


NATIONAL  
CENTER *for*  
HEALTHCARE  
LEADERSHIP

# LEVERAGING LEADERSHIP PROGRAM

Human Capital Investment Conference  
& Gail L. Warden Leadership Excellence Award

Tuesday, November 13, 2012  
Westin Chicago River North

Welcome Letter	1
About NCHL	3
Agenda	4
Conference Speaker Bios	6
Past Award Recipients	12
Conference and Award Selection Committees	13
Sponsors	14
Interviews of Award Recipients	16
About Rush University & University of Michigan	22
Industry Report: Simulation	23
Research & Initiatives: Women in Leadership & OrgX	24



In my vision of the future:

**LEADERSHIP EXCELLENCE WILL IMPROVE HEALTHCARE**

Your vision. Our commitment.  
Together, we will move healthcare forward.

Hospira congratulates **Dr. Michael Katz** and **Margaret O’Kane** for their achievements and for being co-recipients of the prestigious 2012 Gail L. Warden Leadership Excellence Award.

Both recipients have excelled in improving the delivery and quality of healthcare while reducing costs. Dr. Katz is well recognized for servicing lower income populations in both San Francisco and Los Angeles and is lauded for his advocacy and commitment to mentoring and teaching future healthcare leaders. Ms. O’Kane is credited with fostering an evidence-based healthcare system focused on best practices toward the goals of savings millions of lives and billions of dollars in ineffective care.

Hospira shares in their vision to improve public health, foster continuous learning and move healthcare forward.

Friends and Colleagues,

The National Center for Healthcare Leadership (NCHL) welcomes you to the inaugural Human Capital Investment Conference, **Leveraging Leadership**, and **2012 Gail L. Warden Leadership Excellence Award** dinner. Thank you for joining us.

We are excited and energized by changes in the field, where healthcare is showing marked improvements in tackling clinical challenges such as central line infections and implementing important strategic initiatives to foster excellence in their leaders. When NCHL was started back in 2001, we knew that the many challenges that healthcare faced would require major transformation both in terms of how we view processes and people. Today we continue to discover and recognize new approaches and to raise the bar for healthcare leadership.

The goal of today's conference is to showcase effective and innovative practices from organizations in the development and deployment of current and future leaders. Each session will begin with the organization's chief executive introducing the strategic context of the leadership program, followed by a presentation about the program from the senior leader most directly involved. The presentations will focus on how these programs align with the organizations strategic goals, how they are measured and evaluated, and how they have fundamentally improved performance. We are pleased to present 10 organizational initiatives that span three areas: Diversity & Inclusion, Clinical & Interdisciplinary Leadership Development, and Culture Change & Innovation.

We are also delighted to welcome Jonathan Peck from the Institute of Alternative Futures and Jeffrey Selberg from the Institute for Healthcare Improvement as keynote speakers. Mr. Peck will kick off the afternoon and share with us the work he is leading on modeling future health industry scenarios. Mr. Selberg will end the day with a look at how leadership initiatives can help achieve the Triple Aim goals.

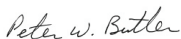
The afternoon concludes with remarks from the 2011 Recipient of the Gail L. Warden Leadership Excellence Award, Michael Dowling from North Shore-LIJ Health System.

This evening we will recognize two outstanding leaders in our field with the 2012 Gail L. Warden Leadership Excellence Award, Margaret O'Kane and Dr. Mitchell Katz. As an advocate for patient-centered, evidenced-based, high quality care coupled with her passion for measurement, transparency, and accountability, Ms. O'Kane's work with the National Committee for Quality Assurance has resulted in lasting and significant contributions to improving population health. Dr. Katz has transformed the safety-net systems in San Francisco and Los Angeles, expanding access to care, improving the quality of care, and enhancing the patient experience for all.

Thank you for sharing the day with us as we celebrate individual, team, and organizational leadership excellence!

Sincerely,

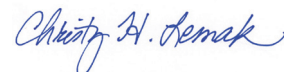
Peter, Andy, Christy



Peter W. Butler  
Chair, NCHL  
President & COO  
Rush University Medical Center



Andrew N. Garman, PsyD  
Chief Executive Officer, NCHL  
Professor, Health Systems Management  
Rush University



Christy Harris Lemak, PhD  
Chief Academic Officer, NCHL  
Director, Griffith Leadership Center  
in Health Management & Policy  
University of Michigan

## EVENT HOSTED BY



## AWARD CO-SPONSORED BY





# Congratulations

## 2012 Gail L. Warden Leadership Excellence Award recipients

**Dr. Mitchell H. Katz, MD**

*Director*

Los Angeles County  
Department of Health Services

**Margaret E. O'Kane**

*President*

National Committee for  
Quality Assurance

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## MISSION

*To be an industry-wide catalyst to ensure that high-quality, relevant, and accountable health management leadership is available to meet the needs of 21st century healthcare.*

## VISION

*Improve the health of the public through leadership and organizational excellence.*

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## Agenda

### HUMAN CAPITAL INVESTMENT CONFERENCE | LEVERAGING LEADERSHIP 1:00 – 5:15 P.M.

GRAND BALLROOM C	<b>1:00 WELCOME &amp; OPENING REMARKS</b>  <b>Andrew N. Garman, PsyD</b> <i>CEO, National Center for Healthcare Leadership</i> <i>Professor, Rush University</i>  <b>Peter W. Butler</b> <i>President &amp; COO</i> <i>Rush University Medical Center &amp; Board Chair, National Center for Healthcare Leadership</i>		<b>1:15 KEYNOTE ADDRESS</b> <b>LOOKING TO THE FUTURE: CREATING A CULTURE OF HEALTH</b>  <b>Jonathan C. Peck</b> <i>President &amp; Senior Futurist</i> <i>Institute for Alternative Futures</i>
	<b>CULTURE CHANGE &amp; INNOVATION</b>		
GRAND BALLROOM C	<b>1:50</b>  <b>CONE HEALTH</b> <b>Cultural Transformation Drives Breakthrough Performance</b>  R. Timothy Rice, <i>CEO</i> Joan Evans, <i>Vice President People Development &amp; Chief Learning Officer</i>	<b>2:20</b>  <b>FROEDERT HEALTH</b> <b>Creating a Workplace of Choice</b>  Catherine Jacobson, <i>President &amp; CEO</i> John Pandl, <i>Chief Learning Officer</i>	<b>2:50</b>  <b>HENRY FORD HEALTH SYSTEM</b> <b>Building an Advanced Leadership Academy</b>  Robert Riney, <i>President &amp; COO</i> Marwan Abouljoud, MD, <i>Director Henry Ford Medical Group Physician Affairs</i> Kathy Oswald, <i>Senior Vice President &amp; Chief Human Resources Officer</i>
	<b>PROMENADE B</b>  <b>HOLY FAMILY MEMORIAL</b> <b>Roadmap to Results</b>  Mark Herzog, <i>President &amp; CEO</i> Laura Fielding, <i>Administrative Director</i>	<b>HOSPIRA</b> <b>Ignite Programming Sparks the Fire Within Its Employees</b>  Thomas Moore, <i>President, Hospira US</i> Pamela Puryear, <i>Vice President</i>	<b>STANFORD HOSPITAL &amp; CLINICS</b> <b>Rapid Culture Change in an Academic Medical Center; This is Not an Oxymoron</b>  Amir Dan Rubin, <i>President &amp; CEO</i> Todd Prigge, <i>Director</i>
GRAND COURT	<b>3:15 Enjoy a short break with colleagues and friends. Speakers will be available for questions and answers.</b>		



	3:35 DIVERSITY & INCLUSION	4:05 CLINICAL & INTERDISCIPLINARY
GRAND BALLROOM C	<p>SODEXO</p> <p><b>Making Every Day Count</b></p> <p>Patrick Connolly, COO &amp; President of Healthcare Market</p> <p>Karen Penn, Market Vice President for Diversity</p>	<p>NORTH SHORE-LIJ HEALTH SYSTEM</p> <p><b>Physician Leadership Development for the New Healthcare Environment</b></p> <p>Michael Dowling, President &amp; CEO</p> <p>Jeremy Boal, MD, Senior Vice President &amp; Chief Medical Officer</p> <p>Joseph Cabral, Senior Vice President &amp; Chief Human Resources Officer</p>
PROMENADE B	<p>PIEDMONT HEALTHCARE</p> <p><b>The Gender Gap in Healthcare</b></p> <p>Rod Odom, Jr., Board Director, Piedmont Healthcare</p> <p>Michele Molden, Executive Vice President &amp; Chief Transformation Officer</p>	<p>UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM</p> <p><b>Our Big Ideas—Increasing the Capacity for Innovation in Penn Medicine</b></p> <p>Kevin Mahoney, Vice Dean, Senior Vice President, &amp; Chief Administrative Officer</p> <p>Judy Schueler, Vice President &amp; Chief Human Resources Officer</p>
GRAND BALLROOM C	<p><b>4:30 KEYNOTE ADDRESS: LEADING THE WAY FOR THE TRIPLE AIM</b> Jeffrey Selberg, COO, Institute for Healthcare Improvement</p> <p><b>5:00 CLOSING REMARKS</b> Michael J. Dowling, President &amp; CEO, North Shore-LIJ Health System &amp; 2011 Gail L. Warden Leadership Award Recipient</p>	

## 2012 GAIL L. WARDEN LEADERSHIP EXCELLENCE AWARD DINNER

5:15 – 9:15 P.M.

- 5:15 RECEPTION | GRAND COURT**
- 6:45 WELCOME | GRAND BALLROOMS A & B**  
Peter W. Butler, President & COO, Rush University Medical Center; Board Chair, NCHL  
Christy Harris Lemak, PhD, Chief Academic Officer, NCHL & Director, Griffith Leadership Center in Health Management & Policy, University of Michigan
- 7:00 OPENING REMARKS**  
Fawn Lopez, Publisher and Vice President, Modern Healthcare
- 7:15 REFLECTION AND DINNER**  
Richard J. Umbdenstock, President & CEO, American Hospital Association
- 8:10 INTRODUCTION OF 2012 AWARD RECIPIENTS**  
R. Timothy Rice, CEO, Cone Health
- 8:35 AWARD RECIPIENT REMARKS**  
Margaret E. O'Kane, President, National Committee for Quality Assurance  
Mitchell H. Katz, MD, Director, Los Angeles County Department Health Services
- 9:00 CLOSING REMARKS**  
Andrew N. Garman, PsyD, CEO, NCHL & Professor, Rush University

## Conference Speaker Bios



### Marwan Abouljoud, MD

Dr. Marwan Abouljoud is the director of the Transplant Institute and Hepatobiliary Surgery at Henry Ford Hospital. He serves as director of physician affairs for the Henry Ford Medical Group and is the Benson Ford Chair in Transplantation. Dr. Abouljoud is associate professor of surgery at Wayne State University and is president of the Surgical Alumni Association for the American University of Beirut. He is past vice chair of the United Network for Organ Sharing's (UNOS) Operations Committee. He has served as co-chair of the Fellowship Training Committee and was the first chair of the Business Practice Committee of the American Society of Transplant Surgeons (ASTS). Dr. Abouljoud has been elected councilor-at-large for ASTS. Additionally, he has been elected as associate councilor for the UNOS Membership and Professional Standards Committee, as well as appointed to the Policy Compliance Subcommittee. Dr. Abouljoud has been assigned to serve on the Joint Steering Committee Work Group of the American Society of Transplantation. Dr. Abouljoud received his undergraduate and medical degrees from the American University of Beirut in Beirut, Lebanon.



### Jeremy Boal, MD

Dr. Boal is senior vice president and chief medical officer at North Shore-LIJ Health System. He previously served as medical director at LIJ Medical Center. Dr. Boal came to North Shore-LIJ from the Mount Sinai School of Medicine, where he served as vice chair for strategic planning and faculty practice services for the Department of Medicine. Dr. Boal holds The Lawrence Scherr, MD, Endowed Professorship at the Hofstra North Shore-LIJ School of Medicine. A board-certified internist with additional certification in geriatrics, Dr. Boal began his career at Mount Sinai Medical Center as a medical resident in 1994. He has received many awards and honors for his work including The Alexander Richman Commemorative Award in Humanism and Ethics in Medicine from Mount Sinai School of Medicine (2006) and the Humanism and Medicine Award (2002 and 2000). Dr. Boal received his MD from the Medical College of Wisconsin, Milwaukee, and a BS from McGill University, Montreal, Canada.



### Peter W. Butler

Peter W. Butler is chair of the National Center for Healthcare Leadership and president and chief operating officer of Rush University Medical Center in Chicago. A nationally recognized healthcare executive with more than 25 years of experience, Mr. Butler is also chairman of the department of health systems management at Rush University. Before joining Rush in 2002, he served as president and CEO of The Methodist Hospital System in Houston and senior vice president and chief administrative officer at Henry Ford Health System in Detroit. Mr. Butler currently serves as chairman of the governing board of UHC. Previously, he served on the boards of the Health Research and Educational Trust, the Michigan Hospital Association, and the Texas Hospital Association. In 2008, he was appointed to a three-year term as a member of the Medicare Payment Advisory Commission (MedPAC). Mr. Butler received a BA in psychology from Amherst College and a MHA degree from University of Michigan.



### Joseph (Joe) Cabral

Joseph Cabral is the senior vice president and chief human resources officer for the North Shore-LIJ Health System. The organization has an annual operating budget of more than \$7 billion and a workforce comprised of more than 45,000 employees. Mr. Cabral has been cited by *Time Magazine*, *Business Week*, *Wall Street Journal*, *New York Times*, *Forbes* and other industry publications for his expertise in "Best Practices" in human resources. He was an adjunct professor at the University of Massachusetts, has served as a Baldrige Examiner, and serves as a trustee for one of the largest Taft-Hartley Pension Plans in the country. Recently, he was appointed by the Governor of New York to serve on the Regional Economic Development Council. He holds an MS in quality systems management.



### Patrick (Pat) E. Connolly

Patrick Connolly is president of Sodexo's Health Care Market Group and also serves as chief operating officer of Sodexo North America. With managed revenue of over \$4.2 billion and in excess of 1,700 clients, Sodexo is the market share leader in both the Hospitals' and Senior Living markets. Mr. Connolly is currently on the board of the National Center of Healthcare Leadership and the Board of Directors of Comfort Keepers. He also sits on the Steering Committee of the ESSEC International Business School, Quality of Daily Life Institute study. Previous to this role, he served as president of Sodexo Senior Services. During his tenure, he chaired the Leadership Circle of the American Association of Homes and Services for the Aging, worked on the Institute for Aging Services' Advisory Commission, and played a role in assisting the International Association of



Homes and Services for the Aging in expanding in Europe. He is also the chair of the Sodexo Senior Living Market Champions. He holds a BBA from Western Illinois University and a MM from the J. L. Kellogg School of Management at Northwestern University.



### Michael J. Dowling

Michael Dowling is president and CEO of North Shore-LIJ Health System. With 16 hospitals and more than 270 ambulatory care centers throughout the region, North Shore-LIJ is the nation's third-largest, non-profit secular health system with more than 6,000 beds and a total workforce of more than 44,000 employees. Prior to becoming president and CEO in 2002, Mr. Dowling was the health system's executive vice president and COO. Before joining North Shore-LIJ in 1995, he was a senior vice president at Empire Blue Cross/Blue Shield. Mr. Dowling served in New York State government for 12 years, including seven years as state director of Health, Education and Human Services and deputy secretary to the governor. Mr.

Dowling has been honored with many awards over the years. He serves as a board member of the Institute for Healthcare Improvement and board member and Fellow of the New York Academy of Medicine. He is past chairman and current board member of the National Center for Healthcare Leadership, the Greater New York Hospital Association, the Healthcare Association of New York State, and the League of Voluntary Hospitals of New York. Mr. Dowling grew up in Limerick, Ireland. He earned his undergraduate degree from University College Cork (UCC), Ireland, and his master's degree from Fordham University.



### Joan Evans

Joan Evans is the vice president of people development and chief learning officer for Cone Health. She is responsible for the organization's people development strategies including human resources, organizational development, and enterprise learning. Over the past two years, Joan has also served as Cone's executive manager of cultural transformation. She has received national awards for her contributions to the field of leadership development including the 2011 Best Practice Citation from the American Society for Training and Development (ASTD). In addition to her role at Cone Health, Ms. Evans is president of South Rim Consulting, LLC, a consulting firm that specializes in executive coaching. Joan received her BS

in physical therapy from the Medical College of Virginia and her MBA from the University of North Carolina at Greensboro. She is a certified executive coach and a Six Sigma Green Belt. Ms. Evans is a member of the ASTD, ASHHRA, and the International Coach Federation. She recently completed a post-graduate certificate in the neuroscience of leadership from the NeuroLeadership Institute.



### Laura Fielding

Laura Fielding is administrative director of organizational development at Holy Family Memorial, where she has been in a professional and/or leadership position with for over 20 years. She is responsible for all functions of human resources, education and community outreach, parish nursing, and RSVP/Volunteer Center and Employee Health. She has extensive healthcare human resources, leadership, and development experience. She maintains overall responsibility for HFM's Ideal Culture strategy, which is one of three for HFM, by leading the cultural transformation process. Ms. Fielding has a bachelor's degree in public administration and political science with a focus on healthcare administration and human resources from

the University of Wisconsin-Stevens Point and a master's degree in management and organizational behavior from Silver Lake College in Manitowoc, WI.



### Kathleen (Kathy) A. Gallo, PhD, RN

Dr. Gallo is senior vice president and chief learning officer for North Shore-LIJ Health System. Under her leadership, the Center for Learning and Innovation—North Shore-LIJ's corporate university—and the Patient Safety Institute were created. Within North Shore-LIJ, Dr. Gallo has served as system director for emergency medicine and vice president for emergency medical services. Dr. Gallo serves on the advisory boards for the Executive Program in Work-based Learning Leadership at the University of Pennsylvania and the IHI Open School for Health Professions. Dr. Gallo is an associate professor at the Hofstra North Shore-LIJ School of Medicine and an associate adjunct professor at the Frances Payne Bolton School

of Nursing, Case Western Reserve University. Dr. Gallo is a board member of the American Nurses Foundation Board of Trustees and was inducted as a Fellow into the American Academy of Nursing in 2011. Dr. Gallo received her BS in nursing from Excelsior College, University of the State of New York; an MS in nursing from the State University of New York at Stony Brook; a PhD in nursing and MBA from Adelphi University, Garden City, NY.

## Conference Speaker Bios



### **Andrew (Andy) N. Garman, PsyD**

Andy Garman is CEO of the National Center for Healthcare Leadership and is a practitioner/faculty member in the department of health systems management at Rush University. He is coauthor of three books, *Exceptional Leadership*; *The Healthcare C-Suite: Leadership Development at the Top*; and *The Future of Healthcare: Global Trends Worth Watching* (Health Administration Press). Dr. Garman is a three-time recipient of the American College of Healthcare Executives' Health Management Research Award, and has received support from the Agency for Healthcare Research and Quality. His professional experience includes roles at the Federal Reserve Bank of Chicago, Illinois Institute of Technology, University of Chicago, and Illinois Department of Mental Health. Dr. Garman received a PsyD in clinical psychology from the College of William & Mary / Virginia Consortium, an MS in human resource development from the Illinois Institute of Technology, and a BS in psychology from Pennsylvania State University.



### **Christy Harris Lemak, PhD**

Christy Harris Lemak, PhD is the chief academic officer for the National Center for Healthcare Leadership and associate professor and director of the Griffith Leadership Center in health management and policy at the University of Michigan. Dr. Lemak's teaching, research, and practice focus on how leadership and organizational structure can lead to high performance in healthcare. Dr. Lemak is currently on the Board of the Association of University Programs in Health Administration and is a past chair of the Academy of Management Health Care Management Division. Dr. Lemak was previously the Michael O. and Barbara Bice Professor of Health Services Research, Management and Policy at the University of Florida and a director at the Sachs Group. Dr. Lemak holds a PhD in health services organization and policy from the University of Michigan, MHA and MBA degrees from the University of Missouri-Columbia, and a BS in health planning and administration from the University of Illinois.



### **Mark Herzog**

Mark Herzog has served as president and CEO of Holy Family Memorial, Inc since 2001. Prior to his current role, Mr. Herzog served as executive vice president and COO for 10 years at two hospitals in northwest Indiana, and in health systems in Ohio and Pennsylvania. Mr. Herzog is a noted expert in innovation, strategic thought, and designing organizations for high performance. He received an MHSA from the University of Michigan and is a Fellow in the American College of Healthcare Executives. He holds a BA from St. Lawrence University.



### **Catherine (Cathy) Jacobson**

Catherine Jacobson is president and CEO of Froedtert Health in Milwaukee. The system has a combined total of 770 staffed beds and in fiscal year 2011, it logged approximately one million outpatient visits. The flagship hospital, Froedtert Hospital, is also the primary adult teaching affiliate of the Medical College of Wisconsin. Ms. Jacobson joined Froedtert in 2010 as the executive vice President of finance and strategy, chief financial officer, and chief strategy officer. Prior to joining Froedtert, Ms. Jacobson spent 22 years at Rush University Medical Center in Chicago in a variety of roles, including chief financial officer of Rush's health plan, as well as chief compliance officer for the health system. Ms. Jacobson served as the voluntary national chair of the Healthcare Financial Management Association (HFMA) during the 2009-10 term. A member of HFMA since 1989, Cathy's involvement includes serving on the national Board of Directors from 2004-2010 and the Principles & Practices Board from 1995-2001. Ms. Jacobson is a Fellow of HFMA and a certified public accountant. She received her BS in accounting from Bradley University in Peoria, IL.



### **Kevin B. Mahoney**

Kevin B. Mahoney is senior vice president and chief administrative officer for the University of Pennsylvania Health System and vice dean for integrative services for the University Of Pennsylvania School Of Medicine. Previously he served UPHS as the executive director of Phoenixville Hospital, executive director and chief operating officer at CCA and director of network development. Prior to joining UPHS, Mr. Mahoney was vice president for Johnson & Higgins. He also served as vice president for administration at Bryn Mawr Hospital and as director of administrative services for Episcopal Hospital. He is an elected member of the Tredyffrin-Easttown School District School Board. He is also on the Board of the Economy League of Greater Philadelphia and is a United Way volunteer. He has served on the Board of Directors at White Horse Village Retirement Community, the Phoenixville Community Health Foundation, and the Delaware County Community College-Chester County Division.



### Michele Molden

As executive vice president and chief transformation officer for Piedmont Healthcare, a 1000 bed hospital system in Atlanta, Ms. Molden is responsible for guiding the system in setting strategic direction, evaluating new business opportunities, and establishing physician-led institutes. Ms. Molden came to Piedmont Healthcare in 2002 with a 20-year background in planning and marketing, and physician and new program development. Just prior to becoming the chief transformation officer, Ms. Molden established the Piedmont Heart Institute. Most recently as senior vice president of outreach services at Olympic Health Management, Ms. Molden was responsible for outreach to insurers, providers, and consumers. Prior to her role with Olympic Health Management, Ms. Molden held the position of vice president of planning and marketing at Saint Joseph's Health System in Atlanta. Ms. Molden received a BA from Miami University of Ohio and an MBA from Kennesaw University in Georgia.



### Thomas (Tom) G. Moore, PharmD

Thomas G. Moore serves as president Hospira USA and is responsible for developing strategy, delivering growth, and attaining market leadership for Hospira products and services in the U.S. Dr. Moore has 28 years of executive experience in the pharmaceutical industry. He has a distinguished track record of leadership excellence at both Abbott and Hospira where he served as president global pharmaceuticals, vice president and general manager of specialty pharmaceuticals, and other executive positions. Prior to his career in the pharmaceutical industry, Dr. Moore was a director of pharmacy and materials management at a California hospital. Tom is a member of the American Society of Health System Pharmacists, the International Pharmaceutical Licensing Group, and currently serves as a trustee on The Rosalind Franklin University of Medicine and Science board. Dr. Moore is a leading global expert on the pharmaceutical business and is often asked to address industry issues to Congress and other national groups. Dr. Moore received his BS in microbiology at Loyola University in Los Angeles and his doctor of pharmacy degree from the University of Southern California.



### Rod D. Odom, Jr.

Rod D. Odom, Jr. served as president of BellSouth Telecommunications Inc., as well as chief executive officer and president of AT&T Southeast of AT&T. He began his career with Southern Bell in West Palm Beach, FL, in 1972 as a communications consultant and held a number of sales operations and training assignments over the next several years with Southern Bell and AT&T. Mr. Odom joined BellSouth in 1983 as director of new venture planning and held a variety of sales, marketing, and operations positions including vice president of marketing of BellSouth Telecommunications, president of Small Business Services and BellSouth Business Systems. He served as an executive vice president of network operations of BellSouth Corporation. Mr. Odom serves on the Board of Oglethorpe University, the Board of Sheltering Arms, the Board of Piedmont Hospital, the University of Florida Engineering Advisory Board and the Corporate Foundation Committee of the Florida Foundation. Mr. Odom is a graduate of the University of Florida.



### Kathy Oswald

Ms. Oswald is senior vice president and chief human resources officer for Henry Ford Health System. Ms. Oswald began her career as a secretary at the Chrysler Corporation's Jefferson Assembly Plant. During her 28 years with Chrysler, she grew to become Chrysler's top female executive before retiring in 2000. At the time of her retirement, Ms. Oswald was Chrysler's chief administrative officer. Following her career at Chrysler, Kathy joined Right Management as president, Great Lakes Region. Throughout her career, Ms. Oswald has received numerous awards and recognition for her professional achievements, including inclusion in Crain's "100 Most Influential Women" (2007) and American Society of Employers' "Michigan Human Resources Executive of the Year" (2011). Ms. Oswald currently serves on boards for Inforum Center for Leadership and the American Society of Employers. Ms. Oswald is also a member of the Leader's Board for Human Resource Executives, the Board of Directors for Imetris, a global e-solutions company, and Pure Eco Environmental Solutions. Ms. Oswald holds both BS and MS in personnel management from Central Michigan University.



### John Pandl

John Pandl is currently the chief learning officer for Froedtert Health in Milwaukee. His responsibility is leadership training and development across the system. He has been in the role for four years. His responsibilities include new leader on boarding, succession planning, staff engagement survey process, and the administration of a corporate institute for leadership learning. He has a bachelor's degree from the UW-Madison in Social Work, and MSW from the UW-Milwaukee and an MBA from the Keller Graduate School of Management. He is working on a doctoral degree in management from the University of Phoenix. He has completed coursework and is now working on his dissertation. His concentration is in organizational leadership.

## Conference Speaker Bios



### Jonathan Peck

Jonathan Peck is president and senior futurist at the Institute for Alternative Futures where he provides a wide range of research, consulting, speaking, meeting design, and facilitation services. He guides futures research used by government leaders, foundations, and non-profits as well as corporations. Mr. Peck has integrated psychological theory, patterns, and insights into his facilitation of vision, mission, and strategic processes. He has led IAF projects that sketch out visionary outcomes for U.S. healthcare reform, addressed biomedical research futures, and brought multiple disciplines to bear in his futures work. Mr. Peck has co-authored two books, written numerous articles, and given hundreds of keynote speeches to audiences around the world. His articles have been published in *Business and Health*, *Pharmaceutical Executive*, *Food & Drug Law Review*, *Clinical Cancer Research*, *The Monitor*, and *Futures Research Quarterly*. Mr. Peck received his master's degree at the futures studies program in the political science department of the University of Hawaii.



### Karen Penn

Karen Penn is the vice president of diversity for the Health Care Market and Government Services Division of Sodexo. Ms. Penn came to Sodexo from the government contracting and defense industry, where she has led diversity and inclusion, ethics, and EEO/affirmative action efforts for more than 15 years. Most recently, she led diversity and inclusion at BAE Systems, Inc., an \$18B global aerospace and defense company. Prior to that, she was appointed as a highly qualified expert by the U.S. Department of Defense, and served as the director of diversity, inclusion and recruitment for the Defense Contract Management Agency. Before her appointment to DoD, Ms. Penn was head of diversity and EEO/affirmative action at SAIC, an \$11B scientific, engineering, systems integration, and technical services and solutions company. Ms. Penn began her career as a civil rights attorney for the U.S. Department of Justice after completing a one-year judicial clerkship with the Honorable José M. López, District of Columbia Superior Court. She earned her BA in government from the University of Virginia in Charlottesville, VA and her law degree from The George Washington University in Washington, DC.



### Todd Prigge

Todd Prigge is the director of training and development at Stanford Medical Center responsible for system-wide leadership and organizational development. In his role, he oversees the development of leaders at Stanford Hospital and Clinics and Lucile Packard Children's Hospital. Mr. Prigge has over 25 years of experience with expertise in developing leaders, organizational development, talent management, implementing technology platforms to enable the human capital business imperatives, and change management. As an established strategic partner to the executive and functional leadership teams, Mr. Prigge guides executives and leaders in realizing their maximum potential of the workforce and desired outcomes of transformational change. Prior to Stanford Medical Center, Mr. Prigge held various leadership positions at Catholic Healthcare West, University of Maryland Medical Center, Pillsbury and Northwest Airlines. Mr. Prigge earned his MEd in Training and Development at the University of Minnesota.



### Pamela (Pam) Puryear, PhD

Pamela Puryear is vice president, organization development at Hospira. Headquartered in Lake Forest, IL, Hospira has approximately 15,000 employees worldwide and generated approximately \$4.1 billion in sales in 2011. Dr. Puryear is responsible for leading strategy and implementation of programs and services that impact employees globally in the areas of talent management, learning and development, employee engagement, organization culture, and organization design. Prior to joining Hospira in 2009, Dr. Puryear spent 12 years as an independent organization development consultant, following a 10-year career in financial services. Dr. Puryear was formerly a member of the Affiliate Faculty of the Oliver Wyman Delta Organization & Leadership's Executive Learning Center, and adjunct faculty at the Presidio Graduate School. She has also been a member of the Professional Coaches and Mentors Association, the Organizational Development Network, and the Society for Human Resource Management. She is currently a member of the Board of Trustees of Illinois Performance Excellence. She was also recently named a 2012 HR Rising Star by HR Executive Magazine. Dr. Puryear holds a PhD in organizational psychology, an MBA from Harvard Business School, and a BA in psychology with a concentration in organizational behavior from Yale University.





### **R. Timothy (Tim) Rice**

Mr. Rice serves as CEO for Cone Health in Greensboro, NC. He previously served as COO from 2001-2004, when he was responsible for the network's five acute care hospitals. Prior roles also include executive vice president of Moses Cone Memorial Hospital and executive vice president of the health services division. Mr. Rice serves on the boards of the North Carolina Hospital Association, North Carolina Agricultural and Technical State University, Greensboro Partnership, Piedmont Triad Partnership, and the GTCC Foundation. Nationally, he serves on the Boards of The Joint Commission, the National Center for Healthcare Leadership, the VHA Central Atlantic, and the Southern Atlantic Healthcare Alliance, and serves as a North Carolina State Delegate for Region 3 of the American Hospital Association. He is a Fellow of the American College of Healthcare Executives. Mr. Rice received the Thomas Z. Osborne Distinguished Citizen Award for 2011 from the Greensboro Partnership and Distinguished Service Award for 2012 from the North Carolina Hospital Association. Mr. Rice received a degree in pharmacy from Washington State University and a graduate degree in health administration from Duke University.



### **Robert (Bob) G. Riney**

Mr. Riney was appointed president and COO of Henry Ford Health System in 2011. In this role, Mr. Riney oversees all hospital and service operations for the six-hospital health system consisting of more than 60 clinical locations, 23,000 employees and annual revenues of \$4 billion. Mr. Riney, a graduate of Wayne State University, joined HFHS in 1978 and has had the privilege throughout his career to work in almost every business unit in the system. Mr. Riney is a passionate contributor to the overall quality of the community as well as his profession, and he is often sought out for input on major community strategic issues. His current board and community roles include: board president, Dominican Healthcare Board; vice chair, National Center for Healthcare Leadership; board member, Nemours Foundation, Wayne State University School of Business Administration, Michigan Health & Hospital Association, Detroit Metro Convention and Visitors Bureau, ACCESS, Greater Detroit Area Health Council, and Parade Company.



### **Amir Dan Rubin**

Amir Dan Rubin serves as president and CEO of Stanford Hospital & Clinics, which seeks to serve humanity through science and compassion one patient at a time. Prior to Stanford, Mr. Rubin served as chief operating officer for the UCLA Health System, responsible for the operations of the Ronald Reagan UCLA Medical Center, Mattel Children's Hospital at UCLA, the Resnick Neuropsychiatric Hospital at UCLA, Santa Monica UCLA Medical Center and Orthopedic Hospital, and an array of outpatient centers across the west side of Los Angeles. Prior to UCLA, Mr. Rubin has served as chief operating officer for Stony Brook University Hospital in NY, as assistant vice president of operations for Memorial Hermann Hospital in TX, and as director of business development for Memorial Hermann Healthcare System in TX. Mr. Rubin earned an MBA and MHSA from the University of Michigan, and a bachelor's degree in economics with a minor in business administration from the University of California, Berkeley.



### **Judy Schueler**

Ms. Schueler was appointed vice president, organizational development and chief human resources officer at the University of Pennsylvania Health System (UPHS) in 2008. Prior to her appointment at UPHS, she served as vice president, workforce development and chief learning officer at Vanguard Health System supporting 17 business entities located in Phoenix, San Antonio, New England, and Chicago. Ms. Schueler also served as vice president and chief learning officer at the University of Chicago Medical Center. During her tenure, she launched the UCH Academy, one of the first corporate universities in healthcare in the U.S. The work of her team has been recognized over the past 20 years as a best practice by the UHC, AHRAA, the American Hospital Association, Workforce Chicago, and the Council for Adult and Experiential Learning. Ms. Schueler has degrees from University of Illinois at Urbana-Champaign and Benedictine University



### **Jeffrey (Jeff) D. Selberg**

Jeffrey D. Selberg, MHA, executive vice president and COO, Institute for Healthcare Improvement (IHI), has overall responsibility for operations and works closely with the leadership team to develop strategic partnerships, innovate new models of care, and develop and spread new definitions of patient safety. Prior to joining IHI, Mr. Selberg served for 12 years as president and CEO of Exempla Healthcare in CO. His broad range of experience spans 35 years in the healthcare field, including president and CEO of Southwest Washington Medical Center/Clark United Providers and executive vice president and COO for Good Samaritan in OR. Mr. Selberg is currently chair for the McKesson Quest for Quality Committee of the American Hospital Association, and chair of the finance committee of the Board for the Health Research and Education Trust. His primary area of interest is improving patient safety and clinical outcomes in patient care through the combination of effective public policy, system principles, and the development of highly functioning teams.

## Past Award Recipients

### NATIONAL CENTER FOR HEALTHCARE LEADERSHIP GAIL L. WARDEN LEADERSHIP EXCELLENCE AWARD

NCHL named the award in honor of Gail L. Warden, founding chairman of the NCHL Board, President Emeritus of Henry Ford Health System, and one of healthcare's foremost leaders. This distinction is made in recognition of his remarkable accomplishments as an innovator in healthcare delivery, community wellness, and health policy, and as a mentor and inspiration to future generations. Gail has truly been a force for change in healthcare. This enduring tribute is in recognition of his legacy of leadership.

#### LEADERSHIP AWARD RECIPIENTS

- 2012 Mitchell H. Katz, MD**  
*Director, Los Angeles County Department of Health Services*  
**Margaret E. O'Kane**  
*President, National Committee for Quality Assurance*
- 2011 Michael J. Dowling**  
*President and CEO, North Shore-LIJ Health System*
- 2010 Robert H. Brook, MD, ScD**  
*Distinguished Chair, RAND Health, Professor of Medicine and Health Services, UCLA,  
Director, UCLA/Robert Wood Johnson Clinical Scholars Program*
- 2009 Denis A. Cortese, MD**  
*Retired President and CEO, Mayo Clinic*
- 2008 Patricia A. Gabow, MD**  
*Retired CEO, Denver Health*
- 2007 Thomas M. Priselac, MPH**  
*President and CEO, Cedars-Sinai Health System*
- 2006 Richard J. Davidson**  
*Retired President, American Hospital Association*  
**Gary A. Mecklenburg**  
*Retired President and CEO, Northwestern Memorial HealthCare*
- 2005 William H. Nelson**  
*Retired President and CEO, Intermountain Healthcare*





## HUMAN CAPITAL INVESTMENT CONFERENCE EVENT COMMITTEE

**Kathleen Gallo, PhD, RN**  
Co-chair  
North Shore-LIJ Health System

**Andrew Garman, PsyD**  
Co-chair  
National Center for Healthcare  
Leadership & Rush University

**William Anstee**  
Sodexo

**Diane P. Appleyard**  
Healthcare Institute

**Francesca A. Collopy**  
Abbott

**Susan D. DeVore**  
Premier

**Frederick Hessler**  
Citigroup

**Christy Harris Lemak, PhD**  
NCHL & University of Michigan

**Kathryn McDonagh, PhD, RN**  
Hospira

**Irene M. Thompson**  
UHC

**Richard J. Umbdenstock**  
American Hospital Association

**David Woolwine**  
Sentara

## GAIL L. WARDEN LEADERSHIP EXCELLENCE AWARD SELECTION COMMITTEE

**R. Timothy Rice**  
Co-chair  
Cone Health

**Christy Harris Lemak, PhD**  
Co-chair  
NCHL & University of Michigan

**Javon Bea**  
Mercy Health System

**Robert H. Brook, MD, ScD**  
RAND Corporation & Clinical  
Scholars Program

**Joanne M. Disch, PhD, RN**  
University of Minnesota

**Michael J. Dowling**  
North Shore-LIJ Health System

**Stuart Guterman**  
The Commonwealth Fund

**Leon L. Haley, Jr., MD**  
Emory University &  
Grady Health System

**Joseph R. Horton**  
Intermountain Healthcare

**Paul D. Kempinski**  
Nemours/A. I. duPont Hospital  
for Children

**Gwen M. Mackenzie, RN**  
Sarasota Memorial Health  
Care System

**Sharon Schweikhart, PhD**  
The Ohio State University

**Gail L. Warden**  
Henry Ford Health System

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Congratulations to the 2012 recipients of the  
National Center for Healthcare Leadership  
**Gail L. Warden Leadership Excellence Award**

❖ **Margaret E. O'Kane**

❖ **Mitchell H. Katz, MD**



We salute your commitment to improving quality  
and your extraordinary leadership.



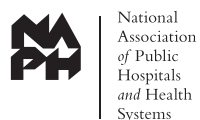
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Mitchell H. Katz, M.D.**  
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Leadership Excellence Award.

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Association of  
American Medical Colleges

# Congratulations

UHC and its members honor:

**Dr. Mitchell Katz**  
*and*

**Margaret O'Kane**  
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**Mitchell H. Katz, M.D.**  
Director, Los Angeles County Department  
of Health Services

and

**Margaret E. O'Kane**  
President, National Committee  
for Quality Assurance

Your innovative and significant contributions  
to optimizing healthcare inspire us all.

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## NAPH CONGRATULATES

**2012 Gail L. Warden Leadership  
Excellence Award Winner:**

**Mitchell H. Katz, MD**  
Director

Los Angeles County Department of Health Services

We honor Dr. Katz for his transformative work  
to improve health care access, quality and  
outcomes, and reduce disparities for  
vulnerable people.



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### 2012 GAIL L. WARDEN LEADERSHIP AWARD RECIPIENTS DISCUSS CHANGING THE CULTURE OF HEALTHCARE

The National Center for Healthcare Leadership is privileged to honor two outstanding leaders of the healthcare community for bringing substantial and lasting improvement to population health in the U.S. as well as mentoring and preparing the next generation of healthcare leaders. The 2012 Gail L. Warden Leadership Excellence Awards is presented to Margaret O’Kane, president of the National Committee for Quality Assurance and Dr. Mitchell Katz, Director, Department of Health Services, County of Los Angeles for their innovative and exemplary contributions. Their work—Ms. O’Kane’s in the world of public policy and Dr. Katz’s in the world of public health—can be viewed as opposite sides of the same coin that is devoted to change. As an advocate for patient-centered, evidenced-based high quality care, Ms. O’Kane’s efforts have helped to save millions of lives and billions of dollars in wasted or ineffective care. Dr. Katz’s transformation of safety net systems in San Francisco and Los Angeles has expanded access to care, improved the quality of care and improved the patient experience for hundreds of thousands of uninsured, indignant or homeless individuals. With their commitment, dedication and passion, Ms. O’Kane and Dr. Katz have each brought new thinking, leadership and meaning.



**MARGARET E. O’KANE**  
*President, National Committee  
for Quality Assurance*

#### EDUCATION

Bachelor of Arts, French, Fordham University  
Master of Health Science, Health  
Administration and Planning,  
The Johns Hopkins University School of  
Hygiene and Public Health

#### CAREER

President, National Committee for Quality  
Assurance; 1990 – present

Director, Quality Management, Group Health Association, Inc.; 1989 – 1990  
Director, Medical Directors Division, American Association of Health Plans;  
1986 – 1989

National Center for Health Services Research, Department of Health and  
Human Services

Special Assistant to the Director; 1985 – 1986  
Public Health Service Fellow; 1983 – 1984

#### AWARDS

2012 Gail L. Warden Leadership Excellence Award, National Center for  
Healthcare Leadership  
2012 Johns Hopkins University Distinguished Alumnus Award  
2012, 2006, 2002 – 2004 Among 100 Most Powerful People in Healthcare,  
Modern Healthcare  
2011 Among Top 25 Women in Healthcare, Modern Healthcare  
2009 Picker Award for Advancement of Patient-Centered Care, Picker Institute

#### PROFESSIONAL ACTIVITIES

Co-chair, National Priorities Partnership  
Member, Institute of Medicine  
Member, Maryland Health Quality and Cost Council  
Member, National Quality Forum, Measure Applications Partnership  
Coordinating Committee  
Board Member, Population Health and Public Health Practice  
Board Member, Foundation for Informed Medical Decision Making, Inc.  
Board Member, American Board of Medical Specialties  
Board Member, National Board of Medical Examiners



**MITCHELL H. KATZ, MD**  
*Director, Los Angeles County Department  
of Health Services*

#### EDUCATION

Bachelor of Arts, Yale University,  
*magna cum laude*  
Medical Degree, Harvard Medical School  
Residency, Primary Care Internal Medicine;  
University of California, San Francisco  
Clinical Scholar, Robert Wood Johnson  
Foundation, University of California,  
San Francisco

#### CAREER

Director, Department of Health Services, County of Los Angeles; 2011 – present  
Department of Public Health (SFPDH), City and County of San Francisco  
Director; 1997 – 2010

Director, Community Health and Safety; 1996 – 1997

Interim Medical Director, Emergency Medical Services; 1995 – 1996

Director, Epidemiology, Disease Control & AIDS; 1994 – 1996

Director, AIDS Office; 1992 – 1997

Chief, Research Branch AIDS Office; 1991 – 1992

#### ACADEMIC POSITIONS

Clinical Professor of Medicine and Clinical Professor of Epidemiology and  
Biostatistics, University of California, San Francisco; 2002 – present

#### AWARDS

2012 Gail L. Warden Leadership Excellence Award, National Center for  
Healthcare Leadership  
2010 Cynthia Selmar Health Giant Community Health Service Awards (HERC)  
2009 Milton and Ruth Roemer Prize for Creative Local Public Health Work,  
American Public Health Association  
2009 Annie Less Shuster Alumni Lecturer, Robert Wood Johnson Clinical  
Scholars Program  
2009 Beverlee A. Myers Award for Excellence, California Department  
of Public Health & California Department of Healthcare Care Services  
2002 Outstanding Community Service Award, American College of Physicians,  
North California Chapter  
Public Health Hero, University of California, Berkeley  
*Numerous other awards, publications, books, editorials and essays.*

## Peggy O’Kane: A Passion for Healthcare Accountability and Quality

### Q. What shaped your vision about how healthcare should be delivered?

A. I worked in five different hospitals and they all had blatant quality issues. What impressed me was how little coordination there was. As a respiratory therapist, one doctor would come along and change the settings and then another doctor did the opposite. Nobody felt the need to look at guidelines and have an argument. I worked in ICU then, with the sickest patients, and I saw heroic nurses providing coordination. But heroism is not what you want to use as basis of patient safety and well being; there’s a limited supply of it.

### Q. How did you decide to do something about it?

A. There was no clear consensus on what needed to be done, so there was no field of study called ‘quality’ when I went to graduate school. But there was research from people like Bob Brook, Alan Gittelsohn and Sam Shapiro. At that point I still believed that most medical care was evidence-based. I didn’t fully understand that much of it was up to the individual hospital or practitioner or medical school, and standards and guidelines didn’t exist or weren’t followed. I came to understand this reality slowly through stages of awareness. When I joined the Health Services Administration (in 1979) I saw the beginning of quality measurement that came from the government, which wanted to make sure the community health centers they funded were using their money wisely. Then HMOs were on the rise, the driver being employers who were concerned about the rising cost of healthcare. I worked in that field because I was intrigued by prevention and population health.

### Q. What did you take away from that experience?

A. Well, I learned that at heart, I am really a public health person and that remains true today. I also learned I had some good organizing skills. We were able to bring employers and the plans together to write standards; it was a collective undertaking. Despite the fact that there was a zero increase in cost, there was a managed care backlash, especially from specialists who were feeling the pinch and were vocally critical of HMOs. I knew something needed to be done but that it could not be

done with self regulation and I wasn’t getting industry support. I left but returned three years later when The Robert Wood Johnson Foundation gave us \$300,000 and we raised another \$300,000 from the industry to launch an independent organization that would focus on quality. That’s how it started. Ultimately, NCQA is the story of people with a shared goal who were willing to come together because they believed that they could save lives.

### Q. How did you pull people together to create quality measurement in healthcare?

A. For one thing there was clarity of vision. We worked with some incredible employers and leading health plans. We were convinced of the rightness of our agenda; it was very clear from my experiences in healthcare that quality measurement was absolutely necessary. I had the passion for improving healthcare and for this work and I found others who shared in it. And, I had a good political sense. The timing was right, we worked with these other people who believed in the strategy, and so there was collective action. Those are the things that give you energy to keep going, especially when you are climbing an uphill battle against some powerful forces.

### Q. Did you intend to become a change agent?

A. It was a gradual evolution. I had hoped to make healthcare better and save lives, and that required change, so the answer must be yes, but it took us years to find our way. I think the main thing I do is find other people who are trying to change things, too. I think I am proudest of my ability to recruit other people who are in the same general space who are trying to figure out how to move forward. Basically we spend a lot of time groping until we get clarity on the issue we are trying to solve. But it means we are constantly changing. One thing I learned as a change agent is that you get humble very quickly. You learn to take the feedback and change the program to make it more realistic and practical and doable.

### Q. You have talked about launching NCQA as a collective effort; who were some of the individuals who made it possible?

A. John Ludden was the medical director of the Harvard Community Health Plan (now the Harvard Pilgrim Health Care) and Gail Warden, who was chairman of the Group

## Award Recipient Interviews

Health Cooperative were some of our early backers. Gail in particular was a terrific mentor to me—we could not have done this without his help. At the same time Dr. Dennis O’Leary of the Joint Commission was trying to make changes in the hospital accreditation world, despite the fact that he was held back by his own industry. Then there were employers that were forward thinking about healthcare quality and accountability and these included Xerox, Bank of America, Ford and the UAW. These companies understood the need for measurement standards for things like how a health plan should function and exist in an organization. They were really doing breakthrough quality work.

### **Q. Is the work of NCQA understood by the public and does that matter?**

**A.** The answers are no and yes. We have a lot of work to do to make quality measurement salient and important to the public. People look at quality measures and can’t see the value. They don’t value preventative services because they aren’t convinced of the benefit. If they don’t have a chronic disease, they don’t care how a plan does it. Now, they do understand the value of third party accreditation. So we are doing a lot of work in this area to help the public understand quality measurement and why they will need to care about it as individuals take on more responsibility for managing their own care.

### **Q. The Accountable Care Act is strongly linked to quality measures. What do you think will be its impact?**

**A.** I am cautiously optimistic about the Accountable Care Act and its ability to improve healthcare, especially in terms of payment reform. If you think about it, the payment system has tyrannized medical care. Now practitioners will be able to use tools like email and patient self-monitoring tools without sacrificing payments from visits.

### **Q. What other benefits do you see?**

**A.** The use of medical homes for integrating care across a community in states like Vermont, North Carolina, and Colorado has been stunningly successful. The payment rules for medical errors, for readmissions are steps in the right direction. We are in a pay-for-performance, micro-managed system and we need

to get to the place where it’s about the level of performance. And we still have a lot of work to do to get quality measures in many areas of specialty care. There are very few guidelines, for instance, that tell you the right time to do a knee replacement, hip replacement, or cancer care. These are giant issues and it’s not simple. But we need to gather better evidence about more complex patients. For example, we never do trials on the elderly; they are done on young, healthy people and generalized to care for the elderly. When you pull one little string in healthcare you realize you have a complicated tangle on the other end.

### **Q. What have you learned from your mentors and how have you applied that to the people you mentor?**

**A.** My mentors gave me several things. First, and maybe most important, was someone in my corner who kept saying—“atta girl”—that constant support was critical. Then there was also that piece of providing honest feedback about what works and doesn’t work. It’s really hard to get that information but it’s essential to have it so you can move forward. Another critical piece was the introduction to other people who were as zealous about this kind of work as we were. Then, then was the practical support we received as a start-up business. When Gail Warden was president of Henry Ford Health System, he provided us with HR support, accounting, and administrative services and so on. We could not have gotten off the ground without that help. But I also learned a lot of lessons the hard way. I didn’t come in as a great leader. I had zeal and passion, some political understanding and zero management skills. I had to learn that I could not be a good operations person, so I needed to hire operations people. I had to learn to let go of control and let my people do their work. I learned to recognize when I was failing and make adjustments along the way. That’s important.

### **Q. How should healthcare education change to accommodate 21st century medicine?**

**A.** On the administrative side, concepts like Lean and process engineering are absolutely crucial for future success. Some of the finest health systems in the country, including Denver Health and Intermountain Healthcare, are doing things like that now as they relentlessly reengineer their systems to drive out waste



and improve quality. For nurses and doctors and other clinicians and practitioners, there needs to be more teaching of empirical and analytical techniques. The medical school paradigm of stuffing their students' heads with knowledge is outdated because medical knowledge and information are changing so rapidly. Instead, these students need to be taught how to access knowledge and they need the ability to think in statistics. Biostatistics and epidemiology are compelling subjects that aren't typically taught in medical school. But healthcare practitioners need to learn the think analytically across the board.

**Q. How do you lead your team?**

**A.** One of the most valuable things we do is our "All Employee Meetings" three or four times a year, which are more about team building and fun than PowerPoint presentations. I do lots of emails and probably not enough walking around. Right now we are doing a lot of strategic planning, looking at the complicated questions that we need to make in light of the Accountable Care Act. But that's what we are best at. Because we are an organization that is focused on change, many people come to us with a commitment to make change happen. They have a shared vision and strong drive to make healthcare better. We are proud of that and hire people who feel the same way.

**Q. Was saving lives always your goal?**

**A.** I always felt like we had a tremendous amount at stake here and I had this idea if healthcare worked better then we would save lives. But I didn't always have the confidence that we could change things. I remember when I took this job I was just terrified about what we would do and how we would do it. One of the Board members said to me if this works it will be a miracle. We have a way to go, but it is changing, it is working. So I guess it is a miracle.

**Dr. Mitch Katz: Putting Patient into the Mission Statement and Making Success the Norm**

**Q. You're mentioned by San Francisco Mayor Willie Brown as a mentor. Tell us about that experience.**

**A.** You didn't say 'no' to Willie Brown. You could only say 'yes,' or resign. I had tremendous respect and admiration for what he had accomplished in his life and after all, I didn't want to resign. Instead I learned that when someone brings you something that seems impossible, try to imagine that failure is not a possibility by focusing on outcomes. Start with the end and work backwards to figure out the steps that are necessary to achieve success. Most people start with the task and think about the things that need to be done going forward. The problem with thinking about next steps is that it allows for obstacles. I always try to focus on the outcome; this is the approach I use as a mentor.

**Q. Are you using that approach in Los Angeles?**

**A.** Yes, because it works. We are implementing electronic medical records. My staff gave me a four-month time frame for completing the contract through the county approval process system. I felt the date was too far in the future to achieve our goals within the context of the health reform act and moved up the deadline by two months. Then we had to figure out how to reach the goal. With that mindset we could see that the answer was to work some processes parallel to each other rather than consecutively. Even though my team resisted because it was contrary to normal processes, I was able to convince them that "normal" wasn't what was best in this case.

**Q. But isn't that the issue in government—overcoming what's normal?**

**A.** In private business, people are pushed to get things done because they understand that finances drive things. But in government there is no incentive to make things happen quickly. In San Francisco several times we had to dispense with the rules to get some things done quickly under a public health emergency; for example, mandated H1N1 vaccines. We needed to open 12 clinics days, nights, weekends, and I needed more staffing because it was an emergency. Government understands

emergency. Why can't we feel that same sense of urgency about non-emergency things? Well, the answer is we can.

### **Q. What brought you to public health?**

**A.** As a primary care doctor I saw many system challenges that prevented me from providing patients with what they needed. I saw how outcomes were worse for uninsured people or homeless people who came for treatment late in the course in the illness or who were isolated. Often these patients needed medical treatment and something else—housing, family support—that the healthcare system didn't support because it wasn't a medical issue. I felt this was potentially changeable. Moving into public health was my answer to improving systems to help patients.

### **Q. So you have become a change agent of bureaucracy?**

**A.** Bureaucracy is about rules and I am fundamentally opposed to programmatic decisions based on rules. You should make programs based on public good. Figure out the public good and then figure out how to make it happen. Medicine and public health should be based on mission—what do you want to achieve—that is the starting place. In Los Angeles I began by putting the word "patient" in our mission statement. We are here for the patient and this is how we will make decisions. That was a huge sea change. Before that the focus was on numbers and rules. One of the first things I did was require administrative doctors to see patients. I see patients, they needed to see patients. For non-clinical administrators I also said I want you to interact with patients—help register patients, answer the phones—so you are in touch with the patient.

### **Q. Has there been resistance?**

**A.** People may not agree with what I have done but it's hard to argue with our patient focus. When they see me taking care of patients they get a sense that I am not just telling others what to do, I am doing it as well. A credible administrator—whether a physician or nurse or registration clerk—has to understand our operation and the only way to understand it is to work in it. Even though they already felt overworked, once they started working with patients, many on my team said they were reenergized and felt reconnected.

### **Q. Will Los Angeles be a replica of your successful programs in San Francisco?**

**A.** In Los Angeles I am trying to replicate the spirit of more service, more access, higher quality, and a can-do attitude. I am not replicating the same programs because every local system is different. Yet the goal is the same: to eliminate waste, low value care, care that isn't focused on the needs of patients but is more focused on rules. In a nonprofit government setting anything I save through a less expensive model goes to provide more care. In a government system I can't motivate people with money—I can't change pay schedules. But I can motivate them through mission.

### **Q. What will success look like in Los Angeles?**

**A.** We've already had success because we changed our attitude to focus on our patients. We initiated operation full enrollment to increase enrollment into the State's low income health program because increasing access was critical to our work. I said we need to enroll every eligible person. People were startled because L.A. had never had an open enrollment. In the two years before I changed the program, L.A. enrolled 60,000 people; after a year of our new program, our enrollment exceeds 200,000 people.

### **Q. Is lack of funds the biggest problem facing public health?**

**A.** Care costs money. But it can also be an excuse why you can't do better. The county gives us \$3.6 billion a year; how do I show \$3.6 billion of value? Before asking for more money, we have to figure out whether we are maximizing the money we have. What I have learned is that we are not at the level of efficiency that I would like. We can do better by simplifying systems. Government is burdened by many complicated procedures that result in duplication and inefficiency. So the caricature of the lazy civil servant is generally false. The challenge is not that they aren't working hard, but they are working hard under cumbersome systems that don't add value.

### **Q. As a leader of such a vast system, do you keep your eyes on the trees or the forest?**

**A.** I have come to believe that there is a false dichotomy in leadership. You have to be an on-the-ground granular leader who knows the systems really well, but who can also see the bigger picture. The best leaders go up

and down—they go from granular to big picture. The best leaders use what they learn on a granular level to improve things at the big picture.

### Q. What is your biggest leadership challenge?

A. I think a common issue in a large bureaucracy is that you can articulate your vision to direct reports, but how does it move down the chain? So I am trying to figure out how to communicate with 18,000 employees stretched over 400 square miles who work seven days a week, three different shifts. How do I get the registration clerk to feel the sense of urgency as I do? We are doing a lot with our own YouTube network, electronic newsletters, personal visits, and an interactive web-based message board. I also respond to email. My goal is for everyone to have the same sense about our organization, despite our size.

### Q. How did you create your vision for L.A. County?

A. Well I went into the job with a vision to focus on patients because I knew that's what needed to be done. But it has also evolved. I knew if I was going to change our organization, I had to change the culture of the organization. The organization didn't believe in itself, and if you don't believe you can make things better, then how can you succeed? I do believe that culture matters more than strategy. You have to focus on culture. I have energized a base of people who want the right thing to happen. Now I hope they see that it can happen.

### Q. What are the "biggest" challenges facing healthcare today?

A. Expanding access and coming up with creative, innovative ways to decrease the cost of care per person. The goal needs to be that everyone can benefit from effective care without bankrupting the country. While the Affordable Care Act improves care in a number of ways, its costs saving provisions are not strong enough.

### Q. How should healthcare think about developing its future leaders?

A. Success in the 21st century will require that people in healthcare be trained to work in teams and focus on collaboration rather than individual achievement. It's also critical that we think less about administration and more about the role of healthcare providers as healers,

and what is needed to support the connection between healthcare providers and their patients. You need not be a clinician to do this. Administrators can equally well take the point of view of the patient as the focus of their work.

### Q. You run a \$3.6 billion organization, with 18,000 employees meeting the healthcare needs of 10 million people in Los Angeles County. What is the leadership challenge that keeps you up at night?

A. The most likely thing to worry me is something about my patients, not something about running the county health department. As an administrator I believe that honesty and hard work and the right values will generally pay off. If I make a mistake, I make a mistake. There is no right or wrong way to be an administrator. But I always worry about whether I missed something with a patient that I should have caught or that I am doing the wrong treatment.

## Congratulations

**Margaret E. O'Kane**

*President, National Committee  
for Quality Assurance*

**Mitchell H. Katz, MD**

*Director, Los Angeles County  
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on receiving the  
**2012 Gail L. Warden Leadership  
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### RUSH UNIVERSITY

**Rush** is a not-for-profit academic medical center comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

The mission of **Rush University Medical Center** is to provide the very best care for our patients. Our education and research endeavors, community service programs and relationships with other organizations are dedicated to enhancing excellence in patient care for the diverse communities of the Chicago area, now and in the future. Rush University is home to one of the first medical colleges in the Midwest and one of the nation's top-ranked nursing colleges, as well as highly-ranked graduate programs in health systems management and allied health.

Rush's **Department of Health Systems Management** operates under a practitioner-teacher model, in which the majority of courses and internships are led by practitioner faculty members who are leaders at Rush and other major healthcare institutions. Practitioners work in close partnership with a team of academic faculty and staff who oversee day-to-day operations and set the direction for the department's program of scholarly activity. The department's MS-HSM program is CAHME-accredited and recognized as a top ten program by U.S. News & World Report.

The **Rush Center for the Advancement of Healthcare Value (CAHV)** in Health Systems Management is dedicated to strengthening the evidence base for transformational improvements in healthcare value. CAHV is unique because of its deep integration with the practice community, with results directly informing improvements in quality and safety, efficiency and the patient experience.



Griffith Leadership Center  
in Health Management & Policy



UNIVERSITY OF MICHIGAN  
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### UNIVERSITY OF MICHIGAN

The mission of the **University of Michigan** is to serve the people of Michigan and the world through preeminence in creating, communicating, preserving and applying knowledge, art, and academic values, and in developing leaders and citizens who will challenge the present and enrich the future. Its School of Public Health seeks to create and disseminate knowledge with the aim of preventing disease and promoting the health of populations in the United States and worldwide.

Michigan's **Department of Health Management and Policy** offers graduate degree programs in health services management, health policy, and health services research. The department's state-of-the art curricula are taught by a world-renowned faculty with active research agendas. It includes rigorous multidisciplinary studies that prepare students to meet the changing demands of health care, public health, and health policy environments. Michigan's graduate program in health management and policy has been ranked #1 by U.S. News & World Report since 1993, confirming the contributions that its 4,000+ graduates are making as leaders in health care, public health, and policy throughout the world.

The **Griffith Leadership Center** in Health Management and Policy was established in 2004 to cultivate exceptional leaders who will transform health and healthcare for a changing world. The Center works to strengthen and catalyze connections among research, teaching, and practice in health management and policy.

## HEALTHCARE'S USE OF SIMULATIONS FOR LEADERSHIP TRAINING & DEVELOPMENT

By Cara Gallagher, NCHL Project Assistant and LENS Program Coordinator

Although real-world experience is crucial to leadership development, there are many cases where experience is less desirable, either because it is too expensive, too risky, or simply unavailable. In these circumstances, simulations are being used by a growing number of health systems as part of their regular leadership development efforts, and a growing body of evidence supports their effectiveness.

To help identify promising practices and accelerate their dissemination, NCHL developed a practice survey that was disseminated in 2012 to chief learning officers and other executives with leadership development responsibilities from large academic medical centers and health systems. Eleven of the 23 responding organizations indicated they were using simulations for leadership development and described a total of 18 programs.

Figure 1 illustrates the breakdown of how simulations are currently being used in the development of healthcare leaders. Among the competencies the simulations developed were: systems thinking, performance coaching, process improvement,

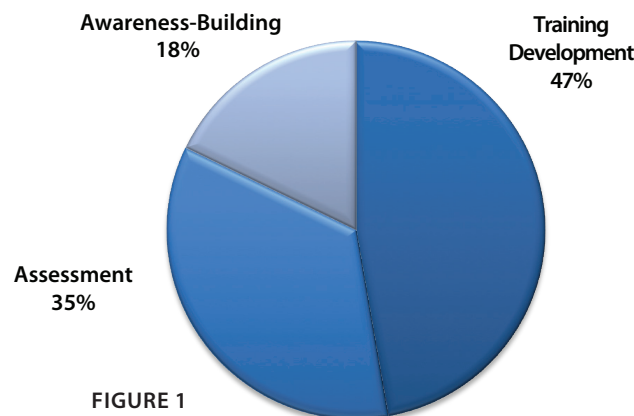
efficiency, and teamwork. The majority of simulations were used with managers and director-level leaders and most were developed externally.

Simulations varied substantially in length (14-90 hours), number of participants (20-36 per class/cohort), and cost (\$1,500-\$10,000 per participant).

Although all respondents viewed the post-simulation assessment as the most critical component for learning, they took a variety of approaches to these steps. Techniques included debrief questions, observing behavior change, tracking patient satisfaction data, and periodic assessments given to the employee's supervisor. Debrief questions were the most frequently used.

Satisfaction with the simulations tended to be high, though costs were a frequently cited concern, particularly related to scalability of the simulation programs. In the future, NCHL will be following-up with several of the most promising providers of simulation resources to investigate whether we can facilitate making these resources more broadly and cost-efficiently available for healthcare leaders.

**What is the Simulation Used For?**



**FIGURE 1**

### WOMEN IN HEALTHCARE LEADERSHIP

Healthcare organizations need senior leadership teams that are as diverse and dynamic as the communities they serve (Schulte, 2012). However, there is near-universal agreement that progress in diversity at the senior leadership levels has been inadequate. Gender diversity is an important case in point: although women comprise over three-quarters of today's healthcare workforce, they remain significantly under-represented in CEO positions (Lantz, 2008; Hoss, 2011). Surveys by the American College of Healthcare Executives indicate that women represent only 12% of CEOs and this percentage has not changed much recently (ACHE, 2006; Lantz, 2008).

Despite the apparent challenges, some women have successfully ascended into top executive positions in healthcare. In this project, we are exploring the experiences and career trajectories of successful women leaders, to identify important career inflection points, organizational supports, and leadership development practices that have supported their success. Our efforts include interviews with 30 women healthcare executives across the country who are CEOs of U.S. hospitals and health systems. Using qualitative research techniques, we are currently exploring the critical career inflection points of these successful women in healthcare.

For more information, contact Christy Harris Lemak at [clemak@nchl.org](mailto:clemak@nchl.org).

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### ORGANIZATIONAL EXCELLENCE DATA COLLABORATIVE

Recent years have brought expanding public availability of process and outcomes data about healthcare systems, particularly within the United States. However, without the existence of a centralized repository or standardized access protocols, many of these datasets remain difficult to retrieve and work with, and their full potential as research tools supporting organizational excellence are not being realized.

In this project, NCHL is seeking to enhance the capabilities of the organizational research community, by creating tools and networks through which they can share experience, form collaborations, and improve overall efficiency.

The goals of such a collaborative include: education (developing webinars about dataset availability, use, and limitations); collaboration (helping scholars find one another and form teams around common areas of need); and efficiency (eliminating redundancy in dataset preprocessing and cleaning; facilitating the sharing of collected data).

For more information, please contact Andy Garman at [agarman@nchl.org](mailto:agarman@nchl.org).

NCHL would like to thank Hospira for their generous support of these projects. For more information about how your organization can sponsor leadership research, please contact Joyce Anne Wainio at [jwainio@nchl.org](mailto:jwainio@nchl.org).



SOME MARVEL AT THE MOUNTAINS BEFORE THEM.  
OTHERS CLIMB THEM.

CONGRATULATIONS TO  
**MITCHELL H. KATZ, MD**  
AND  
**MARGARET E. O'KANE**  
ON RECEIVING THE 2012 GAIL L. WARDEN  
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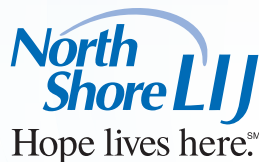
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