Hospital

How can we as a nation build more equity and access in healthcare?

The solutions to have equity and access for all are not hidden. They are in front of us. We must be more intentional in putting the work and initiatives in place that will make a difference. At Boston Children's, part of our commitment to the work is to be intentional is the development of the Sandra L. Fenwick Institute for Pediatric Health Equity and Inclusion, a major initiative to advance pediatric health equity and reduce disparities in the delivery of care to our nation's children.

Our goals for the Institute include helping to develop the solutions that move the nation to eliminate child health disparities through research that catalyzes targeted innovations in clinical care to overcome these disparities.

We also aim to be a model among U.S. children's hospitals in our work to diversify the discipline of pediatrics by recruiting and developing leaders in research, clinical care and operations to reflect the wide range of patients we serve. Ultimately, we will build on our position as a thought leader, influencing public policy to drive systemic change and make healthcare equitable for all children.

What are unique practices that help Boston Children's Hospital to consistently be rated #1?

We continue to recruit and invest in our people, research, and clinical programs that drive innovation in pediatric care. The practice of asking what is the next step to make positive change in pediatrics is a discipline we believe helps drive our national recognition. We work to be a global leader in making a difference in improving child health. We currently treat more children with rare diseases and complex conditions than any other hospital in the world and treat patients from all 50 states and more than 110 countries.

Talk about your relationship with Harvard.

Boston Children's Hospital and Harvard Medical School share a deep commitment to educating the next generation of medical leaders and to collaborating on groundbreaking and life-changing research. Boston Children's is the primary teaching hospital for Harvard Medical School, and for more than a century, we have worked together to train leaders in pediatric medicine.

Scientists at Children's who were also Harvard faculty members have pioneered a broad range of preventative measures and effective treatments for many diseases and conditions. Looking ahead, we plan to strengthen our shared commitment to medical education and extend our legacy of scientific and medical discovery to benefit even more children.

Describe your leadership philosophy.

I work to be transparent, clear and supportive in leadership. To be a servant leader is my goal: to help those I work with achieve their best professional life. In doing that, Boston Children's Hospital will continue to fulfill its mission.

What is your vision for healthcare in America?

As a leading pediatric hospital, our vision is to continue to improve and advance the health and well-being of all children through our four-part mission of clinical care excellence, life-changing research, medical education, and service to our communities. Our vision includes making our world-class care accessible to all children, regardless of their race, their ethnicity, where they live, or who pays for their care. We are committed to improving access to the services and care we provide to children, families and communities, including access for patients with special health needs, such as medically complex children and behavioral health. In addition, as we emerge from the pandemic, it is essential that we as a nation make the investments required to ensure we are prepared to meet the unique



President & CEO, Boston Children's Hospital

needs of children—and that Boston Children's and other pediatric hospitals are well positioned to continue to improve their health and well-being—both now and in the future.

How do you believe technology will transform healthcare?

Technology has great potential to enable transformation by expanding access and care continuity for our patients, allowing us to harness data to drive new clinical discovery, and to reduce paperwork as well as non-clinical work that historically has taken up a lot of clinicians' time.

But technology is only as good as its adoption, and the CEO's role is to bring the teams managing people, process and technology together so that we innovate across all dimensions, and realize the full value of these new technologies.

Talk about the future of pediatric care and what role Boston Children's Hospital will have in that.

Boston Children's works to be a leader in shaping the future of pediatric healthcare. Foundational to this is a commitment to investing in our children's health, development and well-being.

One of the most important investments we as a society can make is in pediatric medical research. At Boston Children's, we are working to find new discoveries that lead to the acceleration of new treatments for pediatric diseases and disorders, as well as the creation of new technologies that will improve our children's lives. Every day, we see first-hand the benefits of investing in research, and we also know the consequences of failing to invest. Boston Children's—together with other children's hospitals—must continue to advocate for robust pediatric research funding to ensure our children's future can be the strongest and healthiest possible.



***Dr. Kevin B. Churchwell** is the President and Chief Executive Officer of Boston Children's Hospital, providing leadership, vision, and oversight for a team that's dedicated to improving and advancing child health through their life-changing work in clinical care, research and innovation, medical education, and community engagement.*



Where the world comes for answers

Dr. Redonda Miller



Creating smarter experiences

Dr. Redonda Miller, President of The Johns Hopkins Hospital, outlines some of the forward-thinking shifts in healthcare we can expect in the future that will make for a smarter, tech-driven, and more convenient experience for patients.

Robert Reiss: I think your vision for the future of healthcare is so invigorating. Let's start with how CEOs might view the patient experience of the future.

Dr. Redonda Miller: I'll start with a 1960s cartoon called The Jetsons. In it was the futuristic portrayal of cool gadgets that would make life more convenient in the year 2062. In reality, it took only half that time for us to bring their version of smart watches, FaceTime, and driverless cars to our daily lives. Today, healthcare should take a lesson from the Jetsons and aggressively look ahead to deliver what our patients want: convenience, access and better communication, and we need to deliver this in a highly personalized high-tech fashion. We have smart houses, smart cars, why not a smart patient experience?

Describe how this would look operationally.

I'll start with ambulatory. Brick and mortar will be a thing of the past. Instead, you'll receive the care you need, whether it be a routine physical or an urgent visit, from the comfort of your own home. No parking hassles, no long waits and crowded waiting rooms. Instead, patients will have a smart home experience driven by high-tech.



The CEO Forum Group has selected Dr. Redonda Miller and The Johns Hopkins Hospital, for the Transformative CEO Award in Healthcare in America in the category of Patient Experience. This is bestowed on Dr. Miller and The Johns Hopkins Hospital for their leading individualized patient care in the hospital, and visionary model for home healthcare.

“We have smart houses and smart cars, so why not a smart patient experience?”



What is an example of the potential smart patient experience?

You wake up with a sore throat and suspect strep. Your wearable technology has already registered changes

in your heart rate and temperature and fed that data into your medical record, which has triggered a telemedicine visit that has populated your personal calendar. A drone delivers a swab kit to you, so you can swab your throat and the test is positive.

The physician orders an antibiotic, and the drone makes a return visit with your prescription an hour later. You never left your sofa!

Talk about the specifics of the home and of the hospital in this new truly connected healthcare world.

The smart patient experience places the tools for care around the patient—not just wearables—but also personal stethoscopes, otoscopes and ultrasound devices that allow the physician to see inside from afar. The constant data string will also determine when the care must move outside the home, sensing a decompensation and automatically calling 911. Once the patient arrives at the hospital, they will be surrounded by technology designed to enhance communication.

“In the hospital, your room will be wired with a personal concierge to meet all your needs.”

Call buttons will be a thing of the past. In the hospital, your room will be wired with a personal concierge to meet all your needs. Dietary, toileting, pain control, maybe you want breakfast at 8:00 a.m. Your concierge will signal a robot to deliver your meal personally created for you based on your current chemistries and glucose, and the care will be more transparent.

Your smart room will include a chatbot on a bedside tablet that is synced with your EMR and can provide updates about the exact time of your CT scan or answer a question about a new medication. With these basics addressed, the care team will have more time to discuss the root causes of your stay and plan goals of care. Convenience, tech-driven access and enhanced communication all leading to better satisfaction and better care.



***Dr. Redonda Miller** is president of The Johns Hopkins Hospital. She arrived at Johns Hopkins as a medical student in 1988 and joined the medical faculty in 1997. As a practicing internist, Dr. Miller continues to see patients, and her firsthand experience helps inform the decisions she makes to ensure that patients receive the highest quality care and that providers and staff members are supported in their work. Dr. Miller is active in several community and professional organizations, and currently serves on the boards of Turnaround Tuesday, Visit Baltimore and Gilchrist. In 2020, she was inducted into both the National Academy of Medicine and the Maryland Chamber of Commerce Business Hall of Fame. Additional recognition includes being named one of the top 25 women leaders in healthcare in 2019 by Modern Healthcare magazine and among 100 great leaders in healthcare by Becker's Hospital Review.*



Providing care beyond the hospital

Howard P. Kern, President & CEO of Sentara Healthcare, discusses how prioritizing the relationship between providers and patients allows for more personalized care, ability to analyze best practices, and case-by-case management from admittance through discharge.

Robert Reiss: Describe Sentara's model, as it is different than most hospital and healthcare systems in America.

Howard P. Kern: Sentara is designed and operated as an integrated health system, meaning our organization serves people by offering both care delivery services and health plan coverage options. I like to refer to this as "care and coverage." This integrated system combines a variety of care locations—hospitals, physician offices, and home—along with health insurance plans to create seamless coordination of care with patients, plan members, and our community at the center.

In other systems, relationships between providers and insurance companies function like a transaction. Oftentimes, the provider/payer transaction is at the center, not the patient/member. However, at Sentara, our health plan and provider relationship allow us to analyze plan data and determine best practices for patient case-management. Our integrated model lets us look beyond the episode of hospital care when a patient is admitted, treated, and discharged. We look at the whole continuum of care, from primary care all the way to post-discharge to nursing facilities and home care, as well as other elements that affect health and well-being.

Further, the expertise and experience that we have built up in our organization over time has created a culture where collaboration between our plans and providers is encouraged and facilitated. Our team members apply these best practices learned over time across our system, which leads to more efficient, effective care for our patients in the long-term.

How has this model worked during the pandemic, and what lessons have you learned?

Our model has functioned exceptionally well during the pandemic. The care delivery and plan businesses are complementary in supporting the need for rapid adoption of innovative services and the means to



The CEO Forum Group has selected Howard P. Kern and Sentara Healthcare for the Transformative Award as "Top 10 CEOs Transforming

Healthcare in America" for the leadership legacy he has built as a true pioneer in transforming healthcare with his 'horizontal leadership', linking Jeff Bezos' customer principles to healthcare, leading integration of health plans and hospitals, and outreach to communities to make equal access to healthcare for all.

cover them for the member/patient. The economics of the care delivery and health plan business also support each other very well as market environments where volume in care delivery is impacted negatively, typically enhances health plan performance and vice versa. We still had to learn many lessons in each of our core businesses that prompted innovations and improvements in care that will continue after the acute pandemic. This pandemic will be ongoing and requires systems to strengthen our consumer and operations focus that can withstand unpredictable volatility.

Sentara's model gave us an advantage to help navigate this volatility, and the combined resources of our system allowed us to avoid layoffs, preserve jobs and ensure our system's stability and viability in the long-term beyond COVID.

I firmly believe that the largest source of strength and credit for our success during this challenging pandemic is our dedicated board, leadership, and team members. This pandemic taught us just how important it is to focus on supporting our staff and enabling their resilience during times of crisis.

We also learned that our disaster and crisis management plans were largely geared for short-term events such as a bomb threat, hurricane, or similar emergency. The pandemic is into its third year, and we had not planned for this kind of emergency crisis.

When it comes to our integrated system, the collaboration and resources the structure inherently provides helped us confront the pandemic. Early on, for example, we were able to quickly deploy free community testing sites working with both the provider and plan side. Through partnerships with local health departments, Urban League and NAACP chapters, community organizations, and faith groups, we were able to ensure availability and accessibility to tests while reaching people near their homes, especially in underserved and at-risk communities.

All in all, throughout the course of the pandemic, Sentara hosted more than 550 community vaccine clinics, administered more than 240,000 vaccine doses, and completed nearly 800 tests per day. Early in the pandemic, we were also proud to work closely with the Commonwealth of Virginia and local health departments to ramp up testing capabilities.

Talk about what Sentara is doing to create greater access to healthcare for remote and/or underserved populations.

First, the pandemic has created a sea of change when it comes to patients' expectations of telehealth capabilities and in policymakers' willingness to accept broader implementation of the technology. Sentara has been committed to finding innovative ways to reach patients from the very beginning. In early 2020, more than 1,200 providers from Sentara Medical Group pivoted to treat patients virtually to help keep them healthy and at home. The average number of telehealth visits we were experiencing prior to the onset of the pandemic was roughly 20 per day, and the average number of visits per month was 340. After March 2020, our telehealth appointments

spiked, to more than 2,000 per day. While that uptick has decreased some since the start of the pandemic, we expect remote care and telehealth services will continue to be a major factor in the healthcare industry and are excited to participate and lead in the space moving forward.

“Leaders in healthcare can learn from Jeff Bezos’ high-velocity approach to decision-making.”

Beyond telehealth and looking into our communities, Sentara also launched a \$50 million program called the Sentara Healthier Communities Fund to improve the health of the communities we serve and to make a dramatic difference in the wellbeing of our customers and neighbors. This program includes a focus on expanding access to primary care and behavioral health services in underserved communities and also builds upon Sentara's long-standing legacy of community work with a focus on social determinants of health that are more closely aligned with our health system's integrated care model. Sentara has also allocated a major portion of these funds to assist local universities with advancing medical and public health education. As part of this commitment to better address health disparities and promote health equity and accessibility, in 2020, Sentara invested nearly \$256 million to support our communities through health and prevention programs, teaching and training opportunities for health care professionals, philanthropic giving, and uncompensated patient care.

This year, we are actively planning new models of care that are designed to help those in traditionally underserved areas achieve better health and wellbeing right where they live, work, play, and worship. Much of our success over the past few years has resulted from integral partnerships with other non-

profit organizations and community- and faith-based organizations to reach directly into the populations with the highest needs. Our health equity team has literally served as boots on the ground, working hand-in-hand with these community and religious leaders to provide COVID-19 testing and vaccinations, preventative screenings, and health education. Sentara's health plan team members also partner closely with a number of local organizations to connect Medicaid and other vulnerable members with programs and services for employment, housing, and food assistance.

You've often told me there are distinct lessons healthcare can learn from Jeff Bezos and Amazon. Can you explain what those lessons are?

The healthcare industry can learn a lot from the technology sector and vice versa. Amazon's founder, Jeff Bezos, has always believed in an obsession on customers. Amazon, for example, has rooted

its website and products in a desire to make the customer's life easier. If he ran a health system, I think Jeff Bezos would cast a discerning eye upon issues such as scheduling and wait times—and how Amazon or Sentara could significantly improve those with technology. The complexity of healthcare scares many patients and centering the experience around familiar devices or apps would do wonders to ease their experience.

I think also, from a healthcare industry management perspective, there are valuable lessons to learn from Amazon. First is how important constantly reassessing processes and making sure that these processes are providing the most possible value for our patients can be. If these processes are not achieving that ultimate goal of providing quality and experience outcomes for patients, they should be challenged. In healthcare, we tend to just defend the process but not interrogate the need for change as Bezos would.





Second, leaders in healthcare can learn from Jeff Bezos' high-velocity approach to decision-making. The classic scientific method that anchors clinical processes has spilled over into the realm of executive decision-making, and while waiting for 90 percent of the data is necessary when dealing with research or clinical procedures, healthcare leaders risk becoming bottlenecks for their team when they take too long to decide or do so without conviction.

Third, healthcare is extremely siloed, but Bezos has streamlined efficiency among numerous players to deliver the best product as quickly as possible. I believe Bezos would take innovative steps to challenge healthcare's misalignment and integrate the model to create efficiency and savings for patients and members.

Lastly, but maybe most importantly, is Bezos' mentality to approaching every day at Amazon like it is day one, even as the company is worth nearly \$1.5 trillion in market valuation. Maintaining that hunger and staving off complacency and stasis is most important for any organization. This is especially true for large, well-established incumbents that are vested heavily in the status quo.

In your long tenure as CEO, how would you codify your leadership philosophy?

Everything starts with our organization's mission: to improve health every day. In hospitals and healthcare in general, it is easy to get bogged down in metrics and statistics, but it is important for us to focus on the people—those we serve and our team that is core to doing this well. Our mission always leads us

back to our patients, members, and the communities we serve. The second priority in my leadership philosophy over the long term, is the focus on quality and service. This is not a short-term journey; it must be built into the culture and endure even in times of hardship. As an organization, we have to be constantly innovating, improving, and looking for efficiencies and opportunities to grow in order to stay competitive. Sentara is a complex organization, and the board has been an outstanding contributor to the vision and success of the organization supporting a diverse and dedicated leadership team.

“Sentara is a complex organization, and the board has been an outstanding contributor to the vision and success of the organization supporting a diverse and dedicated leadership team.”

Describe the concept you call, “Horizontal Leadership.” How might non-healthcare CEOs utilize this?

There is a lot of criticism in healthcare and in business in general right now about mergers—that combined companies have not really produced the efficiencies and value that they were supposed to. Once these organizations merge, they tend to line up into these classic vertical silos, and then they just fall back into their comfort zones and go on operating just the way they were before.

Based on the fact that Sentara today is a product of multiple mergers over the past 25 years, we tried to look at the models of all the organizations and analyze, “How do we create the efficiencies and get the learning organization to work in our model?” Our experience with this horizontal leadership model started by analyzing our finance department.

As in most organizations, healthcare or not, finance tends to work vertically as well as horizontally. You’ve got your corporate finance structure that organizes the corporate elements horizontally across the system, and then the finance operations setup vertically within operating divisions. Budgeting happens at the system and divisional levels. We achieved better financial performance through this horizontal model and weathered the storm of the 2008 and 2009 recession by taking a lot of unnecessary costs out of our system.

We wanted to see if, and how, we could implement this model to improve our system’s quality performance. We set out to create horizontal teams made up of administrative, physician, nurse, and ancillary leaders from different divisions and hospitals across our system. The end goal is to innovate across all our hospitals, learn from them collectively, and also standardize high-quality care.

These interdisciplinary, cross-divisional teams allow for valuable opportunities for shared learning and new thought development. When one part of our organization learns a new best practice, we now have a system where that best practice is shared throughout the system. Our horizontal leadership model has further ensured standardization and removed unnecessary variation, which is key to getting efficient and achieving better quality.

What would you like non-healthcare CEOs to understand about your system?

At Sentara, we are committed to transforming the lives of our communities and customers by focusing on the root factors that affect their health, beyond just clinical care. This includes supporting the health of our patients outside of our walls. We are guided by our understanding that our overall health is greatly influenced by where we’re born; where we live, learn, work, play, and worship; and age. In fact, these environmental factors—such as healthy lifestyle, social issues, genetics, and public health—account



for nearly 80 percent of health outcomes, while direct healthcare accounts for only 20 percent. Our purpose calls us to reach outside the walls of the hospital to address these issues every day where people live.

You've been with Sentara since 1980. Looking back, what are the most significant changes you have witnessed at Sentara?

One of the most significant changes was our decision to enter the role of financing of healthcare and the founding of the Sentara Health Plans division nearly forty years ago. Over time, Sentara has been able to optimize and integrate both the clinical and health plan sides of our organization to drive better outcomes for our patients and members. We have done this in a number of ways, but most notably through technological innovations, process innovations, standardized clinical quality, and a mission-driven focus on public and community health.

One such technical innovation begins with the trial of the eICU remote patient monitoring system in 2001—the first and oldest such system in the nation. The documented reduction of patient mortality using this system resulted in the technology being adopted as an industry standard in critical care facilities across the country. We now have more than 122 ICU beds in six Sentara hospitals offering the continuous and immediate monitoring of patients through the technology. The eICU was an early example of how we could use technology to improve patient care and access and reduce costs. This led us

on a greater journey in the virtual care space, which has only taken on further importance during the pandemic. Related, the incredible leaps and bounds in information technology capabilities also is propelling the industry—and Sentara—forward. We employ a robust department of IT professionals dedicated to protecting the information infrastructure around our organization, employees, patients, and members while enabling optimal care that is efficient but also effective. Cloud-based computing, blockchain technology and artificial intelligence (AI) are key drivers of our current and future success.

Lastly, the innovations that Sentara leaders and team members developed to respond to COVID-19 have not only helped shape healthcare delivery over the last two years but will be leveraged well into the future. Within a few weeks of the pandemic beginning to rapidly spread in the U.S., Sentara set up a new lab in Sentara Norfolk General Hospital to process COVID-19 tests in-house. This allowed expanded testing, decreased wait times, and ensured that tests were being provided and easily accessible to the high-risk and underserved populations who needed them the most. We also learned lessons and new ways of storing, procuring, and managing materials through the pandemic's early supply chain crisis.

What role will technology play in the future of healthcare?

Technological developments have driven innovations in healthcare for decades, transforming delivery and accessibility. As we look to the future, AI and machine learning tools present a unique opportunity to accelerate data analysis to better provide personalized and affordable care. By providing caregivers with real-time analytics, these tools could allow our teams to better absorb and analyze vast amounts of data which will lead to improved outcomes at lower costs. It is important to emphasize that technology will rarely replace the physician-nurse-patient relationship because trust and caring is integral to care delivery. I

do think that technology can advance the effectiveness and efficiency of care and plan services, and this is where the real potential is.

“At the core of my longer-term vision is the belief that we must integrate our medical model with our social welfare model on both an economic and governmental policy level.”

What is your vision for healthcare in America?

As we transition from the pandemic to learning to live with this complicated virus, we must reflect on the many vulnerabilities COVID-19 has exposed and work together as an industry of caregivers to support public health, improve access to care, and drive better health outcomes. Looking ahead and beyond clinical care, the industry must also focus on building programs that advance health equity and ensure that all members of our communities have access to the resources they need to live their healthiest and most fulfilling lives. Only then can we, as health leaders, help to eliminate health disparities and promote equitable access to nutritious foods, education, safe and affordable housing, and stable, rewarding job opportunities.

At the core of my longer-term vision is the belief that we must integrate our medical model with our social welfare model on both an economic and governmental policy level. Most other advanced countries had healthcare grow out of their social welfare system. In the U.S., healthcare evolved as an employer-sponsored and funded model back during WWII. These systems need to be connected in order to optimally enhance our society's overall health and welfare. We also need leaders that can manage this strategy effectively and navigate the complexities that confront our system. Lastly, we need to redefine the mutual expectations for the various parts of our multidisciplinary health system so that we can better manage the expenditures and keep health services affordable and accessible.



Howard P. Kern is President and CEO of Sentara Healthcare, a 134-year-old, \$10.3 billion, not-for-profit integrated health care delivery system which employs nearly 30,000 team members, operates 12 hospitals in Virginia and Northeastern North Carolina, and serves over 900,000 members. Howard received the “Most Transformative CEO” award from the CEO Forum in 2019 and has been recognized repeatedly by Modern Healthcare and Virginia Business in their “Most Influential People” lists. He was named to the Hampton Roads Business Hall of Fame in October 2021 by Junior Achievement of Greater Hampton Roads, Inc.





Building a Healthy World

Step One: Russia-Ukraine

by Joseph Hansen

Today, across the world we find not only nations politically polarized, but also nations at conflict with each other, at war. Tens of millions in Ukraine are directly affected in the most severe and devastating way. Billions more across the world will find themselves affected by the Russia and Ukraine war from increased energy costs and reduced trade resulting in additional inflation.

Nations have sought to resolve this problem by pressuring Russian oligarchs, by pressuring the international Russian media, by condemning on Twitter and in joint statements, canceling tennis tournaments, and placing sanctions on limited economic activity with Russia. Wisely and cowardly, they will not play sanctions on the energy flow from Russia—the one area that would immediately defund



war operations going on in Ukraine. Alternatively, they also refuse to produce more of their own fossil fuel and nuclear energy to reduce the market price and defund the Russian war.

So far sanctions have done nothing to deter the advancing armies in Ukraine. Instead, they provide the Russian government and its propaganda machine free ammunition to build support for their horrendous war and other barbaric pursuits.

But, something must be done.

In the words of Dostoyevsky, “We are all responsible to each other.” Perhaps the problem is that we have been targeting the Russian leaders in power, and while they maintain totalitarian control, there is really no pain we can inflict against them that is substantial enough without creating a more likely nuclear conflict.

So let’s change our aim. I served a religious mission in Russia starting in the year 2001 in Vladivostok, Russia. I learned the Russian language, lived in the country, and taught the Savior’s Gospel of peace and forgiveness. I grew to love the Russian people, especially those who were descendants of Russian dissidents and suffered greatly at the hands of people just like Vladimir Putin. Our intelligence has expressed that many of the soldiers today fighting on behalf of Russia are recent conscripts and did not know they would be fighting this war. Many have messaged home and want a way out, but they fear losing their lives or being imprisoned for 25 years if they were to refuse orders.

Instead of aiming at Putin, oil barons, or tennis tournaments, what if we aim at those soldiers? Not a sniper’s aim to kill, but for peace. Let’s offer them amnesty and support the same way we’re offering it to the Ukrainian victims. Let’s give them a chance to lay down their arms and join Western World Civilization and work to defend Ukraine and to rebuild it, to live out their lives with freedom instead of being slaves to the Putin regime.

If the EU countries and the U.S. pass resolutions to give Russian defectors protection and opportunity, how many will lay down their weapons of war? Let’s offer them the path that they don’t have today to refuse evil.

It’s probably our best and last hope for peace.



Joseph Hansen is a seasoned entrepreneur and business executive. He has founded and sold six companies since 2007. He has won many awards for innovation and leadership including Comparably’s 2020 Top CEO list, Top CEO for Women list. He was recently featured by the CEO Forum Journal as a

Transformative CEO for 2021. In 2013, Joseph founded Buy Box Experts and successfully led its growth and acquisition of several companies as it grew to top status in the industry before its own sale to Spreetail in May 2021. He continues to serve as CEO.



Evolving the healthcare model

Robert Fontana founded Aspen Dental in 1997. Today, his newly formed business, TAG—The Aspen Group—is expanding into a multifaceted company. Its four businesses focus on excellence in consumer healthcare for both the doctor and the provider.

Founder, Chairman & CEO, TAG—The Aspen Group

Robert Reiss: You've built TAG—The Aspen Group—from just your vision to a leading dental care enterprise where you see 30,000 people out of 1,000 locations and have 16,000 employees and over \$3 billion revenue. How did you make this happen from scratch?

Bob Fontana: I founded the company in 1998. It was Aspen Dental. Back then, I was intrigued by LensCrafters and how they changed the eye care industry, and I thought there was a great opportunity to do the same thing in dentistry. We wanted to understand consumer needs and provide access, choice, and transparency. So we did. Here we are, nearly 25 years later with TAG—16,000 employees and more than \$3 billion in revenue.

“We wanted to understand consumer needs and provide access, choice, and transparency. So we did. Here we are, nearly 25 years later with TAG—16,000 employees and more than \$3 billion in revenue.”

What are your thoughts on the role of dentistry in healthcare?

I always say this to our teams: “Life gets in the way of healthcare sometimes...particularly dentistry, because dentistry is often considered discretionary. You have a little bit of pain, you have a little bit of bleeding, your teeth are changing a little bit. But when life gets in the way, and you're paying for your kids' college, or your mortgage, or your car payment, and you're trying to put food on the table—which is a big part of America—you say, ‘You know what, I can't go in today,’ or ‘It's too expensive.’ or, ‘That doctor doesn't accept my insurance. It's not convenient.’” And that's why I think for us, it was important to

understand. How can we actually create an operating model that works better for patients, understanding that they're both a patient and a consumer? And for whatever reason—maybe it was in my DNA—but it started there. And it just continued to evolve.

Were there any mistakes that you made that you learned from?

We know what works for us; we know it works well. You learn from your mistakes, but you also can't be afraid to make mistakes. Otherwise, you'll be paralyzed.

You rebranded in 2021. It was always known as Aspen Dental, and you became The Aspen Group, or TAG. What prompted you to do that?

Well, the business has evolved. And we had, as the business evolves, this sort of thesis or understanding that we could do more. Going back to maybe 2015 or 2016, it was a dental company, but there were all these core capabilities that supported building out this brand across the country. And we got pretty good at real estate, we got pretty good at marketing, we got pretty good at learning and development, we got pretty good at developing passionate teams across an organization that live a purpose every single day in healthcare. And we asked ourselves the



The CEO Forum Group has selected Bob Fontana and The Aspen Group for the Transformative CEO Award in Healthcare

in the category of Consumer Healthcare. This is bestowed for elevating Aspen Dental to The Aspen Group and utilizing the fundamental operational model and expanding into several new verticals such as urgent care, each time adding synergies and new value to consumers nationally.

“As an example, we bought a small platform in the urgent care area—seven locations in upstate New York. Four years later, that business is now more than 120 locations and among the top urgent care companies in the country.”

question, could we go into other parts of healthcare that we think are similar to what we do, but it may be in a different vertical or an adjacent opportunity within dental?

As an example, we bought a small platform in the urgent care area—seven locations in upstate New York. Four years later, that business is now more than 120 locations and among the top urgent care companies in the country. I think we proved our thesis that all the core capabilities that we built along the way to support Aspen could really be extended to other parts of healthcare, consistent with our DNA.

We understand deeply that the patient matters and the provider matters. And how do you continue to build operating models within each of these verticals that make the experience better for both in order to bring better healthcare to patients across the country? So we started to do that, and then we had the opportunity to do a couple of acquisitions during the height of COVID, which was really interesting.

While 2020 was a very challenging year, it was also an inflection point in our company. We were able to bring on two or three other brands, and suddenly, we became this group. We weren't just Aspen Dental anymore. So, we became TAG. We have four brands now: Aspen Dental, Clear Choice Dental Implant Centers, WellNow Urgent Care, and Chapter Medical Aesthetic Studio. The common thread in everything we do as we expand is about excellence in consumer healthcare. We're thrilled to continue to build out those brands.

How do you maintain the systemic core of that purpose as you continue to expand even more?

It's a great question, and it's actually fundamental to our business and the four businesses we support. We're in a very distributed environment, and understanding why you're coming into work every single day, consistent with our values or beliefs or culture, is really critical because it's that conductivity of the connection to the patient and the provider that is really important. We spend a lot of time communicating on that. We talk about how we make sure that we develop our teams, particularly when we onboard them, so they understand the why. Why do we exist? What is our purpose? That's particularly important in healthcare. We don't want people to come in for a job; we want them to understand what we are trying to do. In Aspen Dental's case—that means being a part of a team that is trying to break down barriers to dental care. The purpose of why we exist is really critical, and I think especially for those of us working in healthcare. And we take it seriously. We invest a lot in it, because it's part of who we are, and it's part of what makes us differentiated.

In going through this experience of rebranding a great brand, what advice do you have to other CEOs who might consider that, about their messaging, about the role it plays, about how you intertwine it into the culture?

We're a brand-forward company. We believe in the branded strategy for the platform is right. When you think about these consumer healthcare businesses—Aspen Dental, ClearChoice Dental Implant Centers, WellNow Urgent Care, and Chapter Aesthetic Studio—we know the brand is important. It's the connective tissue for teams because they understand what these brands stand for, what their brand promises are. When we brought all four businesses together to become TAG, it wasn't only for the consumer. It was a way of bringing together our teams under one shared service group.

Founder, Chairman & CEO, TAG—The Aspen Group

Is there anything you do to continue to attract, cultivate, and retain top talent?

We believe every time we make an investment in people we win. The organization wins, patients win, providers win. In a way, that sets us apart—so, we invest a lot. In fact, we just built out a new Practice Support Center in Chicago, and three floors are dedicated to training and development and supporting our teams, not just here in Chicago, but we bring in people from all over the country. Because it's important. It's important that we stay connected to our purpose and who we are but also give them the skill sets to be successful. And the other thing is growth. Growth is important and helps retain talent. People want to be connected to growing, successful organizations. That momentum carries us forward on talent day in and day out, no doubt about it.

“The common thread in everything we do as we expand is about excellence in consumer healthcare.”

You went from really zero up to 16,000 people. What's the key with building a diverse, yet completely aligned culture throughout almost all 50 states?

The key is that we know what we stood for as Aspen Dental. We knew we had an operating model that existed to break down barriers for patients. That was in our DNA from day one and continues to be in our DNA. We continue to iterate around it to make sure that we're giving patients and consumers what they want. We do the same thing on the provider side. We



Bob Fontana

looked at that and said, “Listen, you know, we have an operating model that works. How can we bring that operating model to more cities and states across the country?” And the Aspen Dental brand now has

true to who you are while continuing to iterate the model based on some of those important foundations is also really critical because the market changes.



about 1,000 locations. We built them out entirely, almost like your best retailers, right? When you start to think about that operating model on what good retailers do, they provide solutions for customers or product for customers that they want. I don't think healthcare should be any different. In many cases, it was more about the providers' rules, to a certain extent, than it was the patient or the customer. That philosophy really was important for us. We've really extended that now to the other brands. And staying

Let's talk healthcare and what trends you see happening.

I think consumers and patients are getting smarter. They're telling us that other things matter to them in their experience or their healthcare journeys. And you're seeing more and more platforms like ours. I'd like to think that we were early adopters of consumerism and healthcare. When you think about not just having great clinical outcomes for the patient,

Founder, Chairman & CEO, TAG—The Aspen Group

but that patient journey, and all those things around the lifecycle of that patient are really critical as well.

Again, if you think about successful businesses, they exist to try to solve those problems or create a product for that consumer in a way that the consumer wants. If they don't, they'll be out of business, right? And we think about that all the time, and that's been really important for us. And I think it'll continue to be important for healthcare providers across the country.

“When you start to think about that operating model on what good retailers do, they provide solutions for customers or product for customers that they want. I don't think healthcare should be any different.”

You've grown TAG from start up to national leader in consumer healthcare. What is the future of TAG?

If you think about who we are, and the brands that we support, it is critical in our minds to really think about areas of healthcare that we can improve—both for the patient and the provider—and that we can develop and scale across the country. That's what we think we're uniquely good at. When I think about TAG, we have Aspen Dental, ClearChoice Dental Implant Centers, WellNow Urgent Care, and Chapter Aesthetic Studio. We will help to scale those businesses, but we can also do the same thing in other healthcare verticals—many of which we're looking into and that we know are interesting for us. We have a special opportunity based on the capabilities we've built over the last nearly 25 years.



Robert A. Fontana has served as Aspen Dental's Chief Executive Officer since he founded the company in 1998. With over 25 years of leadership experience, he is Chairman of The Aspen Group and has served on the boards of the National Veterinary Association and MedExpress Urgent Care. Bob is a founding member of the Association of Dental Support Organizations.





Supporting equitable care initiatives

With a unique perspective on healthcare in the nonprofit sector, Stacey D. Stewart discusses the issue of health equity and the challenges different communities and populations face regarding the quality of care they receive.

Robert Reiss: Talk about the original mission when March of Dimes was founded in 1938 and what it is in 2022.

Stacey D. Stewart: What began with President Franklin D. Roosevelt's personal struggle with polio led to the creation of the National Foundation for Infantile Paralysis in 1938. We pioneered vaccine research leading to the eradication of polio in the U.S., and then we shifted focus through the years to address some of the biggest health threats to moms and babies with innovations like folic acid, newborn screening, and surfactant therapy.

By 2005, as preterm birth emerged as the leading cause of death for children worldwide, research and prevention of preterm birth became our primary focus. When I joined the organization in 2017, we knew that Black women were experiencing two times the rate of preterm birth than their White counterparts, but we still primarily focused on the health of babies. We know the health of moms and babies is intertwined, so we've set out to address the factors impacting the health of moms before, during, and after pregnancy—and how this crisis disproportionately impacts moms and babies of color.

Today, we work with supporters, donors, and partners to help all families be healthy and strong, end preventable preterm birth and maternal and infant death, and close the health equity gap.

What drew you to March of Dimes?

Here at March of Dimes, my role is a bit more personal because my father was a Black physician. From a very young age, I witnessed how health inequities influence the health outcomes of Black mothers and children. Our healthcare system has failed Black Americans for centuries, and our communities deserve better. Growing up, my family was very focused on professional pursuits but also always emphasized the importance of giving back and cared very much about civil rights and social justice. In fact,

now is the season for our annual March for Babies fundraiser, and there's a fun story I like to share about this particular fundraiser. I can remember walking in the March of Dimes' walk when I was 12 years old, where I walked 20 miles! I often joke that my feet still hurt from that walk.

March of Dimes has always been committed to serving communities in an equitable way, and I am proud that addressing disparities in healthcare is still central to our mission. One of the reasons why I'm deeply honored to lead March of Dimes is that our organization worked to better serve people of color when it was first founded in 1938, and that important work continues to this day. I have a personal passion for this, and I carry a responsibility for myself, my family, and for what my parents did for me. My father was such an advocate and a fighter for healthcare. I'm sure he would be so proud of the work that March of Dimes is doing now to give voice to people who need a voice.

How has the pandemic impacted the health of moms and babies?

The COVID-19 pandemic has elevated the stakes for moms and babies, putting pregnant women at a higher risk of illness and death and disproportionately impacting Black and Brown families. In fact, too many pregnant women—almost 300 nationally—



The CEO Forum Group has selected Stacey D. Stewart and March of Dimes for the Transformative CEO Award in Healthcare in the category of Charity. This is bestowed for the strategic and caring response during COVID where March of Dimes transformed its operations and innovated to overcome challenges and deliver on their powerful mission.



have died of severe complications from COVID-19, with many of them unvaccinated. Over the course of the pandemic, nearly 30,000 pregnant women in the U.S. have been hospitalized with COVID-19. We also know that hospitals have been overwhelmed during the pandemic, and maternity wards were not immune to that. Across the country, entire hospitals closed or closed their maternity wards due to a number of reasons related to the pandemic—including staffing and vaccine mandates. This has made access to care more challenging in areas where there are closures.

This pandemic has also uncovered many of the systemic failures in our healthcare system that have persisted for generations. The U.S. remains among the most dangerous developed nations for childbirth, and it's even more dire for women and babies of color. Black women are three times more likely to die from pregnancy-related complications as compared to White women. Quality of care, access to care, and availability of care contribute to these disparities. With specific respect to COVID, Black, Hispanic, and American Indian/Alaska Native are twice as likely to die from a COVID infection as compared to their White counterparts.

At March of Dimes, we lead the fight for the health of all moms and babies with a goal to end preventable

maternal and infant mortality. However, we cannot accomplish our end goal until we close the health equity gap hurting families of color.

What advice do you have to women of color on becoming CEO?

I'd like to share one of my favorite quotes, which is by Margaret Shepard, "Sometimes your best method of transportation is a leap of faith."

This quote has guided me throughout my life, and it serves as a reminder that, as leaders, we sometimes have to make big decisions, even if all pertinent information isn't available.

My advice to women of color on becoming CEO is this: Take the leap of faith. If you wait too long to make a decision, you may miss your opportunity. And if you are purposeful in taking that leap of faith, you can be a part of adding cracks to the glass ceiling that exists for Black women today.

I'd also like to make the following point: Once you become CEO, it's vital that you build a team that is representative of the diverse populations we all serve. For example, at March of Dimes, I think it's critical to have the families we help see themselves in our employees, volunteers, and our boards. My guidance to CEOs and other leaders is to ensure that diverse perspectives are represented throughout all levels of their organizations. Diversity is a must-have which makes an organization stronger and more in touch with the needs of communities.

As just the fifth CEO of March of Dimes, what is your vision and what role will March of Dimes play in the future of healthcare?

In order to predict where we're going, it's important to take a look at where we've been. As we enter the first few months of 2022, we know that the U.S. remains among the most dangerous developed nations for childbirth, particularly for communities of color.

“Take the leap of faith. If you wait too long to make a decision, you may miss your opportunity.”

This was true even before the COVID-19 pandemic.

The March of Dimes Report Card released at the end of 2021 set the stage for 2022 and beyond by describing the latest data on the health of moms and babies, and the actions policymakers can take to improve the health of our nation's families. Our Report Card shows that for the first time in six years U.S. preterm births declined slightly from 10.2% to 10.1%, with the nation keeping its C- grade. Yet, these rates did not drop significantly for communities of color.

While we've seen a small improvement in preterm births, 1 in 10 babies is still born too soon and communities of color are disproportionately impacted. Preterm birth increased for Black mothers from 14.25% to 14.36% and for American Indian/Alaskan Native mothers from 11.55% to 11.61%, which is just one example of the stark disparities that cut across all measures of maternal and infant health.

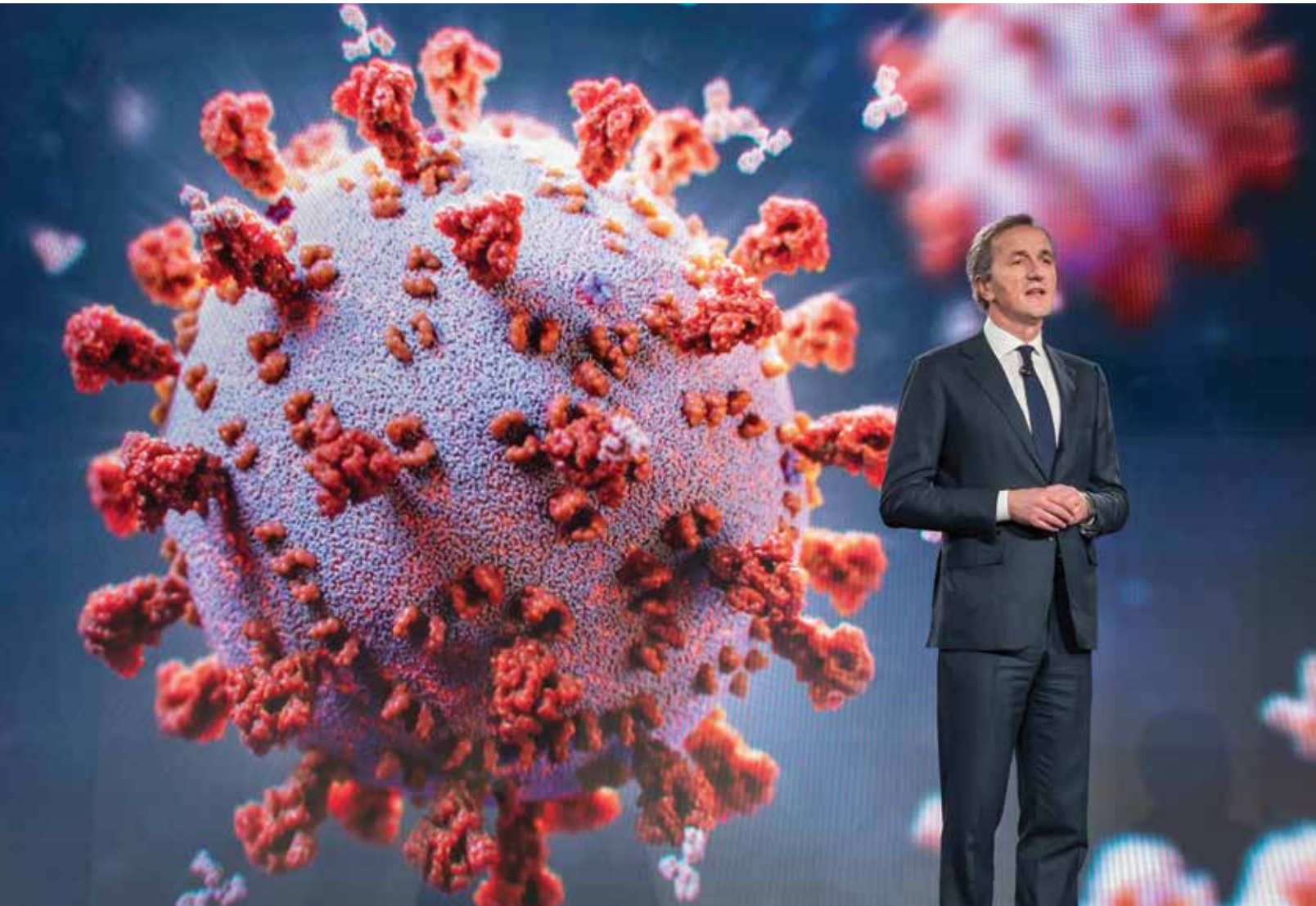
As we head into 2022 and beyond, March of Dimes' role will include working together through partnerships and bipartisanship to change the course of this maternal and infant health crisis. An early 2022 report by the National Center for Health Statistics underscores the urgency of our work—the report found that the number of pregnancy-related deaths in the U.S. shot up by 18% during the pandemic's first year and Black women died at nearly three times the rate of White women in 2020.

We will continue to call on U.S. lawmakers to ensure that all women receive the care they need before, during and after pregnancy. And through our *#BlanketChange* policy agenda, we will work with our partners to advance policies on the local, state and federal level to take action and support policy initiatives focused on equity, access, and prevention.



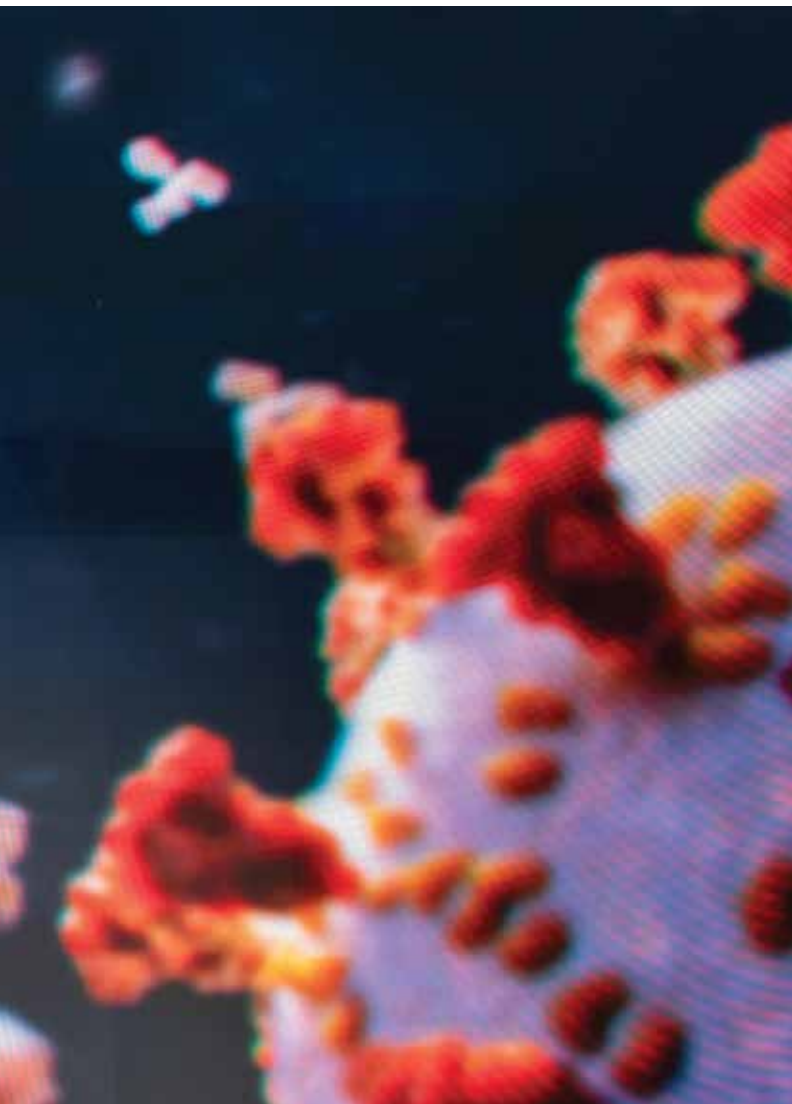
Stacey D. Stewart is the President and CEO of March of Dimes, where she leads the organization's strategy, vision and operations. As the first Black President of the organization, she fiercely advocates for maternal and infant health for all moms and babies. In particular, she has led March of Dimes' focus on health equity, elevating awareness and action to ensure the health needs of moms and babies of color are addressed. Prior to joining March of Dimes, Stacey served as U.S. President of United Way Worldwide, the country's largest nonprofit organization. March of Dimes has always been committed to serving communities in an equitable way, and Stacey proudly works hard to address disparities in healthcare, aiming to close the health equity gap.





Looking forward in the healthcare sector

Tom Mihaljevic, M.D., who leads one of the top hospitals in America, dives deep into key questions the healthcare industry ought to be asking itself as new innovations and changes to technology, personnel, and science emerge.



Robert Reiss: Talk about Cleveland Clinic's history.

Dr. Mihaljevic: 2021 marked Cleveland Clinic's centennial. The past 100 years have brought abundant change for healthcare in general and for our organization as well. Cleveland Clinic began in 1921 with 13 physicians in one location. Now we've grown as a global health system with more than 4,000 physicians and over 70,000 caregivers. For all of us, this year has been one of the few times we've allowed ourselves to look back. We are a relentlessly forward-thinking institution, and our sights have always been set on what comes next, which is why the theme of our centennial is the future of healthcare since 1921.

You talked about the past 100 years...what are the most important issues we most need to focus on in healthcare for the next 100 years?

Healthcare has made tremendous progress in the last 100 years. A century from now, I expect it will bring us to an even better place. This all depends on four specific questions we will need to address.

The first question is, can we reach more patients? It is relatively unknown—even for us healthcare insiders—that the top five health systems, as ranked by U.S. News and World Report, care for fewer than 2 percent of all patients. Each of us is less than 1½ percent to 2 percent market share. And as providers, we have an ethical imperative to grow and offer the excellence to care to as many patients as possible.

The second question we have to answer is, can we improve access for more patients? Now, caring for every patient, even those who we do not currently serve, is a responsibility and a privilege. The highest quality safe care must be available and affordable for all.



The CEO Forum Group has selected Dr. Tom Mihaljevic and Cleveland Clinic for the Transformative CEO Award in Healthcare in the category of Vision for his four areas of focus for the next 100 years of healthcare excellence.



“One thing that will not change is the importance of human interactions in medicine...caregivers will never lose sight of the noble purpose we have to care for others.”

The third important question is, can we treat all patients equally regardless of their background? We all know that racism and bias exist, creating disparities that undermine people's health. We need to understand the social determinants of health and be unified in advancing health for every person everywhere.

Lastly, we have to answer the fourth important question: Can we leverage technology for the greater good? When we talk about the future of healthcare, technology is often in the center of the discussion and rightfully so. Artificial intelligence and quantum computing will synthesize massive amounts of data to inform care and improve treatments. The patient care will move from hospitals to home as it has during the pandemic through the use of telemedicine.

How do you look at predicting the next 100 years in healthcare?

Predicting the next 100 years is difficult in any industry and even more so with healthcare as the volume of medical information today doubles every 73 days.

Certainly, medicine will move away from sick care to healthcare, meaning that disease prevention will assume a larger role. Diagnosis will be precise and data-enabled. Treatment will be preventative and less invasive. Care will migrate from hospitals to community and home. Artificial intelligence, machine learning and quantum computing will turn massive amounts of data into actionable information that will steer diagnosis and treatment.

One thing that will not change is the importance of human interactions in medicine. Whatever medical advances evolve by 2121, caregivers will never lose sight of the noble purpose we have to care for others.

What is it specifically that Cleveland Clinic does best in today's healthcare model?

Our blueprint is simple—provide the best care possible, invent it through research and innovation, then, share it with the world. This has been our model for a century.

LEFT: Cleveland Clinic CEO and President Dr. Mihaljevic, toured the Hough neighborhood with Cleveland City Councilman Basheer Jones in September 2019.

RIGHT: Dr. Mihaljevic speaks with a nurse in the employee COVID-19 vaccination area built inside the ballroom of the InterContinental Hotel Cleveland. (December 2020)



Tom Mihaljevic, M.D.

We strive to be the undisputed best place for care in the world, by delivering the safest healthcare of the highest quality, as a lifelong partner to patients.

The primary objective of the best care possible is to prevent harm. We are absolutely committed to eliminating serious safety events. In daily huddles, we work as a global system to focus on safety, solve problems and share excellence. This daily habit protects our patients.

As one of the first academic medical centers to establish the position of Chief Experience Officer, Cleveland Clinic has made empathy a focus of patient care. We may not find the solution or cure for every illness, but we should never fall short of demonstrating that we care.

You mention Cleveland Clinic is always looking forward. What role do you envision Cleveland Clinic playing in world health over the next decade?

Cleveland Clinic is a global health system. We have locations throughout the United States—including Ohio, Florida and Nevada—as well as locations in Abu Dhabi and London.

We believe that patients everywhere could benefit from the care we provide, if they were to have access to our services. So we see growth, not as a business imperative, but rather an ethical imperative.

Our responsibility is to extend Cleveland Clinic quality and expertise to as many patients in need as possible. As we open Cleveland Clinic London in spring 2022, we are extending our unique model of care to more patients than ever.

The COVID-19 pandemic has shown everyone the importance of global public health and disease prevention. More progress is needed to stay ahead of these types of threats. Cleveland Clinic has the vision to make these discoveries and move the science forward.



Dr. Mihaljevic thanked Cleveland Clinic nurses who had volunteered to help the Henry Ford Health System in Detroit with the pandemic surge in April 2020.

Our Global Center for Pathogen and Human Health Research is studying not only viruses, but also cancers—as well as the link between them.

The best care is tailored to individuals. We are sequencing tumors to better target them with drugs. In the future, precision medicine will use genetic and social factors to guide treatment decisions.

In addition, Cleveland Clinic has a partnership with IBM to employ disease data to improve patient diagnosis and care. We have begun a long-term brain study to prevent neurological disease. We developed a bionic arm that allows the wearer to think, move and feel naturally. And we've begun clinical trials on a novel breast cancer vaccine.

So our role in global healthcare will be broad and deep over the next decade and beyond.

What advice do you have to non-healthcare CEOs to elevate the health of the employees of their organizations?

At Cleveland Clinic, we refer to all of our employees as caregivers—because every one of them touches the patient care experience in some important way.

One of our core principles is to treat our caregivers as if they are family. That means telling them that you appreciate them and showing them that you genuinely care about them—not just through your words, but through your deeds.

“The best care is tailored to individuals.”

Cleveland Clinic’s commitment to employees is based on two key beliefs. The first is that pay should be fair, equitable and competitive. The second is that pay should not be the only investment in our caregivers and your families.

We reward our caregivers for their hard work, whether through merit increases or creative incentives, such as a gift of gratitude. We offer benefit packages that support their—and their families’—physical and financial health.

Finally, I would suggest that all leaders listen to their employees and strive to be the most attractive employer in your field. For Cleveland Clinic, our goal is to be the best place to work in healthcare.



Tom Mihaljevic, M.D., has served as Cleveland Clinic’s CEO and President since January 2018. His vision is to make Cleveland Clinic the best place for care anywhere and the best place to work in healthcare. He strives to care for each community we serve, and to grow Cleveland Clinic in order to serve as many people as possible. Dr. Mihaljevic is a member of the American Association for Thoracic Surgery, the American Board of Thoracic Surgery, the American College of Cardiology, the American Heart Association, the American Medical Association and the Society of Thoracic Surgeons.





Transforming healthcare in America

Kate Gutmann worked her way from marketing intern to UPS Executive Vice President of Global Healthcare & Chief Sales and Solutions Officer*. Her leadership approach has resulted in happy customers and happy employees.

**Kate Gutmann, Chief Sales and Solutions Officer and Executive Vice President UPS Global Healthcare, will move to a newly created role of Executive Vice President and President International, Healthcare and Supply Chain Solutions. These combined business units reported revenues of more than \$37 billion in 2021. Kate will be responsible for these business units, including their operations and sales teams as well as global solutions and global sales operations. Kate's current role will be eliminated as she takes on these broader responsibilities.*



Robert Reiss: At a high level, talk about the role of UPS Global Healthcare in the fabric of business, the economy and society.

Kate Gutmann: COVID-19 turned many things upside down, including healthcare. Because of the pandemic, doctors, hospitals, labs and other shippers relied heavily on their logistics providers as critical partners in patient care. The pandemic also brought about new global conditions for healthcare companies to meet the changing needs of hospitals, governments and patients in more intricate and important ways than ever before.

UPS Healthcare continued to invest in comprehensive logistics solutions, including extensive clinical trial



The CEO Forum Group has selected Kate Gutmann and UPS Global Healthcare for the 2nd consecutive year for the Transformative CEO Award in Healthcare in the category of Supply Chain Logistics. This is bestowed for the UPS leadership in service and efficiency in all areas of supply chain including the delivery of one billion COVID vaccines.

capabilities through UPS's Marken acquisition, an expanded cold chain footprint, end-to-end visibility with contingency plans, integrated inventory services and reusable thermal packaging.

UPS Healthcare is also committed to working toward equitable vaccine distribution. We partner with The UPS Foundation and organizations such as GAVI, UNICEF, World Food Program and other agencies like the Africa CDC, PAHO and Asian Development Bank to support the delivery of vaccines to underserved lower- and middle-income countries.

What are the specifics about scope, size and processes and types of clients UPS Global Healthcare handles?

UPS Healthcare delivers unparalleled healthcare logistics expertise to pharmaceutical, medical device, and diagnostics customers around the world.

We operate more than 11 million square feet of cGMP and GDP-compliant healthcare distribution space globally. Our services include inventory management, cold chain packaging and shipping, storage and fulfillment of medical devices as well as lab and clinical trial logistics. UPS Healthcare's global infrastructure powered by the UPS network, UPS Premier visibility service, temperature-controlled handling of shipments of all sizes and global quality

system meet today's complex logistics demands for the healthcare industry.

I understand you reached one billion vaccine deliveries at a pretty much perfect quality rate. How do you orchestrate such a massive undertaking?

UPS is a “people-led” business running an unmatched global smart logistics network. Our people have gone above and beyond to help our customers manage through the crisis. Our success would not have been possible without every person in our global network working to accelerate vaccine distribution.

Through our UPS Healthcare unit Marken, we have managed the clinical trial logistics of nearly all COVID-19 vaccines and treatments. Through our logistical management of these clinical trials, we gained an early understanding of critical healthcare products and adjusted our network.

We expedited solutions to flex and bolster our cold chain capabilities. We charted the course and expanded cold chain infrastructure to include ultra-low temperature freezers in critical hubs around the world and enhanced services like inventory management, temperature-controlled packaging and trace-and-track technology.

Our global Command Center predicted and managed the global vaccine movement to ensure on-time delivery, with contingency plans and solutions to mitigate the risks of extreme weather and other obstacles. Our tightly integrated network is a high-tech marvel, purpose-built to flex and scale with demand, allowing us to absorb worldwide vaccine delivery regardless of the country or territory.

Supply Chain challenges are ubiquitous, and yet you have somehow had extraordinary success. What are the specifics of your process?

Supply chain constraints have continued into 2022, despite efforts by policymakers and businesses to

alleviate backups. I'm proud of UPS's role in ensuring the efficient movement of goods, especially medicines and lifesaving healthcare supplies, during this challenging time.

When the pandemic broke out in 2020, we were well-positioned to succeed. Automation and advanced data analytics power UPS's Global Smart Logistics Network. These innovations enable UPS's network to offer our customers practical solutions and end-to-end visibility into their shipments. They also empower our network to adjust in real time to disruptions and changing needs.

The work of UPS Healthcare proves what a smart global logistics network is capable of, even in challenging conditions. In the long-term, we anticipate accelerated demand for global healthcare logistics, especially for biologically derived,

“Our people have gone above and beyond to help our customers manage through the crisis. Our success would not have been possible without every person in our global network working to accelerate vaccine distribution.”

temperature-controlled pharmaceuticals. With more than 11 million square feet of warehouse space across 34 countries, our team remains ahead of healthcare market trends to better serve our customers' growing needs.

What's an example of a client who had a supply chain challenge, and what was your role in helping them?

QIAGEN, a leading global provider of molecular diagnostics and sample preparation technologies,



is a good example. UPS delivered its nucleic acid extraction kits, which are critical to COVID-19 testing, as well as its novel QIAstat-Dx coronavirus testing cartridges to destinations around the world.

“The work of UPS Healthcare proves what a smart global logistics network is capable of, even in challenging conditions.”

With governments and public authorities classifying UPS as an essential service provider, we combined the flexibility of our global network with QIAGEN’s increased production capacity for COVID-19 testing kits produced at its facility in Hilden, Germany to help healthcare workers curb the spread of the disease.

In Europe, UPS recently invested \$2 billion in our network and services. This investment allowed us to implement dynamic contingency plans that can adapt to the rapidly changing business environment. Despite recent border closures, we continue to serve the needs of our customer. Through our European air hub at Cologne-Bonn Airport, we can ensure swift and efficient transportation of essential shipments within Europe and to destinations around the world.

What advice do you have for CEOs on managing supply chain?

We know that our customers look at supply chains in terms of cost and risk. CEOs seeking to better manage their supply chains should align with a strong logistics partner like UPS that can help minimize both. Our strength is in the UPS global portfolio that spans all modes of transportation for the movement of goods, both complex and otherwise, through our integrated, high-tech network. Our customers can



shift between modes to align with their go-to-market strategies or to respond to a dynamic market.

Transparency and digitalization are vital. By providing end-to-end transparency and visibility, UPS can enhance the customer experiences and accelerate shipping speed. This also goes a long way toward building trust among our customers.

“Teams need to know where we’re going and why. Successful leadership hinges on integrity.”

How would you define your leadership philosophy?

I believe it is important to lead with purpose, clarity, speed and integrity and to gain trust from the team. This is how to maximize impact for customers, shareowners and the communities we serve.

Teams need to know where we’re going and why. Successful leadership hinges on integrity. There can be no ambiguity. And you must be consistent, through good and challenging times.

How do you see the pandemic changing health priorities and models?

The definition of health is changing to include body, mind and spirit. This includes the health and wellness of our teams, clients and communities. The

pandemic has permanently impacted how healthcare is administered. It also provided new opportunities for UPS Healthcare to support our customers as they advance the next generation of treatments, diagnostics and avenues for access to healthcare.

What is your vision for health globally?

Our vision is to continue delivering what matters to our customers around the globe. These last few years, we have proven that UPS can handle the most complex healthcare logistics and delivery needs, as evidenced by the near-perfect delivery of COVID-19 vaccines worldwide.

“Our vision is to continue delivering what matters to our customers around the globe.”

UPS brings more than 20 years of healthcare logistics experience, innovation and strategic investments in tracking and sorting technologies, temperature-controlled supply chain and inventory management.

We recognize that patients around the globe depend on the safe arrival of critical healthcare products. We are committed to excellence and have built a powerful quality management system that helps us meet our commitments every day.

The establishment of UPS Healthcare Cold Chain is part of a continued, aggressive strategy for UPS Healthcare to advance our industry through innovation—the future of healthcare is temperature-controlled, biologically-derived pharmaceuticals.

UPS Global Healthcare will continue to invest in specialized capabilities to support the full healthcare ecosystem. We will help companies provide meaningful services to patients and bolster access to healthcare globally. In short, UPS will deliver!



Kate Gutmann is President International, UPS Global Healthcare & Supply Chain Solutions, and a member of the company's Executive Leadership Team. She is responsible for global sales, solutions and customer engagement while also overseeing UPS Global Healthcare. Kate serves as a Board member for Brown-Forman Corporation and is also on the Audit Committee. Kate has participated in the World Economic Forum for many years and is on the Board of Stewards for Trade Technology. She is also co-founder of the UPS Reading Clubs at the Boys & Girls Club of Metro Atlanta.





Hartford HealthCare President & CEO Jeffrey Flaks rounds at the launch of the Connecticut Orthopedic Institute at St. Vincent's Medical Center in Bridgeport, CT.

Developing agility in healthcare

President & CEO Jeffrey Flaks outlines key principles to building scalable healthcare models across the country. His views on how healthcare is forever changed by the COVID-19 pandemic open up a discussion for the topic of equity and quality of care.

Robert Reiss: As a second-time awardee, talk about Hartford HealthCare's transformation in the ecosystem of care delivery and what makes it unique as compared to other health systems across America.

Jeffrey A. Flaks: I am so proud of what we are building here at Hartford HealthCare. And it starts with being dissatisfied. Our leadership team knows that the legacy approaches, the traditional models, and "the way we have done things" is nowhere near good enough. So we have set about dismantling that broken "normal" model of doing things and are committed to delivering to the people and communities we serve what they deserve, and rightfully should demand: healthcare that is far "better than normal."

That means disrupting the status quo—and disrupting ourselves and how we operate. It means creating and providing care options that are more convenient, more efficient, and less costly. It means respecting the legacy of our hospitals and investing in their excellence, while at the same time deliberately moving away from being a hospital-based system of care. It means finding and working collaboratively with the right partners so they can do what they are best-in-class at doing, while we focus on serving those who rely on us. And it means being clear-eyed about healthcare inequity and setting about to address it in meaningful and measurable ways.

While many healthcare organizations are developing their ambulatory care approach, we are actively enhancing ours. Today, we have seven hospitals—and more than 430 locations where care is delivered. We partner with urgent care leader GoHealth to provide 20 centers statewide. We work with colleges and universities to provide care and develop health career pipelines. We have embraced a real forward-thinking view that starts with asking, "Where and how can Hartford HealthCare best deliver the services our communities need? How can we do that to maximize convenience and reduce overall cost for those we serve?"

Explain your model, how it represents one that is scalable throughout the nation and why more health systems should consider it.

Every day, as I look around our state and see what 33,000 Hartford HealthCare colleagues are doing—and how they are doing it—I become ever more convinced that we are developing a model of care that can be deployed nationally. Our care-delivery system can be scaled and modified, but is based on four principles:

Access: Making it easier for people to receive their care close to home in all the communities we serve. Hartford HealthCare continuously innovates to develop needed programs. We improve access both through our facilities and when we go to our patients in their homes and neighborhoods. Access, for us, includes information and education; behavioral health and telehealth; 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.



The CEO Forum Group has selected Jeffrey Flaks and Hartford HealthCare for the Transformative CEO Award in

Healthcare for the category of A National Model. This is bestowed for developing the concept and structure that can be expanded throughout different markets in healthcare.



Hartford HealthCare President & CEO Jeffrey Flaks signs a beam at a special event in Hartford, CT. Part of the system's broader plan is bringing expert care into the community and into lower cost settings.

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, free offerings for health education and a whole body of work that advances our Diversity, Equity, Inclusion and Belonging efforts.

Excellence: Through our Institute model, attracting the greatest experts to be our colleagues. Our coordinated model of care regularly earns Hartford HealthCare national recognition for excellence in quality and safety, research and innovation. We have achieved impressive firsts in several specialties and regularly earn honors and accolades from independent quality rating authorities.

Our bold commitment to these principles enables us to build a system of care that is more accessible, has

lower-cost options, is a champion for equity, and both attracts and delivers excellence.

How has this model of agility fared during these past two years when our healthcare system has been more challenged than it has been in the past 100 years, and what have you learned?

Confronting this crisis revealed how we are able to use our integration—what some call “system-ness”—to address the needs of the moment, plan for what’s coming, and pivot effectively when needed. I am most proud of our work to confront inequity. COVID made healthcare disparities along racial and economic lines blindingly apparent. This data spurred us to create neighborhood health programs and teams on mobile vans to provide care and treatment in areas that had been too often overlooked: homeless shelters, food pantries, and entire neighborhoods. Those programs are overdue, and they are not going away.

The pandemic also led consumers to embrace new ways of obtaining medical care. Virtual visits soared, and patients rightly came to expect the same on-demand access to information and experience they have grown accustomed to in other sectors, like travel.

“Our bold commitment to these principles enables us to build a system of care that is more accessible, has lower-cost options, is a champion for equity, and both attracts and delivers excellence.”

Two years of COVID have also taught us to look inward—to understand the toll this crisis has put on our colleagues, and to provide programs and resources to relieve stress, get help, and support each other. Our intense focus on colleague wellness is another outgrowth of this time that is here to stay.

You previously said there’s no going back to normal post-pandemic in healthcare. What does that mean today, and how has Hartford HealthCare adapted?

I am awestruck by the commitment and the heroism of the colleagues I work with every day. As humans, we are wired to run away from danger and disasters; but healthcare workers run into crises, put their hands together and find a way to make things better. They are living out a special calling, and they do not shy from difficult tasks—or hard questions.

One of the tough realities we faced head-on was equity in healthcare. That focus led Hartford HealthCare, early in the pandemic, to add Equity as our fifth value. That decision was more than symbolic. It reflects a renewed commitment and awareness that “normal” healthcare leaves too many people behind. The pandemic both underscored this truth by affecting people of color at a greater rate, and provided an impetus for us to act.

Our Neighborhood Health initiative represents a fundamental shift in how care is delivered and accessed. No longer can we claim to meet our mission by expecting people to come to us—especially individuals in communities that have been ignored and underserved for generations. We need to meet people where they are, and offer care for the whole person: health needs and social needs; medicine and a means to a better quality of life. This focus on overcoming inequity is paramount to our mission. It is part of our system’s Balanced Scorecard, with specific metrics and outcomes we track.

Walk me through some of the innovations and improvements at Hartford HealthCare as a result of this great healthcare crisis and the opportunities it presented.

I like to say “We are built for this.” It’s a shorthand way of expressing an appreciation and admiration for the agility of our operating model—how we can quickly assess situations, create plans and deploy resources even in the most fluid situations. And that pretty much describes the past two years. Programs and processes we put in place for COVID clearly have longer-lasting applications.

These changes range from the radically simple to the sophisticated. On the simple side, before 2020, providing drive-through medical care would have been considered far-fetched. Yet it’s how we efficiently delivered hundreds of thousands of COVID tests—scaling up the hours and size of operations as needed. Mega-clinics and drive-through sites can be an effective way to deliver flu shots or other needed tests and care.

On the more sophisticated end of the spectrum, technology is at last becoming a true partner in care—at the personalized level. When guidance about vaccines was still developing, we calmed fears and met needs by providing super-targeted messages to people who were becoming eligible: those with specific medical conditions, specific age-groups,

people in certain professions, and those in the vicinity of vaccine clinics. We're now expanding that outreach strategy to close gaps in care when people are overdue for mammograms, colonoscopies, blood pressure screens and other needed treatments, with easy click-to-call or tap-to-schedule options, helpful reminders and step-by-step information. We are harnessing the vast amount of data we collect and safely maintain to make care much more personalized; and using technology to make care more coordinated and convenient.

In a broader, future-focused way, we are investing—literally—in the next wave of healthcare technology. Our Innovation center works with med-tech accelerators to seek out young companies with bold ideas that can transform care delivery. For us, it's also about using innovation as a force for good. For example, just recently Hartford HealthCare worked with nine start-up organizations that had plans for products focused on health equity. Healthcare innovation always has the potential to change lives. But these young businesses aim to make life better for underserved individuals and communities. It is beyond encouraging to partner with these brilliant minds to tackle healthcare disparities, address social determinants of health, bridge the “digital divide” and provide new means of access for all who rely on us.

This strategy is another example of HHC's commitment to helping our economy by creating new jobs and launching new companies, right here in our state.

Describe your leadership philosophy, and how it may have changed as a result of these unprecedented times.

I like to say that healthcare is a team sport. High-performing teams must be focused on what matters most, change strategy when required, utilize individual strengths and sacrifice when necessary for the collective good. The pandemic has not changed

that philosophy. Quite the opposite, it has only reinforced it. From the outset, we worked as a team, and coronavirus is the greatest opponent we have ever faced.

We took a look at our vision statement and asked how to reimagine our promise of being “most trusted for personalized coordinated care” in the face of many unknowns and intense disruption. We used the integration that is at the deep core of our system to its highest value—colleagues sacrificed and signed up for redeployment to areas of highest need, new and needed services were implemented using rapid-cycle change management, we shifted everything from inventory to staffing so we could provide for areas with greatest impact. Not only did these actions save lives; they preserved jobs. By using a full team approach, Hartford HealthCare avoided layoffs and furloughs, and we were able to recognize and reward our healthcare heroes.

It's no secret that there have been tremendous challenges in staffing, the so-called “war on talent.” What is Hartford HealthCare doing to retain and attract the best and the brightest and develop an integrated and team-oriented culture across your system?

Even if there were no national shortage of talent, we would still need to challenge ourselves every day to be a magnet—attracting people from all backgrounds by being the place where they want to do their life's work. In the face of such challenges, we need to take extra care to make sure we stay true to our values and culture. That starts with being inclusive—where every

“We need to take extra care to make sure we stay true to our values and culture. That starts with being inclusive.”



Hartford HealthCare President & CEO Jeffrey Flaks welcomes colleagues for a special gratitude event thanking colleagues for their hard work over the past two years.

colleague experiences a deep sense of belonging, has an opportunity to contribute, and is respected. Our “Equity” value is an essential part of who we are. Without that foundation, nothing can be built.

Over the past two years, we increased our investment in talent development and colleague support programs, increasing and expanding tuition support, career growth, lifelong learning and wellness. We have a task force whose only charge is to find ways to make work-life less stressful and more rewarding. Their results have streamlined training, improved onboarding and offered online tools that save time and increase engagement. That work will not end.

We don’t stop there. Our broader talent commitment extends to creating the pipeline for tomorrow’s superstars. We have wide-ranging partnerships

with leading colleges and universities, including Quinnipiac University, Sacred Heart University, the University of Connecticut and George Washington University. There is a bi-directional benefit in which we offer hands-on training and career education, including internships and fellowships, and allow our colleagues opportunities to advance their educations and serve as mentors to undergrads and graduate students.

CEOs sit in a lonely place at the top. Have you gone outside your normal network of peers for inspiration and advice, and what new partnerships have developed?

I don’t think healthcare CEOs should ever feel alone. Being the ultimate decision-maker is a weighty responsibility, but every executive must tap into the

Jeffrey A. Flaks

input and insights of truly brilliant people inside and outside the organization. For me, that trusted group of advisors includes members of our Board, my cabinet, subject matter experts across the system, leaders in other complex organizations not limited to healthcare—and, most importantly, the people I work with every day. I count on them to be honest and humanistic, to weigh the upsides and the potential consequences of any action, and to ask what any change means to the people we serve and those who work here. Then, I can make any decision confident I have the benefit of different perspectives and input.

Two new touchpoints have also proven exceptionally valuable. We created Diversity, Equity, Inclusion and Belonging (DEIB) Councils to support our

commitment to create an equitable culture of inclusion where differences are respected and valued. We also developed Colleague Resource Groups (CRGs) to bring together networks of talented individuals with similar interests or backgrounds. Both the DEIB Councils and the CRGs allow us to include the perspective of groups whose voices have not always been heard. Meeting with these groups has opened up new channels of communication and insight for me.

Years ago, I was struck by the simplicity and power of a book called “Organizing Genius” by Warren Bennis. The subtitle says a lot: “The Secrets of Creative Collaboration.” The book’s premise is that successful leaders must establish and nurture so-



Hartford HealthCare President & CEO Jeffrey Flaks is joined by local first responders after a special COVID-19 vaccination event for firefighters, police and EMTs.

called “Great Groups”—talented people who work together and believe they are on a mission. That requires mutual trust, respect, candor and vision. In this role, I am privileged to work with and among several Great Groups. With the right team, you can see the challenges without being overcome by them. You can change your approach without forsaking your vision. As COVID has shown, Great Groups help you be optimistic in the face of chaos, and plan in the midst of the unknown.

With accelerated changes in healthcare as a result of the pandemic and the new normal you’re creating, what will healthcare in America look like in the future?

It will not be “normal,” at least in terms of what we have come to expect in American healthcare. A “better than normal” system of care will make it easier for patients to get care closer to where they live or work—on their own terms, and in lower-cost settings when appropriate. Healthcare interactions, whether for an urgent or primary care visit or for a complex or emergent procedure, will begin with an awareness of each patient’s needs, preferences and next steps. And patients will be able to trust their healthcare network to provide them with personalized, accurate and easy-to-act-upon information about their own health needs. Increasingly, healthcare interaction will not require people to go to the service; the service will come to them—in person in underserved neighborhoods, via telehealth and AI-enabled chats, and on-demand health information and support.

This is not a Utopian vision for the next decade. The transformation is happening—it’s what my colleagues are building today. And its elements can be modified and scaled to better serve people everywhere, in every care setting and in their homes and communities. I truly believe we are creating a national model for care, and I could not be more proud.



Jeffrey A. Flaks is a progressive and passionate leader who has dedicated his professional career to the transformation of healthcare. Flaks epitomizes what it means to be a servant leader, always focused on the mission of Hartford HealthCare to improve health and healing of the communities it serves. He has pushed the healthcare system to create new ways to provide care to underserved communities and is a true innovator, forging partnerships with international Medtech accelerators, with MIT and the Israeli Innovation Authority to develop new ways to move healthcare forward. Jeff leads the Connecticut’s most integrated healthcare delivery system. He inspires colleagues every day to live out Hartford HealthCare’s vision to be most trusted for coordinated, personalized care; and its values of Caring, Equity, Excellence, Integrity and Safety.





Resolving supply chain issues with AI

Michael J. Alkire, CEO of Premier Inc., explains how real-time data, analytics, and artificial intelligence improves healthcare quality and reduces costs by creating healthier, predictable supply chains so that supply issues for critical products are prevented.

Robert Reiss: Mike, I see Premier as a company unlike any other in the world. I would say you are the center of the ecosystem in improving quality and reducing costs of healthcare globally working with more than 4,400 of the 5,000 hospitals and health systems in America. Explain the model.

Mike Alkire: We work with providers across the continuum as well as the government, suppliers, pharma, payers and employers with a focus on uniting them to improve patient care and reduce healthcare costs. We bring technology, analytics and wraparound services together to help drive better, smarter care.

One example that brings this kind of work to life is a program we are working on with the U.S. Department of Health and Human Services (HHS) Office on Women's Health (OWH) and 200 leading hospitals as part of the HHS Perinatal Improvement Collaborative. We are working to understand the key drivers of preventable harm and death, the link between maternal and infant outcomes, and insights into health disparities by sharing evidence-based best practices and collaborating to develop coordinated care across the continuum. We have such a significant reach within healthcare delivery and hospitals (and such significant data and analytics) that we believe we can help drive improvement throughout the entire pregnancy journey across the country.



The CEO Forum Group has selected Michael J. Alkire and Premier, Inc. for the Transformative CEO Award in Healthcare in the category

of Healthcare Technology. This is bestowed for delivering the leading platform—at the center of the healthcare ecosystem—which both enhances quality and reduces costs.

That's just one side of our business—helping our health systems deliver higher levels of quality. On the other side, we're focused on appropriately reducing costs. We have a number of capabilities from a supply chain standpoint that help our health system members manage the cost of products they're using for procedures and all of their other needs. That also helps them appropriately utilize products. So, it's not just about bringing down the cost per item; because we have granular clinical and outcomes data, our focus is also on helping providers understand whether a certain product or procedure is necessary for quality outcomes. This is where our analytics come into play.

“We think of ourselves as the healthcare control tower.”

What is your vision for Premier?

We think of ourselves as the healthcare control tower. From a vision standpoint, we are focused on ensuring that we build resiliency into the supply chain using data and technology. The COVID-19 pandemic really put a bright light on some of the weaknesses within the supply chain. In order to have healthy supply chains, we need real-time data and analytics to know where products are and what the ordering patterns look like so that we get early signals of potential trouble spots. And we have to prevent supply issues in the first place by ensuring there are a robust number of suppliers producing critical products as well as the raw materials that go into those products. And we need to ensure geographic diversity. From where we sit within the ecosystem, I see us continuing to foster innovative ways to prevent shortages and strike up new and creative partnerships to ensure our members have access to a healthy and resilient supply chain for all of the products they need to deliver the best care possible to their communities.

Mike Alkire

Going deeper into our work in the drug shortage space, we look to bring new suppliers to market in vulnerable categories by creating long-term, committed buying programs to create incentives that foster competition. When necessary, Premier will make investments in manufacturers together with our member health systems to ensure that our country has domestic sources of critical drugs.

“We have the ability to democratize data, pull together large, disparate swaths of the healthcare community and understand what the quality levels are and what needs to happen to improve them. And we can connect employers to a vast network of high-quality, cost-effective providers all across the nation.”

The other part of our vision is around quality improvement. It's all about leveraging advanced technologies like artificial intelligence, machine learning and natural language processing to support providers' ability to consistently deliver evidence-based care, while freeing clinical staff from administrative work to focus on patients. For example, in 2018 we bought a company that has a great deal of capability in this area. We used advanced analytics to work on some of the issues associated with quality measurement vis-à-vis labor and burnout. We have been working with the major electronic health record companies, embedding all of those protocols and clinical decision support directly into the workflow. The goal, in this case, is to put the latest evidence-based guidelines at clinicians' fingertips, at the point of care, while also doing what



Photography courtesy of Nasdaq, Inc.



we can to prevent alert and decision fatigue, which we know can lead to burnout.

Ultimately, we want to make sure that we're using advanced technology and methods to preserve the best practices of care no matter the case, while also doing everything in our power to make sure our caregivers have everything they need to care for the communities they serve.



Because of your unique position aggregating all of this data, having the technology, and being at the center of the industry, would you say you're democratizing higher quality and lower cost?

That is absolutely the goal. We have to continue to think through ways to bend the cost curve of healthcare. For example, one of our subsidiaries, Contigo Health, was launched a few years ago

because we had large employers coming to us and saying, "We're really struggling with the variation of healthcare across the country. The way that our employees and their dependents are receiving healthcare in one part of the country can be significantly different from the way they're receiving healthcare in another part of the country and we want consistency." What they were ultimately asking for was a consistently higher level of care for their employee base. And they figured given our size and scale, we could help them get there.

That was a light bulb moment for all of us at Premier and is what led to the development of Contigo Health. We have the ability to democratize data, pull together large, disparate swaths of the healthcare community and understand what the quality levels are and what needs to happen to improve them. And we can connect employers to a vast network of high-quality, cost-effective providers all across the nation. It's been incredibly rewarding to work with so many great companies of all stripes to figure out how best to improve the care that their employees and their families are receiving.

Let's take a step back. We've briefly touched on the supply chain. Can you bring us back to the beginning of the COVID-19 outbreak and Premier's response in mitigating the impact?

To say our nation was ill-prepared at the start of the pandemic would be an understatement. However, at the onset, Premier immediately created and led a public-private supply chain coalition to maintain coordination and to use all our data and technology to get critical products to where they were needed most. This coalition worked to appropriately bridge competitive boundaries, bringing together the suppliers, distributors and other group purchasing organizations to work in partnership with the Federal Emergency Management Agency (FEMA), HHS, and the Centers of Disease Control and Prevention (CDC). We also engaged directly with the White House.

It was clear from the beginning that, as a country, we struggled to understand what was happening because of a lack of technological infrastructure. We didn't know what had hit New York and Seattle. We really didn't understand what kind of personal protective equipment (PPE) we had in our inventories. We really didn't understand what the Strategic National Stockpile (SNS) had, nor what was going to be needed as we combated the virus. In addition, clinicians were learning on the fly what therapies, equipment and supplies were required to treat patients with COVID-19.

As we stood up this coalition, the meetings that took place those early weeks and months were a daily occurrence and ran for hours on end. A few key themes emerged. First, it was abundantly clear that we had a catastrophic over-dependence on Southeast Asia, specifically China. Second, we didn't have the technology infrastructure necessary to make informed decisions in a timely fashion. For example, we didn't know where products were, what inventory levels looked like across the country. This held true for federal stockpiles, as well as state and local and hospital stockpiles. We were truly flying blind across the board. Third, we didn't understand—initially, at least—what utilization levels were necessary to fight the virus (in early April of 2020, for example, we published some data that showed that active COVID-19 cases created a surge demand of 17x the typical burn rate for N95 respirators).

Where did you go from there?

With our over-dependence on Southeast Asia, and then specifically with China, there are some incredibly important lessons we learned. Months before the onset of COVID-19, after a lot of time spent doing research and due diligence, Premier stood up production of N95s in Taiwan for our members under our direct sourcing arm. We actually had a couple of containers hit the water in January 2020 before the entire operation was embargoed on orders from the Chinese government. It wasn't just

us—so many of those N95s, KN95s and other masks that were destined for the U.S. were rerouted back to mainland China.

“It was clear from the beginning [of the COVID-19 pandemic] that, as a country, we struggled to understand what was happening because of a lack of technological infrastructure.”

We also saw an alarming issue related to filtration media; the raw material needed to make masks effective at blocking the virus for the user. A significant majority of filtration media is manufactured in China and during the height of the pandemic, as you could guess, they ceased the exportation, ensuring that it only be utilized by manufacturers in China who were keeping the finished goods (in this case, masks) for themselves.

Another issue that arose stemmed from the level of review China began to impose from a quality standpoint because so many manufacturers were actually getting into the PPE business at the height of the pandemic. I don't think anyone would argue with heightened quality assurance standards, especially when businesses that previously made beauty products or small toys changed their assembly lines to produce PPE instead. The problem we found was that factories that we had relationships with, that we knew had been manufacturing high-quality PPE for years—in some cases, decades—were held to the same level of heightened quality oversight which actually constricted the amount of product that got shipped to the United States. Of course, this created even more supply chain issues.

The key takeaways for us have been about getting more resiliency, more regionality and less dependence on one country. Early in the pandemic, we established an

expedited sourcing process to add additional suppliers to product categories experiencing shortages. Additionally, in an effort to create greater resiliency, Premier worked with our member health systems to stand up and expand domestic manufacturing of the three major PPE categories—masks, gowns and gloves. These investments were based upon long-term purchasing commitments to ensure we wouldn't be caught flat-footed again once the pandemic subsided.

What is your leadership philosophy and were there any conversations you had throughout your career that helped shape that philosophy?

I can remember back in the early days of the pandemic, everyone was asking us questions and looking to Premier for guidance, and I just kept reminding myself that there wasn't a playbook for this situation that said, "Well, now you need to do this and then you need to do that." It was the middle of a pandemic—unlike anything any of us had ever seen. We took some initiative and decided that we needed to build that government-private sector coalition out—it was going to take input from all areas of the industry to figure this out. We needed to understand what was happening on the ground with our caregivers and we needed to understand how we could support them as effectively as possible by providing them PPE and drugs and the kinds of things they needed to care for their patients.

One of the things that we learn over our time as leaders is taking the initiative when you see an opportunity—that concept of you need to "jump into it!" It may not be 100 percent right the first time, but you know what? You need to get in the muck and figure out what's happening and pull together the right people to create solutions. A lot of those kinds of things just continue to iterate over time. We get better and better as time goes on.

Thinking back to the coalition, the first few meetings might have felt clunky, but we got pretty effective over time.

And I commend you on that idea of taking action and jumping on opportunity. It's funny, Premier strikes me as this "Intel Inside." I was actually interviewing the CEO of Intel and he said, "The three rules for us are, number one, succeed if you can. Number two, fail. That's your second-best option. Number three is your worst option which is to take no action. And now, if you fail, fail fast."

I could echo those same comments. The only modification I try to live by is that, if you are going to fail, if you know it is going to be catastrophic, let us know early on as opposed to having it just continue to evolve. This is especially important in the healthcare space.

"Another lesson is to always focus on your goal. If you're focusing on a goal, no matter what hits you along the way, as long as you keep that goal in sight, you have a much better chance at success."

I want to shift gears. Can you talk about the concept of swimming? You started competing at eight-years-old. What did you learn from swimming that has impacted you in being a great CEO?

I would probably summarize this in the way all athletes feel. I think that being an athlete really teaches you to focus on persistence and to understand that you're not going to have success all the time. It also teaches you to remember what the end goals are.

There are so many incredible life lessons that come from being an athlete. One is perseverance. You may have a bad swim or meet, but you just have to get back

in the water the next day. After doing it as many years as I have (because I swam in college), I learned you're going to have a lot of setbacks and so you have to figure out ways to mentally, emotionally and physically recover so you're always improving.

The second lesson is discipline. At least in my sport, you never really get ahead unless you put the time in the pool. But it carries over out of the pool with diet, exercise and focusing on the psychological and emotional components. Discipline is really important to achieving the desired outcomes.

Another lesson is to always focus on your goal. If you're focusing on a goal, no matter what hits you along the way, as long as you keep that goal in sight, you have a much better chance at success. I think swimming was tremendously important for me to understand that life lesson.

Let's round it out with the final topic of podcasts. You're one of the few CEOs, Barbara Humpton of Siemens is another great example, who has a very exciting podcast out right now. Tell us a little bit about InsideOut and why we should be listening.

InsideOut is really all about transforming healthcare from the inside out. So much innovation is happening in silos from a healthcare delivery standpoint and the idea is to bring the voices to the table and begin working together to transform healthcare.

The concept is: How are we shaping innovation? I have had guests on from all corners of the industry, but the focus has always been and always will be making sure innovations inside healthcare are shared out. Oftentimes, there's an awful lot of negative commentary about our healthcare system, but in many cases, there is a ton of innovation that's occurring and that's really what we are trying to uncover.



Michael J. Alkire, who joined Premier Inc. in 2003, is a seasoned healthcare executive with nearly 30 years of operational, technology and business development leadership experience. He was named Chief Executive Officer in 2021 after previously serving as the company's President and Chief Operating Officer.





The Transformative Healthcare Summit December 14, 2021:

CEOs, Healthcare & Transformation

AGENDA

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

WELCOME & OPENING SPEAKERS

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



**"Innovation in
Healthcare"**

Robert C. Garrett

FACHE, CEO of
Hackensack Meridian
Health



**"The Future of Patient
Experience"**

Redonda Miller, M.D.

President, The Johns
Hopkins Hospital



**"The Next 100 Years
of Healthcare"**

**Tomislav Mihaljevic,
M.D.**

CEO & President of
Cleveland Clinic



**"Healthcare Lessons
from the Past Two
Years"**

Steven J. Corwin M.D.

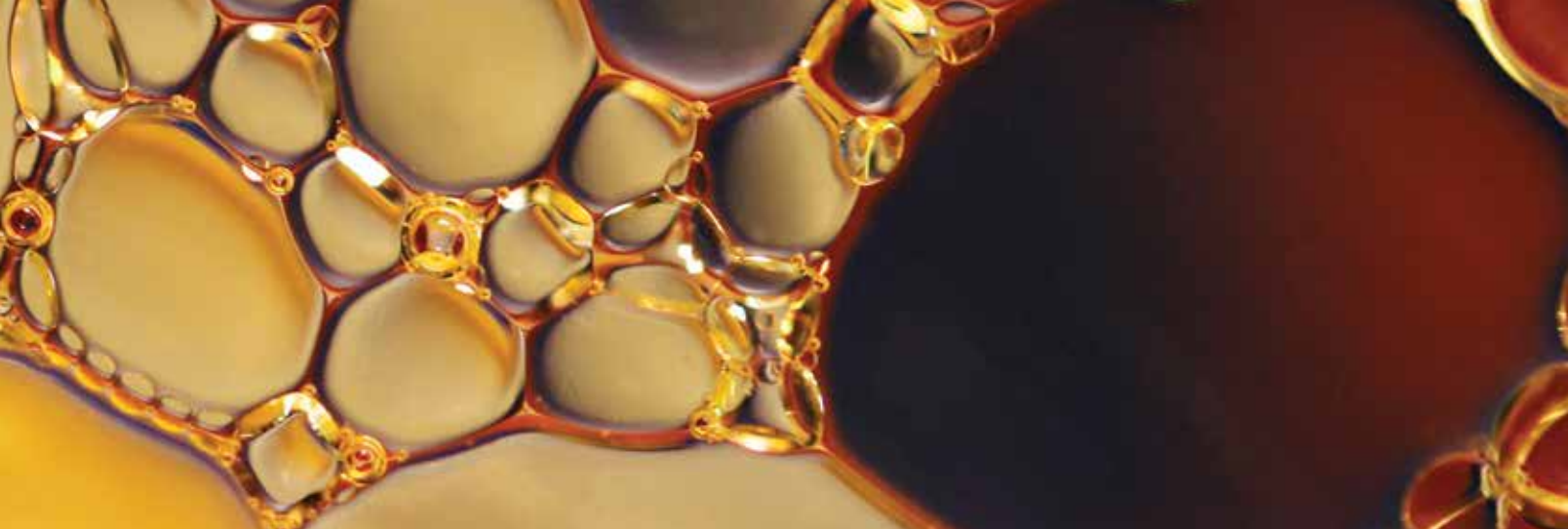
CEO & President of
NewYork-Presbyterian



**"Scaling with
Strength"**

John E. Schlifske

Chairman, President
& CEO, Northwestern
Mutual



Part B: 11:30 a.m.–12:30 p.m. ET

WORKGROUPS

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

Workgroup 1 - Healthcare Logistics

Workgroup leader (facilitator):

Kate Gutmann

President International,
UPS Global Healthcare

Workgroup participants:

*Dr. Jaewon Ryu, President & CEO,
Geisinger*

*Marc Plumart, CEO, Sodexo
Healthcare and Seniors Worldwide*

Charlie Mills, CEO, Medline

Asma Ishaq, CEO, Modere

Workgroup 2 - Healthcare Innovation

Workgroup leader (facilitator):

Donald Parker

President & CEO, Carrier Clinic

Workgroup participants:

*Lucinda M. Baier, President & CEO,
Brookdale Senior Living Inc.*

*Robert C. Garrett, CEO, Hackensack
Meridian Health*

*Sharon M. Leite, CEO, The Vitamin
Shoppe*

Morris Miller, CEO, Xenex

Workgroup 3 - Healthcare Technology

Workgroup leader (facilitator):

Anne Collier

CEO, Arudia

Workgroup participants:

*Clay Holderman, President & CEO,
UnityPoint Health*

*Stephen K. Klasko, MD, MBA, President
& CEO, Thomas Jefferson University
& Jefferson*

*Bimal Patel, President, Hartford
Hospital & Hartford Region*

*Amy Fahrenkopf, MD, MPH, President,
HSS Health*

Part C: 12:30 p.m.–1:00 p.m. ET

SOLUTIONS PRESENTATIONS & CLOSING REMARKS

Our four workgroup leaders present their solutions. We share CEO participants' 2022 predictions. Adjourn.

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WORKGROUPS

Workgroup 1 - Healthcare Logistics

Kate Gutmann—President International, UPS Global Healthcare

Thank you, Robert.

I appreciate it. Good afternoon, everyone.

So, I wanted to first of all thank the panelists that joined: Charlie Mills, CEO of Medline; Dr. Jaewon Ryu, President & CEO of Geisinger; Marc Plumart, CEO of Sodexo Healthcare & Seniors Worldwide; and Asma Ishaq, who's the CEO of Modere. We have a fantastic panel.

In short, we looked at defining the more agile and resilient healthcare supply chain model that will positively transform healthcare. And so, we looked at the data. There needs to be better communication and connection, use of data, and sharing the good and the bad and the ugly so that we can collectively overcome it and adapt to challenges.

We had one great example of excess inventories carry because of the criticality of surgeries—and because of ships stuck out at sea. Customized care coming from the use of data helped prioritize the sickest of the sick for that worst time of the pandemic when we had limited access. And now, it'll help clear the backlog. In the future, we can use this data to change protocols and to achieve critical outcomes.

One example was a 50 percent reduction rate in infections in some hospitals. So, all of this leading to customized care and comprehensive view of patients, which is so critical to access. Omni-channel access and healthcare are definitely “renaissance” items, which provides everyone with great innovation, great apps, and great products.

These great products span health as it's defined in body, mind, and spirit—not just the medical side. This involves getting people access, nutrition, and blood panels, as well as health solutions and supplements. When people feel like things are uncontrollable, they control what they can, and that is their health and fitness. So, in summary, innovation through the pandemic has rippled throughout the industry, and we have seen that innovation really is alive and well.

Robert, we believe what you do to bring us together as an industry—to share best practices—underscores the point that we truly are at the beginning of this renaissance in healthcare. Thanks so much.



Workgroup 2 - Healthcare Innovation

Donald Parker—President & CEO, Carrier Clinic

Thank you, Robert.

What a pleasure to be with four leaders that I have had the opportunity to have a really personal discussion with about their ideas regarding innovation. My panel included Lucinda Baier, who is the president and CEO of Brookdale Senior Living, Robert Garrett who is my leader and is the CEO of Hackensack Meridian Health, Sharon Leite, CEO of the Vitamin Shoppe, and Morris Miller, CEO of Xenex. What is very interesting is we had a broad spectrum of leaders, not all from hospitals, and that was a major message throughout the discussion, that bringing in organizations from outside of healthcare to help us reform healthcare is very critical.

We started off with the question of looking at what the industry can innovate, especially with so much care going outside the hospital. A secret to that is creating a culture of innovation and actually, during the pandemic, barriers between organizations were broken down because we needed everybody at the table working with us whether it was a supply chain or it was disinfection. We needed people with deep expertise to allow us to work our way through the pandemic, given the fact that hospitals were the fulcrum of the pandemic. We made conversions in a variety of different ways for people looking to get health at their homes, with most of them using technology and telehealth, telepsychiatry, telemedicine—all of those areas are going to need new and sustained ways of doing the business, and with the public already accustomed to doing it, it's up to us to deliver. We need to redefine our system with respect to access because the consumer has changed their mind about how they want to get healthcare. Behavioral health has become more important as an area, and I'm very glad to hear that as it's my area of specialty. We're also very glad that the stigma attached to behavioral health has continued to diminish, where people are experiencing it, requiring it and appreciating the fact that behavioral health is a normal part of our lives. The acute care hospitals' focus is on shifting healthcare back into the community, looking at doing more in our ambulatory facilities and expanding those.

Our second question was what are your hopes for a new healthcare model. It all revolved around hospitals and home, virtual care, ambulatory care and urgent care for things other than just healthcare, for instance, behavioral health, and being able to connect with our customers through digital platforms. This way we are constantly assessing from them both their needs and how they want to have their care delivered. We are transforming our healthcare with new innovations and actually getting the health systems to sponsor that innovation, whether they're generating it themselves or through partnerships and/or investing through VC activities that are owned by the health system. Many of our larger health systems are now doing that—building a culture where messages and ideas are important that we fail, first and fast without jeopardizing health and that our missions are clear around having people who are passionate, people that are activated getting the work done that we need in order to achieve those goals.



WORKGROUPS

Our third question was how do you create a culture of innovation and it started with listening. Listening more, listening to more people and listening to more diverse people—and it is really all about communication and focusing on how we want to live our careers and our lives.

It was very interesting and we had a little bit of extra time to talk about how we've adjusted our own lives based on lessons from the pandemic about reordering our priorities, about changing our lifestyle, whether it's how we eat or how we schedule our days or how much pressure we put on ourselves. We went on to talk about how we relieved that pressure and being a better leader for our internal customers, reimagining our work, leveraging innovation and technology to focus on the right things.

It was a very lively discussion, full of great ideas. If you get a chance to take out and you weren't in our group, please take a chance to listen to the wisdom that all of our leaders brought to the table.

Workgroup 3 - Healthcare Technology

Anne Collier—CEO, Arudia

Thank you, Robert. My esteemed work group includes Clay Holderman, president and CEO of UnityPoint Health, Steve Klasko, president and CEO of Thomas Jefferson University and Jefferson Health, Bimal Patel, president of Hartford Hospital and Hartford Region and Amy Fahrenkopf, the president of HSS, the Hospital for Special Surgery. Our discussion was absolutely fascinating, as I know all of yours were. Our mission was to focus on technology in healthcare innovation, and what's interesting about this is so much of that discussion focused on the people, the patients and the workforce. What we came up with was use of technology and innovation and a renaissance or technology supporting renaissance on multiple levels.

First off, on the macro-level broader market, thinking about bringing some venture capital concepts, ways of funding, ways of owning the data and capitalizing on the data. In other words, preventing our data from being sold and used in ways that aren't consistent with the greater good, but also are in violation of HIPAA and all that which then requires trust. We have to have trust in the organization. So, a Hippocratic Oath for data usage is really important. But the point is that a person's data can be monetized, but it also provides great access and is a great resource for innovation and improving healthcare outcomes. The macro idea of actually having these systems being more—healthcare be self-sustaining. When we talk about resource allocation, it's resource allocation on a broad level between



healthcare and outside of healthcare and having healthcare monetized. Allocation of resources within the healthcare system needs to shift between, so that brick and mortar buildings, the institutions, are more focused on providing the acute healthcare.

In other words, most of the healthcare is going to occur in homes. Providing better home healthcare will help us to eliminate social determinants of health and improve equity, better prescriptions and better access. A drone, for example, can drop off your prescription on the front door. And in particular, as baby boomers age, and we're already seeing that uptick, we're going to need to utilize resources better. When we talk about technology, there's obviously a great impact on the workforce, so again, it's all about people. It's about patient outcome and experience, but it's also about the workforce and their experience. The pandemic has definitely showed us that the workforce is resilient. They were able to make modifications to equipment and facility usage to meet acute care needs, but we need to be more resilient and technology can help us with that. So, importantly, we've got to make sure that technology is not another thing to do, another thing to complete, but is actually used in the workflow and makes the workflow happen with more ease.

We also focused on this idea at a much more micro level, better outcomes for people, with the use of more technology in an exam room and an operating room to be very practical and tactical. I love an example Amy shared with us about what they're doing, they are using technology to provide more physical therapy. The idea of using voice recordings to take down information, have it displayed on a screen so that everybody can see, making sure it's accurate. There's an agreement and there's better interaction between healthcare professionals and the patient. In terms of—for example, measuring strength and flexibility, actually using technology rather than a person or healthcare staffs. They were actually able to see patients improving, people having better healthcare outcomes and then finally, for example, in the operating room, just ensuring better outcomes. None of this can happen without engagement of all staff members and leadership. We want to make sure that we're not turning young innovative, optimistic residents and other healthcare staff into jaded command-and-control 60-year-olds. The people in the latter group are the group that the former group is getting their training from. Focusing on innovation and thinking differently, training everybody, not just residents, making sure that you recognize you have a segment of that group that's game for the innovation. They understand it. You'll see a huge segment in the middle and then you'll see another segment that will never get it. You want to focus on the group in the middle because you can shift that and you can gain more momentum for this renaissance into healthcare. The last 15 percent that will never get it—we all know that we get some bureaucratic mothballing happening, but the point really is to be very intentional about engaging and creating leaders and people with the skills to be able to live and bring this technology forward.

KEYNOTES



Robert C. Garrett, CEO, Hackensack Meridian Health

Hello everyone. It's great to be here today with all of you. It's an honor to be with so many leaders who share my commitment to transform healthcare. Let's get right to it so that everyone has time to share their great insights. We can all be proud of the innovation that's occurring in our health networks, but as an industry, change has been incremental and progress uneven.

Imagine a world where this innovation becomes the rule rather than the exception. This is how we truly improve quality, the patient experience and make healthcare more affordable. Imagine scaling this breakthrough globally to realize a future radically better than today. Let's consider the role of artificial intelligence. This revolutionary tool will help us bridge the gap to a smarter health system. We can now analyze millions of medical cases in near minutes, a speed that was unthinkable five years ago. The promise of AI is endless. Clinical teams will harness its power to make more accurate diagnoses and deliver more targeted therapies. In operation, AI is helping us better predict care patterns, so we can more effectively mesh resources at our hospitals.

Second, the roller genomics will transform care delivery profoundly and help us make quantum leaps toward prevention. It's clear that fast and large scale DNA sequencing has propelled genomics into mainstream medicine and is driving a revolutionary shift to our precision medicine and better outcomes. Perhaps most exciting is the promise of gene editing. Imagine the day when we can actually prevent most diseases.

Third, I would say remote care delivery will also define the future of healthcare and provide unprecedented connectivity. Advance care will increasingly be delivered at home. Telehealth will continue to expand exponentially and remote monitoring patients will continue to transform lives. We must leverage the progress made in telehealth during this pandemic. What if we virtualize even more services? I've seen one estimate of \$250 billion of current U.S. healthcare spent that could be potentially virtualized.

Imagine investing this money back into research and finding cures for diabetes or heart disease and lastly, we cannot blaze a path into the future without supporting creative partnerships with insurers, the government, non-profits and novel industries. Imagine creating insurance provider partnerships who will cover the majority of Americans or think about partnering with tech companies and insurers to provide direct services to at-risk communities, so people can have seamless connections to food pantries, housing assistance and more, to truly equalize healthcare outcomes. Imagine a world where your zip code is not an indicator of your health. In short, innovation will continue to drive radical reform in our industry and will create a system that keeps people healthier, drives down cost and is more equitable for all Americans. Imagine those possibilities becoming reality.



John E. Schlifske, chairman, president and CEO, Northwestern Mutual

It's a pleasure to be with all of you here at the Healthcare Summit today. I really appreciate the chance to talk with you about our experience at Northwestern Mutual, going into the pandemic and what we've done since then.

In many ways, I think we have sort of a unique perspective on this at Northwestern Mutual, unique for a couple of reasons. One, we're 165 years old and we've been through wars, great depressions. We've been through the Spanish Flu pandemic, we've seen all of this before, and we were ready for this because we know these things come along. We don't know when they're going to come along, but we know if you're not ready for them, you're going to be in trouble.

And as 2020 emerged, we had two words that were the Hallmark of what we talked about with all of our constituents, employees, policy owners, board, etc. and that was caution and confidence. And the caution part means that you have to be ready before it happens so we're the strongest company. Within our industry, we started to add to our liquidity in early 2020 from an investment perspective. You have to have a business model that's prepared for these kinds of things that doesn't only work when times are good. All of that caution has to go into being prepared for these eventualities because you don't know when they're going to happen.

And then, when something bad does happen, you have to be able to capitalize on that caution and that's where this notion of confidence came in. From a company perspective, we leaned in to the pandemic. We put in place support for our field force. We communicated to our policy owners. We did everything we could to tell them that we were open for business, that we were going to run this thing regardless of what the outside world was going to do and that we were there to protect them even when it looked like things were getting crazy.

The last thing we did that sort of brought together both the caution and the confidence was this notion of doubling down on our transformation. Rather than hunker down, which is what I saw a lot of companies do, in other words, pull back and wait to see what happens, we decided to lean in, double down on our transformation, invest more than we ever had before in the digital tools and all the things we needed to do to maintain that relevance to our customers when they couldn't see us face-to-face and meet with us face-to-face. I think by doing all of those things at once, we were able to not only survive the pandemic, but thrive. We had our best year ever in 2020 and now in 2021, we're having an even better year all around the notion of a company that's there for our policy owners and clients, to give them the financial security they need so they have the peace of mind that comes with operating in their day-to-day lives.

At Northwestern Mutual, what we've done is sort of the way I would see me giving you advice in the healthcare industry is all around this notion of acceleration. So, in many ways, people have told me that 2022 is really 2030. And by that, it means that COVID and the pandemic have accelerated so much of the transformation that our business and healthcare is going through, and my advice to you would be to double down on that transformation.

Use this as an excuse, not to hold or serve, but to lean in and make those necessary changes you know you need to make in order to make your business relevant for your patients, your healthcare providers, your doctors and so on, not just in 2021, but for 2030 and everything that comes after that. Thank you for allowing me to be part of your seminar today.



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.



Blockchain—Hype or Innovation

By: Tatiana Gayvoronskaya and Christoph Meinel

Is Blockchain an “alien technology” or simply a new encryption algorithm to achieve the creation of crypto currencies that has been turned into a hype for marketing reasons?

Blockchain has the potential to push innovative solutions in plenty of branches of businesses spanning from financial sector up to the fine arts, but its successful application needs a well-informed understanding of how Blockchain works. This book focuses on the innovation of Blockchain technology and the advantages this technology offers compared to already existing solutions. It explains what Blockchain technology is, where it comes from, and how it works. Readers get a clear and comprehensive overview of Blockchain technology and its potentials, and are empowered to well-grounded assess its advantages, potentials, and drawbacks. A must read for all digital technology enthusiasts!



Uncompromising

By: Steven A. White

How an unwavering commitment to your why leads to an impactful life and a lasting legacy

As one of four boys raised by a single mother, Steve’s life could easily have taken a different path. Instead, armed with his mother’s determination that her sons make a better life for themselves and his own refusal to be shaped by his circumstances, Steve forged a path to extraordinary professional and personal achievement. Steve’s lessons from every stage of life, and the people who influenced him along the way, form the basis of his overarching message: An uncompromising life is one where you stay true to what is important to you, what you believe in, and what you love.



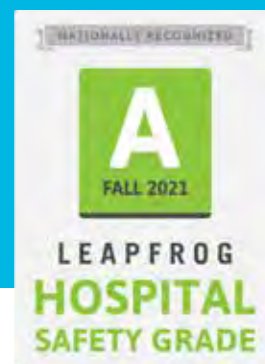
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Bob Fontana, chairman and CEO, TAG - The Aspen Group

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