

**HARVARD**  
Advanced Leadership Initiative

# Innovations in Health Care and Aging

April 4 - 5, 2013 | Cambridge, MA



## Executive Summary

A synthesis of ideas from the Harvard University  
Advanced Leadership Initiative Think Tank

ADVANCED LEADERSHIP INITIATIVE THINK TANK SERIES

# Think Tank: Innovations in Health Care and Aging

April 4 - 5, 2013 | Cambridge, MA

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## THINK TANK SYNOPSIS

The goal of the Advanced Leadership Initiative is to bring together a community of advanced leaders and provide a deep dive on major societal issues, and by doing so to inspire AL Fellows to identify complex problems in which they would like to play a leadership role in helping solve.

The areas of discussion and goals of the Innovations in Health Care and Aging Think Tank included:

- assessment of the current state of health care globally and identification of many complex problems related to health care and aging
- formulation of a vision in which getting old is great for all.
- discussions of areas where advanced leaders can make a difference in the world
- sparking inspiration in attendees, specifically AL Fellows, to identify specific projects and leverage the resources of the Harvard and ALI community to bring about meaningful change



**Barry Bloom**

Harvard School of Public Health professors Barry Bloom and David Bloom co-chaired and organized this two-day Think Tank, featuring global experts and industry leaders<sup>1</sup>. Barry, David and various speakers provided in-depth discussion of key topics in health care and aging, explaining that over the past century, life expectancy increased in the United States by 30 years. In 1900, life expectancy at birth was 47; in 2000 it was 77, and continues to grow. Increased longevity is a success story not just in America, but around the world, including in developing countries. This tremendous human achievement is attributable to advances in public health, science and technology, nutrition and agriculture, and a cultural focus on improving the health of the population, particularly young people. Not only are people living longer, they are living healthy, active, meaningful lives where they continue to participate in the workforce and contribute to society.

Living longer requires a new cultural understanding and appreciation of aging. This encompasses everything from the design of cities, products, and workspaces to the role of older adults in society.

Longer lives require more money, which for many people is lacking, and require rethinking work and careers. As people live longer, more people with diseases and disabilities will live for long periods, which requires engaging in different kinds of conversations to understand individuals' end-of-life wishes. There are also opportunities to reframe hospice and palliative care services as ways to enhance comfort for individuals with serious illness.

Importantly, as people live longer, a different kind of health care system is needed to care for people with non-communicable, chronic diseases, like heart disease, diabetes, and cancer. The current U.S. health care system must be changed. It fails to provide access for millions of individuals, struggles to provide consistently high-quality care, and costs more than twice as much per capita as the health care provided in any other country in the world. Care is often fragmented and uncoordinated, there is considerable waste in the system, adoption of effective practices by clinicians is slow, there is tremendous variation and inequity in the care that is delivered, and many obstacles hinder the transition to a better system.

Through numerous innovations, progress is being made and a great deal of promise exists. The Affordable Care Act has the potential to expand health insurance coverage to more than 30 million people who are currently uninsured. Changes to the health care payment system are shifting incentives from the volume of care that is delivered to the quality of care. Bundled payments, global payments, and accountable care organizations with shared savings all aim to drive improved coordination of care and lower costs. Greater emphasis on primary care means caring for patients more holistically, as opposed to caring for specific diseases.

Success stories exist across the country and the globe of programs that deliver better care, provide an improved experience, result in a healthier population, and do so at a lower cost. The challenge is scaling these successes and decreasing the barriers to broad adoption.

Health information technology (HIT), particularly electronic health records (EHRs), is helping break silos and decrease the fragmentation in delivery by enabling clinicians to share patient information with other providers. The belief is that HIT and EHRs will improve the care that is delivered, improve system productivity, and produce



**David Bloom**

<sup>1</sup> In organizing and running this Think Tank, Professors Bloom and Bloom and ALI acknowledge the substantive support of Harvard's Program on the Global Demography of Aging, a National Institute on Aging Demography Center.

data so that clinicians and health systems can learn.

All of the challenges discussed at this Think Tank related to an aging population and to a fragmented, costly health care system, these are challenges in the operation of complex, interrelated systems. The consensus among participants is that the government will not develop and implement the solutions that are needed. Changing these systems requires the private sector and specifically requires advanced leaders who have the experience, skills, understanding, passion, and commitment to bring about systemic changes.

## BACKGROUND: WHAT'S IN A HEALTH CARE SYSTEM?

In opening, Barry Bloom, professor at the Harvard School of Public Health and ALI and Think Tank co-chair, defined a health care system as “the institutional arrangements by which societies provide for health needs of their people. Health systems include all the activities whose primary purpose is to promote, restore, or maintain health.”

Health systems are complex. Components include the health workforce, financing and resource allocation, governance, management, access to and delivery of quality health services, the public and private sectors, metrics and evaluation, and much more.

Often overlooked is that health systems have a moral premise, which varies from country to country. The basic premises are that:

- Health is an individual responsibility; each person is on their own.
- Health is a shared responsibility and a human right (which is the general view in Europe).
- Health is some combination of individual responsibility and shared responsibility.

The overarching goals of health systems are to improve the population’s health, provide health security, and satisfy patients. Keynote speaker Professor Donald Berwick, president emeritus and senior fellow at the Institute for Healthcare Improvement and former administrator of the Centers for Medicare and Medicaid Services (CMS), put forth a goal for the U.S. health care system, which he terms the “Triple Aim.” These aims, which he argued can all be achieved, are better care, better population health, and lower per capita cost of care.



Donald Berwick

## HEALTH CARE SYSTEM CHALLENGES

Speakers and panelists in every session identified significant challenges facing the U.S. health care system. Berwick summarized the situation by showing a bridge that was constructed in 1938, which withstood a hurricane. However, the river over which the bridge crossed has since moved. The result is a structure that no longer serves its purpose, which is analogous to the U.S. health system. Among the many specific problems discussed were:

- **Access.** Almost 50 million people in America lack health insurance. In states such as Texas and California, more than 20% of the population lacks coverage. Berwick commented that no other Western democracy has this issue; all other Western countries view coverage as a basic human right. He argued that coverage is a “moral test.”
- **Quality.** As the Institute of Medicine’s 1999 report *To Err is Human* made clear, there is a quality and safety problem in the United States with almost 100,000 people dying in hospitals each year because of mistakes. Further, patients only get the right care about half the time. Lucian Leape, professor at the Harvard School of



Frederick Southwick

Public Health, said the problem is not bad people, but bad systems. And, despite a great deal of effort and progress since 1999, CMS estimates that there are still about 100,000 people dying each year in hospitals from preventable events. Key issues include lack of physician urgency and physician resistance to change, a dysfunctional culture, lack of comfort in reporting errors, and a failure of leadership in focusing on safety and quality.

Frederick Southwick, professor at the University of Florida, and 2010 AL Fellow, concurs that there is significant apathy among physicians regarding quality and safety. He added that for every death there are at least 10 serious, life-changing injuries. So, if 100,000 people die each year from quality and safety lapses, another one million experience major injuries—including Southwick himself.

“We cannot withstand 100,000 deaths and one million injuries every year any longer and we all need to act.”

Frederick Southwick,  
Professor, University of  
Florida, 2010 AL Fellow

“Medical cost increases are now the lowest they have been since we’ve been keeping regular good data.”

David M. Cutler, Professor, Harvard Faculty of Arts and Sciences, Harvard Kennedy School, Harvard School of Public Health



Mark Kelley

• **Costs.** The current level and rate of growth in health care costs is unsustainable. Barry Bloom said, “We are approaching crisis in costs.” The Congressional Budget Office projects Medicare and Medicaid as the country’s greatest fiscal threats. Currently, the United States spends \$2.7 trillion on health care, which is more than \$8,400 per person; it represents 17.6% of U.S. GDP and 47% of global health expenditures. Of these costs, 45% is paid by the government. Spending is on hospital care (31%), physicians (21%), drugs (10%), and administration (7% to 25%). Harvard professor David M. Cutler of the Faculty of Arts and Sciences, the School of Public Health, and the Kennedy School pointed out that the U.S. health care system spends about \$0.10 to collect \$1. He also indicated that prices for health care in the U.S. are higher, as doctors and nurses are paid more than in other countries and the intensity of treatment is greater.

Employers are deeply concerned about health care costs, as it affects their competitiveness; if costs can’t be controlled, many employers will dump health insurance. Labor is concerned because instead of wage increases over the past decade, all increases in spending on labor have gone to pay for health care.

Multiple speakers attributed health care’s cost problems to a flawed fee-for-service payment system, which incentivizes volume, rather than quality.

“As a result [of the fee-for-service payment system], you have 10-minute visits in ambulatory care, the volume trumps quality, [and] it’s episode-focused, not patient-centric.”

- Mark Kelley, former Executive Vice President, Chief Medical Officer, Henry Ford Health System, 2013 AL Fellow

Berwick pointed out that innovations in the U.S. health care system have reduced defects (like reductions in central line infections) and have resulted in new products and services (which tend to increase costs). But there have been few improvements focused on reducing costs while leaving patients the same or better off. Berwick estimates that at least one third of all health care spending is waste, which comes from areas such as overtreatment, lack of coordination, failures in care delivery, excessive administrative costs, excessive prices, and fraud and abuse.

However, Cutler challenged the conventional wisdom on costs. He presented data showing that per capita health costs have consistently grown at around 5% per year since 1970. But since the mid-2000s, the rate of growth has been at less than 2%. He attributes about one third of this decreased growth rate to the recession, but assigns two thirds to fewer technology innovations (like MRIs and blockbuster drugs); more price sensitivity among consumers, who now have higher deductibles and are more cautious in their spending; and greater efficiency among providers.



David Cutler

Cutler speculated that we may have entered a new era where the actual levels of health care spending prove to be far lower than the ominous projections that are frequently cited. He suggested, “Maybe the way we’ve always thought about [health care spending] isn’t necessarily right.”

- **Value.** Harvard Medical School Professor and Associate Medical Director, Brigham Internal Medicine Associates, Andrew Ellner said that with high costs and with issues around quality and reliability, the country has a “crisis in value.” Health expenditures are considerably higher in the U.S. than in other developed countries and the life expectancy is considerably lower, representing a poor value.
- **Coordination.** Mark Kelley, the Former Executive Vice President and Chief Medical Officer at the Henry Ford Health System and a 2013 AL Fellow, described how much of the delivery of care in the U.S. health care system has shifted over the past few decades from inpatient to ambulatory care, because of payment incentives. As this shift has occurred, coordination has suffered. Kelley said, “Physicians are not connected with each other . . . or to the hospital. The result is that no one understands the ‘whole patient’ and care is often disjointed.”
- **Paper records.** Compounding the coordination problem is that records have been paper-based, making it difficult for clinicians to access the information they need when they need it, to share information, to coordinate care, and to deliver care in a high-quality way. Ashish Jha, professor at Harvard Medical School and the Harvard School of Public Health reported that 80% of the time physicians don’t have all of the information they need when seeing a patient to make a good decision, which leads to unnecessary care and errors. Also, with paper records there is an inability for clinicians to learn and improve.

- **Standardization.** There is a lack of system-wide standardization, producing inconsistency and variation among providers, which negatively affects quality and costs.
- **Inequity.** Resources are not allocated and funds are not spent equitably, with a great deal of money spent on a very small number of people. Specifically, 64% of all health care costs are for 10% of the population. There is also inequity in that almost one third of all U.S. health care spending is on individuals who will die within two years.
- **Chronic diseases.** One hundred years ago, the major focus of health care was infectious diseases. In today's developed world and increasingly in the developing world, the main epidemiological issues are chronic, non-communicable diseases such as heart disease, stroke, neurologic diseases, and psychiatric diseases. Many of these diseases are self-inflicted, related to people's behaviors. Caring for a population with chronic diseases requires a different type of delivery system.
- **Practice patterns.** Barry Bloom and Chief of the Division of Pharmacoepidemiology and Pharmacoeconomics, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School professor Jerry Avorn described how long it takes for a new medication or practice that is proven to work to be widely disseminated and adopted. It took 375 years for the use of citrus fruit to be accepted as a solution for scurvy. Even in modern times it can take decades for a proven solution to enter practice, resulting in variation across the health care system.
- **The transition.** Berwick said the solutions to problems in the health care system are known, but the problem is transitioning the current system into the system that is needed. Difficulties include structural issues in bringing innovations into a system that doesn't want them, political issues, and a cultural belief by the public that "more is better."
- **Digital divide.** As the use of health information technology grows, with more doctors and hospitals implementing electronic health records (EHRs), some parts of the health system have been left out. This includes safety net providers, as well as the nation's 16,000 nursing homes and 1,200 rehab hospitals. These facilities haven't been included in the financial incentives to implement technology and have been largely ignored by vendors.

## THE AFFORDABLE CARE ACT (ACA): REASONS AND INTENTIONS

Speakers and panelists offered analysis on the reasons behind ACA, which Arnold Epstein, professor at the Harvard Medical School and the Harvard School of Public Health termed "the most important health legislation we've seen." While coverage expansion has garnered much of the attention, ACA goes beyond coverage, with incentives to drive greater integration and quality. Important elements of ACA include:

- **Coverage.** As Berwick explained, first and foremost, ACA is a coverage law, which takes a step toward making health care in America a human right. This will provide greater access to care and prevention services. However, Berwick believes ACA doesn't go far enough in that it only covers about 32 million of those who lack coverage, and not all 49 million. In addition to expanding access to coverage, ACA ensures that coverage can't be denied and creates insurance exchanges, enabling people to purchase policies from an "insurance supermarket."
- **Quality.** ACA changes how providers are paid by linking payment to quality. For example, hospitals with high rates of readmission will receive financial penalties. ACA also aims to improve quality through more transparency. The idea is that by linking payment to quality and by increasing transparency, health systems will be pressured to improve quality by increasing their level of integration and coordination.
- **Costs.** Several ACA provisions try to control costs by paying for performance as opposed to volume. This includes value-based purchasing, bundled payment pilots, and accountable care organizations. The idea is to encourage providers to deliver high-quality care; not just more care.

As a result of ACA, the pace of mergers and acquisitions has increased as providers are seeking greater scale. Cutler believes that most big cities will end up with three or four competing health systems, rather than 12 or 15 independent hospitals. These larger, more integrated systems should be more efficient, which is good, but may have greater pricing power. This could result in potential antitrust issues. Also, he envisions that health care systems may focus on certain specialties, such as cardiac care



Robert Blendon

"In this climate, many other proposed changes in health care and Medicare may face substantial consumer resistance in the immediate future."

Robert Blendon,  
Professor, Harvard School  
of Public Health, Harvard  
Kennedy School

“Medicaid offers a real opportunity to improve access to services and health.”

Ben Sommers, Professor,  
Harvard School of Public  
Health, Harvard Medical  
School

or oncology, and compete regionally or nationally. Rural hospitals may become satellite affiliates of larger health systems.

Robert Blendon, professor at the Harvard School of Public Health and the Harvard Kennedy School, explained that political polarization is a major barrier inhibiting further legislation and changes in the health care system. The nation remains deeply divided about ACA and the government’s role in health care. Because significant portions of ACA are implemented at the state level, the opposition of governors and state legislatures imposes a barrier to implementation. The political climate makes further progress in changing health care policies extremely difficult.



*Ben Sommers*

## THE ROLE OF MEDICAID

Medicaid is part of America’s moral test in taking care of the country’s disadvantaged and vulnerable populations. It is a federal-state insurance program. The federal government sets Medicaid’s rules, but states have a great deal of discretion over whom they cover and how they deliver services. About 60% of Medicaid’s funding comes from the federal government, with the rest coming from states.

A misconception is that Medicaid covers all poor people. Medicaid only covers individuals in certain categories of eligibility. Prior to ACA, Medicaid covered about 60 million people with annual spending of \$427 billion.

ACA made several key changes to Medicaid. First, ACA specified that in 2014, all Americans at or below 133% of the federal poverty level will be eligible for Medicaid. This creates a level playing field across states. (Previously, states could set their own eligibility level. For example, in Arkansas someone making \$4,000 per year was deemed too wealthy for Medicaid.) ACA also eliminates “categorical eligibility,” broadening the program to the poor. As a result, an additional 10–20 million Americans will gain access to Medicaid coverage. The wide range is due

to the Supreme Court ruling that gives states the option of expanding Medicaid. To date, about 25 governors have indicated plans to expand Medicaid; about a dozen have expressed firm opposition; and the rest are undecided.

Expected benefits of expanding Medicaid include improved access to inpatient and outpatient care, greater use of preventive services, improvements in physical and mental health, and improved mortality.

But the expansion of Medicaid is not without significant challenges, which include:

- **Getting people to sign up.** The application process has been cumbersome, which has kept millions of eligible people from enrolling. ACA tries to simplify the application process, eliminating the asset test, engaging in outreach, and mandating coverage, which has worked in Massachusetts.
- **Getting people to stay in.** There has been a high churn rate in Medicaid, as more than half of adults drop out within two years of enrolling. People have to renew, and many of the safety net providers used by those in Medicaid have not been in Medicaid networks. Also, people’s income often fluctuates, and if income goes up—even if only temporarily—it can disqualify someone from Medicaid. Potential solutions include guaranteed enrollment periods (like commercial plans), including safety net providers in all plan networks, and providing incentives so the same plans participate in both Medicaid and health insurance exchanges.
- **Having enough providers.** ACA’s expansion may require 7,400 more physicians. This is only 1% of the national physician workforce, but the number of physicians needed varies by geography. Also, an issue is whether there are enough providers willing to take Medicaid patients because of the low reimbursement. Solutions include increasing the Medicaid payment rate, which will occur in 2013–14, and expanding the workforce through incentives and by broadening the scope of practice for non-physicians.
- **Covering the costs.** Under ACA, the federal government covers 100% of Medicaid expansion for the first three years, with states paying for 10% after that. Some governors who oppose Medicaid expansion are opposed for economic reasons in that even the 10% to be paid by the states could be significant; other governors disagree with greater government involvement. Alternatives include block grants for states (the Ryan Plan), which gives states more flexibility, but less money and more risk if the number of uninsured rises. Some states are considering a “premium support” model (the Arkansas Experiment) where Medicaid funds purchase private insurance. This could significantly reduce churning, but might cost 50% more.

“We have created a context in Massachusetts where it’s pretty much impossible to play the old game of just trying to maximize your profits... hospitals are going to have to change their organizational DNA.”

Thomas Lee, Network President, Partners HealthCare System



Thomas Lee

## THE EXPERIENCE IN MASSACHUSETTS

Andrew Dreyfus, President and CEO of BlueCross BlueShield of Massachusetts (BCBSMA), the state’s largest health insurer, and Thomas Lee, network president of Partners HealthCare System, the state’s largest provider, reflected on health reform in Massachusetts. “What we’re doing now in Massachusetts is what I think the nation will do over the next five years,” shared Dreyfus. Lee explained the Massachusetts reform process in three steps:

1. insurance reform to provide coverage;
2. payment reform; and
3. delivery system reform.

The story in Massachusetts started in 2006 when the state became the first in the nation to require every citizen to have health care coverage. Now, less than 2% of the population is uninsured. The fear that employers would drop coverage hasn’t been realized. Also, the entire health care community recognized that quality and safety remain huge problems, have made quality and safety priorities, and have made significant progress.

The most problematic area has remained costs. Massachusetts is the most expensive state for health care and the rate of growth for costs has remained high. In looking at the components of cost growth, about half comes from the price per unit, about 25% from utilization, and the rest from provider mix and severity. Previous efforts to control costs by negotiating lower prices or controlling utilization have not proven successful.

BCBSMA has attempted to invent a new system that is acceptable to providers, while moving away from the fee-for-service payment system. This new model, termed the Alternative Quality Contract (AQC):

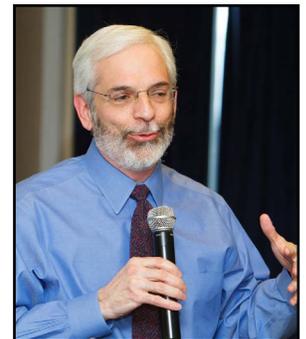
1. pays providers a global budget (a fixed amount per patient, adjusted based on a patient’s illness); providers take some financial risk but share in savings generated;
2. includes ambitious quality incentives for inpatient and outpatient care; and
3. is a long-term contract of five years to create a partnership between BCBSMA and participating providers.

This started as a small pilot but is now the standard way that BCBSMA works with providers. Thus far, the AQC is working. Quality is up and cost growth is slowing. Physicians say they like practicing medicine better under this model.

“Ultimately, the answers are in the delivery system . . . what we’re doing is trying to create a means . . . we want to help by providing daily, weekly, quarterly, and annual reports on a whole number of things.”

- Andrew Dreyfus, President and CEO, BlueCross BlueShield of Massachusetts

From a provider’s perspective, payment reform makes delivery system reform necessary. With payment reform, providers have to become more efficient, more integrated, and committed to population management, which requires structural changes. Lee shared that Partners has a clear handle on its strategy and tactics, and knows which processes it needs to change to redesign care. But the change process is overwhelming, disruptive, slow, and very hard.



Andrew Dreyfus

## INNOVATIONS WITH PROMISE

Throughout this Think Tank, multiple speakers described innovations that are working and that show great promise. In many instances, the challenge involves scaling these successful innovations.

- **Triple Aim successes.** Berwick has been told that his Triple Aim is too ambitious and is unachievable. He counters that contention by providing a series of examples where all three aims—of better care, improved population health, and lower per capita cost—are being met. Among the examples he shared were:
- **The “NUKA” Care System in Anchorage, Alaska.** This system provides population-based, team-based, prevention-oriented, integrated, community-based care. Care has been shifted from hospitals to homes. Hospital admissions and ER utilization are down more than 50%, quality scores are high, and customer satisfaction is greater than 90%.
- **Denver Health.** By adopting the Toyota Lean Production System, this health system has reduced costs by \$180 million while also improving outcomes.

“To do what’s necessary for population health, for identifying the sickest, most expensive patients, health IT is going to be central to the entire delivery system.”

Ashish Jha, Professor,  
Harvard School of Public  
Health, Harvard Medical  
School

- **The AFHCAN Cart.** This cart, which is equipped with multiple medical devices, is provided to community health aides in communities across Alaska. These aides collect health information and transmit it to a clinical team in Anchorage. The cart enables delivery of better care in these communities, resulting in better health, at a lower cost.
- **ECHO Project.** In New Mexico, clinicians are trained via telemedicine on the best, most efficient way to manage Hepatitis C. This program has resulted in an 11% decline in hospital admissions, an 8% reduction in costs, and a 45% improvement in first-year mortality.

“There are innovations that have achieved the Triple Aim. Better care, better health, and lower costs at the same time.”

- Donald Berwick, Professor, Harvard Medical School, President Emeritus and Senior Fellow, Institute for Healthcare Improvement

Common themes from these successes are team-based care, using technology to enable care in local communities, and an emphasis on quality and outcomes.

- **Safety and quality improvements.** Leape shared the example of Virginia Mason Medical Center in Seattle which, by adopting the Toyota Production System has reduced its injury rate by 90%, showing that it is possible to dramatically improve safety and change the culture to become a learning organization. He mentioned this as just one of many success stories, and identified common characteristics of institutions that have shown dramatic improvement in safety and quality. The replicable characteristics include: 1) person-centeredness and collaboration; 2) transparency, where there are no secrets and mistakes are shared because they reflect an issue with the system, not the people; 3) engaged patients who are highly involved in their care; and 4) a culture of respect. In addition, Leape believes that leaders must drive change, that incentives must be changed to make the price of failure higher, and that there must be public reporting of safety results.

- **Health information technology (HIT).** In 2005, President Bush laid out a goal of universal electronic health records (EHRs) by 2014, which was reiterated by President Obama in 2009. But adoption has lagged behind. As of 2008, just 9% of hospitals had implemented an EHR. However, this has changed over the past few years because as part of the 2009 Recovery Act, the federal government provided \$27 billion in incentives for “meaningful use” of HIT. The use of EHRs by hospitals climbed to 44% in 2012.

Jha and other health care leaders believe EHRs show great promise as a tool for clinicians to practice better care and for the entire health system to learn. However, for HIT to achieve its full potential over time, challenges must be overcome related to clinical data exchange, privacy and security, workflows, and culture. For HIT to work, organizations need new skills and a new way of thinking.

- **Primary care.** As the percentage of primary care doctors increases, so does quality. An increase of one PCP per 10,000 people was associated with 3.5 fewer deaths; an increased density of other physician types did not affect overall mortality. Also, more PCPs decrease costs. Primary care isn’t a type of physician; it is a set of services that are continuous, longitudinal, and take care of the whole person. Primary care coordinates care in today’s fragmented system. Primary care shows tremendous promise, with changes required along the following dimensions:
- **Space and time.** We have had a reactive health care system where people are cared for after becoming sick. By evolving to a system that cares for individuals on a holistic, continuous, and longitudinal basis, many in-person visits could be replaced by other forms of communication, including phone, video conferencing, social media, and more.
- **Care team.** The health care system has been built around doctors. But much of the care that is provided could be done by other members of a care team, including nurses and health coaches.
- **Information technologies.** There is an explosion of technologies, such as apps, to help people manage their own chronic illnesses and engage in lifestyle changes.

“Primary care is a platform. There is no high-functioning health care system in the world that is not built on a solid foundation of primary care.”

- Andrew Ellner, Professor, Harvard Medical School

- **OpenNotes.** Tom Delbanco, professor at Harvard Medical School termed the patient’s record as the hub of the wheel in medicine. But there hasn’t been clarity about what it should contain, who owns it, who should be able to write to it, and who can see it. Use has been restricted to doctors and it has not been



Andrew Ellner

“The message from people who were involved was enormously powerful. ‘We view OpenNotes as a new medicine. Its goal is to make people better.’”

Tom Delbanco, Professor,  
Harvard Medical School

made available to patients.

OpenNotes is a collaborative where patients are invited to review their doctors’ visit notes through secure patient portals. A demonstration project involved 20,000 patients of more than 100 primary care physicians. Each patient was notified automatically via an email when they had a note and was reminded to review it before their next scheduled visit. Prior to the demonstration, many physicians were worried that patients would find notes confusing, that patients would worry more, and that visits would take longer.

These concerns proved unfounded. Patients like the ability to see their physicians’ notes. Most patients found the notes helpful, visits didn’t take longer, and few patients worried more. In fact, most patients opened their notes and many (20–42%) shared them. Only 1–8% reported that the notes caused confusion or worry. More than 77% reported a better understanding of their health condition; 76–84% reported remembering their care plan better, at least 70% reported taking better care of themselves, and most patients felt better prepared for their visits and more in control of their care. Among those taking medications, 60–78% reported “doing better taking my medications as prescribed.” Delbanco envisions having co-generated notes and contracts between physicians and patients.

- **Academic detailing.** Avorn had the innovative idea of replicating the detailing approach used by pharmaceutical companies to educate physicians on practices that have been proven to work. Over 100 randomized controlled trials have shown that this practice has helped change physicians’ bad prescribing habits and has saved \$2 for every \$1 invested. In the era of ACOs, this practice could be expanded.

“What if we could adapt this very effective behavior change strategy that is used by the pharmaceutical industry . . . and actually market evidence-based medicine?”

- Jerry Avorn, Professor, Harvard Medical School, Chief, Division of Pharmacoepidemiology and Pharmacoeconomics, Department of Medicine, Brigham and Women’s Hospital



Jerry Avorn

- **CMMI.** Part of the ACA involved creating the Center for Medicare and Medicaid Innovation (CMMI), funded with \$10 billion over 10 years, with a goal of driving innovation in the health care system.
- **PCORI.** ACA included creation and funding for the Patient-Centered Outcomes Research Institute. PCORI’s mission is to improve health outcomes by producing and disseminating evidence-based information so patients and doctors can make more informed care decisions. Epstein expressed hope that PCORI can help fill an important gap by providing evidence about what works.

## THE AGING POPULATION

The second day of the Think Tank focused on challenges and opportunities related to the world’s aging population, in both developed and developing countries. Think Tank co-chair and ALI executive board member David Bloom, professor at the Harvard School of Public Health shared data about the number of old individuals in the world, and the projected growth of older people from 12% of the population to 22% in 2050.

	TODAY	2050
<b>OLD (AGE 60 AND OLDER)</b>	840 million people (12% of world population)	~ 2 billion people (22%)
<b>OLDEST OLD (AGE 80 AND OLDER)</b>	~ 2 billion people (22%)	~ 400 million people (4%)

Underlying the aging population are three forces:

1. Fertility decline. In 1950, women had 5 children on average. Today that number has declined to 2.5.
2. Longevity increase. For most of human history, life expectancy was 25–30 years. But in the 20th century, 30 years were added to the average life expectancy, which is a tremendous human achievement. In 1900 life expectancy in the United States was 47; in 2000 it was 77. This dramatic increase came about largely because fewer young children died and because of improvements in public health, including purified water, pasteurized milk, systematic disposal of waste, vaccines, a better understanding of nutrition, and creation of a sustainable food supply. This longevity revolution is not limited to the United States, but is taking place around the world.

“In the end, this isn’t going to be a story about old age; it’s going to be a story about long life, and it’s ours to write.”

Laura Carstensen,  
Professor, Stanford  
University, Director,  
Stanford Center on  
Longevity

Demography experts expect longevity to continue to increase, though experts differ in their projections of the magnitude of the increases. Projections range from 2.5 years of additional longevity per decade, with no end in sight, to a lower estimate of longevity growth of half a year per decade, with an eventual ceiling. Also debated is whether future increases in longevity merely add years to life, or if morbidity and disability are postponed, termed “compression of morbidity.”

3. Movement of large cohorts through the age structure. The Baby Boom, which took place from 1946 to 1964, significantly changed society’s composition and culture.

As the world’s population has aged—which is as big of an issue in Japan, Europe, and China as it is in the United States—the nature of disease has shifted in developed and developing countries from communicable diseases to chronic, non-communicable diseases, such as heart disease, diabetes, and cancer. In the past year in China, 83% of deaths were due to non-communicable diseases.

## CHALLENGES AND OPPORTUNITIES RELATED TO AGING

In panel discussions on the implications of aging, Think Tank participants identified challenges related to aging and opportunities to improve how societies think about aging.

- **Culture.** Laura Carstensen, professor and director of the Stanford Center on Longevity, said longevity has increased because of a cultural focus on preventing deaths among young people, and through the use of science, technology, and public health to advance the well-being of the population. As the population has aged, societies are ill-prepared to deal with aging and cultural changes are required to find solutions to aging-related issues.
- **Imagining a different future.** Linda Fried, dean and professor at Columbia University and senior vice president of Columbia University Medical Center, called on AL Fellows to imagine a world where getting older is great for everybody. Through an optimistic vision of aging, society will be willing to invest in what is needed to make aging great for everyone. This vision involves activating and harnessing the social capital of everyone in society, including older adults. Two specific acts of imagination are: 1) Changing the physical environment, which was built by and for younger people, by designing cities to be age friendly. Doing so can help people stay active, engaged, and healthy, requiring a long-term investment. 2) Designing meaningful new roles for older people so older adults have a sense of purpose and contribution.

Thomas Zeltner, special envoy for financing at the World Health Organization and a 2010 AL Fellow, believes that our age perception is wrong. Historically, societies believed that people peaked in middle age and then declined, with older people often pictured as infirm. But in our knowledge-based economy, older people have knowledge, experience, and often wealth. These characteristics make older people important, and make it necessary to change how older people are perceived.

- **Active aging.** Alexandre Kalache, previously of the World Health Organization and now president of the International Longevity Centre, Brazil, stressed the importance of a framework to guide thinking on aging. He shared the WHO’s framework for active aging, which emphasizes optimizing opportunities for health, lifelong learning, participation, and security to enhance quality of life as individuals age.
- **Remaining active.** Several panelists discussed that as the population ages, it is important for individuals to remain healthy. Governments and employers want people to remain active, to remain in the workforce to leverage their skills and experiences, and to avoid poverty. Zeltner sees avoiding isolation as an important focus area.



M. Michele Burns

- **Economic and financial concerns.** From a macro perspective, governments have concerns about the effect of aging on pension programs (like Social Security) and health care costs. On an individual basis, financial security is a concern as people contemplate retirement. M. Michele Burns, Executive Director and CEO of Marsh & McLennan Companies’ Retirement Policy, said, “Whether we like it or not, especially in this country, we are in an age of individual responsibility.” This is exacerbated by the demise of pensions and Social Security cuts. Individuals need the capability to act as savvy consumers of financial guidance and to plan for retirement as a lifelong process. But



Laura Carstensen

there is a huge gap, as the average American's bank account only contains about \$1,000 and individuals who are 50 and older only have on average about \$50,000.

- **Attitudes towards death.** As society ages, issues related to death will become increasingly important. Research has repeatedly shown that 70% of people want to die at home surrounded by family and friends, yet 70% die in hospitals and institutions. Zeltner said that even when a person dies at home, it is very difficult for the family because there are not systems to support this.

Co-founder and Director of The Conversation Project, journalist Ellen Goodman, explained that as people live longer, death increasingly comes with a series of difficult decisions and choices, which aren't well understood. She suggests changing the cultural norm through conversations where a person can express their end-of-life wishes. It is her goal, and that of The Conversation Project, to encourage conversations about the end of life among family members, and between individuals and doctors. Since its launch, more than 100,000 people have downloaded the Conversation Starter Kit on The Conversation Project's website.

"We need to change the cultural norm from not talking about what we want at the end of life, to talking about it."

- Ellen Goodman, Co-Founder and Director, The Conversation Project



Ellen Goodman

- **Hospice care.** Hospice started in the 1960s and 1970s in the United States and England, and grew after 1983 when Medicare began a hospice benefit. This benefit has requirements such as a life expectancy of less than six months and agreement by the beneficiary to forego disease-modifying treatment. Hospice enrollment rose more than 50% in the past decade; in 2010, 44% of Medicare beneficiaries who died used hospice, up from 23% in 2000.

Strengths of this benefit are that it legitimized a new way of serving those close to death, improved access to hospice services, focused on care in the home setting, and provided services for families and survivors. Weaknesses include providing services mainly for those on the brink of death, which can be difficult to estimate and often which comes after a prolonged illness. Other weaknesses include the fact that few individuals have advance directives and families often panic, resulting in overly aggressive care.

Carol Raphael, the former president and CEO of the Visiting Nurse Service of New York and a 2012 AL Fellow, believes that despite the greater use of hospice services and greater recognition of the value of hospice, our culture has still not accepted the basic concept of hospice. Families often continue to demand more care until the very last minute, and physicians continue to provide it.

Despite entrenched cultural attitudes about death, Raphael believes that "hospice will show us the path to the future." This path includes team-based, interdisciplinary care that treats the whole person, not the disease. Strides are being made that reframe hospice as advanced illness and disability management.

- **Palliative care.** Patricia O'Malley, professor at Harvard Medical School and medical director of pediatric palliative care services at Massachusetts General Hospital, defined palliative care as: the art and science of lessening physical, psychosocial, and existential suffering. It is family-centered, interdisciplinary, goal-directed, based on the patient's experience, and calls for creative reframing. One example of reframing is from "mitigating suffering" to "enhancing comfort."

Many physicians are not equipped to help patients during end of life. A new roadmap is needed to better prepare physicians. This roadmap does not involve a checklist, but prepares physicians to engage with patients in a conversation about goals and values, hopes, fears, worries, preferences, and more. This roadmap involves "asking and listening" and improving the experience of care by looking through the patient's eyes.

- **Design thinking.** IDEO's health and wellness lead, José Colucci, provided a designer's view of aging, which he said for the next 20 years will focus on designing for Boomers. He stressed the importance of:
  - **Easing the transition.** As people age, people identify less with their peer group, unless doing so reinforces a positive self-image. Colucci said that a young person will not buy an old man's car; neither will an old person. Older people don't want to feel old. A success story is Lululemon, which has positioned high-end yoga clothes for Boomers by saying these clothes are for "performance" and "wellness," and without explicitly indicating that these clothes are for Boomers.
  - **Respecting the individual.** People don't want to be seen as part of a group. In general, older adults are interested in acquiring emotional support and care about social interactions with family and with close social partners.

"Hospice has not changed the culture of health care. Our culture still views [terminal illness] as a battle, a courageous fight until your very last breath."

Carol Raphael, former President and CEO, Visiting Nurse Service of New York, 2012 AL Fellow



*José Colucci*

- **Not helping more than is required.** Often individuals and companies (such as owners of retirement communities) try to help too much. Older adults want to engage in a full, independent life and are turned off when too much help is offered.

“I’m inviting you to think like designers.”

- José Colucci, Health & Wellness Lead, IDEO

- **Sharing solutions.** Emily Sinnott, a senior economist in Human Development Economics, Europe and Central Asia Region at the World Bank, said an area of focus at her institution is creation of a solutions bank to collect and share solutions from governments, communities, companies, and individuals. Examples of innovative solutions include a public health promotion effort in Finland that resulted in the most rapid fall in coronary mortality in the world, and a BMW factory in Germany with an aging workforce that undertook an initiative to help older workers be as productive as younger workers, resulting in a 7% productivity improvement among these workers in one year.



*Emily Sinnott*

“We really can make a dent in the world and make the world a better place. We’re here in our professional roles and our teaching roles to change the world for the next generation.”

Barry Bloom, Professor,  
Harvard School of Public  
Health



*Alan Garber*

## ROLE OF UNIVERSITIES

Harvard University Provost Alan Garber, who is also a distinguished health care economist, shared his perspective on the role of universities in dealing with the major societal issues like health care. Unlike the political system, which deals with short-term problems in a partisan way, the role of universities is to focus on ultimate, long-term solutions in an evidence-based, non-partisan manner.

“We in universities have to be the repository of the great thinking about what the long-term solutions will be.”

- Alan Garber, Provost, Harvard University

## KEY TAKE-AWAYS ON AGING

David Bloom summarized the ideas generated from the second day’s speakers into four key, take-away messages:

- We must reframe our negative connotations of aging as one of increased frailty, loneliness and financial burden to others. People are not only living longer lives, they’re also living healthier lives. We must not be victimized by preconceptions that were formed in an earlier era about what aging is or what aging means.
- Aging is an issue that impinges on many domains, including social capital and workforce issues, issues of gender equity and medical education. We must act immediately in order to implement appropriate public and private policies in institutions and goods and services.
- We all have a stake in aging individually and collectively and we must work together to address population aging, the dominant demographic phenomena of the 21st century according to demographers. This is not a challenge only for governments to solve.
- The biggest risk associated with population aging isn’t aging itself. Rather, the biggest risk is that we fail to adapt to aging. The fact that populations are aging is a huge success by long-term historic standards. The challenge before us is to take that success and translate it into victory.

## ADVANCED LEADERS' ROLE IN REMEDYING THE HEALTH CARE SYSTEM

AL Fellows participated in a post-Think Tank debrief to review the topics discussed during the two day event. Fellows agreed that government is unlikely to solve the many problems in the health care system and as the population ages; the political and structural issues are simply too great. Solutions must come from inspired leaders who understand the problems with the current system, know there are better ways, and take the lead in pursuing the opportunities that exist.

Because the issues involved are extremely complex and involve systems phenomena, driving systemic change requires advanced leadership, with passionate leaders who are committed to driving change.

Advanced Leadership Initiative chair and director Rosabeth Moss Kanter outlined why ALI is so important in supporting advanced leaders, as it:

- **Provides purpose and community.** ALI challenges advanced leaders, informs them about critical societal problems that need to be addressed, and provides a sense of purpose to experienced leaders about how their talents and experiences can be leveraged with great meaning. ALI is attempting to be a model of Gandhi's famous quote, "Be the change you wish to see in the world."

In addition, ALI provides a community of other experienced advanced leaders who are equally committed to changing important systems. Harvey Freishtat, senior counsel at McDermott Will & Emery and a 2011 AL Fellow, described how ALI connects experienced leaders who support each other, provide ideas and serve as sounding boards, and share contacts.

- **Identifies work that needs to be done.** Through Think Tanks related to subjects including health care and education, AL Fellows experience a deep dive that provides exposure and insights into some of the most significant issues where advanced leadership is required. Advanced leaders see where tough, important problems exist, where leadership is lacking, and where their involvement and leadership can make a tremendous difference.

"These are tough problems and they require leadership to deal with them. ALI is a response to how we develop more such leaders."

- Rosabeth Moss Kanter, Arbuckle Professor, Harvard Business School; Chair & Director,  
Harvard University Advanced Leadership Initiative

Zeltner observed that in solving health care's systemic problems, the world doesn't need more great scientists like Albert Einstein; it needs more leaders like Henry Ford, who can think about processes and transform complex systems.

- **Fosters inter-generational dialog.** ALI brings together multiple generations of leaders with students and faculty to form entirely new types of connections. These new relationships will create new types of conversations and spark new ideas.
- **Begins to change institutions.** Bringing about new solutions to complex problems requires changing institutions, accepted practices, and cultural beliefs. For example, the presence of ALI's advanced leaders at Harvard has the potential to change the University.

ALI can also play a role in reconceiving work and careers. For example, right now corporate exit packages involve giving people money as severance. But instead, imagine companies investing in an advanced leadership program so that people who are leaving the company can leverage their talents to change the world.

- **Provides a laboratory.** With an abundance of work to be done related to health care and aging, Kanter described how ALI is a laboratory that provides a context to shape, try, and improve new ideas and solutions. She encouraged the AL Fellows to conceive of and pilot an innovative new idea that can solve multiple problems simultaneously.

Many areas explored at this Think Tank could benefit greatly from the attention of advanced leaders, including changing the health care payment system, producing and disseminating medical evidence to change how doctors practice, scaling what works, preparing physicians to have conversations about end of life, and helping individuals and society plan for aging by developing financial plans.

As Kanter reiterated, advanced leaders make a difference project by project, often by starting small, evolving an idea, and providing advanced leadership so that an idea flourishes—and changes the world.

## THINK TANK AGENDA

### Thursday, April 4, 2013

8:30 **Welcome and Introduction**

Speakers: Professor Barry Bloom  
Harvard School of Public Health

Professor Rosabeth Moss Kanter  
Harvard Business School

9:00 **Morning Keynote**

Speaker: Professor Donald M. Berwick  
Harvard Medical School  
President Emeritus and Senior Fellow, Institute for Healthcare Improvement  
*U.S. HealthCare Innovation*

10:15 **PANEL 1 Innovations in the Affordable Care Act**

Chair: Professor Arnold Epstein  
Harvard School of Public Health, Harvard Medical School  
*Challenges to Fixing our Health Care System*

Panelists: Professor Ben Sommers  
Harvard School of Public Health, Harvard Medical School  
*Medicaid and Health Reform: Opportunities and Challenges for the Safety Net*

Professor Jerry Avorn  
Harvard Medical School, Chief of the Division of Pharmacoepidemiology and  
Pharmacoeconomics, Department of Medicine, Brigham and Women's Hospital  
*What Can We Do to Insure that Physicians and Decision Makers Know What the  
Right Things to Do Are in Terms of Efficacy, Safety and Cost Effectiveness?*

Professor Ashish Jha  
Harvard School of Public Health, Harvard Medical School  
*Health IT: Where We are in the Transition from Paper to Electronic Medical  
Records, and How to Use IT as a Tool to Drive Improvement in Care Delivery*

Mark Kelley  
former Executive Vice President, Chief Medical Officer,  
Henry Ford Health System  
2013 Advanced Leadership Fellow  
*The Changing Role of Hospitals*

12:30 **Lunch Keynote**

Speaker: Professor David M. Cutler  
Harvard Faculty of Arts and Sciences, Harvard Kennedy School,  
Harvard School of Public Health  
*Economics and U.S. HealthCare Reform*

- 2:00    **PANEL 2**            **Innovations in the Affordable Care Act in Massachusetts**
- Chair:                      Professor Arnold Epstein  
Harvard School of Public Health, Harvard Medical School
- Panelists:                Professor Thomas H. Lee  
Network President, Partners HealthCare System, CEO, Partners Community  
HealthCare, Harvard Medical School  
*Integrated Health Care: A Path Forward*
- Andrew Dreyfus  
President and CEO, Blue Cross Blue Shield of Massachusetts  
*Charting a New Course for Our Health Care System*
- 4:00    **PANEL 3**            **Innovations in Primary Care and End-of-Life Care**
- Chair:                      Professor Barry Bloom  
Harvard School of Public Health  
*Fostering Trust in the HealthCare System*
- Panelists:                Professor Tom Delbanco  
Harvard Medical School  
*Open Notes*
- Professor Andrew Ellner  
Harvard Medical School, Associate Medical Director,  
Brigham Internal Medicine Associates  
*The Changing Role of Primary Care*
- Carol Raphael  
former President and CEO, Visiting Nurse Service of New York  
2012 Advanced Leadership Fellow  
*The Emergence and Role of Hospice Care*
- Professor Patricia O'Malley  
Unit Chief Emerita, Pediatric Emergency Services  
Medical Director, Pediatric Palliative Care Service, Mass General Hospital  
Harvard Medical School  
*Preparing Physicians for Dealing with End-of-Life Care*
- Ellen Goodman  
Co-Founder and Director, The Conversation Project  
*The Conversation Project*
- Discussants:            Professor Vincent de Luise  
Yale University School of Medicine, Weill Cornell Medical College  
2013 Advanced Leadership Fellow
- Harvey Freishtat  
Senior Counsel, McDermott Will & Emery  
2011 Advanced Leadership Fellow

8:00 **Dinner Keynote: To Err is Human, Except for Doctors**

Speakers: Professor Lucian Leape  
Harvard School of Public Health

Professor Frederick S. Southwick  
University of Florida  
2010 Advanced Leadership Fellow

**Friday, April 5, 2013**

9:00 **Welcome and Introduction**

Speaker: Professor David Bloom  
Harvard School of Public Health  
*7 Billion and Counting – The Aging Transition*

9:30 **Morning Keynote: The Meaning of Old Age**

Speaker: Professor Laura L. Carstensen  
Stanford University, Director, Stanford Center on Longevity

10:00 **PANEL 1 Role and Opportunities for Private Sector**

Chair: Mark Feinberg  
Vice President and Chief Public Health and Science Officer,  
Merck Vaccines at Merck & Co., Inc.  
2013 Senior AL Fellow

Panelists: M. Michele Burns  
Executive Director and CEO, Marsh & McLennan Companies' Retirement Policy

José Colucci  
Health & Wellness Lead, IDEO

11:15 **PANEL 2 Population Aging in Developed Nations: Challenges and Opportunities**

Chair: Thomas Zeltner  
Special Envoy for Financing, World Health Organization  
2010 Advanced Leadership Fellow  
*A European Perspective*

Panelists: Professor Robert Blendon  
Harvard School of Public Health, Harvard Kennedy School  
*American Public and the Future of Health Care*

Dean and Professor Linda Fried  
Columbia University, Mailman School of Public Health,  
Senior Vice President, Columbia University Medical Center  
*A Public Health Perspective on Aging in America*

- 12:30    Moderated conversation and lunch  
Speaker:        Provost Alan M. Garber  
                         Harvard University
- Moderator:        Professor Barry Bloom  
                         Harvard School of Public Health
- 2:00    **PANEL 3        Population Aging in Developing Nations: Challenges and Opportunities**  
Chair:            Jack Chow  
                         former U.S. ambassador on HIV/AIDS and global health at the State Department  
                         former Assistant director-general, World Health Organization on HIV/AIDS,  
                         tuberculosis, and malaria  
                         2013 Advanced Leadership Fellow  
                         *Health Diplomacy*
- Panelists:        Alexandre Kalache  
                         President, International Longevity Centre, Brazil
- Emily Sinnott  
                         Senior Economist, Human Development Economics, Europe and Central Asia  
                         Region, World Bank
- 3:15    **Closing Remarks**  
Speakers:        Professor Barry Bloom  
                         Harvard School of Public Health
- Professor David Bloom  
                         Harvard School of Public Health
- Professor Rosabeth Moss Kanter  
                         Harvard Business School
- 3:45    **Debrief with AL Fellows**  
Speakers:        Professor Barry Bloom  
                         Harvard School of Public Health
- Professor David Bloom  
                         Harvard School of Public Health
- Professor Rosabeth Moss Kanter  
                         Harvard Business School

## Think Tank Speaker Biographies



### Isabella Aboderin

Isabella Aboderin holds dual appointments as Senior Research Scientist at the African Population and Health Research Center (APHRC) in Nairobi, Kenya, where she leads the program on aging and development in sub-Saharan Africa; and as Senior Research Fellow at the Oxford Institute of Population Ageing (OIA), University of Oxford. Together with colleagues at the OIA she founded and coordinates the African Research on Ageing Network (AFRAN). Aboderin's research centers on the nexus between issues of aging and core development interests in sub-Saharan Africa, with a focus on age-based inequities in health, well-being and service access, older persons' economic roles and their intergenerational impacts on the capabilities of younger generations.



### Jerry Avorn

Jerry Avorn, MD, is Professor of Medicine at Harvard Medical School and Chief of the Division of Pharmacoepidemiology and Pharmacoeconomics in the Department of Medicine at Brigham and Women's Hospital. An internist, geriatrician, and drug epidemiologist, he studies the intended and adverse effects of prescription drugs, physician prescribing practices, and medication policy. The division he founded and leads comprises physicians, epidemiologists, health policy analysts, statisticians, and computer scientists who work together to analyze the utilization and outcomes of prescription drugs in numerous settings. Avorn pioneered the "academic detailing" approach to continuing medical education, in which non-commercial, evidence-based information about drugs is provided to doctors through educational outreach programs run by public-sector sponsors.



### Donald M. Berwick

Donald M. Berwick, MD, is President Emeritus and Senior Fellow at the Institute for Healthcare Improvement (IHI), an organization that Berwick co-founded and led as President and CEO for 18 years. In July, 2010, President Obama appointed Berwick to the position of Administrator of the Centers for Medicare and Medicaid Services (CMS), which he held until December, 2011. A pediatrician by background, Berwick has served as Clinical Professor of Pediatrics and Health Care Policy at the Harvard Medical School, Professor of Health Policy and Management at the Harvard School of Public Health, and as a member of the staffs of Boston's Children's Hospital Medical Center, Massachusetts General Hospital, and the Brigham and Women's Hospital.



### Robert J. Blendon

Robert J. Blendon, is the Richard L. Menschel Professor and Senior Associate Dean for Policy Translation and Leadership Development at the Harvard School of Public Health. He holds appointments as Professor of Health Policy and Political Analysis in both the Harvard School of Public Health and the Harvard Kennedy School. In addition, he directs the Harvard Opinion Research Program. Blendon also co-directs the Robert Wood Johnson Foundation/Harvard School of Public Health project on understanding Americans' Health Agenda, including a joint series with National Public Radio. Previously, he co-directed a special polling series with the Washington Post and Kaiser Family Foundation, which was nominated for a Pulitzer Prize.



### Barry R. Bloom

Barry R. Bloom, formerly Dean of the Harvard School of Public Health, is Harvard University Distinguished Service Professor, Joan L. and Julius H. Jacobson Professor of Public Health and Advanced Leadership Initiative co-chair. Bloom has been engaged in global health for his entire career and made fundamental contributions to immunology and to the pathogenesis of tuberculosis and leprosy. He served as a consultant to the White House on International Health Policy from 1977 to 1978, was elected President of the American Association of Immunologists in 1984, and served as President of the Federation of American Societies for Experimental Biology in 1985.

**David E. Bloom**

David E. Bloom is Clarence James Gamble Professor of Economics and Demography in the Department of Global Health and Population, Harvard School of Public Health and serves on the Advanced Leadership Initiative executive board. Bloom serves as Director of Harvard's Program on the Global Demography of Aging. He is an economist whose work focuses on health, demography, education, and labor. He has written extensively on primary, secondary, and tertiary education in developing countries and on the links among health status, population dynamics, and economic growth. Bloom has published over 350 articles, book chapters, and books in the fields of economics and demography. In 2005, Bloom was elected Fellow of the American Academy of Arts and Sciences.

**M. Michele Burns**

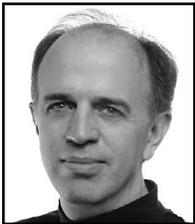
M. Michele Burns is Executive Director and CEO, Marsh & McLennan Companies' Retirement Policy Center. Burns serves as the Center Fellow and strategic advisor to the Stanford Center on Longevity at Stanford University. Prior to her current role, she served as Chairman and Chief Executive Officer of Mercer, a subsidiary of Marsh & McLennan Companies (MMC). Prior to being named Chairman and CEO of Mercer in September 2006, Michele held the position of Chief Financial Officer for MMC. Burns serves on the board of directors of Goldman Sachs Group, Inc., Wal-Mart Stores, Inc., Cisco Systems, Inc. and the Elton John AIDS Foundation, as treasurer.

**Laura L. Carstensen**

Laura L. Carstensen is Professor of Psychology and the Fairleigh S. Dickinson, Jr. Professor in Public Policy at Stanford University, where she is also the founding director of the Stanford Center on Longevity, which explores innovative ways to solve the problems of people over 50 and improve the well-being of people of all ages. She has won numerous awards, including a Guggenheim Fellowship and the Distinguished Career Award from the Gerontological Society of America. She is currently a member of the National Advisory Council on Aging and the MacArthur Foundation's Research Network on an Aging Society. In 2011, she published *A Long Bright Future: Happiness, health and Financial Security in an Age of Increased Longevity* (Public Affairs Press).

**Jack C. Chow**

Jack C. Chow, MD, 2013 AL Fellow, served in pioneering roles in public service and global health diplomacy. He was the first Assistant Director-General of the World Health Organization on HIV/AIDS, Tuberculosis, and Malaria. Chow held the rank of ambassador as the Special Representative of the U.S. Secretary of State Colin Powell on Global HIV/AIDS and as the Deputy Assistant Secretary of State for Health and Science, the first U.S. diplomat of ambassador rank appointed to a public health mission. In the immediate aftermath of the September 11 attacks, he led American diplomatic efforts in the establishment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and in countering global infectious diseases and bioterrorism threats.

**José Colucci**

José Colucci, a Health & Wellness lead for IDEO in Boston, collaborates with multidisciplinary teams on myriad projects ranging from medical device designs to product strategies for large corporations. Prior to joining IDEO, Colucci mostly lent his expertise to high-tech companies, including FUNBEC (where, as general manager, he spent ten years developing medical and scientific instruments like electrocardiographs, defibrillators, monitors, treadmills, insulin pumps, and ultrasound scanners) and VisionMaker Canada (where, as vice president of R&D, he oversaw the development of a high-resolution pen-input video interface for computers). Colucci has also worked for various design consulting firms.

**David M. Cutler**

David Cutler is the Otto Eckstein Professor of Applied Economics in the Department of Economics at Harvard University and holds secondary appointments at the Kennedy School and the School of Public Health. Cutler was associate dean of the Faculty of Arts and Sciences for Social Sciences from 2003-2008. Cutler was a key advisor in the formulation of the recent cost control legislation in Massachusetts, and is one of the members of the Health Policy Commission created to help reduce medical spending in that state. Cutler was recently named one of the 30 people who could have a powerful impact on health care by *Modern Healthcare* magazine and one of the 50 most influential men aged 45 and younger by *Details* magazine.



### Tom Delbanco

Tom Delbanco, MD, is the Richard and Florence Koplow – James Tullis Professor of General Medicine and Primary Care at Harvard Medical School. From 1971 – 2002, he was the founding Chief of the Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center in Boston. He created one of the first primary care practices at an academic health center and one of the early residency training programs in general internal medicine and primary care. Currently, Delbanco and his colleague, Jan Walker, MBA, RN, are leading “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.



### Vincent de Luise

Vincent de Luise, MD, 2013 AL Fellow, is assistant clinical professor of ophthalmology at Yale University School of Medicine and adjunct clinical assistant professor at Weill Cornell Medical College, where he also serves on the Humanities and Medicine Committee and the Music and Medicine Initiative. de Luise spent 28 years as a founder, partner and corneal and cataract surgeon at OptiCare Eye Health Centers in Connecticut. He is a founder and president of The Connecticut Summer Opera Foundation, and works on initiatives to bridge medical education with the humanities.



### Andrew Dreyfus

Andrew Dreyfus is President and Chief Executive Officer for Blue Cross Blue Shield of Massachusetts. Serving nearly 3 million members, BCBSMA is one of the largest independent, not-for-profit Blue Cross Blue Shield plans in the country. As CEO, Dreyfus leads the company’s effort to make quality health care affordable. Prior to being named CEO in September 2010, Dreyfus served as BCBSMA’s Executive Vice President of Health Care Services. In that position, he led the company’s collaborative efforts to improve the quality and safety of health care in Massachusetts, including the development of BCBSMA’s Alternative Quality Contract, an innovative model which is currently one of the largest commercial payment reform initiatives in the nation.



### Andrew L. Ellner

Andrew L. Ellner, MD, is Co-Director of the Center for Primary Care, and Director of the Program in Global Primary Care and Social Change, at Harvard Medical School. He is an Associate Physician in the Division of Global Health Equity at Brigham and Women’s Hospital and Innovation Consultant at the Phyllis Jen Center for Primary Care, where he practices primary care medicine. His work focuses on the redesign of health service delivery and medical training to incorporate advances in information technology, to hasten the adoption of higher functioning organizational models, and to better address the social determinants of health. He previously worked with the World Health Organization and Clinton HIV/AIDS Initiative on projects to improve health systems in low- and middle-income countries.



### Arnold M. Epstein

Arnold Epstein, MD, is the John H. Foster Professor and Chair of the Department of Health Policy and Management at Harvard School of Public Health, and a member of the Division of General Medicine, Brigham and Women’s Hospital. Epstein’s research interests focus on quality of care and access to care for disadvantaged populations. He was vice chair of the Institute of Medicine Committee on Developing a National Report on Health Care Quality and chair of the board of Academy Health. He was co-chair of the Performance Measurement Coordinating Council of the Joint Commission, the National Committee on Quality Assurance, and the American Medical Association. He worked in the White House for two years during the first term of the Clinton administration, and he currently serves on the Board of Governors of the Patient Centered Outcomes Research Institute (PCORI) established by the Affordable Care Act. Epstein has been elected to the American Society for Clinical Investigation and the Association of American Physicians. He is Associate Editor of *The New England Journal of Medicine* and a member of the Institute of Medicine.



### Mark Feinberg

Mark Feinberg, MD, 2013 Senior AL Fellow, is a physician-scientist who has worked in academia, government and industry in basic and clinical research, patient care, health policy and new vaccine and infectious disease therapeutics research, development and global access efforts--most recently as Vice President and Chief Public Health and Science Officer for Merck Vaccines at Merck & Co., Inc. He is a Fellow of the American College of Physicians, and a member of the Association of American Physicians and the Council on Foreign Relations. Feinberg is a member of the Board of Directors of the African Comprehensive HIV/AIDS Partnerships Program, and the Scientific Advisory Board for the US President's Emergency Plan for AIDS Relief.



### Harvey Freishtat

Harvey Freishtat is senior counsel to the law firm McDermott Will & Emery, an international firm of more than 1000 attorneys with offices across the U.S. and in seven other countries. Prior to his retirement from active practice, he served as Chairman and CEO of the firm, after practicing for many years in the specialty area of health care law as a national pioneer in the field. In 2011, Freishtat was awarded a fellowship at Harvard University's Advanced Leadership Initiative. Following his fellowship, he joined a group that was starting The Conversation Project, which is a national public engagement campaign to promote earlier end-of-life conversations among families. Freishtat is a Director of The Conversation Project, where he is actively pursuing the next stage of his career. Freishtat also serves on the boards of the Massachusetts Eye & Ear Infirmary, the Beth Israel Deaconess Medical Center and the Tufts University School of Medicine.



### Linda P. Fried

Linda P. Fried, MD, is the Dean and DeLamar Professor of Public Health at Columbia University's Mailman School of Public Health, as well as the Senior Vice President of the Columbia University Medical Center. Prior to her role at Columbia University, Fried served as the Mason F. Lord Professor of Geriatric Medicine and Director of Division of Geriatric Medicine and Gerontology and The Center on Aging and Health at The Johns Hopkins Medical Institutions. A respected expert on epidemiology and geriatrics, Fried has dedicated her career to the science of healthy aging, particularly the prevention of frailty and disability, and has led the scientific discoveries as to the definition and causes of frailty. Fried is a board-certified internist and geriatrician.



### Alan M. Garber

Alan M. Garber, MD, is Provost of Harvard University and the Mallinckrodt Professor of Health Care Policy at Harvard Medical School, Professor of Economics in the Faculty of Arts and Sciences, Professor of Public Policy in the Harvard Kennedy School, and Professor in the Department of Health Policy and Management in the Harvard School of Public Health. Before becoming the Provost at Harvard, Garber was the Henry J. Kaiser, Jr. Professor and Professor of Medicine, as well as Professor of Economics, Health Research and Policy, and Economics in the Graduate School of Business (by courtesy) at Stanford University. From 1997 to 2011, he was Director of the Center for Primary Care and Outcomes Research in the Stanford University School of Medicine and Director of the Center for Health Policy at Stanford, and from 1986 to 2011 he served as a Staff Physician at the Department of Veterans Affairs Palo Alto Health Care System. Garber is an Elected Member of American College of Physicians, the Association of American Physicians, and the Institute of Medicine of the National Academy of Sciences, and an Elected Fellow of the Royal College of Physicians. He currently serves as Associate Editor for the Journal of Health Economics. He is a member of the Board on Science, Technology, and Economic Policy of the National Academies, and formerly served as a member of the Panel of Health Advisers for the Congressional Budget Office.

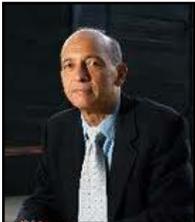


### Ellen Goodman

Ellen Goodman has spent most of her life chronicling social change and its impact on American life. She was one of the first women to write for the oped pages where she became, according to Media Watch, the most widely syndicated progressive columnist in the country. After Ellen began her career as a researcher for *Newsweek* magazine, she was a reporter for *The Detroit Free Press* in 1965 and two years later came to *The Boston Globe*, where she began writing her column in 1974. In 1980, she won the Pulitzer Prize for Distinguished Commentary. She won many other awards including the Ernie Pyle Award for Lifetime Achievement from the National Society of Newspaper columnists. She is the author of seven books.

**Ashish K. Jha**

Ashish K. Jha, MD, is Professor of Health Policy at the Harvard School of Public Health and Associate Professor of Medicine at Harvard Medical School. He is also a practicing Internal Medicine physician at the VA Boston Healthcare System. Over the past five years, he has served as Special Advisor for Quality and Safety to the Department of Veterans Affairs. Jha's major research interests lie in improving the quality and costs of health care with a specific focus on the impact of current state and federal policy efforts. His work has focused on four primary areas: public reporting, pay-for-performance, health information technology, and leadership, and the roles they play in fixing the U.S. health care delivery system.

**Alexandre Kalache**

For the last forty years, Alexandre Kalache, MD, has combined his medical, epidemiological and gerontological training with research, advocacy and activism on global aging issues. His expertise and advice is routinely sought from all corners of the world by national, state and municipal governments, inter-governmental agencies, universities, think-tanks, civil society, the private sector and the media. In 1995, Kalache moved to Geneva to direct the global aging program at World Health Organization, which later became known as the Ageing & Life-Course Programme (ALC). From this platform in the following twelve years, he launched a series of ground-breaking initiatives that continue to have great resonance throughout the world. Most recently, Kalache serves as Senior Policy Adviser to the President on Global Ageing at the New York Academy of Medicine. Additionally, he acts as both ad-hoc and retained adviser to a variety of governments from the Americas to Europe and Australasia.

**Rosabeth Moss Kanter**

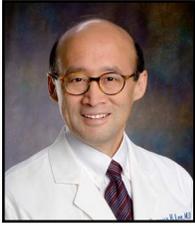
Rosabeth Moss Kanter, chair and director of the Advanced Leadership Initiative, holds the Ernest L. Arbuckle Professorship at Harvard Business School, where she specializes in strategy, innovation, and leadership for change. Her strategic and practical insights have guided leaders of large and small organizations worldwide for over 25 years, through teaching, writing, and direct consultation to major corporations and governments. The former Editor of Harvard Business Review (1989-1992), Kanter has been repeatedly named to lists of the "50 most powerful women in the world" (Times of London), and the "50 most influential business thinkers in the world" (Thinkers 50). In 2001, she received the Academy of Management's Distinguished Career Award for her scholarly contributions to management knowledge; and in 2002 was named "Intelligent Community Visionary of the Year" by the World Teleport Association; and in 2010 received the International Leadership Award from the Association of Leadership Professionals. She is the author or co-author of 18 books. Her latest book, *SuperCorp: How Vanguard Companies Create Innovation, Profits, Growth, and Social Good*, a manifesto for leadership of sustainable enterprises, was named one of the ten best business books of 2009 by Amazon.com. A follow-up article, "How Great Companies Think Differently," received Harvard Business Review's 2011 McKinsey Award for the year's two best articles.

**Mark A. Kelley**

Mark A. Kelley, MD, 2013 AL Fellow, was most recently executive vice president and chief medical officer for Henry Ford Health System, and former CEO of the Henry Ford Medical Group, one of the nation's largest academic group practices. Previously, he was professor of medicine and vice dean for clinical affairs at the University of Pennsylvania School of Medicine. A practicing pulmonary-critical care physician, Kelley has led national initiatives on physician workforce and quality; medical education; and health care economics.

**Lucian L. Leape**

Lucian Leape, MD, is adjunct professor of Health Policy in the Department of Health Policy and Management at the Harvard School of Public Health. A former professor of pediatric surgery, he has devoted his efforts the past 25 years to making health care safe. He has written and lectured extensively on the non-punitive systems approach to reducing medical errors, and has published more than 140 articles on patient safety. Recent efforts have focused on changing the culture of health care by enhancing transparency and teamwork, engaging patients, improving communication after mishaps, and reforming medical education.



### Thomas H. Lee

Thomas H. Lee, MD, is an internist and cardiologist, and is Network President for Partners Healthcare System, the integrated delivery system founded by Brigham and Women's Hospital and Massachusetts General Hospital, and Chief Executive Officer for Partners Community HealthCare. He is Professor of Medicine at Harvard Medical School and Professor of Health Policy and Management at the Harvard School of Public Health. His research interests include risk stratification and optimal management strategies for common cardiovascular problems, and improvement of quality of care, with a particular focus on critical pathways, guideline development and implementation, and managed care. With James J. Mongan, MD, he is the author of *Chaos and Organization in Health Care* (MIT Press, 2009). He is an Associate Editor of *The New England Journal of Medicine*.



### Patricia O'Malley

Patricia O'Malley, MD, is the founder and Medical Director of the Pediatric Palliative Care Service of the Mass General Hospital for Children in Boston, MA, where she is also Chief Emerita of Pediatric Emergency Services and an attending physician in the pediatric emergency department. She is past Chair of the National Advisory Board to the HRSA MCHB Emergency Medical Services for Children program and a member of the national faculty of the Initiative for Pediatric Palliative Care (IPPC). O'Malley was a Kenneth B. Schwartz fellow in Clinical Pastoral Education for Health Care Providers in 2004. As the only pediatric clinician on the advisory board of the national Center to Advance Palliative Care project to integrate palliative care principles with emergency care (CAPCIPAL-EM), she has addressed national audiences on the subject of pediatric palliative care. She has won numerous teaching awards and has been recognized by the Massachusetts General Hospital with their highest acknowledgment for clinical excellence and compassionate care, the Brian McGovern award.



### Carol Raphael

Carol Raphael served as the President and Chief Executive Officer of the Visiting Nurse Service of New York (VNSNY), the largest nonprofit home health agency in the United States from 1989 to 2011. Raphael expanded the organization's services and launched innovative models and health plans for complex populations with chronic illness and functional impairments. Prior to joining VNSNY, Raphael held executive positions at Mt. Sinai Medical Center and in New York City government. Raphael was a 2012 Advanced Leadership Fellow at Harvard University. Raphael is a nationally recognized expert on health care policy and served on numerous commissions including the Medicare Payment Advisory Commission and several Institute of Medicine committees. Recently, she was appointed by President Obama to the bipartisan Commission on Long Term Care.



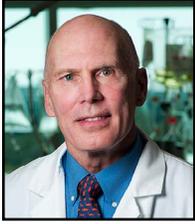
### Emily Sinnott

Emily Sinnott is a Senior Economist in the Human Development Economics Unit of the European and Central Asia (ECA) Department of the World Bank, where she leads aging and social sector spending work for Human Development in the region, including the crisis DPL support for social sector reforms in Latvia and social spending review work in Russia and the EU member states that joined in 2004. Prior to joining ECA, Sinnott led the regional flagship "Natural resources in Latin America and the Caribbean: beyond booms and busts?" in 2010 with the Chief Economist's office in the Latin America and the Caribbean region. Previously, she was country economist for Chile, Uruguay and Argentina focused on fiscal and growth issues. Prior to joining the World Bank she worked in the Ministry of Finance of Guyana.



### Benjamin Sommers

Benjamin Sommers, MD, is Assistant Professor of Health Policy and Economics at the Harvard School of Public Health, and Assistant Professor of Medicine at Harvard Medical School and Brigham and Women's Hospital. He is a health economist and a practicing primary care physician. His research focuses on several areas of health economics and health policy, including Medicaid, health reform, and medical decision-making. He has received numerous awards for his research, including the Outstanding Dissertation Award in 2006 from Academy Health, and his work has been covered by the *New York Times*, the *Washington Post*, the *Wall Street Journal*, and others. In 2011-2012, he served as a Senior Advisor in Health Policy, in the Office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health and Human Services.



### **Frederick S. Southwick**

Fred Southwick, MD, served on the faculty at Harvard University and the University of Pennsylvania before serving as Chief of Infectious Diseases at the University of Florida for 19 years. He has been an active NIH funded biomedical investigator for 30 years, studying how bacteria interact with the human host. He was an Advanced Leadership Fellow at Harvard University from 2010 to 2011. As part of his fellowship, he published the book, *Critically Ill: A 5-point Plan to Cure Healthcare Delivery*. Most recently he was appointed Quality Projects Manager for the Senior Vice President for Health Affairs UF & Shands System. Five months ago he lost his leg as a consequence of medical error furthering his commitment patient safety.



### **Peter Wirth**

Peter Wirth is Chairman of the Board of FORMA Therapeutics Holdings, LLC, a cancer drug discovery company. He was a 2012 AL Fellow at Harvard University. Previously, Wirth was a senior executive at Genzyme Corporation from 1996 through 2011, most recently serving as Executive Vice President, Legal and Corporate Development, Chief Risk Officer and Corporate Secretary. During this time, Wirth had senior management responsibility for Genzyme's legal function, its corporate development function, its molecular oncology tracking stock division, its non-absorbed polymer drug discovery and development division and its enterprise risk management function. Wirth worked closely with Henri Termeer, Genzyme's CEO, to build the company from a small start-up to a diversified enterprise with more than 12,000 employees in locations spanning the globe and 2009 revenues of \$4.5 billion.



### **Thomas Zeltner**

Thomas Zeltner, MD, currently serves as Special Envoy for Financing of the World Health Organization (WHO). He advises the Director General of WHO, Margaret Chan, on the identification of an improved financing framework for the organization, a cornerstone of the current reform of this UN agency. He is Co-Founder of the Global Patient Safety Forum, a convening organization of the world leading patient safety organizations and a Managing Editor of the *Journal of Patient Safety*. He is also member of the Global Agenda Council on Digital Health of the World Economic Forum (WEF) and Chairman of the Advisory Board of the Global Health Programme at the Graduate Institute (Geneva). Zeltner is the former Secretary of Health of Switzerland and Director-General of the Swiss National Health Authority (1991-2009), and has a long history as an innovative and progressive leader in public health. Zeltner was a 2010 AL Fellow.

## 2013 ADVANCED LEADERSHIP FACULTY BIOGRAPHIES



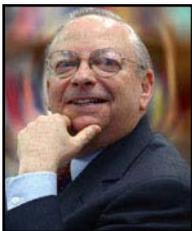
### **Rosabeth Moss Kanter, Chair and Director**

Rosabeth Moss Kanter holds the Ernest L. Arbuckle Professorship at Harvard Business School, where she specializes in strategy, innovation, and leadership for change. Her strategic and practical insights have guided leaders of large and small organizations worldwide for over 25 years, through teaching, writing, and direct consultation to major corporations and governments. The former Editor of Harvard Business Review (1989-1992), Professor Kanter has been repeatedly named to lists of the “50 most powerful women in the world” (Times of London), and the “50 most influential business thinkers in the world” (Thinkers 50). In 2001, she received the Academy of Management’s Distinguished Career Award for her scholarly contributions to management knowledge; and in 2002 was named “Intelligent Community Visionary of the Year” by the World Teleport Association; and in 2010 received the International Leadership Award from the Association of Leadership Professionals. She is the author or co-author of 18 books. Her latest book, *SuperCorp: How Vanguard Companies Create Innovation, Profits, Growth, and Social Good*, a manifesto for leadership of sustainable enterprises, was named one of the ten best business books of 2009 by Amazon.com. A follow-up article, “How Great Companies Think Differently,” received Harvard Business Review’s 2011 McKinsey Award for the year’s two best articles.



### **James P. Honan, Co-Chair and Senior Associate Director**

James P. Honan has served on the faculty at the Harvard Graduate School of Education since 1991. He is also a faculty member at the Harvard Kennedy School and a principal of the Hauser Center for Nonprofit Organizations. He is Educational Co-Chair of the Institute for Educational Management and has also been a faculty member in a number of Harvard’s other executive education programs and professional development institutes for educational leaders and nonprofit administrators, including the Harvard Seminar for New Presidents, the Management Development Program, the ACRL/Harvard Leadership Institute, the Principals’ Center, and the Harvard Institute for School Leadership; Governing for Nonprofit Excellence, Strategic Perspectives in Nonprofit Management, NAACP Board Retreat, and Habitat for Humanity Leadership Conference (Faculty Section Chair); and Strategic Management for Charter School Leaders, Achieving Excellence in Community Development, American Red Cross Partners in Organizational Leadership Program and US/Japan Workshops on Accountability and International NGOs.



### **Barry R. Bloom, Co-Chair**

Barry R. Bloom, formerly Dean of the Harvard School of Public Health, is Harvard University Distinguished Service Professor and Joan L. and Julius H. Jacobson Professor of Public Health. Bloom has been engaged in global health for his entire career and made fundamental contributions to immunology and to the pathogenesis of tuberculosis and leprosy. He served as a consultant to the White House on International Health Policy from 1977 to 1978, was elected President of the American Association of Immunologists in 1984, and served as President of the Federation of American Societies for Experimental Biology in 1985.



### **David R. Gergen, Co-Chair**

David Gergen is a senior political analyst for CNN and has served as an adviser to four U.S. presidents. He is a Public Service Professor of Public Leadership at the Harvard Kennedy School and the Director of its Center for Public Leadership. In 2000, he published the best-selling book, *Eyewitness to Power: The Essence of Leadership, Nixon to Clinton*. Gergen joined the Harvard faculty in 1999. He is active as a speaker on leadership and sits on many boards, including Teach for America, the Aspen Institute, and Duke University, where he taught from 1995-1999.



### **Rakesh Khurana, Co-Chair**

Rakesh Khurana is the Marvin Bower Professor of Leadership Development at the Harvard Business School. He teaches a doctoral seminar on Management and Markets and The Board of Directors and Corporate Governance in the MBA program. Khurana received his BS from Cornell University in Ithaca, New York and his AM (Sociology) and PhD in Organization Behavior from Harvard University. Prior to attending graduate school, he worked as a founding member of Cambridge Technology Partners in Sales and Marketing.

**Charles J. Ogletree, Jr., Co-Chair**

Charles Ogletree is the Harvard Law School Jesse Climenko Professor of Law, and Founding and Executive Director of the Charles Hamilton Houston Institute for Race and Justice ([www.charleshamiltonhouston.org](http://www.charleshamiltonhouston.org)) named in honor of the visionary lawyer who spearheaded the litigation in *Brown v. Board of Education*. Professor Ogletree is a prominent legal theorist who has made an international reputation by taking a hard look at complex issues of law and by working to secure the rights guaranteed by the Constitution for everyone equally under the law. Ogletree has examined these issues not only in the classroom, on the Internet, and in the pages of prestigious law journals, but also in the everyday world of the public defender in the courtroom and in public television forums where these issues can be dramatically revealed.

**Fernando M. Reimers, Co-Chair**

Fernando Reimers is the Ford Foundation Professor of International Education and Director of the Global Education and International Education Policy Program at the Harvard Graduate School of Education. Professor Reimers focuses his research and teaching on identifying education policies that support teachers in helping low-income and marginalized children succeed academically. His courses focus on the core education challenges in the development field and on the role of social entrepreneurs in creating solutions of value to improve the quality and relevance of education. His current research in Brazil and Mexico focuses on the impact of education policy, education leadership and teacher professional development on literacy competencies and civic skills. He is currently serving on the Global Learning Leadership Council of the American Association of Colleges and Universities Project “General Education for a Global Century” focusing on some of the pressing issues related to global learning and undergraduate education.

**Peter Brown Zimmerman, Co-Chair**

Peter Brown Zimmerman is Lecturer in Public Policy and Senior Associate Dean for Strategic Program Development at the Harvard Kennedy School. He also serves as faculty Chair of the Senior Executive Fellows Program and is Co-Chair of the Advanced Leadership Initiative. He is a graduate of the Kennedy School’s Public Policy program. Before coming to Harvard, he worked for the U.S. Navy, on the National Security Council staff and on the staff of the Senate Intelligence Committee. He has consulted with and advised a wide range of public and nonprofit organizations.

**David E. Bloom, Executive Board**

David E. Bloom is Clarence James Gamble Professor of Economics and Demography in the Department of Global Health and Population, Harvard School of Public Health. Dr. Bloom also serves as Director of Harvard’s Program on the Global Demography of Aging. He is an economist whose work focuses on health, demography, education, and labor. In recent years, he has written extensively on primary, secondary, and tertiary education in developing countries and on the links among health status, population dynamics, and economic growth. Dr. Bloom has published over 300 articles, book chapters, and books in the fields of economics and demography.

**Arnold M. Epstein, Executive Board**

Arnold M. Epstein, M.D., is Chair of the Department of Health Policy and Management at the Harvard School of Public Health where he is the John H. Foster Professor of Health Policy and Management. He is also Professor of Medicine and Health Care Policy at Harvard Medical School. Dr. Epstein’s research interests focus on quality of care and access to care for disadvantaged populations. Recently his efforts have focused on racial and ethnic disparities in care, public reporting of quality performance data and incentives for quality improvement, and Medicaid policies. He has published more than 150 articles on these and other topics. During 1993-1994, Dr. Epstein worked in the White House where he had staff responsibility for policy issues related to the health care delivery system, especially quality management.

**William W. George, Executive Board**

Bill George is a professor of management practice at Harvard Business School, where he has taught leadership since 2004, and the former chairman and chief executive officer of Medtronic. He is the author of four best-selling books: *Authentic Leadership*, *True North: Discover Your Authentic Leadership*; *Finding Your True North: A Personal Guide*; and *7 Lessons for Leading in Crisis*. *True North Groups: A Powerful Path to Personal and Leadership Development*, his most recent book, was published in September 2011. Professor George is currently the faculty chair of HBS's Executive Education program *Authentic Leadership Development*.

**Allen S. Grossman, Executive Board**

Allen Grossman was appointed a Harvard Business School Professor of Management Practice in July 2000. He joined the Business School Faculty in July 1998, with a concurrent appointment as a visiting scholar at the Harvard Graduate School of Education. He served as President and Chief Executive Officer of Outward Bound USA for six years before stepping down in 1997 to work on the challenges of creating high performing nonprofit organizations. His current research focuses on leadership and management in public education; the challenges of measuring nonprofit organizational performance; and the issues of managing multi-site nonprofit organizations.

**Monica C. Higgins, Executive Board**

Monica Higgins joined the Harvard faculty in 1995 and is currently a Professor of Education at Harvard Graduate School of Education (HGSE) where her research and teaching focus on the areas of leadership development and organizational change. Prior to joining HGSE, she spent eleven years as a member of the Faculty at Harvard Business School in the Organizational Behavior Unit. In education, Professor Higgins is studying the effectiveness of senior leadership teams in large urban school districts across the United States and the conditions that enhance organizational learning in public school systems. While at Harvard, Professor Higgins' teaching has focused on the areas of leadership and organizational behavior, teams, entrepreneurship, and strategic human resources management.

**Robert H. Mnookin, Executive Board**

Robert H. Mnookin is the Samuel Williston Professor of Law at Harvard Law School, the Chair of the Program on Negotiation at Harvard Law School, and the Director of the Harvard Negotiation Research Project. A leading scholar in the field of conflict resolution, Professor Mnookin has applied his interdisciplinary approach to negotiation and conflict resolution to a remarkable range of problems; both public and private. Professor Mnookin has taught numerous workshops for corporations, governmental agencies and law firms throughout the world and trained many executives and professionals in negotiation and mediation skills. In his most recent book, *Bargaining with the Devil: When to Negotiate, When to Fight*, Mnookin explores the challenge of making such critical decisions.

**Forest L. Reinhardt, Executive Board**

Forest L. Reinhardt is the John D. Black Professor of Business Administration at Harvard Business School and serves as the Faculty Chair of Harvard Business School's European Research Initiative. Professor Reinhardt is interested in the relationships between market and nonmarket strategy, the relations between government regulation and corporate strategy, the behavior of private and public organizations that manage natural resources, and the economics of externalities and public goods. He is the author of *Down to Earth: Applying Business Principles to Environmental Management*, published by Harvard Business School Press.

**Guhan Subramanian, Executive Board**

Guhan Subramanian is the Joseph Flom Professor of Law and Business at the Harvard Law School and the H. Douglas Weaver Professor of Business Law at the Harvard Business School. He is the only person in the history of Harvard University to hold tenured appointments at both HLS and HBS. At HLS he teaches courses in negotiations and corporate law. At HBS, he teaches in executive education programs, such as *Strategic Negotiations*, *Changing the Game*, *Managing Negotiators* and the *Deal Process*, and *Making Corporate Boards More Effective*. He is the faculty chair for the JD/MBA program at Harvard University and Vice Chair for Research at the Harvard Program on Negotiation.



### **Ronald S. Sullivan, Jr., Executive Board**

Professor Ronald S. Sullivan, Jr. joined Harvard's law faculty in July 2007. His areas of interest include criminal law, criminal procedure, legal ethics, and race theory. Prior to teaching at Harvard, Professor Sullivan served on the faculty of the Yale Law School, where, after his first year teaching, he won the law school's award for outstanding teaching. Professor Sullivan is the Faculty Director of the Harvard Criminal Justice Institute. He also is a founding fellow of The Jamestown Project. Professor Sullivan is a Phi Beta Kappa graduate of Morehouse College, and the Harvard Law School, where he served as president of the Black Law Students Association and as a General Editor of the Harvard BlackLetter Law Review. After graduating from Harvard, Professor Sullivan spent a year in Nairobi, Kenya as a Visiting Attorney for the Law Society of Kenya.

## 2013 Advanced Leadership Fellows



### **Antonio Ardit Arlandis**

Antonio Ardit was the Unit Head Iberia – Spain and Portugal – for A.T. Kearney. Mr. Ardit serves as an independent advisor to several European firms, including those in the mining, communications, technology, and manufacturing sectors, with a focus on global business development and other strategic issues.



### **Linda Basch**

Linda Basch is President Emerita of the National Council for Research on Women, a network of 120 leading research, advocacy and policy centers dedicated to advancing rights and opportunities for women and girls. Her areas of expertise include the impact of public policy on women and families, expanding diversity and inclusion in the corporate arena and higher education, and advancing women’s leadership.



### **Michael Bush**

Michael Bush is a Director of Ross Stores and Technoserve, a global not-for-profit involved in economic development in Africa and Latin America. Mr. Bush has led a number of organizations involved in consumer and retail businesses in turn-around or change situations where strategic and operational improvement is required, often as part of a new ownership team.



### **Beatriz Cardoso**

Beatriz Cardoso is the Executive Director of “Laboratório de educação,” an NGO developing applicable knowledge in education in Brazil. Ms. Cardoso founded and led Comunidade Educativa CEDAC, a Sao Paulo-based organization dedicated to democratizing education for all children. Most recently, Ms. Cardoso trained teams of professionals at Comunidade Educativa CEDAC and formulated strategies for several programs developed in partnership with private sponsors.



### **Jack C. Chow, M.D.**

Jack C. Chow is a physician-diplomat who served as U.S. ambassador on HIV/AIDS and global health at the State Department and as assistant director-general of the World Health Organization on HIV/AIDS, tuberculosis, and malaria. Dr. Chow has authored several major articles on global health security issues.



### **Eduardo José Gonçalves de Carvalho**

Eduardo Carvalho is the CEO of ABA-Associação Brasil-America, a global education organization in Brazil. Mr. Carvalho previously was the Manager and Director of Grupo Industrial João Santos, and lead multiple projects, including the construction of a cement plant in the Amazon region.



**Daniel B. Cunningham**

Daniel B. Cunningham is the CEO and former President of the Long-Stanton Group, a 150 year old metal and rubber manufacturer, with operations in Ohio and China. Mr. Cunningham is a member of the Board of Directors of the Cincinnati Branch of the Federal Reserve Bank of Cleveland.



**Vincent de Luise, M.D.**

Vincent de Luise is an assistant clinical professor of ophthalmology at Yale University School of Medicine and adjunct clinical assistant professor at Weill Cornell Medical College. Dr. de Luise spent 28 years as a founder, partner and corneal and cataract surgeon at OptiCare Eye Health Centers in Connecticut. He is a founder and President of The Connecticut Summer Opera Foundation.



**Stephanie Dodson**

Stephanie Dodson is the co-founder of Strategic Grant Partners, a coalition of families that combines philanthropic investing and pro bono consulting to address issues for Massachusetts children in poverty. Ms. Dodson also co-founded Project Healthy Children to design and implement food fortification programs to improve basic health in developing countries and the Maranyundo Initiative, a boarding school for girls and a teacher enrichment program in Rwanda.



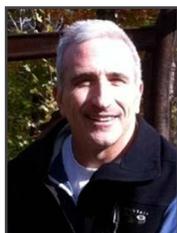
**Richard Gluck**

Richard Gluck is an owner at Garvey Schubert Barer, practicing transportation law. Mr. Gluck is also chair of the legal committee for the industry's worldwide trade association, the International Federation of Freight Forwarders Associations. He has written and spoken frequently on legal and public policy issues affecting the industry, and has acted as a liaison among the national forwarders associations in the Americas, Europe and the Far East.



**Jerry Gramaglia**

Jerry Gramaglia serves as the Chairman for Acxiom Corp., a data/marketing services provider. Mr. Gramaglia is also a Director of Coldwater Creek, a national multi-channel apparel retailer and WageWorks, a provider of tax-advantaged employee benefits. Previously, Mr. Gramaglia was a Partner with Arrowpath Venture Partners, a venture capital firm investing in early-stage technology start-ups.



**Howard Fischer**

Howard Fischer is the founder and CEO of Basso Capital Management, the manager of the Basso family of hedge funds, with a core focus on investing in convertible securities and SPACs. Mr. Fischer is responsible for strategic decision making, marketing and business development. Rande Fischer joins Mr. Fischer as an Advanced Leadership Partner.



**Guy W.L. Dietrich**

Guy Dietrich was most recently a Managing Director at UBS, and head of their Private Wealth Management practice in New York City. He also led their client development in San Francisco. Prior to UBS, he spent 26 years at Morgan Stanley Smith Barney, where he built their Silicon Valley based Corporate and Venture Services business and established the Citigroup Family Office.



**Eric Jacobsen**

Eric Jacobsen is the Managing Partner and co-founder of Dolphin Capital, a private equity firm which invests in high growth companies in the Mountain West region. Mr. Jacobsen has previously held a variety of senior operating positions in the software, Internet and financial services sectors.



**Susan G. Johnson**

Susan G. Johnson is a Principal, General Counsel, and Executive Vice President of Echelon LLC, a private company which invests in and manages various commercial business ventures. Ms. Johnson's previous experience has included directing corporate activities in M&A, finance, real estate development, marketing, sales, operations, and investor and governmental relations.



**Mark A. Kelley, M.D.**

Mark A. Kelley, M.D. recently served as Executive Vice President, and Chief Medical Officer for the Henry Ford Health System in Detroit. Previously, he was professor of medicine and vice dean for clinical affairs at the University of Pennsylvania School of Medicine. A pulmonary-critical care physician, Dr. Kelley has led national initiatives on physician workforce and quality, and medical education.



**Dorian Klein**

Dorian Klein, a financial entrepreneur, most recently founded several companies in the financial and technology sectors including the only independent mortgage companies in Romania and Turkey. Mr. Klein previously worked in investment banking at Merrill Lynch, Bankers Trust and a privately-owned merchant bank in London, New York, and Tokyo.



**Nina Lahoud**

Nina Lahoud is currently Principal Officer in the Asia and Middle East Division at the United Nations Department of Peacekeeping Operations. For three decades, Ms. Lahoud has dealt extensively with legal, peacekeeping/peace-building, rule of law, development, and gender matters, while in various positions at the United Nations, including in six peacekeeping operations in Lebanon, Namibia, Cambodia, former Yugoslavia, Kosovo and East Timor.



### **Ronald A. Lauderdale**

Ronald A. Lauderdale was most recently Vice President and IBM Assistant General Counsel, Intellectual Property Law and Strategy. Mr. Lauderdale directed IBM's Intellectual Property Law function, providing legal counsel for all facets of protecting and licensing IBM's intellectual property assets and leading IBM's engagement of intellectual property law policy. Valerie Lauderdale joins Mr. Lauderdale as an Advanced Leadership Partner.



### **Paul W. Lee**

Paul W. Lee is a Partner at the law firm of Goodwin Procter LLP in Boston with over 35 years experience advising companies and boards of directors on mergers and acquisitions, securities offerings, corporate governance and SEC disclosure and compliance. Mr. Lee is a past president of the National Asian Pacific American Bar Association and has also been active in many local and national Asian American civil rights and social services organizations.



### **Ann MacDougall**

Ann MacDougall most recently served as the Chief Operating Officer of Acumen Fund, a venture capital fund for the poor. She headed strategy, operations and expansion for Acumen and was a member of its Management Committee. Ms. MacDougall has had a long career as a manager and business lawyer, holding various senior roles at PricewaterhouseCoopers in New York and Paris, including General Counsel of PwC-US.



### **Brian Meltzer**

Brian Meltzer served as the Managing Partner of the Chicago area law firm of Meltzer, Purtill & Stelle from its inception in 1996 to mid 2012. Mr. Meltzer's legal career spans over 40 years, representing homebuilders, condominium developers, financial institutions, investors and other key constituents in the housing industry. Rosemary Meltzer joins Mr. Meltzer as an Advanced Leadership Partner.



### **Garrett Moran**

Garrett Moran most recently served as the Chief Operating Officer of Blackstone's Private Equity Group, overseeing the group's daily operations, playing a senior role in its investment process and guiding the firm's corporate social responsibility initiatives. Previously, he was the President of MMC Capital and co-head of the Banking Group at Donaldson Lufkin & Jenrette. Mary Penniman Moran joins Mr. Moran as an Advanced Leadership Partner.



### **Tomoe Odahara**

Tomoe Odahara serves as Vice President and Portfolio Manager at Merrill Lynch Global Wealth and Investment Management. Ms. Odahara has managed substantial assets for families and endowment funds. Ms. Odahara is called on as speaker in the business education community.



### **Eileen O'Neill Odum**

Eileen is the former Executive Vice President and Group CEO of NiSource Inc.'s Northern Indiana Energy business unit. Previously, Ms. Odum was Chief Operating Officer of Commonwealth Telephone Enterprises and President – National Operations for Verizon Communications. Ms. Odum serves as Vice Chair of the Indiana Chapter of The Nature Conservancy, Treasurer for The Committee of 200 and was a member of Indiana's Commission for Higher Education.



### **Marcello Palazzi**

Marcello Palazzi is the founder and President of the Progressio Foundation for human progress. Mr. Palazzi is also the founder and Principal of Epic Venture Partners. Mr. Palazzi is a public-minded entrepreneur and developer of ventures, projects and initiatives that combine private and public interests for the benefit of the common good.



### **Thomas Pappas**

Tom Pappas was most recently a Partner and Bond Portfolio Manager at Wellington Management Company LLP. Mr. Pappas managed an aggregate \$70 billion in multiple portfolios for over 50 major clients. Mr. Pappas currently balances a variety of civic responsibilities and serves as a part-time angel investor.



### **William A. Plapinger**

William A. Plapinger is a partner in the law firm of Sullivan & Cromwell LLP, specializing in capital markets, M&A and general corporate (including governance) matters. He was based in the firm's London office for the past 25 years, where he also occupied a number of management positions. He is the Chair of the Board of Trustees of Vassar College and a Commissioner on the US-UK Fulbright Commission. Cassie Murray joins Mr. Plapinger as an Advanced Leadership Partner.



### **Miguel Rey**

Miguel Rey most recently served as President of Renaissance Executive Forums of South Florida, helping business owners advance and grow their companies via peer to peer advisory boards. Mr. Rey headed family-owned companies in Colombia through critical start-up phases, reorganization, turnaround, and fast-track growth in the midst of economic uncertainty. He currently serves as Vice Chairman of the board at Atrion.net.



### **Cristián Shea**

Cristián Shea is Chairman and CEO of Equitas Capital, an international investment firm based in Santiago, Chile, with offices also in Vienna, Austria. Equitas Capital specializes in later stage venture capital and early stage private equity investments in the areas of environmental services, natural resources and consumer-related industries. Gaelle Duret joins Mr. Shea as an Advanced Leadership Program Partner.



**Prakash Shukla**

Mr. Prakash Shukla is a Director of HOVS, a company that manages a variety of investment portfolios. Most recently CIO and Senior Vice President of the Taj Group of Hotels and Resorts, Mr. Shukla has been involved in the early stage with startups such as SST, Travelguru, Transerv, and Mango Tree. Mr. Shukla has also consulted for Morgan Stanley, Goldman Sachs, Citigroup, and Solomon Smith Barney. Sonya Sainani Shukla joins Mr. Shukla as an Advanced Leadership Program Partner.



**Roselyne Chroman Swig**

Roselyne Chroman Swig is the founder of the advocacy group, Partners Ending Domestic Abuse. Ms. Swig has devoted decades to philanthropic and community service efforts, at the local, national and global level with a focus on women empowerment, social welfare, fine art, political advocacy and education.



**Jeffrey P. Williams**

Jeffrey P. Williams is President of Jeffrey Williams & Co. With more than 30 years of investment banking, private equity and corporate management experience, Mr. Williams has served in key strategic positions throughout his career, both as a financial advisor to the world's largest corporations and as a senior executive.

**2013 Senior Advanced Leadership Fellows**



**Nusret Cömert**

Nusret Cömert was the Managing Director of Royal Dutch Shell Group's Exploration & Production and Gas & Power activities in Turkey. Mr. Cömert led the liberalization process of, and founded, the first private natural gas company in Turkey. He led exploration deals of shale oil in Turkey and deepwater offshore oil in the Mediterranean.



**Mark Feinberg, M.D.**

Mark Feinberg is a physician-scientist who most recently served as the Vice President and Chief Public Health and Science Officer for Merck Vaccines. Dr. Feinberg's AL project focuses on creating a new partnership between innovator pharmaceutical companies, generic drug manufacturers, public health authorities and donors to foster the development and availability of antiretroviral therapies optimized to meet HIV treatment and prevention needs in resource-limited countries.



**Anne Punzak Marcus**

Anne Punzak Marcus was most recently Senior Vice President of Fidelity Investments where she managed portfolios of bond funds and was Co-Research Director for the Fixed Income Division. Ms. Punzak Marcus is on the founding team of the Autism Consortium which facilitates collaboration among 15 Boston institutions, funding clinical research. Ms. Punzak Marcus's AL project focuses on helping families who have children with disabilities connect to resources.



**Iyabo Obasanjo**

Iyabo Obasanjo most recently served as a Senator and the Chairman of the Senate Committee on Health for Nigeria. Prior to that, Dr. Obasanjo was appointed the commissioner for health for Ogun state, Nigeria. Ms. Obasanjo's AL project focuses on issues surrounding women and leadership in Africa.



**Robin L. Russell**

Robin Russell most recently served as Senior Executive Vice President, Worldwide Operations Marketing and Distribution for the motion picture group of Sony Pictures Entertainment. Ms. Russell's career highlights include other executive roles at Sony and Walt Disney Pictures as well as private practice in entertainment law. Ms. Russell's AL project focuses on the study and research of Corporate Social Responsibility strategy, specifically with content companies.