HPM Faculty Investment Program

HPM allocates portion of department surplus in an effort to invest in HPM faculty

Primary sources of external funding for faculty research are consistently declining. At the same time, applications for grants are increasing. Most notably, the National Institutes of Health (NIH) budget has lost 25% of its purchasing power over the last decade. The NIH R01 grant is the oldest grant mechanism used by the NIH, providing support for health-related and development based on the mission of the NIH. HPM faculty traditionally rely on these and other grants, but the current funding environment has become increasingly challenging.

In this challenging economic environment, HPM has just implemented a new initiative designed to fill part of the funding gap. The department is playing a role in shaping the future of the healthcare system and public health by funding research that will help to produce a more equitable and more efficient health system. The goal of this initiative is to support HPM faculty in their effort to produce interesting and important research.

In addition to the funding opportunity, Dr. Sparer ensured the process was accessible. The applications are simple, requiring much less paperwork than what the NIH and private foundations require. A completed application consists of six pages and an attached budget. "It was so nice to just focus on the content of the project, and not the red tape," Professor Tal Gross said.

Professors Jack Rowe and Michael Sparer reviewed the applications and selected five projects to receive funding (see page 2 for project descriptions). "We received very high quality research proposals from several HPM faculty," noted Dr. Rowe. "I’m confident they will yield valuable new insights in a number of areas central to the department’s scholarly portfolio." The funding for the projects will begin January 1, 2016, so there has been almost no lag time between application and announced funding. Another round of grants will be open in the spring.

HPM will offer two types of investments. The first is pilot funding for projects that will lead to larger and more long-term external grant funding. Second, the department is fully funding a small number of initiatives. The total investment in this first round of funding will be roughly half a million dollars. These innovative initiatives represent a major investment in the HPM faculty and in their research goals.

The idea for this program stemmed from an HPM National Advisory Board discussion,” says Dr. Michael Sparer, Professor and Department Chair. “I was excited to create an initiative that directly funded faculty research. I hope this is the start of a long and successful funding opportunity.”
Congratulations to the Recipients of HPM’s Faculty Research Support Awards

Lawrence Brown, PhD
The ACA CO-OP Program

The Consumer Operated and Oriented Plan program, launched in section 1322 of the Affordable Care Act of 2010, authorizes low-interest loans for non-profit health insurance plans owned and operated by their members. Twenty-three such plans, designed to provide a distinct presence in the increasingly for-profit health insurance industry, launched operations, but as of fall 2015 their ranks are thinning quickly. Dr. Brown will examine the rise and development (and in some cases, demise) of a small sample of the COOPs. The research proposed here will try to explain why some COOPs have fared better than others. He will also explore the larger implications of this exercise in organizational innovation for health reform in the United States.

Nathan Dong, PhD
The Effects of Healthcare Reform on the Financial Management of Not-for-Profit Hospitals

Effective revenue cycle management, from reducing patient waiting time to increasing claim processing efficiency, plays a crucial role in hospitals’ efforts to improve their financial performance. The magnitude of net patient revenue and the speed to convert accounts receivable into cash not only enhances a hospital’s liquidity but also directly affects a hospital’s profitability and its ability to build equity to ensure the hospital’s long-term financial viability. As a result of healthcare reform, revenue cycle management will become more important in the future. Using financial and operating data for all not-for-profit US hospitals for 2005 to 2014, Dr. Dong will examine the post-reform changes in hospitals’ performance at managing the revenue cycle, profitability and ability to build equity capital and analyze their cross-sectional variation.

Tal Gross, PhD and Tim Moore, PhD (George Washington University)
Home Heating Oil, Federal Subsidies and Mortality: A Pilot Proposal

Each winter, millions of Americans face the prospect of daunting heating-oil bills. For some, when the winter is especially cold or home heating oil is especially expensive, making ends meet is a challenge. For the past thirty years, a large federal program, the Low Income Home Energy Assistance program, has distributed federal subsidies to help such families. Remarkably, no researchers have studied the program’s effects. Drs. Gross and Moore will do so.

Miriam Laugesen, PhD and Michael Gusmano, PhD
The Use and Effectiveness of Fee-for-Service Reimbursement in Cross-National Perspective

Other countries use fee-for-service reimbursement and have successfully melded fee-for-service to quality measures. In the US new reform models largely incorporate value-based purchasing within the established fee-for-service system, but such quality measures do not address the issue of cost growth. Understanding how countries with fee-for-service reimbursement have developed similar hybrid models—while containing costs—is important to address cost-growth in the longer term. To understand how other countries have successfully addressed both cost and quality, Drs. Laugesen and Gusmano will investigate payment methods, including quality measures, and cost-containment methods, to provide information to policymakers interested in improving quality and cost-growth.

Nan Liu, PhD
Patient Behavioral Economics and Operations Management in Community Health Centers

Community Health Centers (CHCs) are the primary care safety net in the US. They play a prominent role in reducing health disparities and promoting health. However, they are usually financially stressed and understaffed. Dr. Liu’s research provides decision support to improve operational efficiency in CHCs whose patient populations are often difficult to manage due to the uncertainties and lack of reliability in patient behaviors. Dr. Liu will use a data-driven modeling approach to optimize operations management in CHCs, taking into account these patient behaviors.
Message from the Chair

Welcome to the Fall 2015 issue of The Link! The cover story describes the department’s first internal grant program, under which we are providing funding for five faculty research projects. The funded projects include explorations of the ways healthcare providers (hospitals and community health centers) are adapting to the transforming health system, an examination of the recent effort to encourage new non-profit CO-OP health plans, an evaluation of the health impact of a federal program that subsidizes home heating oil for low-income families, and a cross-national study looking at physician reimbursement practices. These studies are extraordinarily important and illustrative of the great work that our faculty engages in. I am so pleased that we are able to find funds in our budget to support these projects, especially given the increasingly difficult external funding environment. I will update you on the progress of these studies in future issues of The Link, and let you know as well of additional internal grants we fund.

This issue also profiles Assistant Professor Miriam Laugesen, who is the nation’s leading scholar on the politics of physician reimbursement. The importance of this work cannot be overstated: while most analysts agree that the high cost of American healthcare is due in large part to the high price we pay for medical services, there is less of a consensus on why prices in the United States are so much higher than elsewhere. This is the question that Miriam’s work addresses, and her conclusion has important policy implications, and also provides an important challenge to the assumption that organized medicine has lost much of its policy influence. Miriam is now finishing her book on this topic (soon to be published by Harvard Press), and she (and colleague Michael Gusmano) are set to examine the rate setting process in other nations, relying on funding from the HPM internal grant program!

Of course research is just one part of the HPM mission, and this issue of The Link also profiles a current student and a recent alum; after reading these profiles you’ll understand why we are so proud of our academic programs. Rachel Key joined our MPH Program after spending time creating public health curriculum for a high schools in China! After her graduation in February 2018 (with an MPH from Mailman and an MPA from SIPA), she plans to work on issues of access to primary care in low-income countries. James Holahan, in contrast, who graduated from our Part-Time Management Program last year, continues to work here in New York, as a Research Operations Manager at Weill Cornell Medical School. James also has co-founded Re-MATCH, a non-profit through which Mailman alums mentor local high school students interested in careers in the healthcare industry.

This issue of The Link contains many other articles and short notes that provide a glimpse into the wide range of people and activities that are part of the HPM community. There is a summary of the HPM Roundtable Discussion with NYS Health Commissioner Howard Zucker. The issue also has an article on our newly created Alumni Advisory Board, a group that will help decide on programs, events and activities, while also mentoring current students. Thanks so much to the 21 alum who have agreed to be part of this group. There also is a short article on the HPM Practicum Day, a summary of the four new HPM courses that will be offered for the first time this spring, and a host of news and notes about faculty, students, staff, and alums!

As I write, the semester is winding down, and we are all getting ready for the holiday season. I hope everyone reading this note has a chance to relax and unwind over these next few weeks (and can catch up on your reading about HPM!) But most of all, I want to wish the entire HPM community happy holidays and wishes for a wonderful 2016.

Michael Sparer, PhD, JD
Professor and Chair
Department of Health Policy & Management
Rachel Key always thought she knew exactly what direction her life was headed. With her confidence, her contagious energy and her self-described Type A personality, it’s easy to imagine her accomplishing most anything. “I wanted to be a doctor,” she says, “but not only a doctor...I wanted to be a neurosurgeon because it’s the highest level that I could possibly achieve.” Key was in her senior year at Brown finishing her degree in neuroscience when she was first introduced to public health. “I started taking classes like HIV/AIDS in International Perspective, things that I considered softer medicine,” she remembers, “but I came to find out—this is public health!” At this point, Key’s post-graduate strategy was firmly in place: she planned to move to Haiti and work in a hospital and then apply to medical school. Things were on track until she received some bad news, “I got my plane ticket, I sold my car, and a week before graduation an administrator from Haiti called me and said it wasn’t going to work, they didn’t have enough money and support. And I was crushed.”

With the recession in full swing and the expense of medical school looming, Key decided to rethink her plan. In the summer of 2009, she took a job teaching English in Korea. “At the time I thought teaching English was a random choice,” she says, “but it wasn’t. I had always wanted to travel as an undergrad, and I knew I would never get to see the world if I didn’t go, so that led me to Korea.” After a year and a half in Korea, Key transitioned to Columbia for its multilateral study track. With her rekindled interest in public health, Key decided to rethink her plan. In the summer of 2009, she took a job teaching English in Korea. “At the time I thought teaching English was a random choice,” she says, “but it wasn’t. I had always wanted to travel as an undergrad, and I knew I would never get to see the world if I didn’t go, so that led me to Korea.” After a year and a half in Korea, Key transitioned to teaching science at Fudan International School in Shanghai. While at Fudan, Key helped to integrate the school with other international schools in China, and in the process, she landed a job at Concordia International School in Shanghai, the most highly regarded international school in Asia.

At Concordia, Key was given flexibility to choose the courses she wanted to teach and ultimately to develop her own program of study. “I didn’t only want to teach sciences,” she recalls, “I wanted to be involved with something that gives back, something that included community-based service learning.” With this passion driving her, Key implemented an interdisciplinary public health curriculum—the first of its kind at Concordia. This Global Development and Public Health course trained students to gather information in the field, build and implement a healthcare curriculum and tabulate health outcomes. Key participated in all aspects of the program, including coordinating and leading trips to rural areas in China. One such trip took Key and her class to a village in rural Yunnan. There, they performed a needs assessment, designed a healthcare curriculum and returned to the village several months later to conduct advocacy sessions, where they instructed locals from the village how to teach the healthcare curriculum. Several months after the program was implemented, Key returned with her students to conduct a program evaluation. The project has since been established as a long-term program—the Health Education Advocacy & Literacy Program (HEAL), which is still flourishing at Concordia.

Another program that Key helped to establish during her tenure at Concordia was the Liberian Development Project. She became connected with a small Liberian community in Shanghai, and through them learned about the need to improve the quality of care within the network of barefoot (untrained) doctors serving in Liberia. Key and her students developed a healthcare curriculum and a budget to go to Liberia and implement the program. Unfortunately, six weeks before the group was scheduled to depart, the first case of Ebola was reported. “The kids were disappointed, but they were proud of the lesson plans that they developed, which was eventually implemented by a team of nurses.” Key recalls, “This experience impressed upon them the notion that you don’t need to be a doctor to make real change in the world.” The programs that Key built from the ground up at Concordia are thriving: more teachers have been hired and the program has expanded to a second year, where students create their own independent research study projects. Several of these independent student projects have garnered success not only in the classroom, but in the world at large.

With her rekindled interest in public health, Key returned to New York for graduate school. She was drawn to Columbia for its multilateral study track—she is currently enrolled as a dual degree student, on track to earn an MPH from Mailman and an MPA from SIPA. “I think the two degrees dovetail really nicely,” Key says. “I get the heft of the public health context at Mailman, and the MPA is important because governance plays a huge role in public health, so I want to learn more about the policies that govern the economics.” After graduating, Key wants to help increase access to primary healthcare in developing countries. “Based on what I learned from working in China,” she says, “I think the best way to do that is high level global policy—informing and implementing global health policy as it pertains to developing countries. I think the best way to do this is through multilateral organizations, like the World Health Organization.”

For now, Key is content to be back in school finishing up her first semester in the CORE. She is pleasantly surprised by how much she is enjoying learning about the US healthcare system, after most of her focus has been on global systems, and she is excited to take Health Economics next semester. She is also invigorated by the professors here at Columbia. “When you spend a decade being a teacher, you really appreciate learning,” she recalls. “You realize how taxing it is to have that energy for your students and to keep going, and here at Columbia, it seems like it feeds all the teachers. They seem to gain energy from interacting with the students. And they’re experts in the field, and they have practical experience.”

“What’s funny is, for so long I thought I was lost,” Key says, reflecting on her non-linear career path, “but I wasn’t. It was a gradual transition from hard medicine and the desire to be a doctor to realizing there was more out in the world. Every step brought me closer to where I am now, and I’m so happy to be here.”
Q & A with James Holahan (PTM ’15)

PTM alum James Holahan discusses his education, his career path and the challenge to educate the next generation of healthcare leaders

From an early age you had plans to become a doctor, but you ended up pursuing an MPH in healthcare management. How did your educational experiences affect this trajectory?

At the age of five, I received the Fisher Price medical kit for Christmas, and from that day on I thought my fate had been sealed. With plans of becoming a doctor, I was accepted into the Bergen County Academy for Medical Science Technology (AMST), which is a magnet high school in Northern New Jersey that supplements a traditional didactic program with an advanced medical science curriculum, research opportunities in biology and engineering, and year-long internships in a wide variety of healthcare settings. Although I continued to pursue the path to become a doctor by studying pre-med at Princeton University, the early exposure to a variety of healthcare careers was a formative experience in my future development.

How did you come to learn about careers in healthcare management, and what surprises did you encounter along the way?

Princeton graduates are required to write a thesis during their junior and senior years in their chosen field of interest. As a senior, I opted to conduct a clinical research thesis and soon was immersed in the intricacies of a field that I had only observed from afar. After graduation, I continued to explore how I could leverage my science background into a career in research and found, to my surprise, that I was drawn more to research operations than the actual conduct itself. I have since held roles in research compliance, grants management, research design and strategy, technology transfer and entrepreneurship, and operations. The biggest surprise has been how much there is still to learn in this ever-evolving field.

You’ve spent your career at Weill Cornell Medicine. In your new role as Associate Director of Center Operations at the Clinical and Translational Science Center, what are some of the projects you’re excited to work on? What challenges do you anticipate?

My time at Weill Cornell Medicine has been a great learning experience. I have had the opportunity to serve in a variety of roles related to research administration and operations. The Weill Cornell Clinical and Translational Science Center is one of more than 50 centers in 31 states nationwide, representing NIH’s largest single investment in clinical research, which catalyze improvements across the entire spectrum of translational research through efforts to broadly develop, demonstrate and disseminate health interventions.

While studying at Columbia, I served as the center’s Innovation, Strategy & Development Manager, directing strategic initiatives to promote biomedical research and transform commercially viable products into pre-seed stage companies. In my current role as Associate Director of Center Operations, I oversee our clinical and translational research units, including the Adult and Pediatric Inpatient and Outpatient Units; General, Molecular and 3D Printing Core Laboratories; Nutrition Research Core; and Translational Research Support Team, consisting of research nurses, technicians and coordinators. In addition, I work with the other centers across the country to coordinate larger initiatives and align research strategy.

Recently, the National Center for Advancing Translational Sciences (NCATS) embarked on a complete re-examination of their strategic plan to tackle system-wide scientific and operational problems to make our nation’s clinical and translational research enterprise more efficient. This poses a challenge because, while some programs will remain intact, others will need to be completely revamped in order to adapt to new priorities.

One of the biggest challenges at the moment has been creating an infrastructure with appropriate capacity to accelerate the implementation of large, multi-site clinical studies. The delays in study start-up and the related cost burden have been attributed in part to review of one protocol by multiple Institutional Review Boards (IRBs), to the
lack of user-friendly budgeting support, and to the absence of standardization of supporting research contracts and site qualification. I am currently working with the national consortium to develop innovative approaches that take advantage of local research and training environments and leverage it towards building network-wide capacity. These initiatives include developing harmonized IRB reliance agreements for centralized review, standardizing research staff training and streamlining the contracting process.

You’ve recently co-founded Re-MATCH, a nonprofit run by Mailman MPH alums that offers high school students the opportunity to connect with young professionals currently working in the healthcare industry. What was the impetus for starting this program? What are the organization’s goals?

Shortly after graduating from Mailman earlier this year, I co-founded Re-MATCH (Redefining Mentorship, Access and Training for Careers in Healthcare), a 501(c)(3) nonprofit that provides opportunities for working healthcare professionals to mentor and educate the next generation of healthcare leaders. Re-MATCH is 100% volunteer run and relies on the skills of Mailman graduate students and alumni who have a passion for volunteering, mentorship and giving back through community service. Part of Re-MATCH’s mission is to empower young healthcare professionals to be part of their local community so mentors will benefit both from counseling students as well as networking with other young professionals in their field.

Far too many of our youth have treated college preparation and workforce development as mutually exclusive options. Traditional classroom-based approaches alone do not equip young people with all of the skills and abilities they will need in the workplace. This has led to a skills gap in which many young adults are ill-equipped to succeed in the 21st century workforce. High school students preparing for a career in the healthcare industry are unaware of the full spectrum of opportunities in this rapidly changing field, and they lack the skills needed to attain their chosen profession. By engaging high school students early in their education, Re-MATCH provides career-oriented mentorship and exposure programs that provide in-depth training for careers in healthcare.

We are proud to name you as an HPM alum of the Part-Time Management (PTM) Program. Can you talk about your experience at Mailman? How did the program affect your career path or alter your perspective on healthcare management?

Mailman was a great experience and came at a time when I was looking to strengthen my skills through formal education. What appealed to me about Mailman, aside from its stellar reputation and world-renowned professors, was the cohort-based model, which allows a group of students to progress through the program as a team. As a part-time student, we had a limited amount of time on campus, so getting to know my peers through sustained contact over two and a half years was essential to building a meaningful bond. Not only are my classmates now some of my closest friends, but they continue to provide a source of knowledge, experience and expertise as we navigate our careers in healthcare.

What advice would you give to current or prospective PTM students?

The best advice that I received at Mailman was imparted by Professor Tom Ference during our initial orientation meeting. He told us that if there is something that we really love doing, not to stop doing it just because we are now in school part-time. I was later reminded when Professor John Winkleman took issue with the phrase “work/life balance,” as he quite rightly points out that this is all a part of life. In my cohort, I saw students continue to play sports and enjoy hobbies, embark on new careers, and even get married and start families, all while succeeding in the program. With the right time management skills, prospective PTM students shouldn’t feel like they need to put their lives on hold just because they’re adding school into the mix.

What are some of your hobbies and interests outside of your professional life?

I view myself as a jack of all trades, master of none – well, after graduation, maybe now I’m a master of one. I’m always looking for new hobbies. I got my sailing certification last year and dream of joining a Caribbean regatta. I’m a big racquet sport enthusiast, playing tennis most evenings and recently started taking squash lessons at the Columbia Club. For the past few years, I have also been on the Board of Directors of Giving Opportunities to Others, a nonprofit with chapters in NYC and Boston that helps bring arts education to inner city youth.

“By engaging high school students early in their education, Re-MATCH provides career-oriented mentorship and exposure programs that provide in‐depth training for careers in healthcare.”

For more information about Re-MATCH, including how to become a mentor, visit www.re-match.org
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Harvard.

Miriam Laugesen has been immersed in

studying public policy for as long as she can

remember. “I've been doing policy since I was

eighteen in my first year of college, and some

would say before that,” she laughs. “My

parents were both public health people, so I've

been learning about it my whole life.”

Originally from New Zealand, Laugesen was

interested in pursuing a career in public policy.

She was awarded a Fulbright and spent a year

at Washington University in St. Louis where

she earned a master's degree in political

science. After returning to New Zealand,

Laugesen was faced with an important choice,

“I had two job offers, one in health services

research and one working for the government

on education policy,” she remembers, “I was

interested in public policy in general, so I could

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The breadth of Laugesen's research is

impressive—her research topics have ranged

from assessments of the New Zealand

healthcare system to an in-depth study

evaluating the Bloomberg administration’s

implementation of public health policies in

New York City. Lately, Laugesen has narrowed

her focus to researching physician payment

and healthcare pricing, “I find it fascinating,”

she says, “and it's important—financially,

economically, and politically.” A few years ago,

Laugesen collaborated with former Columbia

faculty member, Professor Sherry Glied, on a

groundbreaking project which compared the

high cost of medical services domestically and

abroad. In order to examine the cost of

medical procedures in different healthcare

systems, they chose two specific services—hip

replacements and office visits—and controlled

for the differences. “What's left is unexplained

price variation,” Laugesen says, “even if you

adjust for cost of living and medical education,

fees and physician incomes in the US are much

higher than anywhere else.”

Laugesen is currently finishing a book that

focuses on how the government makes decisions

on the relative worth of services for the

Medicare program. Inconsistencies exist

between what doctors are paid for procedures

and how much time the procedures actually

take, with some minor procedures and tests

overvalued while other important services are

undervalued. She is optimistic that the book will

present a comprehensive assessment on how

Medicare sets prices and the interest groups

involved in influencing these prices. Since

Medicare decisions are mimicked by private

insurers, “It's crucial to understand how these

prices are set because that affects the cost of

medical care for every single physician service,”

Laugesen explains. Medicare pricing “drives the

prices of medical care in the US.”

As the fall semester winds down, Laugesen is

busy wrapping up her classes. Each semester she

teaches Health Policy & Political Analysis, a class

which focuses on how and why policies are

created and the institutional structures that

influence policy choices. “I teach my students a

lot of theory,” Laugesen says, “but I also spend

half of every class talking about a specific case

which illustrates and applies the concepts.”

Laugesen also taught Interest Group Politics this

fall, a class that focuses on how interest groups

organize themselves and how they influence the

policy process. Laugesen aims to give her

students a framework for understanding

policymaking, so that they can apply their

knowledge to different conditions. “The

healthcare system changes all the time, and

while it's important to understand content, it is

necessary to have broader ways of thinking that

are flexible enough to be applied to different

situations in different ways,” she explains.

Laugesen acknowledges that some students find

the thought of scrutinizing the US political

process daunting, given its complexity; however,

it's rewarding for her to watch students make

connections and build on the concepts she

teaches. She deliberately gives students cases

that might challenge what they already know or

already believe. “If there's one thing I want

students to take away from my class it's to ask

questions—things are not always as they seem,

and it's important to investigate your

assumptions.” Laugesen recognizes the impact

that teaching has on her research and vice versa.

“Every time I teach, I get ideas for my research,”

she says. “Doing research informs what I know

and what I communicate to students. My

research enriches my teaching because I can

provide current, real-world examples.”

In 2012 Laugesen was appointed as the Faculty

Lead for HPM’s two Health Policy Certificates

(Health Policy Analysis and Health Policy and

Practice). The certificate program offers CMHP

students opportunities to take a curriculum that

complements their department coursework.

Currently there are over 100 students either

studying health policy in HPM or enrolled in the

certificate in health policy and practice from

other departments. “We're constantly trying to

tailor the program to meet the students’ needs,”

Laugesen says. “We've introduced an advanced

health policy seminar, which has been very

popular, and we’ve tried to give students more

options in terms of electives. We’re always

looking to improve and innovate.” Though the

policy certificates are relatively new, Laugesen is

excited to see the impact they will have on

students as they graduate and move into the

workforce. “Traditionally we have trained

people for careers directly connected to the

policy process,” she says, “but now we see a lot

more people who are sought-after in the private

sector and the non-profit world. More

companies and organizations need to

understand changing government policies and

there’s a strong demand for our graduates.”

In addition to completing her book, Laugesen

has a number of other projects in the works. She

was recently awarded a research grant by the

National Institute of Healthcare Management

(NIHCM) Foundation for her study of Affordable

Care Act policies to ensure accurate pricing for

Medicare services. She is also the recipient of an

HPM Faculty Research Support grant, and she

will team up with HPM adjunct faculty member

Michael Gusmano to conduct a comparative

study of how physician fees are determined in

other countries. Laugesen speaks practically

about her position and the challenges of

balancing her career with her family and her life

outside of work. “I think being a professor looks

easier than it actually is. It requires enormous

resilience, focus, and dedication” she admits.

“The main thing is to try to handle it with grace.”
Have You Heard?
HPM Faculty & Staff

HPM Professor and Chair Michael Sparer’s article “Medicaid At 50: Remarkable Growth Fueled By Unexpected Politics” appeared in Health Affairs (July 2015).

HPM faculty member John W. Rowe’s article “Social Predictors of Active Life Engagement: A Time-Use Study of Young-Old French Adults” appeared in the Research on Aging (October 2015).


HPM professor Nan Liu’s article “Optimal Choice for Appointment Scheduling Window under Patient No-Show Behavior” was published in Production and Operations Management (July 2015).

HPM Professor Nathan Dong presented a talk on “Wage Dispersion, Workforce Incentives and Hospital Performance” at the AUPHA Conference in November.

In November HPM Faculty member Miriam Laugesen was awarded a research grant by the NIHCM Foundation for her study “Evaluation of Affordable Care Act Policies to Encourage Accurate Prices for Medicare Services.”

The Robert Wood Johnson Foundation selected HPM Professor Y. Claire Wang as a Health Policy Fellow for 2015-2016. Dr. Wang co-directs the Mailman School’s Obesity Prevention Initiative, a cross-disciplinary team focusing on environmental and policy approaches to obesity.

In July HPM Professor Tal Gross and his wife Sydney welcomed a daughter, Nora.

Amina Williams, former HPM Administrative Coordinator, has been promoted to Academic Operations and Registration Coordinator.

Introducing HPM Faculty & Staff

Adam Sacarny received his PhD in Economics from MIT in 2014 and then served as a Robert Wood Johnson Scholar in Health Policy Research at Harvard University before coming to Columbia. His research studies the economics of healthcare payment policy, with a focus on documentation and coding, upcoding, and fraud. His dissertation analyzed how hospitals learned to use more detailed diagnosis descriptions on their insurance claims to take advantage of a revenue-raising opportunity in Medicare. He is currently an investigator on two randomized controlled trials, one focusing on inappropriate prescribing in Medicare Part D and the other looking at insurance choices in the Affordable Care Act marketplaces.

Michelle Furr is a 2012 graduate of Shippensburg University, where she received her BSBA in Entrepreneurship. Before joining Columbia University, Michelle helped to launch Fresh Roasted Coffee, LLC, a environmentally-friendly specialty coffee roasting company. After that, she worked as a Season Ticket Service Coordinator for the Columbus Blue Jackets in Columbus, Ohio. Currently, she is the Executive Assistant to John W. Rowe and also works closely with the HPM administrative team.

Hector Gorritz studied Computer Networking Operations at the Katharine Gibbs College in New York City and has worked in IT as a freelancer since 2007. He previously worked as a Business Office Assistant and Financial Coordinator for The School at Columbia. Before joining HPM, Hector worked at the Westside YMCA Business Office as an Administrative Assistant and Member Representative.
HPM Practicum Day

This year’s HPM Practicum Day saw a dazzling array of presentations from nearly 100 HPM students who undertook a wide variety of summer experiences. HPMers worked in a variety of industries and locations, including Burma, Switzerland, France, Russia, Colombia, China, Uganda and South Africa, as well as closer to home, in Cleveland, Denver, Houston, Fort Lauderdale, San Francisco, Tennessee, Minnesota, and, of course, Washington, DC and New York City.

Practicum Day facilitators—faculty, staff and alums—were impressed with the quality and variety of work students presented, and students engaged with classmates whose work contradicted, complimented and illuminated their own. HPM Professor Peter Muennig noted that the presentations in his group “showed the huge change that students who are super proactive and motivated can create within small organizations.” Emily Austin, HPM’s Practicum Program Coordinator, was inspired by the fascinating projects students worked on over the summer, and the way the work overlapped. “It was amazing to see that diverse organizations were grappling with similar issues, such as a growing desire among large health systems to capture global segments of the health delivery market, or the desire among historically marginalized healthcare sectors, such as mental health and drug policy, to focus the lens of public health on what was previously a stigmatized landscape.”

2015 HPM Practicum Placements

BDO
BeneStream
Bronx Lebanon Hospital Center
Bronx Partners for Healthy Communities
Broward Health
Burma Children Medical Fund
Cleveland Clinic, Bioethics Department
Clinton Health Access Initiative
Colorado Health Institute
Columbia Physicians and Surgeons
Columbia University Medical Center (CUMC)
Columbia University, Mailman School of Public Health
CUMC Department of Ophthalmology
CUMC Dermatology Department
Deloitte Consulting
Double Helix Consulting & BreadForLife
EHESP- École des hautes études en santé publique (School of Public Health)
FCB Health
Greater New York Hospital Association and Montefiore Medial Center
Health and Hospitals Corporation
Healthfirst
Heritage Health and Housing
HHS, Office of Inspector General, Office of Evaluation and Inspections
Houston Methodist Hospital
ICAP
Intermountain Healthcare
Jed Foundation
Jewish Home Lifecare
Kaiser Permanente
KPMG
Leerink Partners LLC
Mark Krueger & Associates
Massachusetts General Hospital
Mayo Clinic
Memorial Sloan Kettering Cancer Center
Methodist Hospital
Metropolitan Hospital Center
Miami Children’s Health System
Mount Sinai Hospital
New York Presbyterian Hospital
New York State Department of Health
New York Times, Transparency International
Russia & Research Institute of Medical Sociology, Health Economics and Medical Insurance
North Shore-LIJ Health System
Northeast Business Group on Health
NYC Department of Health and Mental Hygiene (HRTP Program)
NYC Health and Hospitals Corporation
NYU Langone Medical Center
Office of Assemblyman Michael Blake
Office of Citywide Health Insurance Access
Office of National Drug Control Policy
Omada Health
Pan-American Health Organization (PAHO)
Peking University School of Public Health
Peterson Center on Healthcare
Pfizer
Physicians for a National Health Program - NY Metro Chapter
PricewaterhouseCoopers
Quintiles
Robert Wood Johnson Foundation
San Francisco Department of Public Health
Sanofi
Stanford Health Care
Sterling Care LLC
The Clinton Foundation
The Clinton Foundation Alliance for a Healthier Generation
The Global Fund to Fight AIDS, Tuberculosis, and Malaria
The White House, Office of National Drug Control Policy
Uganda Ministry of Health
UNOCHA
Women Deliver
World Health
HPM Roundtable Discussion

This fall HPM held a roundtable discussion with Dr. Howard A. Zucker, Commissioner of Health for New York State. Here is a short bio plus a roundtable recap.

New York’s Health Commissioner

Dr. Howard A. Zucker is the Commissioner of Health for New York State. He is board-certified in pediatrics (Johns Hopkins), anesthesiology (University of Pennsylvania), pediatric critical care (Children’s Hospital of Philadelphia) and pediatric cardiology (Boston Children’s Hospital). He has served as a White House fellow, Deputy Assistant Secretary of Health at HHS, Assistant Director-General of the World Health Organization and a fellow at the Harvard Kennedy School. He holds a BS from McGill, an MD from George Washington University Medical School, a JD from Fordham Law, a Masters in Law from Columbia and a postgraduate diploma in global health policy from the London School of Hygiene and Tropical Medicine.

A Roundtable Discussion with Dr. Howard Zucker

By Dominic Lee (MHA ‘16)

On Friday, October 16th, New York State Department of Health Commissioner Dr. Howard Zucker held a roundtable discussion at Columbia University’s Mailman School of Public Health. About twenty-five students were fortunate to have an hour of Dr. Zucker’s time to ask questions, and learn from his experiences and insights.

Dr. Zucker discussed growing up nearby in the Bronx and how he became one of the country’s youngest doctors at the age of 22. Dr. Zucker also talked about his legal training and said that having a background in law has helped him view medical issues from a different perspective.

When questioned about the future of medicine, Dr. Zucker drew on his extensive experience in both the public and private sectors. Given his experience at the World Health Organization, NASA, MIT, and the White House, Dr. Zucker possessed a wealth of information and insight. He cited mental health as one area in need of major reforms. “It is frequently overlooked but has profound implications on healthcare, corrections, and other sectors,” said Dr. Zucker. He went on to note the aging of the world’s population. “The aging population will have a significant impact on transportation, housing, urban planning, and financial services, as well as geriatrics.” It is an issue that he is currently addressing in New York.

Students asked Dr. Zucker a number of professional and personal questions, and he was affable and honest in his responses. He spoke highly of employment in the public sector. “Given the ties between the healthcare sector and government, students entering the field would benefit from an understanding of government budgeting and function,” he said. When discussing career advancement, Dr. Zucker stressed the importance of mentors and said that mentors exist all around us. There are many lessons to be learned from people in positions that students aspire to hold.

Dr. Zucker encouraged the audience to always ask questions and take risks to achieve goals. He urged students to consider new options when they arise. “As you venture down a path,” he said, “some doors will close, but other ones will open. Eventually, keeping all options open becomes impossible because we have to make choices. Never fret about making the wrong choice. It is important to pursue unexpected paths and to understand that new avenues will open up on your journey. Don’t be deterred by challenges. The road less traveled has less traffic, but it can be bumpy.” He encouraged the audience to explore less traditional places of employment where public health may be of interest rather than just focusing on traditional arenas such as consulting, think tanks and academia.
Introducing the Alumni Advisory Board

HPM is always looking for new ways to engage with our graduates, especially as they embark on the next steps in their career after graduation. This October, HPM held its first meeting of the new Alumni Advisory Board (AAB). The AAB is comprised of 21 HPM alumni, representing each of our degree programs (full-time, part-time and executive) and a wide variety of organizations in the healthcare field. The mission of the AAB is to further the department’s vision by contributing to the strategic planning of academic programming, research initiatives and co-curricular activities.

Board members have a special role in helping to determine which programs, events and activities best support HPM’s objectives, while also serving the needs of the HPM alumni community. Board members are also strongly encouraged to be involved in at least one HPM co-curricular activity. Examples of these include mock interviews with current students, participation in the consulting workshop, and hosting a practicum.

Alumni Advisory Board Members

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<tr>
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<th>Mr. Randy Notes</th>
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<td>Associate Staff Analyst</td>
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<td>Department of Health &amp; Mental Hygiene</td>
<td>Mount Sinai St. Luke’s</td>
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<td>Ms. Carolyn Halik</td>
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<td>Director, Regulatory Affairs</td>
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<td>Mr. David Howard</td>
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<td>President and Chief Executive Officer</td>
<td>Senior Manager, Healthcare Advisory Services</td>
<td>Assistant Director, Community Health Initiatives</td>
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<td>Newark Beth Israel Medical Center and the Children’s Hospital of New Jersey</td>
<td>Grant Thornton LLP</td>
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<td>Ms. Fran Caracappa</td>
<td>Mr. Greg Maddrey</td>
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<td>Senior Vice President</td>
<td>Executive Director/CEO</td>
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<td>Partner, Health Care Practice Group</td>
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<td>Dr. Lee Eisenberg</td>
<td>Dr. Eliza Ng</td>
<td>Ms. Rebecca Srole</td>
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<td>Chief of Otolaryngology</td>
<td>Senior Medical Director of the Care Management Organization (CMO)</td>
<td>Managing Director</td>
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<td>Montefiore Health System</td>
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For alumni interested in learning about the commitment and application process for joining the AAB, contact Beth Silvestrini at bs2520@columbia.edu
2015 EMPH Commencement Ceremony

In October Nick Macchione, Director and Deputy Chief Administrative Officer for the Health and Human Services Agency of the County of San Diego, California, delivered the commencement address for the EMPH Class of 2015. Macchione, a 1997 graduate of the EMPH program, spoke about the need to adopt a community-wide approach to improving healthcare in an evolving system. “We clearly have reached a pivotal point in our field of medicine and public health,” Macchione said. “As we humanize care with big data and integrate health in all policies and population health advancements, the co-creation of new knowledge and innovation pushes the boundaries of our field to new heights.”

Macchione noted that the knowledge base required for strong public health leadership is broader than ever. “Today’s leaders must have an in-depth understanding of the interplay between policies, people and place in the ecological framework of health,” he said. Macchione called upon the graduates to continue to sharpen the knowledge and skills they acquired in the EMPH program in order to become inspiring and formidable leaders of public health.

HPM’s Newest Electives

To keep up with the changing healthcare landscape, HPM has added some exciting new elective options for the spring semester.

Health Policy in Action: Institutional Response to Healthcare Reform
The US healthcare system requires healthcare leaders to stay ahead of the curve and understand what the future holds. This course will examine healthcare reform trends that are sweeping through the US, and assess how healthcare leaders/organizations are adapting to the new health policy regulations strategically and operationally. Students will delve into specific examples of political struggles in response to these reforms, and explore how institutions across the healthcare services system are adjusting their strategy and changing the way health services are delivered nationally.

This course examines one of the most significant but relatively recent developments in the healthcare market place: the trend toward increased consolidation of healthcare providers into larger practices and into vertically integrated delivery systems, as well as the parallel trend toward consolidation of health insurance companies into fewer, but much larger entities. It will draw upon economic theory, empirical research, and health policy and economic analysis to explore the implications of these developments, coupled with other emerging trends, on healthcare market competition, prices, profits, expenditures, and consumer welfare.

Money, Politics & Law: Public Health and Abortion Policy
This course takes a deep dive into health policy, healthcare finance, federalism, and regulatory and enforcement protocols through the unique lens of abortion. Public funding limitations, private insurance coverage restrictions and provider supply constraints are perpetually debated in health policy but remain critical leverage points influencing abortion care. With access alternately protected and eroded by courts, legislatures and regulators nationwide, abortion remains the single most controversial healthcare service in the United States. Although generally safe when performed legally and cost-effective relative to pregnancies carried to term, the future of abortion appears uncertain. Using abortion as a case study, students conduct a multi-disciplinary examination of legislative, executive and judicial branches of government in action.

Post-Acute and Long Term Care Delivery Systems
The goal of this course is to provide students with an understanding of the continuum of post-acute and long-term care. Three perspectives or approaches are used to describe and discuss the structure and function of the continuum of care. First, the continuum is examined as a system—that is, a cluster of interrelated components. Next, the continuum is explored from the point of view of public policy—from the perspective of various courses of action open to government to address the financial and care delivery challenges that are present in the continuum and that exists for stakeholders and consumers. Finally, the continuum is analyzed as a market for providers of healthcare, social services and housing to an expanding population of individuals with chronic care needs.
HPM Highlights


Shohreh Shahabi, MD (EMHM ’16) was honored on Wednesday December 9 as the John and Ruth Brewer Professor of Gynecology and Cancer Research at Northwestern University, Feinberg School of Medicine.

Katia Sokoloff (MPH ’16) was awarded the OSA’s REAL Fund grant to attend an Ethics Immersion intensive at MedStar in Washington DC in November. She was nominated by HPM professor Heather Butts.

Matthew F. Silverstein (MPH ’17) was appointed the new chair of the HIV Policy Committee for the HIV Section of the APHA. The announcement was made at the HIV section business meeting at the 2015 APHA Annual Conference.

Warren Y.K. Ng, MD (EMPH ’15) was elected by his peers to give the student address at the 2015 EMPH commencement ceremony.

Congratulations to the Winners of the Fall 2015 Case Challenge

First Place Team
HealthBiz, Columbia Business School
Pawel Fedejko, Captain
Courtney Pittenger
Julian Ting

Second Place Team
Business as Usual, Mailman School of Public Health
Emily Long, Captain
Fernando McLean
Hannah Robb
Larry Joo
Prithvi Addepalli

Third Place Team
Jordy Blue, Mailman School of Public Health
Priya Vedula, Captain
Lauren Arnold
Sania Ahmad
Maayan Levinas

Most Innovative Solution Team
HealthBiz, Columbia Business School
Pawel Fedejko, Captain
Courtney Pittenger
Julian Ting

Best Individual Presenter
Luise Hampl
Team: Team Prometheus

Best Question-and-Answer Participant
Larry Joo
Team: Business As Usual

A team of Mailman HPM students, Daniel Kim (ACCL ’16), Jaskaren Randhawa (ACCL ’16), Atinuke Shittu (ACCL ’16), and Luise Hampl (ACCL ’16) competed as one of eight finalist teams in the 2015 Humana Graduate Case Competition on November 6th in Louisville, Kentucky. They presented their proposal “Personalized Technology” in front of Humana senior leadership and were recognized for being the only team from a school of public health selected as a finalists.

Geraldine Massuh (MPH ’16) was selected as a scholarship recipient by the National Hispanic Health Foundation (NHHF).

Congratulations to the following student ambassadors, who have been chosen by the department to help with the 2016 admissions process: Lauren Haynes (MPH ’16), Priya Joshi (MHA ’16), Jasmine Leong (MPH ’16), Sarah Rein (MHA ’16), Akin Sobowale (MHA ’16), and Pavitra Viswanathan (MPH ’16).
Congratulations to the EMPH Class of 2015!

Stay Connected

Save the Date:
2016 HPM Healthcare Conference
Friday, April 15, 2016

Alumni:
Email Beth Silvestrini: bs2520@columbia.edu to get involved or update your contact information

Tours & Naming Opportunities:
For a tour of HPM’s new offices, to learn about naming opportunities, or for more information on how to contribute, contact Arianne Andrusco: aa2819@columbia.edu (212-305-5270)

Contact HPM to share your updates:
Email Carey McHugh: ctm2101@columbia.edu

THE LINK

A Health Policy & Management Newsletter

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Professor and Chair