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HEALTH CARE MANAGEMENT
ALUMNI ASSOCIATION

THE WHARTON HEALTHCARE QUARTERLY

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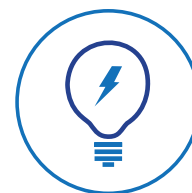
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EDITOR'S LETTER



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

To learn more about Colette, [click here](#).

We hope you are enjoying the updated version of both the PDF and web versions of the *Wharton Healthcare Quarterly*! The publication turned eight years old this year and deserved a fresh look.

July brings us a new President of the Board of the WHCMAA, Maria Whitman, WG'05! Maria has been active on the Board for several years and has also served as a co-producer of the 2016 October WHCMAA Alumni Healthcare Conference. Learn more in the [President's Desk](#).

One of the articles in this issue is about the new (launched less than a year ago) Wharton Digital Health Podcast. The line-up of guests has been quite impressive and also highlights the number of entrepreneurs doing great things in our midst. **WHQ readers have always expressed an interest in hearing about the journey fellow healthcare travelers take. We would love to hear yours** – the ups and downs, the trials and tribulations, the lessons learned, the joy and excitement, and the passion and dedication to forging your own path and making health and healthcare better and more impactful. **Is 2019 the year you decide to share your story so others may learn and be inspired?**

Lastly, the [annual WHCMAA Healthcare Conference](#) will be held October 18, and is being chaired by Jeff Voigt, WG'85 (prior WHCMAA Board Chair, organizer of the WHCMAA's SIRIUS XM Radio slot, and a WHCMAA Service Award winner), which means it will be a blow out success. This year's theme is "Artificial Intelligence in Healthcare." Registration opens July 1, so save the date.

Hope to see you there!

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

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THE PRESIDENT'S DESK

In Every Issue



Maria Whitman, WG'05

To learn more about Maria, [click here](#).

of cancer therapeutics and now advanced technologies like cell and gene therapies.

There are key inflection points across our lives and careers, and every alumnus I meet proactively asserts that being part of the WHCM program was one of those defining experiences in their journey. Our alumni continue to be among the most committed and passionate people I know in healthcare. Today we have a diverse group of 23 alumni across industry sectors and geographies focused on advancing **the WHCMAA mission** to:

- Support the Wharton Healthcare Management Program and its students
- Contribute to the lifelong learning of its membership
- Contribute to the healthcare sector through service, leadership, and education

"Purpose is the reason you journey.
Passion is the fire that lights the way."
~ Unknown

I will admit now that in the earliest days of my career I actively avoided healthcare as a calling. I think with a healthcare consultant father, speech pathologist mother, hospital administrator uncle, nurse aunt, and on and on, it felt too much like the family business. Within 2 years of graduating university, however, healthcare drew me in – it's complexity, amazing dichotomy of frustrating inefficiency coupled with genuine promise of innovation and progress, and most of all a common vision towards the noble goal of human health. My career has taken many twists and turns, from healthcare advertising to patient relationship marketing and programming, to brand management in biopharma, and ultimately to a 15-year career in healthcare management consulting. Ultimately, I found the passion that has cemented my professional purpose: enabling the development and commercialization

I am grateful and excited to be taking the reins as WHCMAA President from John Barkett (WG'09). Thank you to him and all of our departing board members for their incredible service, passion, and ideas: Bob McDonald (WG'92, Secretary), David Kibbe (WG'80, Treasurer), Z. Colette Edwards (WG'84, Managing Editor of the *Wharton Healthcare Quarterly*), and Kate Reed (WG'87, Chair of Career Development Committee).

This year we had an unprecedented number of talented and enthusiastic alumni nominated for the election to join the WHCMAA board. Congratulations to our re-elected board members, Laura Brady Saade (WG'93), Ed Chan (WG'11), Reed van Gorden (WG'12), and Amanda Wyatt (WG'17), and congratulations

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THE PRESIDENT'S DESK

and welcome to our newly elected members: Marisa Bass (WG'14), Amy Fitzpatrick (WG'93), Visali Ramanathan (WG'15), Deepa Shah (WG'16), and John Winkelman (WG'80).

As we kick off our 2019-2020 fiscal year, I am looking forward to refining our priorities with our new Executive Committee - Heather Aspras (WG'08, Vice President), Diana Peng ('14, Secretary), and Chris Simpkins ('02, Treasurer) - and the entire Board. Expect to see focus on:

- Advancing the communication among and connection across our global alumni base
- Career development and knowledge sharing
- Deepening alumni engagement with the WHCM students and the program

Speaking of continued learning and networking, **mark your calendars for the annual WHCMAA Conference which will take place October 18, 2019 with a theme of Artificial Intelligence in Healthcare.** A timely and highly debated

topic with the potential for advanced application across just about all sectors of the industry, our conference chair, Jeff Voigt, WG'85, has already gathered a very strong panel of speakers. I look forward to seeing you live in Philadelphia!

Until then, if you have thoughts or suggestions at any time to share, please reach out. Enjoy this edition of the *Wharton Healthcare Quarterly*, and have a wonderful summer.

Kind regards,

Maria Whitman, WG'05
President, Wharton Health Care
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ALUMNI NEWS



ALUMNI NEWS

Abby Mitchell, WG'77

After many years in Houston at The University of Texas McGovern Medical School and most recently MD Anderson Cancer Center, I will be relocating to Chapel Hill, NC, to be closer to our physician son and daughter-in-law and their young family. I would love to connect with alums in the Research Triangle area both for social interactions and job networking. Our daughter will remain in Houston as a second year corps member in Teach for America.

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Douglas S. Arnold, WG'84

In 2015 I formed the American Healthcare Connect Consortium to help hospitals, federally-qualified health centers and health departments offset 65% of their cost for high speed broadband. To date groups in my consortium have received \$3,209,492 in funding support from the Healthcare Connect Fund.

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Michael Brodie, WG'84

I continue to work at Michael Brodie Senior Placement, INC., helping match people with independent and assisted living communities that meet their needs and budgets. On the side, I continue to work as an expert witness in the field of independent and assisted living, and in my spare time, I volunteer and serve on committees and boards of local social service and professional peer organizations.

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[Learn more.](#)

Paul S. Porter, Jr, MD, WG'96

Best wishes to all classmates. My daughter Ellie and I recently met up with Joe Scheetz at a Penn Alumni event in Pittsburgh. We frequent his stores as well ;)

We will also be relocating to Connecticut. I have taken a new job as Chief Medical Officer of Saint Mary's Hospital in Waterbury. I continue to serve in the Army Reserve at the Uniform University of the Health Sciences.

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In Every Issue

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THIS MONTH'S PHILOSOPHER:
Maria Whitman, WG'05

To learn more about Maria, [click here](#).



THE PHILOSOPHER'S CORNER

In Every Issue



~ My mother, Margherita DeAngelis Whitman

RECOMMENDED READING

- *The Emperor of All Maladies* by Siddhartha Mukherjee
 - A comprehensive look at the history and story of cancer, written with skill, empathy, and hope, and raising questions surrounding the war against it.
- *Switch* by Chip and Dan Heath
 - One of my favorites from the Heath brothers. A nice easy-to-digest compilation and framework of individual change management ideas and examples that are useful in work and in life. Had the pleasure to do a master class with them on the topic years ago, and I still find the concepts coming to mind in various situations today.
- *Getting Naked: A Business Fable About Shedding the Three Fears* by Patrick Lencioni
 - Very quick read (particularly good for consultants, professional services) that encourages a willingness to be vulnerable to build productive client relationships and loyalty.
- *Don Quixote* by Miguel de Cervantes
 - I used to read this every other year, and am due again. Quixote reignites the value of vision and persistence, passion and self-knowledge, and hope for all the world can be.
- *The Alchemist* by Paulo Coelho
 - Another classic I have read multiple times, it is a beautifully done story with an underlying wisdom towards self-empowerment and believing in your dreams.

LIFE LESSONS

If I knew then what I know now, I would have...

- found the perspective earlier to look at and celebrate all I do vs. focusing on what I can't do or get to. I would have uncovered sooner the confidence in my ability and capability to succeed under all the circumstances life brings.

If I knew then what I know now,

I would NOT have...

- stepped as far away from some of the soul-satisfying things I love beyond my family, work, and friends... I would have kept singing and acting, learned more piano, painted more. I am slowly working them back in, particularly as my kids explore their interests, and it is a wonderful thing!

FAVORITE QUOTES

1. "You are what you repeatedly do; excellence, then is a habit, not an act."
~ Aristotle
2. "If I had an hour to solve a problem I'd spend 55 minutes thinking about the problem and five minutes thinking about solutions." ~ Albert Einstein
3. "You miss 100% of the shots you don't take." ~ Wayne Gretzky
4. "Cherish the routine of the day."

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AFFIDAVIT: HEALTHCARE AND THE LAW - THE MEMORIAL SLOAN KETTERING CANCER CENTER CONFLICT OF INTEREST SCANDAL



The high profile conflict of interest (COI) scandal at the Memorial Sloan Kettering (MSK) Cancer Center is a call to action for healthcare boards and their members to evaluate their organizations' conflict of interest oversight. The scandal has become synonymous with egregious and ethically troubling relationships between non-profit health systems and pharma companies - even at the highest levels of one of the most prestigious healthcare institutions in the world. Almost nine months after the significant and publically scrutinized COI lapse, the preeminent New York research hospital and institution is still trying to recover from the reputational, leadership, and governance damage.

The shocking story - the millions of dollars the chief medical officer of the Cancer Center and one of the world's leading breast cancer doctors not only received from pharmaceutical companies, medical device manufacturers, and consultants but failed to disclose - was dramatically revealed by *The New York Times* and *ProPublica* in a front-page story that immediately gained traction. Dr. Jose Baselga failed to report his extensive healthcare and pharmaceutical industry relationships and financial arrangements in appearances at scientific conferences and in journal articles. During his tenure, he apparently also served on the boards of Bristol-Myers Squibb, a global manufacturer of drugs to treat cancer, and of Varian Medical Systems, which sells radiation equipment for cancer treatment, and benefitted from those relationships.

In the aftermath of the scandal, Memorial Sloan Kettering engaged outside counsel to perform an extensive independent review of its COI process. Counsel shared the findings with the MSK board in April, including the determination that Memorial Sloan Kettering's top executives failed to report their financial relationships and the Cancer Center failed to implement protocols to vet its own employees' relationships with corporations. The lapses were not intentional - they happened because of a lack of attention given to COIs.

After months of being at the center of this national scandal, Memorial Sloan Kettering and its board of directors overhauled its COI policies to give COIs the attention and oversight they require. Healthcare organizations across the country would be smart to do the same.

Unfortunately, in too many institutions the conflict of interest process has become a bureaucratic exercise in paper shuffling, without meaning or protection for either the directors or the boards they serve. Despite elaborate policies and procedures, the COI forms are often included in an initial orientation packet, along with countless other documents, and completed without reference to any of the COI policies or understanding of the critical elements of a conflict of interest analysis.

The new board member, hopefully, completes the given COI form and, even with the best intentions, may not fully appreciate which perceived or actual conflicts are in scope. Such unintentional lack of disclosure could be surmountable, if there was a process to review the disclosures, follow up with the board, and make any corrections. The inherent challenge is that many policies place the burden on the member to identify conflicts, and the organization does not have an obligation to review, confirm, and/or follow up on the disclosed information. That seems to make sense. The board member is in the best position to know their financial and other potentially problematic activity (including those of their

family members), the organization has no way of getting the information, and such double-checking would take time that no one has to spare.

There are other dynamics at play. Going back to a board member and suggesting the member may have hidden a conflict can be offensive, met with significant push back, and sour the relationship between the board member the organization. Not-for-profit boards - including boards of health systems, hospitals, and foundations - are significant vehicles for financial and political support, and confronting a significant donor or member with influence is often an unpopular decision.

In the healthcare space, there are the additional dynamics of physicians serving on boards and their potential web of financial arrangements with the health system on whose board the physician is serving, with other competing institutions, with pharmaceutical companies (as was the case with Dr. Baselga) and other vendors. Given the potential political and relational land mines of digging into a board member's affairs, many institutions have fallen victim to the complacency of collecting the completed COI forms and sticking them in the proverbial binder. The box is checked, and the compliance staff tasked with the dreaded job of maintaining COI forms hopes the board member remembers to include the omitted conflict when it comes time for the annual COI update.

Lack of rigorous COI oversight has unfortunately become the perceived safe and compliant default for COI management in many healthcare organizations. Health system boards have more responsibilities, the industry is more complex, and everyone has less and less time for COI review. But, as the Memorial Sloan Kettering scandal has very publicly shown, complacency is detrimental for everyone involved.



Every director has a duty to avoid conflicts of interest as part of the director's duty of loyalty to the organization. A board member must never use information gained through a role on the board for personal gain, must always act in the best interests of the organization, and avoid conflicts of interest or the appearance of conflicts. **Just like the duties of care and obedience, the duty of loyalty is legally enforceable. Yes, it is.** And that is why it is so important that board members understand what gives rise to a conflict of interest and, should they arise, know how to handle them properly. The existence of a conflict of interest is not inherently damning; it is the failure to disclose the potential or real conflicts such that they can be handled to avoid impropriety. The COI process is therefore not a nice-to-have - it is a must-have.

In the past several years, cybersecurity and other hot governance topics have overshadowed the COI process at the board level. The Memorial Sloan Kettering scandal is a harsh reminder of the personal and institutional risk of non-disclosure. Time to take the binder off the shelf.

In Every Issue

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BEST PRACTICES:

Board of Directors - make sure your organization does not suffer from COI complacency:

1. Perform a confidential review of current COI policies, procedures, and management against current best practices by a disinterested party such as outside legal counsel, auditors, or a task force of stakeholders who were not previously involved with the COI process.
2. Share the findings of the review with the members of the board. If the review was conducted at the direction of legal counsel under the attorney-client privilege, consult with counsel regarding how and with whom the findings should be shared.
3. Use the review as an opportunity to educate current members and to implement meaningful education for all new board members on your organization's conflict of interest policies, procedures, and oversight, and guide the board

members through their own analysis.

4. Update your current COI policies, procedures, and management to ensure that all of your internal and legal requirements are continuously met. COI management is just as dynamic as your members' financial and professional activity.
5. While the board chair will handle the board activity around conflicts of interest, a staff member needs to be responsible as part of their stated job duties to perform the administrative functions around the COI process. Empower the manager of the COI process with authority to respectfully follow up when a board member does not turn in the COI forms, when information appears to be missing, incomplete or inaccurate, or for updates. Provide the manager and the board members with clear guidelines that will be followed in the normal course of business to decrease the feeling that a board member is being targeted.

Board Member - protect yourself from your own conflicts and avoid getting caught up in someone else's scandal:

1. Make sure you have complete copies of the organization(s) conflict of interest policies, procedures, and forms.
2. Ask for education on COIs if it is not automatically offered to you when you join the board.
3. Make sure you fully understand the COI process and that the organization explains how it manages and enforces the process. Ask for examples.
4. Make sure you have the name and contact information for the expert within the organization who can answer any questions you may have in the future, including questions about other members' conflicts.
5. Make sure the organization provides the board with an annual conflict of interest

report, including confirming that 100% of the board has submitted the form, that the forms were reviewed internally, and that any concerns were fully vetted.

If you serve on a board or if you have a role in governance in your organization – whether public, private, or non-profit – make sure your boards and companies refresh their strategies around transparency this fall and into 2020. Shareholders and the public are demanding and expecting greater transparency in all areas of governance. The series of recent scandals provides an opportunity for boards to differentiate themselves and message their philosophies around conflicts and comprehensive approaches to ensuring transparency.

A razor-edge transparency plan would go beyond the required and traditional conflict of interest requirements and embrace a holistic view of transparency around relationships, financial connections, imputed reputational risk, and ethical and moral implications of relationships, and donations. We are all connected and becoming more so every day. That's a strength and an opportunity to proactively understand and leverage those connections appropriately. If you don't, you may wake up to see your company and fellow board members on the front page and main feed of *The New York Times*.

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DOWNLOADING SUCCESS: EXECUTIVE SUCCESSION AND LEADERSHIP DEVELOPMENT – PART 3

This is the third in a series of articles covering the “S” word – succession. [Part 1](#) took a deep look into succession benchmarks, and [Part 2](#) addressed key leadership competencies for succession.

Succession planning is often viewed as the unspeakable elephant in the room. If your organization has deftly avoided the “S” word, know you are not alone. But know that it’s also holding back your organization from realizing its full potential.

In a recent American Hospital Association (AHA) [governance survey](#), they found 49 percent of hospital boards do not have a formal CEO succession plan. This is often true of many healthcare organizations.

According to Nicholas Tejeda’s commentary within the AHA survey report, “Succession planning is key to the long-term success of any organization, and governance is certainly no exception.”

In addition, organizations that effectively incorporate succession planning:

- Leverage diversity of thought, talent, gender, etc.
- Achieve higher margins and performance
- Have a more engaged workforce
- Are more agile and positioned for growth
- Attract, retain, and engage top performers

“S” STANDS FOR – START AT THE TOP.

Succession planning needs to be a top-down priority starting with your CEO and executive leadership team (ELT) and eventually tied to every level of your organization. Not only is succession crucial for movement in your upper ranks, but it helps everyone on your team understand what it takes to get to the next level in their careers.

Having a succession-driven culture creates an opportunity to increase performance and commitment throughout your entire organization, and it makes your organization far more appealing to top talent at every level. Not to mention it helps keep everyone – from the board level to the front lines – in the loop and connected to your talent strategy, which should ultimately be linked to your overall business strategy.

“S” STANDS FOR – SLAY THE MISCONCEPTIONS.

So often executives assume saying the “S” word will send everyone, including their board, into a tailspin. They fear the mere mention of the word will wreak havoc and distract the entire organization, and that some kind of mass exodus of talent will occur.

If done correctly, the opposite is always true. In fact, when a solid succession plan is put into place, the collective sigh of relief can be heard from all levels of the organization. But, like any change management, it’s imperative to approach it with



cultural sensitivities in mind.

Boards also identify a concern around exactly how to begin and design the process in a way that creates value and sustainability.

Most are surprised to learn that succession planning actually minimizes distraction and increases retention. But it does often feel very daunting to embark on the succession planning journey, which is why many organizations struggle to take the first steps.

“S” STANDS FOR – STRENGTHEN YOUR BENCH.

Imagine any kind of a team or even a symphony without a second string or bench. Having fully developed talent ready to step in is something that does not occur overnight. You cannot microwave the next leader. It requires grooming, experiences, and accelerated development to ensure a successful transition to the next role.

The same is true for any of the leaders in your organization. Without a strong bench, you are essentially holding your breath and hoping for the best – this “strategy” is all too common for many organizations. But, unfortunately, hope is not a strategy. If you had a succession plan in place, you would know exactly who could fill in at a moment's notice, maintaining momentum and progress toward your goals.

“S” STANDS FOR – SUCCESS!

Succession doesn't have to be a bad word. It should be synonymous with success. If everyone knows where the ship is headed, you're more likely to arrive unscathed and on schedule because everyone will be steering and navigating the unknown, chaotic seas ahead to get you there.

Succession planning is just one step in the broader practice of succession management. Engaging your organization in this process takes a purposeful, planful approach. Even if you have some of the critical pieces and parts in place, it can be difficult to get them all working together in a cohesive, measurable way. But once you're there, you will usher in a new era of strength, achievement, and prolonged success.

Find the succession assessment and additional resources on succession management at bit.ly/Succession-Resources.

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DOWNLOADING SUCCESS: LEAVING THE LADDER - RETHINKING THE TRADITIONAL HEALTHCARE CAREER

Mergers and acquisitions have influenced nearly every aspect of the healthcare industry in recent years, including the career opportunities available to rising executives. Hospital and health system consolidation has resulted in fewer CEO positions, more centralized decision-making, and often frustration among top leaders about their roles and responsibilities. For many executives, the rapid increase of matrixed mega-systems has upended the traditional path of advancement. Moving slowly but steadily up the ladder has gone out of fashion.

But these seismic industry shifts can be viewed with optimism, given the right perspective. Rather than one linear route, the new healthcare landscape offers multiple pathways in which executives can “advance.”

It's time for healthcare leaders to rethink career development. Prepare yourself to change positions more often than you might have once thought, sometimes switching to different departments or areas of focus to broaden your skills and perspectives. Consider the possibility of moving laterally – or even taking a step down – if it prepares you for a more meaningful career and builds your skills for new roles down the road.

PLANNING YOUR PATH

Leaving behind the career ladder — and its clearly-defined hierarchy of advancement — may leave executives feeling unnerved. The key is to remain open and curious, both about your own unique career path and about the skills and competencies that best suit your organization and other employers in the marketplace.

For many healthcare leaders, the seismic M&A shifts have resulted in personal reflection and soul-searching. Keeping up with a changing industry requires executives to change the way they lead. Now is the time for them to stop expecting different results while making the same choices.

Below are some additional recommendations:

Think about competencies suited for today. “The Well-Managed Healthcare Organization” is becoming less relevant, while a more facile organizational structure is more common. Executives who thrive in such complex, matrix-oriented systems have certain qualities fit for the environment. Among other things, they are:

- Collaborative, team builders
- Good communicators with varied colleagues
- Culturally sensitive and committed to diversity
- Committed to quality and improvement
- Genuine and authentic
- Patient-focused
- Willing to take risks



Think experience, not title. Rather than thinking of your advancement in terms of position title, think in terms of experience. What do you see yourself doing not just one, but two jobs ahead of your current position? What competencies would you need to gain in order to advance to that second job? Your next position should prepare you more fully, serving as the stepping stone to a future rewarding role.

Stretch, but not too far. Volunteer for projects that provide stretch opportunities for your professional growth. This allows you to “test the waters” of a potential branch of your career path without committing to it fully. Be selective in your volunteerism, however; you don’t want to over-commit and under-deliver.

Keep a journal of successes and failures. See it as a chance to document what you’ve done and to improve yourself. When the time comes for your next job interview, you’ll have plenty of material to talk about.

Network with your boss’s boss. Once you have mapped out your advancement goals and the competencies you’ll need to reach them, try to build relationships with leaders who are further ahead of you on the path. Share positive feedback on a successful presentation or pass along relevant articles to higher-level executives. When appropriate, ask a question or challenge an assertion to stimulate additional dialogue. Don’t be afraid to sing the praises of your team to higher leadership.

Mine for mentors. No matter how much experience you’ve gained during your career, you can always benefit from mentoring. Whether through a formal program or an informal request to meet monthly over lunch, mentors can provide important insights into your own strengths and weaknesses, as well as the broader needs of the organization and the industry. Pursue a diverse range of perspectives, including leaders from other departments and perhaps a leader from another organization or from a different industry.

In this era of change, no one has all the answers. Being open to learning new concepts and mastering different skills garners respect, from both your team and your supervisors. Remain curious and show your genuine desire to grow. Healthcare executives may have lost their footing on the career ladder of old, but it is possible to discover unique and enriching paths that lead you to career success.

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TO YOUR HEALTH: THE GHOST IN MY POCKET



Canyon Ranch has a Health and Lifestyle Questionnaire (HLQ) that we use to gauge our guests and their lifestyle habits. The questionnaire may differ from the traditional questionnaire that you might fill out with your physician. We ask specific questions about stress levels, exercise types and durations, specific dietary habits, work hours, sleep, alcohol use, and even relaxation or meditation practices. I have likely read ~10,000 over the past 20 years, and discovered there are some very common answers over those years. I have selected three of the themes that resonate the most. The good news is that despite what seem to be inevitable challenges in our life, some very practical and applicable acts of movement or exercise can significantly lessen the cost.

- 1. Please list any concerns with your lifestyle at this time. Answer: Lack of balance between personal, work, and family.** Hold your hand out flat and face the palm down out in front of you. Now move it side to side. That is the universal sign that someone is 'even keel' or steady. Something that many people strive to achieve but often feel pulled so far in one direction that they feel they are in a tug of war that never stops. Guests report too much work, long commutes, eating out more than cooking at home, and long periods of sedentary living. Travel for work is very common. Yes, all out of balance. The biological term for balance is homeostasis and high glucose, triglycerides, or blood pressure are all signs that your physician is looking for that you are off balance.
- 2. Please list current stressors in your life. Answer: family, work, illness, recent loss.** Although I am not a historian, I suspect these stressors have always been a part of civilization. Things we love and care about can mean so much to us they dominate our emotions. Often they lead to worry, concern, anxiety, and a sense of feeling overwhelmed as life throws those 'curveballs' at us.
- 3. Please list your coping mechanisms. Answer: praying, food, drugs/alcohol, exercise.** This is where things get tricky. As we climb the ladder in age and professionally, it appears the burdens on us grow, and so our mechanisms of coping can become unhelpful (praying and exercise aside), even hurtful and lead to additional stressors in our lives. Canyon Ranch does not serve alcohol to our guests, and we work hard at trying to help smokers find alternatives to smoking if they are interested. Many report their cravings and sense of urgency to cope as they do at home abate while on property. Why?

Exercise/physical activity is pivotal in every dimension of trying to help with balance, stress, and coping. It has physical, cognitive, and spiritual benefits that are real and measureable. Simplicity is the trick. As soon as you get your metabolic rate up around 5x higher than at rest, you are putting the wheels in motion. Be it yoga, kettlebells, bird watching or pickleball, glut 4 starts stealing sugar into the mitochondria, nitrous oxide dilates the arteries, and a slow drip of endorphins enter the grey matter. Leave the fine-tuning of how to exercise to your trainer or fitness facility. Keeping it fresh, changing it up, something new. In the end, a DAILY dose of movement is imperative.

Recently I was wondering why I feel a sensation in my pocket like a phone vibrating even though it is charging on the counter. Is this a sign of my anxiety and stress level? Coincidentally, my all-time favorite thinker, Marilyn vos Savant, published a short answer to this question in the Sunday section of our paper. She makes the point that it may be

a product of someone being 'eager' to get a call or a message; I would say anxious in my case. It is a tactile hallucination according to her. Regardless of what it is, as soon as I notice the ghost in my pocket starts vibrating, I know it is time to go out and rake the lawn. Move to improve! Good hustle!

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REFERENCES

Booth FW and Chakravarthy MV. (2003) Hot Topics: Exercise. Philadelphia, PA: Hanley and Belfus.

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MIND THE GAP: THE POWER OF PARTNERSHIPS IN DRIVING SUSTAINABLE CHANGE



RWJBarnabas Health is the most comprehensive academic healthcare system in New Jersey, covering over five million people. Our primary mission is to create healthier communities. In order to accomplish this goal, we realized that we needed to move beyond the walls of our hospitals and healthcare facilities to address not only the clinical factors affecting one's health, but also the social, economic, and environmental factors as well. Only recently have healthcare industry experts begun to attribute health outcomes to the social environment surrounding a person's well-being. These social determinants of health are estimated to impact almost **80 percent** of health outcomes.

New Jersey is the nation's most densely-populated and economically diverse state. It is also the third wealthiest state in the nation, yet nearly 3.4 million New Jersey residents cannot afford to meet their basic needs. Over 1.9 million people live in homes that are too expensive, overcrowded, or lack adequate

plumbing, and 919,000 New Jerseyans go to bed hungry each night. The cost of living is increasing, and low-wage jobs continue to dominate the landscape. When people cannot afford food, heat, or housing, it significantly affects their health.

RWJBarnabas Health is dedicated to effectuating meaningful change by addressing the social determinants of health, including economic stability, education, food security, affordable housing, and safe living environments.

The Social Impact and Community Investment (SICI) Practice was developed to tackle these social, economic, and environmental conditions that affect poor health outcomes, reduce life expectancy, and result in higher costs.

Paramount to our work in this area is the many partnerships we have forged with diverse local, state, and national organizations and businesses as well as government officials and entities. Together, we collectively co-design long-term, sustainable, evidence-based initiatives. Policy, paired with data, research, and advocacy, allows our social impact practice to proactively address the systemic issues associated with poverty, reduce disparities, and foster equity.

On the national level, we are members of several organizations focused on doing this work, including as a founding member, the Healthcare Anchor Network, a collaboration of more than 40 health systems that build more inclusive and sustainable local economies through anchor mission-driven efforts such as commitments to buy and hire from the local communities that they serve.

On the state and local levels, we collaborate on initiatives aimed at achieving health equity through the elimination of health disparities. In New Brunswick, Middlesex County, Jersey City, and Somerset we work with government, local community-based organizations, and other healthcare providers to address affordable housing. One such initiative, *New Brunswick Healthy Homes Collaborative*, partners with local organizations to ensure safe housing. With our partners, we have trained community members to perform healthy housing assessments in order to evaluate what household hazards, such as lead, asbestos, and mold, exist in homes throughout the city. Complementing this effort is *Coming Home Middlesex County*, which provides intensive case management to individuals who are high utilizers of the emergency room and connects them

with the necessary support services, including housing rental vouchers. A similar program, Familiar Faces, provides case management and housing vouchers to individuals who are high utilizers of hospitals, shelters, and prisons in Jersey City. *Healthy Homes Somerset* is yet another example where we are renovating single-family homes to offer as transitional housing and case management services for those with a chronic or acute disease.

As a result of our efforts and working with our policy partners in Trenton, the State's capital, our Newark-based flagship hospital Newark Beth Israel Medical Center's greenhouse and farmer's market became the state's first hospital-based vendor to accept Supplemental Nutrition Assistance Program (SNAP) benefits. Therefore, the fresh fruit and vegetables produced by The Beth Greenhouse are available at a weekly farmer's market to all residents of an area designated a food desert. The Beth Greenhouse format is being replicated at other key system sites where access to nutritious, affordable food is a community need. Most recently, we advocated revising the policy which permits farms less than five acres and those that accept SNAP to qualify as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) vendors. Previously, WIC, which operates two key programs - the Farmers Market Nutrition Program and the Senior Farmers Market Nutrition Program - could only be used at authorized WIC vendors or those farmers who had five or more acres of land, thus limiting access for individuals who lived in areas that WIC-certified farmers could not or did not transport goods, as well as limited earning potential for small, urban farmers. This change will increase access to fresh fruits and vegetables, increase utilization rates, and stimulate local economies.

Earlier this year, we launched *Wellness on Wheels* (WOW) through a partnership with MedPro Wellness and EcoMedia. WOW is a mobile education center that includes a hydroponic greenhouse and cooking school developed to address economic instability, reduce food insecurity, increase health literacy, and combat the prevalence of obesity. By engaging audiences to choose healthy foods and cooking methods, WOW empowers individuals to make informed food choices and provide access to healthier but

convenient options.

At RWJBarnabas Health, we have also changed our business model embedding a "local" approach within our hiring, purchasing, and investment practices. We have engaged many segments of corporate assets to not only purchase directly from locally-owned businesses, with a primary equity focus on Minority-Owned, Veteran-Owned, and Woman-Owned Business Enterprises (MWBs), but to encourage vendors to subcontract with local businesses, provide goods for their services from local MWBs, and incorporate these practices into their business models.

Highlighting our partnerships with organizations that are in and of our communities are our relationships in Newark with both Rutgers University-Newark and the Newark Alliance.

At Rutgers Newark, we are working with our partners to identify, develop, and connect entrepreneurs with the resources to take their business from idea to reality. We were also connected to a local urban agriculturalist who spearheads educational sessions throughout the community with the hospital, and together, we are raising awareness about food insecurity and healthy eating alternatives.

Our partners at the Newark Community Economic Development Corporation retain, attract, and grow businesses, enhance small and minority business capacity, and spur real estate development throughout the city's diverse neighborhoods. We are proud to work with them to achieve varied efforts to sustain equitable economic growth, generate jobs, and create wealth for the citizens of Newark.

These critically important partnerships enable us to elevate and implement ideas that are truly making a difference in our communities. Together, our collaborative and collective efforts will take years to see a measurable impact, but we are working to make many positive systemic changes that will last for decades to come.

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FOUR LESSONS I LEARNED FROM LAUNCHING THE WHARTON DIGITAL HEALTH PODCAST

"This is Rohan Siddhanti, and welcome to the [Wharton Digital Health Podcast](#). It's a podcast where MBAs can connect with the alumni community about the latest trends, company initiatives, and jobs available in the payer/provider, digital health, and investing spaces." That's been the podcast introduction since it was launched in October 2018. Over 2,000 listens later, the podcast is going strong with new incoming student leadership and many guests in the pipeline.

As I am graduating, the new podcast leadership will be rising second years Lora Rosenblum, Arpan Parikh, Scott Lever, and Jason Peterson. If you'd like to be featured as a guest, please contact WhartonDigitalHealthPodcast@gmail.com.

After interviewing Wharton alumni in the healthcare space, here are the top four takeaways so far:

#1 - The MBA does pay: the Wharton healthcare community was integral to the career of every podcast guest.

While seasoned graduates likely already know this, younger graduates often opine they're not sure the MBA will pay off, though our guests beg to differ. None of their stories would be possible without a strong connection to the vibrant Wharton healthcare community.

A classic example is podcast guest Grace Bell, WG'17, who asked June Kinney to introduce her to Sachin Jain, the CEO of CareMore. Sachin responded immediately, and Grace was on a flight later that week. Separately but related, Sachin is now a top healthcare influencer on LinkedIn and posted our podcast episode of Grace, generating hundreds of listens, a definite highlight for our podcast group!

Another story of the Wharton network paying dividends is podcast guest Vidya Murthy (WEMBA '18). Mike Kijewski, WG'12, was in the process of founding a company, and contacted Vidya; she had worked in the medical device space and was starting her executive MBA at Wharton. During the two years while Vidya finished her degree, she and Mike kept in touch, bonded by their mutual interest in medical device cybersecurity and, of course, their Wharton degrees. She came on full-time, and the company just finished Y-combinator as part of the Spring 2019 cohort.

#2 - The Penn healthcare community has a deep bench in early-stage and venture-backed company leaders.

While Wharton is perhaps typically thought of as more of a services and large-company place, there exists a growing plurality of those who are working at or investing in growth stage start-ups.



Our first guest, B.A. Sillah, Penn MD and WG'17, is an investor at an early bio-tech/pharma fund in Philadelphia. His fund and others constantly come across Penn alumni either as entrepreneurs, investors, or researchers. Additionally, the University of Pennsylvania recently put aside \$50M for spinout firms, as successes include Spark Therapeutics (in acquisition by Roche for ~\$4.8B).

The pipeline for podcast guests has continued to grow, which has given us visibility into where alums are. Wharton has entrepreneurial alums in Director or above level roles in the spaces of home care, behavioral health, medical device, managed care, big data/analytics, real-world evidence, chatbots, and venture/incubator/accelerators.

#3 - You do not have to be in the Healthcare Management (HCM) Program to be welcomed into the Wharton healthcare community.

HCM continues to build on its reputation as being one of the most inclusive communities at Wharton.

I am not in the Wharton Healthcare Management Program, but I never found that to be a barrier. Several of my job opportunities came from current HCM students, HCM alumni were more than willing to chat with me for this podcast and other conversations, and HCM resources such as people or classes were even available as long as I made the right case.

The same was true for podcast guest Imran Cronk (Penn '16 undergrad). He hustled his way into Wharton graduate healthcare club events and took all the healthcare classes he could, all as an undergrad. Upon graduating, HCM alumni Bernie Zipprich, WG'16, helped him land his first job. Later, Cronk took on HCM alumni Samir Malik, WG '13, as an advisor to his company, which has now scaled to 25 states.

#4 - Most early stage/growth companies do not have a dedicated pipeline for hiring MBAs, but welcome the talent at the right price.

All of our interviewees have said they don't actively go out and seek MBAs, but rather welcome it when an MBA comes and knocks on their door. Because of the high price MBAs often command, it's hard to justify them unless there is a very strong strategic fit.

Companies that are actively acquiring capital look for MBAs with a specialized skill set and/or particular knowledge of a market. Another common request for MBA talent is individuals who can identify market fit and pricing, determining which products to push forward first and how. Growth stage healthcare start-ups tend to not want 'pivot-ers', or people who are trying something completely new. They would prefer experience. Lastly, summer internships are often not on the table, as the overhead required outweighs the benefit to the company.

Some of our published episodes include:

1. Mamta Patel, WG'14 - leads Operational Excellence Team at Flatiron (bought by Roche for \$1.9B in April '18) ([link](#))

2. Imran Cronk, Penn'16 - Founder and CEO of Ride Health (seed stage start-up now in 25 states that helps get patients to appointments) ([link](#))
3. Lauren Post, WG'14 - Director of Account Management at Grand Rounds (healthcare navigation company, raised \$100M+) ([link](#))
4. BA Sillah, WG'17 - Militia Hill Ventures, a Philadelphia-based life sciences venture capital firm ([link](#))
5. Grace Bell - leads Specialty Operations at CareMore (\$1B+ independent subsidiary of WellPoint, risk-bearing care provider, growing fast) ([link](#))
6. Kristen Coletto - member of Strategic Partnerships team at Aetion (real-world evidence platform that counts 8 of top 15 Pharma as clients, raised \$70M+ from Flare, NEA and others) ([link](#))
7. Mike Kijewski, WG'12, and Vidya Murthy, WEMBA'18 - CEO and VP of Operations, respectively, at MedCrypt, a Y-Combinator backed cybersecurity company in medical devices. ([link](#))
8. James Chaukos, WG'17 - Co-Founder, CFO, and Recruiting Lead for Cricket Health, which has raised \$24M+ from Oak, First Round and others to tackle kidney care. ([link](#))

Every business school can do a better job of decreasing the information asymmetry between growth-stage companies and MBA job applicants; Wharton is no different. Because of our distinguished healthcare program and vibrant community, we have an opportunity to highlight our leaders and ideas and get students excited about the latest trends and job opportunities. We hope you'll give the podcast a listen and look forward to your feedback!

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Featured Article

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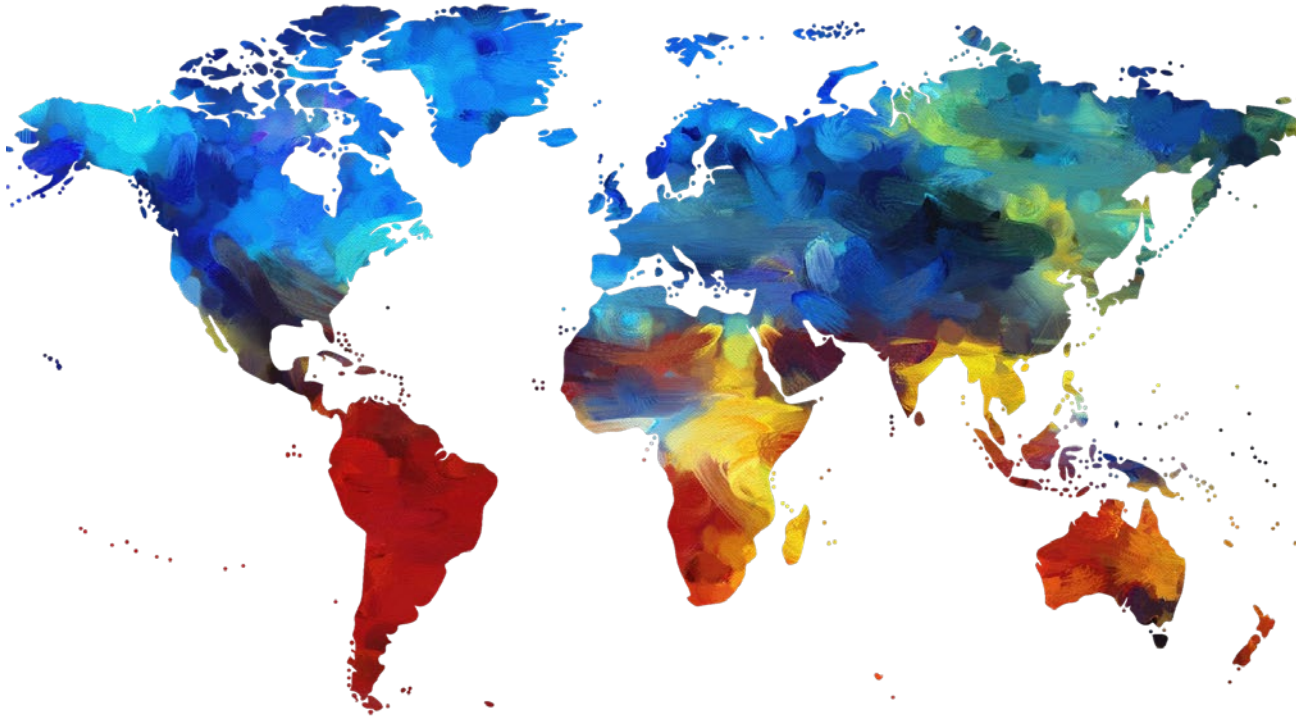
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WHARTON AROUND THE GLOBE: TREATING UGANDA'S MEDICAL TRANSPORT TROUBLES



Over spring break, four team members from the Wharton Global Health Volunteers (WGHV) club traveled to Uganda to partner with [LifeNet International](#). LifeNet operates in East Africa to provide logistics, financing, equipment, and training services to their network of independently run, faith-based health centers. In order to instill robust management standards and engage health center staff in addressing operational challenges, LifeNet partners with health centers to ensure local responsibility and sustainability. With sustainable operations in place, LifeNet and its network are able to innovate and implement locally-sourced solutions to address health challenges faced by some of the poorest communities. To identify potential opportunities for LifeNet to support future capacity building, the Wharton team was asked to explore and document current challenges and best practices for transportation-related barriers to accessing healthcare in Uganda.



Annie Forhan, WG'20 and David Wang, WG'20

In Uganda, some of the major challenges to ensuring adequate access to care are related to poor transportation infrastructure and lack of emergency medicine resources. While some guidelines were established at the national level to formalize referral practices, there are very few overarching



From left to right: Annie Forhan, WG'20, Amanuel Lakew, WG'19, Jenny Fernandez, WG'20, David Wang, WG'20

standards, processes, or ways to monitor referrals. To understand the key referral challenges that both patients and providers face, the team aimed to document the current state and define specific opportunities for LifeNet to address.

Prior to traveling to Uganda, the team set up informational interviews with researchers and other not-for-profit organizations operating in East Africa to understand typical referral practices and learn about regional solutions that have been explored. As one example, the team learned of a network of 'boda-boda,' or light motorcycles, drivers who agreed to provide subsidized transportation for non-emergency referrals and in return received EMT training and reduced maintenance costs. The result was patients who were able to afford the transportation between health centers and therefore able to follow-up on their referrals, while being accompanied by a driver who had some level of medical training to ensure safe transportation. Following these conversations, the Wharton team expanded the scope of the LifeNet project to include recommendations for

both potential transportation initiatives as well as partnerships for broader solutions related to emergency care and referral practices.

Once in Uganda, the Wharton team had the opportunity to visit primarily with LifeNet partner clinics. As faith-based, private, not-for-profit clinics, visiting patients do pay to receive care and treatment at these facilities. The team found the staff clearly communicated and advertised their prices in the communities they serve and have robust processes for determining what types of services, medications, and procedures they can provide. Furthermore, the team found these faith-based health centers were deeply ingrained in their communities and were intrinsically motivated to provide accessible services. One such practice is for these health centers to partner with neighborhood-based Village Health Teams to provide free immunizations and screenings in the villages several times a month. By bringing care to the patients, these health centers are able to meet and treat patients that otherwise may not have sought care or been able to access care at a clinic. Finally, the Wharton team met with LifeNet staff and facilitated a working session with several non-profit partners to identify root causes of transportation-related access barriers and gain consensus on a set of priorities that these organizations would explore further.

LifeNet staff and their partners across Uganda are dedicated to providing support for patients in their communities. The Wharton team was excited and humbled to learn from such passionate professionals about the challenges they face and the improvements they make every day to provide quality care. The team furthermore looks forward to staying in touch with LifeNet to learn more about any future transportation and emergency medical services initiatives they implement. Thank you to the alumni who made this trip and this project possible for our members this past semester!

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