

CHA-Gold Innovation Fellowship Symposium

*Partnering with patients to
coproduce better healthcare service*

Welcome from the CHA-Gold Innovation Fellowship Director

Dear participant:

Thank you for joining us at this celebration symposium and welcome. We are glad you are here. We are a gathering of clinicians, leaders, administrators, educators, patients, researchers and activists united by a desire to partner in new ways to improve the health of individuals and communities and to improve the contribution that healthcare services make to that health and wellbeing.

We are at the end of the first year of a fellowship for healthcare professionals at the Cambridge Health Alliance. The fellowship – funded by an investment from the Cambridge Health Alliance senior leadership team and a grant from the Arnold P. Gold Foundation – endeavors to prepare mid-career clinician leaders to be effective institutional change agents. The fellowship links the tools of improvement and implementation science with a focus on the importance of relationships in healthcare service and the transformative power of cultivating true partnership with patients. A core concept is that health outcomes (good and bad) are always co-created by patients and families and health professionals working together. Innovation that strengthens that essential partnership between patients and professionals and the systems that nurture or constrain that partnership is fundamental to the improvement of health outcomes.

This past year, fellows came from different parts of the organization to learn and support one another's efforts at exploring, developing and making positive institutional change at CHA. Each fellow brought a change project to the fellowship. The projects were aligned with the institution's strategic direction; each project provided an opportunity to apply principles of improvement science and to use the lens of co-production. The fellowship had three aims – nurturing the personal and professional development of fellows, catalyzing institutional change through the cultivation of a community of practice for emerging leaders and through successful accomplishment of change projects, and developing the art and science of coproduction.

We invite you to join us now in shared learning from this year-long experiment, even as we convene a second cohort of CHA-Gold Innovation Fellows. As we gather tonight, we will invite your feedback on our fellowship experiment. What is good and new here? How might it be better? We also invite your reflections on the connection between the ideas that drive the fellowship and your own work in healthcare. How might the idea of co-creating healthcare service resonate in your work? If all goes well, the evening might even spark a new frame, a new partnership, and even a new opportunity for collaboration.

Thank you for the gift of your presence and participation.

Sincerely,

A handwritten signature in dark ink, appearing to read "Maren Batalden". The signature is fluid and cursive, with the first name "Maren" and last name "Batalden" clearly distinguishable.

Maren Batalden, MD MPH

AGENDA

5:30-6:15

Poster Session: CHA Fellows & Invited Guests
Reception with hors d'oeuvres
Atrium & Hearth

6:15-7

Panel Conversation:
Coproduct & Improvement Science
North Dining Room

7-8:30

Welcome Remarks: Richard Levin & Patrick Wardell
Dinner with facilitated table conversation
Closing Remarks
West Dining Room

2016 FELLOWS



Richard Balaban

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Dr. Balaban is a practicing general internist, and has worked in both primary care and hospital medicine. He serves as Medical Director of the Department of Care Integration at Cambridge Health Alliance which provides enhanced support for the highest utilizers of medical services. He is also Medical Director of CHA's

Community-based Care Transition Program (CCTP), funded by CMS, which has been rated one of the top three CCTP programs in the country. Dr. Balaban has established a national reputation as an innovator in care transitions, developing cost effective programs to support patients after hospital discharge. An Assistant Professor of Medicine at Harvard Medical School, Dr. Balaban has served in leadership roles for several research studies evaluating care transition strategies, including an RO1 from AHRQ. In addition, Dr. Balaban has worked as a mentor for the Society of Hospital Medicine's Project BOOST (Better Outcomes for Older Adults through Safe Transitions), which assists participating hospitals to optimize their care transition processes.



Christopher Fischer

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Dr. Christopher Fischer is an emergency physician and Site Chief in the Department of Emergency Medicine at Cambridge Health Alliance. His career objective is to develop and implement innovative and evidence-based programs to improve the care of patients in the emergency departments at CHA, balancing patient safety, efficiency,

and value.

Prior to coming to CHA, Dr. Fischer was Director of Clinical Operations in the Department of Emergency Medicine at Beth Israel Deaconess Medical Center. There, he focused on improving patient handoffs in the emergency department, and has published research focused on improving the ability to diagnose and treat time-sensitive illnesses, reducing errors and improving patient safety. Another thread of his research has examined the role of emergency physicians in improving public health through outreach to patients and policymakers involved in injury prevention, including efforts related to urban bicycle safety.

He is a diplomate of the American College of Emergency Physicians. He completed emergency medicine residency at the Harvard Affiliated Emergency Medicine Residency/Beth Israel Deaconess Medical Center, where he served as chief resident. He is a graduate of the Georgetown University School of Medicine and the Walsh School of Foreign Service at Georgetown University.

His future objectives are to develop a system of utilizing the clinical and administrative capabilities of CHA to implement, study, and disseminate innovative patient-centered ways to inform decision-making about patient care in the ED.



Lorky Libaridian

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Lorky Libaridian joined Cambridge Health Alliance (CHA) in the fall of 2012, as an Internal Medicine and Pediatrics physician at the CHA Revere Health Center. In August 2013, she took on the role of Medical Director for Performance in Improvement in Primary Care, working closely with numerous groups, including site based Performance Improvement Teams, to improve the health of CHA's patients as well as related key quality measures. Prior to moving back to Boston in 2012, she worked in a safety net clinic in San Francisco for four years as a clinician, and later became involved in various quality improvement efforts. In addition, she continues her more than 20 years of medical work in Armenia, focusing on medical education and community health.



Robert P. Marlin

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Robert P. Marlin, MD, PhD, MPH, is a staff physician in the Department of Medicine, Director of the Refugee Health Assessment Program, and Director of the Coordinated Care Program for Political Violence Survivors at the Cambridge Health Alliance (CHA). He is a primary care internal medicine physician at CHA's East Cambridge Health Center in Cambridge, MA, where he also previously served as interim Medical Director. Dr. Marlin is an Instructor in Medicine at Harvard Medical School. At CHA he also serves as a member of the Diversity Council and directs the Seminar on Global Health and Human Rights. Dr. Marlin received his medical degree from the State University of New York at Stony Brook School of Medicine, his Ph.D. in anthropology from Rutgers, the State University of New Jersey, and his M.P.H. in health policy from the Harvard T.H. Chan School of Public Health. His training includes an internal medicine residency at the Cambridge Health Alliance, the Commonwealth Fund Mongan Fellowship in Minority Health Policy at Harvard Medical School, where he focused on the intersection of U.S. health and immigration policy, and the inaugural cohort of the CHA-Gold Foundation Innovation Fellowship. His work focuses on the integration of care for vulnerable patients, the development of community-based interventions to advance the health and well-being of underserved populations, and the teaching of trainees at all levels in these areas.



Colleen J. O'Brien

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Colleen J. O'Brien, Psy.D. is Associate Director of Primary Care Behavioral Health at the Cambridge Health Alliance, where primary care and multidisciplinary behavioral health are integrated at 12 urban sites. She is active in strategic planning, program development, payment reform, and the promotion of sustainable, patient-centered care. Her career has included work as an administrator and clinician in a range of hospital and community settings, and she has leadership experience in quality improvement and healthcare consulting. She was Senior Clinical Consultant to Vermont's RWJ *Depression in Primary Care* initiative, which piloted integration at rural primary care centers, introduced population screening, disease management and peer support interventions, and assessed patient outcomes – demonstrating the promise of integrated care and supporting necessary payment reform. She is an Instructor in Psychology in the Department of Psychiatry, Harvard Medical School.

2016 FELLOWS PROJECT ABSTRACTS

Richard Balaban

Coproducing Treatment for COPD Exacerbations: The COPD Rescue Pack

Background

Nationwide, COPD exacerbations are responsible for more than \$50 billion in medical expenditures, including over 800,000 hospitalizations. At CHA, COPD exacerbations are the cause of 15% of all Medicine service hospital admissions.

For patients, COPD exacerbations have damaging medical consequences; patients' quality of life is impaired and patients may never return to their previous pulmonary baseline after an exacerbation.

Timely outpatient treatment of COPD exacerbations can decrease the severity of exacerbations and shorten the time to recovery.

Intervention

The *COPD Rescue Pack* consists of a 5-day course of oral prednisone and an antibiotic which patients self-administer at the onset of a self-diagnosed COPD exacerbation. Patients are empowered to make the critical decision of when to initiate medical therapy. By reducing barriers to timely treatment, the *COPD Rescue Pack* may prevent or diminish the severity of an exacerbation, thereby decreasing the likelihood of an ED visit or hospitalization.

The *COPD Rescue Pack* promotes a partnership between provider and an empowered patient, encouraging a shift from *provider-controlled treatment* to *shared healthcare management*.

Results

A pilot implementation at a CHA primary care site demonstrated that clinical pharmacists are capable of engaging and instructing patients to properly use the *COPD Rescue Pack*; while patients welcome the opportunity to self-manage their disease, and use the *COPD Rescue Pack* wisely and with positive effect.

Conclusions: What do we intend to do next?

Based on the successful pilot, the *COPD Rescue Pack* is being implemented at CHA's ten primary care sites and three pulmonary clinics. A quantitative analysis will determine its effectiveness in decreasing hospital and ED utilization; a qualitative analysis will define, more broadly, how to best encourage patients to coproduce positive health care outcomes.

Christopher Fischer

Why did we start?

Chest pain is the second-most common reason for emergency department visits. Given the potential medical, legal, and psychological effects associated with missing the diagnosis of acute coronary syndromes, clinicians have a low threshold to admit patients for prolonged observation and advanced cardiac testing.

At CHA, there are over 1,000 annual admissions for patients with chest pain. Approximately 40% of admitted patients are discharged within 1 day without advanced cardiac testing.

We identified that there was a clear need for a clinical pathway for ED patients with chest pain that is evidence-based, sensible, best utilizes available resources, and includes patient perceptions and understanding of risks. The objective of this pathway is to identify patients who are at low enough risk of acute coronary syndrome or other adverse outcomes and could be safely discharged from the emergency department.

What did we do?

We developed and are in the process of implementing a clinical pathway for the evaluation of ED patients with chest pain that includes the following components:

1. **HEART Score decision aid:** a validated decision aid that utilizes clinician impression of the patient's history, EKG, age, risk factors, and biomarkers obtained in the ED. This decision aid is seamlessly integrated into the electronic health record and provides real-time, point of care decision support for the ED physicians.
2. **Chest Pain Choice Shared Decision Making Tool:** a validated patient-directed tool used to discuss risk stratification with patients, and engages patient in a risk-informed discussion with the ED physician that includes patient preferences.

What did we find?

- Development and implementation of real-time clinician decision support requires close coordination of multiple stakeholders: clinicians, patients, IT, legal, researchers. Aligning the goals of all stakeholders requires significant ongoing effort.
- Adopting validated tools to our practice environment is an iterative process (one size does not fit all), and the input of patients is vitally important.
- Explicit discussions about risk-informed decision making are common amongst physicians, but explicit discussions about risk between clinicians and patients is less common. Patients may have different views about risk, and integration of those views into clinical decision-making requires a real-time discussion.

What does it mean?

Implementing a clinical pathway has the potential to improve care, use resources appropriately, and improve patient knowledge.

Lorky Libaridian

Co-producing Healthy Blood Pressure Through Nursing and Pharmacy Visits

Lorky Libaridian, MD, Omar Santiago RN MSc MBA, Sue Natale MS RN, Fiona Mccaughan MS RN, Monica Akus Pharm D, Joseph Falinski, Pharm D

Hypertension (HTN) is an important chronic disease which has significant effects on the morbidity and mortality of our patients. At CHA, we have just over 13,000 patients with HTN, approximately 30% of whom have uncontrolled HTN. With the aim of improving HTN control across ten primary care clinics, we formed a multidisciplinary team. Our intent was to improve our partnerships with one another as multidisciplinary healthcare professionals and to improve our partnerships with our patients. Our strategy was to engage nurses and pharmacists more intentionally as coaches for patients with uncontrolled high blood pressure. Our work included the utilization of new education materials designed with patients, new workflows for outreaching to and referring patients to nurses and pharmacists, and new documentation templates in the electronic medical record that encourage a co-productive approach to counseling for nurses.

Our data suggests that our intervention has been successful in improving - incrementally but meaningfully - the percentage of CHA patients with controlled HTN. While we are only in the preliminary stages of data analysis, it appears that at the level of the clinic there is an association between number of nursing and pharmacy coaching visits and population blood pressure control. These visits, however, do not tell the whole story. Two clinics increased their use of nursing and pharmacy visits and did not see an improvement in the proportion of patients with controlled blood pressure; one clinic improved population blood pressure control without increasing nursing and pharmacy visits. We are currently interviewing nurses at various sites to help elicit a more qualitative understanding of the way in which their own approach to counseling patients has evolved to reflect the importance of partnership and co-production. Understanding the variation between sites, both in terms of their limitations and successes, will be important in planning and spreading future improvement projects at CHA's primary care sites.

Robert Marlin

Firehouse Model Community Health Worker Teams

Robert P. Marlin, MD, PhD, MPH, James Figueiredo, MA, Yemisrach Kibret, Afsaneh Moradi, MD, Rawan Oneiz, MD, Hugo Rengifo

Why did we start?

Massachusetts is preparing to certify community health workers (CHWs) for the first time and is developing regulations that would allow for reimbursement for the work completed by CHWs under a licensed clinician. At the same time, Cambridge Health Alliance (CHA) needs to expand the number of patients it cares for within its catchment area, including among vulnerable populations, while maintaining its current patient base. This project aimed to create CHW teams from among existing CHA Volunteer Health Advisors (VHAs) and mal-employed foreign-trained health professionals (FTHPs) to engage with a diverse, multilingual, vulnerable immigrant population on issues of health and healthcare and help link them to care at CHA.

What did we do?

After identifying the CHW teams, we established ourselves in locations in the CHA catchment area and at regular times that were convenient for the target population. We then made ourselves available to anyone at these locations and offered blood pressure screenings, information on signing up for health insurance/coverage, obtaining and retaining a primary care physician/team, preventive health information, and answers to general questions about healthcare. For those without insurance/coverage or primary care, we attempted to link them to services at CHA that could provide both of these.

What did we find?

In order for individual clinicians/care teams and vulnerable immigrant patients to be able to co-produce health, CHA as an institution first needs to engage with vulnerable immigrant populations at the level of the community. For this to happen, the communities we serve and CHA leadership, clinicians and staff must see the institution as belonging to and being part of the community, rather than simply serving it.

What does it mean (and what do we intend to do next)?

While the Firehouse Model CHW teams will not continue at CHA, the institution needs to re-orient its efforts at community health engagement towards having a regular physical presence in the community and our team will work with CHA to help effect this in the Department of Community Health Improvement and other divisions.

Colleen O'Brien

Launching an Evidence-Based Peer Recovery Program to Enhance Self Management Skills of Adults in Primary Care

Depression and addiction correlate with poor overall health outcomes. Outcomes improve when patients understand their condition and play an active role in their own recovery. In 2016, CHA screened 45,000 adult primary care patients for these conditions, and identified more than 35% for follow up. Challenges to care delivery in the conventional model, including initial engagement and retention, could be addressed by a peer recovery model. Could providing readily-available peer support programming help bridge the gap between consumers and behavioral healthcare providers, and increase self management skills of adults? This project trained 12 primary care mental health therapists in an internationally-adopted, evidence-based recovery model. We then conducted a focus group to learn if the therapists, usually “experts” in mental illness, could embrace an approach that empowers patients and emphasizes lived-experience and learning from peers? Final outcomes measures will evaluate the impact of the groups on participant hopefulness, self-advocacy, and overall health status. Lessons learned during the training and implementation process may be useful in training other healthcare professionals and advancing coproduction in healthcare.

2017 FELLOWS



Nicholas Carson

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Dr. Nicholas Carson is Medical Director for child and adolescent outpatient psychiatry services at the Cambridge Health Alliance (CHA). He is also a Clinical Research Associate at the CHA Health Equity Research Lab and an Instructor in Psychiatry at Harvard Medical School. His CHA Gold Innovation fellowship aims to involve patients and families in the design and implementation of child psychiatry integrated care at CHA. As a disparities investigator, Dr. Carson's research has identified innovations in mental health services for adults and youth, and he has developed specific expertise in cross-cultural service delivery and patient-centered activation strategies. He is chair of the Quality Improvement committee for the division of child and adolescent psychiatry at CHA. He teaches clinical scholarship, psychiatric evaluation, and psychopharmacology to child psychiatry fellows. All of his clinical, research, and teaching experiences have taught him the importance of shared decision making with families as a key component of high quality mental health care.



Serena Hsiou-Ling Chao

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Dr. Serena Hsiou-Ling Chao attended Harvard-Radcliffe College and the University of Rochester School of Medicine. Following internal medicine residency training at Baystate Medical Center, she completed the Boston Medical Center/Boston University School of Medicine Geriatrics Fellowship Training Program, during which time she also obtained a Master of Science in epidemiology at the Boston University School of Public Health. Dr. Chao is currently the Chief of the Division of Geriatrics at Cambridge Health Alliance and Director of CHA's House Calls Program. She was the Director of the BMC/BUSM Geriatric Medicine Fellowship Program from 2009 to 2015. She is highly regarded as a teacher and has been recognized with the BUSM Department of Medicine's junior faculty mentoring award. She was one of the core faculty members who designed and implemented the BMC Chief Resident Immersion Training (CRIT) Program in Geriatrics, a case-based interactive workshop targeting rising chief residents in medical and subspecialty training programs that has now been replicated in at least 33 other institutions around the country. She served on national working groups to develop milestones and evaluation tools for the assessment of fellows' emerging competencies in geriatric medicine.



Ellie Grossman

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Over the past 10 years, I have been building a career at the intersection of internal medicine and behavioral health / mental health, with a focus on addiction as a key area of overlap. Prior to joining Cambridge Health Alliance (CHA), I worked at NYU/Bellevue in New York, where I led a primary-care-based addiction program, directed the hospital's Stop Smoking Program, and was Project Director on an NHLBI-funded study of post-discharge smoking cessation interventions.

In my current position at CHA, my role is Primary Care Lead for Behavioral Health Integration. I am part of a team implementing universal screening for depression and alcohol and substance use at 12 primary care clinics, with integration of behavioral health clinicians. We are building services in addition, and plan to design and implement a program that offers coordinated care serving patients with a spectrum of needs. I am also a general internist, board-certified in addiction medicine, and provide care to patients in CHA's Somerville Hospital Primary Care practice.



Fiona McCaughan

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Fiona McCaughan, RN, MS, is a nurse leader at Cambridge Health Alliance in primary care. Recently lead two primary care sites through Patient Centered Medical Home (PCMH) level 3 certification and PCMH Prime certification (integrating behavioral health into primary care). For past three years supported multi-facility learning collaborative with Harvard Medical School, Center for Primary Care as a leader and as the nurse planner. Gold Fellow Innovation Fellow for co-producing healthcare improvements for people with diabetes. Theory: Using a health coach model and employing motivational interviewing will create a collaborative environment in primary care for patients to develop and edit their care plans with their care team members. Successful chronic disease management and patient engagement are critical in improving health outcomes, reducing costs, improving the patient's experience of care, and improving staff work life.



Miriam Tepper

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Miriam Tepper's work has always been devoted to improving the quality of life for adults with serious mental illness. Her first exposure to the field of psychiatry involved research on the use of psychiatric advance directives in the community treatment of adults with serious mental illness, a project that spawned her initial interest in this population and treatment setting. She pursued residency at MGH/McLean, and then began working at CHA on the clinical team which she now leads, the Health Integration Program (formerly ACS). She facilitated the clinical team's transformation into a Behavioral Health Home model of care. This work has involved collaborations with policy makers, hospital leaders, community providers, and researchers. Concurrent with the change into a Behavioral Health Home, she has also developed a program for young adults with psychosis.



Leah Zallman

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Leah Zallman, MD, MPH is a primary care internist at East Cambridge Health Center (EHC), the Provider Lead for Provider Engagement at Cambridge Health Alliance (CHA) and the Assistant Director of Research at the Institute for Community Health (ICH). Leah came to CHA in 2010 as a General Internal Medicine Fellow, was a Kraft Center for Community Health Practitioner from 2012-2014, joined the management team at ICH in 2014, and served as the EHC Practice Improvement Team leader. Through these experiences, she has developed content and analytic expertise for understanding provider experience. She has published over 20 peer-reviewed publications including several papers on supporting safety net and primary care providers. Leah aims to support the care of underserved populations through her research, evaluation and leadership positions.

2017 FELLOWS PROJECT DESCRIPTIONS

Nicholas Carson

Co-Producing Health Decisions for Families at the Interface of Behavioral Health and Primary Care

“Integrated care” is a healthcare approach that embeds mental health providers in primary care settings to provide timely consultation to families. Integration care is listed in CHA’s “2020 Areas of Focus” and is supported by the Patient Protection and Affordable Care Act. Such innovative approaches to whole population systems of care are especially important for low-income youth and families, who often suffer poor access to mental health services and low quality treatment once they reach care. These are predominantly the families we serve at CHA. Much research now shows that prevention and early intervention in pediatric behavioral health care lead to health and cost benefits down the road. My CHA-Gold Innovation project aims to engage clinicians, patients and families in the co-production of a successful model of child psychiatry integration that provides families with the best experience of care. While plans for child psychiatry integration at CHA are coalescing quickly, pediatricians are expressing concern over difficulties accessing high quality and readily available consultation. My fellowship year will engage families with mental health need who are receiving primary care at CHA in a discussion of our plans for integration. We will use in-depth interviews and local Family Advisory Groups at CHA to engage these families. Referrals to mental health are never simple and low-income families face many barriers to reaching good mental health care. We will consider new uses of the electronic health record (EHR) and other technologies to give families the information they prioritize in understanding mental health treatment and achieving the best health outcomes for their children.

Serena Hsiou-Ling Chao

Improving Dementia Care in the CHA House Calls Program

My project is focused on improving care provided by the CHA House Calls team to patients with dementia, their family members, and their caregivers. My main goals are to: 1) enhance health care provider’s management of demented patients’ behavioral symptoms and progressive clinical decline; 2) alleviate caregiver stress by systematically connecting families and caregivers with appropriate community services; and 3) reduce the risk of demented patients receiving harmful aggressive medical interventions that have little hope of improving quality or quantity of life through engagement of all team members—including families and caregivers—in the creation of shared, realistic goals of care. I plan to target three separate groups for dementia-related education: 1) patients and their families/caregivers; 2) House Calls clinical staff; and 3) staff at the two assisted living facilities operated by the VNA of Eastern Massachusetts (in Cambridge and Somerville). Potential outcome measures would be reduction in preventable ER visits and hospitalizations and decreased family/caregiver self-rated stress. Process measures would include increased referrals to community services, increased percentage of patients with DNR/DNI status on completed MOLST orders, and increased referrals to palliative care and/or hospice depending on the patient’s needs, preferences, and stage of disease.

Ellie Grossman

Improving entry into treatment for opioid use disorder at CHA

CHA's local communities have been deeply affected by the increasing prevalence of opioid use disorder – with many people touched by overdose deaths among friends or family, or seeing the life dysfunction experienced by people with untreated disease. Patients with addiction often have chaos in their daily lives and deep ambivalence about seeking treatment, so it is critical for a health-care system to be able to get them into treatment quickly when they are experiencing a help-seeking moment. In recent years, we have built mental health and addiction services in primary care (which decreases stigma) and added addiction treatment capacity across CHA, but we have not yet developed a coordinated intake and navigation system across our multiple sites to help ensure that patients find the treatment setting that best meets their needs. For my 2017 Gold Foundation fellowship project, I plan to work with colleagues in primary care and addiction psychiatry, as well as CHA's IT department, to design and build a patient-friendly central navigation system – so that patients can get quickly matched to a treatment setting and smoothly transferred from one setting to another when needed. Our system will build on the experiences of patients who have made it into treatment and told us their stories, while keeping an eye out for those who seem to experience barriers (and try to address them) – so that we can get as many patients smoothly into treatment as possible.

Fiona McCaughan

Developing a Patient-Care Team Co management Model for Diabetes Management

Diabetes is a major contributor to disabilities: cardiovascular disease, blindness, kidney failure and lower limb amputation. In Massachusetts more than 7% of adults have diabetes, and Black, non-Hispanic; Hispanic and Asians have a higher prevalence of diabetes. One of our strategic initiatives at Cambridge Health Alliance is to improve the health of our patients, specifically to improve the percentage of patients who have controlled diabetes. We use careplans with our patients to partner in their health by engaging patients around what is important to them and their overall well-being. We know that engaged patients are more likely to understand their health needs and treatments and we use the careplan as a platform for this. This project will work with patients and care providers to evaluate the care plan process from both the patients' and the providers' perspective and using one care team to try various interventions to improve the process and outcomes.

Miriam Tepper

Planning Together: Use of the care plan to support the health goals of adults with serious mental illness

Individuals with serious mental illnesses (SMI) such as schizophrenia face a 20-30 year mortality gap compared with the general population, an inequity thought to be due in large part to adverse health behaviors. Behavior change is hard for all of us, and even more challenging for those with SMI. Yet behavior change in this population is possible, and represents a key step in bending the curve of the mortality gap. In this project, I will examine the use of the care plan, which is a tool in the health record which includes patients' and providers' stated health goals as well as patients' identified challenges and supports in meeting these goals. Because any provider can view the care plan and talk with patients about health goals, the care plan is an ideal tool for facilitating the kind of repeated attention to health promotion needed for adults with SMI. Every clinical encounter therefore represents an opportunity to support patients in their health goals. Our clinical team has seen repeatedly that our patients want to be healthier; they are often not so interested in talking about *illness*, but are very interested in working on *wellness*. And while there is so much in healthcare that is provider-driven, framing a clinical encounter with an open question to patients about their health goals shifts the focus of the encounter toward co-production. This project aligns with CHA's strategic emphasis on cross-disciplinary coordination and integration of care. On a broader scale, addressing the institutional goal of healthier patients and communities will require the accruing of many, many individual-level behavior changes. Using an improvement science approach, I aim to determine whether care plans have the potential to serve as a vehicle for promoting this behavior change.

Leah Zallman

Co-producing provider engagement: a novel paradigm

High levels of provider engagement and low levels of burnout are associated with improved patient experience of care, health outcomes, healthcare quality and cost of care. In 2016, recognizing the importance of provider engagement, Cambridge Health Alliance (CHA) adopted a strategic plan that underscores the importance of the workforce and declares its intention of being a great place to work. That same year, CHA conducted a survey of providers which demonstrated low levels of provider engagement. Using an improvement science approach, this project aims to examine and address the underlying causes of provider engagement. A key driver of engagement is how providers relate to other individuals (especially colleagues and leaders) at their institution. Because the framework of co-production encourages a focus on relationships, this lens may be particularly well suited to addressing low levels of provider engagement at CHA.

The project begins with a formative phase, in which the focus is on gaining a deeper understanding of the context at CHA through listening to key stakeholders and reviewing existing current data. The project then enters a developmental phase, during which the focus is to develop an approach to the problem at CHA. In this developmental phase, the focus is on engaging providers and leaders in conversations around how to improve engagement at CHA. Finally, the project enters an active phase, in which the goal is to sponsor small tests of change intended to improve the quality of relationships between leaders and providers and nurture a culture of provider engagement at CHA.

PARTICIPANT DIRECTORY



Marie Abraham

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Marie Abraham, MA, is Vice President for Programming and Publications at IPFCC. She provides consulting and training to health care organizations, develops resource materials/videos, co-authors publications, and serves as planner and faculty for IPFCC conferences, seminars, and webinars. Marie is Project Lead for a PCORI-funded engagement project, "Creating Capacity for Sustainable Partnerships with Patients and Families in Research." She served as a consultant to support the involvement of patients and families on research teams for projects funded by AHRQ and CMS. Marie was faculty for national quality improvement initiatives including the Vermont Oxford Network, the National Initiative for Children's Healthcare Quality, and the Institute for Healthcare Improvement. For nine years, she was a member of a parent advisory group for the American Academy of Pediatrics.

Marie brings personal perspective to her work— she has three sons, one of whom required intensive therapy and early intervention for his first six years.



Margarita Alegría

Massachusetts General Hospital

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Margarita Alegría, Ph.D., is the Chief of the Disparities Research Unit at Massachusetts General Hospital, and a Professor in the Departments of Medicine and Psychiatry at Harvard Medical School. Dr. Alegría is currently the PI of four National Institutes of Health (NIH)-funded research studies: International Latino Research Partnership; Effects of Social Context, Culture and Minority Status on Depression and Anxiety; Building Community Capacity for Disability Prevention for Minority Elders; and Mechanisms Underlying Racial/Ethnic Disparities in Mental Disorders. She is also the co-PI of a William T. Grant Foundation project, entitled Understanding the Experience of Majority and Minority Status through Photovoice. Dr. Alegría has published over 200 papers, editorials, intervention training manuals, and several book chapters, on topics such as improvement of health care services delivery for diverse racial and ethnic populations, conceptual and methodological issues with multicultural populations, and ways to bring the community's perspective into the design and implementation of health services.

As an acknowledgement of her contributions to her field, Dr. Alegría has been widely recognized and cited. Among the many awards: the Mental Health Section Award of American Public Health Association, 2003; the Health Disparities Innovation Award from the National Institute of Minority Health and Health Disparities, 2008; and the Award of Excellence from the National Hispanic Science Network on Drug Abuse in 2011. In October 2011, she was elected as a member of the Institute of Medicine. Dr. Alegría was selected as El Planeta's (Massachusetts's largest circulating Spanish-language newspaper) 2013's Powermeter 100 most influential people for the Hispanic community in Massachusetts. Most recently, Dr. Alegría received the 2016 Cynthia Lucero Latino Mental Health Award by William James College.



Paul Allen

Cambridge Health Alliance

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Dr. Paul Allen joined Cambridge Health Alliance as the Chief Quality Officer in July 2013. In this role he is responsible for quality management and improvement, regulatory affairs, infection prevention, risk management and pharmacy.

Dr. Allen has had a long prior history with CHA spanning approximately 16 years. He completed his Internal Medicine residency at CHA and then served as Chief Medical Resident. After his residency, he served in various leadership roles at CHA including Associate Director of the Residency Program in Internal Medicine, Director of the Medical Inpatient Units and Medical Director of the Cambridge Campus.

Dr. Allen had served as the Vice President of Medical Affairs at Steward Holy Family Hospital and Regional Vice President of Medical Affairs for Holy Family, Merrimack Valley Hospital and Nashoba Valley Medical Center. In these roles, he had responsibility for quality and performance improvement, medical staff services, care management, risk management, accreditation and regulatory affairs.

Dr. Allen has a Bachelor of Arts from Boston College, a Medical Doctorate from Harvard Medical School, and a Masters in Public Health from the Harvard School of Public Health.



Elisa Arespachaga

American Hospital Association's Physician Leadership Forum

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Elisa Arespachaga is senior director of the American Hospital Association's (AHA) Physician Leadership Forum (PLF), an initiative launched as part of the AHA's ongoing mission to improve the health of patients and communities. The PLF serves to engage with physicians to collaboratively advance excellence in patient care and gathers input from physicians to inform AHA policy and advocacy efforts while advancing physician leadership.

In her role, Ms. Arespachaga is responsible for the work of the AHA's PLF to build relationships with clinical leaders through development of educational programs, resources, and engagement opportunities around physician leadership, team-based care, and quality and patient safety. Ms. Arespachaga has held several positions within AHA developing educational, governance and policy development meetings, and conducting research on a variety of topics.

Ms. Arespachaga holds a master's degree in Business Administration with a concentration in Health Care Policy from Keller Graduate School of Management and a bachelor's degree in biology and Spanish literature from Amherst College.



Martha Barbone

Certified Peer Specialist, The Transformation Center

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Martha Barbone is the director of the Certified Peer Specialist training program for the state of Massachusetts run by The Transformation Center in Boston, MA. Originally from Saint Joseph, MI, Martha received her BS and DVM from Colorado State University. She spent twelve years in the US Air Force as a Military Public Health Officer and 4 years in private veterinary practice before being sidelined by a diagnosis of major depression and PTSD. After several years including multiple hospitalizations, medications and other treatments, she was introduced to peer support. This led to newfound hope and discovery of inner strength. In addition to CPS training, Martha is a certified WRAP facilitator, Hearing Voices Network facilitator, and SAMSHA Recovery to Practice Next Steps facilitator. Martha holds licenses in Veterinary Medicine and Surgery and Radiologic Technology and is the Treasurer of the Massachusetts Psychiatric Rehabilitation Association. Her passion today is sharing this hope with others and working to reduce the trauma associated with inpatient psychiatric treatment.



Maren Batalden

Cambridge Health Alliance

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Maren Batalden, MD, MPH is Associate Chief Quality Officer, Associate Director of Graduate Medical Education for Quality and Safety, and Director of Medical Management within the Accountable Care Organization at the Cambridge Health Alliance in Cambridge, Massachusetts. The Cambridge Health Alliance (CHA) is an integrated healthcare delivery system that includes a network of primary care clinics, three emergency departments, two community hospitals, comprehensive behavioral health services, and a public health department. Dr. Batalden provides leadership for improvement initiatives in the domains of inpatient care, care transitions, and cross continuum population health projects for patients with chronic disease. She is clinically active as a hospitalist and is engaged in teaching quality, safety and systems improvement to undergraduate, graduate, and mid career health professional learners. In all of her work – as a practicing clinician, as an educator, and as a leader of institutional change projects, she is interested in using the lens of co-production to catalyze more effective partnership between patients and health professionals.

Dr. Batalden completed her undergraduate education at St. Olaf College in Minnesota and earned a master's degree in public health from the University of North Carolina at Chapel Hill. She graduated from Harvard Medical School and completed a residency in Internal Medicine at the Brigham and Women's Hospital in Boston, Massachusetts. She is an Assistant Professor in Medicine at Harvard Medical School.



Paul B. Batalden

Dartmouth Institute for Health Policy and Clinical Practice

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Professor Emeritus of Pediatrics, Community and Family Medicine and the Dartmouth Institute for Health Policy and Clinical Practice at The Geisel School of Medicine at Dartmouth College and Guest Professor of Quality Improvement and Leadership at Jönköping University in Sweden.

He is an active member of the Dartmouth/Karolinska/Cincinnati Children's Hospital and Medical Center design team for the new Cystic Fibrosis care model; the Hennepin County Medical Center Congestive Heart Failure Services Improvement team, the RWJF sponsored international comparison of social support for chronic illness, and Co-director of the CHA-Gold Innovation Fellowship program at Cambridge Health Alliance, Boston, MA.

Professor Batalden continues to be involved with teaching about the leadership of improvement of health care quality, safety and value at Dartmouth, the Institute for Healthcare Improvement and the Jönköping Academy for the Improvement of Health and Welfare in Sweden. He chairs the Leadership Preventive Medicine Residency Advisory Committee at Dartmouth and just recently resigned as chairman of the Improvement Science Development Group of The Health Foundation in London. He is a member of the Board of Advisors, Armstrong Institute for Patient Safety and Quality, Johns Hopkins Medicine; the National Advisory Board, Active Aging Research Center, University of Wisconsin; External Advisory Council, and the Anderson Center, Cincinnati Children's Hospital and Medical Center.

He is currently interest in the multiple knowledge systems and disciplines that inform the improvement of the value of the contribution that healthcare services make to health and the capabilities required for the co-production of good healthcare service.

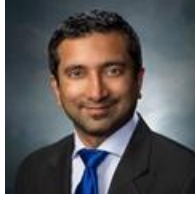


Donald M. Berwick

Institute for Healthcare Improvement

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Donald M. Berwick, MD, MPP, FRCP is President Emeritus and Senior Fellow at the Institute for Healthcare Improvement (IHI), which he co-founded and led for 18 years. From July, 2010, to December, 2011, he served as President Obama's appointee as Administrator of the Centers for Medicare and Medicaid Services (CMS). He has served on the faculties of the Harvard Medical School and the Harvard School of Public Health, and is an elected member of the National Academy of Medicine. His numerous awards include the 2007 William B. Graham Prize for Health Services Research and the 2007 Heinz Award for Public Policy. In 2005, he was appointed Honourary Knight Commander of the British Empire by Queen Elizabeth II. He has authored or co-authored over 160 scientific articles and six books.

**Jay Bhatt****American Hospital Association*****jbbhatt@aha.org***

Jay Bhatt, D.O. is the Chief Medical Officer and President of the Health Research and Educational Trust (HRET) of the American Hospital Association.

As CMO and president of HRET, he oversees the AHA's clinical leadership and health improvement activities. He leads the AHA's quality activities in several areas, including HRET, the Institute for Diversity in Health Management and the Association for Community Health Improvement. He also directs physician engagement activities and provides leadership on critical policy issues.

Bhatt earned his bachelor's degree in economics from the University of Chicago and his Doctor in Osteopathic Medicine from the Philadelphia College of Osteopathic Medicine. He did an Internal Medicine Residency at the Cambridge Health Alliance/Harvard Medical School. He also earned a master's degree in public administration from Harvard University's John F. Kennedy School of Government, and a master's in public health from the University of Illinois Chicago School of Public Health. Bhatt is a practicing internist and sometimes performs Indian dance for his patients.

**David H. Bor****Cambridge Health Alliance*****dbor@challiance.org***

Dr. David H. Bor is the Chief Academic Officer at Cambridge Health Alliance. Dr. Bor has dedicated his career to helping develop Cambridge Health Alliance (CHA) as a model academic public health care institution. During nearly thirty five years at CHA, he practiced as a community-engaged clinician and infectious disease consultant. His leadership roles have included: Director of CHA's Internal Medical Residency Program; Director, Health of the City Program; Chief of Infectious Diseases; Chief of the Department of Internal Medicine; and Trustee. He contributed to articulating CHA's mission and vision, and toward guiding its evolution to an award winning, socially accountable public authority and a major teaching affiliate of Harvard's Medical School, Schools of Dental Medicine and Public Health. He has promoted academics that are aligned with CHA's mission, including innovative medical education and health policy research. Dr. Bor has recruited and mentored over one hundred faculty members and scores of future health professionals.

**Connie Bowe****Harvard Macy Institute*****cbowe115@gmail.com***

Connie Bowe, M.D. Professor Emeritus of Clinical Neurology (UC Davis), serves as Co-Director and Faculty Member of the Harvard Macy Institute's annual program, *A Systems Approach to Assessment in Health Care Profession Education*, and she is a Senior Consultant with Partners Healthcare International (curriculum & assessment design, faculty development, institutional planning). A pediatric neurologist by training and practice, and experienced medical educator by choice (Stanford, Brown, UC Davis Schools of Medicine), her career has been propelled by an innate drive to better understand how things work and to identify the factors contributing to their malfunctioning. The current focus of her education efforts includes framing the continuum of health care profession education as a subsystem of the health care system and encouraging faculty to employ systems thinking in evaluating program efficacy in tangibly improving the health care system. More recently, she has had some success in introducing creative design as a useful process to more closely align end user needs with innovations in health care education.



Annie Brewster

Health Story Collaborative

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Annie Brewster is a graduate of Harvard Medical School and a practicing Internist at Massachusetts General Hospital, Boston. She is also a patient, diagnosed with Multiple Sclerosis in 2001. She has been collecting patient stories since 2010 and is a frequent contributor to her local NPR station, WBUR. In 2013, she founded Health Story Collaborative, a nonprofit organization committed to empowering patients and their loved ones to find meaning, through storytelling, when confronted with illness.

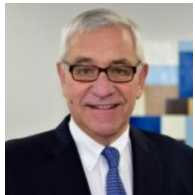


Mary Cassesso

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Mary Cassesso is President of the CHA Foundation and Chief Community Officer for Cambridge Health Alliance (CHA). Mary's role at CHA is to build and strengthen the CHA Foundation, the health system's principal fundraising entity, as well as to work collaboratively with the communities it serves to establish and sustain critical and innovative population health efforts. She plays a key role in implementing organizational strategic planning initiatives and oversees CHA's Community Health Improvement Department, which provides a wide range of programs that reduce health disparities, promote wellness, and improve the lives of local residents. Mary has more than 25 years of executive experience in state and municipal government and higher education having most recently served as assistant secretary of administration and finance in the Massachusetts Executive Office of Health and Human Services, and dean of administration and finance at the Harvard School of Dental Medicine. Ms. Cassesso holds both a master's degree in public administration and a bachelor's degree from Northeastern University.



Donald M. Charsky

Relational Coordination Analytics (RCA)

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Donald Charsky is the Chief Executive Officer and Director of Relational Coordination Analytics (RCA). RCA is a measurement and analytics company which provides relational coordination based solutions that improve organizational quality, efficiency, client experiences, and team engagement. The company was founded three years ago and its primary emphasis is on helping health care organizations both domestically and internationally realize their full potential.

Charsky has served as a Director of various small and medium size private companies, both for profit and not for profit, in the fields of senior housing, health care services, juvenile offender residential based programs, reinsurance, insurance administration, and company management.

Charsky is a graduate of Rensselaer Polytechnic Institute. He also attended marketing management programs at Columbia and Duke Universities and studied at Northeastern and Georgia State Universities. His forty year business career involves primarily new company startups targeting innovative products and services in emerging markets.



Dr. Benjamin Cook
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Dr. Benjamin Cook is Director of the Center for Multicultural Mental Health Research and Health Equity Research Lab at Cambridge Health Alliance, and Assistant Professor in the Department of Psychiatry at the Harvard Medical School. He holds a Ph.D. in Health Policy from Harvard University and is a health services researcher focused on improving access and quality of treatment for individuals living with mental illness and/or substance use disorders. He also has a particular focus on improving methods of measuring and understanding underlying pathways of healthcare disparities, and applying these methods to analyses of national data sets and healthcare system electronic health records. He has been PI of NIH R03 and R01 studies, and is currently Principal Investigator of an AHRQ R01 grant identifying the diffusion of comparative effectiveness research across racial/ethnic minority populations and a PCORI methods grant to improve understanding of treatment preferences among racial/ethnic minorities with depression and diabetes. Other research interests include identifying effective strategies for integrating behavioral and primary health care, tobacco use and behavioral health, improving mental health of immigrant populations, substance abuse treatment disparities, and healthcare reform and equity. Dr. Cook assists with research training for Harvard Medical School psychiatry and psychology interns and fellows, and provides analysis support to Cambridge Health Alliance clinicians interested in pursuing quantitative research studies.



Partha Das
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Partha Das, M.B.B.S., M.R.C.P, M.Sc., is a 2016-17 U.K. Harkness Fellow in Health Care Policy and Practice and a nephrologist in the NHS in England. He previously worked with the UK Department of Health and the quality improvement organization NHS Kidney Care on national initiatives to boost the standard of care delivered to people suffering from kidney disease. He produced the first NHS Atlas Of Variation for People with Kidney Disease based on the seminal Dartmouth series. Partha has been a National Institute for Health and Care Excellence (NICE) Scholar and was chairperson of the UK and Ireland Nephrology SpR Club representing all doctors training in renal medicine in the UK. He holds a first class degree in Neuroscience, a medical degree from Guy's, King's & St Thomas' Hospitals School of Medicine, holds membership of the Royal College of Physicians with specialization in nephrology (MRCP Neph), and a M.Sc. in Health Policy, Planning and Financing (HPPF) from the London School of Hygiene and Tropical Medicine (LSHTM) and the London School of Economics and Political Science (LSE).

He is currently based at the Harvard TH Chan School of Public Health with Prof Sara Singer and Dr Thomas Lee. He is investigating how an understanding of physician behaviour and motivation might help improve team effectiveness and success in quality improvement initiatives.



Tom Delbanco

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Tom Delbanco, MD, is the Richard and Florence Koplow – James Tullis Professor of General Medicine and Primary Care at Harvard Medical School. Until 2002, he was Chief of the Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center in Boston, a unit he created and led for more than 30 years.

Dr. Delbanco led the establishment of one of the first primary care practice and teaching programs at an academic health center. Subsequently, he created the Harvard Medical School Faculty Development and Fellowship Program that has now trained more than 250 general internists for academic careers. He was one of the founders of the Society of General Internal Medicine, serving as President in 1987-8.

Dr. Delbanco and his colleague, Jan Walker, are the co-founders of “OpenNotes,” a national effort to promote and examine the impact of increasing transparency in care by inviting patients to read and contribute to their medical records.



Martha Donovan Hayward

Institute for Healthcare Improvement

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Martha Donovan Hayward, Institute for Healthcare Improvement (IHI) Faculty and Patient Advisor, is focused on bringing patients and families into the design of all work to accelerate improvement of health care delivery. She has served as the Lead for Public and Patient Engagement at IHI since March 2011. A cancer survivor herself, she is a founding board member of the nonprofit Women’s Health Exchange and served on the Patient and Family Advisory Council of Dana-Farber Cancer Institute in Boston. Prior to joining the health care world Martha enjoyed a 20 year career in communications, marketing and fundraising in the areas of health, politics, and education. In her faculty role with IHI, she speaks and teaches programs including Patient Safety Officer Training, Executive Development, Strategic Partners and Patient Experience Seminars. Martha has offered keynote addresses on the subjects of Patient and Family Centered Care, Patient Engagement, and End of Life Care to local, regional and national audiences.



David Elvin, MD

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David Elvin is a seasoned healthcare executive who is focused on creating a sustainable healthcare system to serve the underserved in this new era of healthcare.

He joined CHA in 2002 after graduating from the University of Texas Medical School with honors and completing a residency in Internal Medicine and Pediatrics from Baylor College of Medicine. At that time, his broad clinical duties included neonatology, inpatient care, ambulatory primary care and caring for nursing home residents. David continues seeing patients as a primary care float physician where he travels among CHA clinics experiencing the provider perspective first-hand and informing his administrative advocacy for providers in clinical practice.

Over the past 15 years, David has held numerous leadership roles at CHA as the system prepared itself for greater sustainability under a risk model. This has included serving as Medical Director of two primary care sites, Chair of the CHA Practice Management Committee, Associate Medical Director of the Network Health plan. In 2012 he was appointed Senior Medical Director of the Accountable Care Organization within CHA. He also serves as the President of the CHA Medical Staff.

David is a former Macy Fellow and enjoys teaching medical students in the innovative Harvard-Cambridge integrated clerkship program. His prior experience included teaching medical residents in the inpatient and outpatient setting.



Marshall Forstein

Cambridge Health Alliance

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Marshall Forstein, MD is an Associate Professor of Psychiatry, Harvard Medical School, Interim Chair of the Department of Psychiatry, and Director of the Adult Psychiatry Residency Program at the Cambridge Health Alliance.

He has been involved in medical education and psychiatric residency training for over 30 years, and has won awards for teaching and He served as a member of the Residency Review Committee for Psychiatry of the Accreditation Council of Graduate Medical Education from 2008-2014 In addition to his administrative roles, he has clinical expertise in the areas of HIV Psychiatry, and Gender and Sexuality, with a focus on sexual minorities.

Currently he serves as one of the Area Representatives from the Massachusetts Psychiatric Society to the American Psychiatric Association. He is serving as President of the GLB Caucus of the American Psychiatric Association (May 2015-2017). He served as Chair for 20 years and is now a member of the Steering Committee on HIV Psychiatry for the American Psychiatric Association. He also serves on the APA Council on Medical Education and Lifelong Learning. (2015-2017)

He is a graduate of Middlebury College, and the College of Medicine, University of Vermont. He completed his internship at Presbyterian Hospital at Pacific Medical Center in San Francisco, and his psychiatric residency training at the Massachusetts General Hospital, Harvard Medical School in 1984. He is Board Certified in Psychiatry and a Distinguished Life Fellow of the American Psychiatric Association. He is a core faculty member in the Division of Palliative Care, Harvard Medical School.

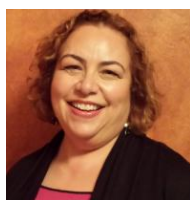


Tina Foster

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Tina Foster, MD, MPH, MS is a general obstetrician-gynecologist with additional board certification in General Preventive Medicine and Public Health at Dartmouth-Hitchcock Medical Center in Lebanon, NH. She is Associate Professor of Obstetrics and Gynecology and Community and Family Medicine at the Geisel School of Medicine. She is program director of the Dartmouth-Hitchcock Leadership Preventive Medicine residency program, a unique GME program which focuses on improving the quality and value of care. She teaches about quality improvement and clinical microsystems in the MPH programs at The Dartmouth Institute and directs the Practicum course for their new online MPH. A graduate of the UCSF School of Medicine, she holds an MPH from the Harvard School of Public Health and an MS from Dartmouth's Center for Evaluative Clinical Sciences. She came to Dartmouth through the VA Quality Scholars National Fellowship Program, which she completed in 2001.



Lise E. Fried

Institute for Community Health

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Lise E. Fried, DSc, MS, is the Executive Director of the Institute for Community Health (ICH), a nonprofit research, evaluation, and consulting organization working to help communities develop their capacity to create sustainable solution to complex public health challenges. Dr. Fried is an executive with demonstrated success leading organizations, guiding them through all phases of development with skill and inspiration. She builds strong strategic partnerships and creates innovative change for organizations at all stages of development. She has a wide-ranging background in public health, including work in the academic and public sectors and epidemiologic research. She has been at ICH since 2002 as Senior Epidemiologist, Associate Director, and Managing Director. Previously, she was the Director of Research and Technology for the Boston Public Health Commission where she oversaw research activities, public health surveillance and reporting, information technology, and information systems.

Dr. Fried received her bachelor's degree in Psychology from the University of Massachusetts at Amherst, her Master of Science degree in Public Health from Tufts University, and her doctoral degree in Epidemiology from Boston University. Her dissertation topic was "Exposure to Violence and Pregnancy Outcomes." One of her dissertation projects received the Dean of the School of Public Health's Award. She has published on a variety of topics including exposure to violence, substance use, pregnancy outcomes, childhood injury prevention, fear of falling in the elderly, referral completion, and adolescent suicide. Her research interests include the health effects of exposure to violence, risk factors for suicide, improving surveillance of injuries and illnesses, improving the use of data for public and community health decision-making, the role of women in nonprofit leadership, and appropriate funding for nonprofit success.



Elizabeth Gauferberg

Cambridge Health Alliance, Arnold P. Gold Foundation

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Elizabeth Gauferberg, MD, MPH, is an Associate Professor of Medicine and Psychiatry at Harvard Medical School (HMS), the Jean and Harvey Picker Director of the Arnold P. Gold Foundation Research Institute and the Director of the Cambridge Health Alliance (CHA) Center for Professional Development. She directs the reflective practice curriculum for the CHA Internal Medicine Residency and the HMS Cambridge Integrated Clerkship. She helped to found the HMS Arts and Humanities Initiative and has established an active collaboration between CHA and the Harvard Art Museums.

Dr. Gauferberg holds several national leadership roles in medical education, including with the Harvard Macy Program for Educators in the Health Professions. Her innovative curricula on professional boundaries, the stigma of addictions, and the hidden curriculum are in use in hundreds of medical training institutions world-wide.

Liz is married to Slava Gauferberg, a CHA emergency physician and residency program director. Together, they are raising 4 daughters.



Carey Goldberg

WBUR

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Carey Goldberg is a health and science reporter at WBUR, Boston's NPR news station, and the host of WBUR's CommonHealth blog. She also co-hosted WBUR's new exercise podcast, "The Magic Pill," and is the lead reporter for the series "This Moment In Cancer." Carey has been the Boston bureau chief of *The New York Times*, a staff Moscow correspondent for *The Los Angeles Times*, and a health/science reporter for *The Boston Globe*. She co-authored the memoir *Three Wishes: A True Story Of Good Friends, Crushing Heartbreak and Astonishing Luck On Our Way To Love and Motherhood*.



Gouri Gupte

Cambridge Health Alliance

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Dr. Gouri Gupte is the Director of Performance Improvement at Cambridge Health Alliance. She has expertise in implementing quality improvement processes (Six sigma, Lean and Kaizen) through efficient project management and strategic alignment. Previously, she has worked as a faculty at Boston University for the School of Public Health and School of Medicine, in the public health system of Australia and India on projects using Six Sigma methodology. Dr. Gupte originally began her career as a physician in India but since has been focused on healthcare management. She completed her Masters in Health Administration at LaTrobe University in Melbourne, Australia. Before working at Boston University she completed her Ph.D at University of Alabama at Birmingham, focusing on strategic management in healthcare. Dr. Gupte, has been engaged in research and education related to transformation and system redesign using process improvement methodologies.



Jody Hoffer Gittell

Brandeis University

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Jody Hoffer Gittell, PhD, is a professor at Brandeis University's Heller School for Social Policy and Management and an expert on relational coordination and organizational performance. She founded the Relational Coordination Research Collaborative and serves as its executive director. She co-founded a university spinoff called Relational Coordination Analytics and serves as its chief scientific officer.

Gittell's research explores how workers contribute to quality and efficiency outcomes through their coordination with each other across professional boundaries. She has developed a theory of relational coordination, proposing that highly interdependent work is most effectively coordinated through relationships of shared goals, shared knowledge and mutual respect, supported by frequent, timely, accurate and problem-solving communication.

Gittell has published her theory and empirical research in many scientific journals. Her newest book, *Transforming Relationships for High Performance: The Power of Relational Coordination* (Stanford University Press) explores how organizations achieve sustainable relational change in the face of performance pressure. Gittell received her PhD from the MIT Sloan School of Management, and taught at the Harvard Business School before joining the faculty of Brandeis University.

Diedre Jordan

Northeastern University

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Diedre Jordan is the Associate Cooperation Education Coordinator at Northeastern University.



Madge Kaplan

Institute for Health Improvement

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Madge Kaplan is a Cambridge resident who currently serves as the Director of Communications for the Institute for Healthcare Improvement (IHI). In this capacity, Ms. Kaplan is responsible for developing new and innovative means for IHI to communicate the stories, leading examples of change, and policy implications emerging from the world of quality improvement—both in the US and internationally. Since May 2009, she's been the host and producer of WIHI, a free, 60-minute, online audio "talk show" from IHI, devoted to the cutting edge of quality improvement and patient safety. Prior to joining IHI, Ms. Kaplan spent 20 years as a broadcast journalist, editor, and bureau chief for public radio—most recently working as a health correspondent for National Public Radio.

Ms. Kaplan possesses a Bachelor of Arts in Asian Studies from Brown University.

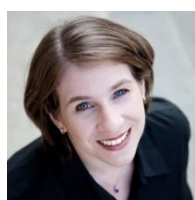


Kim Keough

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Kim Keough is the Chief Strategy and Marketing Officer for Cambridge Health Alliance. She joined CHA in September 2000 and over the course of her tenure has been a major contributor to CHA's growth, including the expansion of primary care. She managed the development of CHA's 2020 Strategic Plan, which provides a direction for the health system and charts its course for the next several years. Key components of the plan include a focus on primary care, a shift to accountable care models of care that focus on improving the health of patients and communities, increased access to essential mental health/substance use services, and care integration across providers, service and settings. Ms. Keough also directs CHA's marketing, business development and communications functions.



Brandy King

Arnold P. Gold Foundation

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With a Master's degree in Library and Information Science, over a decade of experience as a health science librarian, and several board level positions in library associations, Ms. King is a skilled and respected information professional. She earned her BA from Smith College and her MLIS from Simmons College then worked at Brigham & Women's Hospital and Boston Children's Hospital before coming to the Gold Foundation in 2012. As the Head of Information Services at the APGF Research Institute she is responsible for finding, organizing and disseminating research on humanism in medicine and maintaining the Foundation's website, blog and social media.

Mary Jane Kornacki

Cambridge Health Alliance

mkornacki@challiance.org

Mary Jane Kornacki is a Cambridge resident who serves on the Board of Trustees of the Cambridge Health Alliance. She is the founding partner of Amicus, a healthcare consulting company. The focus of her work for over thirty years has been organizational development in healthcare organization including medical groups and hospitals in the US and England. Her firm has helped numerous organizations develop and implement compacts to foster physician alignment. She has collaborated on numerous publications on physician culture, physician morale, medical group dynamics, governance in physician organizations and service improvement in health care. She is the author of, *A New Compact: Aligning Physician-Organization Expectations to Transform Patient Care* and co-author of, *Leading Physicians through Change: How to Achieve and Sustain Results*. Ms. Kornacki holds a MS in public health from the University of Massachusetts.



Katharine Kosinski
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Dr. Katherine Kosinski is a Trustee of the Cambridge Health Alliance and chair of the Board Quality Committee. Prior to joining the Board, she was the Chief of Pathology and Laboratories at CHA for more than 25 years. Under her leadership, the CHA laboratory grew from one location to a three-site laboratory with timely and high quality services, successfully passing 13 College of American Pathologist inspections with full accreditation and ensuring continued accreditation of the Transfusion Services by the American Association of Blood Banks. During her tenure, she also served on the Joint Hospital Board, the CHA Medical Executive Committee, Patient Care Improvement Committee, Medical Quality Assurance Board, and was chair of the Credentials Review Committee.



Patrick Lee
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Patrick Lee serves as Chief Performance Improvement Officer for Lynn Community Health Center in Lynn, MA and Assistant Professor of Medicine at Harvard Medical School. His primary focus is improving the care of vulnerable populations and mentoring the next generation of health systems leaders. In his previous roles, Patrick Lee has helped build clinical programs in Rwanda, Liberia, Uganda, and Cambridge, MA, as well as novel educational programs at the Massachusetts General Hospital and Harvard Medical School in Boston. Dr. Lee believes US healthcare is on the verge of profound transformation, toward a system that is much more just, effective, efficient, and responsive to society's needs. He looks forward to being part of that change.



Thomas Lee
Press Ganey
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Dr. Thomas Lee joined Press Ganey as Chief Medical Officer in 2013, bringing more than three decades of experience in health care performance improvement as a practicing physician, a leader in provider organizations, researcher and health policy expert. As CMO, Tom is responsible for developing clinical and operational strategies to help providers across the nation measure and improve the patient experience, with an overarching goal of reducing the suffering of patients as they undergo care, and improving the value of that care. In addition to his role with Press Ganey, Tom, an internist and cardiologist, continues to practice primary care at Brigham and Women's Hospital in Boston.

Tom frequently lectures on the patient experience and strategies for improving the value of health care, and has authored more than 260 academic articles and three books, *Chaos and Organization in Health Care* and *Eugene Braunwald and the Rise of Modern Medicine*. In November 2015, Tom released his third book, *An Epidemic of Empathy in Healthcare: How to Deliver Compassionate, Connected Patient Care That Creates a Competitive Advantage*, published by McGraw-Hill.

Tom holds a bachelor's degree in history and science from Harvard College, a medical degree from Cornell University Medical College and a master's degree in epidemiology from the Harvard School of Public Health. He lives in Milton, Mass., with his wife, Dr. Soheyila Gharib, who is Chief of Medicine at Harvard University Health Services. The couple has three daughters.



Richard I. Levin

The Arnold P. Gold Foundation

rlevin@gold-foundation.org

Across his career of forty years, Richard I. Levin, MD has studied the heart as both the instrument of blood flow and the source of our humanity. For the past 5 years, he has served as President and CEO of The Arnold P. Gold Foundation and has been dedicated to supporting health professionals in training and in practice. Of top priority for the Foundation and for Dr. Levin is reducing physician burnout. Dr. Levin advocates for compassionate, collaborative care as a means to bring joy and fulfillment back into the medical professions.

Dean of the Faculty of Medicine and Vice-Principal for Health Affairs at McGill from 2006 to 2011, Dr. Levin is Emeritus Professor of Medicine at both McGill University in Montreal and in the Leon H. Charney Division of Cardiology at New York University where he was also Vice Dean for Education, Faculty and Academic Affairs. Prior to joining the Gold Foundation, he served a year as Senior Scholar in Residence at the Association for Academic Health Centers in Washington, DC. Dr. Levin earned a B.S. in Biology with Honors from Yale University and graduated from the NYU School of Medicine where he was elected to Alpha Omega Alpha. His honors include the Valentine Mott Medal, the Ester Hoffman Beller Research Award, election to Fellowship in the Canadian Academy of Health Sciences and being the recipient of an Honorary Doctorate in Science from Wake Forest University.

Dr. Levin's professional interests include endothelial cell biology, the prevention of athero-thrombotic events, the nature of empathy, the reformation of medicine for the support of compassionate, collaborative care and the role of the new information technologies in medical education and practice.

He resides in New York with his wife, Jane. They have two daughters and three grandchildren.



Ziva Mann

Cambridge Health Alliance

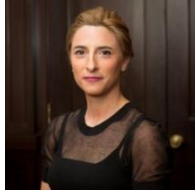
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Ziva Mann, MA, spent a decade working in education and community building in the bleeding disorder community. There, she wrote many articles, authored and edited books, and studied the essential elements needed for partnership between families and healthcare systems for wellbeing. In 2014, she co-authored an oral history of families with children with bleeding disorders, and presented on the co-production of health, wellbeing by these families, clinics and VNA at the World Hemophilia Federation.

Ziva has studied teams and partnership with patients for health and improvement in a range of clinical and community settings, first in her roles at Cambridge Health Alliance and at Harvard's Center for Primary Care, supporting patient engagement as members of multidisciplinary, primary care improvement teams, by coaching, tools and strategies for co-design. Next, in her role at IHI, where she is faculty for the Robert Wood Johnson Foundation's Spreading Community Accelerators through Learning and Evaluation (SCALE) grant, supporting co-design and co-implementation through the engagement of those with lived experience in community based teams.

Ziva's approach begins with studying context, team dynamics, and resources, offering coaching to teams while co-designing a flexible, just-in-time support and skillbuilding with the patients, or community members. She emphasizes pragmatism over philosophy, and argues that collaboration is sustainable only when all parties thrive as a result.

Her most recent publication is a co-authored chapter on the role of a health care manager in person-centered care, in *Person-Centered Health Care Management*, a textbook now available for pre-order by Springer Publishing. Her children's book is now in it's second printing.



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Alice Murray, BSc, M.B.B.S, M.R.C.S., is a 2016-17 U.K. Harkness Fellow in Health Care Policy and Practice. She is based at The Harvard School of Public Health undertaking research with Professor Ashish Jha. In addition, she is working on a project with Dr Thomas Lee on strategies to deliver high value surgical care. She is a clinical research fellow in Academic Surgery under Professor Lord Ara Darzi at Imperial College and in the final stages of a Ph.D. evaluating the utility of international comparisons of surgical performance. She is also a General Surgery Registrar in London, with a specialty interest in colorectal diseases. She recently completed a Colorectal Research Fellowship at Columbia University's Center for Innovation and Outcomes Research (CIOR).



Dierdre Mylod

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Dr. Deirdre Mylod joined Press Ganey in 1997 and currently serves as the executive director of the organization's Institute for Innovation and senior vice president of Research & Analytics. In this joint role, she is responsible for advancing the understanding of the entire patient experience, including patient satisfaction, clinical process and outcomes. Through the Institute, Mylod partners with leading health care providers to study and implement transformative concepts for improving the patient experience. She has extensive expertise in survey development, methodology and statistics. Throughout her time at Press Ganey, Mylod has served in a variety of key leadership roles. Most recently, she served as the vice president of Improvement Services, during which she oversaw the organization's Client Improvement Management teams. These teams offer clients quality-improvement strategy and solutions to enhance their performance in patient evaluations of care. Mylod holds a master's degree and a PhD in psychology from the University of Notre Dame.



Eugene Nelson

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Dr. Nelson is a Professor of Community and Family Medicine at The Geisel School of Medicine at Dartmouth and The Dartmouth Institute for Health Policy and Clinical Practice. He serves as the Director of Population Health and Measurement at The Dartmouth Institute and leads a program on new models to advance the coproduction of healthcare. Dr. Nelson is a national leader in health care improvement and the development and application of measures of quality, system performance, health outcomes, value, and patient perceptions.

In the early 1990's, Dr. Nelson and his colleagues at Dartmouth began developing clinical microsystem thinking. His work developing the "clinical value compass" and "whole system measures" to assess health care system performance has made him a well –recognized quality and value measurement expert. He is the recipient of The Joint Commission's Ernest A. Codman award for his work on outcomes measurement in health care. Dr. Nelson has been a pioneer in bringing modern quality improvement thinking into the mainstream of health care; he helped launch the Institute for Healthcare Improvement and served as a founding Board Member. He has authored over 150 publications and is an author of three recent books:

1. Quality by Design: A Clinical Microsystems Approach
2. Practice-Based Learning and Improvement: A Clinical Improvement Action Guide: Second Edition
3. Value by Design: Developing Clinical Microsystems to Achieve Organizational Excellence.

He received an AB from Dartmouth College, a MPH from Yale University and a DSc from Harvard University.



Frances O'Hare

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Dr. O'Hare is the Director of Transition Medicine for Primary Care at Boston Children's Hospital. She is also an assistant residency program director at Brigham & Women's Hospital, as well as an assistant professor of medicine at Harvard Medical School. Her primary interests include transitions from pediatric to adult care, children with special health care needs, and primary care quality improvement. She is passionate about partnering with families to make young adult transitions less stressful for everyone. Dr. O'Hare believes that community engagement and effective health policies are important for maintaining the health of our patients. It is also vitally important to educate the future generation of physicians & healthcare leaders to care for our growing population of young adults with chronic health conditions. Dr. O'Hare has served as a transition consultant to several national groups, including the Catalyst Center and the Maternal Child Health Bureau's Got Transition program.



Richard Pels

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Dr. Rick Pels first came to the Cambridge Health Alliance (then Cambridge Hospital) as a primary care resident in 1983. Following residency training and medical education and general medicine fellowships at Harvard Medical School, Dr. Pels stayed on as a clinician-educator in primary care at Cambridge and became the director of the primary care medicine residency program in 1994. In 1999 he became director of Graduate Medical Education, served as Medical Staff President from 2003 to 2005. He became Associate Chief of Medicine in 2005 and has served as Interim Chief of Medicine since July 2016. Dr. Pels has long been interested in developing innovative residency programming in prevention and population medicine and in recent years collaborated with colleagues in redesigning the CHA Internal Medicine Residency to enhance resident competence in patient-centered primary care practice. Dr. Pels continues half time practice in primary care.



Russell Phillips

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Russell S. Phillips, MD, is Director of the Center for Primary Care and the William Applebaum Professor of Medicine and Professor of Global Health and Social Medicine at Harvard Medical School. In addition to his role in the Center, Dr. Phillips is a devoted primary care general internist at Beth Israel Deaconess Medical Center (BIDMC) where he cares for more than 250 patients, many of whom he has known for more than 20 years. Within the Center, he leads programs that are transforming education and care systems, and developing entirely new approaches to improving primary care and health. With more than 225 publications, his research has spanned disparities in care, screening for infection in office practice, patient safety, end of life care, and interventions to improve care for patients with chronic illness. Dr. Phillips is a graduate of Massachusetts Institute of Technology and Stanford University School of Medicine.



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Mark E. Reynolds is President of the Risk Management Foundation of the Harvard Medical Institutions (CRICO). For 40 years, the CRICO companies have provided industry-leading medical professional liability coverage, claims management, and patient safety resources to its members. The CRICO program proudly serves 35 hospitals, 13,000 physicians, and more than 100,000 clinical staff providing services across the Harvard medical community. Through published analysis from CRICO's comparative database, the organization has set an international standard for cultivating a community of learning; convening safety leaders, and sharing best practices.



Ben Rodriguez

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As Chief Financial and Administrative Officer of the Arnold P. Gold Foundation, Ben Rodriguez directs all fiscal matters, is responsible for risk management, and in charge of human resources. Ben is a seasoned executive with more than 25 years of senior leadership experience in operations, finance, development and strategic planning in the housing, youth, social services, health, and education sectors. Prior to his role at the Gold Foundation, he served as Chief Operating Officer at New Visions for Public Schools and was COO/CFO and Co-President of Network for Teaching Entrepreneurship. Ben has also served on nonprofit and for-profit boards, including the Client Advisory Board of Merrill Lynch, the National Hispanic Housing Council, VIP Community Services Pension Plan, and Project Reach Youth. With his vast experience in the housing sector, Ben has been a panelist at the NCSHA Housing Conference San Antonio, New Jersey Housing Conference, and Michigan Conference on Affordable Housing. Ben received his Bachelor of Science in Corporate Finance from Fordham University and an MBA in Financial Management from Pace University.



Gregory Sawin

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Dr. Sawin is the Program Director for the Tufts University Family Medicine Residency at Cambridge Health Alliance (www.tuftsfmt.org). Tufts FMR is one of fourteen family medicine programs selected for the P4 national demonstration project to bring innovation and substantial redesign to family medicine residency training to create physician leaders in the patient centered medical home transformation. The residency practice also participated in the Harvard Academic Innovations Collaborative and the Massachusetts Patient Centered Medical Home Innovation project. Dr. Sawin joined the residency faculty in 2007, became program director in 2010 and has research and academic interest in health equity, primary care education, process improvement, and healthcare transformation. He graduated Magna Cum Laude from Morehouse School of Medicine and completed his family medicine residency, faculty development fellowship and MPH with a focus on healthcare policy, law and ethics at the University of Virginia.



Richard Swanson

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Richard S. Swanson, MD, FACS, is the Chief of Surgery at Cambridge Health Alliance. He came to CHA in October of 2016 from the Brigham and Women's Hospital and Dana Farber Cancer Institute where he was the Director of the Hepatobiliary and Pancreatic Cancer Program of the Division of Surgical Oncology. While at the Brigham and Dana Farber, he was instrumental in the quality effort. To that end, he went to Salt Lake City to take the ATP course of Intermountain Health. He was a member of the Surgical Quality Improvement Committee. Dr. Swanson was a ten year member of the Commission on Cancer (CoC) of the American College of Surgeons where he focused on the Quality Improvement Committee, and was Vice Chair of the committee. He has published in the area of quality using the National Cancer Data Base (NCDB) of the American College of Surgeons. In 2003, he was the lead author of a paper that examined over 30,000 cases of T3N0 colon cancer in the NCDB, and found that the number of lymph nodes retrieved correlated with five-year survival rates. (Ann Surg Oncol 2003). In 2014, he was the lead author of a paper that examined over 20,000 pancreatic resections for cancer in the NCDB and found that (1) the surgical mortality rate decreased as hospital volume increased, and (2) the mortality rate doubled from 30 to 90 days postop. This was the first report that showed the doubling of the operative mortality rate from 30 to 90 days postop. (Ann Surg Oncol 2014). Dr. Swanson would like to continue to pursue quality improvement at CHA, and the department will introduce NSQIP (the National Surgical Quality Improvement Program) this July.

Dr. Swanson graduated from Harvard College and Harvard Medical School. He did a surgical residency and surgical endoscopy fellowship at the Massachusetts General Hospital. He spent a year in England working for the National Health Service to get a first-hand look at socialized medicine. After his training at the MGH, he went to Houston to do a surgical oncology fellowship at MD Anderson Cancer Center.

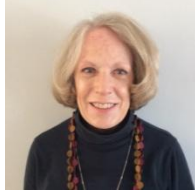


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Dr. Anjala V. Tess is a hospitalist in the Division of General Medicine and Primary Care, Department of Medicine at Beth Israel Deaconess Medical Center (BIDMC), Director of QI and Safety for GME at BIDMC, and an associate professor in medicine at Harvard Medical School. As Director of QI and Safety Education for the Internal Medicine Training Program she developed a novel QI curriculum that has trained over 500 residents. This role has grown into the Director of Quality and Safety for GME working with the DIO for BIDMC. She is currently co-director of SHM's Quality and Safety Educators Academy (QSEA), training faculty across the country. She is also Program Director for the Harvard Medical School Patient Safety and Quality Fellowship, sponsored by CRICO. As a hospitalist, Dr. Tess currently practices on the medical wards and is Director of Education for the Section of Hospital Medicine.



Carol VanDeusen Lukas

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Dr. VanDeusen Lukas chairs the Board of Trustees of the Cambridge Health Alliance. She recently retired from the Boston University School of Public Health where she was Clinical Associate Professor of Health Law, Policy and Management. She also served as Senior Investigator in the Center for Healthcare Organization and Implementation Research in the US Department of Veterans Affairs. She has extensive research and evaluation expertise in organizational change and the implementation of clinical innovations. For example, at Boston University, she was director of the Safety Net ACTION Partnership, a coalition of researchers and healthcare service delivery systems across the country that received successive competitively-awarded contracts to conduct service-delivery implementation research for the US Agency for Healthcare for Research and Quality. Prior to joining BU and VA, she served as Assistant Commissioner in the Massachusetts Department of Welfare and Department of Medical Security, and as Associate Director for Policy of Institute for Urban Health Policy and Research at the Boston Health and Hospitals.



Patrick Wardell

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Patrick Wardell has been the Chief Executive Officer of the Cambridge Health Alliance since March 2012. Prior to joining Cambridge Health Alliance, Mr. Wardell spent six years as the President and CEO at Hurley Medical Center, Flint Michigan, a safety net community teaching hospital. During that time he completed a financial turnaround, established the Hurley Children's Hospital and constructed a state-of-the-art emergency trauma center.

His previous leadership roles include Regional Senior Vice President for the Brooklyn and Queens Division of St. Vincent Catholic Medical Center, President and CEO of St. Joseph's Health System, Paterson, NJ and Executive Director of the Hospital of Albert Einstein College of Medicine, Bronx, NY. He also served on the boards of New Jersey Hospital Association and the Michigan Hospital Association.

Mr. Wardell received his Bachelors Degree from Union College in New York and his Masters in Business Administration from Cornell University's Johnson Graduate School of Management.