Executive Study Tour in New York 2016

Katelyn Yoo
Fellow
International Hospital Federation

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Introduction

International Hospital Federation (IHF) New York 2016 Hospital Executive Study Tour (June 27 to July 1, 2016) showcases the latest state of the art and innovation in hospital service delivery. The Study Tour provides a unique opportunity for participants to engage in a five day event that will gather key healthcare researchers, policymakers, health care executives, community leaders, and other stakeholders in New York City with international colleagues and peers, to interact, explore, share, and exchange ideas on ways to develop evidence-based solutions to public health challenges. These multidisciplinary exchanges of knowledge and experiences are facilitated together with dialogue on best practices in leadership in hospital and healthcare management and delivery of services.

The visit includes site visits to leading US policy makers, hospital managers and decision makers, Ivy League research and entrepreneurship centers, community leaders, health financing experts to better understand their respective industry and roles in healthcare, and pave the way for effective advocacy and strategies that will result in implementation and exchange of ideas on best practices in leadership and management in health service delivery by hospitals and healthcare facilities. The list includes New York Department of Health, Mt. Sinai Hospital, Columbia University Medical Center, Wagner School of Public Services (NYU), CityMD Urgent Care, New York Academy of Medicine, The Commonwealth Fund and other New York healthcare institutions in the New York Metropolitan area.

This event convenes health care leaders from the IHF along with hospital CEOs and other executives from India, Spain, Australia, Brazil, Canada and the U.S. to discuss:

- What new models are being used by hospitals to drive innovation – and how well they’re working?
- How has the ACA impacted health policy issues across both the short and long term?
- What can the US and other countries learn from each other?
Here is the summary agenda for the Executive Study Tour to New York:

• **Monday:** U.S. Healthcare System Overview (*New York University, Wagner School of Public Policy, School of Medicine, and New York Department of Health*)
• **Tuesday:** Clinical Excellence (*Ichlan School of Medicine at Mt. Sinai and Mount Sinai Health System and Health Network*)
• **Wednesday:** U.S Health Politics and Policy; Healthcare Financing (*Columbia University, Health Policy and Management, Innovation and Entrepreneurship, and Jefferies investment Bank*)
• **Thursday:** Health in the Community (*Commonwealth Fund, New York Academy of Medicine, and CityMD Urgent Care*)
Monday, July 27th 2016

WAGNER SCHOOL OF PUBLIC SERVICE, NYU, & NYC DOHMH

09:00 – 10:00 Overview of Study Tour - Eric De Roodenbeke & Alexander Preker

10:00 – 11:00 Affordable Health Care Act - Dean Sherry Glied

11:00 – 12:00 Implications for University Medical Centers – Dean Douglas Miller

15:00 – 17:30 Site Visit to New York City Department of Health & Mental Hygiene

Introduction

The first day of the Executive Tour explores the United States’ health care policies and politics, both at the federal and local level. Sherry Glied, the Dean of New York University’s Robert F. Wagner Graduate School of Public Service and a former Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services, was intimately involved in the design and implementation of the Affordable Care Act. She offers an insider’s perspective on the landmark legislation and a comprehensive background of the Affordable Care Act (ACA) including its history, political atmosphere, and the challenges of implementing the Obama Care. Dean Douglas Miller, who is the Dean of NYU’s School of Medicine, provides an overview of the implications for Universal Medical Centers after the implementation of the ACA to ultimately improve health, improve quality of care and service, and reduce per capital cost.

The site visit at the New York City Department of Health and Mental Hygiene explores their programs and interventions to reduce the uninsured and increasing access to care at the Bureau of Primary Care Access and Planning (PCAP). PCAP creates and implements policy, program and research interventions that maximize health insurance coverage opportunities and increase access to affordable, high quality, and coordinated primary care with a strong focus on vulnerable underserved populations.
Affordable Health Care Act

History of the ACA, Key Events leading up to the passage of Obamacare

- **July 2009**: Speaker of the House Nancy Pelosi and a group of Democrats from the House of Representatives reveal their plan for overhauling the health-care system. It’s called H.R. 3962, the Affordable Health Care for America Act.
- **August 25, 2009**: Massachusetts senator Ted Kennedy, a leading supporter of health-care reform, dies and puts the Senate Democrats’ 60-seat supermajority required to pass a piece of legislation at risk.
- **September 24, 2009**: Democrat Paul Kirk is appointed interim senator from Massachusetts, which temporarily restores the Democrats’ filibuster-proof 60th vote.
- **November 7, 2009**: In the House of Representatives, 219 Democrats and one Republican vote for the Affordable Health Care for America Act, and 39 Democrats and 176 Republicans vote against it.
- **December 24, 2009**: In the Senate, 60 Democrats vote for the Senate’s version of the bill, called America’s Healthy Future Act, whose lead author is senator Max Baucus of California. Thirty-nine Republicans vote against the bill, and one Republican senator, Jim Bunning, does not vote.
- **January 2010**: In the Senate, Scott Brown, a Republican, wins the special election in Massachusetts to finish out the remaining term of US senator Ted Kennedy, a Democrat. Brown campaigned heavily against the health-care law and won an upset victory in a state that consistently votes in favor of the Democratic party.
- **March 11, 2010**: Now lacking the 60th vote needed to pass the bill, Senate Democrats decide to use budget reconciliation in order to get to one bill approved by the House and the Senate. The use of budget reconciliation only requires 51 Senators to vote in favor of the bill in order for it to go to the president’s desk for signature.
- **March 21, 2010**: The Senate’s version of the health-care plan is approved by the House in a 219-212 vote. All Republicans and 34 Democrats vote against the plan.
- **March 23, 2010**: President Obama signs the Affordable Care Act into law.

Why the ACA was different: What makes the history of the Affordable Care Act different is that steps three and four (described above) did not take place in the traditional fashion. Instead, the following happened prior to passing the Affordable Care Act:

- **Budget reconciliation**: The Senate used a process called budget reconciliation, to get their version of the bill, which was created by lawmakers, as a way to bring down the deficit by easing the path for budget and tax deals.
- **Simple majority and no filibusters**: With budget reconciliation, the Senate only needs 51 votes (instead of 60) to pass a piece of legislation. Debate on an issue in a bill is limited to 20 hours, and – most importantly – no Senate filibusters are allowed.
- A filibuster is **typically** a process in the US Senate that allows one party to delay or entirely prevent a vote on a bill. Presently, the only way to end a filibuster is to get 60 Senators to vote to break a filibuster.
Implications for University Medical Centers

Where is America Now?

- There has been a decline in inpatient utilization while the outpatient visits has been increasing dramatically.
- Health care financing system will change as there are 1) population changes (over age 65 will double in size by 2030), 2) Medicaid expansion variable state to state, 3) premiums and out-of-pocket cost sharing grow faster than wages, and 4) ACA reducing the number of uninsured population.
- Market consolidation: Since Jan 11, 16 hospitals have closed, 7 hospitals have been acquired by other NYS hospital systems, and 45 have entered into active parent governance relationships with other hospitals systems
- Health Plans: The number of health plans in New York’s has been shrinking for decades. Proposed mergers involving four of the nation’s five largest health insurers—Anthem and Cigna, and Aetna and Humana—are pending.

Key Questions (& Challenges) for Academic Medicine (Us)

- Many Of Us Are Either Not Large Enough or Not Rich Enough To Go It Alone
- Many Of Us Have The Majority Of Our Net Worth Invested In Fixed Assets (Property, Plant & Equipment). Check your Ratio Of PPE/Unrestricted Net Assets:
- Many Of Us Attract “Adverse Selection” (patients with more advanced /complicated illness or injury)
- Some Of Us Will Be Constrained By University Ownership & Governance
- All Of Us Have Competing Demands for Investment Capital (Other Than Population Health), Most Notably Our Academic Missions

Funding of University-based Discovery & Innovation

- NIH is a section of the U.S. Department of Health & Human Services (DHHS)
- Annual NIH budget >$32.3B*; 80% to 300,000 scientific personnel at >3,000 universities and research institutions, and >50% to U.S. medical schools and teaching hospitals**

University Responses to AMC Adversity

- Separations Vanderbilt University Medical Center
- Integrations University of California (5 AMC’s)
- Strategic partnerships Duke Medical Center & LifePoint (FP health system); University of Arizona & Banner (NFP health system)
- Mergers with Community Hospitals Harvard/Partners HealthCare (rejected by MA)
- Escalation in M&A activity University of Pittsburgh Medical Center; Thomas Jefferson University (“hub” model)
**Site Visit at New York City Department of Health and Mental Hygiene:**

**Understanding the Mission and Structure**

- The mission of NYDOHMH is to promote and protect the public health of all New Yorkers
- History: New York City Board of Health established 1805, Department of Health established 1866, and the First Municipal Health Department in U.S.
- There are many different divisions in the department including the Center for health equity, division of disease control, emergency preparedness and response, environmental health services, epidemiology, family and child health, mental hygiene, prevention and primary care.

**Reducing the Uninsured and Increasing Access to Care: NYC DOHMH Role**

Bureau of Primary Care Access and Planning (PCAP): Creates and implements policy, program and research interventions that maximize health insurance coverage opportunities and increase access to affordable, high quality, and coordinated primary care with a strong focus on vulnerable underserved populations. They have a lot of programs including: (most focus on uninsured, illegal immigrants)

**NYC Task Force on Immigrant Health Care Access:** In recognition of the fact that a large portion of undocumented immigrants are uninsured and left out of health reform and that even immigrant populations who are documented and/or are insured are experiencing barriers to appropriate care, Mayor De Blasio established a Task Force on Immigrant Health Care Access. Formed in 2014 to address disparities in health care access for the immigrant community in NYC, it is a City officials co-chaired the Task Force. Developed recommendations to improve coordinated and robust access to care for the uninsured, particularly the undocumented

**ActionHealthNYC:** Is for populations without access to care post-health reform. Acting on this recommendation, DOHMH and Mayor’s Office of Immigrant Affairs developed a direct access demonstration program called ActionHealthNYC. Although this program does not provide health insurance, it provides improved access to more coordinated care for this population. The Direct Access model that was recommended has advantages over the current system for the uninsured undocumented population, including:

- An enrolment process that is tied to other City programs such as the Municipal ID card and Big Apple Rx program
- An assigned primary care home for primary care and preventive services, with transparent and consistent fees across the entire network
- Robust and remote care coordination program that supports patients in accessing appropriate care in a timely fashion
- And coordinated access to specialty services through the public hospital system, with sharing of relevant patient records to optimize care.
Tuesday, July 28\textsuperscript{th} 2016

**ICHAN MEDICAL INSTITUTE, MT SINAI HOSPITAL**

09:00 – 09:30 *Introductions* - Brian Nickerson & Alexander Preker

09:30 – 10:00 *Overview of Mount Sinai Health System* - Szabolcs Dorotovics

10:00 – 11:00 *The Accountable Care Organizations (ACOs)* – Claudia Colgan

11:30 – 12:30 *Building Care Networks within a Health System* – Authur Klein

14:00 – 16:30 *Site Visit to Mt Sinai Hospital Continuum*

**Introduction**

The second day focuses on the topic of clinical excellence at Mount Sinai Health System and Health Network. Mount Sinai was founded in 1852, and is one of the oldest, largest and most prestigious non-profit hospitals in the United States. Arthur Klein, the President of Mount Sinai Health Network, provides an overview of the health system and health network of Mount Sinai. Szabolcs Dorotovics, Vice President of the International Business Development at Mount Sinai Health System, explores their approach to building care networks within a health system, and Claudia Colgan, VP for Care Coordination, offers insights around population health management, accountable care organizations and care management.

In the afternoon, the participants visit Mount Sinai Hospital to different departments including Breast Cancer, Cardiology, Oncology, Neurology, population health science, geriatrics and palliative medicine, and urology to understand what they do, their mission and values, and achievements and challenges faced in their respective departments.
The Mount Sinai Health System & Health Network

The strategic imperative of the Mount Sinai Health Network is to create a nationally and internationally recognized, geographically broad based healthcare delivery system, across the entire Continuum of care (ambulatory and preventative, pre-hospital, hospital and institutionally based, post-actuate care, long-term care, hospice and end of life) so as to:

• Ensure highest quality of care for the populations served by Mount Sinai and its affiliated physicians or institutions
• Enhance the reputational status of the Mount Sinai Health System locally, regionally, nationally, and internationally
• Prepare and resource Mount Sinai for “population medicine” initiatives, the anticipated significant changes in reimbursement models, and the anticipated healthcare delivery shift from inpatient to ambulatory care
• Support the tertiary and quaternary programs of the core entity hospitals and their service lines
• Promote the financial integrity and success of the Mount Sinai Health System
• Support the academic programs of the Icahn School of Medicine at Mount Sinai

The Rationale and Strategy for Institutional Members of the Mount Sinai Health Network

• Local hospitals should play a vital role in providing cost effective care with low barriers to access and are critical for population medicine/management and changing reimbursement paradigms
• The physician and physician groups aligned with Mount Sinai have historic and important relationships with local hospitals
• Some local hospitals play critical “safety net” functions important from a mission and political perspective
• Without broad alignment and strategy linked to Mount Sinai, local hospitals will continue to compete with the evolved large academic medical centers for tertiary care with potentially negative impact
• Local hospitals can provide opportunities for faculty appointment and increased faculty productivity
• Local hospitals can provide opportunities for enhanced academic activity (clinical trials, population research)
• Affiliation models may include:
  • Traditional affiliations with appropriate exclusivity expectations
  • Sponsorships and joint governance
• Institutional affiliates must agree to exclusivity arrangements with Mount Sinai or rights of first refusal
International Collaborations: An Overview

- **The International Collaborations Program** is charged with advancing the Mount Sinai institutional vision to improve health care through innovation, education and high quality patient care on a global scale.

- **Highlighted Collaboration Capabilities**
  - Strategic Advisory Services
  - Clinical Domains
  - Joint Commission International (JCI) Accreditation Assistance
  - Quality & Patient Safety Consulting
  - Nursing Program Development
  - Information Technology & Information Systems
  - Human Resources Management & Change Management
  - Population Management & Accountable Care Organization Development
  - Technology, Innovation and Entrepreneurship (TIE)

- **Strategic Advisory Services**: includes feasibility studies, business planning, strategic advisory, and gap assessment

- **Clinical Domains (rankings are the top)**: cardiovascular care and research, oncology, Geriatric Health & Aging, Rehabilitation Medicine, Obstetrics, Gynecology, and Reproductive Services, Emergency Medicine, Genomics & Multiscale Biology

**Population Health Management: ACOs and Care Management**

- Accountable Care Organizations
  - Affordable Care Act of 2010 laid the foundation for various shared savings programs sponsored by CMS with a “**Triple Aim:**”
    - 1. Improve the individual’s care experience
    - 2. Improve the health of the overall population
    - 3. Resulting in a reduction of overall healthcare expenditures
  - Accountable Care Organizations (ACOs) can share in the reduced costs if they meet Quality and Outcomes requirements
  - Landscape: Approximately 500 ACOs nationwide, including commercial; 100 new Medicare Shared Savings Program ACOs started Jan 1, 2016, making total 477, with nearly 9 million Medicare enrollees aligned with an ACO, in 48 states
Wednesday, July, 29th 2016

HEALTH POLICY AND MANAGEMENT DEPARTMENT, MAILMAN SCHOOL & JEFFERIES INVESTMENT BANK

09:00 – 10:00 Introduction - Michael Sparer

10:00 – 11:00 Managing a Complex University Hospital Merger – Larry Brown

11:00 – 12:00 Technology Transfer – Ofra Weinberger

14:00 – 16:30 Site Visit to Columbia University Medical Center

16:30 – 17:30 Site Visit to Jefferies Investment Bank

Introduction

Michael Sparer, the Chair at the Department of Health Policy and Management at Columbia Mailman School of Public Health, and Larry Brown, former chair at the Department of Health Policy and Management, focus on the dynamics of health care politics and policy exploring the political history of health reform, the dilemmas confronting public and private insurers from rising health care costs, and political conflicts over health policy, examining how American Federalism influenced the politics and substance of the recently enacted Patient Protection and Affordable Care Act. They also review issues around health insurance and health delivery systems for low-income populations, and the ways in which inter-governmental relations influences policy, both in the U.S. and abroad. He further explores the expansion in Medicaid and different payment systems and its reform seen in the last few decades, and explore the area of private sector-led health reform, including the rise and fall of managed care, consumerism, and emerging delivery and payment system reforms, including value-based purchasing and Accountable Care Organizations.
Ofra Weinberger, Director of Licensing at Columbia Technology Ventures, offers insights on the transfer of inventions from academic research labs to the market for the benefit of society on a local, national, and global basis, in the areas of technology development initiatives, entrepreneurial activities, external industry collaborations, and commercially-oriented multidisciplinary technology innovations across the university.

At the Jefferies Investment Bank, which offers deep sector expertise in healthcare and broad advisory and capital markets capabilities to corporate and financial sponsor clients, participants learn about the current healthcare market and investment opportunities in the United States, in the area of information technology and consolidation of hospitals. Jefferies also addresses near- and long-term investment opportunities and discusses the mechanisms driving global healthcare.
Health Policy and Politics: The ACA

In March 2010, President Barack Obama signed landmark health reform legislation into law. The Patient Protection and Affordable Care Act (ACA) contains a dizzying array of new policies and programs that aim to expand insurance coverage, control health care spending, and transform medical care delivery.

Federal and state governments are implementing core ACA provisions, while private insurers and medical providers are moving ahead with highly anticipated delivery and payment system reforms. Health insurance exchanges are in the midst of their third year of open enrollment. At the same time, legal and political challenges to the ACA continue—many states, including North Carolina, have rejected Medicaid expansion and have not established their own insurance marketplaces. Republicans in Congress have voted repeatedly to repeal Obamacare. Six years after the ACA’s enactment, the health care reform debate rages on and the law’s fate remains remarkably uncertain. This is a crucial, fluid, and ultimately, exhilarating moment in U.S. health care policy.

Accountable Care Organizations (ACOs)

The ACA encourages insurers to create so-called Accountable Care Organizations (ACOs). There are, for example, nearly 400 ACOs that participate in the Medicare Shared Savings Program. Each of these ACOs is at financial risk for the cost and quality of at least 5000 Medicare “fee-for-service” beneficiaries; the federal government tells the ACO what the group of beneficiaries will likely cost over the course of a year. If the costs turn out to be lower, and the beneficiaries as a group meet various health quality metrics, then the ACO gets to share in the savings presumably generated by its successful population health management. While only a quarter of the participating ACOs are so far sharing in savings, and while federal officials tinker with program rules to encourage improved performance, the model itself is gaining increased traction across all payers; indeed private health plans have themselves moved quickly to adopt the ACO model for their commercial markets, and there now are more ACO enrollees in that market than in Medicare.

The impact of these various market and policy trends is that health systems are being asked to manage the health of large groups of individuals instead of focusing narrowly on the health of one individual at a time. This focus on “population health management” encourages novel strategies (such as paying for social services with health dollars) to improve population-based health metrics (while also reducing overall costs). It also represents a strange and unfamiliar world for hospital officials (among others) who have training and experience in filling hospital beds, but who are now asked to reduce in-patient occupancy (and the revenue that accompanies such admissions) and to instead focus on prevention and population health.

Thursday, July 30th 2016

NEW YORK ACADEMY OF MEDICINE & CITYMD

09:00 – 09:30 Introduction - Eric de Roodenbeke & Alexander S. Preker
09:30 – 10:15 Urban Health and Age-Friendly Cities – Anthony Shih
10:15 – 11:00 Commonwealth Fund - Robin Osborn
14:30 – 17:00 Site Visits to CityMD – Richard Park

Introduction

The fourth day of the Executive Tour focuses on health in the community with organizations at the New York Academy of Medicine and the Commonwealth Fund. Anthony Shih, Executive Vice President at the NYAM, provides a comprehensive overview of NYAM and its mission to advance urban health and to promote age-friendly cities through population health approach and effective urban health governance. In the second section, Robin Osborn, Vice President and Director at the International Program in Health Policy and Practice Innovations, the Commonwealth Fund, explores the health care system performances at the international level through in-depth cross-national comparisons.

The site visit at the CityMD Urgent Care with Richard Park, CEO at CityMD, accompanied the tour at the corporate office and clinic in midtown of New York City. CityMD is an urgent care walk-in clinic focused on the delivery of ambulatory care in a dedicated medical facility outside of a traditional emergency room. The Urgent Care differentiates its services to other urgent-care chains as CityMD is affordable, convenient, and most importantly, focuses on kindness and giving back to the community.
**Advancing Urban Health: Age-Friendly New York City as a Model for Effective Urban Health Governance**

**A Population Health Approach**
In order to advance population health, we must improve the built, social, economic, and physical environments in which people live. In addition to working across sectors, we must have both public (government) and private engagement.

![Diagram showing the pyramid model of increasing population impact and increasing individual effort needed.](image)

**What is Urban Health?**
It is the health of people living in cities, and focuses on the unique characteristics of cities that impact health (positive and negative): – Density – Diversity – Complexity

**Why is Urban Health Important?**
- There are 4 of 5 Americans live in urban areas, and more than 50% of the worldwide population live in urban areas, projected to increase to 70% by 2050
- Cities can have many positive effects on health & well-being, but poorly planned or unplanned urbanization is dangerous, e.g.: – Infectious and chronic diseases – Poverty and security risks – Environmental degradation
- Beyond simply effective health programs and initiatives, and because of the complex nature of cities, effective governance is required to advance urban health

**Age Friendly -NYC as a Model for Effective Urban Health Governance**
1. Clear vision
2. Political commitment & public-private partnership
3. Community/citizen engagement
4. Inter-sectoral participation
5. Local/neighborhood initiatives (in addition to city-wide)
6. Optimizing existing assets
Benchmarking the U.S. Health Care System Performance: An International Perspective

The CF international health policy survey

- Since 1998, the Commonwealth Fund has conducted an annual international health policy survey of patients, doctors, and the general population on their health care experiences and views
- The survey includes 11 countries: Australia, Canada, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland, United Kingdom, and United States
- Findings are published annually in Health Affairs and attract major media attention

US health care system compared to other countries, according to the Survey

- US health spending is larger than the GDP of most nations yet the rankings of health system performance is lower shown in the chart below
- Health care costs concentrated in sick few — sickest 10 percent account for 65 percent of expenses
- US has the largest cost-related access problems in the past year (2014), yet the wait time was lower than other countries, according to the survey
- US’s doctors’ views of practice preparedness to manage care for patients with complex Needs was comparatively lower than Norway, Netherland, Australia, but higher than Sweden and Canada
- US had the lowest practice uses nurses or case managers to monitor and manage care for patients with chronic conditions, there is insufficient primary care practice capacity to provide enhanced access and care management
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Learning from International Innovations

1. NARAYANA HEALTH (India, Cayman Islands): High quality healthcare, with care and compassion, at an affordable cost, on a large scale. Narayana Hrudayalaya Hospital does more open heart surgeries than any place else in the world with quality outcomes that rival those of the UK and US at a fraction of the cost.
2. The Netherlands’ Approach to After-Hours Care: Large-scale after-hours primary care cooperatives located in the community or at the hospital; Access open daily 5 p.m. – 8 a.m., Appointments and walk-in visits; Allows self-referrals to emergency department
3. MedcallHome ConsejoSano: MedcallHome leverages an existing network and billing platform with the leading telecommunications company in Mexico, TelMex, as part of a joint venture to provide customers with 24/7 access to medical advice over the phone, eliminating unnecessary travel and payment for clinic visits.
4. Brazil’s Family Health Program: Provides primary care to 55% of the population; costs $50 per capita per year; free at the point of care; the program has multidisciplinary teams – doctor, nurse, nurse auxiliary, and four to six community health workers – work in health units located in geographically defined areas
5. Jersey Postal Workers: Postal service workers check in on isolated and frail elderly people on a daily or weekly basis, as part of their usual rounds. They drop off medications, give reminders about doctor appointments, ask about immediate concerns, relay any requests or concerns to their doctor or local authority, inform them of social activities
Bios of Speakers

Lawrence Brown, PhD, Professor, Health Policy & Management at Columbia Mailman School of Public Health, Columbia University

Mr. Lawrence D. Brown served as former chair of the Mailman School’s Department of Health Policy and Management for 10 years and Columbia University’s Public Policy Consortium for three years. A political scientist, he served on the faculty of Harvard University and the University of Michigan, and held positions at the Brookings Institution before joining the Columbia faculty in 1988. Dr. Brown is the author of Politics and Health Care Organizations: HMOs as Federal Policy (Brookings Institution, 1983). Dr. Brown edited the Journal of Health Politics and Policy and Law for five years, and has served on several national advisory committees for the Robert Wood Johnson (RWJ) Foundation. He is a recipient of an RWJ Investigators in Health Policy award and a member of the Institute of Medicine. He received his PhD at Harvard Radcliffe Colleges.

Mina Chang, PhD, MPA, Assistant Commissioner for the Bureau of Primary Care Access and Planning (PCAP), Division of Prevention and Primary Care at the NYC Department of Health and Mental Hygiene (DOHMH)

Ms. Mina Chang, is currently is the Assistant Commissioner for the Bureau of Primary Care Access and Planning (PCAP), Division of Prevention and Primary Care at the NYC Department of Health and Mental Hygiene (DOHMH). Dr. Chang previously served as the Chief of Health Research and Program Development at the Ohio Department of Medicaid. She has more than 15 years of leadership and managerial experience for large health care delivery systems, including Medicaid, managed care, and behavioral health. She has served as a senior leader, overseeing seven Medicaid managed care plans and has more than 20 years of relevant experience in policy, research, and analytics. Dr. Chang holds a Doctor of Philosophy in Public Policy and Management and a Master of Public Administration from Ohio State University.

Eric Colchamiro, MPA, Senior Legislative Analyst in the Bureau of Intergovernmental Affairs at the New York City Department of Health and Mental Hygiene (DOHMH)

Mr. Eric Colchamiro is the Senior Legislative Analyst in the Bureau of Intergovernmental Affairs at the New York City Department of Health and Mental Hygiene (DOHMH). In this capacity, he is responsible for legislative analysis, development, and advocacy for the Divisions of Disease Control, Environmental Health, and Finance at DOHMH. In addition, he coordinates the Department-wide effort to prepare Commissioner Bassett for her three annual budget hearings before the City Council. His prior work in healthcare policy and politics includes a stint at the National Quality Forum, as a Capitol Hill staffer, and political campaigns at the local, state, and federal levels. He earned a Masters of Public Administration in Health Policy and Management from New York University, and a Bachelor of Science in Newspaper Journalism from Syracuse University.
Eric de Roodenbeke, CEO of the International Hospital Federation

Mr. Eric de Roodenbeke assumed the position of Director General of the International Hospital Federation in June 2008. Between July 2007 and May 2008 he was Senior Health Specialist at the World Health Organization (WHO) for the Global Health Workforce Alliance (GHWA) during which time he was involved in support country action programmes to develop a response to the HRH crisis; development of strategies for regional networks in support of HRH development and was the focal point for follow up actions in Francophone countries. He was Senior Health Specialist at the World Bank (AFTH2 & WBI) from 2004 to 2006 in which time he was Team leader (TL) for various health intervention, educational, management and capacity building programmes mostly in Africa. He was Director of a hospital of the University Hospital (CHU) of Tours, and Senior Officer responsible for hospital and health financing interventions at the French Ministry of Foreign Affairs from 2001 to 2003 and 1999 to 2001, respectively. Between 1996 and 1998, he was Senior Officer on hospital policy expertise at the French Ministry of Cooperation. From 1994 to 1996, he was Deputy Director of the 870-bed University Hospital of NANTES. 1989 to 1994, Dr. de Roodenbeke was the Expert, task team leader for a project involving construction, equipment, management of a 500-bed hospital in Burkina Faso. He was Deputy Director of Epinal-Vosges (France) General Hospital from 1984 to 1989. Dr de Roodenbeke has published widely on hospital organization, health systems reforms human resources and health facility management, health policy, insurance and financing in developed and developing countries. Dr. de Roodenbeke holds a Ph.D. in health economics - University of Paris 1, Sorbonne (France); a Hospital Administration Diploma from ENSP Rennes (France); and a Diploma in Public Health from the University of Nancy (France).

Sherry Glied, Dean of Robert F. Wagner Graduate School of Public Service, NYU

In 2013, Professor Sherry Glied was named Dean of New York University’s Robert F. Wagner Graduate School of Public Service. From 1989-2013, she was a Professor of Health Policy and Management at Columbia University’s Mailman School of Public Health, and Chair of the Department of Health Policy and Management from 1998-2009. She previously served as Senior Economist for health care and labor market policy on the President’s Council of Economic Advisers in 1992-1993, under Presidents Bush and Clinton, and participated in the Clinton Health Care Task Force. On June 22, 2010, Glied was confirmed by the U.S. Senate as Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services, and served in that capacity from July 2010 through August 2012. Glied’s principal areas of research are in health policy reform and mental health care policy. Glied holds a B.A. in economics from Yale University, an M.A. in economics from the University of Toronto, and a Ph.D. in economics from Harvard University.
Douglas Miller, M.D., C.M., M.B.A., Dean, School of Medicine, NYU

Dr. Miller came to NYMC from the University of Alberta where he served as dean of Faculty of Medicine and Dentistry as well as Chair of the Health Sciences Council. An internationally recognized cardiologist and clinician-scientist, Dr. Miller has served as a leader in academic medicine and chief academic/executive officer for more than 25 years. Dr. Miller will also serve as the vice-provost for bio-medical affairs for the Touro College and University System, which includes NYMC. Prior to the University of Alberta, Dr. Miller served as dean of the School of Medicine at the Medical College of Georgia (MCG), where he facilitated an expansion of the medical school from one campus to four. A native of Brockville, Ontario, Dr. Miller received his undergraduate degree at Concordia University in Montreal, and attended medical school at McGill University where he also completed an internal medicine residency in 1981. He completed a clinical and research cardiology fellowship at L'Institut de Cardiologie de Montréal, a clinical cardiology fellowship at Emory University School of Medicine and a cardiac imaging fellowship at Harvard University. He later went on to receive an executive master of international business administration from Saint Louis University.

Robin Osborn, M.B.A., Vice President and Director International Program in Health Policy and Practice Innovations, The Commonwealth Fund

Ms. Robin Osborn is vice president and director of The Commonwealth Fund's International Program in Health Policy and Practice Innovations since 1997. In addition, she serves on the editorial board of the *Health Systems in Transition* series of the European Observatory. Prior to joining the Fund in 1997, Mrs. Osborn was director of fellowship programs at the Association for Health Services Research where she directed the Picker/Commonwealth Scholars Program and served as deputy director of the Robert Wood Johnson Foundation Investigator Awards in Health Policy Research Program. While living in the United Kingdom from 1986–1992, she held management positions at BUPA, the largest private health insurer in the United Kingdom. Her previous positions include managing director of the Miller Institute for Performing Artists at St. Luke’s–Roosevelt Hospital Center; executive director of Blue Cross and Blue Shield of Greater New York’s corporate foundation, The Health Services Improvement Fund; special assistant to the vice president of Blue Cross and Blue Shield for the division charged with cost containment, quality, pilot benefits and health services research; and assistant director of Bronx Municipal Hospital Center, a 1,400-bed, public safety-net hospital. She earned a B.S. with honors at Tufts University and an M.B.A. from Columbia University.
Richard Park, MD, Chief Executive Officer at CityMD

Dr. Richard Park is the CEO at CityMD based in New York City. Dr. Park is board certified in emergency medicine and completed his medical studies at Albert Einstein College of Medicine, NY. He completed his training in emergency medicine at Long Island Jewish Medical Center’s Residency program where he served as chief resident. Dr. Park continued his career as the Associate Program Director of the residency program at NS-LIJ's emergency department and was awarded the Teaching Attending of the Year Award by his residents from 2003-2006. In 2007 he was recognized as an expert educator and additionally participated in the "Teach the Teacher" fellowship program. He is the author and co-editor-in-chief of McGraw-Hill's Intensive Review of Emergency Medicine. In addition, he educates residents and attending physicians alike as the co-director of the NS-LIJ's Manhattan Board Review for Emergency Medicine. Dr. Park's expertise in all facets of urgent care delivery and operation, combined with his vision for delivering easily accessible, top quality medical care have made CityMD the best place in New York City for urgent care.

John Sanil Manavalan, M.D. Chief Medical Officer at Star Health Network Inc.

Dr. Manavalan has over 25 years of experience as an MD and a biomedical scientist, including 3 years of clinical medicine and 12 years of Immunology experience at prestigious organizations. Dr. Manavalan served as Assistant Professor of Medicine at Columbia University Medical Center, as an adjunct Professor at New York Institute of Technology and was on the Columbia University’s Institutional Review Board (IRB). He has over 30 publications in peer-reviewed medical journals and has served on the Executive Editorial Board of the Human Immunology Journal, as an Associate Director of a Clinical laboratory, and as a Principal Investigator. He also serves on the advisory board of Harlem Children’s society. Sanil earned his medical degree from University of Maiduguri, Nigeria.

Alexander S. Preker, MD, PhD, Chair of the External Advisory Committee for the WHHSJ of the International Hospital Federation

Mr. Alexander S. Preker is President and CEO of the Health Investment & Financing Corporation and a Founding Member of the New York Chapter of the Keiretsu Forum and LLP with Keiretsu Capital. He is a Commissioner with the Global Commission on Pollution, Health and Development and Chairs the External Advisory Committee for the WHHSJ of the International Hospital Federation. He is a Member of the Board of the USA HealthCare Alliance and several health care companies. Mr. Preker has worked at different times for World Bank, International Finance Corporation (IFC) and World Health Organization (WHO). Previously, as Chief Economist for the health sector, he
coordinated the technical team that prepared the World Bank’s Health, Nutrition and Population Sector Strategy in 1997. Mr. Preker is an Adjunct Professor of Health Policy and Management in the Mailman School at Columbia University in New York and an Adjunct Professor of Public Administration and Health at the Wagner Graduate School of Public Service at New York University. He is a member of the teaching faculty for the Berkeley/Cambridge Health Leadership Forum and the Faculty of Management, McGill University in Montreal. His training includes a Ph.D. in Economics from the London School of Economics and Political Science, a Fellowship in Medicine from University College London, a Diploma in Medical Law and Ethics from King’s College London, and a MD from University of British Columbia/McGill.

Anthony Shih, MD, MPH, Executive Vice President of the New York Academy of Medicine

Dr. Anthony Shih is Executive Vice President of The New York Academy of Medicine, which advances solutions that promote the health and well-being of people in cities world-wide. Immediately prior to joining the Academy, Dr. Shih served as The Commonwealth Fund’s Executive Vice President for Programs, overseeing all program and research activities. Previously, Dr. Shih held several senior management roles, including Chief Quality Officer and Vice President of Strategy at IPRO, where he developed and managed large-scale quality assessment and improvement projects for Medicare and Medicaid populations, as well as led IPRO’s Health Care Transparency Group, a pioneer in public reporting of health care performance information. Dr. Shih is board-certified in Preventive Medicine and Public Health, and has degrees from Amherst College, New York University School of Medicine, and Columbia University Mailman School of Public Health.

Michael Sparer, PhD, JD, Chair, Health Policy & Management, Mailman School of Public Health, Columbia University

Professor Michael S. Sparer studies and writes about the politics of health care, with a particular emphasis on the health insurance and health delivery systems for low-income populations, and the ways in which inter-governmental relations influences policy, both in the U.S. and abroad. His current projects include a review and analysis of lessons learned from thirty years of Medicaid managed care programs, which examines how American Federalism influenced the Patient Protection and Affordable Care Act, and a comparison of inter-governmental health politics in the U.S. and the UK. He is a two-time winner of the Mailman School’s Student Government Association Teacher of the Year Award, as well as the recipient of a 2010 Columbia University Presidential Award for Outstanding Teaching. He received his PhD at Brandeis University and JD at Rutgers University School of Law.
Ofra Weinberger, Director of Licensing a Columbia Technology Ventures (CTV), Columbia University

Dr. Ofra Weinberger is the director at Columbia Technology Ventures. Dr. Weinberger’s research focuses on the molecular mechanisms underlying HIV pathogenesis. Dr. Weinberger has been the Director of Columbia Technology Ventures since 2000. In her capacity as the Health Sciences director, Dr. Weinberger has negotiated and closed multimillion dollar licensing and technology transfer deals, has negotiated multiple substantial research collaboration agreements with industry, foundations, and with other academic institutions. Dr. Weinberger received a PhD in the field of immunology from Harvard University.

Szabolcs Dorotovics, MD, MBA, Vice President, International Business Development at Mount Sinai Health System

Dr. Szabi Dorotovics is currently the VP of International Business Development at Mount Health System, and a former Managing Director at Johns Hopkins Medicine International. Dr. Dorotovics has more than 17 years of experience in strategic positioning, business development and enterprise management in the global health care delivery arena. He gained experience in emergency medicine as a practicing physician and subsequently has held key business development and management positions at Johnson & Johnson Hungary, at The American Clinic in Budapest and at Johns Hopkins Medicine in Baltimore, USA.

Dr. Dorotovics has obtained a thorough understanding of multiple health care systems and built a large personal relationship network with health care executives, corporate leaders and top government officials in Europe, Asia and Latin America. For the last 10 years, he has been a managing director at Johns Hopkins Medicine International, an arm of Johns Hopkins Medicine that provides a focus for all international activities. It has been his role to evaluate and develop educational, research and clinical care linkages with foreign institutions and to oversee multiple institutional affiliations and management contracts.
Arthur Klein, MD, President of The Mount Sinai Health Network

Dr. Klein, a pediatric cardiologist, came to Mount Sinai after serving at North Shore-LIJ Health System as Western Regional Executive Director since 2011 with oversight of all health system facilities in western Queens, Manhattan and Staten Island. He was involved in administrative oversight of Lenox Hill Hospital, the Manhattan Eye Ear and Throat Institute, Staten Island University's North and South sites, and the Center for Comprehensive Care in lower Manhattan. While at North Shore-LIJ, he focused on physician partnerships and opportunities for growth and investment. From 2009-2011, Dr. Klein was Executive Director of North Shore-LIJ's Steven and Alexander Cohen Children's Medical Center (CCMC) of New York, where he was responsible for the quality and growth of pediatric medicine across the entire North Shore-LIJ Health System. He joined North Shore-LIJ in 2009 as Senior Vice President of Children's Services. Prior to his tenure at North Shore-LIJ, Dr. Klein was SVP and Chief Physician Officer at Lifespan Corporation in Providence, RI, where he was also Associate Dean for Strategy and Special Projects at the Warren Alpert Medical School of Brown University. Prior to that, he served as Executive Vice President and Chief Operating Officer at The New York Presbyterian Healthcare System, and as Executive Vice Chairman of the Department of Pediatrics at The New York Hospital-Cornell Medical Center, where he completed his residency and fellowship. Dr. Klein is a fellow of the American Academy of Pediatrics and the American College of Cardiology, and has written extensively on pediatric cardiology. He also serves, or has served, on several committees and Boards, including The Board of The Sackler School of Medicine/Tel Aviv University, The Committee for Hispanic Children and Families, Inc., and as the Chair of the Committee on Health Professions of the American Hospital Association. A native of New York City, he received his medical degree from the State University of New York Downstate Medical Center, and a bachelor's degree from the Massachusetts Institute of Technology.

Brian Nickerson, PhD, MD, Director and Senior Faculty at Icahn School of Medicine at Mount Sinai

Dr. Nickerson is the Director and Senior faculty at Icahn School of Medicine at Mount Sinai, and responsible for launching and managing online graduate programs in health care delivery innovation for industry leaders. He previously worked as the Dean and Provost and Senior Vice President for Academic Affairs at Iona College. Dr. Nickerson also worked as the Executive Director at Wilson Center for Social Entrepreneurship, and Director Michaelian Institute for Public Policy & Management at Pace University. He received his PhD in Political Science at the State University of New York at Albany, JD at Pace University School of Law, MPA at Pace University, and Bachelors of Political Sciences at Iona College.
Montreal 2017: Hospital Executive Study Tour

International Hospital Federation (IHF) Montreal 2017 Hospital Executive Study Tour (June 5 to 8, 2017) will showcase the latest state of the art and innovation in hospital service delivery from Canada. Quebec has been a leader in innovative delivery systems and models for quality care. Since Montreal will be celebrating a year-long birthday party in the upcoming year, the 150th anniversary of Canadian Confederation and the 50th anniversary of the 1967 World’s Fair in Montreal, Expo67, are also to be International Hospital Federation (IHF) Montreal 2017 Hospital Executive Study Tour (June 5 to 8, 2017) will showcase the latest state of the art and innovation in hospital service delivery from Canada. Quebec has been a leader in innovative delivery systems and models for quality care. Montreal will also be celebrating the 50th anniversary of the 1967 World’s Fair in Montreal, Expo67, and the 150th anniversary of Canadian Confederation.

The Montreal Executive Study Tour is part of a series of premium events

HOSPITAL EXECUTIVE STUDY TOUR
June 5-8, 2017 | Montreal, Quebec
EARLY BIRD REGISTRATION DEADLINE: DEC. 3, 2016

PROPOSED KEYNOTE SPEAKER
Henry Mintzberg
John Cleghorn Professor of Management Studies (Strategy and Organization); Faculty Director (International Masters for Health Leadership) Policy and Management Overview

PROGRAM, VISIT & MEETINGS FACILITATOR
Eric de Roozenbeke, PhD
Chief Executive Officer
International Hospital Federation

PROPOSED SPEAKERS
Martine Alfonso