More than two years of speculation about health reform came to an end this year when the U.S. Supreme Court weighed in on the Patient Protection and Affordable Care Act. What has yet to end is uncertainty about the potential impact of the presidential election and looming “fiscal cliff” on the future of healthcare.

That notwithstanding, the transformation occurring in healthcare is bigger than politics, judicial mandates or even acts of Congress. Reform continues its inexorable march forward—in the name of lower costs, better outcomes and improved population health. Regardless of who sits in the Oval Office or sets economic policy, the nation demands affordable, accessible, accountable care.

Those of us in healthcare have known for years that the challenges we face require a new brand of leadership—the type of young visionaries the Up & Comers program annually celebrates. This year’s honorees are extremely gifted with traits and skills distinctive to this new breed. They are reform-minded, cost-conscious, community-focused and technologically savvy. They are unique in leadership style, diverse in background and determined to find solutions to healthcare’s thorniest issues. Most important, they are the generation of leaders who will ensure patients are at the center of the delivery system.

We knew 15 years ago when Witt/Kieffer first sponsored Modern Healthcare’s Up & Comers program that the individuals who receive this award each year would represent healthcare’s greatest potential for future vision and innovation. What we did not know is how deeply gratifying it is to follow the extraordinary contributions each class of winners continues to make to their organizations and communities.

Charles (Chuck) W.B. Wardell III
President and CEO
Witt/Kieffer
Dr. Paveljit Bindra

39, chief medical officer and chief information officer, Citrus Valley Health Partners, Covina, Calif.

—Joseph Conn

B. Lynn Detterman

36, president and CEO, Mercy Willard (Ohio) Hospital

—Joe Carlson

Dr. Paveljit Bindra serves in the dual capacity of chief medical officer and chief information officer for Citrus Valley Health Partners. “He’s a new breed,” says Robert Curry, president and CEO of the three-hospital, 620-bed healthcare system. “He’s passionate about evidence-based medicine and medical informatics. Evidence-based medicine is probably in his DNA.”

Curry also describes Bindra—who led the hospital system’s successful march toward Stage 1 meaningful-use compliance in the first year of the federal electronic health-record incentive payment program—as “consistent and thorough. … And he brings to it an IT user mentality, not just an IT technology perspective.”

Bindra, 39, is an electrophysiologist by clinical training and served as medical director of that department at Citrus Valley before assuming the roles of CMO and CIO. While at Harvard Medical School, Bindra took a year’s leave on a Fulbright scholarship to Oxford University in England, where he earned a master’s degree in sociology and public health.

During a fellowship in cardiology and electrophysiology at the University of Pennsylvania Health System in Philadelphia, Bindra earned an MBA, with dual majors in finance and healthcare management from the University of Pennsylvania’s Wharton School.

Bindra recalls those frenetic days in Philadelphia. “I got a small bike so I could pedal really fast across to the Wharton campus,” he says. “I would run back and do a case. It was sheer madness. If my wife had not been supportive, I could not have done it.”

Bindra says his business training gave him not only the language, but also the analytic tools to bring business rigor to health information technology decisionmaking, which prompted him, on assuming the CIO role, to call for a “strategic pause” to re-evaluate an already proposed health IT system upgrade and estimate the return on investment.

“I did the cash flows and some of the analysis that you would do in any investment,” Bindra says. “Basically, it became pretty clear that the ROI was there, but it was there (only) if the prices were in 50% to 60% range of what these people were asking. When you start looking at anything between $22 million and $50 million, you have to have those numbers” in an ROI analysis.

“It’s like the saying, only Nixon could go to China,” he says. “It basically took a physician to take on a CIO role for stopping the bandwagon from going the wrong way.”

The hospital is still weighing its options on the upgrade, Bindra says. But in the end, he says, the clinical and business skills all were obtained for one mission—“that core belief that my job as a doctor always was to work to let my patients be healthy so they could achieve their God-given ability to reach their potential.”

B. Lynn Detterman wasn’t planning to leave her job as a staff accountant for a major firm in Cleveland. Yet something about the job opening as a financial operations manager at a mission-oriented hospital not far from her home town of New London, Ohio, appealed deeply to her.

In a role as manager of an accounting department at Mercy Willard Hospital, she knew she wouldn’t be providing direct patient care, but the idea of serving as a financial steward to an institution serving vital community needs interested her in a way that work at a big accounting firm didn’t, she says.

“It was more about a bigger purpose in life for me,” she says. “I think it’s just how you’re wired as an individual. I felt like I needed to make a difference in my community.”

So in June 2002, hoping to make a positive community impact, she made the leap to the hospital job, becoming manager of financial operations.

Less than a decade later, Detterman found herself as the top executive responsible for overseeing the construction of a new, $35 million community hospital to replace Mercy Willard’s outdated plant.

In 2009, she had taken the job as president and CEO of the 25-bed critical-access hospital, owned by Catholic Health Partners. After ground broke for a hospital in July 2010, she got a hard hat with her name on it and frequently visited the construction site to oversee construction of the 101,000-square foot building, which opened in May.

“‘It was more about a bigger purpose in life for me. … I felt like I need to make a difference in my community.”

She says that although she comes from a financial background, she respects the need for patient safety as a goal in itself. For example, the hospital recently invested $60,000 in software that reduces the amount of radiation delivered to patients during CT scans by more than 40% because of recent concerns about the effects of high radiation levels on children and adults.

“That was complete expense to our organization,” she says. “We are not reimbursed one cent for adding that software. But it was just the right thing to do.”

Andrea Price—president and CEO of Mercy’s Northern Region, the CHP corporate division that includes Mercy Willard—says Detterman has a strong connection to her staff.

“She’s definitely an advocate of patient safety and employee safety,” Price says. “Traditionally, years ago we were told to round on patients, and that’s fine, but we also need to round on our employees to make sure that they have the tools to do their jobs and to make sure they’re safe.”

Price praised Detterman’s mission to cultivate local healthcare talent, which includes reaching out to students and natives who have left the area to see if they’re interested in coming back to live near their families in northern Ohio.

—Joe Carlson
Jason Dinger has been called the “resident entrepreneur” at St. Thomas Health System, Nashville.

Before he joined the five-hospital system, he had already started and sold his own consulting company. He began his healthcare career working as a hospital administrator in rural Zimbabwe, helping to design new buildings and set up other infrastructure.

So when it came time to build the system’s accountable care organization—a new healthcare delivery model—Dr. Mike Schatzlein, CEO of St. Thomas Health, knew who to choose for the job.

Dinger, 38, stepped into the CEO role of MissionPoint Health Partners last year, tasked with developing a vision for the ACO, assembling a team and launching the program.

The ACO formally launched in August 2011. At the time, Dinger set a goal of getting 400 physicians on board to care for MissionPoint’s 13,000 members, including St. Thomas’ own associates.

By January, more than 1,000 physicians had signed on and in July, the CMS chose the ACO for inclusion in its shared-savings program. Dinger says he expects MissionPoint to have 50,000 members by the end of 2012.

“Thus far, we’ve exceeded our expectations,” he says. “There are a lot of gaps in care, and what MissionPoint does is fill in the gaps.”

Schatzlein compares the energy at MissionPoint to Google, noting that the group is filled with young, creative people with new ideas about healthcare; it is also adopting new technology to meet cost savings and quality targets.

MissionPoint is using a product from the Advisory Board Co. for quality measurement and working in partnership with Cisco on a telehealth product. The ACO also uses personalized health services such as checking in with patients to make sure they’re taking their medications.

St. Thomas had a chance to glimpse Dinger’s entrepreneurial spirit a few years earlier when he expanded a local program that distributed unused prescription drugs to low-income patients in a national network.

The program began with one physician in Tennessee who hated to see prescription samples go to waste and sought to find a way to distribute them to patients who couldn’t afford their medication.

The program, now known as the Dispensary of Hope, was given to Dinger in 2007 to grow. It has locations in 15 states and more than 1,300 physicians who donate drugs. Dinger says it’s similar to the Netflix model, meaning clinics can go online and make requests for medications to have sent to them.

“He can take a concept and he can articulate it in such a way that people become engaged very quickly,” says Greg Pope, St. Thomas’ vice president of philanthropy. “He’s an entrepreneur at heart. He’s a social entrepreneur.”

—Beth Kutscher

Alexis Fernandez

During his first three years studying finance at Florida State University, Alexis Fernandez says he never considered a career in healthcare.

“It wasn’t until a college trip to Tenet Healthcare Corp’s Hialeah (Fla.) Hospital that Fernandez realized healthcare offered everything he was looking for.

“In college you never thought of a hospital as big business, or at least I didn’t,” Fernandez says.

After the group’s tour, Fernandez went back and wrote a report on Tenet for one of his business classes and sent a copy of it to David Roth, then vice president of finance for Tenet’s Florida division.

The report, and a subsequent interview with Roth, earned Fernandez a spot as a staff accountant at Tenet’s St. Mary’s Medical Center in West Palm Beach, Fla., in September 2002, a few months after Fernandez graduated.

Today, Fernandez is the chief financial officer of Tenet’s North Shore Medical Center in Miami. At 32, he is the youngest CFO in Florida for Tenet.

In his three years as CFO, Fernandez has secured funds for major expansion projects within the 357-bed hospital, and acquired three new imaging centers around Miami. In addition to his responsibilities as CFO, Fernandez oversees the day-to-day operations of the imaging centers.

“He has mentored me throughout my career,” Goldsmith says.

Fernandez’s road from staff accountant to CFO involved stops as assistant controller at Good Samaritan Hospital, West Palm Beach, and then as controller at North Shore.

“I’ve never asked for a promotion with this company,” Fernandez says. “When a position was available and they thought I would be a good fit, I’ve received a call.”

A little under three years after his arrival, Fernandez received one of those calls, and at 29 Fernandez was promoted to CFO.

“He’s the strongest (CFO) I have worked with in making sure all analysis is accurate, is complete and is detailed,” North Shore CEO Manny Linares says.

As he has moved up the ranks at Tenet, Fernandez has embraced his role as a leader and mentor, despite his young age.

North Shore Controller Alan Goldsmith started at Good Samaritan seven years ago when Fernandez was assistant controller and followed him a few years later to North Shore.

“He has mentored me throughout my career,” Goldsmith says. “He expects you to be the best at your position, and he helps you along getting there.”

—Patrick Smith
Michelle Hornberger

Even years ago, few people knew about proton therapy, a form of radiation that can more precisely target and irradiate a tumor.

However, that didn’t stop James Jarrett from taking what he calls a leap of faith to join a fledgling company that has now built three proton-therapy facilities and is the largest provider of proton therapy in the U.S.

Jarrett, 38, serves as president of the ProCure Proton Therapy Center in Somerset, N.J. He joined ProCure Treatment Centers, the facility's parent company, as its second employee in 2005 and has held a number of business development, marketing and operations positions.

“What really interests James is how things work, how things can be made better and how an experience can be improved,” says Hadley Ford, ProCure’s CEO.

Jarrett’s understanding of the factors that drive the patient experience led him to standardize the patient intake process, starting with the company’s Oklahoma facility, Ford says.

He found that patients first need to be aware of proton therapy as a treatment option, which makes it important that by the time they call a facility that they meet with a physician in a timely manner. (There are only 10 proton therapy facilities in the U.S. in operation.)

“That initial observation lessened the amount of time it took to get someone into the proton center,” Ford says, “and it improved the ability of patients to have access to protons.”

“It was Ford who hired Jarrett, whom he had worked with during an earlier career in banking. The two worked closely together, with Jarrett helping draft the company’s business plan and arrange the original financial plan, which led to the $700 million in equity capital that ProCure has raised since 2005.

“What really interests James is how things work, how things can be made better and how an experience can be improved.”

It was a pretty big leap of faith, but it was certainly an exciting leap and an exciting trip so far,” Jarrett says.

When Jarrett was considering his first position with ProCure, he spoke with a residency classmate of his father, who is a vascular surgeon. The classmate, who had worked with proton therapy in a lab setting in the 1960s, told him that the company could impact how radiation therapy is delivered in the U.S.

“For me, that seemed like a pretty worthwhile risk to take,” Jarrett says.

The $160 million facility in Somerset opened this year. Jarrett notes that patients are starting to refer other patients and their satisfaction scores on post-treatment surveys are encouraging.

As the only proton therapy facility in the great New York metropolitan area, Jarrett noted the opportunities for the facility to grow, especially with the addition of treatment for pediatric tumors and lung cancer later this year.

—Jaimy Lee

James Jarrett

39, chief strategy officer, Crittenton Hospital Medical Center, Rochester, Mich.

“I’ve been very happy with the choices I’ve made...I’ve been fairly lucky that other people also thought those choices were worth it.”

“I’ve been very happy with the choices I’ve made,” Hornberger says. “Fortunately, I’ve been fairly lucky that other people also thought those choices were worth it.”

Before Crittenton, she served as an associate in strategic planning at Genesys Health System in Grand Blanc, Mich., which is an affiliate of the Catholic system Ascension Health. She also worked as assistant director of corporate planning for Beaumont Hospitals, Royal Oak, Mich.

Though she’s worked at larger companies and hospitals in bigger communities, Hornberger says she’s up for the different challenges at Crittenton. One of her biggest accomplishments was launching a marketing campaign in 2007, which helped increase the hospital’s previously dwindling market share.

“We don’t have as deep pockets as many of the other health systems, so we have to be as savvy as we can with the dollars we have,” she says.

—Ashok Selvam
Michael Kasper

Whether it's rolling out an electronic health record, recruiting physician practices into the group or persuading executives from a local hospital to form a joint venture and then getting his physician team to buy into the concept, Michael Kasper has a reputation for pulling people together to work on a common goal.

Kasper has been CEO of DuPage Medical Group, a 365-doctor, independent physician group since September 2010, making the jump to the provider side after an early career as a health insurance company executive. The group serves parts of the western suburbs in metropolitan Chicago. His insurance career included a stint as president and CEO of Coventry Health Care of Louisiana, where he implemented a post-Hurricane Katrina recovery plan.

Most recently, Kasper engineered the formation of Illinois Health Partners, a joint venture with Edward Hospital in Naperville, to manage 100,000 HMO patients. Dennis Fine, DuPage Medical’s chief operating officer, has worked with Kasper during both career stages, including in 2000 when they were both at Aetna U.S. Healthcare in Atlanta. “I’ve never had so much fun working with a guy while working so hard,” Fine says. “He’s still extremely driven and a very results-oriented guy, but he’s calmer, more mature and more methodical—a lot of that comes with age, but also with experience and finding the best ways to deal with people.”

“I've never had so much fun working with a guy while working so hard.”

This includes using a talent for public speaking while mixing data and a passion to persuade people to focus on a common vision—such as persuading physicians that forming a joint venture with a competing hospital is a good idea. While presenting what he thought was positive news to a group of physicians at a quarterly shareholders meeting, Kasper said that he still felt skepticism about the joint venture with Edward Hospital and that “there was still a lot of curiosity.”

“I said, ‘I know I come across as a bulldog, but I’m your bulldog,’ ” Kasper recalls, adding that it seemed to be the right thing to say to calm the doctors’ concerns, though they weren’t the first to view the arrangement with skepticism. Kasper first had to persuade Edward CEO Pamela Davis—best known for working with the FBI in its probe of corruption in the state certificate-of-need process.

“She looked at me and said, ‘You’re our biggest competitor,’ ” Kasper recalls.

Brian Davis (no relation to Pamela Davis), vice president of marketing and government relations at Edward, confirms the story. “After that initial meeting, we thought we could make something work,” he says. “But we walked into those meetings with an open mind—we didn’t walk into those meetings just to talk with Mike.”

Kasper says the negotiations with Edward were the most collaborative he’s ever worked on, with the focus on bettering community health and “not getting bogged down with minutia.”

—Andis Robeznieks

Mark Klosterman

Mark Klosterman’s early interest in science developed into a medical technology degree and led to a job in hospital laboratories. But it was the desire to improve healthcare and guidance provided by an informal mentor that drew him toward the C-suite.

Klosterman, 40, president and CEO of St. Joseph’s Hospital in Breese, Ill., says he benefited greatly from an accessible chief executive at the Minnesota hospital where he landed one of his first management jobs.

“He really influenced me in a positive way,” says Klosterman, who says he hopes he can “be an inspiration to somebody and give them a good idea if this is something they want to do.”

From that Minnesota hospital where he served as director of laboratory services, now the Sanford Worthington (Minn.) Medical Center, Klosterman quickly went on to become a CEO himself.

Klosterman left the Minnesota hospital in 2002 to join then-Sioux Valley Hospitals & Health System, now part of Sanford Health, as an information technology project manager. He holds a master’s degree in information technology, in addition to his MBA. Less than a year and a half later, he was named chief executive of Avera Health’s Gregory (S.D.) Healthcare Center.

Mark Reifsteck, who recruited Klosterman to his current role as head of St. Joseph, part of the Hospital Sisters Health System based in Springfield, Ill., says Klosterman’s combination of clinical laboratory experience, knowledge of information technology and his executive-level experience made him a standout candidate for the hospital’s top job.

Reifsteck says it would be easy to dismiss Klosterman’s challenge as kitschy. “It isn’t,” he says. Klosterman did something personal to accomplish an important goal and help another hospital.

After an inmate being treated at St. Joseph’s wrestled a sidearm from a guard and fired it in the ER, Klosterman raced to the hospital to meet with patients and employees. No one was injured, but Klosterman “understood this was a traumatic thing,” Reifsteck says.

Mary Starmann-Harrison, president and CEO of Hospital Sisters Health System, says Klosterman also seeks to learn from his colleagues even as Hospital Sisters looks to St. Joseph’s for successful strategies. The hospital’s patient satisfaction, employee engagement and financial performance are strong, she says. “He’s always looking for that next opportunity for improvement.”

—Melanie Evans
ike much of the rest of the country, John Randolph Medical Center was struggling financially in 2011. The HCA hospital in Hopewell, Va., was hemorrhaging cash, and the state of its balance sheet presented one of the first major challenges for its young CEO, according to a company official.

But aggressive management changes undertaken by Dia Nichols, 37, demonstrated why executives at the Nashville-based hospital chain appointed him CEO in August 2009. The facility "went from losing money to being in the black," Margaret Lewis, president of the HCA Capital Division, says about the 2011 downturn that was resolved by 2012. "And he did that while maintaining its high quality scores," she says.

Lewis, who has worked with Nichols for eight years, specifically credited Nichols' development of an expense management plan that identified a range of cuts at the hospital and his efforts to restructure it to meet the areas evolving demand for different healthcare services.

But also critical, she says, was Nichols' skill in assembling teams of professionals with diverse skill sets and trusting them to reach the goals he lays out.

"I believe in surrounding yourself with quality personnel and then getting out of their way to let them work," Nichols says.

"I believe in surrounding yourself with quality personnel and then getting out of their way." Nichols says that kind of big-picture approach to hospital management was inspired by a trip years earlier to a top-ranked New Orleans restaurant. When Nichols began to ask for a specific change to his order, the server interrupted him to assure Nichols that there was very little they wouldn't do to make his visit a pleasant experience.

"Obviously, that was someone who worked for a leader who said, 'Here's the vision, now let me get out of the way and let you get it done,' " Nichols says.

Nichols' approach to leadership also includes keeping a sharp eye out for quality candidates to join his executive teams.

For example, Frankye Myers is the chief nursing officer at John Randolph, but when she met Nichols six years ago, Myers was director of the cardiac unit at Chippenham Hospital in Richmond, Va.,

She credited Nichols' influence in her enrolling in HCA's CNO development program after having worked as a nurse for 12 years. "He was very instrumental in my upward mobility in the company," Myers says. "Sometimes people are able to see in you what you do not see in yourself."

Nichols, too, says he's working to keep up with changes brought on by the industry's "transparency era." The emergence of provider report cards, opening price and quality databases and other changes are requiring executives to change their thinking, he says.

—Rich Daly

When Becky Tucker took a job in 2001 as an administrative assistant at Texas Health Presbyterian Hospital Plano, she already had her sights set on a career in healthcare administration.

But she didn't imagine that just nine short years later, she would be named administrator of a newly opened 53,000-square-foot outpatient facility, overseeing all operations at a center that she helped plan and design.

"At times, it was almost surreal," Tucker, 35, says of her quick rise through the ranks at Texas Health Resources, a 14-hospital system headquartered in Arlington.

Tucker's interest in healthcare administration was sparked while working in the front office of a physician practice during college. A co-worker was pursuing a master's degree in the field, and Tucker thought it sounded like the perfect fit for her.

"I realized I could marry my two passions: interacting with patients and the business of healthcare," she says.

Tucker served as administrative assistant in medical affairs at Texas Health Presbyterian Hospital Plano until 2003, when she completed dual master's degrees in business and healthcare administration from Texas Woman's University, Dallas.

What followed were a series of successively higher appointments at Texas Health Harris Methodist Fort Worth, first as an administrative resident, then as an administrative fellow, and finally, beginning in 2006, as director of the hospital's ambulatory clinics and physician services.

In that role, which she held for four years, she grew the hospital's executive health program, which provides wellness services for senior-level executives of area companies.

And she participated in every phase of the planning of Texas Health Harris Methodist Outpatient Center, Burleson, an eight-acre campus that includes a free-standing emergency department and an advanced imaging center. Tucker was named administrator of the outpatient center just months after its April 2010 opening.

"Becky is a great story of someone who found an entry-level position in our health system and who was able to advance by upgrading her skills and developing a leadership track record," says Barclay Berdan, Texas Health Resources' senior executive vice president and chief operating officer. "I can't think of many others who have come down that pathway."

Tucker, who serves on the boards of local chapters of the United Way and the Alzheimer's Association, predicts the nation's focus on outpatient care will only grow as new models of healthcare delivery and payment emerge that emphasize population health and wellness. And she says she hopes to use her expertise in the outpatient realm to tackle new challenges within Texas Health Resources.

—Maureen McKinney
A casual conversation with Pete Duarte, a neighbor who happened to be CEO of a local hospital, put then-college student Monica Vargas-Mahar on track to work as a hospital administrator with aspirations to be a CEO herself.

Vargas-Mahar says she was intrigued by Duarte's suggestion that she consider healthcare as a career, and eventually shadowed the CEO of what is now University Medical Center of El Paso (Texas) before deciding, “OK, this is where I can see my calling,” she says.

That first step into healthcare combined with other fortunate turns has allowed Vargas-Mahar to move quickly through the ranks, having been named chief operating officer of a 110-bed hospital at the age of 34 and COO of a 359-bed hospital at the age of 38, the job she currently holds at Providence Memorial Hospital, El Paso, owned by Tenet Healthcare Corp.

Current and former colleagues speak highly of Vargas-Mahar, citing her management style, which combines operational precision with personal warmth. “She’s an absolute joy to work with,” says Sally Hurt, CEO of Sierra Providence East Medical Center in El Paso, where Vargas-Mahar first worked as COO. She has great problem-solving skills and encourages the same from her colleagues, Hurt says. “Monica is going to hold you accountable, but at the same time, she's not going to be unreasonable, and she’s willing to listen,” Hurt says.

“I think it’s important to have a good time at work,” Vargas-Mahar, who is married and has two dogs, says the more analytical side of the job comes more naturally and she’s had to work more on developing her personal connections, something that Hurt helped her learn. Vargas-Mahar was both the instigator and shadowed the CEO of what is now University Medical Center of El Paso (Texas) before deciding, “OK, this is where I can see my calling,” she says.

“It's not that someone with a business or financial background couldn't learn it, but when a respiratory manager or nurse manager talks about acuity, I can relate.”

Adding to his clinical experience, Wright later earned a master’s degree in health administration from the Medical University of South Carolina in Charleston. He describes his leadership style as “adaptive,” which he thinks is crucial in the always-changing field of healthcare.

“If you’re not able to change and modify your strategies to keep up with change, you’ll be in trouble,” Wright says, adding that he prefers to get his hands dirty “out in the trenches.”

Michelle Logan-Owens is vice president of clinical ancillary services at Sumter, S.C.-based Tuomey Healthcare System, who met Wright when he came to the system as an administrative resident in 2004. “At first he comes across as very reserved, but he’s very analytical in this thinking,” Logan-Owens says. “He takes time to be thoughtful and deliberate in his considerations,” she says, later describing Wright as disciplined, goal-driven and team-oriented.

But her greatest memory of Wright—a husband and father of two young sons—is a personal one. In May 2004, Wright knew that Logan-Owens was planning to host her daughter’s first birthday party while her husband was deployed in Iraq. As Logan-Owens remembers, Wright helped set up tables and tents, took photographs, and shot and uploaded video so her husband—who had earlier missed his daughter’s first steps and words—could see the party she hosted for about 60 guests at their home.

“That’s who he is,” Logan-Owens says of Wright. “If somebody had a problem or struggle, he would help in any way he could.”
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