

THE WINDOW

A round-up of JHF news, events, milestones, publications, and more.



JHF Discovers Virtue, Celebrates 25th Anniversary during UK Trip

Time flies. Virtue alone remains. That motto is inscribed on the blue-and-gold, chiming clock at the front of a synagogue that Sir Moses Montefiore built on the grounds of his seaside estate in Ramsgate, England. A titan of business and industry, Montefiore devoted his life to helping the poor, the sick, and the oppressed, traveling abroad to give a voice to persecuted Jews.

Pittsburgh's Montefiore Hospital, established more than a century ago as a haven for the Jewish community and an innovation hub cutting across lines of race, gender, and religion, bears his name. The sale of that hospital 25 years ago established the Jewish Healthcare Foundation (JHF), which carries on Sir Moses' legacy through grant-making, education, research, and activism.

In late June, JHF leadership and distinguished guests traced the origins of Montefiore's humanitarianism during a 10-day trip to the UK. During the journey, the JHF delegation also attended and presented at the 2015 International Health Conference and participated in a medical tour of London and Wales for cross-cultural learning.

JHF President and CEO Karen Wolk Feinstein, PhD, delivered the opening plenary address at the [International Health Conference](#) at St. Hugh's College in Oxford, England. Dr. Feinstein discussed the United States' 20-year revolution in

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quality improvement, signified by regional health improvement collaboratives (RHICs) like the Pittsburgh Regional Health Initiative (PRHI) and culminating with the passage of the Affordable Care Act (ACA). RHICs, Dr. Feinstein noted, serve as catalysts for change by demonstrating the impact of services and system requirements essential to achieve the triple aim of better health, better care, and reduced costs. Bedrocks of the ACA—including testing new models of care, strengthening the healthcare workforce, and integrating IT into the daily workflow—have funded PRHI’s agenda for the past five years.

JHF delegates led many of the conference’s breakout sessions, sharing their and the Foundation’s work to realize the triple aim. Dr. Feinstein also explored the age of the activated patient—an informed, motivated healthcare consumer who consults digital health information and partners with providers to make decisions. She noted that activated patients, enabled by technological breakthroughs and cost-conscious due to increasingly common high-deductible health plans, have the potential to improve outcomes and decrease expenses by choosing wisely their lifestyle, diet, provider, and health interventions.

JHF COO/CPO Nancy Zionts discussed JHF’s 25-year commitment to seniors and its [Closure](#) initiative to raise expectations for end-of-life care. PRHI Chief Learning and Informatics Officer Bruce Block, MD, discussed how the organization supports primary care practice transformation by providing coaching and training on medical home concepts, elevating the role of clinical assistants, integrating behavioral and physical health services, and developing a quality improvement culture.



Inside Montefiore Synagogue, built in 1833 on the grounds of Sir Moses Montefiore’s estate in Ramsgate, Kent, England.



Karen Wolk Feinstein delivers the opening plenary address at the 2015 International Health Conference. Dr. Feinstein noted that regional health improvement collaboratives, like PRHI, drive the U.S. towards delivering safer, higher-quality care.

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JHF Director of Government Grants and Policy Robert Ferguson recounted the Foundation's experience in implementing and evaluating evidence-based mental and physical health care management through initiatives including [Partners in Integrated Care](#) (PIC) and [COMPASS](#) (Care of Mental, Physical and Substance Use Syndromes). Dodie Roskies, MPH, a JHF consultant and director of [JGenes Pittsburgh](#), discussed western Pennsylvania's efforts to increase awareness of preventable genetic diseases through education, counseling, and screening sessions.

Stuart Altman, PhD, the Sol C. Chaikin Professor of National Health Policy at Brandeis University's Heller School for Social Policy and Management, presented his take on front-burner healthcare issues, including differences in health status among demographics and the need to engage healthcare professionals in research and policy development. Donald Fischer, MD, MBA, senior vice president of health affairs and chief medical officer for Highmark, discussed the role of partnerships between health plans, employers, and providers in decreasing variation in care quality and focusing on proven, effective treatments. Sophia Chang, MD, MPH, vice president of programs for the California HealthCare Foundation, shared California's initiatives to quickly translate research on palliative care and telemedicine to the front lines.

During the International Health conference, JHF staff and Elizabeth Mitchell, president and CEO of the Network for Regional Healthcare Improvement (NRHI), discussed fostering innovation and shared knowledge with Gary Ford, MD, CEO of the Oxford Academic Health Science Network (AHSN). AHSN harnesses the collective wisdom of its academic, business, and health service members to get proven research adopted into practice.

JHF Consultant Susan Elster, PhD, also attended the Evaluation London 2015 Conference, which explored the role of organizational culture and structure in evaluating and



During the 2015 International Health Conference, Nancy Zionts outlines the physical, emotional, and financial consequences of not proactively discussing end-of-life treatment decisions.



Stuart Altman explores pressing healthcare policy issues during the 2015 International Health Conference.



Sophia Chang discusses the need to accelerate new, evidence-based breakthroughs in health care from labs to the front lines.

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spreading best practices and policies.



At the 2015 International Health Conference, Donald Fischer discusses how partnerships between health plans, employers, and providers can decrease variation in care quality and overutilization of treatments not proven to help patients.



Bruce Block describes the key ingredients of practice transformation—including a quality improvement culture, engaged leadership, and team-based care.



Robert Ferguson shares what it takes to deliver high-quality, integrated primary care.



Dodie Roskies describes a new era of genetics and western Pennsylvania's efforts to increase awareness of genetic diseases through education, counseling, and screening.

Following the conferences, the JHF delegation engaged with a number of organizations and individuals who share the Foundation and Sir Moses Montefiore's commitment to community well-being. In London, the group met with Professor Sir Michael G. Marmot, PhD, MPH, director of the UCL Institute for Health Equity. Dr. Marmot has studied health inequities and the social determinants of health for more than 35 years. He noted that improving population health requires far more than medical fixes—it also requires robust, accessible childhood care and education; gainful employment; stable housing; low-crime communities; and a culture that embraces diet and exercise. Compared to other developed countries, the U.S. invests little in such social care.

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JHF also visited Ellen Nolte, PhD, hub coordinator at the European Observatory on Health Systems and Policies and an honorary professor at the London School of Hygiene & Tropical Medicine. Dr. Nolte benchmarks international health systems at the Observatory. Nigel Edwards, CEO of the Nuffield Trust (an independent health research and policy organization), said that there's an emphasis on integrating specialty care into primary care. While competition is dwindling in the U.S. due to marketplace consolidation, England's National Health Service (NHS) has decentralized and wants to increase competition. NHS believes that a more competitive healthcare environment improves performance. Sir Andrew Dillon, CEO of the National Institute for Health and Clinical Excellence (NICE), explained how his organization works to improve public health and social care by developing evidence-based guidelines for practitioners and performance benchmarks. The Health Foundation, led by CEO Jennifer Dixon, MD, showcased its work as the largest QI-focused foundation in England.

In Wales, JHF learned about a community health workers curriculum developed by the University of South Wales. Sally Britton, RN, a senior lecturer in the Faculty of Life Sciences and Education, explained the university's degree in Community Health and Well-Being, which emphasizes developing interpersonal communication skills and delivering home and community-based interventions, designed to prevent avoidable hospitalizations and institutionalizations.

The JHF delegation met with leadership of the 1,000LivesPlus Project, an initiative to build sustainable communities and promote physical and mental wellness in Wales involving health boards, trusts, universities, charitable organizations, and business. Earlier on, leadership from the Bevan Commission, an impartial advisory group to the Welsh government, outlined the tenets of "prudent healthcare." Bevan Commission Chair Sir Mansel Aylward and Director Dylan Jones noted that prudent care emphasizes shared respect and decision making between healthcare consumers and providers, and delivering care that is proven to help patients. Marcus Longley, PhD, professor of applied health policy at the University of South Wales and director of the Welsh Institute for Health and Social Care, is a champion of prudent care.



Part of JHF's delegation visits the Royal College of Physicians (L-R, first row): Bruce Block; Marian Block, MD, a retired physician; Sophia Chang; Susan L. Greenspan, MD, professor of medicine at the University of Pittsburgh and director of the Bone Health Program at Magee-Womens Hospital of UPMC; (L-R, second row) Bernard J. Bernacki, DO, MPH, a practicing primary care physician and trustee of the JHF and PRHI boards; Donald Fischer; Karen Hacker, MD, MPH, director of the Allegheny County Health Department and a PRHI board member; Neil Resnick, MD, the Thomas Detre professor of medicine and chief of Geriatrics at the University of Pittsburgh and UPMC; and David J. Levenson, MD, a practicing nephrologist, chief of the Renal Division and vice-chair of medicine at UPMC Shadyside Hospital, and professor at the University of Pittsburgh School of Medicine.

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“During our visits in Wales and England, we repeatedly heard that the next big thing in transforming population health isn’t tinkering with delivery or payment systems,” Dr. Feinstein says. “It’s the emergence of a social movement that emphasizes personal responsibility for health. There’s a focus on creating health, rather than providing more medical care.”

Time flies. Virtue alone remains—it’s a fitting motto as JHF celebrates its silver anniversary, and looks forward to new partnerships and programs to achieve longer lives and better health during the next 25 years.



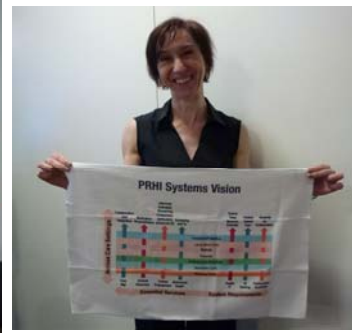
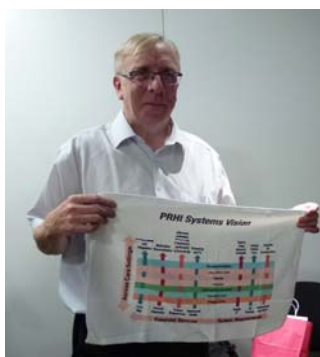
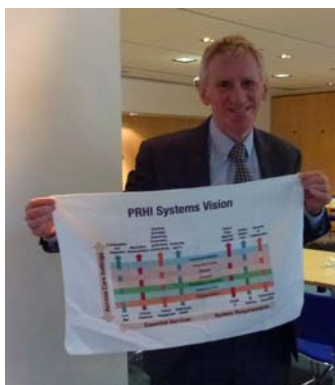
(L-R): Dodie Roskies; Karen Feinstein; Diasmer Bloe, formerly director of special projects for Health Careers Futures and currently a program director at the Salzburg Global Seminar; Nancy Zionts; and Robert Ferguson.



JHF meets with John Wyn Owen, chair of the University of Wales, and Sir Mansel Aylward, chair of the Bevan Commission. The Bevan Commission promotes health and health services in Wales.



The JHF delegation visits the Temple of Peace & Health, established in 1938 as a gift from Lord David Davies to the Welsh People. Lord Davies sought to link health and international relations.



Some of the leading voices in UK health received PRHI’s version of the Terrible Towel—our Systems Vision for a safe, reliable, high-quality healthcare system (L-R): Sir Andrew Dillon; Jennifer Dixon; Nigel Edwards; and Ellen Nolte.

COMPASS Care of Body, Mind to Continue in Pennsylvania

June 2015 concluded the grant phase for [COMPASS](#) (Care of Mental, Physical and Substance Use Syndromes) by CMS' Center for Medicare and Medicaid Innovation. But COMPASS, a collaborative care management model to treat behavioral and physical health conditions in primary care settings, will continue at all three participating medical groups in Pennsylvania: Saint Vincent Healthcare Partners, Excelsa Health Medical Group, and Premier Medical Associates.

Between July 2012 and June 2015, PRHI served as one of eight implementation partners in the COMPASS consortium, which was led by the Institute for Clinical Systems Improvement (ICSI). Among the eight implementation partners, the PRHI-led COMPASS cohort in Pennsylvania enrolled the second-highest number of patients with active depression plus sub-optimally managed cardiovascular disease and/or diabetes (740). Among Pennsylvania patients enrolled COMPASS for at least four months, 72% significantly improved their depression and 28% achieved depression remission. Fifty-nine percent of those patients now have an A1C (blood glucose level) of less than eight, compared to 42% at baseline. And 60% are controlling previously high blood pressure.

For the medical groups participating in Pennsylvania, COMPASS demonstrated the value of care management.

"As our health system moves from volume to value, we feel the care manager programs will play a vital role," says Eric Schwab, director of operations for primary care at Excelsa Health Medical Group. Sam Reynolds, MD, who served as medical director of population health at Saint Vincent Healthcare Partners during COMPASS and is now the chief quality officer of Allegheny Health Network, reflects: "When I think about where we are today with five care managers and an accountable care organization (ACO), it's clear that COMPASS has been a catalyst. It has been part of our evolution to a population health mindset, and it has allowed us to identify at-risk populations and then deploy proactive resources. We don't just wait for the phone to ring."



Patty Rennels, RN, care manager at Excelsa Health Medical Group, says that systematic case reviews involving consulting psychiatrists and medical consultants help Excelsa deliver integrated physical and behavioral health care. Also pictured is Robert Ferguson, who served as the Pennsylvania site director for COMPASS.

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COMPASS care teams also stressed the importance of systematic case reviews (SCR), a process in which care managers, a consulting psychiatrist, and a medical consultant discuss new, challenging cases as well as patients who are not improving as expected.

“SCRs are the key to our success,” says Patty Rennels, RN, care manager at Excelsa Health Medical Group. “They allow us to focus on complex cases, spot changes, and use our collective wisdom. The psychiatrist provides good recommendations and ideas on how to talk with folks about treatment options. For me personally, I learned a lot about medications and behavioral health diagnoses. Patients felt like COMPASS was a lifeline, and that I was a direct line to their doctor.”

PRHI trainers and coaches provided coaching and individualized feedback on COMPASS’ core processes and skills. Learning new communication skills, such as [motivational interviewing](#), is an ongoing journey for COMPASS partners—but a rewarding one that ultimately equips patients with the resources and tools needed to manage their health.

“I’m always trying to ask the right questions and learn how to elicit behavior change from patients,” Rennels says. “We want to be a trusted partner and a source of encouragement.”

After June, the Saint Vincent team will apply the chronic care management infrastructure they developed in COMPASS to focus on high-risk patients with multiple chronic conditions in their ACO. The Premier team will continue depression care as part of their ongoing patient care coordinator and patient-centered medical home programs. And Excelsa is planning to hire more care managers for their residency practices.

PRHI has implemented and disseminated evidence-based behavioral healthcare models in primary care for the past six years, and COMPASS has reinforced the organization’s main lessons learned. Successfully treating body and mind in primary care requires physician and administrative leadership, health IT systems that support collaborative care management, a data-driven quality improvement method that permeates the entire organization, training followed by supervision and coaching, and a payment method that supports the service delivery process.



(L-R): Saint Vincent Healthcare Partners Medical Assistant Jennifer Holsinger ; Sam Reynolds, MD, medical director of population health at Saint Vincent during COMPASS and current chief quality officer of Allegheny Health Network; and Care Manager Kelly Baker, RN.

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“Moving forward, PRHI will fold collaborative care management into our ongoing practice transformation programs and facilitate learning between primary care and behavioral health organizations,” says Robert Ferguson, the Pennsylvania site director for COMPASS. “We also look forward to opportunities to partner with behavioral health centers on organizational development, quality improvement, and measurement.”

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2015 Patient Safety Fellows Take Lean to Hospital Floors

The largest ever cohort of Patient Safety fellows began their quality improvement journey in June, with 37 graduate students and health professionals learning the pillars of Lean-based [Perfecting Patient Care](#)SM (PPC) methodology, connecting with mentors in the field, and taking on the systems-based mindset required to tackle complex healthcare problems.

This year’s fellows possess backgrounds in nursing, pharmacy, healthcare policy and management, medicine, social work, biomedical engineering, and emergency medical services, among other fields. The cohort also features past graduates of JHF’s Jonas Salk, QI²T, and Death & Dying fellowships.

During the first three sessions in June, fellows learned about the current state of health care and patient safety in the U.S., creating a culture of quality, and applying lean tools such as A-3 problem-solving, observing current work patterns, and creating process maps to identify opportunities to streamline care.



2015 Patient Safety Fellows (L-R) Melissa Gregory, Carrie Stott, Mark Larkin, and Varun Deshpande take home top honors during the “Marshmallow Challenge,” working together and applying Lean concepts to build the largest tower of pasta and sweet treats.

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“The biggest problem in health care is a lack of anticipation,” Karen Feinstein said while welcoming fellows during the first session on June 3. “But there’s a groundswell of people saying that we can’t keep doing the same thing. You, our future healthcare leaders, will have the QI and cross-disciplinary communication skills necessary to root out problems before they reach the front lines.”

In July, fellows will conduct observations at local healthcare sites that champion lean quality improvement, applying lessons learned from the PPC curriculum to identify issues that could lead to patient safety near-misses or adverse events. The fellows will observe in a variety of settings, including long-term care, hospital, and primary care sites. They will also take part in a facilitated discussion about translating Lean concepts into daily work with local leaders who do just that.

During the final session at the QI²T Center on August 5, fellows will apply their new problem-solving skills to show how they would improve patient safety (invitation to follow).



This year’s cohort of Patient Safety fellows is the largest in JHF’s history, with 37 graduate students and health professionals from nursing, pharmacy, healthcare policy and management, and social work, among other fields.

Motivational Interviewing Takes Center Stage at Wisconsin Statewide QI Event

Frank is in his mid-50s and has high blood pressure. He wants to lose 10 pounds and tries to eat healthy—oatmeal and egg whites for breakfast, hold the sugar and salt—but he can’t seem to fit exercise into his schedule and he’s a sucker for a good Chinese buffet. How can medical professionals help guide Frank on his journey to better health, unlocking his motivations for making positive lifestyle changes?

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PRHI Director of Education and Coaching Mark Valenti posed this question to the 250 clinicians, nurses, administrators, and executives who attended the 2015 Statewide Quality Improvement Event on June 16 in Madison, WI. Valenti gave a keynote speech and facilitated [motivational interviewing](#) workshops during the event, which was sponsored by the Wisconsin Collaborative for Healthcare Quality (WCHQ) and focused on providing strategies and tools to improve care outcomes for patients with high blood pressure, diabetes, and colorectal cancer.

After providing an overview of motivational interviewing—a collaborative conversation style that boosts patients’ resolve to take control of their health care—Valenti engaged participants in role-playing scenarios for each of the three target conditions. In small groups, they examined patient backgrounds, like Frank’s, and then strategized about how they would communicate with those patients. They reconvened, with volunteers sharpening their MI skills by interacting with the patient—in this case, Valenti.

“The main things I stressed during those sessions were identifying the desired behavior change for the patient, and picking up on comments by that indicate they’re ready to make sustainable changes,” Valenti says. “MI is about showing empathy, but also building self-efficacy and activating patients.”



PRHI Director of Education and Coaching Mark Valenti strengthened the motivational interviewing skills of the 250 clinicians, nurses, administrators, and executives who attended the 2015 Statewide Quality Improvement Event on June 16 in Madison, WI.

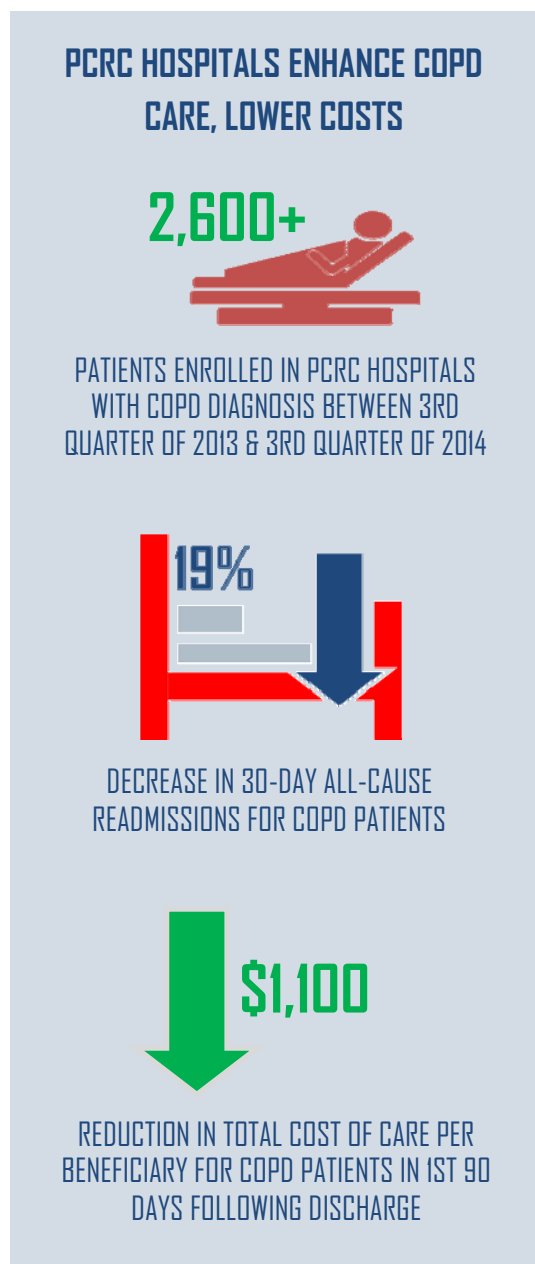


For more information on upcoming motivational interviewing trainings, visit prhi.org/events and follow PRHI on Twitter (@PRHIorg).

PCRC Project Gets National Attention as Sustainable Model to Manage Complex Conditions, Reduce Readmissions

Thanks to PRHI’s partners in the [Primary Care Resource Center](#) (PCRC) project, 10,000-plus patients admitted to the hospital suffering from COPD, heart failure, or acute myocardial infarction (AMI) have received educational and care management services designed to empower them to manage their

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conditions at home and in the community. It's one of the country's largest readmissions reduction programs focused on COPD and its comorbidities.

In June, the PCRC Project took the national stage at two conferences. Project Director and PRHI Chief Medical Officer Keith Kanel, MD, and numerous partners shared the PCRC as a model for fewer hospital bounce-backs, cost savings, and happier, more informed patients.

On June 5 and 6, Dr. Kanel and PRHI Pulmonary Consultant Brian Carlin, MD, showcased five PCRC-related abstracts at the COPD9USA Conference in Chicago, Illinois—more than any other organization at the event. Organized by the COPD Foundation, COPD9USA brought together nearly 600 top scientists, device-makers, drug companies, patients, and those transforming care to ensure promising, proven discoveries reach the frontline more quickly.

Dr. Kanel and Dr. Carlin shared how the community hospitals participating in the PCRC project decreased 30-day all-cause readmissions for COPD by 19%, while also lowering the total cost of care per beneficiary by \$1,100 in the first 90 days following discharge.

They also explained some of the key components in achieving those outcomes, including building a team-based approach to care, applying [motivational interviewing](#) techniques to help patients make positive lifestyle changes, developing a unique training program for frontline workers to instruct patients on how to use their inhalers, and defining a new clinical role: COPD pharmacists. Antonello Punturieri, MD, PhD, program director of

the National Institutes of Health's Division of Lung Diseases, lauded the work being done at the PCRCs.

The PCRC model offers an effective alternative to costly disease management clinics that have become prevalent across the country, Dr. Kanel notes.

"Smaller community hospitals don't necessarily have the resources or scale to use the disease

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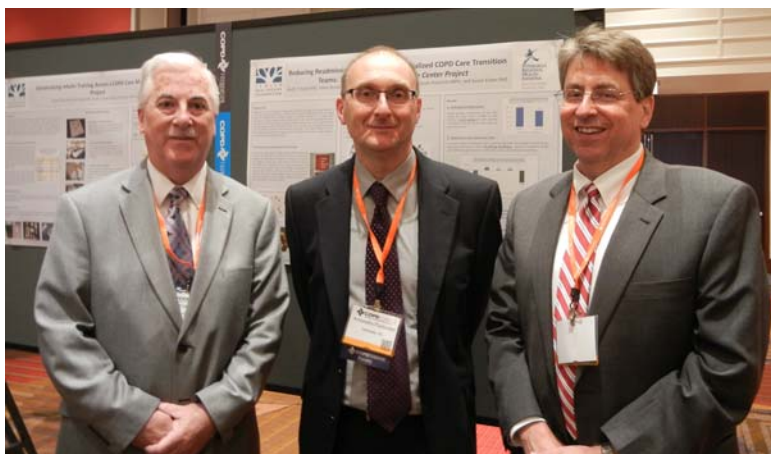
management clinic model,” Dr. Kanel says. “With the PCRCs, we have developed a solution that allows community hospitals to manage multiple high-risk diseases at one time, and directly support their primary care practices.”

At COPD9USA, patients are omnipresent. The COPD Foundation hires a team of nurse aides who care for patients, many of whom tirelessly attend the conference’s Q&A’s, workshops, and poster sessions to offer their input.

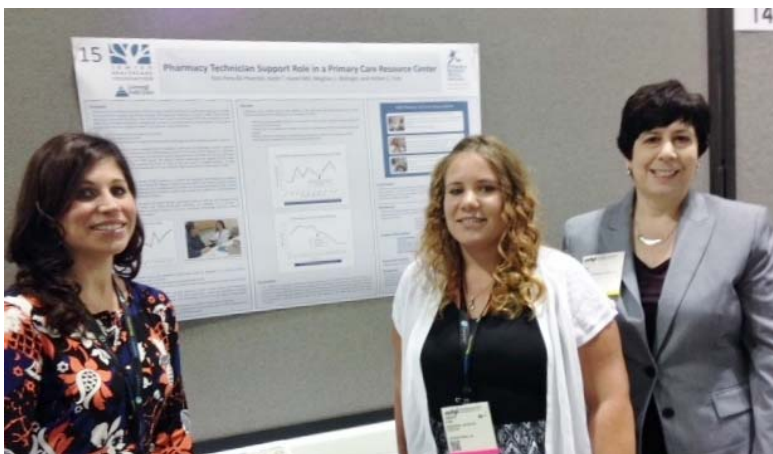
“During a discussion on medication adherence, one patient stood up and said, ‘do you know what these medications cost?’” Dr. Kanel recalls. “One of the most common inhalers, called Tiotropium, costs \$400 a month and it’s not covered by health plans. We have to know this if we’re going to take better care of our patients. All of the speakers respect the patient’s view—they’re held accountable by the people in the room.”

On June 8, PCRC team members showed how they help patients stick to their drug treatment plans and avoid adverse medication events while attending the American Society of Health Systems Pharmacists (ASHP) Summer Meeting in Denver, Colorado. Dr. Kanel; Conemaugh Health System Transition of Care Pharmacist Meghan Bolinger, PharmD; PCRC Pharmacy Director Toni Fera, PharmD; and Conemaugh Pharmacy Technician Amber Fink presented two abstracts at the ASHP meeting.

The first abstract focused on a new point-of-care assessment tool, jointly developed by all PCRC sites, that



A particularly interested observer at the COPDgUSA abstract session was Antonello Punturieri, MD, PhD (center), director of the Division of Lung Diseases for the National Institutes of Health, who met with PRHI Pulmonary Consultant Brian Carlin, MD (left), and Keith Kanel, MD (right), PRHI’s chief medical officer and director of the PCRC project. After reviewing PRHI’s five scientific abstracts, Dr. Punturieri noted that he and his colleagues have followed the PCRC Project since its launch in 2012, and are impressed by the achievements to date.



Conemaugh Health System Transition of Care Pharmacist Meghan Bolinger, PharmD; Conemaugh Pharmacy Technician Amber Fink; and PCRC Pharmacy Director Toni Fera, PharmD, presented their work in developing the new role of the PCRC pharmacy technician at the American Society of Health Systems Pharmacists (ASHP) Summer Meeting in Denver, Colorado.

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alerts pharmacists of special drug needs when patients are first admitted to the hospital. If a patient is struggling to understand his or her medication, for example, the pharmacist spends extra time explaining the importance of taking the drugs and assessing potential barriers, including the patient's health literacy.

PRHI also shared its work with Conemaugh Health System to develop the role of pharmacy technicians, who support pharmacists and extend their reach so they can offer better drug management to more patients. The pharmacy technician allows the PCRC team to spend more time showing patients how to use their medications, and connect with them post-discharge to ensure that the action plan developed to help them manage their condition is being carried out.

"The Conemaugh PCRC team is incredibly energetic and creative, and their clinical research with Toni has been outstanding," Dr. Kanel says. "Conemaugh was also the first health system to build the PCRC into their long-term budget. Wheeling Hospital and Monongahela Valley Hospital [the pilot site for the PCRC project] have since followed suit. It's wonderful to see that these care transition hubs will continue to serve patients well after the CMS grant ends in the fall."

Keith Kanel Shares Insights from Partners in Integrated Care Project at AcademyHealth's Annual Research Meeting

On the 50th anniversary of Medicare, leaders who guided the program from the stroke of LBJ's pen to the present day gathered at AcademyHealth's Annual Research Meeting to celebrate the role of health services research. Because of this work, we can more accurately identify vulnerable populations, target need areas around the country, and determine the most effective treatments. This research also offers a path forward to create new care models in a landscape defined by an aging population and surging drug costs.

From June 14-16, PRHI showcased some its contributions to health services research in front of more than 2,400 physicians, researchers, epidemiologists, biostatisticians, and policy makers from around the world at the 2015 Annual Research Meeting in Minneapolis, MN. AcademyHealth is the leading organization for health services research in the U.S. Keith Kanel presented key findings from the PRHI



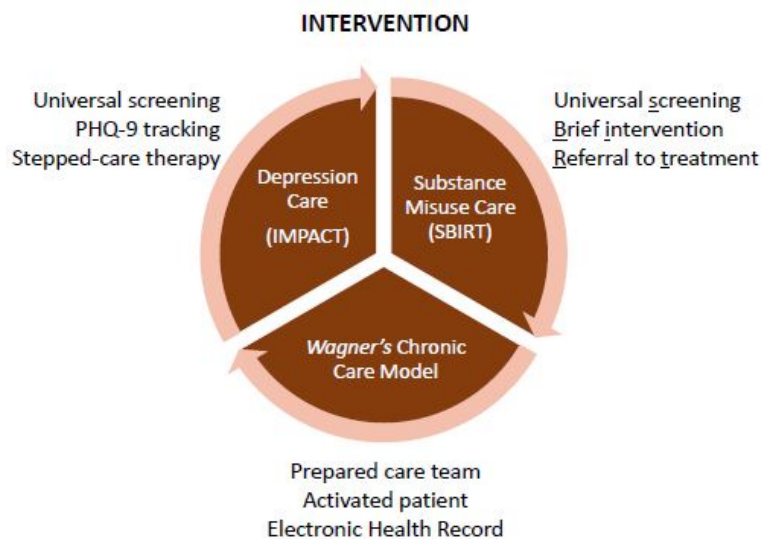
At AcademyHealth's Annual Research Meeting, PRHI Chief Medical Officer Keith Kanel, MD, shared how primary care practices succeeded by modifying their electronic health record systems to accept data during the Partners in Integrated Care project.

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-led [Partners in Integrated Care](#) (PIC) project, a three-year initiative that offered patients suffering from depression and substance misuse conditions comprehensive physical and behavioral health services in primary care settings.

During PIC, nearly 70,000 primary care patients were screened for depression and substance misuse in Pennsylvania, Minnesota, Wisconsin, and Massachusetts, and managed with a novel collaborative care, team-based protocol. PIC was the first large-scale research study that leveraged the national Network for Regional Health Improvement (NRHI), of which PRHI was a founding member. Dr. Kanel was principal investigator of the PIC study, while Robert Ferguson served as project manager.



The Partners in Integrated Care intervention model

Dr. Kanel's presentation, selected from more than 2,600 abstracts submitted, focused on how sites collected data during the PIC project. Each partner could modify its electronic health record system to accept PIC data, allowing them to enter it in real time and make it part of their daily workflow. Or, they could collect the PIC data separately in a spreadsheet and enter it later. Those who modified their EHR had better data completion rates, better care outcomes, and more satisfied staff.

"Spreadsheets are the kiss of death because people set data aside to enter it later," Dr. Kanel says. "One of the key lessons of Lean quality improvement training is to never 'batch' work like that. It doesn't work for busy, frontline caregivers, and it increases the chances of error."

Crucial discoveries from PIC were used to craft the design of PRHI's [Primary Care Resource Center](#) (PCRC) Project, which aims to prevent hospital readmissions for complex patients through disease-specific education and care management support. By sharing results from PIC, PRHI was able to convince seven different health systems participating in the PCRC Project that modifying their EHRs to accept project data was a worthy endeavor.

"The problem is, a lot of people think you can't modify the EHR," Dr. Kanel says. "But we were able to change how the EHR works at the community hospitals we partner with in the PCRC Project—it was all about taking the time to ask about their needs. It was very helpful to have the PIC research we've done to convince people that it's worth the time and effort."

Karen Feinstein Elected to the National Board of Medical Examiners

With her election to the National Board of Medical Examiners (NBME), Karen Feinstein joins a select group of academics, government representatives, licensing professionals, students, and community stakeholders who help shape the manner in which health professionals are evaluated. Dr. Feinstein was elected to a four-year term as a member-at-large of the NBME.



The NBME is an independent, not-for-profit organization that develops examinations for health professionals, including the United States Medical Licensing Examination® (USMLE). The USMLE provides a common evaluation system for those seeking initial licensure to practice medicine in the U.S. The NBME also provides testing, consultative, and research support to the medical education system, medical specialty boards, and healthcare organizations both domestically and internationally.

As an NBME member, Dr. Feinstein will contribute to the NBME's policy agenda and help elect the organization's executive board of directors.

In Partnership with the Staunton Farm Foundation, PRHI to Launch Training Center for Outcomes-Based Integration with AHCI and Behavioral Health Providers

The Staunton Farm Foundation awarded PRHI a one-year grant starting on August 1 to create a "Training Center for Outcomes-Based Integration" with behavioral health provider organizations. In partnership with the Conference of Allegheny Providers (CAP) and Allegheny HealthChoices, Inc. (AHCI), PRHI will provide training and coaching to mental health and substance use disorder providers on how to collect, measure, report, and improve common outcomes.

PRHI's team for this project includes Chief Learning and Informatics Officer Bruce Block, MD; Robert Ferguson; Mark Valenti; and Practice Transformation Specialist Carol Frazer, LPC. Within the first four months, the training center partners will conduct a needs assessment and develop curriculum to then launch training, coaching, and



The Staunton Farm Foundation, led by Executive Director Joni Schwager, is a long-time supporter of PRHI's efforts to strengthen the capacity of behavioral health services and deliver integrated care.

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collaborative learning services.

“We’re delighted that this grant will be used to help organizations analyze and act upon their outcome data,” says Staunton Farm Foundation Executive Director Joni Schwager. “That allows behavioral health groups to demonstrate that their services work.”

The long-term goal of this grant is to develop the internal capacity of behavioral health organizations to track and act upon common metrics across a network of agencies. The grant will also help position PRHI for future quality improvement work with behavioral health organizations.

“We are excited about the opportunity to partner with behavioral health organizations and leaders in this project, with support from the Staunton Farm Foundation,” Ferguson says. “PRHI’s previous grant from the Staunton Farm Foundation in 2009 on integrating behavioral and physical healthcare (Integrating Treatment in Primary Care) led to a six-year journey to disseminate and implement evidence-based integrated care models with two large federal grants (Partners in Integrated Care and COMPASS). Their continued support positions us for new directions.”

Valenti, NBME Help Define Critical Skills of Health Coaches in China



Mark Valenti collaborates with physicians, nurses, social workers, and health professionals at the National Board of Medical Examiners’ Philadelphia headquarters to create a new assessment for health coaches in China.

Some of the same issues that plague the U.S. healthcare system—an aging population coping with chronic disease, an over-reliance on acute care, limited infrastructure to prevent illness in the first place or manage it post-discharge—are also present in China. And across continents, health coaches are seen as part of the solution. They can promote health and wellness and fill gaps by providing services outside of hospital settings. But to reach that potential, the role and skills of health coaches have to be more clearly defined.

In early June, Mark Valenti participated in a writing workshop hosted by the National Board of Medical Examiners to create a more robust assessment for Chinese health coaches. Valenti and a variety of health professionals—including physicians, social workers, and health coaches from New Jersey’s Camden Coalition of Healthcare Providers—developed multiple-choice questions to test applicants’ communication, patient empowerment, and disease management skills.

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“The health coaches in China will initially work with the elderly population, and serve as a connecting point to help them remain in home and community settings,” Valenti says. “Working on the assessment with the NBME provided some great insights that could be applied as JHF develops its Community [Health Worker Champions](#) program.”

Nancy Zionts Talks Shared Decision Making in End-of-Life Care at AcademyHealth Meeting

How can patients partner with healthcare providers to ensure that their end-of-life treatment decisions are honored—that they receive the physical, emotional, and spiritual support they desire? On June 13, Nancy Zionts was a featured speaker and moderated a panel discussion on shared decision-making in end-of-life care at AcademyHealth’s Quality and Value Interest Group Meeting in Minneapolis, MN.

JHF sponsored the meeting, a nexus of researchers, policy makers, and practitioners who tackled topics including quality improvement, safety, patient engagement, and high-value care that reduces unnecessary, potentially dangerous procedures and tests.

Zionts’ panel also featured Lyn Ceronsky, DNP, GNP, director of the Palliative Care program at Fairview Health Services in Minneapolis; Cory Ingram, MD, palliative care medical director at the Mayo Clinic Health System; and Drew Rosielle, MD, program director of the University of Minnesota Medical Center’s Hospice and Palliative Medicine Fellowship program.



At AcademyHealth’s Quality and Value Interest Group Meeting, (L-R) Nancy Zionts moderated a panel on shared decision-making in end-of-life care featuring Drew Rosielle, MD, program director of the University of Minnesota Medical Center’s Hospice and Palliative Medicine Fellowship program; Lyn Ceronsky, DNP, GNP, director of the Palliative Care program at Fairview Health Services in Minneapolis; and Cory Ingram, MD, palliative care medical director at the University of Minnesota Medical Center’s Hospice and Palliative Medicine Fellowship program

From Tweens to Grannies, Pittsburgh Striving to Prevent HPV-Related Cancers

JHF hosted the latest meeting of its [HPV Vaccination Initiative](#) advisory committee at the QI²T Center on June 17, showcasing a tapestry of outreach activities to prevent HPV-related cancers and new immunization data demonstrating why such efforts are critically needed in Pittsburgh and across the

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country.

JHF, with funding support from the U.S. Department of Health and Human Services and the Office of the Assistant Secretary for Health, is providing a grant to Macedonia FACE (Family and Community Enrichment Center) for HPV vaccination outreach activities. During the advisory meeting, Macedonia FACE Executive Director Trisha Gadson shared her Hill District-based organization's strategies for engaging families. In July and August, Macedonia FACE will sponsor two community health fairs at the Hill House Association, where an expected 300-plus people at each event can learn more from providers about the three-dose HPV vaccine. The vaccine is recommended for boys ages 11-21 and girls ages 11-26, is covered by insurance or the federal Vaccines for Children program, and can reduce the risk of developing HPV-related cervical, vaginal, vulvar, anal, throat, and penile cancers by up to 99%.

Macedonia FACE will also sponsor a community event at the Hill House's Kauffman Center featuring a screening of "Someone you Love: The HPV Epidemic," a film that documents the hardships of women touched by HPV-related cancer. As a service provider, Macedonia FACE learns about the health status of each child at intake and is working HPV vaccination questions into the organization's workflow.

The Women & Girls Foundation (WGF) unveiled results from its teen survey on HPV, which showed that 41% percent of respondents did not know what HPV was, and only 14% knew that the virus could cause cancer. Once teens are aware of the virus' dangers, they're receptive to the message that the HPV vaccine prevents certain cancers. WGF also recapped the teen Twitter chat it hosted with iTwixie during Cervical



Trisha Gadson (far right), executive director of Macedonia FACE, explains how her organization will engage the community about HPV vaccination through health fairs and film screenings.



As part of JHF's HPV Vaccination Initiative, the Women & Girls Foundation is sponsoring a video challenge in which young adults compete to craft the most powerful cancer prevention message.

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Cancer Awareness Month in January, which resulted in more than 325 Tweets. The most shared message? “Communication is key to breaking down the stigma of HPV.” During the fall, WGF will sponsor a video challenge in which young adults compete to craft the most powerful HPV vaccination message.

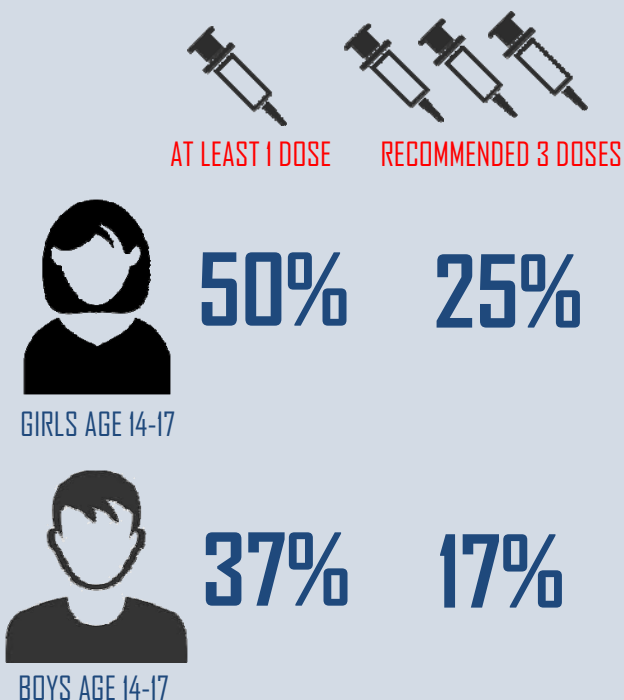
Eileen Lane, co-chair of [Grandmother Power](#), gave an update on how the grass-roots group is educating and activating people in their communities to prevent HPV-related cancers. People can become involved in a variety of ways with the support of JHF’s HPV Vaccination Initiative team, from attending health fairs to scheduling an education session at their place of worship to sponsoring a screening of “Someone you Love: The HPV Epidemic.”

Katie Horowitz, president of education for Planned Parenthood of Western Pennsylvania (PPWP), said that more than 230 students in the Pittsburgh region have engaged in PPWP’s customized HPV education curriculum for middle and high school students. The curriculum deploys games, group discussions, and multimedia learning to inform students about vaccines and immunity, how HPV attacks and mutates cells, how the virus is spread, and how the HPV vaccine can help protect them from cancer and genital warts. PPWP will present the HPV curriculum to more schools and community programs this fall, and plans to reach more than 1,700 students overall.

Our partners are also working to reach the “catch up” group—college-aged men up to age 21 and women up to age 26 who haven’t yet been vaccinated. The University of Pittsburgh School of Pharmacy developed a student survey on the barriers to HPV vaccination, which will be used to design communications materials and residence hall education sessions. JHF summer intern Nayanika Basu, a Pitt pharmacy student, is developing an outreach toolkit for college students at other local universities.

HPV VACCINATION IN PITTSBURGH: WE’VE GOT WORK TO DO

JHF has compiled HPV vaccination data from three health insurers (Gateway, Highmark, and UPMC) on teens in the Pittsburgh metropolitan statistical area.



JHF has broken down vaccination rates into seven regions in Pittsburgh, and is partnering with neighborhood groups—from community organizations to churches and synagogues to schools—to boost those unacceptably low marks.

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JHF's HPV Vaccination Initiative Coordinator, Sue Steele, noted that Manchester Academic Charter School will hold HPV vaccination clinics for students in partnership with American HealthCare Group, a Pittsburgh-based company that provides preventive services to schools and communities. Additionally, Pittsburgh Public Schools recently mailed 1,500 copies of HPV Vaccination Initiative brochures to the parents of children starting seventh grade. Haley Roberts, a Foundation summer intern studying health policy at Carnegie Mellon University, is working on a tool kit for middle and high schools that would provide them with a suite of options, from hosting HPV education sessions to setting up vaccination clinics. JHF also continues to reach families through health fairs, including events this past month in East Liberty, Homewood, and McKeesport.

Regional HIV Collaborative Introduces “AIDS Free Pittsburgh” Initiative



During the Regional HIV Collaborative Meeting on June 3 at Rodef Shalom, Ken Ho, MD (far right), from the University of Pittsburgh Infectious Disease Division, explains the components of successful HIV reduction/prevention efforts.

During the Regional HIV Collaborative meeting at Rodef Shalom on June 3, more than 25 healthcare providers, consumers, Allegheny County Health Department representatives, and community activists learned more about Pittsburgh's playbook to eliminate new AIDS diagnoses by 2020. Members of the Collaborative, which was formed and is facilitated by JHF, explored what Pittsburgh can learn from other U.S. cities that have made progress by boosting access to preventative treatments, identifying HIV cases early, and retaining clients in care by addressing both the physical and social determinants of health.

Harold Wiesenfeld, MD, director of the Allegheny County Health Department's STD Program and Ken Ho, MD, from the University of Pittsburgh Infectious Disease Division presented on the scientific underpinnings for initiatives such as "The End AIDS Plan in New York State" and San Francisco's "Getting to Zero." Those campaigns focus on expanding access to Pre-Exposure Prophylaxis (PrEP) to individuals at high risk for contracting HIV, increasing HIV testing to improve early diagnosis and treatment, reducing health disparities, and ensuring HIV-positive individuals stay connected to the medical system. PrEP has been shown to reduce the risk of HIV infection by up to 92% for those who take the medications consistently, according to the Centers for Disease Control and Prevention.

Dr. Wiesenfeld and Dr. Ho are part of a task force of providers that will leverage the support, resources

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and knowledge of local foundations and major health institutions to work towards an AIDS-free Pittsburgh. The task force, led by John Mellors, MD, chief of Pitt's Division of Infectious Diseases and director of its HIV/AIDS program, aims to eliminate new AIDS diagnoses in Allegheny County by 2020 and to reduce the overall rate of HIV/AIDS infection by 90%.

Bart Rauluk, president of ALPHA Pittsburgh and the meeting's co-facilitator, also discussed gathering information to create a PrEP resource guide for consumers. Rauluk offered ALPHA's services in creating wallet-sized cards and an online portal where people can find nearby clinics that provide PrEP.

Palliative Care Learning Sessions Engage Whole PCRC Hospital Community in End-of-Life Conversations

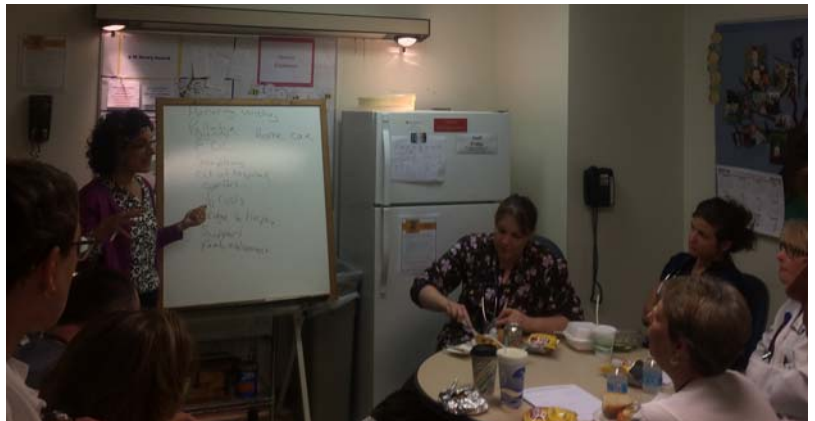
While equipping patients with education and care management support necessary to manage complex diseases, hospital partners in the [PCRC Project](#) realized something was often missing: candid conversations about what matters most at the end of life. For example, slightly fewer than half of enrolled PCRC patients with advanced heart failure, COPD, and coronary disease—all conditions associated with elevated mortality—have completed a living will.

To encourage end-of-life discussions and outline care goals, PRHI is engaging the larger hospital community at sites participating in the PCRC Project. Tamara Sacks, MD, PRHI's medical advisor on end-of-life matters, has developed a palliative care "lunch and learn" program for doctors, nurses, and home health agencies whose work complements the services offered by the inpatient PCRC team.

The program, which is being piloted at Butler Health System and could soon roll out to other hospitals, offers an overview of palliative care services and explains how helping seriously ill patients manage symptoms and define treatment preferences improves their quality of life. Dr. Sacks also provides strategies to identify patients who could benefit from palliative care based on their illness trajectory, initiate conversations about palliative care or hospice, and involve other caregivers in the process.

"We realize that we have to invest in hospitals in ways that are outside PCRC care transitions," says Keith

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Tamara Sacks, MD, PRHI's medical advisor on end-of-life matters, has developed a palliative care "lunch and learn" program for doctors, nurses, and home health agencies who work with PCRC staff and patients.

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Kanel, PCRC project director. “Our palliative care outreach program increases community and organizational awareness of this vital issue for patients with advanced, complex diseases. Just as we build the PCRC to support the hospital, in some ways we also bolster the hospital to support the PCRC. In the end, patients and families win.”

New PCRC Employees Learn Tenets of Perfecting Patient CareSM

Six new staff members from various community hospitals associated with the [PCRC Project](#) recently graduated from [Perfecting Patient CareSM](#) University, becoming immersed in PRHI’s flagship quality improvement methodology to improve outcomes, eliminate errors, and reduce waste. The nurses, pharmacists and administrative assistants reviewed key QI concepts that they will apply at the PCRC sites, including conducting observations, creating process and value stream maps, and collecting, interpreting, and displaying data.

“We’ve now achieved our goal that every hospital-based team member of the PCRC Project has completed Perfecting Patient CareSM University,” Dr. Kanel says. “The commitment to quality improvement is critical in this initiative.”



PCRC Data Manager Serah Iheasirim, MPH (center), reviews methods used to calculate readmission rates in the PCRC Project with six newly hired staff from Wheeling, Conemaugh, and Sharon hospitals. Quality Improvement Specialist Stacie Bonenberger, MOT/OTR/L (front left) was among the PRHI staff who led the Perfecting Patient CareSM sessions.

2015 Summer Interns Play Active Role in Perfecting Patient Care

By Elizabeth Sierminski, JHF summer intern

There were no caps and gowns, but the Social Room at the Asbury Heights long-term care facility swelled with pride on June 9 as another cohort of JHF interns joined the ranks of [Perfecting Patient CareSM](#) University alumni.

Every summer, JHF introduces young minds to its



JHF summer interns Minal Singhee and Haley Roberts create a process map during a site visit to Asbury Heights, a local long-term care facility.

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health improvement initiatives and its Lean methodology for improving healthcare delivery. After two weeks of engaged learning, the interns apply their skills by observing and mapping workflow at a local healthcare facility. In 2015, it was Asbury Heights.

All of this year's interns felt that the program was a refreshing, hands-on learning opportunity. Reflecting on their first two weeks at JHF, many interns noted that their favorite experience so far was applying their new skills through activities and clinical observation.

Nayana Nagaraj, continuing her doctoral education in epidemiology at the University of Pittsburgh this fall, stated that "the thing I liked most about PPCU was that there was literally an exercise for every new lecture."

Gabriel Gan, a senior at Emory University and practicing Emergency Medical Technician, said that "performing observations at Asbury Heights solidified my understanding of quality improvement and safety principles."

Even Carnegie Mellon University students Haley Roberts and Minal Singhee, who had already been exposed to many PPCU concepts and simulations through their coursework, agreed that a day at Asbury Heights provided new insights beyond what they learned in class.

Having graduated from PPCU, the interns will now spend eight weeks tackling mentor-guided projects and contributing to one or more of the JHF and PRHI initiatives.



JHF's 2015 summer interns meet with Karen Feinstein (third from left) at the QI²T center. During their stay at the Foundation, the interns are engaging in Perfecting Patient CareSM, PRHI's flagship curriculum for healthcare quality improvement, and partnering with staff to work on Foundation projects that include using predictive modeling to enhance home-and-community-based services for seniors, researching community health worker policy, and developing a new version of Tomorrow's HealthCareTM, PRHI's online knowledge network.

Robert Ferguson Offers Path to Help Seniors, Disabled Stay at Home during Public Hearing on Managed Long-Term Services and Supports

On June 11, Robert Ferguson gave public testimony at the Allegheny County Courthouse on the Pennsylvania Department of Human Services and Department of Aging's plans to phase in managed Medicaid long-term services and supports (MLTSS) in the Commonwealth by 2017. MLTSS aim to improve care coordination and provide seniors and individuals with disabilities with the resources needed to live safely in the community.

Ferguson thanked the administration for its leadership in expanding home-and-community-based services for seniors and moving towards a MLTSS program. To support those efforts, he suggested establishing state and county advisory committees of stakeholders, incorporating best practices from other states, and ensuring the availability of community services. Ferguson also emphasized the importance of creating roles for Area Agencies on Aging to help seniors remain at home, requiring programs for palliative care and advance care planning, and including quality measures.

Pennsylvania Secretary of Aging Brian Duke; Secretary of Human Services Ted Dallas; and Secretary of Health Karen Murphy, MD, were among those who attended the public hearing. JHF has also worked to strengthen the Commonwealth's long-term services and supports by convening a special strategy session of the Pennsylvania Health Funders Collaborative, a network of 40 foundations co-chaired by Karen Feinstein and Russell Johnson, president and CEO of the North Penn Community Health Foundation.

At its quarterly meeting in June, the Coalition for Quality at the End of Life—comprised of healthcare professionals, researchers, government agencies and others chaired by Nancy Zionts—also issued a joint statement in support on MLTSS and the inclusion of palliative and end-of-life care.



JHF summer intern Minal Singhee, a Healthcare Policy and Management student at Carnegie Mellon University, and Robert Ferguson promote Health 2.0 Pittsburgh at the MIT Enterprise Forum Pittsburgh at Magee-Womens Hospital of UPMC.

JHF Showcases Health 2.0 at MIT Enterprise Forum

On June 11, Robert Ferguson and summer intern Minal Singhee promoted [Health 2.0 Pittsburgh](#) at the MIT Enterprise Forum Pittsburgh at Magee-Womens Hospital of UPMC. The event, "Patients and Families First: How to Transform Healthcare Delivery," included a keynote presentation by Anthony M. DiGioia III, MD, medical director of Bone and Joint Center at Magee-Womens Hospital of UPMC.

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Starting in the fall, Health 2.0 Pittsburgh—a local forum organized by JHF—will be designed to connect disruptive technology solutions to community health problems. In response to persistent or emerging healthcare issues, Health 2.0 Pittsburgh events will convene topic experts and a core group of stakeholders, students, funders, and technology entrepreneurs to network, demo technology solutions, and identify next steps that are pursued between Health 2.0 events.

Karen Feinstein Talks Leadership at Professional Achievement Award Reception

On June 4, Karen Feinstein discussed the nature of professional leadership during a Jewish Federation of Greater Pittsburgh event designed to recognize an emerging leader in our region. Dr. Feinstein delivered a keynote address during the Ira and Nanette Gordon Professional Achievement Award Reception, held at Rodef Shalom. This year's awardee was Emily Richman, an assistant campaign director at the Jewish Federation of Greater Pittsburgh.



Karen Feinstein (right) congratulates Emily Richman, an assistant campaign director at the Jewish Federation of Greater Pittsburgh who earned the 2015 Ira and Nanette Gordon Professional Achievement Award. (Photo: David Bachman)



Same Time Next Week Earning National Acclaim

The latest partnership between JHF and Creative Nonfiction is garnering praise—and sparking conversations about psychiatric challenges faced by up to one in four Americans— across the country. *Same Time Next Week: True Stories of Working Through Mental Illness*, a collection of essays written by mental healthcare providers, has been featured in a number of national publications, including the [LA Review of Books](#) and [LitHub](#). Katherine Sheppard Carrane, a contributing writer to the anthology, recently organized a reading at the Cathedral Counseling Center in Chicago (where she serves as a therapist) and was [interviewed by the Chicago Tribune](#).

The Foundation and Creative Nonfiction previously partnered on

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anthologies exploring critical issues of patient safety, quality, workforce development, and end-of-life care.

Schell Games: Playing our Way to Better Health?

What can *Pixie Hollow*, *Puzzle Clubhouse*, and *Toy Story Mania* teach us about educating and activating healthcare consumers? Those are all titles developed by Pittsburgh-based [Schell Games](#), which specializes in “transformational games” that promote learning, interaction, and positive behavior change.

On June 5, Karen Feinstein; Bill Isler, president of the Fred Rogers Company and co-chair of the Foundation’s HPV Vaccination Initiative advisory; and Jim Denova, PhD, vice president of the Claude Worthington Benedum Foundation visited Schell Games’ Station Square headquarters to see how the company crafts gaming experiences that inform and elicit action.

Dr. Feinstein and Isler met with Schell Games Chief Executive Officer Jesse Schell, Chief Operating Officer Jake Witherell, and Vice President of Art Reagan Heller. Schell, previously creative director of the Disney Imagineering Virtual Reality Studio, founded Schell Games in 2002 and has since grown the company into the largest game developer in Pennsylvania. He also holds a faculty position at Carnegie Mellon University’s Entertainment Technology Center.



(L-R): Bill Isler, president of the Fred Rogers Company and co-chair of the Foundation’s HPV Vaccination Initiative advisory; Karen Feinstein; and Jim Denova, PhD, vice president of the Claude Worthington Benedum Foundation visit Schell Games at the company’s Strip District headquarters.

Nancy Zionts Takes on Logjam Healthcare Problems at New Models 7 Event

On June 11, Nancy Zionts joined a smorgasbord of researchers, engineers, healthcare policymakers, providers, and entrepreneurs gathered to generate ideas that could vanquish “logjam” problems. New Models 7, organized by Massachusetts Institute of Technology Collaborative Initiatives Director Tenley E. Albright, MD, is focused on applying research and technology to health care in a way that elevates quality, lowers costs, and produces longer, more fulfilling lives.

During the meeting Zionts showcased JHF’s multidisciplinary fellowships and its [Closure](#) initiative to raise

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expectations for end-of-life care as models for un-siloed, ongoing learning—the kind of efforts that can solve logjam problems.

Australian Expert on Employee Engagement, High-Performing Groups Visits JHF

From airlines to car manufacturing, and hospitals to telecommunications, Greg Bamber, PhD, has studied the DNA of high-performing organizations and advised public and private-sector companies alike on how to engage employees. Bamber, a professor at Monash University's Faculty of Business and Economics in Melbourne, Australia, visited JHF's offices in early June to meet with Karen Feinstein.

