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Destination Healthcare Strategies

October 25, 2017

Agenda

Defining Destination Healthcare and the Market for US Providers

Global Patient Development Strategies: “Classic” and “Next Generation”

Leveraging Telehealth

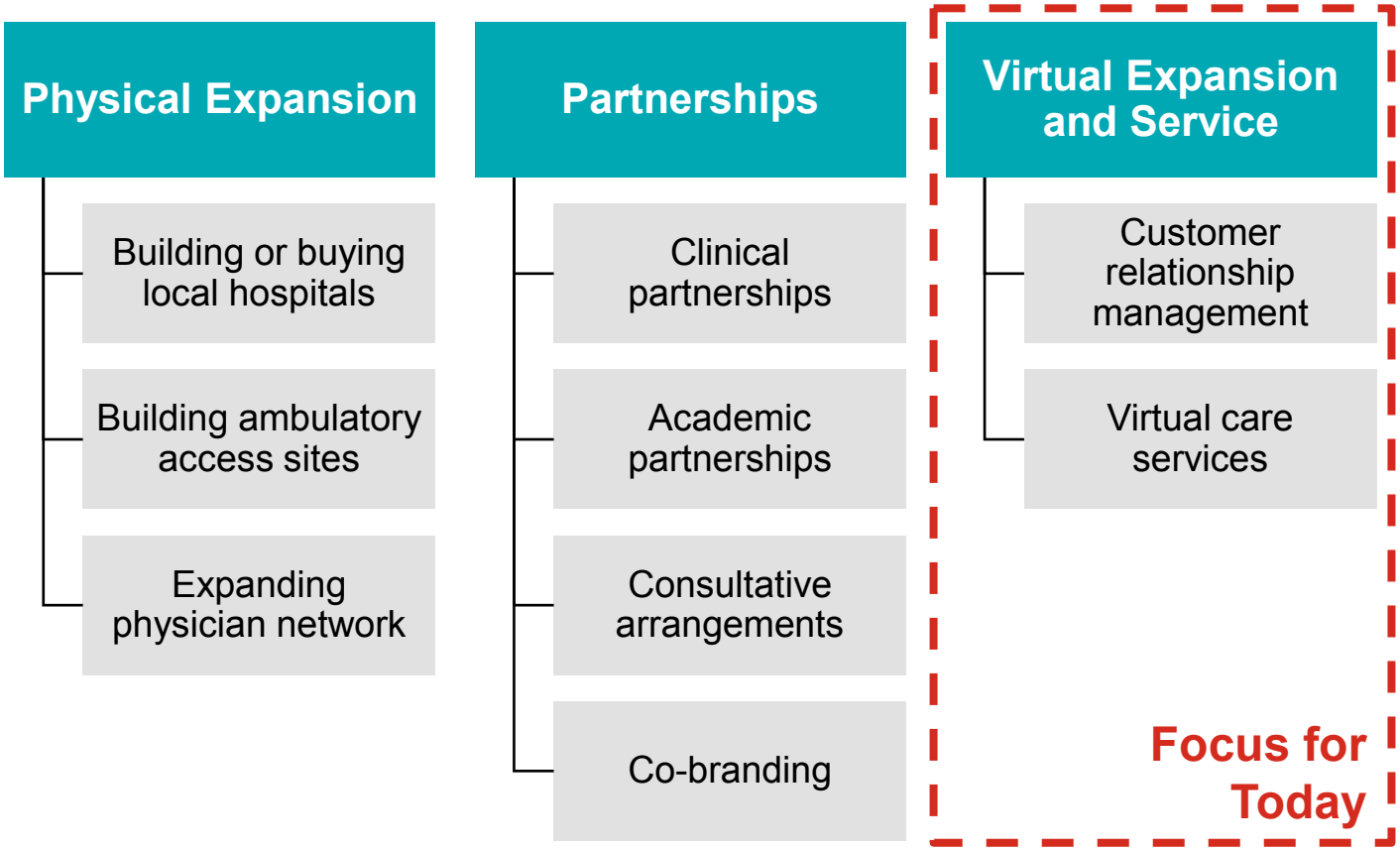
Innovation Example: Stanford Health Navigator

What Is “Destination Healthcare”?

- Definition of destination healthcare
  - Traveling outside of your local area for the purpose of access healthcare services that requires the patient to be away from home for at least an overnight due to distance
  - Destination healthcare market for major US providers who attract significant numbers of patients nationally and globally, discuss strategies that are deployed and relative effectiveness
  - Market for patients seeking medical advice and potential treatment from medical centers that focus on treating medical diagnoses—no focus on cosmetic, advanced dental, or other generally considered elective services

Destination Healthcare Patient Attracting Strategies

There are three broad strategies health systems can pursue to attract patients for the most specialized services. Today, we will focus on “virtual” or “de novo” market development strategies to attract and support patients from places where there is currently no other presence.

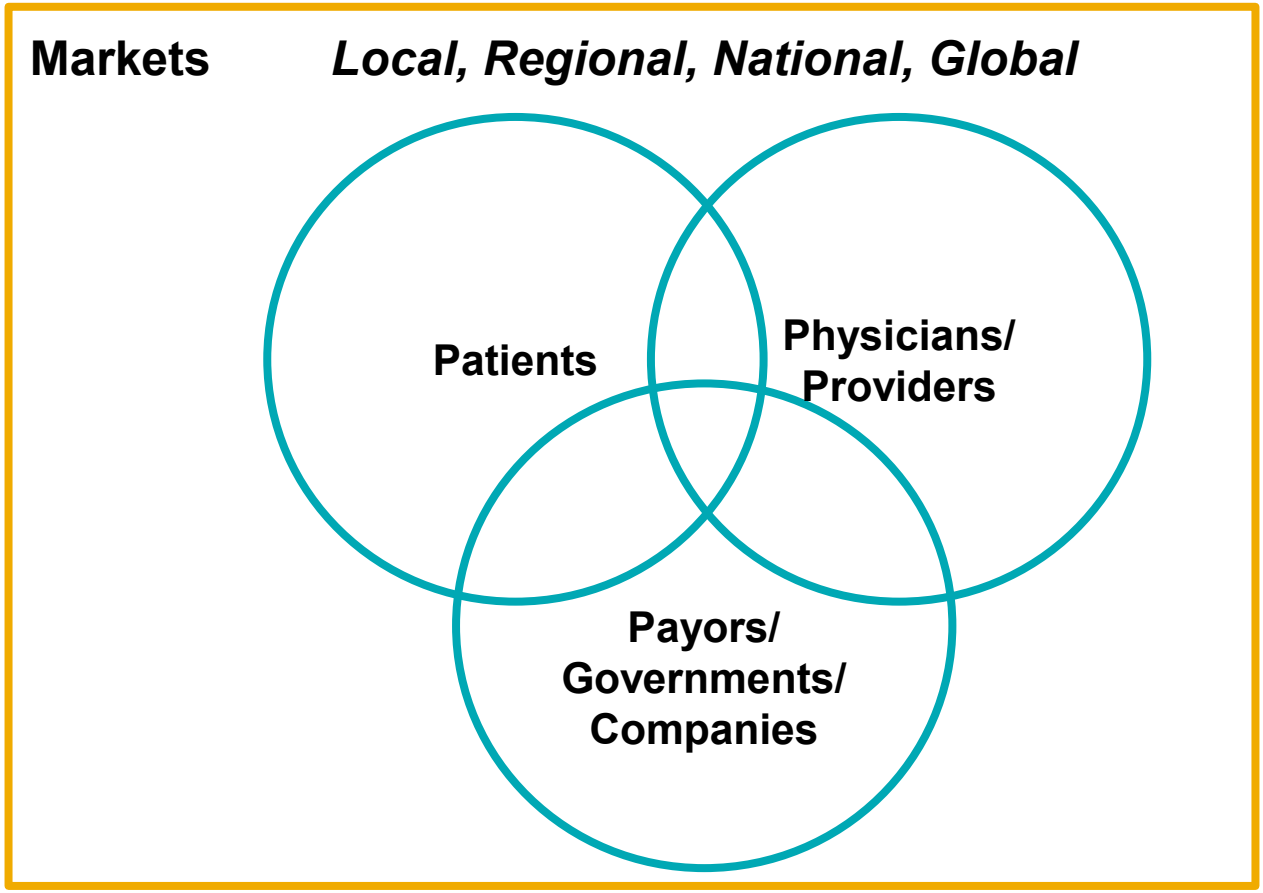


Destination Healthcare Market for US Providers

Centers With Significant Destination Volume	▪ Generally the US Honor Roll Hospitals composed of academic medical centers ▪ Other examples include hospitals near US boarders ▪ Takes years and significant investment and commitment to develop but can be rewarding
Market Definition Is Challenging, and Data Is Elusive	▪ Little to no organized research focuses on destination healthcare for intra-US medical travel ▪ Defining patients is challenging—new patients, unique patients/year, number of outpatients, number of admissions, etc. ▪ Ultimately, this is about small numbers with high revenue potential focusing on significant interventional care
Intra-US Destination Travel	▪ Little to no data has been published but major academic centers generally can attract up to 10% of patients from outside the local market ▪ Clear outlier examples include centers like the Mayo Clinic and Cleveland Clinic with the Mayo being the ultimate example of destination healthcare ▪ Americans travel for care or expertise or therapies not available locally
Global Medical Travel	▪ Don't believe everything you read—often way off the mark in terms of size of the market and the potential ▪ Market size was once limited to dated studies, but data is available by being a member of the US Cooperative for International Patient Programs and participating in their annual benchmarking process ▪ Market is also concentrated in types of care (e.g., pediatrics is ~50%, cancer is the most common type of care, and the Gulf Cooperation Council countries can represent ~50% of volume) ▪ You need to be clear about the payor sources, countries with focused potential, and the ability of your organization to differentiate itself and add value to both patients, potential referring physicians, and local providers

Destination Healthcare Market for US Providers

When thinking about destination healthcare, frame the development strategy as building a referral network that can have multiple “target customers” that varies by market considerably.



Demand

Drivers of Destination Global Medical Travel

Patients seek….

- Higher quality
- Better technology
- Service not otherwise available

…because

- Healthcare is underserved
- Ability to pay out of pocket
- Potential for insurance or government reimbursement (e.g., Gulf countries)
- Affinity—geographic, cultural, history of immigration, economic/other exchange
- Awareness of global options

Physicians referring is limited, although niche opportunities exist in some countries and specialty areas.

- The challenge in most countries is the disincentive for most physicians to refer unless the service truly cannot be provided locally
- Opportunities can be developed where care is not locally provided and there are governments, insurers, and/or sufficient numbers of patients who can pay directly.
  - Most significant example are the Gulf Cooperation Council (GCC) countries (primarily Saudi Arabia, the UAE, Kuwait, and Qatar) who refer tens of thousands of patients per year
  - Concierge level physicians with established practices in markets can be a good referral source

Global Medical Travel: Demand Drivers

Demand

- While limited, successful physician referral channels can be cultivated and sustained for specialized services by...
  - Providing strong communication and collaboration when patients are treated abroad
  - Supporting local clinical practice development and capabilities (e.g., rotating physicians from referring institutions)
  - Potentially providing some care/procedures locally to support training and market awareness
  - Potentially aligning with a practice or group (e.g., affiliation, investor/owner)
  - Academic institutions can provide value through collaborations and affiliations related to consulting, education, and/or research

Global Medical Travel: Demand Drivers

Demand

- Payors can greatly influence referral potential in many markets
  - Need to consider local market context and access
  - Requires additional patient support and challenges
  - Can potentially lead to directed referrals; highly market dependent
  - For global patients from the Gulf countries, government payors drive the market and are a key constituency
  - In some countries, major insurers focus on “VIP” type patients with some seeking access for these patients when needed and/or offering products to members that include some form of global access (e.g., China)

Global Medical Travel: Supply

Supply

- Medical Provider "Attractors"
  - Global Brand Recognition and "Top Rankings"
  - Signature Clinical Programs and "Star Physicians"
  - "Unique" therapies or treatments
  - Geographic Proximity
  - High level of patient experience and amenities
  - Dedicated centers and teams to manage global patients
  - Access to Health Evaluation or "Executive Check-up" Offering
  - Location in "destination cities"
  - Relative value: cost

US Global Patient Market Overview

- The largest global patient programs are generally at large academic medical centers that are both well-known globally and comprehensive, but several community hospitals have grown global programs
- Over 70 hospitals and health systems in the US have formal global patient programs, and the vast majority are members of the US Cooperative for International Patient Programs (USCIPP)
- Of USCIPP's current members:
  - 57% are comprehensive academic medical centers, 22% are specialized children's hospitals, and 21% are non-academic community hospitals
  - 41% of the hospitals/health systems on this group have received the 2016-17 American's Best Hospital Honor Roll recognition by US News World & Report
- Based on aggregated, publicly available data released based on USCIPP's 2014-15 survey (33 organizations reporting):
  - > 50,000 unique international patients—average of 1,500/member
  - 18,420 international admissions—average of ~560/member
  - ~160K outpatient visits—average of ~5,000/member
  - Pediatrics account for 52% of admission and 40% of outpatient visits

US Global Patient Market Overview

- USCIPP 2014-15 survey
  - Most common reasons for inpatient services
    - Cancer
    - Cardiology
    - General Surgery
    - Neurosciences
    - Orthopedic Surgery

The most common countries of origin include:

Total Inpatient Hospitalizations	Total Outpatient Visits	Adult Inpatient Hospitalizations	Pediatric Inpatient Hospitalizations	Adult Outpatient Visits	Pediatric Outpatient Visits
Kuwait	Kuwait	Canada	Kuwait	China	Kuwait
Mexico	Mexico	Kuwait	Mexico	Kuwait	Mexico
Qatar	Qatar	Mexico	Qatar	Qatar	Qatar
Saudi Arabia	Saudi Arabia	Saudi Arabia	Saudi Arabia	Saudi Arabia	Saudi Arabia
UAE	UAE	UAE	UAE	UAE	UAE

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Leveraging Telehealth

Innovation Example: Stanford Health Navigator

Potential Global Patient Program Size, Capabilities, "Classic" Strategies, and Investment

Components	Small Focused Solely on Patients	Medium with In Country Investments	Large with Broader Institutional Global Strategies
Program Size[1] Unique Patients Admissions Illustrative Revenue Estimate (max vol) at $50K/Admission or $8-10K/unique patient	 <1,000 <200 **Total** $10M **Hosp** $7M **Phys** $3M	 >1,000-3,000 >200-500 $25M $17.5M $7.5M	 >3000 – 8,000+ >500 - 1,200+ $65M++ $45.5M++ $19.5M++
Patient Services	▪ Physical Center at Hospital ▪ Dedicated patient coordinators and interpreters ▪ Centralized financial support	▪ Same as Small + ▪ Part-time medical directors and RN case managers ▪ 24x7 on-call for global patients	▪ Same as Medium + ▪ Regional offices and representatives to support patient coordination ▪ Full-time clinical staff with MDs and/or NPs to support patients
Patient Cultivation ("Business Development")	▪ Very limited; potential one person ▪ May support limited event and symposia efforts ▪ Limited web presence	▪ Dedicated team, often by target country ▪ In country events and activities ▪ Well developed website in multiple languages ▪ Some focus on Gulf countries	▪ Medium + ▪ Larger business development team; Focus on Gulf countries ▪ Active direct marketing efforts ▪ Practice collaborations ▪ Likely affiliations with providers
% of Total Admissions	Generally 1-2% or less with some outliers		
Investment	Established programs generally spend 5-10% of revenue on dedicated resources		

[1] Based on US experience modified for a generalized program

"Classic" Global Patient Management Process

	Information Seeking	Inquiry	Case Acceptance	Care Provision	Post Care Follow-up
Description	▪ Researching options on the internet, treating physicians, and by word of mouth ▪ May be aware of some institutions that "are the best" for x, y, z or broadly	▪ Reach out to the medical center ▪ Submit relevant information that may include medical records ▪ Understand potential treatment options and physician(s)	▪ Treating MD willing to accept the patient for care ▪ Treatment plan developed ▪ Financial clearance obtained ▪ Patient accepted for treatment	▪ Patient scheduled and registered ▪ Logistics coordinated ▪ Patient arrives and receives care	▪ Treating MD determines post care follow-up needs ▪ Care process may require further treatment and/or coordination
Challenges/ Realities ▪ Systems to track and manage info is limited ▪ Financial process is complex and challenging to manage	▪ Patients left to what can be found on the internet or through trusted advisors ▪ Information limited to websites or referrals ▪ Very little ability to interact online to get more info even if English is spoken	▪ Medical records challenging to obtain for patients ▪ Limited information provided can lead to decisions to treat that may not be necessary ▪ Treatment options often limited to an MD or ability to treat with limited ability to speak to clinicians	▪ An attending agrees to see the patient but may not be able to handle the level of complexity or clinical challenges upon arrival ▪ Treatment plans often an appointment with limited next steps ▪ Ability to predict cost is low and cost is high; documentation is confusing	▪ Even with the best levels of service, managing complex patients presents clinical challenges that require support clinically and administratively	▪ Generally limited to an understanding whether to come back for a follow-up

"Classic" Global Patient Management Process

This process is very challenging and labor intensive to manage and to do it well. It requires a dedicated team with strong clinical support and a "can do" orientation. Below are questions and metrics to consider.

	Information Seeking	Inquiry	Case Acceptance	Care Provision	Post Care Follow-up
Questions to Consider	▪ How do patients obtain information? ▪ How well can they be supported when "surfing" your website? ▪ Is your site searchable in your target markets? ▪ If you have a global page, how well linked is it? ▪ Do/should you use search optimization? ▪ What happens if someone calls your main number vs. the global number?	▪ How are you organized to manage this process? ▪ What tools are used to track? ▪ Do you have dedicated clinicians who can support the global/US team? ▪ What kind of documentation are you able to provide?	▪ Can you turn around case acceptances quickly? ▪ How well do you manage the record collection/clinical diagnosis process? ▪ How can you optimize the care process—patients only come when needed and optimize care at home ▪ How well can you manage the financial support process?	▪ How well can you support patients while local for both clinical and non-clinical needs? ▪ Should you offer in person interpretation for appointments? ▪ How can you access clinicians when needed who may not be the treating physicians? ▪ Do/should you have a 24x7 service capability?	▪ Do you have processes to support this outside of the treating MD office? ▪ How well can you support "home care" or non-acute provider needs for out-of-town patients ▪ How do you stay in touch with patients for follow-up and/or for other communications?
Consider-ations/ Metrics	▪ How well can you track/gain insight? ▪ Web tracking? ▪ Social media? ▪ Marketing?	▪ How can you support this process in a more sophisticated way? ▪ If in touch with a treating physician, how is this relationship managed? Do you track/maintain information?	▪ What is your capture rate on inquiries and how do you use that intelligence?	▪ How do you obtain feedback/manage service issues? ▪ What do you offer patients and families? E.g., do you have an executive health program?	▪ How do you know how patients are doing? ▪ How often do they return for follow-up/other services? ▪ Do you provide f/u to treating MDs and records? ▪ How do you know whether they have referred others?

Global Patient Management Challenges and Potential

- Caring for global patients pushes the boundaries of the ability for centers pre, during, and post care
  - Managing the care process is very complex, especially for complex patients with significant health needs and support requirements
  - Traditional pre and post-care support and services are not often available locally, and destination treatment centers generally aren't able to assist in the transition process effectively
  - Treating MDs aren't generally the right people to support the clinical needs of the patients outside of diagnosis and interventional service
  - Traditional care management and support functions aren't equipped to handle global patient needs
- Organizations generally don't have the clinical support mechanisms that could make the process more effective and efficient at each step in the process
- From a patient care and business standpoint, improving this process will improve outcomes, reduce cost, improve the patient experience, improve the ROI on dedicated resources, and extend the ability to expand the referral network.

“Next Generation” Strategies

It is helpful to frame strategy development in terms of how your organization can provide external facilitated health navigation.

- External Facilitated Health Navigation
  - **External**: Outwardly focused. Intake oriented. How the organization is positioned to a distributed market
  - **Facilitated**: Requires support and infrastructure over and above what even the best organizations can do. Remote and in person.
  - **Health Navigation**: Focus at the end of the day. Access within your organization. “Health concierge.” “Health advisor.” Can be broader than accessing acute care and thought of as a service.

Direct marketing and in-country investments (on-site marketing, liaison offices, collaborations) are very expensive and take years to develop. Without sufficient market size, the ROI on the investments can be challenging and risky.

Focusing on how *External Facilitated Health Navigation* can be further developed maximizes existing patients and referrals, extends the organization’s reach “organically,” and pushes the organization to support patients in new ways.

“Next Generation” Strategies

“Next Generation” strategies should focus on a broad Customer Relationship Management (CRM) strategy to support external facilitated health navigation and referral network development. Healthcare as an industry is far behind others.

- Service model: “call center” or remote capabilities, on-site resources, ability to mobilize the organization
- Web/portal: Triage to appropriate level of support off of “main numbers,” leverage “chat windows” and ability to request information
- Use of telehealth capabilities to attract potential patients, improve pre and post care support and effectiveness
- CRM software/tools to manage workflow and referral network with careful tracking of contact information and referral related details (source, referring MD)
- Defined care management process with specific steps, requirements, and metrics to manage
- Optimal staffing and role models balancing non-clinical vs. clinical and external vs. internal orientation
- Defined processes by core clinical service that balances geographic considerations of patients
- Defined engagement plan for marketing/cultivation purposes

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How Can Telehealth Support a Destination Health Center Strategy

National and International Differentiator

Supports Connectivity to Referring Providers

Enables Right Patient, Right Place, Right Time

Extends Specialist Capacity Across Broader Target Geography

Improves Access and Convenience for Distant Patients

Enables Efficient Pre-and Post-Visit Services

Virtual Care Defined as Seven Delivery Platforms

Platform	Description	Timing	Video	Information Transferred
Provider-to-Provider Platforms				
eConsult & Case Review	Templated communications, where PCP eConsults with specialist to share information and discuss patient care	Asynchronous	No	▪ Medical records ▪ Images
Virtual Video Consult	Distant specialist connects in real-time to a provider/clinical setting to deliver a clinical service directly supporting the care of a patient	Synchronous	Yes	▪ Medical records ▪ Images
TeleAcute	Remote covering clinicians use multiple modalities (video, monitor data) to follow a defined set of seriously ill patients	Synchronous	Yes	▪ Medical records ▪ Images ▪ Monitoring data
Direct-to-Patient Platforms				
Second Opinion	Patient-initiated electronic request for provider to give an opinion on a clinical case	Asynchronous	No	▪ Medical records ▪ Images
Remote Patient Monitoring	Providers remotely monitor patients via connected/mHealth devices or PROs	Synchronous	No	▪ Monitoring data ▪ Patient-reported data
Video Visit	Provider connects directly with patient via video to conduct equivalent of a visit	Synchronous	Yes	None
eVisit	Provider connects with patient via e-mail or secure messaging to provide clinical advice or support	Asynchronous	No	▪ Patient-reported data ▪ Images

Each Telehealth Model Addresses Specific Destination Health Objectives

	Provider-to-Provider			Direct-to-Patient			
Destination Health Objectives	**eConsult**	**Virtual Consult**	**TeleAcute**	**Second Opinion**	**Remote Monitor**	**Video Visits**	**eVisits**
National and International Differentiator				■		■	
Supports Connectivity to Referring Providers	■	■					
Enables Right Patient, Right Place, Right Time	■	■				■	
Improves Access for Distant Patients		■		■		■	■
Extends Specialist Capacity Across Broader Target Geography		■		■		■	
Enables Efficient Pre- and Post-Visit Services		■			■	■	

Challenges to Successful Telehealth Deployment

Most health systems have struggled to define and deliver on large-scale telehealth program deployments. Some common challenges include:

- Proliferation of departmental solutions or pilot projects without overarching vision and strategy
- Poor clinician adoption due to lack of integration with usual clinical workflows
- Insufficient financial incentives to scale programs
- Lack of alignment between leadership, IT, and clinical priorities
- Existing technology is insufficient to deliver new types of services

Uncertainty about legality of providing healthcare services to some countries, and limited access to payment models have discouraged development of international telehealth programs. Major issues include:

Medical Licensure

How far can telehealth services be provided before becoming the "practice of medicine"

Reimbursement/Payment

- Payment for foreign unlicensed practitioners
- Lack of coverage for telehealth

Relationships with Local Practitioners

- Prescribing requirements
- Potential liability of local physician

FCPA

Prohibits bribes/kickbacks to a "foreign official"

Privacy and Security

Different laws on patient information and collection/management of health data

Issues need to be assessed on country-by-country basis.

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Stanford Health Navigation Services- *The Corporate Partners offering…*

Fouzel Dhebar

Administrative Director, Health Navigation Services

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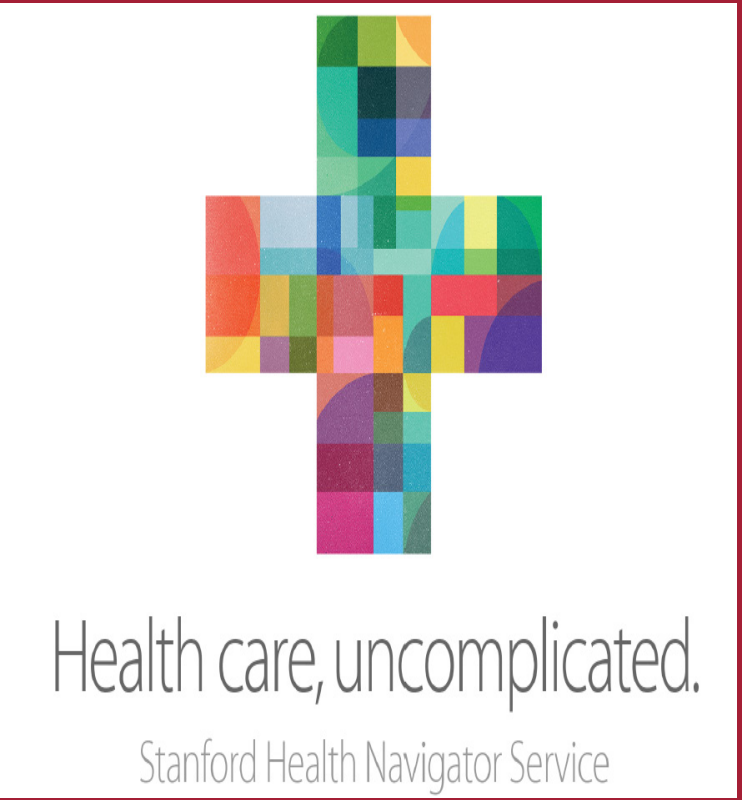

The Landscape

Catalysts and Drivers of Change

- Increased consumerism/choice
- Increased need/desire for transparency (EHR, pricing)
- Social media's impact on brand, publicly reported data (CMS +)
- Disruptive entrants to market and changing expectations related to access – concierge, subscription based models such as One Medical, Forward Health
- Shifts in reimbursement – value based purchasing, decreasing commercial payor mix
- Access
- Understanding patient "personas" & loyalty

High Touch Navigation Solutions

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What is High Touch Navigation?

Specialized care coordination from pre-diagnosis to post care /discharge, inpatient and outpatient, facilitating access and a "seamless"- Know Me, Show Me, Coordinate for Me experience…

Highly ***customized*** care coordination tailored to meet the unique needs of the patient and/or the needs of the family

Patients can be one or more of the following: community development potential partners, referred by the C-Suite and/or Board of Directors, Corporate Partners, Special Patient Services referrals and grateful patient partners

Primary reliance on the "Navigation Framework", Special Patient Services, Aging Adult Services and International Medical Services teams for services rendered locally, UHC Vizient/Faculty connections nationally & International-SOS globally.

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Stanford Medicine Corporate Partners Program

Mission

A long-term partnership between Stanford Hospital and leading Silicon Valley companies to inspire transformational thinking and solutions, provide support to partner employees and their families, and promote lifelong health.

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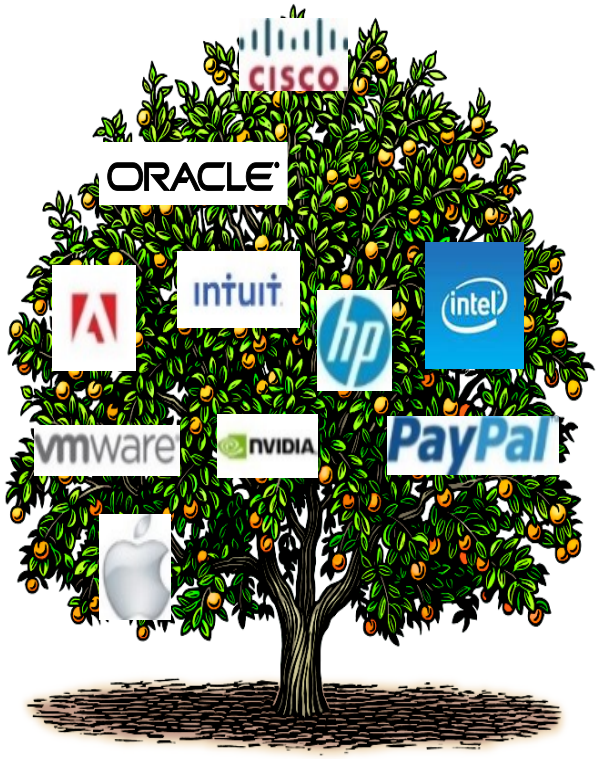
Partnerships & Promises

….receive personalized service throughout the care and experience including assistance with appointments, record reviews, education and other services……



….Navigators can also help schedule appointments and coordinate specialist visits at Stanford Hospitals & Clinics and its affiliated network of leading health care institutions, nationally and around the world ….

…. any health question, anytime, from anywhere , in what ever language you speak….

…. Throughout the first year the program will broaden its focus to include employees across the globe….

Yes, powered by International-SOS

…. find the right specialist anywhere in the world ….

Source: Stanford Corporate Partner Agreement, FAQ's, Video

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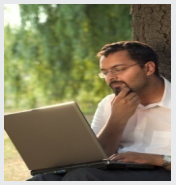
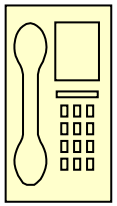
What are the core services extended?

Offerings	Offering Summary	Services	Experience
Customer Navigation	• A dedicated line for each Partner staffed by a team of skilled Customer Navigators focused on providing excellent service	• Dedicated Service line for each Partner • Care Follow Up Contacts • 24/7 phone service	*"This is Tina, your Stanford Navigator… how can I help you?"*
Partner Portal	• A single virtual entry point into CPP that provides a global, mobile, and tech savvy workforce with targeted health information and services	• Access to myHealth • CPP Contacts: Navigation Line, IMS, Stanford Health Library • Targeted Health Resources • Targeted Webcasts and Lectures	 Anytime, anywhere - targeted services and information
Hospitality	• A dedicated Concierge team focused on making every visit to SHC an exceptional experience	• On site assistance • Directions • Amenities • Valet Parking • Self Park Passes	Ensure every visit to SHC is a great experience
Information Services	• An ongoing stream of valuable health and program information	• Quarterly Utilization Report for all CPP Employees • Annual Executive Report	Timely updates on CPP and service results
Remote Services	• Outreach services that leverage the Stanford brand and provide value to CPP employees outside the Bay Area	Access via Portal to: • Find a Physician/Hospital solutions globally • International Medical Services • Social Networks • Clinical Trials	The best of Stanford Hospital across the globe

What is the Supportive Framework?



Customers:
Corporate Partners, SHC/LPCH, Employees, patients, grateful patients, employer groups, sports teams 24/7

Know Me
Show Me
Coordinate For Me

Tier Three
(Clinical Navigator)

Clinical Advice Line, Aging Adult Services, Clinical Navigator

Tier Two
(Specialist Navigator)

Stanford Health Library, Corporate Partners, IMS, CareCounsel, Special Patient Services

Tier One
(Generalist Navigator)

Inpatient, Outpatient, ED & Satellite Navigators

STANFORD

Stanford Operating System & Lean Chassis

Case Scenarios

Care Coordination

A Corporate Partner employee phoned the Stanford Health Navigator from out-of-country concerned that his current health providers informed him he was not a surgical candidate due to his advanced cancer diagnosis.

The Stanford Health Navigator was able to have a record review performed and the Stanford surgeons offered to see him for a second opinion.

A series of appointments was coordinated and scheduled within one week.- patient brought care to Stanford

The patient is currently on a transplant list.

Convenience for the Employee

A local Corporate Partner employee was scheduled for a routine radiology exam at a location that was inconvenient for the patient.

The patient was told that there were no available time slots at her desired location, so the patient phoned the Stanford Health Navigator team for assistance.

The Stanford Health Navigator secured an appointment at the location of the employee's choice.

The employee was very happy with the outcome.

Case Scenarios cont…

Assistance for Brother

A Corporate Partners employee reached out to the Stanford Health Navigator requesting assistance in finding his brother a neurosurgeon at Duke University.

His brother recently suffered a significant brain bleed and is recovering. However, he was in need of future surgical intervention.

The Stanford Clinical Navigator obtained the name of a neurosurgeon who specializes in AVM (arterialvascular malformations) at Duke, referred by the Chair of the Neurosurgery Department at Stanford.

In addition, since Stanford is world renowned for the treatment of AVM, the patient was offered a record review.

The employee and his brother were extremely grateful for the service and assistance.

Assistance for Mother

A Corporate Partner employee reached out to the Stanford Health navigator regarding her mother.

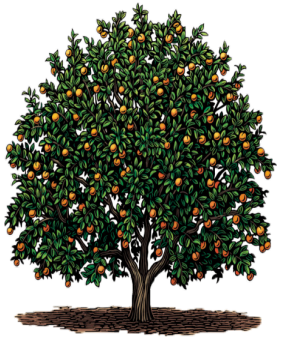
Over the weekend, her mother had been in the local emergency room suffering from extreme lower extremity pain secondary to decreased blood flow.

The Stanford Clinical Navigator was able to connect with the Clinic Chief of vascular surgery to get an appointment for the employee's mother early that same week.

The patient had surgery at Stanford and is doing well.

The employee and her mother were extremely grateful.

Corporate Partners
Stanford Medicine



Reflections & Close

Has there been any Benefit Realization?

Is the Navigation Framework really the secret sauce?

How have the Corporate Partner relationships evolved?

What technologies, analytics and tools support the program?

Are we any closer to attaining "systemness" as an enterprise?

Stanford HEALTH CARE
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Education

- **Cornell University, B.A., Psychology, 1996**

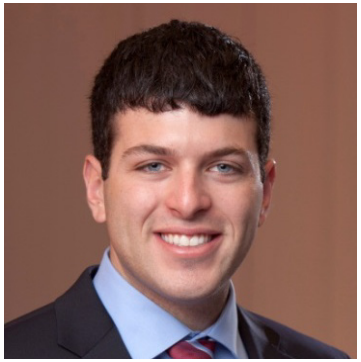
About

Michael “Mick” Merritt has more than 20 years of experience in healthcare and academic medicine as a management consultant and hospital executive. Mick’s consulting career has spanned clinical, education and research-related strategic and operational advisory services to academic medical centers and health systems across the U.S. and abroad. Most recently, he has been advising academic medical centers and healthcare companies on global strategies and healthcare development after working for nearly nine years at New York-Presbyterian (NYP), one of the nation’s most comprehensive academic health care delivery systems in collaboration with Columbia University College of Physicians & Surgeons and Weill Cornell Medicine.

At NYP, Mick served as vice president of global services where he led a team of nearly 90 people focused on positioning the organization for referral and revenue growth domestically and globally through direct-to-patient strategies, institutional collaborations, employer initiatives, and global education and training programs in collaboration with Columbia and Weill Cornell leadership.

In his role, Mick managed large, multidisciplinary clinical coordination teams in multiple countries that included physicians, nurse practitioners, nurses and facilitated service coordinators. He also developed and implemented an executive health and integrative medicine center with Weill Cornell Medicine. To support business development, he established a team that leveraged telehealth, marketing and customer relationship management strategies in multiple markets, and led consulting engagements with leading global healthcare providers. Additionally, he managed financial operations for global patient services for the hospital and faculty practice organizations that included payor negotiations and all aspects of the revenue cycle.

A recognized industry leader, Mick served on the Vizient Global Executive Services Council Steering Committee, which represents a group of major U.S. academic medical centers, and he helped establish and was on the Advisory Council of the U.S. Cooperative for International Patient Programs.



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Education

- Yale University, M.P.H., Health Policy and Management, 2012.
- Yale University, M.A., International and Development Economics, 2012.
- Vassar College, B.A., Science, Technology and Society, with honors, 2010.

About

Jared Augenstein is a senior manager with Manatt Health, an interdisciplinary policy and business advisory group of Manatt. He provides project management, policy analysis, startup business planning and strategic business services to healthcare providers, startups, payers, pharmaceutical manufacturers and other healthcare organizations. Jared's primary areas of focus are advising public- and private-sector clients on delivery system transformation, population health, digital health, international and global health, federal and state health policy trends and provider markets.

Jared has extensive experience assisting large health systems, academic medical centers, and children's hospitals with strategic planning and implementation efforts related to delivery system transformation, population health infrastructure development, and organizational restructuring. He also advises healthcare startups on business planning strategies.

Fouzel Dhebar is Administrative Director of Navigation Services at Stanford Health Care

As an integral leader at Stanford Health Care and formerly Lucile Packard Children's Hospital at Stanford, Fouzel has lead operations and strategy in the Physician and Patient Relations arenas as well as other key ancillary areas for over 20 years now. More recently, at Stanford, she is responsible for the operational oversight of Health Navigation Services within the Patient Experience Office. Programmatic services include; general and site-specific Information Desk services, specialty/high touch navigation services to include International Medical Services, Special Patient Services and Aging Adult Services, clinical navigation services to include Clinical Advice Services, Enterprise Discharge Call and Clinical Navigation Services extended to Corporate Partners. As a core administrator she has driven clinical and operational effectiveness priorities, electronic medical record/CRM optimization, management systems development and implementation, benefits and outcomes achievement, workflow redesign, physician engagement, community and corporate partnerships, global long range strategic planning, and change management.

Additionally, Fouzel is adjunct faculty at the University of San Francisco, where she lectures on Leadership Development and Human Resource Management. She has also held consulting and senior advisory roles with the National Health Services (NHS) at the South West London Improvement Academy, the Ministry of Health in Pakistan and Shaukat Khanum Memorial Cancer Research Hospital in Pakistan. Fouzel holds a double Masters, a MSc in Socio-Economic Community Health Development from the London School of Economics, a MPA-HSA from the University of San Francisco, and a BS degree in Organizational Development from San Francisco State University.

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Questions and Discussion

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