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C-SUITE LEADERSHIP EXPERIENCE
MAY 25-28, 2017
HYATT REGENCY SCOTTSDALE RESORT & SPA AT GAINEY RANCH SCOTTSDALE, ARIZONA

SAVE THE DATE
32ND ANNUAL EDUCATIONAL CONFERENCE & 22ND ANNUAL EVERETT V. FOX STUDENT CASE COMPETITION
OCTOBER 17-20, 2017
GRAND HYATT SAN ANTONIO
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NAHSE WELCOMES ITS NEWEST CHAPTER
NEW JERSEY
Greetings NASHE Members and Friends:

Spring is in the air and, with it, we see change as well. Change is everywhere. For NAHSE change is especially evident. Since our last edition, we have seen a transition in our national office with the departure of Stephanie Anderson.

Stephanie has been a tireless supporter of NAHSE serving our membership and she will be missed. With Stephanie’s departure comes the arrival of Krystina Tucker. I would like to personally welcome Krystina to the NASHE family, and encourage all of you to assist in her acclimation to our association.

In December, we met during our Winter Strategy Meeting to develop the priorities for the year and, as promised, we distributed the completed document to the membership in January of this year. Thank you to everyone who participated in the process. That work will significantly assist NAHSE with its future sustainability.

Finally, in January of this year, I addressed the membership regarding the Presidential election and the challenges that we faced. As Congress stands poised to vote on the repeal and replacement of the Affordable Care Act, it would appear that our concerns are warranted. The replacement, in its current form, is estimated to relieve 24 million people of their health insurance. This would be a devastating impact on the communities we serve and would be diametrically opposed to our mission. We, as an association, must stand ready to support those who most need our support.

NAHSE continues to work to provide the best possible support to the membership. Let us look forward to the changes ahead and I look forward working for you as your National President.

Respectfully,
NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES
Anthony King, FACHE, MHSA
National President
NAHSE

CEO & Executive Director
The Wellness Plan
Detroit, Michigan

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On The Cover
Hyatt Regency Scottsdale
Resort & Spa at Gainey Ranch, Scottsdale, Arizona
Home to C-Suite Leadership Experience May 25-28

Inside Stories
C-Suite Leadership Experience
May 25-28, 2017 at the Hyatt Regency Scottsdale
Andwele Jolly, DPT, MBA, MHA, OCS
Honored by S. Louis American Foundation

Patricia Maryland, Dr.PH
Executive Vice President and President and CEO

Phil Okala
Part of Penn Medicine Leadership Transition
A.J. Brooks, MHA
Promoted to Assistant Vice President

President’s Welcome
National Leadership
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Check www.NAHSE.org
Get updates on local and national issues

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.

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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.

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In the past, NAHSE Notes has included some of the following types of information: Advocacy Issues, Legislative Issues, Promotions, Educational Opportunities, Awards, Achievements, Committee Updates, Journal Submissions, Participations, Business Opportunities, Mentoring Experiences, Workshops.

Next submission deadline:
5:00 p.m., Friday, April 28, 2017

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MISSION STATEMENT
The National Association of Health Services Executives 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.

NAHSE NATIONAL 2016 MEETINGS
C-Suite Leadership Experience
May 25-28, 2017
Hyatt Regency Scottsdale Resort & Spa at Gainey Ranch
Scottsdale, Arizona

Annual Leadership Retreat
December 1-3, 2017
Hilton Orlando Lake Buena Vista
Walt Disney World Resort
1751 Hotel Plaza Blvd.
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NAHSE EDUCATIONAL CONFERENCE
32nd Annual Educational Conference & 22nd Everett V. Fox Student Case Competition
October 17-20, 2017
Grand Hyatt San Antonio
San Antonio, Texas

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NAHSE 2017 Editorial Calendar and Advertising Information

2017 SPRING ISSUE
January / February / March
Artwork / Materials Deadline
January 27, 2017
Issue Released
March 1st

2017 SUMMER ISSUE
April / May / June
Artwork / Materials Deadline
April 28, 2017
Issue Released
June 1st

2017 FALL ISSUE
July / August / September
Artwork / Materials Deadline
August 4, 2017
Issue Released
September 1st

2017 WINTER ISSUE
October / November / December
Artwork / Materials Deadline
October 27, 2017
Issue Released
December 1st

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Ascension announced that Patricia Maryland, Dr.PH, will become Executive Vice President and President and CEO of Ascension Healthcare, effective July 1, 2017. The change will take effect following the retirement of Robert J. Henkel, FACHE on June 30, 2017. Dr. Maryland will have responsibility for the strategic and operational aspects of Ascension Healthcare, with more than 141 hospitals and 2,500 sites of care in 24 states and Washington, D.C. She will report directly to Anthony R. Tersigni, EdD, FACHE, President and Chief Executive Officer, Ascension.

“We are blessed to have a leader of the caliber and strength of Pat Maryland in Ascension to take on the additional responsibilities of leading our Ascension Healthcare,” said Tersigni. “I can think of no better way to ensure a seamless transition that will support the continued success of our work in support of our Mission.”

Patricia A. Maryland, Dr.PH
Dr. Maryland has served as President, Healthcare Operations and Chief Operating Officer of Ascension Healthcare since 2013. She previously served as the Michigan Ministry Market Leader for Ascension and the President and Chief Executive Officer of St. John Providence Health System, Warren, Michigan, where she provided strategic and operational leadership for St. John Providence while promoting alignment among health ministries within Ascension Michigan and the System Office on issues related to Mission and Vision.

Prior to that role, Dr. Maryland served as President, St. Vincent Indianapolis Hospital, and also as Executive Vice President and Chief Operating Officer for St. Vincent Health. In this dual role she oversaw operations for St. Vincent Hospitals and Health Services, the flagship tertiary hospital of the St. Vincent system.

Dr. Maryland has extensive experience in strategic planning, patient care operations, service line management, finance, clinical program development and evaluation. Before joining St. Vincent Health, she served as President of Sinai-Grace Hospital and Senior Vice President of Detroit Medical Center. She also served as Executive Vice President/Chief Operating Officer at North Oakland Medical Centers, Pontiac, Michigan, and worked for 15 years at Cleveland Clinic in Ohio.

Dr. Maryland received a bachelor’s degree in applied mathematics from Alabama State University, Montgomery, and a master’s degree in biostatistics from the University of California, Berkeley. She holds a Doctorate of Public Health from the University of Pittsburgh, concentrating in health services administration and planning.

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Ascension announced Patricia Maryland, Dr.PH
Executive Vice President and President and CEO of Ascension Healthcare
Reprinted with the permission of Ascension Healthcare

Continued from page 5

While at St. Vincent, Dr. Maryland served as Chair of the Citizens’ Health Care Working Group, a group mandated by the Medicare Prescription Drug, Improvement and Modernization Act of 2003. She is a member of the American College of Healthcare Executives, National Association of Health Services Executives and the Medical Group Management Association.

Dr. Maryland was named one of the Top 25 Women in Healthcare in 2016 and 2015 by the publication Modern Healthcare, Woman of the Year in 2014 by the Healthcare Businesswomen’s Association, and one of Modern Healthcare’s Top 25 Minority Executives in Healthcare that same year. In 2006 she was given the top healthcare executive award by the Indiana Minority Health Coalition, and in 2003 she received the Leadership in Healthcare Award from the Detroit Chapter of the Southern Christian Leadership Conference and the 2003 Woman of the Year Award from the Beta Omicron Zeta Chapter for outstanding accomplishments in improving and providing quality healthcare. Earlier, the Cleveland Clinic honored her with a Women of Professional Excellence award.

Dr. Maryland has publications covering topics as varied as gerontology, community health and emergency medical services systems. She is also involved with various community associations and sits on many boards.
Why ending disparities in healthcare must start at the top

By Antoinette (Toni) Hardy-Waller, RN, BSN, MJ, CEO of The Leverage Network, Inc.

Among the many lessons from the fractious presidential election is the manifest need for a national dialogue on what it means to be a diverse, inclusive society. There are myriad threads and entry points to such a discussion, but it might start with our healthcare system. Despite decades of reports, the formation of organizations and conferences dedicated to diversity, access to quality healthcare remains out of reach for many minority populations.

A new report by the Brookings Institution, “Time for justice: Tackling race inequalities in health and housing,” finds that when compared to whites, black patients are referred to see specialists less often, receive less appropriate preventive care, have fewer kidney and bone marrow transplants, receive fewer anti-retroviral drugs for HIV and get fewer prescriptions of antidepressants for diagnosed depression. They are also admitted less often than whites for similar complaints of chest pain.

The results of healthcare inequality include: More deaths. Former Surgeon General David Satcher estimates that over 83,000 African Americans needlessly lose their lives yearly from avoidable differences in the quality and quantity of care.

Needless hospitalizations. A Centers for Disease Control and Prevention study estimated that if black Americans had the same adjusted rate of preventable hospitalizations as non-Hispanic whites from 2004 to 2007, the African-American population would have 430,000 fewer hospitalizations.

Wasted resources. It is estimated that racial and ethnic disparities cost Americans $1.24 trillion between 2003 and 2006.

Unfortunately, the disparities may be getting worse. Healthcare reform, which expanded access to care for millions of the disadvantaged, is in serious jeopardy. In addition to ending Medicaid expansion and marketplace subsidies, President-elect Donald Trump’s picks to lead HHS and CMS have also taken issue with the provider side reforms of the Affordable Care Act. Should those be jettisoned as well, it would mean the end of higher funding for community health centers as well as provisions aimed at increasing racial and ethnic diversity of primary care physicians and health professionals, improving the cultural competence of providers and establishing medical homes for Medicaid beneficiaries with chronic conditions.

The time has come for healthcare leaders to look more deeply at these issues, with a goal of change and not just maintenance. Diversity is the goal of The Leverage Network, an organization I co-founded and now lead. Our goal is to increase the representation of African-Americans in healthcare executive leadership, the boards of major healthcare organizations and in major healthcare contracting. We want to bring a hands-on, deliberate and intentional approach utilizing a proven model. That model is to prepare, position and promote networks of highly qualified African-American leaders to take on these executive, board and business opportunity roles.

We are not alone. Earlier this year the AHA, the American College of Healthcare Executives, Association of American Medical Colleges, Catholic Health Association of the United States and America’s...
Why ending disparities in healthcare must start at the top
By Antoinette (Toni) Hardy-Waller, RN, BSN, MJ, CEO of The Leverage Network, Inc.

Continued from page 7

Essential Hospitals announced a goal of eliminating healthcare inequity. They sought to increase the collection of race, ethnicity and language preference data; increase cultural competency training for clinicians and support staff; and increase diversity in governance and management.

We all have our work cut out for us. According to that AHA survey, the percentage of minorities on boards in 2015 was 14% – the same as 2013. Few minorities were in executive leadership positions in 2015; they accounted for 11% of all healthcare executives, a 1 percentage point decrease from 2013. And quite a few of those minority executives held the position of chief diversity officer – not exactly a heartbeat away from CEO. Just 36% of hospital governing boards have set goals for diversity; only 31% have a documented plan to increase minority executives.

So what are the practical steps we can take to finally achieve true diversity? Lloyd Dean, President and CEO of Dignity Health, says health systems must establish cultures of accountability for diversity through ongoing, active recruiting and recommending of minorities for board positions, a process he likens to “building a community of experienced and seasoned candidates.” At Dignity he started by working with his Board to insure diversity on all committees and the Executive Committee of the Board which includes the Chair of the Board. “You need people of color on the Governance and Nominating Committee and the Human Resources Committee, in fact on every committee there is,” Dean said during the inaugural meeting of The Leverage Network’s Healthcare Board Initiative in Las Vegas in October.

Dean has succeeded. A look at Dignity’s board and executive team today reveals the full kaleidoscope of color, gender and ethnicity. Why is it so important to start at the top? That Brookings Institution report has part of the answer. It posits that unconscious race bias – also known as “implicit bias” – though different and less malicious than intentional racism, has equally harmful results. “Because implicit bias is subtle and hidden, it allows discrimination in healthcare to persist although explicit racism is no longer legal or even approved by Americans. Unconscious bias defies the best intentions of physicians, nurses, and clinicians who dedicate their lives to a caring profession,” the report states.

Sheila Talton puts it another way. The African-American CEO of Gray Matter Analytics, which builds data strategies for healthcare providers, Talton serves on the board of John Deere Construction & Forestry Company. She told The Leverage Network audience that metrics are about more than numbers. “In business, if you don’t measure it, it doesn’t get paid attention to. The metrics are about the performance of your organization and then tying that back to the leadership and the board representation.” In other words, diversity at the top is inextricably linked to how well you are serving your patient populations.

My view is that our national dialogue must be a candid, open conversation about race. Until we openly give voice to the problems of implicit bias, inequity of care and the impact of segregation on access to care, we won’t start to achieve meaningful change in healthcare disparities. This has been a scary time in terms of race relations in America. Healthcare has led the way on other issues of social change. Perhaps this is the time for our industry to play a key role in bridging the racial divide, with the ultimate goal of equality in access to quality healthcare for all Americans. Antoinette Hardy-Waller is the CEO of The Leverage Network, Inc. She also serves as vice-chair of the board of Catholic Health Initiatives.

A.J. Brooks, MHA Promoted to Assistant Vice President of WellStar Medical Group Operations, Surgery Division

Submitted by WellStar Medical Group

A.J. Brooks, MHA has been promoted to assistant vice president of WellStar Medical Group (WMG) Operations, Surgery Division. Brooks will be responsible for providing leadership to all WMG surgical physician practices. He will report directly to Stephen Badger and have a dyad relationship with a surgical physician lead supported by Alan Muster, M.D.

A.J. joined WellStar in January 2013 and most recently served as senior director, practice operations for WMG. In this role, he oversaw medical practice development and operations of WellStar’s hospital-based physician services, including hospital medicine, pathology, palliative and radiation oncology practices. Among his accomplishments includes expanding palliative medicine coverage to all legacy acute care hospitals, supporting hospital medicine’s 22% annual volume growth rate, and implementing post-acute, delivery care models with five community-based nursing homes.

Prior to joining WellStar, other roles include regional director, operations for Eagle Hospital Physicians based in Atlanta, and assistant administrator of HCA Chippenham and Johnston-Willis Medical Center in Richmond, Virginia.

A.J. received his bachelor degree from the University of North Carolina at Chapel Hill in health policy and administration, and a master of health administration degree from Virginia Commonwealth University.
Penn Medicine Announces Executive Leadership Transitions

Longtime UPHS COO and HUP CEO Garry Scheib Steps Down; Phil Okala, Regina Cunningham, and Lori Gustave Take On New Roles

Reprinted with the permission of the Source Newsroom at Perelman School of Medicine at the University of Pennsylvania

Garry Scheib will step down from his roles as COO of the University of Pennsylvania Health System and CEO of the Hospital of the University of Pennsylvania this month following more than 17 years at Penn Medicine. Scheib is credited with transformative, collaborative leadership which has led the health system’s hospitals to post industry-leading outcomes and record patient satisfaction scores. Scheib will remain in a part-time role at Penn Medicine, as well as teaching and mentoring.

Three Penn Medicine executives have been appointed to new roles to coincide with Scheib’s transition.

Phil Okala will become Chief Operating Officer for the Philadelphia Region of UPHS. In this role, he will be responsible for program integration across the system’s three Philadelphia hospitals, whose respective leaders will report to him. In Okala’s current role as SVP for Business Development since 2013, Okala has provided executive leadership several key strategic initiatives for the health system, including integration of Chester County Hospital and Lancaster General Health and creation of Penn Medicine’s strategic alliance with Virtua Health System; as well as ongoing efforts for the Princeton Health Care System to join Penn Medicine. Okala came to Penn Medicine 2007 following executive positions at Geisinger Health System in Danville, PA, Roswell Park Cancer Institute in Buffalo, NY, and MD Anderson Cancer Center in Houston, Texas.

Regina Cunningham, PhD, RN, will become chief executive officer of the Hospital of the University of Pennsylvania (HUP). Cunningham, who will be transitioning from her role as chief nursing executive for Penn Medicine, has developed an ability to lead across many clinical and administrative areas as a result of her deep understanding of hospital operations. She has served Penn Medicine since 2011, when she started as associate chief nursing officer of Cancer Services in the Abramson Cancer Center before becoming the chief administrative officer of the cancer service line for the health system.

Lori Gustave has been appointed senior vice president for Business Development for UPHS. She is presently the chief administrative officer for Penn Medicine’s Musculoskeletal & Rheumatology Service Line and chief operating officer for the department of Orthopaedic Surgery, a role in which she oversaw design and implementation of the fully integrated Penn Musculoskeletal Center at Penn Medicine University City and implemented a new disease team care model for the MSKR service line. Gustave has also served Penn Medicine in previous roles including Associate Executive Director and Director of Strategic Planning at Penn Presbyterian Medical Center where she led a variety of strategic growth and operational improvement initiatives across multiple disciplines.

About Penn Medicine

Penn Medicine is one of the world’s leading academic medical centers, dedicated to the related missions of medical education, biomedical research, and excellence in patient care. Penn Medicine consists of the Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania (founded in 1765 as the nation’s first medical school) and the University of Pennsylvania Health System, which together form a $5.3 billion enterprise.

The Perelman School of Medicine has been ranked among the top five medical schools in the United States for the past 18 years, according to U.S. News & World Report’s survey of research-oriented medical schools. The School is consistently among the nation’s top recipients of funding from the National Institutes of Health, with $373 million awarded in the 2015 fiscal year.

The University of Pennsylvania Health System’s patient care facilities include: The Hospital of the University of Pennsylvania and Penn Presbyterian Medical Center — which are recognized as one of the nation’s top “Honor Roll” hospitals by U.S. News & World Report — Chestertown Hospital; Lancaster General Health; Penn Wissahickon Hospice; and Pennsylvania Hospital — the nation’s first hospital, founded in 1751.

Additional affiliated inpatient care facilities and services throughout the Philadelphia region include Chestnut Hill Hospital and Good Shepherd Penn Partners, a partnership between Good Shepherd Rehabilitation Network and Penn Medicine.

Penn Medicine is committed to improving lives and health through a variety of community-based programs and activities. In fiscal year 2015, Penn Medicine provided $253.3 million to benefit our community.
Last year our chapter partnered with Maryland State Highway Association to Adopt-A-Highway and assume the responsibility for maintaining a stretch of MD Route 704-Martin Luther King Jr. highway. On MLK Day 2017, we thought it fitting that we cleaned our piece of the highway in our first community service event of the year. Chapter members, supporters and youth all joined in this worthy effort organized by the Community Service Committee chair, Pernell Williams.

On January 7th, we published our premier issue of the NAHSE-WMAC Law & Public Policy Newsletter. This will be a regular publication of WMAC and will focus on current events in health law and public policy. On January 27th, we held our first Law & Policy webinar focusing on “Issues and Insights on Minority Health and the Trump Administration,” in partnership Crowell & Moring. The webinar was moderated by Stephanie Willis, Counsel in the Crowell & Moring LLP Health Care Group, and chair of our Law & Public Policy Committee.

Furthering the chapter’s commitment to “building the pipeline” of minority health service executives, we will be hosting our first “Healthcare Innovation Competition” in partnership with Georgetown University. This competition is a ‘brain child’ of the Student Committee, led by Christopher King, Ph.D. On March 25th students enrolled in health-related programs, will compete for a cash prize as they present innovative ideas to improve the healthcare delivery system. This is sure to become another chapter signature event!

On April 6th, WMAC once again hosted one of the highlights of it’s program year – the “2017 Minority C-Suite Executive Roundtable.” The event was one of the chapter’s marquis events that is always well attended both for the wide-ranging topics of discussion as well as the opportunity to network with a great group of healthcare professionals. This year’s event promised to be no less exciting, with a cross section of healthcare leaders from around the country. The panel discussion was moderated by Roy Hawkins, COO of Johnson-Willis Hospital.

Members of the Washington Metropolitan Area Chapter (WMAC) came back from Vegas, motivated and inspired by the 31st Annual Educational Conference. We immediately went to work planning our 2017 program year and the first quarter of 2017 is the reward for our efforts. Our goal in 2017 is to build upon the past success of our signature events, while adding new activities designed to attract and engage student members, and to leverage our Washington, DC location by expanding our work around law and policy.

The Washington Metropolitan Area Chapter of NAHSE remains committed to presenting engaging programs for all segments of our membership, from students to mid-careerists and c-suite executives. Whether they work in academia or hospital settings, public health or safety-net organizations, payors or providers, we believe that a NAHSE membership presents a compelling value proposition!

Pictured from left to right: C. Watson, Chapter President, J. Goodwin, Membership Director, A. Campbell, Immediate Past Chapter President, and K. Alford, member at the Annual Educational Conference in Vegas.

Vanessa White, MPH, Secretary of the New York Regional Chapter of NAHSE, has been appointed the new Cardiac Surgery Operations Manager at Yale Medicine. Her scope of work includes administration, finance, operational improvement, business planning and development. This role will support her professional goals as she plans to specialize in hospital operations.

Marlene K. Ford, MPH, is the Chairperson of the Public Policy Committee of the NYR NAHSE Chapter and was recently appointed the Regional Director at Community Healthcare Network. As Regional Director, she is responsible for the operational management and oversight of four health centers. She is accountable for the overall performance of the Centers and will evaluate, enhance, develop and implement strategic initiatives to further the operations and the fulfillment of the mission of the organization. She is also instrumental in building relationships with community providers.

Carle-Marie Memnon, FACHE, is the Associate Director for Education and Academic Affairs at Hospital for Special Surgery. She received the Service Award from the American College of Healthcare Executives and Healthcare Leaders of NY. The ACHIE Recognition Award was presented in acknowledgement of her contributions to Healthcare Management Excellence through her volunteer service to the profession, the Chapter and ACHIE. Carle-Marie also serves as ACHIE Regent-at-Large for District 1 and NYR NAHSE Program Chair.

Vivien L. Salmon, RN, has over 18+ years of collaborative experience in Healthcare Administration, presently she is the Senior Associate Director of the Emergency Department at Harlem Hospital Center, New York City, acute care and mental health facility that is recognized as a Level I Trauma Center with over 90,000 annual visits. Previously, Vivien managed Woodhull Medial Center Emergency Department a Level II Trauma Center in Brooklyn, New York for over 10 years.

Vivien is receiving the Trailblazers Award from the Bronx-Westchester Area of Women’s Mission Society. The award represents women who embody the mission of leadership and community service in their communities and outstanding contribution towards assisting future healthcare leaders. Vivien’s accomplishments include past President of NY Regional NAHSE, currently, Member and Chairperson of the Nomination Committee and Member of NY Regional Advisory Board.

Sylvia White, Chief of Staff, Harlem Hospital and member of NYR NAHSE for many years. Ms. White has worked at Harlem Hospital for more than twenty years serving several Senior Vice Presidents and Executive Directors of Harlem Hospital. In February, she was among four phenomenal women honored at a Black History Month event hosted by newly elected Congressman Adriano Espaillat and NY State Senator William Perkins.
Brian Wofford has accepted the position of Vice President for Heart Operations in Durham County. In this role, Brian will work closely with the ACNO for Duke Hospital Heart Services, Mary Lindsay, as well as with the leadership team at Duke Regional Hospital for all aspects of Heart Services.

Brian currently serves in the role of Vice President of Medical, Surgical and Critical Care Services at Duke University Hospital. He began at Duke in 2010 after earning both a Master of Health Administration and Master of Business Administration at Georgia State University and working for several years in the Veterans Administration Health System.

Since starting his career at Duke, Brian has also worked with teams that include the Duke Cancer Institute, Hospital Administration, Emergency Services and Patient Flow, and Perioperative Services.

He has been instrumental in expanding inpatient capacity at Duke University Hospital and we are appreciative of his many patient-focused process improvement efforts.

Brian will begin his new role full time on May 1 with transition efforts beginning immediately.

The entire team is very excited to begin working with him.
After a national search, Patrick L. Green, FACHE, has been named the new president and chief executive officer of L+M Healthcare and executive vice president of Yale New Haven Health. L+M Healthcare, a member of Yale New Haven Health, includes Lawrence + Memorial Hospital, Westerly Hospital, the Visiting Nurse Association of Southeastern Connecticut, and other ambulatory services throughout the market. Green, whose appointment is effective June 5, 2017, will succeed Bruce Cummings who announced his retirement in January.

Green is currently the senior executive vice president and chief administrative officer of St. Anthony Hospital, a member of Centura Health—the largest health system in Colorado. St. Anthony Hospital is a Level 1 Trauma Center in Lakewood, CO, where Patrick is also responsible for a market that consists of a vast ambulatory network that includes neighborhood health centers, ambulatory surgery centers and urgent care centers. Green began his tenure at St. Anthony Hospital in 2012 as chief operating officer, and was instrumental in achieving unprecedented growth as well as strong financial viability and operational excellence. In addition to hospital strategic and daily planning, Green is responsible for the operational oversight of systems of care, including oncology, neurosciences, the heart and vascular care programs for the mountains and north operating group.

“We are delighted to attract someone with Patrick’s talent as the new president of Lawrence + Memorial,” said Marna P. Borgstrom, CEO of Yale New Haven Health and Yale New Haven Hospital. “He brings a wealth of experience running organizations within complex health systems. As we continue to develop the recent affiliation of L+M with Yale New Haven Health, Patrick will play a critical role through his hospital and health system responsibilities.”

“Working collectively with our colleagues at Yale New Haven Health, we were able to generate an exceptionally strong list of candidates for the president and CEO position at L+M,” said Alan Hunter, chair of the L+M Healthcare Board of Trustees. “We are very pleased to welcome Patrick to our organization and believe that he will bring the type of exceptional leadership that these uncertain times demand.”

Patrick is an accomplished healthcare executive with over 19 years of experience leading non-profit health systems and academic medical centers in complex markets and has a successful track record of community involvement, associate engagement, and building physician relationships.

Green, a fellow of the American College of Healthcare Executives, earned a bachelor’s degree from Langston University in Langston, OK, and an MBA from the University of Central Oklahoma in Edmond, OK. Green, his wife LaNece, and their son Peyton are looking forward to their move to New England.

L+M Healthcare has served patients and families along the southern New England shoreline for more than 100 years. The three entities that make up L+M Healthcare include Lawrence + Memorial Hospital, Westerly (RI) Hospital and the Visiting Nurse Association of Southeastern Connecticut. The system entities serve more than a dozen coastal communities in Connecticut and Rhode Island, as well as the New York community of Fishers Island. L+M Healthcare is part of Yale New Haven Health.
Cynthia Walters, Ed.D. and Vince Ford, SC Chapter of NAHSE selected for award from national leadership program to eliminate racial and ethnic disparities in health care

The Disparities Leadership Program is the first program of its kind in the nation, use of Disparities Leadership Program tools and strategies to eliminate racial and ethnic disparities in health care. The program is led by the Disparities Solutions Center at Massachusetts General Hospital (MGH) in Boston, Massachusetts.

The Disparities Leadership Program aims to create leaders prepared to meet the challenges of health care transformation by improving quality for at-risk populations who experience disparities. The program has three main goals: To arm health care leaders with a rich understanding of the causes of disparities and the vision to implement solutions and transform their organization to deliver high-value health care. To help leaders create strategic plans or projects to advance their work in reducing disparities in a customized way, with practical benefits tailored to every organization. To align the goals of health equity with health care reform and value-based purchasing.

“This program is about developing new leaders and taking action. It is about helping individuals and their health care organizations understand the critical connection between improving quality and eliminating disparities in care through a concerted, coordinated effort to change our health care system,” said Joseph R. Betancourt, MD, MPH, Director of the Disparities Solutions Center at MGH, and a member of the Institute of Medicine (IOM) Committee, which produced the 2002 landmark report Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care.

This report revealed striking disparities in the quality of health care services delivered to minority and white patients -- even for patients of the same socioeconomic background and access to care. “These health care organizations are clearly distinguishing themselves as national leaders by taking action to identify and address disparities, and their hard work and accomplishments are worthy of recognition” Dr. Betancourt said.

The Disparities Leadership Program is jointly sponsored by the National Committee for Quality Assurance (NCQA), and supported by Joint Commission Resources (JCR), an affiliate of the Joint Commission.

NAHSE Houston Chapter Kicks Off 2017
Submitted by NAHSE Houston Chapter

The NAHSE Houston Chapter got 2017 started by having a Board Member Leadership Retreat, hosted by the Barbara Jordan-Mickey Leland School of Public Policy at Texas Southern University on Saturday, January 8th. The board focused on team building, member recruitment, fundraising, and establishing closer ties with graduate programs and healthcare institutions across the city, and set goals for the calendar year in each area. Given the length of the retreat, members were treated to NAHSE-themed snacks from a local small business owner/nurse practitioner, as part of NAHSE’s participation in the Black Professional Alliance’s ‘Buy Black’ campaign.

The chapter’s initial Membership Kickoff Mixer, originally scheduled for January 18th, was postponed due to weather, however the rescheduled event, held March 8th at UnWine Wine Bar in Houston’s historic Third Ward reached near capacity at the venue. In between, chapter members participated in the January 20th Rice University Diversity Conference, covering C-Suite careers in Healthcare; the February 16th Black Leadership Forum, & gave a healthcare pricing presentation to members of the Houston Area Urban League Young Professionals.

One of the focal points for the year is professional development, and the chapter has actively collaborated with the South East Texas Chapter of ACHE to share best practices, educational opportunities, and grow both organizations. We are working together on making ACHE quarterly educational events more accessible to NAHSE members (first one taking place on February 23rd) & making NAHSE Houston programming eligible for ACHE credit towards fellowship designation. In addition, we’ve held preliminary discussion with EdOpp Solutions, a Black-Owned Change Management firm, about developing development tracks for Early & Mid-Careerists. Stay in touch with us at nahsehouston.com.
# National Association of Health Services Executives

## National Chapters

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*Empowering the Next Generation of Health Care Leaders Today*
“WHAT IF WE COULD ALL BE HEALTHCARE PROFESSIONALS?”