

# The Link

COLUMBIA PUBLIC HEALTH | THE JOSEPH L. MAILMAN SCHOOL

## Practicum Day



*Students, faculty and administrators gather in Russ Berrie for Practicum Day*

### IN THIS ISSUE:

PRACTICUM DAY	1
MESSAGE FROM THE CHAIR	4
STUDENT SPOTLIGHT	5
ALUMNI PROFILE	6
FROM THE FRONTLINES	8
FACULTY CORNER	12
HAVE YOU HEARD	13
HPM HIGHLIGHTS	16

Nearly 40% of full-time students entering HPM have never worked in a professional setting. To prepare students to enter the workforce, HPM offers the Professional Development Program (PDP) and Practicum. These programs, which are integrated with the HPM curriculum, help students develop personal and professional skills. Professors Paul Thurman, Tom Ference and Thom Blaylock have worked closely with Practicum Director Debra Osinsky and the Director of Full-time Academic Programs Susan Cohen to develop the PDP after feedback from students, faculty and practicum preceptors requested more curricular emphasis on professional skills. Thurman notes, "The current graduating class was the first to complete the 12 co-curricular modules which assist with skill-building in the areas of resume writing, critical thinking, interviewing, relationship management, and presentation skills." The new PDP has been helpful in preparing students for their practicum experience, and judging by feedback from students and professors, the PDP has contributed to the practicum's success. Sonali Nigam (FTM '13), a management student whose practicum included a placement at Becton Dickinson, credited the practicum for helping her

"understand how public health professionals can influence the creation and delivery of healthcare products and services that patients and populations need."

This year, Practicum Day took place on Friday, October 19. Students congregated in a classroom in Russ Berrie for breakfast and a brief welcome from Professor Tom Ference before dispersing into their presentation groups. Though the morning was cold and rainy, students arrived looking polished in their business attire and appeared eager to begin their presentations. Fabienne Kyle (FTM '13) delivered the first presentation of the day for her group. She began by offering background information on her practicum placement, ENT and Allergy Associates, LLP (ENTA). She outlined her project, which included conducting a risk assessment for the company's thirty-six practice site locations. Kyle's slides showed models of the risk-assessment and informed consent questionnaires she developed to conduct her initial evaluation. She offered the results of her findings and recommendations for policy and procedure adjustments to help ENTA create a consistent standard of care. For her, the summer practicum

### ABBREVIATION KEY

EMPH	EXECUTIVE MPH PROGRAM
EOR	EFFECTIVENESS & OUTCOMES RESEARCH
FTM	FULL-TIME MANAGEMENT
FTP	FULL-TIME POLICY
GLOBAL	GLOBAL HEALTH POLICY & MANAGEMENT
HPM	DEPARTMENT OF HEALTH POLICY & MANAGEMENT
MSPH	MAILMAN SCHOOL OF PUBLIC HEALTH
PTM	PART-TIME MANAGEMENT

was a positive experience. Kyle was grateful for feedback from faculty and peers on her presentation and her project at ENTA. As the day continued, Kyle found value as an observer as well. "I enjoyed listening to my peers' presentations on their summer positions. I learned about the wide range of opportunities available within the healthcare industry."

For many students, practicum placements lead to job offers after graduation; for others, the practicum helps fine-tune their career options. For his summer practicum, Adetola Ilegbusi (FTM '13) worked as a Healthcare Consultant Intern at Presscott Associates Inc, a mid-sized management consulting company. His projects included work in the provider, payor and life sciences sectors. Ilegbusi's experience helped him decide what direction he wanted his professional life to take, "Prior to my internship, I was unsure if I would go into consulting after graduation, or move directly into the provider space. The internship with Presscott has impacted my professional development in a positive light, and I am confident that I want to remain in consulting after graduation."

Faculty and alumni facilitators attend each group presentation and offer questions and feedback to the participants. Professor Thom Blaylock was pleased by the quality of the presentations he witnessed. He was delighted that students were given real responsibilities during their practicum experience and were able to contribute in a meaningful way. "Students in my group," he explains, "carved out huge and varied responsibilities for themselves at hospitals, consulting firms, even a wind energy company. They completed interesting and important work and were treated not like summer interns, but as short-term consultants." One student from his group completed a market analysis of obstetrics practices in Florida and convinced a large hospital it was not worth the risk to build a new obstetrics practice. "She did this all while navigating the complexities involved with religiously affiliated health care providers. It was pretty exciting."



*Fabienne Kyle (FTM '13) presents on Practicum*

Practicum Day ends when the groups reunite in Russ Berrie and faculty members share "the key insights, trends, and evolving healthcare issues that have emerged during the group discussions," explains Professor Tom Ference. He stresses the experience as an important event for bringing together the HPM community. "What is most impressive," he says, "is the array and importance of projects that HPM students have completed, the value of their contributions and results, and the high quality of their presentations and reports." Practicum Day highlights the broad range of professional opportunities available to HPM students and gives students a forum to discuss how the skills and theories they are learning in their classes are applicable in a real-world setting. It energizes students to face their coursework with more of an understanding of how the content can be applied. Practicum Program Director Debra Osinsky, who works tirelessly to arrange placements for students, meeting with them individually to help them polish resumes and edit cover letters and personal statements, was pleased with the outcome of this year's event. "I have received feedback from students saying how much they enjoyed Practicum Day. They valued the supportive environment within the groups and greatly appreciated the opportunity to learn about their peers' varied experiences." The success of the day is a testament to the effort that the faculty and administrators contribute to help prepare HPM students for life after graduation.

## The PDP & Practicum at a Glance

All full-time HPM students are required to complete a 10-week **practicum**, or internship, as part of their degree requirement. The practicum experience usually takes place during the summer between the first and second year of coursework and may include domestic or international internships in administrative, research, government, or clinical settings.

**Practicum Day** is an opportunity for students to share their practicum experiences with classmates and faculty. Students are placed into groups of 7-8 along with two faculty facilitators and alumni. Students present an overview of their summer practicum, providing specific details about the organizations they worked for and the projects they completed.

**The Professional Development Program (PDP)** is an 18-month co-curricular program that helps students develop professional skills. Modules focus on professionalism, resumes and cover letters, practicum panels, mock interviews, presentation skills and critical thinking.

## 2012 Summer HPM Practicum Placements

Alliance of Community Health Plans	<i>Washington</i>	Mohrco Corporation	<i>East Rockaway</i>
American Medical Association	<i>Chicago</i>	Monmouth Medical Center	<i>Long Branch</i>
Astex Pharmaceuticals	<i>Dublin</i>	Montefiore Medical Center	<i>Bronx</i>
Becton Dickinson	<i>Franklin Lakes</i>	Mount Sinai Hospital	<i>New York</i>
Beth Israel Medical Center	<i>Brooklyn</i>	Mount Sinai Rehabilitation Center	<i>New York</i>
Cedars Sinai Medical Center	<i>Los Angeles</i>	MT Asia	<i>Osaka</i>
Center for Health Environment & Justice	<i>New York</i>	New York City Department of Health	<i>Queens</i>
Children's Aid Society	<i>New York</i>	New York Presbyterian Hospital	<i>New York</i>
Children's Hospital of Philadelphia	<i>Philadelphia</i>	Newark Beth Israel Hospital	<i>Newark</i>
Circus Smirkus	<i>Greensboro</i>	North Shore- LIJ Health System	<i>Bethpage</i>
Cochrane Center of France	<i>Paris</i>	Northeast Business Group on Health	<i>New York</i>
CUMC Department of Endocrinology	<i>New York</i>	Novartis Pharmaceuticals Corporation	<i>East Hanover</i>
Columbia Doctors Faculty Practice	<i>New York</i>	NYS Unified Court System	<i>Brooklyn</i>
Credit-Suisse	<i>New York</i>	NYU Langone Medical Center	<i>New York</i>
Ecole des Hautes Etudes en Sante Publique	<i>Rennes</i>	Office of the Mayor	<i>New York</i>
EmblemHealth	<i>New York</i>	Pan American Health Organization (Council of Women World Leaders Fellowship)	<i>Washington</i>
ENT and Allergy Associates	<i>Tarrytown</i>	Presscott Associates	<i>Ho-Ho-Kus</i>
Forest Laboratories	<i>New York</i>	Primary Care Development Corporation	<i>New York</i>
Global Policy Solutions	<i>Washington</i>	Putnam County Health Department	<i>Brewster</i>
Happtique Inc.	<i>New York</i>	PwC	<i>New York</i>
Harlem United	<i>New York</i>	Quintiles	<i>Hawthorne</i>
HHS-Assistant Secretary for Planning & Evaluation	<i>Washington</i>	Rabin Martin	<i>New York</i>
Health Data Management Solution- Aetna	<i>Chicago</i>	Robin Hood Foundation	<i>New York</i>
Healthcare Innovation & Technology Lab	<i>New York</i>	Saint Luke's-Roosevelt Hospital	<i>New York</i>
Holy Name Medical Center	<i>Teaneck</i>	Service Women's Action Network	<i>New York</i>
Humana Inc.	<i>Louisville</i>	St. Anthony's Healthcare	<i>St. Petersburg</i>
International AIDS Vaccine Initiative	<i>New York</i>	Center for Women and Children's Bioethics Columbia University	<i>New York</i>
Jewish Home Lifecare	<i>New York</i>	NYC Affiliate of Susan G. Komen for the Cure	<i>New York</i>
Johnson & Johnson (Janssen Pharmaceuticals)	<i>Raritan</i>	NYC Department of Health and Mental Hygiene	<i>New York</i>
Kaiser Permanente Northern California	<i>Oakland</i>	The Ryan Center for Women and Children	<i>New York</i>
Kantar Health	<i>New York</i>	The Walkabout Foundation	<i>London</i>
L.A. Care	<i>Los Angeles</i>	United Nations Development Programme	<i>Geneva</i>
Lincoln Hospital	<i>Bronx</i>	University of California San Francisco (UCSF) Medical Center	<i>San Francisco</i>
Massachusetts General Hospital & Harvard School of Public Health	<i>Boston</i>	West Boca Medical Center	<i>Boca Raton</i>
Memorial Sloan-Kettering Cancer Center	<i>New York</i>	WilmerHale	<i>Washington DC</i>
Metropolitan Hospital Center	<i>New York</i>		

**We are always looking for new practicum sites for our HPM students. If you are interested in hosting an HPM student for a summer practicum, please contact the Practicum Program Director, Debra Osinsky at [do79@columbia.edu](mailto:do79@columbia.edu).**

## Message from the Chair



**“In this issue, we profile some of our faculty and alumni who lead hospitals in the area, hearing first-hand about the challenges posed by the crisis.”**

Welcome to the second issue of *The Link*, the newsletter for and about the Department of Health Policy and Management (HPM). As we finalize this issue, two items in the news seem especially relevant. First is Hurricane Sandy, which caused (and continues to cause) extraordinary hardship for so many in the tri-state area, including many of our students, faculty and staff, and alumni. The storm response required heroic efforts from so many first responders, including the local hospital leadership. In this issue, we profile some of our faculty and alumni who lead hospitals in the area, hearing first-hand about the challenges posed by the crisis.

Also in the news are the recent elections, during which the nation re-elected President Barack Obama. One important consequence of this election is that the Republican effort to repeal the Affordable Care Act is over. At the same time, however, the bitter and partisan debate over the implementation of that law is about to heat up (as is the more general debate over the future of the US health system). Who better to speak to those debates than our own Professor Sherry Glied, just back from a two-year stint as the Assistant Secretary of Planning and Evaluation in the Department of Health and Human Services! Flip to page 12 to read Sherry’s profile.

Hurricanes and elections aside, there is a lot going on in HPM. The cover story in this issue of *The Link* examines Practicum Day, during which our second-year, full-time students give presentations on their summer internships before a wide array of their fellow students, faculty and alumni. The issue also contains a profile of Carolyn Halik, who balances her work in the New York-Presbyterian Hospital Finance Department with her studies in our Part-Time Management Program. We also profile Ed Littlejohn (FTM ‘04), who talks about his work as the COO of Kaiser Permanente San Diego, and how his time here in HPM shaped his career path. And don’t forget to check out the *Have You Heard?* section for updates on faculty activity, the *Book Nook* for books and articles suggested by our faculty, and the other HPM Highlights summarized throughout the issue.

There is one additional item I’d like to highlight here: we’re encouraging alumni to become class representatives for their graduation year (and program). The class reps will help us stay in touch with our alumni, advise and assist in our strategic planning, and help us with various fundraising initiatives. Let me know if you are interested and willing to be a class rep: it could be a terrific way to simultaneously help us while also getting back in touch with old friends and colleagues. Contact me at [mss16@columbia.edu](mailto:mss16@columbia.edu) if you’d like to hear more.

Enjoy this issue of *The Link*! Send us ideas for new stories and features. We can even add a “letters” section if you want to add your voice. Or maybe some “class notes.” Be in touch! And have a great Thanksgiving Holiday!

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

## Spotlight on Carolyn Halik (PTM '13) From the Mailroom to the Boardroom

One of Carolyn Halik's first projects for Continuum Health Partners was working in the mailroom of a hospital. "It was humbling," she laughs, "it was the non-glamorous side of consulting." But streamlining operations and prioritizing hospital correspondence proved to be a good lesson in management and an early introduction to the healthcare world.

Halik had been looking for a career that would play to her strengths in finance and her interests in sociology. Her early consulting jobs included work at Long Island Jewish Hospital, Mt. Sinai Medical Center and Lutheran Medical Center. Even though she had not previously considered a career in the healthcare industry, she found a connection to the work and the environment. "The individuals that work in healthcare are unique," says Halik, "they are a balance of business, policy and people."

After five years of consulting work, Halik took a job at New York-Presbyterian Hospital in the newly-formed Patient Access Department where she helped to review and standardize hospital admittance practices for the many patient-entry points of the hospital. A year-and-a-half into her work in the Patient Access Department, Halik applied for and received a two-year administrative fellowship in the president's office working under Chief of Staff, Jolie Singer. This fellowship allowed Halik a bird's-eye view of management structures and practices at New York-Presbyterian. According to Halik, one pivotal aspect of this fellowship was attending the annual January management meeting. The meeting, conceived by Dr. Steven J. Corwin, CEO of New York-Presbyterian, sets the tone and the management goals for the year and features specific, often heroic, stories of patients and their experiences with trauma and

recovery. For Halik, these yearly meetings have become a reminder that underneath the financial structures and management decisions are patients whose needs are being addressed and whose lives are being changed. "When you can see it all come together," she says of the event, "it's amazing."

When the administrative fellowship ended, Halik searched for a position within the hospital that would suit her strengths and allow for the possibility of growth. She found it in the finance department. Mark Larmore, CFO of New York-Presbyterian, had a newly-formed position that would act as a liaison among the primary financial divisions at the hospital. During this time Halik also began thinking about going back to school. The professional world she had joined valued graduate education, and she wanted to stay at the forefront of the changing healthcare industry. In the fall of 2010, several months after she began working in finance, Halik started classes in the Part-Time Management MPH program. She remembers, "I was excited to get back into academia, and with the many healthcare challenges I was exposed to professionally, I thought gaining more knowledge and experience on the policy end would be interesting and useful." It has turned out to be both. As the Administrator of Financial Strategy, Halik facilitates communication among departments and focuses on special projects for each division. She's currently involved in a project with the Procurement & Strategic Sourcing Division to evaluate the cost-effectiveness of supplies and products that the hospital purchases. With her eye on the details, Halik has a whole new perspective on the financial workings of the hospital. She explains, "How can we balance some of these necessary product costs and new technology costs when we have to pull money out of the system? How do we



think of leasing or debt financing? It has been really remarkable seeing the world of healthcare through the eyes of a CFO."

Halik will graduate from the PTM program in December, and though it has been difficult for her to balance her academic and professional life, she credits the professors in the program for being important resources for professional and career-related advice. "The professional and academic relationships fuse in this program, and I think that's really helpful and really unique." The more difficult issue is to maintain a social life outside of her professional and academic obligations. Halik keeps a standing dinner date with friends on Tuesday nights and recently found time to train for and run a half-marathon. Halik recognizes that keeping a social life as part of her calendar helps her keep life in perspective. "You want to be healthy and meet your deadlines at work. But it's easy to feel overwhelmed. It's important to let yourself attend social events. It's all about keeping balance." Halik plans to remain in the healthcare field for the foreseeable future. Though there are many uncertainties ahead, she sees things in a positive light: "Depending on what happens in healthcare, there will be many opportunities in developing, monitoring and evolving reform and taking things from the hypothetical to the operational. I don't yet know what that looks like, but it's something I'm keeping an eye on."



## Q & A with Edward F. Littlejohn (FTM '04)

**Edward F. Littlejohn, Chief Operating Officer of Kaiser Permanente San Diego, talks about the challenges he has faced and the achievements he has been part of while building his career.**



**Q: What did you do professionally before coming to graduate school?**

**A:** My whole career has been in healthcare. After I graduated from California State University, Northridge, with a BS in Health Administration, I worked for Prudential Healthcare as a provider relations consultant and later at Care America Health Plan as a Senior Provider Relations Consultant. These roles helped me to understand the health insurance or payer segment of the overall healthcare equation. This was a time of great learning for me as many dynamic political and business changes were occurring. During the 1990s the shift to outpatient care was increasing, the Clinton Health Plan debate was in full swing and the dominance of managed care plans was reaching its peak. Since California is a very progressive state, I was in the right place at the right time to increase my knowledge. These roles also helped me to develop my understanding of the physician's role, the hospital's role and payment methods that were driving the changes in the market.

I moved from Los Angeles to Atlanta to start the second phase of my healthcare journey. I worked at DeKalb Medical Center, a 550-bed acute care hospital located in Decatur, Georgia. I had many roles within DeKalb Medical Center from supervisor, trainer, manager to eventually Systems Administrator. These roles allowed me to help the organization to accomplish many of our strategic goals including cash collections improvement, implementation of a document imaging system, and implementation of an enterprise-wide scheduling system. In this role, I was able to see, understand and lead from the provider side of the

healthcare equation. This experience helped me to develop countless skills, from leading and motivating high-performing teams, to managing physician relationships, and everything in between.

**Q: How did the MPH at Columbia impact your career?**

**A:** My time at Columbia made a significant impact on my career. After a few years at DeKalb Medical Center, I shifted my focus onto the next phase of my career ambitions, which was to eventually lead and run a hospital in an executive role. So naturally, the question I asked myself was how do I get there? I chose Columbia's full-time MPH Health Policy and Management Program for a variety of reasons. Since I had been working in the industry I wanted to make sure I had a well-rounded understanding of healthcare as a business, as well as the social aspects that affect the people who are seeking care. I also was very interested in the many settings in which people receive care. In addition, I was interested in the components of health and the barriers and solutions involved with access to healthcare in communities. Those could not be addressed in any other forum than a school of public health, and there is no better place than a metropolitan city like New York to see it and work on it first-hand. I know from the start that I was very interested in studying with Dr. Sherry Glied, as she had worked on the Clinton Health Plan. The second great faculty member who had a significant impact and provided great discussion, challenged my thinking and increased my knowledge, was Dr. Michael Sparer. I believe I still have the *Issues and Approaches to Health Policy and*

*Management* coursepack from his class. The faculty at The Mailman School confidently launched me into the next phase of my career. After completing my classes, I was hired as an Assistant Administrator at Retreat Hospital, a 227-bed acute care hospital in Richmond, Virginia, which is part of HCA (Hospital Corporation of America), the largest hospital system in the country. Working with multi-disciplinary groups, understanding the healthcare system as a whole and the practicum experience provided me with the tools to excel in my role. Within two years of starting with HCA and graduating from the Mailman School of Public Health, I was promoted to Chief Operating Officer at John Randolph Medical Center, a 147-bed acute care hospital just south of Richmond Virginia.

**Q: What was your practicum and how did you find it useful?**

I did my practicum at Our Lady of Mercy Medical Center in Bronx, New York. I worked with the Chief Operating Officer to develop a balanced scorecard for the organization. My job was to provide a dashboard that monitored the organization's performance against the strategic goals. The experience gave me an organization-wide view instead of a department-focused view. It totally changed my perspective by accelerating my desire to review and use data to effect change. It also allowed me to see the big picture—how data not only can drive performance but also can be used to communicate progress to stakeholders. Over time, this helps to tell the organization's story, which is a large part of what I do today at Kaiser Permanente.

**Q: What advice do you have for students interested in hospital administration?**

**A:** Have patience. Not everyone is going to be an administrator right out of graduate school. It is good to focus on skill building to become a solid operator, but it is also important to put your focus on people. Furthermore, networking is very important, and you have to be purposeful when you network. You cannot only look for the CEOs and VPs, but also the early careerist because they are sometimes your best lead to a job opportunity. The third piece of advice I can give is to get involved with ACHE (American College of Healthcare Executives) as a student. While I was at Columbia, I was the Vice-President of the Chapter, Osei Mevs ('04) was the President and Alex Younossi ('04) was the Secretary. We used our student leadership roles to network with executives in New York as well as other parts of the country during the time we were at Columbia, and it served all of us well. Osei Mevs is now the Senior AVP for External Affairs at Meharry Medical College, and Alexandria Younossi is a Senior Manager at Deloitte Consulting. Creating and building meaningful relationships is the key to current and future success.

**Q: What has been one of your most memorable challenges? What did you learn from the experience?**

One of my more memorable challenges occurred a few months after I started at Retreat Hospital in my first executive position. Tropical storm Gaston, which ended up being classified later as a Category 1 hurricane, produced torrential downpours over Richmond, Virginia. The downpour of rain was so rapid that water was starting to flood the lobby and threatened to shut down the hospital. As a new leader, I had two options: direct people to take action or lead by example. I was the first one to grab a bucket and start bailing water out

**“At Kaiser Permanente San Diego we have set 15 World Records in prevention-related events including flu shots, hand hygiene, hypertension screening and more. We have been named top hospital for two years in a row by Leapfrog group’s national survey that measures hospital performance. More than all of those great awards and work, I am proud to be a part of a team that has the values I had when I first arrived at Columbia.”**

of the flooding lobby. Naturally, when people see a leader doing the work and not just directing, it is easy for them to follow suit. Within minutes, we had 10-12 people in the lobby with buckets bailing out water to save the hospital. The significance of this event is not the flooding, of course, but the critical decision in the moment to model the behavior I desired others to imitate. For the time I was at Retreat, my direct reports knew I would not ask them to do anything I would not be willing to do myself, and our team thrived and accomplished many great things together.

**Q: Can you discuss some of your professional accomplishments?**

There are so many accomplishments I am proud of throughout my career; I will mention a few that really made an impact on my development and growth. In 2009 as the COO of John Randolph Medical Center, I was given the opportunity by the division president of HCA to lead the organization as the Interim-CEO. During that time, our leadership team opened a new Ambulatory Surgery Center and a new Urgent Care Center with an impressive cumulative growth of over 800%. We also improved emergency department throughput and reduced emergency department hold hours by 56%. The work we were able to complete as a leadership team during that time was one of my proudest accomplishments as an executive. It makes me smile when I look back on that time because it was the collaboration of the team during a significant transition. We pulled together, supported each other, and sustained high performance during my tenure. My

current position as the Chief Operating Officer, North County San Diego for Kaiser Permanente, reminds me of that experience because of the integrated model we have and the collaborative interdependent leadership we practice. We are proud to produce high quality healthcare for over 500,000 members that we serve in San Diego county. I am proud of the preventive approach to keeping patients healthy and keeping them at the center of all we do. At Kaiser Permanente San Diego we have set 15 World Records in prevention-related events including flu shots, hand hygiene, hypertension screening and more. We have been named top hospital for two years in a row by Leapfrog Group’s national survey that measures hospital performance. More than all of those great awards and work, I am proud to be a part of a team that has the values I had when I first arrived at Columbia. Therefore, it has come full circle for me. I got a chance to work and thrive in many different organizations in many different states and learn from the different roles I played. Now I can take all of the business knowledge and the social focus I have always had and implement it daily, working with a great team of integrated professionals here at Kaiser Permanente San Diego.

The last thing I am proud of is my wonderful family. My wife and best friend is Monica Littlejohn, who is completing her PharmD at University of California, San Francisco, and my brilliant and lovable two year old son Edward Littlejohn II makes every day great for me. My family is what keeps me going.

## From the Frontlines: Hospital Executives React to Hurricane Sandy

In addition to an alumni profile, we have asked three HPM alums and an Executive MPH faculty member, who are all senior executives of major hospitals along the East Coast, to reflect on their experiences after Hurricane Sandy.



*With over 30 years of health administrative experience, **Robert Chaloner** has dedicated his career to the preservation, reorganization and turn-around of struggling community hospitals. He is the current President and Chief Executive Officer of Southampton Hospital in Southampton, New York. He has held this position since December 2006. As President of Southampton Hospital, Mr. Chaloner has been actively engaged in stabilizing and rebuilding the hospital's financial and operating performance, as well as reestablishing the hospital's community reputation. Mr. Chaloner is an Adjunct Instructor with the Mailman School of Public Health, Columbia University, where he teaches a graduate level course on the management of information technology for healthcare executives. He has a particular interest in the application of information technology to solve the communication and management challenges of community hospitals. Mr. Chaloner has served on the board of many health care and community service organizations. He is a Fellow in the American College of Healthcare Executives and lives in East Hampton, NY.*

**“Activity is up in virtually every unit in the hospital, including the intensive care unit and emergency room. Communication is key.”**

Hurricane Sandy may have dissipated, but she still wreaks havoc in many people's lives, especially those who need medical attention. More patients than usual are seeking to mend at Southampton Hospital and other East End hospitals. Being so far out on Long Island, and somewhat isolated, we play a central role in our community's disaster preparedness and coordinate closely with governmental officials. Since Sandy struck on October 29, the hospital has been as busy as during summer months. After huge storms, we often see an increase in patients who weren't wearing goggles during cleanup, or those who decided to go out and buy a chain saw. But fortunately we didn't experience patients coming in due to catastrophic injuries this time around. The hospital's beds remained very full during and after the storm. Some of the patients were East End residents who use medical equipment that needs to be plugged in at home. We could not discharge those people while they don't have electricity at home. The hospital is also helping people who can't get to their regular dialysis centers because of the shortage of gasoline and other transportation problems. Anxiety and stress have led several patients to seek relief at the hospital, because some people haven't been able to get in touch with their relatives in the area. Two babies, both girls, were born at the hospital at the height of the storm. To our knowledge neither of them was named Sandy. Activity is up in virtually every unit in the hospital, including the intensive care unit and emergency room. Communication is key. The hospital kept a storm/emergency plan in place and will be able to cope with even more patients who may come in as a result of the nor'easter. Representatives from each department come together to meet regularly and to report what their needs are. Keeping up with higher patient numbers along with the gasoline shortage and power outages at home has caused many hospital staff members, 55 to 60 percent of whom live west of Southampton, to spend nights at work. Many have spent nights sleeping on cots placed in various offices. The hospital ran on a generator during and shortly after the storm, but has been on street power for several days now.





**Dr. Richard Falivena (EMPH '05)** practiced General Surgery on Long Island for 15 years and served as the Chairman of the Department of Surgery at Massapequa General Hospital for the last five of these years. At that time, he was the Chief Medical Officer of Brunswick Medical Center, Amityville New York. Since 2007, he has served as the Vice President of Medical Affairs at Cape Regional Medical Center and the President of Cape Regional Physicians Associates, Cape May Court House, NJ. His professional areas of interest are the development of effective physician performance feedback tools and aligning patient safety initiatives with physician incentives.

Cape Regional Medical Center has always been the epicenter of disaster preparedness for Cape May County. Last year, in anticipation of Hurricane Irene, Governor Chris Christie famously evacuated the residents and visitors from Cape May County and other New Jersey coastal communities. In 2012, Hurricane Sandy brought a new set of evacuation plans and challenges with warnings which targeted the county for hurricane force winds, high tides and record storm surges. We are fortunate to have an incredibly dedicated staff who were willing to remain in Cape May County in the face of a very dangerous storm. This involved more than one hundred health care workers who voluntarily moved into the hospital for days on end, working as part of a concerted effort to help and serve our community. To get the necessary staffing, all we had to do was ask.



**Laura Forese, MD (EMPH '95)** is the Group Senior Vice President and Chief Operating Officer, New York-Presbyterian Hospital/Weill Cornell Medical Center. At New York-Presbyterian, Dr. Forese has responsibility for operations, programs and strategic direction for 1100 medical, surgical and psychiatric beds on multiple campuses. A graduate of Princeton University and Columbia College of Physicians & Surgeons, she was an orthopaedic surgeon on the Columbia faculty for 10 years before becoming a full time hospital executive. She is immediate-past President of the Chief Medical Officer Group at the American Association of Medical Colleges (AAMC) and was a member of the 2012 NIH Taskforce on the Future of the Biomedical Workforce.

**“We housed and fed thousands of staff members who were here to take care of patients; many of them arrived on Sunday before the storm and stayed for days.”**

Like every other hospital in New York City, we at New York-Presbyterian have felt the impact of Hurricane Sandy. Fortunately, we did not sustain any significant damage to our facilities, and we did not have to evacuate any patients, but during and after the storm, we received many patients from other facilities and our emergency departments have been exceptionally busy. At NYP, we began to use our emergency preparedness model several days before the storm arrived, and we set up command centers on each of our clinical campuses. Ultimately, we housed and fed thousands of staff members who were here to take care of patients; many of them arrived on Sunday before the storm and stayed for days. With the power out in lower Manhattan after the storm, patients with urgent but non-emergent issues (patients needing chronic dialysis, those needing oxygen or medication replenishment, elderly patients with social needs, etc.) also began to arrive at the hospital. Getting to work was challenging with limited mass transit available, so we provided bus service for our staff from the boroughs and surrounding areas and, with assistance from the federal government, even had a gas station set up for our ambulances, emergency vehicles, and healthcare workers. This was also the first disaster in which we added social media to our communication strategy. Our president, Dr. Robert Kelly tweeted during and after the storm. We always learn from each disaster. This time will be no exception as we work with federal, state and local authorities to refine our emergency preparedness. Weeks after the storm, the hospital system in New York is still not back to normal as there are still thousands of hospital and nursing home beds that are still closed.



**Arthur A. Gianelli (EMPH '08)** is the President and CEO of the Nassau Health Care Corporation, a \$500 million public-benefit corporation that includes the Nassau University Medical Center, the A. Holly Patterson Extended Care Facility, six community health centers, and one school-based clinic. In his capacity as President and CEO, Mr. Gianelli has led a clinical, financial, and physical transformation of the Nassau Health Care Corporation. Previously, Mr. Gianelli served as the Deputy County Executive of Budget and Finance for Nassau County. He serves as a member of the board of directors for the Nassau-Suffolk Hospital Council, HealthFirst, the National Association of Public Hospitals and Health Systems, and Island Harvest, a not-for-profit organization dedicated to eliminating hunger on Long Island. Mr. Gianelli received an MA in Political Science from Brown University and an MBA in Banking and Finance from Dowling College. He is currently teaching Hospital Management in the EMPH Program.

I had the opportunity to speak with the editor of Newsday's editorial page in the wake of Hurricane Sandy. She said, memorably, "we now know vulnerability."

How true.

Intellectually, Long Islanders always knew that a major hurricane, if it hit the Island just the right way, at just the right time of the month, had the potential to generate catastrophic storm surges. These surges would flood many of the areas that iconically define Long Island. But there's a difference between knowing that this is a possibility and experiencing the reality of such a storm.

For the last two weeks, Long Island - all too painfully - has experienced this reality.

About a week before Hurricane Sandy made landfall, the weather maps showed that this storm, in all likelihood, would trace the east coast of the United States, then turn abruptly left towards New York and New Jersey, blocked from progressing out to sea by a stubbornly immobile high pressure system in the northern Atlantic. This weather mass was called "Frankenstorm", a term which understated its eventual impact.

My hospital - the Nassau University Medical Center - is located in the middle of Nassau County, sufficiently inland to be protected from coastal flooding. The same holds for our nursing home, the A. Holly Patterson Extended Care Facility. During Hurricane Irene, just a year ago, my hospital partnered with the Long Beach Medical Center and evacuated all of its patients. My nursing home also received many residents from extended care facilities in Long Beach as well. We had developed a protocol to ensure the efficient transfer of these hospital patients and nursing home residents, and we put this protocol into effect on Sunday morning, well before Hurricane Sandy crashed into New Jersey.

Seeing the potential damage this storm could cause, we opened our Emergency Operations Center in advance of landfall. We beefed up our staffing to ensure that we would have sufficient coverage once it became difficult for our employees to get to work. We made sure our equipment worked, secured our campuses, cancelled outpatient and elective appointments, topped off our fuel tanks, checked our power generators, and plugged into the incident coordination calls hosted by Nassau County and by the North Shore - Long Island Jewish Health System (our clinical affiliate).

Hurricane Sandy was long in duration. Its extended, powerful winds knocked down trees and power lines across Long Island, leaving 90% of the Island's residences and businesses in the dark. The storm surge, powered by strong winds and a high tide, overcame the south shore of Long Island, devastating Long Beach, Oceanside, Lindenhurst, Massapequa and other coastal communities. The breadth of the damage was extraordinary.

**"Within days of landfall, the census at the Nassau University Medical Center peaked at 560 patients, and 620 residents are now living in A. Holly Patterson."**

**“We scheduled regular fuel shipments to our nursing home and allocated five gallons of gas to employees who otherwise could not make it back to work.”**

Neither our hospital or our nursing home lost power, so we were well positioned immediately to provide support to the relief and recovery effort. However, no one was fully prepared for the dislocation and destruction that resulted from the storm.

Because so much of the south shore was overcome by flooding, thousands of nursing home beds were suddenly unavailable - perhaps permanently. Four area hospitals - the Long Beach Medical Center, Coney Island Hospital, Bellevue Hospital, and New York University / Langone Medical Center - were forced to close their doors and will require hundreds of millions of dollars of repairs to re-open. Thousands of residents were suddenly homeless. And many vulnerable elderly residents who required regular support from home health workers were now on their own.

For facilities like mine, this meant a huge surge of patients.

In advance of the storm, the census at my hospital was 330 patients, and there were 570 residents living at our nursing home. Within days of landfall, the census at the Nassau University Medical Center peaked at 560 patients, and 620 residents are now living in A. Holly Patterson.

Our Emergency Operations Center, open round-the-clock to respond to the aftermath of the storm, centrally managed our staffing, logistics, and coordination with other hospitals and with first responders. My staff bravely tried to provide safe care to the flood of patients that unrelentingly came through our emergency room. But by the weekend after the storm, warning signs were emerging that my staff could not sustain this effort without additional help. We contacted the Emergency Operations Centers of the County and New York State to indicate our urgent need for personnel to reinforce our staff. Within 12 hours, a Disaster Medical Assistance Team (DMAT) and a National Public Health Service (NPHS) team were deployed to the Nassau University Medical Center and were immediately integrated into our staffing matrix, providing essential support and ensuring that we could care for a substantially elevated census of patients.

Our staff also began to have problems finding gas stations to refuel their vehicles. To address this, we scheduled regular fuel shipments to our nursing home and allocated five gallons of gas to employees who otherwise could not make it back to work. We were also able to partner with a local gas station owner to dedicate a pump to employees from our hospital and our nursing home.

Through regular, quick meetings in the Emergency Operations Center, the pro-active management of our facilities in order to ensure safe care, and by planning ahead to address employee needs, we were able to make it through the crisis phase which occurred in the wake of the storm. When power began to be restored, and when the Island's infrastructure started to normalize, our hospital and nursing home census began to become stable. We were able to transition away from relying on the DMAT and NPHS teams to supplement our staff. And two weeks after the hurricane hit, we were able to close our Emergency Operations Center.

Indeed, we now know vulnerability, but we also now know we can manage our way through it.

---

## Faculty Corner

**HPM Professor Dr. Sherry Glied makes the transition from an academic to a policy maker, and back again.**



*Dr. Sherry Glied*

In January of 2009, Dr. Sherry Glied received an email asking if she would be interested in being a candidate for the position of Assistant Secretary for Planning and Evaluation (ASPE) in the US Department of Health and Human Services (HHS). “I was shocked,” she says of being contacted, “I was not a registered Democrat. I was actually Canadian, without American citizenship until 2002. I had worked as an economist on the President’s Council of Economic Advisers under Bush and Clinton, so I don’t think anyone would have thought of me as a Democratic party stalwart.” But her decades of experience in the healthcare world and her expertise in healthcare economics made her an ideal candidate. Dr. Glied has served as a member of a number of celebrated professional organizations including the Institute of Medicine and the National Academy of Social Insurance. She also had policy experience—she was co-chair for the Global Budgets and Economic Impacts Working Groups for the President’s Health Care Task Force under President Bill Clinton. Fortunately, Dr. Glied also has a long history with HPM; she was chair of the department from 1998-2009, and she teaches Healthcare Economics in the department’s EMPH and full-time programs.

The Senate Finance Committee confirmed Dr. Glied’s nomination in June 2010, and she began her appointment as Assistant Secretary for Planning and Evaluation under Kathleen Sebelius on July 1, 2010. The adjustment from academic to Assistant Secretary took some getting used to. “As an academic, you really get into a problem and it’s yours—you come up with it, you work on it, you learn it, and it’s very solitary. Working at ASPE was completely the opposite. Most of the times the problems are brought to you by someone else, you work very collaboratively with a team of people, who are experts, and you’re moving from issue to issue all the time.”

ASPE’s role in the HHS structure is to help develop and evaluate policy surrounding health, disability and human services and to advise the secretary on economic issues in these areas. ASPE is also involved with overarching projects that involve the various operating divisions within HHS. One issue that Dr. Glied and her team tackled in collaboration with the Food and Drug Administration was how to assess the costs and benefits of graphic warning labels on tobacco products. Another project addressed the shortage of sterile, injectable cancer drugs. “When there were overlapping problems across the department, they would come to ASPE because we had really excellent analysts,” Dr. Glied recalls.

Another exciting project that Dr. Glied oversaw during her time at ASPE was The Health System Measurement Project, a comprehensive website geared toward the public as well as those working in healthcare, to track the performance of the US healthcare system using a variety of indicators. The website has been a success, and since its launch, there has been interest from a number of countries to use it as a model for evaluating their own healthcare systems.

Dr. Glied emphasizes the collaborative nature of the work at ASPE and credits her colleagues for their effort in strengthening the department and helping to position ASPE as a valuable resource within HHS.

She acknowledges that it was impossible to become an expert on every issue she was presented with because of the volume of projects she faced daily, “I had to learn how to trust my staff and direct them, which is a novel experience for an academic. I had to depend on the fact that the people who worked for me were really going to do their jobs and do them well.”

When the Affordable Care Act passed, ASPE was handed the task of working through the provisions and putting out the contracts for developing essential health benefits. Dr. Glied’s work on the Affordable Care Act was perhaps the most significant project she faced during her time in office. She and her team collaborated with lawyers in the Health and Human Services Department and lawyers in the Justice Department to prepare for the Supreme Court hearings. “The stakes were extremely high,” she recalls, “it was important, and it was very challenging.”

Dr. Glied enjoyed her experience working in Washington but seems content to be back in HPM to resume her role as a professor. “I love teaching, and I love research,” she says. She is gearing up to teach a class on healthcare reform and is thinking of writing a book on the subject. When she reflects on her time working in Washington, she acknowledges that the experience has affected the way she thinks about policy. She admits to being more pragmatic in her thoughts about implementing policy and understanding management. “You can lead and scream and punish,” she says, “but in the end, you have to work within the confines of the system that you have. It is necessary to think about policy in the context of institutions. You can’t think of policy in the abstract because policy is never implemented in the abstract. Policy is implemented by real people in real places.”

**To find out more about the Health System Measurement Project visit [www.healthmeasures.aspe.hhs.gov](http://www.healthmeasures.aspe.hhs.gov).**

## Have You Heard?

### HPM Faculty Updates

On August 12, *Harvard Business Review's* blog network posted "Stop Fighting Your Culture" which focused on HPM faculty member **John W. Rowe** and his feat turning Aetna from a struggling corporation to a success story. Also, Dr. Rowe was named as an honorary fellow by the American Academy of Nursing for his outstanding contributions to healthcare and the nursing profession throughout his career.

When the Supreme Court ruling on the Affordable Care Act was announced, Department Chair and HPM Professor **Michael Sparer** was asked to weigh in on the decision. He was among a panel of legal experts who discussed the ruling in the June 28 issue of *The Guardian*. He appeared on the *Brian Lehrer Show* on June 28, and he was interviewed for a *Wall Street Journal Online* video.

The American Journal of Preventative Medicine awarded second place in the Childhood Obesity Challenge to Professor **Y. Claire Wang** and her team for launching an online tool, Caloric Calculator, which estimates the average impact on energy

balance of a range of behavioral and community interventions to prevent childhood obesity ([www.caloriccalculator.org](http://www.caloriccalculator.org)). Professor Wang also contributed to an article published August 3 in the *Chicago Tribune* (Reuters), "Kids Who Drink Soda May Not Drop Milk."

**John Winkleman**, adjunct professor in HPM, is also an architectural artist, whose work has been displayed in Tiffany & Company as well as galleries in New England. He has also illustrated two children's books, *Firehouse* and *Police Patrol*.

Associate Professor **Peter Muennig** has been running the Burmese Refugee Project ([www.burmeserefugeeproject.org](http://www.burmeserefugeeproject.org)) out of a small town in northern Thailand for the past 12 years. Its mission is to provide health and education services to Shan refugees from Burma in the hope that one day the refugees will have the skills to participate in the development of Myanmar as it transitions into democracy. To these ends, it is running a Montessori-based school that mixes refugee children with elite foreign and Thai students in the same classroom. To find out more about the organization, visit their website [www.banyancenter.org](http://www.banyancenter.org).

Assistant Professor **Margaret Kruk's** article "PEPFAR Programs Linked to More Deliveries in Health Facilities by African Women Who Are Not Infected with HIV" appeared in *Health Affairs* in July 2012.

Professor **Jeanne Stellman's** article, "Women Vietnam Veterans: Do PTSD Symptoms Mediate Effects of Warzone Service on Health?" appears in the August issue of *Research in Human Development*.

In October, Gower published Daphne Halkias and HPM professor of strategic management, **Paul W. Thurman's** book *Entrepreneurship and Sustainability*. The book focuses on business solutions for poverty alleviation from around the world.

*Modern Healthcare* recently named HPM Adjunct Professor **Ken Ong** as one of the country's top 25 clinical informaticists of 2012.

## HPM Welcomes New Professors and the New Director of the National Center for Children in Poverty



**Renée Wilson-Simmons, DrPH**, has been named director of the National Center for Children in Poverty (NCCP), a center affiliated with HPM. Dr. Wilson-Simmons previously served as the senior associate for adolescent health and development at the Annie E. Casey Foundation in Baltimore. In this position she managed foundation initiatives and related grants and activities surrounding reproductive health. She has also worked as associate director of the Evidence-Based Practice Group, which works to identify, develop, and scale up evidence-based interventions for children and families involved with public social service systems. Dr. Wilson-Simmons earned her DrPH in maternal and child health from the University of North Carolina and a master's degree in urban journalism from the University of Minnesota.



**Sara Abiola, PhD, JD** has joined HPM as an Assistant Professor. Sara comes to Columbia from the Harvard School of Public Health, where she was a postdoctoral research fellow in the Department of Health Policy & Management. Prior to that, she was a doctoral student in Harvard's Interfaculty PhD Program in Health Policy and a JD candidate at Harvard Law School. Sara's research interests involve the empirical evaluation of the effects of public health laws on population health and the politics of evidence-based public health lawmaking.





**Nathan Dong PhD, MBA**, joined the Department of Health Policy and Management as a full-time faculty from Rutgers Business School where he taught three undergraduate courses on corporate finance and received a PhD in Finance in summer 2012. His research focuses on understanding corporate governance and financial management in the health service sector, and his recent work looks at the business impact of the Patient Protection and Affordable Care Act, aka Obamacare. Nathan is an associate editor of *Journal of Risk Finance*, and a member of the American Finance Association, among others. Prior to his PhD degree, Nathan received his PD/MS in Industrial Engineering & Operations Research/Applied Mathematics from Columbia University, an MBA in Finance from Indiana University's Kelley School of Business, and an MS in Computer Science from Illinois Institute of Technology. Besides his academic career, Nathan has extensive work experience on Wall Street. He is a certified Financial Risk Manager (FRM) by Global Association of Risk Professionals (GARP), and has led business analysis consulting, quantitative investment, and risk management projects at Bear Stearns, Credit Suisse, and Bank of New York.

## Book Nook

**We've asked our faculty to recommend a book or article that offers a valuable perspective on some aspect of the healthcare industry. Happy reading!**

**Donald Sexton** (Healthcare Marketing) suggests *The Essential Drucker* (New York: Harper Business) arguing that Drucker completely understands what makes organizations succeed.

**Shelah Leader** (Introduction to Comparative Effectiveness and Outcomes Research) suggests *The Immortal Life of Henrietta Lacks*, a riveting story of racism, science, and the slow evolution of rules covering informed consent and human experimentation.

**Sherry Glied** (Health Economics) suggests Jon Gruber's illustrated (i.e., comic) book about health care reform: *Health Care Reform: What It Is, Why It's Necessary, How It Works*

**Frank Cino** (Accounting and Budgeting) suggests *Jobs*, by Walter Isaacson. This biography about Steve Jobs reveals that business is not really just about numbers and money, but products and services that reflect what we like and how we live.

**Paul Thurman** (Strategic Management) suggests *The Public-Private Health Care State: Essays on the History of American Health Care Policy* by Rosemary Stevens. This is a terrific text full of interesting essays regarding medical history, healthcare policy, and the constant struggle between public and private-sector forces throughout American hospital and provider history. It helps put today's reform discussions into historical contexts.

**David Rosenthal** (Managerial and Organizational Behavior and Managing Public Health Non-Profits) suggests an article from *The Harvard Business Review*, April 2012, "The New Science of Building Great Teams" by Alex 'Sandy' Pentland.

**Kate Garrett** (Healthcare Quality) suggests *Pursuing the Triple Aim: Seven Innovators Show the Way to Better Care, Better Health and Lower Costs* by Maureen Bisognano and Charles Kenney. The book shows what better healthcare actually looks like, with well-told stories of real organizations that have made substantial change.

**Tom Ference** (Strategic Management) suggests an article from the *Harvard Business Review*, June 2012, "How Managers Become Leaders," by Michael D. Watkins.

**Fred Hyde** (Hospital Management) suggests *The Health Care Handbook* by Elisabeth Askin and Nathan Moore. This is a good summary of the vast and confusing American healthcare system, published by Washington University in Saint Louis. This would be especially handy for students new to the field and students from other countries who may have their heads spinning attempting to comprehend our system.

**Stacey Finklestein** (Managerial and Organizational Behavior) suggests *The Lucifer Effect* by Phil Zimbardo. The book discusses the notion that managing with power doesn't have to include corruption.

## HealthSquare: A Hospital Simulation

HealthSquare is an exercise designed to simulate the operations of multiple community hospitals based in the same geographic location. Over a three-day workshop, the team members experience the full breadth and complexity of the healthcare marketplace. As the executive leadership of their respective hospitals, the teams must analyze the competitive position of their institution in their community and make the full range of strategic decisions regarding service line mix, capacity, investment in quality, patient-payer mix, marketing, staffing, financial structure, use of philanthropy and other executive-level priorities.

Management students (FTM, PTM and EMPH) in the department participate in HealthSquare as a part of their graduate school curriculum. This exercise serves as the culminating experience, and it gives students a practical application for their coursework. HealthSquare allows them to understand first-hand how general management decisions affect a hospital's interconnected systems. Rachel Pitts-Tucker (EMPH '11), a Project Manager at Abacus International, notes "It is always hard in the real world, with confounders such as staff turnover, changes in the political environment and other external factors, to be able to measure the pure effects of your actions as a management team on the healthcare system. Increasingly,

fundors are requiring 'value', which must be a function of providing excellent care while sustaining economic viability. I think that, for me, this was the most valuable take-home message from HealthSquare."



*Current PTM students work together during the July HealthSquare Simulation*

**To find out more about HealthSquare visit:**  
[www.cumc.columbia.edu/dept/mailman/hpm/emph/healthsquare.html](http://www.cumc.columbia.edu/dept/mailman/hpm/emph/healthsquare.html)

### Call for Class Representatives

Do you keep in touch with your classmates from Columbia?

Are you interested in getting more involved with HPM and networking with other alums?

Do you want to be a part of a fundraising initiative to help the department reach its mission?

As you may know from reading the previous issue of *The Link*, HPM is relocating to the fourth floor of the Allan Rosenfield Building. This move is a critical component in the department's strategic plan. The new space will enable growth and enhance collaboration and scholarship. We also need to reconnect with our alumni, so they can provide both fiscal and intellectual resources. As a part of this effort, HPM is looking for alumni volunteers to be engaged as class representatives. Class reps will be instrumental in HPM's fundraising campaign. Responsibilities include reviewing alumni lists and reaching out

to classmates, participating in meetings, special events and activities, and engaging contacts in HPM's initiatives. They will also help add an alumni voice to department activities.



**If you are interested in being a class representative, contact Rebecca Sale at [rlr2108@columbia.edu](mailto:rlr2108@columbia.edu).**

## HPM Highlights



*Dr. Elizabeth Ruth LeQuesne (EMPH '12)*

**Dr. Elizabeth Ruth LeQuesne** (EMPH '12) was elected by her peers to give remarks on behalf of the graduates at the October EMPH graduation ceremony.

**Martin Mendiola** (FTP '13) is the new Voice of Virtual MSPH tour.

**Michelle Moses-Eisenstein** (PTM '12) was selected as the new ASPH Public Health Policy Fellow.

**Professor Winkleman's** consulting workshop is working closely with Fresh Youth Initiatives (FYI) to rebrand their organization after a recent merger with Cornerstone Learning Center. FYI is a youth development organization based in Washington Heights, New York. To learn more, visit their website [www.freshyouth.org](http://www.freshyouth.org)



*Kirk Drees with Case Competition Winners 'The Gang of Synergy' and Professor John Winkleman*

The **EMPH Class of 2007** congregated for their five-year reunion in October. According to Alison Boyle (EMPH '07), the organizer of the event, "We had over half the class attend at least one of the weekend's reunion events. The five years since graduation seemed like a long time, but everyone reconnected as if it were just picking up from the last class.



*Alumni from the EMPH Class of 2007*

## Congrats to the Winners of the Case Competition!

**First Place Team:** The Gang of Synergy  
Coach: Prof. Fred Hyde (HPM)  
Yu Wang, Captain (FT HPM)  
Ruchit Kumbhani (FT HPM)  
Saloni Mayekar (FT HPM)  
Yao Wu (FT HPM)

**Second-Place Team:** Team HealthBusters  
Coach: Prof. Sarah Holloway (SIPA)  
Swami Ganesan, Captain (SIPA)  
Nancy Widjaja (SIPA)  
Surabhi Chaturvedi (SIPA)

**Third-Place Team:** Team Palatine  
Coach: Prof. David Rosenthal (HPM)  
Arin Kim, Captain (P&S)  
Sophia Cedola (P&S)  
Zoe Sansted (P&S)  
Bryant Shannon (P&S)  
Matthew Thomsen (PTM HPM)

**Most Innovative Solution:**  
Team Palatine

**Best Individual Presenter:**  
Arin Kim (P&S)  
Martina Szabo (HPM)

**Best Q & A Participant:**  
Sarah Jubinski (HPM)  
Nancy Widjaja (SIPA)

## EMPH Graduation

On Friday, October 12, the Executive MPH Class of 2012 celebrated their graduation at the Roone Arledge Auditorium on Columbia's Morningside Campus. The ceremony kicked off with a welcome from Dean Fried, who introduced the commencement speaker, Dr. Glenn D. Steele Jr, CEO of Geisinger Health System. Dr. Steele congratulated the graduates and commended them for venturing into the healthcare world and "taking a risk at a remarkable time in our transformed healthcare effort." Dr. Steele then spoke of Geisinger as a viable model for future healthcare provision and healthcare payment. Following Dr. Steele, EMPH Faculty Director Dr. Thomas D'Aunno introduced Dr. Elizabeth LeQuesne, who delivered remarks on behalf of the graduates. Dr. LeQuesne's speech honored the accomplishments of her classmates and emphasized the importance of the graduates' future roles in the ever-changing world of healthcare. Dean Fried led the candidates in a recitation of the Public Health Oath, and the ceremony concluded with remarks by HPM Department Chair, Dr. Michael Sparer, who wished the candidates well on behalf of faculty and

staff. A reception followed the ceremony, and candidates toasted their accomplishments alongside the many friends and family members who came to show their support. Congratulations to the Class of 2012, and best wishes for a successful future!

**EMPH Class of 2012:** Ana Berlin, Melanie J. Bernitz, Michelle D. Blake-Smith, Elizabeth Callaghan, Leslie Conner, Keri Ellen Discepolo, Issy Claire Esangbedo, Alexander Benjamin Fein, Catherine C. Foster, Jason Andrew Friesen, Anu Gupta, Benjamin Adam Hohmuth, David Andrew Howard, Marvlyn Jno-Baptiste, Andrew S. Kaplan, Sapna Kapoor, John David Kiker, Jeffrey Allen LaVaute, Elizabeth Ruth LeQuesne, Yi Lu, John Anthony MacPhee, Allison Marie McGuire, Kevin G. Munjal, Bhavesh P. Pandya, Dean Patterson, Rami Rafeh, Ana Rojas, Sharon A. Sutherland, Esta Rochelle Tanenbaum, Satish Chandra Tripathi, Coretta Michelle

To watch Dr. Steele's commencement address, visit the EMPH website: [www.emph.columbia.edu](http://www.emph.columbia.edu)

## Stay Connected!

### SAVE THE DATES

#### Experienced Career Fair and Networking Event

April 12, 2013, New York City

If your employer is interested in hosting a table at this event contact  
Rebecca Sale: rlr2108@columbia.edu

#### HPM Healthcare Conference

Keynote Speaker: Dr. Sherry Glied

April 13, 2013, New York City

### ALUMNI

Update your contact information via the HPM Department homepage:

[www.emph.columbia.edu/alumni\\_update\\_form.html](http://www.emph.columbia.edu/alumni_update_form.html)

Check out our EMPH student blog: [www.columbiaemph.wordpress.com](http://www.columbiaemph.wordpress.com)

Check the HPM website for future issues of *The Link* to keep up with  
what's happening in the department.

Contact HPM to share your updates.

Email Carey McHugh: [ctm2101@columbia.edu](mailto:ctm2101@columbia.edu)



*EMPH Class of 2012 at Graduation*

## THE LINK

### A Health Policy & Management Newsletter

Issue 2  
November, 2012

#### Editors

##### Carey McHugh, MFA

Coordinator, Special Projects  
Department of Health Policy &  
Management

##### Rebecca Sale, MPH

Director, Executive and Part-Time MPH  
Programs

##### Emily Austin, MFA

Coordinator, Executive and Part-Time  
MPH Programs

##### Michael Sparer, PhD, JD

Professor and Chair  
Department of Health Policy &  
Management