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UNIVERSITY of PENNSYLVANIA

Health Care Management Alumni Association

THE WHARTON HEALTHCARE QUARTERLY

SPRING 2024, VOLUME 13, NUMBER 2

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Volume 13, Number 2

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EDITOR'S LETTER

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

To learn more about Colette, click here.

"Every system is perfectly designed to get the result that it does."
~ W. Edwards Deming

Deming has been dead since 1993, but truer words were never spoken!

Although we have unquestionably made progress in healthcare, there are just some days that "make you say hmmmmm," as comedian Arsenio Hall was famous for proclaiming.

As usual, this issue's contributors keep us up-to-date across a range of topics, all of which are important to solving the myriad, complicated and complex, and ever-increasing challenges we face in healthcare each and every day.

So read on!

Z. Colette Edwards, WG'84, MD'85
Managing Editor
Contact Colette at: colette@accessinsightmd.com

THE PRESIDENT'S DESK

Katherine Clark, WG'15
To learn more about Katherine, click here.

I hope this letter finds you well. As we are now into spring of 2024, numerous events across the country marked our calendar. We kicked off the year with the JPM reception in San Francisco, connecting many fellow alumni and old friends. Additionally, our alumni have been actively engaging in meet-and-greets at industry conferences such as ViVE in Los Angeles and HIMSS in Orlando, as well as a successful Happy Hour for Boston-based alumni. As a reminder, if you're interested in hosting a local event or networking with HCM alumni in your city or conference, please don't hesitate to reach out.

Many of us had the privilege of attending the 30th annual Wharton Health Care Business Conference, themed "The Resilience Edge: Innovating Health Care in the Face of Adversity," at the Union League. It was inspiring to hear from thought leaders across the industry who are pushing the field forward, sharing insights on overcoming challenges, and striving towards the quadruple aim of healthcare. The keynote roundtable that closed the conference, featuring leaders from sectors across the industry, was particularly enlightening, even providing insights on valuable leadership skills.

Personally, I found the conference to be a refreshing opportunity to soak up expertise and knowledge, reconnect with current board members and former classmates, and meet current students. It's these interactions that truly enrich our alumni community and propel us all forward, individually and collectively.

The Board's commitment to providing valuable content continues with webinars led by our Career Development Committee. I encourage all alumni to take advantage of these opportunities to expand their knowledge and skills. Furthermore, the committee is collaborating closely with the Wharton Career Management office and would like to ensure you're aware of the wealth of benefits available to alumni, further strengthening our alumni connections.

Lastly, preparations for the 2024 Wharton HCM Alumni Conference as well as summer happy hours with current students are already underway. Stay tuned for updates!

Thank you for your continued support and engagement. I look forward to seeing you at our upcoming events and continuing to strengthen our alumni community together.

Kind regards,

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

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ALUMNI NEWS

Jill Gardenswartz Ebstein, WG'83
I released my sequel to *Alfred's Journey to Be Liked* this March.

Hannah's Journal to Be Happy is the story of a 15-year-old straight-A-all-the-way teenage girl who keeps a to-do list in her hip pocket and rides a fast autobahn toward personal achievement. Hannah is a writer, a sister, a best friend to Alfred, a chess player, and most notably, not happy. That is until Alfred has Hannah meet with Coach before heading out to the sleepy town of Terre Haute for the summer. There, she and her brother, Ben, spend time with their dad and his girlfriend, Lucy.

After meeting with Coach, Hannah comes to Terre Haute with two assignments. She is to:

- scrap her to-do lists and learn to relax more.
- use her journal to record moments when Hannah feels angry and unheard.

As the summer unfolds, everyone learns something — on the tennis court, in the kitchen, through a family book group, and more. The most important lessons, though, are what they learn about themselves, and it all begins with Hannah's journal.

For more about my writing, please visit www.jillebstein.com

If you would like to sign up to be on my distribution of pieces, please email me at jebstein@sizedrightmarketing.com

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617.527.2517

Lisa David, WG'84 and Ernie Berger, WG'84
Ernie and I are still working full time, dabbling with thoughts of retirement. I am President and CEO of Public Health Solutions in New York City. We are the largest Public Health non-profit in the city and provide services in all 5 boroughs including access to food, maternal child health, reproductive health, and enrollment in benefits like health insurance, income assistance and housing assistance. We are applying to become a lead entity to build and manage a Social Care Network that will offer social care services (food, transportation, and housing support) that will be reimbursed by Medicaid. A real game changer. Ernie is COO of Sentry Enterprises which has services and products that use next generation technology to protect identity and security. He entertains himself with ocean sailing and driving on the track, pursuing speed in both media. Our 2 daughters, Nathalie and

ALUMNI NEWS

Claudia are both happy, healthy, employed, married and financially independent – bravo parents! We are proud grandparents of our first granddaughter Sabeen and are always up for skipping work to help with babysitting. We are still sitting pretty in our Chelsea townhouse, shared with my brother, but spend some time contemplating where we would move to if the U.S. and world don't get their acts together. Our closest Wharton friend is Jeffrey Seymour who we are in touch with and visit periodically in New Orleans.

Contact Lisa at: lmd2102@gmail.com (646) 942-1086
Contact Ernie at: ernieberger@hotmail.com (302) 547-9626

Nancy Levin Knoebel, WG'87
I am excited to share information about a nonprofit organization I founded called Danny's Ride. It was founded in memory of my son Danny, who died in 2016 after taking Kratom. Danny's Ride provides rides to individuals in recovery with substance use disorder, using Uber and Lyft. There are no other similar models, at least not on our scale. We currently average approximately 1,500 rides/month and are nearing our 10,000th ride overall; we have served nearly 1,300 people throughout Pennsylvania. We recently expanded into North Carolina and Texas.

Because we use Uber and Lyft, we can work wherever those services are available. Government contracts, private grants and individual donations cover the cost of the rides.

Transportation to services that support recovery (and other health care needs) is an important social determinant of health. A long career in the nonprofit sector made it possible to launch Danny's Ride, and I see nothing but expansion and further innovation. We are always looking for board members who can help advance our mission – if you're interested, please reach out.

Learn more.

Contact Nancy at: nancyk@dannysride.org 484-265-1411 x2

Stewart Hen, WG'96
Stewart Hen was named to the Board of Directors of Wuxi XDC, a leading global CDMO with expertise in ADC development and manufacturing.

Contact Stewart via his LinkedIn Profile

Richard Hanbury, WG'01
After a 32-year mission from solving his own pain and PTSD after a jeep crash in the Yemen in 1992, the Sana device Richard invented is now in front of the FDA for both neuropathic pain (pivotal study at Mount Sinai) and PTSD (DoD sponsored pilot complete, now running pivotal, both within VA).

Sana Health is now raising a SERIES A extension round.

Learn more.

Contact Richard at: richard@sana.io

Norman Pai, WG'17
Norman Pai has joined McKesson as Vice President of Business Development through acquisition. On January 4, 2024, McKesson acquired Compile, a healthcare data platform that aggregates and integrates data from across the U.S. healthcare system to characterize providers and their patient panels. The acquisition is anticipated to provide a centralized commercial data platform for McKesson and accelerate its capabilities in commercializing data and providing insights to biopharma customers.

Learn more.

Contact Norman at: norman.pai@mckesson.com

Jingyi Liu, WG'22
Jingyi Liu, WG'22 is set to conquer Mount Kilimanjaro with the Timmerman Traverse in September 2024 to raise money to improve diagnostic screening for sickle cell disease in Africa (SCD). You can support the journey here and read Jingyi's article on improving the accessibility of sickle cell gene therapy post-FDA approval for the Timmerman Report.

Learn more.

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THIS MONTH'S PHILOSOPHER:
Leticia Lazaridis Goldberg, WG'10

To learn more about Leticia, click here.

THE PHILOSOPHER'S CORNER

Leticia Lazaridis Goldberg, WG'10

LIFE LESSONS

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

embraced my unconventional background and thought of it more as an advantage and not disadvantage.

Transitioning from dentistry to executive roles in health insurance, asset management, and data science might seem like an unusual path, especially in fields where administration, economics, and engineering degrees are more common. However, looking back, I realize my journey has been a source of strength rather than a disadvantage.

Coming from a background in dentistry has provided me with a different perspective. My understanding of healthcare from a clinical standpoint allows me to approach challenges with a holistic view, considering both the business and patient care aspects.

Dentistry requires a high level of problem-solving skills and attention to detail. These skills have been invaluable in my transition to executive roles, where complex issues often require creative solutions and meticulous analysis.

Transitioning between diverse roles in different industries has enhanced my adaptability and resilience. I've learned to thrive in dynamic environments, quickly understanding new domains and applying my skills effectively.

In retrospect, I realize my unconventional background has been a source of strength rather than a limitation. Embracing my unique journey has allowed me to bring fresh perspectives, innovative thinking, and a patient/client-centered approach to every role I've undertaken.

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

been so hesitant to reach out to people or leverage my network.

I have often hesitated to ask for assistance or guidance, fearing I might be imposing on others or that I should be able to handle things independently. However, I've come to realize that every time I've had the courage to reach out, people are generally willing and even eager to lend a hand. Time has shown me that embracing the power of connection is far more effective than struggling alone. Asking for help has proven to be a catalyst for growth.

I have come to realize that by reaching out, I'm not only seeking assistance for myself but also inviting others to share their knowledge and expertise, fostering a sense of collaboration, and unlocking the potential for partnerships. Leveraging my network has opened doors, accelerated my progress, and enriched my overall experience. I've discovered that by tapping into the collective wisdom and support of my network, I'm able to achieve more than I ever could on my own.

FAVORITE QUOTES

1. "A goal without a plan is just a wish."
   ~ Antoine de Saint- Exupéry

2. "If you can increase the number of experiments you try from a hundred to a thousand, you dramatically increase the number of innovations you produce."
   ~ Jeff Bezos

THIS MONTH'S PHILOSPHER:
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THE PHILOSOPHER'S CORNER

3. "The problem is never how to get new innovative thoughts into your mind, but how to get the old ones out." ~ Dee Hock

4. "It is not the strongest of the species that survive, nor the most intelligent, but the one that is most responsive to change." ~ Charles Darwin

RECOMMENDED READING

1. *Range: Why Generalists Triumph in a Specialized World* by David Epstein

2. *The Geek Way* by Andy McAfee

3. *Originals: How Non-Conformists Move the World* by Adam Grant

4. *Zero to One: Notes on Startups, or How to Build the Future* by Peter Thiel

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AFFIDAVIT: HEALTHCARE AND THE LAW - U.S. ANTITRUST ENFORCEMENT FOCUSED ON HEALTHCARE PROVIDERS

The federal government has been keenly focused on promoting competition, lowering healthcare costs, and improving the quality and availability of healthcare through increased enforcement of the federal antitrust laws since President Joe Biden's 2021 Executive Order on promoting competition in the American economy. In the administration's view, the quality of patient care suffers from lack of competition, and consolidation is leading to higher healthcare pricing and depressed wages for healthcare workers. Enforcers are taking regulatory and legal actions to scrutinize transactions and conduct in the healthcare space in the hopes of improving overall patient welfare.

FEDERAL ANTITRUST ENFORCEMENT

The Federal Trade Commission ("FTC") and U.S. Department of Justice Antitrust Division ("DOJ") enforce the federal antitrust laws. Those laws include the Sherman Act, the Clayton Act, and the FTC Act. The federal antitrust laws have traditionally been viewed as promoting competition and consumer welfare by proscribing unlawful mergers and anti-competitive business practices. Generally, FTC and DOJ investigations into potential violations of the federal antitrust laws are non-public, and only the DOJ can obtain criminal sanctions. While the agencies often complement each other by focusing on different industries or markets, both agencies have been active in enforcing the healthcare industry, which represents almost 20 percent of GDP.

HOW IS THE CHANGING ANTITRUST ENFORCEMENT LANDSCAPE IMPACTING PROVIDERS?

Healthcare providers should be aware of several new aspects of antitrust enforcement, including the following key changes:

- The agencies issued new merger guidelines last year that impact how the Agencies will evaluate healthcare provider transactions.
- Proposed changes to the information required to be submitted to the agencies as part of the pre-merger notification process under the Hart-Scott-Rodino (HSR) Act will increase the compliance burden on merging parties.
- The agencies have ramped up scrutiny of private equity ownership of healthcare providers and the concentration and anti-competitive use and sharing of competitively sensitive healthcare data.

NEW MERGER GUIDELINES AND FILING REQUIREMENTS

While the merger guidelines are not law, they suggest various ways in which the agencies are intentionally becoming more aggressive in challenging mergers. Consistent with recent removals of safety zones from longstanding agency enforcement policies, the new guidelines remove references in prior merger guidelines to the level and increase in concentration that typically do not raise concerns. The guidelines also substantially lower the threshold for a structural presumption of a violation of the Clayton Act based on level and increase of concentration in a market. These changes mean increased scrutiny of collaborations and combinations between competitors.

Vertical transactions, like a hospital system acquiring a physician practice, are also likely to receive more scrutiny. The new guidelines articulate several aspects of how the agencies may seek to establish, through presumption or otherwise, adverse

effects on competition, while omitting any thoughtful discussion of well-recognized potential procompetitive effects of vertical mergers. This new view likely signals more challenges of vertical transactions that previously may have been considered procompetitive.

Healthcare providers must also consider the impact that a collaboration may have on staff. The new guidelines reinforce a clear focus by the agencies on protecting the wages and mobility of workers of merging firms, regardless of any reductions in labor costs that would lead to lower prices to consumers.

Anticipated new HSR filing requirements means more compliance issues for HSR reportable transactions in 2024 and beyond. Based on the draft released last year, the proposed changes would mark a major overhaul of the information collected in the pre-merger process. Merging parties would need to provide key information about the terms of and rationale for the transaction, horizontal product or service overlaps, vertical relationships, company investors, and employees. The parties will also need to submit additional transaction and strategic documents and ordinary course business documents that discuss competition in affected markets.

PRIVATE EQUITY OWNERSHIP IN THE CROSSHAIRS

As private equity ownership of healthcare provider practices has increased, so has federal antitrust enforcement. FTC and DOJ are scrutinizing private equity ownership of actual and potential competitors as well as serial acquisitions or "roll-ups" of provider practices. The FTC sued the private equity owners of anesthesia practices last year alleging they engaged in an anti-competitive scheme to consolidate anesthesia practices in Texas and to force other independent anesthesia groups into price-setting arrangements that violated the federal antitrust laws. The complaint marked the first time the FTC challenged serial acquisitions or "roll-ups" by a private equity firm and is consistent with newly issued merger guidelines.

The new guidelines also highlight concerns by the agencies with both cross-ownership (holding non-controlling interest in a competitor) and common ownership (individual investors hold non-controlling interests in firms with a competitive relationship) that could impact private equity ownership in the healthcare provider space. The agencies are policing interlocking directorates — individuals serving on boards of competing corporations — under Section 8 of the Clayton Act. Assistant Attorney General Jonathan Kanter has called Section 8 an "important but underenforced" antitrust law, and DOJ has issued numerous statements identifying unwound or prevented interlocks.

The agencies are also focused on data ownership in the healthcare industry where much of the innovation is driven by uses of patient data. Healthcare providers should be particularly careful in how they share competitively sensitive information in light of DOJ's withdrawal of policy statements that had permitted certain "safety zones" of information sharing between competitors in the healthcare industry. Healthcare providers must consider the antitrust implications of participating in certain information-sharing arrangements, in particular in conjunction with the use of predictive technology or third-party pricing algorithms that could facilitate coordination between competitors.

It is clear the current administration and various federal agencies have healthcare competition in their crosshairs. The efforts announced by the DOJ and FTC highlight efforts to achieve the mandates of the administration's 2021 Executive Order. Healthcare companies must have antitrust compliance top of mind as they navigate this rapidly changing enforcement landscape.

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

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TO YOUR HEALTH: THE EVIDENCE IS IN - THOUGHTFUL DESIGN AND LIGHTING FOR WOMEN'S WORKPLACE WELLNESS

Our health and well-being are influenced by innumerable dynamics. And, while our understanding of health and health-related behaviors continues to evolve, we recognize a confluence of biological, psychological, and social factors impact overall physical health and performance.

The built environment also has a significant role in human health. By acknowledging this, we should design spaces by implementing building and material technology, process, and practice to improve the air, water, and light while feeding our senses, moving our bodies, connecting communities. This can inspire our best work and facilitate restorative sleep.

Spaces intentionally designed to provide an optimum physical environment for human health and productivity will benefit individuals, organizations, and industries. Now is the time to leverage the physical environment to support health and well-being in the workplace.

THE WELL BUILDING

The WELL Building Standard, launched in 2014 by the International WELL Building Institute (IWBI), is a vehicle for buildings and organizations to deliver more thoughtful and intentional spaces that enhance human health and well-being. The WELL Building Standard, [WELL] an integration of medical and scientific research, has a mission to improve human health and well-being in buildings and communities across the world. The result of WELL research is an accessible, adaptable, and equitable rating system for industry best practices and buildings to follow. With the work of the WELL Building Standard, we have a framework to address human health through design interventions, operational protocols, and policies to foster a culture of health and well-being within any organization.

Source: WELL

Arguably, the most important building type for applying these design standards is the workplace. The WELL Equity Rating is a set of evidence-based strategies to transform the design of places, operations, and management to create environments in which everyone thrives. The WELL Equity Rating requires that businesses understand their employee experiences and needs and design spaces that welcome people of all backgrounds and physical abilities.

There are ten concepts in the WELL Building Standard:

1. Air
2. Thermal Comfort
3. Light
4. Mind
5. Nourishment
6. Movement

7. Water
8. Sound
9. Materials
10. Community

Each WELL concept includes myriad features intended to create a healthier environment. While not all buildings need to be WELL certified, following the issued guidelines will improve the quality of almost any building. An environment also aligned with WELL Building standards contributes to productivity, collaboration, and performance for **everyone**. The goal is to provide the tools for **all** employees to perform at their peak and feel their best.

WOMEN IN THE WORKPLACE

A growing number of employers understand the benefits to be reaped by addressing the diverse needs of their employee population and providing an equitable environment. Studies continue to show that teams with varied experiences consistently are more innovative, deliver better business results, and generate a healthier bottom line. With an ever more competitive environment, employers are increasingly investing in and focusing on strategies that optimize recruitment, retention, and accessibility.

For workplace leadership to understand how best to apply WELL building or other environmental accommodations, one first must understand the conditions they need to address. For this article, we focus primarily on women in the workplace. Pew Research reports that 47% of the U.S. workforce are women. According to the Department of Labor, in 2022 75% of women ages 45 – 54 years and 60% ages 55 – 64 years participated in the workforce. Within this cohort, according to The Mayo Clinic Health System, more than two million women reach menopause yearly. Stages of menopause typically occur in U.S. women within the age range of 40 to 55 years, with an average age of 51 years.

It is important to recognize that those who are on the menopause journey hold a vital role in the so-called "soft skills" - listening and communication skills, interpersonal skills, empathy, building and leading teams. Yet, surveys, focus groups and interviews reveal that because of their experience with menopause, and the lack of support to manage symptoms, women experiencing difficult menopause symptoms are making a conscious choice not to progress into senior roles – or they are reducing their seniority and sometimes even leaving the workforce.

For example, a 2021 study of over 1,000 U.S. women commissioned by Insight MD and conducted by Quesited Market Research, resulted in a data analysis entitled *Understanding and Innovating the Menopause Journey: a Nationwide Study of Women and Life-Altering Change*. Women in all fifty states [income $50K+] responded to questions regarding, symptoms, treatments, information sources, and other lifestyle and medical related topics. The study revealed that nearly 20 percent of women identified the following statements as clearly or moderately describing their belief or experience:

"I worry brain fog will prevent me from performing tasks and assuming the responsibilities that my position requires."

"I don't have the energy to keep up the pace necessary for my work and career."

Acknowledging that women experiencing menopause are a sizable demographic in the workforce, and that this life stage occurs most commonly at a time when women make

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major advances in their careers, retention becomes even more important. To accommodate a balanced workforce and equitable environment, employers can increase existing well-being efforts by integrating WELL Building areas that positively contribute to managing menopausal symptoms.

Research suggests that simple changes to workplace practices, along with greater awareness and education, can result in more women experiencing the menopause not only remaining but flourishing. Studies indicate that many actions employers can take do not require major modifications to the workplace, but instead often constitute reasonable accommodation – ones that will benefit **all** employees and **address a variety of needs that are not specific to women or the menopause stage of life.**

WOMEN'S HEALTH AND THE WELL BUILDING

Menopause is a natural stage in the biological process of life. But for a substantial number of women the physical and emotional health symptoms, which can arise due to an increased risk of depression and anxiety brought about during menopause, may affect overall well-being.

Symptoms include hot flashes, headaches, fatigue/low energy, slowing metabolism/weight gain, mood swings, difficulty concentrating/brain fog, depression, low mood, anger, and rage which impact daily personal and professional life. According to *Understanding and Innovating the Menopause Journey* study, the symptoms most cited include hot flashes [55%], fatigue [55%], and weight gain [48%]. Mood swings [41%] and sleep disruption [41%] followed as symptoms most experienced by women. Brain fog and aches and pains are symptoms most often experienced garnered a third [34%] of responses. Female healthcare professionals are not immune, identifying low mood, depression, anger, and rage as symptoms they experience. Over one-third of respondents found the experience either extremely challenging [13%] or very challenging [22%]. Another one-third [33%] find this life stage moderately challenging. Only five percent of respondents reported no symptoms.

Women experiencing these disruptive conditions are leaning into this life stage by seeking, and requesting, solutions to support a healthier state of overall well-being. Myriad treatments such as diet, lifestyle adjustments, increased physical activity, over-the-counter remedies, medical treatment and hormone therapy, sleep aids, and spirituality are used to cope with the symptoms.

WELL Building strategies can be applied to manage the physical and emotional menopause symptoms, as well. Because, as over two-thirds of women agree, ***"You'll just have to suck it up"*** is not an acceptable response to menopausal symptoms.

WELL CONCEPTS, FEATURES, AND WORKFORCE

So, how can building owners and employers take action?

AIR

As a safety precaution to help prevent the spread of viruses, such as Covid-19, some adjustments have been made to building ventilation systems. However, indoor air quality affects health and cognition, and as a pillar of the WELL building standard, proper ventilation can provide relief to hot flashes and fatigue experienced by almost half of menopausal women.

This WELL feature requires projects to bring in fresh air from the outside through mechanical and/or natural means to dilute human - and product - generated air pollutants. However, we can go beyond this basic requirement to provide enhancements such as increased natural air flow and personalized ventilation systems. This allows employees to have more control over their temperature comfort with an individualized approach. The recommendation is to provide personalized ventilation systems for at least 50 percent of workstations. The outdoor air is supplied in the breathing zone, with an airspeed of no greater than 50fpm at the occupant's head and return air diffusers are located at least nine feet above the floor. Additionally, the natural ventilation feature requires buildings with operable windows to increase the supply of high-quality outdoor air and promote a connection to the outdoor environment, encouraging users to open windows when outdoor air quality is acceptable.

THERMAL COMFORT

The Comfort standard includes thermal comfort as one of the featured categories. This WELL feature requires projects to improve thermal comfort of people in their workspace through the provision of personal thermal comfort devices and flexible dress codes that support individual thermal preferences such as a user-adjustable thermostat, which controls the environment for not more than one person and is connected to the buildings' mechanical cooling system or a more localized air conditioning unit. It could also be as simple as a desk or ceiling fan that does not increase air speed for other occupants, or a chair with mechanical cooling system.

LIGHT

On-demand LED lighting control can shift the color temperature to a warmer or cooler tone of white light to correspond with user body temperature. This WELL Occupant Lighting Control feature requires implementation of innovative lighting strategies that consider personal preferences of and interaction with their physical space. This can be achieved simply by adding dynamic or tunable white LED lighting systems into the ambient lighting zones of the workspace.

The lighting systems should have at least three lighting levels or scenes that allow for changes in light levels and can change color, color temperature, or distribution of light by controlling different groups of lights through preset scenes.

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All regular occupants should have control over their immediate lighting environment using manual controls located in the same space as each lighting zone or a digital interface available on a computer or phone. These regulations to tone and intensity of light can aid **all** people experiencing headaches from glare, sleep disruption, anxiety, and depression. Regulating the light in accordance with circadian rhythm cycles enforces the body's natural biological cues to regulate hormones like cortisol and melatonin which allow for more restorative sleep, thereby alleviating symptoms of depression and anxiety.

There is also a WELL building enhancement for projects that identify spaces in which lighting controls are limited to regular occupants. Additionally, supplemental lighting fixtures (i.e., task lights) can be provided upon request to all employees and are controllable by occupants independently from the ambient lighting system. The location of these lights is adjustable by users at their workstation and not visible to other users.

These lighting strategies can be particularly useful to individuals who experience days when it is more difficult to focus or times of brain fog with difficulty concentrating. While these are conditions on the menopause journey, there are also conditions suffered by individuals undergoing cancer treatments or hormonal changes experienced by pregnant or post-partum women.

By providing a higher lumen output of a cooler color temperature of light to our eyes, our brain's attention focuses on the task at hand and makes us more alert. Using a full-spectrum light that includes "sky-blue" light wavelengths at 490 nanometers, we can trigger maximum daytime circadian impact and sweep away that daytime sleepiness.

Ensuring we are shifting to warmer tones of light in lower levels and removing the blue tones of light will calm the body and prepare for rest. Allowing access to controlled daylight with building fenestrations and shading is the most optimal way to enforce circadian rhythms, but providing an architectural lighting scheme that is seamless with these natural changes in light tone and levels has the best efficacy.

MIND

Emotional and mental health impact employee well-being and productivity. However, a sizeable number of study respondents [n=744] suffered from mood swings [22%], brain fog [18%], depression [15%], low mood [13%], and anger or rage [10%] which can negatively impact health, well-being, and productivity. Providing a "Pause Room" or a space where one can retreat provides a therapeutic break for those experiencing such conditions.

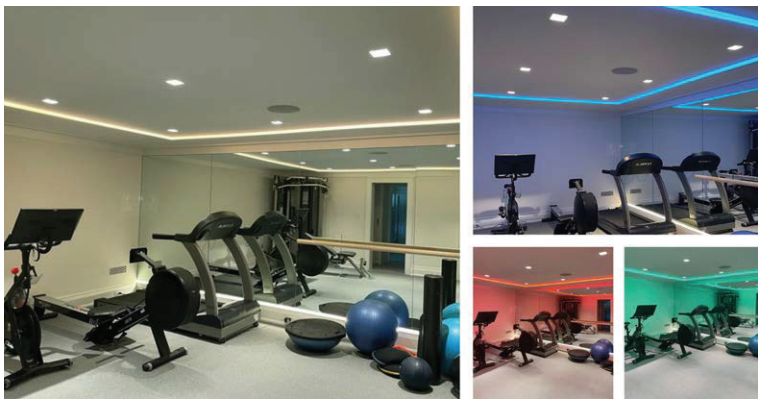
WELL includes a feature to provide spaces that promote a restorative environment and encourage relief from mental fatigue and stress. The space must be a calming and comfortable environment, incorporating the previously stated features of adjustable lighting, thermal control, and visual privacy, as well as interventions for sound such as a water features, natural sounds or sound masking, subdued colors and textures, flexible seating arrangements, and natural elements. The main purpose of this space is for relaxation and restoration. It may serve multiple functions but is not to be used for work-related tasks or meetings.

NOURISHMENT

Weight gain is a top five most often experienced symptom and cited as the **most** difficult to manage by 17 percent of respondents [tied in first place with hot flashes], making weight management a top priority. Women also wanted food options to keep them healthy and rank eating healthy as a most effective treatment for their symptoms.

In an effort at supporting women and others with better control of their weight and metabolism, WELL Building Standards encourages dining environments to shape healthy eating habits and requires seating choice variety, quiet zone dining, and healthy food checkout lanes.

WELL Nourishment includes a feature described as Mindful Eating, which provides a dedicated space for meal breaks. This feature sharpens focus on the importance of healthy eating and communal dining. The outcome of healthy eating and communal dining builds a positive relationship between mindful eating and mental well-being.



Source: Rachel Calemmo, Lighting Designer, (LC, NCQLP)

MOVEMENT

Women identify physical activity as a remedy to menopausal symptoms, second only to healthy or healthier eating. Likewise, physical activity is ranked number two in effective treatment for symptoms and conditions of menopause.

Through design strategies and programs, the WELL Movement concept promotes movement, physical activity, and active lifestyle to discourage inactive behavior.

The WELL-designed buildings can create and enhance physical activity in the workplace by providing physical activity spaces (age, and ability appropriate) with cardiorespiratory and muscle strengthening equipment. These activity spaces can include gym or fitness center, biking and hiking trails, and outdoor fitness zones with all-weather equipment, to name a few.

Office equipment might include dynamic workstations such as treadmill desks, bicycle desks, and sit – stand desk options to encourage movement to support women who seek physical activity to curb adverse health symptoms brought about by menopause.

BUILDING FOR A HEALTHY WORKPLACE AND WORKFORCE

In addition to the beneficial built environment enhancements mentioned above, which **help not only those experiencing menopause, but others experiencing physical or mental challenges**, there are other WELL standards and features to improve well-being.

Increasing awareness and knowledge of these features and incorporating them into the workplace can be empowering for women and others seeking a healthy, balanced workplace.

We know these health investments make good business sense, and many organizations have already shifted their views about implementing these measures. These are the many opportunities businesses have for investing in their buildings and staff that will have bountiful returns.

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SPRING 2024
Volume 13, Number 2

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DOWNLOADING SUCCESS: SUCCESS STRATEGIES FOR TODAY'S DYAD MODELS

Editor's Note: The following is excerpted from "When Two Become One: The Dyad Model of Today".

The dyad leadership model is widely used across healthcare, from oversight of medical practices to hospitals and health systems at the regional, service line, or single site level. Dyads have obvious benefits. "You get two perspectives on all issues, whether clinical or operational," says Patrice Weiss, MD, a WittKieffer physician executive consultant who has served in various dyad roles throughout her career in academic medicine. In other words, two heads are usually better than one, especially when the two have complementary competencies and areas of expertise.

"That's when the magic happens," says Michael Michetti, JD, COO of Everside Health and another veteran of dyad roles as an operations leader working with a physician leader. "The two individuals bring different skill sets and perspectives to make the sum greater than the parts."

With the trend toward value-based care and push to incorporate evidence-based medical insight into operational and strategic decision-making, dyad leadership now makes even more sense. Here are a few reasons why:

- Today's increasingly matrixed organizations depend less on hierarchy and thus lend themselves to decision-making by dyads or even multidisciplinary teams.
- Independent medical groups, to effectively compete today, are adding operational leadership, thus blending the wisdom of career administrators with the status and technical expertise of physician leaders.
- New payment models under value-based care require leadership with the understanding of clinical care delivery through clinical protocols and heightened care standards.
- The need for embedded, operationalized quality metrics requires a unified approach from practitioners and non-physician leaders.

"If done correctly, dyads can really help an organization fine-tune and balance the demands of quality, safety, and physician engagement with operational excellence, metric goals, and strategy alignment," says Michetti. "Without dyads there are really two parallel structures, administrative operations and physician interests. Dyads transition situations that could be sources of tension into opportunities for synergy."

LEADERSHIP COMPETENCIES AND SKILLS FOR DYAD LEADERSHIP

It is typically the partners and their shared relationship that determine success. The selection of the right leaders is critical to the eventual success or failure of dyad arrangements.

The basics of a strong dyad relationship include mutual respect, a shared sense of mission, aligned values, open communication, and complementary strengths and weaknesses. As with any partnership, an imbalance or fatal flaw in any of these factors undermines the union.

In speaking with dyad leaders across healthcare — within physician practices as well as hospital and health systems — we have tapped into other personality traits that are essential in both partners if the relationship is to thrive. They include:

- An embrace of servant leadership.
- Comfort in a shared governance model.
- High EQ.
- Courage and humility.

"The two partners must be equals and respect each other," says Anthony Aquilina, DO, chief physician executive, WellSpan Health, who has also held dyad roles. "They must have a unified voice that speaks clearly and consistently to organizational values and goals."

"You have to be willing to converse and meet with others outside of your initials" (i.e., MD), notes Dr. Weiss. "You can't have a mindset that doctors are responsible for doctors and that administrators lead administrators."

CREATING THE RIGHT ORGANIZATIONAL INFRASTRUCTURE

In addition to selecting the right leaders, organizations instituting dyad models must set the stage for their success. Critical factors include:

- **Organizational commitment.** Dyad success requires organizational leadership to fully embrace the model, write Daniel Zismer and James Brueggemann of Essentia Health. "The dyad becomes a part of the cultural fabric of the organization; 'it is how we do it here.' "
- **KPIs.** Organizations should set key performance indicators and metrics (for quality, patient safety, finances, etc.) by which a dyad can measure its success. The KPIs also provide both partners with joint goals to align around.
- **Regular review and continuous improvement of the partnership**. We recommend the two partners regularly review their responsibilities and working relationship to progressively fine-tune it. What's working and what's not? What gray areas exist that produce confusion? Are we both growing in our capabilities and capacities as leaders?
- **Coaching.** The investment in a coach to assist the dyad pair in evaluating their work and relationship can pay dividends just as it would for an individual executive, lending objectivity to how the dyad is performing, patching up conflicts and focusing on collective improvement.
- **Succession planning.** Organizations that embrace dyads can integrate their key concepts into succession efforts, allowing executives time to anticipate and acclimate to an eventual paired leadership structure.
- **Recruiting with dyad leadership in mind.** Executive candidates can be evaluated not just for their individual expertise and potential but also for their ability to participate in a dyad should they be hired.
- **Psychometric assessment.** Related to the above, today's leadership assessments can pinpoint qualities in executives such as communicativeness and cooperativeness, which bode well for their ability to thrive in dyad roles.

The success of dyad leadership depends on how each arrangement is structured but also prominently on the specific individuals involved, the organizational context within which they operate, and how their relationship evolves. As the partners grow together over time, the whole can certainly be greater than the sum of the two parts.

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SPRING 2024
Volume 13, Number 2

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CYBERVITALS: REGULATORY ENFORCEMENT IS REAL

THIS ISN'T NEW

The cybersecurity challenges to the healthcare industry are not a new topic. However, in the last 18 months there has been added emphasis to specifically raise the bar for medical device cybersecurity. This includes, for example:

- In December of 2022, the "Protecting and Transforming Cyber Health Care Act of 2022" (PATCH Act) was signed into law and went into effect in October 2023. This law compels medical device manufacturers to demonstrate that their products meet security requirements before being approved for use, supply a Software Bill of Materials (SBOM), and have a plan in place to monitor and disclose vulnerabilities and provide timely updates.
- The FDA cybersecurity spending bill was approved (Section 524B) in 2022's Omnibus Reform Act, giving the FDA authority to enforce cybersecurity and expressly requiring a comprehensive cybersecurity risk management program.
- On September 27, 2023, FDA released its final guidance on "Cybersecurity in Medical Devices: Quality System Considerations and Content of Premarket Submissions," defining FDA security requirements for devices and its expectations on how to manage security during the device's lifecycle.
- On October 1, 2023 the FDA began to refuse to accept applications of new medical devices, if they fail to address the requirements of section 524B, through the use of their novel electronic submission template (eSTAR).
- On top of this, The US Government Accountability Office (GAO) released a report on medical device cybersecurity to identify limitations in federal agencies' authority, explore challenges in accessing federal support, and provide recommendations to the government on improving coordination in this space.

The overall trend has been to move away from having healthcare delivery organizations (HDOs) solely carry the burden to ensure and manage the security of devices within their network. The growing momentum between regulators, the government, and consumers is to increase the de facto security that comes with devices.

ENFORCEMENT IS REALLY HAPPENING

October 1, 2023 saw the implementation of the eSTAR program by the FDA. While this may seem tangential, think of it as the entry gate to the FDA now having certain cybersecurity requirements. If those requirements cannot be demonstrated, the submission does not "cross go" and the review process will not begin. This transition moves enforcement from idiosyncratically relying on the reviewer, to now being systemically enforced across submissions. Anecdotally, we have observed a 700% increase in rejection due to security alone when compared to the prior quarter.

Additionally, other agencies have started to establish mature security expectations and have demonstrated their willingness to enforce. Early in January, the Federal Trade Commission (FTC) sought action against a CEO and CFO for poor data protection practices. Equally interesting is the notion that the FTC is enforcing action against the CEO for the next ten years, regardless of place of employment. This quite obviously cements security practices as 'set at the top.'

Lastly, the Securities Exchange Commission (SEC) rule requiring disclosure of material cybersecurity incidents went into effect mid-December of 2023. Interestingly, ransomware gangs have taken advantage of this rule by directly filing to the SEC when a company refused to negotiate after a ransomware attack, i.e., a material breach.

WHY THIS IS A BUSINESS PROBLEM

At its simplest, cybersecurity can be seen as a partner in growing revenue opportunities, or as a cost center without value. When the leadership team does not strategically utilize security and risk management to make informed decisions, security will almost assuredly result in the perception of a cost center and will not be able to meet today's legal and regulatory expectations.

While there have been several publicly cited instances of stock value loss after a breach, in addition to reputation and legal impact specific to healthcare, at the end of the day, patient safety can be jeopardized. The ability for connected healthcare to fundamentally change care delivery is widely discussed, and, with novel data opportunities emerging, requires mature security as tablestakes.

Regulation will keep maturing, including expected updates of the HIPAA Security Rule. But if healthcare waits until the regulators show up, the challenge in meeting mature expectations will be insurmountable. By starting the process of understanding and aligning security initiatives with business opportunities, the mindset around security can start to shift and the business can take advantage of this new legal and regulatory environment.

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Source: Bigstock

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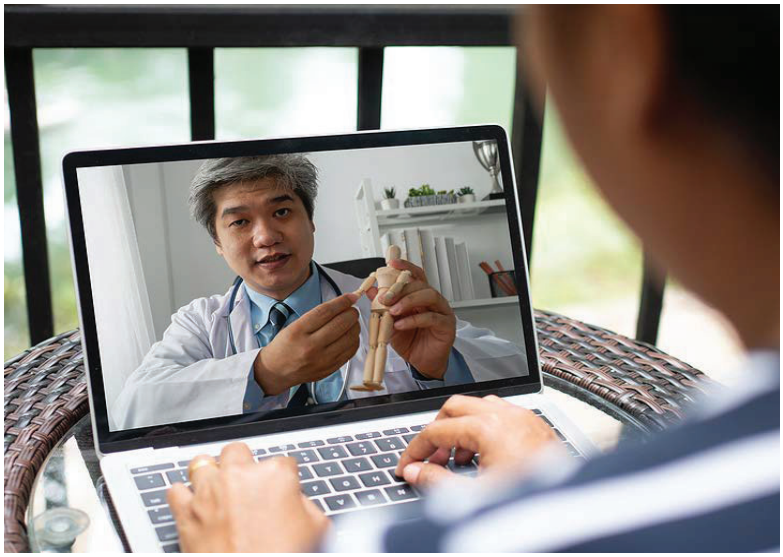
THE EVOLUTION AND FUTURE OF MUSCULOSKELETAL CARE - PART 1: THE RISE OF VIRTUAL PHYSICAL THERAPY (PT) SERVICES

The domain of musculoskeletal (MSK) care has experienced significant transformations in recent times, thanks to the advent of advaTnced technologies, evidence-based practices, and a heightened emphasis on patient-centric care. This 4-part series endeavors to scrutinize the critical factors shaping the future of MSK care while providing valuable insights to healthcare providers, self-insured employers, and health plans on how to adapt to these alterations to achieve better patient outcomes.



Source: Bigstock

THE RISE OF VIRTUAL PHYSICAL THERAPY (PT) SERVICES

In this first article in the series, we will discuss the increasing usage of virtual PT services and how it has transformed the method of patient care accessibility and delivery. We will analyze the advantages of virtual care, the obstacles it resolves, and its significance in the future of MSK care provision.

After completing this series, readers will have gained valuable insights into the future of MSK care. They will understand the significance of a comprehensive, patient-centered approach and how healthcare providers, employers, and health plans can adapt to these changes to enhance the lives of those impacted by musculoskeletal conditions.

THE OMNICHANNEL APPROACH: MEETING PATIENTS WHERE THEY ARE

The landscape of musculoskeletal (MSK) care delivery has been evolving rapidly, with advances in virtual physical therapy (PT) services at the forefront. This transformation has led to the development of a hybrid care model, where omnichannel delivery ensures that patients can access digital, virtual, and in-person care as needed. In this article, we will explore the importance of this approach and its potential impact on the future of MSK care.

THE RISE OF VIRTUAL PT SERVICES

Virtual PT services have gained traction as a viable alternative to traditional, in-person care. The convenience of being able to access treatment from the comfort of one's home has made this option increasingly popular, especially during the COVID-19 pandemic. According to a study published in the Journal of Telemedicine and Telecare, telehealth utilization for PT services increased by 154% between 2019 and 2020. This surge in demand has highlighted the need for more accessible and convenient care options.

Virtual care can also help overcome geographical barriers, as patients in rural areas or with limited transportation options can receive care without needing to travel long distances. A report by the American Physical Therapy Association (APTA)

found that 45% of PTs surveyed provided telehealth services in 2020, up from just 6% in 2019. This significant increase in telehealth adoption demonstrates the growing recognition of virtual care as a valuable resource for patients.

THE NEED FOR AN OMNICHANNEL APPROACH

An omnichannel approach to MSK care delivery is crucial for meeting the diverse needs of patients. Some individuals may prefer in-person sessions, while others may find virtual care more suitable. By offering a range of options, healthcare providers can ensure they are reaching as many patients as possible and delivering the most effective care.

A study published in the Journal of Medical Internet Research found that 79% of patients who participated in a virtual PT program reported high satisfaction with their care. This data underscores the potential benefits of providing multiple care delivery options to cater to individual patient preferences.

A personalized experience is key to the success of this approach. Patients should be able to choose the mode of care delivery that best suits their needs and preferences, ensuring they remain engaged in their treatment plan. Furthermore, healthcare providers should continuously evaluate and adapt their offerings based on patient feedback and the changing healthcare landscape.

Kelly McLaughlin, DPT, ATC Cert MDT, Director of MSK Programs at SimpleTherapy, states, "Adopting an omnichannel approach allows us to meet patients where they are, both geographically and in terms of their personal preferences. This flexibility is vital for improving patient outcomes and satisfaction."

THE FUTURE OF MSK CARE

As MSK care continues to evolve, healthcare providers must prioritize patient needs and embrace the hybrid care model. By offering a range of digital, virtual, and in-person care options, providers can ensure that they are delivering the most effective treatment possible. This will lead to better patient engagement, improved clinical outcomes, and more efficient use of healthcare resources.

A 2022 report by McKinsey & Company projects that virtual care could account for $250 billion, or 20% of all Medicare, Medicaid, and commercial outpatient, office, and home health spending in the United States. This substantial figure highlights the growing importance of virtual care in the overall healthcare landscape.

Dr. Tae Won Kim, A Board-Certified Orthopedic surgeon, and CMO at SimpleTherapy adds, "As we move forward, embracing a hybrid care model will be critical to providing the best possible care for patients with MSK conditions. A combination of digital, virtual, and in-person services can lead to better patient outcomes, higher satisfaction, and ultimately, a more efficient healthcare system."

In conclusion, the rise of virtual PT services and the importance of an omnichannel approach to MSK care delivery are undeniable. By embracing a hybrid care model and offering a variety of care options tailored to individual needs, healthcare providers can ensure the continued improvement of patient outcomes and overall healthcare experiences. As we look to the future of MSK care, the focus must remain on delivering personalized, accessible, and effective treatment to patients, regardless of their location or preferences.

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SPRING 2024
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THE "I" IN AI: CAN AI HELP US DELIVER ON THE PATIENT-CENTRIC PROMISE?

Ten years ago, after experiencing my own health challenges, I started on a mission to provide every patient with a type of 'social health prescription' - a personalized, private way for anyone facing a health challenge to get trusted support, information, and navigation. Along with a brilliant team, we developed a privacy and regulatory compliant technology platform, embedded with safe AI, now used by patients and doctors around the world. Our 'No Patient Alone' mission remains at the heart of what we do every day. But ten years is a long time, and I'm troubled by what is being touted as the promise of AI in healthcare, without thoughtful conversation on how to design for the needs of patients and stakeholders.

The profound significance of the 'person' at the center of the healthcare journey can easily become overshadowed by technology. The tapestry of a person's values, personalities, and unique attributes plays a pivotal role in shaping their experience with illness and treatment. Recognizing and understanding the human aspect is crucial for delivering truly patient-centered care, but how do you do that at scale? And is it possible to transform healthcare alongside business growth?

I reached out to speak with patients, healthcare, and pharma leaders to get their perspectives, including Jennifer Tremblay, a Global Brand Leader at Sanofi. "If you can make your patients' lives better, while making a business case and securing investment, then that's a triple win, and you'll get more people on board and make meaningful and transformative change," Jennifer noted.

DESIGN AND CHOOSE TECHNOLOGY THAT DELIVERS ON THE 'TRIPLE WIN'.

When we acknowledge the diverse ways individuals cope with their conditions, their cultural backgrounds, their personal preferences, and build that into technology design, we move closer to realizing personalized medicine, in all its facets, and transforming healthcare. Integrating these aspects into the healthcare landscape ensures a more holistic and empathetic approach, one that resonates with the lived experiences of individuals, fostering a deeper connection between healthcare providers and patients.

So then, how can change be made when it comes to providing more personalized experiences?

BUILD TECHNICAL SOLUTIONS THAT EMPOWER STAKEHOLDERS AND THE CHANGE THEY WANT TO MAKE.

Much like embarking on a journey, patients navigate through various stages of their healthcare experience. A thoughtful approach to patient care involves not only considering the ultimate destination – a state of improved health or well-being – but also acknowledging the diverse ways in which individuals want to 'travel' towards that goal. This encompasses tailoring treatment plans, communication styles, and support mechanisms to align with the preferences and values of each patient.

I also spoke with Leah Rowntree, who has recently entered recovery from Stage 3 breast cancer, about the subject of patient journeys. During her cancer treatment, she felt as though she wanted more information in order to feel more

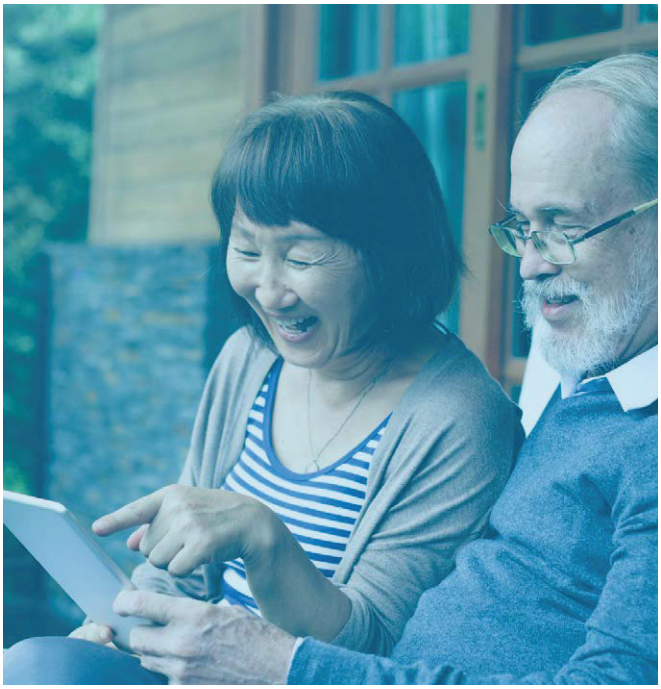
assured in her treatment journey. As a patient who was under a great deal of stress embarking on her cancer treatment journey, she felt she didn't have enough information to advocate for herself or to even know what she was asking for.

She discovered there was an information gap, and that being a patient in need of information, but not knowing exactly what information she needed, caused a higher level of stress than was necessary. "What I really wanted to know was what the next year of my life in treatment was going to look like. I was going in blind. There are people that I have met who have been recommended certain treatments, but they refuse to take them due to their values (movement, quality of life, etc.). If the healthcare provider knew these values at the outset, and open, informative dialogue about risks and expectations were laid out, they might have chosen to take that option" says Leah.

"Everyone is different when it comes to values, the level of risk they'll take or pain they'll tolerate. This should be taken into consideration, but it often isn't. That is why I think we're really far away from being at the point of understanding those patient journeys and personalizing them. How can you help me navigate when I don't know the destination?" said Leah.

EVERY JOURNEY IS DIFFERENT. PERSONALIZATION GOES BEYOND THE QUANTITATIVE.

During my conversation with Jennifer, we discussed how the systems and regulations that are set up to increase patient safety can often leave the patient feeling more isolated. Even though they may be well intended, they sometimes prevent us from being able to empower and inform patients. One of the ways in which Jennifer envisages a future of improved patient outcomes is through supporting patients to be able to connect with peers or healthcare providers on their own terms.



"The value in that kind of patient support is beyond any metric that we can see in other areas of treatment. At Sanofi, when we created the Connectedness Scale, support was one of the main pillars. Fostering a community of people living with the same disease allows them to form close bonds, be a source of information and knowledge transfer, and improves the outlook for their lives living with a disease. What we've seen is that their treatment never operates in a vacuum and that learning is really important in everything we do going forward," states Jennifer.

"Using technologies like RxPx, we've been able to match people to help find those connections to help them in facilitating information gathering and support. Nudges they receive are based on data, and they are served with personalized content, connections, and recommendations."

I also sat down with Greg Klein, CEO and Founder of Nuvera, a consulting company specializing in creating innovative, patient-centric solutions. We circled back to this idea of

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Pharma as 'convener' in the ecosystem. Greg says, "I understand that designation and I agree with it. Pharma is the voice of authority when it comes to seeing someone through from diagnosis to symptom progression through to end points. If you're seeing it all, the question I have is how are you not taking the time to put resources into all of these areas? The real challenge arises from the fact that they're just not being compensated for it holistically."

"This barrier needs to be removed," he adds, "as Pharma is the only true architect of that care."

When asked how Pharma can take a more holistic approach and the tools they have at their disposal to do it, he answered that "AI could provide support and act as a buddy along the way. AI can help patients navigate their treatment journeys and take a lot off of their plate. For the provider, knowing exactly where the patient is in their journey is where the real opportunity lies."

COME MEET ME WHERE I AM.

My heart goes back to my conversation with Leah, and the millions of patients we're all trying to help in their respective journeys. Having worked in technology for the better part of 30 years, I know that patient centricity starts with design, not technology. One comment Leah made sticks with me in particular. "Come meet me where I am." In other words, see the journey through my eyes, what's important to me, the quality of life I want to try to maintain, my preferences, my fears, and my hopes. AI has a tremendous potential to lighten the patient burden and help do jobs that improve the life and outcomes of our patients. It also has a critical role to play in empowering stakeholders and delivering data insights, pathways, and efficiencies that fast track our collective ability to transform and personalize healthcare.

We have been working in AI for the past five years at RxPx, embedding it as a companion or 'buddy' to the patient journey and provider support. But at the start of each design sprint, we ask not what technology can do, but rather what value we want to deliver to the patient and how to use AI to meet them where they are - and help them on the next step of the journey.

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BUILDING A SHARED HEALTH SYSTEM CULTURE: HONORING THE PARTS TO OPTIMIZE THE WHOLE

Source: Bigstock

Culture is a perplexing challenge in many healthcare organizations. It gets exponentially more complex when multiple organizations merge into one. Consider Advocate Health, for example, which in 2022 combined large non-overlapping markets in the Midwest and Southeast to create a more than $27 billion system.[1] Hearing the co-CEOs describe the strategic rationale for the megamerger at last year's American College of Healthcare Executives conference, it was clear to us that the execution of their strategy would depend heavily on people and cultures across widely different markets. After all, what does a tertiary medical center in Chicago have to do with a clinic in rural North Carolina? With hospital merger activity predicted to continue rising in 2024,[2] the opportunities and risks across the healthcare industry are many.

Every organization has its own culture — or the "way we do things around here." Cultural misalignment is one of the leading contributors to failed or poorly implemented mergers. But what if leaders took the idea of "integrating" culture as seriously as they take integrating their financial and operational systems? What if leaders could shape a shared point of view about their bold new strategy and build a refreshed culture to get there? What if they could refresh the culture in a way that leverages the uniqueness of its individual parts to the greater benefit of the system as a whole?

We partner with healthcare leaders to build "systemness" — a way for newly merged entities to create a whole that is truly greater than the sum of its parts.[3] Each part of the organization brings its own subculture to the system, which risks creating silos if not also merged intentionally. Achieving systemness begins with a shared vision for success and a culture that can deliver on the strategy to get there. Consider these questions to articulate a vision: *Why do we exist? What is the future we are working to achieve? What are we doing together that we could not do alone?* For example, Kaiser Permanente's vision is "to be a leader in total health by making lives better."[4] Leaders then should ask: *What culture will enable our strategic efforts to achieve our vision?*

Culture is intricately linked to organizational performance[5] and critical to executing strategy and implementing change. Skill in shaping organizational culture is no longer a nice-to-have but rather a need-to-have competency. When multiple entities come together in a merger, leaders have hard choices to make. It is important to understand which pieces of culture are so essential that they must be shared across the entire organization, and which should be protected locally. We view shared culture and distinct subcultures on a continuum, aiming to strike a balance between the two.

Organizational culture is built on what people do, rather than what they say they do. In this way, we can think of culture as a collection of *behavioral practices*. Practices are the building blocks of organizational culture. They consist of both behaviors (what people do) and supports (structures, processes, rewards, metrics, etc.) that enable behaviors. If culture is to change, practices

need to change. Each practice may be small, but together, multiple practices can move an organization's culture.

Culture must be nuanced to be relevant to all in a newly merged system, meaning that not everyone has to enact that culture in the same way. For example, organizational values are a useful vehicle to articulate shared and aspirational elements of a culture for a merged entity.[6] How values are lived out, however, might differ from hospital to hospital or clinic to clinic, reflecting shared culture at the level of values while maintaining a healthy distinctness at the level of *behavioral practices*.

How closely people work together should determine how shared their culture is. Let's use two example values: "Innovation" and "Respectful Communication." Innovation at the Chicago hospital might look like implementing a new enhanced recovery pathway after surgery to reduce length of stay. At the clinic in rural North Carolina, Innovation might look like administrators partnering with providers to experiment with how best to reduce documentation burden by applying generative artificial intelligence to clinic workflows. For Respectful Communication, people who work together through a central call center at Kaiser could develop a set of expectations that work for them and the supports to make those expectations possible, while clinical teams in Southern California decide on a slightly different set of expectations for Respectful Communication in their local context. These examples demonstrate that in different corners of an organization, values can be held as shared cultural aspirations, whereas the way those values are lived out can vary across entities in ways that advance the organization toward its overarching vision.

Other practices that merged organizations might deploy to balance culture across the parts and the whole include:

- Supporting affinity groups
- Creating learning collaboratives
- Developing a shared quality strategy
- Enacting performance management based on shared values, with behaviors unique to the local context
- Implementing leadership development programs
- Establishing norms for succession planning and curating the leadership pipeline
- Designing governance structures to support the desired behaviors at the frontline

Balancing culture is the most important asset for achieving systemness and delivering on the vision and strategic goals in complex organizations. This approach applies as much to entities within a geographically dispersed megamerger system as it does to an in-state academic health system. As many health systems look to expand, what if leaders can strike the right balance of shared organizational culture and distinct subcultures to attain success for the entire organization and its patients, employees, and their communities?

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SPRING 2024
Volume 13, Number 2

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WHAT'S GOING ON WITH MEDICARE ADVANTAGE? - PART 1

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Medicare Advantage (MA) has been a dominating topic in the headlines lately – even outside of industry publications. During the most recent open enrollment period, more focus than usual seemed to be placed on multiple areas, including attracting and enrolling new members, issues with provider payments, and delayed and/or restricted patient access as well as an increased regulatory involvement from the Centers for Medicare and Medicaid Services (CMS) and many states. Overarching polarizing opinions enhanced these themes as it relates to whether or not managed care for Medicare is working for all stakeholders, ranging from members to plan sponsors and ultimately to the payer, the Medicare Trust Funds.[1] In this article, we explore several divergent viewpoints regarding MA, and offer some considerations and tactics for healthcare leaders navigating through this complicated landscape.

FOR MEDICARE-ELIGIBLE PATIENTS

Patients eligible for Medicare are faced with many coverage options, ranging from Original Medicare and the associated myriad add-on/supplemental (Medigap) plans to Medicare Advantage offerings, with the average Medicare-eligible individual being faced with 44 individual MA products from which to choose. Arriving at the right plan for them can be overwhelmingly daunting. Even so, *Modern Healthcare* reported an increase of 2.9% to 32.9 million enrollees as of January 1, 2024.[2] Patients continue to flock to plans offering discounted or no-premium plans, with seemingly attractive benefits.

MA is not without drawbacks for its enrolled members, of course. NPR reported with *Kaiser Family Foundation (KFF) Health News* that issues with obtaining pre-authorization and limited networks of specialists forced some patients to delay care, resulting in exacerbated conditions.[3,4] Healthcare leaders across the continuum can support Medicare-eligible patients by bolstering programs that assist in connecting them to culturally competent, skilled, licensed brokers - hopefully resulting in more informed decision-making and helping to increase health literacy.

Informed members with the support of their MA plan can potentially be better and more adherent patients, especially when they can understand the strengths and limitations of their plan as it pertains to their healthcare needs. This can occur when the MA plan can ensure that members have access to PCPs that speak their language, understand their culture and lifestyle, and communicate medical guidance and care plans in terms the member can understand. Beyond primary care, best-in-class MA plans educate members on how to access care, such as how to choose appropriate sites of service and levels of care (e.g., specialists vs. primary care, hospital-based vs. community-based).

FOR HEALTH SYSTEMS

Health systems have been increasingly vocal in recent years regarding the issues MA plan partners face, ranging from delays in renegotiating acceptable contracts to abrupt changes in payment policies that can materially impact revenue. While contracted reimbursement rates for MA plans usually hover near 100% of Medicare, actual payments may yield much less, due to the claims payment policies employed by the plan, such as medical management/utilization

management techniques like pre-authorization, down-coding, denials, and retroactive actions. This erosion in revenue has proven to be untenable for many health systems, including those that have very publicly terminated their MA contracts with major carriers.[5] Conversely, the ever-increasing member enrollment can sometimes force health system leaders to keep underperforming contracts due to the concentration of MA enrollment in their catchment area – to terminate would be too disruptive to members, too great a hit to the health system enterprise's bottom line, and potentially harmful to the community. Due to these realities, leaders should consider some key questions in designing an effective payer strategy to possibly engage differently with MA. These include:

- What is the calculated yield for each MA contract?
- Can revenue cycle management (RCM) identify primary and secondary causes of low yield?
- What are the MA trends in their regional market?
- Is enrollment fluctuating, and, if yes, in what ways?
- Have the Star ratings of plans changed over time, and in what direction?
- Are there any new entrants into the MA marketplace and/or market disruptors?
- Does the organization have the capacity to enter into risk arrangements to manage MA premium?
- What would it take (financially and operationally) to understand organizational readiness?
- How will a risk-sharing strategy impact yield on the MA line of business, and how is that impact calculated?
- Are there operational improvements within the RCM function that can address challenges with MA?
- Are the MA plan partners willing to work with RCM to iron out these issues (e.g., changes to billing and coding standards and workflows to improve claim processing, deploying and optimizing electronic pre-authorization, etc.)?
- Are there sponsoring organizations (e.g., unions and/or public employee benefits groups) focused on different ways to engage with provider organizations to manage cost and quality for their population(s)?

FOR MEDICAL GROUPS

Independent medical groups – both primary care and multi-specialty – are not exempt from many of the same issues outlined above for health systems, yet sometimes have even fewer resources at their disposal to address them. Leaders of these organizations may be considering ways to evaluate and protect against revenue erosion for Medicare Advantage business. Two primary questions for medical groups include:

- **Are payment policies under MA changing faster than billing and coding staff can keep up?** Some mid-size groups are looking at replacing back-office vendors with technology-enabled alternatives. This is one of the areas where artificial intelligence (AI) can be impactful in healthcare. Advanced algorithms may be able to learn and apply myriad payment policies and processing nuances, and then apply them on a per-provider basis. Since these edits traditionally have to be understood and addressed manually via rules edits, adding this enabling technology may improve billing efficiency and save time for claims adjudication. This may have the potential to quickly offset the initial investment.
- **How is reimbursement changing for physician-administered drugs?** The buy-and-bill model has been prevalent for so long that practices (particularly specialists) have come to rely on drugs providing a critical source of contribution margin. In other words, practice administrators can manage with a negative margin for professional services,

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because it can be partially offset by the predictable reimbursement of at least 6% over the drug's Average Sales Price (ASP). This ability to counter negative margins is increasingly changing as MA plans offer "take it or leave it" drug fee schedules somewhere below the Medicare reimbursement rate, sometimes as low as 80% of Medicare. This low level of reimbursement often cannot cover drug acquisition costs, particularly for high-cost brand drugs mainly prescribed by specialists. This can force practices and/or groups to accept "white-bagging" (medication sent from a specialty pharmacy directly to a healthcare provider vs. "brown bagging" where the medication is picked up by the patient and brought to the healthcare provider to administer) arrangements that can compromise clinician control, and at the same time disrupt practice economics. Given this reality, practice administrators should be focused more than ever on the acquisition cost for drugs, particularly in tracking the specific per-order costs fluctuating over time (rather than roughly calculated averages.) Additionally, cost accounting for professional services should be an area of focus, specifically to ensure that Medicare Advantage claims payments do not generate a negative margin.

CONCLUSION

These considerations and tactics are just the beginning of the discussion of ways in which healthcare organizations can manage their relationships and reimbursement with Medicare Advantage health plans. We have presented common challenges with which healthcare leaders and decision-makers are currently grappling and have been in recent years. As provider organizations are increasingly engaged in the active negotiation of payment terms covering the rendering of medically necessary services for America's seniors, we believe there is continued promise in the transition from Original Medicare to MA. In our next article, we will focus on how providers and MA plans are partnering for value-based payments.

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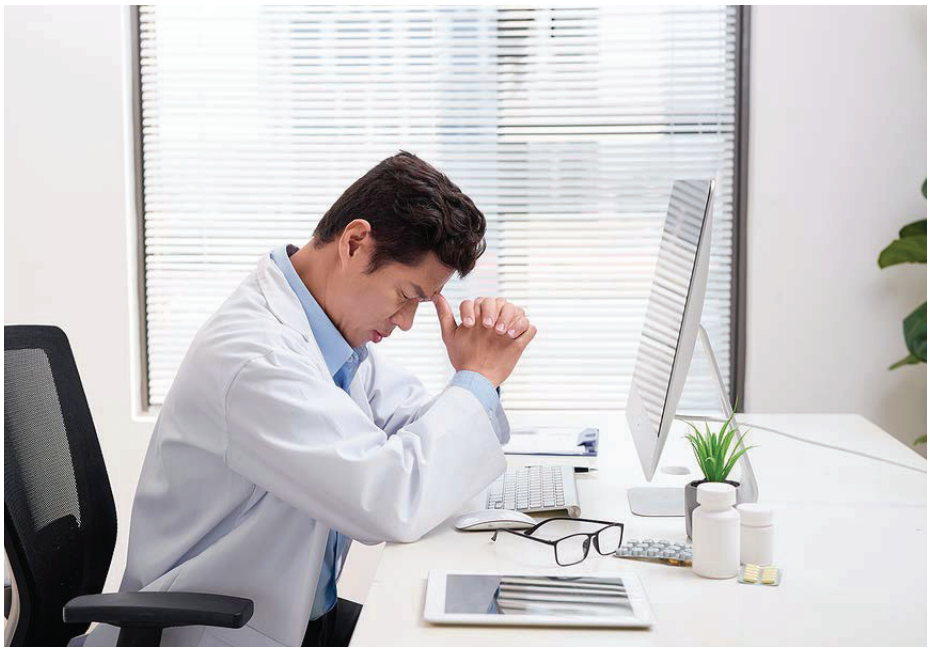
EXECUTIVES FACE A MORAL AND BUSINESS IMPERATIVE TO ADDRESS BURNOUT

A drumbeat about the acute burnout faced by clinicians continues to plague the healthcare industry — and rightly so. Today, 49% of physicians say they are burned out.[1] Further, one in five physicians indicate they are likely to leave their practice within two years.[2] Burnout harms individuals and encompasses a variety of injuries including chronic stress, depression, exhaustion, and loss of joy in work as well as increased substance abuse and suicide.[1] Clinician burnout clearly presents a wicked problem to address. However, the negative impacts of burnout in healthcare extend far beyond clinician well-being. As Dr. Thomas L. Schwenk said in a recent article in *JAMA*, physicians have effectively been the "proverbial 'canary in the coal mine.' While the canary may be sick, it is the mine that is toxic. Caring for the sick canary is compassionate, but likely futile until there is more fresh air in the mine."[3] Therefore, it is imperative to usher fresh air into the mine by pulling up to understand and address burnout in a more holistic and comprehensive manner.



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Clinicians are not the only constituency in the healthcare organization harmed by burnout. There is an increased understanding that healthcare executives are also in pain. A recent WittKieffer study shows burnout amongst healthcare C-Suite executives has swelled in recent years, with 74% now experiencing burnout.[4] Similarly, an ACHE study found 70 percent of healthcare CEOs have burnout scores "in the high range."[5] Healthcare executives have the highest turnover rates of all major industries, with burnout accounting for 70% of leadership turnover.[6]

CEOs also indicate feeling overwhelm, isolation, and seemingly inescapable pressure in the face of pervasive financial challenges, including increased labor and supply costs, decreased patient volumes, and workforce challenges that place tremendous burdens on executives and inhibit their ability and capacity to address issues and to advance strategy. While 88.1% of healthcare leaders still indicate they "like" their job, the pressure on leaders is clearly mounting and presents new forms of fragility in the leadership ranks.[5]

Burnout also harms the healthcare organization. Clinician burnout is directly linked to increased infection rates, increased medical errors, decreased quality of care, and reduced patient satisfaction.[7,8] Burnout cascades across almost all job titles and roles in the healthcare workforce and is a root cause of disengagement, unplanned absenteeism, and departure, causing increased cost, unfilled vacancies, decreased productivity, and lower morale. These issues, in turn, create other organizational vulnerabilities, including decreased financial performance, decreased likelihood to refer and return, lower

patient experience scores, and more, all at a time when financial pressure is already acute. Healthcare executives also acknowledge burnout as a direct threat, with 93% saying it is "negatively impacting" the health organization.[3]

It is not OK to let these issues linger, since addressing burnout is both a moral and business imperative. While healthcare executives feel their hands are tied by resource constraints, CEOs and C-Suite leaders still hold the key to elevating burnout on the leadership agenda; and it is essential to do so for the well-being and viability of clinicians, leaders, and the entire organization. Addressing burnout on a large-scale and systematic way will require leadership lift, strategic alignment, cultural commitment, and meaningful investment. Therefore, it's time to alert non-profit governing boards of the implications of burnout across all levels of the organization to secure their ownership and support. It's also time to craft a broad strategy to address whole-organization culture rather than indulging in seemingly quick fixes indiscriminately applied to check the box that the organization has done something.

Burnout for executives, clinicians, and the wider healthcare workforce is often rooted in challenging working conditions — such as excessive workload, inadequate staffing, scheduling challenges, administrative burden, and feelings of isolation.[9] Given many of these issues are sensitive to resource allocation, many of these conditions have deteriorated further in recent years as healthcare operating margins have taken a beating. However, investment to address these issues must be seen as an investment in the entire organization that has a direct connection to achieving a more stable financial future.

Beyond addressing systemic infrastructure issues, there is another powerful lever: embracing values and virtues. Peer-reviewed journal articles demonstrate the value of fostering an organizational culture where humanistic beliefs and behaviors — such as gratitude, kindness, compassion, and love of humankind — become part of the organizational operating system. When these values and virtues are ingrained in what those across the organization say, do, and use as a guide in decision-making, it creates a virtuous circle. As leaders, clinicians, and others demonstrate living these values, it boosts patient experience which, in turn, deepens the likelihood of receiving expressions of gratitude from patients and a deepening of human connection. This, in turn, affirms and induces efforts to continue exhibiting pro-social behavior.

While behavior change is never easy, integration of value and virtues is more about communications, modeling, and integration of new habits into daily life than monetary investment, once leaders have a basic understanding of what psychology and neuroscience show has an elevating effect and how to weave it into the organizational culture.

Healthcare organizations have a powerful and noble mission to heal and safeguard the well-being of their communities. However, for healthcare organizations to have the people and capacity to fulfill their mission's potential, it's critical for leaders to focus first on curing the moral injury and implications of burnout across the organization. Doing so is an expression of financial stewardship, strategic focus, and care for all those who care for not only patients and family members, but also for their health organization colleagues. Ultimately, pursuing a holistic, systemic approach to burnout will be essential to strengthen and sustain organizational success.

STEPS TO TAKE NOW:

- Have forthright conversations about the many organizational costs of burnout, including not only clinician well-being but also leadership capacity, financial success, quality, workforce issues, and more.

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- Address system organizational issues related to workload, scheduling, availability of mid-level, advanced-practice clinicians, and similar. Given stress is created and compounded by the workplace environment, it must be addressed.
- Remove the stigma from burnout by honoring the importance of mental health and normalizing burnout as a reality that deserves open acknowledgement and support of leaders in pursuing self-care without shame or penalty. Also, set and model appropriate boundaries as leaders.
- Create and implement plans to foster a values- and virtues-driven work environment to redefine the culture of the organization as one that embraces gratitude, kindness, compassion, and love of humankind to create a virtuous circle of pro-social behavior.

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WHARTON AROUND THE GLOBE: SUSTAINABLE SOLUTIONS FOR RURAL HEALTHCARE - A WGHV PROJECT IN GHANA

Wharton Global Health Volunteers (WGHV) partners with organizations to facilitate student-led, pro-bono consulting engagements to help advance healthcare initiatives around the world. In Winter 2023, one of the WGHV project teams partnered with a mission hospital in the rural town of Agogo, Ghana to help develop fundraising and equipment management strategies.

Agogo Presbyterian Hospital (APH) is located in the Ashanti Region of Ghana. The hospital serves a catchment area of over 100,000, and acts as an international referral center for advanced ophthalmologic care. Agogo Presbyterian has also demonstrated excellence in the areas of maternal health and neonatal care and serves as a local center for research on initiatives such as malaria vaccines. This public, 300+ bed mission hospital provides care independent of patients' ability to pay and, alongside a network of primary care locations in the community, is a critical player in maintaining the health of the surrounding region.

The initial scope was centered on utilizing the Wharton network to bolster near-term philanthropic contributions of funds and capital equipment to the hospital. However, as the working team began to build a relationship with the APH team, it quickly emerged that combining the business-driven mindset taught at Wharton with the clinical strength of the APH team would drive a longer lasting and more substantial impact. During the visit to Agogo, the WGHV team was graciously hosted by Reverend Ezekiel Amadu Daribi and APH, and were immersed in their clinical, administrative, and support functions through staff interviews, ward tours, and administrative discussions. They met with passionate leaders within APH, such as Dr. Kennedy Opoku who provided valuable insight regarding the challenges faced by APH. Through these interactions, the WGHV team homed in on understanding the hospital's current fundraising and equipment procurement

challenges and leveraging the combined expertise to develop tools and strategies to improve fundraising and equipment management.

While touring the facilities and understanding the hospital's challenges, it became clear that Western medicine and health administration approaches could not be simply applied. Funding and logistical constraints meant equipment was being sourced and replaced with a significant lag after it was deemed non-functional and once funds became available. During these periods without proper equipment, the Biomedical Engineering team – led by Deborah Mensah Duah, Joseph Hammond and Dr. Rexford Adu Gyamfi – demonstrated great ingenuity in developing alternatives such as repurposing the components of a 'bug zapper' and retrofitting a medical UV tube to treat neonatal jaundice.

As part of working with the Biomedical Engineering team, the WGHV team was able to visit multiple departments and better understand their equipment management and procurement process. The team created a simple inventory management system that would help APH monitor their historic equipment repairs, damage, and replacements and subsequently forecast when critical equipment is predicted to fail or require replacement. Forecasting tools taught by Professor Gérard Cachon in Wharton's course on Operations Strategy were put into use to help drive better levels of in-stock probability. Given the challenges with procurement and funding, leveraging this advance planning, informed by optimal ordering patterns, will allow the hospital to order equipment before it breaks down, thus minimizing the impact on patient care.

Given their mission to provide healthcare to all, part of APH's operations relies on generous donations. Their past efforts to engage with donors have allowed APH to fund patient care and make capital purchases, most recently an oxygen generation plant. However, the WGHV team was able to bring an outside perspective and work with the hospital to further enhance their outreach capabilities for philanthropic contributions.

This work included teaching the hospital staff to clearly communicate the impact they make in their community, as informed by existing data, to promote themselves to donors. APH's Biostatistics department was rich with impressive outcomes, especially in recent improvements

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in maternal and fetal outcomes, which had gone unleveraged. Additionally, the WGHV team identified key metrics for which the hospital had readily available data, such as patient volumes' locoregional impact on the hospital, but that were not being used in discussions with philanthropists. The WGHV team led workshops on effectively and systematically identifying potential donors and the development of a modular pitch deck. They also left APH with the tools to obtain tremendous success in the continued search for donors. These are now being applied by key members of hospital leadership, such as Emmanuel Amoako-Apenteng and Reverend Amaniampong Kwarteng.

Another challenge the WGHV group faced was a difference in strategic culture. Given the resource-restrained environment in which this hospital operated, decisions were often made according to the most immediate needs of physicians or donor preferences, without consideration of future implications. For example, funding was provided to build non-revenue generating housing for mothers while their children received cancer treatment. Construction began immediately using the entirety of the funds; however, ongoing maintenance and repair costs were not accounted for and will have to be drawn from the same budget supporting care for uninsured patients, wages for hospital staff, equipment replacement, and more. Similarly, large capital purchases were being discussed to address community health needs – especially due to physician pressure – without consideration for feasibility, implementation, and impact. For example, a CT scanner that had been donated through a revenue-sharing model has sat idle and unconstructed due to lack of current infrastructure available to support the technology.

The WGHV group took the opportunity to share approaches from their experience in medicine, consulting, operations, and investing to demonstrate the value of a long-term perspective. They developed a framework to systematically evaluate new initiatives and capital purchases for the hospital to apply to their visions. This framework was well received and absorbed by key members of hospital leadership.

The WGHV team left the hospital with new tools that had been developed in partnership with the APH working team and presented to the APH Board of Directors. Through this engagement, the WGHV team met some incredible people who are doing innovative and compassionate work at APH. APH and Wharton are excited about maintaining an ongoing, collaborative relationship, including an upcoming 3rd annual visit as part of Wharton's Global Modular Program in Ghana, led by professors Stephen Sammut and Hummy Song. The WGHV team is confident the tools and relationships that have stemmed and strengthened from this project will help drive future growth at APH.

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The Wharton Global Health Volunteers (WGHV) is a student-run organization that is dedicated to improving healthcare in the developing world by empowering students to lead impactful consulting projects for opportunity-rich, resource-poor organizations. In prior years, students have traveled all across the globe from Ghana to India to work on high-impact global health-focused initiatives.

This year, WGHV is excited to kick off 3 new projects in Spring 2024 and is currently fundraising to help students travel to their respective client sites to maximize global health and learning impact. If you are interested in donating any funds toward these initiatives, please write a check to WGA with 'Wharton Global Health Volunteers' in the memo. As WGA is a nonprofit entity, your donations are deductible.

Please mail your donation check to the following address:

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Further information can be found in the attached file on donation policy. We deeply appreciate your support!

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INTEGRATIVE MEDICINE: GLOBAL STAKES AND A MOMENT TO IMPLEMENT IN MEDICAL INSTITUTIONS AS PRIORITY OBJECTIVES FOR THE NEXT DECADES

Integrative medicine (IM), a holistic approach that combines conventional and complementary-alternative medicine (CAM), is experiencing a transformative planning in the next millennium for global health. These practices may be grouped within five major domains:

1. alternative medical systems (entire systems of health theory and practice (including traditional Chinese medicine,[1] Chinese medicine, Ayurvedic medicine, naturopathy, and homeopathy, phytotherapy) that developed separately from conventional medicine).
2. mind-body interventions[2, 3] (biofeedback, art, dance, music, visualization and guided imagery health and fitness interventions that are intended to work on a physical and mental level such as yoga, tai chi, and Pilates, hypnosis, EMDR)

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3. biologically-based treatments (treatment that uses substances made from living organisms to treat disease)
4. manipulative and body-based methods (manipulation or movement of one or more parts of the body as a means of achieving health and healing, e.g., chiropractic and osteopathic manipulation, body movement therapies, yoga, massage, reflexology, rolfing, Alexander technique, craniosacral therapy, and Trager bodywork, neuromuscular reeducation of the pelvic floor, neurostimulation[4]…˙)
5. spirituality and healing[5, 6, 7] (healing techniques that treat the mind, body, and spirit, e.g., prayers for healing, psychic healing, therapeutic touch, Healing Touch, Hands of Light, shamanism, Reiki, Jungian analytical psychoanalysis, acupuncture, auriculotherapy,[8] and acupressure, electromagnetic therapy, Qigong)

There is increasing interest and growing evidence that the integration of conventional medicine with traditional, complementary, and alternative medicine (TCAM) may be useful for the prevention and treatment of communicable and chronic diseases related to behavior and lifestyle in NATO9 countries.[10, 11, 12]

The evolution of academic health institutions, health practitioners' competencies, and research and development (R&D) in this field reflects a global dynamic blend of traditional wisdom and cutting-edge science. Integrative medicine in health institutions is vibrant and dynamic, offering a holistic approach to health and well-being. Beyond disease-centered models, integrative medicine implementation is increasingly focusing on patient-centered outcomes. Quality of life, patient satisfaction, and long-term wellness are becoming central metrics, reflecting a comprehensive approach to healthcare. Countries such as the United States, India,

China, and Switzerland are already advanced in the integrative medicine system and are trying to develop the concept at the institutional level.[13, 14]

The COVID-19 pandemic[13] gave rise to a number of uncertainties that have resulted in significant decreases in quality of life and increased deaths and economic losses for various institutions around the world, with the exception of the healthcare and IM[14, 15] sectors. One reason is its resounding success and patient satisfaction, as evidenced by patient utilization and testimonials and physician referrals, although physician knowledge of IM modalities is generally low in the U.S. In some other countries, the IM programming has expanded across the healthcare system to every medical specialty, and there is a more open mind from health institutions.

Some diseases are becoming more prevalent in the modern-day world for a variety of reasons, including unhealthy lifestyles. And some people prefer to avoid taking medication if there are other effective options available. The demand for health and wellness services, [11, 12] reproductive and sexual health services,[13, 14] and CAM[14] and IM[15] therapeutic approaches and methods is increasing. Moreover, interest for IM started more than 20 years ago in the U.S. and Switzerland.[16] A proposed model for sexual and reproductive health and wellness identified a market size valued at USD 33.20 billion in 2022. It is estimated to reach USD 64.34 billion by 2031.

In the U.S., since 1991 the National Center for Complementary and Integrative Health (NCCIH) has been the federal government's lead agency for scientific research on complementary and integrative health approaches, and 27 Institutes or Centers/ Offices make up the National Institutes of Health (NIH) within the U.S. Department of Health and Human Services.[17] The mission is to determine, through rigorous scientific investigation, the fundamental science, usefulness, and safety of complementary and integrative health approaches and their roles in improving health and healthcare. NCCIH's scientific evidence informs decision-making by the public, healthcare professionals, and health policymakers regarding the integrated use of complementary health approaches in a whole-person health framework. The European society is trying to build a similar model.

The degree of competition between the global market[18] for healthcare groups, global pharma,[19] and/or health companies is challenging. Integrative medicine is in its infancy in as a player in the global market ($12.9 trillion by 2031)[20] in areas such as medical education, conventional biomedicine, R&D, benefits coverage, M&A, innovation, and partnership and interdisciplinary networks in translational research. The increasing popularity of integrative medicine is rooted in the effort to optimize a patient's quality and cost of care, efficiency, and the effects of an integrated care system.[21, 22, 23, 24, 29]

However, there are still obstacles to the implementation of IM. Medical services and departments reject the implementation of IM for different reasons: all IM services are not "legally" available: there is no single definition of CAM within the law,[25] particularly due to lack of regulation,[26, 27, 28, 29, 30, 31] or architectural space and financial risks,[32] low change mentality in management and board direction, which include costs and low caregiver knowledge on CAM or IM unwillingness to take risks in the face of the positive changes it would bring to patients and also strengthen healthcare workers' knowledge.

In addition, prescribers and pharmacists are also confronted with the non-conformity of certain natural treatments as phytotherapy, homeopathy, macrobiotic, or herbal - classified as food dietary supplements or nutritional treatments, which have either not been tested and are not governed by the strict FDA drug approval process and no premarket approval required[33] by the FDA and/or other recognized agencies or have not been validated by leading medical societies.

Certain herbal remedies can also interact with prescription medications, and some treatments are not at all effective, while others are categorized as having significant side effects. The global market for dietary supplements is not sufficiently controlled by the FDA and there is also insufficient implementation of worldwide consumer protection safety standards. Doctors and CAM specialists must be reassured by a clear vision of national or global legislation to clearly define all aspects

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SPRING 2024
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of practice, medical prescriptions, microbiota[34] medicine,[35] biomedicine, and other therapeutic methods which require special expertise. Some CAM medicines, and particularly plants, can cause serious interactions, and standards are not respected within OTC and DTC services.[36, 37, 38]

We anticipate the majority of hospital services which interact in an interdisciplinary approach will soon act to include CAM medicine in the near future to leverage the clinical and financial benefits to an organization.

Integrative medicine is a vital component in patients' care. IM and CAM treatments address the spiritual, emotional, mental, physical, and environmental needs of patients. Implementation in medical departments can help manage chronic pain, sexual dysfunction, gynecology and women's health, neonatal intensive care, trauma, and chronic conditions as well as people who have had transplants, community-based programs including drug and alcohol rehabilitation, refugee mental health, and people with gastrointestinal (GI) conditions for which there is a significant mental health component, both as a result of symptoms and the negative impact past trauma can have. Integrative oncology[39, 40, 41, 42] provided in specialized hospitals[43] seeks to engage patients and families as active participants in their own care from prevention throughout treatment and survivorship.[44]

The role, responsibility, and healthcare coverage[45, 46] of private health insurers in reimbursing[47] patients in the context of complementary healthcare[48] also play an important role within institutions.[49, 50] Patients pay and need more support to access care of all kinds as a matter of human rights.[51]

If these barriers can be overcome, patient care is likely to improve, which is a goal of a consortium of ethics, [52, 53, 54, 55] evidence-based medicine,[56] and human rights.[62] IM and CAM are especially important for effective outpatient services and inpatient services in partner departments provided by health institutions.

CONCLUSION

Healthcare costs and medical coverage for patients have an effect on the use of integrative medicine, which could be in conflict with the right[57, 58] to health.[59, 60, 61, 62]

For the majority of health institutions that provide IM and CAM, patients and physicians have expressed satisfaction with the increasing number of complementary services offered at health institutions, and the services are heavily utilized.

Human societies, whether technologically and financially advanced or deprived, will have to find their own integrative models in public health to achieve their expectations in health outcomes by 2030. In China, India, and countries in Africa, for example, an integrative model might look at upskilling traditional practitioners to identify diseases, develop a knowledge base with regard to available IM and CAM interventions and the scientific evidence and guidelines thereof for specific clinical interventions which are safe and effective, and to establish clear referral models.[63, 64, 65, 66]

A real cooperation is crucial, particularly with regard to a goal of integration of all recognized medicine according to the WHO definition,[67, 68] avoiding sectarian deviances, and integrating and incorporating social workers.[69, 70] Finally, the United Nations

millennium goals development for 2050 should mention and integrate clearly the place in the health section relative to IM and CAM objectives as an "integrated priority," in the global health agenda for all health institutions and integrative practitioners. This is a part of the future[71] of medicine for patient care.[72, 73, 74]

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at a CAGR of 22% from 2022-2030[20]. The global health and wellness market size was valued at $4.7 trillion in 2021 and is projected to reach $12.9 trillion by 2031, growing at a CAGR of 10.9% from 2022 to 2031[20]. As the world continues to recover from the pandemic, GWI predicts that the wellness economy will return to its robust growth. We project 8.6% average annual growth, with the wellness economy reaching $8.5 trillion in 2027

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