

The CEO Forum

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Karen S. Lynch
President & CEO
CVS HEALTH



COMMUNITY IMPACT
Joseph G. Cacchione, M.D., FACC
CEO
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CULTURE
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I recently interviewed Mario Andretti—the only race car driver to be #1 globally for three consecutive decades—and asked him about leading in our world. He responded, “If you’re not a little out of control, you’re not driving fast enough.” That, to me, is the essence of healthcare. We are constantly adding new technologies, protocols and, all the while, we’re dealing with situations where life is on the line. Perhaps another analogy is that healthcare is like changing a tire on a car driving 65 miles an hour.



And, so, as I think about healthcare today, and specifically the CEO’s role in leading, Mario’s words sum up the challenge—and opportunity—of leading healthcare. With all the fast moving pieces, it is practically impossible for any CEO to be at least a little out of control. But that’s the space—on the edge—where new innovations and breakthrough thinking emerges.

In your hands, I am so pleased to share our annual list of the top 10 CEOs who have managed to help control the destiny of their enterprises as the leaders in healthcare. You will learn both high-level leadership philosophy and tactical unique practices that can help you advance your organization. The purpose, to me, of this publication is to disseminate CEO wisdom to elevate business, the economy, and society.

And always feel free to email me directly with any insights that resonate with you. Hope you enjoy this issue and find the pearls of wisdom sprinkled throughout!

A handwritten signature in blue ink, appearing to read 'RR', written over a light blue grid background.

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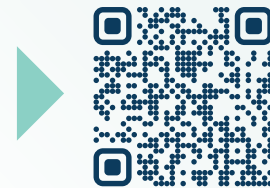


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THE CEO FORUM GROUP TEAM HIGHLIGHT

Meet Robert Reiss

CEO, FOUNDER & PUBLISHER

All decked out in The CEO Forum Group gear, Robert posed for a Fourth of July family photo on his front porch with his wife, Barbara; their three wonderful children, Molly, Josh, and James; James' fiancée, Kaitlyn; Grandma Ellen; family patriarch Jack; Joan, better known as Mimi; and their tennis ball-loving puppy, Sully!

When Robert was 20 years old, his grandfather recommended he read Napoleon Hill's book

Think and Grow Rich, inspired by advice from Andrew Carnegie to interview the world's most successful people. Since then, Robert always thought Napoleon Hill had the greatest job ever and never imagined decades later that he would be blessed to have the job of interviewing the most interesting CEOs in the world.



How Vibrational Technology is Changing Mental Health

By: Stefanie Lattner, Founder & CEO of WeVibin

The most prevalently diagnosed neurodevelopmental disorder is Attention-Deficit/Hyperactivity Disorder, with 7 million children and 13 million adults diagnosed in the US (2023) and another 40 million adults estimated to be undiagnosed. The second most prevalent neurodevelopmental disorder is Autism Spectrum Disorder, with approximately 5.4 million individuals diagnosed and an additional 25% of autistic children and 80% of adult autistic females undiagnosed and untreated.

Unfortunately, decades of research into the possible causes and physical areas of impairment remain elusive. While most researchers agree that the origins are neurodevelopmental, it's becoming more accepted that these conditions are likely

more multifactorial throughout life. Recent data supports more holistic brain-body interaction; what affects the body affects the brain, and vice-versa. Factors that physically and profoundly affect our brains, including the gut microbiome, environmental toxins, medication, physical movement, trauma, our thoughts, and sensory input, are gaining attention. As these influences change, so do our brains. In fact, this is the basis of neuroplasticity – the brain's ability to strengthen specific feedback loops – which is crucial for learning, executive functioning, memory, and recovery. However, poor conditions contribute to maladaptive behaviors and disorders, including addiction, anxiety, and depression, underscoring possible reasons why the less fortunate are so disproportionately affected.

Sensory input is particularly powerful because it is foundational in how we develop, central to our flight or fight response, and defines what we think is “reality.” Each sense uniquely, and in combination, also shapes the neural circuits of cognitive, emotional, and social skills. Two of the stronger inputs in cognitive networks are auditory inputs and those of the vestibular system, which is also tied to a visual reflex.

Vestibular input has a strong effect on the cerebellum, motor functions, impulse control, and executive functioning. Jumping, swinging, and rocking naturally stimulate the vestibular nerve, and this is how many people with ADD/ASD self-soothe. It is also believed that the brain’s ability to filter and prioritize auditory information is compromised in ADD and ASD. Music therapy and its effect on emotional regulation, communication, attention, and memory, are active areas of research.

Now, a novel technology has emerged to efficiently and effectively utilize sensory input to address these symptoms and improve mental acuity. After working on vestibular stimulation to influence sleep and relaxation, the founder of WeVibin Inc came to understand the influence of the auditory and vestibular systems on attention/focus, as well as the ability to use specific types of vibrational input to safely and efficiently affect both senses. This is advantageous because sensory input does not introduce chemicals or electrical/magnetic energy to the body and makes a solution more accessible to the general public.

Lattner et al reported the results of their early work in HDIAC, the military’s tech journal. After that, a formal randomized, double-blind, intent-to-treat, parallel, clinical study design was completed comparing WeVibin’s proprietary vibrational technique to a generalized vibration technique on adults with ADD/ADHD. The results found that WeVibin’s vibrational technique showed clinically significant improvement in auditory attention, response control, visual and auditory vigilance, sustained auditory attention, and impulsivity, while the generalized vibration technique did not. Other clinicians and researchers have independently reported vestibular influence on ADD and ASD as well.

Because visual/auditory attention, impulsivity, and emotional control can be heavily influenced by sleep, nutrition, movement, medication, caffeine, smoking, etc., complimentary software was developed for users to test the effects of these on their mental acuity and optimize their choices. Unlike other approaches, the software is an objective

cognitive performance test rather than a game, as games reinforce the addiction networks in the brain. Instead, the better way to test attention is to put the user in a frustrating/tedious environment using multimodal inputs (visual and auditory) to test how long they can maintain focus and control while not getting frustrated/angry.

This is particularly difficult for someone with ADD/ASD. Practicing this type of test for longer periods of time reinforces the attentional networks, decreases impulsivity, and improves auditory/visual processing delays. This can be extremely impactful to the user.

For example, in one case study, an autistic engineer was getting overwhelmed by coworkers talking over her in meetings and feared getting fired. She used WeVibin’s software to test herself and identified strong performance across most metrics but saw she had an auditory processing delay. After four weeks of practice, her scores increased from the 60th percentile to the 80th percentile, and she was able to engage in meetings more effectively.

This type of improvement, in just one symptom, is life-altering and can change a patient’s entire trajectory. With new advancements in vibrational technology, we can vastly improve our approach to addressing mental health.



Stefanie Lattner is the founder and CEO of WeVibin Inc, which addresses cognitive performance in adults using novel technology developed by Lattner. It’s the result of an evolution that has taken place over a career of learning and past product launches and aims to use the most recent neuroscience specifically to

help individuals optimize their health, behavioral choices, and cognitive performance.



Improving access to holistic health

CVS Health President & CEO Karen S. Lynch shares how the company provides a spectrum of health-centric offerings, designed for the individual.



The CEO Forum Group has selected Karen S. Lynch, President & CEO, CVS Health, for The Top 10 CEOs

Transforming Healthcare in America in the exclusive category of Holistic Health for their unparalleled access and focused care across the continuum of healthcare.

Interviewed on July 24, 2024

Robert Reiss: What are your thoughts on how CVS Health is transforming healthcare today?

Karen S. Lynch: The healthcare system, in one word, is fractured. Think about when you go to the hospital. There's a different building for each issue you're dealing with. In addition, your medical history and records might not be easily accessible to the providers. That's not convenient, and it's not simple... especially when you're navigating something as important, and as stressful, as a health challenge.

In addition, people are getting sicker. Thirty percent of adults have two or more health conditions. On average, people spend nearly \$13,500 every year on healthcare. But still, more than 70% of Americans feel the healthcare system is failing them.

We can—and we must—do better. That's why we are designing healthcare around the individual. We're creating broader access—in communities, in homes, and virtually—that connect health experiences end-to-end. This ultimately helps people live healthier lives.

We offer affordable health benefits and pharmacy coverage for employers, health plans, and individuals through our Aetna and Caremark businesses. Our 9,000 CVS pharmacies provide access to

prescriptions and wellness products. We also provide access to care—primary care clinics, in-home services, and virtual channels. Having these solutions is the first step. Truly transforming healthcare in this country depends on how seamlessly we are able to deliver and connect these solutions, and the care and coverage we offer, to improve peoples' health in a convenient way.

“But true health and wellness is much more than physical health.”

Can you talk to us about the importance of purpose?

Purpose used to be an afterthought at work. Today, it's one of the main drivers of employee engagement. This is why our company purpose (“We bring our heart to every moment of your health.”) was defined by our colleagues.

Our colleagues said they wanted to bring empathy to our purpose because we interact with people who are often at their most vulnerable—at the time of a health issue. When you think about it, health is the most valuable asset a person has in their life. If you don't have your health, you don't have anything.

Health is a universal experience. Many of our colleagues have had personal interactions with the healthcare system—either themselves, a son or daughter, a parent, a brother or sister, or a friend. That's why they're passionate about the work we do. I often ask our colleagues to remember their “why”—why they are in healthcare, or what led them to CVS Health. Passion is such an important factor; when people find their passion, they can use that as fuel to make a real difference.

Understanding your passion for more holistic health and an emphasis on mental well-being, where do you think we're seeing progress in this space and where is there more opportunity?



When you think of health, what comes to mind? Probably nutrition, exercise, losing weight or managing blood pressure. But true health and wellness is much more than physical health. There's been progress in people understanding the powerful connection between physical and mental health, but there's still work to do.

There's also still a stigma—again, progress has been made, but we're not where we should be. Less than half of employees feel like they can openly talk about mental health with their managers, and this fear often keeps people from seeking care.

One in five adults experience mental illness, and more than one-third of young people have a mental health disorder.

Crisis is the only word for this.

We're doing three things to help people get the care they need. First, we're providing options across our network to address all types of care—from more common issues like anxiety and depression, to more serious conditions like autism and substance use disorders.

We're also connecting people to care quickly—

through new network offerings that allow for in-person or virtual access to network providers, patients can get an appointment in less than a week. This is in sharp contrast to average wait times for mental healthcare, which can be two months or longer. The third thing we're quickly standing up is making it easier for people to find care through more robust search capabilities, including direct access to scheduling with therapists on Aetna digital platforms. We're also providing additional training and resources for care teams to support members with complex conditions.

Patients can get in-person and virtual mental health services within certain MinuteClinics in 16 states and Washington, D.C. This access makes a real difference: 80% of patients report a reduction in depression symptoms when they get treatment through MinuteClinic®.

“We are making women's healthcare more accessible, affordable, equitable and personalized to meet the unique health and wellness needs during each stage of a woman's life.”

As CEO of the largest woman-led company in the world, how are you prioritizing women's health for consumers?

Women face tremendous barriers when it comes to equitable, high quality and convenient care, despite the fact that they often play the leading role in making healthcare decisions for their families.

In addition, women's health has historically been defined around medical conditions that are exclusive to women including pregnancy, menstrual health, menopause and female infertility. We're broadening our focus to support the total health

“We’re cultivating a workplace where every person feels valued and can fulfill their potential.”

needs of women—both physical and mental—while addressing the social and environmental challenges women face.

We are making women’s healthcare more accessible, affordable, equitable and personalized to meet the unique health and wellness needs during each stage of a woman’s life.

Our goal is to create price equity between men and women so women can stop paying more than men for the same product. In addition, in 2022, CVS Health began paying the tax on period products on behalf of customers in 12 states, and we are working to help

eliminate the tax nationwide. Plus, we reduced the price of CVS Health brand period products in core CVS Pharmacy locations to help improve access to quality period care.

When it comes to physical health, we’re providing support for conditions that disproportionately affect women—like osteoporosis—or that affect women differently, like cardiovascular disease. MinuteClinic providers can work with women on issues ranging from osteoporosis screening and treatment to blood pressure management and high cholesterol. We’re also enhancing the care we provide related to pregnancy and menopause. We’re helping to address



misconceptions and expand access to evidence-based menopause and mid-life care with our integrated solutions.

Turning to mental health, women can seek support or counseling services, like depression screenings, at MinuteClinic locations. Our digital tools and resources include chat and text therapy and educational resources to learn about cognitive behavioral therapy and mindfulness.

Women and birthing individuals need better mental health resources and support during their pregnancy and birth journey. We work with the Maternal Mental

Health Leadership Alliance to train healthcare professionals on perinatal (the weeks right before and after birth) mental health—including how to treat and screen for these kinds of conditions.

“More and more people want alternative sites of care—in the home, in the community, and virtually.”

Can you talk about the importance of building a strong culture and how you are making CVS Health an employer of choice?

The workforce landscape has evolved dramatically; the mentality for employees is shifting from where “I have to work” to where “I want to work.”

Today, every organization needs to be in the business of people. Our company has a bold vision, and our leaders never lose sight of the most important thing to achieve our vision—our colleagues. They are the face, brand, and heart of our company. CVS Health serves millions of people every day. It’s important our workforce reflects our customers and the communities we live in.

We’re cultivating a workplace where every person feels valued and can fulfill their potential. We want colleagues to have a sense of belonging and inclusion.

Our talent strategy is one way we think about creating an inclusive workplace—first, in how we attract and retain talent, and second, the continuous development of colleagues.

As we think about recruitment, we changed what we define as new equivalent experience guidelines. We’ve broadened the experience requirements for potential job candidates, which gives us a much bigger aperture for the individuals that we can hire into the organization.





We have different programs throughout the company to foster inclusion through growth and development. For example, Strategies for Success for multicultural women develops colleagues in their current roles while preparing them for future growth. We see strong retention results for the participants in this program.

CVS Health has 17 Colleague Resource Groups (CRGs), each with its own unique purpose to promote diversity of thought and build connections across our company. These groups are colleague-led and encourage a sense of development and community. Our executives serve as sponsors of each CRG program. I sponsor our WISE group, which empowers and amplifies the voice of all women, while creating opportunities for leadership, development and making an impact in local communities.

How is CVS Health working to improve access and affordability in healthcare?

I always say healthcare happens at a local level. That's why we tailor care for communities. By putting our CVS pharmacies next to Oak Street Health clinics, we're broadening access to convenient care and focusing on staying well through preventive care. We know pharmacists are one of the most trusted relationships in healthcare. Therefore, we know we have a unique opportunity to engage with our customers and educate them on other care and coverage they have access to. For example, when customers pick up prescriptions, our pharmacists can talk to them about in-home services, including those provided by Signify Health, that help assess important social determinants of health such as



access to healthy food, safe and reliable housing, and loneliness.

Our CVS Pharmacy locations also improve access to care through the evolving role of the pharmacist. All 50 states now recognize pharmacists' clinical capabilities, and many have enhanced their scope of practice—providing preventive services, health screenings, immunizations, and prescribing certain medications.

Care outside the traditional walls of a doctor's office will drive better access and lower health costs. More and more people want alternative sites of care – in the home, in the community, and virtually.

We're also committed to lowering costs and increasing access to critical medications. Last year we launched Cordavis™, a wholly owned subsidiary that works directly with pharmaceutical manufacturers

to commercialize and/or co-produce biosimilar products—essentially generic medications for specialty drugs. Biosimilars are often between 15% to 35% less expensive than brand-name medications. We've made great progress—in April of this year alone, we drove more biosimilar prescriptions than what the entire industry delivered in 2023.

In every area of our business, we're committed to getting more people access to affordable care.

What are your thoughts on the future of healthcare in America?

We are at the beginning of a technological revolution in healthcare. This is a once-in-a-generation transformation that will change everything for both patients and providers.

Relative to healthcare, technology is enabling more

accurate diagnoses. A study out of Sweden showed that using AI, radiologists could detect 20% more cancers than without. Technology is also driving more patient engagement. Doctors are starting to use generative AI tools to take notes so they can spend more time focused on their patients rather than in front of a computer taking notes. Generative AI can also help clinicians pull together documents and records to create case summaries, freeing up even more time to focus on patient care.

Conversational AI and chatbots are helping improve and personalize the experience. At our pharmacies, we use AI to transcribe customer voicemails and route calls. In simple cases, AI can prompt automated follow-ups, like sending a text message to see if a customer wants an update on their prescription refills.

“We are at the beginning of a technological revolution in healthcare. This is a once-in-a-generation transformation that will change everything for both patients and providers.”

We have over 55 million people who engage with us digitally each month. Their experiences need to be timely, seamless and fully transparent. The new CVS Health app, launching later this year, will provide fully integrated, personalized experiences, offering health and wellness services across CVS Health channels.

At the foundation of everything is a commitment to responsible AI—what I like to call the “3 Ps.” First, personal—using technology to create superior experiences for customers, providers, and colleagues while ensuring privacy and maintaining the trust we’ve earned. Second, productive—leveraging AI to help our workforce operate at its highest level, while ensuring humans continue to be involved in making decisions that affect our members and patients. Finally, powerful—using technology for good, improving health disparities and preventing data bias.



Karen S. Lynch is President and CEO of CVS Health®, leading more than 300,000 colleagues who are passionate about building a world of health around every consumer. The company touches the lives of more than 100 million people through its healthcare benefits and pharmacy benefits management businesses, and presence in over 9,000 community health destinations across America.

In 2023, she was selected for the TIME100 annual list of the most influential people in the world. She was named the top-ranking leader for the last three years on Fortune’s list of the Most Powerful Women in Business.

Karen graduated from Boston College and received her MBA from Boston University’s Questrom School of Business. She is a member of the President of the United States Export Council, serves on the boards of AHIP and the John F. Kennedy Library Foundation, and is a member of the Business Roundtable.





Promoting health through community and access

Jefferson CEO Joseph G. Cacchione shares the key to healthier communities: access to compassionate, high-quality care. Jefferson achieves this through their robust research practices, community service, and authentic company culture.

Interviewed on July 28, 2024

Robert Reiss: This is Jefferson’s 200th year; share the important history of Jefferson.

Dr. Joseph G. Cacchione: In 1824, Thomas Jefferson University was founded as the fifth medical school in the country, and the first to open a teaching clinic which provided free services for the poor while giving our students hands-on, experiential learning. In the two centuries that followed, the Jefferson community—comprising faculty, staff, researchers, students, and 77,000+ alumni—has remained in forward motion.

Our collective impact resonates across many industries, namely healthcare. Over the years, we have been healers, improving countless lives through compassionate care; creators, shaping new technologies and treatments; and researchers, unlocking discovery and innovation. Together, we forge a legacy that reverberates across the globe through our caregivers and the students we train who go on to leave a profound mark in their local communities and across the world.

Describe the Jefferson organization today and how it’s grown since you became CEO.

Today, Jefferson includes Thomas Jefferson University, established in 1824, now 10 colleges and 3 schools, offering 200+ undergraduate/graduate programs to 8,300+ students; Jefferson Health, a nationally ranked top healthcare system and the largest provider in Philadelphia with 17 hospitals and 160+ outpatient/urgent care locations; and, Jefferson Health Plans, a not-for-profit health insurer with 350,000+ members focused on supporting vulnerable Medicare and Medicaid populations. Altogether, Jefferson represents 42,000+ colleagues dedicated to improving lives by: providing the highest-quality, compassionate clinical care for patients; making communities healthier and stronger; preparing tomorrow’s professional leaders; and creating new



knowledge through clinical and applied research. And, we continue to look for ways to grow our impact.

“We could not be more excited about what is ahead—the opportunity to keep shaping the future of health and learning for those we serve.”

In as little as several weeks, we will finalize a deal to acquire Lehigh Valley Health Network, which increases our colleague count to 65,000 total. Together, we will be in the top 15 non-profit health systems in the country, with 32 hospitals and more than 700 sites of care, and one of only a few with a doctoral research university and not-for-profit health plan. This combination will increase access to care, clinical research and health plan offerings in Eastern Pennsylvania and Southern New Jersey, and we could not be more excited about what is ahead—the opportunity to keep shaping the future of health and learning for those we serve.

You’ve been highly focused on impacting the community. Tell us about some significant achievements you’re most proud of, and your vision.



At Jefferson, we believe an individual's health and well-being is shaped by their community—the people and the environment. A healthy community is one designed to promote the physical, mental, and social well-being of its members.

Under the Jefferson Healthy Communities framework, we are working to ensure everyone can achieve their highest level of health. Last year, Jefferson generated \$800 million dollars' worth of community benefit through community improvement services, financial assistance, research, grants and in-kind donations, health professions education, subsidized health services, and more. We are investing in many community partnerships to create positive, systemic and sustained transformation, and we are cultivating and maintaining an environment of trust and belonging.

“A healthy community is one designed to promote the physical, mental, and social well-being of its members.”

Some of our significant achievements include the launch of our Bicentennial Service Initiative to commemorate our 200th anniversary. This initiative has galvanized our entire Jefferson network of colleagues, students, patients, and members to give

back to the communities that have helped shape Jefferson over the past two centuries. Already, our community has responded by contributing more than 100,000 hours of service, meaning we are more than halfway to our goal of 200,000 hours. Our community has volunteered at food banks to fight food insecurity, volunteered to help patients fighting cancer, visited nursing homes, served on nonprofit boards, held community cleanups, coached youth sports, and much more. And there's so much more we'll do before the end of the year.

Another significant achievement is marking the completion of the Honickman Center earlier this Spring. Located at 11th and Chestnut streets in Center City, the Honickman Center is a state-of-the-art outpatient care facility that brings more than a dozen specialties, practices and care centers into one 19-story space. Every detail throughout the building—from sensory-calming spaces and inclusive design elements to support patients with neurodiversity to employee ambassadors who'll help guide patients as well as virtual check-out—has been designed to create an exceptional patient experience. We met with hundreds of patients and community members to learn what is most important to them, so the Honickman Center was truly designed by and for patients.

We launched a social determinants of health screening program. In just over a year, we've screened more than half a million patients to better understand their health-related social needs so we can work with community partners, clergy, social workers, etc. to better meet their unique needs that impact their health and well-being.

What are your thoughts on expanding access to healthcare?

Expanding access to quality healthcare is one of our key priorities to achieving health equity, and we do this across the continuum of care from telemedicine, hundreds of ambulatory sites, at-home programs,

community-based mobile screenings, traditional hospital settings, and more. Jefferson constantly assesses its care footprint and the services we provide to ensure our services match the evolving needs of our community, as determined by our community health needs assessment. For example, a new, one-of-a-kind program, the Sidney Kimmel Comprehensive Cancer Center, recently launched its Same Day/Next Day. This program allows patients to see an oncology nurse practitioner via telehealth within 48 hours of a cancer diagnosis. Our upcoming combination with Lehigh Valley Health Network also represents our work to improve healthcare access in rural communities by creating a larger and robust system of nationally ranked specialists for patients.

“Expanding access to quality healthcare is one of our key priorities to achieving health equity.”

With over 42,000 employees (and soon to be 65,000), what is the secret to a great culture?

Culture is very important to me and it's everyone's responsibility. Personally, I believe a significant part of fostering a great culture lies in empowering people throughout the organization to make decisions and to also take accountability for those decisions. In a large, matrixed organization, consistency in our expectations, processes, and focus on our values helps us embed culture across different business units, functions, and levels. This ensures that all 42,000—soon to be 65,000 when we combine with Lehigh Valley Health Network—understand the role they play in creating and maintaining an excellent organizational culture. Empowerment and accountability, coupled with consistent processes and shared values, are key to nurturing a strong, cohesive culture throughout our expanding health system.

Talk about new partnerships and acquisitions you're making and how you'll integrate them to make it one seamless organization.



One of the things I've emphasized since joining the Jefferson team is that “we will make big changes, small changes at a time,” and this principle remains true as we continue to integrate and leverage opportunities across our distinct business units—Jefferson Health, Thomas Jefferson University, and Jefferson Health Plans. Now, as we are on the brink of combining with Lehigh Valley Health Network (LVHN), we are committed to thoughtfully bringing our organizations together with the mission of improving lives. This involves finding ways to increase access to care for more individuals and creating more research and learning opportunities across the entire region.

It's an incredible opportunity and responsibility that we do not take lightly, to welcome the LVHN community into Jefferson and improve the future of healthcare together. The transaction is expected to close this summer, and we will be spending the foreseeable future focused on integration. This integration starts with creating a shared culture, and we are very fortunate that Jefferson and LVHN's cultures, mission, and values are already closely aligned, which will facilitate a successful merger. By combining our strengths and working collaboratively, we aim to build a seamless organization that enhances the quality of care and expands our reach in serving the community.

Being a cardiologist by profession, what are your thoughts on creating an aligned culture with clinical and non-clinical colleagues?

Healthcare has and will always be a team sport. I have a deep appreciation for both clinical and non-clinical colleagues coming together and understanding the unique demands each face. It is only together that we can accomplish what our communities depend on us for. As leaders, it's our responsibility to set the tone for a culture that respects colleagues and unifies our teams. I believe in empowering colleagues at all levels of the organization to act as leaders, make an impact, and develop a sense of shared ownership. I often say, "We put people in positions for a reason, and we need to trust their judgment and expertise." This mentality should be coupled with humility, as we all need to remain humble, open to listening, and willing to learn from anyone, regardless of their title or position.

"As leaders, it's our responsibility to set the tone for a culture that respects colleagues and unifies our teams."

I am also adamant about ensuring all team members are recognized for their invaluable contributions. Everyone wants to be seen, heard, and recognized for their hard work. This past year, I charged every manager with setting and achieving goals for better recognizing their teams and provided enhanced tools and reimagined employee celebration programs to help. This initiative has already made a significant impact. By fostering an environment of mutual respect, recognition, and continuous improvement, we can create a truly aligned culture that bridges clinical and non-clinical roles effectively.

How do you envision technology transforming healthcare?

Emerging technologies are poised to continue transforming healthcare the same way Electronic



Health Records (EHR) and telemedicine has in recent years and AI already is presently. EHRs streamline documentation, reduce errors, and facilitate the seamless sharing of patient information among healthcare providers, enhancing coordination and continuity of care. Secure patient portals provide online access to health information, enabling patients to engage with their care plans actively. Telemedicine has done wonders for access for the general population, but even more so for rural and underserved areas. AI is transforming diagnostics and treatment planning, with algorithms assisting in disease diagnosis and predicting patient outcomes and informing clinical decision-making. Wearable devices are empowering patients to take a more active role in managing their health by monitoring vital signs and physical activity. Mobile health apps offer reminders, educational content, and direct communication with healthcare providers. Advances in genomics and data analytics will likely pave the way for enhancements in personalized medicine, allowing treatments tailored to an individual's genetic profile, lifestyle, and health history, leading to more effective care.

Overall, technology is not just a tool but a transformative force that enhances the quality, accessibility, and efficiency of healthcare, ultimately leading to better patient outcomes and a more sustainable healthcare system.

What is your vision for healthcare in America and how does Jefferson fit into that vision?

We recognize that Jefferson has an essential role to play in the well-being of our communities—through volunteerism, education, healthcare delivery, and reducing disparities in health outcomes. We are dedicated to fulfilling that role in the most effective and impactful way possible.

My vision for healthcare in America revolves around three key pillars: accessibility, equity, and innovation. Healthcare should be accessible to everyone, regardless of geographic location or socioeconomic status. Equity in healthcare is critical. We must address and reduce disparities in health outcomes by providing culturally competent care and working with many stakeholders to address the social determinants of health. Jefferson is committed to leading efforts to reduce health disparities and promote equity within our communities. Innovation is the driving force behind the future of healthcare. Embracing new technologies, research, and evidence-based practices will allow us to provide better care, improve patient outcomes, and streamline operations. Jefferson is at the forefront of medical research and education, and we continuously seek to integrate the latest advancements into our practices.

“My vision for healthcare in America revolves around three key pillars: accessibility, equity, and innovation.”

Jefferson fits into this vision by serving as a model for what a comprehensive, community-focused health system can achieve. As the Greater Philadelphia region’s only integrated delivery and financing system (IDFS), we’re in a unique position to achieve the quadruple aim of healthcare. Through our commitment to service, education, access, and equity, we aim to create a healthcare system that not only meets the needs of our current patients but also anticipates and addresses the challenges of the future. Our mission is to improve lives and create healthier communities, setting a standard for excellence in healthcare across the nation.



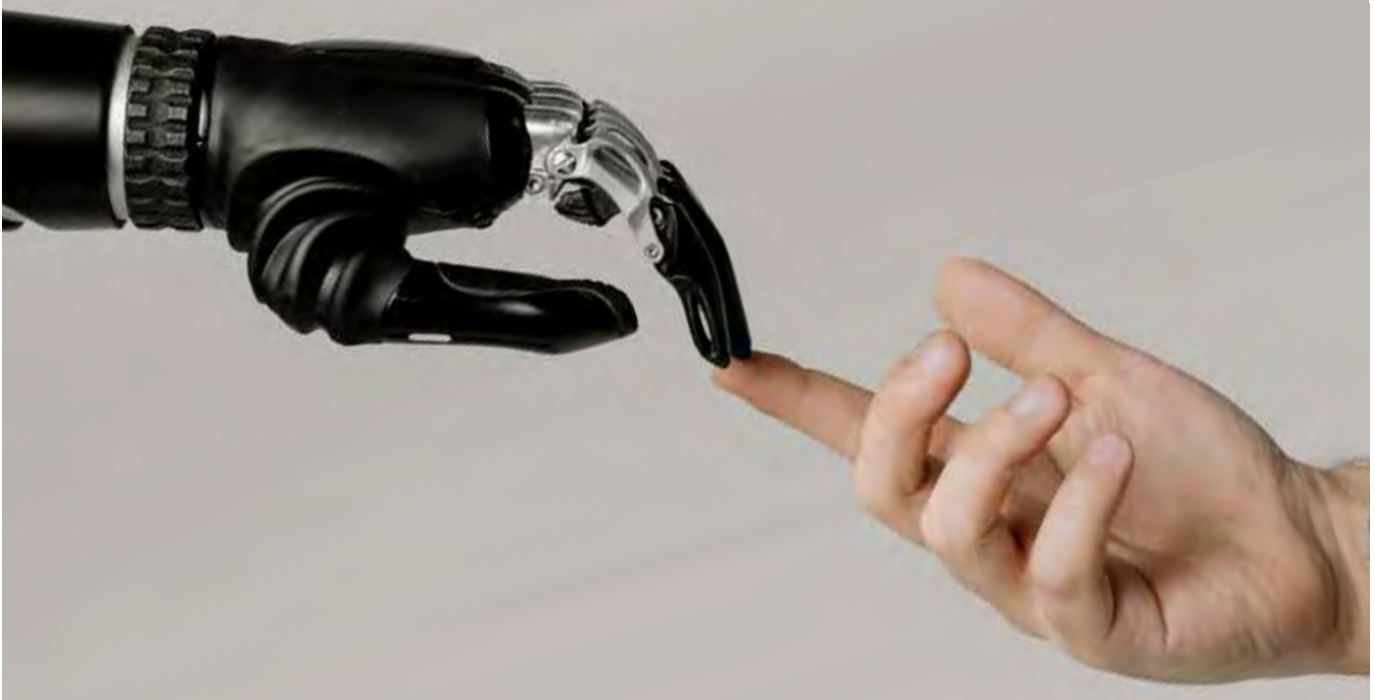
Dr. Joseph G. Cacchione is CEO of Jefferson—which includes Jefferson Health, Thomas Jefferson University and Jefferson Health Plans. He drives the vision and growth of this \$10B enterprise, comprised of over 43,000 employees.

Dr. Cacchione has restructured organizational leadership for more efficient operations and is overseeing the combination with Allentown, Pa.-based Lehigh Valley Health Network, which will transform Jefferson into one of top 15 not-for-profit health systems in the United States

Over the course of his 30+ year career, Dr. Cacchione has held leadership roles for the American College of Cardiology and has served on many national and community-based administrative health committees. He has been recognized as a transformative CEO and physician leader by national organizations including Modern Healthcare and Becker’s Hospital Review, among others.

Dr. Cacchione earned his M.D. from Hahnemann University (now Drexel University’s medical college) and is Board Certified in internal medicine, cardiovascular disease and interventional cardiology.





Are we ready for the second stage of AI?

The stakes are high, and people issues need to be addressed.

By: Sanjay Subramanian & Raj Ramaswamy

It is amazing how quickly and undeniably AI has entered the global Zeitgeist. Across virtually every industry, the dominant questions are how AI will fundamentally alter the experience of both products and services, and when these changes will be felt by both consumers and industry stakeholders.

There are complex technical challenges to be addressed. For example, most companies actively seeking to embed AI or GenAI in everyday operations have discovered that the state of their data requires attention. However, these issues are being addressed successfully today, and early views of the resulting business cases are promising.

We recently surveyed several hundred executives at the CEO Forum Group's June 2024 Transformative CEO Summit. Our findings suggest uneven levels of AI readiness. For example, while a solid majority (55 percent) of leaders said their teams were "somewhat ready" culturally for AI, another 22 percent indicated their teams will struggle to adapt.

Which phrase best describes your company's cultural (not technical) readiness for AI?



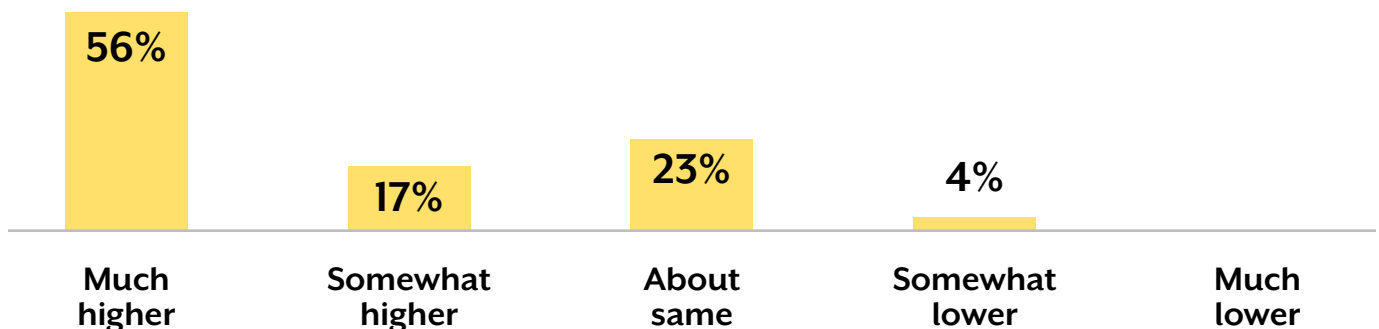
Readiness to execute on AI will have significant financial impact. As an industry example, Healthcare administration accounts for 15-30% of total healthcare spending, translating to \$300–600 billion. Healthcare administrative processes are often complex, requiring extensive human intervention. Generative AI has the potential to streamline administrative processes by improving the way healthcare information is processed, reducing manual workloads, improving accuracy, and lowering costs.

A major application of Generative AI is to develop solutions that address areas of high administrative spend such as provider lifecycle management, appeals and grievances, care plan development and member and patient engagement.

These solutions are expected to bring a host of business benefits across the payer value chain:

- 25–30% improvement in contact center productivity and efficiencies, leading to better member satisfaction and experience.
- 40–50% decrease in cycle time for contract creation, maintenance, and associated configuration.
- Consistencies in contract interpretation and processing will save up to 30% of contract administrator’s time in locating appropriate contracting terms.
- Preemption of grievance filing, through proactive GenAI-based intervention.
- Improved SLA compliance in grievance resolution leading to better Medicare STARS rating.

Once use of AI becomes common, how will AI compare to game-changing innovations such as the Internet and the smartphone?



While readiness for AI is still very much a work in progress, there is high confidence in AI’s eventual impact. Based on the business world’s collective experience with AI over the past 18 months or so, an incredible 56 percent of industry leaders we surveyed said AI will have much higher impact than previous game-changing innovations, and another 17 percent indicated somewhat higher impact.

With the benefit of hindsight, we know how fundamentally the world changed once the Internet and the smartphone took root. Generative AI has the potential to have an even greater impact.



Sanjay Subramanian leads the Healthcare Business Unit at Cognizant, one of the world’s leading professional services companies.



Raj Ramaswamy leads strategy for the Healthcare Business Unit at Cognizant, which is The CEO Forum Group’s research partner.



Enriching lives 24/7, 365 days a year

Cindy Baier, President & CEO of Brookdale Senior Living, tells her own story of becoming a caregiver and how that led her to Brookdale Senior Living, where she can make a difference leading a people-focused business.



The CEO Forum Group has selected Lucinda “Cindy” Baier, President & CEO, Brookdale Senior Living, for The Top 10 CEOs Transforming Healthcare in America in the exclusive category of Culture. This is bestowed for the incredible, passionate 36,000 heroes who deliver the highest level of individualized care for seniors, and the most vulnerable in society, across the nation.

Interviewed on July 24, 2024

Robert Reiss: Describe Brookdale Senior Living’s organization. What makes you unique?

Lucinda “Cindy” Baier: Brookdale is the nation’s leading senior living operator, with the ability to serve more than 59,000 residents. Throughout all of our communities, our more than 36,000 employees help seniors and their families better manage the challenges of aging.

Brookdale operates approximately 650 communities in more than 40 states, including independent living, assisted living, memory care, and skilled nursing communities. We proudly provide seniors with care, personal connection, and services in an environment that truly feels like home. We are committed to our mission of enriching the lives of those we serve with compassion, respect, excellence, and integrity. Brookdale’s expertise in healthcare, hospitality and real estate provides residents with opportunities to improve wellness, pursue passions, make new friends, and stay connected with loved ones.

With the ability to serve more than 59,000 residents, what is the key to providing exceptional service?

At its core, our business is about people serving people, and it all starts with our objective to attract, develop, engage, and retain the best associates and to unite them around our mission and culture of servant leadership.

There is a rapidly growing senior population that requires high-quality, needs-based services. While we take a comprehensive approach to supporting our residents, I will highlight two areas that truly differentiate Brookdale: our objective to help improve the lives of our residents through improved health outcomes while helping them lead lives filled with purpose and meaningful relationships. At Brookdale, we understand just how much friendships enhance purpose, create engagement opportunities and give us a sense of belonging.

Brookdale’s focus on helping foster and nurture connection is one of our super strengths.

“We are committed to our mission of enriching the lives of those we serve with compassion, respect, excellence, and integrity.”

Our Brookdale communities can be a wonderful solution to loneliness. We take a person-centered approach to the care we provide and actively work to help foster connections among our residents and associates. Through Brookdale’s continued efforts to discover new opportunities for resident engagement, we are helping facilitate friendships based on passions, experiences, and aspirations.

What are the major trends you’re seeing in senior living, i.e. personalization of services?



One of the most significant trends in U.S. healthcare is the shift toward value-based care. Brookdale HealthPlus[®], which we launched in early 2020, is a community-based, technology-enabled, proactive care coordination program designed to enhance health outcomes by focusing on preventive care, chronic condition management, and timely coordination of care. An independent third-party confirmed urgent care visits were 78 percent lower and hospitalizations were 36 percent lower for Brookdale HealthPlus[®] residents compared to seniors residing in other senior living communities or living independently.

Importantly, the data also showed higher resident retention, as health spans are improving, which results in favorable occupancy rate increases. Based on these results, Brookdale Senior Living is continuing to incorporate Brookdale HealthPlus[®] into more communities to help more residents benefit from personalized and coordinated care.

Planning for our next Brookdale HealthPlus[®] expansion is well underway, and we expect to have nearly 130 communities in this industry-leading clinical program by the end of 2024. The continued expansion of Brookdale HealthPlus[®] not only creates an integrated benefit for our residents, but also creates value for many stakeholders, and further establishes Brookdale's position as a market leader and industry innovator.

By focusing on preventive care, effective management of chronic conditions, and coordination of urgent care needs, we aim to further improve overall health outcomes and promote a better quality of life for our residents.

Talk about technological advances in senior living and how you integrate them into a humanistic, personalized model.

We are leveraging technology in numerous ways to support our mission of enriching seniors' lives. One example of how we are integrating technology to support our personalized services is through a program that helps track and connect residents' interests to help them build meaningful personal connections.

Recently, you wrote the breakthrough book, *Heroes Work Here*. How does that continue to play out in your organization post-pandemic?

Brookdale's response to COVID-19 was unmatched within the Senior Living industry, thanks to the many heroes who work here. Our spirit of servant leadership keeps our residents and associates at the center of everything we do.



Even during the pandemic, associates maintained focus on what matters most: the health and well-being of residents and associates and that continues to act as our North Star.

As you work side-by-side with over 36,000 heroes, what unique practices have been implemented to build an exceptional culture at Brookdale and attract associates who align with your mission?

We are a people-focused business and provide services to our residents 24 hours a day, seven days a week, 365 days a year. Paramount to our business is having caring associates who build relationships with residents to provide the best possible experiences. We are a company filled with associates who want to make lives better, including their own. Our amazing residents are incredible people with knowledge and experience acquired over decades. The ability to serve and connect with them is truly a privilege.

We help people fulfill their need for a sense of purpose while providing them with paths to better

lives through competitive wages and benefits, flexible schedules, training and career advancement, in a culture where everyone feels included and has a sense of belonging. One aspect of our culture that is unique is that women comprise the majority of our customer and associate bases as well as the majority of our Board. As of the end of June of this year, 71% of our residents are women and 71.3% of leadership roles at our communities and community support offices are held by women.

With about 650 different locations across America, how do you engage consistently with so many communities while maintaining the integrity of your brand?

We are going on more than 45 years of strong leadership serving seniors. We have succeeded through trust and partnership. A focus on mission is vital and shared across all of our communities. We are about the people we serve in our communities and rally behind those in need.



What are the most significant challenges in the senior citizen community and what needs to happen to create a better world for them?

Looking ahead, it remains undeniable that demand for senior living from the target senior demographic is here and rising. I am incredibly excited about the expansion of value-based care because it helps better support our seniors' health needs.

As you think about the evolution of senior living, it started as a hospitality model. Over the last several years, Brookdale has strengthened its healthcare

leadership and because of this, we are well-positioned to play a critical role in the healthcare continuum.

If you are a provider or payer who is taking risks, wouldn't you want to have your members live in a community with support that helped reduce urgent care visits by 78% and hospitalizations by 36%? At the same time, if you are a senior who is trying to increase your health and well-being, wouldn't you want to choose to live in a community that could support your goals? With our unique Brookdale differentiators and our proven industry leadership, we are prepared to meet this growing demand.

On a personal side, talk about your upbringing and how it led you to become CEO of the leading senior living enterprise in America.

When I was just in junior high school, my mom suffered a near fatal car accident. We had a small family, so I became her caregiver. I know how important and hard caregiving can be, but also how fulfilling it is.

Luckily, my mother recovered but, not long after, my grandfather lost his vision, eventually leading me to move in with my grandparents and take on another caregiving role. I probably had a closer relationship



with both my mom and my grandparents because I was a caregiver. I got to bring my grandfather joy in a way that I wouldn't have if I hadn't had the opportunity to help take care of him.

When I came to Brookdale, I found my true purpose in life as well as a new extended family. I knew that my entire life prepared me to be part of this amazing company.

“I knew that my entire life prepared me to be part of this amazing company.”

What can you share about seniors and healthcare that CEOs may not, but should, know?

An estimated 43.5 million adults in the U.S. have provided unpaid care in the last year which results in lost productivity, costing U.S. employers an estimated \$34 billion a year (source: MetLife Mature Market Institute). Brookdale's Large Employer Group benefit can help you and your employees gain access to a national network of care, education, and employee discounts. We would love to partner with you to help you support your teams and your company.

Our Brookdale communities are a wonderful solution to loneliness. In fact, in 2023 the U.S. Surgeon General declared loneliness to be a public health threat. According to the U.S. Surgeon General, loneliness is far more than just a bad feeling—it harms both individual and societal health. It is associated with a greater risk of cardiovascular disease, dementia, stroke, depression, anxiety, and premature death. We take a person-centered approach to the care we provide and actively work to help foster connections among our residents and associates.

You can help us by sharing our mission and all that makes our Brookdale communities so special with your loved ones and employees, so together we can serve even more seniors and their families. With your help, we can continue to enrich lives and help create a strong sense of community, one relationship at a time.



*Lucinda “Cindy” Baier is the President, Chief Executive Officer, and a member of the Board of Directors of Brookdale Senior Living, a nationwide leader in senior care. As CEO, she oversees a network of 649 communities and a dedicated team of more than 36,000 employees with the capacity to serve approximately 59,000 residents. Since taking the helm in 2018, Baier has demonstrated exceptional leadership, guiding Brookdale through unprecedented challenges, most notably the COVID-19 pandemic, which was featured in her book, *Heroes Work Here: An Extraordinary Story of Courage, Resilience, and Hope from the Front Lines of COVID-19*.*

Baier's strategic vision has propelled Brookdale to the forefront of the senior living industry, with innovative programs such as Brookdale HealthPlus®, which has significantly improved resident health outcomes. Baier's commitment to excellence is evident in consistent recognition by U.S. News and J.D. Power as a top senior living provider. Her industry expertise is further highlighted by her roles as chair of the Nashville Healthcare Council and board member of Vanderbilt University Medical Center.





Innovating healthcare through culture, technology, and passion

Ochsner Health's CEO, Pete November, shares insights about the organization's commitment to great patient care, supportive culture for physicians, and transformative technology.



The CEO Forum Group has selected Pete November, CEO, Ochsner Health, for The Top 10 CEOs Transforming Healthcare in America in the exclusive category of Innovation. This is bestowed for Ochsner’s reimagination of healthcare including using the highest level of technology and data to deliver highly focused and personalized patient-centered care.

Interviewed on February 22, 2024

Robert Reiss: Ochsner Health is the largest healthcare organization in Louisiana and a leader in innovation. Describe the organization.

Pete November: We were founded 82 years ago by five physicians and have always been physician-led. Today, we own or manage 46 hospitals and over 300 different outpatient locations operating in Louisiana, Mississippi, Alabama, South Carolina and Florida with 38,000 employees. We have people who come from every state and over 60 countries around the world to get healthcare here, and it’s really because of the great care that our physicians provide.

How does it work that people from every single state come? What are they coming for? I’m guessing they’re not going to do an elective operation while they’re at Mardi Gras.

(Laughs) Well, the folks who end up in the hospital during Mardi Gras end up here accidentally. But in seriousness, people come from all 50 states and from 60 countries for our leading care in areas like transplant, cancer, cardiology, and neurology.

As CEO, what’s most special about your organization?

We have an incredible culture. Our 38,000 employees are aligned to always do what’s best for the patient. Our physicians know that they’re supported and we’re giving them the environment and the resources they need to do great work. Something else special about

our organization is our resilience, and part of that comes from where we live. This organization went through Hurricane Katrina and, at that point, was much smaller than it is today. After Katrina, we did some really brave things and grew because our people wanted to show their commitment to the region.

“It’s really that spirit of resilience that allows us to come together and do great things and, we know as an organization, we can overcome any challenge.”

It’s really that spirit of resilience that allows us to come together and do great things and, we know as an organization, we can overcome any challenge. I say this a lot, I don’t think I’ve been any place in the country where people care so much about their state and community as they do in Louisiana.

Let’s talk what Ochsner is most known for—innovation. Describe some of your historic innovations and how specifically you’re innovating in 2024.

Ochsner has a history of innovation. We were founded in 1942 as the first group medical practice in the Deep South. Our founder, Dr. Alton Ochsner, was one of the first to recognize the link between smoking and lung cancer. His son, Dr. John Ochsner, performed the first heart transplant in the Gulf South.

Over the decades, we have built on that legacy of innovation. People want to access healthcare the same way they access other things in their life, and they want speed and convenience. At Ochsner, we've been adapting to that by building tools such as Ochsner Digital Medicine and Connected Mom, tools that support patients in their home by connecting them with remote care teams. We think this trend will grow especially with our aging population in the United States and managing chronic conditions.

“People want to access healthcare the same way they access other things in their life, and they want speed and convenience. At Ochsner, we've been adapting to that by building...tools that support patients in their home by connecting them with remote care teams.”

In 2024, we're really focused on how we can use tools and technology to elevate the care we provide and make care simpler to deliver. We see that digital transformation is bringing forth solutions that could make physicians' lives easier and support work-life balance. Technology should empower our physicians and ease their administrative burden.

You have always been a deep champion of innovation and technology.

Technology is in every aspect of our lives today. We all have cell phones; we can order whatever we want with a click of a button to get there. Healthcare isn't that way traditionally, and we've got to find a way to function more in that way because that's what our patients expect. There are ways to make healthcare more accessible and easier to use for patients by leveraging technology, and there are also ways to use technology to make lives simpler for

the people providing the care. I think that's a really important evolution that we have to make. Because of our resilience, history of innovation, and different aspects of healthcare, it's something that I think we do well and can continue to be on the forefront of.

Let's talk about unique practices.

At Ochsner, our physician culture—being founded by a group of physicians—is unique and has permeated with our group practice of physicians. It is a big part of why people come here and why we've been able to have such excellent quality patient care. It's all due to the standard that was set by those physicians when they started the group and how it's been carried through the years.

Also, the culture of Louisiana and our Gulf Coast region is unique. As I mentioned before, people passionately care about the region, and they care about each other in a way you may not see in other places. I do think going through these different events and having resilience makes people really come together in a special way. And when you combine the culture with the standard that was set by our physicians and the physician leadership and focus—those two things together make us unique.

And how about you...what's your role in the culture?

From my perspective, some people in my role think that the 38,000 people work for them; I view it that I work for the 38,000 people. And the only way to do that is through rounding, just to listen. I try to meet regularly with physicians and employees representative of all of our regions. It's not me going out, talking, and telling them what I think. I try to create an environment where I can hear from them, understand their barriers, and know what's on their minds. I then take that information from listening to all of the people who provide the care to our patients every day, and then use it to craft a strategy and our priorities.



If I could sum it up, what I'm seeing is that it's servant leadership.

Well, I hope that is the case. That is what I believe when I say that I work for everybody in the organization. I deeply feel that way. And my job is to make them have everything they need to do their jobs in the right environment. They know that if they make a mistake that I've got their back and I'll help them. We'll overcome whatever mistakes are made. We can talk about the things that aren't going well, and that's okay, and then what we should do without any fear.

I believe sincerely that nobody does anything on their own. We do it with other people. Everything takes a

lot of different perspectives to make things happen, and we have to create the environment so people know that that's how we work together.

Out of curiosity, what's your favorite business book on leadership?

My favorite business book is *Leaders Eat Last*. It's a favorite because I really do think it goes back to that servant leadership concept: We're here to serve everybody in the organization, not the other way around.

And if you're going to ask people to do tough things, you have to do tough things yourself. So, that's certainly one of my favorite books.

Now, Pete, you and I have spoken, and you've actually been inspired by some leadership concepts by Ted Lasso.

When I was first introduced to Ted Lasso, I power-watched it. I couldn't stop watching it! When you think about the plot—an American football coach coaching a European football team and knowing nothing about it—you wouldn't expect to learn a lot about leadership. But, when you watch it, you learn about the importance of hope and belief that anything's possible. And doesn't leadership really come down to that?

You see Ted Lasso build relationships with everybody, bringing people together, making them feel comfortable. You see the importance of vulnerability. He was willing to share who he really was with his team and people, and they, in turn, were willing to share with him. That is leadership.

"I believe sincerely that nobody does anything on their own. We do it with other people."

And, I think leadership can be a little bit of fun, too. Obviously, what we do is serious and important, but it's okay to have a little bit of fun at work as well. Ted Lasso is a very uplifting show that, in the end, turns out to be a show on how to be a good leader.

On leadership, you have created with your team eight business philosophies. And one of them was of specific interest to me, which was number three: "trust each other and assume good intent." Intent is a very powerful word. Talk about that principle.

On trust, in an organization of our size, to be able to innovate and change the way we must in healthcare, you have to have trust in the organization and with each other. There's just no way to innovate without it.

You have to build systems in an organization that are based on the 98% of people that are doing the right thing every time versus the 2% who may not be. And you have to have that high trust. We've all had those personal relationships in which, when you really trust someone, you can communicate quickly and things can happen at a pace and speed that's unimaginable.

On good intent, you have to assume in every conversation that the person on the other side of that conversation is trying to do the right thing and is coming at every situation honestly, based upon their life experiences. That's just so important because without that, it's hard to build trust, it's hard to find solutions, and it's hard to compromise. This is important to our innovation, and particularly important in today's world where compromising and finding common solutions isn't always viewed as positive in the way it should be.

Share another of your other leadership principles.

The one that has been on my mind a lot is showing appreciation for each other and our shared work. I read a lot of research on people and what's important to them. I think the research shows that people feel good about their organization and want to stay with their organization when they feel valued, appreciated, and trusted—not only by their direct leader, but by their peers as well.

One of the things I started this year is that I begin every one of my executive team meetings with each person sharing an example of someone in the organization who they want to show appreciation for, for something they've done in the last week. It's amazing when you go around the table and you do that.

Funnily, it becomes less about what got accomplished and more about how people went about what they did. Our sharing appreciation practice is special. When you do that week in and week out, you realize how many great people we work with and how great things are going on, and also, just how well we work with one another.

What a fantastic practice to use. I bet people just feel energized, not only in the meeting, but it forces them during the whole week to think about and recognize what specifically they appreciate.

It does because it's not like you walk in on Tuesday morning and say, "Oh, I hadn't thought about that." It builds a practice of practicing gratitude because you are thinking about it throughout the week. People have put a lot of thought into it when they come into the meeting.

Sometimes, team members' shares overlap, but most of the time, everybody's got something unique that they've really given a lot of thought to. And you can quickly see when you do that, it doesn't then just happen in that meeting. Our appreciation practice from the executive meeting is now happening in other meetings. People are calling out others for great work that they're doing.

They'll actually mention the person's name, right?

They actually mention the person's name.

What's so smart is that it's trickling down throughout the whole organization. They're excited, but then I bet there's a lot of people who think, "Boy, I want to be mentioned in that executive meeting." And then, if they're mentioned, I'm sure a lot of it comes back down to them. What a brilliant idea!

And it does. That's actually happened numerous times where someone who's not on the executive team in the organization was recognized, and it then is mentioned to them. I've been in the room when it's been said to that person, and you can just see what that does for their confidence. They're smiling, and it just makes them feel great, which really impacts that person. And then they're sort of paying it forward, if you will, and doing that for others. So, showing appreciation has an amazing effect when you're intentional about it.



Pete November serves as the Chief Executive Officer of Ochsner Health, the leading nonprofit healthcare provider in the Gulf South. With 46 hospitals and more than 370 health and urgent care centers, Ochsner's workforce includes more than 38,000 dedicated team members and over 4,700 employed and affiliated physicians.

Pete was named CEO in 2022 after serving in senior leadership positions within the organization since 2012, including Chief Financial Officer, Executive Vice President for Digital Health, Chief Administrative Officer, and General Counsel.

Pete holds a degree in accounting from the University of Kentucky and received his Juris Doctorate at the University of Kentucky College of Law. He is actively involved in the Louisiana business community and serves as an Adjunct Professor at Loyola University College of Business and on the Board of Trustees for the National World War II Museum.





Empowering the neurodiverse workforce

By: Keith Wargo, President & CEO of Autism Speaks

Emerging from the pandemic with a renewed sense of focus and passion for what I hold dear, I embarked on a transformational journey that took me from a decades long career in investment banking to President and CEO of Autism Speaks—a national nonprofit and the largest autism advocacy organization.

Sparked by my experience as a parent to an autistic adult who had trouble finding a job, let alone a career he excelled in, I felt compelled to act, dig deeper into these issues and tackle them on a national level. I quickly learned that only one in five people with disabilities, including autism, are employed. The autistic community is facing an unemployment crisis with missed opportunities for employers and the economy at large.

Today, there are 8.1 million job openings in our economy but only 6.8 million unemployed workers. It is time for the broader business community to recognize the economic value of expanding its hiring pool to include people with autism and other disabilities. Beyond meeting business needs, employing neurodiverse people offers them dignity, the ability to support themselves and their families, and the opportunity to fully participate in society.

That's exactly what happened when my son, AJ, landed his first full-time job. He felt empowered and independent enough to move into his own apartment. This type of independence and dignity through work has broader social benefits too, including breaking down stereotypes, reducing social stigma and discrimination, and ultimately fostering greater acceptance and understanding among people different than you.

Unfortunately, the belief that those with disabilities are incapable of contributing valuable skills to corporate America continues to limit inclusive employment opportunities. While autism affects how individuals process information and can include challenges with social skills, repetitive behaviors, speech and nonverbal communication, many autistic employees can do the jobs neurotypical individuals do when equipped with the right tools and resources. Autistic workers may require thoughtful accommodations to perform their best, such as clear communication, structured routines, and sensory-friendly environments.

Since joining Autism Speaks, I've seen first-hand across the country that a significant number of autistic people have valuable skills but lack the opportunity to demonstrate them.

This is why we created Workplace Inclusion Now (WIN), a virtual training program that guides employers on how best to make the recruitment process more accessible, encourages inclusion and diversity, fosters acceptance, and empowers autistic employees. Training on self-advocacy and navigating challenges at work can also empower autistic staff. Given that many autistic adults belong to multiple marginalized groups, these trainings are crucial for workplace inclusion and well-being.

For example, the team at Greif—a global leader in industrial packaging—shared that since putting WIN into practice, a growing culture of camaraderie and inclusion has emerged among employees, and the autistic employee retention rate increased in tandem. This tells me that when incorporating our best practices, cultures can change, and neurodiverse staff can feel more included.

The savviest leaders will recognize that creating a more stable, supported and inclusive world hinges on embracing the extraordinary talents of the autistic community. I ask you to join us in our commitment to driving acceptance for all by learning more about the Autism Speaks WIN program at autismspeaks.org/win.

Write to me on LinkedIn about your experience hiring a neurodiverse workforce including those with autism. I'd love to learn more about your journey.



Keith Wargo is the President and CEO of Autism Speaks, a non-profit organization committed to creating a world where all people with autism can reach their full potential. He brings decades of leadership experience from global financial institutions, backed by a Bachelor's degree in Finance from Boston College and an MBA from Harvard Business

School. As the father of an autistic adult son, Keith's personal experiences deeply inspire and drive his dedication to his work.



Envisioning a better future for senior care

Jo Ann Jenkins, CEO of AARP, shares the company's focus on innovating high-quality products and services to improve the lives of seniors, especially with the challenges that today's five-generation workforce brings to healthcare.



The CEO Forum Group has selected Jo Ann Jenkins, CEO, AARP, for The Top 10 CEOs Transforming Healthcare

in America in the exclusive category of Vision. This is bestowed for the unparalleled vision of reimagining a healthy, vibrant America. Through AARP's tireless work this is actually coming to fruition to enable America to elevate itself, built on the foundation of disrupting aging.

Interviewed on July 19, 2024

Robert Reiss: First, everyone has heard of AARP, but not everyone understands the real purpose of the organization and the specifics of your business model.

Jo Ann Jenkins: Our purpose at AARP is to empower people to choose how they live as they age, and we do that in many ways. With offices in every state, Puerto Rico, the U.S. Virgin Islands and the District of Columbia, in addition to our national office in Washington, we have a nationwide presence that enables us to strengthen communities and advocate for what matters most to the more than 100 million Americans aged 50 and over and their families: health and financial security, maintaining social connections, and personal fulfillment.

We also work with the private sector to spark new solutions in the marketplace by allowing carefully-chosen, high-quality products and services to carry the AARP name. We are also a trusted source for news and information. We publish the nation's largest circulation and most read publications, AARP The Magazine and The AARP Bulletin, and have a robust online presence. And, through our research on aging trends and issues, our Public Policy Institute, and our work internationally with other aging organizations,

we stay on top of emerging trends and best practices that can help people live better as they age.

You have been able to be completely bi-partisan and while being a non-profit, you also operate in many ways like a for-profit. What can leaders learn from AARP?

AARP has always operated as a non-profit, non-partisan organization. In many ways, it makes decision making easier. Our focus has always been about our mission and serving the wants and needs of people aged 50 and over. With that as our guiding star, it's a lot easier to work with whomever is moving the issue/law/guidance forward.

In addition, we have been steadfastly focused on transparency and making sure lawmakers know our position on key topics under consideration whether that be at the White House, in Congress, or in the State House.

"AARP is focused on three areas where this is especially important: caregiving, access to and affordability of healthcare, and brain health."

In leading this organization since 2014, what have you accomplished that you are most proud of?

Creating teams of leaders at all levels of the organization. Seeing them thrive when obstacles are removed for them to do their best thinking. I've often said that if you are making a hire and they haven't worked at AARP, then you aren't getting the best. This has come back to haunt me because we have lost several of our talented leaders to other organizations, but I also take great satisfaction in the fact that there are several former AARP employees who are now CEOs heading their own organizations.



By developing a common understanding of what success looks like and broadening the scope of risk taking, we have been able to develop several levels of leaders throughout the organization.

What do you see as the greatest healthcare issue, and what is AARP doing to help?

While healthcare has contributed to increases in life expectancy, the healthcare system has not fully adapted its cost structures and service models to meet the growing demand. Our challenge is to get to a point where the majority of people aged 50 and older have access to affordable, high-quality care that enables longer, healthier lives. AARP is focused on three areas where this is especially important: caregiving, access to and affordability of healthcare, and brain health.

You've been driving the concept of Digital First. How does that apply to healthcare?

AARP's mission is to empower people to choose how they live as they age. The pandemic redrew the lines: tech has gone from a nice-to-have to a need-to-have for Americans 50 and older, and their new habits are here to stay. The pandemic taught us that we have underestimated older Americans' willingness and

desire to incorporate digital technologies into their day-to-day lives. Digital First recognizes this and opens the door to more innovations that incorporate technology to develop healthcare solutions to help people live better as they age.

When older adults cannot access technology it isolates them, limits their independence, deepens intergenerational gaps, and reinforces stereotypes. We're stepping up our efforts to enable them to incorporate more uses of technology in their lives. In fact, we believe we have a responsibility to help people 50 and older navigate the explosion of digital technology and successfully incorporate it into their day-to-day lives.

“We believe we have a responsibility to help people 50 and older navigate the explosion of digital technology and successfully incorporate it into their day-to-day lives.”

For those who aren't yet comfortable with their digital lives, we are in a trusted position to help them get comfortable and be as digitally engaged as possible. Our goal at AARP is to make sure that as companies continue to innovate new solutions to life's problems, they are also innovating to help people live better as they age. That's why we're involved with CES.

There is an untapped opportunity for greater adoption of digital health solutions, especially for people with chronic health issues or those navigating new life changes such as receiving a chronic diagnosis or becoming a caregiver. 54% of caregivers are engaging with medical digital services such as a medical records keeper or Life Alert.

Adults aged 50-plus who have experienced a health disruption in the past two years are beginning to turn

to digital services to navigate new circumstances. For example, 50% who have received a chronic diagnosis have used digital medical services such as a medical records keeper or Life Alert, but only 23% have used health or fitness tracking, 15% have used telemedicine, and 9% have used digital mental health and wellness solutions. While 69% of adults aged 50-plus indicate that they are living with one or more chronic or serious health conditions, only 13% are currently taking advantage of technology to help in managing these.



Talk about the growth of home healthcare and the AgeTech Collaborative™.

Today, we are continually looking at innovative ways to help people live better as they age, both in

the short term in coping with day-to-day challenges and in the long term as they figure out how to take advantage of generally longer and healthier lives. Through our AARP Innovation Labs, we're helping to shape the future of aging, promote healthy aging, support family caregivers, and help older Americans build financial resilience and combat social isolation. Our goal is to create a society that supports healthy longevity across the life course: Where people have access to affordable healthcare at all ages, where all people will be prepared to live longer, healthier lives where they will have more tools and knowledge to be proactive about their health and wellness, where they will have access to a robust market of innovative health-related products and services that support longer, healthier lives, and where we will all be better equipped to care for each other as we age.

Our goal at AARP is to make sure that as companies continue to innovate new solutions to life's problems, they are also innovating to help people live better as they age. With the help of technological advancements, Americans can gain a renewed sense of independence at home and when on-the-go.

Technological innovation is changing the way we live and age at an increasingly rapid pace. As companies and entrepreneurs develop new technologies, we want to make sure they are addressing the concerns of older adults and are helping all people to age better.

Since we launched the AgeTech Collaborative™ in 2021, it has grown to over 360 participating organizations, 39 of which are startups. The AgeTech Collaborative™ is made up of investors, enterprises, test beds, business services, and startups, and it works across a range of industries and product categories, from social engagement, health, exercise and caregiving to smart homes, transportation and financial services. Through the AgeTech Collaborative, we are creating a powerful community at scale of entrepreneurs, investors and champions of innovation in longevity and aging. And, we're addressing significant opportunities facing older

adults and helping everyone choose how they live as they age.

Innovation will be the key to helping people over 50 take advantage of generally longer and healthier lives in the coming years and decades. Empowering innovators — and just as crucially, establishing a medium where they can communicate with one another, and their consumers — is critical to ensuring that this inventive energy truly makes a difference in helping people live better as they age. That's what AgeTech does and why it is the growth opportunity of the future.

“Innovation will be the key to helping people over 50 take advantage of generally longer and healthier lives in the coming years and decades.”

Technological advances are driving innovative solutions that empower people to live better as they age. For example, bringing smart technologies into the home to assist individuals in living independently longer in those homes, monitoring and managing their daily activities, and keeping them connected to family and friends to avoid becoming isolated.

Innovation is also driving more imaginative uses of digital technology for self-care — wearables for monitoring and tracking vital signs, online support communities, healthcare navigators or care coordinators to help manage older adults' healthcare and facilitate long-distance caregiving. And, it is leading communities to develop comprehensive strategies to change their physical infrastructure and the way they deliver services, including housing and transportation services, to make communities more livable and age-friendly.

There are two major barriers that must be overcome for technology to reach its full potential: overcoming outdated stereotypes and misperceptions about aging, including age discrimination, and ensuring that as people age, they have access to affordable, reliable high-speed Internet access in the communities where they live and that they have the skills, technology, and capacity needed to succeed in today's digital economy.

Jo Ann, you were actually the first to tell me about the five-generation workforce. Share the concept and why it's so relevant for CEOs.

Here in the U.S., employees old enough to retire now outnumber teenagers in the workforce for the first time since 1948. And, studies show that around 75% of boomers in the U.S. plan to work full or part time past the traditional retirement age of 65.

The five-generation workplace—with a larger proportion of older workers—is an emerging reality, driven by: more people living longer and in generally better health, more non-physically demanding jobs, the need to be able to afford longer lives—not just to survive, but to thrive, and the desire to continue to contribute to society, be engaged and make a difference.

As CEOs, we not only need to accept this, we need to embrace it. And, to do that, we need to challenge the outdated beliefs and attitudes about older workers and break down the social and institutional barriers that stand in the way.

Just as myths and misperceptions about older workers hinder employers' efforts to retain, hire and manage an age diverse workforce, the myths and misperceptions about older consumers also hinder companies' ability to effectively market to and provide products and services to this growing and increasingly influential market.

In the U.S., the 106 million people 50 and over comprise a Longevity Economy that accounts for over \$8.3 trillion in annual economic activity. By 2030 that number is expected to rise to over \$12.6 trillion.

This ties in directly with the contributions of older workers in the workforce. After all, how can you reach and serve this market effectively if you don't have at least some people like them, who understand their wants, needs, and lifestyles, in your workforce?

“In the U.S., the 106 million people 50 and over comprise a Longevity Economy that accounts for over \$8.3 trillion in annual economic activity. By 2030 that number is expected to rise to over \$12.6 trillion.”

Talk about your book, *Disrupt Aging*, and the message you are sharing.

I remember the birthday cards I received when I turned 50. At first, I accepted them as part of the ritual of turning 50. But, as I thought more about the cards' messages, I began to see a disconnect, and, frankly, it bothered me. I had been feeling really good about my birthday and about where I was in life. The cards were meant to be humorous, but at the same time, they tried to make me feel over the hill, which was not the way I felt at all. I wasn't over the hill, I was on top of the mountain, and I liked being there. I didn't see 50 as the new 30; I saw 50 as being the new 50. I decided then and there that I didn't want to be defined by my age, any more than I wanted to be defined by my race, sex, or income. When I got to AARP, I had the opportunity to do something about it.

I wanted to Disrupt Aging—to change the conversation in this country about what it means to grow older. The way people are aging is changing, but



many of our attitudes and stereotypes about aging are not. Disrupt Aging is about challenging those old stereotypes and attitudes and sparking new solutions so more people can choose how they want to live as they age.

Disrupt Aging is not really about aging—it's about living. It encompasses changing the culture—how we perceive, what we believe and how we behave... as individuals, as institutions and collectively as a society. It's about giving people the opportunity: to embrace aging as something to look forward to; not something to fear; to see it as a period of growth, not decline; to recognize the opportunities, not just the challenges; and, perhaps most importantly, to see themselves and others as contributors to society, not burdens.



Achieving this vision requires new, innovative solutions that allow people to live and age better. And, as CEO of AARP, I've tried to help bring about those solutions.

Describe the significant success in lowering the cost of pharmaceuticals.

Lowering the cost of prescription drugs has long been a priority for AARP. When the President signed the Inflation Reduction Act into law in August 2022, it was a game changer for older Americans. Seniors finally got some relief from out-of-control prescription drug prices and protection from mounting drug costs that can bankrupt families.

“I didn't see 50 as the new 30;
I saw 50 as being the new 50.”

This law requires Medicare to use its enormous buying power to negotiate for lower drug prices. In addition, people on Medicare now receive no-cost vaccines and a \$35 monthly cap on insulin co-payments. In 2025, a \$2,000 ceiling on out-of-pocket drug costs will limit people's exposure to outrageous bills. As a result, millions of Americans will no longer be forced to choose between rent, groceries, gas and life-saving prescription drugs. But I also want to point out that we have to continue fighting to include more drugs in the negotiations to lower prices and to stave off efforts by the big drug companies to challenge and overturn the law.

What's at the core of your leadership philosophy and how do you elevate people to achieve things they never thought possible?

I believe that to be successful in today's constantly changing world, you need talented, innovative and trusted leaders at all levels of the organization, not just at the top. And, as the CEO, it's my job to

help those leaders succeed. That means: having a clear mission. Our leaders need to know why we're here. As CEO, I need to feel confident that we're all trying to get to the same place, having a clear message. Don't complicate it...make sure people understand it in the same way. I have to be fair, but also hold people accountable.

“My vision for America is that we can all unite behind our common values to create a society that values hope over hate, faith over fear, and compassion over confrontation.”

At AARP, we go to great lengths to make sure that all of our leaders embrace our organizational character—our purpose to empower people to choose how they live and age; our role as “everyday innovators in aging;” our values—Impact, Innovation, Humanity, Empowerment and Honesty—that guide our actions and behaviors; and our core leadership behaviors that we expect every AARP leader to practice—Talk Straight/ Listen Actively, Take an Enterprise-wide View, Make Informed Decisions, Inspire and Engage, and Exhibit Integrity. By applying this philosophy at AARP, we are developing leaders who are challenging the status quo, innovating new solutions to old problems and taking AARP in new directions.

What is your vision for America?

My vision for America is that we can all unite behind our common values to create a society that values hope over hate, faith over fear, and compassion over confrontation... that we can build a more equitable society where all people have access to the resources, services and support that empower them to live a life of dignity, good health and purpose—regardless of age, race, or income.



As CEO of AARP, **Jo Ann Jenkins** leads the world's largest non-profit, nonpartisan membership organization, harnessing the power and passion of almost 2,300 staff members, 60,000 volunteers and numerous strategic partners. Since 2014, Jo Ann has transformed AARP into a leader in social change empowering all people to choose how they live as they age. Under her leadership, AARP has been recognized as one of the World's Most Ethical Companies, has been named to the Washington Post's Top Workplaces and Fast Company's Best Workplaces for Innovators. Jo Ann began her career at the Department of Housing and Urban Development, moving on to progressively more responsible leadership positions in the Department of Transportation and Department of Agriculture before serving as Chief Operating Officer of the Library of Congress. She has served and continues to hold board and advisory positions at a number of corporate and civic organizations. She holds a BS degree from Spring Hill College in Mobile, Alabama, is a graduate of the Stanford Graduate School of Business Executive Program, and recipient of Honorary Doctorates of Humane Letters from both Spring Hill College and Washington College. She is a Baldrige Fellow and received the Baldrige Leadership Award. In 2019 and 2021 Fortune named her “One of the World's 50 Greatest Leaders.”





Delivering positive impact

Universal Health Services, Inc.'s President & CEO, Marc D. Miller, speaks to his experience as the organization's leader—building its commitment and reputation of providing the highest quality of care to all communities it serves.



The CEO Forum Group has selected Marc D. Miller, President & CEO, Universal Health Services, Inc., for The Top

10 CEOs Transforming Healthcare in America in the exclusive category of Behavioral Health. This is bestowed for UHS' leadership in setting the vision for America and executing the model for elevating hospital and healthcare services as delivered by over 90,000 focused and passionate team members.

Interviewed on July 19, 2024

Robert Reiss: This year UHS is celebrating its 45th year. Talk about the role it plays in the fabric of our healthcare and our society.

Marc D. Miller: Universal Health Services proudly commemorates 45 years of Healthcare Excellence, signifying our longstanding commitment to delivering high-quality care to the patients we are privileged to serve. It's all about care for everyone in the communities we serve.

We've built our reputation through our focus on Healthcare Excellence and by living our Principles each and every day, at each and every encounter: providing superior quality patient care, valuing each member of our team, being a highly ethical provider and serving our local communities.

"We've built our reputation through our focus on Healthcare Excellence and by living our Principles each and every day, at each and every encounter."

Our operating philosophy enables us to positively impact the lives of patients and their families. Our strategy includes building or acquiring hospitals and services in rapidly growing markets, investing in the people and equipment needed to allow each facility to thrive and becoming a leading healthcare provider in each community we serve.

You have a unique model of both acute care and behavioral health hospitals. Describe the importance of this model, what your number of hospitals are today and if you have any new hospitals coming on board.

UHS is one of the nation's largest and most respected providers of hospital and healthcare services with more than 400 acute care hospitals, behavioral health facilities and ambulatory care centers in the U.S., Puerto Rico and the U.K. In 2023, we cared for nearly 3.6 million patients. The Acute Care Division had more than 322,000 inpatient admissions and 1.6 million ER visits. The Behavioral Health Division served 730,000 patients last year. During the year, 168 beds were added, and I am pleased to share that we are on track to add approximately 200 new beds in 2024.

Through our partnerships with highly esteemed regional healthcare systems, UHS is able to expand our reach, while driving integration and contributing to the continuum of care. Recent joint venture announcements within the Behavioral Health Division include a partnership with Lehigh Valley Health Network (LVHN) to build the new Hanover Hill Behavioral Health in Hanover Township, PA—this is a 144-bed facility, slated to open in 2025. Another JV is Southridge Behavioral Health in Grand Rapids, MI, which is a partnership with Trinity Health and currently under construction and on schedule to open in 2025.

We are opening additional outpatient locations, expanding this aspect of the care continuum, for mental health primary conditions as well as for

substance use disorder treatment. Joint Venture hospitals that we have opened over the past few years include River Vista Behavioral Health, a JV with Valley Children's Healthcare in Madera, CA; Via Linda Behavioral Health, a JV with HonorHealth, in Phoenix, AZ; and Beaumont Behavioral Health, a JV with Beaumont Health (now Corewell Health) in Detroit, MI.

In the Acute Care Division, we have many exciting growth projects in full swing including The Alan B. Miller Medical Center, currently under construction in Palm Beach Gardens, FL, and on track to open in 2026, Cedar Hill Regional Medical Center GW Health in Washington, D.C., which is on schedule to open in 2025, and West Henderson Hospital in thriving Las Vegas, NV, which is nearing completion and will be ready to open later this year.

“The culture of UHS is Service Excellence—treating everyone as a guest, demonstrating excellence and practicing teamwork.”

You have over 96,700 employees; talk about your culture.

The culture of UHS is Service Excellence—treating everyone as a guest, demonstrating excellence and practicing teamwork. We aim to be an employer of choice in all communities in which we operate. Whether at the front lines or supporting and enabling those who are, our dedicated employees operate with integrity and focus on our mission of providing high-quality care. We have many triumphant patient stories to share. One very recent story that has captured a great deal of attention and admiration is the compelling story of Steffani Natter whose life was saved by the team of clinicians at Temecula Valley Hospital in Southern California.



Community members and leaders congratulated Doctors Hospital of Laredo on receiving the Service Excellence Award. (L to R) Edward Sim, President, Acute Care Division; and Marc D. Miller present the award to Emma Montes-Ewing, CEO, Doctors Hospital of Laredo, and the entire hospital team.

Reputation is at the core of everything we do. Consumers have a choice when it comes to their health, and we strive for and deliver differentiated care that attracts consumers to choose our hospitals. Healthcare is a tough industry, but we have a mission to serve patients well. Whether the economy is booming or struggling, people need healthcare services. There is great responsibility inherent in what we do and we take that responsibility very seriously.

National, state and local organizations continually praise our employees and facilities for achieving positive outcomes measures, for earning high quality metrics and for community service.

Our most recent financial and reputational accolades include 21 Years on the Fortune 500—this year at #299, 21 Years on the Forbes Global 2000, earning ‘Hall of Fame’ status, 14 Years on the Fortune World’s Most Admired list, and #4 on Reputation.com for online reputation management and star ratings.

“One in five adults in the U.S. (approximately 43 million people) experiences symptoms of a mental illness in a given year. Often mental health, also called behavioral health, is overlooked.”

Our executive leaders are recognized for their industry expertise. A few recent examples include Eric Goodwin, CIO, was presented the ORBIE Award by PhillyCIO; and Kim Sassaman, CISO was named a 2024 C100 Award winner from industry group CISOs Connect.

In Philadelphia, where our Corporate Headquarters is based, UHS is perennially ranked by the Philadelphia Business Journal, currently at #5 on the list of Largest Public Companies; #7 on the list of Largest Healthcare Systems and Hospitals; and #12 on the list of Largest Employers.

As the leader in behavioral health, what is your perspective about overcoming the stigma? Are we making progress in America?

One in five adults in the U.S. (approximately 43 million people) experiences symptoms of a mental illness in a given year. Often mental health, also called behavioral health, is overlooked. UHS is a leader in this sector with over 50% of our portfolio focused on behavioral health and delivering compassionate care to individuals during the most vulnerable times of their lives.

Through a continuum of inpatient, partial



Presenting a Powerful Testimony: Steffani Natter (center) shares her remarkable tale of survival after life-threatening cardiac arrest. With the swift action of first responders, exceptional care from the Southwest Healthcare Temecula Valley Hospital clinical team and the unwavering support of her family, Steff's story showcases the power of teamwork and compassion. www.uhs.com/united-er-effort-saves-patients-life



hospitalization and outpatient programs, we provide a broad range of behavioral health solutions. As we continue to increase awareness and change the conversation about mental health and addiction

“We deliver industry-leading outcomes. Over the past 12 months, 91% felt better at discharge than when admitted, and 89% of patients were satisfied with their treatment.”

issues, we remain committed to our top priority of taking care of patients: providing superior quality care and treating individuals with respect and dignity.

Quality of care and patient satisfaction are our most important metrics. UHS is one of few behavioral health providers voluntarily measuring clinical outcomes. We deliver industry-leading outcomes. Over the past 12 months, 91% of survey respondents felt better at discharge than when admitted, and 89% of patients were satisfied with their treatment.

Why do you believe behavioral health issues have grown so dramatically?

I have two thoughts on this. First, behavioral health issues are not new—however, today there is greater awareness that mental health concerns are legitimate, that they are treatable and that resources are accessible in the community. The stigma has lessened with awareness and education, and people are more likely today to seek help—although as an

industry, we continue to advocate for minimizing the stigma and raising awareness. During COVID and after, more and more prominent figures such as athletes, actors and politicians were forthcoming related to their mental health challenges which allowed others to see that treatment and recovery is possible. We have been poised for our entire history to be part of that recovery and provide hope for those who have previously felt hopeless.

“Over the past decade, UHS has expanded our collaborations with military leaders and behavioral health experts including the establishment of the UHS Patriot Support Programs®.... Working together, we can help improve the lives of those who have sacrificed so much for us.”

Second, there are many societal pressures—and they are only increasing. Misuse of social media channels is often cited as resulting in cyberbullying, the propagation of unrealistic ideals and other triggers that can manifest themselves in mental health issues across age groups, but in particular with our younger generations. Other pressures may be career-related, manifesting in PTSD for example with members of the military, veterans, first responders and others who see and experience trauma.

Talk about UHS’ substantial commitment to the military.

Our nation’s military, veterans and their family members constitute an important population for whom we provide care. UHS has focused on this highly deserving and often unique population for years. Over the past decade, UHS has expanded our collaborations with military leaders and behavioral health experts including the establishment of the

UHS Patriot Support Programs®. This initiative was born out of a shared objective and to complement the great work being supported through the Department of Defense, Defense Health Agency, TRICARE® and the U.S. Department of Veterans Affairs.

Thirty-three of our facilities offer specialized, dedicated behavioral healthcare to our nation’s military service members (active duty, reserves and veterans) and their families via our Patriot Support Programs.

This and similar initiatives of our industry peers represent just a few examples of how companies and individuals can make a difference in supporting the military and the VA in addressing the behavioral health needs of our service members and their families. Working together, we can help improve the lives of those who have sacrificed so much for us.

We recently reconstituted our Military Advisory Board, recruiting new members with unprecedented caliber. The board is comprised of David Shulkin, M.D., former Secretary of Veterans Affairs; Lieutenant General (Ret.) Ronald Place, M.D., Former Director, Defense Health Agency; Lieutenant General (Ret.) Bruce Green, M.D., MPH, United States Air Force; Rear Admiral (Ret.) Bruce Gillingham, M.D., United States Navy; Rear Admiral (Ret.) Paul Higgins, M.D., United States Public Health Service/United States Coast Guard; Major General (Ret.) Jerry L. Fenwick, M.D., Air National Guard; and Chief Master Sergeant (Ret.) Charles Cole, United States Air Force.

We thank them for their service and value their contributions as we continuously evolve our offerings in support of the men, women and families of the Armed Forces.

If a CEO knows someone with behavioral health issues, what advice do you have for them?

Encourage the individual to seek help. There is no shame, and early intervention is beneficial in



addressing issues before they become more serious to the individual and others around them.

Today AI is at the forefront of conversation for most CEOs; what are your thoughts on implementing AI into medical technology?

Advancements in technology will evolve how individuals interact with service providers, and in our industry, transform and improve the way healthcare is delivered. Our commitment to technology advancements includes UHS' investment in General Catalyst, a leading venture capital firm ushering in a new era of patient care through health assurance investments and collaboration.

In August 2023, UHS was announced as a Founding partner in Hippocratic AI, a technology company that is building the industry's first safety-focused Large Language Model with an emphasis on non-diagnostic, patient-facing applications.

We also continue to expand the Oracle Cerner Health electronic health record (EHR) across our Behavioral Health facilities. Acute Care facilities have used Oracle Cerner Health's technology for over 15 years. With this expansion, UHS has access to a single, unified EHR to better inform care decisions and safety practices.

What is your vision for the future of healthcare in America?

“Advancements in technology will evolve how individuals interact with service providers, and in our industry, transform and improve the way healthcare is delivered.”

I believe the following four core elements will define the future of healthcare. First and foremost: Continuing to attract, retain and reward individuals for joining the ranks of our healthcare providers. Across America, our industry needs skilled, compassionate doctors, nurses, therapists, technicians, as well as all other clinical and non-clinical staff. Healthcare is a people business.

Next, accessibility and affordability: provider access, convenient near-term appointments, immediate critical care, and a payor structure that fairly reimburses either for care provided or in accordance with mutually agreeable risk-sharing models.

“Across America, our industry needs skilled, compassionate doctors, nurses, therapists, technicians, as well as all other clinical and non-clinical staff. Healthcare is a people business.”

Further, continued technology investment: leveraging automation where appropriate for convenience and for variance reduction; continuing to develop leading interventions for medical issues; continuing to transition to electronic channels.

Last but not least, medical-behavioral integration: treating the “whole person.” We know that those with mental health issues are more likely to suffer physical health issues—and vice versa. While strides have been made, there’s still a long runway on integrating the assessment, treatment and follow-up protocols to reflect the holistic wellbeing of the individual patient.



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

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



How technology will change healthcare

By: Sanjay Saxena, M.D.

For several decades, industry experts, technologists, and futurists have written about how technology will transform healthcare—how it will make care more effective and affordable; how it will bring cures to patients faster; and how it will enable consumers to get care when, where, and how they want it.

Most recently, the excitement has shifted to AI and GenAI. Since the launch of ChatGPT more than 18 months ago, AI has dominated healthcare investment, with healthcare incumbents, new players, and tech giants developing use cases in this space.

Initial rollouts look promising. GenAI solutions have demonstrated the ability to automate administrative, largely manual tasks today (such as claims processing) and alleviate the documentation burden on nurses and physicians. Scaled successfully, these solutions will lower costs, improve productivity, enhance employee satisfaction, and allow clinicians to spend more time with patients. Over time, as the technology matures and potential risks can be better managed, GenAI will start being used to shape patient interventions and clinical care.

While the excitement around GenAI is not unfounded, the most significant technological change in healthcare has to do with the patient journey. For the past century, the journey has almost always begun with an initial visit to a general practitioner (GP) or primary care physician (PCP), followed by periodic check-ups. The time-crunched physician has played little role in wellness or the coordination of complex and chronic care. Moreover, despite the implementation of electronic health records many years ago, the system remains highly manual, paper-based and telephonic.

The result: a costly, inefficient healthcare system that is daunting to navigate for patients and their families. Even the most healthcare-savvy can tell countless stories about the frustration they have experienced.

Technology is already transforming that journey. Today, more than 90 percent of patients begin their care journey online, often using a search engine on their phone. Instead of going to a PCP, patients are getting care on-demand, virtually, or at urgent care centers. Thus, technology is enabling many “front doors” and access points.

Technology has the potential to impact the patient journey in even more profound ways. One very real possibility is that people will be able to get their genes sequenced at birth to understand which conditions they are most likely to develop over their lifetime. The patient’s health guide would help them chart the best path forward—whether meds, interventions, lifestyle, or a combination thereof—so that they can live their healthiest lives.

That, after all, is the whole point.



Sanjay Saxena, M.D., is a Senior Partner and Managing Director, at Boston Consulting Group (BCG). He most recently served as the Global Leader of the BCG’s Health Care Payers, Providers, Health Care Systems and Services (PPSS) business for the past 7 years. He also co-heads the firm’s

Center for US Health Care Reform and Evolution (CUHRE). Sanjay has spent 25 years working with the Boards, CEOs and senior management teams of leading payers, providers and healthcare services companies. He also works closely with VC, private equity and technology firms looking to invest in, grow and scale their healthcare businesses.

It's an Honor

To work alongside a leader like Dr. Joseph G. Cacchione who is so steadfastly committed to the health and well-being of our communities. Through grassroots efforts, education and his dedication to reducing health disparities, Jefferson continues its 200-year legacy of ensuring that everyone has access to the care they need.

Jefferson colleagues and the Board of Trustees congratulate Dr. Cacchione for this well-deserved honor of being named among the Top 10 CEOs in Healthcare.

Joseph G. Cacchione, MD

CEO
Thomas Jefferson University
Jefferson Health



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Connecting communities to healthcare

John M. Hauptert—President & CEO of Grady Health System—shares the organization's commitment to community outreach, research efforts, and culture.



The CEO Forum Group has selected John M. Hauptert, President & CEO, Grady Health System, for The Top 10 CEOs Transforming Healthcare in America in the exclusive category of Urban Healthcare. This is bestowed for Grady's leadership including: pioneering advancements in trauma and stroke care, extraordinary community outreach such as mobile care units and outpatient facilities in what could be considered healthcare deserts, and galvanizing the exceptional team—where over 9,000 associates are both passionate about service and team play—to provide unparalleled care to vulnerable populations which ultimately elevates access and health for all.

Interviewed on July 11, 2024

Robert Reiss: Of over 6,000 hospitals, Grady is unique. Explain your model.

John M. Hauptert: It's definitely unique. In 2007, Grady was on the verge of bankruptcy and potentially closing. At that time, it was a traditional hospital district or hospital authority model, which is a public hospital run by its sponsoring counties. That model works in some parts of the country, but it wasn't working here. Several business leaders came together and decided they had to save this organization because of the vital role it played in the community. They needed the help of the philanthropic community which wasn't willing to provide funding if it was still in public hands.

“Grady's assets are still owned by this hospital authority, but everything about this place is private.”

So, a separate corporation was formed, and the governance structure of Grady became 501c3, or private. Grady's assets are still owned by this hospital authority, but everything about this place is private. This new corporation, with a new board of 17 corporate leaders from across Atlanta, brought in a management team that could assess the issues and turn the organization around.

Since then, you've grown dramatically. One thing you're really known for is being the best in America for trauma.

Grady is one of the best trauma centers in the country. Currently, due to another hospital in Atlanta closing, we're now the largest level I trauma center in the country. We were fortunate to receive a significant investment in the trauma program by Bernie Marcus and the Marcus Foundation. One of the founders of Home Depot, Bernie has been very involved and invested in our work. We had the physical plant and advanced trauma infrastructure to take on that additional trauma.

Overnight, our trauma volume increased by 35% to 40% with the closure of the other hospital. We have a nationally renowned chief of surgery and a medical director overseeing trauma, which helped us bring on additional trauma surgeons and critical care teams. Our outcomes are among the best in the country for trauma patients and survival.

We signed an agreement with the Army to become a primary training site for their trauma surgeons, including those in the Army as surgery fellows. This ensures they have surgeons ready for battlefield medicine. We've also developed unique simulation training centers for our trauma surgeons to simulate different trauma scenarios using artificial models and cadavers.

“The technology and techniques were perfected here at Grady to thread a catheter into someone’s brain, retrieve the clot, and restore them to full functioning. It’s amazing to see patients with thrombolytic stroke, limited speech, and paralysis, be taken into our angio suite, have the procedure performed, and be restored to full functioning.”

You’ve also become a leader in stroke research and services.

Stroke research and the expansion of stroke clinical services have really put Grady on the map. Around 2010, the chief of neurology had the idea to treat thrombolytic stroke, caused by a blood clot, similar to cardiology when we do heart catheterizations and stenting. Over the years, the technology and techniques were perfected here at Grady to thread a catheter into someone’s brain, retrieve the clot, and restore them to full functioning. It’s amazing to see patients with thrombolytic stroke, limited speech, and paralysis, be taken into our angio suite, have the procedure performed, and be restored to full functioning.

This approach is now the prescribed standard of care by the American Heart Association and Stroke Association. What was pioneered here has spread across the country and the world.

This led us to think about pioneering in hemorrhagic stroke, where a vessel bursts in the brain, causing bleeding. These strokes have high rates of permanent disability and mortality. Our chief of neurosurgery has begun pioneering a technique using MRI images and assisted guidance to surgically extract the blood clot formed in the brain and remove it via suction, stopping the brain from bleeding. The first phase of the research has been completed and published in the *New England Journal of Medicine*. A donor has stepped forward to fund the phase two research, a \$30 million move to advance this across the country in 60 different stroke centers. I am confident this will become the preeminent technique for hemorrhagic

stroke resolution, just like we’ve done with thrombolytic strokes.

Let’s now talk about community outreach.

As an urban safety net healthcare system, our mission is clear: to serve people regardless of their ability to pay and regardless of where they come from. Over the years, as Grady’s performance improved, we placed more primary care centers into neighborhoods of need. Our goal is to connect the community to primary care as soon and as often as possible, without having to travel all the way to the main hospital campus.

“Outreach to people where they are, ensuring they comply with their medications, is crucial. The CMS program is at risk, so we have 10 indicators of community health improvement and healthcare access.”

Prior to this governance change, there wasn’t funding to proliferate these centers into as many communities as possible. We’ve partnered with CMS under a directed payment program, providing funding to expand efforts that improve health equity and healthcare access. We’re using that funding to expand primary care centers, put mobile health units in place, and increase the number of community health workers in communities of need. Grady is the largest provider of mental health services in Georgia outside the prison system.



Outreach to people where they are, ensuring they comply with their medications, is crucial. The CMS program is at risk, so we have 10 indicators of community health improvement and healthcare access we're held accountable for improving. We're required to meet five measures of success annually, but we're meeting nine of 10. These measures include maintaining patients' hypertension through medication and cancer screening rates.

Let's discuss your special research on AIDS and HIV.

During the beginning of the AIDS and HIV pandemic, Grady, in partnership with Emory School of Medicine, one of our academic partners, made a commitment to begin deep research into HIV. This was during a time when an HIV diagnosis was pretty

much a death sentence. Emory has a very robust specialty in immunology. We procured a facility that was not in use, and within that, we began to provide treatment for patients with HIV and AIDS. This facility also housed a research center. Many drug advances and pharmaceutical medical advances in the treatment of HIV and AIDS have come out of our research center.

Fast forward to contemporary times, major metropolitan areas in this country still have epidemic rates of new HIV cases, with Atlanta leading the way. We are still in a crisis in the Southeast and the South with new HIV cases. The goal is to get people into treatment and keep them in treatment, managing HIV as a chronic disease. Grady was also the first place to create a comprehensive dental center for people with HIV and AIDS. Maintaining dental



health is crucial to overall health, and this program includes internships and residencies for dentists specializing in treating HIV and AIDS patients.

Let's talk about your culture. I know you've been on a journey and made some significant advances. Describe what you're doing specifically for culture with your 9,100 employees.

When Grady went through its governance change back in 2007–2008, the culture within the Grady workforce was very much one of entitlement, a government mindset. Unfortunately, due to the financial situation, there had not been an investment in the workforce to support a new desired culture.

“Grady was also the first place to create a comprehensive dental center for people with HIV and AIDS. Maintaining dental health is crucial to overall health.”

Transforming our culture has been a labor of love, but we boiled it down to being great at two things: customer service and being a great teammate. If

you're not a great teammate, you can't be here. We hired a chief HR officer, a former Navy Boxing Champion, who advocated for quick action in removing employees who weren't great at customer service or being great teammates. Gone were the days of taking months to exit a poor performer. This has been a game-changer, and I'm thrilled to say that 12 years later, the difference in the workforce culture here is palpable. We have embraced employees, improved their work life, supported them personally, and continuously celebrated their contributions. This engagement is necessary for providing the best medical care and patient experience.

You became CEO in 2011 and have shaped Grady into what it is today. Define your leadership philosophy.

I came into Grady with a leadership model I had learned about and refined over time. It's a four-quadrant leadership model. The first is what I know: my education, training, seminars, and certifications. The second is what I've done: my work history and experiences. Many organizations require you to punch the ticket in these two areas to get your foot in the door as a leader. The third quadrant is leadership competencies that drive the organization forward

to meet strategic targets: driving results, building and creating leaders, cultivating partnerships, making effective and timely decisions, planning for success, and flexibility. The fourth quadrant, and most important, is personal attributes. Often, personal attributes are where leaders get derailed.

A leader can be successful in all other areas, but if they're not high in emotional intelligence, they can get derailed. A solid blend of servant leader and transformative leader is necessary to bring the workforce along and develop a compelling vision and mission for the organization.

“One quote that always resonates with me: ‘presume innocence.’ So often as a senior leader, you hear something that you could easily fly off the handle about or assume guilt. Instead, presume innocence until proven different.”

I've focused on the last two quadrants and the workforce here, which was pretty foreign to the organization. It was about being held to a much higher standard of personal integrity, leadership style, and developed competencies. Three quadrants you can teach and train to; personal attributes you can coach to, but by the time you're 40 years old, you're kind of locked in.

Let's end on a quote, something you've heard that helped shape the leader you are.

Several come to mind, but one quote that always resonates with me: “presume innocence.” So often as a senior leader, you hear something that you could easily fly off the handle about or assume guilt. Instead, presume innocence until proven different, because you can't afford to ready fire aim. You've got to do it the other way around. I've held that pretty dear.



John M. Hauptert is the President and CEO of Grady Health System in Atlanta. He began his tenure there in 2011. Grady is Atlanta's only Level I trauma center.

A native of Ft. Smith, Arkansas, he graduated from Trinity University in San Antonio, where he earned a Master of Science degree in Health Care Administration and a Bachelor of Science in Business Administration.

Hauptert is a board-certified Fellow in the American College of Healthcare Executives and recipient of the ACHE Gold Medal Award and Regent's Leadership Award. Hauptert served as an ACHE Regent and on the Nominating Committee.

Nationally, John served as Chair of the American Hospital Association Board of Trustees in 2023. He's also a former Chair of the Board of Directors of America's Essential Hospitals.

In 2019, Forbes and The CEO Forum named John one of the “10 CEOs Transforming Healthcare in America.”





Private Equity: The Solution to What Ails our Healthcare System

How do we really move the needle in healthcare—for once and for all

By: Heyward Donigan

There are few industries in the world more fascinating and complex than healthcare in America. It remains the international hub of innovation, research, development around life sciences, and curator of new technologies and lifesaving therapies.

It also remains the country with the highest percentage of GDP spent on healthcare versus other developed countries. Life expectancy remains lower than other developed countries, and the burden of healthcare costs are increasingly borne by the American consumer.

In 2024, employers and health plans are expecting underlying healthcare costs to increase as much as 8.5% unless significant changes are implemented to manage the primary drivers of healthcare expenses.

Private Equity (PE) firms have an important role to play, now more than ever, to invest in and scale companies who will fulfill the promise of sustainable healthcare cost reductions and move to actionable value-based healthcare.

Venture Capital firms are the engine for spurring innovation to invest in the creation of new solutions to drive improvements in healthcare. Private Equity firms are the vehicles that turn innovative vision into long-term, scalable solutions. Private Equity firms, unlike the public markets, bring more than capital to the table.

Nimble/Disciplined

PE firms are nimble and disciplined in their approach to investing. The most interesting PE firms that I work with develop a thoughtful thesis around their approach and focus, not only to their investment returns, but to their goals for impact on the healthcare system. Some focus only on delivering on the promise of value-based healthcare; others focus on launching rural healthcare solutions. Many are making progress—once and for all—on improving access to quality mental health providers.

Humble Experts

PE firms have some of the best and brightest financial minds, and yet they know the importance of surrounding themselves with experienced operators to augment their teams, providing more than money to their portfolio companies. They are skilled at augmenting management teams with resources to help streamline operations, improve processes, and leverage technology. This is not only financially important, but it drives healthcare quality improvement and a better experience for the customer.

Compliance that Counts

Like the public markets, these companies have an obligation to ensure standards in compliance. However, it is value-added customer driven compliance, which is different from the oversight demanded by different agencies to whom the public markets must answer. PE firms can be laser-focused on healthcare regulation and their customers' demands/needs around areas such as HIPAA, high trust, NCQA, and other healthcare compliance standard bearers.

Easy Access to Growth Capital

As importantly, PE firms bring additional capital to allow for swift investment for additional acquisitions or mergers that will advance the healthcare company's goals. This allows for scale, and thereby maximizing impact on the number of healthcare consumers that can benefit from the solution offered.

Doing Good by Doing Good

And with the expertise of the PE firms, advisors, and independent board members, ongoing board oversight ensures that the company's objectives are met not just financial objectives, but healthcare impact and sustainability goals. If the goal is to really move the needle to improve rural market access to high-quality healthcare, PE firms know they must show measurable results to have a successful exit to a strategic or sponsor buyer. So, the capital markets here play a real check and balance.

For all the reasons above, I am now exclusively focused on supporting PE firms and their portfolio companies to drive healthcare sustainability, with dramatic and lasting improvements in healthcare affordability—for once and for all.



Heyward Donigan—former Rite Aid CEO—serves as strategic advisor to Vesey Street Capital Partners and Arima Health. Heyward has extensive experience leading companies through brand, merchandise, financial, and technology transformations. Her other leadership roles included President & CEO of

Sapphire Digital, President & CEO of ValueOptions, EVP & CMO at Premera Blue Cross, SVP of Operations at Cigna Healthcare, and various executive roles at General Electric, Empire BCBS, and U.S. Healthcare. She holds a master's of public administration from NYU and bachelor's degree in English from University of Virginia.



Supporting patients’ whole health journey

CEO & President Sarah Chavarria dives into how Delta Dental improves health by providing access to quality care.

CEO & President, Delta Dental of California and Affiliates

Interviewed on July 23, 2024

Robert Reiss: Describe the Delta Dental model.

Sarah Chavarria: We're a purpose-driven organization that takes care of over 31 million Americans by ensuring they have access to quality oral healthcare through our incredible provider network. We operate as Delta Dental of California and affiliates, and cover members across 15 states, Washington, D.C., Puerto Rico and the Virgin Islands.

We're also part of Delta Dental Plans Association, a not-for-profit national association. Collectively, we deliver benefits to more Americans than any other dental insurance company.

I've been on hospital boards for decades, and I sense there's a disconnect in our system where dental is looked at as secondary, when actually so many diseases emanate from oral health. Does that ring true?

I love that you asked that. I, too, have spent my career in healthcare and what I've come to believe is simple: oral health *is* health. People generally see their dentist twice a year and they may only see their primary care physician once a year. The screenings that take place during those two dentist visits can identify chronic diseases such as heart disease, cancers and even Alzheimer's. So, that check-up at your dentist is a huge part of your overall health and well-being. I think the more we can do to create that access and get people to go to the dentist, the better off we'll be in providing holistic, whole-body healthcare for all.

Let's also talk about electronic medical records. When you go to a doctor, they always have your history. How frequently do physicians communicate with the dental side?

We recently fielded a survey that showed 66% of patients have never discussed their dental visits or oral health with their primary care provider and 55%



The CEO Forum Group has selected Sarah Chavarria, CEO & President, Delta Dental of California and Affiliates, for The Top 10 CEOs Transforming Healthcare in America in the exclusive category of Leading with Humanity. This is bestowed for creating a truly aligned culture built around where everyone is focused on the greater good and impacting society from a humanistic mindset.

say they have never discussed their general health or current medications with their dentist. That information dialogue can be critical in advancing overall health. And, really, for us as a payer in healthcare, we have a great opportunity to find innovative ways to support the patient in connecting those pieces of information so they have a holistic understanding of their health. At Delta Dental, we've started to think about how we can help facilitate that kind of information sharing and we're excited about the possibilities.

"The more we can do to create that access and get people to go to the dentist, the better off we'll be in providing holistic, whole-body healthcare for all."

With that said, Sarah, what is your vision for healthcare in America?

I've been a healthcare executive for a long time. I love being at Delta Dental because we're in the business of improving health by creating and providing access to quality care. We have this amazing opportunity to work with our provider network to think about

Sarah Chavarria

the unique needs of the millions of patients we have the privilege of serving together. Given some of the statistics we just talked about, we know that when we can get people in the dentist chair, we're supporting their holistic health journey because they're getting that screening—all while taking care of their smile.

Getting access for Americans is also about their sense of well-being and their mental health. It's a chance for us to think about how much oral health challenges can impact someone's smile and their self-confidence. So, my vision and our purpose are really about improving access to quality care, and doing that on multiple fronts.

Talk about the initiatives you have worked on since becoming CEO.

It's been about six months since I stepped into the CEO role in January of 2024, and to say it's been both very busy and incredibly rewarding would be an understatement.

“We know that when we can get people in the dentist chair, we're supporting their holistic health journey because they're getting that screening—all while taking care of their smile.”

One of our priorities at Delta Dental is addressing the senior oral health crisis. We've talked about the fact that oral health and overall health are so closely related, but seniors are among the most critically underserved communities when it comes to accessing quality oral healthcare. We're excited about the work we're doing to address and remove the many barriers our seniors face in accessing quality care. One way we do this is through our growing Senior Oral Health Partnership Program that forms and funds localized collaborations to support the development



of innovative approaches and the expansion of oral healthcare services. Through our partners, including Howard University College of Dentistry and several Federally Qualified Health Centers across our footprint, we're able to expand our reach and help more seniors live healthy and dignified lives. Since 2022, we've committed \$20 million to building this program, and we're excited about the deep relationships we're creating with partner groups to identify barriers to access and then co-create solutions. Additionally, for the 2024–2025 grants cycle so far, we've dedicated another \$12 million focused on senior oral health through our Access to Care Grants Program.

Another example I'm really proud of is the thought leadership our team has done in raising awareness on the connection between oral health and menopause. We conducted a study revealing 84% of menopausal

CEO & President, Delta Dental of California and Affiliates

women don't know hormonal changes can impact their oral health. And that's despite the fact 70% have experienced a menopause-related oral health symptom, like dry mouth or gum inflammation. What's more, only 2% have discussed their oral health concerns with their dentist. This data has garnered an incredible amount of attention across the healthcare industry and is helping to break down the stigma on menopause. It's been featured in major outlets like PBS, Forbes and Fast Company and is being used to affect real change. For example, members of the UK Parliament are advocating for critical healthcare changes for menopausal women, with the UK media referencing our data in support of their efforts. It's a pretty incredible story on such an important topic.

“84% of menopausal women don't know hormonal changes can impact their oral health. And that's despite the fact 70% have experienced a menopause-related oral health symptom, like dry mouth or gum inflammation.”

We're also looking at innovative ways we can deliver on our purpose. For example, we've entered into a collaboration with the American Heart Association to highlight the connection between oral health and heart health. We're also deepening our work with our amazing providers through initiatives like our Provider Advisory Council, a forum where we can gather feedback and input from this critical group. And it also means we're reimagining the role Delta Dental can play in providing a more frictionless experience for providers, payers and patients through our capabilities. These efforts stand to change the insurance and dental landscape by focusing on the evolving needs of the patient and how they expect to experience quality care.

I've really enjoyed getting out and telling our story—talking about the opportunity to transform the future of our organization and our industry. In May, I had the honor of delivering the keynote address at the Reuters Future of Insurance USA 2024 conference, and it was so exciting to share how we've reimagined our business against the backdrop of a rapidly evolving environment. I talked about the idea that well-branded organizations must reposition based on market changes and how Delta Dental has reimagined the impact an insurance company can have on the overall health of people. It was thrilling to give a voice to that concept in a room full of industry leaders.

The most exciting thing to think about, amid all of this activity, is we're just getting started. There are so many positive things ahead and I'm thrilled about the way our team has come together around our purpose: to improve health by providing access to quality care.

Let's shift to something that I know is super important to you—culture.

We're a 69-year-old insurance company in healthcare. We're very good at what we do, but that doesn't mean we cannot or should not embrace change. I walked in about eight years ago as Chief People Officer to an organization that was very command-and-control and had been incredibly successful operating that way. But the market continues to change, and I knew that to set us up for the transformation we're embarking on now, we had to intentionally design our culture to be one that listens, connects and is ready to innovate.

I started by listening. Lots of listening. Within three weeks, I was flying out to meet with employees and inviting them to roundtables, walking up to them in their workspaces and asking one question: “If this was a company that you would want your children, your neighbors, your cousins, to work at, what would it be?” And I filled up a whole notebook of insights and learnings. I then partnered with my team to

Sarah Chavarria



launch a survey to do some validation of what we were hearing. We named values. And once you have values at an organization, now you're starting to talk about not just the work we're doing, but how are we doing that work? How do we expect each other to behave? We want to be respectful. We want to operate with trust. That was a big part, the listening strategy. Then we used these insights to inform our purpose: to improve health by providing access to quality care. These defining principles enable us to have a shared vision around where we're going together, and how we'll do it.

Another critical part to culture building is communication. When I got here, we had no formal communication channels. Think about that command-and-control culture. The CEO sits at the head of the table, they direct what everybody needs to do and they go and do it. If we're welcoming innovation and the ability to challenge the status

quo, we have to think differently and transparently communicate with employees. Put a pin in the map for them—where are we going? How do we invite them into the conversation?

So, we set out to make communication a strength. We knew we had to create an environment where employees felt heard, and that their contributions meant something.

I'm very proud that our communications efforts have come a long way. The secret sauce driving our improvement was not only listening to what employees had to say, but transparently communicating progress and actions along the way. We're making the most of communications channels like Town Halls, talking very directly about where we are and where we're going—calling back to that pin in the map.

CEO & President, Delta Dental of California and Affiliates

We're engaging the team around crucial questions and conversations. What's our strategy? How are we performing? We built out listening sessions. We created a unique forum for all people leaders to come together so they could hear what we're going to tell employees in the Town Hall first, and we invite them to ask questions and provide talking points for them so they're equipped to follow up with their teams on sensitive items. All of those things are really important for us. What used to be a major pain point—communications—has now become the top-performing area in our employee feedback survey, scoring anywhere from 12 to 17 points above industry benchmark.

“What used to be a major pain point—communications—has now become the top-performing area in our employee feedback survey, scoring anywhere from 12 to 17 points above industry benchmark.”

Let's shift to personal. Talk about a transformative moment that happened in your life.

I'd love to. I'm going to share an example outside of healthcare, but it was so pivotal to setting the stage for my career. I was in El Paso, Texas, where my dad was stationed in the Army. My first corporate job was at Levi Strauss—you can picture a manufacturing floor. A big part of my job was teaching English as a second language and facilitating leadership development. By building relationships with the employees, I learned that many of them were working with a green card and commuting in to work, but really wanted to become U.S. citizens.

I began with a small group, volunteering my time to help them study for citizenship. That exploded, and I soon realized there were so many employees, family members and neighbors who wanted this, so I quickly pulled together a volunteer program. I drove myself

down to the INS, talked to the head of immigration and explained what we were doing. Long story short, we celebrated 400 new citizens in one single event, which was incredible.

What I learned from that experience is that when you genuinely connect with people on an individual level and invite yourself to have empathy for what they need in order to bring their whole selves to work... that's when you learn so, so much.

My transition into healthcare was built around the realization that we're all patients. We've all taken care of a patient. My father died of cancer; my father-in-law died of cancer. Those experiences imprint on us.

The ability to sit in healthcare and work every day on the purpose of improving health by making healthcare more accessible and better for all of us, what greater purpose can one possibly have? It personally ignites me every day and I think a big part of my job is to share my enthusiasm and passion with our employees and others across the industry—to inspire them to deliver on that purpose.

Tell me about a time when you were going on a listening tour and you were trying to listen to people, but you knew that people were going to be against you. How did you deal with that?

This is a really important topic because I think sometimes as leaders, we open up a channel and we invite feedback, and then you get resistance. Let's talk about change management for a little bit. Change is constant, and so it's how we handle it that becomes really important.

I talked a little bit about various communication channels, like Town Halls, people leader meetings and in-person listening sessions. Using Town Halls as an example, one way we're enabling transparency is by using a live Q&A tool that employees can interact with throughout the meeting. They can post or upvote questions. They're visible to everybody, and

Sarah Chavarria

most of the time, we get questions or we get some commentary, “This is exciting. What about this? What about that?” And it gives us good insights on what to talk about next.

Sometimes, though, we have employees who use those channels to advance harmful commentary or opinions that are not aligned with our values. Note, they’re usually in the small minority, but they’re using that channel to really elevate what they’re saying. We started noticing this dynamic emerging as many companies were facing decisions like vaccine mandates, and I decided it was best if I addressed it head on.

I got on a Town Hall and started by saying, “Look, I’m noticing that we’re inviting some commentary on our Q&A channel that is not aligned with our values. Here are my choices: I can turn the channel off or I can share my sentiments. I want to leave the channel on because I think it’s an important feedback loop for

us. If you’re one of the folks who’s leaving comments to this tone, you’re not aligned to our company values and you should rethink if this is the company that you want to work for.” I think addressing that upfront was really important.

One of my other philosophies is that I will share what I know, when I know it and how I’m thinking about it. It doesn’t have to be a decision, but we live in a time where information happens fast. Social media runs faster than we do, so I have that commitment of “here’s what I know.”

The last example I want to give is a moment, not long ago, walking into one of our big offices. Picture a couple hundred people there. And not unlike a lot of other leaders, my wonderful HR person told me, “Hey, you’re about to walk into this sea of people. There are two ladies. They are on the hunt for you and they have feedback for you. Avoid them.” And I think natural human behavior is to avoid them, right? Well,



CEO & President, Delta Dental of California and Affiliates

I've been doing this a long time and I asked, "Who are they?" And I walked right up to them and said, "Hi, good morning. I'm Sarah. I hear you've got some feedback for me. Let's have it. What's going on?" And it absolutely had this disarming effect because they couldn't believe that I just walked up to them and I listened. And you know what? Their complaint was fair. I said to them, "I hear you. This is not something I'm going to be able to solve in the next 6 to 12 months, but I hear you and I'm going to share this with my team." And now, when I show up to that same office, I get a wave, I get a smile.

So, sometimes, do the opposite of what you want to do and just be that transparent, approachable leader. Take it head on and have the conversation.

"What I learned from that experience is that when you genuinely connect with people on an individual level and invite yourself to have empathy for what they need in order to bring their whole selves to work...that's when you learn so, so much."

What an inspiring story. Any final message to CEOs?

As healthcare CEOs go, we're all working toward the same purpose and the same goal. We understand that healthcare is about the individual and that the patient plays the biggest part in their own care. We also know that providers play a crucial role in delivering quality care.

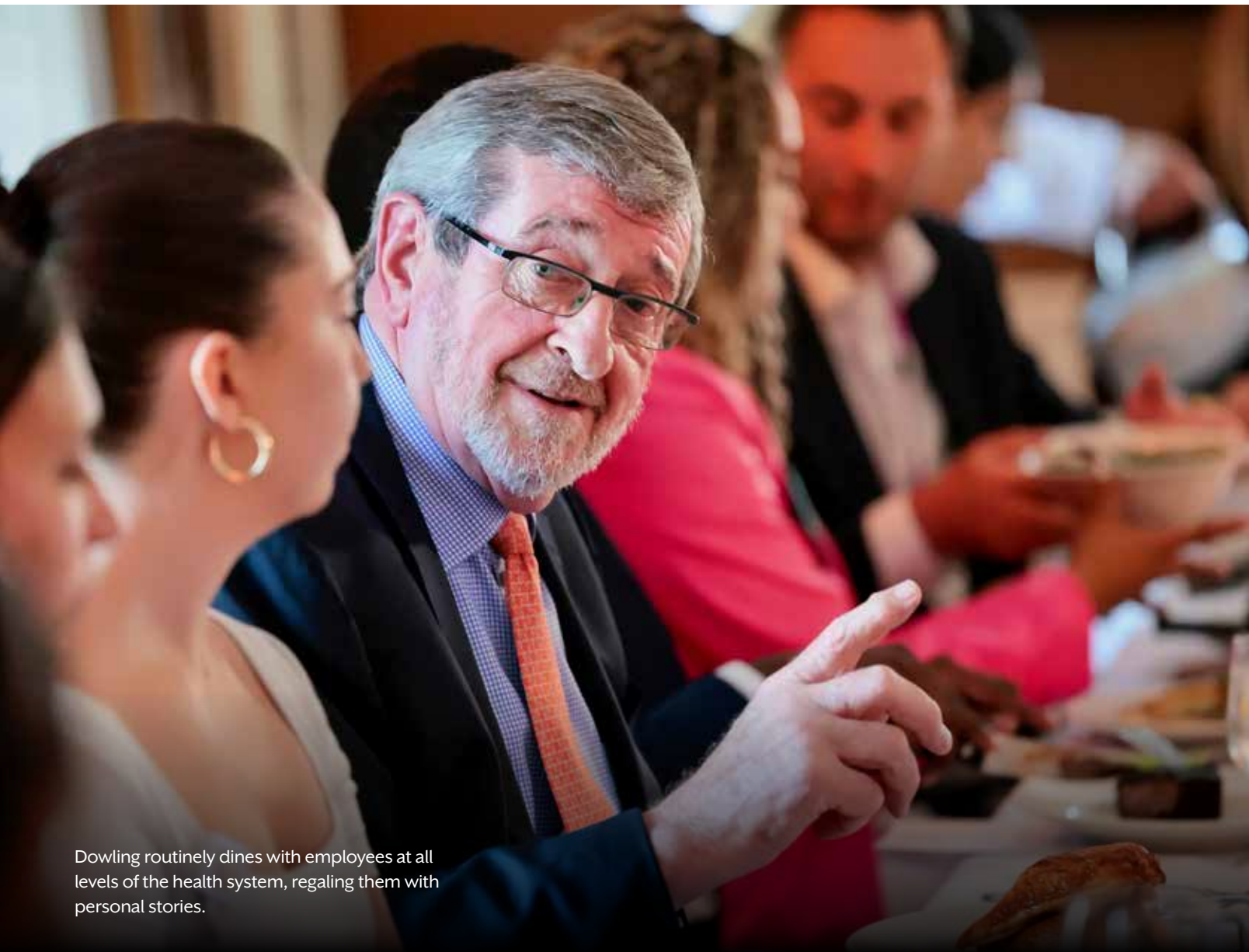
Our job collectively, if you think about the healthcare continuum, is figuring out how do we create access to healthcare for all? We have to pull on all the levers we have, because when people can access healthcare through the right channels, that's when we can run a better healthcare system as a country. And when we can do that, perhaps we can play a small role in helping people have more moments that matter with the people they love.



Sarah Chavarria is Chief Executive Officer and President of Delta Dental of California and Affiliates, an enterprise encompassing 15 states and Washington, D.C. Sarah was named CEO in January 2024, bringing a bold vision to transform Delta Dental from dental insurance provider to oral healthcare leader. Her strategy focuses on expanding and evolving the business to advance the company's purpose: to improve health by providing access to quality care.

Sarah joined Delta Dental in 2017 and has held Chief People Officer, Chief Operations Officer and President roles. She brings more than 25 years of expertise in the healthcare industry and has deep experience in transforming organizations.





Dowling routinely dines with employees at all levels of the health system, regaling them with personal stories.

Setting sights on the long term

Northwell Health President & CEO Michael J. Dowling dives into his spectacular personal journey and how it's shaped him into the leader he is today, elevating healthcare standards.

Interviewed on June 21, 2024

Robert Reiss: When you joined Northwell in 1995, which was then known as the North Shore Health System, it was just two hospitals. Explain the key to your dramatic growth to 21 hospitals.

Michael J. Dowling: As New York State's first integrated health system in the early 1990s, Northwell's growth over the past 30 years has been both organic and driven by numerous mergers and acquisitions of both community hospitals and larger tertiary facilities, as well as hundreds of physician practices. Initially, we were a Long Island-based health system anchored by North Shore University Hospital in Manhasset, which continues to be our largest flagship facility and was recently ranked by U.S. News & World Report as one of the best in New York. Soon after we acquired Community Hospital at Glen Cove (now known as Glen Cove Hospital), we incorporated as the North Shore Health System in 1992 and, over the next several years, acquired several other community hospitals on Long Island and in Queens.

We became New York's largest health system with the 1997 merger of the North Shore Health System and Long Island Jewish (LIJ) Medical Center in Queens, which also included a psychiatric facility (Zucker Hillside Hospital) and a children's hospital now known as Cohen Children's Medical Center. In the ensuing years, this new entity, known then as the North Shore-Long Island Jewish Health System (North Shore-LIJ), would expand its footprint to include Staten Island University Hospital, Lenox Hill

Hospital in Manhattan, two hospitals in Westchester County and several others on Long Island. In 2016, North Shore-LIJ rebranded as Northwell and our growth and expansion has continued. With an \$18 billion annual operating budget and a workforce of 88,000 (the largest private-sector employer in New York), Northwell currently has 21 hospitals and about 900 outpatient facilities, but we are poised to expand even further into Connecticut and New York's mid-Hudson Valley.

We are awaiting regulatory approval of a strategic agreement we signed earlier this year with Nuvance Health. If approved, the agreement would add seven hospitals, several hundred outpatient care centers and more than 14,000 employees to the Northwell network, enabling both our health systems to take patient care to an even higher level.

You have a highly focused, caring and productive workforce of over 88,000 associates. What are specific practices to have to build a great culture?

I meet all new employees during their first week on the job at an orientation session we call "Beginnings" that includes more than 300 new employees that Northwell hires every two weeks. I spend more than two hours with them, talking about the history of our health system, our mission, expectations and other background that provides team members with a sense of the patient-focused culture we have built over the past three decades. Among the many keys to our success in making Northwell a destination for top talent is an in-house corporate university—called the Center for Learning and Innovation—



The CEO Forum Group has selected Michael J. Dowling, President & CEO, Northwell Health, for The Top 10 CEOs Transforming Healthcare in America in the exclusive category of Patient-Centered Care. This is bestowed for the 88,000 focused, aligned and passionate associates who are elevating the standard of personalized care.

Michael J. Dowling



Dowling has initiated numerous gun violence prevention initiatives, engaging here with employee advocates during National Gun Violence Awareness Day, part of “Wear Orange Weekend” in honor of gun violence survivors.

that I started when I first became president and CEO in January 2002. It’s an integral part of our efforts to build a culture of lifelong learning among employees at all levels of the organization, giving them an opportunity to learn new skills and advance their careers. We modeled the center, in part, after GE’s corporate university created in Crotonville, NY. Among other things, GE helped us design and customize performance enhancement programs such as Six Sigma and Lean.

Another integral component of our corporate university is patient safety. When Northwell decided to develop one of the nation’s first medical simulation training centers in 2006, few organizations in our industry could provide a model. We wanted to develop a space where medical students, physicians, nurses, surgeons and other caregivers could experience the rigor of real-world scenarios while still having a buffer from real-world consequences. Our chief learning officer connected with leaders from JetBlue. While simulators at the time were a relatively new development for the healthcare industry, aircraft manufacturers had been refining this technology for years. We were able to take advantage of JetBlue’s expertise to help craft our own simulation center, called the Patient Safety Institute. It now occupies more than 45,000 square feet of space, where we

train thousands of our own clinicians and medical students every year, as well as first responders in our community, members of the Air National Guard who are involved in rescuing injured troops behind enemy lines, and agents from law enforcement agencies such as the FBI and the U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives. It’s just another example of the little-known, intellectual altruism that helps power the corporate world, with leaders from different industries cross-pollinating ideas to the benefit of all parties. These partnerships are essential for those of us in healthcare because of the breadth of our services.

If you’re running a large health system, you probably have one of the largest food service operations in your area. We would be fooling ourselves if we didn’t think the restaurant industry had something to teach us. In 2017, Northwell became the nation’s first healthcare organization to hire a Michelin Star chef to oversee all of our food services. Among other examples, we’ve learned a lot about our supply chain operations from Tiffany & Co. and Amazon, and our head of patient experience honed his customer service skills over a 20-year career with the Ritz Carlton.

“One mistake executives often make when acquiring a hospital is looking at the short term rather than taking the long view. It is easier to consider the immediate effects and how an acquisition will affect the organization in one or two years.”

When you acquire a hospital, or hospital system, what are the mistakes to avoid when incorporating it into your larger system?

One mistake executives often make when acquiring a hospital is looking at the short term rather than taking the long view. It is easier to consider the immediate effects and how an acquisition will



In keeping with his penchant for recognizing the organization's top performers, Michael Dowling honors Northwell physicians who go "above and beyond" for patients and colleagues with "Truly Awards."

affect the organization in one or two years. I look at things from a five-year perspective, understanding that some problems may be tough to overcome in the beginning but can be solved over time. Another common oversight when taking on new hospitals is examining executive leadership but ignoring middle management. Organizational efficiency revolves around middle management and a hospital's future evolves from it. Consolidation is an essential and beneficial move if you want to provide broad-based, holistic, coordinated care.

If your main priority is improving patient outcomes, the advantages of consolidation outweigh its disadvantages. However, organizations that simply collect hospitals without properly integrating them or coordinating care are destined for failure. There are many health systems that are simply a collection of points on a map—freestanding silos independent of

each other. The concept behind effective acquisition should be preventing duplication and enhancing efficiency, because if your only aim is to make yourself look big, employees and patients will be the ones to suffer.

On a personal note, talk about your childhood, as outlined in your book *After The Roof Caved In* and what you learned about success.

I grew up in Knockaderry, a rural village in Limerick County, Ireland, in a small, thatched-roof home with a dirt floor and no running water or electricity. My mother, a seamstress and homemaker, was deaf and my father had debilitating arthritis that kept him from working for long stretches. Like many rural Irish at the time who were born into poverty, we had very modest aims in life—enough clothes to wear, enough food to eat and a basic education. The

Michael J. Dowling

most realistic expectation was to graduate from high school and get a job locally. Growing up, I worked on neighbors' farms to help our family put food on the table. Young men like me faced what I call in my memoir "a cacophony of no," the resounding pushback that people of my social class could ever amount to anything. In my view, one of the great equalizers that dispelled any class prejudice was being able to compete in hurling, an ancient Gaelic sport that is a combination of hockey, football, golf, baseball, battle and sudden death.

As I grew older, I realized that hurling teaches you about life. No matter who we are or where we come from, we all face difficult challenges along the way, and the ongoing nature of those challenges tests whether we have prepared in a disciplined way to take on whatever happens to lie ahead. In hurling, as in life, study, preparation and hard work pays off. Thanks to my mother, I also realized that education was key to broadening my horizons and moving beyond life in Ireland. I read whatever books I could get my hands on and studied incredibly hard, knowing the obstacles that prevented most young

men my age from getting into college. To earn enough money to pay for college and help out my family, I went to England at age 16 to work in a steel factory. Over the next two years, I started coming to the U.S. during my summer break from University College Cork, working on the docks in New York and then returning to school in September. After getting my bachelor's degree, I moved to the U.S. full time, continued working as many manual jobs as I could find, enrolled at Fordham University and eventually got my master's degree in social work. I was then offered an academic position at the school, where I continued to work for about eight years before getting a job as deputy commissioner within the New York State Department of Social Services. After five years there, I was recruited by former New York Governor Mario Cuomo as a health, education and human advisor throughout his 12 years as governor.

Soon after leaving government, I joined Northwell in 1995, eventually becoming CEO in 2002. Throughout my career, I've always had a passion for trying to improve the lives of the less-fortunate, level the playing field for people of all classes and backgrounds, and excel as a leader who can show the way forward with innovative, creative solutions that enable organizations—and people—to flourish. Like many immigrants, I overcame great adversity to get to where I am today. I've always hoped that my story would give hope to others like me that you can fulfill your dreams through hard work and perseverance. As someone who came to America with little beyond hopes and dreams, I believe immigrants are an essential part of the American way of life, which is why I have such disdain for all of the anti-immigrant rhetoric that has resurfaced in recent years. The story of the United States is an immigrant story.

What was a transformative moment in your career that elevated you?

While my mother was the single greatest influence on my life, always instilling in me the values of learning, optimism and kindness, my most important career



Dowling hosts an annual leadership retreat for several hundred of Northwell's top executives and physicians, inviting guest speakers like David Soloman, chair and CEO of The Goldman Sachs Group.

mentor was former New York Governor Mario Cuomo, who I worked directly with for almost 12 years. I was truly inspired by his decency, work ethic, sense of responsibility, compassion for the needy, and desire to bring out the best in people and articulate a defense of democracy. I would not be where I am today without his guidance and support. Regardless of the industries in which we work, those of us privileged to hold leadership roles today have a special obligation and responsibility to embrace honesty, respect and decency rather than the pettiness, egocentrism and narcissism that we see today in too many corners of public life.

“One of the most misunderstood things about the state of healthcare today in the U.S. is the difference between medical care and overall health. Medical care is a component of health, not its equivalent.”

How can America lower its healthcare costs and increase clinical outcomes?

Healthcare quality and patient outcomes have improved significantly in recent decades as America’s hospitals, health systems, and other providers continue to put greater focus on patient safety. While there are certainly efficiencies that can be achieved, healthcare leaders need to be extremely careful about pursuing cost-reduction strategies that negatively impact direct patient care and chip away at community health. That does not mean they should be reluctant to analyze operational processes. Healthcare leaders must continually question whether their organizations have layers of management and bureaucracy that previously made sense but are no longer necessary. They must be on the lookout for unnecessary redundancy, whether they have rules and metrics that are unproductive, and if there are opportunities for consolidations, or in some cases more decentralization.

But healthcare CEOs must also be careful to always protect their organization’s social mission. It’s easy to manage an organization if your primary goal is margin or profit. Doing that in healthcare is much more difficult because hospitals and health systems must invest in services and programs that improve the overall health of the community—efforts to solve food insecurity, address substance abuse and mental health, to name a few. All of these are expenditures, not revenue drivers. These are endeavors we must not retreat from—it’s part of our core responsibility and must be protected even during very difficult budget years. Managing this balance is not easy, but it is an essential test of leadership.

What do CEOs need to know about what’s really happening with healthcare in America?

One of the most misunderstood things about the state of healthcare today in the U.S. is the difference between medical care and overall health. Medical care is a component of health, not its equivalent. While it’s certainly not perfect, I believe America’s healthcare system is the best in the world. Most medical care is delivered by a constellation of regional and local health systems, such as Northwell, that provide excellent care. What many people often overlook is the impact of lifestyle and the so-called social determinants of health that cause illness. Most people’s health is largely determined by their lifestyle choices, personal behaviors, and the zip codes in which they live—whether they have access to healthy food, decent housing, a good job and transportation, or live in a high-crime neighborhood where drug and alcohol abuse is rampant. All of those factors have a direct connection to the prevalence of chronic illness in cities and towns across America.

Obviously, hospitals, health systems, and other providers must care for individuals suffering from various diseases, but most people’s health problems were not caused by the medical care they received. A good example is gun violence, an issue that I’ve been deeply involved in. For three years in a row,

firearms have been the leading cause of death among adolescents and children in the U.S. This sad statistic has nothing to do with the medical care delivered in this country, although hospitals must attend to the horrific results. It's a social and political issue that we as a nation have failed to confront.

How do you envision digital and AI might transform healthcare?

While it should never be a substitute for human interaction, AI has wonderful potential because it allows you to analyze unbelievable amounts of data, look for trends, and then determine the best course of treatment for patients based on their particular disease and medical history. For instance, we're using AI now to address health disparities in maternal health, analyzing data from tens of thousands of pregnancies to see how we can reduce the high incidence of mortality among black women with potentially fatal conditions such as preeclampsia. In addition to the promise it holds in improving patient care, AI also has the potential

to dramatically reduce a lot of the labor-intensive tasks that will lower costs and improve operational efficiency. Last year, we created a Center for Health Outcomes within Northwell's Feinstein Institutes for Medical Research, to support the development of large-scale data models and leverage the utilization of AI tools. While we are excited by the potential, we are proceeding cautiously because of the many unknowns of AI.

“Given their critical role in the healthcare ecosystem, providers and insurers must be aligned in their commitment to strengthen our delivery system.”

Is there any specific action to help align and elevate providers and payers?

Unlike most other businesses, healthcare organizations do not have the autonomy to set prices. Health systems and hospitals negotiate rates with insurance companies or adhere to government price-setting dictated by Medicare and Medicaid, which make up a large portion of providers' revenue but provide reimbursement payments that are well below the cost of providing services.

Providers can often go for years without any rate increases, even though they're incurring escalating supply, labor and other costs. Even when patients have coverage, there's no guarantee their insurance companies will pay for the services delivered. Denials of insurance claims and mechanisms that limit the amount providers get paid are increasing, despite the existence of valid contracts with agreed-upon reimbursement rates. One analysis last year found that about one-third of inpatient and outpatient claims submitted by providers to commercial insurers went unpaid for more than 90 days. In some cases, payments can take years.



Even though they never lay eyes on the patient and have no liability if anything goes wrong, insurers routinely intervene in the treatment and care plans developed by physicians, challenging whether a patient's hospitalization, medical procedure or pharmaceutical drug are a "medical necessity." The practice, called "prior authorization," has been the focus of intense wrangling between providers and insurers for decades, but insurers' reliance on the tool has increased in recent years. In response to outcries from doctors and patients, the Biden administration announced new rules earlier this year to shorten the timeframe in which insurers must act on prior authorization requests for the approximately 160 million American consumers covered by Medicare Advantage, Medicaid and Affordable Care Act health plans, as well as the federal government's Children's Health Insurance Program.

By automating what is currently a manual and often time-consuming process, the rule changes—scheduled to take effect in 2026 and 2027—would speed up the approval process to as little as 72 hours and require insurers to provide doctors with additional information about the status of decisions and reasons for denials, with a turnaround time of seven calendar days for non-urgent requests. Unfortunately, the new federal rule changes don't apply to prescription drugs used to treat cancer and other chronic conditions. In response, many states are enacting their own, stricter prior authorization laws rather than relying on the federal government to take the lead.

Given their critical role in the healthcare ecosystem, providers and insurers must be aligned in their commitment to strengthen our delivery system. Central to that effort is giving physicians the autonomy to make decisions on what treatments are medically necessary for patients. The decades-long tug-of-war between providers and insurers over authorizations and reimbursement payments does nothing but incur massive administrative costs for both sides, driving up the overall cost of healthcare for employers, unions, government and consumers.

All photos courtesy of Lee Weissman



Michael J. Dowling is one of the healthcare industry's most highly respected voices, achieving top rankings in *Modern Healthcare* magazine's annual list of the "100 Most Influential People in Healthcare." His willingness to take a stand on societal issues such as gun violence and immigration has earned widespread praise and recognition. As president and CEO of Northwell Health since 2002, he oversees a rapidly expanding clinical, research and academic enterprise with annual revenue of \$18 billion. With a workforce of 88,000, Northwell is the largest healthcare provider and private employer in NY, caring for millions annually through a network of 21 hospitals and 900+ outpatient facilities.

Before joining Northwell in 1995, Mr. Dowling served in NY State government for 12 years as former Governor Mario Cuomo's chief health, education and human services advisor. He previously was a professor of social policy and assistant dean at the Fordham University Graduate School of Social Services, and director of the school's Westchester campus. He earned his BA from University College Cork, Ireland, and his master's from Fordham.





Ensuring the best possible outcome through a value-based model

Dr. Maria Ansari, CEO of The Permanente Medical Group, shares her insights and value-based philosophies as a healthcare leader in America.

CEO, The Permanente Medical Group (Kaiser Permanente)



The CEO Forum Group has selected Maria Ansari, M.D., FACC, CEO, The Permanente Medical Group, for

The Top 10 CEOs Transforming Healthcare in America in the exclusive category of Leadership. This is bestowed for their unique, integrated model including disease prevention and for sharing the philosophy of wisdom and fortitude to do the right thing, and take risks especially during challenging situations.

Interviewed on February 8, 2024

Robert Reiss: How would you define your leadership philosophy?

Dr. Maria Ansari: To me, leadership is about letting go of your status and really playing to win. Sometimes, when you are trying desperately to please the board or hold on to your title, you play it safe, and you might not take the risks that you should. Whereas when you free yourself from worrying about holding onto your job and you're there to win, you're going to take risks, you're going to make those hard decisions, you're there to drive the organization forward, and people will want to come with you. They want to be on a winning team.

What has shaped your leadership philosophy?

I once heard the quote: You must free yourself from the invisible bricks of other people's opinions. It's very liberating. That quote is saying something along the lines of, "what an interesting prison we build when we allow the opinions of others to guide what we do" versus when you're really grounded in what's important, what your mission is and what your values are. I went into medicine to deliver and to serve. And I think when you go for what the right thing is, people will walk through a brick wall with you to get there.

That aspiration to serve, to help to make things better, is lofty and it's hard. But when you do hard work and you really lean into it, it feels better. There's no great reward from accomplishing a weak challenge.

Describe Kaiser Permanente's model.

Recently I found out that value-based care is one of the most searched items in the Google search bar for healthcare topics. If you search it, there are over two billion responses. That's what Kaiser Permanente is: it's a value-based model that's been evolving for more than 75 years. It's a model of prepayment, and it's an integrated, multi-specialty group practice where the incentives are aligned with the best outcome for the patient. Normally in a fee-for-service model, you get paid for delivering care, you get paid for a procedure, you get paid for surgery, but you don't actually get paid for the patient doing better. So, whether the procedure improves the life of the patient or not, you get paid regardless. It's paying for procedures instead of paying for the outcome.

"Sometimes, when you are trying desperately to please the board or hold on to your title, you play it safe, and you might not take the risks that you should."

In the insurance business, most of the U.S. is still in a fee-for-service world. It's very siloed and it drives up cost. I'm a cardiologist—if my patient never has a heart attack and never has a stroke, that's the most desired outcome for that patient. But in the fee-for-service model, if I'm a cardiologist, I'm not going to make any money if my patient doesn't have a heart attack and doesn't need a [cardiac] catheterization. So, it is a very different mindset. It's not as though I'm not doing procedures, I'm doing a lot. I have

Maria Ansari, M.D., FACC

a small practice right now. I've spent 25 years as a cardiologist, and I've delivered a lot of care. But if my patient never has that heart attack, never needs open heart surgery, that's in their best interest. If they do need it, we have consolidated programs to do it. It's really a pre-paid model—the longer the patient does well, is employed, contributing to society, enjoying life and staying healthy, the model wins, the patient does well, and I get to practice in a way that makes me feel good about the outcome.

What is your vision for healthcare in America?

The American healthcare system cost trend is just unacceptable. The data shows that the health

outcomes, morbidity and mortality in the United States for an industrialized country are among the lowest in the world. And that's despite spending, by far, the most per capita than any other country. And, so, what are we getting for a dollar? We're not getting value.

I was at the J.P. Morgan conference in San Francisco earlier this year and there was a forum with many CEOs in the audience focusing on what was broken in American healthcare. And the top five things that people cited in that room full of experts was, number one, prior authorizations; number two, lack of a digital health record; number three, misaligned incentives; number four, not paying for outcomes; and number five, not investing in prevention.

“You must free yourself from the invisible bricks of other people's opinions.”

As I sat in that room and looked around, I thought, Kaiser Permanente has it right. That's Kaiser Permanente. For example, our physicians typically do not need a prior authorization. Their job is to take care of the patient and get the best outcome possible while working to keep healthcare as affordable as possible. We're fully integrated. We are in a digital health system. We've actually been in medical informatics for more than 75 years, so we have data going back on our patients for decades. Our incentives are fully aligned. As I mentioned earlier, if the patient is doing well, they are going to want to continue to be our member, and it's a win-win situation.

And we also focus on prevention. So, if our patient has congestive heart failure, we might take them on a grocery shopping trip to show them how to buy low salt food. We spend a lot of effort on health education



CEO, The Permanente Medical Group (Kaiser Permanente)



and population disease management, and we bring patients in. You go in to see your dermatologist at Kaiser Permanente and, if appropriate, we will remind you that you're due for your mammogram and book it on the spot.

“The American healthcare system cost trend is just unacceptable.”

That's how the system works. You're focused in an integrated way to really prevent those poor health outcomes. And with value-based care, you have much more focus on preventive screening, which is good

for the patient and also saves the entire healthcare system money.

So, what are your thoughts on how physician leadership ties into this?

It's an essential component. First of all, the physician's voice has been lost in healthcare, so a lot of decisions are made by the insurance company. We [the Permanente Medical Groups] are in a mutually exclusive partnership with a health insurance company which is Kaiser Foundation Health Plan. And the agreement we have is to let the physicians practice medicine. Let the physicians run the care delivery and the insurance company sell insurance.

And let's remember who's doing what because when we allow insurance companies to decide whether a

Maria Ansari, M.D., FACC

patient should get an MRI or not, that's not always in the best interest of the patient. As practicing physicians, we have no incentive one way or the other except for the best outcome for that patient. Now, we also try to really be mindful of our resources because we know that healthcare needs to be affordable for patients so there is equitable access to care.

However, if we miss something, and that patient has a condition that gets worse because we didn't catch it early on, or we didn't do the MRI, that's bad for the patient and bad for the system. Being physician-led means that we are going to be advocates for the patient, and we're going to work collaboratively using evidence-based tools and clinician decision support tools in a group practice to drive the best outcome for our patients.

“There's a big problem in American healthcare which is the great resignation of physicians and staff. This has also affected the physician voice in terms of looking at how care is delivered.”

And when you have physician leadership, you end up creating workflows and pathways that make sense for the physicians. Right now, there's a big problem in American healthcare which is the great resignation of physicians and staff.

This has also affected the physician voice in terms of looking at how care is delivered—is this added step going to add value to my practice? In a practice where you're not being told by an administrator how to practice but you're self-governing, I think there is less burnout and less moral injury.



I was interviewing Dr. James Madara, CEO of AMA, where they oversee 275,000 physicians. He said the biggest problem is the amount of administrative work for physicians where they are tied down several hours a day completing this work, giving them complete burnout, instead of doing what they really want, which is to be with the patient.

I strongly believe [value-based care] is the model of the future, and it's also the model we've been using at Kaiser Permanente for more than 75 years. The biggest customer for healthcare now is Medicare and CMS, and there are a lot of regulatory requirements, even in our practice.

So, what we do is try to solve that. We really try to automate as much as possible and get doctors back to doctoring. We just instituted ambient scribe AI

CEO, The Permanente Medical Group (Kaiser Permanente)

technology to help with charting so that our physicians can stop looking at the computer and look at our patient's faces and truly listen and connect with their patient.

We rolled that out to over 10,000 doctors and, so far, the patients love it, and the doctors love it because it allows you to focus on delivering care and not sitting there at the computer trying to capture everything.

“I challenge all of us to really think about why we haven't moved to value-based care... the reason we're so expensive is because we are hooked on a transactional model.”

Let's end on what America should do to elevate healthcare.

The American healthcare system is broken, and I challenge all of us to really think about why we haven't moved to value-based care. Everyone keeps talking about it, because the country is being forced to put up a mirror and say, “Why are we so expensive?” And the reason we're so expensive is because we are hooked on a transactional model, “I did something and cha-ching, I get money for it.” We have to end that and understand that more care is not necessarily better care, because the data shows just the opposite. We need to invest in our patients, help them get better and see the results. And I think that takes courage and maybe some vulnerability. It's a lofty goal, and we need to get there.



Maria Ansari, M.D., FACC is the CEO and executive director of The Permanente Medical Group (TPMG) and president and CEO of the Mid-Atlantic Permanente Medical Group (MAPMG), two of the largest and most accomplished medical groups in the nation. Together, TPMG and MAPMG have more than 11,000 physicians and 47,000 staff delivering high-quality healthcare to approximately 5.4 million Kaiser Permanente members in Northern California, Maryland, Virginia, and Washington, D.C.

Dr. Ansari is also co-CEO of The Permanente Federation, the national leadership and consulting organization of the Permanente Medical Groups. The Federation supports the work of approximately 24,000 Permanente physicians and 80,000 staff. In this role, Dr. Ansari provides strategic leadership and direction to the Permanente Medical Groups, and to the national Kaiser Permanente Program. Kaiser Permanente is composed of the Permanente Medical Groups, Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals.

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Photo credit: Laura Campbell

Changing the World

What do CEOs need to know about AI?

By: Robert Reiss

Most CEOs I speak with don't really understand AI or how to use it. But they're under extreme pressure from their boards to apply AI in their businesses. AI has enormous potential and power. While we are still in the infancy stage, it's evolving rapidly.

At CEO Forum Group, we pulled together a team of C-levels from Broadcom (the best silicon chip company in the world), Calix (a broadband cloud-and-software platform company), and Google Fiber (an Alphabet company delivering fast, reliable Internet service) to gather their insights as technologist leaders.

“RAG architectures help ensure the security of your data and prevent hallucinations with business-specific data sources—think your databases and documents....CEOs are generally worried by Gen AI, but RAG architectures make it ready for business.”

—Michael Weening, President & CEO of Calix

They shared three fundamentals CEOs should consider:

1) Understand the RAG model.

Right now, AI is still transactional. However, we have already seen shifts indicating AI is becoming experiential. Everyone is talking about generative AI, but what CEOs need to understand is a new variation called the RAG Model, which stands for Retrieval-Augmented Generation. This framework combines traditional databases with generative large language models. Michael Weening, CEO, Calix discussed how this accelerates outcomes for CEOs by mitigating one of the biggest obstacles associated with generative AI.

“These sophisticated systems, which are trained on data from the Internet, have been known to provide answers that are inaccurate and can put your private data at risk,” Weening said. “RAG architectures help ensure the security of your data and prevent hallucinations with business-specific data sources—think your databases and documents. This integration helps ensure the AI is operating on the latest, most accurate data, while focusing the answers on your data, thereby improving accuracy. CEOs are generally worried by Gen AI, but RAG architectures make it ready for business.”

2) Do not expect miracles from AI overnight.

There are so many advances in AI that many applications almost seem like you’re waving a magic wand. For those—like many CEOs—who are not living in the advanced AI world and instead doing their job of running and enterprise, they can be thrown new ideas and use cases which seem relevant. According to John Keib, Chief Technology and Product Officer, GFiber (Google) CEOs need to challenge themselves.

“They need to be able to think of things that they could never do before—exponentially,” Keib said. “[It’s about] moving

from transactional AI to experiential AI, taking disparate data sets and combining them into an outcome, which has a lot more value.”

3) Locate the value.

CEOs have learned not to follow the shiny object, and most will not just use technology for technology’s sake—no matter how exciting it is. After interviewing over 1,000 top CEOs, I can say a CEO’s job can be summed up in just six words: “To get from here to there.” And getting there is usually about creating new value that didn’t exist before. Charlie Kawwas, President, Semiconductor Solutions Group, Broadcom cited the potential of AI to provide consumers with better cybersecurity protection.

“Customers would be excited,” Kawwas said. “Because we would be protecting grandma, protecting kids, protecting families. And people would pay more to get a service like that.”





The Transformative CEO Summit June 20, 2024

CULTURE & INNOVATION

AGENDA

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

WELCOME & OPENING SPEAKERS

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



“Using Talent and Culture to build a company from 400 employees to 800,000 employees”

Steve Jones

Global Chairman & CEO,
Allied Universal



“How Xerox Reinvented Itself While Transforming the Enterprise Workforce”

Steve Bandrowczak

CEO, Xerox



“The Personalization of Culture and How it Drives Innovation”

Heather Lavalley

CEO, Voya Financial

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—The Future of Customer Experience in Insurance

Workgroup leader (facilitator):

Bill Madison

CEO, LexisNexis Risk Solutions

Workgroup participants:

Salene Hitchcock-Gear, President, Individual Life, Prudential

Amy Friedrich, President, Benefits and Protection, Principal Financial

Adam Fischer, Chief Product and Innovation Officer, Clearcover

Workgroup 2—How Innovation Will Transform Telecom

Workgroup leader (facilitator):

Michael Weening

President & CEO, Calix

Workgroup participants:

John Keib, CTO & Product Officer, G-Fiber (Google)

Charlie Kawwas, President, Semiconductor Solutions Group, Broadcom

Workgroup 3—The People Side of Implementing Change

Workgroup leader (facilitator):

Jessica Skon

CEO, BTS

Workgroup participants:

Steve Bandrowczak, CEO, Xerox

Heather Lavallee, CEO, Voya Financial

Mike Miedler, CEO, Century 21

Workgroup 4—Innovate Ways to Connect with Customers and Grow Your Business

Workgroup leader (facilitator):

Kip Morse

President & CEO, International Association of Better Business Bureau

Workgroup participants:

Frank Vella, CEO, Constant Contact

Eric Bertrand, CEO, Mod Op

Felix Van de Maele, Co-Founder & CEO, Collibra

Kevin Akeroyd, CEO, SOVOS



Robert Reiss | Founder & CEO, The CEO Forum Group

INTRODUCTION

Hello, I'm Robert Reiss and welcome to the 14th Transformative CEO Summit. The topic is culture and innovation. About a month ago, I actually found myself at a Rolling Stones concert and I was so fortunate because a dear friend of mine, Jo Ann Jenkins, CEO of AARP, is the main sponsor of the entire tour – which is so appropriate because when you see these guys at 80+ years old bop around the stage, it is proof you can disrupt again! So, one special thing that we got to do is what's called a meet and greet beforehand. While I'm standing and watching my wife, Barbara, talk with Keith Richards, I feel an arm around my back. I look over and I see a purple leather jacket and Mick Jagger! I ask him, "For 62 years you've been top of the charts. How do you innovate? How do you lead for so many years?"

He looks at me and he gives a one word answer. And, as you all know, I interview CEOs all the time, but I don't interview people like Mick Jagger too frequently. His one word really surprised me. His one word was... "love." Barbara says to me, "You know, think about it. He's known Keith (Richards) since they're 10 year old kids. And they genuinely love each other. They love the music. They have passion." And, as I think about our Summit today, that's really the key with the culture. It's staying with your culture, staying with the people, showing them that you love them and innovating together and growing. Learning together. And that's what we are going to be talking about today.

In just two fast hours, you will hear from three Fortune 500 CEOs. Not just good CEOs, but great CEOs, who have unique practices in building culture and innovation. Then you'll hear from four work groups behind the scenes on how CEOs really think. Then, finally, we're going to have summaries. So with all of this, all I'm going to say to you is Share the Love. This is your opportunity. You're going to participate in CEO polls. You should write things down in the chat that you liked and that you didn't like. This is your Summit.



Steve Jones | Global Chairman & CEO, Allied Health

USING TALENT AND CULTURE TO BUILD A COMPANY FROM 400 EMPLOYEES TO 800,000 EMPLOYEES

Robert, thank you very much. It's good to see you again and it's good to be here. I appreciate you reaching out and asking me to talk a little bit about how we built at Allied Universal and where we're going as an organization.

I'd like to reflect back on the story over 30 years ago when I left a multi-billion-dollar organization which was in the waste business. I left 401K stock options and a nice benefits package. I traded it all in to go to work for a very small, family run business where I was a non-family member. The business, called Universal Protection Service, offered no 401K, no retirement plan and, I would say, a subpar benefits package to say the least.

People at the time thought I was crazy. From any outside observer you would have said this is a losing decision, a losing proposition. I didn't come from the security industry, I wasn't a former law enforcement officer. But one of the things I did know is I knew how to build teams and I knew that great teams and great people can accomplish great things. I believed that I was going to take this risk because I knew in my gut that I could build this small little company that two family members had run for 35 years and I really believed that we could build it into something.

I remember telling them specifically that one day we could build this into a billion dollar company. And the two of them looked at me like I was crazy at the time when we were doing \$12 million a year in revenues—they just couldn't believe it. They couldn't fathom it.

Now, today, we're known as Allied Universal and that's a combination of some acquisitions that we've made over the past, rather than keeping the name Universal. Today we have over \$21 billion annually in revenues and over 800,000 employees in over a hundred countries around the world.

It's really simple on how we grew the business. It hasn't been an easy journey and I don't want to say it was simple but we focused on just a couple of things. First and foremost, we focused on talent, we focused on culture, and we focused on innovation. I think talent and culture go hand in hand. You have to have the right people in the right



positions and create the right team environment in order to support the company's values, our mission, our vision, our philosophy ... business is a team sport.

You have to be able to operate together as a team. And, as a team, you're going to win, so you have to know how to win with class, how to win with dignity and how to celebrate wins but also continue to focus on what makes you successful. And you have to be able to lose as a team, so business is a team sport.

Talent and culture go hand in hand with business. I would also say, my key philosophy is as a leader and I know there are many leadership philosophies out there but I truly believe in leading by example. I believe in leading from the tip of the spear. You have to let all your team members know that you're not going to ask them to do anything that you wouldn't do yourself, and that you're going to run as hard as they run, if not harder, to make it happen.

Today with 800,000 employees, we're a different organization. I make promises to each of these employees all around the world each and every day. I'll never ask them to do something that I'm not willing to do. I'll never ask them to work harder than I'm not willing to work. I think it's that drive, that pace, that competitiveness, that keeps us going.

During tiring times, one of the greatest challenges that we all face as leaders is keeping not only ourselves motivated but, more importantly, keeping our teams motivated, keeping our teams fully engaged. Success is a grind and staying on top is even a bigger grind because everyone's cutting for you and everyone wants to be the best. And so getting there is half the battle. Staying there, I think, is an even harder battle.

From an innovation standpoint, I would say this is one of the other big areas that I came to in this tiny little security guarding business. There wasn't much innovation. It was just people scheduling people, but we believe that innovation has always been a key part of our culture. It's always been a key part and focus of our growth strategies.

We're using artificial intelligence right now. I know it's a key buzzword these days and we've been working on this for the last four years with some handheld products that our security officers use. We've been using AI with our scheduling and hiring process over the last two years and now we're in a position to roll it out and fully implement it. We're completely digitizing and automating core administrative functions that our people do every day.

Technology is going to make Allied Universal a better company. It's going to make us a more efficient company. It's going to make us a better employer to our team members. And it's going to make us a better partner to our customers.

Why are we doing this? I believe that if we don't evolve, we will go extinct. Small companies can beat big companies -- as everyone probably remembers, taxi cab companies had a lock on the ride sharing industry all around the world. But they failed to evolve and then new technology such as Uber and Lyft came out. And all of a sudden, that changed the ride sharing world forever.

So, Allied Universal will always look to continue to evolve. Our team is focused on being innovative and technology in our culture is focused on being innovative. We do this so we can come up with new creative ways to win.

What I would say in closing is, first of all thank you for allowing me the opportunity to speak with everyone today. My closing comments are what I tell our team members, what I tell my own kids, is that everyone needs to have a vision for their future. Vision is absolutely critical. But the most important part is having an executable plan to get there. It's one thing to have a vision. It's another thing to have an executable plan that can get there. And then right there, following that plan, you have to have a winning roster of talent. You have to have great people by your side. Culture is what it really is all about and there are a lot of books written on culture and they say culture trumps strategy. Until you run a big business or you run a business where you're managing lots of people, when you read that in a business book, you may not necessarily get it.

But, when you're involved in running a business every day, you truly get it—that it takes great people to deliver every single day and those great people make up a culture, and that is what makes a company special. And that will trump strategy all day long. So we're all about innovating, competing, hustling, grinding, and keeping that in it. No matter what, that's our culture. That's what our people are all about and that's what makes Allied Universal different and, in fact, phenomenal. Hopefully I gave you a few words of wisdom and, again, Robert, thanks for having me and it was great to be here with everyone.



Steve Bandrowczak | CEO, Xerox

HOW XEROX REINVENTED ITSELF WHILE TRANSFORMING THE ENTERPRISE WORKFORCE

It's always a pleasure sitting with you and spending time talking about these great dialogues and these great subjects that we get a chance to share with so many people. Thank you for helping us to share these important messages across the CEO community. Hello, everyone. My name is Steve Bandrowczak and I'm honored to be here with you today. Culture and innovation are two topics I am most passionate about as a leader and I'm excited to share my insights and experiences that have shaped my journey. Before I begin, I wanted to take a moment to share a bit about my background.

My path to becoming a CEO of Xerox has been anything but traditional. I grew up in South Ozone Park, Queens—not exactly the CEO capital of the world. I have worked in a variety of jobs since I was 16, from clamming on the bay, to working at a deli, to doing heavy construction on the Long Island Railroad while taking classes at night. This path wasn't easy, however it has inspired my leadership style and empowered me to be fearless and maintain the confidence that I could overcome anything and everything if I put my mind to it. I work each day to ensure our employees come to work with the same mindset, regardless of backgrounds, knowing that together we can keep Xerox at the forefront of workplace and innovation.

I became CEO of Xerox nearly two years ago. I knew we needed to bring our legacy company into a modern age. For more than a hundred years, Xerox redefined the workplace experience with innovating technology that helped drive productivity. However, over the past five years, work drastically changed and our client needs shifted. They needed a partner to guide them through the macro trends post-COVID-19 and to start to think about the new hybrid workplace and to think about the new digital transformation efforts that were happening out there.

We've evolved with the needs of our clients by narrowing our focus to be more strategically centered on improving productivity in this new hybrid workforce. We're doing this through our reinvention program. We've aligned our resources to best support the hybrid workforce and our client needs. We've created a greater organizational focus on our emerging IT and digital services capabilities. Most importantly, we're continuing our legacy of innovation by delivering client-centric and digital driven technology solutions to meet the needs of today's workforce, setting Xerox and our clients up for long-term success. More broadly, we're seeing how AI is changing the way we work with an increased amount of importance placed on data. Think about your cell phone today. A cell phone without a network is completely useless. AI without data is useless as well. AI will impact how we interact with the world around us both in and out of the workplace. As leaders, it's our responsibility to decide how and when to employ these tools, keeping its capabilities and our stakeholders in mind to ensure that it's used in the right way to drive betterment for our humanity.

The sheer volume of changes impacting the business landscape can seem daunting and overwhelming. But I believe there are some actionable steps you can take to keep your company at the forefront. First, recognize your business needs and how they're evolving. And the different environmental factors that create and challenge your businesses. What has worked in the past may not work for you today. We're a 113 year old plus company that has had tremendous success. But you need to look at not just what worked historically, especially when we see how the effects of the COVID-19 digital transformation continue to alter how we work.

At Xerox, we're simplifying our core products and increasing investment in our partner enabled go-to-market model. This allows us to focus more on developing and deploying digital services capabilities to address the needs we see in the market. Recognizing business needs and how they are evolving in industry agnostic is a crucial first step to ensuring your company is at the forefront of innovation.

Second, effectively communicate your vision. Change today is as slow as it will ever be. I talk about this all the time. You think about the pace of technology and the change and the rate of change that we see in the industry today. It is vital your employees understand this and they're ready to embrace that change. It was paramount that our employees understand our reinvention. And, in return, they have embraced this mindset to ensure our clients and partners have the tools they need to be successful, installing and maintaining a culture that is wholeheartedly willing to take a chance and focus on change. Address the challenges, absorb and look at how you embrace those challenges. That comes with pursuing your company toward success by recognizing gaps.

You must communicate with your team effectively and take strategic actions to address them. You will set your company



up to succeed in the future. You must keep one foot in the future, and address client needs and continuously provide the highest level of support and innovation. It is our honor and pleasure to share these insights and experiences with you all. And I look forward to our discussion today.



Heather Lavalley | CEO, Voya Financial

THE PERSONALIZATION OF CULTURE AND HOW IT DRIVES INNOVATION

Robert, it is so great to be with you again and we get to talk about one of my most favorite topics which is purpose. And to give a little bit of context around why purpose is so important to me and of why I think it's helpful, here's a little bit of a backstory of our journey. So, we often refer to Voya as a 6,000 person startup company. We went public in 2013 and, at that time, we had the opportunity to be really intentional about our culture. What did we stand for as a company? And what we stood for was really doing right by our communities, by our colleagues and by our customers. And that really was embedded in our DNA and we spent time really refining our strategies.

So we knew where we were headed, and how we operate it as a culture, but what was missing was purpose. What defined us? What was missing from society if Voya didn't exist? And, so, we had the opportunity during the pandemic when our colleagues and teams were in need of connection. And we brought together 14 leaders. I had the privilege of being one of those leaders to come up with Voya's purpose. And as we were going through those workshops, one of the things that was so important was we wanted it to really stand the test of time. We wanted to be bold. We wanted it to be actionable and authentic. And what we came up with was "together we fight for everyone's opportunity for a better financial future." We felt that was something that was incredibly authentic and memorable. And when we did this, it was not about marketing. This was not about some phrase that we were going to take externally, however it was intending to be a rallying cry for our employees, so that they understood that they served something bigger and with more purpose.

It reminds me of the great story of John F. Kennedy visiting NASA and meeting the janitor. He asked the janitor, "Well, what are you doing?" And the janitor replied, "I'm putting a man on the moon." That's the power that we think our purpose carries for our employees. I'll give you a quick story which is how purpose comes into action for Voya. I had the opportunity to listen to a recording of one of our call center associates with a customer. And this customer was going through a really difficult time. His wife had passed away a few weeks ago and he was calling because he had received a claim into his checking account that he didn't file. He didn't understand and thought it was a mistake. The customer associate was so empathetic with him and explained that it actually was a valid claim. We had changed our processes aligned with our purpose a few years earlier, so if we are scanning for one type of claim, we will also scan for another type of policy, because customers sometimes forget they have some of these coverages. And lo and behold, this individual was entitled to the money, and really was in need of it. It warmed my heart because it was an example of purpose in action, and why we exist as a company, to make a better financial future possible.

The next evolution was personal purpose. We offered to all of our employees to go through personal purpose workshops which was something that all of us who were part of the creation of Voya's purpose got to do. I received e-mails from people saying, "Thank you so much for the opportunity. I can't believe I get to do this during company hours!" And, one of the great stories was we had an employee who had value cards and it was really reflecting what was of importance. And this employee took the value cards home to his wife, they sat down together and ended up changing their retirement plans. By just reflecting and thinking about what was important to them -- they wanted to travel up and down the coast in an RV -- this experience was so different from what their original plan was.

For me, my personal purpose is to use my power and influence to help others unleash their own inner superpowers. That's something that I think about every single day when I'm interacting with Voya employees, colleagues, customers and even my own family. It's how I can help bring Voya's purpose to life.

So, in closing, Robert, I'd say purpose matters. And I think that unleashing your employees' personal purpose is really the next evolution of purpose. And finally, this is often referred to as the soft stuff, but it really is the hard stuff. And I can tell you from experience that it can make a real difference in a company in your performance, and all around for your employee engagement. I'm looking forward to further discussion on the panel today.

SUMMARIES



Jessica Skon | CEO, The BTS Group

We had a terrific conversation on building a high performance – and human centered – culture. I'm very grateful to both Heather, CEO, Voya Financial, and Steve, CEO of Xerox, for going deeper with us in our panel discussion, building on their opening remarks. And I appreciate their willingness to engage beyond our planned questions to answer the wide-ranging questions in the chat. Thank you both very much for that.

Here is a summary of the key insights that surfaced on this important topic of building a high-performing and human-centered culture.

We opened by saying that neither company views people culture as separate from outcomes. There are a lot of examples of how the frontline, even in doing service work, is engaging together with customers.

We then moved into two categories. One is on the topic of growth mindset and continuous learning and the other one is the topic of how much transformation each of the companies is experiencing. On the change front, it's about rewiring companies and how they work, and moving faster from product innovation to customer centric orientation.

I would say consistently we agreed that leadership doesn't have all the answers. We shared a lot of examples of empowering teams and voices and how to engage the organization to develop the answers. One of the companies has an initiative that brings together one thousand younger professionals and people with very different histories and backgrounds to weigh in on and influence the major initiatives of the company.

We discussed other examples of meeting with new hires and reminding them of how much we value fresh experience and acknowledging the range of college degrees that didn't even exist when the senior leadership team was getting out of college, which brings exciting new thinking. We also discussed our efforts to encourage them to speak up and find their voice quickly in the organization.

On the topic of transformation, we discussed that it involves both the "big R" and the "little R." There are ways of working, and process Redesigns that are core to driving change. And just as importantly, there's reminding people that the daily conversations and the daily moves are also things that are shifting the culture to support the new direction.

We spent time exploring the critical importance of creating an environment where it's safe to fail, and both CEOs offered examples of what that looks like. For example, failure is great when it's done in 4 to 5 weeks. You start with a prototype, test quickly, and with failures then cut your losses. Then take the step of turning those failures into powerful learning moments and learning that's expressed publicly so people can gain from the same wisdom. This is much better than doing this after a few years, when so much more is at stake for the organization and the individuals.

There was a great question on legacy and how to evolve culture in a company that's been around for a long time. What do you promote that moves it forward and how do you move on? And what was really interesting is that both CEOs took the legacy question and linked in to the critical need for a continuous learning mindset. What's paramount is that we are constantly learning. We were reminded that today is the slowest change we will ever experience again, and the ability to pivot and learn on an ongoing basis will remain an imperative.

We wrapped up with hearing from both CEOs on how they create a strong, high engagement culture given hybrid working and post-COVID. And what was interesting in their insights is the high level of intentionality that is required around tackling this challenge. They shared examples of the culture and town halls and other communication platforms, where there's intention around bringing people together on a regular basis, wherever they are located.

Both CEOs observed how important it is for leaders to be authentic and real when communicating to their teams to create the culture of learning. Their perspective is that when they are authentic and real about challenges, personal problems or problems affecting their families, it sets an important tone for the organization. It gives people permission to not only talk about their own situations and needs in those areas, but it gives them permission to talk about all difficult things. And you can't really have a learning culture without that.



Kip Morse | President & CEO, International Association of Better Business Bureau

Thanks, Robert, and I really appreciate it. I had a great group. We had Eric Bertrand, CEO of Mod Op, Felix Van de Maele, co-founder and CEO, Collibra.

Before I start, I want to thank Michael Weening for mentioning the RAG model as I just got out of an hour long meeting with folks, and we were discussing the RAG model at the Better Business Bureau, and I agree with Michael completely.

I had a tremendous group. We got into everything from character, culture, customers and community. We talked about the purpose and how it really requires knowing the employees' and the customers' needs, specifically, and we got into a little bit of a conversation around monitoring, sharing and getting feedback. Innovation often comes from understanding those customer needs and engaging in educational resources.

Every one of the panelists agreed that they provide educational resources, free of charge. They have certifications. They're investing in their customers to make sure that they have the resources and have the understanding in a way that can be simplified so the business can take the responsibility of making a complex task for small businesses and make it understandable. It's a value to the customer going forward.

Diving into AI a little bit, on the same type of a topic we talked a lot about how AI needs the same thing to be done. It needs to be simplified in a way that's accessible and standing for the customers. So if you do that, then you're going to be building that community of customers that seek you out as the resource for providing a better understanding of this world of AI.

The other thing that was interesting is that, ultimately, innovation is great but that you still need some of the tried and true ways of human connection and using that relationship. Understanding where the needs are will never go away. You need to be front and center with your customers and really understanding them.

From an innovation perspective, I thought it was a really neat idea Felix had which is a hackathon with 40 engineers, pulling them in and giving them the opportunity to really innovate. And they can monitor what's taking place and everybody enjoys the energy that builds from it.

Another takeaway is having data is fantastic, but organizing that data in a way that can be shown and for the customer to make sure that they understand how it improves the customer experience. And if they can understand that, then they're going to be more comfortable with AI and the opportunities that come from it.

And then we talked about governance and compliance focus in AI, and that's going to be a big arena that everybody's going to be talking a lot about. But, supporting the broader community that these companies served was high on their list, and largely because it resonates with both the employees and the customers that they serve and it's part of their expectation.

SUMMARIES



Michael Weening | President & CEO, Calix

As every CEO I speak to is both excited and deeply worried about AI, it was a timely pleasure to moderate a dynamic discussion about it with John Keib, chief product and technology officer for Google Fiber; and Charlie Kawwas, president of Broadcom, Inc. Every one of us understands AI at a deep level and are actively engaged with it as part of our innovation roadmaps.

When it comes to the potential impact of AI, Kawwas put it best: “AI is a huge inflection point that is going to change humanity, just the way the Internet and the industrial revolution did. It is here to stay.” At the same time, as tech leaders, we can spot the difference between AI hype and reality. No matter what leaders are looking to leverage AI for, businesses must invest only where it makes sense—that is, where there is an opportunity to realize ROI.

At Calix, all our customers, from the largest to the smallest, are asking about this transformational technology — but we’re not focused on doing AI fast. We want to do it right. We first started exploring AI opportunities when we created our first neural networks in 2019. Most recently, we adopted Microsoft Copilot, an AI productivity tool that is saving our teams 5,000 productivity hours monthly. Kawwas mentioned that Broadcom uses AI in marketing and chip development. This foresight is crucial since innovations in the semiconductor industry can take years. He encourages engineers to develop transformative use cases. Recently, engineers showed him dozens of such cases, one-third devoted to cybersecurity. Even if 10 percent of these succeed, Kawwas will consider it a success.

CURRENT LIMITATIONS OF AI

Today’s AI poses some real challenges and risks for consumers and businesses:

Security and privacy concerns. The people most skilled at adopting and leveraging AI are the bad guys — cybercriminals. It is increasingly common to see news stories about phishing scams, data hacks, and other such attacks both on corporations and individuals. There have also been self-induced “slips” at companies that have had employees accidentally input proprietary information into AI platforms like ChatGPT.

Inaccurate data and AI “hallucinations.” Today’s AI models, like OpenAI or ChatGPT, are trained on vast datasets from the Internet. That can lead to “hallucinations,” which means the user gets inaccurate or irrelevant answers. It also compromises privacy.

Consumers are underprepared to deal with the challenges. Average consumers are still ignorant of how AI may pose a threat to their personal data. As Keib said, what’s needed is innovation from many companies—a true ecosystem—to provide better customer security.

WE HAVE YET TO SEE THE FULL POWER OF AI

While AI is evolving at an incredible pace, it is also in its infancy. Many companies are now using AI for chatbots. In telecom, we are leveraging AI for network optimization. However, as Keib states, the way AI is advancing makes these use cases feel “almost antiquated.”

“AI isn’t just about saving money or increasing efficiency,” says Keib. “It’s about programming roles that an employee might handle, and being able to perform seven times the volume simultaneously, resulting in a massive productivity boost. AI allows us to consider things we couldn’t before. For example, analyzing every customer touchpoint over the past 10 years to predict the next 3,000 touchpoints we’ll have with that customer.” Keib calls this moving from transactional AI to experiential AI—taking disparate datasets and combining them into valuable outcomes.

ADDRESSING THE LIMITATIONS: HOW AI IS ALREADY EVOLVING WITH THE RAG MODEL

Any leader who wants to understand where AI is going right now should research Retrieval-Augmented Generation — or RAG — architectures. RAG addresses this by integrating a retrieval mechanism. It captures relevant information from a specific dataset. So, with a RAG-generated response, you get relevant, accurate, secure data from verified sources.

Broadcom is investing heavily in RAG architectures and believes it can deliver operational expense (OPEX) savings for customers in the short and longer term and on increases in Average Revenue Per User (ARPU) in the medium to longer term. A service that did that would be embraced by consumers of broadband.

“They would be excited,” Kawwas said. “Because we would be protecting grandma, protecting kids, protecting families. And people would pay more to get a service like that.”



Bill Madison | CEO, LexisNexis Risk Solutions

Thanks, Robert. We had an incredible panel where leaders from the insurance industry talked about consumer experience and its role in the future of the insurance industry.

There are common themes that we heard from each of the panelists, and these common themes are truly front and center to their overall strategies and how they're advancing their business going into the future.

Salene Hitchcock-Gear, President, Individual Life Insurance at Prudential, talked a lot about helping advisors and consumers, offering consumers ways to find insurance when they need it the most, such as when there's a change in their lives. She also talked about fighting for the consumer in every conversation that occurs across the business as part of an organization's customer experience focus.

Adam Fischer, Chief Product and Innovation Officer at property and casualty insurer Clearcover, went in depth about technology and the role of AI, and when to apply it considering all the questions the consumer has to answer. He discussed using AI throughout the whole process to help the consumer get to the answer they're looking for faster. And, in some cases, it may be gathering more intelligence from the consumer through additional questions associated with their need. Ultimately, the consumer is opting into the process with the understanding about giving more intelligence and getting the outcome in a faster fashion. I thought that was brilliant as well.

Amy Friedrich, who is the President of Benefits and Protection at Principal, talked about small business needs and having a deeper relationship with small business owners, but also using that relationship to provide insurance and benefits-related solutions to the employees of small businesses. That relationship between the owner and the employees is always very strong, so how can the small business owner use that relationship with Principal to offer new insurance solutions to their employees?

We all agreed consumers are and should be front and center, always. With that, Robert, it was a great panel. Thank you for your leadership on this and helping us pull this discussion together.

CEO LIBRARY

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



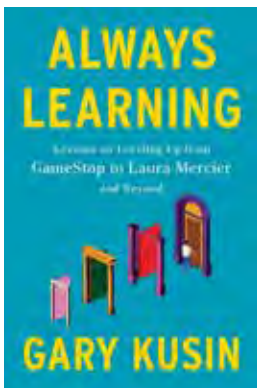
Heroes Work Here: An Extraordinary Story of Courage, Resilience, and Hope from the Front Lines of COVID-19

By: Lucinda M. Baier

How Brookdale’s response to the pandemic was 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 their 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.

NOTE: Because Brookdale’s associates are the true heroes of this story, 100% of the net profits from this book will go to Brookdale’s Associate Compassion Fund. The Associate Compassion Fund provides financial assistance to eligible Brookdale associates who are dealing with a catastrophe or personal crisis outside of their control.



Always Learning: Lessons on Leveling Up, from GameStop to Laura Mercier and Beyond

By: Gary Kusin

A wealth of business and career wisdom from a bootstrap entrepreneur whose insatiable appetite for learning led him to the heights of success.

Gary Kusin—who co-founded GameStop and Laura Mercier Cosmetics and spearheaded the sale of Kinkos to FedEx as its former CEO—takes readers on an enlightening journey through the corridors of business, leadership, and personal growth. Dive deep into the mind of a mentor, entrepreneur, CEO, and turnaround artist as he shares pivotal moments, invaluable lessons, and the essence of his leadership principles. Embark on this captivating odyssey and discover the essence of evolution in business and life.



After the Roof Caved In: An Immigrant’s Journey from Ireland to America

By: Michael J. Dowling

A powerful, poignant look at how hard work and education enabled one young man to change his life and circumstances completely.

Dowling shares his rags-to-riches story from his destitute youth to his realization of the power of education. Full of memories both fond and painful, this powerful memoir examines the family dynamics of his childhood—including the lives of his deaf mother and arthritic father—as well as the social systems of the time, the politics and concerns of the day, and the way a variety of disparate events came together to help Dowling change his life completely. Most importantly, it chronicles his lifelong effort to rise above the circumstances into which he was born and to create the sort of life he dreamed possible.



Benefits That Make a Difference.

There are more than 43 million unpaid family caregivers in America.¹ Many of them are juggling work and caring for older family members which may contribute to more time off work, income loss and caregiving fatigue. You can provide your employees and their families assistance with the support and care they may need as they age, through exclusive benefits from Brookdale Senior Living.

Brookdale Senior Living’s Strategic Partnerships program helps close the caregiving gap for families by working with benefit providers, universities, companies and organizations to offer exclusive senior living benefits like discounts, access to educational resources and tailored program assistance. Through participation in our program, your organization can pass these benefits on to your members and/or workforce and their families.

¹National Alliance for Caregiving and AARP. (2015). Caregiving in the U.S.

As a participant in our program, here’s what Brookdale can offer your employees or members:

 <p>SENIOR LIVING: 7.5% OFF monthly fee/basic service rate*</p>	 <p>IN-HOME SERVICES: 10% OFF service rate for In-Home services**</p>	 <p>SHORT-TERM STAY: % DISCOUNTED RATES VARY by community***</p>
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► To learn more about participation opportunities, call **(615) 442-5511** or email **StrategicPartnerships@brookdale.com** today.

Applicable to all discounts: These discounts do not apply to any room, board or services which are paid for all or in part by any state or federally funded program. Discounts are available to members and their family members, including spouse, adult children, siblings, parents, grandparents, and corresponding in-law or step adult children, siblings, parents, and grandparents through current spouse. Subject to availability. Further restrictions may apply.

*Discount is only applicable to new residents of a Brookdale independent living, assisted living, or memory care community admitting under an executed residency agreement. Discount applies to monthly fee/basic service rate, excluding care costs and other fees and is calculated based on the initial monthly fee/basic service rate.

**Discount is only applicable to new clients of personal assistance services by a Brookdale agency under an executed service agreement.

***Discount is only applicable to new residents of a Brookdale assisted living or memory care community admitting under an executed respite agreement. Discount applies to the daily rate.



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Pete November
Chief Executive Officer
Ochsner Health

Ochsner Health congratulates Pete November for being honored with the Top 10 CEOs in Healthcare Award. Ochsner Health is committed to shaping the future of healthcare through innovation, leading expertise and compassion. For more than 80 years, we have been serving our patients with exceptional clinical leadership. But we won't stop there. Utilizing the latest digital tools for wellness, we are empowering the communities we serve to get well and stay well. We are fueled by the talent, passion and diversity of our team members who are dedicated to exceeding quality and safety standards.



Where Health Leads

To learn more about how Ochsner inspires healthier lives and strong communities, visit ochsner.org/community.