

JHF news, events, milestones, publications, and more

Reflections from Salzburg: From Exploration to Forcible Action

A Note from Karen Wolk Feinstein, PhD

As a participant at the Salzburg Global Forum's session on patient safety last month, I was in the company of true luminaries in our field. Forty-four participants hailed from 16 countries including Canada, the U.K., Ghana, Uganda, Japan and Australia. The World Health Organization and the Institute for Healthcare Improvement organized the five-day session and both sent strong contingents. Participants were selected based on their knowledge of the topic and potential role in driving reforms.

Titled *Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety*, the five-day seminar concluded just a week before the first-ever World Patient Safety Day. That calls attention to the problem of medical error, which causes an estimated 250,000 preventable deaths in the United States each year and an estimated 100 million deaths worldwide over the last two decades.

Despite 20 years of research, experimentation and advocacy, we have little to show in the way of progress — in the U.S. and globally. At the Jewish Healthcare Foundation alone, we trained more than 10,000 people in Lean safety and quality improvement techniques through our Perfecting Patient Care model, after realizing that basic safety science principles are not routinely taught in the schools of health professions. RAND researchers studied us. They found that our participants leave with an enthusiasm to drive change, but their hopes are often dashed when they encounter a perverse safety culture upon returning to work.

In Salzburg, Don Berwick put out a call for urgency, to which all participants agreed. However, I fear that the revolution



Participants at the Salzburg Global Forum. Photo courtesy of Herman Seidel.

(Continued on page 2)

INSIDE THIS ISSUE

Salk Fellowship Brings Campaign Approach to Medical Error	3
Australia early childhood expert shares best practices	4
Doulas-in-training offer vital support for immigrant and refugee moms	5
Community-based organizations take the stage at September 24 PA PCQ learning collaborative	6
WHAMglobal gears up for more activism with March For Moms	7
INTERSECT@CMU explores healthcare innovation themes	7
JHF & WHAMglobal to study women's health in Toronto	8
JHF's Dementia Friends Pennsylvania efforts reap dividends in first year	9
HIV/AIDS team brings together grantees to share insights	10
PA PCQ's results highlighted at symposium	10
JHF'S youth behavioral health team participates in summit	11
JHF Trustee Profile: Rema Padman, PhD	12
Staff Profile: Robert Ferguson, MPH	14
Former Fellow joins JHF staff	15

won't come in small-scale changes, or from better measures. Our international health systems need a jolt of forcible activism.

Creating safe environments is not a mystery. There are playbooks and a rigorous curriculum in safety science. High-performing, complex and high-risk industries build continuous improvement into their work processes, achieving nearly defect-free environments.

What Could Force Change

1. Value-Based Purchasing

This would reward the safest, most efficient providers, but it requires real transparency of meaningful data on cost, quality, and safety that is not gamed. It requires payers and purchasers who will not be denied or deceived.

2. A Consumer Movement with Vigorous Advocacy

Health systems leaders — boards and executives — could be held accountable for the safety of patients and employees. When design errors caused two Boeing 737 MAX 8s to crash in the past year, killing 346 people, nobody blamed the pilots, engineers or trainers. The accountability rested with the Boeing board of directors and its executives. Pilots refused to fly, purchasers refused to buy, and passengers refused to ride. Boeing's corporate leadership accepted responsibility.

3. Competition from New Players

Our health systems are ripe for disruption. Consolidation and mergers among legacy providers and payers have created giant health systems that have neither lowered costs nor improved safety. However, powerful customer-centric companies that have dramatically disrupted transportation, communications, and retail is now pouring millions of dollars into developing healthcare services to meet consumer needs and preferences. These disrupters will engage patients in their own diagnostic and treatment decisions that might provide simpler, faster, cheaper and more reliable care. Perhaps they will provide the jolt that legacy systems need.

4. Creation of a National Patient Safety Authority

Systems achieve what they are designed to achieve, but a strong regulatory fabric offers a critical safety net. Most organizations lack the infrastructure to monitor and ensure that our health systems are wired for safety. An airline or car manufacturer that doesn't observe basic safety precautions and meet high standards can pay stiff penalties — even denied the sale of their products. Health care needs an overarching authority with teeth to enforce rigorous safety science practices. In the U.S., models exist in the form of the Federal Aviation Administration, the National Highway Traffic Safety Administration, and the Food and Drug Administration, to name a few.

What Will Speed Progress

These are secondary considerations, but nevertheless useful if there is to be real progress in patient safety. We need:

- Informed, activated board members held accountable for the safety of patients and employees.
- Consumers who demand and receive accurate information on safety records.
- Culture change where frontline staff can safely report on safety problems and where an atmosphere of curiosity and discovery cause staff to pull for information and solutions.
- Useful measures for safety to ensure real transparency that isn't gamed.
- Application of Lean principles for building safety improvements into the

(Continued on page 3)



Karen Wolk Feinstein (second from left) with Mary-anne D'Arpino, Doris Grinspun, and Gina De Souza of the forum's Canadian contingent. *Photo courtesy of Herman Seidel.*

- workflow at all levels of care.
- Improved EHRs, a critical element basic to workflow redesign and progress, and that allow for credible prediction and prevention of error.

In short, patient safety improvement requires a jolt, not incremental progress. Acceptable safety conditions will not result from doing the same things we've done for 20 years. It will come from significant new pressures that direct patients to systems and sites and innovations that guarantee safety. And, above all, from health systems leadership that accepts accountability for creating the safest environment possible.

Salk Fellowship Brings Campaign Approach to Medical Error

As the United States prepares for an important election year, the discussion of health care has once again taken center stage, yet the unconscionable tragedy of deaths from medical error continues to be ignored.

Following the first World Patient Safety Day and the 20th anniversary of the landmark *To Err is Human* report, the 2019 Jonas Salk Health Activist Fellowship kicked off on September 25, aiming to help emerging health activists learn how

to grab the public's attention and pitch policy change to reduce medical error in our country. This year's cohort of the Jonas Salk Health Activist Fellowship heard from Karen Wolk Feinstein, PhD on the history of 20 years of advocacy, research and experimentation to improve medical error that have led to little progress overall. The task for this year's participants in an election year: develop a winning political platform that pitches a call for real reforms in medical error.

Over the course of the next two months, the 29 fellows – ranging from graduate students to young professionals — will expand their activist and public speaking toolset with new case-making frameworks and skills. The fellows come from 14 different universities and representing more than a dozen disciplines and specialties, including medicine, healthcare administration, social work,

nursing, law, health management, occupational therapy, healthcare ethics, public health, public policy, and business.

Fellows will learn from campaign managers, elected officials, members of the local media, and public speaking experts as they shape their messages in TED Talk-style presentations. Salk Fellows will give their "campaign" pitches at a closed-door session with representatives of these groups. JHF seeks to arm the fellows with advocacy and messaging skills to advance policy on any major health or social issue.



The 2019 Jonas Salk Health Activist Fellows



Fellows interview JHF CEO Karen Wolk Feinstein about patient safety and her activism and leadership experience

Watch, wait, and wonder: Australia early childhood expert shares best practices, inspiration

Early childhood expert Dr. Michael Zilibowitz brought insight and inspiration to Pittsburgh last week from the exemplary early childhood center he runs near Sydney, Australia.

The [Dalwood Spilstead Early Years Intervention and Support Service Center](#) provides multidisciplinary health, education, and support services for families struggling with parenting and child development. The center's integrated approach provides services for both parents and children under one service umbrella and from one team.

Staff and volunteers from the Jewish Healthcare Foundation and the Women's Health Activist Movement Global (WHAMglobal) were astounded by Dalwood Spilstead under Zilibowitz's leadership in April 2018, when they shaped and participated in a two-week, maternal-health, study tour in Australia. JHF invited him to Pittsburgh the next time he'd be in the U.S., and on September 26 he met with JHF staff teams and community partners to discuss childhood anxiety, teen mental health and intergenerational reading opportunities through the new GRAN reading program. He also met with the WHAMglobal regional advisory board to discuss maternal health and wellness, sharing his unique model of care from Sydney.

"The number and quality of services that kick in automatically from pre- to post-natal, including in-home visits by nurses and midwives in the first weeks of pregnancy and of a baby's life, are extraordinary," said Karen Wolk Feinstein, JHF's CEO. "There are so many considerations that contribute to a successful pregnancy. In the United States, it's considered a success if the baby and mother survive childbirth."

Dalwood Spilstead goes much further than his nation's baseline, Zilibowitz said, during his day-long visit to JHF's offices. Expectant mothers learn breathing and mindfulness exercises to lower stress and nurture a connection with their babies. The center includes a therapeutic pre-school with a high ratio of teachers to children, occupational therapists and speech-language pathologists.

"If you can build in support to families at the beginning, and with a bit of intensity, the difference is enormous," Zilibowitz said. "Economists have studied this, and models suggest that every dollar spent in early childhood intervention saves \$17 over the life of that child. That's in positives like stronger impulse control, higher grades, and better jobs; and in avoiding teen pregnancy, incarceration, depression, anxiety, and suicide."



Zilibowitz shared information about his center's holistic, integrated approach to supporting women, children and families.



Zilibowitz met with JHF teams working on child, teen and maternal health issues, as well as with WHAMglobal's regional advisory board.

Zilibowitz described an approach his center uses called Wait, Watch and Wonder, in which a parent engages one-on-one with their child by sitting with them, and resisting the urge to direct their toddler's activities toward learning and skills enrichment. Instead, they allow the child to guide the encounter.

"A child's job is play," he said. "It's not telling them what to do, not solving their problems for them. It's allowing a child to escape into their own world. A

(Continued on page 5)

parent can communicate what the child is doing – but without judgment or questions. ‘You’re building a very big tower. You’re knocking it down. You’re building it again.’ It’s being still and present with them, to follow their attention, and let them show what they want from us.”

Those principles could be useful when engaging people living with dementia, Zilibowitz theorized, in response to questions posed during discussions of JHF’s various programs. He also expressed delight about the [Family Spinner](#), a cardboard disk that helps parents and kids talk to each other, and the forthcoming [GRAN](#) intergenerational reading program.

“Such beautiful ideas,” he said. “I will take these back home with me.”

Doulas-in-training offer vital support for immigrant and refugee moms

Doulas can play an important role in achieving a successful pregnancy. While OB/GYNs and nurse-midwives provide clinical oversight of pregnancy and childbirth, a doula can provide physical, emotional, educational and practical support during events surrounding childbirth, including labor, delivery, breastfeeding, and family adjustment.

For immigrant and refugee women unaccustomed to the complicated U.S. healthcare system, doulas who share a similar language and culture can be a meaningful support.

That’s why six Pittsburgh women are pursuing doula certification with the help of the Immigrant and Refugee Doula Community Health Worker Program at Allegheny Health Network’s Center for Inclusion Health. The Jewish Healthcare Foundation helped the program to launch last year with a \$250,000 grant. JHF’s WHAMglobal Women’s Health Specialist Kate Dickerson and Global Health Associate Hanifa Nakiryowa engaged in the effort.

AHN’s Center for Inclusion Health, its Immigrant Community Engagement Committee and the WHAMglobal team have developed the program to support moms in the Latinx, Bhutanese/Nepali, and African Immigrant communities. That includes a doula who speaks Somali-Bantu and an Arabic-speaking doula to support the increasing number of Syrian families coming to Pittsburgh.

Guided by Kheir Mugwaneza, the center’s senior project manager, and doula Katie Hyre, the women are receiving training through AHN’s STAR Center, the Midwife Center, and Birth Partners of Pittsburgh. They are active in their communities; conducting education and outreach with women and community groups, and some have already attended births.

“I can tell that what we are doing in our communities is so important,” said Amira Seoudy, who is originally from Egypt. “Mothers in my culture are used to having women support us in our births. One mom I visited -- you could tell she had been lonely. She was so happy to see me and to have me there to help her through this.”

The six are working toward certification by [DONA International](#), the Chicago-based organization that has been training doulas since 1992. In addition to their AHN studies, certification requires breastfeeding training, childbirth education, an extensive required reading list, and providing labor support to clients.

The doulas are “payor agnostic,” and accept patients with any or no insurance. They are also exploring partnerships with the Jefferson Hospital Midwives to conduct group perinatal visits for the different communities.



The doulas took a break from training with (rear row, from left) Kheir Mugwaneza, Senior Project Manager for Allegheny Health Network’s training program; WHAMglobal Global Health Associate Hanifa Nakiryowa; and Project Coordinator Katie Hyre.

Community-based organizations take the stage at PA PQC Learning Collaborative

More than 200 members of Pennsylvania's Perinatal Quality Collaborative gathered in Harrisburg last week to share insights and advances around their efforts to improve the quality of care for mothers and babies across prenatal, labor/birth, newborn, and postpartum services.

They included medical professionals, social workers, quality and safety leaders, and health plan administrators from the 60 birth sites and NICUs and 11 health plans that are participating in the PA PQC. They were joined by members of dozens of community organizations from across the Commonwealth.

A panel of community leaders from the Maternity Care Coalition serving Philadelphia and the southeast, the Foundation for Delaware County, the Family Health Council of Central PA, and Reading Hospital's center on Opioid Use Disorder (OUD) described how they can work with the PA PQC sites on their quality improvement projects related to maternal OUD, Neonatal Abstinence Syndrome (NAS), and maternal mortality.

Dr. Jason Baxter and Clinical Nurse Specialist Deborah Cruz from Thomas Jefferson University Hospital shared their experience conducting multidisciplinary reviews on severe maternal morbidity cases. From Geisinger Medical Center in Danville, Dr. Gary Stoner and Peer Engagement Specialist Franca Dalibor were joined by a patient who shared her story, noting that the team was non-judgmental and "treated me like a human. If it weren't for them, I wouldn't be here."

PQC teams participated in a speed networking activity to learn about each other's quality improvement projects as a way to spread best practices and break through common challenges. They also shared insights with each other about key interventions for adopting the Eat, Sleep, Console Care Tool for NAS, implementing Plans of Safe Care for moms and babies affected by substance use, post-partum hypertension and hemorrhage protocols, and reducing the time to treatment for severe hypertension.

Before heading back to their home institutions, the teams huddled to synthesize what they heard and to update their quality improvement projects.

Launched in April, the PA PQC is a network of teams that identify processes that need to be improved and quickly adopt best practices to achieve collective aims. It accounts for more than 80 percent of the state's births.

The PA PQC is supported by the administration of Gov. Tom Wolf with a grant to bolster Pennsylvania's response to the opioid epidemic, and by a grant from the Henry L. Hillman Foundation. It is overseen by a statewide advisory group, and administered by JHF and WHAMglobal, an operating arm of JHF. The PA PQC serves as an action arm of the Maternal Mortality Review Committee in Pennsylvania, and works with the Northeastern PA PQC.



Deborah Cruz, MSN, CRNP, Clinical Nurse Specialist at Jefferson University Hospital, presents on multidisciplinary review

WHAMglobal gears up for more activism with March For Moms

March For Moms Association, now in its third year, is a growing, multi-stakeholder coalition to improve the wellbeing of mothers in the United States and reduce maternal mortality. The coalition convenes national stakeholders to speak with a common voice, urging policymakers and other leaders to reduce maternal mortality and bad pregnancy outcomes. March For Moms recently on-boarded their first executive director, Katie Barrett. Barrett joins March For Moms from the Massachusetts Health Policy Commission, where she served as policy director for care delivery transformation and strategy.



WHAMglobal members collaborated with March for Moms in Boston.

WHAMglobal has been a partner of March For Moms since 2016. JHF CEO Karen Wolk Feinstein is a member of the board of directors. WHAMglobal has hosted regional events, including 2018's March For Moms in conjunction with the Pittsburgh Marathon and 2019's [Birthing a Movement: An Evening of Art & Activism](#). WHAMglobal is dedicated to helping March For Moms build out their regional strategy as they expand into other states.

The 2019 National March For Moms in Washington, D.C. was a watershed moment for a growing movement. Members of this coalition kept maternal mortality in the public eye, generated unprecedented media attention, and celebrated successful passage of federal maternal mortality legislation (propelled by more than 10,000 letters submitted through the March For Moms website). The emergence of multiple Presidential candidates, who have made fighting inequities around maternal mortality pillars of their platforms, suggests March For Mom's reach. JHF Women's Health Specialist Kate Dickerson attended the organization's board retreat in Boston last month and shared ideas about the strategic direction of the organization

The next [March For Moms is May 3, 2020](#) on the National Mall in Washington, D.C. Join us there!

INTERSECT@CMU explores healthcare innovation themes in advance of Liftoff PGH 2020

JHF's [Liftoff PGH 2020](#) was a proud co-sponsor of INTERSECT@CMU 2019, a meeting that touched on many of the issues that the September 15-16, 2020 Liftoff gathering will explore in depth.

The session at Carnegie Mellon University included academics and inventors, representatives from artificial intelligence startups, health policy experts, and thought leaders from Google, TeleTracking Inc., and elsewhere.

They addressed some of the issues in which JHF's Liftoff team and committees are immersed, all intended to drive improvements in U.S. health care and population health. New entrants into the delivery of medical services, diagnostics, and treatment are likely to offer a jolt to traditional systems. A positive outcome is that new competition could spur new accountability to patients and purchasers — as the race for simpler, cheaper, safer, more reliable interventions heats up.



(Continued on page 8)

Said panelist Thomas Pellathy, Highmark Inc.'s executive vice president for product and health care services: "This is the only industry where cost and quality have an inverse relationship – better care actually costs less in the long run."

INTERSECT@CMU panelists discussed emerging technologies, market systems, policy, delivery methods, and visions of the future. Innovations such as wearable fitness trackers and smartphone apps can make it easier to adopt healthy behaviors like stretching and walking around throughout the workday, and getting quality sleep. The full impact of such changes, however, cannot always be predicted.

"We shape our technologies; thereafter they shape us," noted Steve Downs, the chief technology officer of the Robert Wood Johnson Foundation, paraphrasing Winston Churchill.

[Liftoff PGH 2020](#) is both an event and ongoing process to get Pittsburgh's business, civic, education, health, and corporate players to collaborate in making the region a national leader in healthcare innovation on every level. It aims to help create functional, inspired, and skillful partnerships among stakeholders, leveraging the region's assets to be in the lead by 2030.

As inspiration, [please check out the digital Quilt we've created for one of Liftoff's five themes, The New Patient](#). Click on the squares to learn more.

In the past month, three Liftoff advisory subcommittees have met. Representatives from workforce development organizations, foundations and healthcare providers on September 25 discussed challenges around preparing workers to staff frontline healthcare jobs that are already going unfilled.

Education deans and administrators from the University of Pittsburgh's schools of medicine and public health; Carnegie Mellon University's schools of science, healthcare policy and management, and information systems and public policy conferred September 27 around the importance of equipping graduates not just with technical know-how but also problem-solving skills and the ability to work across teams.

Representatives from the region's largest health insurance companies, insurance brokers, financial advisors and representatives the state departments of human services and health met October 1 to consider issues of payment and regulation, including how healthcare financing models of the future can adapt to support the highest quality, lowest cost care.

The full advisory committee will meet October 3 to hear how other cities and regions have managed with disruption and innovation, and will discuss how to re-invigorate Pittsburgh's existing legacy institutions and position the region for leadership.

JHF & WHAMglobal to study women's health in Toronto

There are still a few slots available for the Jewish Healthcare Foundation and WHAMglobal Women's Health Study Tour in Toronto on November 12-13. As with previous tours in Spain and Australia, JHF and WHAMglobal are taking time before the bi-annual International Women's Forum gathering to explore best practices around maternity, menopause, and aging in the IWF host city. Attendance is open to executive-level women with a strong interest in health care. JHF CEO Karen Wolk Feinstein, WHAMglobal Chair Debra Caplan, COO Nancy Zions, and Women's Health Specialist Kate Dickerson will lead the study tour and attend the IWF meeting. For more information, contact Kate Dickerson at dickerson@jhf.org.



Toronto skyline. Photo credit: [Wiki-media by Derek Tsang](#)

JHF's Dementia Friends Pennsylvania reaps dividends in first year

Dementia Friends Pennsylvania celebrated its first anniversary this summer, moving into Year Two with more than 2,200 individuals across 40 counties who have attended the hour-long information session.

Local and state civic leaders are the latest community members to take up the cause. The Commonwealth's Department of Aging Secretary Robert Torres, Sen. Lindsey Williams, Rep. Sara Innamorato (and their staffers) are among the those who completed sessions that offer information about dementia and tips for communicating with people living with the disease.



Robert Torres, (center left with large sign) secretary of the state Department of Aging, staffers and members of the Alzheimer's Disease & Related Disorders State Plan Task Force became Dementia Friends this summer.

Torres shared his goal of having Dementia Friends Champions in each of the Commonwealth's 67 counties.

After an individual has attended a Dementia Friends Information Session, they have the opportunity to volunteer for additional training to become a Dementia Friends Champion. Champions, in turn, spread knowledge and awareness to community members by facilitating information sessions on their own.

Dementia Friends is a worldwide movement that is changing the way people think, act, and talk about dementia.

Developed by the Alzheimer's Society in the United Kingdom, it helps reduce stigma around dementia. A [recent article in the peer-reviewed journal of the Association for Gerontology in Higher Education](#) noted a positive impact in those who participate in DF sessions.

The [Pennsylvania program](#) is sponsored by the Jewish Healthcare Foundation, and coordinated by Senior Quality Improvement Specialists Stacie Bonenberger and Anneliese Perry. They travel the state conducting the hour-long information sessions. Everyone who attends is asked to turn their new understanding into a practical action to help someone living in the community.

State Rep. Dan Miller is hosting a Dementia Friends information session at 7 p.m. December 4 at the Mount Lebanon Public Library. Find a session near you at DementiaFriendsPA.org, and follow the organization on [Facebook](#), [Twitter](#), and [LinkedIn](#).

(Continued on page 10)

HIV/AIDS team brings together disparate grantees to share learning, insights

Members of the Jewish Healthcare Foundation's HIV/AIDS team brought together grantees from two initiatives for a joint learning collaborative on September 18.

Twenty-one staffers from grantees of JHF's statewide Minority AIDS Initiative (MAI) and 28 from Southwest PA Ryan White grantees shared insights and strategies for engaging — and re-engaging — clients in care during a half-day gathering in Pittsburgh.

The learning collaborative teaches participants about quality improvement, strategies for harm reduction, and opportunities for staff and leaders from our partner agencies to interact, network and learn from each other.

The meeting piggy-backed on the former group's twice-annual learning collaborative a day earlier. Ryan White grantees, hailing from 11 Pittsburgh-area counties, meet six times a year for learning sessions specific to their clients.

Feedback was enthusiastic. Said one Ryan White participant: "Honestly, this one of the best [Learning] Collaborative meetings I've been to. It was great to have many moving pieces and conversations happening in one space."

Founded in 2012, MAI brings together 11 AIDS service organizations from across Pennsylvania to improve patient services and strengthen programs to re-engage HIV-positive individuals who are not receiving treatment.

Ryan White grants represent federal funding to states to support health care, supportive and housing services to eligible individuals living with HIV/AIDS, and for prevention/education services to at-risk populations. JHF is the fiscal agent for that funding.



Members of JHF's statewide Minority AIDS Initiative and Southwest PA Ryan White grantees gathered for a combined learning collaborative in Pittsburgh.

PA PQC's results highlighted at Transforming Women's Health symposium

JHF Global Health Associate Hanifa Nakiryowa (pictured) reported great turnout during the poster presentation session of Adagio Health's Second Annual Transforming Women's Health Symposium on September 24. "Several people were impressed by the role the Pennsylvania Perinatal Quality Collaborative is playing in responding to the opioid crisis. The fact that the PA PQC points out maternal mortality helped to bolster our credibility, including from folks already familiar with what we are doing in the space."



Jewish Healthcare Foundation's youth behavioral health team participates in Philadelphia summit

JHF's teen behavioral health team participated in the Health Care Improvement Foundation's youth behavioral health summit, hosted in partnership with Children's Hospital of Philadelphia, the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS), and Jefferson - Philadelphia University + Thomas Jefferson University in Philadelphia on September 24.



The aim of the summit was to equip medical, behavioral health, and community-based providers to better support the needs of youth through the development of a trauma-informed system and strengthening connections with community-based resources.

Stanford University's Dr. Steve Adelsheim presented at a gathering on teen mental and behavior health.

Half of all lifetime cases of mental illness present by the age of 14 and three-fourths by age 24, yet nearly 80 percent of American youth do not have access to care, said keynote speaker Dr. Steve Adelsheim, director of Stanford University's Center for Youth Mental Health and Wellbeing.

A Squirrel Hill native, Adelsheim is leading efforts to create stand-alone, integrated care sites for young people ages 12-25 to access early mental health supports, along with school support and web-based connectivity. Called allcove and inspired in part by Australia's headspace model, such programs improve young people's mental, social, and emotional well-being through high quality, integrated, age-appropriate care. Designed by engaging a diverse youth advisory, allcove places youth and families at the center of the decision-making process, creating smoother transitions in care, and flexible engagement over time.

Adelsheim presented the allcove model to JHF and several of our behavioral health partners in March. JHF is working to develop a similar space for teens who live, attend school, and receive services in Squirrel Hill through its 15217 teen mental health initiative.

In addition to the summit, Deborah Murdoch and Practice Transformation Specialist, Carol Frazer, also met with behavioral health partners from the PA Health Funders Collaborative, as well as Susan Choi and Kelsey Salazar from the Health Care Improvement Foundation's Youth BH Initiative to explore opportunities to expand JHF's youth mental health advocacy efforts across Pennsylvania.

JHF Trustee Profile: Rema Padman, PhD, Professor of Management Science and Healthcare Informatics, Carnegie Mellon University's Heinz College of Information Systems Information Systems & Public Policy

Trustee, Jewish Healthcare Foundation, beginning January 2019

Trustee, Health Careers Futures since 2017

Pittsburgh Regional Health Initiative since 2018

Rema Padman was born in Doha, Qatar, where her father worked in the petroleum industry. Around age 9, she and her family moved back home to Kerala, where she stayed until leaving to pursue a chemical engineering degree across the country, at the Indian Institute of Technology in Kanpur. She earned a PhD in operations research from the University of Texas at Austin, followed by a faculty position in the Carlson School at the University of Minnesota. She moved to Pittsburgh in 1989 with her husband, Ramayya Krishnan, who is dean of CMU'S Heinz College. and the William W. and Ruth F. Cooper Professor of Management Science and Information Systems. They raised their daughter and son in Fox Chapel. Their son will graduate from CMU next year; their daughter graduated a few years ago and is working in New York.



In her first decade in Pittsburgh, most of her research, teaching and consulting focused on operations research and operations management in industrial and commercial sectors. Then she read *To Err Is Human* (the landmark 1999 report that helped launched the modern patient safety movement). She had begun a fellowship in biomedical informatics at the University of Pittsburgh School of Medicine, and was shifting her focus to health care.

“That was a life changer,” Padman recalled. “I’d wanted to move into something that I could be passionate about, and I absolutely found it.”

Several years earlier, she’d gotten involved with JHF as it became a champion for detection, screening, and outreach around breast cancer. In those early days of the Internet, Padman advised a capstone project with several graduate students to create a one-stop online source of information about breast cancer in the Pittsburgh region. Over the years, she has advised the foundation on other programs, and taken its mission into her classroom, engaging graduate students in projects creating decision support technology and analytic models around maternal health and mortality, among others.

What are some of the ways your contributions to the JHF board are unique?

My research with my students and colleagues is at the intersection of information technology, analytics and health care. We develop quantitative models and data-driven decision support methods to bring visibility to some of the challenges in the healthcare context: around health literacy, maternal mortality and morbidity, patient safety and care quality issues. Karen (Wolk Feinstein, JHF’s CEO) talks about transparency and having access to data; we can bring the IT and analytics tools to develop a solution. For example, working with the data from a community nephrology practice in southwestern Pennsylvania, we have developed methods and tools to learn “practice-based” clinical pathways from routinely collected data in the Electronic Health Records that enable comparison against evidence-based pathways reported in the literature and discover both new best practices and gaps in care.

(Continued on page 13)

What part of JHF's work is most resonant or meaningful for you right now?

I'm excited about [Liftoff PGH 2020](#). I very much agree with its premise — to see how our regional resources can be better leveraged to make Pittsburgh a center for healthcare innovation and development.

I understand the apprehension that healthcare professionals may have about a technology future. There is a firehouse of information that is being thrown at them. The system basically moved from paper-based to digital in a decade. Most of that digitization is still in early versions, and every environment is different. And until technology is in the hands of the end users, we really don't know what works and what doesn't. It's not easy for the people living through it. There are great advances that could make the work of health care easier and better informed, but we haven't yet reached an equilibrium where humans, technologies and information work synergistically to make information more consumable and usable. JHF's initiatives to highlight both the challenges and opportunities in improving patient safety and healthcare quality, developing the healthcare workforce of the future and addressing women's health issues are resonant with the needs of these times.

Are other countries or U.S. healthcare providers adapting better?

Other countries are trying to figure out these challenges, too. There are health systems that are more efficient, lower cost, and working better for patients in places such as Scandinavia. Perhaps in single-payer systems, the central organization makes it a little easier, but there are tradeoffs that come with that, too.

I've talked to colleagues and clinicians at the Mayo Clinic, for example, where they put patient-centered care into practice by creating care teams that help patients navigate the entire care journey with less friction. Of course, these are patients with very complex conditions; that approach may not work on a daily basis for less acute or chronic care conditions. But patients leave that system very satisfied, so it could be an exemplar for others to adopt and adapt.

[Liftoff PGH 2020](#), I hope, will be a starting point for us in Pittsburgh to see how IT and analytics can facilitate transformation of healthcare delivery with lower costs and better management. I'm very glad to have the rare opportunity to join this effort and work toward a successful outcome.

What advice would you give to a younger version of yourself?

Mainly to really take advantage of opportunities to make a difference with the work one does, find stimulating collaborators to work with and actually have some impact in the real world. We all talk about work-life balance, but it's really hard to keep it. I've struggled to accommodate that.

What are some of the non-work things you enjoy about the region?

My family and I love Pittsburgh and Pennsylvania – the rivers and hills, the great cultural facilities, the history and food, the healthcare institutions. People who visit us are always impressed. It's a great city and region.

So, do you take in any of its outdoor recreation?

My husband loves the outdoors, but my interests are more in literature and the arts. I do love to travel, and I really love literature and history. I like to have a book in my hand, rather than read on a digital device. I also find detective and mystery stories fascinating, especially those that tap into my interests in history and travel. I enjoy the British novelists like Ruth Rendell, Agatha Christie, Margery Allingham, P.D. James – I loved her *Death Comes to Pemberley* [which continues Jane Austen's *Pride and Prejudice* as a murder mystery], Conan Doyle, Charles Dickens... when I'm in the UK, I visit their museums and homes and the settings of their stories. That's how I have fun.

Staff Profile: Robert Ferguson, MPH, Director of Government Grants and Policy

As the grandson and nephew of orthopedists, teenaged Robert Ferguson was taken with the idea of becoming a doctor.

“I was really interested in the ethics of the patient-physician relationship,” Ferguson recalled. “There’s something very unique and pure about it.”

Upon graduation from Mount Lebanon High School, he entered Northeastern University, intending to major in exercise science with a pre-med concentration. But within the first year, his view shifted.

“Northeastern really opened my eyes to the extremely complex system that surrounds that patient-physician relationship,” he said. “In my free time, I found myself reading about payment models, not clinical care. I realized that if I could use public health and health policy to address the system issues, I could help *many* others, instead of caring for one person at a time in a broken system.”

He switched to the university’s then-new health sciences program—an undergraduate version of a public health degree. “I learned a lot of skills and competencies there that I use every day. I learned about policy; healthcare and public health systems; research; how to use “systems thinking” to design and evaluate projects and trainings; and how to write for different audiences, among many other skills.”

The summer after his junior year Ferguson became an intern at the Jewish Healthcare Foundation. Back in Boston, he interned at the Massachusetts Executive Office of Health and Human Services. When he concluded that internship, he accepted a job at JHF and started working back home in Pittsburgh a few days after graduation.

“Boston is a great place to go to school. It’s such an epicenter of amazing things going on in health,” he said. “It’s one of the few places where you can go and hear lectures from leaders in the field like Paul Farmer on a random night.” “But I was a recent graduate with a job offer at a place where I knew I’d enjoy working and where I knew I could apply my new skills and competencies. I had no doubt that joining JHF was the right move.”

Ferguson started out as a program associate, creating data reports and researching reimbursement policies for a local pilot program that integrated behavioral health care into community health centers. . When the demo, ITPC, led to a four-state implementation and dissemination grant from AHRQ and then a CMS-CMMI innovation grant, he moved into project management. Today he oversees JHF’s government grants and policy work while managing the Reinvesting in Health Initiative—a local initiative to redesign maternity care and payment—and three statewide learning networks (HealthChoices Patient-Centered Medical Home Learning Network, the Pennsylvania Perinatal Quality Collaborative, and the OUD Centers of Excellence Learning Network). Throughout his time at JHF, he has also supported the Fellowships and the Pennsylvania Health Funders Collaborative—a statewide network of health foundations in Pennsylvania that operates at the intersection of health philanthropy and health policy. He completed an MPH degree from the University of Pittsburgh while working at JHF.

Ferguson is finishing a fellowship at CMS’ Center for Clinical Standards and Quality on integrating physical and behavioral health care. He became a Fellow at CMS through

(Continued on page 15)



the 2015-2016 Health and Aging Policy Fellowship that JHF supported. “The Fellowship gave me the ability to understand how to analyze and affect policy by factoring in people, politics, procedures, policies, and the dynamics between the branches of government. We met amazing health policy leaders and were trained by the same agency that orients Congress. It was a phenomenal experience.”

What does a typical workday for you look like?

A lot of bouncing from internal and external meetings. A fair amount of travel to Harrisburg, Scranton, and Philadelphia around managing our learning networks. Answering a lot of emails, and thinking from a project perspective about what’s happening in a week, a month, a quarter, a year; and thus, what do we need to be doing now as a team? Also monitoring what’s happening on the policy landscape – the implications and opportunities. By and large, I spend a lot of time thinking about our networks and opportunities, and how to leverage those things to move collective priorities forward.

What’s the most rewarding part of your job?

I like converting a vision into reality. I enjoy thinking about how partners, opportunities, and resources can come together to achieve common goals. JHF is perfectly situated to do this work due to JHF’s vision, diverse toolkit and staff, and ability to serve as a neutral convener.

What do you do in your spare time?

On Saturdays I go to my family’s cabin in Somerset County and do yard work outside for the whole day. At work, you are lucky if you can see the primary outcome of your work in a year. On Saturdays, I can work outside and see the impact immediately. It helps me re-set. I also enjoy hiking. Some of my favorite places have been in the highlands of Scotland, the Isle of Skye, and Wales.

Rumor has it you never actually take vacation.

I do take a few days each year, but I never take all of them. My goal each week is to go to the country on Saturday. If I can do that, I’m happy.

Former Salk, Patient Safety fellow joins JHF staff

Steven Guo joined the Jewish Healthcare Foundation on September 23 as a program associate supporting the foundation’s fellowship programs, the Pennsylvania Perinatal Quality Collaborative (PA PQC), and the Reinvesting in Health Initiative. A former JHF Salk Health Activist and Patient Safety fellow himself, Guo will assist in developing the fellowship experience and recruiting strategies for new fellows. With the PA PQC and Reinvesting in Health Initiative, he will help the team with executing its agendas and communicating results to the broader network. He comes to JHF after a year as a strategy consultant at Gateway Health Plan supporting an innovative multi-sector initiative to address the social determinants of health in the North Side. He earned a bachelor’s degree in Decision Science with a minor in Healthcare Policy and Management from Carnegie Mellon University. A New York City native, he now makes his home in north Oakland.





JHF staff enjoyed a late-summer outing at Phipps Conservatory & Botanical Gardens, taking in its “Van Gogh in Bloom” exhibit on September 19. That was followed by a picnic lunch in nearby Schenley Plaza catered by the Cool Beans Taco Truck.

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