Save The Dates
October 13-16, 2015

National Association of Health Services Executives
30th Annual Educational Conference, Business Meeting, Exhibition & 20th Everett V. Fox Student Case Competition
New Orleans Marriott
New Orleans, LA
Creating the Blueprint for Sustainable Change: Diversity, Inclusion & Equity In Healthcare

NAHSE SoCal Chapter Reinstated In Southern California
NAHSE South Florida Chapter Welcomes NAHSE National President Roy L. Hawkins, Jr., FACHE

NAHSE Members Honored At The BlackDoctor.org and the John Hopkins Center For Health Disparities Solutions 2nd Annual Top Blacks in Healthcare Awards

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National Leadership
NAHSE National Chapters
NAHSE Committees Membership
National Issues Political & Social Issues Professionals On The Move
Dear NAHSE Members and Friends,

I hope this message finds you all doing well and enjoying the last days of summer. As we approach the fall season, I would like to take the opportunity to share a few highlights for the upcoming 2015 Educational Conference.

This year NAHSE celebrates 30 years of fulfilling our mission through providing world class educational offerings and unparalleled networking opportunities to our members and the healthcare community at-large. We have invited many of the industry’s noteworthy leaders to share their perspectives and insights on the current and future challenges facing the delivery of healthcare services in the United States. I am looking forward to seeing each of you in New Orleans as we honor our rich legacy and continue our efforts towards the future. The 30th annual educational conference also marks a significant milestone in our history as we celebrate the 20th anniversary of the Everett V. Fox Student Case Competition which has emerged as America’s premier student case competition for health administration. To date, more than 400 students have participated in the competition and over $500,000 in scholarships have been awarded. We have a lot to celebrate!

This edition of NAHSE Notes highlights many of the educational activities and networking events hosted by our local chapters. I think it’s important to see what our local chapters are out there doing to support the NAHSE mission. We also spotlight many of our members who are advancing in their respective careers and continuing to contribute to their communities.

Please be sure to read about the NAHSE partnership with the National Medical Association (NMA). We have added a new event this year which we will be highlighting during the conference. The event is called the Health Leadership Case Challenge and is an exciting opportunity for health professionals and physicians to enhance analytical, rhetoric and teambuilding skills through an intensive case analysis and skill building session for all participants.

In closing, thank you for your continued support and dedication to advancing our mission. These efforts are empowering NAHSE to continue the legacy of our founders. I continue to be honored and proud to serve as your National President and look forward to seeing you during the Annual Educational Conference.

Best Regards,
ROY L. HAWKINS, JR., FACHE
National President
National Association of Health Services Executives

“Editorial guidelines are available upon request. Contact NAHSE Today for more information.”

Next submission deadline: 5:00 p.m., Friday, September 25, 2015

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Eboni Thompson, MHSA, Manager, Physician Practice with Holy Cross Health Partners at Asbury Methodist Village, has opened a new geriatric primary care practice in Gaithersburg, MD. The clinic is a partnership between Holy Cross Health and Asbury Methodist Village, a senior living facility in Gaithersburg, MD, which serves 3,500 residents and is the 12th largest CCRC in the country.

With the latest opening, Thompson now currently manages two sites under the Holy Cross Health Partners umbrella: HCHP in Kensington (Internal Medicine - Kensington, MD) and HCHP at AMV (Geriatric Primary Care - Gaithersburg, MD).

This new practice provides easily accessible, high-quality primary care services to independent-living residents at Asbury Methodist Village. The newly renovated 2,739-square-foot primary care site features the latest technology, state-of-the-art examination rooms and a staff of experts in senior care.

Holy Cross Health Partners at Asbury Methodist Village operates Monday through Friday from 8 a.m. to 4 p.m., and provides 24-hour, on-call coverage. This ensures that Asbury residents are able to reach a skilled provider regardless of when a health issue arises. All providers have access to Holy Cross Health’s electronic medical records system, giving them around-the-clock access to the physician office patient records.

Holy Cross Health Partners at Asbury Methodist Village is conveniently located on the Asbury Methodist Village campus, allowing providers to coordinate care and recommendations with on-campus services such as wellness, rehabilitation, assisted living and skilled care. Lab and ECG services are provided on-site. Specimens or blood samples that need to be tested are sent to Holy Cross Hospital.
Empowering the Next Generation of Health Care Leaders Today

National Association of Health Services Executives

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WHY DID I JOIN THE NAHSE?
GIVE . INSPIRE . PROVIDE . FACILITATE . ENCOURAGE . SUCCEED

At the National Association of Health Services Executives,

- We’ve made a promise to be here for our membership;
- We offer outstanding benefits;
- We believe in the power of diversity;
- We have a superb culture within the organization;
- We provide training;
- We believe in a better way to provide health care; and
- We are guided by a core philosophy.

The National Association of Health Services Executives is more than just a membership – it’s a partnership and relationship. NAHSE has been an important advocate promoting the advancement and development of Black health care leaders, and elevating the quality of health care services rendered to minority and underserved communities.

The legal and regulatory issues facing health care executives and hospitals are getting more demanding every day. As a member of NAHSE, I can see firsthand NAHSE’s determination and tenacity to tease out the critical issues facing the health of our communities, and to represent and promote the interest of good, prudent patient care to our legislators.

More than ever, we need people with experience and sound clinical knowledge – such as the staff of NAHSE – in our court during these times. As the regulatory environment increases in complexity, I can’t imagine any individual health care executive or hospital trying to tackle these issues on his or her own.
MISSION STATEMENT

The National Association of Health Services Executives (NAHSE) is a non-profit association of Black health care executives founded in 1968 for the purpose of promoting the advancement and development of Black health care leaders, and elevating the quality of health care services rendered to minority and underserved populations.

NAHSE NATIONAL BOARD MEETINGS

DURING THE NAHSE EDUCATIONAL CONFERENCE
Tuesday, October 13, 2015
New Orleans Marriott
555 Canal St. // New Orleans, LA

UPCOMING ANNUAL MEETINGS

ANNUAL MEMBERSHIP MEETING
Friday, October 16, 2015
New Orleans Marriott
New Orleans, LA

ANNUAL LEADERSHIP RETREAT
December 4-6, 2015
Red Rock Resort Spa and Casino
Las Vegas, Nevada

30TH ANNUAL EDUCATIONAL CONFERENCE

October 13-16, 2015
New Orleans Marriott
555 Canal Street
New Orleans, LA 70130

Call NAHSE for more information
1050 Connecticut Ave. NW, 10th Flr.
Washington DC, 20036
202-772-1030

2014-2015 Editorial Calendar and Advertising Information

2015 WINTER ISSUE
January / February / March
Artwork / Materials Deadline
February 27, 2015
Issue Released
March 17, 2015

2015 SPRING ISSUE
April / May / June
Artwork / Materials Deadline
May 31, 2015
Issue Released
July 1, 2015

2015 SUMMER ISSUE
July / August / September
Artwork / Materials Deadline
September 25, 2015
Issue Released
October 1, 2015

2015 FALL ISSUE
October / November / December
Artwork / Materials Deadline
December 30, 2015
Issue Released
January 15, 2016

The National Association of Health Services Executives newsletter, NAHSE Notes, is published quarterly (Spring, Summer, Fall and Winter) and includes information on the latest regulatory and legislative developments, as well as the quality-improvement and leadership trends that are shaping and influencing the hospital and health system field. Readers get in-depth reporting on the issues and challenges facing hospital and health system leaders today. We make it our job to tell about the great things the organization and Chapters are doing every day to ensure the health of our community.

Editorial guidelines are available upon request. Advertising rates may be obtained by contacting nahsehq@NAHSE.org. Advertisements do not imply endorsement by NAHSE. No part of this publication may be reproduced in any form without written permission of the publisher. Opinions expressed in this publication do not necessarily reflect official policy of the National Association of Health Services Executives.

If you have any news and updates that you want to share with other members in an upcoming issue, please e-mail your items in Microsoft Word or another compatible format to nahse@NAHSE.org. If you have a graphic or picture that you’d like to include, please send it as a separate file.

NAHSE PLUS YOU

- 2015 ANNUAL MEMBERSHIP DRIVE -

affiliation with a local chapter
mid-careerist forum
on-line career center
annual educational conference
annual CEO/Executive program
young healthcare professionals forum

we're working toward 1,000 members

but wait, there's more...

Unsurpassed networking opportunities
Mentoring/coaching from some of the industry’s best and brightest
we live where you live!

We look forward to connecting with our local chapters on this national initiative! Visit www.nahse.org for more information!
NAHSE National Is Looking For You!

- Does your health care career need a boost?
- Would a professional affiliation boost your career path?

THEN, CONSIDER BECOMING A MEMBER...

What is NAHSE?

The National Association of Health Services Executives (NAHSE) is a non-profit association of Black health care executives founded in 1968 for the purpose of promoting the advancement and development of Black health care leaders, and elevating the quality of health care services rendered to minority and underserved communities. Since its inception, NAHSE has sponsored and participated in local and national programs and projects designed to improve quality, access and availability to health services and to expand educational opportunities in the field of Health Services Administration.

NAHSE's purpose is to ensure greater participation of minority groups in the health field. Its basic objective is to develop and maintain a strong viable national body to more effectively have input in the national health care delivery system. It has provided a vehicle for Blacks to effectively participate in the design, direction and delivery of quality health care to all people.

Membership Benefits

Networking Opportunities: Meetings and participation in other activities provide you the opportunity to make a personal connection with other health care professionals.

Professional Projects / Workshops and Educational Programs: Learn from those who are in positions of leadership at their respective institutions. Their years of experience can prove an invaluable tool to those who are not as advanced in their careers.

National NAHSE’s Job Bank and Mentoring Opportunities: Annual meetings and Educational Conferences provide the kind of opportunity, and investment, needed in today’s workplace to assist in the furtherance of your career.

For Additional Information, or to connect with your local chapter, go to: www.NAHSE.org
Healthcare Leaders:  
‘Stay In Your Lane’ With Approach To Population Health Management  
By Jamahal C. Boyd Sr. | Contributing Columnist | May 7, 2015

Healthcare and health service delivery has become more complex recently. Much of the increased complexity is due to healthcare providers and systems’ efforts to expand their services into the realm of population health management. In an attempt to innovate, some providers and systems are trying to respond to the diverse needs of their patient population that extend far beyond what takes place in the exam room.

Not that this isn’t a good idea or approach, but when what providers are planning to do falls outside of the scope of what they do best, or outside of their experience and/or expertise, it becomes challenging. Oftentimes, this can cause providers to over-promise and under-deliver, which can lead to patient dissatisfaction, loss of credibility or consumer confusion.

Staying in our respective “lanes” does not limit our abilities to be innovative; it actually enhances them. In order to identify a service provider’s opportunities to partner with those who have expertise that it lacks, it is important to clearly assess and understand the complete needs of the population that provider intends to serve. It is essential to understand those needs and how they impact the patient’s ability to comply with a provider’s plan of care, thus producing the best health outcomes.

Meeting those social determinants-based needs of the patient could include, but are not limited to: housing, transportation, utility assistance, behavioral health, financial aid, prescription assistance, etc. If a provider or system is an expert at providing the best healthcare or specialty care for its patient population, then that is its lane. But providers can also innovate and effectively meet the peripheral needs of a patient by establishing effective partnerships and leveraging current relationships with those who have expertise in specialized services or service areas in the communities they serve.

Ultimately, when serving and managing patient populations, staying in our lanes allows us to meet our No. 1 goal—to ensure that every patient touched is able to receive top-quality care, coupled with having their social, mental, financial, environmental and personal needs met. Achieving this goal will remove the barriers and challenges that limit patients’ ability to have the greatest access to care, support their positive response to the plan of care advised by their healthcare providers, reduce/eliminate health disparities and improve the overall health of the communities in which they live.

Jamahal C. Boyd Sr. is the director of multicultural competence and inclusion at Cincinnati-based Mercy Health.

The Outmigration Of Care:  
Looking Beyond The Traditional Clinic  
By Christine Guzzo Vickery, CID, EDAC and Jennifer Klund, AIA, ACHA | Contributing Columnists

The primary care clinic traditionally has been the center of the community healthcare system. Yet anyone who has walked through a big-box retail store lately may have noticed that health services are branching out. Now longer restricted to the brick-and-mortar setting of a standard clinic, the outmigration of healthcare services is going where the patients are—in the workplace, the retail store, the community hub, the home.

EVLING TRENDS
This outmigration of healthcare is already impacting facility design, and will continue to do so in the future. Below are several trends driving the outmigration of care as healthcare organizations work to improve access, affordability and health outcomes.

Economics: New federal healthcare legislation has given more people access to health insurance, which in turn has led to a larger population of formerly uninsured people seeking outpatient services. Healthcare organizations are responding with new facilities and new ways to reach patients in various settings. Additionally, many private companies and organizations that offer employer-sponsored insurance are opening wellness centers in their workplaces to supplement traditional clinic visits and support a healthier workforce that translates into cost savings. For example, the American College of Occupational and Environmental Medicine reports that “for every dollar spent on wellness, employers get a return on investment ranging from $2 to $5.” These returns help reduce absenteeism, medical costs and insurance premiums while increasing productivity.

Technology: Technology is changing the way patients receive care. Connected care services across electronic platforms support remote consultation, direct patient care, educational and self-management services. The platforms include telemedicine, tele-health, e-health and mobile health, enabling patients to stream a live consultation with an urgent care specialist from a laptop or use their mobile phone to access online medical records. Patients and healthcare organizations have clearly embraced new technology over the past few years. According to recent surveys, nearly 59 percent of healthcare systems have a mobile technology plan in place, and nearly 74 percent of patients are open to the idea of virtual doctor visits. Technology will continue to impact the outmigration of care.

Convenience: So much of healthcare today is driven by patient choices and patient convenience, and the outmigration of care is all about convenience. Just as the fast food industry discovered that convenience was essential to attracting customers, healthcare organizations are discovering that convenience is essential to building and maintaining a strong patient base in their market. The growth of neighborhood clinics, micro-clinics in big-box retail stores, or wellness centers in corporate headquarters brings services closer to the patient base, making it easier for people to access care.

Chronic Disease: According to the Centers for Disease Control and Prevention, approximately 133 million people in the United States have at least one chronic condition and nearly 75 percent of healthcare costs go to the treatment of chronic illnesses. Addressing diabetes, asthma, allergy, obesity and other rising cases of chronic conditions, healthcare organizations are turning toward community education and preventive care to better monitor and reduce illness.

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Wellness programs once located only on medical campuses are now branching out to convenient community locations where people live, work, and congregate to better meets the needs of the growing patient base.

Wellness and Preventative Care
Healthcare organizations traditionally have been great at treating illness. But changing reimbursement standards are now placing a greater emphasis on wellness and preventative care—essentially preventing illness in the first place. As such, new delivery models are placing a greater emphasis on collaborative, team-based care that focuses on reducing hospitalization, emergency room visits and readmissions.

For instance, the Affordable Care Act encourages the formation of accountable care organizations (ACOs) and patient-centered medical homes. Both of these care models provide safe, cost-effective, quality healthcare services through improved access, better coordination, more preventative care and optimized use of technology.

The collaborative care teams of a medical home include primary care physicians, nurses, medical specialists, health coaches, some licensed complementary care practitioners, medical assistants and support staff. The primary care practice is held accountable for the outcomes of the patients it serves.

In contrast, ACOs connect hospitals, group practices, individual practices (which can include medical homes), and specialized care professionals. There is joint accountability by all providers involved as compensation blends fee-for-service payments with shared savings achieved across the entire care continuum. This includes care provided within and outside of medical homes and other clinical practices—so care provided at hospitals or other ACO member locations is bundled for reimbursement as part of an episode of care.

The core of accountable care and medical homes is preventative care—providing the educational tools and resources to enable patients to better manage their healthcare.

Demographics: As the Baby Boomers get older, a new demographic is emerging. By 2050, the senior population is expected to reach 88.5 million in the United States, with 19 million 85 years or older. These numbers could climb higher depending medical advancements and longer life expectancy. And while the aging Boomers are more technology savvy, well-traveled and active than past generations, they are still facing long-term care and end-of-life transitions that will impact care options. More than 60 percent of this demographic group will likely develop chronic conditions as they continue to advance in years. This means that they eventually will require assistance with daily activities and increased contact with their care providers to maintain quality of life. Yet rather than turning to nursing homes for care, many will tap into advancing technology to monitor and manage their health remotely—feeding into the outmigration of care.

Veterans: As with the growing senior population, there is increasing need to care for veterans with various chronic illnesses. The U.S. Department of Veterans Affairs (VA) has launched a home program for veterans who do not want to live in an institutional setting but cannot live independently. As such, VA medical centers are now providing off-site care coordination programs that include home health aides, skilled home care, home-based primary care, as well as community and VA-operated adult daycare.

Continuum of Care: The outmigration of care ties into a growing focus on the continuum of care, which manages health and wellness through all life stages. If one imagines an acute care hospital as an island in a river, then the upstream service lines include wellness centers, retail pharmacies, physician offices, clinics, urgent care and ambulatory care centers. In the middle of the stream is the acute care hospital to treat acute illness or injury. Moving out of the acute care hospital downstream, service lines include rehabilitation centers, extended-care and long-term acute care, skilled nursing, hospice, and finally full circle to home care again.

The purpose of the continuum of care is to keep the population healthy enough to avoid hospitalization in the first place, and help treat former acute care patients avoid costly hospital readmissions. Most healthcare systems historically have had a strong handle on upstream service lines. Yet emerging care facilities within the downstream services can have as much or more impact on the healthcare system’s financial stability. As such, well-designed post-acute care facilities will be paramount in every healthcare system’s outmigration of care model.

EXAMPLES OF OUTMIGRATION OF CARE
With these emerging trends and demographic shifts in mind, the outmigration of care offers opportunities for existing healthcare systems and entrepreneurs to meet growing market demands.

Self-Service Healthcare: High-speed internet, cellular and Wi-Fi service is making it easier for patients to self-assess their health conditions from their home computers, mobile phones, tablets and wrist band devises. Healthcare organizations are responding by providing interactive, web-based tools designed to improve the assessment phase of the patient’s care. Patients use these tools to self-assess from remote locations at a time that is convenient for them.

Additionally, interactive kiosks located in neighborhood malls allow patients to check their blood pressure or body mass index, test their vision, assess their risk of heart disease, and obtain advice about diet and exercise habits. People answer on-screen questions about their age, gender, allergies, and health symptoms. The software tailors its recommendations to information included in individuals’ completed profiles. It can even provide a list of local physicians and help patients schedule an appointment. Customers typically spend less than five minutes at these kiosks, and once they have set up their private accounts they can retrieve health data in the future free of charge. Self-assessment generally is most useful for minor health conditions, such as a cold.

Retailing of Healthcare: With the recent rise of empty big-box retail spaces nationally, many healthcare organizations are finding cost-effective solutions to their facility needs by converting former stores into clinics. The trend offers built-in benefits—many former stores are accessible to the community, offer ample parking, are integrated with the existing urban infrastructure, have flexible, open floor plates and provide cost effective solutions to building ground-up. Additionally, retail spaces often provide inspiration from the retail industry, prompting healthcare providers to add such consumer-oriented amenities as concierge service, plusher waiting rooms, regional artwork and branded signage to establish a welcoming environment. For patients, retail conversions offer the comfort of familiarity—a well-designed clinic in a familiar residential location helps people feel calm and more in control.

Wellness Centers: Wellness centers promote healthy lifestyles, eating habits and behavior through a continuum of care. Staffed by health and wellness specialists, wellness centers are designed to serve a general population or a specific demographic. Wellness centers include community fitness centers, health campus centers, rehabilitation centers, workplace centers, and spas. Wellness centers offer fitness equipment, classrooms and community rooms for diverse

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The Outmigration Of Care: Looking Beyond The Traditional Clinic
By Christine Guzzo Vickery, CID, EDAC and Jennifer Klund, AIA, ACHA | Contributing Columnists

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programming, from group fitness to health coaching, health-education classes, and community education.

For instance, rehabilitation centers serving post-acute care patients offer a variety of physical, cardiopulmonary and health-enhancing services. Such features may include rehabilitation saltwater pools, running tracks, cardiovascular and strength-training equipment, aerobic and yoga studios, and weight training and massage therapy facilities. Outpatient rehabilitation services range from physical, occupational, speech therapies, sports medicine and hydrotherapy to functional capacity evaluations, impairment ratings, work conditioning and personal training.

On corporate campuses, forward-thinking companies are offering workplace wellness centers to promote health and fitness. Often planned in partnership with health insurance providers, these in-house wellness centers and clinics offer fitness equipment, group meeting rooms and private exam rooms for a variety of on-site programming. Some companies even contract full-time fitness coaches through their insurance providers to offer on-site 9-to-5 health services. Other company health incentives include walking and fitness groups, health club credits, and grocery store discounts for purchasing approved foods. The corporate benefit is a healthier and more productive work force, resulting in increased profit and potentially lower health insurance costs.

Walk-in Micro-Clinics: When we think of the outmigration of care, walk-in micro-clinics are becoming one of the most ubiquitous images of the new emphasis on convenience care. Many walk-in micro-clinics are located near the pharmacy section of big-box retail stores, but they also are showing up in storefronts on pedestrian streets. Walk-in micro-clinics focus on convenient care without an appointment, offering basic health services by a licensed nurse practitioner or physician assistant. The walk-in clinics fill a void in the healthcare system by making healthcare services more accessible to people on the go, but they are not a substitute for a primary care clinic. Most walk-in clinics will diagnose and treat minor ailments, and then refer patients back to their primary care provider.

Home-Based Healthcare: Home-based care was once the typical setting for healthcare services. In the 1930s, for instance, nearly 40 percent of all doctor visits were house calls. By 1980, that percentage dropped to one percent. In recent years, however, that downward trend has begun to reverse. For example, the American Academy of Home Care Physicians noted an increase from 1.4 million home visits in 1999 to 2.3 million home visits in 2009 for patients covered by Medicare Part B plans, largely due to a 50 percent increase in reimbursement for home-based care services.

Surveys predict that the demand for home-based care will continue to increase, whether by in-person physician visits or virtual care. Telemedicine, for instance, is increasing the options for patients to consult with their physicians from home. As the population continues to age and communication and mobile diagnostic technology continues to improve, the options for home-based care and telemedicine will increase. Studies have shown that home-based care can decrease the potential for hospitalization. Such services as at-home hospice for terminally ill or end-of-life care for the aged provide care in a familiar setting, helping ease stress for those most vulnerable.

Conclusion: As with many new phenomena, the outmigration of care is a bit of a throwback to earlier healthcare delivery methods when family doctors made house calls. The outmigration of care simply brings the family doctor back to the Main Street with alternative site options to where people live, work and play. By offering care in a variety of alternative settings, healthcare organizations can improve health outcomes for many patients who might not ordinarily visit a clinic. The outmigration of care also offers real branding opportunities for healthcare organizations to be the provider of choice in their community. Rather than a substitute for the traditional primary care clinic, the outmigration of care will form an important supplement to our evolving healthcare system, bringing healthcare services to the population base and getting people in the habit of seeing a healthcare professional.

CAPTION
Virtua Health and Wellness Center in Voorhees, New Jersey, provides concierge-level service to ambulatory patients in a state-of-the-art facility. Designed around the concept of one-stop shopping, the facility offers an expansive health fitness center with pool, an ambulatory surgery center with four operating rooms, a radiation oncology center, retail functions, med-spa, conference center, day care, café, diagnostic and testing services, and multiple private physician practices.

PHOTO CREDIT
Don Pearse Photographers
Virtua Health and Wellness Center in Voorhees, New Jersey

ABOUT THE AUTHORS
Christine Guzzo Vickery, CID, EDAC, is vice president and Senior Interior Designer with HGA Architects and Engineers in Minneapolis.

She is co-author of MODERN CLINIC DESIGN: Strategies for an Era of Change, with HGA colleagues Gary Nyberg, AIA, and Douglas Whiteaker, AIA, published by Wiley in spring 2015.

Jennifer Klund, AIA, ACHA, is a Medical Planner with HGA Architects and Engineers in Minneapolis.

She was a contributing writer for MODERN CLINIC DESIGN: Strategies for an Era of Change, with HGA colleagues Christine Guzzo Vickery, CID, EDAC, Gary Nyberg, AIA, and Douglas Whiteaker, AIA, published by Wiley in spring 2015.
2015 NAHSE ELECTIONS

This is an election year to determine the 2015-2017 National Officers of our esteemed organization. The Nomination Committee has completed the nominations process and the following candidates have been approved by the Executive Committee to be placed on the ballot:

**PRESIDENT-ELECT** Richelle Webb Dixon  
**TREASURER** Lt. Anthony Coleman  
**SECRETARY** Tracy Garland and Nicole Huff  
**PARLIAMENTARIAN** Clinton Fields

Candidate profiles and their personal statements on the platforms and goals they have identified for the organization are posted on the NAHSE website under About Us, Elections. Voting will take place during the Annual Educational Conference on Thursday, October 15, 2015 from 10:00 a.m. to 5:00 p.m., only financially active members are eligible to vote. For those members unable to attend and vote in person, you can request an absentee ballot from the National Office beginning August 15, 2015. All ballots must be mailed to the National Office and received by October 1, 2015.

For additional information, please contact Beverly Glover or Stephanie Anderson in the National Office.  
202.772.1072 | bglover@NAHSE.org | sanderson@NAHSE.org
Call for Participants

Health Leadership Case Challenge

The National Association of Health Services Executives (NAHSE) and the National Medical Association (NMA) are announcing an exciting opportunity for health professionals and physicians to enhance analytical, rhetoric and teambuilding skills through an intensive case analysis and skill building session. Judges include a diverse group of senior healthcare leaders.

Eligibility criteria:

- A previous NAHSE case competition participant (2010-2014)
- A master’s prepared early careerist with no more than five years of healthcare experience
- A current or aspiring physician executive

Prospective participants need to apply individually by sending a current resume to NAHSENMA@gmail.com. The application deadline is August 26, 2015. We will host one informational conference call for selected participants in September.

Members of the winning team will receive a tailored professional development package to include an executive coaching session along with a unique executive shadowing experience.

Health Leadership Case Schedule

**Wednesday, October 14, 2015:**

**Case challenge introduction (10-11AM):**

- Participants randomly assigned to 4 person teams
- Teams analyze case and prepare their case challenge response overnight
- The case challenge response includes a 15-minute presentation with a 5-minute question and answer session

**Thursday, October 15, 2015:**

**Case challenge presentations:**

- Case development and skill building session (8:00 – 10:00 AM)
- Submit final case (12:00 PM)
- Case Presentations (3:00 - 6:30 PM)
  - Preliminary Round
  - Final Round
- Debriefing Session (6:30 – 7:00 PM)

**Friday, October 16, 2015:**

- Gala and Awards Dinner

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**NAHSE 30th Annual Educational Conference**
New Orleans Marriott

**www.NAHSE.org**

**October 13 – 16, 2015**
S:  
As we approach this year’s elections, our National Immediate Past President & Nominating Committee Chair, Andrea Price questioned the representation of the Nominating Committee and Planning Committee and their ability to operate effectively and efficiently as they are currently designed to-date. Andrea, during her presidency, also made an exception with the past 2013 Nominating Committee because of this same reason. We would like to modify the required representation / membership of these two committees to allow them to be more effective, efficient and representative of the overall compliant membership of the organization. 

B:  
SECTION 8.8 COMPOSITION/FUNCTIONS /DUTIES OF STANDING COMMITTEES AND COUNCILS 

8.8.2 NOMINATING COMMITTEE.  
The Nominating Committee shall consist of a representative from each Local Chapter, and one at-large member appointed by the President, who shall be the immediate past President, or alternate, who shall serve for two (2) years. Members of the Nominating Committee and participating alternates shall not be eligible for successive terms on said committee. Persons eligible for this committee shall be active members of the Association for a period of at least one (1) year prior to serving on the committee.

The Nominating Committee shall solicit, receive and consider suggestions for positions for National offices. All candidates seeking the endorsement of the Nominating Committee shall have their names and résumés submitted to the National Office no later than thirty (30) days prior to the Nominating Committee’s scheduled meeting.

The committee shall meet at least sixty (60) days prior to the annual meeting and select a slate for the offices to be filled, and shall publish and make public to the membership a ballot for the election of officers no later than thirty (30) days prior to the annual meeting.

8.8.6 PLANNING COMMITTEE.  
The Planning Committee shall consist of all the Local Chapter Presidents, and two at-large members appointed by the President, who shall both be members of the Board of Directors. The Planning Committee shall engage in periodic appraisals of significant future problems and opportunities for the purpose of recommending appropriate areas of study by the other committee and by the National Office. The Committee will formulate a Master Plan for NAHSE. This Committee will be called upon to make recommendations to the Executive Committee at the direction of the Board.

A:  
In reference to the National Nominating and Planning Committees, our efforts to better align our organization to our needs today are not being met by the Bylaws as they are currently stated and do not afford us the ability to be as functional as possible. The current stated representation of these two committees also does not take into account the accountability of each chapter and our ongoing effort to ensure compliance.

R:  
Modify the required membership of the National Nominating and Planning Committees to utilize the structure of the Council of Chapter Presidents.

Whereas, the membership of the Nominating Committee would become synonymous to the 8 recognized and selected members of the Council of Chapter Presidents who represent the chapters on the Board of Directors or alternate designated chapter presidents of chapters who are found to be in compliance with our organizational Bylaws. (The alternate would coincide with the Council of Chapter Presidents’ member who is unable to serve.) As with the Council of Chapter Presidents all members of the Nominating Committee will be representative of chapters who are in compliance. Membership of the Nominating Committee would not exceed 9 members (National Immediate Past President and the 8 selected members of the Council of Chapter Presidents).

Whereas, the membership of the Planning Committee would follow the framework of the Council of Chapter Presidents and select 8 representatives, 2 by regions, to serve on the National Planning Committee along with 3 at-large members appointed by the President, who shall be members of the Board of Directors. As with the Council of Chapter Presidents all members of the Planning Committee will be representative of chapters who are in compliance. Membership of the Planning Committee would not exceed 11 members (3 at-large members and the 8 representatives from the Council of Chapter Presidents).

If any member has any comments or feedback he/she would like to submit for consideration, please do so by Friday, August 28, 2015

Respectfully submitted

Jeshahnton V. Essex, FACHE
Chair, National By-Laws Committee
Edward H. Lamb, FACHE
Elected Chairman-Elect of ACHE
By ACHE | March 14, 2015

Edward H. Lamb, FACHE, division president, Western Division, IASIS Healthcare, South Jordan, Utah, has been elected the 2015–2016 Chairman-Elect of the American College of Healthcare Executives. Lamb took office recently at the Council of Regents Meeting preceding ACHE’s 58th Congress on Healthcare Leadership.

As Chairman-Elect, Lamb will serve the first part of a three-year term in ACHE’s consecutive chairmanship offices: Chairman-Elect, Chairman and Immediate Past Chairman.

Edward H. Lamb, FACHE, division president, Western Division, IASIS Healthcare, South Jordan, Utah, has been elected the 2015–2016 Chairman-Elect of the American College of Healthcare Executives. Lamb took office recently at the Council of Regents Meeting preceding ACHE’s 58th Congress on Healthcare Leadership.

As Chairman-Elect, Lamb will serve the first part of a three-year term in ACHE’s consecutive chairmanship offices: Chairman-Elect, Chairman and Immediate Past Chairman.

Board certified in healthcare management as an ACHE Fellow, Lamb served as an ACHE Governor from 2010 to 2013. He served as the ACHE Regent for Alaska from 2001 to 2006. He also has served on numerous ACHE committees.

For more information about Lamb, visit www.ache.org/ldrship/board.cfm.

NAHSE Houston Chapter Attends Pilots and Professionals In School Career Day At Barbara Jordan High School
By NAHSE Houston Chapter | February 18, 2015

10 Pilots and 20 Business Professionals visited 25 schools and spoke to over 4,000 students about their careers. NAHSE members along with other professionals attended area high schools and exposed these young people to healthcare careers many had never known about before.

The NAHSE Houston Chapter focused in on Barbara Jordan High School for Careers to talk to students of the different healthcare careers and the benefits of NAHSE as a student member when attending college.

The students were thrilled to meet all of these professionals.

The Barbara Jordan High School for Careers extends a big “Thank You” to the many volunteers and organizations that helped in this successful week; American Association of Blacks in Energy (AABE), National Association of Health Services Execs. (NAHSE), World Youth Foundation (WYF), Houston Area Urban League Young Professionals (HAULYP), National Society of Black Engineers (NSBE), National Naval Officer’s Association (NNOA), the 100 Black Men of Metropolitan Houston, and the Organization of Black Aerospace Professionals (OBAP).
The National Association of Health Services Executives (NAHSE) presents awards to our members and chapters for outstanding contributions to advancing the mission of NAHSE and for recognition of their significant contributions to the healthcare industry. NAHSE is accepting nominations for the following awards:

1. NAHSE Service Pin Award
2. Building Block Chapter of the Year
3. Percy Allen II, Chapter of the Year
4. Program of the Year
5. NAHSE Image Award
6. NAHSE Promise Award
7. Senior Healthcare Executive of the Year
8. Young Healthcare Executive of the Year

Please go to NAHSE.org for the NAHSE Awards Policy Book. The policy book outlines the purpose and criteria for each award offered. If you have any questions or need additional information, please contact the Committee Co-Chairs at NAHSEawards@gmail.com.

NAHSE Announces Opening Of Housing And Registration
For NAHSE’s 30th Annual Educational Conference & 20th Everett V. Fox Student Case Competition
By National Association of Health Services Executives National Office

The National Association of Health Services Executives is excited to announce the opening of housing and registration for NAHSE’s 30th Annual Educational Conference and 20th Everett V. Fox Student Case Competition. This year’s conference is being held in New Orleans, Louisiana at the New Orleans Marriott, October 13-16, 2015. The conference theme is Creating the Blueprint for Sustainable Change: Diversity, Inclusion and Equity in Healthcare.

REGISTRATION
Please visit the NAHSE website at www.nahse.org, click on the “Conference” tab; you may either download the conference registration brochure or register on-line by clicking “Conference Registration”. The deadline for early registration is August 31, 2015.

A full conference registration admits you to all sessions, forums, Opening Networking Reception, President’s and Leadership Luncheons and the Gala & Awards Dinner. NAHSE members receive substantial discounts on early and regular registration fees. All registrants who indicate that they are NAHSE members will have their membership status verified to ensure that membership is current and valid. If membership is not current or valid, registrants will be contacted to update their membership status or pay the non-member registration fee.

HOTEL RESERVATIONS
A block of rooms have been reserved at the New Orleans Marriott for NAHSE Conference attendees at a special group rate of $219.00 single/double occupancy, 13% state/local taxes and a $3.00 per night occupancy tax. Conference attendees must book your hotel room by Tuesday, September 15, 2015 to receive the group rate. For reservations, call 800-654-3990; please request the group rate for NAHSE 2015 Conference. You may also book your reservation on-line at https://resweb.passkey.com/go/NAHSE2015. Housing at the New Orleans Marriott will be in high demand, so we strongly recommend making your reservations early.

CASE COMPETITION STUDENT HOTEL RATES
A limited room block is available at a special rate of $149.00 single thru quad occupancy plus 13% state/local taxes and a $3.00 per night occupancy tax for Case Competition participants ONLY! Participants should reserve your room for the student rate directly with Brian Parker at brian@parkercm.com or 407-578-22676, the hotel will not honor this rate via the reservation phone line or on-line booking.
NAHSE Washington Metropolitan Area Chapter Supports Global Medicine Initiative in Rwanda & Democratic Republic of Congo

Local Healthcare Executives Launch New Global Medicine Initiative

The National Association of Health Services Executives Washington Metropolitan Area Chapter (NAHSE-WMAC) is expanding its reach within the Washington, D.C. community and now overseas. The Chapter is proud to announce it will donate $1,000 to help provide medical supplies, medical equipment and medical care for those in need living in Rwanda and the Democratic Republic of Congo, Africa as a part of its new Global Medicine Initiative. The initiative seeks to provide medical care to those throughout the world. In addition to the vast array of important programs the chapter is operating in the Washington, D.C. area, this year NAHSE-WMAC’s leadership has committed to expanding its reach and giving back to those less fortunate in countries and communities outside of the United States.

“Healthcare is just not local. We have to be concerned with health disparities around the world,” said Michael Thompson, vice president of NAHSE-WMAC. “As healthcare leaders, public health is a responsibility that is not just in need in the Washington, D.C. area. “

The NAHSE-WMAC donation is specifically earmarked to support The Gift of Giving Medical Missions’ fourth trip to Africa on June 28, 2015 through August 11, 2015.

“The Gift of Giving Medical Missions has clearly demonstrated its ability to provide quality medical care to people in Africa,” said Charlisa Watson, president-elect, NAHSE-WMAC. “Hundreds of people will be able to receive important medical care as a result of this donation from NAHSE’s local healthcare leaders.”

The Gift of Giving Medical Missions is a Foundation established by Dr. Raymon Nelson to provide medical care, medical supplies, medical equipment, medicines and scholarships for those wishing to pursue education in the medical field in under privileged countries.

Every year since 2012, Dr. Nelson and a group of clinicians have gone to Rwanda and The Democratic Republic of The Congo on a medical mission. Many of the people the medical team supports do not have the medical resources or money for basic medical care to survive. Dr. Nelson and team see anywhere from 50 to 80 patients a day and many of them wait for days to see him rain or shine.

NAHSE-WMAC was established in 1978 to educate and develop minority healthcare leaders in conjunction with the American College of Healthcare Executives (ACHE). The local chapter, which is among the largest and most successful in the country, promotes diversity among healthcare organizations throughout Northern Virginia, Maryland, and the District of Columbia. The organization’s members not only participate in many professional development events throughout the year but also improve the Washington, D.C. region and beyond through community service.

For more information about NAHSE-WMAC, visit http://www.nahse-wmac.com/.

Additional support for The Gift of Giving Medical Missions can be made online at http://www.gofundme.com/GiftofGivingMed.

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NAHSE-WMAC Supports Inner City Youth Program

In light of the recent turmoil Baltimore City has witnessed NAHSE-WMAC in partnership with Carter Memorial Community Outreach Center (CMCOC) and James McHenry Elementary/Middle School donated $500 towards their Summer Enrichment Program for 30 children in grades 1-4.

CMCOC assembled a staff of volunteers to include teachers, administrators, social workers and parents committed to giving their time and talent to make a significant impact on the life of children. Al Campbell, President of NAHSE-WMAC states, "As a chapter we are not only dedicated to the health of our communities in the region, but also ensuring we support our youth and families."
It is with great pleasure to inform you of the 2015 recipients for the ACHE Senior Executive and Executive program scholarships. These individuals represent the best and the brightest in the healthcare industry and will do an outstanding job representing both NAHSE and ACHE. Please join us in congratulating James and Anthony on being awarded a full scholarship to these dynamic programs!

James A. Nixon, FACHE
The 2015 Senior Executive is James A. Nixon, FACHE. James is the Vice President of Administrative & Clinical Services at Tift Regional Health System. James served on the 2014 Sponsorship Committee for the Annual Educational Conference.

Lieutenant Anthony B. Coleman
The 2015 Executive is Lieutenant Anthony B. Coleman, Medical Service Corps - U.S. Navy. Anthony is the Chief Financial Officer & Director of Resource Management at the Naval Hospital Beaufort. Anthony is currently serving on the NAHSE Finance Committee.
Take the Pledge to Act to Eliminate Health Care Disparities. Universal and rapid progress in ensuring that every patient receives the highest quality of care is essential to our efforts to meet the changing needs of our communities. As our nation makes the demographic shift toward a minority-majority balance, the need to identify and address disparities in care increases. So does the need to increase diversity in hospital leadership and governance. But our consensus about the need to address these issues is not currently matched by a level and pace of action that will ensure success.

That’s why the American Hospital Association (AHA) is a partner in the **National Call to Action to Eliminate Health Care Disparities**, along with the American College of Healthcare Executives, America’s Essential Hospitals, Association of American Medical Colleges and the Catholic Health Association of the United States.

This group is focused on making progress in three areas we believe provide the greatest opportunities for hospitals to increase the equity of the care they deliver:

1. Increase the collection and use of race, ethnicity and language preference data;
2. Increase cultural competency training; and
3. Increase diversity at the leadership and governance levels.

We are challenging every hospital leader to commit to the following:

1. **TAKE THE PLEDGE** - Ask each of you to pledge to achieve the three areas of the Call to Action within the next 12 months.
2. **TAKE ACTION** – Implement strategies that are reflected in your strategic plan and supported by your board and leadership. Provide quarterly updates on progress to AHA and your board in order to track progress nationally.
3. **TELL OTHERS** – Achieve the goals and be recognized. Tell your story and share your learnings with others in conference calls and other educational venues including social media to accelerate progress collectively.

We intend to expand our national recognition system to honor hospitals and health systems making progress in these areas and will feature their commitment and achievements on our website and through ongoing promotional materials.

If you have questions, please contact us at EquityofCare@aha.org or (312)-422-2630. Please also visit [EquityofCare.org](http://EquityofCare.org) to learn more.
#123forEquity Pledge to Act
to Eliminate Health Care Disparities

I, ___________________________ on behalf of

Name, Title

__________________________________
Organization Name          City / State

pledge my commitment toward the achievement of the Call to Action goals, as outlined below.

☐ 1. Choose a quality measure to stratify by race, ethnicity and language preference (e.g., readmissions or core measures are a great starting point).

☐ 2. Determine if a health care disparity exists in this quality measure. If yes, design and implement a plan to address this gap.

☐ 3. Provide cultural competency training for all staff or finalize a plan to ensure your staff receives cultural competency training.

☐ 4. Have a dialogue with your board and leadership team on how you reflect the community you serve, and what actions can be taken by 2016 to address any gaps if the board and leadership do not reflect the community you serve.

Contact: __________________________________________

Email: __________________________________________

Phone Number: __________________________________

Date: ___________________________________________

Please scan and email this form to the AHA at EquityOfCare@aha.org or visit www.equityofcare/pledge to pledge online.
The Chapter also welcomed two new senior leaders to our area, Shayla Higginbotham, Associate Vice President of Operations at Holtz Children’s Hospital & The Women’s Hospital at UM/Jackson Memorial and Andrea Boyd, Senior Vice President & CEO of Jackson North Medical Center, both long-time NAHSE members that we are happy to have in South Florida. We gave them “Keys to Miami.”

The noon reception was held at the Little Haiti Cultural Arts Center at the start of Haitian Heritage Month and we enjoyed hors d’oeuvres/lunch and giveaways provided by the Greater Miami Convention & Visitors Bureau.

On Saturday, May 2, 2015, the South Florida Chapter welcomed NAHSE national president, Roy Hawkins, Jr. “back” to his home of Miami.

Energetic Roy gave the audience rousing comments about benefits of NAHSE, the upcoming national conference and the membership campaign to 1,000 members.

Chapter President, Christie Grays recognized that South Florida is currently in 3rd place and we are pushing for the top spot!
"We're so excited to celebrate our 20th Anniversary and our first official reunion of all Case Competition Alumni. We look forward to seeing everyone in New Orleans. Please show your school pride by leaving a message or posting a picture on the comment wall!" - Brian Holiday and Tracy L. Prigmore

PLEASE NOTE: YOU MUST BE REGISTERED FOR THE CONFERENCE TO ATTEND THIS EVENT/RECEPTION.

https://www.paperlesspost.com/events/13144345-0b00068a/replies/219622073-cd43dab3/public
20TH REUNION ACTIVITIES

ALUMNI & STUDENT NETWORKING RECEPTION
PAT O’BRIEN’S RESTAURANT
TUESDAY, OCTOBER 13 | 7:30 PM

ALUMNI “SCHOOL SPIRIT” GROUP PHOTO
(casual attire / school paraphernalia recommended)

RECOGNITION OF THE FOX LEGEND Awardees

CASE COMPETITION
PRELIMINARIES AND SEMI FINALS
WEDNESDAY, OCTOBER 14TH

LIVE BROADCAST OF THE CASE COMPETITION FINALS
THURSDAY, OCTOBER 15 | 8:00 AM - 11:00 AM

GALA & AWARDS DINNER
FRIDAY, OCTOBER 16 | 8:00 PM

FOR CONFERENCE REGISTRATION INFORMATION VISIT THE NATIONAL WEBSITE
WWW.NAHSE.ORG
AHS Trustee Michele Lawrence, who chaired the everyone who interviewed Mr. Finley," stated "His commitment to the role of essential provid-
ers and the health care safety net resonated with

Delvecchio Finley, CEO of Harbor-UCLA Medical Center, has been tapped to serve as the next CEO of Alameda Health System, a public safety-net system in Oakland, Calif.

Finley, 38, will begin his new role in August. The vacancy was created when former CEO Wright Lassiter III left Alameda to serve as president and future CEO of Henry Ford Health System in De-

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Finley, 38, will begin his new role in August. The vacancy was created when former CEO Wright Lassiter III left Alameda to serve as president and future CEO of Henry Ford Health System in De-

Daniel Boggan, Jr., a former member of the AHS Board of Trustees, has been serving as interim CEO.

Finley has led Harbor-UCLA since October 2011, after serving as vice president of operations at San Francisco-based California Pacific Medical Center. He has spent much of his career in public hospitals and academic medical centers, includ-
ing roles as division administrator at UCSF, asso-
ciate administrator at San Francisco General Hospital and interim chief operating officer of the Laguna Honda Hospital and Rehabilitation Center, also in San Francisco.

"His commitment to the role of essential provid-
ers and the health care safety net resonated with everyone who interviewed Mr. Finley," stated AHS Trustee Michele Lawrence, who chaired the board search committee, in a press release. "This focus is consistent with our mission and critical to members of our community."

AHS Board President Kirk Miller also noted that Finley was well-suited for the organization’s current emphasis on sustainability, growth and investment.

The American College of Healthcare Executives recognized Finley as its Young Healthcare Executive of the Year in 2014. He also has served as an ACHE Regent for the California Northern and Central Regions and as a past president of the California Association of Healthcare Leaders.

Two Named To Modern Healthcare Top 25 Women In Healthcare

Ruth Brinkley
CEO
KentuckyOne Health

It is with great honor that I an-
nounce Ruth Brinkley, CEO of Kentuck-
yOne Health has been
recognized by Modern Health-
care as one of the "Top 25 Women in Health-
care". Each year, Modern Healthcare and the Furst Group honor women who have demonstrated exceptional leadership within the industry and within their respective communities. These women are also committed to serving as role models for the next generation of healthcare executives.

Brinkley has been the CEO of KentuckyOne Health since it was created through the 2012 merger of Jewish Hospital & St. Mary’s HealthCare and St. Joseph Health System. She joined the Louisville-based system after serving as CEO of Ascension Health’s Carondelet Health Network in Tucson, Ariz. Brinkley, now 63, began her ca-

Patricia Maryland
President, Health Care Operations
COO, Ascension Health

It is with great honor that I an-
nounce Patricia Maryland, Presi-
dent of Health Care Operations and COO at Ascension Health have been recog-

ized by Modern Healthcare as one of the "Top 25 Women in Healthcare". Each year, Modern Healthcare and the Furst Group honor women who have demonstrated exceptional leadership within the industry and within their respective communities. These women are also committed to serving as role models for the next generation of healthcare executives.

Maryland is president of healthcare operations and chief operating officer at Ascension Health, a position she has held since 2013. Maryland oversees a health system with more than 150,000 employees serving more than 1,500 locations across 23 states and the District of Columbia. She previously served as president and CEO for St. John Providence Health System, Warren, Mich., and president of Sinai-Grace Hospital in Detroit. In 2005, Maryland served as chair of the Citizens’ Health Care Working Group, a 15-member panel mandated by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, charged with “making healthcare work for all Americans.”
Suzanne is a passionate healthcare executive with a continuous focus on strategic execution, operational excellence, and building relationships. Suzanne joined John Randolph Medical Center in July 2013 as the Chief Executive Officer. John Randolph Medical Center, a HCA hospital, is a 147 bed medical surgical facility located in the City of Hopewell, Virginia.

A native of Skokie, Illinois, Suzanne has been with HCA since 2002. Prior to her current role, Suzanne was the Chief Executive Officer of Dominion Hospital, Chief Operating Officer at West Palm Hospital, and held other key roles as a healthcare administrator in Florida. Suzanne started her career as a healthcare consultant in the Chicago office of Cap Gemini Ernst & Young after receiving a master’s degree in Health Services Administration from the University of Michigan – Ann Arbor, and her bachelor’s degree from the University of Illinois – Champaign.

Suzanne possesses a strong commitment to community service and professional development. She has been recognized as Success South Florida’s Top 25 Influential Black Women, recognized by Who’s Who is Black South Florida, featured on Executive Leaders Radio Program and interviewed for Volume Five of Profile in Success. In 2014 she was recognized by the National Association of Health Services Executives – Washington Metropolitan Area chapter with the Distinguished Female Healthcare Leader Award and in 2015 she was appointed as ACHE District 2’s Regent At Large.

Over her career she has worked many organizations including: United Way, Fairfax Partnership for Youth, Delta Sigma Theta Sorority Inc., Crisis-Link, Northern Virginia Area Health Education Center, Virginia State University Industry Council and AHA’s Institute for Diversity in Healthcare Management Board of Directors. Additionally, Suzanne has participated with local and state-wide leadership/advocacy programs such as Leadership Arlington and Lead Virginia.

Suzanne Beauvoir-Jackson, FACHE
CEO
John Randolph Medial Center
Suzanne Beauvoir-Jackson, FACHE is the Chief Executive Officer at John Randolph Medical Center, a HCA hospital in Hopewell, VA. Suzanne has been a NAHSE member for a number of years and was recently honored at the NAHSE Washington Metropolitan Area chapter with the Distinguished Female Healthcare Leader Award and has been appointed as ACHE District 2’s Regent at Large in 2015.

These individuals represent accomplished healthcare administrators whose work, often behind the scenes, has created access to healthcare for many African Americans living in underserved communities.

With over 20 years of experience and a Fellow in the American College of Healthcare Executives,
NAHSE Members and Friends,
It is such a pleasure to share great news of our members with you...

Vicky Williams, MHSA
Patient Satisfaction Business Partner
Ben Taub Hospital
2015 SUPER HMWP

Vicky Williams, MHSA, is the Patient Satisfaction Business Partner for Ben Taub Hospital, a world renowned Level 1 Trauma Center in Houston, Texas and a division of Harris Health System. Harris Health is a fully integrated system that cares for all residents of Harris County, Texas and a teaching system for Baylor College of Medicine and The University of Texas Health Science Center. This system includes 2 hospitals (Ben Taub Hospital and LBJ Hospital), 1 rehab and specialty hospital, 16 health centers, 6 school-based clinics, a dental and dialysis center and a mobile health unit.

Vicky, a proven leader with years of healthcare experience, is responsible for driving the overall direction and guidance of Harris Health’s patient satisfaction operational activities. Her objective is to maximize the patient experience and value based purchasing profitability, as well as providing day-to-day consultation and management to Ben Taub General Hospital administrators, directors and staff.

She brings more than 15 years of experience in healthcare with an extensive background in performance improvement, project management, hospital operations, strategic planning, business development and physician and patient relations.

NAHSE member Jessie L. Tucker III, PhD., Executive Vice President of Harris Health System, Administrator of LBJ Hospital in Houston and Southeast Texas Regent of ACHE, described Vicky as a vibrant, highly skilled, hands-on leader that is mission-led, promoting high standards for quality and performance improvement. Others describe her as a no-nonsense, always smiling, get it done optimist and extremely effective leader. Her passion for excellent patient care is weaved into every detail of her professional life. To Vicky, there is only one focus—the patient.

Vicky is a graduate of Texas Southern University where she was a member of the Pi Omega Pi Business Honor Society. Post-graduate studies were done at the University of St. Francis where she received her Master of Science Degree in Health Services Administration.

Presently, Vicky serves as President for NAHSE-Houston, Texas chapter, Past President of the Board of Upperroom Theatre and a past member of the Board for Houston Early Music. Additionally, Vicky is a member of the American College of Healthcare Executives (ACHE) and Delta Sigma Theta Sorority, Inc. She is very involved with various charity events, travels often with her family and enjoys supporting various civic organizations in the city of Houston.

Building the Future

Help support the NAHSE mission to advocate for, educate, and connect leaders in the health care industry. Gain year-round access to leaders in the industry and support NAHSE, its members, and its mission by becoming a sponsor today.

>> Call to Learn more about NAHSE Sponsorships.

www.NAHSE.org

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**Image:** Women are standing together in a group, perhaps at a conference or event, with a flyer in the background. The flyer has a blue background with white text and a logo that reads “National Association of Health Services Executives.”
Save The Dates
October 13-16, 2015
National Association of Health Services Executives
30th Annual Educational Conference, Business Meeting, Exhibition & 20th Everett V. Fox Student Case Competition
New Orleans Marriott New Orleans, LA
Creating the Blueprint for Sustainable Change: Diversity, Inclusion & Equity in Healthcare