



THE WHARTON HEALTHCARE QUARTERLY

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EDITOR'S LETTER

The October issue of the *Wharton Healthcare Quarterly (WHQ)* offers a variety of articles which provide insights into ways to disrupt and innovate across a diverse spectrum of healthcare sectors and settings.

This edition serves as a wonderful complement to this year's WHCMAA Healthcare Conference, "Healthcare Transformation: The Dance of Disruptors, Incumbents, and Rule-Makers" scheduled for October 31 in Philadelphia. To learn more or to register, [\[click here\]](#). Hope to you see you there!

As always, we value your feedback in learning how we're doing and identifying ways to continually enhance the *WHQ* experience. **Please take 5 minutes to complete a brief survey** as we complete three years of publication - where did the time go? **One survey respondent will be selected to receive a free 1-year new WHCMAA membership or membership renewal.**

Thanks in advance for your participation!

Z. Colette Edwards, WG'84, MD'85
Managing Editor



Z. Colette Edwards, WG'84, MD'85
Managing Editor
To learn more about Colette,
[click here.](#)

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THE PRESIDENT'S DESK

We are gearing up for a great fall event schedule - the annual healthcare alumni conference taking place on Friday, October 31, 2014 at Huntsman Hall (Note: Not on a Saturday this time). Co-chairs John Harris, WG'88 and Bryan Bushick, WG'89 have put together a great program entitled: "[Healthcare Transformation: The Dance of Disruptors, Incumbents and Rule-Makers](#)." They have a committed core of volunteer alumni including: Phil Heifetz, WG'96; David Kibbe, WG'81; Bob McDonald, WG'92; Mitch Goldman, WG'75; Fran Kelleher, WG'84; and Maureen Spivack, WG'86. This team is driving the content and logistics of the conference, which promises to be the best yet. As in the past, the majority of the presenters will come from our alumni base. Check our website for the agenda and speakers: <http://www.whartonhealthcare.org/>.

It really is a wonderful opportunity for alumni to network, catch up with old acquaintances, learn, and share ideas. I, for one, always leave this event with new ideas for my business and with new relationships. It is well worth coming. As with other conferences, we will have an alumni dinner the evening prior, as well as a career panel for students the day prior (October 30, 2014). The career panel will be bringing in alumni to talk about: VC/PE, medical devices/biotech, and digital health. Please sign up on our website for each of these events. By the way, the career panel is free to all and includes a reception afterwards with the students – it is a great way to start the alumni conference weekend.

This alumni weekend will be particularly special, as we will be feting June Kinney on the completion of our Alumni Scholarship campaign in her honor. We plan on having a dinner for her on Friday evening, October 31, 2014, for those alumni who gave at the Leadership level (\$5,000 and above). We exceeded our goal (\$500,000 in commitments) by a wide margin, with over \$600,000 in commitments to date and over \$415,000 of this amount collected so far. Keep the donations coming (<https://giving.apps.upenn.edu/giving/jsp/fast.do>); type in June Kinney in the "select" box in the upper right hand corner of the webpage and then donate). We plan on giving our first scholarship to a first-year MBA in the health-care program in August 2015.

Other upcoming events in the planning stages include: 1) a live event at Bristol Myers Squibb hosted by Joe Leveque, MD, WG'92, who will be discussing some of the very novel treatments for cancer. Joe will be assembling a panel of some of the world's experts in this field; 2) a live event at Wharton on digital health hosted by Jeff Smith, WG'99. Jeff is assembling experts from Independence Blue Cross Blue Shield to discuss what they are doing around the field of population health management; and 3) a fall event in Washington, DC (coordinated with the Leonard Davis Institute) to discuss health care policy at the federal level with experts/those in the know from Capitol Hill presenting. Stay tuned and check our website for these activities.

Other items of note:

- The faculty have been extremely helpful in our lifelong learning activities. Every one of the faculty who have been approached have agreed to participate in webinars or live events. A special thank you goes out to all of them. We plan to continue devoting significant time to developing these very important relationships with some of the top minds in the healthcare field.
- Engagement from prior board members and board leadership has been most appreciated. In particular, Tracy Johnson, WG'86, Elayne Howard, WG'75, Amanda Hopkins-Tirrell, WG'86, and



Column Editor: Jeff Voigt WG'85
To learn more about Jeff, [click here](#).

THE PRESIDENT'S DESK

continued

Jody Schuhart, WG'84 have been a pleasure to work with on the scholarship campaign in honor of June Kinney. A special thanks to all of them – it has been extremely satisfying to work with all of you on such a worthwhile cause.

Lastly, get yourself involved in the WHCMAA! It is worth every penny and more; as they say in the MasterCard ad – it is priceless. You get to meet, talk, do business with, and enjoy some very talented people who are doing good things in the healthcare field.

Sincerely,
Jeff Voigt, WG'85
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OPEN WIDE: SO SIMPLE, SO DIFFICULT.

Part I. The Simple Part

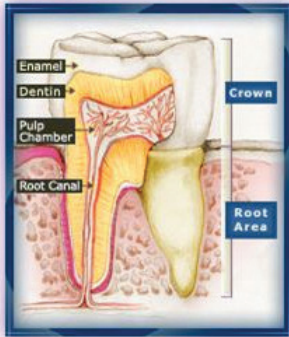
What I mean in the title by “So Simple” is the biological process of tooth decay. Research has provided a good understanding of it, essentially the acid-forming bacteria (notably *Streptococcus mutans*) in the oral flora transform fermentable carbohydrates in the diet (notably sugars and starches) into acid which attacks the outer enamel layer of the tooth first, and then can progress if left untreated to the inner tooth structures. In the “picture is worth a thousand words” mold, and with the kind permission of Aetna, Inc. and their Simplestepsdental.com website, the process is illustrated here:



Column Editor: Harris Contos,
DMD, WG'80, Asclepius Consulting
To learn more about Harris,
[click here.](#)

Illustrations: How a Tooth Decays

1. Healthy Tooth



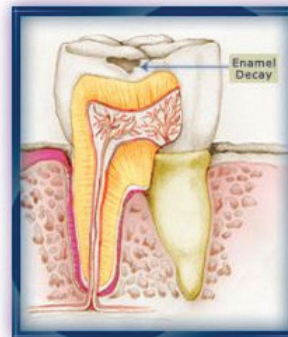
Enamel is the hard outer crystal-like layer. Dentin is the softer layer beneath the enamel. The pulp chamber contains nerves and blood vessels. It is considered the living part of the tooth.

2. White Spots



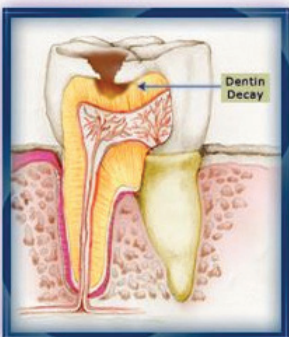
Bacteria that are exposed to sugars or carbohydrates can make acid. The acid attacks the crystal-like substance in the tooth's outer surface. This process is known as demineralization. The first sign of this is a chalky white spot. At this stage, the decay process can be reversed. Using fluorides at home and in the dental office can help the tooth repair itself.

3. Enamel Decay



Demineralization continues. Enamel starts to break down. Once the enamel surface is broken, the tooth can no longer repair itself. The cavity has to be cleaned and restored by a dentist.

4. Dentin Decay



The decay reaches into the dentin, where it can spread and undermine the enamel.

5. Pulp Involvement



If decay is left untreated, it will reach the tooth's pulp. This is where the tooth's nerves and blood vessels are found. The pulp becomes infected. An abscess (swelling) or a fistula (opening to the surface of the gum) can form in the soft tissues.

OPEN WIDE: SO SIMPLE, SO DIFFICULT.

continued

Quite straightforward, in the biological sense, and as the first caption above states, if caught early, in the enamel phase, the process is reversible. What are the tools we have to prevent, or reverse, early stage tooth decay? Again, rather simple and straightforward:

- Foremost is community water fluoridation (CWF) or, where that is not feasible or has yet to be introduced by the municipality, fluoride supplements in tablet or drop form. The mechanism of action of fluoridation continues to be examined, or perhaps that should better be termed “mechanisms” in the plural:
 - strengthening the hydroxyapatite crystal in the enamel of the developing tooth, hence of particular benefit to children
 - maintaining a sufficient level of fluoride in the saliva to promote micro-remineralization of the tooth surfaces (also of benefit to adults)
 - having a bacteriostatic effect on acid-producing bacteria (also of benefit to adults)
 - There is also fluoride varnish (application of high concentration of fluoride to the tooth surfaces) twice a year, of particular use when the risks for caries (more formal term for tooth decay) is high, such as where CWF is not present, supplements are not used, or dental hygiene is poor.
 - placement of sealants on the chewing surfaces of the permanent molar and premolar teeth to deny the bacteria hard-to-reach areas in which to accumulate
 - and... proper diet and good hygiene habits (brushing twice a day with a fluoridated toothpaste, and regular flossing) are not to be neglected.

When none of these is in place, and the decay process goes unchecked, the attack on the teeth can be extensive and rampant, and while this is also seen in adults, it's particularly wrenching in the condition known as Early Childhood Caries (ECC) affecting children under the age of 6. The clinical picture below is very disturbing, and there are worse:

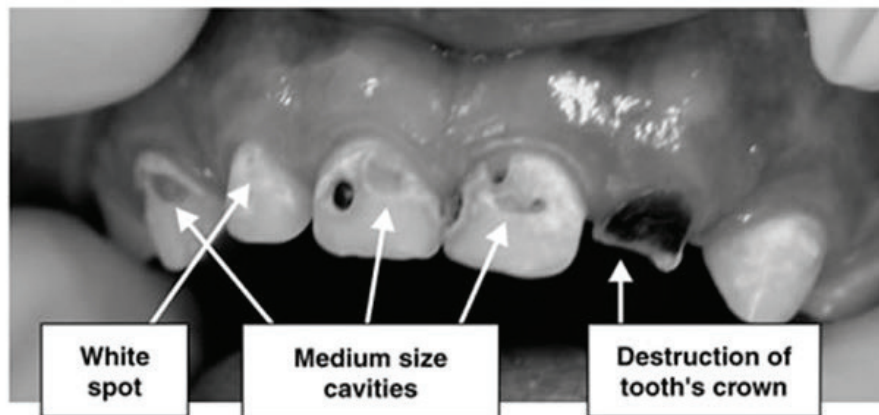


Figure 1 - Clinical appearance of oral cavity in a 4-year-old child with severe early childhood caries. Observe the different phases of development

From J Pediatr (Rio J). 2009;85(4):295-300: Dental caries, children, severe early dental caries.

OPEN WIDE: SO SIMPLE, SO DIFFICULT.

continued

Along with the shocking pictures are some sobering facts and cogent numbers:

- Symptomatic dental caries in children is associated with pain, loss of teeth, impaired growth, and decreased weight gain and can affect appearance, self-esteem, speech, and school performance. Dental-related concerns lead to the loss of more than 54 million school hours each year (*Oral Health in America: A Report of the Surgeon General*).
- According to the NHANES (National Health and Nutrition Examination Survey), the prevalence of dental caries has risen from 24% to 28% between 1988–1994 and 1999–2004.
- The extensive restorative treatment of ECC often requires in-hospital general anesthesia and may account for 25% of all Medicaid dollars spent on childhood dental services.

While the discussion here has focused on childhood dental decay, and more particularly on the more extreme condition of ECC, it should be borne in mind that adults too – of low socioeconomic status, of certain racial and ethnic minorities, with poor oral hygiene habits, in other words, all the associated risk factors – can also exhibit “bombed out mouths,” and may be at even greater risk than children, as pressure on state budgets often translates into reductions in adult dental Medicaid to just the most basic of emergency coverage, and sometime total elimination of coverage.

Part II. The Difficult Part

What I mean in the title by “So Difficult” is the conundrum that the existence of dental disease in the population presents (here I mean tooth decay, and although I could include periodontal, i.e., gum disease as the other major dental disease of bacterial origin with a similar trajectory, I’ll leave that discussion for perhaps another time) and even its increase among certain segments of the population, despite the rather simple and well understood underlying biological process going on. In part, the answer to the conundrum is that the disease process is multifactorial, the behavioral components of diet, hygiene habits, and cultural attitudes bear upon the disease process, as do, more broadly, economics (e.g., Medicaid coverage), politics (deciding to fluoridate the water supply, or worse, reversing it), government (adequacy of the public health infrastructure), and delivery of care models (private practice setting, clinic, “alternative sites”) all bear upon the overall process and access to care. Without being argumentative or stretching the analogy too far, the question could be asked “If smallpox has been eradicated, polio almost so, and several other infectious diseases controlled, why does dental decay persist?”

My answer to that question is a familiar one, perhaps too familiar to readers of this column – the organization, financing, delivery, management, workforce, and especially the policy apparatus of the dental “industry” in this country is not geared to address a preventable disease as being preventable for other than a relatively privileged socioeconomic portion of society, and, even at that, only on a largely individual vs. a population basis. My *cri de coeur* may well be validated by the Institute of Medicine report *Graduate Medical Education That Meets the Nation’s Health Needs*, which coincidentally was released as this was being written and “promises to stir controversy,” as the familiar phrase goes. A line from the press release says a lot:

“Current financing -- provided largely through Medicare -- requires little accountability, allocates funds independent of workforce needs or educational outcomes, and offers insufficient opportunities to train physicians in the healthcare settings used by most Americans.”

As with medicine then so too with dentistry, or so it should be. Accountability, allocation, workforce, outcomes, healthcare settings, all words that pertain to dental care as well, but I maintain should be underscored given the fundamentally preventable nature of the disease.

OPEN WIDE: SO SIMPLE, SO DIFFICULT.

continued

I have become interested in The Great War (to the point of nearly becoming a “Great War Bore” as the lingo goes), especially the events and personalities leading up to it. The segue I don’t think is all that strained, as “war” metaphors exist throughout American culture, including “the war on cancer,” “the war on drugs,” “the war on crime,” and the war on this and that. There is a line in Margaret MacMillan’s *The War That Ended Peace* concerning one of these personalities in particular that caught my attention. Of Helmuth von Moltke (the Elder, chief of the Prussian general staff in 1870, uncle of Germany’s chief of staff in 1914) she wrote, “More importantly for the evolution of Germany and its army, he was in certain crucial ways a very modern man who understood that large organizations need such things as systems, information, training and a shared vision and ethos if they are to succeed.” The same is required if we are to deal intelligently with disease, the more so when it can be attacked because it’s so preventable.

Contact Harris at: hcontos@alumni.upenn.edu

THE PHILOSOPHER'S CORNER

Life Lessons:

If I knew then what I know now, I would have:
spent more time understanding technology.

If I knew then what I know now, I would not have:
left a great boss so readily.

Favorite Quotes:

1. "When your values are clear to you, making decisions becomes easier." - Roy Disney
2. "If you want to touch the past, touch a rock. If you want to touch the present, touch a flower. If you want to touch the future, touch a life." - Unknown
3. "Change is the law of life. And those who look only to the past or present are certain to miss the future." - John F. Kennedy

Recommended Reading:

- *Lean In* by Sheryl Sandberg
- *Unthink. Rediscover Your Creative Genius* by Erik Wahl
- *Flash Boys* by Michael Lewis



Maureen A. Spivack, WG'86
To contact Maureen, [click here.](#)

Column Editor:
Z. Colette Edwards, WG'84, MD'85
To learn more about Colette,
[click here.](#)

ALUMNI NEWS

Josh Stein, WG'12

Josh Stein, CEO of AdhereTech, spoke at the TEDMED2014 conference. Josh's TEDMED talk discussed the emergence of connected medical devices - and how AdhereTech's smart pill bottle is uniquely designed to be the ideal tool for patients.

The full video will be posted on TEDMED.com in late 2014.

Contact Josh at: j.stein@adheretech.com

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Roman Macaya, WG'98

Roman was recently named Costa Rica's Ambassador to the US.



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David Walton, WG'97

David joined AgaMatrix, a leader in accurate, low-cost blood glucose monitoring systems and mobile health solutions for people with diabetes as Chief Commercial Officer in July.

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Steven J. Davidson, WG'89

Steven Davidson, MD recently left a 4-year role as Chief Medical Informatics officer at a Brooklyn Hospital after a 35-year career in emergency medicine, whereupon he started his own consultancy, EMedConcepts, LLC. He describes the early days of emergency medicine and his new career in the featured "[Member Profile](#)" in the *AAMI News* of the Association for the Advancement of Medical Instrumentation. Last year he was featured in the [Intel Community Healthcare Blog](#) where he discussed using mobile technology to build trust and create a better patient experience.

[EMedConcepts, LLC](#) provides thought leadership and strategic consulting to entrepreneurs, marketers, and implementers of health information technologies and novel health devices. We bring robust experience in the optimization of workflows for clinician end-users (nurses and doctors), while

ALUMNI NEWS

demonstrating maximum effectiveness at minimal cost to healthcare delivery executives and decision-makers. Our experience helps our customers focus their product development, market messaging, and sales channel focus where the greatest yield can be found.

Contact Steven at: steve@emedconcepts.com

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Jay Caplan, WG'88

Fractyl Laboratories, a company I co-founded in 2010, recently presented positive clinical results from our first clinical trial. We're developing a new procedural therapy for millions of patients with type 2 diabetes. We now know that a lifetime of eating a Western diet causes intestinal changes in type 2 diabetics, and we're designing a simple endoscopic procedure to address these changes and dramatically improve glycemic control. The company's mission is to set people free from the daily burdens of type 2 diabetes management, empower physicians with a safe and reliable therapeutic treatment option, and lower the tremendous human and financial costs of diabetic complications for patients, hospitals, and payers.

More information is available at <http://www.fractyl.com> or www.twitter.com/FractylLabs.

Contact Jay at: info@fractyl.com

Website: <http://techcrunch.com/2014/09/04/fractyl-labs-raises-40m-series-c-to-develop-diabetes-treatments/>

Jeff Voigt, WG'85

Recently published: Voigt J, Mosier M, Huber B. Diagnostic Needle Arthroscopy and the Economics of Improved Diagnostic Accuracy: A Cost Analysis. *Applied Health Economics and Health Policy*. 2014; doi: 10.1007/s40258-014-0109-6

Contact Jeff at: meddevconsultant@aol.com

Michael Brodie, BSc'78, WG'84

I have been running my own business for the past two years matching up persons seeking independent or assisted living facilities with the right communities, and as an expert witness in long-term care. Working on my own has been surprisingly successful and has given me time for my many volunteer initiatives. I am the former Board Chair of the Broward Jewish Family Service, have just joined the Board of Monarch Care, another non-profit guardianship organization, serve on the Walk to End Alzheimer's Committee, and other peer organizations. I run a men's group for Alzheimer's caregivers and monthly current events groups at several senior centers.

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My wife, Abby, Dental'83, continues her career at Nova Southeastern, where she is the interim Academic Dean. We still live in the same house in S. Florida we have been in for 20 years, along with 2 small dogs.

Daughter Rebecca (born while I was still attending Wharton) is a high school teacher and, with some help from her husband, Mark Berman, presented us with a beautiful girl, Ellie Rose, born on June 27, in Arlington, VA. She is just like the Chorus Line lyrics: "One smile and suddenly you know no one else will do!!"

My son, Alon, completed his service in the Israeli Army two years ago, has been teaching high school math, calculus, statistics, et. al. at a local private school and is applying to various MBA schools for next year.

I find weekend time for golf and creative writing. I was the lyricist for the 50th Anniversary of Coral Springs (towns tend to be newer here in South Florida). All in all – a good balance of doing good deeds and doing well, with only time as the common enemy in the effort to do more.

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CFAR, WG'87

CFAR, Inc. — originally a research center inside Wharton and now a private management consulting firm — has published a new book called *The Moment You Can't Ignore*, being released October 7 by Public Affairs Books. Written by CFAR Principals Malachi O'Connor and Barry Dornfeld, the book focuses on those "moments that cannot be ignored" — events, actions, or comments that stop people in their tracks and make it blindingly clear that an organization is stuck and unable to move forward. These have become regular occurrences in today's corporations, non-profits, and educational institutions as new forms of work, communication, and technology expose the ways in which an organization's culture — or "the way we do things around here" — conflicts with new competitive demands. The result: telling incidents — all too visible elephants in the room — that reveal underlying conflicts as well as hidden assets that can help turn big trouble into a great future. By telling "you are there" stories of people and organizations as they encounter and then navigate through and beyond these un-ignorable moments, the authors show what we can learn from them. They outline the big questions organizations need to ask themselves about identity, leadership, and the capacity to innovate, the answers to which point the way to renewing an organization's culture and accelerating needed change.

CFAR was originally a small research center inside the Wharton School, focused on strategy and market analysis. By mutual agreement, it spun out as a private practice called the Wharton Center for Applied Research in 1987. The firm's name was later abbreviated to CFAR, Inc. Since then, a number of CFAR Principals have been adjunct faculty members inside Wharton's Executive Education program.

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Barry Dornfeld at: bdornfeld@cfar.com

Website: www.unignorablemoment.com

Website: <http://www.cfar.com>

ALUMNI NEWS

Marilyn Teplitz Miller, WG'80

Marilyn has been appointed as a Member of the Board of Directors for [Meritus Health Partners](#), an Arizona member-governed, non-profit health insurance model operating as a CO-OP (Consumer Operated and Oriented Plan). She has also contributed a chapter on using mobile texting to change social behavior in HIMSS new 2014 mHealth book: [mHealth Innovation: Best Practices from the Mobile Frontier](#).

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LinkedIn: <http://www.linkedin.com/in/marilynteplitz/>

Website: <http://www.mgtassociates.com>

David M. Roshkind, DMD'75, WG'76

Dr. David Roshkind has left Gainesville, Florida after 8 years of ownership of a multi-doctor dental practice where he was active in all clinical and administrative aspects of the practice.

Dr. Roshkind is a pioneer and has lectured and written nationally and internationally on the use of lasers in dentistry. He is a certified laser educator and past president of the Academy of Laser Dentistry.

He and his bride of two years, Kathryn, have relocated back to West Palm Beach, Florida where he was previously an owner, administrator, and clinician in a multi-specialty practice for 30 years.

Dr. Roshkind plans to continue clinical practice on a limited basis, as well as be an active consultant in the dental management arena.

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LEADING LEADERS ON THE WAY TO BECOMING A “SUPERCONDUCTING” HEALTHCARE ORGANIZATION - PART 2

This is the second in a series of four articles about working toward being a “superconducting organization,” where results come faster and they last. (See Part 1 [here](#).) In this article, we detail one of the levers that can help build this kind of organization, Leading Leaders.

Aligning Talent When Every Leader Is a Volunteer

Successful companies in every sector recognize that their workforce is a precious resource. Perhaps nowhere is this more powerful than in healthcare, which draws people passionate about solving complex problems to care for their patients. The business of healthcare involves people with varied talents, significant expertise, education, and training. This creates a strong basis for collaboration — achieving value that is greater than the sum of the parts — because team members’ roles are often highly distinct, thereby creating the opportunity for people to bring different perspectives to the table.



In today’s complex organizations, leaders have found that a command-and-control style, one that dictates the contribution of each team member, comes up short on results. Instead, viewing talent as “volunteers” enables leaders to think more creatively about getting the most out of their people and improving performance. Volunteers engage with an organization because they want to be there and they feel they have something to give to better the whole. Because healthcare organizations enjoy a variety of expertise, drawing out people’s contributions, such as their expertise or passion for patient care, makes the outcome measurably better. Each person can, in their own way, be a leader. In fact, we call this practice of leveraging passions and helping and expecting people to contribute their all “leading leaders.” It can not only improve workforce engagement, but also increase impact and speed time to results. The following two examples illustrate two cases in which “leading leaders” achieved the results that mandating change could not have done.

Leading Leaders to Form a Network from Scratch

In settings where organizational structure and contracting are deliberately loose, tapping people’s passions is often the best way to accelerate change. For instance, we worked with an emerging clinical integration network, whose leaders decided early on not to use risk contracts as their primary method of alignment. Given the size and shape of the market, it just didn’t make sense. At the same time, hospital leaders knew they absolutely needed to partner with the physicians in their community if they wanted to improve the quality and safety of care they provided — and to do so in a more cost-effective way. We helped the network focus on engaging physicians to shape how the network’s performance would be measured. In doing so, we were able to tap into the goodwill and passion of the medical staff, which led to meaningful work designed to improve care delivery and the health of the communities they collectively served. Being invited to participate and to share their talent and expertise sent a strong message about the value of physician relationships. The physician who chairs the network sees keeping the medical staff engaged and building on their progress as a major responsibility. The network has embraced an approach to aligning a volunteer army of physicians as they seek to improve the health of the community.

Contributors:
Jennifer Tomasik,
Carey Huntington Gallagher

To learn more about
Jennifer and Carey,
[click here.](#)

LEADING LEADERS ON THE WAY TO BECOMING A “SUPERCONDUCTING” HEALTHCARE ORGANIZATION - PART 2 *continued*

Leading Leaders Across Organizations

Leading leaders can also increase impact when you have a wide network but limited resources. For example, we have been working with a nursing education initiative funded by a major healthcare foundation. The program is looking to leverage a small amount of funding to catalyze game-changing pilot programs that alter the course of nursing education to meet the needs of population health in one state. The pilots will be ambitious and have ripple effects, yet each one alone would be too small to turn the tide for all of nursing education in the state. The broader goal is to close the perceived gap between the current content and delivery of nursing education and what will be required to train nurses to be successful in the not too distant future. The path to change includes many stakeholders. While there is a lot of will to make change happen, numerous barriers exist. It will take collaboration across nursing schools and clinical settings, along with leadership dedicated to shaping the future of nursing practice.

The initiative’s leadership knew they would have to do more than provide funding and guidance to spur real change. They saw that academic and clinical leaders in the state had a lot of energy and new ideas but rarely had the chance to think together. And they theorized that tapping into those energies could eventually launch partnerships to foster a critical mass of change projects that could go beyond their initiative.

We helped them with an experiment — a nurse leader summit with invitees from academia and clinical settings to develop ideas for transformational change in nursing education. Teams across both backgrounds designed potential programs that would prepare new nurses for the variety of sites and team members, and patient, quality, and administrative concerns they may encounter in a modern clinical practice setting. We later asked them to discuss what was already in process in their organizations and others — how change was happening around them, and how to amplify it.

Participants shared written reflections at the end of the day, with one overwhelming message — they wanted more opportunities to collaborate across the academic/clinical “boundary.” People saw the potential for kickstarting change in nursing education based on the fresh thinking and commitment they experienced in the room. The results point to what people can achieve when their experience and ideas are valued and when each individual in the room is expected to lead — accountable for contributing to the conversation and for building on the contributions of others.

In the next issue, we will explore how working with resistance can strengthen change initiatives to move your organization toward “superconducting.”

For more information on this topic or related materials, contact CFAR at info@cfar.com or 215.320.3200 or visit our website at <http://www.cfar.com>.

SURVIVING CHANGE BY CREATING A POSITIVE CULTURE – PART 2

In [Part 1](#) of this series, we learned about the negative forces which can exist in the work environment which lead down a path of stress, disengagement, bullying, and feelings of helplessness. This collective hit to the well-being of the work ecosystem and to those who inhabit it, results in multibillion dollar losses which are attributable to lower productivity, reduced customer and employee retention, increased absenteeism and presenteeism, and a reduction in innovative and strategic thinking.



In Part 2, we learn the antidote to this gloomy picture - make the distress normal. Accept that feeling flight-or-flight reactions is a part of learning to adapt. Tell people “we’re all in this together, and with some honest conversation we can all learn how to support one another in finding solutions that will help move the organization closer to its goals.”

Over the past 10 years I’ve been involved in conducting studies at some of the world’s leading hospitals to determine an effective methodology for teaching healthcare professionals how to flourish using positive psychology principles. Six steps have been identified as the “active ingredients” that enable people in healthcare organizations to flourish as individuals and be a part of creating a high-performing workplace.

By systematically applying these six steps, known by the acronym PROPEL, units in a major academic medical center have been able to significantly enhance their performance. Leaders and staff developed the ability to work together to reignite **P**assion, improve **R**elationships, increase **O**ptimism, convert negative reactivity into positive **P**roactivity, replenish **E**nergy, and leave a **L**egacy by making a difference in other people’s lives.

Engaging employees in the process of learning how to create a more positive and productive life has proven to be an effective strategy in my research on how to improve workplace performance. The PROPEL process represents a departure from the traditional approach of holding managers primarily responsible for the fact that 70 percent of their employees may be disengaged or actively disengaged.

The nurse managers I have encountered have, for the most part, been good people who are often overloaded. Their plates are full just trying to keep their unit operating: scheduling staff, attending leadership meetings, participating on committees, writing performance reviews, crafting a budget, preparing for surveys, fitting in patient rounding, and on and on. Even when they are directed to develop action plans to improve engagement, the magnitude of change is often minimal.

PROPEL uses a different methodology, which has produced some big improvements. The PROPEL studies show it is far more effective to engage employees as well as leaders in the change process. But not just any employee, at least not in the beginning. The best way to change the culture — and performance — on a unit is to create a “tipping point.”

Consider the impact on the climate of a unit with a few BMWs (Blamers, Moaners, and Whiners). When a BMW starts spewing forth his negativity by pointing out what is wrong, who is to blame, and why it will never change, everyone on the unit can quickly

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SURVIVING CHANGE BY CREATING A POSITIVE CULTURE – PART 2 *continued*

become deflated and discouraged. Even when the manager or others attempt to curtail the negative comments, the atmosphere on the unit has already been poisoned for that shift. I've even had staff members tell me that when they look at who is working with them they can tell exactly what kind of shift it is going to be. They're in a negative mindset before anyone has even said a word.

If a few "actively disengaged" employees can have that kind of impact, then doesn't it seem possible that a group of very positive people could affect the opposite outcome? That is the purpose of creating a PROPEL team for every unit. These teams are formed by asking staff as well as managers to identify the people who have the most positive and prolific social networks on their unit.

PROPEL teams build by gathering and sharing ideas for improvements and broaden by including more and more people in the implementation of those ideas. Initially there are six to eight people on the PROPEL team, and they begin by aligning their goals with those of their nurse manager. Once that alliance is well established, they begin enlisting the aid of that top 30 percent of colleagues who are also engaged.

Once formed, the PROPEL team selects a goal and uses positive psychology strategies to achieve a positive outcome. Usually, the first goal is modest; the PROPEL team is building confidence in its ability to get the nurse manager and the top 30 percent of their engaged co-workers to join with them in an effort to make something good happen every day. For example, they may decide to include the question, "What can we do to make this a good day?" when they huddle at the start of their shift.

The goal of the PROPEL team is to get the people in the middle fifty percent to see how good it is to be engaged in accomplishing a positive outcome on every shift. As the middle group begins to experience the benefits of a positive working environment, a tipping point is achieved. This shift in numbers allows staff to generate more than 5 positive events for every negative encounter, making high performance possible. There is a wellspring of innovative ideas, abundant energy for implementing them, and ample amounts of resilience for overcoming setbacks.

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EMPLOYEE WELL BEING AND COMPANY PERFORMANCE: ARE YOUR EMPLOYEES AT THE CENTER OF YOUR BUSINESS?

Companies are increasingly realizing that a smart, well-trained workforce is not enough to give their businesses a lasting competitive advantage. Employee engagement is a key enabler that can unleash the full potential of a workforce to achieve higher levels of performance. A lack of employee engagement may result in a highly competent staff who consistently underperform or in high levels of unwanted turnover. Both of these factors can negatively impact business performance. How then can companies ensure optimal business outcomes by focusing on employee engagement?



In short, organizations can improve employee engagement by ensuring the well-being of their employees. Two essential ingredients of well-being that must be addressed are employee health and employee fulfillment. Viewing employees through the lens of medical health, as well as career and emotional fulfillment, provides insight regarding the potential longevity and performance of employees.

To honestly assess the current state of engagement, companies can begin by asking this very important question: *Are our employees at the center of our business?* Answering this question through the lens of health and fulfillment provides insight into two of the most challenging issues faced by companies as they attempt to get more from their employees. As a result, organizations are able to identify the specific areas of current success, as well as opportunities for continuous improvement. Once assessed, we recommend implementing change through the application of a three-pronged approach. This approach helps corporations:

1. identify what motivates their employees;
2. apply behavioral change techniques to all their programs; and
3. create an employee-centric environment by incorporating five principles to deliver corporate messages

Poor workforce health drives healthcare expenditures, both in direct health care payments and in indirect costs resulting from absenteeism and presenteeism. According to a publication in the *Harvard Business Review*, the ROI on comprehensive, well-run employee wellness programs can be as high as 6:1 (Leonard L. Berry, 2010). Companies in a variety of industries have created wellness programs yielding significant returns, such as lower healthcare costs, greater productivity, and higher morale. Johnson & Johnson is an example of a company that understands this dynamic. This employee-centric approach is exemplified by the J&J Credo which lists employees' well-being as the second highest priority for the company after serving patients and other customers. Johnson & Johnson has created a competitive advantage by putting its employees at the center of their business. By building a culture that supports healthy lifestyles, corporations can increase workforce engagement which can ultimately lead to decreased health care expenditures.

Employees who engage in regular work activities that are not aligned with their personal fulfillment drivers produce lower levels of performance. Other employees who experience this misalignment may disengage from work emotionally, or voluntarily leave the company.

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EMPLOYEE WELL BEING AND COMPANY PERFORMANCE: ARE YOUR EMPLOYEES AT THE CENTER OF YOUR BUSINESS?

continued

This misalignment may also result in high-performing employees voluntarily exiting the company, not for more money or responsibilities, but for other opportunities filled with greater emotional and career fulfillment. Research conducted by D. Keith Piques in the [2010 Fulfillment Study](#) suggests that only 2% of employees find true fulfillment in their work. The study indicates that a large percentage of employees are on a continual search for fulfillment. This insight represents a significant opportunity for companies to address employee engagement and retention issues by placing the well-being of employees at the center of their businesses.

It is important to analyze the root cause of low engagement and identify any gaps between personal fulfillment and the ability to thrive in the workplace. Understanding the two essential well-being ingredients of employee health and employee fulfillment is the first step. It is important to then put your employees at the center of your organization by applying the three-pronged approach to all corporate communication.

In part 2 of this two-part series we will explore the pivotal role employees' nutritional and medical health, as well as personal fulfillment drivers, play in workplace engagement. We will provide effective ways to understand employees' internal perceptions of health and fulfillment, along with recommendations for effective communication strategies to improve employee engagement, fulfillment, and growth.

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CONSUMER TECHNOLOGY INNOVATIONS IN THE PHARMACY DISTRIBUTION AND REIMBURSEMENT SYSTEM

The pharmacy distribution and reimbursement system is a complicated ecosystem of multiple stakeholders, flows of payments, and products. Surely something this complex could not be disrupted, right?

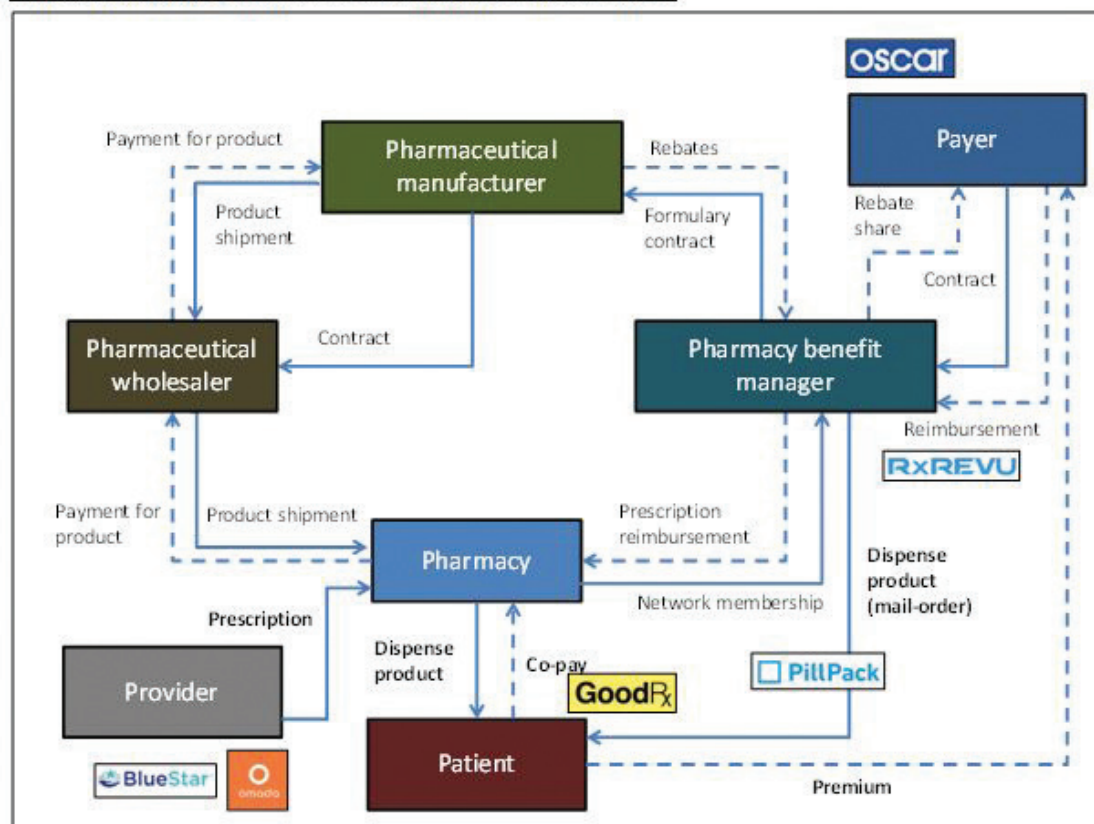
Before we make any conclusions, let's review the key players - payers, pharmaceutical manufacturers, pharmacy benefit managers (PBMs), providers, wholesalers, pharmacies, employers, and patients.



Pharmaceutical manufacturers produce the pills, wholesalers serve as distributors for these pills - buying in bulk from manufacturers - pharmacies purchase the pills from wholesalers, and patients provide co-payments in exchange for pills. Patients also pay premiums, subsidized by employers, to payers, and payers reimburse PBMs for prescription expenses. There are several other exchanges of rebate shares and contracts, but let's hold off on those details for now.

Upon closer examination, there are several opportunities for technology to make a constructive impact.

Figure 1: Pharmacy Distribution and Reimbursement System



Source: Adapted from "2013-14 Economic Report on Retail, Mail, and Specialty Pharmacies," Drug Channels Institute

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CONSUMER TECHNOLOGY INNOVATIONS IN THE PHARMACY DISTRIBUTION AND REIMBURSEMENT SYSTEM *continued*

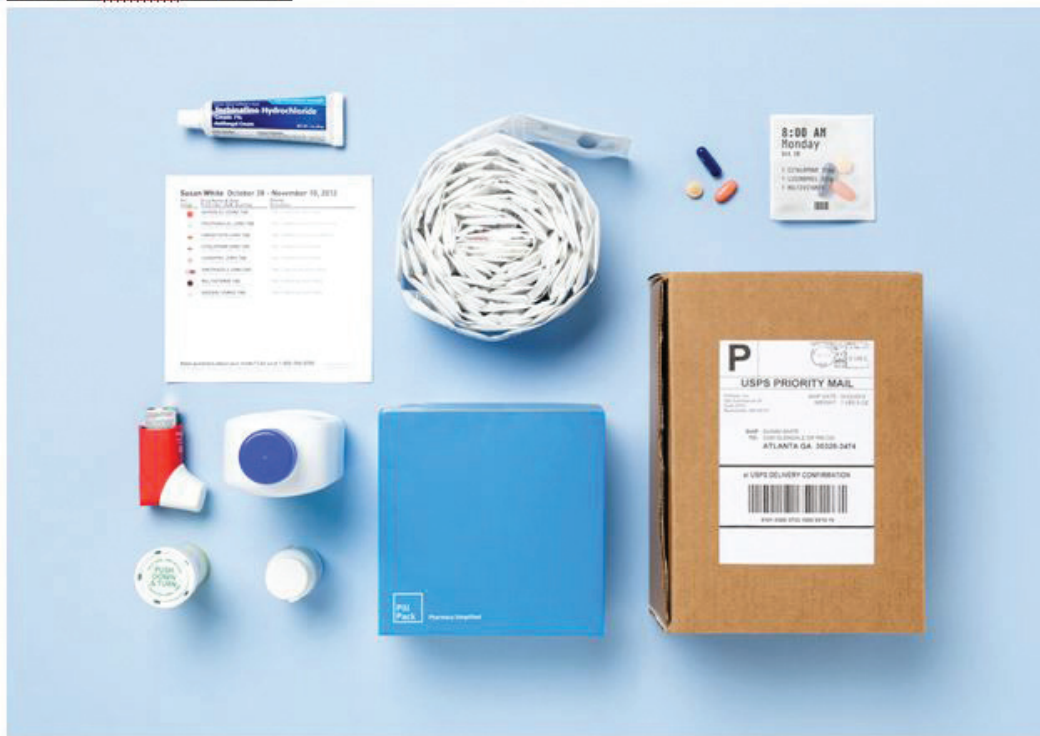
PBMs, Mail Order and Retail Pharmacies

The PBM market is highly concentrated - over half of the market share of PBM Rx-covered lives can be attributed to just two companies - Express Scripts and CVS Caremark - and the top six firms own nearly 90% of the market. However, PBMs largely remain obscure to consumers other than their mail pharmacy services of 3-month maintenance medications. Mail order pharmacies represent almost 30% of the \$287B pharmacy revenues in the U.S., and pharmacy chain drugstores like CVS and Walgreens own the largest share of pharmacy revenues, at roughly 40% (IMS Health, 2013-2014 HDMA Factbook).

There are a few problems: consumers have no real direct line into PBMs other than mail pharmacies, health plans largely view the market leader as a necessary evil, and pharmacy chains offer little personalized interaction beyond refill reminders. Independent drugstores offer somewhat of a respite from the impersonal nature of chain stores and mail order pharmacies. However, they do not scale as well as their competitors and remain niche players for now.

[PillPack](#) is trying to change the game by combining smart mail pharmacy operations, with a focus on stellar customer service wrapped up in a slick tech interface, all while looking to help promote adherence in populations where polypharmacy is a growing burden. Think of them as combining the operational efficiency of a PBM with the personality of your local independent drugstore. The entire design of the company is patient-centered, with a focus on getting patients medications on time in patient-friendly packaging, and, unsurprisingly, [IDEO blood runs strong in PillPack's beginnings](#). PillPack solves the problem of polypharmacy by providing medications in clearly printed, individually labeled packages grouped by the date and time when the medication should be taken, and the company ships medications on a bi-weekly basis to consumers at no added charge. Consumers can have access to a pharmacist at any time by phone, and PillPack pharmacists proactively reach out to consumers to coordinate refills in a timely manner.

Figure 2: PillPack Packaging



Source: PillPack.com Press Kit

CONSUMER TECHNOLOGY INNOVATIONS IN THE PHARMACY DISTRIBUTION AND REIMBURSEMENT SYSTEM *continued*

Payers and the Financing of the System

Let's next focus on the flow of finances. Payers, either self-insured employers or health insurance companies, provide a risk pool for consumers largely through employer-sponsored plans. Private insurance companies spend greatly to acquire customers (employers and individuals). However, once they acquire these customers, many do not engage patients outside of sending bills and requesting payments with a few fairly uninspired portals sprinkled in between.

[Oscar](#) is a new insurance company with technology DNA which set up shop in New York last year to the tune of \$150M in venture funding. The company claims to have thousands of customers, all with very high lifetime value. Oscar aims to differentiate from other payers by offering unlimited telemedicine coverage (through partner Teladoc), smart matching of patient symptoms with appropriate doctors using natural language processing, and a streamlined user experience with a focus on excellent customer experience.

As consumers become more price sensitive with higher deductible plans on the market, user experience will play a large role in retention of valuable customers. Oscar will still have to deal with educating consumers on how high deductible plans work, and many consumers may be in for a surprise with [unexpectedly expensive bills](#). Oscar's long term success will be based on its ability to sell itself to employers and retain profitable patients, though even a small dent in this industry will be a multi-billion dollar pay day for lead investor Thrive Capital.

While UnitedHealth, Aetna, and Humana have recently teamed up to provide price transparency into medical procedures within the next year, there are a few robust tools emerging to help consumers price shop prescription medications: [RxREVVU](#) provides medication savings information through an API to help these consumers save money on prescription medications, and [GoodRx](#) provides a consumer facing app to help find the best cash prices on generic medications at nearby pharmacies that are often cheaper than patient co-pays. Price disparities may continue to exist in the overall healthcare industry due to [price/quality misperceptions](#), but consumers have more choice now that they know which pharmacies can fill their prescriptions at the least expensive prices.

Pharmaceutical Manufacturers and Providers

Finally, we have the pills themselves, the products that pharma companies sell and which fuel the industry. Despite the recent biotech and specialty drug resurgence, the future of the pharmaceutical pipeline is on uneasy ground. The cost of drug development increases every year, with some studies pegging the number at greater than \$1B for a successful drug launch.

What if we started to focus on the power of technology to delivering therapeutics, in effect removing the need to focus on the distribution chain altogether? For the purposes of this article, let's define digital medicines as any technology-supported programs that can be prescribed to consumers to improve their health. So far, there are only a few programs that fit this model, but only three stakeholders are needed to deliver such programs to patients: the manufacturer, the payer, and the provider to prescribe the treatment.

One company, [Omada Health](#), is in the business of providing digital programs to prevent consumers from developing chronic conditions or mitigating their impact. Their first product is a 16-week program called [Prevent](#) for pre-diabetics that has seen incredible success: participants achieve an average 5% weight loss after 12 months compared to 2.4% weight loss for participants in the [Diabetes Prevention Program](#) from which it is derived. The program provides participants with an online support group, virtual access to a coach, a wireless scale and pedometer, and curriculum. Many organizations are

CONSUMER TECHNOLOGY INNOVATIONS IN THE PHARMACY DISTRIBUTION AND REIMBURSEMENT SYSTEM *continued*

now rolling out similar diabetes prevention programs, including the YMCA throughout all of its centers and insurance companies such as UnitedHealth with its [LoseUWin](#) program.

WellDoc's [BlueStar](#) app claims the title of the first app to be prescribed, reimbursed, and approved by the FDA after clinical trials demonstrated BlueStar users achieved a 1.9% decline in HbA1C levels compared to a control group. The app provides real-time guidance based on blood glucose readings, medications, diet, and exercise. One of the investors in WellDoc is Merck's Global Health Innovation fund. Yes, that Merck, with the blockbuster oral anti-diabetes pill Januvia. WellDoc is taking a page out of the pharma playbook, with a national sales force to promote the app to physicians. With monthly reimbursements agreements set at \$100+ per month per patient, it is well worth the investment.

Conclusion

We may not be seeing whole scale disruption of the pharmacy distribution and reimbursement system anytime soon, but consumer-driven innovations are rising again and may finally be here to stay. Technology will continue to enable the pharmacy system to become more of a consumer-facing industry to the benefit of the patient.

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WHARTON AROUND THE GLOBE: WHARTON GLOBAL HEALTH VOLUNTEERS & MÉDECINS SANS FRONTIÈRES

Traditionally, the Wharton Global Health Volunteers (WGHV) have worked on-site with local healthcare providers on the front lines of care in the developing world; however, we occasionally are presented with non-traditional opportunities that are simply too good to pass up. Médecins Sans Frontières (MSF, known as Doctors Without Borders in the United States) is almost corporate in scale, deploying 26,000 doctors and medical professionals to conflict zones and developing communities in 70 countries and has won the Nobel Peace Prize. Similar to many corporations, MSF faces the challenge of ensuring their global employees' inventory is effectively sourced and distributed. Meeting in November 2013, the WGHV board and MSF defined a project to identify improvements to MSF's procurement strategy for the hundreds of thousands of medical supplies MSF sends abroad each year.



WGHV assembled a team of seven Wharton students to tackle the project, consisting of Neil Agarwal (WG '15), Emma Boswell (Wharton PhD candidate), Cyndi Chung (Penn MD '15 & WG '15), Rohit Gupta (WG '15), Miti Sathe (WG '15), Ankit Saxena (WG '15), and Kevin Wu (WG '14). In three months, the team identified methods for MSF to save an average of 52% on a majority of medical products. In April 2014, three team members traveled to Geneva, Switzerland to present their results to a pan-European audience that included MSF's Medical Director as well as physicians and procurement specialists.

The team carried out most of the project's work from Wharton's Philadelphia campus between January and March 2014. Work proceeded in three phases. In Phase I, the students analyzed the global industry for basic medical supplies. The team conducted extensive secondary research, identified 37 major humanitarian non-governmental organizations that conduct work similar to MSF, and interviewed these NGOs to understand their approaches to procurement. In Phase II, the team created a framework that MSF can use to optimize procurement and considered factors such as product quality, pricing, expiration dates, shipping costs, lead times, and international taxes. In Phase III, the team contacted nearly 50 medical product suppliers on three continents to better understand their attractiveness as potential suppliers to MSF and other international organizations.

The project generated an enormous amount of data. To convert this data into actionable information, the team evaluated each supplier using a set of standardized metrics and identified a list of the top 10 most promising suppliers. In addition, for each medical product analyzed, the team developed a recommendation for how MSF can best optimize price, quality, and other considerations.

The April 2014 presentation in Geneva was attended by members of MSF from five countries (Switzerland, France, Belgium, the Netherlands, and the U.S.), including researchers and procurement specialists, physicians and nurses, and MSF's Swiss Medical Director, Eric Comte. The presentation lasted four hours, and the audience's reception was overwhelmingly positive. Each recommendation the WGHV team suggested was followed by lengthy discussion by the attendees on how MSF can change its choice of products, suppliers, or geographies to better balance its mission of quality care for individuals with its dual mission of access for all. The prospect of being able to save substantially on procurement was exciting, as it means MSF can reach more people with the same resources.

In addition to using WGHV's work to generate direct savings, MSF said it will use WGHV's results in a variety of other ways, including supporting its own advocacy efforts and other organizations. For example, MSF plans to use WGHV's presentation at a meeting of the World Health Organization later this year.

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WHARTON AROUND THE GLOBE: WHARTON GLOBAL HEALTH VOLUNTEERS & MÉDECINS SANS FRONTIÈRES *continued*

Meanwhile, WGHV team members were appreciative of the opportunity to have spent a semester on a project that both honed their skills and provided an outlet for their dedication to global engagement. “We were thrilled to have played a part in helping this incredible organization and believe this is the start of a fruitful long-term relationship,” said Rohit Gupta (WG ’15).

As we celebrate our past and present work, a major goal for our future is further engagement between WGHV and Wharton Healthcare alumni. Participated in a trip during your time at Wharton? We would love to hear how it impacted your career or your thoughts on the experience with the benefit of perspective. Interested in learning more or seeing pictures from past WGHV projects? Interested in supporting our efforts financially, linking us with potential sponsors, or providing a great lead on a potential global health client? Email us, visit our website, and see what we’ve been up to on Facebook. However you are able, we would love to involve you in our work.



From left to right: Hubert Vuagnat, Physician and Wound Care at the University Hospital of Geneva, and volunteers: Cyndi Chung, MD'15, WG'15; Neil Agarwal, WG'15; and Rohit Gupta, WG'15. Volunteers not pictured: Ankit Saxena, WG'15; Miti Sathe, WG'15; Kevin Wu, WG'15; and Emma Boswell (Wharton PhD candidate)

Visit the WGHV Website at groups.wharton.upenn.edu/WGHV/

Visit the WGHV Facebook page at www.facebook.com/WhartonGlobalHealthVolunteers

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REFRESHING HEALTHCARE: THE SOLUTION LAB

Healthcare is changing - across all verticals, from innovation to patient satisfaction - and change is happening faster than the industry can cope with it. Innovation across healthcare companies is being externalized, while R&D budgets are being cut and jobs eliminated. Clinical trial design is more important now than ever, since patients have access to information and the technology to be able to translate it. Pharmaceutical manufacturing is at a major crossroads of change in the face of technology evolving faster than it can be applied. Payers are currently in a state of flux as the Affordable Care Act evolves and patients are now understanding the complicated mess the industry has become.



At the same time, graduate education is ineffective. The success of companies like Coursera and EdX have given millions of people access to information for which college enrollment is not a requirement. Graduate healthcare programs (PhD, MBA, MD) have had minimal evolution in the last few decades. The skills being taught disproportionately focus on a narrow specialization rather than the big picture that is most relevant right now.

It is vital that professionals and leaders of the next generation understand how the healthcare industry works for multiple reasons. Such insight will offer (1) multiple points of view relevant to different aspects of the healthcare industry, (2) bring together different disciplines which results in creativity in both design and implementation of solutions, and (3) access to a community and network of both industry professionals and academicians who are frustrated with healthcare now and passionate about changing it.

The Solution Lab is a non-profit organization which brings together graduate-level students in the healthcare space to offer short-term help to companies across verticals to solve specific problems. Our mission is simple: start at the root in building a new way healthcare leaders learn and think - through practical experience, developing networks, and functional, effective workshops - to deliver relevant skills.

Somewhere between a consulting firm and recruitment agency, we match companies in need of help with the highest caliber of students in the New York City area. Companies pay a fee to The Solution Lab for 10 weeks of consulting with a single team of 3-5 consultants (each student consultant works 10 hours a week). Our projects have included building business models, portfolio optimization, clinical trial design, and white paper creation. We also organize our own internal networking events between students and clients, which we hope to optimize to be extremely efficient in recruiting for employees, projects, and industry updates.

We are currently structuring a workshop with The New York Academy of Sciences in the fall to teach scientists how to think creatively and apply that thought process to both designing innovative technologies as well as to solving larger problems. In contrast to a seminar format, we are attempting to have a more practical hands-on approach, so skills can be efficiently translated and applied. We are currently talking to both industry and academic institutes to partner with their learning, development, and continuing education divisions to figure out a means to create a more beneficial and practical learning model.

Having worked with companies across the spectrum, from big global pharma to small start-ups, students get the opportunity to see first-hand the challenges in different areas in companies of different sizes. The companies get an innovative, fresh, and unbiased look at solving some of their problems, scientific, business, or otherwise. This win-win situation has led to a steady

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REFRESHING HEALTHCARE: THE SOLUTION LAB *continued*

growth of the company, with several partners expressing interest in all three of the areas we hope to develop.

We have catalyzed an iterative process, being the space between what the education community strives to offer and what the industry needs, thereby creating a solution for both parties. We are open to partnerships at this point, and would welcome any suggestions or feedback in order to enhance and strengthen our program.

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