The Link

HPM's New Home

After much anticipation, HPM makes a smooth transition into new offices in the Allan Rosenfield Building (ARB)

For over thirty-five years, HPM's offices were housed in the squat, seven-floor Department of Health building located at the corner of Broadway and 168th street. This spring the department completed a long-anticipated relocation to offices on the 4th floor of the Allan Rosenfield Building. The floor was renovated in preparation for HPM's move, and the staff and faculty are excited to be in a new environment with additional space and up-to-date amenities. "We finally have a conference room big enough to host department meetings, classes and to serve as a multi-purpose space," says Rebecca Sale, HPM's Director of Academic Programs and Special Projects. "It has been fitted with the most up-to-date technology, including a large flat-screen TV, which will be nice for presentations. It's a vast improvement from our old conference room, and I think our faculty and students will be pleased with the upgrade."

The new space offers more classrooms including a "bunker," which features columns fitted with whiteboards, as well as smaller conference rooms, which are ideal for informal meetings among students. Faculty and staff offices feature sliding glass doors, which allow more light and give the space a modern feel. The halls are lined with lockers, for students to keep personal items, and there's even a space for students to relax and hang out at tables and chairs in the department lobby. "Our hope is that the new office will be a

Etched detail on the glass door of the administration suite in ARB 4

welcoming space. A home base for students, and a comfortable place to work and to be social," says Dori Lorsch, the Department Administrator, who oversaw the relocation.

Another advantage of moving to the Allan Rosenfield Building (ARB) is the proximity to other departments and organizations within the Mailman School of Public Health. "It's so nice to have daily interaction with people from other departments," says Marni Selman, Academic Program Manager. "Proximity to them will no doubt encourage collaboration."

Dahlia Rivera, administrative assistant to Dr. Michael Sparer, has seen many changes in the 38 years she has worked in HPM. "As the department grew, our faculty and staff were scattered across the fourth,

ABBREVIATION KEY:

ACCL	ACCELERATED MPH
EMHM	EXECUTIVE MASTERS OF HEALTHCARE MANAGEMENT PROGRAMS (MPH, MHA)
DUAL	DUAL DEGREE PROGRAM
FTM	FULL-TIME MANAGEMENT MHA
CMPH	COLUMBIA MPH
HPM	DEPARTMENT OF HEALTH POLICY & MANAGEMENT
MSPH	MAILMAN SCHOOL OF PUBLIC HEALTH
PTM	PART-TIME MANAGEMENT MHA

Architect's Rendering of the new 4th Floor Conference Room

fifth and sixth floors of the old Department of Health Building. The new space affords us the ability to truly be a department, housing all HPM faculty and staff, in addition to supplying work space for research assistants and visiting professors. I am enjoying the new digs!"

Professor Thomas Blaylock offers a bit of advice about the new offices, "Until we get the signs up, finding the right room can be a bit tricky," he says. "Just look for the colored squares on the floor. The blue square indicates the management office suite, the white square is the administrative offices, the red square identifies the offices for most of the economists and outcomes research faculty, and the orange square is the policy and law wing." HPM shares the floor with the Robert N. Butler Columbia Aging Center, which is housed in the southern wing. Several HPM faculty members, including John W. Rowe and Ruth Finkelstein, share appointments in both HPM and the Robert N. Butler Columbia Aging Center.

On May 1, HPM hosted the inaugural event in the new space—the Practicum Sendoff Lunch. All first-year HPMers attended, and students and faculty mingled over pizza in the large conference room. "So far, there's been a lot of positive feedback about the space from students, faculty and staff," says Carey McHugh, Manager of HPM's special projects and events. "Once we're a bit more settled, we'll host an open house so that everyone can come by and check it out."

Come Visit Us in the Allan Rosenfield Building, 4th Floor

Here's a list of staff and faculty office numbers. Don't be a stranger!

Sara Abiola	427	Peter Muennig	482	Paul Thurman	471
Emily Austin	450B	Noreen Myers-Wright	480D	Claire Wang	481
Thom Blaylock	420	Matthew Neidell	423	Amina Williams	450A
Lawrence Brown	426	Debra Osinsky	459	John Winkleman	473
Karen Burke	457	Dahlia Rivera	420D		
Nathan Dong	475	David Rosenthal	424		
Thomas Ference	478	John Rowe	418		
Ruth Finkelstein	1406	Cynthia Rubiera	480F		
Jemima Frimpong	474	Rachel Saab	454		
Ana Garcia	455	Adam Sacarny	484		
Tal Gross	485	Rebecca Sale	458		
Ira Lamster	487	Bhaven Sampat	486		
Miriam Laugesen	425	Marni Selman	450C		
Nan Liu	476	Paul Shelton	450G		
Dori Lorsch	456	Beth Silvestrini	453		
Carey McHugh	452	Michael Sparer	428		
Cecilio Mendez	450H	Jeanne Stellman	422		

Architect's rendering of the 4th floor lobby

Message from the Chair

Welcome to the Spring 2015 issue of *The Link*, the newsletter for and about the Department of Health Policy and Management (HPM). The cover story describes HPM's move from our longtime offices on the corner of 168th Street and Broadway, to our new home, just down the street, in the Allan Rosenfeld building. There are certainly some things we'll miss about our former space (especially its proximity to the subway station, which was great on cold, windy, and snowy days). But there is so much that is good about the new space: two classrooms, small break-out rooms, lockers and a lounge area for students, offices for visiting faculty and post-docs, and a much greater ability to interact with faculty and others from the rest of the school. The move represents an important milestone for the Department, one we've been looking forward to for a long time.

As we in HPM settle into our new space, I'm also aware of how the health system more generally is redefining (perhaps even transforming) the health delivery space. Part of this story has to do with new entrants into the healthcare market. During our annual HPM conference, for example, we heard from Thomas Moriarty, the Chief Health Strategy Officer for CVS, describe how CVS (and others, from Walmart to Walgreens) are redefining their space, hoping to become healthcare providers to the millions of customers who already shop in their stores.

Similarly, even traditional healthcare providers are focused on how to make their space more user-friendly, both for patients and for those who serve their needs. This emphasis is apparent in the profile of HPM alum Juan Mejia (FTM '03), the Vice-President for Operations for much of the New York Presbyterian (NYP) health system, when he notes that NYP prides itself on including staff and patients in design decisions. The issue is also front and center in the story by Dr. Patricia Schnabel Ruppert (EMHM '15), the Health Commissioner of Rockland County, as she reports on her coursework examining the environmental and occupational challenges faced in a facility such as NYP.

Of course, discussions about how to rethink and redesign the health delivery system need to include architects, and Cecilia Gunning, AIA (EMHM '16) is on her way to becoming one of the most influential thinkers in the nation on this topic. Ms. Gunning recently won the Architects for Health's Phil Gusack Essay Prize for her article "Healthcare off the Grid: what can we learn from food truck markets", which we reprint in this issue. We also offer a profile about Ms. Gunning's background and her vision of a health delivery space comprised of mobile units that can reconfigure and relocate depending on community-based needs.

Anyway, speaking of space, I've already used up most of the word space allocated to me for this note from the Chair, and I have barely made a dent in summarizing all the interesting and thought-provoking articles in this issue of *The Link*. There are, for example, summaries of HPM Roundtable Discussions with Mark Bertolini (CEO of Aetna), Patsy Yang (Chief Health Advisor to Mayor de Blasio), and yours truly. There are reports on our annual HPM conference, on a symposium we co-hosted with KPMG on social services and health, and on the Annual Rosenberg Lecture in Healthcare Quality (delivered by Henry Ting). There are profiles of HPM faculty members Sara Abiola and Ruth Finkelstein. There is a story about the recent trip to Cuba taken by many of our EMHM students. There is an introduction to the newly-created (and extraordinarily impressive) HPM National Advisory Board. And, there are a host of HPM highlights (awards and such), along with a listing and a thank you to those individuals and organizations who have donated to HPM in the last year.

Wow! Lots to read in this issue of *The Link*! Seems to me that you ought to find yourself a comfortable space in which to sit and read and learn about just some of the exciting things that are happening now in HPM. And after you have finished reading, stop by our new HPM space for a visit! We'd love to show you around!

Michael Sparer, PhD, JD
Professor and Chair
Department of Health Policy & Management

Spotlight on Cecilia Gunning (EMHM '16)

At ten years old, Cecilia Gunning knew she wanted to be an architect. "I was always interested in how space is arranged," she recalls, "even as a child, if I saw the plan of a house, I wanted to know exactly how the different rooms were organized." She remembers visiting family friends who were architects and being fascinated by the plans and sketches. Gunning, who was born and raised in Monterrey, Mexico, eventually moved the states and got a job in corporate architecture. She worked for several years designing offices for law firms and financial institutions before seeking out new, challenging spaces to design. "When I was doing corporate architecture," Gunning recalls, "I couldn't necessarily relate to the people who were working there, whereas healthcare facilities are spaces that we all have to occupy at certain points in our lives. I like the fact that because I am a patient—we're all patients—I can put myself in the role of someone who will use the space."

Gunning's transition into healthcare architecture was smooth. She got a job with SmithGroupJJR, a nationwide firm with a large healthcare design division, and began to work on a number of projects, from walk-in clinics to large, multi-campus hospitals. Her first project was a medical office building for the VA in Anchorage Alaska. After completing the project, Gunning was sold on the unique design challenges inherent in healthcare architecture. "One difficulty is understanding the flow of the space," Gunning says, "which includes the traffic of patients and medical personnel. Another challenge is to create a warm environment, despite the severity of the equipment and technology necessary for providing care."

Gunning must also negotiate how to accommodate doctors, nurses and staff and their distinct requests for space. "Even in a clinic," she says "the medical assistants want to work with the physicians, who want to be in the back of the house, left alone to do their work, but they need to be in contact with the patients, who are in the waiting room, so it's always this puzzle as to where to put everyone. There's always that tension of

creating the connection but also allowing for privacy."

There are other factors that Gunning must take into consideration when designing a healthcare facility, including the psychological determinants of space. She describes a NICU she worked on in El Paso, Texas, as one of her most memorable projects. "That's when I realized the emotional demands that were being put on the patients and staff," she says. "Individuals can have the best experiences of their lives in hospitals, giving birth. But patients in the emergency room could be having the most traumatic experiences of their lives—and all of these events are happening in the same building." The culture of a region can also influence the design of a structure. "El Paso, for example has a big Hispanic population," Gunning says, "so people tend to bring big large families with them, even to small clinics. They will bring a slow-cooker plus a grandmother, plus many cousins," she laughs. "Cultural elements like this can influence, for example, how much space we designate for an exam room."

Gunning enjoys taking on the challenge of negotiating space. She is active in the planning stage of each project, which includes sitting down with representatives from different groups who will be using the space to see what they need. "I've always enjoyed healthcare planning," she says, "getting involved with each group's perspective on how, for example, a hospital works, and talking with everyone, from the surgeons to environmental services personnel. I like understanding the intricacies of their jobs. A hospital is like its own universe."

In order to deepen her understanding of this universe, Gunning applied to HPM's EMHM program. Now a rising second year, she is gaining a broader context for understanding the healthcare landscape. "The policy class in particular helps explain the changing healthcare delivery systems. That gives me an idea of what kinds of spaces I can think about or provide or respond to," Gunning says. "I feel that to be a true healthcare designer, I need to have a bigger role in how the healthcare delivery systems are put together from the beginning." The EMHM curriculum has also forced her to re-examine her management style. "I work on very large, complex teams that need to be able

Cecilia Gunning (EMHM '16)

to trust each other and work together. I didn't only learn about how management works in companies and organizations, but a lot of the same principles apply to my work. That's what I love about this program—I go back to work, and I can use what I learned in my courses right away."

Gunning was recently named the winner of Architects for Health's Phil Gusack Essay Prize for her article "Healthcare off the grid: what we can learn from food truck markets" (see page 5 for Gunning's essay). The essay imagines mobile healthcare units, modeled after food truck markets, as future healthcare facilities. Gunning's article addresses the difficulties that hospitals and clinics have in adapting to the changing healthcare landscape. She argues that mobile units are more flexible in terms of keeping up with evolving models of care as well as changing technology, which may be rendered all but obsolete by the time a brick and mortar facility is completed. The mobile units, as Gunning imagines them, will be equipped to address the healthcare needs of specific communities, and when the trucks are not in service, the community can use the space as a park, for example, or farmer's market. Gunning is currently looking to talk with potential clients about the possibilities of making her plan a reality.

For now though, Gunning is content to focus on the present, which for her, includes designing a one million-square foot hospital in Louisville, Kentucky. When she's not working, she enjoys spending time with her husband and her five-year old daughter, and of course, coming to New York once a month for classes. "The future could take many forms," Gunning acknowledges. "For me the purpose of being at Columbia is to become better at what I do and to strengthen the strategic part of my design work—that's really my goal: to do what I do, but better."

Healthcare off the grid: what we can learn from food truck markets

By Cecilia Gunning, AIA (EMHM '16)

It's the middle of the day at 10th and Oak Street in downtown Oakland, California. Usually, not much happens at this intersection. A few homeless people pushing carts towards the encampment down the street and a smattering of commuters rushing to the BART train station a block away make up most of the foot traffic. Oakland is one of the most dangerous cities in the US: people who don't live in the more affluent hills tend to stay in their homes.

But today is Friday, and Off the Grid is setting up the weekly food truck market that it began here two years ago. A row of orange cones closes off the street. A whole series of trucks gradually line up, like a wagon train circling up in an old Western. As the sun sets beyond the San Francisco Bay, smells of garlic noodles sizzling on a pan and crème brûlée being blasted with a blowtorch start to float in the air, luring workers and young families out into the street. Lines quickly grow in front of every truck. In a few hours, a band will start playing at the Oakland Museum of California down the street, and its back patio will turn into a makeshift dance floor. In the space of a day, an urban desert becomes a vibrant community.

> **"As healthcare architects, we need to focus on creating spaces that promote wellness rather than trying to dress up illness warehouses as five-star hotels."**

What does a food truck market have to do with healthcare architecture? There are three key things that healthcare architects are failing at: we create places that treat illness instead of promoting wellness, plan spaces that assume patients are passive bodies instead of active participants in their own health, and design buildings that are obsolete by the time they are built. So far, we have tried to improve the status quo by designing spaces that feel more like hotels and spas, by throwing a light switch above the patient's bed and a foldout couch in the corner for a loved one to crumple into, or by assuring that the buildings we design are flexible. But these are tepid attempts that just gloss over the real problem without really addressing it.

Off the Grid is a company that operates food truck markets in the San Francisco Bay Area, and it offers a few lessons for healthcare architects. Off the Grid gets people out of their homes and in touch with each other, which has been proven to promote health and wellbeing. It knows what its customers want and where,

Food trucks from Off the Grid lined up at the intersection of 10th and Oak Street in downtown Oakland

because it uses social media to inform as well as get feedback. It is able to change in real time because it uses mobile units to create agile space that can relocate and reconfigure as needed. The healthcare industry and the spaces we create for it are in dire need of an Off the Grid approach.

Spaces that promote health rather than treat illness

Healthcare buildings conjure up images of long corridors where people are wheeled around, or rooms where patients wait on an exam table covered in a giant paper napkin. But shouldn't healthcare be more about taking care of people's health, rather than treating their illness?

Organisations are realising that the real savings in healthcare come from keeping people healthy. And one of the key things that affect people's health is their lifestyle. In 2012, Dr. Muntu Davis, public health department director in Alameda County, California, published 'Improving Community Health: A Framework for Achieving Health Equity'. This study found that a lack of safe open spaces for physical activity and poor access to healthy food were tied to health problems in underserved communities. Residents in the more affluent, hilly areas of the county, who live in safe neighbourhoods and have access to healthy food, use fewer health services. It is the people in the flat areas, who shop at corner stores stocked with inexpensive junk food and who are virtual prisoners in their own homes due to the violence outside, which consume the most healthcare services.

Food trucks help create a vibrant scene in a normally empty intersection

As healthcare architects, we need to focus on creating spaces that promote wellness rather than trying to dress up illness warehouses as five-star hotels. Off the Grid activates communities and brings people out of their homes and into the street. What if, to get people active and keep them healthy, we designed parks instead of clinics? An empty lot can easily be turned into a park, with walking paths, sports facilities, and play structures. During the day, trucks with portable clinics can plug into docking stations to provide services tailored to the community, including specialty care such as pediatrics, OB/GYN, or oncology. The type of clinic operated could be flexible, based on population health data combined with consumer feedback. In the afternoon, the trucks would unplug, freeing up the open space so that people in the neighbourhood can enjoy playgrounds and basketball courts, and jog or walk along the paths. On weekend mornings, a farmer's market with more plentiful and healthful food choices might occupy the space. Such a space would promote physical activity as well as human interaction—two factors essential to wellness—and at a fraction of the cost of building a clinic or a hospital.

Spaces that respond to empowered consumers

With internet access and interactive health apps, the days of the passive patient are gone. Instead of sitting timidly on an exam table, patients today are armed with their own research, obtained from web-based symptom checkers like mayoclinic.org or webmd.com. After their appointment, some log into Healthgrades or Yelp to share their experience with other consumers. What was once limited to traditional consumer industries—people having a voice, and businesses listening to their feedback and changing in response to that feedback—is starting to penetrate healthcare delivery systems as well.

In the same way that its moveable parts enable Off the Grid to easily change in response to its customers, healthcare spaces should be able to adjust based on patient feedback. Providers can use that feedback to transform themselves in response to changes in technology, patient needs, and healthcare delivery. To create these changeable spaces, architects need to think more like industrial designers. To not think simply of buildings, but of objects that define space—and to think of space as a fluid thing that can be reconfigured based on real-time feedback.

Space that is defined by mobile units can reconfigure and relocate based on consumer need. If a cluster of diabetic patients is identified in a certain neighbourhood, a mobile clinic can be configured to offer treatment and education. Configured as a pediatric clinic, the mobile unit can move to a community park. Or a mobile geriatric clinic could visit areas with large retired populations at certain times of the week. These mobile structures could be connected by websites where people can fill out surveys, learn about which clinics and markets will be available on any given day, trade advice about how to deal with chronic conditions, and even organise community events like yard sales and barbecues.

> **"To create these changeable spaces, architects need to think more like industrial designers. To not think simply of buildings, but of objects that define space—and to think of space as a fluid thing that can be reconfigured based on real-time feedback."**

Spaces that respond to change

There is always a point in a healthcare project when architects face hospital administrators in a boardroom and have to answer the question: what will happen in five or 10 years when our project is about to finish construction and it's time for us to buy equipment, and everything we can buy at that point is different from what you have drawn for us today? And the building needs will invariably change: a radiology room has to be enlarged to fit an MRI, or a clinic has to be redesigned to accommodate a new model of care. Frequently, services move out of the main hospital as technological advances make it possible for procedures to be performed in an outpatient setting. Our stock answer to our clients' concern about change is that we are designing a flexible building that can change with their needs. But is hammering down drywall and perforating concrete slabs really flexibility?

"**The spaces we create have to be able to change in response to technology, patient needs, models of care, and consumer feedback. We should think more in terms of food trucks, 'parklets' and shipping containers, rather than concrete, steel and drywall.**"

Some major healthcare systems are realising that the way to deal with inadequate facilities may be to build no facilities at all. They are instead bringing services to their customers through information technology, hoping to keep them out of hospitals as much as possible. In 2013, Kaiser Permanente, one of the largest healthcare systems in the US—widely regarded as a model of progressive healthcare delivery—unveiled a video illustrating its vision of 'Imagining Care Anywhere'. That vision, where people get care in mobile clinics and check their symptoms and treatments on their smartphones, and clinicians show up at patients' homes with tablets, is about using technology to enable real-time care, wherever it is convenient.

If the future is consumers getting care through their smartphones, will healthcare architects still be relevant? In order to stay relevant, we need to reassess our idea of what kinds of spaces healthcare happens in, who occupies these spaces, and what healthcare means overall. The spaces we create have to be able to change in response to technology, patient needs, models of care, and consumer feedback. We should think more in terms of food trucks, 'parklets' and shipping containers, rather than concrete, steel and drywall.

Rethinking healthcare architecture: Forms chasing function

This is an exciting time in healthcare and in architecture. The internet is increasingly eroding the importance of location, and technology is constantly changing healthcare practice. This situation makes it an unsettling time to be an architect, but along with the uncertainty comes an opportunity to reimagine our role. We are creators of space, and space is defined by what happens in it, not by encasing it in rigid boxes. The definition of architecture does not mandate that the forms we create to contain space be inert and anchored to the ground. In fact, abandoning that notion may help us create spaces that respond better to today's dynamic relationship between form and function.

Just like Off the Grid can turn an empty parking lot into a bustling market, moveable structures can turn an empty space into a space for wellness. As architects, we can build on this idea of itinerant structures that roam the city transforming spaces. And with our ability to infuse space with meaning, we can design these structures to create experiences that inspire people to live healthier lives. We can take Off the Grid's power to temporarily transform space a step further if the moveable structures we create leave a footprint behind after they're gone, permanently transforming the space they occupied and leaving seeds of positive change.

The architect's innate talent for organising chaotic and opposing forces into coherent wholes can be invaluable in solving the challenges of the healthcare industry. If we can negotiate structural forces and infrastructural and human needs, navigate the complex political currents that come from our clients and their communities, and in the end produce functional and beautiful million-square-foot buildings, we can certainly make a complex system of moveable structures to serve an industry as unwieldy as healthcare.

The corner of 10th and Oak is just a few blocks away from East Oakland, ground zero for crime and murder in the city. But on any given Friday night, people are lining up to eat local food, a samba group is playing, and children are dancing. To stay relevant, healthcare architects should take note. In today's world of virtual connections, we may want to stop looking at hulking structures of concrete and drywall as the ideal. We may find that a caravan of food trucks has just the inspiration we need.

For more about Architects for Health and The Phil Gusack Essay Prize visit www.architectsforhealth.com and www.ribaj.com

Alumni Profile: Juan Mejia (FTM '03)

"My goal after graduating from college," recalls Juan Mejia, "was to come to New York for two years, get my MPH and then go back to California to continue my life and career. But it's been 14 years," he laughs, "and I'm still here!" After graduating from UCLA with a degree in physiological science, Mejia was determined to stay in the healthcare field, but he was looking for a way to impact communities on a larger scale. He enrolled in HPM's MPH program with the goal of obtaining a broader understanding of healthcare management. "When I walked into the program, I had a science background," he says. "I didn't really understand the big picture of healthcare management or even policy. We spent a lot of time in our classes talking about how policy and management interface. Getting that framework and foundation was really important to me."

The MPH program fueled Mejia's interest in healthcare management, and after his first year of coursework, he secured a practicum at New York Presbyterian/ Weill Cornell. To Mejia, the most exciting part of the practicum was being part of a large management team and observing first-hand the level of responsibility and the skills required for leading the team. Mejia took advantage of the practicum experience to absorb as much as he could, "I had a supervisor who became my mentor," Mejia recalls. "He had an open-door policy, and I could come in and ask any question, and of course, at that time, I had a million questions."

While he was still a student, Mejia secured a job as a consultant for the New York City Department of Health. He worked as a fiscal manager, ensuring that community-based organizations met their contracted goals that had been set in place for an infant mortality reduction initiative. "It was a lot more of a financial role," Mejia recalls, "but it allowed me to appreciate the bigger picture of the work that community-based organizations were doing and how that fed into the larger healthcare system."

In 2003, Mejia began his job as a Revenue Manager at New York Presbyterian. In this role, he learned about hospital finances and the intricacies of the hospital revenue cycles. "The position was very eye-opening," Mejia says. "It

was my first exposure to the hospital-revenue cycle systems, and I really fell in love—not just with the work that I was doing—but with the possibility of the career growth inherent in hospital administration." Mejia soon worked his way up from Revenue Manager to Director of Clinical Operations. The biggest change with this position involved the responsibility of managing multiple divisions. "I had oversight for a number of different clinical departments," he remembers, "and it was a very different role, since I was interfacing a lot more with our physician and nurse leaders." At that time Mejia managed the adult endoscopy department, the adult chemotherapy infusion department, and the dialysis department, among others. Without clinical expertise in these fields, Mejia relied on those around him to help fill in the gaps. "There were a lot of business and clinical decisions that we had to make, and the important thing is to make sure that you're surrounded by a team of experts. I had to understand the big picture, and had to know how to drive those discussions and the decisions we were making in the hospital every day."

In his current role as Vice President of Operations for New York Presbyterian/ Morgan Stanley Children's Hospital, Mejia oversees the day-to-day operations of many procedural departments, including the operating rooms, radiology and the pediatric emergency department. As with his previous role, he manages issues related to the revenue cycle and regulatory requirements at the children's hospital. Mejia must contend not only with day-to-day operations, but also with the future of the hospital. "I have the responsibility for understanding our hospital's five to ten year strategy goals. It is my job to ensure that the critical decisions and investments we're making are in line with where we want to take the hospital."

Mejia also works closely with the Hospital's facilities and design departments to manage construction projects, from small cosmetic renovations to major capital construction projects. For large capital projects, Mejia's team gathers design input from key stakeholders, including staff and representatives of the hospital's Family Advisory Council; comprised of

Juan Mejia (FTM '03)

family members of current and former patients. "One thing we pride ourselves on is including staff, patients and families in design decisions." The hospital has recently completed the construction of a 14-bed pediatric ICU. Mejia has been involved in the project from the concept study through the completion of the unit. He credits his staff and the Family Advisory Council for their valuable input. "If we're designing a parents' space in the ICU," he says, "What's better than having the feedback from a parent who has actually had to sleep in the ICU?" In addition to the new ICU, the hospital is building another much-needed MRI as well as a 16-bed antepartum unit designed for patients with high-risk pregnancies. Though the construction projects can be arduous and seemingly interminable, Mejia enjoys working with different architects, nurse leaders and physicians from various departments to help get the projects off the ground. "That's my favorite part of the job," he says, "bringing the entire cross-discipline team to create an end-product—a new state-of-the-art unit. It is really amazing to be part of that kind of team."

Mejia serves as a mentor for students from the Mailman School of Public Health and other programs around the city, and he encourages his mentees to ask questions and seek out jobs that will challenge them. "The work you are doing should pull you out of your comfort zone," he says. "To me, that's when you're learning the most." Mejia is taking his own advice—for the past two years he has been a member of the Washington Heights/ Inwood Community Board. "It's a completely different experience from my career at the hospital, but it's great to engage with community leaders. There are so many projects in development that will transform this community in the years to come, and I think being part of that is really exciting."

Faculty Corner

Professor Sara Abiola

HPM Professor Sara Abiola was nearly a year into her coursework at Harvard Law School when she became discouraged with the curriculum's approach to analyzing law and policy. "At that time, the notion of evidence-based policymaking wasn't a part of the discussion in our law classes," Abiola remembers. "If we were talking about what a person's punishment should be for committing a crime, for example, it was all speculation: What did we think the effects of prison were? What were the effects of having these types of policies in place? No one knew the answers to these questions." That summer, she attended an evidence-based health policy program offered jointly by Harvard's schools of medicine and public health. Eventually, the program's director convinced Abiola to pursue a PhD in health policy in addition to law school. She worked with the administration at Harvard to engineer a dual degree—the first of its kind. "It was an uncharted path," she recalls, "but we put together a curriculum that satisfied both schools, and I pioneered the joint degree (JD/PhD) at Harvard."

After graduating, Abiola began searching for a job in academia. "I was very much into human rights," she says, "I had a social justice orientation, and I didn't see how going into industry and making limited change would be satisfying for me." Abiola found the perfect combination of policy and public health content in her current position as a health law professor in HPM. In her Public Health Law class, Abiola exposes students to a wide range of legal reasoning and analysis through a variety of cases, some dating back to the 1800s and others involving the current litigation surrounding the ACA. It is important to her that students understand both what the courts have decided and the analytical framework underpinning their decisions. For the Governance, Law and Ethics class, Abiola focuses course content on specific skills devoted to the tasks that management students might expect to encounter. "We do cases," she says, "but they're condensed, and focused on institutional liability, for example, and other legal details that will be relevant for management students." For both courses, Abiola's main goal is to equip students with the analytical reasoning tools needed to create sound arguments. "I want students to have the capacity to be able to challenge what they see and to have the language to do it well."

Abiola's research interests focus on the politics of public health laws—understanding how they are developed and evaluating the effects these laws have on population health. She is currently involved in several projects, domestically and abroad, that focus on policies surrounding non-communicable diseases (NCDs) and the efficacy of the strategies involved in implementing these policies. She is finishing a paper that divulges the findings of a fifty-state analysis of obesity laws conducted between 2000-2007. The paper argues that during these years, obesity rates were unaffected, despite the intense policy activity surrounding obesity.

Abiola's interest in non-communicable disease drives many of her research projects. "NCDs are not as sexy as communicable diseases," she laughs, "but they're just as important. We're looking at the effects of laws on population health, and so we have to think about the day-to-day experience." Abiola intends to examine tobacco laws in developing countries—specifically Kenya—to determine the factors that facilitate implementation of various forms of tobacco control across the country. "How do you predict what's going to make these policies successful?" Abiola asks. "And what effect, if any, have the current policies on tobacco control had on non-communicable disease growth and spread amongst young people, which is the most vulnerable population. That research is part of a vision of where I want things to go long-term."

The scope of Abiola's research has recently begun to extend beyond non-communicable diseases. She is currently leading a project that examines the implementation of criminal justice reform policies. The project examines three states that have applied a set of changes to the probation system for young offenders. The changes have resulted in fewer violations of probation and greater satisfaction with the criminal justice system. Examples of the changes include offering a very specific set of expectations for offenders, eliminating ambiguity with regards to tracking and administering punishments for probation violation, and carrying out these punishments expeditiously. "I'm planning to do a series of key informant interviews to find out how to explain the success of these programs," Abiola says. "Other cities and other states want to implement this same type of intervention, so the question becomes how do you do it—and how do you do it really well? We can use research techniques to answer these questions about implementation. This project has grown out of my desire to contribute to the ongoing discussion around criminal justice reform."

Abiola was recently awarded the Provost's Grant for Junior Faculty who contribute to the diversity of the University and will use the funding to examine yet another public health law issue: whether stringent firearm control laws improve population health. "We think of gun control laws as being about reducing crime, making sure that the number of assaults with a deadly weapon, for instance, is going down, but violence is really a public health problem. Effective gun violence prevention laws have the potential to spillover in to other aspects of public health—mental health, public perceptions of safety, physical activity levels." The aim of the project is to see if states that have implemented more stringent firearm control laws have also experienced an increase in population health, specifically as it relates to physical activity or other predictors of NCDs. "I always find my way back to the NCD component," Abiola admits, "but to me that's what public health is really about."

Abiola recognizes that her research methods inform her teaching. "When I ask students to consider if a law is effective, I tend to infuse into this question a discussion about implementation. How do people actually experience this policy? That's running through my mind with my own research, and I think that comes through in my teaching."

Have You Heard?

HPM Faculty & Staff

The Board of Trustees of Columbia University has recently named HPM faculty member **Jack Rowe** the Julius B. Richmond Professor of Health Policy and Aging. This is the first endowed chair that is housed in HPM. It is named in honor of Julius B. Richmond, a former US Surgeon General, the first national director of the Head Start Program, and a longtime Professor of Health Policy at the Harvard School of Public Health.

It's been a busy spring for HPM administrators! **Marni Selman** and her husband Jeremy welcomed a daughter, Ava Selman, on January 5, and **Emily Austin** and her husband Frank welcomed son Silas Marsh Winslow on April 27.

HPM faculty member **Peter Muennig's** article "More Money, Fewer Lives: The Cost Effectiveness of Welfare Reform in the United States" appeared in the *American Journal of Public Health* (December, 2014).

HPM faculty member **Jemima A. Frimpong's** article "The Impact of HIV Testing Policies and Practices on HCV Testing" appeared in *Drug and Alcohol Dependence* (January, 2015).

In May HPM administrator **Karen Burke** graduated from Columbia University's School of International Public Affairs. She received an MPA with a concentration in finance.

HPM staffer **Dori Lorsch** received the 2015 Mailman School's Staff Award for Excellence. These awards are made possible by a generous gift from an anonymous donor, expressly to recognize outstanding Mailman School employees who demonstrate the highest standards of performance.

The American Academy of Arts & Sciences published an article by HPM faculty member **John W. Rowe**, **MSPH Dean Linda Fried** and **Dawn C. Carr** titled "Productivity & Engagement in an Aging America: The Role of Volunteerism" (2015).

HPM faculty member **Nan Liu** and Columbia Business School professor **Linda V. Green** published a paper in *Medical Care Research and Review* titled "A Study of New York City Obstetrics Units Demonstrates the Potential for Reducing Hospital Inpatient Capacity" (2015, Vol. 72(2) 168–186). The paper was featured as the *Crain's* Health Pulse Cover Story (April 10, 2015).

HPM faculty member **Matthew Neidell's** working paper "Temperature and Human Capital in the Short- and Long-Run" appeared in the *National Bureau of Economic Research* (May, 2015). The study was also mentioned in an article in the *Washington Post*: "Paper finds a surprising link between warmer temperatures and math test scores" (May 12).

Introducing HPM Faculty

Ruth Finkelstein, ScD, has over thirty years of experience in health policy, planning and research, focused on promoting health for vulnerable populations. Currently, she is the Associate Director of the Robert N. Butler Columbia Aging Center as well as an Assistant Professor of Health Policy & Management in the Mailman School of Public Health. She translates interdisciplinary knowledge on the aging process and its implications for societies into policy-focused practice to maximize productivity, quality of life, and health across the life course. She also directs the Age Smart Employer Awards program funded by the Alfred P. Sloan Foundation. Dr. Finkelstein was the Senior Vice President for Policy and Planning at The New York Academy of Medicine, where she directed the Age-Friendly New York City initiative which won the 2013 award for "The Best Age-Friendly Initiative in the World" from the International Federation on Ageing as well as the Archstone Award for Excellence in Program Innovation from the American Public Health Association. In 2012, she was named one of the nation's "Game Changers" by *Metropolis Magazine*. She has provided technical assistance to cities around the world on planning, implementation, and evaluation of systems-level aging initiatives. In past work, she has led successful efforts to adopt community rating, open enrollment, and other insurance reforms in New York State; played a key role in reform of the Rockefeller drug laws, and performed research that informed policy changes to better address drug users in reauthorizations of the Ryan White CARE Act. Dr. Finkelstein holds a bachelor's degree from the University of Michigan, a master's degree in anthropology from Case Western University, and a doctorate in health policy from Johns Hopkins School of Hygiene and Public Health. She has published in a numerous journals, including the *American Journal of Public Health*, *Inquiry*, and *JAIDS*.

HPM Events

This spring, HPM hosted a number of exciting events, from the 2015 HPM Healthcare Conference to a series of roundtable discussions with visiting healthcare leaders. Here is a quick recap, in case you missed anything.

HPM Healthcare Conference

On April 17, HPM hosted the 4th Annual HPM Healthcare Conference at the Columbia Club in Midtown. The event reached capacity, attracting over 200 students, faculty and staff from HPM, Mailman and Columbia's broader community. The morning program took on a new format this year. The four panelists, representing organizations across the healthcare system, provided insight into strategic positioning of their organizations and industries within the evolving policy environment. They shared an insider's perspective of frustrations and opportunities for growth. The discussion also allowed for panelists to share a bit of personal history and professional experiences.

In the afternoon, conference participants had the option to select panels from two different sessions. One panel, *Healthcare Reform: Impact on Hospitals*, included a lively discussion comparing the strategies of hospitals in the New York metropolitan area. It was informative and surprising to hear about the major strategic differences among large healthcare institutions. A second panel, *Public Health in the Media: From Measles to Ebola* focused on the media's role in the way the public receives information related to healthcare, specifically disease and outbreaks, and how that influence shapes the public's perception and response. Later in the afternoon, in session two, *Demystifying Big Data in the Context of Healthcare Reform* centered on the use of big data in the expanding healthcare system. Technological advances and the opportunities for specialized medicine were among a few of the new developments discussed. Finally, *Redesigning Health Delivery: Encouraging & Ensuring Access to Care* opened up a dialogue about the different models for accessing health services. The panel included perspectives on FQHCs, minute clinics and for-profit delivery systems, as well as government programs. While some have been successfully imbedded in the healthcare structure for over fifty years, others highlight new opportunities to treat patients.

This year HPM student volunteers assisted staff and faculty in planning and managing the conference. They were integral in offering suggestions for speakers, reaching out to panelists and coordinating logistics throughout the day. The students ushered in a social media component to the conference, creating a buzz on twitter and facilitating the introduction of a new networking app, Pintact, to help attendees connect more easily. We look forward to working with our student volunteers again next year.

Get Involved!

Planning for next year's healthcare conference has already begun, and we'd like to encourage the HPM community to get involved. If you have an idea for a panel topic, or if you have recommendations for keynote speakers or panelists, send your suggestions to hpm@columbia.edu.

Be a Sponsor!

If your organization is interested in sponsoring the 2016 HPM Healthcare Conference, connect with us to find out more about sponsorship packages. All suggestions and queries should be directed to HPM's Manager of Special Projects & Events, Carey McHugh, ctm2101@columbia.edu

Save the Date!

Next year's conference will be held on Friday, April 15, 2016, at the Columbia Club of New York. We hope to see you there!

Kathleen Regan, Barbara Ryan, LaRay Brown and Meghan FitzGerald, panelists on "Advancing the Health Revolution: The Intersection of Medicine, Policy and Technology"

Larry Brown, Thomas Moriarty, Alvaro Simmons and Carlos Cuevas, Panelists on "Redesigning Health Delivery: Encouraging & Ensuring Access to Care"

Conference Program

Advancing the Health Revolution: The Intersection of Medicine, Policy and Technology, A Fireside Chat

Moderator: Michael Sparer, JD, PhD	Professor and Chair, Department of Health Policy & Management, Columbia University
LaRay Brown	Senior Vice President, Corporate Planning Community Health and Intergovernmental Relations NYC Health and Hospitals Corporation
Meghan FitzGerald, RN, MPH, DrPH	Executive Vice President, Strategy, M&A and Health Policy, Cardinal Health
Kathleen Regan, MPH	Executive Vice President and Chief Operating Officer, The Commonwealth Fund
Barbara Ryan	Partner, Clermont Partners

Afternoon Panels

Healthcare Reform: Impact on Hospitals

Moderator: Arthur A. Gianelli, MA, MBA, MPH	President, Mount Sinai St. Luke's Hospital Adjunct, Health Policy & Management, Mailman School of Public Health
Emme Deland, MBA	Senior Vice President for Strategy at NewYork-Presbyterian Hospital
Jeffrey Kraut, MBA	Senior Vice President, Strategy & Business Informatics, North Shore LIJ Health System and Associate Dean for Strategy for the Hofstra North Shore-LIJ School of Medicine
Ronda Kotelchuck, MRP	Chief Executive Officer, Primary Care Development Corporation

Public Health in the Media: From Measles to Ebola

Moderator: David Rosenthal, PhD	Associate Professor of Health Policy & Management in the Center for Family and Community Medicine at the Columbia University Medical Center
Oxiris Barbot, MD	First Deputy Commissioner at New York City Department of Health and Mental Hygiene
Heidi Evans, MS	Health Reporter & Writer, *The Daily News*
Irwin Redlener, MD	Professor of Health Policy and Management and Pediatrics at the Columbia University Medical Center (in the Earth Institute); Director, National Center for Disaster Preparedness in the Earth Institute

Demystifying Big Data in the Context of Healthcare Reform

Moderator: Peter Muennig, PhD	Associate Professor of Health Policy & Management, Mailman School of Public Health
Eran Bellin, MD	Vice President, Clinical IT Research and Development, Montefiore Information Technology
Richard Migliori, MD	Executive Vice President and Chief Medical Officer, UnitedHealth Group
Howard Tarre, MA	Principal, Mercer

Redesigning Health Delivery: Encouraging & Ensuring Access to Care

Moderator: Lawrence D. Brown, PhD	Professor of Health Policy and Management, Mailman School of Public Health
Carlos Cuevas, MPA, MPH	Empire Fellow at New York State Executive Chamber, Office of the Deputy Secretary for Health
Thomas M. Moriarty, JD	Executive Vice President, Chief Health Strategy Officer and General Counsel, CVS Health
Alvaro Simmons, PhD	Chief Executive Officer, Heritage Health and Housing, Inc.

Thank you to our 2015 conference sponsors!

HPM Roundtable Discussions

This spring HPM held three roundtable discussions with notable guests including Patsy Yang, Director of Health Policy in the NYC Mayor's Office; Mark Bertolini, CEO of Aetna Insurance Company; and HPM Professor and Department Chair, Michael Sparer. HPM students recap the discussions here.

Health Policy in Practice: A Roundtable Discussion with Dr. Patsy Yang
By Anne Valik (CMPH '16)

New York City Mayor Bill de Blasio took office on January 1, 2014, promising in his inaugural speech to "put an end to the economic and social inequalities that threaten to unravel the city we love…and take dead aim at the Tale of Two Cities.[1] " Although the introduction of such a comprehensive progressive agenda was sure to have notable influence citywide, one sector certain to be impacted was that of public health. On March 9, 2015, students and faculty from Mailman's Department of Health Policy & Management had the exceptional opportunity to gain insight on the health policy challenges and opportunities associated with this agenda – and more – during a roundtable discussion with Dr. Patsy Yang, HPM alum and Director of Health Policy in the NYC Mayor's Office.

Dr. Yang addressed a wide range of topics over the course of the lunchtime conversation, covering items from the upstream determinants of mental health to the politics of health policy implementation. The dialogue began on a practical note, however, as Dr. Yang recounted the professional path that led her to her current role. Having earned her MPH at Mailman, Dr. Yang started off her career with a role in Planning, Program Development & Policy Analysis at the NYC Health and Hospitals Corporation (HHC). The skillset garnered during her time at HHC led to a multi-year focus on hospital operations, including positions at the Metropolitan Hospital Center, Mount Sinai Medical Center of Miami Beach, and Bellevue Hospital Center. In 1989 Dr. Yang was named Assistant Commissioner of Personal Health Services in the then New York City Department of Health, beginning an engagement in local public health that included lengthy tenures as Westchester County's First Deputy Commissioner and Acting Commissioner of Health, and as Executive Deputy Commissioner and Chief Operating Officer of the New York City Department of Health and Mental Hygiene. It was during her time in local public health that Dr. Yang was awarded her DrPH with Distinction at Mailman with a

dissertation that focused on the variations in implementing health insurance policy relative to the New York State Early Intervention Program. Dr. Yang was named Director for Health Policy for the NYC Mayor's Office in May of 2014, and has served in that role ever since. In this role, she works for Deputy Mayor for Health and Human Services Lilliam Barrios-Paoli on health issues and serves as liaison to the NYC Health and Hospitals Corporation, the NYC Department of Health and Mental Hygiene, and the NYC Office of the Chief Medical Examiner. She also works with First Deputy Mayor Anthony Shorris on the transformation of the health delivery system citywide.

Dr. Yang focused the HPM Roundtable Discussion around two specific case studies of health policies currently in development. Many aspects of health policy development and implementation were discussed including the intricacies of societal norms and politics; intersecting and sometimes conflicting philosophies and beliefs; the tension between regulation and behavior; and the financial, legal and operational challenges of changing large and disparate or interacting sectors – and of sustaining those changes.

The floor was opened for questions during the remainder of the conversation; during this time, there was discussion on topics including the interjurisdictional tensions that can arise from differences in policy or political perspectives, the need for better quality and sharing of public health data, and the pros and cons of divergent health policy methodology (e.g., the implementation of regulation vs. the employment of education). The insightful and informative conversation ended on a validating note for all Mailman MPH students, as Dr. Yang highlighted the important role that the MPH played in her own career, and stressed that the public health frameworks learned during her tenure as a masters student continue to have utility in her professional endeavors to this day.

---

1. *Text of Bill De Blasio's Inauguration Speech. The New York Times, January 1, 2014. http://goo.gl/yzQv2F*

A Roundtable Discussion with Mark Bertolini

By Rojean Kashanchi (FTM '15)

On Thursday, April 9th, Aetna Insurance Company's CEO Mark Bertolini, held an intimate roundtable discussion with approximately 30 Mailman students. The session, moderated by Dr. Michael Sparer, Chair of the Department of Health Policy & Management, proved to be a highly insightful look into the guiding vision of a passionately transformational leader.

Mr. Bertolini began his discussion by providing background on his initial interests in healthcare. He mentioned his initial pre-med track in college, which he later switched to accounting, finding it suited his talents much better. He later pursued his Masters of Business Administration (MBA) at Cornell University, where he met several individuals who would later become his partners in creating an early HMO.

Two personal experiences inspired Mr. Bertolini to become passionate about improving healthcare delivery. The first was his son's illness, which led Mr. Bertolini to realize how uncoordinated the healthcare system is and that "without advocacy, sick people die." Mr. Bertolini himself was deeply involved in the coordination of his son's care. Based on his own research and concerted efforts with the skilled oncologists at the hospital, his child was ultimately cured. Another life changing event was Mr. Bertolini's skiing accident that caused him to be hospitalized. During his inpatient stay, he became

aware that the hospital was incentivized to discharge the patient as fast as possible. A patient's quality of life, Mr. Bertolini deduced, was sometimes viewed as someone else's problem.

Such salient exposure to the most frustrating aspects of the healthcare industry has given Mr. Bertolini the urge to intervene. As CEO of Aetna, he has aimed to keep the patient at the center of all decision making. With Aetna insurance, a patient is able to keep her healthcare "local" by ensuring access to geographically convenient providers. The company has also revamped hospice care to be more sensitive to patient demands. Additionally, by focusing their efforts on the utilization patterns of the sickest 5%, Aetna has been able to manage unnecessary healthcare spending in an effective, patient-centered manner.

Much has been written about Mr. Bertolini's changes within Aetna itself. His increase in the minimum wage among his lowest paid staff was heralded as an incredible gesture for organizational change. He introduced free yoga classes to his employees, offering an outlet for wellness and resulting in higher productivity. Mr. Bertolini is acutely aware of the impact his actions have on his employees' behaviors. He embodies the values he wants the company to adopt and is on track to lead Aetna into, arguably, its most innovative era.

A Roundtable Discussion with Dr. Michael Sparer

By V. Trinh Nguyen (FTM '16)

On April 20, HPM hosted the final of three roundtables this semester with Department Chair Dr. Michael Sparer. A small group of students from the full- and part-time management programs had the unique opportunity to meet with Dr. Sparer in an intimate setting to learn more about his career as a lawyer and academic, as well as his current research projects.

In describing his background, Dr. Sparer shared his experiences as a former litigator for the New York City Law Department. While involved in cases related to Medicaid reimbursement, his growing interest in better understanding how the branches of government shared and shifted burdens led him to pursue a PhD in Politics at Brandeis University. During his dissertation and subsequent job search, Dr. Sparer had the opportunity to meet Drs. Larry Brown and Jeanne Stellman before eventually accepting a position at the Mailman School. As current department chair, he has most enjoyed working with colleagues from different disciplines, and being able to balance administrative duties with teaching and the mentoring of junior faculty.

During the informal lunch, Dr. Sparer also spoke about his current research in collaboration with Dr. Brown and the Brookings Institute. While the research will cover ACA implementation in 40 states, their project specifically focuses on the impact of technology as it relates to the implementation of state exchanges. The cross-cutting study compares New York and Massachusetts, and examines how well the state governments implemented massive new programs utilizing new technology. In their qualitative fieldwork, Drs. Sparer and Brown have sought to identify the factors that led New York's exchange to be considered a success, and Massachusetts' a failure. Dr. Sparer shared some of their preliminary findings and areas of focus, which include to what degree authority was centralized; how ambitious the states were in envisioning the exchanges; the background of IT contractors; and whether those involved were able to speak up about potential issues or problems.

At the closing of the roundtable, students also had the opportunity to ask Dr. Sparer about his career path and thoughts on the future of the ACA as well as share their own experiences with the management program.

Introducing the National Advisory Board

This is a time of extraordinary transformation in the nation's healthcare system. In this context, our vision is that HPM will become one of the most influential departments of its kind in the nation, one in which faculty are leading the effort to reform and remake our health and healthcare systems, and one in which students get the skills and training for effective policymaking, management and research.

With this vision in mind, HPM created a National Advisory Board (NAB). The Board is composed of leaders from across the healthcare system and includes CEOs and senior executives from hospitals, biotechnology companies, insurance, private equity, and foundations. This accomplished and engaged group will help to guide the trajectory of related study at Columbia and help develop a standard and agenda for education and research in the field.

The National Advisory Board for Health Policy & Management held its inaugural meeting in April 2015. The meeting focused on HPM's research and academic programs, and during one segment, Board members were invited to summarize a top current agenda item. The meeting was an interesting and informative way for HPM to get a sense of shared healthcare challenges.

National Advisory Board Members

Mr. Richard A. Barasch, Chairman and CEO, Universal American

Mr. George S. Barrett, Chairman and Chief Executive Officer, Cardinal Health

Dr. Steven J. Corwin, CEO, NewYork-Presbyterian Hospital

Mr. John L. Flannery, President and CEO, GE Healthcare

Dr. Robert S. Galvin, CEO, Equity Healthcare Operating Partner, Blackstone Group

Dr. Helene D. Gayle, President and CEO, CARE

Mr. James Harden, Trustee, Columbia University**,** President (Retired), Catholic Health Services of Long Island

Ms. Karen M. Ignagni, CEO and President, AHIP

Mr. Chris Koller, President, Milbank Memorial Fund

Mr. Ronald J. Kuerbitz, Chief Executive Officer, Fresenius Medical Care Holdings, Inc.

Mr. Peter K. Markell, Executive Vice President of Administration & Finance, CFO, and Treasurer Partners HealthCare Systems, Inc.

Dr. Norman C. Payson, President, NCP, Inc.

Dr. Jonathan Perlin, Chief Medical Officer and President, Clinical Services and, Hospital Corporation of America

Dr. Wayne J. Riley, President-Elect, American College of Physicians and Professor, Vanderbilt School of Medicine

Dr. John (Jack) W. Rowe,* Julius B. Richmond Professor of Health Policy and Aging and Chair, Mailman School Board of Overseers

Dr. Gregory Sorensen, President and Chief Executive Officer, Siemens Healthcare North America

Dr. Michael S. Sparer,* Professor and Chair in the Department of Health Policy & Management

Dr. George E. Thibault, President of the Josiah Macy Jr. Foundation

*Ex-Officio member

Rosenberg Lecture on Healthcare Quality

By Daniel Wiederkehr (PTM '16)

Dr. Stephen N. Rosenberg's children, Amanda Hall and Jordana Rosenberg with Dr. Ting

On April 21, HPM hosted the Annual Rosenberg Lecture on Healthcare Quality featuring Henry Ting, MD, MBA, Senior Vice President & Chief Quality Officer at New York-Presbyterian Hospital as the guest speaker. Dr. Ting joined New York-Presbyterian last summer following 17 years at the Mayo Clinic where he served as the director of the Mayo Clinic Quality Academy and was a professor of medicine and associate dean for the College of Medicine.

The lecture was attended by staff, faculty, students, and the family and friends of the late Dr. Stephen Rosenberg, a former HPM faculty member.

Dr. Ting's lecture focused on the intersection of healthcare quality and outcomes research to improve patient care. As a cardiologist, Dr. Ting works to improve patient safety in a way that also engages patients more in their own healthcare. Specifically, Dr. Ting highlighted the importance of engaging patients as they leave the hospital to ensure long-term outcomes and adherence to treatments, while noting the technical and practical challenges of doing so. Critical to ensuring this patient-centeredness, Dr. Ting emphasized, is the role of the organizational culture and its orientation around patient and community needs. Citing the mantra "culture eats strategy for breakfast," credited to Peter Drucker, Dr. Ting highlighted the role for culture to shape not only what we

do, but how we do it, from technology upgrades to checklists to development of team-based care.

As the Chief Quality Officer at a major hospital system following a merger, Dr. Ting drew upon both the challenges and opportunities to drive change and establish a culture where quality and safety are deeply engrained within every strategy, tactic, and treatment choice within the system. He also encouraged use via social media platforms and newer technologies that enable novel means of patient engagement and interaction among communities of patients and researchers. You can follow him on Twitter at @HenryTingMD.

> **For information on donating to the Rosenberg Lecture on Healthcare Quality, contact Carey McHugh at ctm2101@columbia.edu**

HPM Donor List

Thank you to the individuals and organizations who have donated to HPM since July 1, 2015.

Aetna Life & Casualty
Ms. Karin Solanko Ajmani
Ms. Parla Erin Alpan
American Legacy Foundation
AmerisourceBergen
Ms. Blair Kendall Barrett
Mrs. Fletcher Kathleen Bennett-Gayle
Ms. Indu Bulbul Sanwal Berman
Ms. Alison Nell Blicharz Boyle
Mr. Merlin Joseph Brittenham, Esq
Ms. Christina Estelle Brown
Dr. Carlye Burd
Mr. Sandeep Burugupalli
Dr. Steve I. Caddle
Ms. Wendy L. Campbell
Ms. Francine Caracappa
Dr. Deh Chien Chen
Ms. Yi-Ting Chiang
Dr. Lisa Judy Chin
Mr. Hugh Harngid Cho
Ms. Therese Anne Corsello
Mr. Joseph Leonard Costa
Ms. Cynthia Christina Cox

Mr. John DePalma
Duane Morris LLP
Mr. Jared Michael Dunlap
Mr. Edward C. P. Edwards
Ms. Charlotte Elizabeth Eichna
Dr. Lee David Eisenberg
Ms. Alyce Azadouhi Erdekian
Mrs. Christi S. Fowler &
Dr. Dennis L. Fowler
Ms. Irene Yadira Frohlich
Mr. Sherwin Z. Goodblatt
Ms. Eily P. Gorman
Dr. Sheila A. Gorman
Ms. Amanda Rosenberg Hall
Mr. James T. Harden
Hay Group, Incorporated
Ms. Nancy Joanne Hogle
Ms. Sandy Alise Holstein
Mr. Steven G. Horowitz
Ms. Sarah Meloy Jubinski
Mrs. Sandra Kaplan & Mr.
Andrew S. Kaplan
Dr. Pravien Kumar Khanna

Ms. Emily Thea Kidder
Ms. Barbara F. Kirshbaum
Mrs. Wanda Mary Kowalski
Mr. Anthony Lara
Dr. Miriam Laugesen
Mr. Steven Michael Lazarus
Ms. Shawna-Kaye Georgia Lester
Mrs. Sheila Levine & Mr. David
George Levine
Mr. Gregory M. Longest
Dr. Nyiri E. MacArthur & Dr. Robert
B. MacArthur
Mrs. Donna Herlinsky MacPhee &
Mr. John A. MacPhee
Mr. Ari Jonathan Markenson
Ms. Amy Sue McPartlan
Ms. Megan Jane Montgomery
Ms. Jessica Greer Morris
Ms. Samantha Kensey Nemeth
Dr. Eliza P.S. Ng
Mrs. Erin Olsen
Dr. Parul Bhagvan Patel
Ms. Sara H. Patterson

Pintact
Mr. Victor Boris Podpirka
Mr. Anthony A. Pramberger, Jr
Ms. Petra Willis Rasmussen
Ms. Jolee Aryn Rosenkranz
Dr. John W. Rowe
Ms. Harshika Satyarthi
Ms. Karyn Lisa Schwartz
Mr. Lois V. Smigel
Ms. Amanda Kaye Sussex
Ms. Amy Tammam
Dr. Jessica Tan
The Commonwealth Fund
Dr. Satish Chandra Tripathi
Ms. Emily Jean Villagio
Mr. Robert Evan Wanerman
Ms. Miranda E-Ting Wang
Ms. Xinyi Wang
Ms. Lucy Luxuan Wu
Mr. Jean-Ezra Yeung
Ms. Vanessa Joan Young

HPM & KPMG Symposium: (Re) Defining the Health Care Delivery System: The Role of Social Services

Healthy People 2020, a science-based initiative that provides 10-year national objectives for improving the health of all Americans, identifies the importance of addressing the social determinants of health. Part of the debate focuses on the extent to which payers and providers should be paying for non-traditional medical services as a part of the healthcare delivery system and insurance structure. Questions exist related to evidence for the return on investment, impact on quality and appropriateness of distribution of funds.

In early May, HPM and KPMG co-hosted a symposium titled *(Re) Defining the Health Care Delivery System: The Role of Social Services* to explore the connections and possible integration between social services and health services. The day included a rich discussion from panelists and an audience of academics, government employees and contractors and Performing Provider System (PPS) representatives from across New York State. Participants had an opportunity to debate a number of issues related to the implementation of DSRIP, the use of government insurance, and payment reform. Following the symposium, Drs. Sparer, Brown and Muennig will write a related White Paper. (See below for the symposium program agenda.)

Symposium Program

Panel One: (Re) Defining the Health Care Delivery System: Where Do Social Services Fit?
Moderator: David Hansell, JD, Global Head, Human & Social Services Center of Excellence, KPMG
Peter Muennig, MD, MPH, Associate Professor of Health Policy & Management, Mailman School of Public Health, Columbia University
Deborah Bachrach, JD, Partner, Healthcare Industry, Manatt, Phelps & Phillips, LLP
Arthur A. Gianelli, MA, MBA, MPH, President, Mount Sinai St. Luke's Hospital and Adjunct, HPM, Mailman School of Public Health
Olivia Golden, PhD, MPP, Executive Director, Center for Law and Social Policy

Panel Two: Paying for Social Services: Where Do Health Insurers Fit?
Moderator: Lawrence D. Brown, PhD, Professor of Health Policy & Management, Mailman School of Public Health, Columbia University
Sherry Glied, PhD, Dean of the Wagner School of Public Service, NYU
Harold L. Paz, MD, MS Executive Vice President and Chief Medical Officer, Aetna
Peggy Chan, MPH, DSRIP Program Director, New York State Department of Health

Panel Three: Is DSRIP Different?
Moderator: Michael Sparer, JD, PhD, Professor and Chair, Department of Health Policy & Management, Mailman School of Public Health
Christopher F. Koller, MPPM, MAR, President, Milbank Memorial Fund
Kate McEvoy, JD, Medicaid Director, Connecticut Department of Social Services
Bruce C. Vladeck, PhD, Senior Advisor, Nexera, Inc.

Additional Speakers
Dr. Mark Britnell, Chairman and Partner of the Global Health Practice, KPMG
Paul Hencoski, PMP, US Lead Partner, Health and Human Services, KPMG LLP

CAHME Reaccreditation

HPM is excited to announce that The Board of Directors for the Commission on Accreditation of Healthcare Management Education (CAHME) re-accredited HPM's full-time, part-time and executive management programs for seven years. The re-accreditation was announced in May after a comprehensive CAHME site visit and study-year report. CAHME site reviewers remarked that HPM's management program's mission, vision and competency-based curriculum set the highest standards for future accreditation.

Exploring Healthcare in Cuba

By Sharon Suchotliff (EMHM '15)

In February, a group of EMHM students traveled to Cuba to get a first-hand look at the healthcare system. Sharon Suchotliff (EMHM '15) shares her experience.

In the golden light of the early afternoon of February, Cuba greeted us with open arms. Our group included nine individuals: physicians, marketers, and healthcare executives, all in our second year of the EMPH program. Although the flight from Miami took only 45 minutes, it was clear to all of us that we would spend our next 7 days in a very different world.

We set out towards Old Havana with our tour guide Bianca, a psychologist by training. Like many highly-educated Cubans, Bianca abandoned her work in psychology to pursue a more profitable occupation in tourism. It was not uncommon to encounter professionals with masters degrees working in what we in the US would consider low-wage service jobs.

Driving along Havana's famous Malecon, an 8km seawall and esplanade where locals gather to socialize, we got our first glimpse at Cuba's vast collection of 1950's American cars. Chevys, Oldsmobiles and Pontiacs sped past us, all in bright pastel colors, the echoes of an era long gone in the United States, but still very much a part of everyday life in modern day Cuba. Yet despite their shiny exteriors, inside many of the cars are badly worn, held together by duct tape and the strong Cuban sense of preservation.

As we walked down the pristine streets of the tourist section of Old Havana, we encountered an older woman begging. Not for money, but for soap. It is hard to reconcile the fact that while Cubans lack basic necessities, the country provides its people with one of the highest-ranking healthcare systems in Latin America. In fact, the right to free and open access to healthcare is enshrined in their Constitution: "Everyone has the right to health protection and care. The state guarantees this right." According to Dr. Jose Portillo of the Cuban Ministry of Public Health (MINSAP), Cuba's healthcare system is universal, comprehensive, free of charge, accessible to everyone, regionalized, and extends internationally.

The beating heart of Cuba's public healthcare system is a structure not too dissimilar from the US concept of the Medical Home. Cuba's system is community focused, team based, with primary care at the core. Over 13,000 primary care physicians and 96,424 nurses are embedded within 11,486 clinics located in local communities. Each clinic team is responsible for having deep knowledge of the health of their community and for treating their basic health needs 24/7. The team is also tasked with preventive care, rehabilitation, and health promotion for its community. Specialist care is available at the regional level through polyclinics, and more complicated procedures and treatments are provided at one of Cuba's 152 hospitals.

Image at the entrance to Cuba's National Center for the Prevention of Sexually Transmitted Disease

It is through this team approach that Cuba has been able to achieve impressive results on several health measures. Cuba's infant mortality rate is as low as in many developed countries (4.2 per 1,000 population, according to Dr. Portillo). MINSAP reports the prevalence of HIV/AIDS as less than .09% of inhabitants, 15-49 years of age in 2013 (the UN states 2013 prevalence in Cuba as .2% - .3%). Further, Cuba has eradicated measles, rubella, malaria and several other diseases that still threaten the developing world. The country credits much of this success to the extensive health promotion and communication programs that are an astonishingly integral part of Cuba's public health system.

Walking up the tiled steps of an elegant sandy-colored house, we were struck by an enormous photograph featuring cross-dressed and transgender individuals. This imagery is the entrance to Cuba's National Center (CNP) for the Prevention of Sexually Transmitted Diseases, which is dedicated solely to health promotion and communication. The center does not provide any treatment, although they will refer individuals to the appropriate resources. Through a multi-disciplinary approach utilizing social workers, physicians, epidemiologists and others, CNP creates educational materials and runs events and curriculums on the prevention and treatment of sexually transmitted diseases. Strategies are designed to fit into Cuban culture. For example, CNP has employed a vocal trio that travels throughout the country singing catchy salsa and afro-Cuban style songs about safe sex and the prevention of STIs. CNP has such confidence in their programs that they sent us home with some pamphlets and condoms, insisting we continue their work back in the States.

Over the course of our stay in Cuba, we visited many other hallmarks of the country's public health system: The National

Center for Sex Education (CENESEX), the Latin American Medical School (ELAM), a polyclinic, and a home for women with high-risk pregnancies. During each of our visits, our courteous hosts from the Cuban public health system stressed the importance of having an open exchange and a dialogue. As we toured the converted homes and suspiciously immaculate treatment rooms of each facility, it became clear that the key elements of Cuba's healthcare system are the country's efforts in health promotion and prevention in the community.

For a government that Human Rights Watch characterizes as one that "continues to repress individuals and groups who…call for basic human rights," Cuba surprised us with clear signs of growing acceptance and progressive health promotion programs. However, it was clear that what we as foreign students were exposed to did not constitute the "true" state of affairs for many Cubans. Visits to facilities were always chaperoned by government officials, and access to facilities (or even parts of facilities) were restricted.

Cuban nurses

Still, through an emphasis on empowering people to have better health, Cuba has managed to create a generally healthy population, especially when compared to other Latin American countries. In a place with strict limits on free speech, without access to the Internet, and where mobile phones are expensive and out of reach for most, Cuba presented us its most surprising contradiction— the country's ability to communicate and effectively promote better health.

Environmental Challenges for Health Managers: A Tour

By Dr. Patricia Schnabel Ruppert (EMHM '15)

Environmental issues are important in the strategic management of institutions such as New York-Presbyterian Hospital and have a great impact on its health policy. In the Environmental Challenges for Health Managers Course, offered through the EMHM program, Professor Jeanne Stellman and course consultant and lecturer, Pratik Thaker, MPA, Director of Environmental Health and Safety, NY Presbyterian Hospital – CUMC, organized a number of departmental site visits within New York-Presbyterian Hospital. The intent was for the second-year students to use this opportunity to observe the unit itself and experience firsthand the functioning and management of various occupational areas. This was also an opportunity for the students to identify and study particular environmental and occupational health challenges faced by the employees of each department. Relevant hazards with their potential effects and possible solutions were described and evaluated.

The participating departments and supervising personnel who conducted the tours:

- Laboratory- Irina Lutinger and Donald Giacomo
- Environmental Services- Ricky Gonworie
- Operating Room- Phyllis Liptack and Ishoma Peters
- Pharmacy- Lindsay Hovestreydt
- Food and Nutrition- Evangelia Christou
- Facilities Operations & Boiler Plan- Michael Haeser

Additionally, Pratik Thaker, Indira Maharaj-Jain and Bernard McKnight provided lectures and useful information to the EMHM students. The

EMHM Students Warren Ng, Patrick Branch, Jennifer Stone and Ann Layvey on a tour of NYPH's kitchen

experience offered a valuable opportunity to hear from healthcare professionals and to recognize practical applications of the course material.

Examples of thoughtful design for the employees at the Adult Infusion Pharmacy at NYP include:

- Chairs and stools, with proper lumber support, at the appropriate heights and with rollers or castors and cushioned seats. Some chairs had lumbar support as well.
- Use of automatic medication bottle top openers, automatic label makers and adequate lighting.
- The use of specific Chemotherapeutic Protective Equipment including gloves and five specially designed hoods where trained pharmacists prepare chemotherapy.

"The infrastructure required to run a major hospital center, to provide services, to keep it infection free, to minimize waste and to be as green as possible is a major challenge. The execs learned first-hand the enormity of the task and the great expertise that the managers and workers at this institution have."

-Dr. Jeanne Stellman, Professor Emeritus

EMHM students tour the kitchen. NYP's Food and Nutrition Department provides approximately 3,000 trays of food per day. The food that is prepared needs to accommodate children and adults throughout Morgan Stanley Children's Hospital and Milstein Hospital.

HPM Highlights

Congratulations to **Nadira Ahmed** (FTM '15) and **Alexandra Luterek** (CMPH '15), who received the Loewenstein Prize, awarded for the highest academic achievement in HPM.

Congratulations to **Annie Xu** (FTM '15) and **Huong Nguyen** (FTM '15) who received the AUPHA Foster G. McGaw Scholarship Award, which is given to outstanding students in healthcare management.

Nadira Ahmed (FTM '15), Dr. Michael Sparer and Alexandra Luterek (CMPH '15)

Cecilia Gunning (EMHM '16) was recently named the winner of Architects for Health's Phil Gusack Essay Prize for an article she submitted which imagines mobile healthcare units, modeled after food truck markets, as the future of medical facilities.

Geraldine Massuh (CMPH '16), **Isaias Gomez Garcia** (FTM '15) and **Jean-Claude Velasquez** (FTM '16) were selected as mentees for the inaugural Jose "Pepe" Morales, Jr. Mentorship Program as part of the Association of Hispanic Healthcare Executives (AHHE).

Carlos Cuevas (HPM '12), Senior Policy Advisor to NYS Medicaid Director at New York State Department of Health, Office of Health Insurance Programs (OHIP), was selected as one of *City & State* magazine's 40 Under 40 Rising Stars of 2015.

The Robert Wood Johnson Foundation in conjunction with the University of Wisconsin Population Health Institute ranked Rockland County first in New York State for healthy living in 2015.

Congratulations to the PTM Cohort 13 graduates!

Congratulations to **Dr. Patricia Schnabel Ruppert** (EMHM '15), the Rockland County Health Commissioner, for leading efforts to improve the county's healthcare.

2015 HPM Accelerated and Dual Students after completing a Research Methods III course

Congratulations to the May Graduates!

Stay Connected

Tours & Naming Opportunities:
For a tour of HPM's new offices, to learn about naming opportunities, or for more information on how to contribute, contact Arianne Andrusco: aa2819@columbia.edu (212-305-5270)

Save the Date:
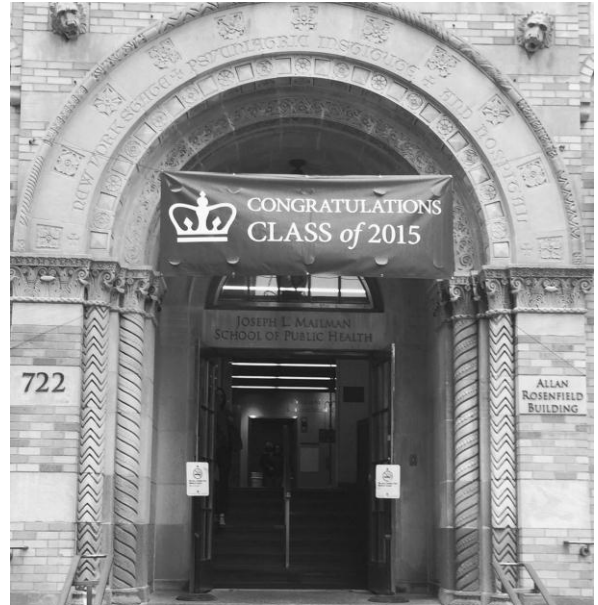HPM Networking Evening
Thursday, November 12, 2015

HPM Healthcare Conference
Friday, April 15, 2016

Alumni:
Update your contact information via the HPM homepage:
www.emph.columbia.edu/alumni_update_form.html

Check out our EMPH student blog:
www.columbiaemph.wordpress.com

Contact HPM to share your updates:
Email Carey McHugh: ctm2101@columbia.edu

The Allan Rosenfield Building on graduation day

THE LINK

A Health Policy & Management Newsletter

Issue 7
Spring 2015

Editors

Carey McHugh, MFA
Manager, Special Projects & Events

Rebecca Sale, MPH
Director of Academic Programs & Special Projects

Michael Sparer, PhD, JD
Professor and Chair