As a child of the ’60s, I recall President Kennedy declaring that the U.S. would land a man on the moon within a decade. Gazing at America’s audacious target, 240,000 miles away, JFK said the mission would organize the best of our energies and skills, and that it was a challenge we were unwilling to postpone and intended to win.

At times, solving the myriad problems that afflict the U.S. healthcare system represents a similarly bold and distant goal. But we at the Jewish Healthcare Foundation and the Pittsburgh Regional Health Initiative are unwilling to postpone the challenge of improving the health of our population. To protect the lives and well-being of our citizens, we address critical (and sometimes neglected) healthcare problems with a sense of urgency and empathy. We now proudly celebrate 25 years of moving some small mountains, tackling unpopular but critical problems, forming unprecedented partnerships, taking our "solutions" to a global audience, and helping to change both policy and public opinion.

An overriding goal is to keep people as healthy and independent as possible – avoiding hospitalizations, institutionalization, and emergency room visits. This places the focus of our work squarely in the community. We pursue our many funded demonstrations to prove that there are better ways to deliver health care to achieve this target. In addition, we address the health of populations through three new public health initiatives in 2014: to protect children with the cancer-preventing HPV vaccine, to eliminate violence against women on college campuses, and to stave off future Legionella outbreaks.

In addition to our long-time role as the regional fiscal agent for HIV/AIDS funding, we assumed planning and evaluation responsibilities to strengthen services for HIV-positive individuals in 2014. We continued working to integrate behavioral health treatment into primary care. Through the Fine Awards for Teamwork Excellence in Health Care, we celebrated exemplary efforts of frontline healthcare professionals in western Pennsylvania to reduce the serious pain and hospital-acquired infections that can prolong hospitalizations.

(Continued on page 2)
2014 also marked the launch of our Center for Health Information Activation, because we believe that activated patients will seek and demand the highest quality in medical care, gravitate to high value providers, and realize their own health goals. Patients do not, on the whole, seek hospitalizations, preventable emergencies, or institutionalization. We envision a new partnership between informed patients and enlightened health providers. This is why we develop so many training programs for frontline health workers, offer four fellowships and an internship program for graduate students in the health professions, advocate for graduate medical education reform, and engage the champions of tomorrow.

In 2014, JHF invested more than $6.8 million of Foundation assets in improving the health of the Pittsburgh community through major grants and other small grants. Almost $3 million of that total supported the Jewish community, including: a $900,000 annual block grant to the Jewish Federation of Greater Pittsburgh (distributed to the Federation beneficiary agencies to address health needs); JHF’s annual commitment on our $33 million pledge to the Jewish Association on Aging; support for our Federation/JHF Public/Private Partnership; the Jewish Genetic Diseases program; and the Fund for a Jewish Future. Additional grants were made to JFilm (to address campus sexual violence), Jewish Family Assistance Fund, and the Jewish History Center Project – and to create a genes and vaccines curriculum for our Jewish day schools.

As we close 2014, we must thank our outgoing JHF Board of Trustees Chair (and former PRHI Chair) Alan Guttman for his years of exceptional leadership. His dedication and guidance during his tenure as Chair of the JHF and PRHI Boards helped us achieve new heights. Alan steered PRHI through a dramatic transition in 2005, setting the ground rules for a dynamic board role and helping to reinvent and reinvigorate the organization as a standard-bearer in quality improvement, safety, and education. He also led JHF during an era of unprecedented recognition and awards, on a national and global scale. As we enter JHF’s 25th year, we welcome incoming JHF Board Chair Nancy L. Rackoff – a longstanding friend at the Foundation and a distinguished community leader.

In fact, our explorations wouldn’t be possible without the support and guidance of the JHF, PRHI, and HCF boards, as well as state and national funders including the Centers for Medicare and Medicaid Services, the Pennsylvania Department of Health, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration (HRSA), and local and national private foundations, who have faith that we can indeed accomplish that which appears to be audacious, controversial, or plagued with mine fields.

With your help, we'll continue shooting for the moon.

Karen Wolk Feinstein, PhD
President and CEO
Jewish Healthcare Foundation
JHF CELEBRATES OUTGOING BOARD CHAIR, WELCOMES NEXT LEADER

Outgoing JHF board chair Alan R. Guttman “passes the gavel” of leadership to Nancy L. Rackoff.

NEW BOARD MEMBERS FOR 2015

JHF

JUDITH LYN BALK, MD, MPH
BERN BERNACKI, DD, MPH
MICHAEL H. GINSBERG, JD
EYAN INDIANER
CARL KRASIK, JD
ANNE NEWMAN, MD, MPH
ELLIOTT OSHRY
ELIZABETH SURMA, MPH

PRHI

JESSICA BROOKS, MPM
SENATOR JAY COSTA
DEEPAN C. KAMARAJ, MD
JOHN MAHDNEY, MD

HCF

ILANA DIAMOND, MBA
REMA PADMAN, PhD
ERIC RODRIGUEZ, MD, MPH
MELISSA STEPHENS

JHF OFFICERS FOR 2015

CHAIR: NANCY L. RACKOFF, JD
VICE CHAIR: DAVID EHRENWERTH, JD
Treasurer: LOU PLUNG
SECRETARY: DEB CAPLAN, MPA

PRHI OFFICERS FOR 2015

CHAIR: PATRICIA L. SIGER
SECRETARY/TREASURER: TIMOTHY W. MERRILL, JR.

HCF OFFICERS FOR 2015

CHAIR: DAVID J. MALONE

JUDITH LYN BALK, MD, MPH
BERN BERNACKI, DD, MPH
MICHAEL H. GINSBERG, JD
EYAN INDIANER
CARL KRASIK, JD
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CARL KRASIK, JD
ANNE NEWMAN, MD, MPH
ELLIOTT OSHRY
ELIZABETH SURMA, MPH
### 2014 JHF ENDOWMENT ALLOCATIONS

<table>
<thead>
<tr>
<th>GRANT TYPE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Grants (Health Research, Health Education, Health Policy AND Systems Design, Other)</td>
<td>$6,607,612</td>
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<tr>
<td>Small Grants</td>
<td>125,475</td>
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<tr>
<td>Community Education</td>
<td>25,000</td>
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<tr>
<td>Other</td>
<td>42,792</td>
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<tr>
<td><strong>Endowment Subtotal</strong></td>
<td><strong>$6,800,879</strong></td>
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### PUBLIC/PRIVATE FUNDING SECURED IN 2014

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<thead>
<tr>
<th>SOURCE</th>
<th>PURPOSE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA Department of Health/City of Pittsburgh</td>
<td>HIV/AIDS Program</td>
<td>$3,832,650</td>
</tr>
<tr>
<td>CMS/CMMI</td>
<td>Primary Care Resource Center</td>
<td>2,688,813</td>
</tr>
<tr>
<td>Office of the National Coordinator/HIT</td>
<td>Regional Extension Center (REACH)</td>
<td>568,000</td>
</tr>
<tr>
<td>CMS/CMMI/Institute for Clinical Systems Improvement</td>
<td>COMPASS</td>
<td>506,477</td>
</tr>
<tr>
<td>CMS/UPMC</td>
<td>RAVEN Grant</td>
<td>437,588</td>
</tr>
<tr>
<td>Quality Insights/CMS</td>
<td>Quality Innovation Network (secured $4.7 million)</td>
<td>432,070</td>
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<tr>
<td>Highmark</td>
<td>Mon Valley ACN</td>
<td>357,481</td>
</tr>
<tr>
<td>AHRQ</td>
<td>Practice Transformation</td>
<td>320,000</td>
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<tr>
<td>PPC University</td>
<td>PRHI Operations</td>
<td>210,000</td>
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<tr>
<td>GEDF—Allegheny County</td>
<td>QI/T Center</td>
<td>200,000</td>
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<tr>
<td>McCune Foundation</td>
<td>Safety Net ACO/I-Count</td>
<td>150,000</td>
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<tr>
<td>The Fine Foundation</td>
<td>Fine Awards for Teamwork Excellence in Health Care</td>
<td>86,000</td>
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<tr>
<td>HHS – Office of Assistant Secretary of Health</td>
<td>HPV Campaign</td>
<td>75,000</td>
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<tr>
<td>Assorted Foundations</td>
<td>Pennsylvania Health Funders Collaborative</td>
<td>67,500</td>
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<tr>
<td>Lawrence and Rebecca Stern Family Foundation</td>
<td>Jewish Genetic Diseases</td>
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<tr>
<td>Grable Foundation</td>
<td>HPV Vaccination Campaign</td>
<td>25,000</td>
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<tr>
<td>Josiah Macy Jr. Foundation</td>
<td>Medical Education Reform/Empowered Patient</td>
<td>25,000</td>
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<tr>
<td>Marion Ewing Kauffman Foundation</td>
<td>Building Bridges</td>
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<tr>
<td>Eye and Ear Foundation</td>
<td>HPV Vaccination Campaign</td>
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<tr>
<td>Rose Community Foundation</td>
<td>Community Health Worker Summit</td>
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</tr>
<tr>
<td>Various Donors</td>
<td>Jewish Genetic Diseases Education</td>
<td>7,500</td>
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<tr>
<td>Various Sources</td>
<td>POLST Education</td>
<td>6,000</td>
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<tr>
<td>Navigant</td>
<td>Electronic Health Records in Long Term Care</td>
<td>4,650</td>
</tr>
<tr>
<td>Private Donor</td>
<td>HPV Vaccination Campaign</td>
<td>1,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$10,087,923</strong></td>
<td></td>
</tr>
</tbody>
</table>
PRHI continues to equip six local community hospitals participating in the PCRC project, as well as the additional PCRC pilot site, with the quality improvement training, coaching, and clinical expertise to offer complex patients one-stop, coordinated outpatient care – and avoid future inpatient stays – through the Primary Care Resource Center (PCRC) project.

The PCRC project, funded by a $10.4 million Center for Medicare and Medicaid Innovation (CMMI) grant, strives to reduce all-cause 30-day hospital readmissions for chronic obstructive pulmonary disease, acute myocardial infarctions, and/or heart failure in six PCRC community hospitals (Butler Health System, Conemaugh Memorial Medical Center, Indiana Regional Medical Center, Sharon Regional Health System, Uniontown Hospital, and Wheeling Hospital) as well as a pilot site at Monongahela Valley Hospital.

PCRC teams – comprised of nurse care managers, pharmacists, administrative assistants, and often additional in-kind staff provided by the hospital – offer services including in-hospital patient education on their conditions, medication reconciliation, and post-discharge plans and follow-up, which include scheduling follow-up appointments, making home visits, and communicating regularly with primary care physicians.

In 2014, the six “innovation” sites in the CMMI grant celebrated their first anniversary in operation. Building upon their partnership with the COPD Foundation (which provided PCRC staff with training and spirometers in 2013), the PCRC sites formed new alliances with groups committed to serving patients living with the three target conditions.

The American Heart Association offered PCRC staff training on advanced care for heart failure patients during two full-day sessions held at the QI-T Center. The sites also collaborated with post-acute care facilities, rehab and assisted living, personal care homes, and home health care services to ensure care continuity for PCRC patients. Examples include: PCRC nurse care managers developed joint post-discharge action plans with home health nurses and trained skilled nursing facilities to help patients make helpful diet choices and stick to recommended medication regimes.

### 2014 ACCOMPLISHMENTS

- **35** PCRC Nurse Care Managers, Pharmacists and Admin. Assistants
- **4,300+** Unique Patients Enrolled in PCRC Care
- **17,200+** Follow-Up Phone Calls to PCRC Patients
- **1,500+** Patient Home Visits by PCRC Teams

**Compared to 10 benchmark hospitals treating COPD, HF, and AMI patients, the PCRCs...**

- **15.5%** Decreased 90-Day Readmissions by 15.5%
- **$4.3%** Reduced 90-Day Total Costs of Care by 4.3%
Behavioral health conditions affect nearly one of five Americans, adding to barriers in physical health management and increasing healthcare costs. In recent years, evidence has continued to support the integration of behavioral and physical health, especially for patients with comorbid depression and/or substance abuse and chronic disease such as diabetes or cardiovascular disease.

The COMPASS (Care of Mental, Physical, and Substance Use Syndromes) program integrates evidence-based behavioral health care in primary care facilities to treat patients suffering from depression, as well as diabetes and/or cardiovascular disease. As one of ten regional partners for the Center for Medicare and Medication Innovation-funded, Institute for Clinical Systems Improvement-led project, PRHI trains and coaches primary care practices to use the COMPASS collaborative care model, which includes primary care providers, a care manager, a consulting psychiatrist, and a case review team.

Building on lessons learned from PRHI’s Partners in Integrated Care initiative to treat comorbid depression and unhealthy alcohol/drug use in primary care settings, the COMPASS model also features a robust electronic care management tracking system (CMTS). The CMTS has contributed to appropriate treatment intensification when there is a lack of improvement, and aggregation of data to drive quality improvement. Motivational interviewing is another key component of COMPASS, with providers using the collaborative conversation style to evoke patients’ own reasons for making positive behavior changes.

Now in its third and final year, COMPASS stakeholders are focused on standardizing systematic case reviews; strengthening connections to organizations and resources outside of the practices’ walls; measuring COMPASS’ impact on local emergency department visits and hospital admissions; and sustaining the integrated care model past the CMMI grant period, which ends in June of 2015.
STRENGTHENING PRIMARY CARE, PREVENTING HOSPITALIZATIONS

PRHI EXPANDS PROJECT REACH, TRANSFORMS PRACTICES ACROSS PENNSYLVANIA

FUNDER: ONC-HIT | AWARD: OCTOBER 2010 | DURATION: 5 YEARS (INCLUDING EXTENSIONS) | ROLE: SUB-CONTRACTOR

Five years ago, the Office of the National Coordinator for Health IT (ONC-HIT) selected PRHI as a regional contractor to help primary care practices and federally qualified health centers implement and meaningfully use electronic health records. Since then, PRHI’s Regional Extension and Assistance Center for Health Information Technology (REACH) team has expanded the scope of its work to enhance patients’ care access and self-management capabilities, and strengthen practices’ links to other providers and community resources.

The REACH team also assists long-term/post-acute care organizations in implementing EHRs, and supports practices in achieving patient-centered medical home (PCMH) status through PCMH training modules, workflow assessment and redesign, policy review, and application support (for more information, see Patient-Centered Practice Transformation Support Program on page 10). REACH has now guided more than 90 practices on their transformation journeys to delivering high-quality, team-based care.

In recognition of their success, PRHI’s REACH team was awarded a no-cost extension by ONC-HIT through March 31, 2015 to assist practices in reaching Stage 2 Meaningful Use; elevate the role of medical assistants and licensed practical nurses in primary care; provide PCMH assistance; and lead a national pilot to implement EHRs in long-term and post-acute settings.

PRHI also partnered with PA SPREAD (a process improvement and PCMH support initiative based out of the Penn State College of Medicine) and the Northwest Pennsylvania Area Health Education Center on a four-year, Agency for Healthcare Research and Quality-funded grant to build the capacity of small- and medium-sized primary care networks and prepare them to function as Accountable Care Organizations. PRHI’s REACH team is supporting primary care networks so that they can proactively manage population health and coordinate care; provide health IT assistance; and support widespread adoption of evidence-based clinical guidelines by developing regional and statewide learning communities.

2014 ACCOMPLISHMENTS

862 PROVIDERS ASSISTED ACROSS 340 SITES THROUGHOUT WESTERN PA (SYSTEMS, PRACTICE GROUPS, AND FEDERALLY QUALIFIED HEALTH CENTERS)

99% OF PROVIDERS ARE USING ELECTRONIC HEALTH RECORDS

90% HAVE ATTAINED MEANINGFUL USE, QUALIFYING THEM FOR INCENTIVE PAYMENTS
The passage of the Affordable Care Act and a shift toward patient-centered medical home (PCMH) concepts are redefining the role of medical assistants (MAs) and licensed practical nurses (LPNs) in primary care. In many practices, MAs and LPNs handle increasingly complex responsibilities, such as educating patients about their health conditions, monitoring transitions of care, and even conducting certain routine procedures. Yet, in many practices, MAs and LPNs do not receive the training that would enable them to take on significantly more responsibility for patient care.

To maximize the role of MAs/LPNs and improve practice efficiency by freeing doctors and nurses to focus on tasks best suited to their training, JHF launched and funded an MA/LPN Champions program in July of 2014. Twelve local MAs and LPNs are participating in a year-long curriculum designed to help them engage patients in their care, collaborate with other care team members, and meaningfully use electronic health records. The Champions are applying their new skills by developing projects to improve quality, safety, and efficiency within their own primary care offices.

The program’s Learning Solutions for MAs and LPNs curriculum, previously tested at Saint Vincent Medical Group, focuses on pre-visit planning, primary care team huddles, eliciting patients’ health goals and barriers, and post-visit follow-up/outreach. The MA/LPN Champions are working through assignments on chronic disease management, using diabetes as an example. The participants are also exploring real-life patient engagement scenarios through monthly webinars with professionals in the field and utilizing Tomorrow’s HealthCare™, PRHI’s online knowledge and communication network, to access learning materials and share challenges and success stories.

MA/LPN Champions are driving quality improvement and enhancing patient care at their practices.
From September 2010 to 2013, PRHI led an Agency for Healthcare Research and Quality (AHRQ)-funded project called Partners in Integrated Care (PIC), which implemented and disseminated an evidence-based model to treat depression and unhealthy alcohol/substance use in primary care settings. With PRHI’s training and coaching, 57 primary care sites across Pennsylvania implemented the collaborative care model as part of the larger PIC initiative, which included Regional Health Improvement Collaborative partners in Wisconsin (Wisconsin Initiative to Promote Healthy Lifestyles, Wisconsin Collaborative for Healthcare Quality) and Minnesota (Institute for Clinical Systems Improvement (ICSI)).

While the PIC project has officially ended, PRHI and its partners continue to spread the model and make the case that integrated primary care achieves better health outcomes at a lower cost.

**2014 ACCOMPLISHMENTS**

PRHI and ICSI produced a marketing video to create employer demand for health plans that fully cover the spectrum of physical and behavioral health needs offered through models like PIC.

**EXECUTIVES-IN-RESIDENCE PROGRAM READIES DOCTORS FOR ACTIVATED PATIENTS**

In this new era of patient-physician communication, patients armed with health application data and online research expect to play a more active role in their healthcare treatment. To prepare physicians at different stages of their careers for such activated patients, the JHF Board of Trustees approved a grant to launch a Physician Executives-in-Residence program. One seasoned and one early-career physician are contributing to a variety of JHF and PRHI projects that aim to enhance care quality in part, by opening the lines of communication between patients and providers.

The physicians chosen for the inaugural Executives-in-Residence program are Ralph Schmeltz, MD, former president of the Pennsylvania Medical Society and a clinical professor of internal medicine at the University of Pittsburgh School of Medicine, and Jonathan Weinkle, MD, an internist at the Squirrel Hill Health Center. Dr. Schmeltz, a retired endocrinologist, will help PRHI bridge relationships between primary care and specialty providers for the Primary Care Resource Center (PCRC) and COMPASS (Care of Mental, Physical, and Substance Use Syndromes) projects, and serve as a mentor for JHF’s QIFT Health Innovators Fellowship, among other responsibilities.

Dr. Weinkle, a JHF consultant, will advance the mission of the new Center for Health Information Activation (CHIA) to empower patients, and will develop a publication on increasing progress toward the American College of Graduate Medical Education’s fourth competency (interpersonal skills and communication).
LEARNING SOLUTIONS FOR PRIMARY CARE MOBILIZES PRACTICES FOR VALUE-BASED, ACCOUNTABLE ERA

The Patient-Centered Practice Transformation Support Program builds off PRHI’s primary care initiatives, including REACH electronic health record implementation and optimization services, Safety Net Medical Home Initiative, and integrated physical and behavioral health initiatives (Partners in Integrated Care, COMPASS). PRHI offers an interactive, customizable curriculum and practice-specific coaching to prepare primary care providers, administrators, and frontline staff for a value-based healthcare environment.

PAYMENT REFORM SUMMIT EXPLORES COMMUNITY HOSPITALS OF THE FUTURE

Considerable work is being done to address rising healthcare costs. New models of care are being demonstrated, as are new payment models. Some are proving to enhance the quality of care, but do not reduce costs. Some produce the opposite result. We cannot look at new models of care to improve quality and reduce costs in a vacuum.

On December 11, 2014, PRHI hosted a Payment Reform Summit at the Wyndham Grand Hotel in downtown Pittsburgh to spark a dialogue among executives, providers, and trustees on ways to reinvent the services and financing of community hospitals in western Pennsylvania.

The Summit, funded by the Robert Wood Johnson Foundation, showcased ways that community hospitals are “thinking outside the bed” by forming new partnerships to address patients’ physical, behavioral, and social needs. Presentations by national leaders in community hospital innovation reaffirmed the value of many of PRHI’s demonstration projects that emphasize care management, clinical pharmacy consultations, patient engagement, behavioral health services in primary care settings, training in quality engineering techniques, and incentives for performance excellence.

Payment Reform Summit keynote speaker John Bluford, III, MBA, FACHE, president emeritus of Truman Medical Centers and president of Bluford Healthcare Leadership Institute, described how community hospitals can emerge as centers to advance population health.
In recent years, PRHI research has identified patient-specific improvement opportunities that have informed the development of our quality improvement demonstration projects, attracted significant private foundation and public grant support, and positioned the organization as a trusted source of innovative and powerful program improvement models.

2014 ACCOMPLISHMENTS

- Issued a research brief characterizing patients who are high utilizers of healthcare services in Western PA to inform the development of interventions that can reduce avoidable hospital admissions and readmissions.
- Issued a research brief characterizing the HIV-positive community in PA to improve outreach efforts through the Minority AIDS Initiative.
- Provided research support to the Primary Care Resource Center, COMPASS, and HPV vaccination initiative projects.

{HIV/AIDS IN PENNSYLVANIA}

31,396
PEOPLE IN PA LIVE WITH HIV/AIDS

1 IN 3
WERE HOSPITALIZED AT LEAST ONCE BETWEEN JULY 2010-SEPTEMBER 2012

15%
20% ARE READMITTED WITHIN 30 DAYS, COMPARED TO 15% FOR ALL MEDICAL ADMISSIONS

50%
OF PA’S HIV+ POPULATION LIVES IN THE PHILADELPHIA AREA

35%
OF HOSPITALIZED PATIENTS HAVE COMORBID DEPRESSION AND/OR SUBSTANCE USE DISORDERS

36%
% PA HIV+ POPULATION

30%
DON’T RECEIVE RECOMMENDED PRIMARY CARE

36%
% PA HIV+ HOSPITALIZATIONS

29%
WOMEN & THOSE AGE 50+ ARE OVERREPRESENTED AMONG PA’S HIV+ HOSPITALIZATIONS

10%

15%

15%

65%
TRANSFERRED TO ANOTHER HOSPITAL OR LONG-TERM-CARE FACILITY

41%
SUDDENLY FROM CHRONIC RENAL FAILURE

41%
SUDDENLY FROM HYPERTENSIVE CHRONIC KIDNEY DISEASE

36%
WITH ANEMIAS

35%
DUAL ELIGIBLE FOR MEDICARE & MEDICAID

Jewish Healthcare Foundation | 11
The diagnosis of AIDS has progressed from a death sentence in the 1980s to a manageable, chronic disease today. Yet few of the 1.1 million HIV-positive individuals in the U.S. realize the full benefits of treatment breakthroughs and strengthened social services. Just 37% of HIV-positive individuals are retained in medical care, and 25% achieve a suppressed viral load, which reduces the complications of HIV and significantly lowers the risk of transmitting the disease.

Over the past two years, JHF has made significant progress in re-engaging HIV-positive individuals in medical care and lowering the community viral load through its Minority AIDS Initiative (MAI). JHF provides quality improvement and motivational interviewing training, data collection and technology assistance, and forums for collaboration to AIDS Service Organizations (ASOs) across Pennsylvania to help AIDS service workers to develop and implement innovative ways to locate, engage, and maintain in care, HIV-positive individuals who have been lost-to-care. Twenty ASOs have participated in the initiative, which was developed under a grant from the Pennsylvania Department of Health and the Special Pharmaceutical Benefits Program.

While phase one of the MAI program concluded in June of 2014, five of the initial group of 15 participating ASOs (Action AIDS, Co-County Wellness, Open Door, Pittsburgh AIDS Task Force, and Prevention Point Philadelphia) received additional “champions” funding for continued outreach initiatives through June of 2015. Five additional ASOs – Access Matters, Einstein Infectious Disease Clinic, Mon Yough Community Services, Philadelphia FIGHT, and Pinnacle Health – began participating in the MAI program in December of 2013 and will also continue through June of 2015. During phase two, agencies are working to further strengthen the statewide network of ASOs developed through the MAI program and integrate the MAI model into routine care.

**2014 ACCOMPLISHMENTS**

- **850+**
  - More than 850 HIV-positive individuals who were lost-to-care have been engaged in medical care through MAI

<table>
<thead>
<tr>
<th>% of Lost-to-Care Patients Identified Attending Medical Appointments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Appointment</td>
</tr>
<tr>
<td>2 Appointments</td>
</tr>
<tr>
<td>3 or More Appointments</td>
</tr>
</tbody>
</table>

87% of those who attended 3+ medical appointments achieved an undetectable viral load.

**Regions with AIDS Service Organizations Participating in MAI**

Jewish Healthcare Foundation | 12
CELEBRATING, EXPANDING OUR ROLE IN HIV/AIDS

JHF EXPANDS HIV/AIDS ROLE BY TAKING ON PLANNING AND EVALUATION RESPONSIBILITIES, ALIGNING STAKEHOLDERS

Since 1992, JHF has served as the fiscal agent for funding for Ryan White Part B, State 656, and HUD HOPWA (Housing Opportunities for Persons with AIDS) programs in the 11-county southwestern Pennsylvania region. The Foundation has also reached well beyond its traditional fiscal agent role, working to improve the lives of those infected and affected by HIV/AIDS through quality improvement training for service organizations, community support, stewardship, and leadership.

In 2014, JHF expanded its role in HIV/AIDS even further by assuming responsibility for the planning and evaluation of services in the 11-county southwestern Pennsylvania region. JHF will focus on standardizing the evaluation of regional HIV/AIDS services, eliminating service gaps, and enhancing stakeholder participation in the community.

To achieve these goals, JHF formed a new Regional HIV Strategic Collaborative comprised of service providers, consumers, and advocates. The Collaborative, facilitated by JHF, will evaluate patient services, elicit consumer feedback, and develop new standards of care for southwestern Pennsylvania. It is the first comprehensive regional group committed to strengthening HIV/AIDS services in more than a decade.

2014 ACCOMPLISHMENTS

1,300+

JHF developed and released a newly automated system for regionally tracking 1,300+ HIV client certifications

15

15 provider, consumer, and community activist groups joined the HIV Collaborative

2

JHF convened the first two HIV Collaborative meetings

A MODERN EPIDEMIC

In the United States, 1.8 million people have been infected with HIV; more than 650,000 have died. New HIV diagnoses remain at around 50,000 per year. Currently, the CDC estimates that 1.1 million people (age 13+) are living with HIV.

Source: Centers for Disease Control and Prevention (CDC), Kaiser Family Foundation
LATEST ROOTS HONORS LOCAL, NATIONAL HEROES IN HIV/AIDS RESPONSE

JHF’s latest edition of its magazine-style ROOTS publication is a tribute to HIV/AIDS heroes and activists, who worked together to address a terrifying public health threat and stood up for the rights of those affected by the epidemic. “The Fight Against AIDS: A Pittsburgh Story” chronicles the Foundation’s work to address HIV/AIDS, early local and national initiatives, the changing face of HIV/AIDS, and the future of treatment and outreach.

JHF HOSTS PANEL ON PAST, PRESENT, FUTURE OF AIDS

In August, JHF hosted a special panel in the QI²T Center showcasing community leaders who played a role in changing HIV/AIDS from a death sentence in the 1980s to a manageable, chronic illness. Some of the region’s foremost activists and health experts recounted Pittsburgh’s collaborative response to the epidemic and discussed remaining challenges, such as reversing a rise in HIV infections among young adults and addressing HIV-positive individuals’ diverse social needs.

Panelists recounted Pittsburgh’s response to the AIDS epidemic (L-R): Cyndee Klemanski, president of the Shepherd Wellness Center; Tony Silvestre, PhD, LSW, co-investigator of the Pitt Men’s Study and professor of infectious diseases and microbiology at the University of Pittsburgh’s Graduate School of Public Health; Alan Jones, a certified HIV counselor at the Pittsburgh AIDS Task Force; and Carolyn Acker, PhD, co-founder of Prevention Point Pittsburgh and an historian of medicine and health at Carnegie Mellon University.

Emanuel Vergis, MD, MS, MPH, associate professor of medicine at the University of Pittsburgh’s Division of Infectious Diseases, and Karen Hacker, MD, MPH, director of the Allegheny County Health Department, discussed HIV research breakthroughs and public health challenges.

Four key players in JHF’s response to HIV/AIDS (L-R): Dana Phillips (established JHF’s Ryan White Fiscal Agency in 1992), Barb Feige (former JHF HIV/AIDS program director), Jason Kunzman (former JHF CFO who also managed the JHF Ryan White HIV/AIDS fiscal agency), nd current HIV/AIDS Program Director Richard Smith, MSW.

JHF Chief Medical Officer Keith Kanel, MD, MHCM, FACP, shared his experiences as an intern at Presbyterian Hospital during the early days of the AIDS epidemic.
With hospitals now penalized for high preventable 30-day readmissions rates, and penalties on the way for long-term care providers, skilled nursing facilities must prove they can care for residents who often have multiple, chronic health conditions or risk losing referrals from long-time partners. By providing frontline workers with enhanced clinical, communication, and data tracking skills, JHF’s Long-Term Care Champions Fellowship prepared six participating facilities for the changing healthcare landscape.

During the 18-month Fellowship, JHF provided coaching and training to Champions from Asbury Heights, the Jewish Association on Aging’s Charles M. Morris Nursing and Rehabilitation Center, Kane Regional Centers in McKeesport and Ross, Presbyterian SeniorCare Southmont, and Vincentian Collaborative System-Marian Manor, as they worked to reduce 30-day hospital readmissions among their residents. The Champions participated in a customized version of PRHI’s Perfecting Patient CareSM University, clinical skills sessions, and quarterly learning collaboratives that covered topics ranging from enhancing care transitions with electronic health records to advance care planning and palliative care.

The Champions deployed their new skills in their facilities, implementing projects to streamline care and improve the well-being of their residents. Among the successful interventions: Kane McKeesport decreased resident falls; Asbury cleaned up the “organized chaos” at its nursing stations; and Marian Manor tested condition-specific SBAR (Situation, Background, Assessment, Recommendation) forms, which help care staff recognize a resident’s symptoms for conditions that drive hospital readmissions in long-term care, and relay pertinent information to clinicians.

While the program concluded in April of 2014, the Champions’ quality improvement journey – and relationship with JHF – continues. Kane McKeesport and Kane Ross are participating in the RAVEN initiative for long-stay nursing facility residents (see page 16), and the Champions remain connected through Tomorrow’s HealthCare™, PRHI’s online knowledge and communication network. Through the REACH project, PRHI continues to work with several Long-Term Care Champions on electronic health record implementation as well.
JHF is one of five partners in RAVEN, an initiative to improve the quality of care and reduce avoidable hospitalizations among long-stay (100-plus days) nursing facility residents in western Pennsylvania. JHF is a subcontractor to UPMC, and the lead education provider for the project, which also includes clinical, evaluation, pharmacy, and telemedicine components.

CMS estimates that nearly half (45 percent) of hospitalizations among Medicare and Medicaid enrollees receiving care at either Medicare skilled nursing facilities or Medicaid nursing facilities could have been avoided. JHF is partnering with Excela Health, Heritage Valley Health System, Robert Morris University, and UPMC to bolster frontline staff skills and keep residents at 19 participating facilities from being rehospitalized.

RAVEN offers nursing staff many of the resources and trainings utilized during JHF’s Long-Term Care Champions Fellowship, including Lean education, the INTERACT (Interventions to Reduce Acute Care Transfers) quality improvement program to enhance clinical skills, and support for advance care planning discussions and palliative care.

JHF has introduced its new curriculum on condition-specific SBAR (Situation, Background, Assessment, Recommendation) tools, which help nurses collect pertinent information for care providers on conditions that frequently lead to hospitalizations from nursing facility residents. RAVEN facilities are also engaging more residents and families in conversations about Pennsylvania Orders for Life-Sustaining Treatment (POLST), which summarizes a patient’s care preferences in clear, actionable medical orders that transfer across care settings.

In addition to JHF’s face-to-face educational offerings, leadership staff participating in RAVEN stay connected through monthly webinars and Tomorrow’s HealthCare™.

### 2014 Accomplishments

- **JHF Has Conducted Site Visits and Trainings at All 19 RAVEN Facilities**
- **Hosted Monthly Webinars for Network of Providers, and Created Virtual QI, Education, and Partnership Opportunities Through THC**
- **Presented RAVEN at All Together Better Health, PA State Homecare, and Grantmakers in Aging Conferences**
ENHANCING QUALITY OF LIFE FOR SENIORS

CLOSURE CONTINUES TO RAISE END-OF-LIFE EXPECTATIONS ACROSS PA

Since the early 1990s, JHF has invested over $50 million in its commitment to improving the quality of life for older adults, and others nearing the end of life. As part of this commitment, JHF began its Closure initiative in 2007 to raise awareness and change expectations around end-of-life care, and ultimately to spark a social movement to improve care and respect patient preference.

Through in-person presentations, online learning material, Closure Community Conversations, and Closure 101 (a curriculum of lessons developed to educate consumers and healthcare professionals about end-of-life issues and options), Closure gives people access to the tools and resources they need to make educated end-of-life decisions that are consistent with their values and beliefs.

2014 ACCOMPLISHMENTS

LAUNCHED CLOSURE CONVERSATIONS IN CARLISLE, HARRISBURG, AND A NUMBER OF LONG-TERM CARE CHAMPIONS SITES

A NEW VIDEO ON JHF’S CLOSURE WORK WAS DISTRIBUTED NATIONALLY IN SEPTEMBER OF 2014

CLOSURE HOW-TO GUIDES ARE BEING DISSEMINATED, AND THE MODEL IS BEING REPLICATED STATEWIDE

JHF TAKES LEAD IN PA POLST PARADIGM

Seriously ill patients and their loved ones can ensure their care preferences are honored during the last few months of life by completing a Pennsylvania Orders for Life Sustaining Treatment (POLST) form. POLST summarizes a patient’s care preferences in clear, actionable medical orders that transfer across care settings.

JHF and the Coalition for Quality at the End of Life (CQEL) played a pivotal role in gaining approval for POLST, which was enacted for use in Pennsylvania in 2010. JHF also serves as the statewide coordinator for POLST, providing education and resources to help patients, families, and healthcare providers turn care preferences into medical orders.

2014 ACCOMPLISHMENTS

454 PEOPLE STATEWIDE ENGAGED IN THE PA POLST TRAIN-THE-TRAINER CURRICULUM ON TOMORROW’S HEALTHCARE™, PREPARING THEM TO FACILITATE GOALS OF CARE DISCUSSIONS WITH PATIENTS AND LOVED ONES

(L-R) Senior Quality Improvement Specialist Maureen Saxon Gioia, RN, Senior Quality Improvement Specialist Terri Devereaux, MPM, FNP-BC, Chief Operating and Program Officer Nancy Zions; Policy and Program Associate Neil Dermody, JD, MPA; and Consultant Tamara Sacks, MD, showcased the POLST train-the-trainer curriculum during RAVEN Leadership Education Day.

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PERFECTING PATIENT CARE℠ BRINGS LEAN THINKING TO FRONT LINE, C-SUITE

Through fellowships and internships, Champions programs, and partnerships with regional, national, and international workforce organizations, PRHI continues to equip healthcare leaders and future leaders with the tools to improve patient outcomes, eliminate waste, and reduce costs. These are the bedrock principles of Perfecting Patient Care℠ (PPC), PRHI’s flagship education and training methodology.

Based on Lean quality improvement concepts, PPC curriculum is customized to meet the unique needs of health professionals in different care settings.

PPC FORMATS

THE PPC CURRICULUM IS OFFERED IN A VARIETY OF FORMATS, INCLUDING:

• OPEN PPC UNIVERSITY
• CUSTOMIZED PPC UNIVERSITY
• WORKSHOPS
• KAIZEN EVENTS
• COACHING
• TOMORROW’S HEALTHCARE™, PRHI’S ONLINE KNOWLEDGE AND COMMUNICATION NETWORK

2014 SUMMER INTERNS FURTHER CAREERS, JHF AND PRHI INITIATIVES

This year’s cohort of 12 JHF summer interns featured future healthcare leaders studying everything from medicine to health history, and social work to biostatistics. The 2014 interns, selected from a pool of 75 applicants, learned about the history of the Foundation and its PRHI and HCF operating arms, became immersed in Lean thinking by graduating from Perfect Patient Care℠ University, and toured St. Clair Hospital to observe nursing rounds and look for opportunities to streamline processes.

The interns also worked on a variety of JHF and PRHI initiatives, developing projects that included conducting a community needs assessment to gauge gaps in primary care access in Allegheny County, researching costs for certain medical procedures in Pittsburgh and Philadelphia, and outlining the curriculum for the Foundation’s new 2015 Fellowship on Death and Dying.

PRHI TRAINED MORE THAN 325 HEALTH PROFESSIONALS AND STUDENTS IN PPC

JHF 2014 summer interns (L to R): Gandha Kinikar, Dan Radin, Matthew Caplan, Kara Rogan, Samuel Kelly, Erika Ciesielski, Victor Talisa, Mariel McMarlin, Avigail Oren, Deepen Kamaraj, and Nupur Desai

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Much of healthcare today involves helping patients manage conditions, such as chronic illness, whose outcomes can be greatly influenced by behavior or lifestyle changes. Training in motivational interviewing – a collaborative, goal-directed conversation style – provides frontline healthcare professionals powerful tools to enhance communication with patients, engaging and empowering them to make choices to improve their health.

Motivational interviewing training is incorporated into all JHF and PRHI efforts where models of care require patients to change behavior, including the Minority AIDS Initiative, COMPASS, Primary Care Resource Center, and Practice Transformation projects. Helping patients to examine their ambivalence about a change, and uncover their own interest/motivation for making a change, is key to increasing and sustaining positive treatment outcomes. The Foundation also offers motivational interviewing workshops that are open to healthcare professionals across the region.

**The Pittsburgh Regional Health Initiative (PRHI) Approach to Motivational Interviewing Training**

Motivational Interviewing (MI) is a collaborative conversation style that strengthens a person’s own motivation and commitment to change.

- **2** Hours for the intro to Motivational Interviewing: Helping People Change
- **42** Hours for the full suite of workshops

**1610 learners**

Have participated in a PRHI MI workshop since January 2011

**How did they find us?**

- **Grant** 41%
- **Community** 32%
- **Contract** 27%

**PRHI offers individual and customized group learning, based on the learner background and perspective.**

**Who participates in our workshops?**

- Nurses: 31%
- Health Students: 25%
- Behavioral Health Professionals: 14%
- Physicians: 10%
- Medical Assistants: 9%
- Administrators: 6%
- Other: 5%

**What are some of the behavior changes we discuss?**

- Medication treatment adherence
- Smoking cessation
- Antiretroviral therapy engagement
- Diabetes self-management
- Healthier nutritional choices
- Substance abuse treatment adherence

**Creating Change Agents for Healthcare Quality, Safety**

**Motivational Interviewing Unlocks Patients’ Goals, Reasons for Behavior Change**

- Medication treatment adherence
- Smoking cessation
- Antiretroviral therapy engagement
- Diabetes self-management
- Healthier nutritional choices
- Substance abuse treatment adherence
Solving intractable healthcare problems requires leaders who attack issues with tenacity and empathy, rejecting incremental change and applying a systems-based approach that crafts solutions to meet the medical, financial, and social needs of particular communities. During the 2014 Jonas Salk Fellowship, 41 interdisciplinary graduate students developed rapid-response solutions to issues that have long plagued the U.S. health system by applying four problem-solving lenses: crisis management, disruptive innovation, predictive modeling, and activism and advocacy.

Salk Fellows traveled across the Pittsburgh region to witness how emergency response centers, public safety departments, health IT companies, research labs, and journalists tackle complex public health issues. The fellows then applied what they learned by developing strategies to end sexual assault on college campuses, prevent hospital-acquired infections, re-engage HIV-positive people in medical care, increase low HPV vaccination rates, and help frail seniors remain at home.

The Salk fellows’ problem-solving strategies included increasing handwashing compliance and accountability on the front line – and thus lowering the risk of patients developing a hospital-acquired infection – by using a hand sanitizer that dyes providers’ hands to indicate cleanliness. Fellows also discussed increasing HPV vaccination rates by bringing mobile immunization vans into the community; harnessing the power of simulators like the University of Pittsburgh’s FRED (a Framework for Reconstructing Epidemiological Dynamics) to predict the chances of an HIV-positive individual becoming lost to care; and leveraging social and traditional media to reframe sexual violence as a community-wide, rather than a women’s issue.
QI²T HEALTH INNOVATOR FELLOWS ENHANCE PATIENT CARE THROUGH IT SOLUTIONS

The QI²T Health Innovators Fellowship is designed to support young adults who want to use technology to improve health and health care. The Fellowship was launched in 2013 as a vital component of JHF’s QI²T Training Center, which provides healthcare workers with the IT tools and shared learning space to drive quality improvement.

This year, 29 fellows designed new health IT products under the guidance of clinical and entrepreneurial mentors, and pitched their ideas to a panel of experts for the opportunity to win a $5,000 prize. The Fellows possessed experience in fields including engineering, medicine, design, and business. The winning team, THR Connect, proposed a custom app for hip replacement patients to ensure they successfully complete their post-discharge rehabilitation plans.

In recognition of the program’s commitment to generating IT solutions that improve residents’ lives in Allegheny County and beyond, Pittsburgh Mayor Bill Peduto’s office declared April 8, 2014 as “QI²T Health Innovators Fellowship Day.”

PATIENT SAFETY FELLOWS SEE LEAN CONCEPTS IN ACTION AT LOCAL HOSPITAL

The 2014 Patient Safety Fellowship provided 33 graduate students from diverse health fields with the opportunity to engage in Perfecting Patient CareSM University, learn from healthcare workers applying Lean concepts on the front line, and work on a group project in which they conducted observations at one of six Magee-Womens Hospital of UPMC units (birth center, emergency department, pharmacy, pre-operative care, outpatient clinic, or ultrasound).

Eleven of the Patient Safety Fellows previously participated in the QI²T Health Innovators or Jonas Salk Fellowships – confirmation of the value they have gained from the experiential learning and exposure to health care and other leaders provided through JHF’s Fellowship programs.
Tomorrow’s HealthCare™ (THC), PRHI’s online knowledge and communication network, offers healthcare professionals a virtual space to drive quality improvement, further their education, and collaborate with peers facing similar challenges and opportunities.

In 2014, PRHI began development of the next generation of THC, which will bring together project management and communication tools to track all improvement activity within an organization, and to communicate challenges and successes. It will provide visibility within the organization from the top down or from the bottom up, allowing ideas, imperatives, value, progress and outcomes to be tracked and communicated. The existing THC components of learning management, resource content, and collaboration will be enhanced in terms of organization and usability. Together, the components of THC will provide a unique approach to align stakeholders for enterprise-wide improvement.

2014 ACCOMPLISHMENTS

- In partnership with Quality Insights, PRHI is virtually connecting and educating providers in 5 states through a CMS contract.
- Added 4 new educational modules that represent the Perfecting Patient CareSM University courses.
- Created a PA POLST (Pennsylvania Orders for Life Sustaining Treatment) course.
- Redesigned the site to enhance usability through refined menus, updated resources, and user guides/FAQs.
- Hired a chief of operations and director of THC, as well as a senior applications specialist and a product development consultant to begin development of the next generation of THC.
In July of 2014, Quality Insights was awarded a five-state Quality Innovation Network-Quality Improvement Organization (QIN-QIO) contract from CMS to reduce health disparities, promote chronic disease management, and lower costs across a five-state region. As a subcontractor of Quality Insights, PRHI is furthering those goals by bringing its Lean-based Perfecting Patient Care℠ (PPC) curriculum and Tomorrow’s HealthCare™ (THC) online knowledge and communication network to providers in Pennsylvania, West Virginia, Delaware, New Jersey, and Louisiana.

The five-year QIN contract outlines seven initial tasks related to cardiac health, diabetes, health information technology (HIT)/regional extension centers, hospital-acquired infection, nursing homes, care coordination, and value-based quality reporting. As new needs arise, CMS will provide additional funds for projects that may be bid competitively or allocated to individual states for community-specific health projects.

THC will create virtual learning communities for providers to share best practices and resources, further their education, and receive virtual technical assistance, complementing Quality Insights’ “deeper dives” and train-the-trainer initiatives. The learning modules on THC have been revamped for the QIN project, with Lean-specific training offered in a variety of formats including videos, webinars, and podcasts to accommodate different learning styles. THC also has extensive subject matter resources and task-specific learning communities, where providers can get advice from peers and mentors.
Community health workers have the potential to transform primary care in the U.S., delivering diagnoses, treatment, and social service connections directly to neighbors with whom they have longstanding relationships. By promoting maternal and child wellness, self-management of chronic diseases, and environmental and neighborhood development, community health workers can improve population health and lower the cost of care.

With the federal government currently reviewing its Scope of Care for community health workers, this is a pivotal time to examine, test, and improve models for how to expand and support this sector of the workforce.

2014 ACCOMPLISHMENTS

• CO-SPONSORED A NETWORK FOR EXCELLENCE IN HEALTH INNOVATION (NEHI) SUMMIT ON GLOBAL AND DOMESTIC USE OF COMMUNITY HEALTH WORKERS. THE OCTOBER 20th CONFERENCE FEATURED PANEL DISCUSSIONS ON STATE AND FEDERAL POLICY CHANGES TO INTEGRATE COMMUNITY HEALTH WORKERS INTO THE PENNSYLVANIA HEALTH SYSTEM, WAYS THAT STAKEHOLDERS CAN SUPPORT THIS INTEGRATION, AND A ROUNDTABLE WITH HEALTH SYSTEMS THAT HAVE FULLY EMBEDDED COMMUNITY HEALTH WORKERS INTO CARE TEAMS.

• IN COLLABORATION WITH NEHI, JHF IS PLANNING AN APRIL 2015 CONFERENCE IN PENNSYLVANIA THAT WILL FOCUS ON CREATING A STRONG COMMUNITY HEALTH WORKFORCE IN THE U.S., ACHIEVING SUITABLE REIMBURSEMENT AND COMPENSATION MODELS FOR COMMUNITY HEALTH WORKERS, AND STANDARDIZING THE TRAINING AND CERTIFICATION OF COMMUNITY HEALTH WORKERS. INSIGHTS FROM THE SUMMIT WILL BE USED TO DEVELOP A LIST OF RECOMMENDATIONS AND AN ACTION PLAN FOR OUR REGION.

(L-R): Sergio Matos, founder and executive director of the Community Health Worker Network of New York City; Alan Weil, editor-in-chief of Health Affairs; and Rishi Manchanada, MD, president and founder of HealthBegins.
Improving the well-being of a defined community of patients – and more effectively treating the five percent of the patient population that accounts for 50 percent of healthcare costs – requires medical professionals to address the physical, social, environmental, and cultural determinants of health. Yet, current graduate medical education curriculum often falls short in exposing students to population health and systems-based concepts that will prepare them to achieve better outcomes in an integrated, accountable healthcare system.

In response, JHF has engaged national leaders in an effort to ensure that tomorrow’s healthcare workforce receives the sort of education necessary to understand how the components of clinical systems interact, and how clinical care can be enhanced by links to community resources. In December 2012, JHF provided a grant to engage the Association of American Medical Colleges (AAMC) in promoting a more national, focused effort on redesigning medical education to address the sixth competency of systems-based thinking, which continues to move this agenda forward.

2014 ACCOMPLISHMENTS

- JHF hosted an event in June featuring leadership to explore integrating population health concepts and systems-based thinking into graduate medical curriculum. The event also featured a panel of local medical educators and public health leaders who discussed efforts to broaden students’ definition of healthcare in Pittsburgh.

- Karen Feinstein and AAMC chief health care officer Joanne Conroy, MD, presented their vision for combining population health and systems-based practice competency in the graduate medical curriculum at the June 2014 All Together Better Health Conference, a biennial gathering of healthcare providers, executives, educators, students, and policy makers from across the globe.

- Karen Feinstein serves on the AAMC’s systems thinking advisory group and planning committee. The committee is helping to define the curriculum and measures of success for an AAMC-Centers for Disease Control and Prevention demonstration project that combines Duke University Medical School’s population health curriculum with a systems-based learning experience.

- Supported an Institute of Medicine (IOM) report on reforming the governance and financing of graduate medical education.

- PRHI and The Josiah Macy, Jr. Foundation funded The Empowered Patient, a half-hour WQED TV special highlighting real-life examples of the changing dynamic between physicians and patients. Both systems thinking and communication competencies for physicians must be enriched to accommodate the growing symmetry of information. The special was selected for national distribution by PBS.
The digitization of health information has enabled a new type of patient. We call them the activated patient. They have the motivation, knowledge, skills, and confidence to become engaged in their health care.

In 2014, with a three-year, $1.119 million grant from JHF, PRHI launched the Center for Health Information Activation (CHIA) to support patients and providers in embracing the new patient-provider paradigm as a way to achieve better health outcomes at lower cost.

CHIA will provide communication tools and skill-building for providers, consumers, and families, as well as guidance on finding and assessing health information, creative health apps, online communities, and other tools and services. CHIA will offer programs and services specifically through the Center, and also will advance its mission through multiple existing Foundation initiatives, including the Jonas Salk and QI²T Health Innovators Fellowships, which will focus on new patient-provider relationships in 2015. CHIA will also provide access to public reports to help consumers in western Pennsylvania choose high quality, low-cost healthcare providers.

(L-R): Marcela Myers, MD, director of the Pennsylvania Department of Health’s Center for Practice Transformation and Innovation; Karen Feinstein; and Sven Berg, MD, MPH, CPE, chief medical officer at the West Virginia Medical Institute and Quality Insights, at a CHIA kick-off event for healthcare providers in July.

2014 ACCOMPLISHMENTS

CHIA LAUNCHED IN JULY WITH A PAIR OF EVENTS IN THE QI²T CENTER, WITH 40+ LOCAL HEALTHCARE PROVIDERS AND 75+ PATIENT ADVOCATES DISCUSSING MODELS OF CARE THAT SUPPORT INFO SHARING AND PATIENT HEALTH GOALS

LAUNCHED PACHIA.ORG WEBSITE TO PROVIDE CONSUMERS WITH ACTIONABLE INFORMATION

PRHI IS PARTNERING WITH THE CONSUMER HEALTH COALITION TO CONDUCT LISTENING SESSIONS THAT WILL DEFINE CHIA’S ROLE IN CREATING AND SUPPORTING ACTIVATED PATIENTS
NEW HPV VACCINATION INITIATIVE MOBILIZES COMMUNITY TO PREVENT CANCER

Human papillomavirus (HPV), which can cause a variety of cancers in men and women, was named a 2014 top public health threat by the Centers for Disease Control and Prevention (CDC). There is a safe and effective three-dose vaccine to protect girls and boys from developing HPV-related cancers, and it’s covered by insurance or the federal Vaccines for Children program. But to date, far too many adolescents and young adults remain vulnerable to the potential consequences of the virus because – according to the 2013 National Immunization Survey of teenagers – just 38% of girls and 14% of boys receive all three doses of the HPV vaccine.

In response to this public health threat, JHF has mobilized healthcare providers, parents, young adults, community activists, and policy-makers in a campaign to boost HPV vaccination rates in our region. The HPV Vaccination Initiative seeks to educate and empower Pittsburghers so that more children are shielded from one day developing preventable HPV-related cervical, anal, vaginal, throat, vulvar, and penile cancers. The CDC recommends the vaccine for all adolescents ages 11 to 12 years, as well as teens and young adults ages 13-26 who were not vaccinated when they were younger.

In February, JHF kicked off the HPV Vaccination Initiative by holding its first community education event, and convening an advisory committee of more than 40 clinicians, researchers, community organizations, health plans, educators, and County health department leadership. Sub-committees of the advisory are focusing on increasing vaccination rates among pre-teens, teens, and young adults in the Greater Pittsburgh area; collaborating with regional insurance providers to establish data benchmarks for measuring success; and advocating for policy changes that promote uptake of the cancer-preventing HPV vaccine.

JHF has also established a local chapter of Grandmother Power to support activist grandmothers in dozens of communities, and provided a grant to the Women and Girls Foundation to engage in teen outreach. The Foundation will provide a number of additional grants to other community organizations, and is working with regional clinical associations and providers to encourage physicians and nurse practitioners to recommend the vaccine. JHF is promoting the cancer-preventing powers of the HPV vaccine through health fairs, social and traditional media, and community events.
According to the Campus Sexual Assault Survey, 1 in 5 college-age females report unwanted sexual contact. However, many colleges and universities have yet to create a safe environment for women by educating students about abusive relationships and legal protections available to victims; establishing clearly defined reporting policies; ensuring a fair judicial process; and engaging in conversations with policy makers, service agencies, and the community at large.

To address the endemic issue of campus violence, JHF has taken a stand to hold colleges accountable for the safety of women by initiating the newly-formed *Funders Against Campus Rape*. A coalition of philanthropic groups – that includes leadership from the Eden Hall Foundation, FISA Foundation, Jefferson Foundation, Jewish Federation of Greater Pittsburgh, Jewish Healthcare Foundation, Jewish Womens Foundation, Staunton Farm Foundation, the Heinz Endowments, and The Pittsburgh Foundation – is exploring ways to collectively change the way local universities respond to campus sexual violence.

Additionally, JHF awarded a $20,000 grant to JFilm to implement a campaign designed to raise awareness of campus sexual violence, and to identify policies and procedures that will enhance security for women. JFilm, working with campus groups, administrators, and educators, is presenting 20 free screenings of "Brave Miss World" on college campuses throughout the Pittsburgh region through the spring of 2015. This award-winning film depicts the brutal rape and response of former Miss World and Miss Israel, Linor Abargil. In addition to presenting the movie, JFilm has partnered with Pittsburgh Action Against Rape (PAAR) to follow each screening with a conversation led by a PAAR educator. JFilm has also engaged campus health services, fraternities and sororities, women’s groups, and other community health resources for outreach and education.

**2014 ACCOMPLISHMENTS**

**FOUR SCREENINGS, WITH DISCUSSION FACILITATED BY PITTSBURGH ACTION AGAINST RAPE (PAAR) WERE HELD IN 2014; TEN ARE SCHEDULED FOR 2015**

**JHF CO-FUNDED THE CREATION OF A SHORTER, 60-MINUTE VERSION OF THE FILM FOR ALTERNATIVE SCREENINGS**

*Member of *Funders Against Campus Rape* are working to create safe, accountable college environments for women.*
TAKING ON NEW PUBLIC HEALTH ISSUES

PRHI, ACHD ISSUE UPDATED GUIDELINES TO PREVENT FUTURE LEGIONELLA OUTBREAKS

Following an outbreak of Legionella at the VA Pittsburgh Healthcare System, the CDC turned to JHF to craft a community response aimed at preventing future outbreaks of the pneumonia-causing bacterium. During those efforts, it became apparent that existing Legionella testing and prevention guidelines – nearly two decades old – didn’t prepare our region to protect senior citizens, those with respiratory issues, and others at higher risk of contracting Legionnaires’ Disease.

In October of 2014, PRHI and the Allegheny County Health Department (ACHD) issued updated guidelines that provide practical information on testing for and mitigating the risk of Legionella, which can grow in drinking water systems, air conditioner units, and pools, among other freshwater environments. The Foundation provided a $75,000 grant to the RAND Corporation to prepare the guidelines, which were developed in coordination with PRHI.

The new Legionella guidelines for western Pennsylvania provide current, more-detailed clinical and public health information, and reach beyond the scope of previous guidelines by considering non-healthcare facilities that also serve at-risk populations, such as assisted living and retirement communities. The guidelines are being distributed throughout Allegheny County (via ACHD’s listserv) and 25 other western Pennsylvania counties (via the PA Department of Health).

JHF PARTNERS TO CONNECT UNINSURED TO QUALITY, AFFORDABLE HEALTH COVERAGE

The establishment of the Health Insurance Marketplace presented a historic opportunity to provide millions of previously uninsured Americans with access to affordable, preventive-focused healthcare coverage regardless of pre-existing conditions. In advance of the first health insurance enrollment period from October of 2013 to March of 2014, JHF partnered with The Pittsburgh Foundation, Highmark Foundation, the Heinz Endowments, and Staunton Farm Foundation to create a fund to support education and awareness efforts of community organizations.

To enroll more uninsured western Pennsylvanians in quality health plans and help the newly insured make the most of their coverage, JHF also provided additional seed funding to the United Way for the second enrollment period (November 2014 to February 2015) for key services that are being shared throughout the region. The Consumer Health Coalition was also awarded a federal grant to hire more full-time health navigators and train volunteers.

2014 ACCOMPLISHMENTS

$149,300 IN TOTAL MINI-GRAINS DISTRIBUTED

17 COMMUNITY ORGANIZATIONS RECEIVED MINI-GRAINS

GRANT TO THE UNITED WAY TO HIRE HARRIET BAUM AS COMMUNITY COORDINATOR

PA EXCEEDED ITS 1ST HEALTH INSURANCE ENROLLMENT PERIOD PROJECTIONS BY 54%
On November 17-18, 2014, the Pennsylvania Health Funders Collaborative (PHFC) held its Eighth Annual Meeting at Bedford Springs Resort. The PHFC’s network of 40 foundations from across the Commonwealth gathered to celebrate the Collaborative’s accomplishments over the past year, and set a 2015 agenda that focuses on improving primary care and preventive services. The PHFC is co-chaired by Karen Feinstein and Russell Johnson, president and CEO of North Penn Community Health Foundation.

In 2015, PHFC will collectively strive to strengthen long-term care services and supports; provide integrated physical and behavioral health services in primary care; link vulnerable populations to quality insurance coverage; deploy community health workers to bring diagnosis and treatment directly into neighborhoods; and increase access to healthy foods. PHFC’s growing network will also continue to work at the intersection of health policy and philanthropy by authoring policy papers, meeting with the Governor and his cabinet, and advocating for strong Medicaid expansion policies.

2014 ACCOMPLISHMENTS

Provided mini-grants to support PA’s successful efforts during the 1st health insurance marketplace open enrollment period, and provided timely information on the estimated fiscal impact of Medicaid expansion.

iCount model has potential to improve population health, reduce costs

The Affordable Care Act seeks to improve quality, increase satisfaction and impact, and reduce costs. It will also transform how we deliver and reimburse providers for services. The Forbes Funds recognized immediately the impact that this legislation would have on community-based service providers in Allegheny County, as well as the opportunity to strengthen the safety net for individuals with complex needs.

With a planning grant from JHF and other partners, The Forbes Funds developed the iCount Safety Net Accountable Care Organization (ACO), a treatment model for complex patients that combines primary care, behavioral health, and human services. The iCount model focuses on patients suffering from congestive heart failure, COPD, behavioral health issues, kidney failure, and diabetes—patients who tend to be “high utilizers” of healthcare services. iCount brings integrated primary care to disadvantaged communities in our region, building upon the capacity of community medical providers and neighborhood-based organizations to improve population health. In 2015, The Forbes Funds plans to launch a demonstration project in regional neighborhoods to make the clinical and business case for the iCount model.
The burden of pain and the prospect of contracting a healthcare-associated infection (HAI) loom large for many patients. Nearly one in three Americans lives with chronic pain, according to the Institute of Medicine, while one in 25 hospitalized patients picks up an HAI, according to the Centers for Disease Control and Prevention.

On November 12, 2014, five teams of regional frontline healthcare professionals were honored for elevating the level of care and spreading best practices in pain management and infection control during the seventh annual Fine Awards for Teamwork Excellence in Health Care. The award ceremony, held at the Carnegie Museum of Art, was emceed by KDKA’s Jon Burnett.

Sponsored by The Fine Foundation and the Jewish Healthcare Foundation, the Fine Awards reinforce the critical role of teamwork in health care. The five winning teams received a monetary prize, as well as the distinction of being recognized as a leader in delivering the sort of collaborative, data-driven care that can inspire nationwide change.

Applications were evaluated by a panel of experts in pain management and infection control – two quality measures that influence whether providers receive incentive payments or incur penalties from the Centers for Medicare and Medicaid Services. The five winners were selected from among ten finalists.
When it opened in December of 2012, the QI²T Center was envisioned as a multidisciplinary learning space where advancements in quality improvement and information technology would be integrated to enhance health and health care locally, nationally, and internationally.

Established with grants from JHF and the Allegheny County GEDF Infrastructure and Tourism Fund, the QI²T Center serves as a nexus for trainings, events, and meetings that move us toward a wired, high-performing, and affordable healthcare system. Executives, administrators, providers, technology and design professionals, students, and data crunchers gather to share breakthroughs and best practices, and identify novel solutions to longstanding healthcare problems. Leaders from Japan, Nigeria, Scotland, and Ukraine, among other locales, have visited the Center to engage in conversations on topics ranging from streamlining healthcare delivery to integrating behavioral health services in primary care.

Quality improvement and IT are the bedrock of all Foundation initiatives. In recognition of the QI²T Center’s role in accelerating health and technology innovations, Allegheny County has generously extended another grant to support the Center’s growth.

Thanks to the JHF/PRHI trustees and Allegheny County leadership, the QI²T Center will remain a destination spot for change-makers across disciplines, career stages, and borders.

### EVENTS HELD IN THE QI²T CENTER IN 2014

- HPV VACCINATION KICK-OFF
- QI²T HEALTH INNOVATORS FELLOWSHIP FINALE
- LONG-TERM CARE CHAMPIONS FINALE, FEATURING CHRISTINE BISHOP (BRANDEIS)
- IMPROVING MEDICAL EDUCATION, FEATURING AAMC CHIEF HEALTH CARE OFFICER JOANNE CONROY
- “BUILDING BRIDGES— BEYOND PATIENT ENGAGEMENT” SYMPOSIUM, CO-SPONSORED BY THE EWING MARION KAUFFMAN FOUNDATION AND FEATURING BRYAN SIVAK, CHIEF TECHNOLOGY OFFICER OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
- CENTER FOR HEALTH INFORMATION ACTIVATION KICK-OFF EVENTS FOR PHYSICIANS AND CONSUMERS
- “GRANDMOTHER POWER” PRESS CONFERENCE
- JHF, PRHI, AND HCF BOARD MEETINGS
- FELLOWSHIPS
- PERFECTING PATIENT CARE™ UNIVERSITIES
- HEALTH 2.0 EVENTS
- OTHER ORGANIZATION-HostED EVENTS

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Ana Radovic, MD, an adolescent medicine physician and pediatrician at Children’s Hospital of Pittsburgh of UPMC, answers questions about the HPV vaccine from grandmothers and media members during August’s Grandmother Power kick-off event.
JHF has assumed responsibility for the first staffed chapter of Health 2.0 Pittsburgh, a grassroots group for medical professionals, designers, developers, students, patients, and others interested in disruptive healthcare technology. In 2014, Health 2.0 Pittsburgh explored topics ranging from app development to patient engagement to biomedical science during meetings held at the Qi²T Center.

**HEALTH 2.0 GATHERS PITTSBURGH’S HEALTH AND IT COMMUNITIES TO INNOVATE, SOLVE PROBLEMS**

**2014 HEALTH 2.0 MEETINGS**

**APRIL: Qi²T FELLOWSHIP FINAL PITCH COMPETITION**

29 MULTIDISCIPLINARY FELLOWS DESIGNED NEW HEALTH IT PRODUCTS UNDER THE GUIDANCE OF CLINICAL AND BUSINESS MENTORS, AND PITCHED THEIR IDEAS FOR THE OPPORTUNITY TO WIN A $5,000 PRIZE.

**JUNE: PITCHES BY LOCAL HEALTH COMPETITION WINNERS**

EMCEED BY WTAE NEWS ANCHOR, SALLY WIGGIN, JHF AND THE PITTSBURGH TECHNOLOGY COUNCIL CELEBRATED WINNERS OF LOCAL 2013-14 HEALTH IT AND RESEARCH CHALLENGES. A SUBSET OF THE WINNERS PITCHED THEIR PRODUCTS AND COMPETED FOR A $2,500 PRIZE.

**JULY: ENERGIZING HEALTH—BEYOND PATIENT ENGAGEMENT**

AS PART OF THE EWING MARION KAUFFMAN FOUNDATION’S ENERGIZING HEALTH SERIES, ENTREPRENEURS AND KEY STAKEHOLDERS IN HEALTH CARE GATHERED TO DISCUSS MORE EFFICIENT WAYS FOR HEALTH INNOVATORS TO GET TO MARKET AND TO CATALYZE LOCAL COLLABORATIONS.

**SEPTEMBER: INNOVATION AT PITT HEALTH SCIENCES**

ARTHUR LEVINE, SENIOR VICE CHANCELLOR FOR THE HEALTH SCIENCES AND DEAN OF PITT’S SCHOOL OF MEDICINE, HIGHLIGHTED RESEARCH WITH IMMEDIATE HEALTHCARE AND COMMERCIAL APPLICATIONS.

**OCTOBER: RAPE AND SEXUAL VIOLENCE ON CAMPUS: TECHNOLOGY SOLUTIONS**

HEALTH ENTREPRENEURS, DOMESTIC VIOLENCE ORGANIZATIONS, AND COLLEGE REPRESENTATIVES EXPLORED EFFORTS TO STEM SEXUAL VIOLENCE ON CAMPUSES THROUGH TECHNOLOGY AND CULTURE CHANGE.
In continuing support of the vision and values of the founders of Montefiore Hospital, whose sale in 1990 provided for the Foundation’s endowment, JHF remains an integral part of Jewish life and health care in the Pittsburgh region. Montefiore Hospital had been founded in 1908 as a place where Jewish physicians would be welcome to practice, their care extended to those of all faiths and races.

In 2014, JHF provided nearly $3 million in funding to the Jewish community, including significant grants to the Jewish Association on Aging and the Jewish Federation of Greater Pittsburgh, and several other major grants and community education grants.

JEWISH FEDERATION OF GREATER PITTSBURGH

JHF provided their annual $900,000 block grant to the Federation, which is distributed to beneficiary agencies to address the health needs of the Jewish community, including the elderly, families that have children with special needs, and the poor. JHF’s grant, which benefits the Jewish Association on Aging, the Jewish Community Center, Jewish Family & Children’s Service, Riverview Towers, and Jewish Residential Services, represents 60 percent of the $1.5 million distributed annually by the Federation to our community for human service needs.

JEWISH ASSOCIATION ON AGING

In 2014, the Foundation distributed $1.6 million to the JAA as part of our total $33 million commitment to create and sustain the JAA’s continuum of social, residential, rehabilitation, and nutrition services. JHF also helped JAA staff strengthen their clinical, communication, and data analysis skills through the Long-Term Care Champions Fellowship (see page 15) and provided coaching and work flow analysis to assist the JAA’s Charles Morris Nursing and Rehabilitation Center in implementing electronic health records. JHF staff also served on the JAA’s Board of Trustees, and on the JAA’s quality improvement and hospice review committees.

JEWISH GENETIC DISEASES

JHF serves as fiscal agent and sits on the current Program Advisory Committee for the Jewish Genetic Diseases Program, administered by JHF consultant Dodies Roskies. In this capacity, JHF is evaluating ways to advance and measure the impact of education efforts aimed at the medical community, clergy who provide premarital counseling, families, and young adults.

Research shows that a quarter of Jewish individuals are a carrier for at least one of a number of preventable Jewish genetic diseases. The “Screen for Nineteen” program, a community education initiative, raises awareness about the growing number of Ashkenazi Jewish genetic diseases and provides information and screening to at-risk young adults. Thanks to these education and advocacy efforts, genetic screenings are now a covered medical benefit of Highmark and the UPMC Health Plan when prescribed by a physician.

2014 program highlights include the JHF co-sponsored Mikey Butler Yahrzeit Weekend, a continuing medical education conference, and numerous community screening events.

The Pittsburgh Jewish Genetic Diseases Program was initially funded by JHF, The Pittsburgh Foundation, and the Lawrence and Rebecca Stern Family Foundation, which serves as an ongoing funder.
JHF FUNDS NEW CURRICULUM ON GENES AND VACCINES FOR DAY SCHOOLS

Both JHF’s HPV vaccination initiative and support of the Jewish Genetics Diseases program present educational opportunities for middle school and high school students and their families.

To capitalize on these opportunities, JHF provided a grant to develop and implement a curriculum to educate a wide range of Jewish community members on genetic diseases and viruses. Through this grant, JHF hired Nina Butler, EdD, and Jonathan Weinkle, MD, to work with our Jewish communal agencies to develop curriculum and materials aimed at middle school, high school, and college students; parents; and teachers, which inform decision-making and action within a Jewish context with respect to genetics and vaccinations.

JEWISH FEDERATION OF GREATER PITTSBURGH/JFILM

JHF provided a grant to the Jewish Federation of Greater Pittsburgh/JFilm to partner on outreach, education, and advocacy initiatives addressing sexual violence on college campuses (see page 28).

JHF HOSTS PALLIATIVE CARE VISITORS FROM ISRAEL’S EMEK MEDICAL CENTER

From May 12-16, 2014, JHF sponsored a delegation from Clalit’s Emek Medical Center in Afula, Israel. The delegation traveled to the U.S. to learn how best to implement and expand their palliative care services at Emek. Palliative care units are not widespread in Israel, and to date have addressed mostly oncology patients.

Led by Orna Blondheim, MD, CEO of the hospital, the delegation included Israel Health Care Foundation representative Margie Davis and two clinicians: Ehud Paz, MD, a specialist in internal medicine and intensive care, and Kzia Cohen, RN, MSc. Dr. Paz and Ms. Cohen are charged with creating an expansive inpatient unit to address multiple conditions and diagnoses. While in Pittsburgh, the team was warmly greeted by many of the Foundation’s colleagues in end-of-life and palliative care, who shared their knowledge, insight, and experiences. Our guests also spent time with Nancy Zionts and JHF consultant Dr. Weinkle, reviewing materials developed by the Foundation to improve end-of-life care, including the Closure education, planning, and outreach program.

As a result of this collaboration, JHF is translating Closure materials into Hebrew for Israeli medical facilities that request them.

COMMITMENT TO THE JEWISH COMMUNITY
KAREN FEINSTEIN HONORED BY ISRAEL BONDS

On November 3, 2014, the Health Professions Division of Israel Bonds presented a tribute to Karen Wolk Feinstein at the WQED Studios. The tribute featured remarks from Honorary Event Co-Chairs Alan Guttman, Nancy Rackoff, and Pat Siger, as well as a guest presentation about the activated patient from journalist and author Seth Mnookin. Earlier that day, Mnookin discussed the role of advocacy in solving healthcare problems with JHF’s Salk Fellows. Proceeds from the sale of Israel Bonds have played a decisive role in Israel’s rapid evolution into a groundbreaking, emulated leader in high-tech, greentech, and biotech. JHF holds more than $4 million in Israel Bonds in our investment portfolio. The November 3 event generated almost $3 million in sales of Israel Bonds.

QUALITY IMPROVEMENT IN ISRAEL

In addition to granting more than $3 million annually to the Jewish community, JHF has forged ongoing relationships with Israeli medical facilities to exchange best practices and has provided funding to ensure the health and well-being of Israeli citizens.

GRANTS MADE TO JEWISH COMMUNAL AGENCIES/ORGANIZATIONS IN 2014

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JHF’S WORK SHOWCASED DURING DOZENS OF PRESENTATIONS, FROM PRINCETON TO CAPE TOWN

KEY 2014 PRESENTATIONS

COUNCIL ON HEALTH CARE ECONOMICS AND POLICY, ENHANCING QUALITY THROUGH PAYMENT REFORM (PRINCETON, NJ)

CENTER FOR MEDICARE AND MEDICAID INNOVATION HEALTH CARE INNOVATION AWARD NATIONAL SUMMIT (BALTIMORE, MD)

THIRD GLOBAL SYMPOSIUM ON HEALTH SYSTEMS RESEARCH (CAPE TOWN, SOUTH AFRICA)

COMMUNITY HEALTH WORKERS: GETTING THE JOB DONE IN HEALTHCARE DELIVERY (WASHINGTON, DC)

14TH NATIONAL HIMSS (HEALTHCARE INFORMATION MANAGEMENT SYSTEMS SOCIETY) CONFERENCE AND EXHIBITION (ORLANDO, FL)
PRESENTATIONS, PUBLICATIONS, AND MEDIA SHARE IMPACT OF OUR WORK

SELECT 2014 PUBLICATIONS

THE WINDOW, A MONTHLY ROUND-UP OF JHF NEWS, EVENTS, MILESTONES, PUBLICATIONS, AND MORE

BRANCHES ON PITTSBURGH’S COMMUNITY-WIDE EFFORT TO ENROLL PREVIOUSLY UNINSURED CITIZENS DURING THE 1ST HEALTH INSURANCE MARKETPLACE OPEN ENROLLMENT PERIOD

ROOTS ON THE MANY HEROES AND ACTIVISTS WHO WORKED TOGETHER WITH JHF TO ADDRESS HIV/AIDS AND STAND UP FOR THOSE AFFECTED BY THE EPIDEMIC

JHF LANDS 100+ PLACEMENTS IN REGIONAL AND NATIONAL MEDIA

Health Affairs Blog

Health deadline March 31

Pittsburgh Post-Gazette

Provider

GeriPal

Pharmacy Today

Healthcare Update Newsletter

CBS Pittsburgh

The Jewish Chronicle

Innovative hospital-based care at pharmacies on the team

Karen Walk: President tells Obamacare in PA

Pharmacy尼亚.

What is the HPV Vaccination Awareness Initiative, and How Can It Save Lives?

A Community Case: Focused Care for Fallers

Next steps: ESRD Network 8 (Mid-Atlantic Regional Healthcare Network) to do more outreach and education about advance care planning

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