Designating the Up & Comers among young healthcare leaders is no easy task. But if the past is prologue, the 12 men and women highlighted in this special issue of Modern Healthcare will clearly be people to watch in the years ahead.

Just look at whom the editors of Modern Healthcare chose in 1987, the first year it selected a group of Up & Comers. That august group included Dr. Donald Berwick, who went on to run the CMS after launching one of the most influential quality and safety improvement organizations in the world—the Institute for Healthcare Improvement; and Glenn Hackbart, now the chairman of the Medicare Payment Advisory Commission.

And so it has gone through the years. Future all-stars designated Up & Comers early in their careers included Dr. Brent James, one of the brightest lights in the quality improvement firmament through his various positions at Salt Lake City-based Intermountain Health; Dr. Reed Tuckson, who went on to lead the medical-care advancement team at UnitedHealth Group; and Nancy Schlichting, who eventually rose to run the Henry Ford Health System in Detroit.

Up & Comers continue to make news. Just this month, Class of ’92 standout Rulon Stacey was named to run Fairview Health Services in Minneapolis as it battles back from a billing scandal. And Bobby Jindal from the Class of ’97 is generating headlines from the Louisiana Statehouse, where he serves as governor.

Who will be the future all-stars from our Class of 2013? The 12 men and women profiled in the pages that follow—the 27th group that Modern Healthcare has honored—represent a diverse selection of administrative titles in a variety of healthcare-related organizations. They were chosen by a review panel composed of senior editors at Modern Healthcare after reading more than 200 nominations submitted by readers.

What they have in common is a demonstrated capacity to lead in areas where making a difference matters. And they did it early in their careers. Based on our own track record, we can say with some confidence that you’ll be hearing more from this group in the years to come.

Merrill Goozner
Editor
Modern Healthcare

They’re learning—and teaching—while leading

This year has brought with it much of the turmoil that has swirled around healthcare for the past decade. While the industry is the fastest growing in the U.S., senior managers at hospitals and other organizations continue to wrestle with unique, unanticipated operational and strategic conundrums.

Each healthcare professional faces the daunting challenge of managing his or her career within the context of these seismic changes. We are seeing a revival in classic career assessment and development activities—mentoring being one of them. In difficult times, we seek advice from others on how to cope and learn. But mentoring does not have to be a top-down, senior-to-junior activity. A case in point is the recent phenomenon of cross-mentoring, in which professionals from different generations counsel each other.

Young professionals have much to learn but also much to teach. Modern Healthcare’s Up & Comers program is a vivid reminder of this. The dynamic women and men featured in the following pages are not just aspiring to make a difference—they are already doing it. More than ever, we need fresh perspectives, and these Up & Comers are developing the policies and practices that will influence the next generation of patient care.

For 16 years now, Witt/Kieffer has served as proud sponsor of these awards. Let’s take a moment to celebrate the tremendous career accomplishments these honorees have achieved. For all of us, this is a window of extraordinary opportunity.

Charles W.B. Wardell III
President and CEO
Witt/Kieffer
When Anuj Desai thinks about information technology interoperability, it’s not in the common healthcare context of barriers to health data exchange, but rather, with a view to its infinite possibilities.

Desai is vice president of market development for the New York eHealth Collaborative, a not-for-profit organization founded in 2007 to promote interoperable health information technology in the Empire State.

In that position, the 36-year-old has juggled state- and national-level projects, including the development of some of the largest interoperability projects in the country, using conventional and bleeding edge Web-based technology.

“I think I was always into technology,” Desai says, recalling his early years in high school and his first computer obtained from a family friend who owned a computer shop. His healthcare interests, meanwhile, have family roots. “My sister is a physician. My mom worked in a hospital.” And Desai has a bachelor’s of science in biotechnology from Rutgers University. “I’m much more of a people person,” rather than doing research, he says. “Business is more my thing.”

Desai received an MBA from the University of Maryland, with a focus on strategy and marketing. There he worked with its Center for Health Information and Decision Systems, providing strategic assessments to health IT stakeholders while also specializing in bio-tech working with the university’s own venture capital fund.

Before coming to the collaborative, Desai worked in technology advisory positions with Johnson & Johnson and Pfizer, and before that in marketing positions with a data management firm catering to the drug industry.

Desai, who has been with NYeHC since 2010, has led relationship building and technical development for the collaborative’s EHR/HIE Interoperability Workgroup. He’s also managed development of an application programming interface, or API, to sit atop the Statewide Health Information Network of New York, SHIN-NY. The collaborative oversees the network. Desai also has led the New York Digital Health Accelerator, which has yielded $4.2 million in funding for eight companies.

The interoperability workgroup started in 2011 as an effort to achieve consensus among New York’s many regional health information exchanges on standards and implementation specifications. NYeHC now claims 11 regional exchanges as members.

In its first year, the workgroup achieved consensus on how providers could best query an HIE about a patient and their records, and on how to send and receive patient records.

“The contributions of the EHR/HIE Interoperability Workgroup are just beginning to advance the industry in a number of ways—and there is much more to come,” says Dr. Vishnu Oruganti, assistant director of quality improvement and patient safety in the department of medicine at Jacobi Medical Center, New York, in a nomination letter for Desai. “Its work could lead to a true revolution within the industry, shaving years off product development and innovation. Much of the credit for that incredible work belongs to Mr. Desai.”

—Joseph Conn

Maybe Beth Feldpush’s training in ballet is where she developed the poise that people say is one of her best traits as a healthcare leader.

Feldpush, 37, is currently on maternity leave (she and her husband, Rajiv Verma, are parents to daughter Dahlia, ¾, and newborn son Declan) from her position as senior vice president of policy and advocacy at America’s Essential Hospitals, which represents the nation’s safety net providers.

Dr. Bruce Siegel, AEH’s president and CEO, served as chairman of the dissertation committee when Feldpush was a doctoral candidate at George Washington University, where she earned a doctorate of public health in health policy four years ago. Siegel says Feldpush impressed him then for being poised and assertive in a positive way. “She is a triple threat,” says Siegel, who nominated Feldpush to become a 2013 Modern Healthcare Up & Comer. “She knows healthcare finance. She knows healthcare quality. And she is a crack communicator. It’s a very potent combination.”

Feldpush, an only child and a native of the southeastern Pennsylvania town of Thornton, went to high school in nearby Wilmington, Del., where her interest in healthcare began. Her school required students to shadow a local professional, and Feldpush chose to spend time with her friend’s mother, who worked in the policy department at Planned Parenthood in Delaware. Later, she had aspirations to attend medical school, but soon realized she had a greater interest in public health.

After earning a bachelor’s degree summa cum laude in women’s health from the University of Richmond in 1998, Feldpush spent two years in government affairs and public relations at the American Medical Women’s Association in Reston, Va. She says she was drawn by the association’s purpose. “The advocacy mission was very much public health-focused,” Feldpush says. “Once I was there, that was it. I was hooked on the policy work.”

She soon developed her skills and interests into what has become an extensive public policy career in a relatively short amount of time. After the AMWA, Feldpush worked for six years at the Government Accountability Office, first as a healthcare analyst and later as a senior healthcare analyst.

“Everyone getting a master’s degree in public health needs to be at the GAO for a year or two,” says Feldpush, who earned a master’s degree from the Johns Hopkins University Bloomberg School of Public Health in May 2001. “Particularly when you’re younger in your career, it’s a great environment for teaching you how to think, how to write, how to analyze information quantitatively and qualitatively,” she adds.

One of the best examples of Feldpush’s leadership skills came recently when America’s Essential Hospitals underwent a rebranding after years as the National Association of Public Hospitals and Health Systems. According to Siegel, Feldpush encouraged her colleagues to look ahead and realize that after the Affordable Care Act’s provisions are well in place, people will ask why the country still needs a safety net. He says the law won’t change the need for the essential services that the organization’s members provide—such as training the next generation of physicians and caring for the chronically ill—and Feldpush was instrumental in crafting that message.

—Jessica Zigmond
As an anesthesiology resident, Dr. Peter Fleischut approached leadership at New York-Presbyterian Hospital with a proposal: Why not create a formal forum for his fellow residents to join in patient-safety initiatives?

Dr. Richard Liebowitz, senior vice president and chief medical officer of the 2,264-bed teaching hospital, can recall his reaction to the suggestion: “Why hadn’t anybody thought about this before?”

The result—based on the proposal by Fleischut, resident Dr. Adam Evans and faculty adviser Dr. Gregory Kerr—was the 2008 launch of the Housestaff Quality Council. It brought together residents (who know everything that goes on in the hospital, Liebowitz says) with clinical leaders from across the hospital—nursing, information technology, pharmacy—and involved them in quality-improvement initiatives, Fleischut says.

Fleischut, 35, says he and fellow organizers of the council sought a way to “engage and empower” residents in the medical center’s quality initiatives to meet national quality goals.

The council achieved results, acknowledgment from national quality experts and caught the attention of other teaching hospitals, where Fleischut has traveled to speak about how to establish new councils.

The effort won the John M. Eisenberg Patient Safety and Quality Award from the National Quality Forum and Joint Commission in 2011.

“This is what I would call a seminal event” in medical education, says Rhonda Anderson, the chairwoman of the Eisenberg judges panel in 2011 and CEO of Banner Health’s Cardon Children’s Hospital. Anderson says the Housestaff Quality Council gives future physicians critical exposure to the science and the processes of quality improvement in the daily practice of medicine. Without that exposure, residents and fellows enter practice as excellent scientists and diagnosticians, but without the necessary focus on quality and safety to deliver high-value care.

One early initiative increased compliance with medication reconciliation by 55% within 45 days after changes to the hospital’s computerized physician-order entry system suggested by the Housestaff Quality Council, Fleischut and colleagues reported in the American Journal of Medical Quality in 2011. That same year, the Accreditation Council for Graduate Medical Education awarded the New York-Presbyterian council the David C. Leach Award for innovation in quality.

After his residency, Fleischut was named the Weill Cornell Medical Center’s deputy quality and patient safety officer, a position he has held since 2010. Weill Cornell Medical Center is one campus of the mammoth New York-Presbyterian. He is also an assistant professor of anesthesia for the Weill Cornell Medical College.

Fleischut says his interest in healthcare took hold early on. “I always wanted to go to medical school,” he says. His practice as a physician allows him to care for patients individually while the quality-improvement efforts create another avenue to more broadly benefit patients, he adds.

“I am fascinated with medicine and the ability to help people.”

—Melanie Evans

In the old days, injured veterans returning from combat in World War II thought nothing of staying three or four men to a hospital room when they arrived stateside to begin post-war life.

The men and women coming home from armed conflicts today often have much different war injuries than were seen generations ago, and far different expectations for what quality healthcare care looks like—starting with elimination of those multiple-occupancy rooms. That has led the U.S. Veterans Affairs Department on a long campaign to modernize the facilities of one of the world’s largest healthcare systems, and executives like John Gennaro are leading the way.

Gennaro, 35, a Parma, Ohio native, has seen plenty of opportunities to reshape VA operations during his 16 years at the national healthcare system for veterans and their families. But it’s been complex construction projects that have put Gennaro’s leadership and communication skills on display.

In his current job as director of the VA Butler Healthcare system north of Pittsburgh, he’s overseen the opening of a new nursing home and a modernized residential facility for homeless, drug-addicted and mentally ill veterans known in the military system as a “domiciliary.” Rather than raze the old domiciliary on the Butler campus, the VA let a local housing authority rehab it as residential shelter.

“That is the kind of community engagement where you are not only helping lead the VA, but you are helping the community,” says Michael Moreland, network director of the 10 VA medical centers in the Eastern and Midwestern states known as Veterans Integrated Service Network 4. “That has been done while running an outpatient clinical organization that does a couple hundred thousand outpatient visits a year.”

VA Butler, located in veteran-rich Pennsylvania, handles 170,000 outpatient visits per year in its clinics and 18,000 inpatients—a task that Gennaro doesn’t take lightly.

“I can’t think of a better mission than to care for those who have put their lives on the line to protect our freedoms.”

—John Gennaro

Joe Carlson
Patty Kehoe, president of Molina Healthcare of New Mexico, says the first impressions she had of her Medicaid managed-care plan’s chief medical officer, Dr. Irene Krokos, revolved around her creativity and the way she looked for opportunities to be innovative.

Krokos, who took over as CMO in May 2012, says it’s the qualities of New Mexico—not the least of which include being large in area but small in population—that require her to be creative.

“Necessity is the mother of innovation, and we have a lot of need in this state,” she says, describing how New Mexico’s small-but-diverse population is spread out over areas classified as urban, suburban, rural and frontier.

Krokos, 38, says when she speaks to friends and family back home in Michigan, they think they know all about “rural,” but “frontier” is an entirely different concept. “I don’t think people can comprehend it,” she says, explaining how pictures of remote communities in the state such as Mexican Springs available on Google Maps usually offer the best illustration of the areas—where people, electricity and telephone service are hard to find.

Kehoe wouldn’t be surprised that Krokos makes her point this way. She describes Krokos as being “very technologically literate,” with an ability to find new ways of presenting data and illustrating concepts.

As CMO, Krokos implemented a statewide medical-home program that was adopted by New Mexico’s Medicaid agency and started the Care Transitions effort, which is initiated while patients are hospitalized and continues with in-home health coaching. The program has decreased hospitalizations and emergency department visits by making sure patients understand their prescriptions, have transportation to follow-up doctor appointments and receive any medical equipment necessary for home healthcare.

Kehoe adds that when Krokos arrived at Molina as associate medical director in 2010, she had no background in insurance or managed care, having spent her early career practicing as a hospitalist. But Krokos says having that experience prepared her well for her new role because it combines patient care, quality improvement, examining resource utilization and studying how gaps in care result in readmissions.

“While I do miss the one-on-one interaction, it’s rewarding to me to know that what we’re doing takes on a bigger scale as a public health intervention,” Krokos says.

Kehoe praises Krokos’ focus on continuous quality improvement, which requires winning over employees with long memories of past quality-improvement failures and whose reflexive response to new initiatives is, “We tried that before and it didn’t work.”

“I try to find out the situation and ask why it didn’t work.” Krokos says. “What if we did it this way? How do we make it work?” She says these instances remind her of a cartoon with two people looking at the same number with one seeing a six and the other seeing a nine. “How do we reconcile that perspective and get a 360-degree view of how we can make something better?” Krokos asks. “I tend to not take ‘No’ for an answer.”

—Steven Ross Johnson

It shouldn’t have been a surprise that Brett Lee would one day work in the field of healthcare, given his family background.

Raised in a household where his mother worked as a nurse and his father was a primary-care physician, Lee learned the value of providing care for others while growing up in the rural town of McAlester, Okla.

“I started volunteering at our local regional hospital when I was 12,” Lee says about working at McAlester Regional Health Center. “I always say that I compare every job I’ve had in healthcare to that first one.”

With aspirations of working in sports medicine, Lee says his career in healthcare management began by accident after being recruited to work as a senior physical therapist at Cook Children’s Medical Center in Fort Worth, Texas, in 1999. “My rehab director went out on maternity leave and didn’t come back,” Lee says. “They asked me if I wanted to give it a shot, and I guess I was too young and naive to say no.”

It wasn’t long after taking on the role as interim director that Lee decided to pursue a career in administrative leadership. “The concept of leadership in management really just resonated with me,” Lee says. “I saw early on it was an opportunity to have an influence over a population of patients and have a much greater impact with my career than I could as a clinician touching one patient at a time.”

After earning a master’s degree in health finance and management from Johns Hopkins in Baltimore, he returned to Cook where he eventually became vice president of operations in 2002, which started him on the path to leadership roles in children’s hospitals throughout the country.

In 2005, he was named vice president of operations and clinical services at Children’s Medical Center in Dallas, which led to stints as chief operating officer at Riley Hospital for Children in Indianapolis in 2010 and Children’s Healthcare of Atlanta in 2011.

At 38, Lee has already left a legacy that includes helping to further develop three of the country’s leading pediatric healthcare delivery systems. Last October, Lee took on what he called his greatest and most-fulfilling challenge, when he took over as CEO of Tenet Healthcare Corp.’s Lake Pointe Health Network in Texas, which serves a population of 500,000 in the eastern suburbs of Dallas.

Since joining Lake Pointe, Lee has been responsible for the opening of two ambulatory hubs, which has increased outpatient visits by 30%, and has developed a medical home model for the community and a corporate wellness program for area employers.

Lee has also written three books. The most recent, published last year, is Voices from Riley, a collection of prayers left by patients, parents and caregivers at the chapel at Riley. Proceeds from the book are donated to the chaplaincy program at the hospital.

Riley President and CEO Dr. Jeff Sperring says Lee’s success as a leader stems from his commitment to personal improvement and his ability to work with others to get results. “He connects with each team member he works with at all levels of the organization and gets results through his collaborative leadership style,” Sperring says.

—Andis Robeznieks
A native Upstate New Yorker, Sean Sondej came to Durham, N.C., in July 2003 to attend the administrative fellowship program at Duke University Health System and has never left.

“I thought I would come here for a few years and eventually go back to New York,” Sondej says. But he adds that, now he thinks he’ll “stay at Duke a while,” as long as he’s doing the best he can, likes what he’s doing and continues to enjoy the academic environment.

Duke University Hospital President Kevin Sowers says he cannot think of anyone more deserving of Modern Healthcare’s Up & Comer Award than Sondej, 33, who’s gone from administrative fellow to associate vice president of heart and vascular services—a service line that drew $795 million in gross revenue for the most recent fiscal year and employs more than 1,200 people.

“Sean is an incredible and articulate leader and has demonstrated that with his ability to take complex problems and think through new solutions,” Sowers says. He says key to this has been Sondej’s vision, patience and flexibility where he adjusts to “moments in time when what you thought was going to happen doesn’t.”

The testament to these qualities is the new $596 million Duke Medicine Pavilion, which opened in July with 150 beds and 16 operating rooms. Preparation for the new facility began in 2007 when Sondej was administrative director of strategic operations and wrote the business plan for the new facility. After economic circumstances changed, he wrote it again—over the course of a weekend—and came up with a better plan that resulted in a better project, Stowers says.

Sondej recalls how there was concern about the project’s cost, but this was at a time when he says Duke was turning patients away because its beds were full, so the expansion was vital to setting the hospital up for continued long-term success. “We needed to bring these licensed beds into existence,” he says.

He says rewriting the business plan was just a small part of reconfiguring the project, explaining that reworking financial projections and redrawing architectural plans required more heavy lifting. “It was a major effort, but we all believed in it, and I’m proud to have been part of that team,” he says.

“All of the change, all of the complexity is fascinating to me,” Sondej says about his job. “I do not mind that change is constant; it allows me to work with different people.”

Sondej has been in charge of executing long-range strategic plans, plus working on quality and process improvements. He diverts the spotlight, saying such tasks are part of the Duke culture and he finds a lot of volunteers who provide assistance. “There’s never been a situation where I can’t find people who are interested in taking an issue on,” Sondej says. “There’s always someone who’ll ask, ‘What can I do to help?’”

To keep momentum going for long-range projects and for constant improvement, Sondej says the important things to do are provide data on why change is needed, distill complex ideas into simple actionable chunks and celebrate early victories.

“None of the things I work on is me in isolation,” he says. “<<

—Andis Robeznieks

The way Airica Steed sees it, there was never any doubt she would pursue a career in healthcare.

Every woman in her family was a nurse, including her mother—a pediatric nurse and the person she calls her first role model. “I wanted to follow in her footsteps,” says Steed, 35.

So after graduating from high school in a small town outside of Chicago, Steed attended Rush University in the city and earned a bachelor’s degree in nursing. All the while, she paid her own way by working a variety of jobs that included bill collecting, banking, insurance and a student nursing apprenticeship. It was during that time that Steed realized she didn’t want to be a traditional nurse and would rather combine the business skills instilled by her entrepreneurial father with the aptitude for patient care inspired by her mother.

Though she went ahead and took a job as a nurse after graduating from nursing school, Steed was itching for something different; she just didn’t know what it was. But barely a month into her new role, when she was selected to be the champion for her hospital’s electronic health-record system, Steed says she had reached a turning point.

“That was a door opening for me,” she says. Steed credits being in the right place at the right time with positioning her to learn a new skill and a new field—clinical informatics. Once she did, her career path rapidly began to change.

Steed was first recruited to a consulting role at software developer Picis and then to consultancy PricewaterhouseCoopers, where she says she became bilingual in the business world and the clinical practice world. She would next take her fluency in those languages to Advocate Health Care, based in Chicago’s western suburbs, when she began serving as Advocate’s vice president of clinical operations.

As Steed was working in these roles, she was also pursuing her MBA, followed by a doctorate of education in ethical leadership. But it didn’t end there. “Literally, my M.O. is working 100 hours a week and raising three children,” Steed says. She had her first son when she finished her undergrad degree, her daughter when she was getting her MBA, and her next son during her doctoral program.

Today, though she has left the consulting world in the traditional sense, Steed looks at her latest role—enterprise chief experience officer for the University of Illinois Hospital & Health Sciences System—as a form of consulting at the executive level. In simplest terms, her responsibility is to drive change to the organization that translates into better patient, employee and physician experiences.

“Her passion is truly transformational leadership,” says Lorraine Saintus, senior director of the service and operations excellence division at the University of Illinois system. “It’s not something she just says. It’s something she truly lives.”

Saintus first started working under Steed at Advocate more than five years ago and has followed her ever since, pointing to Steed’s focus on mentoring and leadership, her willingness to “get her hands dirty,” and a results-oriented approach. “<<

—Rachel Landen
Henry Thompson faced a wide range of challenges when he first took over as CEO of the Community Health Center of Richmond, a federally qualified health center on New York’s Staten Island.

Several years before Thompson’s arrival in 2009, the site of the clinic, which was then part of the former St. Vincent’s Catholic Medical Center, almost saw its own doors close when the hospital filed for bankruptcy in 2005. A board member describes the health center at the time of Thompson’s arrival as “seriously underfunded, operating at a loss and out of compliance with several state and federal standards.”

“It was important to make sure that we had the right direction,” Thompson says. These days, the clinic is financially healthy— it has reduced expenses by 10%, had its fourth consecutive year of operating surpluses in fiscal 2012 and has received $16 million in federal, state and local grants—and is gearing up for an expansion. A second site is expected to open this year and plans for a third facility are also underway. “Those are some of the things that will create sustainability for the future,” Thompson says. “You’re able to show your partners, whether it’s at the federal level, state level or the community or citywide (level), that you are a sound company and here are some things you bring to the table.”

The center serves a community that has a half-million residents who are increasingly composed of new immigrants to New York City, with the number of patient visits more than doubling from 10,000 in 2006 to 25,000 in 2010. While there are two private hospitals on Staten Island, the bankruptcy of St. Vincent’s led to the closure of the borough’s only public acute-care hospital.

Thompson, who turns 40 in January, previously worked as a turnaround specialist for the Brooklyn Plaza Medical Center and spent a decade in various operational roles at the Jessie Trice Community Health Center in Miami. He started work this fall on an executive doctorate in administration-health services at the University of Alabama at Birmingham.

While consulting with the Syracuse (N.Y.) Community Health Center in 2009, Thompson first began to be mentored by Dr. Ruben Cowart, the center’s president and CEO. “He’s weathered the storm, he’s adjusted to the environment and he’s ... worked with all the appropriate entities to stabilize the institution,” Cowart says. “He is committed to the cause, mission and purpose of the organization.”

Thompson says that one of the programs he is most proud of focuses on better treatment and management of diabetes. The National Committee for Quality Assurance recognized the community health center’s team in 2011 for the program. Just recently, staff have started to conduct supermarket tours to teach patients how to read food labels to better understand and manage their overall health.

“I think the biggest challenge in primary care is educating the patient to make smarter choices once they leave us so that they can prevent certain chronic illnesses or at least stabilize if they have been diagnosed with certain illnesses,” Thompson says. —Jaimy Lee

When Sean Tinney first began college as a freshman at Auburn University, he thought about entering the healthcare field, but as a physician, not an administrator. Then somewhere between an anatomy course—“I thought maybe this is not for me”—and the realization that he enjoyed business, Tinney decided a major in healthcare administration might be the better career path.

After graduation, Tinney enrolled in a master’s degree program for health administration at the University of Alabama at Birmingham, during which he also completed a nine-month administrative residency program with Eastern Health System, also in Birmingham. That experience helped lead to his first full-time job at Medical Center Blount, one of Eastern’s facilities, where Tinney served as vice president of professional services.

“I started out my career in a small hospital, so I got to know every facet of the organization,” Tinney says of the 40-bed community hospital. “It prepared me for the larger organizations I’m at now.”

Tinney, 37, is now senior vice president and chief operating officer of Medical West, an affiliate of the University of Alabama at Birmingham Health System. But before joining Medical West last month, Tinney had spent more than a decade in administrative roles at other hospitals in Alabama, where he learned to make the most of relationships and resources.

“In our business, relationships are key,” he says. “Working in the smaller, more rural areas, you can appreciate how important boards are, how important physicians are, how important it is to provide care from a patient satisfaction and quality standpoint.”

Developing strong relationships was especially critical during his tenure as president of rural hospital operations for St. Vincent’s Health System, the result of a 2007 merger with Eastern Health. “We didn’t have much capital as a system,” Tinney says. But under Tinney’s leadership, St. Vincent’s Blount in Oneonta, Ala., worked with the Blount County Healthcare Authority to secure a $450,000 donation used to buy medical equipment.

Finding the resources wasn’t an easy feat, but that’s what Tinney prefers. “So far, every place I’ve been has been a challenge,” he says.

“It’s a big part of why he’s found himself in these roles. Tinney briefly left hospital administration to work for healthcare technology company Med-Mined from 2005 to 2007. During that time, he visited more than 50 hospitals nationwide to present data to executives on the financial impact of hospital-acquired infections. But Tinney says he missed the challenge of implementing the changes that would then follow.

“Meeting with those executives and hospitals across the country made me have the appetite to get back into it,” he says.

That drive hasn’t gone unrecognized, says Keith Pennington, president and CEO of Medical West. “He’s ambitious, and when you’re in a facility that’s growing and expanding, you need somebody like that,” Pennington says, pointing to Medical West’s plans for the construction of a free-standing emergency department and a multimillion-dollar interior renovation.—Rachel Landen

**Up & Comers**

**HENRY THOMPSON**

39, CEO
COMMUNITY HEALTH CENTER
OF RICHMOND, N.Y.

**SEAN TINNEY**

37, SENIOR VICE PRESIDENT AND
CHIEF OPERATING OFFICER
MEDICAL WEST, BIRMINGHAM, ALA.
Determining where a healthcare provider should devote its resources to improve quality is no small feat. It’s easy to get lost in the barrage of metrics that healthcare administrators need to sort through, but Grady Health System in Atlanta was fortunate to have the services of Chad VanDenBerg.

VanDenBerg assumed his current role as vice president of quality and performance improvement in spring 2012. His initial goal was to focus on reducing central line-associated blood stream infections, which can prolong hospital stays, increasing complications, costs and mortality rates.

Through a collaborative effort led by VanDenBerg, one that included physicians and nurses, Grady officials were able to reduce central line-associated blood stream infections by 39% in 2012 compared to 2011. A similar effort directed at reducing catheter-associated urinary tract infections dropped the rate by 26% between the second quarter and fourth quarter of 2012. These initiatives to eliminate hospital-acquired infections have saved Grady about $1.8 million, VanDenBerg says. “As with any healthcare organization, the goal is to do no harm to your patient,” he says. “We’re not there yet, we’re not at zero, but we’ve taken our rates of central-line blood stream infections and reduced them by nearly 40%.”

VanDenBerg, 40, joined Grady in 1996 after earning his master’s of public health from Emory University, also in Atlanta. He is a native of Grand Rapids, Mich., and credits his family’s primary-care physician as an early influence on his career interests. He says the physician provided a familiar face for support and knowledge about the profession and helped persuade him that he should consider using his talents in healthcare. Though he had dreams of becoming a physician, he shifted courses early on at college. He calls it “an awakening.”

“Administration was the right blend of business and healthcare,” he says. “It gave me a view into potentially impacting hundreds, if not thousands, of lives all at one time.”

VanDenBerg credits Grady’s success in improving quality to the willingness of staff to embrace change. Collaboration is an ongoing theme for VanDenBerg, who stressed the importance of staff advice while he was organizing programs for early career healthcare administrators at the Georgia Association of Healthcare Executives. The group is the state’s chapter of the American College of Healthcare Executives, and VanDenBerg served as the local organization’s president from 2011 to 2012.

While a member of the group, he met Catherine Maloney, an associate administrator at Emory University Hospital in Atlanta. Maloney says she has valued VanDenBerg’s role as a sounding board on issues they’re both facing as healthcare executives, especially as they have prepared for the rollout of the Patient Protection and Affordable Care Act. Maloney lauds VanDenBerg’s ability to communicate with the full spectrum of the GAHE members—the young, mid-levels and veterans. That same skill proved invaluable to VanDenBerg at Grady as he worked to persuade physicians, nurses and administrators to support ongoing improvement efforts.

“He’s just a very caring, very focused leader who understands that it’s more about getting other people to interact,” Maloney says. <<

—Ashok Selvam

When Beth Walker arrived at Ochsner Health System in 2001 to begin an administrative fellowship, the New Orleans-based organization was a one-hospital operation.

Twelve years later, it has grown to six hospitals with 1,200 beds, and the number of physicians it employs has tripled. Walker, 36, is chief operating officer of Ochsner Medical Center, the system’s flagship, and her career growth has paralleled Ochsner’s expansion.

Walker stepped into the COO position in February, and her current focus is on increasing access to care. “We’re trying to get same-day access for all our patients,” she says. “We really believe this is the right thing to do.”

Before that, she served as vice president of operations for women’s and children’s services at the medical center, and was tasked with relocating the department to a new $40 million Women’s Pavilion set to open at Ochsner Baptist Medical Center at year-end.

Ochsner Baptist—previously known as Memorial Medical Center and owned by Tenet Healthcare Corp. until 2006—shuttered its women’s healthcare services, including labor and delivery, after massive flooding from Hurricane Katrina. “People still wanted to know, ‘When are you bringing babies back to Baptist?’” Walker says.

The services are back, and with them some new additions such as an alternative birthing center. Walker says introducing unique and niche services has allowed the system to build relationships with physicians as well as increase patient volume. The system draws patients from all 50 states and 63 countries, Ochsner President and CEO Warner Thomas said.

Mitch Wasden, who formerly ran Ochsner’s administrative fellowship program, describes Walker as collaborative, someone liked and respected by the physicians and clinical staff. He says she’s been recognized at system events such as “A Night at the Ochsners,” a play on festivities at the Academy Awards.

“I think what she’s really good at is focus,” says Wasden, now CEO and COO of the University of Missouri Health Care.

In 2005, when Hurricane Katrina hit, Walker was about three months into her role as manager of general internal medicine at Ochsner. For three weeks, she remained at the facility around-the-clock to coordinate inpatient, outpatient and long-term care for patients. “I was living at the hospital like a lot of other people were,” she recalls. “Safety was still a little bit of a concern.”

During the next few weeks she would work to convert a pediatric clinic into a general medicine clinic that could also see adult and even obstetric patients—figuring out which supplies would be needed and how to get them delivered, ordering drugs, finding available doctors and notifying patients that services were available. It was a “defining moment,” she says.

Thomas says Walker “took that challenge with a tremendous amount of confidence and excelled.”

Eight years later, Ochsner has doubled in size—something that Thomas credits to employees such as Walker. “It’s about attitude and it’s about a positive energy, and she’s the epitome of all those things.”

—Beth Kutscher

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