Innovations in Healthcare
A Synthesis of Ideas from the Harvard University
Advanced Leadership Initiative Think Tank
2012
Innovations in Health Care
A Synthesis of Ideas from the Harvard University Advanced Leadership Initiative Think Tank

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Preface:
The Think Tank Premise

The Advanced Leadership Initiative (ALI) represents a new stage in higher education designed to prepare experienced leaders to take on new challenges in the social sector where they potentially can make an even greater societal impact than they did in their careers. Through the Advanced Leadership Initiative, Harvard seeks to tap the experience of a socially conscious generation of leaders and help redirect and broaden their skills to fill critical leadership gaps in solving major social issues. During their year at Harvard, Fellows will be able to take advantage of the vast intellectual resources of the University to learn, teach, mentor, consult, reflect and plan in preparation for their post-Fellowship project.

Each year, ALI convenes three intense solution-seeking workshops called Think Tanks to delve deeply into the nature of social problems, their potential solutions, the barriers to change, and the ways Advanced Leaders can make a difference.

The first Think Tank of 2012 was on Innovations in Health Care, held March 22-23 in Boston. Health care consumes about 17% of the US GDP ($2.7 trillion) and about 8% of the global economy. It is a field of enormous technical innovation, and huge disparities within and between countries. Over the course of the two days, experts presented new and promising ideas and results in improvements to health care in the United States and around the world. The more than twenty-five panelists came from the fields of public health, medicine, health management, non-profit, economics, public policy, business, international development, insurance, anthropology, and beyond. Each panelist shared a short presentation on a particular topic, after which the four to six person panel was available to answer questions from the audience. The discussions that were sparked by questions from Fellows often generated cross-cutting knowledge that linked one innovation to another.

This report, while summarizing and synthesizing the content of the Think Tank, also highlights the many opportunities for action that where uncovered over the course of the two-day conference. We hope that being informed by this intense introduction to the challenges of health care, a foundation of knowledge is being established that will enable the Advanced Leader to be an effective force for reform. By highlighting opportunities for action, this report allows the Advanced Leader to do more than simply learn of the latest health care innovations in the United States and abroad; this report may also encourage the Fellows and other readers to take action to scale and replicate reforms far and wide.

Besides highlighting the spaces where an Advanced Leader is needed, this report organizes the separate but related panels and presentations of the two-day event into thematic areas. The majority of innovations contributed to one or more three Cs of reform: need for change, greater collaboration, or better communication. While the opportunities for action are woven throughout this document, the thematic areas are each presented in a separate section of the report.

Finally, in addition to thematic areas, and opportunities for action, the Think Tank raised key questions yet to be answered. These questions complement and extend the opportunities for action by highlighting what knowledge still needs to be generated in order to innovate more and move reforms to established policy.
Innovations in Coordination, Collaboration, and Communication

The innovations presented over the course of this Think Tank can be grouped into at least one of three categories: innovations that change the status quo, those that invited more collaboration, and those that allowed for better communication. All innovation is change; not all change is innovative. These categories of innovation, far from being distinct and separate, are closely interrelated. In fact, the lines between the innovations often blur, and the same innovation may involve efforts to coordinate, collaborate, and increase communication all at once. These three themes were accompanied by repeated references to the key topics of the promises of the Affordable Care Act and those made in the Millennium Development Goals.

In each of his welcoming remarks on the two days of the Think Tank, Barry R. Bloom, Co-Chair of the Harvard Advanced Leadership Initiative and the Joan L. and Julius H. Jacobson Professor of Public Health at the Harvard School of Public Health, invoked a major topic in health and health care in the United States and globally. On the first day, which was focused on innovations in the United States, Dr. Bloom invoked the Affordable Care Act (ACA), the controversial piece of American legislation that had been passed exactly two years prior to the Think Tank. The ACA “puts in place strong consumer protections, provides new coverage options and gives you the tools you need to make informed choices about your health.”1 This landmark reform, described by panelist John McDonough as the “rare kind of law that doesn’t even happen every generation,” is itself an example of a reform at the nexus of coordination, collaboration, and communication. Over the course of the two days the ACA was referred to over and over again as a mighty force for improving the health and health care of Americans.

While the Affordable Care Act as a major innovation for the US was one of the recurring topics, in the global context was the UN’s Millennium Development Goals (MDGs), particularly those focused on health, seem as key drivers of innovation in global health. Dr. Bloom referred to the fact that the United Nations MDGs are actual targets, not simply aspirational goals, and that the panelists on the second day of the Think Tank were among the forerunners of the efforts to achieve the three MDGs related to health by the 2015 deadline.

• Goal 4: Reduce Child Mortality
• Goal 5: Improve Maternal Health
• Goal 6: Combat HIV/AIDS, Malaria and Other Diseases2

Opportunity for Action
“Everybody loves their doctor and hates their health care system.”
Barry R. Bloom

Key Question: What would a health care system have to look like for it to be appreciated in the same way that doctors are?

1 www.healthcare.gov
2 www.un.org/milleniumgoals/
Dr. Bloom and panelists made the argument that efforts to improve health must not focus solely on the eradication of diseases, but also the overall wellbeing of people worldwide. He described the ‘epidemiological transition’ that is underway, where, as countries develop, the incidence of communicable diseases decreases, but the rates of non-communicable diseases like cardiovascular disease, obesity, and diabetes rise. As efforts to end poverty and hunger continue to make strides, global public health policy must work in coordination with poverty-alleviation projects to prevent this epidemiological transition from plaguing newly developed nations at the same time they are still combating infectious diseases like AIDS, TB and malaria.

Dr. Bloom also encouraged the participants to think in terms of a common metric by which health in countries can be measured and compared—the Global Burden of Disease: a combined measure of mortality due to premature death and disability due to illness. We have much knowledge to improve health everywhere, but the human toll and economic burden is enormous and challenging to every country of the world. Ironically, it is a tribute to public health and modern biomedical sciences that life expectancy everywhere in the world is increasing, but that itself increases the global burdens of non-communicable diseases associated with aging.

Opportunities for Change

One of the most direct ways in which health care can be improved is through increased coordination of care. Traditionally, health care, as patients experience it, is divided into different silos: primary care, specialists, hospital care, insurance, pharmacy, and more. While a patient may have a primary care physician (PCP) who is responsible for the general care of the patient, in practice PCPs relegate patient care to hospital staff and specialists as needed, without being an active participant in the care of the patient or in the coordination of the care the patient receives. In the same way, while certain physicians have relationships with particular insurers, pharmaceutical companies, and hospitals despite these relationships, there is minimal coordination between them.

However, with increasing public debt in the United States, unsustainable health care costs, and the increasing rates of morbidity due to non-communicable diseases worldwide, there is a need for innovations that improve the level of coordination of care. These efforts should focus on all levels of health care systems, from the societal and large-scale policy level to specific points in time in the delivery of care and to the care of specific populations. Therefore, greater coordination could be defined as the improved combination or interaction of different aspects of the health care system, including improved system functions.

Coordination is needed in three key areas:

- Coordination of platforms, both in the United States and globally, to improve overall health and well-being, rather than platforms and systems that target acute care
- Coordination of systems for care at transitional points in time for patients (e.g. release from the hospital, creating continuity of care and reducing costs of readmissions)
- Coordination of systems for care for particularly vulnerable groups of people

Coordination of platforms and systems for overall health

There is a bias within the health care industry and public health, both in the United States and abroad, towards the treatment of diseases. Rather than building systems to encourage prevention and improve the overall health and well-being of populations, the cur-
rent health care system in the US is centered on the curing and treatment of diseases. While the distinction may seem minor, since treatment and cures do improve overall health, the costs of treatment, particularly tertiary hospital care, are far greater than primary care. According to David Aylward, the Senior Advisor for Global Health and Technology at Ashoka, a new vision of health is needed: one that no longer focuses on diseases, but instead on successful lives. The coordination of platforms and systems, for example integrating maternal and child care, acute care, nutrition, immunization in developing countries, or chronic disease services, will improve overall health and represent a step toward that new vision of health.

Ichiro Kawachi, MD, Professor of Social Epidemiology and chair of the Department of Society, Human Development and Health at the Harvard School of Public Health, shared a popular metaphor for what is needed: coordination of systems at the highest, or “most upstream,” levels to improve health. He described most efforts at improving public health as the equivalent of pulling drowning people out of a river—the focus is on curing people who are sick with a disease. Instead, he suggested that instead of focusing on acute care, there must be greater coordination around pinpointing “who is throwing the people in the river in the first place” or the underlying causes of disease. These underlying causes have roots and determinants in not only health policy, but far more broadly in transportation policy, urban policy, built environments, social planning, communication, the media, food production, marketing, and distribution. These causes need to be addressed through “platforms” rather than from the perspective of “diseases that need curing” according to Rifat Atun, MD, Professor of International Health Management at Imperial College London. He argues for the need to think about “platforms” rather than simply diseases to cure and suggests looking outside of the traditional places for solutions to today’s health problems.

“There has been a rapid switch from malnutrition to obesity in many parts of the world,” said Atun, describing the epidemiological transition currently underway. “We need to use those levers at our disposal to increase the level of health, and thus the level of wealth worldwide.” He argues that creating a system that coordinates demographic, epidemiological, ecological, legal, political, technologic, social, and economic is required.

While all of these levers are tools in the arsenal for reforming health care delivery and health care systems, there is a particular need to build into the new coordinated system for the improvement of overall health the social aspects of health. Nicholas Christakis, MD, professor at Harvard Medical School and in the Harvard Faculty of Arts and Sciences, highlighted the importance of social networks and other social determinants for health. While there is greater concern among the health care community about the prevalence of non-communicable diseases, there is debate about whether some diseases which are traditionally considered non-communicable can be “caught” via social networks. “Connections matter,” said Dr. Christakis in reference to the spread of obesity: “three degrees is the rule of thumb: the actions and behaviors of not only my friends, but also my friends of friends affect me and my likelihood of being obese.” According to the latest research, the people within an individual’s social network play a large role in determining that individual’s health. A new coordinated system of care would take into account the power of social connections for the improvement of health.

Coordination of systems at a particular point in time

While coordination is needed at the highest levels of health systems, it is enhanced by deployment at particular points in time. Tejal Gandhi, MD, the Chief Quality and Safety Officer at Partners HealthCare, and Arnold Epstein, MD, Chairman of the Department of Health Policy and Management at the Harvard School of Public Health, each discussed the need for greater coordination of care at a particular point in care delivery, up to the point at which a patient is discharged from the hospital. At the moment, “transitional care is not optimal,” according to Dr. Epstein. There needs
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to be coordination as well as collaboration amongst doctors, nurses, other hospital staff, patients, primary care physicians, and caregivers when a patient is discharged and for the period immediately following the discharge. By giving the patient some simple tasks for monitoring his or her recovery (such as taking daily weight and temperature measurement and reporting it to a hospital nurse), the patient can be empowered to maintain his or her health, which can go a long way to reducing readmissions. Much in the same way, if the discharging doctor is required to make a 5-minute follow-up phone call, readmission rates could be vastly reduced. However, even if transitional care were better coordinated, greater collaboration between the actors supports the coordinated care. “Medicare pays for all sorts of exotic medical devices, but not simple things like a bathroom scale,” Epstein said.

Much in the same way, Dr. Gandhi advocated for integrating care within hospitals and from the hospital to the home. More centers that offer specialty care with integrated units, like the M.D. Anderson Cancer Center in Houston, Texas are needed. Dr. Gandhi argued that there were perverse incentives in place that rewarded doctors for practices that reduced quality of care, “Doctors are compensated by the number of patients seen, not for the quality of care given.” She believes, along with Meredith Rosenthal, Professor of Health Economics and Policy at Harvard School of Public Health, that the quality of care would be greatly improved if these incentives were changed through the creation of “medical homes.” When a patient has a medical home, all of his or her care is coordinated through a primary care physician. This patient-centric model shifts the perception of a doctor’s patients being those who make appointments to those who belong to the doctor’s medical home. Andrew Dreyfus, the President and Chief Executive Officer for the Blue Cross Blue Shield of Massachusetts, described his company’s innovative “Alternative Quality Contract (AQC), which is similar to Rosenthal’s description of a medical home. AQC’s allow hospitals to allocate the budget for each individual patient, treating care as a holistic concept, and they have been shown to increase quality.

Opportunity for Action

“What are the ‘best buys’ in social determinants [of health]? Investing in early education and preventing the inter-generational transmission of poverty.”

– Ichiro Kawachi, MD

Key Question: If the most promising programs to improve health lie in the education and poverty alleviation sectors, how can health programs be better coordinated with these other sectors?

Opportunity for Action

“Reducing readmissions may represent the Holy Grail of health care delivery.”

Arnold Epstein, MD

Key Question: What can be done to reduce the number of patients that are readmitted to hospitals within 30 days of being discharged?

While Arnold Epstein advocated for simple follow-up tasks to reduce readmission rates, Jonathan Spector, MD, Pediatrician and Neonatologist at Massachusetts General Hospital, suggested that hospitals integrate simple, but sophisticated checklists into their practice. Dr. Spector described the success that the aviation industry has had ever since it implemented airplane checklists, which a pilot must complete before he or she can take off. Spector shared evidence from studies in the US that medical and surgical checklists reduce the number of medical complications and mortality in hospitals. His work in India with the World Health Organization is showing that the use of an appropriate checklists could reduce one of the major, unmet needs in developing countries, reducing maternal and infant mortality in birthing.

According to Dr. Spector, the theory of change of checklists is that they:

1. Prompt thinking at key moments in care
2. Define essential tasks
3. Highlight system malfunction
4. Impose conceptual structure  
5. Increase team communication 
6. Facilitate essential dialogue

However, Dr. Spector challenged the audience to consider how simple innovations like checklists, which work in developing countries, are also extremely effective in the developed world.

What happens when the typical determinants of health are disrupted by disaster, war, or other emergencies? When the traditional, albeit flawed, system of coordination of care delivery is upset by a crisis, a new level of coordination must be ready to serve those in need. Michael VanRooyen, MD, Director of the Harvard Humanitarian Initiative, described humanitarian response as the “emergency room” of international development, since the system serves those who cannot be served by traditional development programs. The most vulnerable—those affected by emergencies—require a new coordinated system of global response to disaster.

Coordinated systems for particular groups of patients

Increased coordination is not only needed at particular points in time, but also for particular groups. Particularly vulnerable subpopulations in the U.S. and worldwide have traditionally received especially poorly coordinated care. In the United States, African-Americans and other minority groups overall receive a lower quality of care. Due to systems in place, “minority patients see lower-quality providers,” according to Amitabh Chandra, Professor of Public Policy at the Harvard Kennedy School. Chandra argues for increased coordination amongst providers to ensure that all patients receive the same level of care. Besides racial minorities in the United States, there is another population that is being underserved in the health care industry.

“2011 was one of the first high-level UN meetings on non-communicable diseases, but no mention was made of mental health” said Giuseppe Raviola, MD, instructor in Psychiatry and Global Health at Harvard Medical School. Raviola voiced the increasing concern over the level of mental health needs felt by many mental health practitioners and public health officials worldwide. According to the World Health Organization, unipolar depression disorders will pose the biggest burden on societies and economies by 2030.

More Collaboration

Similar to coordination of care, effective collaboration involves bringing together different organizations, corporations, and entities in order to provide the best care possible. Not only does care need to be coordinated within systems that include different and disparate actors, but more actors from government, business, and health care need to create closer ties and foster innovation through partnership and collaboration. Collaboration can take many forms, from inter-sector partnerships to accelerate drug development to public health and private sector players working together to improve health delivery to physicians working in teams to provide the best quality of care possible. During the Think Tank, two different types of collaborations were called for:

- Collaboration between the public and private sectors, including forging new, innovative partnership models.
- Collaboration between physicians by making health care provision a “team sport.”

Opportunity for Action

“In public health, private good complements public good.”

Michael Chu

Key Question: What is the best way to protect the public sector while leveraging the high quality and promising results of the private sector?

Collaboration in the form of partnerships – especially with business

Julio Frenk, MD, Dean of the Faculty of the Harvard School of Public Health, notes that while governments must provide stewardship and financing for any large-
scale health system reform, there is also space for non-governmental actors, including business and the private sector to work for health care improvement. Mark Feinberg, MD, 2012 AL Fellow, and David de Ferranti, President and Founder of Results for Development, described the need for innovative partnership models to drive the development and delivery of essential health care resources. There has been important success among the numerous Public-Private Partnerships (PPPs) forged in the last twenty years, particularly in the provision of vaccines and medicines in developing countries. However, there is need for a broader definition of partnership models, with both greater variety in the types of partners and in the composition of partnerships. De Ferranti described an emerging shift in PPP strategy away from creation of new global entities, such as the Global Fund for AIDS, Tuberculosis and Malaria, and toward the development of “instruments” like the “Advance Market Commitment,” which is a legally binding contract that motivates industry to invest in the development and supply of new vaccines by secur ing advance purchase of those vaccines by foundations and national governments. These instruments are just one example of how innovation in collaboration can contribute to improved health care access. Ample space exists for innovation in the partnerships sphere.

Besides partnerships between business and the public sector, another source of innovative collaboration is the application of private sector approaches to health care delivery. Collaboration can take place through the sharing of ideas, not only through formal partnerships. Michael Chu, Senior Lecturer at the Harvard Business School, argued that while innovation in health care technologies is important, the crucial space for innovation is in the delivery of care. Chu reiterated the inextricable link between health and poverty, and explained that while many effective health interventions exist, “delivery is the key bottleneck” in providing these solutions to the four billion people at the “base of the pyramid” (those who earn between US $1 and $5 per day).

But, in many cases, innovations in health care delivery can stem from collaborating with the private sector to leverage existing systems and business practices to improve access to care. Jessica Cohen, Assistant Professor of Global Health at Harvard School of Public Health, described an innovative approach to extending access to malaria medications by leveraging the reach of the private sector supply chain, including pharmacies, informal ‘drug shops’ and mobile vendors that are ubiquitous across Sub-Saharan Africa. By providing these outlets with effective drugs at a subsidized cost, Cohen outlined a unique collaboration that utilizes the extensive reach of the retail sector and improves the quality of care within an established system already frequented by health care consumers.

Collaboration among health care practitioners

In the US, physicians are increasingly working in groups, with fewer and fewer small practices, more HMO conglomerates and increasing calls for reform to the fee-for-service model, so there is greater need to promote collaboration between health care practitioners.

Several panelists suggested that the training doctors receive helps to perpetuate this outdated model of health care practice with medical schools that require students to memorize vast quantities of facts that today could be easily accessed via technology and faculty members who focus on content mastery rather than mentoring professional development. However, there are calls for reform. Dr. Leape, Professor of Health Policy at Harvard School of Public Health, argued that there are four components that must be integrated into medical education to prepare the next generation of physicians to excel in the changing health care world: knowledge of errors, systems and communication, experiences working in teams, and faculty role models. His emphasis on the need to foster a collaborative environment of teamwork in medical training was echoed by the necessity for better physician networks. Dr. Christakis

Opportunity for Action

“We also have to move our doctors from the 19th century to the 21st century. We can’t drive an interplanetary system with a horse and buggy.”

Lucian Leape, MD

Key Question: What can be done to prepare future doctors to provide care as part of a team in a collaborative medical practice?
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Bruce Landon, MD, Professor of Health Care Policy at Harvard Medical School, also highlighted the need for doctors to work in teams, and described the benefits of Accountable Care Organizations (ACOs), which, in essence, can serve as medical homes like the ones Meredith Rosenthal presented. “ACOs are the most exciting thing out there right now,” said Landon, describing the way that ACOs could promote better health through bundled payments, better health IT, and an emphasis on the need for a team of doctors to collaborate on the care of each patient. According to Arnold Epstein, “fewer than 10% of PCPs (primary care physicians) report being involved in decisions about discharge.” This is a major factor in the previously discussed problem with transitions during the care of patient. With skyrocketing health care costs, a simple effort like getting PCPs and hospital staff to collaborate over the discharge of a patient could go a long way to reduce costly readmission rates.

What will the health care force of the future look like? It will be performed in collaborative teams that involve physicians and non-physicians, working together to provide higher quality care, to more people, at lower cost. The Affordable Care Act represents an effort to increase collaboration within the health care system, by mandating more close ties between the government and health care providers and insurers, and by providing care to more Americans than ever before. In a similar way, the Millennium Development Goals, especially those related to health, represent a commitment to global collaboration around some of the starkest needs in global health. These two initiatives reflect the challenges and opportunities of a 21st century health care system, one that must involve greater collaboration among all actors in the sector.

Better Communication

Along with greater coordination and more collaboration, health care in the United States and worldwide requires better communication among the actors in the field and between health professionals and their patients. For these forces to occur, communication innovation in three different areas is required:

- Communication between health care practitioners
- Communication between individuals and groups from different parts of the sector, including researchers and practitioners, doctors and insurance companies, and others
- Communication with the patients and the public

Opportunity for Action

“There is overwhelming evidence for health IT [information technology] improving quality.”
Ashish Jha, MD

Key Question: Besides electronic medical records, what other types of health IT could be created to improve the quality of care provided?

Communication among health care practitioners

Along with greater coordination of the companies and systems that provide health care in the US and collaboration between health care practitioners, there is a need for more communication between doctors and nurses. The simple act of holding a conversation either about a particular patient, during a particular procedure, or at any other point is one of the most straightforward and attainable reforms that could be made that could vastly improve the quality of care received by patients.

Surprisingly, dialogue between physicians and between nurses and physicians does not occur with the frequency that is recommended by health care quality researchers. As mentioned earlier in this report, the simple act of introducing a checklist into the routine of medical procedure can help to facilitate communica-
tion between all of the practitioners involved in executing the procedure. This approach has been shown to reduce the number of medical errors during routine procedures due to the explicit and directed dialogue that limits errors from assumptions, omissions, or redundancies.

However, not all communication needs to take place in-person; much could be aided by greater use of newer and better information technology that allows doctors to more easily, more completely, and more consistently access and share patient records. Ashish Jha, MD, Assistant Professor of Health Policy at the Harvard School of Public Health, described two Harvard teaching hospitals across the street from one another that use two different medical record keeping systems and have no easy way to share information. “In order to share a patient record, one hospital has to print the e-record and fax it to the other—this is not efficient,” said Jha. Better medical record keeping would result in the following likely benefits:

1. In the short-term: reduction in errors, greater adherence to guidelines; and patients will likely have more access to their own records, resulting in greater communication between doctors and patients.

2. In the medium-term: improvements in payment and delivery.

3. Reduced duplication of tests and procedures.

4. In the long-term: the creation of a learning health care system, where doctors can see trends in illnesses, treatment, and their results.

Communication among different members of the sector

One of the major frustrations that the participants felt about the health care system in the United States, both among physicians and the general public, is the lack of communication between different actors in the sector. Patients and doctors alike express consternation at the difficulty in achieving effective communication with health insurance providers. Researchers are constantly in search of better methods of communicating their findings to other members of the health field in order to improve delivery, quality, and efficiency. Think Tank panelists highlighted some of the few innovations in this area and noted there is also much to be done.

In the past decade or so, there have been increasingly loud calls among certain parts of the health sector to reduce costs and to improve overall efficiency. While many believe that the United States provides the best health care in the world, more and more people are asking, “but at what cost?” One effort to improve the efficiency (and eventually lower costs) of health care is the improvement of payment and delivery infrastructures through the same mechanism that can improve doctor communication about medical histories and treatments: electronic health care records. Ashish Jha noted that “we are nearing the point where America spends as much on healthcare as the rest of the world combined.” This concern is also echoed outside the United States, for example, by China. Yuanli Liu, a health economist in the Department of Global Health and Population at the Harvard School of Public Health, reported that since the recent comprehensive health care reform in China in 2009, “there has been an increase in coverage, but care is still not affordable enough.” By improving communication between providers, insurers, and patients, it may be possible to improve efficiency by streamlining payments and delivery systems.

In some subsectors of the health field, there is a close relationship between researchers and non-researchers. Pharmaceutical companies and research laboratories work in tandem. Hospitals and their affiliated universities share resources and knowledge. However, because of the increasing calls for a more efficient health care

Opportunity for Action

“It’s hard to think of any system working well when people don’t know what they are getting [out of it].”

David Cutler

Key Question: What sorts of innovations can drastically improve the public understanding of the health care system beyond “the system heals me (or tries to) when I am sick?”
system and one less costly to the patient, it is vital to share lessons learned as well as empirical data more broadly, beyond pharmaceutical companies and hospitals. Katherine Baicker, Professor of Health Economics in the Department of Health Policy and Management at the Harvard School of Public Health, shared with the Think Tank participant community lessons learned from a unique experiment in health care. Professor Baicker cited data from an Oregon study on the effects of expanding health care coverage for low-income Americans, in which because of resource constraints, Medicaid was provided by a lottery to one group. This randomized controlled trial’s preliminary results indicated that those receiving additional care had gained greater financial security (e.g. had to borrow less to pay medical bills), and had a better perceived health status, albeit at an initial increase in cost to the state.

Beyond the political reasons for wanting to communicate better with the public at large, there is also a need for the health care industry to communicate with the people so that they have the information they need to help themselves. “No one has discussed a system to help patients improve their own health,” said Mikołaj Jan Piskorski, Associate Professor of Business Administration and Richard Hodgson Fellow in the Strategy Unit at the Harvard Business School. We need more and better methods of communication around the patient’s health, and more specifically about what the patient can do to protect his or her own health. In a sense, people must become co-providers of health, rather than merely passive recipients of health care.

Jay Winsten, an Associate Dean of the Harvard School of Public Health and the Frank Stanton Director of the School’s Center for Health Communications, described the story of a successful public health campaign that introduced designated driving to the U.S. public through the use of popular television shows. Winsten and his colleagues convinced the writers of the most popular television shows of the 1980s to write in plots that featured the concept of designated driving. Winsten used this particular example to show the power of mass communication, which could and should (in his opinion) be used to mobilize patients, families, and the public at large around different health issues. However, he also noted that much has changed since the 1980s, and there are new challenges to using mass media to improve health. In particular, he highlighted the proliferation of user-generated media and the challenges of the short attention span of today’s media consumers. However, there are new innovations...
on the horizon that take this new environment into account: Dr. Piskorski described a new social networking site called “Patients Like Me” where people can make health profiles and find others that share similarities to them in their health histories. Through this tool, there is a hope that patients will take ownership of their own health and feel a sense of agency in safeguarding it. This is the crux of many of the innovations described over the course of the Think Tank: not simply curing disease, but preventing disease through an emphasis on overall health and well-being.
Conclusion: Taking Action

Health care is administered through a vast and complex system that includes many actors, sectors, and contexts. The innovations described in this report and during the Think Tank are aspects of the same effort: to build a stronger, tighter, and more integrated health system that is more efficient and improves overall health, and prevents or postpones, not just seeks to cure, diseases.

ALI Chair and Director Rosabeth Moss Kanter stated that, “Health is more than just the hospital—we need mobilization of forces inside and outside the building.” So there is the hope that with the leadership of the AL Fellows, along with other committed individuals and experts, it will be possible to improve health care efficiency and overall quality, while at the same time expanding access to all individuals across the globe. This will happen because there is an increasing global acknowledgment that health is an important human right, and a recognition that the current rise in costs for health are not sustainable for almost any country in the world. It will happen by making big and small changes to health systems; it will happen by learning lessons from other countries; it will happen by coordinating the isolated parts of existing systems; it will happen by collaboration of disparate actors; and by greater communication between health professionals, patients and populations, and political leaders. If we want a greater level of achievement in health care, we must devise innovative changes in our health systems. That was the overall theme of the two-day Innovations in Health Care Think Tank.
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Appendices
APPENDIX 1: AGENDA, THURSDAY MARCH 22

WELCOME: Barry R. Bloom, Co-Chair, Harvard University Advanced Leadership Initiative and Joan L. and Julius H. Jacobson Professor of Public Health, Harvard School of Public Health

PANEL 1: US INNOVATIONS: MEASURING AND IMPROVING QUALITY

CHAIR: Arnold M. Epstein, MD, John H. Foster Professor of Health Policy and Management, Chair of the Department of Health Policy and Management, Harvard School of Public Health, and Chief of the Section on Health Services and Policy Research in the Department of Medicine, Brigham and Women's Hospital, and Co-Chair, Advanced Leadership Initiative

Reducing readmissions to improve quality of care and save money

Katherine Baicker, Professor of Health Economics, Department of Health Policy and Management, Harvard School of Public Health, Research Associate, National Bureau of Economic Research

Learning From Experiments in Health Care

Meredith B. Rosenthal, Professor of Health Economics and Policy in the Department of Health Policy and Management, Harvard School of Public Health

Medical Homes

Amitabh Chandra, Economist and Professor of Public Policy, Harvard Kennedy School, Research Fellow, IZA Institute and National Bureau of Economic Research (NBER)

Racial Disparities in Health Care

KEYNOTE: David Cutler — Is There Hope for Health Care Reform?

PANEL 2: US INNOVATIONS: ORGANIZATION

CHAIR: John E. McDonough, Professor of Public Health Practice, Harvard School of Public Health and Director, HSPH Center for Public Health Leadership

What the Affordable Care Act Does for America

Tejal K. Gandhi, MD, Chief Quality and Safety Officer, Partners HealthCare and Associate Professor of Medicine, Harvard Medical School

Integrated Health Care – from Hospital to Home Care

Andrew Dreyfus, President and Chief Executive Officer, Blue Cross Blue Shield of Massachusetts

BCBS – Alternative Quality Contracts

Bruce E. Landon, MD, Professor of Health Care Policy, Harvard Medical School and Associate Professor of Medicine, Beth Israel Deaconess Medical Center

Physician Organizations: Moving from an Individual to a Team Sport

PANEL 3: US INNOVATIONS: THE INFORMATION AND COMMUNICATIONS REVOLUTION

CHAIR: Robert Blendon, Richard L. Menschel Professor and Senior Associate Dean for Policy Translation and Leadership Development, Harvard School of Public Health

Ashish Jha, MD, Assistant Professor of Health Policy, Harvard School of Public Health, Assistant Professor of Medicine, Harvard Medical School and Staff Physician, VA Boston Healthcare System and Brigham and Women's Hospital

How Electronic Health Records can Revolutionize Health Care

Lucian Leape, MD, Former Professor of Surgery and Chief of Pediatric Surgery, Tufts University School of Medicine and the New England Medical Center

New Ways to Teach Medicine

Jay A. Winsten, Associate Dean, Harvard School of Public Health and Frank Stanton Director, Center for Health Communication

Communicating to Change Health in Society

KEYNOTE: Donald Berwick, MD, Co-Founder and Former President and Chief Executive Officer, Institute for Healthcare Improvement (IHI) and Former Administrator of the Centers for Medicare and Medicaid Services

Making Innovation Happen: Changing Our Health System
PANEL 4: GLOBAL INNOVATIONS: THINKING ABOUT SYSTEMS IN DEVELOPING COUNTRIES

CHAIR
Barry R. Bloom, Co-Chair, Harvard University Advanced Leadership Initiative

Rifat Atun, MD, Professor of International Health Management, Imperial College London
Thinking About Platforms Rather than Diseases

Yuanli Liu, Health Economist and Faculty member, Department of Global Health and Population, Harvard School of Public Health
China’s Health System Reforms: Means and Ends

Jessica Cohen, Assistant Professor of Global Health, Harvard School of Public Health and Malaria Technical Adviser, Clinton Health Access Initiative
What is the Role of the Retail Sector in African Health Systems?

Jonathan Spector, MD, Pediatrician and Neonatologist, Massachusetts General Hospital, Harvard Medical School, and the Harvard School of Public Health
An Innovative Way to do Better: Checklists

PANEL 5: GLOBAL INNOVATIONS: ROLES FOR THE PRIVATE SECTOR

CHAIR
Barry R. Bloom, Co-Chair, Harvard University Advanced Leadership Initiative

Mark Feinberg, MD, 2012 Advanced Leadership Fellow and Former Vice President and Chief Public Health and Science Officer, Merck Vaccines
Role of Private Sector Innovation in Global Health

David de Ferranti, President and Founder of Results for Development
Innovative Public-Private Partnerships to Address Health Needs

Michael Chu, Senior Lecturer, Initiative on Social Enterprise, Harvard Business School
Healthcare of the Many as Business: Why, How and Lessons Learned

KEYNOTE: Julio Frenk, MD, Dean of the Faculty, Harvard School of Public Health and T & G Angelopoulos Professor of Public Health and International Development, Harvard Kennedy School
From Research to Policy: Lessons of the Mexican Health Reform

PANEL 6: GLOBAL INNOVATIONS: NETWORKING

CHAIR
Marc Mitchell, MD, Pediatrician and Management Specialist and Lecturer on Global Health, Harvard School of Public Health

Mikołaj Jan Piskorski, Associate Professor of Business Administration and Richard Hodgson Fellow, Harvard Business School
How Social Networks Work and can be Engaged in Health?

Nicholas A. Christakis, MD, Professor of Medical Sociology, Harvard Medical School, Professor of Sociology, Harvard Faculty of Arts and Sciences and Attending Physician, Mt. Auburn Hospital
How Social Networks Influence Your Health

David Aylward, Senior Advisor, Global Health at Technology, Ashoka (Previously mHealth)
How Mobile IT Could Transform Public Health

PANEL 7: HEALTH AND SOCIAL JUSTICE

CHAIR
Ichiro Kawachi, MD, Professor of Social Epidemiology and Chair of the Department of Society, Human Development and Health, Harvard School of Public Health
Social Determinants of Illness

Giuseppe J. Raviola, MD, Instructor in Psychiatry and Global Health and Social Medicine, Harvard Medical School and Medical Director, Psychiatry Quality Program, Children’s Hospital Boston (CHB)
Human Rights and Global Mental Health

Michael VanRooyen, MD, Director, Harvard Humanitarian Initiative, Director, Brigham and Women’s Hospital, Professor, Harvard School of Public Health and Professor of Medicine, Harvard Medical School
Responding to Humanitarian Crises
APPENDIX 2: THINK TANK PANELISTS

Rifat Atun, M.D.
Imperial College London

David Aylward
Ashoka

Katherine Baicker
Harvard School of Public Health

Donald Berwick, M.D.
Institute for Healthcare Improvement

Robert Blenden
Harvard School of Public Health
Harvard Kennedy School
Harvard Opinion Research Program

Barry R. Bloom
Harvard School of Public Health

Amitabh Chandra
Harvard Kennedy School of Government

Nicholas A. Christakis, M.D.
Harvard Medical School
Harvard University
Mt. Auburn Hospital

Michael Chu
Harvard Business School

Jessica Cohen
Harvard School of Public Health

David Cutler
Harvard Kennedy School
Harvard University

David de Ferranti
Results for Development

Andrew Dreyfus
Blue Cross Blue Shield of Massachusetts

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Harvard School of Public Health
Brigham and Women's Hospital

Mark Feinberg, M.D.
2012 Advanced Leadership Fellow

Julio Frenk, M.D.
Harvard School of Public Health
Harvard Kennedy School

Tejal K. Gandhi, M.D.
Harvard Medical School
Partners HealthCare

Ashish Jha, M.D.
Harvard School of Public Health
Harvard Medical School
Brigham and Women's Hospital
VA Boston Healthcare System

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Harvard Business School

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Bruce E. Landon, M.D.
Harvard Medical School
Beth Israel Deaconess Medical Center

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Yuanli Liu
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Harvard School of Public Health
Massachusetts General Hospital

Michael VanRooyen, M.D.
Harvard Humanitarian Initiative
Harvard School of Public Health
Harvard Medical School
Brigham and Women's Hospital

Jay A. Winten
Harvard School of Public Health
HSPH Center for Health Communication
## 2012 Advanced Leadership Fellows

<table>
<thead>
<tr>
<th>Name</th>
<th>Background Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahendra Bapna</td>
<td>Former CEO of Tata Group Heavy Vehicle Axles Ltd. and Heavy Vehicle Transmissions Ltd.</td>
</tr>
<tr>
<td>Federico Castellanos</td>
<td>Former Vice President of Human Resources Integration, IBM</td>
</tr>
<tr>
<td>J. Anthony Clancy</td>
<td>Former Chief Operating Officer for Human Resources, Accenture</td>
</tr>
<tr>
<td>Nusret Cömert</td>
<td>Former Managing Director, Royal Dutch Shell Group Exploration &amp; Production and Gas &amp; Power</td>
</tr>
<tr>
<td>Steven D. Domenikos</td>
<td>Former CEO and Founder, IdentityTruth Inc.</td>
</tr>
<tr>
<td>Mark Feinberg, MD</td>
<td>Former Vice President &amp; Chief Public Health and Science Officer, Merck Vaccines</td>
</tr>
<tr>
<td>Mary Finan</td>
<td>Former Chairman and Managing Director, Wilson Hartnell Public Relations</td>
</tr>
<tr>
<td>Anne Greenwood</td>
<td>Former Managing Director and Head of Client Development, Morgan Stanley Smith Barney</td>
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<tr>
<td>Alberto Grimoldi</td>
<td>CEO, Grimoldi S.A.</td>
</tr>
<tr>
<td>Cynthia Holland</td>
<td>Senior Clinician in Oncology, The Royal Women’s Hospital of Victoria</td>
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<tr>
<td>Makoto Kawakami</td>
<td>Former General Manager, Realtek Semiconductor Corporation</td>
</tr>
<tr>
<td>Thomas Keffer</td>
<td>Former Senior Vice President, OppenheimerFunds, Inc.</td>
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<tr>
<td>Joseph Mandato</td>
<td>Managing Director and General Partner, DeNovo Ventures</td>
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<tr>
<td>Anne Marcus</td>
<td>Former Senior Vice President, Fidelity Investments</td>
</tr>
<tr>
<td>Alain Martin</td>
<td>Past President and CEO, The Professional Development Institute</td>
</tr>
<tr>
<td>E. Robert Meaney</td>
<td>Former Senior Vice President, Valmont Industries, Inc.</td>
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<tr>
<td>Diane Nordin</td>
<td>Former Partner, Wellington Management Company, LLP</td>
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<tr>
<td>Iyabo Obasanjo-Bello</td>
<td>Former Chairman of the Senate Committee on Health, Government of Nigeria</td>
</tr>
<tr>
<td>Carol Raphael</td>
<td>Former President and CEO, Visiting Nurse Service of New York</td>
</tr>
<tr>
<td>Michael Robertson</td>
<td>Managing Director and Partner, IRON Ventures LLC</td>
</tr>
<tr>
<td>Robin Russell</td>
<td>Former Senior Executive Vice President of Worldwide Operations Marketing &amp; Distribution, Sony Pictures Entertainment</td>
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<tr>
<td>Dennis Scholl</td>
<td>Vice President/Arts, Knight Foundation</td>
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<tr>
<td>Steven Strauss</td>
<td>Former Managing Director, New York City Economic Development Corporation</td>
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<tr>
<td>Reyes Tamez Guerra</td>
<td>Former Secretary of Education of Mexico</td>
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<tr>
<td>Skip Victor</td>
<td>Senior Managing Director, Duff &amp; Phelps and Co-Founder Balmoral Advisors</td>
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<tr>
<td>David Wing</td>
<td>Former Vice President and Controller, United Air Lines, Inc.</td>
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<tr>
<td>Peter Wirth</td>
<td>Former Executive Vice President, Legal and Corporate Development, Genzyme Corporation</td>
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<tr>
<td>Dona Young</td>
<td>Former Chairman, President and CEO, The Phoenix Companies</td>
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<tr>
<td>James Champy</td>
<td>Chairman Emeritus, Dell Services Consulting</td>
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## 2012 Advanced Leadership Senior Research Fellow

<table>
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<tr>
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<tr>
<td>James Champy</td>
<td>Chairman Emeritus, Dell Services Consulting</td>
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## 2012 Senior Advanced Leadership Fellows

<table>
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Issa Baluch</td>
<td>Former President, International Federation of Freight Forwarders’ Association (FIATA)</td>
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<tr>
<td>Gilberto Dimenstein</td>
<td>Daily National Affairs Journalist, Grupo Folha</td>
</tr>
<tr>
<td>John Taysom</td>
<td>Founder and Former Managing Director, Reuters Greenhouse, The Reuters Venture Capital Fund</td>
</tr>
<tr>
<td>David Weinstein</td>
<td>Former Chief of Administration, Fidelity Investments</td>
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APPENDIX 4: ADVANCED LEADERSHIP FACULTY

Rosabeth Moss Kanter, Chair and Director
Rosabeth Moss Kanter holds the Ernest L. Arbuckle Professorship at Harvard Business School, where she specializes in strategy, innovation, and leadership for change. Her strategic and practical insights have guided leaders of large and small organizations worldwide for over 25 years, through teaching, writing, and direct consultation to major corporations and governments. The former Editor of Harvard Business Review (1989-1992), Professor Kanter has been repeatedly named to lists of the “50 most powerful women in the world” (Times of London), and the “50 most influential business thinkers in the world” (Thinkers 50). In 2001, she received the Academy of Management's Distinguished Career Award for her scholarly contributions to management knowledge; and in 2002 was named “Intelligent Community Visionary of the Year” by the World Teleport Association; and in 2010 received the International Leadership Award from the Association of Leadership Professionals. She is the author or co-author of 18 books. Her latest book, SuperCorp: How Vanguard Companies Create Innovation, Profits, Growth, and Social Good, a manifesto for leadership of sustainable enterprises, was named one of the ten best business books of 2009 by Amazon.com. A follow-up article, “How Great Companies Think Differently,” received Harvard Business Review’s 2011 McKinsey Award for the year’s two best articles.

James P. Honan, Co-Chair and Senior Associate Director
James P. Honan has served on the faculty at the Harvard Graduate School of Education since 1991. He is also a faculty member at the Harvard Kennedy School and a principal of the Hauser Center for Nonprofit Organizations. He is Educational Co-Chair of the Institute for Educational Management and has also been a faculty member in a number of Harvard’s other executive education programs and professional development institutes for educational leaders and nonprofit administrators, including the Harvard Seminar for New Presidents, the Management Development Program, the ACRL/Harvard Leadership Institute, the Principals’ Center, and the Harvard Institute for School Leadership; Governing for Nonprofit Excellence, Strategic Perspectives in Nonprofit Management, NAACP Board Retreat, and Habitat for Humanity Leadership Conference (Faculty Section Chair); and Strategic Management for Charter School Leaders, Achieving Excellence in Community Development, American Red Cross Partners in Organizational Leadership Program and US/Japan Workshops on Accountability and International NGOs.

Barry R. Bloom, Co-Chair
Barry R. Bloom, formerly Dean of the Harvard School of Public Health, is Harvard University Distinguished Service Professor and Joan L. and Julius H. Jacobson Professor of Public Health. Bloom has been engaged in global health for his entire career and made fundamental contributions to immunology and to the pathogenesis of tuberculosis and leprosy. He served as a consultant to the White House on International Health Policy from 1977 to 1978, was elected President of the American Association of Immunologists in 1984, and served as President of the Federation of American Societies for Experimental Biology in 1985.

David E. Bloom, Executive Board
David E. Bloom is Clarence James Gamble Professor of Economics and Demography in the Department of Global Health and Population, Harvard School of Public Health. Dr. Bloom also serves as Director of Harvard’s Program on the Global Demography of Aging. He is an economist whose work focuses on health, demography, education, and labor. In recent years, he has written extensively on primary, secondary, and tertiary education in developing countries and on the links among health status, population dynamics, and economic growth. Dr. Bloom has published over 300 articles, book chapters, and books in the fields of economics and demography.
APPENDIX 4: ADVANCED LEADERSHIP FACULTY

Arnold M. Epstein, Executive Board
Arnold M. Epstein, MD, MA, is Chair of the Department of Health Policy and Management at the Harvard School of Public Health where he is the John H. Foster Professor of Health Policy and Management. He is also Professor of Medicine and Health Care Policy at Harvard Medical School. Dr. Epstein’s research interests focus on quality of care and access to care for disadvantaged populations. Recently his efforts have focused on racial and ethnic disparities in care, public reporting of quality performance data and incentives for quality improvement, and Medicaid policies. He has published more than 150 articles on these and other topics. During 1993–1994, Dr. Epstein worked in the White House where he had staff responsibility for policy issues related to the health care delivery system, especially quality management.

William W. George, Executive Board
Bill George is a Professor of Management Practice at Harvard Business School, where he is teaching leadership and leadership development, and is the Henry B. Arthur Fellow of Ethics. He is the author of the best-selling books True North, Discover Your Authentic Leadership and Authentic Leadership: Rediscovering the Secrets of Creating Lasting Value. Bill currently serves on the boards of ExxonMobil and Goldman Sachs. He is the former Chairman and CEO of Medtronic. Under his leadership, Medtronic’s market capitalization grew from $1.1 billion to $60 billion, averaging a 35% increase each year. Mr. George has made frequent appearances on television and radio, and his articles have appeared in numerous publications.

David R. Gergen, Co-Chair
David Gergen is a senior political analyst for CNN and has served as an adviser to four U.S. presidents. He is a public service professor of public leadership at the Harvard Kennedy School and the director of its Center for Public Leadership. In 2000, he published the best-selling book, Eyewitness to Power: The Essence of Leadership, Nixon to Clinton. Gergen joined the Harvard faculty in 1999. He is active as a speaker on leadership and sits on many boards, including Teach for America, the Aspen Institute, and Duke University, where he taught from 1995–1999.

Allen S. Grossman, Executive Board
Allen Grossman was appointed a Harvard Business School Professor of Management Practice in July 2000. He joined the Business School faculty in July 1998, with a concurrent appointment as a visiting scholar at the Harvard Graduate School of Education. He served as president and chief executive officer of Outward Bound USA for six years before stepping down in 1997 to work on the challenges of creating high performing nonprofit organizations. His current research focuses on leadership and management in public education; the challenges of measuring nonprofit organizational performance; and the issues of managing multi-site nonprofit organizations.

Monica C. Higgins, Executive Board
Monica Higgins joined the Harvard faculty in 1995 and is currently a Professor of Education at Harvard Graduate School of Education (HGSE) where her research and teaching focus on the areas of leadership development and organizational change. Prior to joining HGSE, she spent eleven years as a member of the faculty at Harvard Business School in the Organizational Behavior Unit. In education, Professor Higgins is studying the effectiveness of senior leadership teams in large urban school districts across the United States and the conditions that enhance organizational learning in public school systems. While at Harvard, Professor Higgins’ teaching has focused on the areas of leadership and organizational behavior, teams, entrepreneurship, and strategic human resources management.
APPENDIX 4: ADVANCED LEADERSHIP FACULTY

**Rakesh Khurana, Co-Chair**

Rakesh Khurana is the Marvin Bower Professor of Leadership Development at the Harvard Business School. He teaches a doctoral seminar on Management and Markets and The Board of Directors and Corporate Governance in the MBA program. Khurana received his BS from Cornell University in Ithaca, New York and his AM (Sociology) and PhD in Organization Behavior from Harvard University. Prior to attending graduate school, he worked as a founding member of Cambridge Technology Partners in Sales and Marketing.

**Robert H. Mnookin, Executive Board**

Robert H. Mnookin is the Samuel Williston Professor of Law at Harvard Law School, the Chair of the Program on Negotiation at Harvard Law School, and the Director of the Harvard Negotiation Research Project. A leading scholar in the field of conflict resolution, Professor Mnookin has applied his interdisciplinary approach to negotiation and conflict resolution to a remarkable range of problems; both public and private. Professor Mnookin has taught numerous workshops for corporations, governmental agencies and law firms throughout the world and trained many executives and professionals in negotiation and mediation skills. In his most recent book, *Bargaining with the Devil: When to Negotiate, When to Fight*, Mnookin explores the challenge of making such critical decisions.

**Charles J. Ogletree, Jr., Co-Chair**

Charles Ogletree is the Harvard Law School Jesse Climenko Professor of Law, and founding and executive director of the Charles Hamilton Houston Institute for Race and Justice (www.charleshamiltonhouston.org) named in honor of the visionary lawyer who spearheaded the litigation in Brown v. Board of Education. Professor Ogletree is a prominent legal theorist who has made an international reputation by taking a hard look at complex issues of law and by working to secure the rights guaranteed by the Constitution for everyone equally under the law. Ogletree has examined these issues not only in the classroom, on the Internet, and in the pages of prestigious law journals, but also in the everyday world of the public defender in the courtroom and in public television forums where these issues can be dramatically revealed.

**Fernando M. Reimers, Co-Chair**

Fernando Reimers is the Ford Foundation Professor of International Education and Director of the Global Education and International Education Policy Program at the Harvard Graduate School of Education. Professor Reimers focuses his research and teaching on identifying education policies that support teachers in helping low-income and marginalized children succeed academically. His courses focus on the core education challenges in the development field and on the role of social entrepreneurs in creating solutions of value to improve the quality and relevance of education. His current research in Brazil and Mexico focuses on the impact of education policy, education leadership and teacher professional development on literacy competencies and civic skills. He is currently serving on the Global Learning Leadership Council of the American Association of Colleges and Universities Project “General Education for a Global Century” focusing on some of the pressing issues related to global learning and undergraduate education.

**Forest L. Reinhardt, Executive Board**

Forest L. Reinhardt is the John D. Black Professor of Business Administration at Harvard Business School and serves as the faculty chair of Harvard Business School’s European Research Initiative. Professor Reinhardt is interested in the relationships between market and nonmarket strategy, the relations between government regulation and corporate strategy, the behavior of private and public organizations that manage natural resources, and the economics of externalities and public goods. He is the author of *Down to Earth: Applying Business Principles to Environmental Management*, published by Harvard Business School Press.
APPENDIX 4: ADVANCED LEADERSHIP FACULTY

**Guhan Subramanian, Executive Board**

Guhan Subramanian is the Joseph Flom Professor of Law and Business at the Harvard Law School and the H. Douglas Weaver Professor of Business Law at the Harvard Business School. He is the only person in the history of Harvard University to hold tenured appointments at both HLS and HBS. At HLS he teaches courses in negotiations and corporate law. At HBS he teaches in executive education programs, such as Strategic Negotiations, Changing the Game, Managing Negotiators and the Deal Process, and Making Corporate Boards More Effective. He is the faculty chair for the JD/MBA program at Harvard University and Vice Chair for Research at the Harvard Program on Negotiation.

**Ronald S. Sullivan, Jr., Executive Board**

Professor Ronald S. Sullivan, Jr. joined Harvard's law faculty in July 2007. His areas of interest include criminal law, criminal procedure, legal ethics, and race theory. Prior to teaching at Harvard, Professor Sullivan served on the faculty of the Yale Law School, where, after his first year teaching, he won the law school's award for outstanding teaching. Professor Sullivan is the faculty director of the Harvard Criminal Justice Institute. He also is a founding fellow of The Jamestown Project.

Professor Sullivan is a Phi Beta Kappa graduate of Morehouse College, and the Harvard Law School, where he served as president of the Black Law Students Association and as a general editor of the *Harvard BlackLetter Law Review*. After graduating from Harvard, Professor Sullivan spent a year in Nairobi, Kenya as a Visiting Attorney for the Law Society of Kenya.

**Peter Brown Zimmerman, Co-Chair**

Peter Brown Zimmerman is Lecturer in Public Policy and Senior Associate Dean for Strategic Program Development at the Harvard Kennedy School. He also serves as faculty Chair of the Senior Executive Fellows Program and is a Co-Chair of the Advanced Leadership Initiative. He is a graduate of the Kennedy School's Public Policy program. Before coming to Harvard, he worked for the US Navy, on the National Security Council staff and on the staff of the Senate Intelligence Committee. He has consulted with and advised a wide range of public and nonprofit organizations.
APPENDIX 5: STUDENT INVOLVEMENT

The Innovations in Health Care Think Tank convenes experts and advocates, Faculty and Fellows, students and practitioners. We thank the graduate and undergraduate students who volunteer their time on the Advisory Council. We wish to highlight the many student organizations that focus on the global health challenges impacting our society. We also thank the Harvard Global Health Institute for sharing their insights during the planning of the program.

Sue Goldie
Director
Harvard Global Health Institute

Amanda Brewster
Senior Program Manager
Harvard Global Health Institute

Emily Robinson
Program Coordinator
Harvard Global Health Institute

HARVARD UNDERGRADUATE STUDENT ORGANIZATIONS

Harvard Global Health and AIDS Coalition (HGHAC) Harvard International Relations Council (HIRC)
Harvard College Engineers Harvard Pre-Medical Society Without Borders
Harvard Project for Sustainable Development (HPSD) Harvard Science Review
Harvard College Social Enterprise Club Harvard Society of Black Scientists and Engineers
Harvard Health Policy Review (HHPR) Harvard Undergraduate Global Health Forum
Health Leads

HARVARD GRADUATE STUDENT ORGANIZATIONS

AIDS Tank HBS Healthcare Club
Public Health & Technology Forum (PHAT)
African Health Forum Harvard Law and Health Care Society
Student Group for Reproductive Health and Rights (SGRHR)
Ethics, Law and Biotechnology (E.L.A.B.) Human Rights Professional Interest Council
The Social Enterprise Club (SEC)
GSAS Biotechnology Club Physicians for Human Rights (PHR)

STUDENTS

Amira Abulafi Sydney Green
Neil Patel
Temitope Agabalogun Michael Hadley
Ishani Premaratne
Lillian Alexander Atasha Jordan
Matthew Price
Nadia Armouti Tessa Kaplan
Anugraha Raman
Jessica Asinugo Sami Khan
Rodriguez Roberts
Stephanie Bartz Kathy Ku
Noura Selim
Micaela Cyr Michelle Lee
Majahonke Shabangu
David de Vries Yijie (Brittany) Lin
Bran Shim
Ishaan Desai Sarah Milby
Jake Silberg
Ranvir Dhillon Joy Ming
Diego Solares
Ashley Dozier Brian Mwaranita
Daniel Stein
Claire Edelson Abdullah Nasser
Cait Visek
Jeffrey Engler Svetlana Ni
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For further information on the Advanced Leadership Initiative and the Advanced Leadership Think Tank series, please contact our office at 617-496-5479.

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Front cover, clockwise from top left: Barry Bloom; Dr. Donald Berwick; Meredith Rosenthal; Amitabh Chandra and Dr. Arnold Epstein; David Cutler; Dr. Tejal Gandhi  
Back cover, clockwise from top left: Dr. Rifat Atun; audience members; student; Dr. Jonathan Spector; Dr. Michael VanRooyen; student

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