A career in healthcare will be the most satisfying pursuit for any young person. I head to work every day knowing I can make a difference and leave every night after seeing the dedication of our employees and physicians. WOW! —Elizabeth Alhand
Class of ’95

Making people feel valued should be an administrator’s number one job. —Pete Delgado, Class of ’91

Health administration has become even more challenging than it was when I started. I still believe it is a great career with many rewards for individuals that are willing to work hard with little recognition for a job well done! —Barbara Biehner
Class of ’94

This is a time of unprecedented change and unparalleled challenge in the healthcare field, which means there is an acute need for innovation and for progressive leadership. The managerial model of the past is fading into obscurity. —Preston Gee, Class of ’94

If we digitize and/or automate a flawed system, our result would only be an “automated flawed system.” —Michael Jhin, Class of ’88

Stay the course of dedication and commitment to the industry and your profession. Be selfless and help the cause. Promote quality and love it. —Shell Sharma, Class of ’90

Our industry is undergoing a series of revolutionary changes across both the financing and delivery dimensions. While some may view dramatic change as chaos, others view it as an opportunity. —Keith Alexander
Class of ’98

I have mixed feelings about my choice of healthcare as a career. I’ve had wonderful opportunities, worked with many good people, and feel as though I’ve been able to make a contribution. Nevertheless, the state of healthcare today can’t help but be a disappointment to anyone who cares. —Maura (Loughlin) Carley
Class of ’91

Many argue that quality has improved in the United States over time with the advent of new technology and pharmaceuticals. In addition, patient safety has improved due to a greater focus on technology and process improvements. At the same time, it appears that quality outcomes have improved at a faster rate in other industrialized countries which spend less per capita on healthcare. —Richard Henley,
Class of ’93
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Thank you to our sponsor:

**WITT / KIEFFER**
20 years of achievement

Welcome to Modern Healthcare’s Up & Comers Yearbook, which celebrates the 20th anniversary of our annual awards program recognizing rising young management talent in the healthcare industry.

From 1987 through 2006, the magazine recognized 244 executives as Up & Comers. As you’ll read across these pages, we’re proud to say that we’ve had a pretty good track record. Many of the industry’s biggest names have a Modern Healthcare Up & Comer entry on their resumes.

The yearbook devotes two pages to each of the 20 Up & Comer classes. In each section, we profile someone who we consider the star of the class, though that designation could be applied to most anyone in the class.

We also profile someone from each class whom we consider as notable—someone who has found himself or herself in less enviable situations or made news for reasons they perhaps had not anticipated. In two instances, we use the space to remember an executive whose life ended much too soon.

We round out each section with career updates on all the other students from that class of Up & Comers, including current contact information when available.

Updating the careers of 244 healthcare executives proved to be a monumental task. To tackle that job, we ran a 10-week series of “milk carton” ads, starting with the June 25 issue. In each, we posted an old photo of an anonymous Up & Comer with a caption that asks “Have you seen me?”

This is how it all began in ’87.

The ads and other editorial promotions directed readers to an Up & Comers Yearbook section of Modern Healthcare Online, our Web site at modernhealthcare.com. There, Up & Comers could register with us, provide updated career information, take a short survey on current healthcare topics and healthcare administration as a career choice, and send us a current photo.

Other readers could use that section to give us tips on where to find missing Up & Comers. Of the 244 Up & Comers, 174 completed the survey and registration section by deadline.

Through these means, we were able to gather current information on another 65 Up & Comers. In the end, only five managed to slip through our fingers. It’s our hope that the missing will contact us so we can include them in the electronic version of the yearbook on our Web site.

The Up & Comers Yearbook would not have been possible without the dedicated work of many members of our editorial staff. Topping that list is James Tehrani on our copy desk. James served as the point person on this laborious project. He designed the yearbook registration and survey section on the site, and he edited all the star and notable profiles. James also selected the quotes for the “autograph” sections sprinkled throughout the yearbook.

We also extend our thanks to Percy Marioni, our art director, who designed the yearbook from front cover to back page. David May, assistant managing editor/features, pulled together the “By the Numbers” and “What They Think” sections on Up & Comers that run on pp. 8 and 32, respectively, of this supplement.

Thanks also to Keith Horist, assistant managing editor/graphics; Rebecca Mielcarski, special projects/research editor; Nicole Voges, webmaster/copy editor; and Stephanie Matulek, our editorial assistant, for their relentless pursuit of current photos and information from past Up & Comers. And the supplement never would have made it out the door if not for the tireless efforts of Julie Johnson, our copy desk chief, and copy editor Stacie Williams.

Finally, the yearbook profiles sing because they were all written by Barbara Kirchheimer, a former Modern Healthcare reporter and news editor.

Kirchheimer now is a freelance writer based in Highland Park, Ill. You can reach her at bkirchh@sbcglobal.net. We thank Barb for her tremendous effort.

We hope you find Modern Healthcare’s Up & Comers Yearbook informative and useful, and we hope you have as much fun reading it as we had putting it together for our readers.

Here’s to another 20 years of recognizing the future leaders of the healthcare industry.

—David Burda, editor
A yearbook for all of healthcare

Yearbooks hold a special place in the heart. Filled with great expectations, they capture a singular moment in time. A yearbook—much like a time capsule—offers the chance to reflect on who the faces were then and who they are now.

As yearbooks go, this 20th anniversary salute to winners of Modern Healthcare’s Up & Comers awards is filled with more promise than most. Perhaps that’s because each individual has had up to 20 years to compound the impact he or she has had on healthcare. As their careers have unfolded, they continue to strengthen the ways in which healthcare improves our lives.

Witt/Kieffer has been the proud co-sponsor of the Up & Comers awards since 1997. This sponsorship is our investment in the future of healthcare, the rewards of which are virtually impossible to record. Yet as diverse and multitalented as the winners have been over the past 20 years, a common thread running through all their lives illustrates the essence of an Up & Comer—in a word, leadership.

Leadership, like so many qualities, is difficult to define, though relatively easy to spot. Among characteristics common to all Up & Comers are that they:

- Hold a world view beyond just the day-to-day requirements of running an organization.
- Take time to reflect on what’s on the horizon despite the temptation to focus exclusively on problems at hand.
- Communicate their vision to motivate employees, physicians, trustees and community leaders.
- Exude energy, character and confidence, and at the same time remain approachable and humble.
- Look in the mirror to make the most of strengths and recognize weaknesses.
- Excel at conflict resolution to allow freedom of opinion but keep the organization moving forward.
- Practice servant leadership that inspires others to serve the common good.
- Pursue excellence in every action and decision.

Furthermore, Up & Comers in these pages have worked hard and, more importantly, effectively. They understand what the situation requires, whether it’s analyzing reports, developing a vision or creating personal connections.

Many have had operational experience from which they learn how to influence others and make decisions at higher levels. They bring to their organizations an understanding of the broad economic and competitive landscape as well as an appreciation for local, state and national issues. They replicate their success, often from a smaller setting to a larger, more complex one. Finally, they have a genuine interest in people—in their goals and aspirations—and in mentoring and developing them.

There are as many types of young leaders and their experiences over the years as there are Up & Comers. To illustrate just a few:

- A 1992 award winner who served as an administrator of a Southwest multispecialty clinic is now president of a Northwest regional medical center.
- A 1994 Up & Comer, formerly vice president of a Northeast medical center, is now CEO of a university health system on the West Coast.
- A 1997 winner who was executive vice president of a community-based medical center in the West is now CEO of a not-for-profit system, also in the West.
- A 2002 Up & Comer who was director of a managed-care plan in the South is now director of operations at a large integrated provider in the same region.

Recent classes of Up & Comers face many of the same issues their counterparts faced in the late ’80s and early ’90s: the impact of managed care, concerns about quality and accessibility, pressure to provide a wider range of services in less costly settings and ever-diminishing reimbursement.

At the same time they face new and equally challenging issues today, including leading increasingly complex, multihospital health systems, financing capital projects and managing large physician organizations. They’re also faced with recruiting, training and educating board members on issues such as Sarbanes-Oxley compliance. And like the generation they follow, Up & Comers must stay on top of the war on talent by developing a pipeline of rising managers to step into their places when they move on.

What’s more, organizations increasingly value diversity—of thought, opinion and experience—in addition to racial, cultural and ethnic backgrounds. Recent classes of Up & Comers reflect more gender and ethnic diversity and along with that, varied perspectives and experiences. As award winners move up in an organization, they’re responsible for developing similarly diverse leadership teams.

Despite the extraordinary promise of Up & Comers, the future of healthcare leadership remains at risk. Like me, many of our healthcare CEOs are nearing retirement age. And most hospitals and systems have no formal succession plans, which means they’ve focused little effort on cultivating or mentoring individuals.

We need to expand the pool of high-energy up-and-coming leaders who can pick up the torch from retiring CEOs. Healthcare organizations must be disciplined about succession planning, looking internally to identify and nurture young leaders and provide opportunities for advancement.

Among those opportunities are helping would-be executives learn how to build consensus, assess business opportunities, communicate with physicians and understand a board’s structure and relationship to the CEO.

While most yearbooks—and the memories they evoke—fade over time, nothing the Up & Comers award winners have accomplished over the past 20 years can ever be diminished. Their individual and collective histories set a shining example for future Up & Comers and other young leaders. Time will tell how their new achievements further strengthen our healthcare system. In any event, their dedication to caring for us in countless ways will forever hold a special place in our hearts.

From Witt/Kieffer: Jordan Hadelman

Chairman, Witt/Kieffer

Modern Healthcare 
September 17, 2007
**By gender**

Just like the healthcare industry in general, the Up & Comers represent a population still dominated by men. A total of 244 individuals were surveyed.

**Registered for yearbook**
- Men: 65% (113)
- Women: 35% (61)

**All Up & Comers**
- Men: 63% (154)
- Women: 37% (90)

**By title**

The vast majority of Up & Comers hold the top jobs at their organizations.

- **President/CEO**
  - Men: 44.2% (76)
  - Women: 25.8% (43)
- **Executive VP/VP**
  - Men: 24.4% (42)
  - Women: 7.2% (12)
- **COO**
  - Men: 10.5% (18)
  - Women: 2.3% (4)
- **CIO**
  - Men: 5.2% (9)
  - Women: 2.3% (4)
- **CFO**
  - Men: 3.8% (6)
  - Women: 1.7% (3)
- **CNO**
  - Men: 0.6% (1)
  - Women: 0.6% (1)
- **Retired**
  - Men: 1.2% (2)
  - Women: 0.6% (1)
- **Other**
  - Men: 20.3% (35)
  - Women: 12.3% (21)

**Note:** Percentages do not add up to 100 because of rounding.

**By age**

The Up & Comers responding to our yearbook survey are still a relatively young crowd, with 45% age 45 or younger.

- **40 or under**
  - Men: 18.9% (33)
  - Women: 25.9% (45)
- **41-45**
  - Men: 22.9% (40)
  - Women: 23.6% (41)
- **46-50**
  - Men: 23% (40)
  - Women: 23% (40)
- **51-55**
  - Men: 8% (14)
  - Women: 8% (14)
- **56-60**
  - Men: 0.6% (1)
  - Women: 0.6% (1)
- **Over 60**
  - Men: 0.6% (1)
  - Women: 0.6% (1)

**By region**

Based on 171 responses:
- **West**
  - Men: 24% (41)
  - Women: 25% (42)
- **Midwest**
  - Men: 14.2% (24)
  - Women: 14.2% (24)
- **Northeast**
  - Men: 15.2% (26)
  - Women: 15.2% (26)
- **South**
  - Men: 35.7% (61)
  - Women: 35.7% (61)

**By race**

Based on 174 responses:
- **Caucasian**
  - Men: 79.3% (138)
  - Women: 79.3% (138)
- **Black**
  - Men: 11.5% (20)
  - Women: 11.5% (20)
- **Hispanic**
  - Men: 3.5% (6)
  - Women: 3.5% (6)
- **Asian**
  - Men: 4% (7)
  - Women: 4% (7)
- **Other**
  - Men: 1.7% (3)
  - Women: 1.7% (3)

**Currently working in the healthcare industry?**

Based on 172 responses:
- **Yes**
  - Men: 93.6% (161)
  - Women: 93.6% (161)
- **No**
  - Men: 6.4% (11)
  - Women: 6.4% (11)
No one has ever said no to me” was the quote attributed to the first person profiled in the first installment of Up & Comers 20 years ago. Cocky? Probably. Charismatic? Undoubtedly. It’s the proverbial thin line.

The man who led the inaugural class of 1987 alphabetically stands out unequivocally as its leader today. Even 20 years ago, Donald Berwick, then 40, was championing the ideas that would eventually blossom into the Institute for Healthcare Improvement.

In the late ’80s, the quality measurement expert, who worked for the Harvard Community Health Plan, an HMO based in Brookline, Mass., started pairing up hospital chief executive officers with leaders from other industries to try to glean how their quality best practices could be applied to healthcare. One of the hospital CEOs who was involved in the project, known as the National Demonstration Project on Quality Improvement in Health Care, was Maureen Bisognano. At the time, she was CEO at the Massachusetts Respiratory Hospital in Braintree, Mass. Her hospital was paired up with Florida Power & Light Co. in Miami.

“From what little happened that year, I think he has built a global system that is connecting people and their improvement efforts, and spreading evidence-based medicine around the world,” says Bisognano, who is now the executive vice president and chief operating officer at the Cambridge, Mass.-based IHI.

Since 1991, Berwick has served as co-founder, president and CEO at the IHI, a not-for-profit organization dedicated to worldwide healthcare quality-improvement efforts. Berwick has helped the healthcare industry embrace quality improvement as a science. Under his leadership, the IHI—with 100 employees, 250 faculty members and a budget of just under $40 million—has spearheaded several national quality improvement efforts.

Topping that list is the 100,000 Lives Campaign, which began in December 2004. The IHI estimates the program saved roughly 122,000 lives—although some dispute the figures—at more than 3,000 participating hospitals through rapid response, evidence-based care and intervention to prevent infection and ventilator-associated pneumonia.

But why stop there? In December 2006, the IHI set out to avoid 5 million potential patient injuries over the next two years, building on its earlier project. The campaign, called the 5 Million Lives Campaign, aims to prevent pressure ulcers and harm from high-alert medications, reduce surgical complications and methicillin-resistant Staphylococcus aureus infections, and promote evidence-based care for congestive heart failure.

An elected member of the Institute of Medicine, Berwick, 61, served as a member of the IOM committee that in 1999 published the landmark report To Err is Human. That report, perhaps more than any other, helped galvanize the industry with the jarring statistic that 44,000 to 98,000 Americans die in hospitals annually as a result of medical errors.

In addition to advocating the application of quality techniques from other industries to healthcare and making patient safety a high-profile priority in the U.S., Berwick’s work with the U.K.’s National Health Service led to his being awarded an honorary knighthood by Queen Elizabeth II in 2005.

“He feels that in many cases the processes developed in hospitals and even between healthcare organizations are ill-designed and don’t serve the patient well,” Bisognano says. “He is driven by a passion for improving care so the patient gets the right care every time.”

And who could say no to a knight? ✦
Mark Neaman has spent his entire career in the northern Chicago suburb of Evanston, Ill., on the shores of Lake Michigan. It’s a good place to be for a hospital executive, as evidenced by the growth over the years of Evanston Northwestern Healthcare, the system Neaman leads as president and chief executive officer. When Neaman was named an Up & Comer in 1987 at the age of 36, he said: “My philosophy is not to have a high profile, and that anything can be accomplished as long as you don’t care who gets the credit for it.”

Seventeen years later, that copacetic low profile would be challenged when the feds decided to pounce. The Federal Trade Commission filed an antitrust lawsuit in 2004, saying Evanston’s merger with Highland Park (Ill.) Hospital in 2000 was anti-competitive and forced consumers and insurers to pay higher prices.

In 2005, an administrative law judge ruled the merger should be broken up, but the system appealed the decision to the full FTC. On Aug. 6, it unanimously affirmed the decision, although Evanston Northwestern called it a victory as the system did not have to sell Highland Park Hospital, which is now considered a separate organization and must negotiate on its own. As he was fending off the FTC’s litigation, Neaman received Modern Healthcare’s CEO IT Achievement Award in 2005 as one of the earlier adopters of an electronic health-record system.

His career at the system goes back to 1974, when he arrived as an administrative assistant at Evanston Hospital after receiving his master’s degree in healthcare administration. Neaman, now 56, became president and CEO 18 years later, and from there he went on to assume leadership roles within the system.

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People who have worked with John Ferguson tend to use the word “visionary” a lot. Perhaps they mean “clairvoyant.” Ferguson had the foresight to look at a community hospital in New Jersey and see its potential as a regional force that could compete with New York’s—and indeed the nation’s—finest facilities for specialized healthcare services.

Ferguson, 58, is president and chief executive officer of Hackensack (N.J.) University Medical Center, a position he has held for the past 21 years. He arrived there in 1981 as senior vice president of professional services. Within four years he became senior vice president and chief operating officer, and a year later he was CEO.

“He had a vision many, many years ago, a transformation of Hackensack from a community hospital to a nationwide, well-respected medical center,” says Joseph Simunovich, chairman of the hospital foundation’s board of trustees and a member of the hospital’s board for 15 years.

“John has provided the kind of leadership that could see 16 years ago where we could be today,” Simunovich adds.

In 1988, when he was named an Up & Comer at the age of 39, Ferguson said that building relationships with physicians and nurses was critical to the hospital’s success. According to Robert Garrett, the hospital’s executive vice president and chief operating officer, Ferguson led the charge for Hackensack to receive the coveted Magnet award for nursing. One of the first hospitals to receive the designation, Hackensack has twice been recertified as a Magnet hospital.

Ferguson also made a point of recruiting physicians in service areas such as bone-marrow transplants, cardiac surgery, medical oncology, orthopedics and urology, Garrett says. In addition, over the past decade, the hospital has roughly doubled its square footage. “Our facilities are all new or majorly renovated,” Garrett says. “All the new facilities have private rooms, and all the ones that have been renovated have private rooms.”

A leader in cardiology, the hospital also recently completed a new 300,000-square-foot facility for women and children, and it is in the process of establishing what Simunovich calls “an outstanding oncology center.”

Garrett says Ferguson has fostered an environment that allows employees to challenge themselves and take on responsibility. “I think there’s a lot of job satisfaction for people who work for and around John because he really does give people an opportunity to do their own jobs and flourish in their jobs,” he says. “But make no mistake about it; he really does hold people accountable for their jobs and for good results.”

By bringing in top-notch workers and creating an environment that makes them want to stay, Ferguson has achieved his vision of creating a nationally recognized teaching hospital and medical center, his colleagues say.

“We’re matched up against the best that New York has to offer and the country has to offer,” Simunovich says. “We’re near the top of that list, if not at the top.”

Contact Ferguson at lgiani@humed.com
Many Up & Comers probably aspire to retire early as Michael Jhin did, but indubitably they’d prefer rosier circumstances.

Since 2004, Jhin, 57, has held the title of chief executive officer emeritus of St. Luke’s Episcopal Health System in Houston. He retired at the end of 2003 as president and CEO of the system after nearly 14 years, eight as CEO of the system and an overlapping 10 as president and CEO of its flagship hospital.

St. Luke’s consists of St. Luke’s Episcopal Hospital, the Woodlands Community Medical Center and the Kelsey-Seybold Clinic, a 300-physician group. While he was head of St. Luke’s in 1999, it partnered with Methodist Health Care to purchase the Kelsey-Seybold Clinic from MedPartners.

When Methodist decided to back out of the money-losing partnership in early 2002, St. Luke’s bought out Methodist’s share. Jhin also oversaw the hospital when it was sued by its landlord, the Texas Medical Center, for trying to forge a joint venture with what was then Columbia/HCA Healthcare Corp., the nation’s largest for-profit hospital chain.

At issue was whether such a venture would violate deed restrictions banning for-profit tenants from the Texas Medical Center. In 1996, after the state attorney general joined the lawsuit against St. Luke’s, a settlement was reached in which the deal was scrapped.

When he was named an Up & Comer in 1988 at 38, Jhin was executive director and CEO of Temple University Hospital, Philadelphia. He also served as executive vice president of Long Beach (Calif.) Memorial Health System for two years.

Contact Jhin at mjhin@sleh.com
Brent James may need a new trophy case. In February 2005, he won a Health Quality Award from the National Council for Quality Assurance for his work in improving the quality of care in the U.S. Less than a month later, he received a Trust Award from the Health Research and Educational Trust, an affiliate of the American Hospital Association, for his application of the science of quality to practical caregiving. In November 2006, he received the Ernest Amory Codman Award from the Joint Commission for his leadership in using performance measures to improve safety and quality.

Clearly James was no runner-up when Modern Healthcare tagged him as an Up & Comer back in 1989 at the age of 38, when he was director of medical research and medical education at Intermountain Healthcare, Salt Lake City. Nor is he now. James, now 56, is the executive director of the Institute for Health Care Delivery Research and vice president for medical research and continuing medical education at Intermountain. A surgeon and biostatistician, James has gained national recognition for applying quality management principles to healthcare delivery. “He’s been an incredibly effective voice for the need to get to best clinical practices and clinical outcomes,” says Intermountain President and Chief Executive Officer William Nelson, “and he’s incredibly helpful in terms of implementing those best practices in our organization.”

James has been involved in researching many, if not all, of the best practices Intermountain has worked to put in place, Nelson says. “Brent has done the research, taken the time to understand the need for reduced variation,” he says. “He’s gathered the data to make the case, clinically and financially.”

Applying the ideas of quality-improvement guru W. Edwards Deming, James has spearheaded projects at Intermountain that have demonstrated that improving quality can indeed reduce costs.

Under his leadership, Intermountain, an integrated delivery system that serves the entire state of Utah and beyond, has been a leader in using evidence-based medicine and in adopting clinical computing systems including an electronic health-record system.

James earned undergraduate degrees at the University of Utah in computer science in 1974 and in medical biology in 1975. After completing his medical training, he did a surgical residency at the University of Utah School of Medicine in Salt Lake City and earned a master’s degree in statistics from the University of Utah in 1983. He then began a fellowship in the department of biostatistics at the Harvard School of Public Health but came back to Utah and to Intermountain in 1986.

The Advanced Training Program in Health Care Delivery Improvement that James developed in 1992 as part of the institute’s work now attracts people from all over the country and the world, Nelson says.

“Brent James has created and progressively expanded a remarkable laboratory for continuous improvement and learning in real-world clinical settings at Intermountain,” said Dennis O’Leary, president of the Joint Commission, in a news release announcing the Codman award last year.

Just another honor to add to his trophy case.
With the new millennium came a new career path for Reed Tuckson—an eye-opening one at that.

An internist by training, Tuckson, 56, was one of several prominent physicians tapped by large insurers in recent years to help them improve relations between private payers and providers. It was quite a change for Tuckson, who had made a name for himself more than a decade earlier as commissioner of public health in Washington, D.C.—where he worked when he was named an Up & Comer in 1989 at the age of 38.

Following his position as commissioner, Tuckson had jobs as a senior vice president at the March of Dimes; president of the Charles R. Drew University of Medicine and Science in Los Angeles; and senior vice president of professional standards for the American Medical Association. And then UnitedHealth Group came a-calling.

UnitedHealth hired Tuckson in October 2000 as senior vice president of consumer health and medical-care advancement.

In December 2006, he was promoted to executive vice president and chief of medical affairs, in which role he is expected to help the company enhance patient-physician relationships and improve healthcare quality.

In memoriam

Dudley Alan Prather, an Up & Comer from the class of 1989, died in 1996 at age 43. Prather died in his home in Fayetteville, Ark., of a heart attack, according to the Arkansas Hospital Association. Prather was the 37-year-old administrator and COO of Springdale (Ark.) Memorial Hospital in 1989, when Modern Healthcare recognized him. Prather had been at Springdale, now known as Northwest Medical Center, from 1987 until May 1991. At that point, he resigned to pursue interests in the private sector.

Danna Bell, director of neonatology services at Northwest, recalls an incident when she was nursing director in the emergency room. During a phone exchange about ER renovations, Prather had been curt with her and hung up, she said. About 9 p.m., Prather called Bell at her home and apologized, saying he couldn’t go to sleep before resolving the matter. “I think that said a lot about his character,” she says. “Most CEOs wouldn’t give it a second thought.”

THE REST OF THE CLASS OF ’89

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<thead>
<tr>
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<th>Then: Year</th>
<th>Then: Position/Company</th>
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<tr>
<td>William Atkinson</td>
<td>53</td>
<td>Executive director, Humana</td>
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<td>President &amp; CEO, WakeMed Health &amp; Hospitals, Raleigh, N.C.</td>
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<tr>
<td>David Belle-Isle</td>
<td>NA</td>
<td>Senior officer, HR, Epic Healthcare Group, Irving, Texas</td>
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<td>Senior VP, organizational and process excellence, Intuit, Mountain View, Calif.</td>
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<tr>
<td>David Carpenter</td>
<td>53</td>
<td>Pres. &amp; CEO, Hadley Medical Center, Hays, Kan.</td>
<td></td>
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<td>Arthur Gonzalez</td>
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<td>CEO &amp; admin., Kino Community Hospital, Tucson Ariz.</td>
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<td>VP, nursing services, DePaul Health Center, Bridgeton, Mo.</td>
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<td>Senior VP, business development officer, Safe Life Corp., San Diego</td>
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<td>Dudley Alan Prather</td>
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<td>Administrator &amp; COO, Springdale (Ark.) Memorial Hospital</td>
<td>In memoriam</td>
<td>See “In memoriam” below</td>
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<tr>
<td>Richard Salerno</td>
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<td>Michael Weinstein</td>
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September 17, 2007 • Modern Healthcare 15
Now that’s what we call time management.

When he was named an Up & Comer in 1990 at the age of, ahem, 33, Dan Wolterman had already been president and chief executive officer of a three-hospital regional system, Holy Cross Health Services of Utah, for a year.

“I’ve moved very quickly in my career,” he said at the time, adding that when opportunities presented themselves, he made the most of them. And Wolterman’s pace hasn’t slowed since.

The former head of the Salt Lake City system is now the president and CEO of five-hospital Memorial Hermann Healthcare System in Houston.

Wolterman, now 51, arrived at Memorial Hermann in 1999—two years after Hermann Health-care System and Memorial Healthcare System completed their merger—as senior vice president. After Dan Wilford retired as president and CEO in 2002, the system’s board conducted a national search for a replacement but ended up deciding the best person for the job was already there.

It chose Wolterman because of his strong relationships with the board, medical staff, employees and communities served by the health system. In his previous position as senior vice president, he had overseen seven of the system’s 11 hospitals and two long-term-care facilities.

“Dan came into Wilford’s position at a time when the healthcare environment was rapidly changing from what I would say was a good-old-boy era to an era that required business acumen,” recalls James Montague, chairman of Memorial Hermann Healthcare System’s board of directors. “Dan was able to apply this acumen to what I would consider a very complex operation.”

At Memorial Hermann, Wolterman oversees some 19,000 employees. Within the past five years, the system has funded more than $600 million in expansion projects, according to Montague.

Not only is he a community leader, Montague says, but also he is “politically attuned,” and able to work well with local businesses and the state Legislature. He is chairman-elect of the Greater Houston Partnership, a round table of influential local corporations that tackles challenges in the community.

He is also chairman of both the Texas Hospital Association and the VHA-Texas board of directors.

Joel Allison, president and CEO of Baylor Health Care System in Dallas, has worked closely with Wolterman in some of these roles. “Obviously Dan is truly a leader,” he says. “And he’s been really passionate about his commitment to serving all people.”

One of Wolterman’s top priorities is reducing Texas’ large number of uninsured. Some of his ideas include: funding more preventive medicine and creating a watchdog agency to oversee access and quality (April 3, 2006, p. 21). “He’s spoken out to business leaders, to the business community; he’s carried this message to the national press corps, to editorial boards and legislators to get more Texans covered,” Allison says.

Always thinking ahead, this passion manifested itself in Wolterman’s eagerness to help evacuees from Hurricane Katrina in 2005. Memorial Hermann set up an in-hospital command center before Katrina even hit the Gulf Coast, created added capacity and then launched a massive operation to evacuate critical patients from New Orleans.

“He’s visionary, he’s collaborative and he’s a person of high integrity,” Allison says. “He’s willing to take a stand for what is right and what he believes.”

Time and time again.

Contact Wolterman at dan.wolterman@memorialhermann.org
Some computer problems just can’t be remedied by hitting Ctrl+Alt+Delete as Greg Van Pelt, 55, found out. The executive vice president and chief regional operations officer of Providence Health & Services, a 26-hospital Catholic system headquartered in Seattle, was caught in the middle of a public relations nightmare after the system was hit twice within several months by data theft.

On Dec. 31, 2005, data on 365,000 home health patients of Providence Home Services in Portland, Ore., were stolen from the back seat of a Providence employee’s vehicle. The system changed its security policies, the state attorney general’s office investigated, there was a lawsuit and several employees resigned in the wake of the incident.

But that wasn’t the end. A couple of months later, thieves stole laptop computers containing records on 122 hospice and home-care patients from two employees’ cars. “It’s very frustrating,” Van Pelt reportedly told the Oregonian.

Van Pelt, who was named an Up & Comer in 1990 at age 38, when he was the administrator and chief executive officer of St. Vincent Hospital and Medical Center in Portland, Ore.—one of Providence’s hospitals—has been with the system for more than 30 years. He has held titles such as senior vice president and chief regional operations officer; chief executive, Providence Health & Services, Washington region; and chief executive of Providence Health Plan.

Contact Van Pelt at greg.vanpelt@providence.org

THE REST OF THE CLASS OF ’90

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**A. DAVID JIMENEZ, 55**
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**DEBORAH JOHNSON, NA**
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**GLEN KAZAHAYA, 57**
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AUTOGRAPHS

The incessant focus on cost-cutting in order for entities (hospitals, nursing homes, outpatient clinics, etc.) to stay afloat has detracted from the sense of patient-care mission. —Sister Nancy Linenkugel
Healthcare has divisive issues. Lots of them. But if you disagree with Nancy Schlichting, chances are she has a rebuttal at the ready.

When she was interviewed in 1991 about the accomplishments that contributed to her being named an Up & Comer, Schlichting, then 36, noted that being on the high school debate team helped her to see both sides of an issue, a useful skill for anyone but especially important for a hospital administrator.

Sixteen years later, Gail Warden, president emeritus of Henry Ford Health System and the person who hired Schlichting into the Detroit-based system in 1998 as its senior vice president and chief administrative officer, says one of her best skills has been getting other members of the health system’s constituency onboard for tough decisions.

“I think what she brought to Henry Ford was a real understanding of how to work with physicians and get them on the same page as the organization,” Warden says.

Affirmative.

The first woman to lead Henry Ford in its 90-year history, Schlichting, 52, has been credited with its significant financial turnaround. In 2001, she became president and chief executive officer of its flagship Henry Ford Hospital, Detroit, while maintaining her role as chief operating officer of the health system. After losing nearly $75 million in 2001, the system was in the black by 2003, where it has remained. That same year, she became president and CEO of the health system.

In fiscal 2006, the system reported $3.25 billion in revenue and net income of $134.9 million, a 20% increase in profit from 2005.

“She’s a fairly tough-minded manager about being cost-effective and delivering quality healthcare,” Warden says. “It is reflected in the changes that have taken place under her leadership.”

Admissions at 722-bed Henry Ford Hospital have risen 17.5% during the past three years, and outpatient surgery at the hospital grew 14% in 2006. Last year, Henry Ford’s flagship hospital was selected as one of the Thomson 100 Top Hospitals: Performance Improvement Leaders.

In addition to her success in turning around Henry Ford, Schlichting has also been active in her community and in industry activities. She was treasurer for the Michigan Health & Hospital Association board for 2006-07 and served as the chairperson of the American Heart Association’s annual Heart Walk in Detroit in 2004. That year, the organization raised a record $2.4 million for cardiovascular research.

Before arriving at Henry Ford, Schlichting was executive vice president and chief operating officer of Summa Health System in Akron, Ohio. She has also served as president and CEO of Riverside Methodist Hospital in Columbus, Ohio, and executive vice president and COO of Akron (Ohio) City Hospital.

Contact Schlichting at ns@hfhs.org
Vicki (Romero) Briggs decided many years ago that if you can’t complete a deal with ‘em, join ‘em. Briggs, 53, was Vicki Romero when she was named an Up & Comer in 1991 at age 37. Her last name is not the only thing that has changed since then. She was chief executive officer of Women’s Hospital in Baton Rouge, La., at the time. Five years later and a month after a deal she had helped orchestrate with Columbia/HCA Healthcare Corp. was scuttled by the hospital parent’s board, she resigned to become president of the Baton Rouge market for Columbia/HCA’s Louisiana region. About 18 months later, she became president and CEO of 2021 Healthcare, a consulting firm specializing in strategic planning for hospitals and physician practices, women’s health services and board relations. After seven months as a consultant, she moved on to become CEO of Longview (Texas) Regional Medical Center, owned by Triad Hospitals, where she stayed for nearly seven years.

In mid-August, she resigned after two years as CEO of Trinity Medical Center in Birmingham, Ala., which had been a partnership between Triad (recently purchased by Community Health Systems) and Baptist Health System. In a news release, Briggs attributed the decision to a desire to spend more time with her family and evaluate future opportunities. “I am eager to take a step back, catch my breath, and see what the future brings,” she said. ✦

Contact Briggs at vicki.briggs@triadhospitals.com

THE REST OF THE CLASS OF ’91

<table>
<thead>
<tr>
<th>Name</th>
<th>Then/Now Details</th>
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<tbody>
<tr>
<td>LT. CMDS. ROBERT BURG</td>
<td>51 Then: Director of admin., Office of the Attending Physician, Congress,</td>
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<td>MAURA CARLEY</td>
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<td>JOHN GLASER</td>
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<td>GLEN NESSEL</td>
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<td>KEVIN POTTER</td>
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</tr>
<tr>
<td>LAURA REDOUTE</td>
<td>52 Then: Executive director, Greater Flint (Mich.) Area Hospital Assembly; Now:</td>
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<td></td>
<td>President, Nebraska Hospital Association, Lincoln</td>
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<tr>
<td>PAUL VIVIANO</td>
<td>54 Then: President &amp; CEO, St. Jude Medical Center, Fullerton, Calif.; Now:</td>
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<td>Chairman &amp; CEO, Alliance Imaging, Anaheim, Calif., <a href="mailto:pviviano@allianceimaging.com">pviviano@allianceimaging.com</a></td>
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<td>GREG WOZNIAK</td>
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<td>Now: President &amp; CEO, St. Mary Medical Center, Langhome, Pa., <a href="mailto:gwozniak@stmaryhealthcare.org">gwozniak@stmaryhealthcare.org</a></td>
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<td>LORRAINE ZIPPIROLI</td>
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</tr>
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<td></td>
<td>Palo Alto, Calif.; Now: Current information not available.</td>
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Contact Briggs at vicki.briggs@triadhospitals.com

September 17, 2007 • Modern Healthcare 19
Whoever said “Familiarity breeds contempt” should do lunch with Marna Borgstrom. After all, Yale-New Haven (Conn.) Hospital is still her second home, the same place she has worked since 1992 when she was named an Up & Comer at age 39.

Back then, she was senior vice president of administration. Fifteen years later she is still at the 851-bed facility, one of the nation’s oldest voluntary hospitals. Now, at 53, she is president and chief executive officer of the hospital and of Yale-New Haven Health System—the first woman to hold that position in the hospital’s 181-year history.

“I’ve been fortunate,” she says. “I’ve been given a lot of different opportunities within the same organization, which has worked very well for me.”

Back in 1992, Borgstrom said she never expected to stay at Yale after graduating from Yale University’s School of Medicine in 1979 with a Master of Public Health degree in hospital administration. She thought she would work at a hospital for a few years and then move into another field, she said. But every few years, her career responsibilities at the academic medical center shifted and she never felt bored.

Perhaps Yale-New Haven is just that type of place. After all, Joseph Zaccagnino, who preceded Borgstrom as president and CEO and who helped recruit her, was at the organization for 35 years before he retired.

“If the individual can continue to grow and develop and stagnation is avoided by the inflow of new people and new ideas, a dynamic place like a medical center benefits from the continuity that a leader with a history in the organization can provide,” Zaccagnino says. “I think Marna has not only been committed to that direction over time, but I also think the end result demonstrated that she made good choices along the way.”

Borgstrom says Zaccagnino’s willingness to share responsibility—which allowed her to pursue both strategic and operational opportunities—was part of what kept her at Yale-New Haven all these years. Before becoming CEO in 2005, Borgstrom was executive vice president and chief operating officer for 12 years. She also served as vice president of administration from 1985 to 1992.

Not only is she dedicated and articulate, but she also is a “pioneer” among women who have achieved top management positions at academic medical centers, Zaccagnino says.

Among her achievements at Yale-New Haven was overseeing the construction of the $156 million Yale-New Haven Children’s Hospital, which opened in 1993. “That was an exquisite opportunity,” Borgstrom says, because she was able to oversee the project from initial planning through occupancy.

She is also proud of a $430 million project Yale-New Haven is undertaking to consolidate its cancer care into one location. The result will be a 14-story building integrating inpatient and outpatient oncology for adults and children. The building is expected to open by the end of 2009, she says.

When asked whether she regrets not moving to another hospital or system to try something new, Borgstrom is philosophical. “I don’t know if I can say it’s a good or bad thing,” she says. “My feeling is I got the best of both worlds. I got to continue to learn, evolve my thinking, evolve my style and strategies, and I got to do it with a team of people I knew well.”

Contact Borgstrom at marna.borgstrom@ynhh.org
A 36-year-old Stephen Wiggins told Modern Healthcare in 1992: “One of the quickest ways to the top is to start there.” But beginning a journey on a summit can also make for a bumpy descent.

At the time he was named an Up & Comer, Wiggins was chairman and chief executive officer of Oxford Health Plans, the managed-care company he founded in 1984 as a young Harvard Business School graduate. At that point, Oxford’s revenue was surging and enrollment was soaring. But that was all about to change.

One of the highest-paid managed-care executives in the country in 1996 and 1997, Wiggins was eased out in 1998 after the Trumbull, Conn.-based HMO posted a surprising loss of $78.2 million in October 1997. Wiggins blamed computer glitches for reimbursement delays and undercharging for services. Class-action lawsuits alleging that company officials concealed the extent of the problems and a Securities and Exchange Commission investigation followed.

Ultimately Wiggins resigned when investment firm Texas Pacific Group agreed to invest $350 million in Oxford in exchange for installing a new CEO. In the years since, Wiggins, 51, has invested in and started several other healthcare companies, including HealthMarket, a consumer-driven healthcare company. It was sold to a public company called UICI, later named HealthMarkets. He is the chairman and CEO of Golden Pond Healthcare, a so-called special-purpose acquisition corporation that has filed with the SEC to go public this month. He also founded FMR Group, a generics manufacturing company, and he is currently an operating partner of Essex Woodlands Health Ventures, a venture capital and private equity firm.

THE REST OF THE CLASS OF ’92

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Administrator, Austin (Texas) Diagnostic Medical Center; Now: President & CEO, Kalispell (Mont.) Regional Medical Center

What I find most separates the true leaders from the managers is their passion, their commitment to excellence, their humor, their faith and their ability to inspire others to follow. —Lynn Kiehne

AUTOGRAFPHS
On May 1, 2000, about a month before a federal judge dissolved a joint operating agreement between Richard Henley’s hospital and the only other one in Poughkeepsie, N.Y., a commentary by Henley was published in Modern Healthcare imploring his colleagues to help restore faith in the industry by leading their hospitals with integrity.

“Our organizations and peers are under scrutiny for everything from suspected fraud and abuse to shortchanging patient care to save a few dollars,” he wrote. “The need to restore public faith in our organizations and the healthcare system as a whole is greater than ever.”

At the time, Henley was executive vice president of Vassar Bros. Medical Center in Poughkeepsie and the national chairman of the Healthcare Financial Management Association. A judge in White Plains, N.Y., ultimately ruled that the joint venture was anti-competitive and had allowed the two hospitals to fix prices.

Fortunately for Henley, 51, who was named an Up & Comer in 1993 at the age of 37, the ultimate demise of Mid-Hudson Health, the eight-year “virtual merger” between Vassar Bros. and its neighbor, St. Francis Hospital, didn’t slow down his career advancement.

After having served in top financial and operational roles at Vassar Bros., Henley was named president and chief executive officer of Pocono Health System, a community hospital in East Stroudsburg, Pa., in 2005. In the short time he has been there, he has made quite an impression, says the current chairman of the hospital’s board, who also chaired the search committee that offered Henley the top job.

“When we interviewed different candidates, we were interested in someone that would have a vision to grow our organization from a smaller community hospital to a regional-based medical center,” recalls Darell Covington, the board chairman and also a colorectal surgeon at the hospital. “When we interviewed all the candidates, Richard was clearly the person who had the best combination of all these things.”

Among Henley’s accomplishments at Pocono Health System are improving its Standard & Poor’s bond rating (from junk status to B+), achieving roughly a 5.5% profit margin and doubling the size of the hospital’s growing hospitalist program, Covington says.

One of the challenges the hospital faces is luring and keeping physicians in a state known for its low reimbursement levels and high malpractice insurance rates. So attracting high-quality doctors has been one of Henley’s priorities, Covington says.

“We’ve designed a physician-retention program,” Covington says. “Not just recruitment, but how do you retain them in the area?”

Under Henley’s direction, the hospital also opened a cardiovascular institute in February. With no previous program in open-heart surgery, the hospital immediately had to get up to speed because it competes with two other facilities that are designated as 100 Top hospitals for cardiovascular services, according to Covington. ”There couldn’t be a ramp-up in terms of the quality piece,” he says.

In its first four months, the heart program did about 100 heart surgeries; that made its operative mortality rate less than 1%, Covington says. The system is now planning to open a third open-heart-surgery room.

But that’s not good enough for Henley, Covington adds. The ultimate goal is to have the program listed as one of the nation’s top cardiovascular programs within five years. ✦
When Wayne Lowell was named an Up & Comer in 1993 at the age of 38, his star had risen “in line with the fortunes of PacifiCare Health Systems,” according to the story. Perhaps the analogy doesn’t end there. Less than five years later, the fortunes of both would change, and Lowell would end up retiring—as he told Modern Healthcare at the time—to spend time with his then-young sons. At PacifiCare he had started out as corporate controller and left as executive vice president, chief financial officer and chief administrative officer.

In his role as CFO, Lowell helped PacifiCare grow from a $40 million to a $4 billion company and complete some 15 acquisitions. As chief administrative officer, he was responsible for information technology, claims processing and enrollment. Lowell’s retirement from PacifiCare in February 1998 followed computer-related and contracting problems at its Utah plan to go along with a $22 million loss for 1997, and a $114 million loss for the fourth quarter of that year. He says his departure was not related to the losses but had more to do with wanting to work with smaller and medium-size companies.

Since leaving PacifiCare, Lowell, now 52, has worked as a self-employed consultant to CEOs and CFOs on strategic, financial and operating challenges. He also serves as a director of several healthcare companies, including managed-care company Molina Healthcare; WellMed Medical Management, a San Antonio-based physician practice management company; and IPC-The Hospitalist Co. The name of his consulting firm, Jonchra Associates, is a melding of the names of his two sons, Jonathan and Christopher.

W

THE REST OF THE CLASS OF ’93

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GAIL MARGOLIS, 53 Then: Corporate VP & general counsel, Daniel Freeman Hospitals, Inglewood, Calif.; Now: VP, gov’t., business & community affairs, Childrens Hospital Los Angeles, gmargolis@chla.usc.edu

JAMES ROGERS, 50 Then: President & CEO, Roper Hospital & Health Services, Charleston, S.C.; Now: CEO, HealthSouth Rehabilitation Hospital-Columbia (S.C.), james.rogers@healthsouth.com

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CHARLES STARK, NA Then: Administrator, HealthSouth Rehabilitation Hospital, Fort Worth, Texas; Now: President & CEO, Firelands Regional Medical Center, Sandusky, Ohio

KENNETH THORPE, 51 Then: Dpty. asst. sec. for health policy, HHS, Washington; Now: Professor & chair, Dept. of Health Policy & Mgmt., Emory University Rollins School of Public Health, Atlanta

Focus upon the long-term outcome and do not worry about the “short-term noise” from others who are more interested in themselves and shallow politics. —James Rogers

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If you feel awkward asking someone for money, you might want to hit up Kelby Krabbenhoft for some advice.

Apparently, making the pitch at someone’s kitchen table does the trick, and it certainly doesn’t hurt to have a compelling reason.

Krabbenhoft, president and chief executive officer of what was then known as Sioux Valley Hospitals & Health System in Sioux Falls, S.D., managed to persuade South Dakota businessman T. Denny Sanford to donate $400 million to the system. The gift, announced Feb. 3, is the single-largest healthcare donation ever; the system is now called Sanford Health, for obvious reasons.

Some might call it chutzpah.

“I think the key word is courage,” says Becky Nelson, chief operating officer and senior vice president of health services operations for Sanford Health. “You know how difficult it would be to ask a colleague for money? To sit down and ask for $400 million does take a whole lot of courage.”

Perhaps it doesn’t hurt that Krabbenhoft, 49, was a college basketball player. In 1994, when he was named an Up & Comer at the age of 36, he said playing in college taught him how to be an underdog. “You start taking punches and not falling down.”

With its recent and ongoing cash infusion, it does not appear Sanford Health will be falling down anytime soon.

David Link, Sanford Health’s executive vice president, calls Krabbenhoft a “gifted visionary.” Link and Nelson both say that Krabbenhoft was able to gain Sanford’s trust and philanthropic generosity by laying out a concrete proposal based on what he envisioned for the organization.

“Because of the work of the team, Kelby was able to present the dollar figure along with the vision and demonstrate to Denny why $400 million was essential to carry out the vision,” Nelson says. “It was a very systematic process to arrive at that number, and Kelby felt confident that that number would allow us to do what we wanted to do.”

Specifically, the system has earmarked the money for four major projects: establishing five pediatric clinics across the country; expanding its five research institutes and creating a new pediatric research institute; creating a commission of experts to identify a promising research area for one pressing healthcare challenge; and creating a world-class “campus of the future.”

“The dollar amount is so staggering that it really does make a difference in terms of what you can consider doing,” Link says. “It’s a hugely motivating factor. We’re motivated by the awesome responsibility of making sure we do this correctly.”

While securing the large gift has certainly brought Sanford Health a lot of attention, it is not Krabbenhoft’s only achievement. During his 10 years in Sioux Falls, he has led a development plan that has nearly quintupled the size of the organization. His achievements include developing a 350-physician multispecialty clinic and creating the Sanford Health Plan, the second-largest private insurer in South Dakota.

Before joining Sanford Health, he was president and CEO of Freeman Health System in Joplin, Mo., for six years, and before that he was a system executive vice president for the Sisters of St. Mary of the Presentation Health Corp. in Fargo, N.D. He is a member of the governor’s South Dakota Commission on Health Care and has chaired the Sioux Falls Development Foundation, co-chairing a $10 million capital campaign.

At this pace, he might be the one on the other side of the kitchen table soon enough.
A successful team must have a vibrant visionary leader who inspires the organization. Kelby Krabbenhoft, CEO of Sanford Health, who was recognized as one of the 1994 Up & Comers, is one of the nation’s strongest visionaries in healthcare today. Kelby and his team at Sanford Health have been recognized throughout the United States as one of the outstanding healthcare delivery centers. Kelby’s innate ability to cultivate a team attitude, which stems from his college basketball days, coupled with his unwavering vision for delivering high-quality, innovative healthcare are the driving forces behind his many successful industry achievements over the years.

John Goodman & Associates, Inc. extends its sincere gratitude to Kelby, and we are proud to be a part of his team as we pursue our mission of improving the delivery of cardiac and vascular care throughout the nation.

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THE REST OF THE CLASS OF '94

TRACY (BARNES CHELF) ROGERS, 44 Then: President & CEO, South Bay Hospital, Sun City Center, Fla.; Now: Corp. VP, support operations, Alexian Bros. Hospital Network, Elk Grove, Village, Ill., rgerst@alexian.net

BARBARA BIEHNER, 50 Then: COO, Children’s Hospital of the King’s Daughters, Norfolk, Va.; Now: Executive in residence, University of North Carolina at Wilmington, biehnerb@uncw.edu

DAVID CLARK, 45 Then: Administrator & CEO, Memorial Hospital Dumas (Texas); Now: Regional VP/CEO, Intermountain Healthcare, Provo, Utah, david.clark@intermountainmail.org

JEFFREY MARGOLIS, 44 Then: VP, information services & CIO, FHP International, Fountain Valley, Calif.; Now: Chairman & CEO, TriZetto, Newport Beach, Calif.

RICHARD MARK, 52 Then: CEO, St. Mary’s Hospital, East St. Louis, Ill.; Now: Senior VP, Missouri energy delivery, AmerenUE, St. Louis

MICHAEL MCMILLAN, 51 Then: Executive director & CEO, Meridia Health System, Mayfield, Ohio; Now: Executive director, managed care, Cleveland Clinic, Independence, Ohio, mcmillm@ccf.org


ANN RICE, 50 Then: VP, fiscal services, Central Vermont Medical Center, Barre; Now: CEO, University of California at Davis Medical Center, ann.rice@ucdmc.ucdavis.edu

SIGRID SCHREINER, 49 Then: Administrator, Cascade Vascular Associates, Tacoma, Wash.; Now: VP, strategic consulting, Xcenda, sigrid.schreiner@xcenda.com (as of Oct. 1)

A career in health administration is above all a career of service.
—Ann Rice

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In 1995, when Sue Brody was named an Up & Comer at age 38, her former boss described her as “quietly aggressive” with “fire in her eyes.” Others who have worked with her say she has “heart” and is personable. That dichotomy has come in handy for the president and chief executive officer of Bayfront Medical Center, a 400-bed hospital near the downtown waterfront of St. Petersburg, Fla. Brody, now 50, directed the hospital through a costly legal skirmish with the city that ultimately led to Bayfront’s disentanglement from a joint operating agreement. And when she was chairwoman of the Florida Hospital Association, she defended the association when the state’s largest hospital chain—for-profit HCA—pulled out in February 2006 in protest over the group’s president and board composition, taking with it $750,000 to $1 million in annual dues.

Through it all, Brody has helped fortify an institution that has been not only financially sound but also a good place to work. “She has a caring heart for the patients and for the employees, and for the people associated with this institution,” says Larry Davis, a pathologist and former chairman of Bayfront Health System’s board of trustees.

Known as a family-friendly workplace that includes on-site child care and a hospital-based public school for employees’ children, Bayfront was named one of the 100 best companies for working mothers nine times by Working Mother magazine. And employees apparently appreciate the efforts. In a recent capital campaign for the hospital, they gave about $1 million, Davis says. “It relates to the fact that she’s got that kind of loyalty and support from employees,” he says.

Under Brody’s leadership, a $32 million surgical expansion project was completed, and a new state-of-the-art cardiac center was added. The hospital has recently partnered with nearby 216-bed All Children’s Hospital, St. Petersburg, in a construction and expansion deal that will allow Bayfront to lease space in the children’s hospital so mothers can deliver their babies there and have immediate access to high-risk care if needed.

Brody’s recent attempt to forge a relationship with All Children’s followed a difficult period of going it alone, however. A couple of years after Brody was named CEO in 1995, Bayfront joined with two other systems in Florida to form BayCare Health System. Three years into the alliance, the city of St. Petersburg sued Bayfront Medical Center in federal court, alleging that its participation in the alliance violated the constitutional separation of church and state. The city argued that Bayfront’s agreement to follow Catholic ethical and religious directives violated its lease.

After filing a countersuit and offering to buy the city-owned land for $47 million—and after racking up more than $1 million in legal fees—the hospital opted to leave the alliance rather than continue the battle. “We went through some tough times,” recalls Bill Heller, a state representative and chairman of Bayfront’s board of trustees. “We went into that, we came out of it, and now we’re doing very well on our own. … Sue has built an awful lot of bridges that will stay very strong for a long time to come.”
DONALD SMITHBURG, 46

Donald Smithburg, 46, has had a rough stretch, but he's optimistic that the worst is behind him. He was chief executive officer of Louisiana State University Health Care Services after Hurricane Katrina destroyed LSU’s flagship, Charity Hospital in New Orleans, in 2005 and badly damaged some of its other hospitals. And in June, Smithburg, the former head of the $1 billion public healthcare system that operates eight hospitals, was stripped of his CEO title and reassigned.

In late August, he became a consultant with Phase 2 Consulting in Austin, Texas, where he says he will advise healthcare institutions and physician practices on strategy, operations and finances. His move from hospital system CEO to consultant followed a tumultuous period. Before being reassigned from the CEO position at LSU, Smithburg had obtained a credit card in the system’s name and took out more than $2,000 in cash advances, according to the Baton Rouge (La.) Advocate. Smithburg says he paid back the credit card debt as soon as he was asked to, “to avoid any unintended misunderstanding.” He says he closed the account and that the incident did not cause his reassignment.

“There were some allegations of potential conduct concerns,” he says. “Those have all gone away. The settlement agreement LSU made with me exonerates me and, in fact, LSU is paying me not only severance but what amounts to personal injury.”

Smithburg was named an Up & Comer in 1995 at the age of 34, when he was associate executive director of Truman Medical Center in Kansas City, Mo., and chief administrative officer of the University of Missouri-Kansas City School of Medicine.

### Class of ’95 Notable

<table>
<thead>
<tr>
<th>Name</th>
<th>Class</th>
<th>Then:</th>
<th>Now:</th>
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</thead>
<tbody>
<tr>
<td>ELIZABETH ALHAND</td>
<td>51</td>
<td>Senior VP, finance, SSM Health Care, St. Louis</td>
<td>CFO, Harris County Hospital District, Houston, <a href="mailto:lahand@hotmail.com">lahand@hotmail.com</a></td>
</tr>
<tr>
<td>ARTHUR GINSBERG</td>
<td>52</td>
<td>Senior VP &amp; COO, Community Psychiatric Centers, Western division, Sacramento, Calif.</td>
<td>State director, St. John’s Community Services, Washington, <a href="mailto:aginsberg@sjcs.org">aginsberg@sjcs.org</a></td>
</tr>
<tr>
<td>TIBISAY GUZMAN</td>
<td>49</td>
<td>Associate administrator &amp; COO, Yonkers (N.Y.) General Hospital</td>
<td>Director, clinical services, Westchester Arc, White Plains, N.Y., <a href="mailto:tguzman@westchestercarc.org">tguzman@westchestercarc.org</a></td>
</tr>
<tr>
<td>SHELLEY HORWITZ</td>
<td>50</td>
<td>Administrator, Bay Valley Medical Group, Hayward, Calif.</td>
<td>CEO, Bay Valley Medical Group, Hayward, Calif.</td>
</tr>
<tr>
<td>PETER LAWSON</td>
<td>46</td>
<td>CEO, Winter Park (Fla.) Memorial Hospital</td>
<td>Exec VP, Health Management Associates, Naples, Fla., <a href="mailto:pete.lawson@hma.org">pete.lawson@hma.org</a></td>
</tr>
<tr>
<td>TODD LINDEN</td>
<td>45</td>
<td>CEO, Grinnell (Iowa) Regional Medical Center</td>
<td>President &amp; CEO, Grinnell Regional Medical Center, <a href="mailto:tlinden@grmc.us">tlinden@grmc.us</a></td>
</tr>
<tr>
<td>GARY MENDOZA</td>
<td>NA</td>
<td>Commissioner, California Department of Corporations, Los Angeles</td>
<td>Current information not available.</td>
</tr>
<tr>
<td>THOMAS SOKOLA</td>
<td>50</td>
<td>CFO, Eastern region, Geisinger Health System, Danville, Pa.</td>
<td>VP, finance, Geisinger Health System, <a href="mailto:tsokola@geisinger.edu">tsokola@geisinger.edu</a></td>
</tr>
<tr>
<td>DAVID STRAND</td>
<td>50</td>
<td>President, Medica/group VP, Allina Health System, Minneapolis</td>
<td>Chief emerging businesses officer, Cleveland Clinic, <a href="mailto:strandd@ccf.org">strandd@ccf.org</a></td>
</tr>
<tr>
<td>BRITT TRAVIS</td>
<td>48</td>
<td>VP, Colorado region, FHP Health Care, Denver</td>
<td>Senior VP, sales &amp; marketing, Metropolitan Health Networks, West Palm Beach, Fla., <a href="mailto:btravis@metcare.com">btravis@metcare.com</a></td>
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### THE REST OF THE CLASS OF ’95

<table>
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<td>Senior VP, sales &amp; marketing, Metropolitan Health Networks</td>
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### AUTOGRAPHS

I constantly preach to young healthcare executives that our profession naively believes that we are personally exempt from the same illnesses that we manage for our patients. As a two-time cancer survivor, I am living proof. —Peter Lawson

September 17, 2007 • Modern Healthcare 29
A wonk is someone who is “preoccupied with arcane details or procedures in a specialized field,” according to Merriam-Webster’s Online Dictionary. Alan Weil, 43, fits that description but also exhibits a thoughtfulness and political savvy that enable him to reach beyond the nerdiness that often is packaged with that wonk label.

There is no doubt that Weil has all of the pertinent policy-wonk qualifications: As the executive director of the National Academy for State Health Policy, or the NASHP, for three years and the former director of the Assessing the New Federalism project at the Urban Institute, he has immersed himself in some of the thorniest health-care policy questions of modern times. Chief among these is how to expand healthcare coverage at a time when the federal government has been relinquishing more of its responsibilities in this area to the states.

A nationally known Medicaid expert, he is regularly called upon to testify before congressional committees on Medicaid and the State Children’s Health Insurance Program.

In March, in testimony prepared for a hearing of the House Energy and Commerce Committee’s Health Subcommittee, Weil pleaded with lawmakers to reauthorize SCHIP so states could plan for the future and count on a federal financial commitment.

“Federalism is frustrating,” he said in the written testimony. “It allows for, indeed it celebrates, the diversity of our nation—and it is not orderly. … My overarching message to you is that the tremendous success and bipartisan popularity of this program is directly tied to its flexible, federal structure. Efforts to remake the program with a different vision run the risk of undermining the federal-state partnership that has allowed it to thrive.”

Weil knows healthcare policy from a state’s perspective. He was chosen as an Up & Comer in 1996 at the age of 32, when he was executive director of the Colorado Department of Health Care Policy and Financing, as well as health policy adviser to then Colorado Gov. Roy Romer. He has a laundry list of published articles to his name, as well as an educational pedigree that includes a master’s degree in public policy from Harvard University’s John F. Kennedy School of Government and a law degree from Harvard Law School.

“He is an uncommonly bright person,” says Sara Rosenbaum, chair of George Washington University’s Health Policy Department and the board chair of the Center for Health Policy Development, the NASHP’s fiduciary parent. “I think it’s that uncommon brightness and ability to see the next thing that makes him such a standout.”

The NASHP, which is based in Portland, Maine, opened a Washington office and expanded its staff by about 50% under Weil’s leadership, in part thanks to the many grants he has been able to win for the organization, Rosenbaum says.

The not-for-profit, nonpartisan organization brings together state health policymakers to develop policy solutions to emerging healthcare issues.

“I think his big issue is healthcare coverage and financing,” Rosenbaum says. “So his focus has been on looking for ways in which the policy environment can support state innovations.”

He is a member of the Kaiser Commission on Medicaid and the Uninsured and was also an appointed member of President Clinton’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry, which drafted a patient’s bill of rights.

Contact Weil at aweil@nashp.org
When Katherine DeGrande was named an Up & Comer in 1996 at age 40, nobody could have known that she would only have a few more years to make her mark on healthcare.

DeGrande’s promising career was cut short in March 2000, when she died unexpectedly at age 43 while vacationing in Petaluma, Calif. At the time, she was vice president of finance and chief financial officer of Health Midwest’s flagship hospital, Research Medical Center, Kansas City, Mo., and Research Belton (Mo.) Hospital. She was also serving a three-year term as a member of the Healthcare Financial Management Association’s board.

Known as a math whiz, the Kansas native earned recognition and respect for her ability to adjust to the shifting terrain of healthcare finance. She had been a member of the HFMA since 1984, including serving time as president of its Heart of America chapter. She had also held the position of controller of Health Midwest—which at the time had some 35 for-profit and not-for-profit organizations under its umbrella—and vice president of finance for its Health Plan of Mid America, a physician-sponsored HMO that was subsequently sold.

DeGrande grew up on a farm in Gardner, Kan., where her father raised corn, soybeans, wheat and cattle while her mother was an accountant for an ammunition plant. Her contributions to the institutions she served were noted by Steven Newton, then-president and CEO of Research Medical Center, at her funeral: “We will fill her job, but we will never fill her shoes.”

According to Florence DeGrande, Katherine DeGrande’s mother, she died of a twisted intestine, which occurred when she was on vacation. The condition presented itself in the morning, and within 12 hours she was dead, her mother said.
**Up & Comers: What They Think**

As part of our retrospective on the past 20 classes of Up & Comers, we invited all 244 honorees to register and complete a survey on some overarching issues in healthcare. Some 174 registered and participated, although not every Up & Comer completed the entire questionnaire. Following are some of the findings.

### And the top issue is ... the uninsured

Respondents to the survey were asked to rank the following issues as the top three facing the healthcare industry. The uninsured scored highest, with financial issues—a constant concern of healthcare executives—not too far behind.

**Number of respondents ranking the issue No. 1**

<table>
<thead>
<tr>
<th>Issue</th>
<th>No. of Respondents</th>
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<td>Quality</td>
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<td>Patient safety</td>
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<td>Personnel shortages</td>
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<td>Physician/hospital relations</td>
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<td>Capacity</td>
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<td>Patient satisfaction</td>
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**Number of respondents ranking the issue among the top three**

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<td>Capacity</td>
<td>16</td>
</tr>
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<td>11</td>
</tr>
</tbody>
</table>

*Based on 164 responses*

### IT to have a mighty impact ...

What impact will health information technology have on overall quality and patient safety over the next five years?

- **Major improvement**: 67.9% (112)
- **Minor improvement**: 30.3% (50)
- **Little or no change**: 1.8% (3)

Note: Although “minor deterioration” and “major deterioration” were among the options, nobody chose those answers.

*Based on 165 responses*

### ... and diversity needs attention

How would you respond to the following statement: The lack of racial diversity among the ranks of senior healthcare administrators is not being adequately addressed.

- **Agree strongly**: 20.9% (34)
- **Agree somewhat**: 40.5% (66)
- **Don’t know**: 23.9% (39)
- **Disagree somewhat**: 13.5% (22)
- **Disagree strongly**: 1.2% (2)

*Based on 163 responses*
Nearly two-thirds of the respondents believe America will eventually see universal health insurance coverage ...

Do you believe the U.S. will ever achieve universal health coverage?

- Yes: 60% (99)
- No: 40% (66)

... but most believe it’ll take a while

How long do believe it will take to achieve universal health coverage?

- 1 to 3 years: 3% (3)
- 4 to 6 years: 26% (26)
- 7 to 9 years: 27% (27)
- 10 years or more: 43% (43)

Most believe quality has improved over the past 10 years

How would you describe the overall quality of healthcare delivery today compared with 10 years ago?

- Improved somewhat: 56.7% (93)
- Improved greatly: 23.7% (39)
- About the same: 11.6% (19)
- Deteriorated somewhat: 7.9% (13)

Note: While “deteriorated greatly” was an option, nobody chose that answer.

Note: Percentages do not add up to 100 because of rounding.

Based on 165 responses

Based on 99 responses

Based on 164 responses

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Barry Arbuckle, PhD
President & CEO, MemorialCare Medical Centers

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David Shulkin knows a little about sea change. The healthcare quality expert has surfed the dot-com wave and landed back safely on the shores of hospital administration. A patient-safety expert, physician-executive, hospital administrator and entrepreneur, he has paddled through healthcare quality issues with almost every stroke imaginable.

Shulkin, 48, has never been afraid to swim upstream it seems. As an undergraduate at Hampshire College, he got his feet wet by designing his own pre-med curriculum because the college had no formal courses or grades. As chief medical officer at the University of Pennsylvania hospitals and chief quality officer at the University of Pennsylvania Health System, Philadelphia, he made a splash by initiating a quality report card system—linked to pay—that graded staff from the chief executive officer on down.

In 1999, frustrated at the inability of providers to improve quality from within, he hatched an idea in his basement home office to create an online source of information on quality and safety for consumers, providers and purchasers. And now, as the president and CEO of 794-bed Beth Israel Medical Center in New York, he has “brought a renewed, invigorating focus on quality and service and patient satisfaction,” says Shulkin’s boss Stanley Brezenoff, president and CEO of the Continuum Health Partners system, based in New York.

In 1997, when Shulkin was named an Up & Comer, the 38-year-old was chief quality officer of the University of Pennsylvania Health System and CMO of the Hospital of the University of Pennsylvania and Penn Presbyterian Medical Center. He was among the pioneers in the use of disease management to improve clinical outcomes by standardizing best practices across the continuum of care.

During the decade between his tenure at the Pennsylvania system and his current position at Beth Israel, Shulkin dove into the dot-com pond and emerged the wiser for his experience, he says. DoctorQuality.com, which billed itself as one of the first quality benefits management companies, was founded in 1999 by Shulkin and a few fellow quality gurus. Shulkin served as its CEO and chairman before stepping down in 2002 after the investors who financed the venture decided to break up the company.

“All of us who had founded the company went back into healthcare smarter and more passionate about quality, and the venture capitalists sold the company for the financial returns. And I don’t regret the experience,” he says now.

So what’s Shulkin’s position on whether quality is best addressed within hospitals or outside them? “I’ve always thought that people on the inside need help from the outside,” he says. “In other words, that’s why I truly believe the transparency of making quality data public is one of the most powerful ways of incentivizing and motivating those of us in healthcare.”

After he left DoctorQuality.com, Shulkin took leadership positions at the Drexel University College of Medicine, the Medical College of Pennsylvania and Temple University Hospital, all in Philadelphia. But his current job marks his first foray into the hospital CEO role. “Every day is a learning day for me,” he says. When he arrived at Beth Israel, he made no secret of his passion for quality. “It needs to be an integral concept in the way you manage an organization, and it really does need to be owned by the top management.”

As for Shulkin’s stated goal of creating the safest hospital in the nation, he’s not there yet, but he’s hopeful. And his boss, Continuum’s Brezenoff, says so far so good. “For a guy from Philadelphia,” Brezenoff says, “he’s doing pretty well in New York.”

Contact Shulkin at drshulkin@aol.com
It’s hard to think of anyone who fits the description of “whiz kid” more than Rep. Bobby Jindal (R-La.). By the time he was 20, he had graduated from Brown University. At 24, the Rhodes Scholar was named secretary of Louisiana’s Department of Health and Hospitals. Two years later, he was appointed executive director of the National Bipartisan Commission on the Future of Medicare, chaired by former Sen. John Breaux (D-La.) and Rep. Bill Thomas (R-Calif.). Now Jindal is in his second term as a Republican congressman representing Louisiana.

“He’s a very remarkable person,” said former Louisiana Gov. Mike Foster—who hired Jindal as the head of the state’s troubled health department—in Jindal’s 1997 Up & Comer profile. “He’s the kind of guy, no matter what he tackles, he’s going to succeed.” In 1999, Jindal returned to Louisiana as president of the University of Louisiana System. Two years later, he was appointed assistant secretary of HHS, where he served as a senior health policy adviser to President Bush. But even whiz kids fail sometimes. Jindal was unsuccessful in his quest to become Louisiana governor in 2003 in a close and divisive race against current Gov. Kathleen Babineaux Blanco. Still, the setback did not slow him down in his pursuit of political opportunities. He was elected to Congress in 2004 and was re-elected in 2006 for a second term, establishing himself with positions on the Committee on Homeland Security and the Committee on Natural Resources.

All this by the wise old age of 36.

Contact Jindal at bobby.jindal@mail.house.gov
Back in 2002, Jersey City Online, a Web site designed to give feedback to the community, listed Amy Mansue—then the deputy chief of staff for former Gov. James McGreevey—as the 32nd most politically influential personality in New Jersey. It referred to her as being a “popular no-nonsense policy wonk.”

No nonsense indeed.

Four years before she gained that recognition, she was named an Up & Comer. It happened only to have been a few months after HIP Health Plan of New Jersey tapped her to be its leader at the age of 34. Her mandate, as she described it then, was to position the 200,000-enrollee plan as a “dominant player” in the New Jersey market.

HIP was dominant all right, but not perhaps in the way she meant it. In September 1998, state regulators seized the HMO for failing to meet its net worth requirements. The health plan’s descent into bankruptcy sent shock waves through the regional healthcare market as hospitals and other insurers scrambled to pick up the slack.

Mansue, however, describes in her resume the leadership strengths that this experience brought out. During this “difficult period,” it states, she maintained 75% of existing business relationships and 90% of employees until the liquidation was complete.

Mansue did not fade into obscurity after this financial debacle. After seven years with HIP Health Plans, she had a brief stint as an area vice president for Cablevision before she worked under the McGreevey administration. It was not her first foray into public service. She had spent a year before her tenure at HIP as the deputy commissioner for the state’s Department of Human Services, where she oversaw five divisions, 19,000 employees and an operating budget of $6 billion.

“Every day you were on the precipice of disaster,” she said in 1998 regarding the job. She also served for three years in the early 1990s as a healthcare policy adviser to Gov. Jim Florio.

Her current job appears to be a little farther from the precipice. In October 2003, Mansue, 43, accepted her current position as president and chief executive officer of 110-bed Children’s Specialized Hospital, Mountainside, N.J., the largest pediatric rehabilitation hospital in the country, with some 900 employees and 10 facilities in New Jersey. Under her watch, the number of children treated there jumped from 12,800 in 2003 to 15,200 in 2006, while the hospital also grew from eight to 10 sites.

This year, the pediatric rehabilitation hospital—an affiliate of the Robert Wood Johnson Health Network—raised $30 million for a new hospital in New Brunswick, N.J. The largest fundraising effort ever for Children’s Specialized, it will culminate in the opening of the new hospital in early 2008.

Mansue stepped into the job after the sudden death of the previous president and CEO and “kept the team working and made sure everyone in the hospital felt comfortable with her,” says Barbara Rothman, chairwoman of the hospital’s board of trustees, in an e-mail.

“What makes Amy different is her ability to face all issues straight on,” Rothman says. “In our first meeting, her comment was that she will never, never leave the pink elephant on the table; it will always be addressed, and it has been.”

Contact Mansue at amansue@childrens-specialized.org
Getting the top spot in an organization is one thing; getting it when the getting’s not so good is another. Scrutiny abounds. Joanne Smith, 46, has distinguished herself as both a physician and an executive.

As the former, she is board-certified in physiatry (a specialty in physical medicine and rehabilitation) and is researching women’s musculoskeletal medicine. As the latter, she has been president and chief executive officer of the prestigious Rehabilitation Institute of Chicago since October 2006, having taken the reins after her predecessor resigned following a probe into accounting irregularities and the dismissal of the hospital’s chief financial officer.

According to a Chicago Tribune story in 2006, the accounting irregularities involved a restatement of finances of between $1.3 million and $2.7 million, some 45 job cuts and the shuttering of some outpatient programs. When news of the scandal broke, Smith was president of the institute’s national division and had been with the organization for some 13 years.

She first took the helm on an interim basis and then became the permanent president and CEO. Smith joined the nationally known rehabilitation hospital in 1992 as an attending physician and became director of medical planning in 1994. By 1997—a year before she was named an Up & Comer at age 37—she was senior vice president and chief operating officer of corporate partnerships. Five years later, she was named senior vice president for corporate strategy and business development. She also founded the institute’s Women’s Health Rehabilitation program and is an assistant professor of physical medicine and rehabilitation at Northwestern University’s Feinberg School of Medicine.

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**Class of ’98 Notable**

**JOANNE SMITH, 46**

**THE REST OF THE CLASS OF ’98**

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<thead>
<tr>
<th>Name</th>
<th>Then:</th>
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<tbody>
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<td>WILLIAM JENNINGS</td>
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**AUTOGRAPHS**

Where else could I work that truly needs me? Where the lives of so many are placed in our hands. And at the end of the day, I know that so many pray for our continued success as I do for all those that serve in this great work. —Britt Berrett
I

f you hear someone tell Marc Boom, “Stop and give me 20,” you probably won’t see him drop down and do push-ups, but you might see him reach into his wallet.

As a patient-centered physician, Boom, executive vice president of the Methodist Hospital in Houston, has taken a special interest in handwashing. Such a special interest, in fact, that he has challenged hospital employees to follow him and other hospital executives around. If anyone catches him not sanitizing his hands on the way into or out of a patient’s room, he’ll give them $20, says Ewing Werlein Jr., chairperson of the hospital system’s board of directors and a U.S. District Court judge.

As a result of the hand-sanitation initiative—which brought compliance up from the 40% range to more than 90%—hospital-acquired infection rates have dropped significantly in most of Methodist’s intensive-care units, Werlein says. “What this means is not only have we greatly enhanced the care of patients, but there are a certain number of them that are alive today because of this.”

Whether it’s handwashing or other initiatives, Boom, 41, has always set high goals for himself and the academic 910-bed hospital that he has led since 2005, Werlein says. An internist with a specialty in geriatric medicine who also holds an MBA from the University of Pennsylvania’s Wharton School, Boom not only has pushed for patient-safety initiatives, but also has helped make Methodist a good place to work.

Every few weeks he circulates through different departments at the hospital for what he calls “Bagels and Boom,” where employees can bring up questions and concerns to him directly. If he can’t answer a question immediately, he takes notes and responds quickly, Werlein says. Informal programs like this that reach out to employees might be one reason the Methodist Hospital System was ranked No. 9 on Fortune magazine’s “Best Companies to Work For” list in January.

Before being named executive vice president of Methodist in 2005, Boom held positions including senior vice president and chief operating officer of the hospital; president and chief executive officer of Methodist Diagnostic Hospital; and president, CEO and medical director of Baylor-Methodist Primary Care Associates, a network of primary-care physicians.

In addition to rising in the quality, mortality and safety rankings among academic medical centers that make up the University HealthSystem Consortium, the Methodist Hospital has managed to increase its nurse-to-patient ratio and still have a waiting list for nurse employment. “In a time of nursing shortages, nurses want to work at Methodist,” Werlein says. “It speaks volumes about what a good place Methodist is and what a good leader Marc is.”

When he was named an Up & Comer in 1999 at age 33, Boom was still the president and CEO of Baylor-Methodist Primary Care Associates. In three years, he helped the network of physicians grow to 10 offices with 32 primary-care physicians and 170 staff members. In his current position, his ability to work closely with physicians has served him well and has enabled the hospital to attract and retain a talented pool of physician department chairs.

In addition to overseeing the complex world of a 5,600-employee hospital with $900 million in annual net revenue, Boom still manages to maintain his own physician practice and see a limited number of patients. Now that’s patient-centered. ✦

Contact Boom at mboom@tmhs.org
Tim Jarm may be out, but he’s not done, he says. After 12 years as a hospital chief executive officer, Jarm says he was starting to feel like he was getting “beat up.” “And I’m too young to get that beat up,” he says. With four children ages 4 to 14, he took stock of what was important to him, “and my family won out,” he says. So after 15 years at Jewish Hospital HealthCare Services, two and a half of them spent as president and CEO of its flagship 442-bed Jewish Hospital in Louisville, Ky., Jarm, 47, took a breather in March.

“My departure from Jewish was mutual,” he says. “We had come to philosophical differences about how to run the health system.” Jarm, an Up & Comer in 1999 at the age of 39, had also spent time as president and CEO of Clark Memorial Hospital in Jeffersonville, Ind., which Jewish managed, and before that he had been CEO of Jewish Hospital Shelbyville (Ky.).

Jarm has used the mutual parting to experiment a little. He is an adviser to a healthcare information technology startup called BlueBob Analytics, based in Chicago. He is also doing speaking engagements and getting involved with international mission activities through his church. “My departure from Jewish has really allowed me to expand my horizons,” he says.

Looking ahead, however, he still sees himself as a hospital executive at heart. He says he is in the running for a C-suite position at a not-for-profit hospital system in the South.

Contact Jarm at tjarm@bellsouth.net

AUTOGRAPHS

Lead with an open mind and fairness. Build strong teams. Focus on community healthcare needs over individual desires. Find mentors who are well-seasoned in their fields and who have the gift of candor. —Marilyn Matsunaga

THE REST OF THE CLASS OF ’99
Having a strong voice in the industry is one thing—having the vehicle, as "Dr. Anne" does, to deliver it clearly throughout the world is another.

When Anne Meneghetti was named an Up & Comer in 2000 at the age of 37, she had already worked as a volunteer alongside Mother Teresa’s nuns in Calcutta, India. Back in the U.S., she was known as Dr. Anne, a physician who offered an electronic medical-advice column for consumers on Blue Cross and Blue Shield of Massachusetts’ Web site.

Since we last checked in, she received a doctorate in integrative medicine, became the executive director of the World Healing Institute in Hawaii, returned to India to volunteer at a farm clinic for villagers in Pune, and now works as the senior managing editor of clinical communications at Epocrates, a San Mateo, Calif.-based startup that provides medical reference material and news electronically at the point of care.

Meneghetti, 45, also does occasional health-focused radio spots on XM Satellite Radio for the “Life, Love & Health” radio show. But in case that’s not enough to make your head spin, the triple-board-certified physician says she’s planning to start up a part-time integrative health practice in the Bay Area and head back to India next year.

Going from seven years at Blue Cross and Blue Shield of Massachusetts to a farm in India where she worked with no diagnostic tools other than “a stethoscope and our eyes, our ears and hands,” is about as extreme a transition as one could imagine.

“There was no money exchanged, no paperwork, just the direct experience of taking care of people,” she says. “It was a chance to get back to the feeling of what it’s like to just care for someone without all the wrappings we put around it here in the States.”

With a mother who grew up on a farm and who often relied on natural healing remedies, Meneghetti has always been drawn to integrative and alternative medicine. At the World Healing Institute, her goal was to bring together different healing approaches for children undergoing transformations such as cleft lip and palate surgery.

Throughout her career though, she has continued to teach and write for both physicians and consumers. In fact, if there is a thread that ties all of Meneghetti’s career choices together, it’s communication. “Even though I really love the idea of caring for patients one on one, I also feel a certain satisfaction in being able to make certain decisions or create educational materials that can really help a lot of patients indirectly all at once,” she says.

At Epocrates, where she has been for a year, she selects medical news, topics of interest and continuing education programs for the company’s mobile Web products.

Those who have worked with her say she has a knack for communicating in an industry that is not always known for attracting people with that particular skill.

Ed Goldfarb, president of “Life, Love & Health,” says that when he was looking for a physician to be an on-air medical authority for the radio show, Meneghetti “was too good to be true, and still is.”

“You can get her going on almost any medical topic and it’s going to be informed, and it’s going to be fun,” he says. “There are not going to be a lot of ‘ums’ and ‘ers.’ ”

Contact Meneghetti at ameneghetti@epocrates.com
Howard Wizig, 46, an Up & Comer from 2000 at age 39, describes his healthcare career with a variation on Julius Caesar’s “I came, I saw, I conquered.”

“I came, I went, I’m coming back again,” he says. Wizig has been referred to as a “serial entrepreneur,” he says, and he takes it as a compliment. He founded Vivius, one of the first consumer-driven health plans in 1999, and then stepped out of day-to-day management of the company when it moved from Kansas City, Mo., to St. Louis Park, Minn.

In January 2005, the company hired a financial services firm to shop Vivius around. By then it had “altered its business strategy to pursue a pure licensing model for its industry-leading technology,” according to a news release. Wizig remained on the board until the company was sold last year, to whom he refused to say, citing confidentiality agreements. Wizig also spent two years, from 2003 to 2005, as the entrepreneur-in-residence at the Ewing Marion Kauffman Foundation, in Kansas City, Mo., where he says he “had the privilege to be involved in a variety of their programs,” including working on charter school financing issues.

Vivius was not Wizig’s first entrepreneurial venture. He was a consultant at Towers Perrin, where he advised radiologists on how to manage their risk, and also founded a radiology practice-management company and a consulting firm for physician groups. Vivius is unlikely to be his last attempt to revolutionize the industry.

“We’re in the process of finalizing funding for a new venture that we believe is going to be incredibly newsworthy,” he says. That’s all he would divulge. Tune in for the next installment from this serial entrepreneur.

Contact Wizig at wizig@uhistore.com

Pay-for-performance indicators like core measures and Leapfrog have moved us in the right direction. The best news is that we are no longer in denial about the high error/accident rates in hospitals. —Michelle Gaskill

THE REST OF THE CLASS OF ’00

MICHELLE GASKILL, 34 Then: Manager, ambulatory-care depts., Prentice Women’s Hospital, Chicago; Now: Manager, patient-flow consulting services, Stockamp & Associates, Lake Oswego, Ore., mgaskill@stockamp.com

ELIZABETH HUGHES, 45 Then: Exec VP & COO, Elliot Hospital, Manchester, N.H.; Now: Exec VP & COO, Provena St. Joseph Medical Center, Joliet, Ill., beth.hughes@provena.org

THOMAS KMETZ, 44 Then: Chief administrative officer, Norton Audubon Hospital, Louisville, Ky.; Now: President, Norton Audubon Hospital & south-central market, Louisville

DAVID McINTYRE JR., 45 Then: CEO, TriWest Healthcare Alliance, Phoenix; Now: President & CEO, TriWest Healthcare Alliance, Phoenix

TONY PFAFF, 45 Then: Exec VP, Cypress Health Systems, Shreveport, La.; Now: CEO, Cypress Health Systems, Deer Lodge, Mont., tonypfoff@yahoo.com

SCOTT RANSOM, 45 Then: VP, medical affairs, Detroit Medical Center; Now: President & CEO, University of North Texas Health Science Center, Fort Worth, sransom@hsc.unt.edu

ERNE SADAU, 49 Then: President & CEO, Midwest region, Adventist Health System, Hinsdale, Ill.; Now: Senior VP, patient & resident-care relations, Christus Health, Irving, Texas

CHRISTINE SCHUSTER, 47 Then: President & CEO, Athol (Mass.) Memorial Hospital; Now: President & CEO, Emerson Hospital, Concord, Mass., cc_schuster@yahoo.com

CRAIG SIMS, 45 Then: President & CEO, RHD Medical Center, Dallas; Now: VP, physician alignment, Tenet Healthcare Corp., Dallas, craig.sims@tenethealth.com

KEVIN YEE, 44 Then: Administrator & COO, Henry Ford Heart and Vascular Institute; Now: Administrator, Henry Ford Health System, Detroit, kyee1@hfhs.org
Eugene Woods is no one-hit wonder.

It took Woods less than three years to turn around the fortunes of a U.S. Virgin Islands hospital that he once said “had so much trouble we had difficulty purchasing blood,” so it’s not surprising he was able to do the same at St. Joseph HealthCare in Lexington, Ky.

In August, Woods was promoted from president and chief executive officer of four-hospital St. Joseph to CEO of a new organization formed by its parent, Catholic Health Initiatives, Denver, that includes all of the system’s seven Kentucky hospitals. The organization will begin operating in January.

Before his latest assignment, Woods had been the president and CEO of St. Joseph for less than three years. But you wouldn’t know that from reading the list of his accomplishments during that time. Having worked at four different hospitals and health systems in the past decade, he has learned how to acclimate and achieve results expeditiously, his colleagues say. “It was amazing how quickly he came up to speed in a new organization,” says Gary Campbell, senior vice president and group executive officer at CHI, whose 54 hospitals include four-hospital St. Joseph HealthCare. “After six months, it was like he had been there five years,” he says.

Under Woods’ leadership, St. Joseph acquired Berea (Ky.) Hospital and made it profitable, turning around more than a decade of losses. Woods has also worked to secure a certificate of need for Jessamine County’s first emergency room, according to Jeff Murphy, a St. Joseph spokesman, which is scheduled to open in 2008 in Nicholasville, Ky. The system has announced more than $70 million worth of expansions and renovations at 116-bed St. Joseph Hospital East, Lexington, and 41-bed St. Joseph Berea, following an $85 million renovation and expansion at 343-bed St. Joseph Hospital, Lexington. In addition to his new role, Woods will continue to head St. Joseph until its board names a successor.

“He’s got an amazing ability to juggle a lot of balls at once,” Campbell says. Woods, 43, has juggled his share of honors and accolades, too. He was named an Up & Comer in 2001 at age 37, when he had been CEO of Roy Lester Schneider Hospital in St. Thomas, U.S Virgin Islands, for three years and had just left to begin a job as vice president of clinical services at Washington Hospital Center in the nation’s capital.

He had worked there for only a few days on Sept. 11, 2001, when the hospital received the burn victims from the attack on the Pentagon. Woods was also included in Modern Healthcare’s list of Top 25 Minority Executives in Healthcare in 2006, by which time he had joined St. Joseph. Earlier this year, he was selected as the regent for Kentucky by the American College of Healthcare Executives.

The recently announced integration—which is expected to bring 52-bed Flaget Memorial Hospital in Bardstown, 87-bed Marymount Medical Center in London, and 25-bed Our Lady of the Way Hospital in Martin together with St. Joseph’s hospitals—will be another test of Woods’ relationship skills. “His participation in helping that transition looms very large,” Campbell says. When the hospitals come together, Kentucky will represent the second-largest “market-based organization” within CHI, he added.

Woods said in a news release that he was “deeply humbled by the privilege of serving this new organization as we enter a very exciting phase to fundamentally transform the way care is delivered in Kentucky.”

Sounds like it should be music to patients’ ears. ♦

Contact Woods at woodsea@sjhlex.org
Go West, young man,” the quote by John Soule that was popularized by 19th-century journalist Horace Greeley, probably resonates with Richard Liekweg. Named an Up & Comer in 2001 at age 40 while chief executive officer of Durham (N.C.) Regional Hospital, Liekweg, now 46, has since pushed westward. In March 2003, he became CEO of the University of California at San Diego Medical Center.

Going to the Golden State was a financially fortuitous thing to do, although it brought with it some media scrutiny. In 2005, when a union publicized a report to the UC Board of Regents, the university system came under fire for offering its top executives hefty bonuses. In one 2005 story in the San Francisco Chronicle, Liekweg was mentioned as receiving a $71,231 bonus in 2004 that represented 16.4% of his annual salary. The university defended the incentive bonuses—as necessary for attracting top candidates, while critics complained that those pricey payouts showed an indifference to lower-paid employees. Liekweg, who led a financial and operational turnaround while at Durham Regional, has led the development of a long-range strategic plan at UCSD to expand the medical center’s outpatient facilities and replace and consolidate inpatient beds.

Liekweg is also currently the chairman of the board of directors of the Hospital Association of San Diego and Imperial Counties, as well as a member of the board of trustees of the California Hospital Association. He also serves on the scientific advisory board of IntelliDot Corp., a healthcare information technology vendor.

Contact Liekweg at rliekweg@ucsd.edu

**THE REST OF THE CLASS OF ’01**

**G. OWEN BAILEY, 45 Then:** President & CEO, Thomas Hospital, Fairhope, Ala.; **Now:** Exec VP, corp. services, Infirmary Health System, Mobile, Ala., owen.bailey@infirmaryhealthsystem.org

**NINA TUCKER BEAUCHESNE, 42 Then:** Administrator, Joe DiMaggio Children’s Hospital, Hollywood, Fla.; **Now:** Administrator, Joe DiMaggio Children’s, nbeauchesne@mhs.net

**JOHN DANIELS, 44 Then:** CIO, U.S. military healthcare services, seven-state region, Wright-Patterson Air Force Base, Ohio; **Now:** CIO, Evolvent Technologies, Falls Church, Va., john.daniels@evolvent.com

**JEFFREY FLAKS, 36 Then:** Corp. VP, support services & strategic initiatives, St. Vincent Catholic Medical Centers of N.Y.; **Now:** Exec VP & COO, Hartford Health Care Corp.-Midstate Med. Center, Meriden, Conn., jflaks@harthosp.org

**MARK GOLDSTEIN, 45 Then:** Director, payment systems, Boston Medical Center; **Now:** VP & CFO, Anna Jaques Hospital, Newburyport, Mass., mgoldstein@ajh.org

**DAVID JONES, 45 Then:** VP, human resources, Bon Secours Health System, Marriottsville, Md.; **Now:** Sr VP, human resources, Bon Secours Health System, david_jones@bshsi.com

**MAULIK JOSHI, 39 Then:** chief quality officer, exec VP & co-founder, DoctorQuality, Philadelphia; **Now:** President & CEO, Network for Regional Healthcare Improvement, Easton, Md., mjoshi@nrhi.org

**MARSHA MILLER, 44 Then:** Senior VP, Evanston (Ill.) Northwestern Healthcare; **Now:** Exec VP, Evanston Northwestern Healthcare

**CRAIG OWENS, 42 Then:** President & COO, Verde Valley Medical Center, Cottonwood, Ariz.; **Now:** COO, Kingman (Ariz.) Regional Medical Center, cowens@azkrmc.com

**SIMON SAMAH, 39 Then:** CIO, Cooper Health System, Camden, N.J.; **Now:** Senior exec VP & CMO, Cooper Health System, samaha-simon@cooperhealth.edu

**DEBORAH (VERES) MIZEUR, 36 Then:** public policy dir., Ascension Health, Washington; **Now:** Professional staff, Ways & Means Committee, Washington, deb.mizeur@mail.house.gov

**AUTOGRAPHS**

Don't be afraid to get your hands dirty, especially early on in your career. Be engaged and volunteer to do projects outside your comfort zone. You can learn from all levels of the organization. —Marsha Miller
It’s safe to say that not many businesses in the U.S. Virgin Islands fear having customers seek services elsewhere, but that’s what Rodney Miller was up against when he became president and chief executive officer of St. Thomas-based Roy Lester Schneider Hospital five years ago.

It was no paradise at the time. The Joint Commission had never accredited the hospital, and people often traveled off the island when they needed medical care.

Since Miller’s arrival though, revenue has doubled, the 123-bed hospital has been accredited and re-accredited by the Joint Commission, a state-of-the-art $20 million cancer center has been completed and the overall perception of the hospital in the community has greatly improved, says Amos Carty Jr., the hospital’s chief operating officer and general counsel.

“For somebody of his age, (Miller) carries himself, he governs, he has the respect of somebody much more his senior,” Carty says. “He’s one of a kind.”

When he was named an Up & Comer in 2002, the then-30-year-old Miller was already an accomplished healthcare executive with a successful naval career behind him. While in the Navy—where he went from deck seaman to administrator of the medical and dental practice—he came across a brochure for the management-training program at the Institute for Diversity in Health Management. After completing the program, he landed an administrative resident’s position at the Medical Center of Central Georgia in Macon.

When still in his 20s, Miller was credited with turning around and selling a financially struggling rehabilitation division of Memorial Health, in Savannah, Ga. He then oversaw Memorial Health’s cardiovascular unit, a division with a $70 million operating budget at the time.

Moving into his 30s, he became the first alumnus of the diversity institute to reach the rank of CEO, according to the institute’s then-president and CEO, Rupert Evans Sr.

Now 35, Miller has transformed the St. Thomas hospital into the renamed Schneider Regional Medical Center, which reflects the integration of the hospital, an ambulatory-care facility it operates in nearby St. John, and the new cancer institute. Patients can access their records from any of the facilities, and their infrastructures are linked. “This was one of his major goals: having a seamless delivery of healthcare throughout the system,” Carty says.

What is most striking about Miller is his ability to build bridges both with patients and industry insiders, colleagues say. He has been known to handle patient complaints himself, and he has worked steadily to build up the hospital’s reputation as a “clean and friendly” facility.

“He’s able to connect with every stakeholder when it comes to healthcare,” Carty says. “Mr. Miller can connect with policymakers and explain the most difficult technical policy issues to them, but he can also relate one-on-one to patients.”

Contact Miller at remiller@srmcidentalcenter.org
Ricky Nelson obviously didn’t have Andrew Agwunobi in mind when he sang the first line to “Travelin’ Man.” Agwunobi wasn’t even born yet. But the song sure fits.

After all, Agwunobi, 42, is a traveling man who made a lot of stops all over. The son of a Nigerian father and a Scottish mother, Agwunobi spent considerable time in London, earned his medical degree in Nigeria, and received an MBA from Stanford University.

A pediatrician, Agwunobi was a 37-year-old chief executive officer of Tenet Healthcare Corp.’s South Fulton Medical Center in East Point, Ga., when he was named an Up & Comer in 2002. By June 2003, he had taken over the financially struggling Grady Health System in Atlanta, where he stayed until the end of 2005.

His next career stop was at St. Joseph Health System in Orange, Calif., where he was chief operating officer. But within a year, “Dr. Andy,” as he is known, was headed to Florida to become secretary of the Florida Agency for Health Care Administration.

Don’t confuse Dr. Andy with his older brother, John Agwunobi; both are physicians and both have served the Florida governor. Earlier this month John Agwunobi resigned as HHS assistant secretary for health and as admiral in the U.S. Public Health Service Commissioned Corps for a job in the private sector. From October 2001 to September 2005, John Agwunobi served as the Florida secretary of health. A spokesman for the state’s Agency for Health Care Administration says the two departments are completely separate, and that Andrew Agwunobi was hired based on his qualifications, not because of connections to his brother.

At this pace, it’s hard to predict where Dr. Andy will end up next, but the Beatles may have had it right when they sang “Here, there and everywhere.”

Autographs

In 1996, a wonderful mentor and professor, Jeptha Dalston, challenged me as a graduate student to create a career plan with short-term, long-term and stretch career goals and aspirations. Being named an Up & Comer was one of those aspirations. —Cris (Curnutt) Daskevich
Although his facility sponsors the Rex Hospital Open, chances are you won’t find David Strong in his office practicing his putting. In fact, you probably won’t find him in his office at all. The 42-year-old president of 621-bed Rex Healthcare in Raleigh, N.C., spends a lot of his time making rounds with physicians, in the surgeon’s lounge or at the nursing unit. For him, it’s par for the course.

“Typically, he starts conversations with, ‘What can I do for you? What can I get you?’” says Rex Chief Financial Officer Bernadette Spong. “He’s always posing those questions to patients, co-workers and physicians.”

That’s not a surprise given Strong’s philosophy of healthcare. “I try to be a servant-leader,” he told Modern Healthcare in 2003 when he was named an Up & Comer at age 38. Those around him have said that he is not above picking paper off the floor, replacing a broken fax machine or cleaning operating room floors, which, as a high school and college student, was his entree into the healthcare industry.

In addition to improving Rex Healthcare’s finances, Strong’s attention to detail and to the needs of other members of the hospital community have paid off. In the three years he has been at Rex, he has increased the physician staff from 800 to about 1,000 in an extremely competitive environment in one of the fastest growing counties in the country.

“He’s adamant about visiting physicians,” Spong says. “He’s visiting all the surgeons over the next couple of months to ask what we can do to garner their loyalty.”

While Spong would not provide Rex’s specific financial information, she says the hospital’s net patient service revenue rose 24% between fiscal 2004 and fiscal 2007, and that the hospital’s cash on hand grew more than 30% during the same period.

In addition, Strong has overseen the opening of a new urgent-care center in Wakefield, N.C., the implementation of an electronic health-record system and the opening of a new surgery center with 12 digital operating rooms.

Strong has also worked to strengthen the ties between Rex and UNC Health Care in Chapel Hill, with which it merged in 2000, Spong says. Until now, the two systems have not merged their clinical operations very much, but that is soon to change with a new branding campaign and other efforts to bring the two organizations’ capabilities together. “We’d like to take their technology and their research and combine them in a community setting here at Rex,” Spong says. “Under David’s leadership, that’s what we’re looking at.”

Strong also expects the rest of his team to adopt a collaborative approach to their work. “We’re expected to make sure we understand what’s happening out there and not stay in our offices,” Spong says. “That’s been wonderful for me as the CFO, to understand the business better.”
FRANK MOLINARO, 43

Frank Molinaro does not like to draw attention to himself, one colleague says.

In fact, it’s difficult to find mention of the under-the-radar Molinaro, chief executive officer of Chicago’s 192-bed Weiss Memorial Hospital, on the hospital’s Web site, let alone in the general media.

Molinaro, 43, has been CEO since July 2006, two years after he arrived at Weiss as chief operating officer. He came to Weiss the month after his quiet exit from a West Virginia hospital that is still trying to recover from a public relations nightmare that nearly led to its closure.

In 2003, when Molinaro was named an Up & Comer at age 39, he had been CEO of Putnam General Hospital in Hurricane, W.Va., for slightly more than a year and said that he’d inherited an unhealthy mess of a hospital. “Probably the biggest thing we’ve done in the past 15 months is to build a positive, cooperative relationship between patients and doctors and staff,” he said then. But a legal nightmare was looming.

In June 2004, Molinaro resigned for personal reasons, according to the hospital. The move followed reports of botched orthopedic surgeries performed at the hospital by an osteopath and a growing number of malpractice lawsuits against the doctor. In July 2007, a jury ruled the hospital had been negligent when it hired the doctor, failing to meet the standard of care in screening his application. That means the hospital will be a co-defendant in at least 122 medical malpractice cases.

Modern Healthcare made several attempts to contact Molinaro for this article, but he did not respond to requests for an interview. A Weiss spokeswoman confirmed his employment and executive roles at the hospital.

THE REST OF THE CLASS OF ‘03

MARY “MIKKI” CLANCY, 41 Then: VP & CIO, Premier Health Partners, Dayton, Ohio; Now: VP & CIO, Premier Health Partners, mmlclancy@mvh.org

BRIAN DIETER, 49 Then: VP & CFO, Mary Greeley Medical Center, Ames, Iowa; Now: Information to come.


CYNTHIA FINTER, 44 Then: President, Kaiser Foundation Health Plan and Hospitals, NW region, Portland, Ore.; Now: Senior VP, Coventry Health Care, Kansas City, Mo., cafinter@cvty.com

JON JOFFE, 38 Then: Director, employment & workforce relations, OhioHealth, Columbus; Now: VP, OhioHealth, jjoffe@ohiohealth.com

CHRIS LANE, 35 Then: President, DeGraff Memorial Hospital, North Tonawanda, N.Y.; Now: President, Millard Fillmore Suburban Hospital, Williamsville, N.Y., clane@kaleidahealth.org

KEVIN REHDER, 43 Then: Pharmacy director & patient safety officer, Little Company of Mary Hospital, Evergreen Park, Ill.; Now: VP, clinical services, Little Company of Mary Hospital and Health Care Centers, Evergreen Park

TABITHA RICE, 33 Then: Director, clinical bus. operations, nursing, Texas Children’s Hospital, Houston; Now: Asst. VP, Texas Children’s Hospital, trice@texaschildrenshospital.org

RHONDA SCOTT, 45 Then: Chief nursing officer, South Fulton Medical Center, East Point, Ga.; Now: Senior VP, patient-care services & CNO, Grady Health System, Atlanta

DAVID WALLACE, 41 Then: President & CEO, Brown County General Hospital, Georgetown, Ohio; Now: COO, Medical Center of S.E. Oklahoma, david.wallace@mcso.hma-corp.com

No photo available

If every decision you make is values-based and serves the needs of the community that you serve, your leadership will always have long-term positive results, even in tough times. —Jon Joffe

Modern Healthcare 47

September 17, 2007
A timeless classic comes to life as never before …

OK, few would call the TV show “Doogie Howser, M.D.” a “timeless classic,” but when Michael Lauf, 36, was named an Up & Comer in 2004 at 33, he was described as having had to live down an image of being compared with the wet-behind-the-ears teenage doctor. Not only was Lauf the youngest hospital chief executive officer in Pennsylvania when he became the 30-year-old president and CEO of Miners Medical Center, in Hastings, Pa., but he looked even younger than his years, colleagues said.

But looks can be deceiving. Behind the youthful exterior was a seasoned professional, says Richard Salluzzo, who at the time was CEO and chief medical officer of Miners’ parent, Conemaugh Health System, Johnstown, Pa. “Mike has always been extremely mature,” Salluzzo says. Lauf, having worked as a community and economic development specialist for U.S. Rep. John Murtha (D-Pa.), “knew how to handle himself around presidents, senators, and other congressmen,” Salluzzo said.

At Miners, Lauf helped turn around a $4 million loss, was able to negotiate a new contract with the hospital’s union and was able to bring physicians onboard, Salluzzo says. “It was like night and day,” he says. “It was unbelievable the job he did there.”

When Salluzzo left Pennsylvania to become president and CEO of Wellmont Health System in Tennessee in 2004, he did not think he would cross career paths again with Lauf, whose family was in Pennsylvania.

But when Lauf—by that time vice president for business development at Conemaugh—called him up asking whether Salluzzo had any job opportunities available, Salluzzo didn’t hesitate to consider him for the chief operating officer position at 348-bed Bristol (Tenn.) Regional Medical Center.

It’s been nearly a year and a half since Lauf accepted the position, and already he has made a mark on the hospital, Salluzzo says.

He has introduced a culture of process improvement at Bristol Regional, creating a manual on the subject and leading the training of 1,500 employees. He has developed a hospital performance score card with quantifiable goals, and he has cultivated service improvement initiatives that have dramatically increased hospital patient satisfaction and physician satisfaction scores, Salluzzo says.

“I think he stepped right up to it in a seamless way and had an impact almost immediately,” Salluzzo says. “The place got cleaner, and (patient satisfaction) scores improved.”

Lauf has also worked with physician partners to create a rehabilitative medicine program, an outpatient diagnostic imaging center and multiple surgery centers.

Although he has helped build upon a recent financial turnaround at Bristol Regional, Lauf adheres to the philosophy that patient care is at the heart of what a hospital does. “It’s a culture of service,” Salluzzo explains. “He says we need to be like Disney, onstage 24-7. Only your imagination can prevent you from doing even better things for your patient.”

Contact Lauf at michael_lauf@wellmont.org
Maggie Koehler is no secret shopper. Koehler, 43, the chief financial officer and senior vice president of Wyoming Valley Health Care System in Wilkes-Barre, Pa., has been shopping quite a bit of late. She has been looking for a partner to help the system achieve economies of scale, maximize efficiencies and help develop clinical centers of excellence. The shopping has led the system to enter preliminary talks about a merger with two other area hospitals, and it has also led Koehler to explore the level of interest of private equity investors who might want to buy into a spinoff of some of the system’s vascular services. The hypothetical spinoff was to have three parts: the hospital, physicians and private equity. But while Koehler says that she has received calls from about a dozen interested private equity firms, so far there has been no sale. The challenge, she says, is that the system is still unsure how to structure a deal with physicians that won’t run afoul of the ever-changing Stark laws on physician self-referral. “The problem is the government keeps changing the regulations,” she says. The system consists of 348-bed Wilkes-Barre General Hospital and a 96-bed acute-care behavioral health hospital in Kingston, Pa. Since she was named an Up & Comer in 2004, Koehler has been put in charge of the financial functions of the behavioral health affiliate, in addition to her responsibilities for the acute-care hospital’s finances. She has also headed up a $100 million capital expansion campaign.

Contact Koehler at mkoehler@wvhcs.org

THE REST OF THE CLASS OF ‘04

ROLAND ABELLERA, 41 Then: VP, quality & corporate compliance, St. Bernard Hospital, Chicago; Now: VP, quality & corporate compliance, St. Bernard Hospital, rabell@stbh.org

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KURT GENSERT, 37 Then: Director, emergency, trauma & critical care, Platte Valley Medical Center, Brighton, Colo.; Now: Director, emergency, trauma & critical care, Platte Valley Medical Center, kgensert@pvmc.org

BRADFORD MATHIS, 37 Then: Director, community benefits, St. Mary’s Health Care, Grand Rapids, Mich.; Now: Director, community benefits, St. Mary’s Health Care, mathisb@trinity-health.org

LORI PRICE, 42 Then: President, St. Joseph Regional Medical Center’s Plymouth & Mishawaka, Ind., campuses; Now: COO, St. Joseph Regional Medical Center, South Bend, Ind., pricejl@sjrmc.com

DENEEN RICHMOND, 43 Then: Executive director, Delmarva Foundation, Washington; Now: VP, quality & care management, Holy Cross Hospital, Silver Spring, Md., richmd@holycrosshealth.org

BRIAN SMITH, 42 Then: VP & COO, St. Rita’s Medical Center, Lima, Ohio; Now: Exec VP & COO, St. Rita’s Medical Center, bsmith@health-partners.org

TRACE SWARTZFAGER, 42 Then: VP, behavioral health services, St. Dominic-Jackson (Miss.) Memorial Hospital; Now: VP, professional services, St. Dominic Hospital, Jackson, traces@stdom.com

DIONNE VIATOR, 42 Then: Sr VP & CFO, Baton Rouge (La.) General/General Health System; Now: Sr VP & CFO, Baton Rouge General/General Health, dionne.viator@brgeneral.org

CHRISTINE WINN, 38 Then: Senior VP, ambulatory/operations, Bridgeport (Conn.) Hospital; Now: Senior VP, ambulatory/operations, Bridgeport Hospital, acwinn@bpthosp.org

The other end of the spectrum is that uncompensated care continues to climb and creates a cost-focused environment that is not always congruent with an evidence-based foundation of practice. —Kurt Gensert

September 17, 2007 • Modern Healthcare 49
At 29, when many people are still trying to find themselves, Alan Levine had already found himself in a hospital chief executive officer role. By the time he was 37, Levine was finding his way around then-Gov. Jeb Bush’s proposed Medicaid overhaul as head of the Florida Agency for Health Care Administration. And now, at 40, he finds himself the president and CEO of North Broward Hospital District, a four-hospital public health system in Fort Lauderdale.

Levine clearly found himself early on and hasn’t lost his way. Throughout his career, Levine has balanced his penchant for public service with his talent as a hospital administrator. Being a healthcare executive involved stepping out into the community, which gave him a platform from which to launch his public service career, he told Modern Healthcare when he was named an Up & Comer in 2005 at age 38.

He joined Gov. Bush’s administration in February 2003 as health policy adviser and deputy chief of staff, taking a pay cut and moving his family to do so. He served in that position until Bush named him secretary of the Florida Agency for Health Care Administration in July 2004, where he oversaw a major and controversial overhaul of the state’s Medicaid program and a budget of more than $16 billion, in addition to regulating the state’s healthcare facilities and publishing healthcare data and statistics.

The state’s market-based Medicaid reform proposal involved moving Medicaid beneficiaries into private managed-care plans in two counties—Broward and Duval—for a one-year pilot project and then, as of July, beginning to expand the program statewide. “Mr. Levine was instrumental in bringing together an unbelievably talented team to help us with that,” says Paul Sallarulo, chairman of the North Broward Hospital District Board of Commissioners.

Levine, one of the Medicaid plan’s key architects and spokesmen, has said it would enable the state to share its considerable financial risk with private hospitals and physicians.

Levine got his start in healthcare as the chief operating officer of Regional Medical Center Bayonet Point in Hudson, Fla., which was at the time part of for-profit giant Columbia/HCA Healthcare Corp. He also held positions as the CEO of Doctors’ Memorial Hospital in Perry, Fla., and as CEO of South Bay Hospital in Sun City Center, Fla., before joining Bush’s team.

He became the president and CEO at the North Broward district in July 2006, replacing Wil Trower, who resigned under pressure, according to local news reports.

Among the efforts Levine has led are mandating the public reporting of health provider outcomes, implementing privacy-protected electronic health records in the state, and increasing hurricane and disaster preparedness for Florida’s healthcare facilities.

At North Broward, Sallarulo says, Levine has brought in a new and energized management team. He is committed to transparency and has changed the district’s financial reporting methodology, and is also leading an initiative to assess and incorporate safe medication practices. He drafted a code of conduct and ethics for the board that the state Legislature recently approved, and has forged relationships not only with legislators but also with other healthcare executives.

So where will Levine end up? Sallarulo says that he hopes Levine will stay in Florida but he wouldn’t be surprised if Levine aspires to greater things.

“He’s a young man, and I’m sure someday he wants to be the secretary of health for the president of the United States,” he says. “I could see him there.”

Contact Levine at alevine@nbhd.org
It has only been about two years since Cara Farrell, then 40, was named an Up & Comer. She still works for Women’s Health Connecticut, in Avon, and she still helps provide management services to physicians. But she has been promoted from director to vice president of managed-care contracting, and she now works with about 47 physicians in New York as well as 155 in Connecticut.

The parent company is now called Women’s Health USA to reflect its reach beyond the Connecticut state border. Farrell is also a faculty member at the American College of Obstetricians and Gynecologists, educating physicians on managed-care contracting to help them fulfill their continuing medical education credit.

In her Up & Comer profile, it was noted that Farrell, now 41, wasn’t afraid to fight for what she thinks physicians deserve. That included a clash with the state attorney general, who warned the company in 2004 that a $500 fee it had proposed charging pregnant women to offset rising malpractice insurance costs might be illegal. While the company backed away from the charge, the strategy worked in her opinion.

Farrell says she was less familiar with a more recent tangle with Connecticut Attorney General Richard Blumenthal, who announced in April 2006 that Women’s Health USA would pay Physicians for Women’s Health $198,000 in restitution for improper rebates it accepted from insurers and a broker in return for business from the physician group.

The most rewarding aspects of her career have to do with creating clinical quality programs that help physicians and patients, she says. ✪

Contact Farrell at cara.farrell@womenshealthusa.com

For those who can afford complex care, the U.S. is the best place to experience a complex illness. —Katharine VandenBroek
There was nothing easy about it. For those who stayed behind, it took unflagging courage and incredible perseverance to weather the storm.

While Warner Thomas probably wouldn’t have chosen it, guiding a health system and a community through the devastation and aftermath of Hurricane Katrina was one of the defining moments of his career.

But it’s not as if he had been slacking off until that point. As president and chief operating officer of Ochsner Health System in New Orleans, he had already overseen the merger of the Ochsner Clinic with the Alton Ochsner Medical Foundation. He then turned around and sold the system’s health plan, and helped orchestrate a major bond offering to help modernize the system.

Each of these and other accomplishments could have been his career-defining achievement, says Patrick Quinlan, Ochsner’s chief executive officer.

Then Katrina hit.

During and following the chaos and ruin that uprooted a community, Thomas held his ground. He showcased his talent for motivating employees and ensured his health system was prepared to respond to the desperate needs of the Crescent City.

Working 20-plus hour days and sleeping in his office at Ochsner Medical Center, Thomas proved his mettle not only by providing leadership for the institution through the crisis, but also by cleaning the cafeteria, transferring patients and stocking supplies when necessary.

Both modest and courageous, Thomas doesn’t ask anybody to do anything he would not do himself, Quinlan says.

“His skills are multiplied through the organization by making others better,” he says. “That’s a defining characteristic of a successful executive.”

While some managers would have seen a devastating hurricane as a reason to hunker down and try to protect existing operations, Thomas had the foresight to see the opportunities that would emerge from it. Among them was the chance to purchase three New Orleans-area hospitals formerly owned by Tenet Healthcare Corp.

“It’s not that he took something easy to fix and fixed it,” Quinlan says. “He took something that seemed to be stuck and found a way out.”

Thomas, 41, a 2006 Up & Comer, was promoted to COO in 2005 after serving as chief administrative officer at Ochsner since 1998. Ochsner Health System employs 600 physicians and operates seven hospitals, a subacute facility and 25 health centers.

Thomas led the financial turnaround of the system; established a program that has improved customer service scores as well as physician and staff morale; and helped the system expand into new markets as the region’s demographics shifted in Katrina’s wake. In past comments to Modern Healthcare, Thomas attributed his success to being able to connect with people at all levels of the healthcare system.

No matter the weather.

Contact Thomas at wthomas@ochsner.org
Well that didn’t take long … Some Up & Comers stay in one place for their entire career. Others like to move around. Ray Shoemaker’s new business allows him to do just that.

He founded his own rural hospital management and acquisition company, Rural Healthcare Developers, in December 2006, a few months after being named an Up & Comer at age 34, and after a 13-month stint as chief executive officer of Tri-Lakes Medical Center Health Systems in Batesville, Miss. In his new role as president and CEO of the rural startup, Shoemaker, 35, has also taken on the task of managing 28-bed Humphreys County Memorial Hospital, Belzoni, a struggling hospital in the Mississippi Delta, where he is serving as CEO and administrator.

Shoemaker’s company is also working with facilities in three other states, he says. Among its projects are reopening shuttered hospitals in Okolona and Raleigh, Miss. Rural Healthcare Developers is also negotiating a handful of other acquisition agreements, he says. The company, which also provides consulting services for geriatric psychiatry and some other service lines, has about 15 permanent employees and another staff of 15 to 20 project-specific consultants.

Before starting the company, Shoemaker was on a fast track at Tri-Lakes, where he rose from program administrator of its behavioral health-services unit in 2002 to CEO in 2005. He says the recognition that the Up & Comers award brought allowed him to start his new business. He has attributed his leadership skills to his six-year stint in the U.S. Army, where he started out at age 17 as a “young, immature kid,” he says, and left with an honorable discharge as a captain.

### THE REST OF THE CLASS OF ’06

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**Political will on all sides of government as well as crucial support by those who advocate against universal healthcare will be a key component. “Good capitalism” will need to win out over “bad capitalism.” —Corinne Francis**
UP & COMERS CLASS OF 2007

VICTORIA BAYLESS, 37
Chief operating officer,
Anne Arundel Health System,
Annapolis, Md.

ALEX MENDEZ, 39
Senior vice president and chief financial officer,
Mount Sinai Medical Center,
Miami Beach, Fla.

SAAD EHTISHAM, 37
Senior vice president of clinical operations and chief nursing officer,
Via Christi Wichita (Kan.) Health Network

TERIKA RICHARDSON, 29
Associate administrator,
Reston (Va.) Hospital Center

LORI EVANS, 37
Deputy commissioner,
New York State Department of Health, Office of Health Information Technology Transformation, Albany

PATRICK STAPLETON, 39,
Chief executive officer,
Sherrill House, Boston

LLOYD FORD JR., 39
Chief executive officer,
Muhlenberg Community Hospital, Greenville, Ky.

DEBRA SUKIN, 37
Chief executive officer, St. Luke’s Community Medical Center-The Woodlands (Texas); and vice president, St. Luke’s Episcopal Health System, Houston

ANAND JOSHI, 32
Clinical procurement director,
New York-Presbyterian Hospital,
New York City

PAMELA SUTTON-WALLACE, 37
Chief operating officer and associate vice president of ambulatory-care operations,
Duke University Health System, Durham, N.C.

KIP KIRKPATRICK, 35
Co-founder and principal,
Water Street Healthcare Partners, Chicago

KEVIN UNGER, 37
President and chief executive officer, Poudre Valley Hospital, Fort Collins, Colo.

Read more about this year’s class of Up & Comers in the Sept. 17, 2007 issue of Modern Healthcare.
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How did a person with a master’s degree in healthcare administration and more than 28 years experience in the healthcare industry end up in the used-car business? Burnout? Midlife crisis? Administrators gone wild? Read on.

In 1992, when I was honored to be selected as an Up & Comer, I was at the pinnacle of my healthcare career. I was in charge of information systems at a large, progressive healthcare system working with some of the best and brightest minds in the industry. We were working on several of the most exciting and leading-edge initiatives in the industry at that time. In fact, one of those projects was one of the most comprehensive point-of-care systems installed at the time and still in use today. It was an exciting time, and I learned a lot that prepared me well for future endeavors.

Although I enjoyed what I was doing, I had an entrepreneurial itch that needed scratching and decided to go into consulting. So I went to work with a small consulting firm, planning to move into an ownership position. After a few years, that didn’t pan out, so I then went to work with a company doing quality indicators for hospitals. Once again, it never quite materialized into the ownership role. At that point, I decided to take the plunge and start my own consulting company.

I was hooked on having my own company, but the travel was exhausting! After a few years, I had an opportunity to sell my company, so I did and took some time off, even dabbling in the financial planning field for a while. I still wanted to have my own company, but without the travel.

My stepson then presented me with an opportunity to get into the automobile business. He and his partner had quite a few years experience and wanted to open their own car lot, but did not have the capital or the business experience. I had no experience in the auto industry, but obviously had the business experience, so at the end of 2003, I agreed to fund and operate a car lot. After a year in the business, my stepson moved on to other ventures and I was left with a used-car lot that I still operate today.

What do the car business and healthcare have in common? More than one realizes. Both are huge industries. Both represent products and services that most people would consider necessities. Both are governed by myriad regulations at all levels of government.

What is the biggest difference? The car business is as close to a pure competitive model as possible. Consumers are armed with a tremendous amount of information when they walk on my lot. They have access to a wide variety of cost and quality information. Automobiles are a commodity, and today’s consumers are well-equipped to make an intelligent buying decision.

Furthermore, I can sit at my desk at home and view information on car sales nationwide. I can even bid on cars at auctions across the country, pay for them and have them delivered to my lot, all done electronically. Competitive information is at my fingertips. I can see exactly what other lots in my market area are selling.

None of this is true in healthcare. It is not a true competitive model. Comparative cost and quality information is extremely limited. Take the scenario of me going to a primary-care provider, who then refers me to a specialist who then admits me to a hospital.

In most cases, I end up with three separate medical records not linked together, three (or more!) bills, three insurance claims, etc.

I distinctly remember going to a healthcare seminar more than 30 years ago where speakers talked about connecting information from various healthcare providers so that, in the above scenario, all of the information would be seamlessly linked together. What happened?

At one stage in my healthcare career, I worked at a for-profit hospital company where the mantra was to take the shackles off and let competition rule. That is not the answer in healthcare. Most consumers do not have access to the information that would allow them to make an intelligent buying decision, let alone the ability to properly evaluate it.

I treasure the many years I spent in healthcare and still care deeply about the industry. But, I enjoy the rewards and challenges of owning my own small business without the travel, even if it is not in healthcare.

Darryl Bollinger is president of Seaside Auto Sales in Panama City, Fla. When he was an Up & Comer in 1992, he was director of information systems at Lee Memorial Hospital in Fort Myers, Fla. Bollinger can be reached at darryl@seasideautosales.net.
Early in my career, Modern Healthcare’s recognition was an important confidence builder that I was headed in the right direction. Sometimes when one strays from the common path, external recognition is even more important than internal support. In my case, my career had begun a focus on quality and safety, something considered “soft” many years ago.
—David Shulkin, Class of ’97

We still have not reached a state where the executive and staff of most hospitals are reflective of their community. This often leads to well-intentioned but nonculturally competent care.
—Michael Rowan, Class of ’97

This is not glamour or big-money television. This is daily judgments based on a value system of compassion and fairness that conflicts with big power and big money all the time. There is not a better career choice if one keeps their humility, knows they are the best joke in the organization, and is willing to live a shorter life in pursuit of making a difference.
—Kelby Krabbenhoft
Class of ’94

A career in health care administration encompasses all of the elements of the journey we call “life” — happiness, joy, pain, sadness, loneliness, confusion, and yes, even despair. This career has often energized me; it has sometimes threatened to defeat me; it has never bored me, or ceased to amaze me.
—Ruth (Williams) Brinkley
Class of ’89

At the end, what truly counts is not how many meetings that you attended or how many deals that you closed. Always strive to do the right thing for the best interest of your patients, and don’t believe your own press clippings.
—Michael Ugwueke
Class of ’98

The U.S. healthcare system can no longer operate under the assumption that we have the best healthcare system in the world.
—Robert Burg
Class of ’91
For people who like creativity, innovation and change, it is a great field. People who long for the “good ol’ days” should find another profession.

—Nathan Kaufman, Class of ’87

I think recognition like this brings with it some level of added responsibility to be sure and represent the field in the most positive manner possible, performing with integrity and ethics that are unquestioned. Hopefully I have and continue to be able to make a positive impact on our community.

—Lance Duke, Class of ’98

I feel like I entered the business in the Dark Ages when I look at the technological advances that have been made since the early eighties, and in reality we are just scratching the surface.

—Phillip Robinson, Class of ’92

I have high expectations, so that you can achieve excellent results.

—Nina Tucker Beauchesne, Class of ’01

Prior to being a healthcare administrator, I was a practicing attorney. Practicing law was rewarding work, but I find that being directly involved in healthcare administration allows an individual to participate in something much larger than themselves and even more basic and human than legal practice.

—Kristin Jenkins, Class of ’02

There are no longer down periods in our industry. There used to be a time when we could catch our breath before taking on the next big issue. The agility of the organization is constantly being tested.

—Amy Mansue, Class of ’98

Pace yourself. 65-70 hour work weeks were seemingly the norm and mandated just to keep up. It’s not always realistic, and it’s difficult to make the decisions on what you can do vs. what you are capable of doing while maintaining a quality family life.

—Glen Kazahaya, Class of ’90

Continued misaligned economic incentives among providers have driven us into systematic fragmentation. The poor and underserved, those with the smallest voice and the greatest need, are left between the cracks without any coordination of care—if they get care at all.

—William Jennings, Class of ’98