



Health Care Management
Alumni Association

THE WHARTON HEALTHCARE QUARTERLY

SUMMER 2024, VOLUME 13, NUMBER 3



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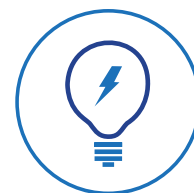
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EDITOR'S LETTER



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

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

There is never a dull moment in healthcare! And 2024 is no exception, from the Change Healthcare/UnitedHealth Group cyberattack, which impacted millions, to the outcome of the November elections, which will affect all of us and the healthcare system in ways both large and small.

The Wharton Healthcare Quarterly continues to have the benefit of experts across the healthcare landscape who generously share their expertise so readers can stay up-to-date and remain lifelong learners better equipped to adapt to change and make a difference!

“Action and adaptability create opportunity.”
~ Garrison Wynn

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THE PRESIDENT'S DESK

In Every Issue



Katherine Clark, WG'15
To learn more about Katherine,
[click here](#).

As I move into my second year as President of the WHCMAA, I continue to be inspired by the dynamic conversations I have with alumni whom I have the opportunity to meet. Each interaction deepens my appreciation for the passion of our membership, which drives the strength of our community. I hope your membership too provides the same unparalleled opportunities. I want to use this time to keep members up to date with our goals and upcoming programming and events, as well as thank the unwavering dedication of my fellow Board members and WHCMAA members.

As we move into the start of the next Board term, I'd like to extend a warm welcome to our newly elected Board members: Ryan Berger, WG'06, Smita Jain, WG'05, and Rob Varady, WG'14. We will also be joined by Imran Cronk, W'16, our incoming undergraduate alumni representative, who is a former president of the Wharton Undergraduate Health Care Club. We are grateful for the service of those rolling off the board - Ryan Vass, WG'14 and Mark Whitcher, W'93. Their contributions have been invaluable, and we now look forward to the fresh perspectives our new members will bring.

As the summer continues to fly by, I am excited to share the upcoming events and opportunities of our alumni association. Thanks to the efforts led by Kristina Mani, WG'22, our Chair of the Program and Events Committee, as well as the countless alumni volunteers, we continue fill our summer calendar with local WHCMAA happy hours across the country. I hope many of you have the chance to attend one to catch up with old friends, while meeting current students and recent graduates.

The board has also expanded our presence at new industry conferences this year, including a meet and greet at VIVE this past February, as well as upcoming plans for HLTH. As these conferences gain popularity and influence in the field and more of our alumni attend, we hope such events can gain popularity in the coming years, similar to our annual reception at JPM.

One of our efforts is to strengthen the association through engaging incoming students. I again had the opportunity to speak at the HCM preterm, sharing my Wharton experience and introducing the sheer depth and breadth of our alumni association. We further expanded these goals, spearheaded by Dr. Pete Hanna, WG'20, our WEMBA Board representative, by holding our inaugural information session, with strong attendance for incoming WEMBA students this June.

Looking ahead to the fall, the alumni Conference Committee continues to diligently plan the 2024 conference entitled, **"Driving Change in a Consistently Resistant Industry: Implications for Providers, Payers, Life Sciences, and Health Services."** Hannah Plon, WG'22 and Michael Rovinsky, WG'86 continue to lead an incredible team of Board members,

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PRESIDENT'S DESK

developing the content and organizing the many logistics of the day. Please save the date for Thursday and Friday November 14-15, when we will gather at a new venue, Hilton Philadelphia at Penn's Landing. This conference promises to build on the success of prior years, continuing the tradition of an excellent line up of speakers and attendees from whom to learn and discuss the most exciting topics in healthcare. Tickets are now on sale. This notification is your reminder to take advantage of early bird pricing! [Sign up here](#).

As always, I encourage you to get involved with our committees and events. Your participation is crucial to our continued success and the growth of our community. If you are interested in hosting an event or contributing your expertise, please don't ever hesitate to reach out. I'd love to hear from you!

Thank you for your continued support and dedication. I look forward to seeing you at our upcoming events and working together to drive innovation and positive change in healthcare.

Kind regards,

Katherine Clark, WG'15
President, Wharton Health Care Management Alumni Association

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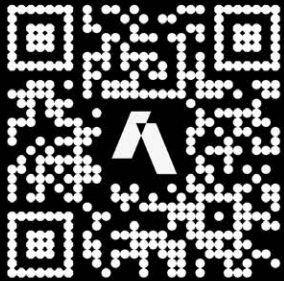


DREAMERS

We dream big by thinking small, at the cellular level, inventing ways to destroy cancer and advance humanity.

ARCELLX

SEE OPEN POSITIONS



ALUMNI NEWS

David Hutton, WG'78

David Hutton recently retired from a 45-year career in healthcare management that included consulting, hospital, and physician practice management. He resides in southern New Hampshire, with his wife Faith, where he looks forward to having his grandchildren move in the fall.

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Alan Sooho, GME'79, WG'81

Alan Moy Sooho, MD recently completed his 40th year with the Department of Veterans Affairs. Sooho has been Chief of Psychiatry at Knoxville, IA and Chief of Staff at Battle Creek, MI. Currently in Boston, he performs mental health disability examinations, verifies results of employee drug tests, and co-manages the Asian American Pacific Islander affinity group.

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Kate Reed, WG'87

New Partner at Aspire Health Innovations – Helping innovative technology start-ups hone their solutions, their value propositions, and their marketing in order to build stronger partnerships with provider and payor C-suite executives. Ultimately, getting transformative AI, ML, and XR tech in the hands of healthcare decision-makers, caregivers, and patients.

[Learn more.](#)

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ALUMNI NEWS

Marketa Wills, MD'00, WG'06

The American Psychiatric Association announced that starting June 1, 2024 its new CEO and Medical Director will be Marketa Wills, M.D., M.B.A. Dr. Wills will become the eighth Medical Director in APA's 180 year history and will be the first Black American and first woman to fill the role. Wills has decades of experience in driving innovation and promoting quality mental healthcare. The American Psychiatric Association, founded in 1844, is the oldest medical association in the country. The APA is also the largest psychiatric association in the world, with more than 38,000 physician members specializing in the diagnosis, treatment, prevention and research of mental illnesses. APA's vision is to ensure access to quality psychiatric diagnosis and treatment.

Most recently, Dr. Wills served as the Senior Vice President and Chief Medical Officer of John Hopkins Health Plans, had a clinical practice at University of South Florida Student Health Services in Tampa, Florida, sat on for profit and not-for profit boards, and served as the Chair of the Standards Committee of the National Committee for Quality Assurance. Earlier in her career, Dr. Wills was a member of the APA Board of Trustees as an APA SAMHSA Minority Fellow, recently sat on the APA Future of Psychiatry Presidential Task Force, and was a member APA's Council on Health Care Systems and Finance.

"As a longtime mental health advocate, I am honored to take the reins of the APA at this time in our history," said Wills. "Given where we are, with the explosion of AI, innovation, and the changing landscape of technology, I look forward to working with APA's membership and the administration to accelerate psychiatry into the future."

At John Hopkins Health Plans, Wills led a staff of 300 employees and had been instrumental in evaluating and implementing digital clinical tools for members to better manage their own health conditions. She has served in different leadership capacities in both health care plans and in academic settings and is board-certified by the American Board of Psychiatry and Neurology. She is an alum of McKinsey & Company (Cleveland Office), where she consulted on various healthcare engagements, and has also served on her local NAMI board and as a volunteer at her local Mental Health America affiliate.

Dr. Wills has been named to Maryland's Top 100 Women List by the Daily Record (2022), as a Woman of Influence by I-95 Business (2022), and Chair of the Medical Alumni Advisory Council at the University of Pennsylvania School of Medicine (2022). In April 2024, Wills was inducted into the University of Pennsylvania's School of Medicine honor society (Alpha Omega Alpha). She also coauthored a book in 2019 entitled "Understanding Mental Illness." Wills holds an M.D. from the University of Pennsylvania School of Medicine, an M.B.A. from the Wharton School of Business, and an A.B. from Brown University. She completed her training at Harvard's Massachusetts General Hospital/McLean Hospital Adult Psychiatry Residency Program.

She hails from Dayton, Ohio, where she spent her formative years. She recently relocated with her family to the Washington, DC area for her new role.

Contact Marketa at her [LinkedIn Profile](#)

ALUMNI NEWS

Andrew Barnell, WG'17

Geneoscopy, Inc., a life sciences company focused on developing diagnostic tests for the advancement of gastrointestinal health, announced that the U.S. Food and Drug Administration (FDA) approved its noninvasive colorectal cancer (CRC) screening test, ColoSense. ColoSense is indicated as a screening test for adults, 45 years of age or older, who are at typical average risk for developing CRC.

[Learn more.](#)

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THIS MONTH'S PHILOSOPHER:
Connie Jao, WG'22

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



THE PHILOSOPHER'S CORNER

In Every Issue



Connie Jao, WG'22

LIFE LESSONS

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

focused on internal rather than external validation. Growing up, so much of my self-worth was tied to the trophies that I won, praise from my parents, and the validation of my friends. I didn't realize just how precarious this was in my career and personal life, until I felt like I was on this rollercoaster of extreme highs and lows, all dictated by the whims of others. Building a company where my days were filled with self-doubt, I craved... in fact, I needed, external validation. I quickly learned that chasing the awards or news articles were irrelevant, and often distracting to the actual work that I needed to do.

I learned to adjust the narrative in my mind and tie my self-worth to my innate characteristics. Even when I felt like I failed or made a mistake, I had to shift away from letting it define who I was as an entrepreneur. It's still a work in progress, but I think I've learned to step off this rollercoaster!

If I knew then what I know now, I would NOT have...

stayed in a career that I wasn't passionate about. Early in my career, I worked in finance and was recruited six months after my first job to join another firm, after completing a two-year investment banking analyst program. I was swept up in the excitement with everyone else who also followed this career path, and pushed away any hesitation I had on whether this was the right path for me. It wasn't until three years later when I left finance and took the time to uncover my passion in healthcare.

Looking back, I am grateful for the skills that I built and people I met. But I didn't have the same feeling of fulfillment that I am now so lucky to feel every day. Especially during the most challenging times of building my fertility startup, I always turned to my passion for helping an underserved population to drive me forward.

FAVORITE QUOTES

1. "I am still in progress, and I hope that I always will be." ~ Michelle Obama
2. "If you're in the business of making something, be in the business of making something great." ~ Robert Iger
3. "Waves are inspiring not because they rise and fall, but because each time they fall, they never fail to rise again." ~ Josh Billings

RECOMMENDED READING

1. *The Boys in a Boat* by Daniel James Brown
2. *Bad Blood* by John Carreyrou
3. *Educated* by Tara Westover

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AFFIDAVIT: HEALTHCARE AND THE LAW - CHANGE HEALTHCARE AND CYBERSECURITY: TAKEAWAYS FROM THE MOST SIGNIFICANT CYBERATTACK ON THE U.S. HEALTHCARE SYSTEM IN HISTORY



On February 21, 2024, Change Healthcare (“Change”), a subsidiary of UnitedHealth Group (“UHG”), was hit with a cyberattack carried out by the ransomware operator AlphaV/BlackCat. While Change is not an insurance company and does not provide healthcare services directly, it is one of the largest clearinghouses for medical payments in the U.S., touching at least one in three patient records according to estimates from the American Hospital Association (“AHA”).¹

These transactions include a range of services that directly affect patient care and provider reimbursement, including eligibility verifications and pharmacy operations, as well as claims transmittals and payments. Upon learning of the attack, Change stopped performing many of its essential functions, which resulted in immediate

and considerable chaos industry-wide. It has been reported that most Change services and functions were restored weeks after the attack, but organizations across the healthcare industry experienced, and in some cases continue to experience, profound business operation interruption and severe financial consequences. Every organization in the healthcare space should be following developments regarding the attack. This article summarizes some important considerations and offers key takeaways.

First, the attack presents substantial risks to patient care. The New York Times has identified several studies highlighting some of the critical patient care concerns associated with cyberattacks.² One such study from 2023 linking a database of hospital ransomware attacks to Medicare administrative claims data has found that ransomware attacks not only cause short-term and immediate decreases in hospital volume, but such attacks also increase in-hospital mortality rates for hospital patients already admitted at the time of an attack.³

Cyberattacks on healthcare providers and other companies in the industry often impact access to electronic health records (EHRs), imaging systems, telemedicine capabilities, and other essential workflows, all of which present serious patient care

concerns. Though literature focusing on ransomware patient outcomes is still fairly limited, the negative impacts of ransomware attacks on hospitals and other healthcare companies has been a topic of interest in recent years as attacks on companies within the healthcare industry have increased in frequency and sophistication.⁴ According to a survey conducted by the AHA less than one month after the Change attack, 74% of the nearly 1,000 hospitals surveyed reported direct care impacts, and nearly 40% of responding hospitals reported patients having difficulty accessing care because of delays in processing of health plan utilization requirements (e.g., prior authorization).⁵

Second, the data privacy implications of the attack are significant. UHG has confirmed that personally identifiable health information, claims information, and health information has been compromised, including information from at least 22 screenshots containing protected health information (“PHI”) and personally identifiable information (“PII”) from allegedly exfiltrated Change files that were posted on the dark web for about a week.⁶ On April 22, 2024, UHG issued a press release stating that its initial targeted data sampling revealed files containing PHI and PII that “could cover a substantial portion of people in America.”⁷

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), covered entities have 60 days from the discovery of a breach affecting 500 or more people to report the breach to the HHS Office of Civil Rights (“OCR”). However, notwithstanding UHG’s April 22 press release, neither UHG nor Change had provided a formal breach notification to the U.S. Department of Health and Human Services (“HHS”) as of May 1, 2024.⁸ So while the investigation remained ongoing, individual providers and other healthcare companies who might have been impacted by the attack continued to lack clarity regarding exactly how they had been affected and what steps they might need to take as a result of any protected data that might have been accessed.

Third, healthcare businesses have endured extreme and sometimes catastrophic financial consequences. The attack significantly delayed reimbursement and, in many cases, made reimbursement requests impossible. Healthcare businesses dependent on reimbursement were unable to obtain insurance authorization to provide treatment. These issues caused substantial business interruptions across the industry.



Source: Bigstock

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KEY TAKEAWAYS FOR HEALTHCARE BUSINESSES

As the aftermath of the attack unfolds, it should serve as a wake-up call to all industries, but particularly the healthcare industry, that **now is the time to scrutinize and update policies to ensure future preparedness**. The healthcare industry is especially vulnerable to cyberattacks because **healthcare is deemed “critical infrastructure,”** and thus **the security of the healthcare systems is an issue of national security**.⁹ Here are a few takeaways for businesses in the healthcare industry to consider.

- **Review and update internal cybersecurity policies.** U.S. and international privacy laws are changing rapidly, and it is thus critical that your organization regularly review and update privacy policies to maintain compliance.
- **Review and update Business Associate Agreements.** If your business deals with HIPAA-protected data, it is important to review your Business Associate Agreements (BAAs) to understand your potential rights and obligations. In particular, businesses should understand their indemnification rights when breaches are caused by third parties. Similar scrutiny should be applied to your vendors’ subcontractors.
- **Review cyber insurance and business interruption insurance policies.** Be sure to understand notice requirements and the scope of coverage on applicable insurance policies. If you do not have cyber insurance, premiums are only increasing, so you should analyze the need for coverage sooner rather than later. Business interruption insurance is an additional coverage that could apply in situations involving a cyberattack that did not happen directly to your organization.

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Disclaimer: This article has been prepared and published for informational purposes only and is not offered, nor should be construed, as legal advice.

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8. <https://www.unitedhealthgroup.com/newsroom/2024/2024-04-22-uhg-updates-on-change-healthcare-cyberattack.html>
9. The term “critical infrastructure” is defined under 42 U.S.C. § 5195c(e) to mean systems and assets, whether physical or virtual, so vital to the United States that their incapacity or destruction would have a debilitating impact on security, national economic security, national public health or safety, or any combination of these matters. Federal policy has identified 16 critical infrastructure sectors, including healthcare and public health. See Presidential Policy Directive (PPD) 21: Critical Infrastructure Security and Resilience (Feb. 12, 2013), Retrieved from: https://www.cisa.gov/sites/default/files/2023-01/ppd-21-critical-infrastructure-and-resilience-508_0.pdf. See also Critical Infrastructure: Actions Needed to Better Secure Internet-Connected Devices, GAO-23-105327 (Dec. 01, 2022), Retrieved from: <https://www.gao.gov/assets/820/813605.pdf>.

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TO YOUR HEALTH: AESTHETIC TREATMENTS FOR NON-AESTHETIC PROCEDURES - DRIVING FORWARD A NEW INSURANCE MODEL

When discussing plastic surgery, one's mind may easily jump to cosmetic procedures, such as an older woman wanting Botox injections to look younger for an upcoming event or a teenager wanting a nose job because their high school friends are all getting one. Although cosmetic requests are a big component of medical aesthetics, the medical side is not nearly discussed as much.

Working at Jefferson Facial Plastics, I have been able to observe the vast number of procedures that were clearly more reconstructive than cosmetic. Seeing patients enter our office with no nose from cancer resection or noticeable facial asymmetries from Bell's palsy have opened my eyes to the benefits of the field that did not revolve around simply wanting to resemble the nose of a celebrity. Despite this reality, several types of reconstructive surgery tend to be denied coverage by insurance companies, as plastic surgery is often viewed as a primarily cosmetic field. In this article, I discuss the benefits of aesthetic procedures for medical reasons and drive forward the rationale for insurance coverage of these treatments.



BOTULINUM TOXIN (BOTOX)

Botox is the most common treatment for age-related facial fine lines and wrinkling. Botulinum toxin has paralytic effects causing decreased movement of the facial muscles, resulting in fewer wrinkles being seen (Mayo Clinic). Due to the paralytic components of Botox, it is also used as a treatment for several facial nerve disorders. Patients who arrive with hemifacial spasms (involuntary contractions of facial muscles on one side of the face) or synkinesis (involuntary muscle contractions when another muscle is voluntarily moved) benefit significantly from Botox injections. The involuntary facial movements are decreased, or even resolved completely, as the Botox effects take place (University of Maryland Medical System). Other common disorders treated with Botox injections include chronic migraines and hypersalivation (Rush University Medical Center).

FILLER

Lagophthalmos (the inability to close the eye) is a common symptom of facial paralysis. This disorder can lead to a variety of orbital issues, including dry eye syndrome and eye infections from corneal exposure (Semin Ophthalmol). A well-researched treatment for lagophthalmos is insertion of a gold or platinum weight to the upper eyelid, adding extra weight to help close the eye (Indian Journal of Dental Research). A temporary treatment which can be performed quickly and in the office setting is injection of a small amount of filler to the upper eyelid. This procedure allows extra weight to the upper eyelid, allowing for complete eye closure.

The benefit of filler injections is that the filler dissolves on its own after approximately 6 to 18 months (American Board of Cosmetic Surgery). Compared to a gold or platinum weight placement, there is no further procedure required if the patient elects not to have the weight in place.

BROW LIFT AND EYELID SURGERY

The most common facial plastic surgery procedure, and the fifth most common general plastic surgery procedure, is eyelid surgery (American Society of Plastic Surgeons). This is a procedure where fat pads and excess skin is removed, providing a more youthful appearance (Mayo Clinic). This procedure is often performed in the same sitting as a brow lift, where the brows are raised to a higher position. Although this procedure is commonly performed for cosmetic reasons, it provides significant benefits from visual obstruction from dermatochalasis (excess skin). The removal of the excess skin of the upper eyelids and lifting the brows helps widen a patient's visual field (Mayo Clinic). Insurance coverage often requires a Humphrey visual field test to assess how much of a person's vision is obstructed.

NOSE JOBS (RHINOPLASTY)

Often, trauma to the nose can result in a nasal fracture with immediately worsened breathing. The functional component of the procedure can include internal nasal surgery, to include a septoplasty (MUSC Health). The external component of the procedure is often seen as merely a nose job and classified as cosmetic. It is important to note, however, that crooked nose deformities can result in worsened breathing in one nasal cavity versus the other. This disrupts the airflow significantly, leading to worsened breathing (Acta Otolaryngol). Performing a repair (also called open reduction and internal fixation of nasal bone fracture) can improve breathing significantly after nasal trauma, while simultaneously resulting in a more aesthetic look (Acta Otolaryngol).

DRIVING FORWARD A NEW INSURANCE MODEL

Looking at the various medical procedures that can benefit from plastic surgery interventions, it is clear the field of medical aesthetics is not purely focused on the looks of a patient, but also includes functional components. Symptoms of facial spasms, inability to close the eyes, obstructed vision, and worsened nasal breathing after trauma are all indications for interventions that are often categorized as out-of-pocket expenses for the patient and not covered by insurance.

It is important the research literature include the medical benefits of these procedures to ensure further knowledge. Studies will be crucial for patients suffering from these symptoms to be eligible for insurance coverage. As the medical arena is always growing, the field of aesthetic medicine is growing at a faster rate than ever for both cosmetic and functional cases. It is imperative that healthcare insurance coverage expand to include these types of surgical interventions.

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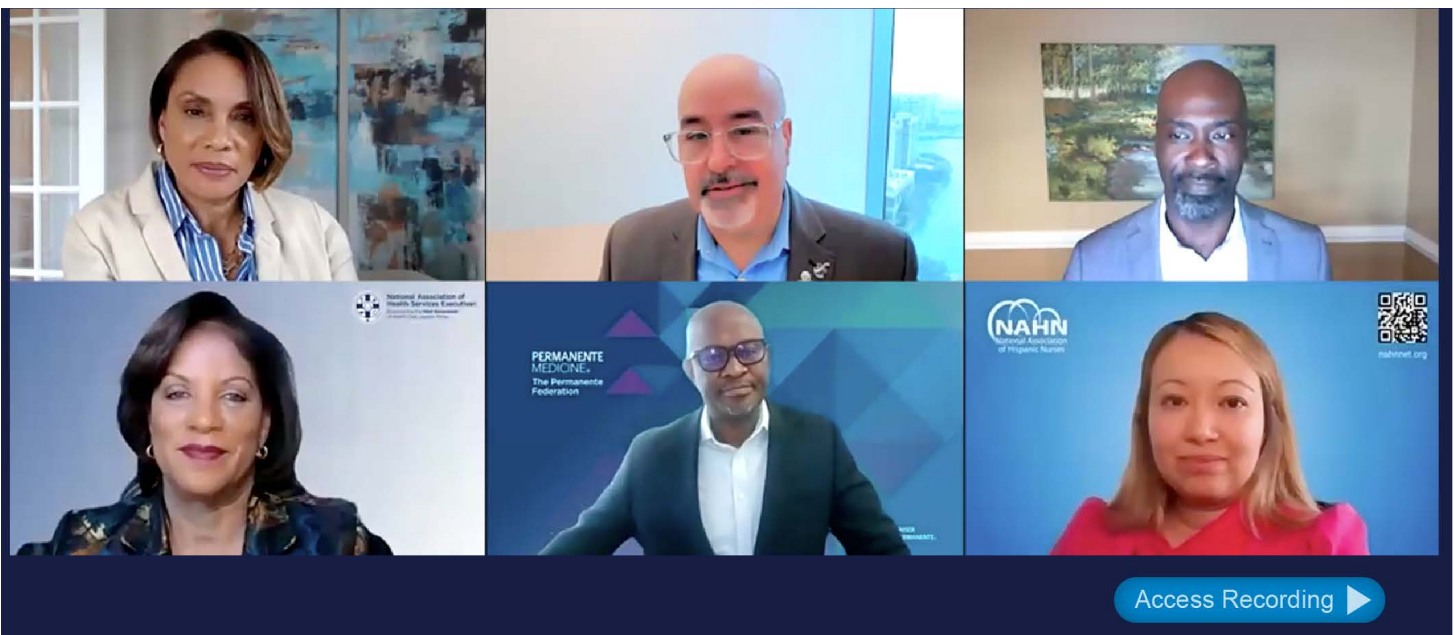
DOWNLOADING SUCCESS: NAVIGATING THE FUTURE OF DEI IN HEALTHCARE AFTER AFFIRMATIVE ACTION REVERSAL

What we do for ourselves is temporary, but what we give to others lasts forever.
~Delvechio Finley, FACHE

2020 and 2021 brought much-needed attention and action to diversity, equity, and inclusion (DEI) efforts in healthcare. However, these gains have faced a significant setback due to various legislative actions. The Supreme Court's reversal of Affirmative Action, followed by the introduction of bills in several states to restrict DEI efforts, has regressed progress in many ways.

It is crucial to understand how the industry can navigate these obstacles and uphold its commitment to advancing DEI strategies without giving in to the prevailing backlash. Healthcare is a vital part of society, and its success depends on embracing DEI. While many organizations are pulling back, successful healthcare teams are stepping forward, recognizing the pivotal role of inclusion and equity for all in the communities they serve.

Furst Group and NuBrick Partners partnered with five recently honored Diversity Leaders in Healthcare for a virtual panel discussion aimed to help you navigate the future of DEI in healthcare post the political headwinds. Together, we tackled several thought-provoking questions and shared ways to champion DEI in healthcare, leaving hundreds empowered to continue and accelerate progress during this crucial time.



PANEL DISCUSSION: THE FUTURE OF DEI

Our virtual panel, “Navigating the Future of DEI in Healthcare,” is an insightful one-hour conversation that delivered meaningful ways to continue progress as the topic of diversity, equity, and inclusion has become more politicized in the

wake of the Supreme Court's reversal of Affirmative Action. During this discussion, you will discover innovative strategies to continue advancing important DEI initiatives through the creation of impactful goals and policies and the importance of measuring accountability around these objectives to create sustainable, forward momentum.

Moderated by our Principal, Deanna Banks, our panelists provided key takeaways focused on tangible action, offering practical advice and strategies to continue fostering diversity and addressing inequity and inclusion in the healthcare industry.

Panelists included:

- **Nkem Chukwumerije, MD, MPH, FACP**, President & Executive Medical Director, Southeast Permanente Medical Group and National Physician Lead for Equity, Inclusion, and Diversity, Permanente Medical Groups
- **Delvecchio Finley, FACHE**, President, Atrium Health Navicent
- **Lisa Mallory, PhD**, Chief Executive Officer, National Association of Health Services Executives
- **Adrianna Nava, PhD, RN**, President, National Association of Hispanic Nurses, Research Scientist, National Committee for Quality Assurance
- **Marcos Pesquera, R.PH, MPH**, President & Chair, National Association of Latino Healthcare Executives and System VP, Community Health, Chief Diversity Officer, CHRISTUS Health

Their combined expertise offers a rare and timely opportunity to discover how successful organizations continue to drive business performance and cultivate a more inclusive, engaged workforce for all, even amidst the stigmatization of DEI.



**NKEM CHUKWUMERIJE,
MD, MPH, FACP**

The Southeast Permanente
Medical Group



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**Moderator
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DOWNLOADING SUCCESS: NAVIGATING THE FUTURE OF DEI IN HEALTHCARE AFTER AFFIRMATIVE ACTION REVERSAL

THE HEART OF INCLUSION

The audience found common ground in the belief that the heart of healthcare is improving equity for the overall community. In this session, leaders revealed that getting to the heart of healthcare is the driving force, motivating more individuals to champion DEI programs.

Panelists explored that a shift in mindset is required around the meaning of DEI, shedding light on the essence of inclusion. This sparked an insightful discussion of how to reframe the topic of DEI to promote a more holistic approach for even its harshest critics. Additionally, the leaders shared research that reveals how language is pivotal to generating organizational support and participation.

HOW TO IMPROVE DEI IN HEALTHCARE

Imagine a workplace where you feel safe and supported, and equity abounds within the team and communities you serve. Innovative ideas flow from one department to the other, and colleagues are inspired and authentically engaging with one another. This is the culture the panelists have cultivated across organizations and envision for healthcare leaders ready to embrace DEI as an engine of acceleration. Throughout the webinar, they delved into tools to help generate cross-functional buy-in from other leaders, government entities, and organizations to overcome apprehension about DEI initiatives.

In this discussion, panelists unraveled narratives that showed allyship in a new light. By understanding the traits of a great ally or advocate, leaders can find tremendous success in building bridges for others to cross and generating buy-in and support from the Board, senior leaders, and professional organizations.

Multiple leaders revealed strategies they are currently employing within their teams to recruit authentic leaders and maintain a diverse workforce post the Affirmative Action reversal. Education is key to ensuring your leadership continues to reflect the vast diversity of the communities served.

DEI CHALLENGES AND BENEFITS

The Supreme Court's reversal of Affirmative Action has prompted healthcare organizations to reevaluate their DEI strategies. This paradigm shift demands introspection, evolution, and a steadfast commitment to creating inclusive environments. It's crucial to recognize that diversity is an outcome, not a standalone objective. It is intricately woven into the fabric of healthcare's core purpose — to serve and enhance the well-being of the entire community.

The event went beyond passive listening, empowering attendees to reshape their views and understand the mutual benefits of embracing diversity, equity, and inclusion. These benefits extend beyond individual organizations to positively impact the surrounding communities.

This conversation is a testament to the unstoppable force of DEI when everyone works together. The exchange of ideas left hundreds of participants motivated and equipped to drive meaningful change. Access the virtual panel discussion to find inspiration and gain valuable insights into advancing DEI across your healthcare organization and community.

RESOURCES: INVESTING IN DEI INITIATIVES

Beyond the webinar, the panelists shared a list of resources, including direct engagement opportunities with their professional organizations.

Whether you aim to support initiatives within your team, work with executive recruiters who value DEI, or connect with professional associations, these resources will enhance your efforts and understanding of DEI in healthcare as the industry navigates this critical moment.

Tune into the discussion and explore the resources for actionable takeaways. Together, we can continue transforming healthcare. [Access the Virtual Panel Discussion Recording and Resources](#).

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CYBERVITALS: LEARNING FROM CHANGE

Change Healthcare captured headlines after suffering a cybersecurity attack in late February 2024 that crippled the ability to process medical claims for hundreds of healthcare providers. Less discussed is that 74% of hospitals said the incident resulted in “direct patient care impact.” At times as many as 2 in every 5 hospitals reported patients couldn’t get access to care due to the inability to get prior authorization.

The CEO of parent company UnitedHealthcare testified in front of Congress in April, stating a \$22 million ransom payment was made for a breach that ultimately began from a failure to enable multi-factor authentication for remote access to a server. Change Healthcare was a single point of failure for one-third of the US population’s data - it’s being called “the Colonial Pipeline incident of healthcare.”



Multi-factor technology began to get commercialized in the 1990s and really became popular in the mid-2000s. And while healthcare is known to be a decade behind in technology adoption, the global pandemic accelerated adoption to enable the workforce to work safely. And while other industries may be exploring passwordless futures, the continued lag in and insufficient prioritization of security in healthcare are shocking. The notion of attackers being ‘ahead of the game’ is almost moot when the basics of known good security practices have not been implemented.

This is even more starkly contrasted with the promise of data at scale enabling novel care development, such as the use of artificial intelligence for diagnostic purposes and ‘paving the way to the future.’

It used to be that cybersecurity in healthcare meant patient health data, which many thought was benign and that sharing information like glucose level readings wouldn’t matter. Then that evolved into insurance account fraud. Now we’re facing a world in which patients cannot get treatment. In other words, we went from the initial concerns about the confidentiality of medical information to concerns about the availability of health services due to system and data availability.

As outlined in a recent paper, patient survivability for favorable neurological activity dropped ten-fold when the healthcare delivery organization experienced a cyberattack. The quality of care delivery, and consequently the outcome of patients undergoing treatment, is being impacted by poor security practices.

WHEN WILL OUR COMMUNITY SAY THIS IS ENOUGH?

Government intervention has been ramping up on all sides of the healthcare equation, with particular attention on device manufacturers and hospitals. While many cite the absence of a comprehensive consumer protection plan - which absolutely should be developed - it’s a bit reactive for my tastes. Patients should not be burdened with needing to be

educated on security considerations when choosing care. Instead, the complex web of related parties must deliver better to those in need.

WHERE CAN YOU START TO CHANGE TODAY?

1. Look at your global cybersecurity risk management program. From this review, you should understand the exposure in your organization, the type of data that is riskiest, and the related mitigations. But also think about which functions and processes that data supports - it is not merely a breach of information; it is the assurance of timely and quality care. If that thread of questions can't be answered, you know where to start.
2. Once you've defined the scope of highest concern, apply the Pareto Principle and focus on threat modeling, third party management, and trusted communication.
3. Lastly, look to your leadership. If there is not active discussion about both the opportunity and threats that come from connectivity in your organization, that's a big gap. Take the opportunity to raise the importance of cyber resilience and the need for business continuity/disaster recovery planning.

The entire Change Healthcare experience should serve as a wake-up call to the healthcare industry, highlighting the urgency and importance of managing risks through both proactive and reactive measures.

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MIND THE GAP: MINORITY MENTAL HEALTH - DIVERSITY, EQUITY, AND INCLUSION IN CLINICAL TRIALS

July is National Minority Mental Health Awareness Month. The mental health ecosystem comprises education and awareness initiatives, primary care screening, therapeutic (including holistic and complementary) products and services, treatment facilities, insurance, support groups, employee assistance programs (EAP), drug development, and government policies which give shape to everything else.

In 2020, around \$280 billion was spent on therapeutic services in mental health alone, a quarter of which went disproportionately to Medicaid. With an overrepresentation of Black (20%) and Latino (30%) patients, there is a racialization of poverty as there is for many other social determinants of mental health. There appears to be no disproportionate incidence of mental health disorders for minoritized populations, but health disparities manifest in various ways for these groups, including lower rates of diagnosis and treatment, greater severity and longer duration of illness, and decreased access to culturally competent counsel and care. What remains poorly exposed in this ecosystem are the myriad ways in which drug development efforts, haunted by a history of racialized exploitation, continue to reproduce health disparities. Examining, for instance, the explosive interest in psychedelics, reveals the contemporary challenges that remain willfully ignored.



There are currently over 200 clinical trials of psychedelics for various mental health conditions registered as looking for subjects or active with clinicaltrials.gov. From 2010-2015, a single trial was initiated. From 2015-2020, there were 19. And from 2020-2025, 199. Patenting and drug development efforts of psychedelics have tried to exploit long-held Indigenous knowledge about the therapeutic and transformative properties of these substances. This has not happened without organized resistance. But most Western researchers and companies have nonetheless moved forward without adequately recognizing or compensating these communities. They engage in a form of “biopiracy,” which monetizes a communal asset and renders it difficult for the very people whose wisdom has been exploited to access the products they have helped to create.

Beyond the grotesque injustice to Indigenous communities that have stewarded this knowledge for generations, current clinical research about the potential therapeutic effects of psychedelics is undermined by historical atrocities such as the Tuskegee Syphilis Study and the unauthorized use of DNA samples from the Havasupai Tribe, which has understandably fueled mistrust in clinical research and medical institutions. While guidelines advanced in the Belmont Report in 1976, today upheld through Institutional Review Boards (IRBs), endeavor to assure research participants of some ethical standards, there is the additional contemporary challenge of cultivating trust with communities that were historically exploited and of being more deliberate about how they are included in clinical trials.

The NIH Revitalization Act of 1993 mandated guidelines for the inclusion of women and individuals from racial and ethnic minority groups in clinical research, aiming to ensure study participants represent real-world diversity for generalizability of research findings across populations. NIH continued to prioritize inclusion efforts through initiatives such as the NIH Research, Conditions and Disease Categorization Inclusion Statistics Report, which provides data on participant demographics, but it was not until 2017, that they mandated valid analyses by sex/gender, race, and ethnicity in applicable Phase III clinical trials submitted to Clinicaltrials.gov.

Still, the inclusion of minoritized groups in psychedelic medicine studies in treating a wide range of mental health disorders, including depression, post-traumatic stress disorder (PTSD), anxiety disorders, addiction, obsessive-compulsive disorder (OCD), eating disorders, chronic pain, and even end-of-life anxiety, remains very poor.

On December 29, 2022, President Biden signed into law the Food and Drug Omnibus Reform Act of 2022 (“FDORA”), intended to promote diversity in late-stage clinical trial enrollment. Yes, representation in **Phase III clinical trials** is crucial for evaluating safety and efficacy of a compound, especially for those disproportionately impacted by a disease. **By this stage**, volunteers might benefit medically, and it is not by accident that **minorities are underrepresented**. From that perspective, FDORA offers an important intervention (however incremental) in promoting health equity. But the failure to examine the entire process of drug development, including a closer look at Phase 1 trials will perpetuate racialized health disparities.

The earliest stage of clinical trials, Phase I, involves testing new drugs for the first time in human subjects, usually healthy volunteers, to evaluate safety. These trials are undertaken to characterize the risk of injury at various doses of a compound and can be hazardous to the health of those enrolled. While participants typically don't expect health benefits at this stage, they are compensated, attracting those who are low-income, often Black or Hispanic (again due to the racialization of poverty), due to financial

incentives. Historically, **minorities** have been **overrepresented in Phase I trials**, raising ethical concerns about exploitation and the need for protective policies. Vulnerable groups, including individuals who are unhoused or struggling with mental illness have also been targeted for early-stage drug development in the past.

Specifically in Phase 1 trials for psychedelics (for which there is a general risk of seizures that corresponds to the incidence of epilepsy in the population at large), there is likely increased risk for subjects whose demographics we know to be overrepresented in early-stage clinical research and are at disproportionate risk for epilepsy but who also tend to be grossly underdiagnosed. Screening by history in this population, which is often by self-report, is inadequate.

But now, say that screening, whether by clinical history or by electroencephalogram (EEG), one of the main diagnostic tests for seizures, is used to exclude epilepsy patients from clinical research on psychedelics. This is also distinctly discriminatory, as for these patients, who often have highly co-morbid mood and anxiety disorders, safety data for psychedelics will be entirely lacking. The acute solution here, beyond what can be done in terms of addressing social determinants of mental health that generate these disparities, is greater vigilance around screening and monitoring. Equitably safeguarding participant health will also require transparency and accountability.

The market for psychedelics is expected to reach \$6.8 billion by 2027. With biopharma investing abundantly in this growth area, let's hope decision makers commit not only to reducing suffering in mental health disorders but to protecting those at greatest risk of harm both during drug development and disproportionately without access to safe and effective treatment.

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THE EVOLUTION AND FUTURE OF MUSCULOSKELETAL CARE - PART 2: THE IMPORTANCE OF A MULTIDISCIPLINARY APPROACH TO MSK CARE

In this second article of the series, we will explore the importance of a collaborative, multidisciplinary approach to musculoskeletal (MSK) care. This care delivery model involves a range of specialists including acupuncturists, chiropractors, occupational therapists, and orthopedic surgeons. By taking this comprehensive approach, patients can experience better outcomes and more streamlined care delivery.

In [Part 1](#) we discussed meeting patients where they are (literally) when it comes to musculoskeletal care.

The management of musculoskeletal (MSK) conditions is complex and requires a comprehensive, multidisciplinary approach to provide effective care. As the healthcare industry continues to evolve, virtual physical therapy (PT) services are playing an increasingly vital role in the treatment of MSK conditions. In Part 2 of our series, we discuss the importance of including multiple specialists in the management of MSK conditions and how a multidisciplinary approach can lead to better patient outcomes, supported by clinical guidelines, studies, and publications.



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THE COMPLEXITIES OF MSK CARE

MSK conditions often involve multiple body systems, and their management necessitates the input of various healthcare professionals, such as physical therapists, chiropractors, acupuncturists, occupational therapists, and speech therapists, as well as pain management specialists (who help lower the risk of opioid addiction) and orthopedic surgeons. A typical MSK care plan may include a combination of these modalities to address the various aspects of a patient's condition.

The American College of Physicians (ACP) and the American Pain Society (APS) jointly published clinical guidelines emphasizing the importance of a multidisciplinary approach to managing chronic pain, a common symptom of many MSK conditions. The guidelines recommend that providers consider the inclusion of multiple treatment modalities, such as physical therapy, cognitive behavioral therapy, and pharmacologic therapies, to address the diverse needs of patients with chronic pain effectively.

THE LIMITATIONS OF A ONE-SIZE-FITS-ALL APPROACH

Many MSK care solutions in the market focus primarily on the delivery of physical therapy services by PTs and coaches. While PT plays a significant role in the management of MSK conditions, a one-size-fits-all approach that solely relies on PT can be limiting and may not address the full range of a patient's needs.

A [study](#) published in the journal *Physical Therapy* found that patients with low back pain who received a multidisciplinary approach to care had better outcomes compared to those who received care from a single provider. The multidisciplinary

approach included interventions from physical therapists, occupational therapists, and pain management specialists, among others.

Kelly McLaughlin, DPT, ATC, Cert MDT, Director of MSK Programs at SimpleTherapy, explains the limitations of a one-dimensional approach: "MSK care is far more complex than just prescribing exercises and monitoring a patient's progress. A truly effective care plan requires the input of multiple specialists who can address different aspects of the patient's condition and ensure a well-rounded, personalized treatment plan."

THE FUTURE OF MSK CARE: A MULTIDISCIPLINARY, OMNICHANNEL APPROACH

As the healthcare landscape continues to evolve, it is becoming increasingly clear that a multidisciplinary approach to MSK care is vital for achieving optimal patient outcomes. By integrating various healthcare professionals and modalities, providers can create tailored care plans that address the unique needs of each patient.

Moreover, an omnichannel approach that combines digital, virtual, and in-person care delivery can enhance patient engagement and satisfaction, ensuring that patients receive the most appropriate care in a manner that suits their preferences and circumstances.

A systematic review published in the journal *BMC Musculoskeletal Disorders* supports the effectiveness of a multidisciplinary approach in managing MSK conditions, particularly chronic low back pain. The review found that patients who received multidisciplinary care experienced better functional outcomes, reduced pain, and improved quality of life compared to those who received care from a single provider.

The rise of virtual PT services has provided a new avenue for delivering multidisciplinary care to patients with MSK conditions. By incorporating telehealth services and digital tools, healthcare providers can more easily collaborate and coordinate care, ensuring that patients receive timely and appropriate interventions from a diverse team of specialists.

CONCLUSION

As the MSK care landscape continues to evolve, it is crucial for healthcare providers to embrace a multidisciplinary approach that integrates the expertise of multiple specialists and offers a combination of digital, virtual, and in-person care delivery. By doing so, providers can address the complex needs of patients with MSK conditions more effectively, leading to better patient outcomes and higher satisfaction.

In Part 3 of our series, we will discuss the limitations of sensor-based technology in MSK care and explore how a well-rounded, multidisciplinary approach focused on delivering personalized care can have a more significant impact on patients' lives.

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WHAT'S GOING ON WITH MEDICARE ADVANTAGE? - PART 2: HEALTH PLAN PERSPECTIVE

INTRODUCTION

In this second part of our look into the Medicare Advantage (MA) market, we focus on the health plan perspective. Medicare Advantage Organizations (MAOs) are operating in a uniquely difficult period in the history of managed Medicare. As the population continues to age into Medicare eligibility and remain eligible for a longer period of time, today's trends will persist into the future.

Medicare Advantage was originally conceived as Medicare + Choice to support deploying the tenets of private managed care for Medicare beneficiaries. For modernized Medicare Advantage, issues pertaining to demand and utilization persist, alongside concerns in achieving equity through access and quality care.



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Enrolling new members and/or maintaining current enrollment levels in order to promote growth is of principal concern to MAOs. For seniors to choose to enroll and remain in Medicare Advantage vs. Original Medicare, they need to have consistent, reliable, easy access to quality care. Additionally, ensuring a diverse enrollment profile supports each plans' financial health and ultimately drives value to the Centers for Medicare and Medicaid Services (CMS.)

In this article, we will consider various themes and challenges facing MAOs today and again offer tactical suggestions on how to manage it all.

HEALTH EQUITY

The 2022 CMS shift to include focus on health equity is continuing to change the game in terms of what contributes to a high-performing plan. Specifically, changes in Star rating methodology have implications as to how MAOs assess their own performance, as well as how the broader market evaluates and ranks plans. The new Star rating methodology includes health equity domains as of 2024, and phases in more meaningfully starting in the 2025 plan year. Underperforming on Star ratings can impact MAOs in many ways, including:

- downward adjustment to global rate during rate-setting periods
- membership attrition due to perceived drops in reputation
- lowest ratings subjecting the plan to remediation (up to termination of MAO contract)

To ensure consistently attaining high ratings, MAOs should already be assessing their health equity performance against the new standards. This assessment should include reviewing network composition and access points, ensuring sufficient cultural and linguistic resources, and making appropriate changes to governance and standard policies, to meet expanded CMS criteria.

RISE IN COSTS AND LAGGING PREMIUM

Financially, MAOs are dealing with several concurring issues potentially causing and/or exacerbating performance issues in the core business.

Over the past 18-24 months, we have seen reports of unexpected utilization patterns, which some suspect are connected to a miscalculation of health acuity. Analysts have suggested that pockets of the enrolled population were not being properly risk assessed due to lagging annual wellness visits and risk screening rates. As a result, prospectively focused utilization models would not have been tuned to anticipate the full demands of a sicker, more medically and/or socially complex patient population. Multiple large MA plans have proposed this thought as a fundamental reason for missing performance targets in some of their MAOs.

To prevent this mismatch from continuing, MAOs are doubling down on efforts to ensure that as much data as possible is collected and appropriately used. This approach helps plan operations identify where opportunities exist to target interventions through partnerships with their delivery networks and may include both aligning incentives around risk adjustments and reimbursement considerations for screening efforts.

Additionally, providers continue to adopt novel and often comparatively expensive specialty drugs that impact/increase both Part B and Part D expenditures (dependent upon the drug type and site of service.) While biosimilars show some promise of relief, plans are not widely reporting an impact of biosimilars on prices of reference drugs. In fact, there have been isolated reports of biosimilar Average Wholesale Price and/or Average Sales Price exceeding its reference drug.

Plans should continue to evaluate decisions in coverage (consistent with CMS guidance) and set expectations with their pharmacy benefit manager (where applicable) to help ensure sufficient education to help guide its contracted delivery network appropriately regarding treatment pathways that employ specialty drugs. These efforts might include step therapy protocols, joint governance of pre-authorization, and other tenets of utilization management.

PRACTICAL TRANSFORMATION OF PATIENT CARE AND EXPERIENCE

Telehealth and other transformations of care delivery are supporting the evolving demands of both members and their caregivers. It is increasingly common to think about members as consumers focused on convenience, practicality, and impact. This translates into an increasing number of Medicare-eligible individuals using telehealth, in many instances increasingly choosing to use telehealth as “first choice.”

Technology leaders at MAOs should already be thinking about how best to meet demand for telehealth by connecting members to technology-enabled in-network providers. When provider networks do not offer sufficient telehealth access, health plans should think of other means of connecting members to care. Beyond technology, we also believe that payment policies should allow telehealth site of service in an appropriately wide range of settings, again with the objective being to meet patient and provider demands.

Consistent with the theme of patient care transformation, MAOs should continue to focus network efforts on alleviating provider burnout, which can often be traced to overwhelming administrative burden. These increasing, often cumbersome and time-consuming tasks, range from obtaining complex pre-authorizations to gathering and providing data to plans when appealing administrative denials and/or pushing through opacity in payor payment policies. To the extent it is appropriate, MAOs that provide support to providers in managing administrative denials will produce a better experience for both parties. When clean claims are submitted compliantly, both payors and providers benefit and reduce cost associated with each

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claim payment. Providers working alongside MAOs in efforts to manage administrative burden will continue to increase satisfaction across stakeholders.

CONCLUSION

In Part Two, we have discussed themes and tactics MAOs can utilize in their ongoing discussions with provider organizations to better achieve shared goals of high-quality care, improved outcomes, access, health equity, and reasonable expenditure management. We have presented common themes which healthcare leaders and decision-makers have been grappling with in recent years. As we stated in [Part One](#), we believe there is continued promise in the transition from Original Medicare to Medicare Advantage, and hope we have sufficiently presented current themes and tactics (while acknowledging challenges) to help with providers and health plans' efforts to effectively grow and partner, while adapting to the current landscape.

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CREATING A PROFESSIONAL HOME: RETHINKING HOW TO CREATE VALUE AND BELONGING TO STRENGTHEN YOUR WORKFORCE

What is a professional home? What does it mean to consider one's job the place where you feel most listened to, most intellectually challenged, and most appreciated? What might it mean for leaders of healthcare organizations (e.g., systems, hospitals, post-acute, etc.) to create work environments where workers experience a true sense of belonging?

Membership associations around the healthcare ecosystem have long framed their mission as making themselves the professional home for members within their respective fields of work. We contend that healthcare leaders should look carefully at the lessons that membership associations have already learned so they, too, can increasingly be seen as the professional home for their workforce.

This is a particularly tumultuous time in healthcare, with increased financial pressure, high levels of burnout, and ongoing change making it harder for clinical teams and administrators to find joy in their work. Becoming a professional home to this increasingly complex workforce requires a careful look at the tacit social contract that has gone under-examined to date.



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It is no secret that high employee turnover is tremendously costly to organizations, particularly for patient-facing roles. Search costs, onboarding, ramp-up time, lost institutional knowledge, and reduced continuity of implementation are just a few of the ways that turnover can cost organizations. One of the most destructive dynamics can be the “chain resignation” of remaining caregivers and staff as relative workloads increase and desperation sets in.

But there are things leaders and organizations can do to both stay out of this negative cycle and realize the benefits of creating a professional home. Here we offer a set of ideas that healthcare leaders can consider making their organizations places where people want to stay and grow.

- **Redefine value.** Membership associations continually ask themselves how they add value to their members' experience. After all, members are paying dues in exchange for the value that associations provide. While the financial relationship is different, healthcare leaders need to ask themselves what value they bring to the relationship with their workforce outside of compensation. Why? It takes more than money to retain people. The specific answer to what creates value and a sense of belonging will differ for different entities, but understanding the answer to that question necessitates asking it in the first place. We worked with one health system that has adopted a “care team-first” approach to care delivery, contrasting with the patient-centric norm at the center of many strategies. But this doesn't mean patients aren't important — quite the contrary. The idea is based on research and experience that taking care of your workforce will better enable and support them to do what they signed up to do: provide excellent patient care.

- **Institutionalize Listening.** Leadership often learns about problems their workforce is experiencing through exit interviews. While the exit interview can be a valuable mechanism for gaining insights into the current state of your organization and culture, it also means you've waited to hear these important messages until it's too late. Managers can change this by building biannual feedback sessions where they can ask colleagues to share their views on what's working well and what's getting in the way of a more productive or supportive work environment.
- **Respond to the Signals.** It's one thing to listen to important feedback about building a desirable workplace, but the real value comes from responding to the feedback and demonstrating the organization is listening and acting on it. From small changes like enhancing social spaces to larger ones like updating company policies, showing you're able to evolve gives people confidence that it's worth sticking around even when things aren't perfect.
- **Connect to Purpose.** More than ever, people want to see how their work meaningfully adds to a mission that resonates with them. It can be hard to see that contribution in the crush of daily work. Leaders who see it as their responsibility to help their workforce feel that connection will generally find their people are more engaged and have more pride in their work.
- **Support and expect growth.** Many organizations talk a lot about professional development, but in our experience, it's easier to talk about than deliver it. Knowing what kind of professional development people want and need goes back to the first point about listening. Finding the right solution for your community may require experimenting with small and affordable programs to see what works. Give opportunities, see which ones stick, and then invest in those with the greatest interest and impact on strategy and mission. Not everybody needs to be a leader, but there are many ways to lead – and the right kinds of professional development can help your people create those opportunities for themselves. This, in turn, builds goodwill and patience to weather the more challenging times. One CEO we have worked with explicitly prioritizes the development of middle management as a strategic imperative. She developed a program to strengthen and value their middle managers while being explicit about how hard those roles are. The program offers robust learning opportunities for those roles while gathering feedback about workplace needs. All of this intends to strengthen the work environment for frontline line workers who report to those managers.

Time is one of the greatest gifts an individual can give, whether to the people around them or the organizations in which they work and serve. Healthcare leaders are finding new ways to reciprocate that gift, realizing that employee value now requires more than just a competitive salary. The advantages of creating a professional home for one's workforce yield benefits not just for the workers but for patients, families, and organizations as well. These practices can cultivate a sense of belonging and a shift from employment as a transaction to a choice that people feel good about.

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BUILDING LONG-TERM RELATIONSHIPS WITH EXECUTIVE RECRUITERS

A few years ago, a talented candidate I had previously met reached out to me, a retained search professional, seeking advice as he considered taking a senior-level role at a Fortune 50 company. Through our ongoing relationship, even though we weren't representing him, I listened and provided insight and advice. Ultimately, after a rigorous search process, he accepted the offer to join. That's the power of building a strong partnership with a retained executive recruiter.



Source: [Bigstock](#)

Fostering long-term relationships with executive recruiters specializing in your business and function can be highly beneficial for your long-term career advancement. After all, we already know your space well — once we learn more about your background, we can oftentimes offer tailored advice, as well as a look at what may be available in the marketplace over the long haul.

WHAT EXECUTIVE RECRUITERS DO

Retained search consultants act as trusted advisors, going beyond the resume to find the perfect “fit” for our clients. We strive to bridge the gap between companies and candidates not only in technical skills but also in culture, leadership dynamics, and long-term vision. Corporate clients typically retain search firms to build high-performing teams, and they rely on our expertise to identify individuals who can deliver value and navigate complex challenges. Many of you, having served as hiring managers or interview panelists yourselves, understand the critical role recruiters play in assembling successful teams.

BUILDING LONG-TERM RELATIONSHIPS

Building a long-term connection with a recruiter starts with making a positive first impression when they contact you. If you are intrigued by an opportunity presented to you, be prepared to discuss your relevant experience and any knowledge you have about the organization and position. Be able to demonstrate your interest level and career goals, and make sure you have done your homework.

A few tips on how to be prepared and showcase your value effectively:

- Keep in touch with appropriate senior recruiters in your space (there are headhunters for every niche imaginable) in both big firms and appropriate boutiques.
- Keep your resume sharp and up to date.
 - Start with your experience in reverse chronological order.

- Include tactical notes of where you fit on an org chart and your reporting structure both above and below.
- Keep it simple but complete. Include education, certifications, and other appropriate data.
- Stick to work-related metrics.
- Have a buttoned-up online presence and keep your LinkedIn profile up to date.
 - Use a professional picture.
 - Include helpful metrics on the size and scope of what you've done in the past.

Building a successful partnership requires open communication. Because we often work confidentially, you can feel comfortable sharing your complete professional background with us. This transparency is crucial as we advocate for the perfect fit between you and our client's needs. Moreover, as we shepherd you through a search process, it is especially important to be honest about your motivations and compensation expectations, along with obviously being truthful about your credentials and experience. No one wins by hiding or distorting this information. And don't forget, we can always be a logical, trusted resource for assessing your skills in comparison to the market.

If you're navigating multiple potential opportunities at the same time, through a few retained search firms, this is OK! Just clearly set expectations upfront, correspond openly about your other interview commitments, and be proactive about your timeline, possible controversies, tensions, and non-compete issues.

Don't forget to showcase your suitability for senior-level roles. Asking insightful questions throughout the search process demonstrates both your analytical skills and your growth mindset. Whether we say it outright or not, we usually assess your ability to collaborate and play nice in the corporate sandbox, as well as your executive presence, business acumen, and team-driven leadership.

Responsiveness is key. Even if you're not interested in a particular opportunity, a quick response to a recruiter's call or email is always appreciated. Better yet, going a step further to confidentially connecting us with a better fit demonstrates the value of your network and your understanding of the space.

Finally, do not be afraid to seek feedback, both directly from interactions with us, as well as after interviews with our clients. We can help address any perceived areas for improvement, refine your approach, and, at minimum, strengthen your candidacy for future opportunities.

Cultivating long-term partnerships with top executive recruiters is a powerful, strategic investment in your career. These connections provide invaluable resources throughout your journey — from securing new opportunities to gaining market insights, or even partnering with a search firm later in your executive leadership path.

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PRIORITIZING CLINICIAN WELL-BEING: A VITAL COMPONENT OF STRATEGIC PLANNING IN HEALTHCARE

"Clinician well-being is experiencing satisfaction and engagement with work, while also having a feeling of professional fulfillment and a sense of meaning in work."

A joint statement from the American College of Cardiology, American Heart Association, European Society of Cardiology, and World Heart Federation.¹

This definition of clinician well-being closely aligns with Accordant's **ethos** approach to creating a Virtuous Practice, one that embraces gratitude, kindness, compassion, and love of humankind while improving clinician well-being through research and evidence-based practices to increase job satisfaction and boost patient trust.

In the complex landscape of healthcare, the well-being of clinicians (physicians, nurses) stands as a cornerstone of sustainable and effective care delivery. Yet, historically, the focus on clinician well-being has often been overshadowed by other priorities within healthcare systems. Additionally, healthcare institutions are slow to conduct organizational well-being assessments among clinicians.



Source: [Bigstock](#)

In a 2023 study by The Joint Commission, only one-third (33.7%) of study participants had conducted at least one in three years.² While surveys show organizations have [increased well-being budgets](#) with access to offerings, without assessing the state of well-being of clinicians, wellness programs are a huge waste of resources and limit clinician participation in programs that are irrelevant or offer too little of the desired support.

As the understanding of the interconnectedness between clinician well-being and patient outcomes deepens, integrating clinician well-being into strategic planning has emerged not just as a compassionate endeavor but as a strategic imperative.

Having clinicians involved in the strategic planning process can help overcome some of the reasons why clinicians are less engaged in organizational wellness programs. Lack of leadership support, organizational cultures that unceasingly live by “do more with less,” and strategic metrics that don’t align with organizational challenges of staffing shortages and burdensome administrative tasks leave little time and energy to participate in programs.

Forward-thinking healthcare leaders are beginning to recognize the critical importance of integrating clinician well-being into the strategic planning process. Here are a few critical reasons **clinician well-being** as a key performance indicator is a **fundamental component of** any healthcare organization's **strategic plan**:

ENHANCED PATIENT CARE QUALITY AND SAFETY

A clinician's well-being is inextricably linked to the quality and safety of patient care. [As reviewed in our October 2023 issue of the WHQ](#), with high levels of stress, fatigue, and burnout, the ability to provide optimal care diminishes. Research consistently demonstrates that stressed or burned-out clinicians are more prone to medical errors, show decreased empathy, lower patient satisfaction, and reduced adherence to clinical guidelines.

Studies show statistically significant negative relationships between clinician burnout, poorer quality of care, and reduced patient safety.³ Conversely, when supported and healthy, clinicians are better equipped to deliver compassionate, high-quality and effective care to their patients.

Prioritizing clinician well-being is a powerful strategy for improving patient outcomes.

IMPROVED EMPLOYEE RETENTION AND RECRUITMENT

Clinician burnout has reached alarming levels in recent years, leading to increased turnover rates within healthcare organizations. Recruiting and retaining talented clinicians are crucial for maintaining continuity of care and sustaining organizational success. By integrating clinician well-being initiatives into strategic plans, healthcare leaders can engage and retain top talent.

Moreover, in an era where clinician shortages are prevalent, attracting new talent is equally crucial. Because clinician turnover and staff shortages can disrupt patient care continuity, affect staff morale, and negatively impact the bottom line, fostering a culture of well-being leads to greater stability and the opportunity to improve the patient experience and resultant satisfaction levels.

The costs associated with recruiting and training new clinicians are substantial. **In the U.S., burnout is estimated to be responsible for about \$4.6 billion in annual costs related to physician turnover and reduced clinical hours.** Total costs associated with nurse turnover for an average hospital were estimated to range from \$4.4 million to \$6.9 million in 2018.⁴

Further, imbedding clinician health and well-being initiatives into strategic plans makes the organization more appealing to prospective clinicians, if genuine efforts are made with the necessary investments to support them. It also becomes a magnet for healthcare professionals seeking fulfilling and sustainable careers.

THE BUSINESS CASE

While it stands to argue that there are strong moral and ethical reasons to support clinician well-being, there is also a strong business case. Consider an organization that employed 450 physicians, with an annual turnover rate of 7.5%, and typical replacement costs of \$500,000 per physician. The annual organizational cost of physician turnover would be approximately \$16.9 million/yr.⁵ A more accurate ROI in investing in an organizational well-being intervention can be calculated if healthcare institutions were frequently conducting organizational well-being assessments of their clinicians.

The economic impact of clinician burnout extends beyond the individual practitioner to healthcare systems as a whole, as a significant financial burden. Investing proactively in clinician wellness programs, burnout prevention measures, and supportive work environments can yield substantial returns on investment by mitigating medical malpractice liabilities, reducing turnover rates, enhancing productivity, and minimizing the need for locum tenens temporary staffing.

In a 2017 article in the AHA Trustees Services, a best practice included engaging physicians directly in the strategic planning leadership through broad representation on a steering committee.⁶

POSITIVE ORGANIZATIONAL CULTURE

A culture of well-being starts at the top. Executive leadership demonstrates a commitment to clinician well-being by making it a strategic priority. It signifies the importance of having a

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culture where clinicians feel valued, safe, respected, and empowered. Such environments attract top talent, enhance employee morale, and contribute to a positive reputation within the healthcare community. Prioritizing clinician well-being results in the type of performance metrics and reputation enhancers that attract patients seeking not only expert but compassionate care and fosters partnerships and collaborations with other healthcare entities.

A commitment to building a positive organizational culture builds staff and patient trust and encourages greater engagement with healthcare services. Integrating clinician well-being into the strategic plan sends a powerful message about the organization's commitment to nurturing a positive work environment. Supporting clinician well-being also enhances community trust and strengthens the institution's brand.

There are numerous other reasons why clinician well-being should be a fundamental component of any healthcare organization's strategic plan, including:

- **Regulatory Compliance and Accreditation.** Regulatory bodies and accrediting agencies are increasingly emphasizing the importance of addressing clinician well-being as part of organizational governance and quality improvement initiatives. Healthcare organizations that integrate clinician well-being into their strategic plans demonstrate a proactive approach to compliance and accreditation requirements. The Magnet Recognition Program was developed by the American Nurses Credentialing Center (ANCC). It now includes well-being as part of its application requirements to guarantee healthcare organizations and nurse leaders include structures and processes to support nurses' well-being.
- **Mitigation of Public Health Crises.** During times of crisis, such as pandemics or natural disasters, the resilience and effectiveness of healthcare systems are put to the test. Clinician well-being becomes even more critical in such circumstances, as healthcare professionals face heightened stress, long hours, and emotional exhaustion. By embedding clinician well-being into the strategic plan, healthcare organizations will be better prepared for and more nimble in the response to future public health crises.
- **Innovation and Continuous Improvement.** Well-supported clinicians are more likely to engage in lifelong learning, innovation, and quality improvement initiatives. By nurturing a culture that encourages creativity and professional growth, healthcare organizations can drive innovation in patient care, processes, and technologies, ultimately leading to better clinical and financial outcomes and increased efficiency.
- **Community Trust and Patient Engagement.** Healthcare consumers place a premium on trust when selecting providers. Organizations that prioritize clinician well-being signal to the community their dedication to ethical practices and patient-centered care. This commitment builds patient trust and encourages greater engagement with healthcare services, ultimately leading to better health outcomes and stronger community relationships. So it's important if an organization is actually supporting clinician well-being that its efforts are associated with its brand.

Integrating clinician well-being into strategic plans is essential for the long-term sustainability of healthcare organizations. In an era of unprecedented challenges, including an aging population, rising healthcare costs, and evolving regulatory landscapes, resilient and adaptive healthcare systems are needed. Investing in clinician well-being is an investment in the organization's ability to weather these storms and thrive in the face of uncertainty.

Ignoring clinician well-being in favor of immediate financial or operational goals can lead to systemic issues that undermine the organization's sustainability in the long run. As healthcare continues to evolve, embracing clinician well-being as a strategic imperative is essential for building sustainable, high-performing healthcare systems that prioritize both the health of patients and those who care for them.

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WHCMAA ANNOUNCES SCHOLARSHIP AND ALUMNI AWARD RECIPIENTS

The Scholarship and Awards Committee of the Wharton Health Care Management Alumni Association is pleased to announce the 2024 scholarship and Alumni Association award recipients:

The **June Kinney Scholarship Fund** provides 2 years of scholarships for incoming first-year students with the objective of obtaining the highest qualified students in an ever-challenging competition with other business schools. For the Class of 2026, the recipients are **Vignesh Chockalingham** and **Amanda Mach**.

The **William Kissick Scholarship Fund** provides rising 2nd year Wharton Health Care Program students with funds to offset their 2nd year tuition expenses. These students represent ideals aligned with Dr. Kissick's goals for being socially responsible, having an insatiable quest for knowledge, and for engaging others in a common cause. The Class of 2025 recipients are **Chip Chambers** and **Sara Meadow**.

This year's **WHCMAA Outstanding Service Award** goes to **Michael Rovinsky, WG'86**, current Chair of the Board's Career Development Committee and long-time supporter of the Alumni Association. His commitment to Alumni and current Program students is unsurpassed, taking on responsibilities with the annual Alumni Conference and the Scholarship and Awards Committee among his various contributions to the Association.

This year's **WHCMAA Alumni Achievement Award** goes to **Dr. David Fajgenbaum, MD'13, WG'15, MSc, FCPP**. Dr. Fajgenbaum is an Associate Professor of Medicine in Translational Medicine & Human Genetics at the University of Pennsylvania, Founding Director of the Center for Cytokine Storm Treatment & Laboratory (CSTL), Associate Director, Patient Impact of the Penn Orphan Disease Center, and Co-Founder/President of the Castleman Disease Collaborative Network (CCDN). He is also the national NYT bestselling author of ***Chasing My Cure: A Doctor's Race to Turn Hope into Action***.

Michael and David will receive their Awards at the Speaker's dinner for the Alumni Conference on Thursday, November 14 at the Hilton Philadelphia at Penn's Landing. Dr. Fajgenbaum will also be the Keynote Speaker for the conference on Friday, November 15.

Congratulations to all the 2024 Scholarship and Award Recipients!

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Featured Article

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