2010 Gail L. Warden Leadership Excellence Award

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We pay tribute to

The National Center for Healthcare Leadership

for raising the bar of excellence in healthcare
by providing leaders in the field with the tools
for continued success

and we congratulate

Robert H. Brook, MD

Richard D. Goldstein
Chairman, Board of Trustees
North Shore-LIJ Health System

Michael J. Dowling
President & Chief Executive Officer
North Shore-LIJ Health System
Congratulations

Robert H. Brook, MD, ScD

Vice President, RAND
Director, RAND Health
Professor of Medicine and Health Services and Co-Director
Robert Wood Johnson Clinical Scholars Program
University of California, Los Angeles

2010 Gail L. Warden Leadership Excellence Award

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It is a great honor to recognize Dr. Robert H Brook as the 2010 Gail L. Warden Leadership Excellence Award winner. His leadership and commitment to improving the quality of our healthcare system is an inspiration to all of us who wish to build a healthier, safer world.
In honor of
Marie Sinioris
&
Michael Dowling
Welcome Letter

Dear Reader,

It has been a decade since a group of forward-looking healthcare leaders gathered to consider the challenge of how to better prepare the next generation of leaders to meet an increasingly complex world that would demand a higher level of performance from healthcare organizations. Their strategy to create competency-based models using global best practices that could be implemented, tested, evaluated, and then widely disseminated became the foundation for the National Center for Healthcare Leadership (NCHL). And the rest, as they say, is history.

As we enter our tenth year, we do so with innovations that healthcare organizations and universities around the country are adopting to help transform cultures, improve competencies, and drive higher levels of performance. For example, NCHL’s Health Leadership Competency Model is a gold standard in the field. It is referenced in multiple graduate level textbooks and in the curriculum of leading universities. Additionally, it has been adopted by hospitals and health systems nationwide. NCHL has led major changes in graduate health management education with over one third of the accredited graduate programs using the NCHL Competency Model to introduce competency-based education and outcomes assessment, better preparing graduates to enter their roles as new members of healthcare management teams. NCHL’s innovative Nurse-Executive Team Leadership Demonstration Project has identified key elements that can enhance organizational performance with improved senior leadership team effectiveness in quality and patient safety performance initiatives. And the NHCL Diversity Leadership Demonstration Project will provide insights on the impact of improved diversity and culturally competent leadership on patient safety—so critical with our nation’s changing demographics.

By focusing on industry-wide collaboration, C-suite peer-to-peer learning, and Leadership Excellence Networks (LENS), new paths have been forged in the quest for organizational excellence. Additionally, NCHL’s annual symposium and leadership award dinner remains one of the industry’s seminal events for convening thought leaders and honoring those leaders who role model and espouse the mission and vision of NCHL.

Innovator is clearly a word that can be applied to Dr. Robert H. Brook, the 2010 recipient of the Gail L. Warden Leadership Excellence Award, whose research created quality measurement and evidence-based medicine. Through his lifelong work with the RAND Corporation and UCLA, his innovations continue to transform healthcare, where he believes the focus must now be on increasing the value of every health dollar we spend. After all, Dr. Brook pointed out, each of us would rather spend money on something else besides going to the doctor! Dr. Brook is also widely recognized for mentoring and training hundreds of researchers and physicians—something he did in abundance because of the “joy” of it.

As we look ahead, NCHL will continue to seek out innovation and innovators in our role as an industry-wide catalyst to assure the availability of high quality, relevant, and accountable leadership for 21st century healthcare. And our vision to optimize the health of the public through leadership and organizational excellence is unwavering.

Michael J. Dowling
President and CEO
North Shore-LIJ Health System
Chair
National Center for Healthcare Leadership

Marie E. Sinioris
President and CEO
National Center for Healthcare Leadership

2010 GAIL L. WARDEN LEADERSHIP EXCELLENCE AWARD
The American Hospital Association

warmly congratulates

Robert H. Brook, M.D., Sc.D.

2010 recipient of the
Gail L. Warden Leadership Excellence Award
of the
National Center for Healthcare Leadership

American Hospital Association
EXECUTIVE SUMMARY

In the last decade, the National Center for Healthcare Leadership (NCHL) has served as a major catalyst in bringing the leadership agenda to the forefront in healthcare, in defining competencies that distinguish outstanding performance, and in advocating competency-based learning. NCHL is recognized as an authoritative and objective source of leadership best practices in healthcare and a source of innovation with its research and demonstration projects, white papers, case studies, and forums for the exchange of ideas and industry and health professions collaboration. In this role, NCHL has demonstrated expertise in leading major national change initiatives that require collaboration across industry sectors and health professions, in effectively managing complex demonstration projects and virtual networks of teams, and in building strong working relationships with national stakeholders.

NCHL has established a unique brand with many of its key stakeholders that reinforces its original vision and positioning: transformational, evidence-based leadership; team-based interprofessional learning; a track record in research and demonstration; and cross-industry collaboration. In addition, NCHL has developed a portfolio of intellectual property, including the NCHL Health Leadership Competency Model and individual and organizational leadership assessment tools and databases, that it makes available to the field through licensing agreements.

BACKGROUND

NCHL serves as an industry-wide catalyst to assure the availability of high-quality, relevant, and accountable leadership for 21st century healthcare. Its vision is to optimize the health of the public through leadership and organizational excellence.

NCHL was established in 2001 as a direct result of a National Summit on the Future of Education and Practice in Health Management and Policy that found leadership challenges in the following areas:

- Deficiencies in the current healthcare system in terms of cost, quality, and patient satisfaction
- Difficulties in attracting the profession’s fair share of young leaders
- Lack of a clear, documented advantage to accredited academic preparation
- Breakdown of communication between practitioners and academic institutions
- Insufficient attention devoted to the value of a practical learning experience as an integral component of professional development—particularly residencies, postgraduate fellowships, and mentorships
- Declining support for young managers, particularly in close mentoring relationships and planned career development
- Inconsistencies and uneven quality in mid-career education in healthcare compared to leading corporations in other industries
- Failures in the advancement of women and underrepresented minorities
- An acute shortage of individuals prepared for the senior ranks of the emerging multibillion-dollar healthcare systems and health insurance companies

NCHL’s long-term goals include:

- **Leadership Development**: To transform health management leadership across career stages and the health professions
- **Research and Evaluation**: To demonstrate the contribution of leadership excellence to organizational performance improvement
- **Recruitment and Diversity**: To expand recruitment, retention, and advancement of a high potential and diverse workforce in health management
• **NCHL Organizational Vitality:** To be a vital and highly visible organization that will be a change agent with high, industry-wide impact

NCHL actions are also guided by values that bind the organization, staff, volunteers, and stakeholders: customer focused action and results oriented innovation, volunteerism, and commitment to community, transparency, collaboration, and diversity.

**NCHL’s business model is to:**

• Conduct and disseminate research and evaluate evidence of the impact of leadership programs on performance improvement in healthcare supported by private foundation grants and corporate sponsors

• Conduct targeted membership-based programming (LENS, university) to test new models, identify best practices, and benchmark with organizations who seek to benefit from participation at the developmental/catalytic level

• Generate fees through LENS membership, licensing NCHL IP to third parties, and other catalytic leadership development learning programs

• Broadly disseminate leadership innovation and build awareness through strategic collaboration with leading national organizations

**IMPACT AND RESULTS**

In the last decade, NCHL has served as a major catalyst in bringing the leadership agenda to the forefront in healthcare, in defining competencies that distinguish outstanding performance, and in advocating competency-based learning:

• NCHL has researched **leadership competencies** that distinguish exceptional performance across the health professions and across career stages helping to shape leadership development efforts throughout the field. The NCHL *Health Leadership Competency Model* is considered the gold standard in the field: hundreds of copies have been downloaded from the NCHL website, it is cited in four leading health management textbooks in print and several others to be published shortly, and is being used in leading health systems. AHA’s Blue Ribbon Task force on Board Competency adopted the NCHL Competency Model for the field for advancing Board performance

• NCHL has led **major changes in graduate health management** education with over one third of the accredited graduate programs using the NCHL Competency Model to introduce

**NCHL Program Portfolio**

• **Research and Demonstration Programs/Intelligence:** Conduct research and demonstration projects and disseminate findings and publications (e.g., white papers, case studies, peer-reviewed journal articles) to the field. Current research and demonstration projects include: Leadership Portfolios, Nurse-Executive Team Leadership Demonstration Project, National Healthcare Leadership Index, Graduate Health Management Education Demonstration Project, and Diversity Leadership Demonstration Project (view NCHL publications at www.nchl.org)

• **Membership-based Programs:** Accelerate adoption of best practices in healthcare organizations through shared learning and benchmarking. Current Leadership Excellence Networks (LENS) participants include leading health systems: Advocate Health Care, Henry Ford Health System, Holland Hospital, Lucile Packard Children’s Hospital, Moses Cone Health System, North Shore-LIJ Health System, Ochsner Health System, Stanford Hospitals & Clinics, Trinity Health, UCLA Medical Center, and Virtua Health. LENS services include semi-annual learning labs, monthly interactive webinars, onsite leadership workshops, advance copies of NCHL's publications, and benchmarking analytic tools and database

• **Symposia/Conferences/Roundtables:** Disseminate thought leadership and provide networking opportunities including the annual CEO Invitational Roundtable and annual Invitational Symposium. As one of NCHL's most informative and provocative shared learning events, the Invitational Symposium is attended by distinguished industry thought leaders and explores top-of-mind concerns for high-achieving organizations and their leaders. Participants include senior executives from leading U.S. healthcare systems and healthcare companies, health policy leaders, and academicians

• **National Healthcare Leadership Award:** Recognize and celebrate leadership excellence in healthcare at the annual leadership award dinner at which the *Gail L. Warden Leadership Excellence Award of the National Center for Healthcare Leadership* is conferred. Past recipients include: Denis A. Cortese, MD, Mayo Clinic (2009); Patricia A. Gabow, MD, Denver Health (2008); Thomas M. Priselac, Cedars-Sinai Health System (2007); Richard J. Davidson, American Hospital Association (2006); Gary A. Mecklenburg, Northwestern Memorial Healthcare (2006); and William H. Nelson, Intermountain Healthcare (2005).
competency-based education and outcome assessment. Graduates from these programs will be better prepared to enter their roles as new members of the management team.

- NCHL has advanced the understanding and adoption of team-based leadership in healthcare, taking down silos among administration, nursing, and medicine. Its study, funded by The Robert Wood Johnson Foundation, Transforming Organizational Culture and Performance by Improving Senior Leadership Team Effectiveness, has been widely vetted at national meetings and has stimulated new ways to build team effectiveness and decision making in the C-suite.

- NCHL has been a forum for cross-industry sharing of worldwide best practices through its Leadership Excellence Networks (LENS), Invitational Symposium, Learning Labs, and Advisory Councils, attracting the field’s top thought leaders to these discussions and problem-solving sessions.

- LENS organizations outperform the industry on succession planning and talent management according to the NCHL National Healthcare Leadership Survey in 2008. LENS organizations also consistently score in the 95th percentile with respect to patient and employee engagement and a variety of measures related to quality and patient safety.

- NCHL has focused attention on the importance of diversity and culturally competent leadership to drive organizational performance in healthcare through its analytic tools, publications, and a national demonstration project to test the impact of diversity leadership best practices on individual, team, and organizational outcomes.

NCHL INDUSTRY-WIDE COLLABORATION AND THOUGHT LEADERSHIP

NCHL has a distinguished Board with members who represent a diverse cross section of the healthcare industry and health professions, including health system CEOs, suppliers, insurers, academicians, researchers, and policy makers. Similarly, a broad base of industry thought leaders serve on NCHL’s committees, task forces, and advisory councils to strengthen NCHL’s interprofessional, cross-industry work. Many of NCHL’s Board members serve on boards and committees of national organizations facilitating continual exchange of ideas and alignment of agendas for improving our nation’s healthcare system. The breadth of affiliated thought leaders across the country has been a major factor in rapid adoption of leadership innovation and best practices.

Additionally, NCHL’s CEO has served on several national committees and boards including the Institute of Medicine’s Committee on Planning a Continuing Health Care Professional Education Institute, as well as the first and second (current) American Hospital Association (AHA) Center for Governance Blue Ribbon Panels on Board Competencies, which have adopted NCHL’s competency model for defining board competencies.

NCHL has worked effectively and collaboratively with organizations across the field. The presidents of the AHA’s Health Research & Educational Trust (HRET) and Institute for Diversity serve on NCHL’s Research and Evaluation Advisory Council and Diversity Advisory Committee, respectively. AHA’s Center for Quality has expressed interest in doing collaborative case studies on leadership in hospitals they are identifying and documenting for exceptional quality outcomes. HRET is co-sponsoring the NCHL Health Leadership Survey to both increase awareness of leadership best practices and create a rich database that could be mined for studies in leadership and quality. NCHL is a member of the National Quality Forum and the Commission on Accreditation of Healthcare Management Education, and has worked in partnership with the Association of University Programs in Health Administration to focus more attention on competency-based education at the graduate level. NCHL is ideally suited to bring together thought leaders in all aspects of leadership development, reaching broad audiences through its Board, academic relationships, LENS, and other networks.

NCHL SOCIAL RESPONSIBILITY

NCHL is committed to addressing the issues of racial and ethnic disparities in U.S. healthcare and to parity and equity in access to quality health services for economically disadvantaged individuals and families. For example, NCHL has sponsored Regional Medical Center-Memphis, a safety-net hospital, as a LENS demonstration site, providing pro bono assessments, individual, team, and organizational coaching, and action planning to improve their organizational performance. NCHL goals and research agenda have focused on diversity leadership and its contribution to better outcomes for underrepresented populations. Throughout the years, NCHL has supported a diverse group of graduate student interns to provide learning experiences and exposure to national healthcare for these young professionals. In addition, each year faculty and graduate students are invited as guests to the Invitational Symposium and Gail L. Warden Leadership Excellence Award.
THE CONTINUED NEED FOR LEADERSHIP

NCHL’s perspective is that much of what needs to be done is already known to the field and to health policy makers. A greater challenge is putting this knowledge into action and broadly assimilating best practices that may have been developed in other industries or among thought-leader healthcare providers.

This is especially true at a time of dramatic change. As the U.S. makes significant investments in healthcare systems, processes, and technologies, the capability to assimilate these massive changes must also be built. Fortune 500 businesses have understood that these huge investments have the best chance of delivering their expected return when they attend to the human side of the equation: ensuring that the skills, rewards, talent management, and overall organizational culture are aligned with the intended change. This is achieved when leadership best practices are adopted, cultivating the necessary competencies to inspire and manage in a challenging and changing environment. Frighteningly, at least 66 to 75 percent of large-scale changes have historically failed to deliver on their initial return on investment (ROI) promise. Without adequately and pervasively preparing healthcare leadership to effectively implement new capabilities, many transformational components of health reform will have a lower probability of succeeding or meeting the public’s expectations. Healthcare must address critical issues regarding leadership and organizational performance:

• How to create an organizational culture dedicated to “crossing the quality chasm?”
• How to transform health professionals working as individuals into high performing teams?
• How to assure the availability of leadership prepared to address future challenges and lead transformation?
• How to align management systems to support culture change and continuous professional development?

Furthermore, the industry needs to address the leadership pipeline, which is in crisis considering:

• Executive turnover: a 10-year high turnover of CEOs of 18 percent and 40 percent of chief nursing officers by 2012
• Less than one third of organizations have a succession plan for executives, with only 17 percent of organizations providing high levels of talent development for administrators, 9 percent for nurse leaders, and 6 percent for physician leaders
• High degree of variability in preparation for a new role: 2 in 5 healthcare CEOs fail in less than 18 months

As the healthcare industry faces major challenges with health reform, NCHL is uniquely positioned to continue to bring leadership innovation to healthcare, thus ensuring the growing awareness in the field of the importance of leadership development best practices as a key to stimulating major, long-lasting changes in our nation’s healthcare system.
Bob, your dedication, energy, and creativity will always inspire us.

Congratuations to
Robert H. Brook MD, ScD, FACP
Vice President and Director
RAND Health

RECIPIENT OF THE

2010 Gail L. Warden Leadership Excellence Award
Dr. Brook Talks About Why Healthcare Needs Accountability and Why Mentoring is Satisfying and Joyful Work

The National Center for Healthcare Leadership is proud to present the 2010 Gail L. Warden Leadership Excellence Award to Dr. Robert H. Brook of RAND Corporation and UCLA for his distinguished research career as the inventor of quality measurement and evidence-based medicine, forever changing the way healthcare policy makers address these issues and their implications for the health of the U.S. population. Furthermore, Dr. Brook is recognized for his personal dedication to an entire generation of clinical scientists, many of whom today hold leadership positions in government and health policy research. For his visionary leadership to advance the nation’s healthcare and for inspiring healthcare leadership across the country, NCHL salutes Dr. Brook.

ROBERT H. BROOK, MD, ScD
Vice President, RAND Corporation
Director, RAND Health
Professor of Medicine and Health Services, University of California, Los Angeles
Director, UCLA/Robert Wood Johnson Clinical Scholars Program

EDUCATION
University of Arizona, BS Chemistry, Phi Beta Kappa, 1964
Johns Hopkins University School of Medicine, MD 1968
Johns Hopkins School of Hygiene and Public Health, ScD 1972

CAREER
RAND Corporation, 1975–present
UCLA, 1975–present
Robert Wood Johnson Clinical Scholars Program, 1976–present

PRINCIPAL HONORS AND AWARDS
Gustav O. Lienhard Award, IOM
Dave E. Rogers Award, Association of Medical Colleges
TRUST Award, Health Research & Educational Trust
National Committee for Quality Assurance Health Quality Award
Research America’s 2000 Advocacy Award
Robert J. Glaser Award of the Society of General Internal Medicine
Richard and Hinda Rosenthal Foundation Award of the American College of Physicians
Distinguished Health Services Research Award of the Association of Health Services Research

LEADERSHIP POSITIONS, SOCIETY AND BOARDS
Institute of Medicine
American Society for Clinical Investigation
American College of Physicians
Chair, Clinical Advisory Panel, California Coronary Artery Bypass Graft Outcomes Reporting Program
Board of Visitors Advisory Group, Columbia University School of Nursing

Robert Brook may have developed his penchant for breaking down barriers, challenging the status quo and exploring the great unknown from his youth growing up in the wild, wild west of Tucson Arizona during the 50s and 60s, where everybody rode a horse, lived in the same kind of slab house, and everyone was the same. When he moved to Baltimore for medical school at Johns Hopkins, he was stunned by the city’s segregation—by race, religion, and status—where he saw firsthand how communities crumble when different cultures are blind to each other’s needs. That set the stage for his desire to practice medicine to benefit whole groups of people, rather than individual patients. But his biggest frustration was the lack of follow through in healthcare. He wanted to treat patients and know how they fared, a concept that received scant attention at that time. Dr. Brook decided to change that. Over the past four decades he has dedicated his research to showing that the quality of physician and nursing care can predict outcomes and that quality can be measured. His work has transformed the American healthcare landscape by changing the conversation from one of controlling costs to one of ensuring value and for mentoring and training more than 350 researchers and physicians who have become important leaders in the field.

Q: What is the single biggest challenge facing healthcare leaders?

A: Leaders in different places need to address different leadership challenges. At the healthcare policy level, leaders must move the public towards thinking about healthcare in terms of the value proposition and away from thinking about coverage and cost. It will require a vision and a team approach to understand and to communicate the value proposition, to organize the right messages, and to use social media, such as Facebook and YouTube, to reach a larger public audience. At the institutional level, I would love to see hospitals work with community leaders to develop responsibility for a geographic area as part of their business, with
a goal of improving the health of that community. In medical schools, leadership should move towards a vision in which our students and residents work more closely with the community.

Q: What skills and competencies are required of today’s healthcare leaders?

A: To become a leader in healthcare, you need to learn how to make decisions and you need to understand the role of the hospital and its relationship to the health of the community. We currently have three models for health: the public health model, the social health model, and the classic medical model. We need a vision that balances these three so that we can move away from a mostly academic model of improving quality towards a model of improving value. Leadership needs the right tone and vision and it must be accountable to the community.

Q: What prevents healthcare from improving?

A: Healthcare has no feedback loops and often lacks accountability. Without accountability, it’s hard to change the world. Doctors and healthcare organizations won’t make change happen, and until we empower communities to understand this, change won’t occur. Society is not prepared for the change that is needed in the way medicine should be practiced. Healthcare practices are influenced by financial incentives, so as long as organizations are profitable, they have little incentive to change.

Q: Why does a lack of accountability persist in healthcare?

A: It’s the way we have practiced medicine forever. Why is it, after all these years that I, as a physician, don’t know which patients are filling their prescriptions? With all the automation we have, why can’t I know this? Why isn’t this a priority? If you don’t have the information and systems needed to know what you are doing, it is difficult to make positive change. These are simple basic principles, but 40 years ago we were talking about using teams to provide coordinated care for multiple health conditions, and we are still talking about it.

Q: As a healthcare leader, does that frustrate you?

A: It’s the same problem I have seen throughout my career. Very early on I resented the fact that we worked countless hours in medicine without knowing what we were doing or accomplishing. I would ask, “Shouldn’t we know what we are doing—shouldn’t we find out what happened to the people we treated?” I was stunned by the lack of rudimentary coordination of care and was frustrated to be working so hard in the absence of information.

Q: What challenges do leaders face?

A: Sadly, it is hard for policy leaders to be accepted today if they are controversial or out in front with new ideas. I was fortunate—I have always been out in front and I said what I felt and felt what I said and I was very open. But to attain a high level of leadership position today, the only way to do it is not to say very much.

Q: What is the role of teamwork in healthcare?

A: Medicine doesn’t have a lot of ways to motivate teams. Years ago I was in the emergency room at Hopkins. Back then it was staffed by young white male interns, the head of the ER was a young white RN, newly minted from Hopkins, and she was supervising many older LPNs in their 50s who had little career trajectory, as well as nursing assistants who were mainly minority women supporting their families. These different groups hid things from each other. The only time that changed was when there was a true emergency, and they would come together to cooperate. How can you motivate teams to work together when everyone has different expectations? To work together as a team, first everyone needs to respect the other team members. Why does the doctor get to order the nurse around? Why can’t the nurse challenge the doctor? Why is the doctor allowed to write a prescription illegibly? All these years later, we still have these problems in healthcare. It’s not that we have a nursing shortage, but that nurses find the work environment so offensive that they opt not to work. Certainly we have more diversity in the healthcare workforce and in that way we have moved forward, but in other ways we haven’t moved at all.
**Q:** What inspired you to focus on quality measurement?

**A:** My parents were community leaders so I have always had an interest in communities. I was also attracted to the kind of work that involved groups of people—a team approach—rather than treating a single patient. When I began my career in 1968, people didn’t believe you could measure quality or even that it was necessary to do so. There was very little science in this area: we treated patients, but didn’t know outcomes. So my accomplishments early on were to show that quality could be measured to better reflect what happened to patients. With good information and systems, we can measure results and use that information to add value to the practice of medicine. There are still a lot of people who don’t believe in measuring quality—they believe that medicine is an art and that the value of the art is in the eye of the beholder.

**Q:** What obstacles did you overcome to pursue your career?

**A:** I had an interest in both medicine and public health. Fortunately, I was able to persuade leaders at the medical school—such as Dr. David Rogers—to find a way to marry my interest in both areas. Then I was fortunate to have great mentors like Dr. Sherman Mellinkoff—an academic dean who also had a major social vision. Don Rice at RAND was also a person who thought a lot about domestic policy and its relationship to economics and clinical policies.

**Q:** You are widely respected for the large number of individuals you have mentored. How did you come to value mentoring?

**A:** Mentoring is simply a joy to do. A mentor has to take professionals who have grown up in a regimented education system and make them believe in themselves. These individuals are coming out of medical schools where everybody is competing over a point on a test and everyone is worried about who is smarter. But leaders need self confidence and a belief in what they want to do. Doctors in particular face an enormous number of constraints; but real leaders need to break out of the paradigm. And the job of the mentor is to support them and to encourage them to be risk takers.

**Q:** How do you size up healthcare reform?

**A:** Health reform extends coverage and gets more people into the system. Hopefully, this will make change more likely. But to really change our system, health reform will need to be revisited, and we will need more reform in a few years.

**Q:** What do you see as your most important contribution to healthcare?

**A:** I believe I helped to legitimize the idea that physicians can be trained in both health policy and clinical medicine and can play an active role in both. I have pushed hard to produce leaders who can function in these two camps at the same time. That connection produces a sense of reality that is very different from making healthcare policy without seeing patients. I also helped legitimize the area of evidence-based medicine and quality assurance as its own field and academic discipline.

**Q:** What is the ultimate goal in healthcare that you would like to achieve and how can it be achieved?

**A:** I want to see increasing value for every health dollar we spend. We want to spend money on things besides going to the doctor. The goal of the doctor, meanwhile, should be to keep patients out of the physician’s office and the hospital.

**Q:** It seems like a reasonable goal; what prevents it?

**A:** We don’t want to produce a system that deals with health. We are concentrating on what is happening in front of us at any given moment. Even though we live in a much more complex world, medicine still thinks the same way: it is focused on the person in front of the doctor at any given moment and that’s it.
Event and Selection Committee Members

2010 EVENT COMMITTEE

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Gail L. Warden
Henry Ford Health System

healthcareleadership2010

NATIONAL CENTER FOR HEALTHCARE LEADERSHIP

14
Gail L. Warden Leadership Excellence Award

PROGRAM  |  5:30 –900 PM

Reception

Welcome & Introductions
  Marie E. Sinioris
  National Center for Healthcare Leadership

Opening Remarks
  Fawn Lopez
  Modern Healthcare

Invocation and Dinner
  Joanne M. Disch, PhD, RN
  University of Minnesota, School of Nursing

Introduction of Dr. Robert H. Brook and Award Presentation
  Michael J. Dowling
  North Shore-LIJ Health System

Awardee Remarks
  Robert H. Brook, MD, ScD
  RAND Corporation, RAND Health and University of California at Los Angeles

Closing

ABOUT THE AWARD

The optical glass sculpture that will be given to Dr. Robert Brook is noteworthy for its treatment of the solidity of glass and the elusive qualities of color and light. The round sculpture reflects the wholeness of healthcare, while at the same time giving way to the interplay between the multiple disciplines, viewpoints, and approaches that comprise the healthcare industry. Because crystal has no hidden surface, the integrity of each action shows. In healthcare, the integrity of each action is at the heart of what we do.
| Guest List |  
|---|---|
| **F. Kenneth Ackerman, Jr.**  
Chairman  
Integrated Healthcare Strategies |  
**Molly Cianfarani**  
Innovation Team Leader  
Holy Family Memorial |
| **Gary D. Aden**  
Senior Vice President, Consultant  
Integrated Healthcare Strategies |  
**Chris Coburn**  
Executive Director  
Cleveland Clinic Foundation Innovations |
| **Dennis E. Basara**  
Senior Client Partner  
Korn/Ferry International |  
**Francesca Collopy**  
Divisional Vice President, Corporate Strategic Programs  
Abbott |
| **Christopher B. Begley**  
Chairman & CEO  
Hospira |  
**Charlie Colpo**  
Executive Vice President & COO  
Owens & Minor |
| **Robert Bernstein, MD** |  
**Patrick E. Connolly**  
COO & Healthcare Market President  
Sodexo |
| **Jane Binger**  
Executive Director, Leadership Development & Education  
Lucile Packard Children's Hospital at Stanford |  
**Joanne Conroy, PhD**  
President & CEO  
National Quality Forum |
| **Kathryn Bokowy**  
Solutions, Marketing  
GE Healthcare |  
**George R. Cybulski, MD**  
Chairman, Division of Neurosurgery  
Northwestern Memorial Hospital |
| **Tim Bowling**  
Stryker |  
**Lourdes Diaz**  
Vice President, Diversity External Relations  
Sodexo |
| **Debra Bragg**  
Vice President & Chief Human Resources Officer  
University HealthSystem Consortium |  
**Joanne M. Disch, PhD, RN**  
Director, Katharine J. Densford International Center for Nursing Leadership, Katherine R. and C. Walton Lillehei Chair in Nursing Leadership  
University of Minnesota, School of Nursing |
| **Robert H. Brook, MD, ScD**  
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**Cindy White**  
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University HealthSystem Consortium

**Susan Widner**  
Vice President, Corporate Marketing  
Abbott

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This list does not include guests of:
- American Hospital Association
- California Endowment
- Cedars-Sinai Health System
- KaufmanHall
- MedAssets
- RAND Health
To a person making a difference.

From the people of Cedars-Sinai. Congratulations.

We salute Robert H. Brook, M.D., Sc.D.,
on receiving the prestigious
Gail L. Warden Leadership Excellence Award.
It gives us great pleasure to honor
our distinguished colleague.
AAMC Congratulates Robert H. Brook, M.D. as the 2010 Recipient of the Gail L. Warden Leadership Excellence Award.

Abbott salutes Robert H Brook, MD, ScD and NCHL for their significant contributions to healthcare and leadership.
Healthcare today. It's a time of change, of challenge and of great opportunity. At Hospira, creating the future begins with your vision and the goals we share. With this in mind, we congratulate Dr. Robert H. Brook for his achievement in being awarded the 2010 Gail L. Warden Leadership Excellence Award.

Dr. Brook is known for the creation of quality measurement tools that are the foundation of evidence-based medicine. In his four decades of prolific and groundbreaking research, he is also renowned for training some of the most influential physician leaders in the world. We at Hospira commend outstanding pioneers like Dr. Brook. Together, we will move healthcare forward.

Advance with us.