



Health Care Management
Alumni Association

THE WHARTON HEALTHCARE QUARTERLY

FALL 2024, VOLUME 13, NUMBER 4



TABLE OF CONTENTS

IN EVERY ISSUE

Editor's Letter	4
The President's Desk	5
Alumni News	7
The Philosopher's Corner	9
<u>Affidavit: Healthcare and the Law</u> : Antitrust Enforcement Update - Options for Struggling Hospitals	12
<u>To Your Health</u> : Unraveling Resilience - A Journey Through Addiction Recovery	16
<u>Downloading Success</u> : Walking the Walk - The Power of Leadership Presence and Night Shift Lessons	18
<u>CyberVitals</u> : Wake-up Call for Critical Infrastructure	20

FEATURED ARTICLES

The Evolution and Future of Musculoskeletal Care - Part 3: The Limitations of Sensor-Based Technology and the Importance of Personalized, Multidisciplinary MSK Care	22
Disruptors Are Here to Stay: What to Know to Be Successful Part 1: General Themes and Defining Disruptors.	24
The Neuro-Revolution: Overhaul Society and Unlock Human Potential - Part 1	28
The Philosophy of Ubuntu: Fostering Purpose and Well-Being in Healthcare	32
5 Stages of Building Towards a Leadership Transition	36

IN UPCOMING ISSUES

Scaling D2C Success in Healthcare: The Growth of Happy Head Hair Loss Solutions
The Evolution and Future of Musculoskeletal Care - Part 4: The Interconnection of Behavioral Health and MSK Care
Innovating for Impact: Merging Technology and Human Care in Healthcare Transformation



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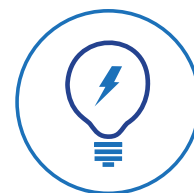
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EDITOR'S LETTER



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

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

I'm looking forward to the November WHCMAA Alumni Conference, "Driving Change in a Consistently Resistant Industry: Implications for Providers, Payers, Life Sciences, and Health Services." It promises to be another stellar experience, covering a wide range of hot topics important to everyone in healthcare, regardless of where they sit in the ecosystem. You still have time to [register](#)!

As is always the case, healthcare is never boring and always ever-changing. And in an election year, the potential repercussions for the industry could be vast. So, hold on for a wild ride, and don't forget to vote.

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

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THE PRESIDENT'S DESK

In Every Issue



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

As my fifth year on the board is well underway, I reflect on the remarkable dedication of our board members. I am continually inspired by the energy and innovative ideas of our incoming members. This collective passion strengthens the WHCMAA and propels us forward in our mission.

I'm excited to share some updates about our upcoming events and initiatives. I'd like to highlight in particular, our upcoming **Annual WHCMAA Alumni Conference**, titled **"Driving Change in a Consistently Resistant Industry: Implications for Providers, Payers, Life Sciences, and**

Health Services" for which our board has been working tirelessly to prepare.

Please **save the date for Thursday and Friday, November 14-15** at our new venue — the **Hilton Philadelphia at Penn's Landing**. This year, we're expanding our programming to include Thursday afternoon sessions, followed by an opening networking reception at 5:00 PM. We'll also host a pre-conference alumni dinner on Thursday evening, providing a fantastic opportunity to connect with fellow alumni, conference speakers, and sponsors.

Our conference will feature keynote addresses from one of my fellow classmates, **Dr. David Fajgenbaum, WG'15**, Co-Founder of Every Cure and bestselling author of *"Chasing My Cure,"* and **Dr. Jason Karlawish**, Co-Director of the Penn Memory Center and author of *"The Problem of Alzheimer's."* In addition to these keynote sessions, we'll delve into critical topics such as applications of artificial intelligence in healthcare, innovations in women's health, approaches to addressing labor challenges, care of the aging and elderly, cybersecurity, and post-election policy implications. We believe these sessions will provide valuable insights and stimulate meaningful discussions.

Tickets are still on sale, so [register here](#)!

Over the summer, our alumni network was vibrant with activity across the country, closing out on the West Coast in San Francisco in early September. Thanks to the dedicated efforts of **Kristina Mani, WG'22**, our Chair of the Program and Events Committee, we hosted numerous networking events across the country. These gatherings allowed alumni to reconnect and forge new relationships, strengthening the bonds within our community.

We also held our first event at **HLTH**, graciously hosted by **Vivien Ho, WG'08**. The event was a resounding success, and we hope it will grow in popularity in the coming years, potentially becoming a annual must-do networking event for our alumni.

I want to take this opportunity to again urge each of you to get involved with our committees and events. Your participation is crucial to our continued success and the growth of our community.

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PRESIDENT'S DESK

Whether you're interested in hosting an event or contributing your expertise, please don't hesitate to reach out.

Thank you for your ongoing support and dedication. I look forward to seeing you at our upcoming events, and hopefully at the alumni conference!

Kind regards,

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

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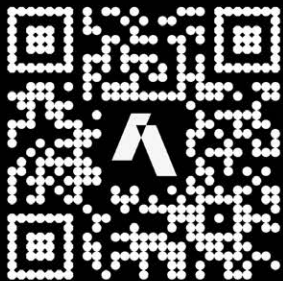


DREAMERS

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

ARCELLX

SEE OPEN POSITIONS



ALUMNI NEWS

Jeff Voigt, WG'85

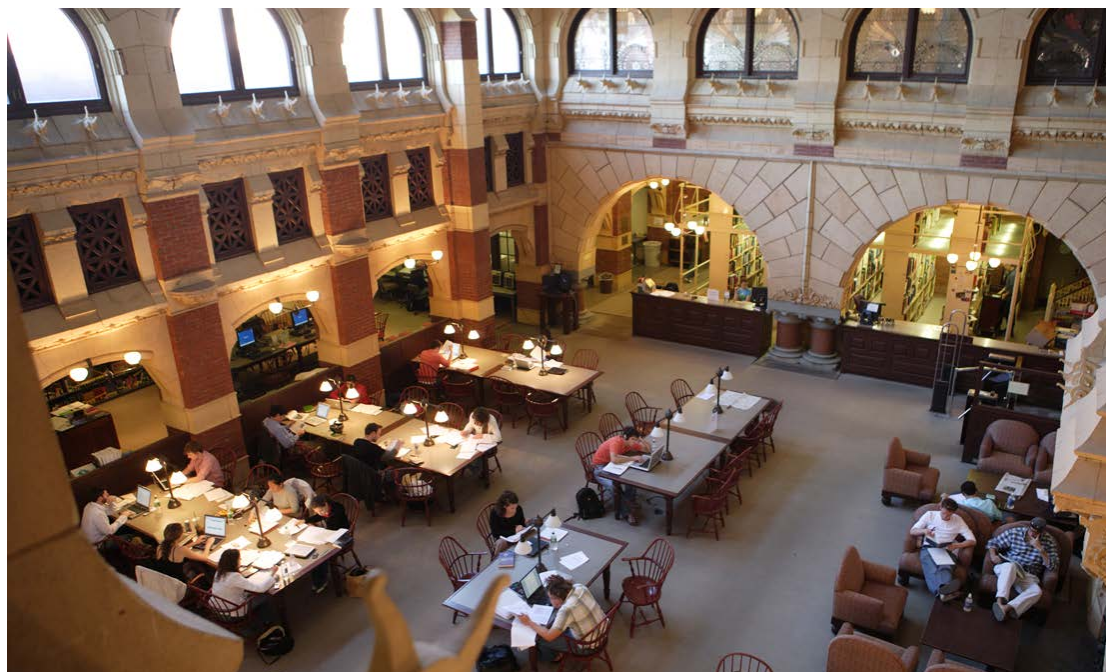
Recently authored two peer reviewed articles on the use of neurofeedback for treatment of PTSD and one on the use of an osseointegrated prosthesis for transfemoral amputees.

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THIS MONTH'S PHILOSOPHER:
Ryan Berger, WG'06

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



THE PHILOSOPHER'S CORNER

In Every Issue



Ryan Berger, WG'06

LIFE LESSONS

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

If I could go back and give my younger self a little pep talk, here's what I'd say:

Embrace the Curveballs: Life and careers are like ocean waves—specifically, the big ones that make you feel like you're in a washing machine. I'd remind myself to keep being flexible and open to change because that's where the magic happens. I'd also tell myself to be patient and enjoy the ride, because the best opportunities often come when you least expect them.

Flexibility Is Still A Superpower: I've always known that staying adaptable is key in the ever-evolving healthcare world. Embracing new tech and trends has kept me ahead of the curve. But I'd also remind myself that while I've been great at rolling with the punches, there's more to success than just being adaptable.

Maintain Your Relationships: Exploring unconventional paths has brought some of

the most rewarding experiences in my career. I'd encourage myself to nurture the varied relationships I built along the way.

Chase Your Passion with Gusto: Lastly, I'd remind myself that passion is the fuel that keeps the engine running. When you're doing work you love, it doesn't feel like work at all. So, I'd say, "Keep following what sets your soul on fire, and don't worry if it's not the 'traditional' path. But also, keep an eye on the emotional and political landscape who is going to support you and your growth — it's as important as the tech."

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

Ignored the Importance of Political and Emotional Savvy: Now, here's the kicker. While my engineering background helped me be flexible and tech-savvy, I'd tell myself that my lack of political awareness and emotional intelligence sometimes got in the way. If I'd focused more on reading the room, understanding human dynamics, and fine-tuning my emotional radar, I could've smoothed out some of the bumps along the way.

Assumed Doing Everything 'Right' Guarantees Maximum Success: While I've focused on building strong relationships, investing in myself, advocating for my ideas, and maintaining a healthy work-life balance, I've learned that even when you do everything right, there's always more to achieve. Sometimes, success requires embracing the unpredictable and taking on challenges that don't fit neatly into any playbook.

Stuck to Proven Strategies Too Closely: I've been strategic in my approach, but if I could go back, I'd push myself to take even bigger risks, especially when they defy conventional wisdom. The most significant breakthroughs often happen when you step outside the safety of proven methods and venture into the unknown.

THIS MONTH'S PHILOSOPHER:

Ryan Berger, WG'06

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THE PHILOSOPHER'S CORNER

FAVORITE QUOTES

1. "The way we communicate with others and with ourselves ultimately determines the quality of our lives." ~ Tony Robbins
2. "It takes 20 years to build a reputation and five minutes to ruin it. If you think about that, you'll do things differently." ~ Warren Buffett
3. "Innovation in healthcare is no longer about new devices, it is about rethinking delivery models and patient engagement." ~ Bernard J. Tyson, Former CEO of Kaiser Permanente
4. "You have no choice but to operate in a world shaped by globalization and the information revolution. There are two options: adapt or die." ~ Andrew Grove
5. "The way to get started is to quit talking and begin doing." ~ Walt Disney

RECOMMENDED READING

1. *The First 90 Days: Proven Strategies for Getting Up to Speed Faster and Smarter* by Michael D. Watkins: A must-read for anyone starting a new role or transitioning into a new leadership position. This book provides actionable frameworks and strategies to help you make a successful transition and achieve quick wins in your first three months on the job.
2. *The Lean Startup* by Eric Ries: Practical advice on how to innovate and experiment in business.
3. *Dare to Lead* by Brené Brown: A guide to courageous leadership and embracing vulnerability in the workplace.
4. *TED Talk: What Really Matters at the End of Life* by BJ Miller: A powerful talk by a palliative care physician that can change how you view patient care and the essence of healthcare.

Contact Ryan at his [LinkedIn Profile](#).

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AFFIDAVIT: HEALTHCARE AND THE LAW - ANTITRUST ENFORCEMENT UPDATE: OPTIONS FOR STRUGGLING HOSPITALS



Merging hospitals or health systems often defend an otherwise potentially anti-competitive merger by arguing that the acquired hospital or health system is failing financially or is so financially weak that it would not be an effective competitor in the near future such that the merger is only a means for maintaining competition. While courts, the Federal Trade Commission (FTC), and the Department of Justice Antitrust Division (DOJ) recognize this potential defense, it has been nearly impossible for merging parties to prove and has been rarely successful in merger litigation. Perhaps, in light of this fact, over a dozen states have enacted laws allowing Certificates of Public Advantage (COPA) shielding hospital mergers from antitrust scrutiny.

WHAT IS THE FAILING OR FLAILING FIRM DEFENSE IN MERGER LITIGATION?

Under the recently updated Merger Guidelines, to meet the “failing firm” defense, a hospital must prove a “grave probability” of failure and “dim or nonexistent” reorganization prospects and that the acquiring hospital is the “only available purchaser.”¹ A merging hospital raising a failing firm defense must establish that the acquired hospital: (i) cannot meet its financial obligations in the near future; (ii) has been unable to successfully reorganize under the bankruptcy laws; and (iii) has not been able to obtain reasonable alternative acquisition offers, despite good faith efforts. In the alternative, merging hospitals often argue that even if the acquired entity does not meet the rigorous “failing firm” determination, the acquired hospital is so weakened financially as to be considered a “flailing firm” such that it lessens or negates any anti-competitive harm from the acquisition.

Over a decade ago, both the failing firm and the flailing firm defenses were rejected in litigation involving the merger of ProMedica Health System, Inc. (“ProMedica”) and St. Luke’s Hospital (“St. Luke’s”) in Toledo, Ohio. ProMedica argued that St. Luke’s would have had to cut services to stay independent and that its weakened financial performance would have prevented it from making necessary capital improvements to compete effectively. While the court agreed that St. Luke’s was struggling financially, it found that its losses had been declining and its cash flow improving at the time of the merger.² The Commission concluded that even though St. Luke’s consistently lost money, it was raising its patient volume and taking market share from ProMedica leading up to the acquisition.³ The Sixth Circuit agreed with the lower court and the Commission that St. Luke’s poor financial status could not justify permitting the merger.⁴

In light of *ProMedica*, merging firms struggled to establish a failing firm defense to an otherwise anti-competitive merger. The failing firm defense showed signs of life, however, in *FTC v. Community Health Systems Inc. & Novant Health Inc.*, No. 5:24-cv-0028 (W.D.N.C.).⁵ Earlier this year, the U.S. District Court for the Western District of North Carolina denied the FTC’s motion to enjoin Novant Health Inc.’s \$320 million acquisition from Community Health Systems Inc. (CHS) of two

hospitals in the Lake Norman area north of Charlotte, North Carolina. Had the decision stood, it would have been only the second time the FTC lost a hospital merger challenge in the last decade, with the other being the U.S. District Court for the Eastern District of Philadelphia refusing to enjoin the merger of Thomas Jefferson University and Albert Einstein Healthcare Network.⁶ More importantly, it would have provided grounds for other struggling hospitals to raise the failing firm defense in antitrust enforcement actions.

In *Novant Health*, the district court found that the acquisition would result in market shares and market concentration that would trigger a presumption that the acquisition would have anti-competitive effects; however, it found the two hospitals that Novant intended to acquire from CHS were struggling financially such that the acquisition would increase competition and satisfying the failing firm defense. The FTC immediately appealed the decision to the Fourth Circuit, and the Fourth Circuit quickly returned a decision in favor of the FTC granting its motion and enjoining Novant Health's acquisition.⁷ The majority opinion provided no rationale for its decision; however, Judge Wilkinson voted to deny the FTC's motion on grounds the district court's findings regarding the viability of the hospitals at issue was not clearly erroneous.⁸ In light of the injunction, Novant and CHS thereafter abandoned the transaction, and the FTC successfully moved the Fourth Circuit to vacate the district court's decision, which effectively frustrates any other struggling hospitals from citing the district court's opinion as a potential path to surviving an antitrust challenge.

DO COPA LAWS PROVIDE A LIFELINE TO STRUGGLING HOSPITALS? COPA laws allow states to grant antitrust immunity to hospital mergers that federal regulators may otherwise consider anti-competitive. Currently, 19 states have COPA laws that allow state oversight over hospital mergers to protect competition; however, Pennsylvania, New Jersey, and Delaware do not. Last year, a federal court in Louisiana ruled the state's COPA law shielded the merging parties from federal antitrust law under the state action doctrine.⁹ In other words, the FTC would not be able to bring an enforcement action to challenge the transaction. The FTC decided not to appeal that decision, perhaps, because it was worried the Fifth Circuit would further solidify a decision that the FTC opposes.

In any event, the FTC is likely to continue to be aggressive in its hospital enforcement efforts, and merging hospitals should be aware of this developing enforcement landscape.

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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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AFFIDAVIT: HEALTHCARE AND THE LAW - ANTITRUST ENFORCEMENT UPDATE: OPTIONS FOR STRUGGLING HOSPITALS

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4. *ProMedica Health Sys. v. Fed. Trade Comm'n*, 749 F.3d 559 (6th Cir. 2014).
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TO YOUR HEALTH: UNRAVELING RESILIENCE - A JOURNEY THROUGH ADDICTION RECOVERY

Annette was all but certain she had reached her breaking point and was headed back to jail. Despite her best efforts to turn her life around and get on the path to recovery, she couldn't shake the feeling of hopelessness. Like many in recovery, she was in a frustrating and lonely place. Substance use disorder (SUD) is a complex and overwhelming condition that can wreak havoc on one's life, leaving them feeling lost and worthless. It's a battle that requires immense strength, courage, and support.

Approximately 19.7 million adults in the U.S. have struggled with SUD, resulting in over 47,000 opioid overdose deaths.¹ Annette gave a candid account of her journey in the [GoMo Health podcast](#), "*Human Resilience: Changing the Way Healthcare is Delivered*."

GoMo Health specializes in personalized patient engagement solutions, and connected with Annette through their partner Rimrock, the largest treatment center for adults with SUD and co-occurring conditions in Montana.



Source: [Bigstock](#)

Annette needed help. "I never thought I would turn out this way... I was certain I was going to prison," Annette reflected on her past, a journey marked by jail time and the fear of repeating her mother's mistakes.

DIGITAL THERAPEUTIC INCREASES SUCCESS OF BEHAVIORAL HEALTH TREATMENT PROGRAMS

In recent years, there has been a significant shift in the approach to mental health and addiction treatment. GoMo Health collaborated with Rimrock to create and deliver *Recovery Pathways*, a personalized engagement solution for justice-involved participants from seven different treatment courts. The program's success led to Rimrock adapting it for use in all outpatient SUD and mental health treatment programs.

FOSTERING RESILIENCE, GROWTH AND COMPASSION IN RECOVERY

One theme that has gained considerable attention within the Rimrock program is resilience. This concept not only serves as a theoretical framework but also presents a practical path towards recovery. In essence, resilience refers to the ability to recover from setbacks and challenges and adapt and grow when faced with adversity.

The first episode of the [GoMo Health podcast](#), "*Battling – and Beating – an Early Journey of Addiction: A Whole Person Approach to Recovery and Empowerment*," sheds light on this transformative approach. Program participants like Annette receive personalized content, interactive surveys, and engaging messages for motivation and support during treatment, and for up to a year after. Feedback is collected throughout the program to ensure participants are building their own tools and skillsets to manage challenging situations.

Central to the program is the understanding that patients are, first and foremost, human and that treatment and recovery must consider circumstances and lifestyles outside of the treatment setting.

Dr. Sue Zbikowski, a behavioral psychologist featured in the episode, emphasizes the importance of tailored interventions. "Getting messages when you might just be thinking, 'Oh I'm tired today. I feel unmotivated,' could be enough to remind the person 'I'm committed. I'm committed to my recovery, and I'm committed to my mental health.' When the content is thoughtful and framed positively, it can feel non-intrusive yet motivational. It feels like that message of your recovery is important. Your mental health is important."

Annette shares, "When I got signed up with the GoMo program, they sent these little stories you can click on, and I got to watch the peer specialists (share their own recovery stories)... It got me through the night." This personalized approach, tailored to her unique needs and time when she needed support had a significant impact in Annette's journey to recovery.

By fostering resilience, individuals are better equipped to deal with life's challenges and to maintain their mental and emotional well-being. With this hands-on approach, resilience is not just a buzzword, but a tangible and valuable tool that can help individuals thrive in the face of adversity.

The success of the program is evident in the outcomes. Show host and GoMo Health CEO and Chief Behavioral Technologist, Bob Gold showcases the results highlighting that, "50% of the people in the program got back to full-time employment... We also had a 90% graduation rate, zero re-arrests, very few relapses, six times increase in their feelings of being psychologically safe, and five times increase in their ability to engage with their family and children."

The GoMo Health podcast blends personal recovery stories with innovative health strategies. Listen to the full episode [here](#), and learn more about a new paradigm in SUD treatment and recovery.

Contact Cassandra at her [LinkedIn Profile](#).

REFERENCE

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DOWNLOADING SUCCESS: WALKING THE WALK - THE POWER OF LEADERSHIP PRESENCE AND NIGHT SHIFT LESSONS

Healthcare is an always-on, non-stop operation that requires a deep understanding of patient care and team member well-being. For an organization to thrive, decision-making cannot be made in isolation. It requires leaders who are connected to their team members at every level, who are willing to step away from their desks to experience the day-to-day realities faced by their teams. When I was the newly appointed President and CEO of AtlantiCare Health System in Southern New Jersey, I learned the most effective way to bridge the gap between the C-suite and frontline team members was through direct, hands-on engagement. For me, that started with the night shift.

WALKING THE FLOORS: BUILDING TRUST THROUGH PRESENCE

From the outset, I prioritized walking around our hospital floors and meeting with team members. I wanted to learn all about their roles, not from a job description but through real-time observations. I prioritized visiting off-hours -- overnight shifts, early mornings, and weekends. I dressed comfortably, brought food for the shifts, and made it clear to the team I was not there to be in their way. My goal was to be fully present, show support, and learn about our team members' needs by witnessing their interactions and workflows up close.

When I began this process, a well-respected senior nurse manager who regularly worked the overnight shift remained elusive. When I would go left to talk to her, she would go right. When I would go right, she would go left. But I knew her insights would be valuable, so I kept showing up, bringing food for the team, and reinforcing through my actions that I was there in a supportive role. Then, one night, she walked over to me, shook my hand, and said, "Okay, I appreciate you being here. Let's talk." This moment of breakthrough was a testament to the power of persistence and the importance of consistent in-person engagement as a leader.

LEARNING FROM THE NIGHT SHIFT: INFORMED SOLUTIONS FOR BETTER PATIENT AND TEAM MEMBER CARE

Being present during those night shifts allowed me to witness firsthand the dedication and challenges our hospital-based teams face during these often-overlooked hours. I saw the added administrative responsibilities that rested on their shoulders when support staff and executive leadership were not in the building. I witnessed firsthand how our teams skillfully balanced patient care with administrative demands that could have easily diverted their focus from what matters most – their patients. These experiences highlighted the importance of having a leadership team that truly understands these challenges and works collaboratively to ease them.



As a result, we've implemented solutions directly informed by these experiences and team member feedback. We've empowered our teams to become the architects of change and drivers of innovation, creating a culture of problem-solvers. One key outcome has been the establishment of a new support structure that ensures **administrative and leadership support are present across all shifts of the day, seven days a week.**

Additionally, we're leveraging cutting-edge technology to reduce the administrative burden on our providers and team members across the health system. As part of our ambitious six-year strategy, Vision 2030, we are reimagining how healthcare is delivered. This includes being the first-named partner with Oracle Health's new generative AI-based Clinical Digital Assistant (CDA). This advanced AI tool uses voice recognition technology to capture provider-patient interactions and generate notes in real-time, allowing providers to stay focused on their patients rather than paperwork.

These innovations were created to reduce the administrative burden on our frontline team members, stemming directly from transparent conversations and a commitment to active listening.

STAYING CONNECTED: THE ONGOING PROCESS OF RELATIONSHIP BUILDING

I strongly believe that 'business moves at the speed of relationships,' which means you cannot build relationships from behind a desk, looking at the computer, or leaving the office during the traditional business hours. **Staying** connected is as important as creating connections in the first place. I continue to spend time outside my office and engage directly with our valuable team members across all shifts.

The once elusive senior nurse on the night shift is now a trusted colleague I can count on for transparent and honest conversations. Relationship building is an ongoing process, one that strengthens trust, support, and safety across an organization. It cultivates a culture of problem-solving and continuous improvement, ensuring everyone feels valued and empowered.

LEADING FROM THE FRONT LINES

Leadership in healthcare requires more than just strategic decision-making — it demands a presence on the front lines. By being there, by walking the walk, leaders gain critical insights they can use to implement informed solutions that benefit the entire organization. **Often, the best solutions lie within the team, not above it.**

Our success as a team has affirmed my belief that there is no better way to lead than by walking the walk. At AtlantiCare, this approach is our credo — it's a commitment to ensuring our patients and team members receive the same excellence in care and support at 1 a.m. as they do at 1 p.m.

Contact Michael at his [LinkedIn profile](#).

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CYBERVITALS: WAKE-UP CALL FOR CRITICAL INFRASTRUCTURE

Healthcare is driven by the desire to improve the lives of others; and, in that pursuit, increasingly connected and software driven solutions are being designed and delivered. Nearly every major medical device manufacturer talks about data as the game changer of our lifetimes, and software as a medical device is the fastest growing segment of device development. However, in 2024 the [Change Healthcare](#) cybersecurity attack, [with costs estimated at \\$3B](#), and [CrowdStrike's](#) global outage have shown us the dangers of poor security and technology practices.

Since the Health Insurance Portability and Protection Act ([HIPPA](#)) was signed into law in 1996, *there's been a headline grabbing healthcare security failure every year*. In the last decade, these information leaks have evolved into security incidents that disrupt care delivery. This has ranged from [clinics shut down due to ransomware](#), all the way to the tragic loss of [multiple lives](#). As we barrel towards 30 years of trying to do better, it's natural to ask, why aren't things changing?



First and foremost: healthcare focuses on healthcare, i.e., the delivery of care. And when assessing the opportunity cost for digitization projects, it's simply too steep to stop delivering care in favor of spending resources to secure business operations. Evidence has been found to show [decreased patient outcomes after hospital ransomware attacks](#), even where a healthcare delivery organization (HDO) has a dedicated security effort in place.

It is heartening that the [FDA has statutory authority and increasing expectations for devices](#) entering the market. However, insecure legacy devices continue to operate in the wild and lack an incentive for consumers to replace them. This situation is especially damaging for rural care delivery, where devices and security budgets are even more constrained.

Now it would be one thing for security issues to exist and not have an active exploitation ecosystem. However, the presence of [adversaries targeting healthcare in particular](#) is robust and directly impacts the delivery of care and patients' **lives**.

While [many HDOs use cyber insurance to protect themselves](#), the reactive nature of this mitigation doesn't inspire a lot of confidence. So, what's a proactive approach? Perhaps it starts with building out a security team. Unfortunately, security is a ruthless industry; it's not conducive to newbies, it's high in burn-out, and it's quite specialized. This means attracting security talent into an industry rife with challenges is a non-trivial amount of spend.

In a regulated industry, the hope might be that government intervention could be a sufficient motivator. The [GAO has highlighted](#) the need for increased investment in critical infrastructure security. Healthcare in particular has fractured

regulatory oversight - which means individual efforts are emerging, but systemic change is still out of reach.

With all these constraints in mind, where does that leave us in expecting security change that will both be sustainable and scalable? I'm not without hope - I believe efforts are happening from the White House to grassroots clinically-specific improvements that are meaningful and inspiring. I also believe if healthcare does not heed the failures of critical infrastructure experienced in 2024, the rate of change will be far too slow.

While historically we may have been able to justify the prioritization of immediate care delivery over investing in security, the lines have blurred, and without immediate and impactful investment in security, we will soon be in a position where too frequently care cannot be delivered.

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Source: [Bigstock](#)

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THE EVOLUTION AND FUTURE OF MUSCULOSKELETAL CARE - PART 3: THE LIMITATIONS OF SENSOR-BASED TECHNOLOGY AND THE IMPORTANCE OF PERSONALIZED, MULTIDISCIPLINARY MSK CARE

In [Part 1](#) of the series, we discussed meeting patients where they are. In [Part 2](#), the importance of a multidisciplinary approach was reviewed.

The MSK care landscape has witnessed a rapid influx of technological advancements in recent years, with sensor-based technology being one of the most prominent developments. While sensors can provide valuable data on patient movement and biomechanics, they are not without their limitations. In this third article in our series, we will discuss the drawbacks of relying solely on sensor-based technology for MSK care and explore the advantages of embracing a



Source: Bigstock

LIMITATIONS OF SENSOR-BASED TECHNOLOGY IN MSK CARE

1. **Limited applicability:** Sensor-based technology often focuses on tracking a specific set of movements or biomechanics, limiting its applicability to a narrow range of MSK conditions. Many MSK issues require a more comprehensive understanding of a patient's overall health, including their medical history, lifestyle factors, and mental well-being.
2. **Inclusivity concerns:** Not all patients can effectively use sensor-based technology. Patients with certain disabilities, older adults, or those who lack access to compatible devices may find it challenging to use sensors, making this technology less inclusive and limiting its reach.
3. **Cumbersome set-up and calibration:** Sensors often require a complex set-up process, including calibration and proper positioning on the patient's body. This process can be time-consuming and may lead to inaccuracies if not done correctly. Additionally, patients may need to wait for sensors to be shipped and set up before they can begin their treatment, causing delays in care.
4. **Superficial data:** While sensors can provide data on motion, they often fail to capture the full clinical picture. Factors such as pain levels, patient-reported outcomes, and emotional well-being are crucial for understanding a patient's condition and progress but are not easily captured by sensors.

THE FUTURE OF MSK CARE: A HYBRID MODEL OF CARE DELIVERY

As the MSK care landscape continues to evolve, a hybrid model of care delivery is emerging as the most effective approach. This model combines digital, virtual, and in-person care options to provide patients with the convenience and flexibility they need while still ensuring access to a comprehensive, multidisciplinary team of healthcare professionals.

Dr. C. Bret Sullivan, DC, FACO, Medical Director of MSK Service Line at SimpleTherapy, explains, "The future of MSK care lies in a hybrid model, where patients can access a wide range of care options, from digital and virtual services to in-person appointments. This approach allows us to meet patients where they are and ensures they receive the most appropriate care for their unique needs."

By incorporating various care modalities, the hybrid model enables patients to receive personalized care tailored to their specific condition, preferences, and circumstances. This not only leads to better clinical outcomes but also fosters a more patient-centric approach to MSK care.

CONCLUSION

While sensor-based technology has its merits, it is crucial to recognize its limitations in the context of comprehensive MSK care. Relying solely on sensor data may overlook critical aspects of a patient's health, leading to suboptimal care outcomes. Instead, embracing a personalized, multidisciplinary approach to MSK care that includes a hybrid model of care delivery is more likely to yield better results for patients.

As healthcare providers, employers, and insurers continue to navigate the evolving MSK care landscape, it is essential to prioritize patient-centered, evidence-based approaches, including the interconnection of behavioral health and MSK care. By doing so, we can ensure that our patients receive the highest quality care and achieve the best possible outcomes in their journey towards improved health and well-being. Stay tuned for our next article, that will delve deeper into the critical connection between behavioral health and MSK care, and the importance of addressing anxiety and depression in the treatment of musculoskeletal conditions.

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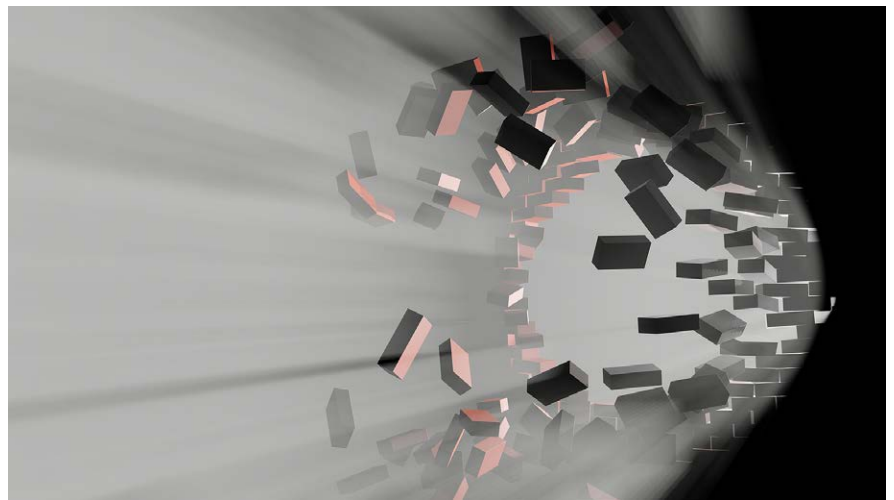
DISRUPTORS ARE HERE TO STAY: WHAT TO KNOW TO BE SUCCESSFUL - PART 1: GENERAL THEMES AND DEFINING DISRUPTORS

We are pleased to begin another series for the Wharton Healthcare Quarterly. For the next five issues, we will focus on healthcare disruptors – people and organizations dedicated to transforming parts of the healthcare ecosystem. Today, we begin by sharing our perspectives on the general disruptor landscape.

In future articles we will cover disruptors in healthcare delivery sectors including:

Clinical care (including electronic medical records (EMRs);

- Virtual Care;
- Medical Devices, Pharmaceuticals and Life Sciences, and;
- Payment Systems.



Source: [Bigstock](#)

Throughout this series, we will weave in the latest trends in technology innovation (Information Technology (IT) and Artificial Intelligence (AI), as well as other factors that enable new ventures to successfully disrupt the status quo in the industry.

DEFINING A DISRUPTOR

How do you identify an organization or individual as a disruptor? How are these ventures different from what has already been tried before?

While the term "disruptors" may seem a recent buzzword, forward-thinking and innovative organizations/individuals are not new to healthcare, or any other industry for that matter. Consider the case of health maintenance organizations (HMOs) that emerged on the scene in the 1950s-1960s to upend the traditional insurance model, which then was primarily indemnity insurance paid on a fee-for-service (FFS) basis. The grandfathers of HMOs are widely recognized as Henry J. Kaiser (known today as Kaiser Permanente) for the staff model HMOs, and Minnesota physician Dr. Paul Ellwood, who promoted the idea of aggregated network HMO models. Both would likely be considered disruptors today.

Across industries, disruption is inherently linked to innovation, so some type of innovation becomes integral to changing the status quo across an entire sector. For example, consider how Apple Pay disrupted consumer transactions paving the way for now ubiquitous contactless payments, and how Ticketmaster disrupted the event industry with mobile ticketing becoming now the expected standard at most event venues.

As it pertains to healthcare: according to Vizient, disruptors are defined as entities — predominantly technology companies, unconventional providers, payers, and large retailers — that have engaged with value-based care (VBC) to address gaps in traditional clinical care/quality as well as payment systems. The American Hospital Association (AHA) also provides insights into disruptors, adding perspectives from the 2018 AHA Trustees Report. Innovative leaders of disruptive ventures come from various backgrounds: their ages vary and reflect diverse tenures in the workforce — important because they may have achieved success in other industries before venturing into healthcare. Examples include prominent figures like Mark Cuban and his Cost Plus Pharmacy.

Disruptors are guided by key value propositions that their solution(s) offer to the market, such as tackling the complexity of healthcare, particularly around the human elements of provider-to-patient relationships, and increasing after-hours administrative burden falling on providers. Many disruptors point to using/leveraging advanced technology to achieve their promises to customers (i.e., health systems, payors, employers, and administrators) and the healthcare industry at large.

Simplifying the healthcare delivery and payment processes — as it is widely acknowledged the current system is overly complicated — is essential to successful healthcare reform. The underlying complexities of healthcare are often not well understood, but the successful disrupters aim to decipher them and identify which stakeholders must collaborate to streamline the industry.

What goes well and what doesn't? Successful disruptors in healthcare actually do know that healthcare is different and that is why and how they can truly disrupt. They do not try to change what is ingrained and approach change incrementally. So, in other words, they understand that disruption can feel, and often is slower in healthcare (results are realized over time) than in the commercial sectors.

ASPIRATIONS OF DISRUPTION COMPARED TO THE REALITIES OF SUCCESS

Disruptors often enter healthcare with the same approaches and/or ideas that worked in other industries without recognizing the uniqueness of the healthcare ecosystem. What do successful disruptors learn about healthcare and how do they adapt?

Successful disruptors learn and accept that healthcare is different. The few who understand the healthcare business model and work within it, may eventually design a sustainable business case for the intended disruption. Key to this understanding is learning how healthcare defines certain vocabulary/words; which can be vastly different from “business school definitions” that apply more broadly across industries. Healthcare business leaders have their own jargon and even sometimes use the same terms as other industries, but with a specific healthcare meaning.

Aside from terminology, workflow is also largely unique to healthcare. New entrants from other industries may not understand (or care) why workflows are designed the way they are. The way in which healthcare services are delivered and then paid for is highly complex and regulated. Workflows exist to ensure compliance and to address operational realities critical to delivering high-quality efficient care, while at the same time maximizing performance. Understanding these flows is helpful in adapting the business case for disruptors, so they can successfully address issues they intend to, within the existing fundamentally different business model unique to healthcare.

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DISRUPTORS ARE HERE TO STAY: WHAT TO KNOW TO BE SUCCESSFUL - PART 1: GENERAL THEMES AND DEFINING DISRUPTORS

Many founders fail to learn from other ventures they attempted to innovate and/or disrupt, and consequently could not achieve their objectives. Because healthcare possesses such unique characteristics, there is no shortage of innovators attracted to the industry believing they can truly disrupt the status quo, only to end up being a case study in why it is incredibly difficult.

Aside from the business model, disruptors simply do not understand how physicians and other providers think and practice. Disruptors often intending to impact the physician-to-patient relationship fail to understand providers' critical roles in delivering care and may deliberately downplay and/or exclude provider input. Physicians have unique perspectives and mindsets as a result of their clinical medical training. Technology and other disruptive models cannot replace or replicate this reality. Anecdotally, physician-led disruptive ventures may tend to ultimately be more successful because of this aspect.

CONCLUSION

In conclusion, we have covered how disruptors are individuals and organizations aiming to transform parts of the healthcare ecosystem through change and/or innovation. They are guided by key value propositions and often leverage advanced technology to achieve their goals. However, successful disruption in healthcare requires a deep understanding of the unique characteristics of the healthcare industry, including its terminology, workflows, and business models. Disruptors must also recognize the critical role of physicians and other providers in delivering care and the importance of the human element in medicine. By learning from past successes and failures and adapting to the realities of the healthcare ecosystem, disruptors may be able to achieve their objectives and bring positive change to the industry.

In our next article, we will focus on the clinical practice at the point of care (POC) and how disruptors can effectively improve both provider and patient experiences while delivering high-quality care and optimizing outcomes.

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THE NEURO-REVOLUTION: OVERHAUL SOCIETY AND UNLOCK HUMAN POTENTIAL - PART 1

I will reference ADHD most frequently herein because I have 50 years of experience with ADHD, and I feel confident claiming some authority in this realm. But, in reality, the arguments and suggestions include support of all neurotypes. So please read on, knowing this author's ultimate intent is to advocate for a neuro-inclusive society.

In recent years, attention-deficit/hyperactivity disorder (ADHD) has gained significant attention in both medical and public discourse. Yet, despite the growing awareness, there's still a prevalent misunderstanding about what ADHD is and how it should be “dealt with.” As someone with ADHD, I feel it's crucial to address these misconceptions and advocate for a comprehensive societal overhaul. By creating a neuro-inclusive world, we can unlock the full potential of all individuals, fostering innovation, empathy, and progress for all neurotypes.



MISCONCEPTIONS ABOUT ADHD

ADHD is often portrayed as a disorder characterized by an inability to focus, hyperactivity, and impulsiveness. While these traits can be part of the ADHD experience, this narrow definition has a major flaw because it assumes the person being observed as hyper, distracted, or impulsive, is in an environment designed for them to thrive.

Consider this for a moment: you plant two seeds in nutrient-rich soil and give them plenty of water to help them grow. The seeds germinate and sprout at the same time, but one seed develops leaves and starts to grow quickly while the other doesn't. We are very quick to assume the second seed must be a dud, right? But the issue was actually the water and the soil.

You see, the first seed was that of a Spruce tree, which thrives in moist, well-drained loamy soil with ample water and sunlight. The second seed was that of a Yucca Palm tree, which requires arid conditions, well-drained sandy soil, and minimal water. Understanding this fundamental difference, we wouldn't continue forcing the Yucca Palm to perform in an environment that wasn't conducive to its optimal growth. We would instead change the environment to provide the arid conditions and sandy soil it needs to become what it's meant to become.

For a very long time, ADHD has been considered, and treated as, a behavioral and learning disorder. It's not. ADHD is a natural neurological variation, a completely normal part of the human experience. The “disorder” exists within the environment, not the seed.

For decades medical and science communities have tried to correct or modify the behavior of ADHD people, which is akin to propping up a withering Yucca Palm sprout with sticks in an effort to make it grow secure roots in a moist climate. ADHDers have grown up believing they are a “dud seed.” It’s time to flip the script and focus our collective efforts on creating environments that allow all neurotypes to thrive.

Overhauling society is not a small undertaking, but that’s what actually needs to happen. Do I really think all of society is going to change just to support a small portion of the population? Yes! And here’s why. There are a lot more neurodivergent people out there than we’ve been led to believe.

Studies will tell you that 15-20% of the population are neurodivergent. But these studies are only measuring ‘natural’ neuro-distinctions, like ADHD and Autism (ASD). What they fail to include are all the neuro-divergent brains that have been caused due to brain injuries, physical and emotional traumas, PTSD, etc. It is known that these conditions cause permanent neurological changes, thus creating a much larger segment of our population that must live in, and contribute to, a society that wasn’t designed for it. My research suggests that 45-50% of the adult population is neurodiverse. And these numbers only represent the known cases.

So, if roughly 50% of the working population requires medication or special accommodations to live in and contribute to our society, don’t you think we should start taking a good hard look at the soil and water in which we are all expected to thrive?

THE SCIENCE THAT VALIDATES THE THESIS

Executive functioning is like the brain’s control center, helping us plan, make decisions, solve problems, and manage our actions and emotions to reach our goals. This important work happens mainly in the prefrontal cortex, a part of the brain that acts like a manager for our thoughts and behaviors.

Two key players in this process are the default mode network (DMN) and the executive control network (ECN). Think of the DMN as our brain’s “daydream mode.” It’s active when we’re resting or letting our minds wander, allowing us to reflect and be creative. On the other hand, the ECN is our “focus mode,” kicking in when we need to concentrate and tackle tasks.

For people without ADHD (neurotypical individuals), these two networks work together smoothly. When it’s time to focus, the daydream mode (DMN) quiets down, and the focus mode (ECN) takes over, helping them switch gears easily and stay on task.

In people with ADHD, the connection between these two networks works differently. Studies have shown the ADHD brain has a unique way of balancing the daydream mode (DMN) and focus mode (ECN). This can mean more frequent mind-wandering, which can lead to spontaneous creativity and innovative problem-solving due to the brain’s more flexible and free-flowing thought processes.

This difference in brain function can foster remarkable creativity and out-of-the-box thinking, showing that the ADHD brain has its own set of strengths that are valuable and worth understanding.

WHERE SCIENTISTS WENT WRONG

ADHD is typically described in the scientific community as a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that interfere with functioning or development. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) outlines specific criteria for diagnosing ADHD, focusing on symptoms such as difficulty sustaining attention, frequent careless mistakes, fidgeting, an inability to remain seated, and interrupting others. This description, while clinically useful, tends to emphasize the deficits and challenges associated with ADHD, often overlooking the condition’s complex and multifaceted nature.

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One of the primary flaws in this description is its deficit-based perspective. By focusing mainly on the struggles of individuals with ADHD, this view can overshadow the strengths and positive traits often found in people with ADHD, such as creativity, spontaneity, and the ability to think outside the box. This narrow focus can contribute to a stigmatizing view of ADHD, painting it primarily as a collection of negative behaviors rather than a different way of thinking and processing information. Such a description may lead to a failure to recognize the potential advantages and unique contributions of individuals with ADHD.

This deficit-oriented narrative has also contributed significantly to societal misunderstandings about ADHD. Many people, influenced by this limited perspective, may perceive ADHD solely as a problem or a disability, leading to stereotypes and misconceptions. For example, individuals with ADHD might be seen as lazy, disruptive, or undisciplined, rather than as having a different cognitive style that can be advantageous in various contexts. These stereotypes can result in negative social attitudes, discrimination, and a lack of appropriate support and accommodations for individuals with ADHD.

Moreover, the emphasis on deficits can influence educational and occupational settings, where individuals with ADHD might be pressured to conform to neurotypical standards rather than being encouraged to leverage their strengths. This pressure to conform can lead to feelings of inadequacy, low self-esteem, and frustration, as their unique ways of thinking and problem-solving are not valued or understood.

Recognizing both the challenges and strengths associated with ADHD can help foster a more inclusive and supportive environment. This approach not only benefits individuals with ADHD by promoting their well-being and success but also enriches society by embracing the diverse cognitive talents that people with ADHD bring.

Stay tuned for Part 2.

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THE PHILOSOPHY OF UBUNTU: FOSTERING PURPOSE AND WELL-BEING IN HEALTHCARE



Ubuntu, a term from South Africa, translates to "*Humanity*," "*I am because we are*." Ubuntu gained prominence when Archbishop Desmond Tutu, an advocate of Ubuntu, described it as the essence of being human, emphasizing the interconnectedness and interdependence of all people. Doc Rivers, former head coach for the Boston Celtics, took the team to a championship after they embodied Ubuntu as a team on and off the court and as a way of life.

This interconnectedness prioritizes human virtues of compassion, empathy, gratitude, mutual respect, and dignity. ***"I can't be all I can be unless you are all you can be."*** It is more than a statement; it is a way of living. It asserts that individual identity is deeply intertwined with the community, and personal well-being is connected to the well-being of others.

APPLYING UBUNTU IN HEALTHCARE

In an era in which healthcare clinicians face immense pressures and high-stress environments leading to burnout and reduced morale, integrating the principles of Ubuntu can be transformative to well-being. By fostering a sense of togetherness grounded in a shared sense of purpose, clinicians are reminded of their passion and the meaningfulness of their work in providing high-quality patient care and having healthy collegial relationships.

WHERE TO START

Establish a Shared Well-Being Purpose: A unified sense of purpose is crucial for any healthcare practitioner and team. Aligning clinicians around a shared well-being purpose highlights the importance of individual well-being and the impact it has on others.

Need help establishing a shared well-being purpose statement? Consider answering the following:

- How do you benefit from your well-being and why is it meaningful?
- How do your colleagues, patients, institution, and community benefit and why is it meaningful?
- How does a shared well-being purpose contribute to human flourishing (fulfilment of a purpose and a lifelong process?)

Foster Mutual Support: Implementing Ubuntu involves creating support systems where team members can lean on each other. This philosophy underscores the importance of collective effort and mutual respect. Hence, the success of a healthcare team is not just the sum of individual achievements but the result of harmonious passion, collaboration, and shared purpose.

Recognition and Appreciation: Recognize and appreciate the contributions of each team member. Celebrating successes and acknowledging efforts can boost morale and reinforce the value of each individual's role in the team.

Encourage Empathy and Compassion: Clinicians often work under intense pressure. By fostering a culture of empathy and compassion, team members can better support each other, reducing burnout and enhancing overall job satisfaction. Promoting empathy and compassion among team members can create a supportive environment where individuals feel valued and respected.

Improve Patient Care: When healthcare teams have a shared well-being purpose, they function as a cohesive unit, improving patient care quality. Ubuntu encourages team members to prioritize their well-being and that of their patients and collectively value human dignity and kindness.

Ethos (taken from the Greek meaning "for distinguishing character and guiding values and beliefs of a person, group, or institution"). At Accordant, we define ethos as a holistic approach that calls upon the importance of distinguishing values and virtues in guiding the work of physicians, caregivers, and allies to improve physician well-being and patient trust and engagement to support the success and progress of the health organization in fulfilling its mission and vision of potential.

ALIGNING UBUNTU WITH ETHOS

Ubuntu aligns well with our ethos approach to Virtuous Well-Being and Virtuous Practice.

Virtuous Well-Being - the start of the continuum that identifies mindset, actions, and behaviors that allow clinicians to achieve elevated health, including physical, emotional, mental, spiritual, and social well-being. As in eudaimonic (pursuing happiness by finding meaning and purpose) well-being, virtuous well-being engages self-reflection, a sense of purpose, meaning, belonging (interconnectedness) and a commitment to personal growth. It requires the cultivation and sustainability of well-being associated with the virtues of gratitude, compassion, and kindness. In turn, these virtues are embedded in the physician-nurse-patient relationship.

Virtuous Practice – our ethos approach harnesses the power of values and virtues and moves from Virtuous Well-Being to Virtuous Practice, deepening the clinician-patient relationship and providing an interconnectedness and shared purpose. Virtuous practice involves acting with integrity, compassion, and a commitment to the well-being of patients and colleagues, and it is deeply humanistic.

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Like Ubuntu, Virtuous Practice also experiences a greater sense of human connectedness that affirms purpose in their work — and experiencing meaning from purpose-driven work serves as a "significant protective factor" against burnout.^{1,2}

STEPS TO CONSIDER TO FOSTER VIRTUES IN HEALTHCARE, UBUNTA

- **Assessment and Reflection:** Begin by assessing the current well-being dynamics of your clinicians.
- **Training and Development:** Provide training and development programs that focus on the principles of ethos (virtuous well-being and virtuous practice), informed by the latest research and evidence-based practices in gratitude, neuroscience, and psychology to consciously and consistently emphasize empathy, communication, and collaboration.
- **Regular Team-Building Activities:** Organize regular well-being activities that promote bonding and trust.
- **Reflective Practices:** Encourage regular reflective practices, such as team meetings and debriefings, where team members can discuss their experiences, share insights, and identify areas for improvement.

CONCLUSION

Taking the essence of Ubuntu in our ethos approach offers a robust framework for fostering unity and purpose. Bringing Ethos into your organization will help create a sense of interconnectedness and a shared sense of purpose, enhance patient care, promote the well-being and satisfaction of clinicians, and guide us toward a more compassionate, collaborative, and human-centered approach to medicine.

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5 STAGES OF BUILDING TOWARDS A LEADERSHIP TRANSITION

Healthcare leadership transitions have been on the rise, and it is likely the trend will continue. AMN Healthcare's leadership survey indicates that nearly 66% of respondents intend to seek a new leadership position within the next twelve months.¹ Leadership transitions are critical moments in any organization's lifecycle, yet nearly half of them fail.² How organizations prepare for and manage leadership transitions can either propel the organization forward (if handled well) or lead to significant setbacks (if handled ineffectively).



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Often, transitions focus exclusively on the search for the leader, sometimes extending to the onboarding process. While the search and onboarding are critical, we find that the most effective leadership transitions take a more holistic approach to help stabilize the organization, maintain employee morale, and drive long-term success. This approach takes a systems lens, thinking not only about the new leader but also an assessment of the organization and its readiness for the transition.

This article explores five key stages of building towards a successful leadership transition.

STAGE 1: PREPARATION

Communicate Vision and Expectations

Being clear about the process, timeline, and stakeholder involvement and continuously communicating expectations for the transition process is key to maintaining transparency and trust during what can be an anxious time for the organization.

Assess the Strategic and Organizational Context

Leadership transitions are closely intertwined with strategy. The strategic direction and the characteristics and skills needed to advance the desired future state should inform the development of the job profile, search process, and selection of the organization's next leader.³ It is important to consider:

- To what extent is the board aligned on the future vision and strategy?
- How willing and to what extent is the board prepared to shift direction?
- Are the board, leadership team, and staff on the same page about:
 - the organization's most important strengths
 - significant challenges and opportunities facing the organization
 - the potential risks inherent in transitions?
- What might be needed in a new leader?

Who informs the answers to these questions is also important. Organizations will have different norms and expectations about how wide a net to cast. For instance, a health system may invite the board and key leaders to weigh in, while a health foundation may want to include its staff, community partners, grantees, and others. Consider external stakeholders who can be “friendly skeptics” who know enough about the organization to share helpful insights about both the incoming leader and the organization as it prepares for entry.

Perhaps the most important (and often missing) part of the assessment is using it to ensure the board has a shared point of view about what is needed to move forward. If individual board members have different ideas about what is important in a new leader or the needs of the organization, it becomes difficult to align on a candidate and fully prepare the organization to welcome its next leader.

STAGE 2: CONDUCT THE SEARCH

It is just as important to choose the right search firm as it is to select the right leader. We often support the search committee to develop and manage the process of evaluating and selecting search firms to find the best fit.

Once selected, the search firm can use the data gathered from the organizational assessment to define the role and responsibilities, creating a detailed job description and search strategy. This strategy should include a process for evaluating candidates to ensure they align with the organization's values and strategic needs.

There are many steps to a successful leadership transition



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STAGE 3: CONSIDER ORGANIZATIONAL READINESS

As the search is conducted, part of ensuring the success of the leadership transition is, as one of our clients said, “readying the house for sale.” This process goes deeper than removing clutter and staging furniture — it peels back the curtain and explores any findings around talent, organizational structure, culture, and operations. This process should lead to an implementation plan for matters that could be resolved before the incoming leader’s

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5 STAGES OF BUILDING TOWARDS A LEADERSHIP TRANSITION

entry, what matters should benefit from their thinking and input upon entry, and what can be addressed later. It is critical the implementation plan be oriented to helping leaders and staff anticipate and guide change, as opposed to articulating operational steps alone.

STAGE 4: DEVELOP AN ONBOARDING PLAN

A well-crafted onboarding plan considers the organization's needs and the incoming leader's preferences for learning about the organization. The goals set for onboarding should guide what to include in onboarding manuals — information and experiences that will be most impactful, such as unit descriptions, priorities, and key conversations — and who will be responsible for which parts. Up to this point, the board would have largely been managing the search process, but it will now need more support from the leadership and staff to implement the onboarding plan.

STAGE 5: EMPOWER AND SUPPORT THE NEW LEADER FOR A SUCCESSFUL ENTRY

Align on Metrics of Success

To empower the new leader, it is crucial to establish a way for the board to evaluate the new leader's progress and provide feedback and support. This helps set clear expectations and provides a roadmap for the new leader's initial months on the job.

Develop a Transition Plan

The final stage of the process is developing and preparing to implement a transition plan that outlines key activities and priorities for the first year. We sometimes break the plan into the first 30 days, 90 days, six months, and 12 months. It will be important to consider the objectives of the transition plan, which will ensure success for the new leader and the organization. Those preparing the plan, in partnership with the incoming leader, might consider:

- What should be the balance of time spent on different priorities?
- How much time should be spent internally before venturing outside of the organization?
- What relationships should be prioritized, and who should maintain them?

Effective leadership transitions require careful planning, communication, and support throughout the process. By following these five stages, organizations can set themselves up for success during leadership change.

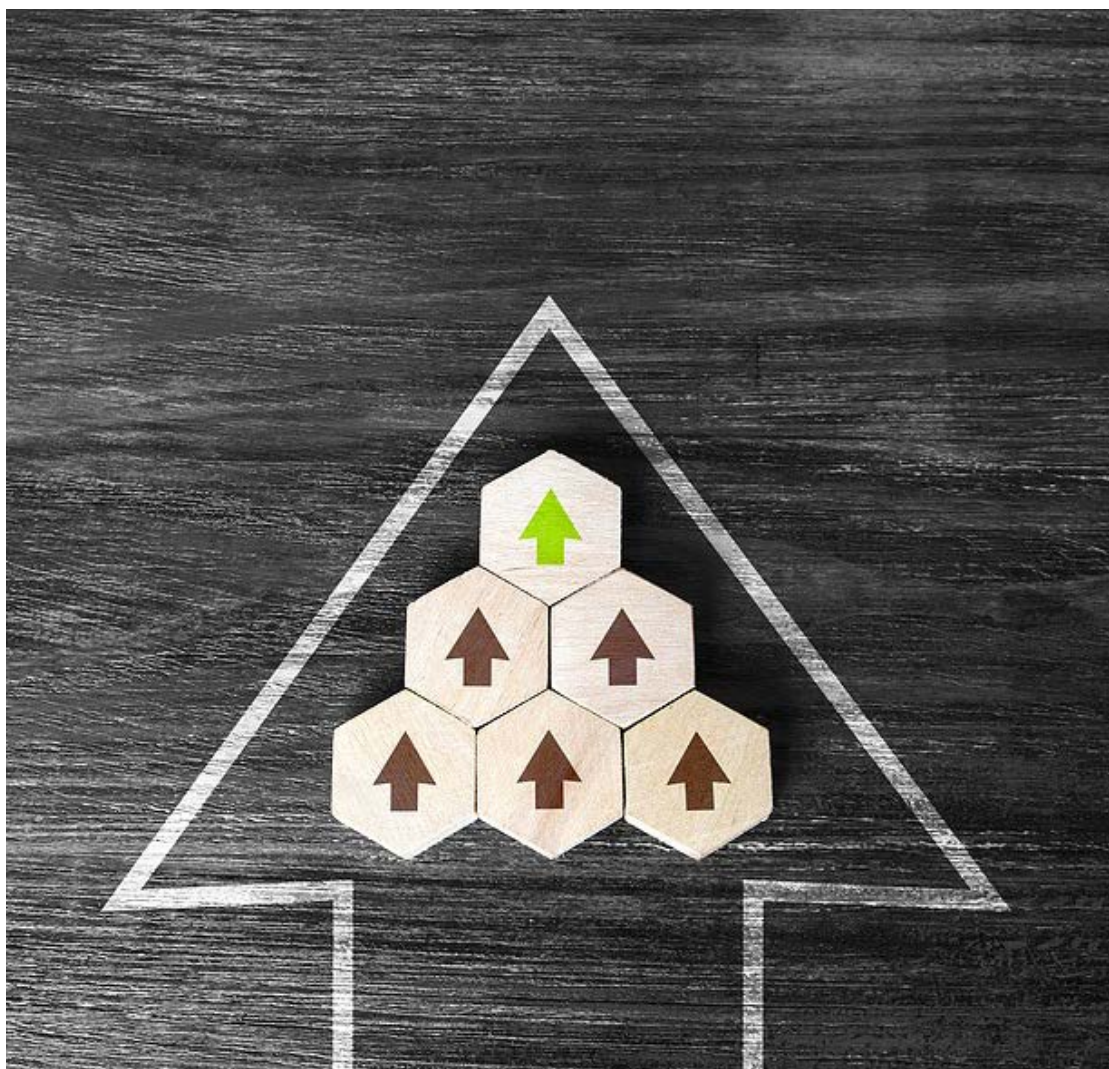
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Source: [Bigstock](#)

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