A VISIONARY LEADERSHIP CAMPAIGN

THE NEW SCHOOL FOR LEADERSHIP IN HEALTHCARE

Preparing the leaders and innovators who will transform the future of healthcare in Asia

THE NEW SCHOOL

Healthcare is becoming increasingly multifaceted, with vast interconnections between an immense range of disciplines, including science, society, economics, politics, religion, ethics, and human behavior.

/ MISSION

The New School was founded in Taiwan in 2018 with the mission of training scholars from all healthcare-related disciplines to recognize and respond to the diverse and complex future needs in healthcare.

/ VISION

Our vision is to catalyze the development of a critical mass of thoughtful, innovative, and interdisciplinary healthcare leaders in Asia who will transform healthcare in the region.

Andrew T. Huang MD
Founder of The New School

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Executive Summary

The New School for Leadership in Healthcare is a newly formed program based at the Koo Foundation Sun Yat-Sen Cancer Center. Our objective is to raise up the next Minister of Health and other leaders in healthcare policy and delivery.

Whether they assume leadership roles in government, academia, or industry, we expect New School alumni to become agents of change, promoting excellence, critical thinking, and service in their fields. This next generation of leaders will expand access to heath services, improve quality of care, and develop a strong base of evidence to inform healthcare policy. They will ultimately promote interdisciplinary care, transform attitudes and practice, and leverage a public health approach to create health solutions.

The New School emphasizes leadership development throughout the two- to three-year training program for each scholar. The New School faculty are experts in their respective fields. Each have taught at top academic institutions and trained and mentored throughout their career. Our faculty members are leaders who already understand the present and future challenges in healthcare and are eager to shape the next generation. Through them, our scholars gain access to decades of collective real-life experience. This invaluable exposure to meaningful insights and lessons will position New School scholars to lead healthcare institutions into the future.

The New School aims to equip our scholars with the skills needed to excel in the highly regulated healthcare industry. We seek to develop the minds of young people through exposure to different ways of thinking, cultures of respect and morals, and professional development. Opportunities through our international partnerships and field immersion trips will generate a global perspective and a global network of support.

The New School aims to impact institutional level outcomes as a result of this training program. As scholars graduate and lead healthcare organizations, we expect to see decreased healthcare waste, an increased focus on quality and safety, greater perspective and cooperation among healthcare stakeholders, and increased sensitivity to microcultures within in-

26 Topics that Future Ministers of Health in Taiwan Should Know

35 New School Faculty Eager to Train Next Generation Leaders

12 Number of Scholars Per Year

stitutions. Our advisory board has in particular identified the importance of training the next generation of leaders for a future shaped by artificial intelligence, virtual reality, robotics, and other developing technologies. We must ensure that their integration is grounded thoughtfully in healthcare value, quality, and humanism, not simply driven by availability and government reimbursement rates.

The New School begins with a focus on care at the local level, with scholars testing innovative methods of improving preventable risk factors that affect health and healthcare delivery. However, our goal is to impact health on a global scale. We will espouse transparency in publicizing both successes and failures in our own institutions, signaling to other groups our commitment to reduce knowledge silos and duplication of similar efforts. We will seek to form collaborations with international partners and strive toward greater efficiency in the use of healthcare research funds. As we influence the way healthcare is researched, practiced, and delivered, The New School will serve as a diplomacy tool in sharing our lessons, evidence-based approaches, and practice innovations internationally.

Ultimately, New School training will create a critical mass of leaders who can build an effective, team-based healthcare workforce across the region. They will increase value in healthcare, increase data-driven decision making, increase the quality of healthcare leaders, and increase continuous learning. As New School alumni advance their fields, they will also mentor others to build on their shoulders. They will propel Taiwan forward in its reputation as a recognized leader in both regional and global healthcare.

Our vision for The New School is grand, because we seek to reshape healthcare through education and research for the benefit of all in Taiwan and the Asia region. This is no small task, but we are committed to transforming students and early-career healthcare professionals into tomorrow's healthcare innovators and leaders. Not only would a fully-funded program serve as a way for Taiwan to extend soft-power diplomacy to the world, it would lift the healthcare leadership, the health, and the lives of multitudes throughout Taiwan and Asia.

It is a great honor and privilege to have you consider joining us in this important work.

A Call for Liberal Education in Healthcare

By Dr. Andrew Huang

Healthcare is immensely complex. To understand how multifaceted it is, attention should be paid to the vast interconnectedness of its diverse components. The field of healthcare is influenced by basic knowledge of and skill in natural, social, laboratory, and clinical science, societal and community organization, economics and financing, human behavior, political and religious ideology, worldview, ethical standards and philosophical underpinnings of the civilization at the time.

Although health professional education per se occupies a relatively small economic proportion of the entire health field, to plan for the future in healthcare, there is a pressing need for the development of a critical mass of leaders in different disciplines of the field who will comprehensively examine the societal mandate, actively reflect, thoroughly debate, and eagerly look for innovative and diverse approaches to meet the ever-expanding demands and changing emphasis in healthcare.

The intention of this postgraduate New School is to provide a learning environment for the selected talent that will prepare them to respond to and plan for the future needs in healthcare without confining their minds to any single disciplinary solution to problems. Therefore, the theme of this educational program is to help develop chosen scholars to find greater freedom of mind and discipline, passions, strengths, and the meaning of a lifetime dedication in their health care career going forward.

/ Healthcare has become fragmented

The Vision
Since the beginning of the 20th century through post-WWII, medical education, as defined by Abraham Flexner, has by and large stressed the preparation of professionals toward doctor-centric individual competency as its goal. Specialty training, with the aid of rapid developments in modern science and research, further demands that each specialty be subdivided into subspecialties. These subspecialties then demand professionals to develop their career toward disciplines that require narrower and deeper knowledge and skills and encourage some to move into research career as physician scientists. While there are definite gains in research, fundamental understanding, and its application in treatment, fragmentation of clinical care is the price we pay. Subspecialty concentration has become a common feature of medicine in recent days. As physicians over time gradually become more and more specialized, other disciplines within healthcare, such as nursing, pharmacy, technology, etc. are unavoidably drawn into similar directions.

Healthcare has also become focused more on physicians as the most valued professional branch. Less attention is paid to nurses, pharmacists, technologists, managers, and engineers for healthcare facilities and information technology. They are often viewed as ancillary or subsidiary services. It is very clear today, however, that professionals outside of physicians are just as important in the implementation of care to patients. Absence of these non-physician services would undoubtedly hamper care. Healthcare needs the collaborative effort of physicians and non-physician professionals to guarantee the quality, safety and delivery of patient care.

/ Physician dominance in healthcare tends to down-play close collaboration between branches of its workforce

As fundamental as individual patient care is to promotion of population health, harmonious inner working within different arms of its workforce requires intimate collaboration and mutual understanding of how each branch should function in concert, much like musicians in a symphony orchestra. While penetrating deeper into finer sub-specialization of medicine is good and inevitable, tightening the integration of its various forces is increasingly important at the present time when well-coordinated care is in greater demand.

Thus, collaborative and coordinated care for every patient and the creation of an environment to promote it should be mandated today. Instead of physician dominance, healthcare needs leadership in a cross-disciplinary manner. That means each discipline at times assumes a leadership position while at other times plays a supportive role. In this manner, the patient and society as a whole get the best of every discipline with results approaching perfection.

/ Curation of health information relies on attention paid to the quality and deployment of data

Data science now occupies an essential part of healthcare. Attention given to the process of collection, selection, organization, and analysis of detailed clinical data is the first step toward the development of future electronically based modern medicine. Proper utilization of information technology (IT) leads to the creation of useful artificial intelligence (AI). Dependable IT and AI pave the way to learning, practice with greater precision, efficiency, and innovation. Policy-making and proper capital investment rely on good databases followed by intelligent resource distribution.

/ Cross-disciplinary education and training remain essential to effective healthcare delivery

To implement healthcare productively calls for intimate collaboration among all disciplines and for knowing the role, specific function, and weight each discipline plays and occupies within the system. This resembles ensemble-playing in music. To perform music well, each musician should know what music each partner plays and be fully aware of the thematic development and nuance of the music being played by all members of the group.

Healthcare and its effective delivery are judged by how closely each discipline collaborates in concert. Any weakness of a single branch or discipline would cause the total care to fumble. While physicians tend to lead in the group just like the conductor of an orchestra or principals of each section, music is still produced by the individual player of each section and in a well-coordinated manner by each competent musician. Therefore, the competency of members of each discipline of healthcare and the coordination between disciplines, without any doubt, determine the fineness of the outcome.

Just as any orchestra or any ensemble chamber music group needs regular rehearsals, different disciplines need to train and work together regularly. Ideas, opinions, and experiences of each practitioner in healthcare could potentially differ even if they originate from the same institution of training. Thus, it is necessary for them to engage in debate, to work out the differences, to find balances, and to look for acceptable consensuses that would benefit the patient, the community, and the society at large.

On the basis of the subjects discussed above, it appears that a new school ought to be initiated that will promote cross-disciplinary education and training for future healthcare workforce and leaders for the purpose of enhancing the richness of implementation and the improved outcome of healthcare overall.

The New School

Introduction

The New School aims to realize the leadership potential of those who seek to better today's healthcare system.

This program will equip scholars with the knowledge, leadership skills, and network to accelerate healthcare careers. Internationally renowned faculty and prominent practitioners are gathered to stretch and empower scholars on improving how healthcare is practiced.

New School Goals

The New School goal is to train scholars to know everything a minister of health should know. In ten years, we envision the creation of an inter-professional network of 120 leaders who will be capable of running any health system, large or small, from community clinics to global institutes.

The New School curriculum is intentionally designed with this goal in mind. Scholars learn the leadership and management skills to understand all aspects of health systems. They are equipped to manage healthcare crises and improve healthcare delivery, quality, and value.

New School Values

Trusted and effective leaders embody

- **Integrity**
- **Compassion**
- **Competence**

These core values guide in the selection and development of our scholars.

The New School builds a learning forum for promising and committed talent to equip them for leadership, ultimately transforming healthcare in Taiwan and Asia. The program creates an invigorating environment to foster collaborative discourse across diverse disciplines of health and healthcare. The program takes a generalist approach to create problem solvers. The idea is to help scholars solve tough problems regardless of the healthcare field they practice in and implement solutions that are both practical and creative. The New School looks not only at case studies and examples from the healthcare industry but seeks to understand best practices from more established industries (e.g. airline, nuclear power, car manufacturing) to drive healthcare innovation and understanding.

Approach to Training

The New School is being implemented in two distinct phases.

/ Phase I
Training Mid-Career Professionals in Healthcare

In 2019 the New School started offering its first phase I classes to scholars who stood out through their application essays and multiple interviews. The curriculum not only provides leadership development and healthcare training to promising mid-career professionals in the Asia-Pacific region, it trains all scholars on topics future Ministers of Health and leaders at large health systems should know. This human capital development program is the only one of its kind in Taiwan.

The curriculum and its core competencies are designed to provide a broad overview of issues and opportunities in wide-ranging areas of health and healthcare. Our objective is to teach useful frameworks for leaders to make good decisions and equip scholars with system and design thinking approaches that will serve them well when facing complex healthcare problems.

For our 2019-2020 cohorts, a total of 17 scholars were selected from a highly competitive field of applicants. Our scholars come from diverse backgrounds and fields and are earning their EMBA (Executive Master's in Business Administration) from National Chengchi University (NCCU), our partner institution. The New School has a renewable 5-year Memorandum of Understanding with NCCU. By offering a degree, the New School provides credentials to place scholars in positions of leadership.

As a leadership development program, we take proactive steps to encourage scholars to explore the type of leader they are. Our twice-yearly leadership assessment identifies a number of natural talents where each scholar excels. We encourage them to reflect on their experiences, motivations, and how they see themselves. The assessments empower scholars to take a strengths and team-based approach to leadership and help them recognize where strengths can also have unintended negative consequences. We aim to maximize each scholars' potential and their ability to succeed.

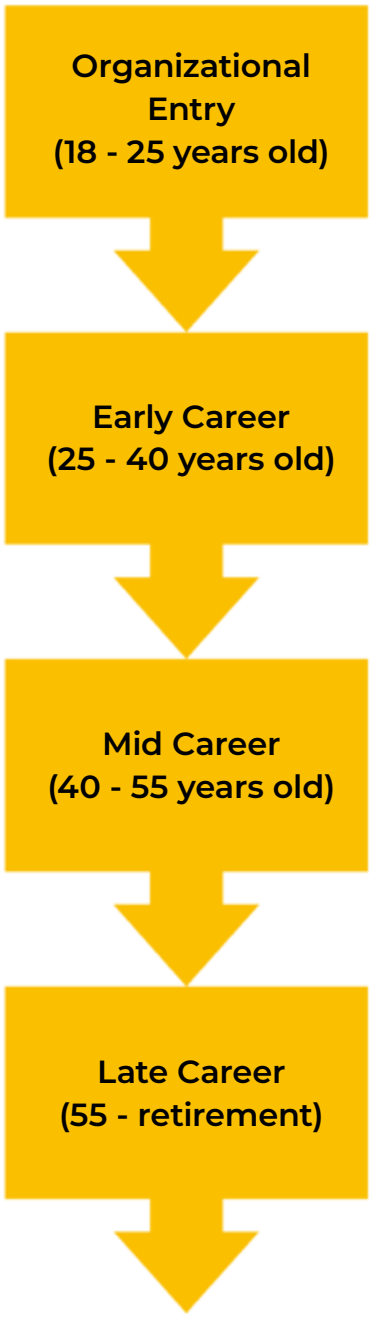
Scholars in the phase I EMBA program are expected to retain a full-time position in a healthcare related field while fulfilling degree requirements. This part-time education program allows them to enact real-time changes in their personal practices based on what they learn. We are excited for what the future holds for this program and for healthcare in the region.

Phase I	Who : 30-45 years old What : Executive MBA Why : Train healthcare leaders to usher in an era of value-based, data-driven decision making
Phase II	Who : 18-25 years old What : Future of Medicine in AIoT Why : Raise interest in pursuing a career in healthcare and match talent with New School mentors

/ Phase II
Future of Medicine Program for College Students

Phase II will primarily target students in their first or second year of college. The Future of Medicine with AIoT (Artificial Intelligence of Things) program will seek students with advanced English abilities, leadership potential, and interest in improving health. They will be guided to brainstorm solutions to the prevention, diagnosis, treatment, recovery, and cure of disease, illness, injury, and other physical and mental impairments.

The draws for this program are numerous. Mentorship is provided by New School professors and alumni to explore career paths. Quarterly meetings are held to network and learn about healthcare in Taiwan. Calls for projects are announced at partner institutions. Phase II will leverage its phase I network to observe, prototype, and test these young scholars' solutions. The program will promote and highlight healthcare interest in Taiwan universities through the hosting of hackathons and the creation of healthcare innovation challenges.



35

TOP HEALTH EXPERTS

26

ESSENTIAL HEALTHCARE TOPICS

12

SCHOLARS PER YEAR

15

PREMIER U.S. INSTITUTIONS

6

TRANSFORMATIVE SEMESTERS

1

NEW SCHOOL

Healthcare Leadership EMBA Program

The New School has partnered with National ChengChi University (NCCU) to offer a 2-year Executive MBA (EMBA) program focusing on healthcare delivery. This joint EMBA program equips mid-career healthcare professionals with the knowledge, skills, and global network to become the future leaders of healthcare.

> **The New School's integrated curriculum will allow us to better understand how each component of the healthcare system could work together. Experts internationally and domestically will bring the best curriculum to this new school.**
>
> C. Jason Wang, MD, PhD
> Dean (by courtesy) of The New School

Experts from Leading Institutions

World-class faculty from premier U.S. institutions, including Stanford, UCLA, and the RAND Corporation, come to teach, equip, and empower our scholars to transform healthcare delivery in Asia.

Scholars from Diverse Healthcare Backgrounds

We seek scholars from a wide range of healthcare-related specialties, including medicine, nursing, pharmacy, healthcare administration, health insurance, public health, public policy, research, and medical technology.

> **The New School provides a leadership training program in healthcare, which is unique both in Taiwan and in other areas of the world. This program has a comprehensive scope and prestigious faculty. The courses encompass areas of healthcare financing, management, health economics, data science, in addition to medical humanity, team building, and leadership. I believe that I will benefit considerably from this curriculum, be a good addition to the program, and become a model graduate from the inaugural cohort.**
>
> Don Cheng, MD, PhD
> New School Scholar, 2019 Cohort

Scholars engage in active discussion and reflection to craft thoughtful, innovative, and multidisciplinary proposals. We hope that scholars will develop increased openness in their thought processes, build up their leadership skills, and discover a greater sense of purpose and passion to fuel their careers in healthcare for a lifetime.

/ International Field Immersions

The New School curriculum expands scholars' global leadership skills through international field experiences. As they are immersed in the healthcare ecosystem of another culture, scholars gain broader global perspectives, evolve their understanding of cultural contextualization, and build an international network. Scholars are eligible for these opportunities in the last year of their studies.

/ Capstone Projects

The New School challenges scholars to apply the skills learned in the classroom toward creating practical healthcare solutions with real-world impact. Scholars will identify sources of inefficiency in Taiwan's current healthcare model and propose comprehensive solutions informed by multidisciplinary mindsets. Their capstone reports will be presented to the Minister of Health and formatted for public dissemination.

/ Mentorship

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> **Our goal in creating The New School is to work across disciplines so that we can address complex problems with elegant solutions that take in multiple points of view. We will be informed by the past to build for the future.**
>
> Nirav Shah, MD, MPH
> New School Faculty & Advisory Board Member

New School Curriculum

The New School has identified 26 topics that are essential to an innovative modern healthcare leader curriculum. This curriculum map has guided the development of our courses and course objectives in a trans-disciplinary way. Since starting classes in 2019, we have already touched upon 21 out of the 26 topics.

COURSE TOPICS

/ HEALTHCARE MANAGEMENT

01. Health System Overview and Performance Assessment
02. Healthcare Economics & Financing
03. Health Economics / Team Composition and Health Outcomes
04. Organizational Culture in Healthcare Delivery

/ HEALTH EQUITY

05. Social Justice and Health
06. Patient Care in Resource-Poor Areas (Global Health)
07. Media and Health
08. Health Law
09. Nonprofit Organizations for Health

/ QUALITY IN HEALTHCARE

10. Quality Assessment and Monitoring
11. Quality Improvement and Implementation Science
12. LEAN, Six Sigma, and Value Stream Mapping
13. Decision Science and Cost-Effectiveness
14. Optimizing Healthcare Quality And Delivery Innovations

/ FUTURE OF HEALTHCARE

15. Data Analytics and AI
16. Innovations in Diagnostic and Laboratory Medicine
17. New Technology Assessment
18. Systems and Design Thinking for Developing and Scaling Health Interventions

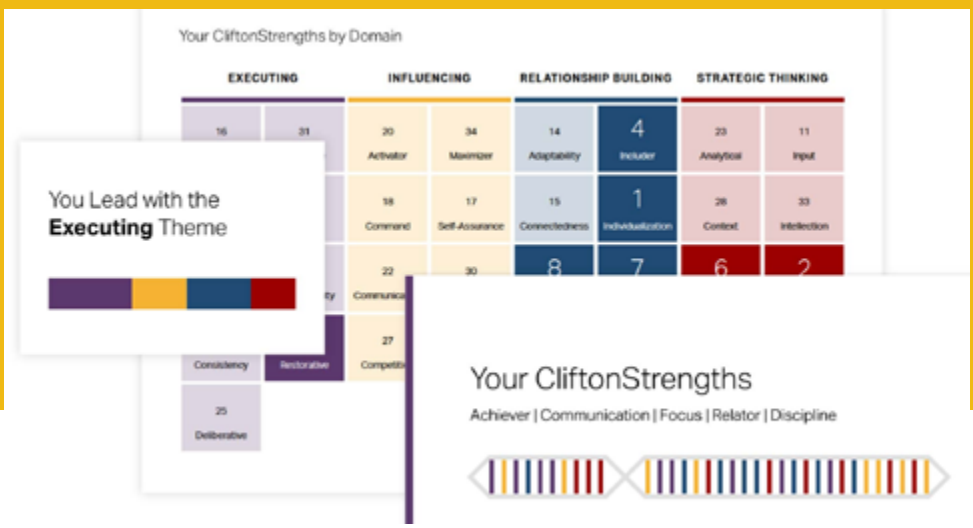
/ PUBLIC HEALTH AND PREVENTION

19. Managing Public Health Systems
20. Principles of Epidemiology and Infection Control
21. Community Engagement and Population Health Science
22. Mental Health
23. Health Literacy and Education of the Public

/ OTHER

24. Principles of Drug Development and Approval
25. Research Methods: Survey Design, Qualitative and Quantitative Methods
26. Translating Research Into Policy


Stanford
HEALTH CARE
Good machine learning for
healthcare
Nigam H. Shah
Associate Professor of Medicine
Associate CIO for Data Science
Co-PI, Informatics for Stanford's CTSA
SHC DIGITAL SOLUTIONS



Leadership Assessments

/ Clifton StrengthsFinder

Every semester, scholars are invited to take different leadership assessments that objectively analyzes different characteristics of a leader. The purpose is to give an objective idea of scholars' abilities as a leader no matter where they might be in their career. Effective leadership assessments will evaluate in a constructive way what kind of leadership skills scholars have.

These assessments will increase self-awareness and inform what kind of person scholars are. Self-awareness of personal qualities and leadership skills can improve the way one leads organizations and deal with people in their team. It also helps build on one's leadership strengths and confront one's weaknesses. Finally, these leadership assessments will help the New School in improving our leadership development plan by being able to appraise our scholars' abilities and providing the appropriate education and training.

The first tool given to scholars was the Gallup CliftonStrengths assessment. It can be used for strength identification, discovery, and development. Information is provided on an individual's strengths that can foster intrapersonal development. The assessment itself reveals strengths that scholars may have been previously unaware or remained unidentified. The purpose is to create a dialogue around scholars' best attributes and usher in a time of self-growth and to turn to such strengths in a time of crisis.

The New School provides resources that allows scholars to find more information and tools to learn how to make the most of their strengths and manage potential weaknesses. Scholars are encouraged to read about their top five natural talents, reflect on their own experiences, their motivations, and how they see themselves. They can then use the suggestions to apply their strengths and consider how it has shaped and is shaping them.

/ Enneagram Assessment

The Enneagram assessment is one of the most effective tools for developing emotional intelligence (EQ). This is a vital ingredient to the success of groups and teams. EQ involves the capacity to know oneself (e.g. feelings and motivations) to understand and relate well to co-workers and colleagues. The Enneagram maps nine personality types, and explains how the types are interconnected.

This assessment is important because EQ accounts for 80% of one's life success while IQ only accounts for 20%. EQ is a combination of intrapersonal intelligence (self-awareness, self-regulation, and motivation) and interpersonal (empathy and social skills). A certain minimum level of IQ is required to solve life or work problems, but beyond that EQ plays a bigger role because it helps evaluate and regulate emotions, adapt to one's environment, and work with other people more effectively.

The Enneagram presents a framework for understanding oneself and other people. It enables scholars to understand the different ways people relate and communicate with each other, how they deal with conflict, their leadership styles, and, in particular, the core trigger points that hold us back from reaching our full potential.

The key to identifying a person's core Enneagram type is to look beyond behavior to the factors motivating that behavior. Through awareness of motivation we can predict the ways in which leaders and organizations sabotage their best efforts as well as find the line of least resistance toward getting back on track.

By harnessing the capacity to see one's leader type and conditioning in an objective, nonjudgmental way, scholars can foster better insight to their own experience without the strained effort that can stem from self-bias. The goal with leader type is to build self-awareness and leverage strengths, not try to change who you are. Understanding the natural conditioning that comes from leader type is a crucial stage in developing leadership effectiveness, and comprehensive innovation within the entire organization.

Scholar Selection

New School Scholar Characteistics

The New School primarily looks at these three main areas when reviewing applications and asking interview questions.

Independence of Thought

- Actively engaged in learning and thinking
- Self-directed and offers their own challenges
- Able to combine ideas and generate new ones
- Can make sense of ambiguity
- Can hold a contrarian or dissenting point of view
- Persistent in developing potential

Leadership Potential

- Ability to deliver results
- Driven to improve
- Willing to take risks and seize opportunities
- Able to rebound from adversity
- Self-aware
- Creative
- Strength of purpose
- Interpersonal skills
- Ability to engage with others

Civic Mindset

- Personally humble and kind
- Selfless and accepting of others
- Open to differences
- Concerned for and helpful to others
- Conscientious
- Commitment to community
- Action oriented
- Clear set of values

Application Materials

Acceptance to National Chengchi University's EMBA Program
All scholars must first gain admittance to NCCU's EMBA program in order to apply to the New School. The New School classes are currently accepted as credit towards NCCU's EMBA degree as elective classes.

A. Resume

The New School looks at each applicant's summary of education, work experience, activities and interests, skills, abilities, credentials, honors, and accomplishments.

B. Essays and Short Answers

Most recently, the New School application has asked the following questions:

Please answer this three-part question on healthcare:

01. What is a major problem you have observed with your national health care system or in your own work today?
02. What might this problem look like if you could fix it in an ideal world of the future?
03. Describe what would need to be done to make this dream a reality. Who are the stakeholders you would need to work with and the concerns you would need to address in order to achieve your goal?

What are your career goals and aspirations? How will your participation in the New School program help you achieve these goals? Describe the skills you hope to learn through the program.

Given your already demanding job and commitment to important and personal obligations, how do you plan to manage the additional demands on your time and energy upon enrollment?

C. Video Story

Applicants are asked to submit a maximum three-minute video (in English) that gives a quick introduction of themselves and why they should be considered for the New School cohort. This video story enables each applicant to show their personality, demonstrate their English ability, and give reviewers a more nuanced understanding of their unique strengths.

D. Interview

Applicants who successfully pass the submitted materials stage of the process are invited to conduct a video interview with one or more faculty from the New School. This setting allows New School faculty from outside Taiwan to participate in the scholar selection process. The interview is an opportunity for faculty to gauge applicants' interest in the program, assess their communication skills, and evaluate whether the New School is a good fit.

Scholars at a Glance

In our 2019 & 2020 cohorts of 17 scholars:
- 60% are clinicians
- 40% are managers / executives in pharmaceuticals, vaccine development, medical devices, healthcare delivery, insurance, and other industries

The New School spends a considerable amount of time vetting scholars for the program. Our goal is not to recruit cohorts of similar backgrounds, dispositions, or ideas. The New School welcomes diversity of thought from a variety of cultures, experiences, and personalities. This is essential for scholars to acknowledge and appreciate the potential promise of each person's unique perspective and different way of thinking. The New School firmly believes that we need to have scholars with broad experiences and exposure to diverse ideas in order to drive innovation in healthcare. The convergence of various approaches, training, and mind-sets forges positive friction that yields dynamic leaders.

70% are women

95% have existing graduate degrees

17 years of average working experience

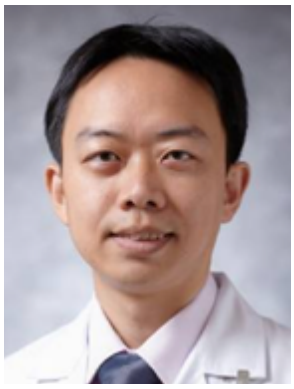
2019 NEW SCHOOL SCHOLARS

Chien Ding Chen, MD

Plastic Surgeon
Co-Founder, Billions Centuries Inc; CMO, Non-Stop Data Solution

James Kuan-Ting Chen, MS

Senior R&D and Product Manager, BeneCheck Biotech Co.

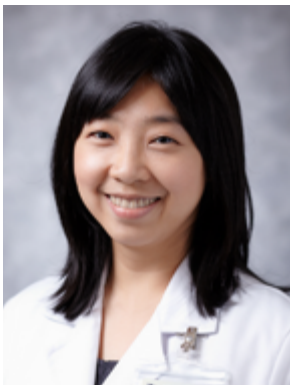


Don Chih-Tao Cheng, MD

Deputy Director of Psychiatry and Research, Koo Foundation Sun Yat-Sen Cancer Center

Susan Ho, MD

President and Plastic Surgeon, Saint Eir Clinic; Visiting Staff, Aphrodite Medical Group

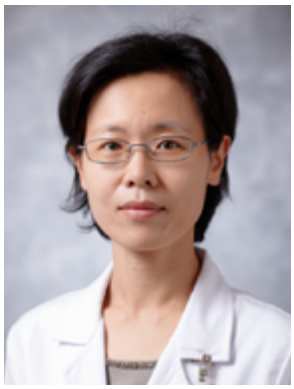


Yu-Yi Huang, MD

Chief of Nuclear Medicine, Koo Foundation Sun Yat-Sen Cancer Center

Natalie Yu-Hsin Lee, MA

Public & Government Affairs and Communications Manager, Fresenius Medical Care



Nai-Liang Li, MD

Anesthesiologist
Plastic Surgery Private Practice

Ting-Wan Lin, MS, PhD

Senior Manager of Business Development, Medigen Vaccine Biologics Corp

Chris Ching-Yao Tseng, RN, MS

Section Leader of Insurance Department, Koo Foundation Sun Yat-Sen Cancer Center

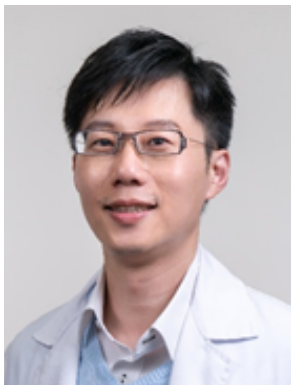
Dorris Chiu-Wen Wang, MSN

Head Nurse, Koo Foundation Sun Yat-Sen Cancer Center

Milla Pei-Ying Wu, EMBA

CEO, Healthcare Park & Medical Center (Malaysia)

2020 NEW SCHOOL SCHOLARS



Bellamy Chen, MD

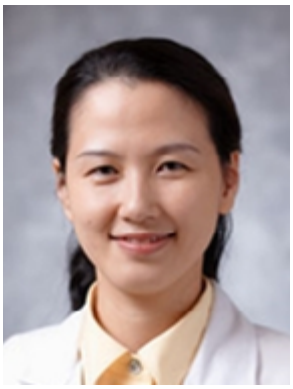
Physician and Lecturer of Physiology, Fu Ying University

Jeff Chiou, MD

Attending Physician in Oncology, Koo Foundation Sun Yat-Sen Cancer Center

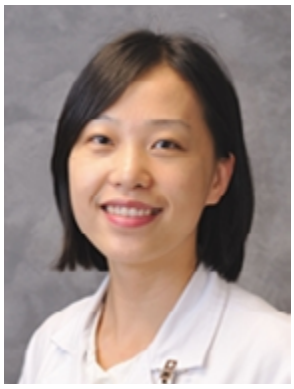
Renee Liao

Sales Director, Epistar Corporation



Jane Tsai, MD

Associate Attending Physician in Radiology, Koo Foundation Sun Yat-Sen Cancer Center



Sharon Tsai, MD

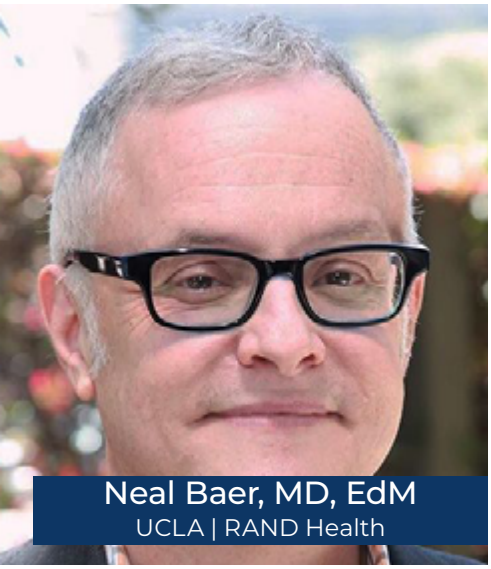
Senior Attending Physician in Medicine, Koo Foundation Sun Yat-Sen Cancer Center

Alice Yang, MS, PMLBA, EMBA

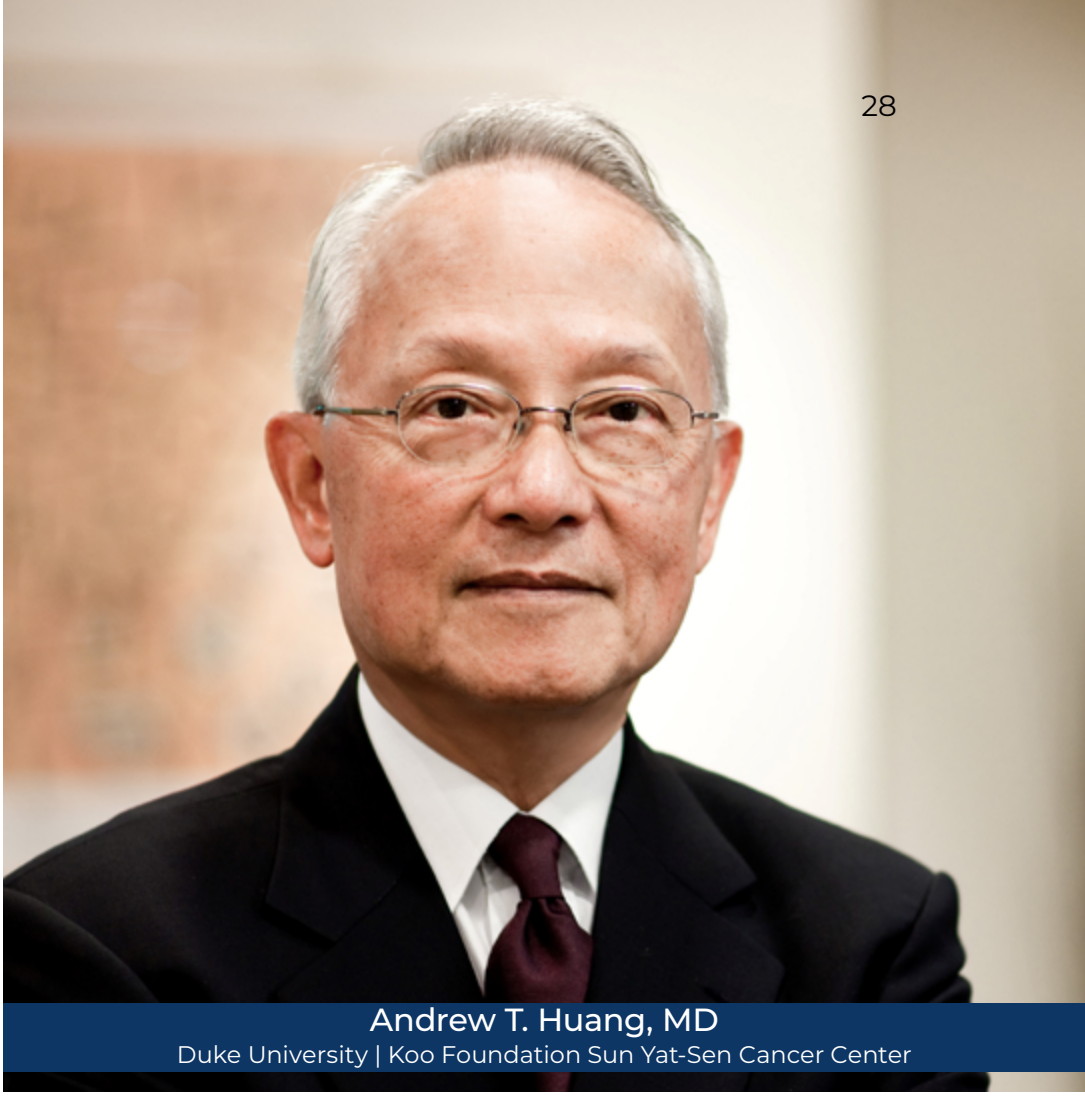
Senior Project Manager, Calgent Biotech

Faculty & Classes

Steven Asch, MD, MPH
Stanford University | VA Healthcare



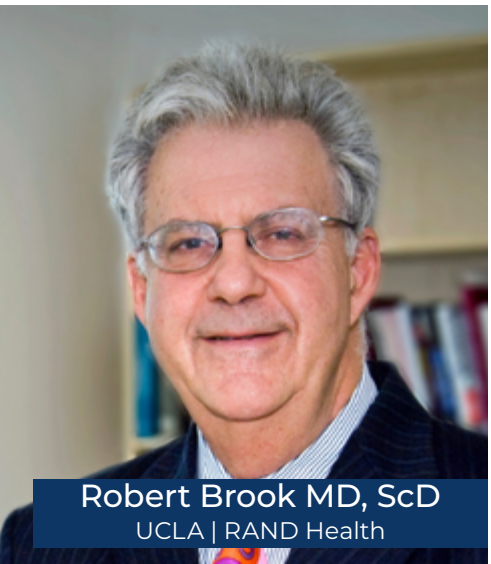
Neal Baer, MD, EdM
UCLA | RAND Health



Andrew T. Huang, MD
Duke University | Koo Foundation Sun Yat-Sen Cancer Center

VISIONARY FACULTY

C. Jason Wang, MD, PhD
Stanford University



Robert Brook MD, ScD
UCLA | RAND Health

Jay Bhattacharya, MD, PhD
Stanford University | NBER

Michele Barry, MD
Stanford University | CUGH | FAIMER

Mildred Cho, PhD
Stanford University

Jeremy Goldhaber-Fiebert, PhD
Stanford University

Robert Harrington, MD
Stanford | American Heart Association

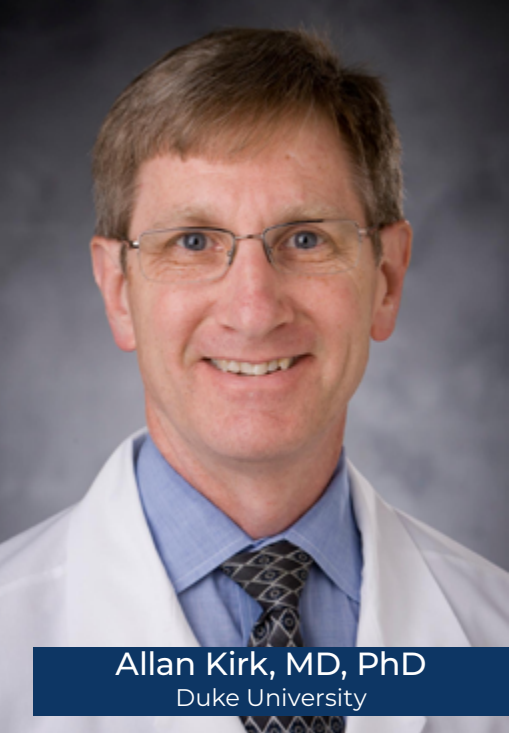
Mark Cullen, MD
Stanford University

Lee Hilborne, MD, MPH
UCLA | RAND | Quest Diagnostics

Erich Huang, MD, PhD
Duke University | Stratus Medicine

Clay Johnston, MD, PhD
University of Texas at Austin

Ezekiel Emanuel, MD, PhD
University of Pennsylvania



Allan Kirk, MD, PhD
Duke University

Richard Koo, MA
Nomura Research Institute

Michelle Mello, JD, PhD
Stanford University

Michael Lu, MD, MS, MPH
UC Berkeley | US Department Health & Human Services

Doug Owens, MD
Stanford University | US Preventive Services Task Force

Tom Robinson, MD, MPH
Stanford University

Lee Sanders, MD, MPH
Stanford University | Reach Out & Read

Edgar Schein, PhD
Massachusetts Institute of Technology

Nigam Shah, MBBS, PhD
Stanford University

Nirav Shah, MD, MPH
Stanford | New York State Health

Mark Schuster, MD, PhD
Kaiser Permanente Bernard J. Tyson School of Medicine

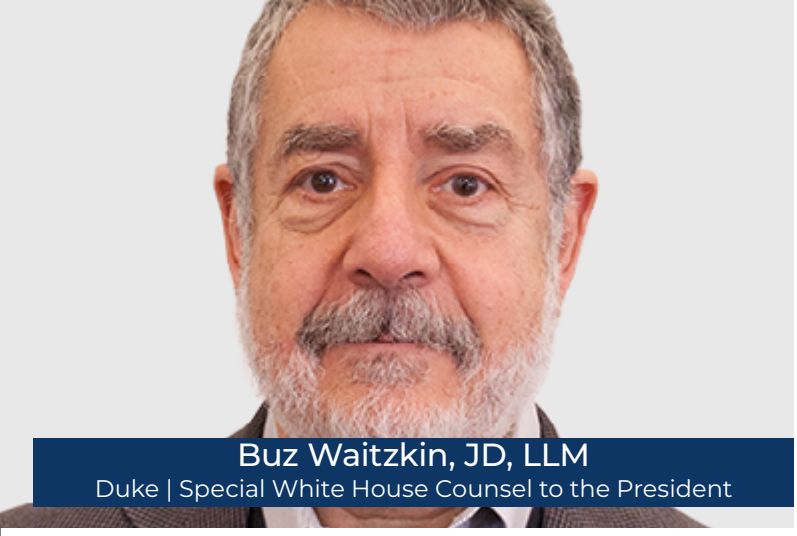
Josh Sharfstein, MD
Johns Hopkins University | US FDA

Sara Singer, PhD, MBA
Stanford University | Ariadne Labs

David Studdert, LLB, ScD
Stanford University

Eric Sun, MD, PhD
Stanford University

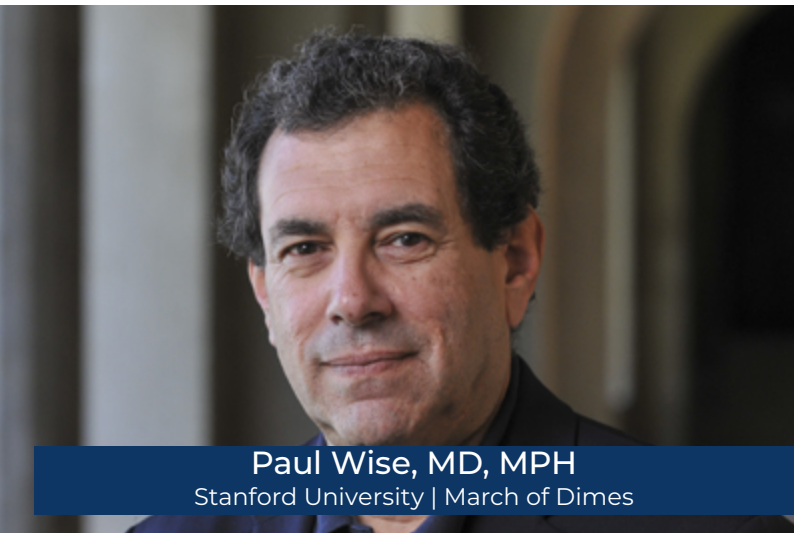
Rich Tsui, PhD
University of Pennsylvania | CHOP



Buz Waitzkin, JD, LLM
Duke | Special White House Counsel to the President

Kenneth Wells, MD, MPH
UCLA | Semel Institute | RAND Health

Abraham Verghese, MD
Stanford University | Author



Paul Wise, MD, MPH
Stanford University | March of Dimes

Barry Zuckerman, MD
BU | Medical-Legal Partnerships of Children

2019 Classes

The New School launched its classes in August 2019 with US health experts teaching in Taipei. Armed with recommendations from the New School advisory board, the curriculum was tooled to use design thinking to affect systems change.

Through a collaborative and iterative approach, each course guided scholars to thinking about possible processes, products or services, governances, or conceptual innovations to integrate into their workplaces or future careers.

Our approach for the New School is to be disruptive and daring. As a new venture, we want to take bold steps to transform and train healthcare leaders in Taiwan and Asia. Although we are starting out small, we are using our intellectual capital, network, and available resources to take a real shot at addressing systemic healthcare waste, measuring quality of care, determining the appropriateness of care, creating smart tools to support health decision-making, addressing the powerful socioeconomic determinants of health, disrupting healthcare affordably, and targeting unmet needs in healthcare education expediently.

In addition to the assigned class readings, our faculty highly recommended the following resources:

- The Health Gap: The Challenge of an Unequal World
- Thinking, Fast and Slow
- Review of Social Determinants and the Health Divide in the WHO European Region
- The Power of Positive Deviance: How Unlikely Innovators Solve the World's Toughest Problems
- Social Physics: How Good Ideas Spread the Lessons from a New Science
- A New Culture of Learning: Cultivating the Imagination for a World of Constant Change
- Sapiens: A Brief History of Humankind
- Homo Deus: A Brief History of Tomorrow
- Not in God's Name: Confronting Religious Violence
- The Sixth Extinction: An Unnatural History
- The Strange Order of Things
- Antifragile: Things that Gain from Disorder
- Down to Earth: Politics in the New Climatic Regime
- The Gene: An Intimate History
- Redefining Health Care Systems
- The Invisible Gorilla: And Other Ways Our Intuitions Deceive Us
- From Vision to Action: A Framework and Measures to Mobilize a Culture of Health
- The Definition of Quality and Approaches to its Assessment
- The Righteous Mind: Why Good People are Divided by Politics and Religion
- Factfulness: Ten Reasons We're Wrong about the World - and Why Things are Better Than You Think
- Platform Revolution: How Networked Markets are Transforming the Economy and How to Make Them Work for You
- Machine, Platform, Crowd: Harnessing Our Digital Future
- 21 Lessons for the 21st Century
- Deep Medicine: How Artificial Intelligence Can Make Healthcare Human Again
- The Future of Capitalism: Facing the New Anxieties
- Design Unbound - Designing for Emergence in a White Water World
- Timefulness: How Thinking Like a Geologist Can Help Save the World
- Empty Planet: The Shock of Global Population Decline
- Cities: The First 6000 Years

Nirav Shah, MD, MPH

STANFORD UNIVERSITY
AUGUST 2019

/ BIO

Dr. Shah is currently a Senior Scholar at Stanford University's Clinical Excellence Research Center (CERC). He is a leader in patient safety and quality, innovation and digital health, and the strategies required to transition to lower-cost, patient-centered health care. Board-certified in Internal Medicine, Dr. Shah is a graduate of Harvard College and Yale School of Medicine, and is an elected member of the National Academy of Medicine. He serves as an independent director for STERIS plc, as trustee for The John A. Hartford Foundation, as Senior Fellow of the Institute for Healthcare Improvement (IHI), and as a member of the HHS Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. Previously, he served as senior vice president and Chief Operating Officer for clinical operations for Kaiser Permanente in Southern California, and as Commissioner of the New York State Department of Health. Dr. Shah has been a student of leadership throughout all phases of his career in government, private industry, academic medicine, and corporate governance.

Course Title /
Leaders and Leadership in Healthcare Systems

Dr. Shah helped scholars learn the science of leadership, imparting practical skills and tools to use on their leadership journey.

Top-Down Leadership: How to Lead, Making Great Policy, and Creating Change challenged scholars to reflect deeply on the strengths—and weaknesses—of great leaders across disciplines. It gave the science behind and real-world examples of leadership, as well as taught techniques that individuals can use to understand their own leadership capabilities and trajectory. Furthermore, it empowered scholars to create great change in their health arenas; equipping them with broad vision frameworks and improvement exercises to carry forth in their work. Finally, it addressed organizational dynamics intrinsic to the implementation of change—providing scholars a tool set with which to interpret and tackle these potential pitfalls.

Bottom-Up Leadership: Crafting an Narrative and Building Character as an Organization helped scholars learn the critical importance of communication to stimulate culture change by motivating their organizations. They developed a literacy with the theory of storytelling and were challenged by a series of exercises aimed at capitalizing on the power of storytelling in the business context to foster clarity, unity, and shared vision.

Ethical Burdens of Leadership used a storytelling framework to reconcile and calibrate organizational rhetoric with the greater needs of society beyond it.

Lee Hilborne, MD, MPH

UCLA + RAND HEALTH + QUEST DIAGNOSTICS OCTOBER 2019

/ BIO

Dr. Hilborne is Senior National Medical Director, Quest Diagnostics, Professor of Pathology and Laboratory Medicine at UCLA, and a Health Services Researcher at RAND. Dr. Hilborne was on the Board of Directors of the American Society for Clinical Pathology for nearly 20 years and was president from 2007-2008, and for 9 years on the Board of Governors of the ASCP Board of Certification, Chair of the Effective Test Utilization Committee, and past chair of the International Commission. Past RAND work includes guidance and direction for formation of the National Health Authority for the State of Qatar, assessment of the appropriateness of a number of clinical procedures, and development of strategies to redesign the National Hospital Discharge Survey. For 10 years Dr. Hilborne was Associate Director at UCLA Healthcare. He was responsible for quality of care and patient safety, medical staff functions, utilization review, and medical coding. He continues to work with UCLA Health to address quality and reimbursement issues. He served on several federal advisory committees, including Medicare's Ambulatory Payment Classification Advisory Committee and the Clinical Laboratory Improvement Advisory Committee (CLIAC) (reappointed in 2018). He now serves as ASCP CPT Advisor to the AMA and co-chair of the Proprietary Laboratory Analysis Technical Advisory Group (PLA-TAG).

Course Title /
Driving Change in Healthcare Quality Delivery

Dr. Hilborne taught scholars how to drive change in healthcare quality delivery by at three different levels:

National Level: Building a National Healthcare Infrastructure explored considerations for building a healthcare system from the ground up by examining how the State of Qatar has transformed its healthcare delivery over the last 15 years and comparing it to Taiwan since the implentation of NHI.

Institutional Level: Ensuring the Delivery of Quality Healthcare in a Large Health System looked at developing quality and patient safety programs for a healthcare delivery system. The discussion used UCLA Health as an example and engaged scholars in dialogue about how far patient safety and quality have come in Taiwan. It examined healthcare leadership as the driver for quality, and strategies to drive further adoption of quality practices throughout Taiwan. The Choosing Wisely international campaign was a key focus.

Role of Diagnostic Medicine in the Overall Practice of Medicine took a tour of KFSYSCC's clinical laboratory to get a sense of how it operates. Discussion included a look back at the evolution of diagnostic medicine over the last century and then an overview of the most recent advances in molecular diagnostics that have refined the definition of laboratory medicine, allowed for personalized medicine, and improved cost and outcomes. Closing discussion revolved around the estabilshment of SLMTA to bring quality lab medicine to developing nations.

Andrew Huang, MD

DUKE UNIVERSITY | KFSYSCC
NOVEMBER 2019

/ BIO

Dr. Huang graduated from National Taiwan University College of Medicine in 1964 and attended the teaching hospital of the University of Pennsylvania in 1966 for residency training in internal medicine, after which he underwent specialized training in blood and oncology studies at Duke University Hospital. He taught at Duke University School of Medicine Internal Medicine in 1969. He is also the former clinical director of the Duke Comprehensive Cancer Center and a visiting physician in cancer prevention and chairman of the Advisory Committee on Cancer Prevention, Diagnosis, and Treatment with the American Cancer Society. Dr. Huang returned to Taiwan in 1989, and from 1993 to 1995 served as president of the Cancer Society of Taiwan.

He is a Professor of Medicine at Duke University School of Medicine and CEO & President of the Koo Foundation Sun Yat-Sen Cancer Center. He is also chairman of the Andrew Huang Medical Education Foundation and a member of the Medical Evaluation Committee at National Taiwan University College of Medicine. His multi-disciplinary, patient-centered care model that utilized bundled care for breast cancer was written as a Harvard Business School case study in 2009 that details the cancer center's provider strategy, development and implement-ation of bundled reimbursement, integrated care delivery, and quality measurement.

Course Title / Koo Foundation Sun Yat-Sen Cancer Center Case Study

This course focused on the Harvard Business School case study of the cancer center. The case explored the application of multiple principles of value-based health care delivery with a focus on integrated care and bundled reimbursement. Dr. Huang also led a masterclass on the steps needed in a clinical encounter.

KFSYSCC Strategy examined the cancer center's distinctive scope of service in offering a limited number of related service lines to focus on cancer care in order to achieve care excellence. Organization of care delivery was unique in that care was organized around the medical condition over the full cycle of care rather than by clinical departments or divisions. This innovative care delivery approach was seen as the best organization structure for creating value during Dr. Huang's time in leading oncology fellowship training at Duke. He saw that failure to communicate among various clinicians involved in a single patient's care could impair patient health outcomes and limit or impair available treatment options later in the course of a patient's care. Departmental organization structures worked against communication across specialties and reinforced a siloed, sequential approach to care.

Breast Cancer Delivery Model dissected the 38-member integrated team-based care model at KFSYSCC that included surgical oncologists, plastic and reconstructive surgeons, medical oncologists, diagnostic radiologists, radiation oncologists, nuclear medicine physicians, pathologists, rehabilitation physicians, OB-GYNs, psychologist, social worker, data entry manager, and senior nurse practitioners as care managers. The team worked together consistently and met weekly to discuss new patients, treatment plans, and challenging cases. Informal meetings were called to discuss cases requiring immediate action. The team size allowed for "parallel processing" of patients so the breast cancer unit could care for multiple patients simultaneously. Care was provided in dedicated facilities for breast cancer patients and offered vitually all services related to cancer care from screening to long-term follow-up. This was in contrast to other providers in Taiwan who still delivered care sequentially and were organized by departments or divisions.

Bundled Reimbursement Model looked at the differences between the general reimbursement model in Taiwan of fee-for-service payments which are subject to global budgets and the pay-for-performance model for breast cancer care. Discussion revolved around how capitation at the medical condition level aligned provider incentives with value creation. Minimizing incentives to over or under-treat promoted efficient care delivery.

Nigam Shah, MBBS, PhD

STANFORD UNIVERSITY
DECEMBER 2019

/ BIO

Dr. Nigam Shah is Associate Professor of Medicine (Biomedical Informatics) at Stanford University and an executive member of the Biomedical Informatics Graduate Program. Dr. Shah's research focuses on combining machine learning with prior knowledge in medical ontologies to enable the learning health system. Dr. Shah is an inventor on several patents on using ontologies for data mining, and has co-founded three companies.

He co-chairs the Analytics working group at Center for Population Health Sciences and serves as Associate CIO for Data Science at Stanford Health Care, leading their program for AI in healthcare. He is passionate about leading efforts that use informatics to change the practice of medicine. His team runs the country's first service to use aggregate clinical data at the bedside for decision making.

Dr. Shah holds an MBBS from Baroda Medical College, India, a PhD from Penn State University and completed postdoctoral training at Stanford University. He received the AMIA New Investigator Award and the Stanford Biosciences Faculty Teaching Award for outstanding teaching in his graduate class on "Data driven medicine" in 2013. Dr. Shah was elected into the American College of Medical Informatics (ACMI) in 2015, was inducted into the American Society for Clinical Investigation (ASCI) in 2016, and selected into the Stanford Medicine Leadership Academy for 2016-2017.

Course Title / Shaping the Future of Artificial Intelligence and Machine Learning in Healthcare

This course explored strategies for and issues involved in bringing Artificial Intelligence (AI) technologies to the clinic in a safe and ethical way. The class discussed the characteristics of a sound data strategy for powering a machine learning (ML) health system. Scholars were introduced to a framework for analyzing the utility of ML models in healthcare and discussed the implicit assumptions in aligning incentives for AI-guided healthcare actions. Scholars also debated the ethical considerations for incorporating AI in healthcare and examined the impact of AI on the doctor-patient relationship.

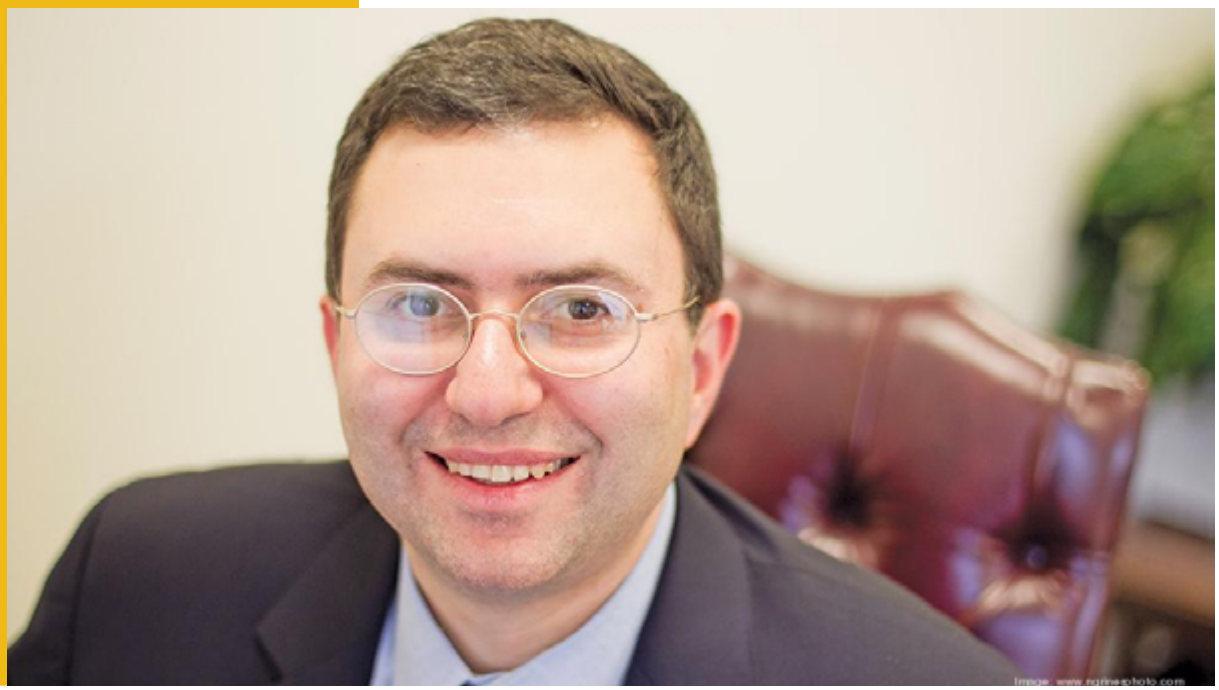
Defining a Data Strategy looked at defining sources of data, types of data generated by each entity in the healthcare ecosystem, and asking if we are finding problems worth solving. Scholars debated the two parts of data strategy: incentives and technical ability. Why should partners give you data once and keep updating it daily? How much is the data worth to you given its intended application? Technical ability was discussed as the ability to ingest, continuously update, and process data streams for millions of patients.

A Framework for Thinking about AI in Healthcare explored a matrix approach to assessing the use of AI to solve healthcare problems. This approach requires identifying whether problems are science-based, practice-based, or delivery-based. They are then further delineated into classification, prediction, or treatment problems that require either supervised learning or causal inference approaches. Scholars then thought through healthcare problems they were currently facing to see if it was a suitable AI question by categorizing the issue as descriptive, exploratory, inferential, predictive, causal, or mechanistic.

Beyond Predictions: Utility, Work Capacity, Ethics, and Liability examined the cost-benefit of AI actions. Use of AI allows doctors to have the time and information to make the best decisions. The doctor must ultimately decide if, how, and when to act on AI and machine learning predictions. Maintaining fairness when learning from biased data and the effect on the doctor-patient relationship are some of the most important issues in building machine-learning systems. These discussions and subsequent use of AI must reflect and be judged by the ethical standards of healthcare.

Joshua Sharfstein, MD

JOHNS HOPKINS UNIVERSITY
JANUARY 2020



/ BIO

Dr. Joshua M. Sharfstein is Director of the Bloomberg American Health Initiative, Vice Dean for Public Health Practice and Community Engagement, and Professor of the Practice in Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. He is the author of the Public Health Crisis Survival Guide: Leadership and Management in Trying Times. He is co-author of the book, The Opioid Epidemic: What Everyone Needs to Know.

From 2011 to 2014, Sharfstein was secretary of the Maryland Department of Health and Mental Hygiene, where he was involved in creating the state's groundbreaking model for hospital payment. From 2009 to 2011, Sharfstein was principal deputy commissioner of the US Food and Drug Administration, where he led the agency's transparency and performance management initiatives. From 2005 to 2009, as commissioner of health for Baltimore City, Sharfstein led innovative efforts that contributed to major declines in overdose deaths and infant mortality rates. From 2001 to 2005, he was minority professional staff and health policy adviser for Congressman Henry A. Waxman.

Dr. Sharfstein is an elected fellow of the Institute of Medicine (2014) and the National Academy of Public Administration (2013). He serves on the Board of Population Health and Public Health Practice of the Institute of Medicine and on the editorial board of the Journal of the American Medical Association.

Course Title / Leadership in Public Health and Medical Product Regulation

This course taught scholars how to be prepared for public health crises, not just to survive but to lead and thrive in the most difficult of circumstances.

Crisis Leadership in Public Health and Medicine explored the relationship of crisis management to strategic planning. Crisis management is essential to successful leadership whether in crisis or not. Recognizing the crisis early requires listening to people, establishing a culture that encourages people to speak out about red flags, and developing a process to review red flags and decide whether to switch to crisis mode. Scholars were challenged to think about implementing an incident command structure to manage a crisis. Dr. Sharfstein also walked through the core elements of crisis communications and how to deal with rumors along with the politics of a leadership position.

Principles of Medical Product Regulation was a discussion on two principles: 1) clear standards (basis in science and procedural fairness) and 2) independence (avoiding industry and political bias). Dr. Sharfstein walked scholars through the thought process of regulation in terms of benefits vs. harm and how to maintain a balance when a drug is beneficial for a population of patients but may cause others to misuse or suffer extreme side effects. Measures to tilt the balance were considered, such as approving medications as second or third-line drugs, restricting prescribing and dispensing, and creating a patient registry. However, there will always be uncertainty in regulation; leaders must make the best decision based on the data at hand, collect additional data if needed, and frequently reassess the regulatory balance.

Effective Leadership in Public Health + Responsibility and Blame was a session on responsibility as a part of leadership. Dr. Sharfstein encouraged scholars that it is possible to bounce back from leadership mistakes and failures. The goal is to accept responsibility while maintaining credibility. To provide effective leadership, a framework on meta-leadership from Harvard's School of Public Health was introduced: leading down, up, across, and beyond. Scholars were encouraged to think through the dimensions of leadership to put difficulties in perspective and to assist in preparing for those difficulties. They were also spurred to seek counsel and assistance as needed and develop ways to maintain balance and happiness.

2020 Classes

The start of the new decade in 2020 has been met by unprecedented events globally, and the New School has pivoted in response to this new environment as we balance the training of our scholars with health and safety concerns.

Right before Taiwan's presidential elections were held on January 11th, we were fortunate to have Dr. Josh Sharfstein, Vice Dean for Public Health Practice and Community Engagement at the Johns Hopkins Bloomberg School of Public Health, join us in person to engage our scholars in discussions on public health strategy in times of crisis and medical product regulation. These sessions on public health leadership and crisis management proved to be timely given COVID-19's global spread.

While COVID was still thought to be contained in Wuhan, six new scholars were selected to join our 2020 cohort alongside the 11 scholars from the 2019 cohort. Within weeks, US academic institutions began issuing travel advisories to Asia out of well-founded caution. Taiwan also began closing borders to

non-business travelers and mandating a 14-day quarantine. These restrictions were instrumental in keeping the virus at bay but also meant our professors could no longer travel to Taiwan and teach in-person at the New School for the last five months. Our February classes were canceled in advance in light of border closures as the outbreak spread in Asia.

Fortunately, video conferencing technology has allowed us to bridge the physical distance between our scholars and our incredibly accommodating New School professors. Many of our professors started classes at 4am Pacific Time to share their expertise with our New School scholars, who are also working professionals. We are grateful for our professors' dedication, preparation, and energy to lead discussions despite the early hour.

While the move from offline to online education has had its share of technical difficulties, the virtual discussions have remained lively as we approach each topic in the context of COVID-19. Since the pandemic, multiple New School professors have lead discussions on a wide variety of topics.

Robert Brook, MD, ScD

UCLA | RAND CORPORATION
MARCH 2020

/ BIO

Dr. Brook is the Distinguished Chair in Health Care Services at the RAND Corporation, where he served for 19 years as VP and director of RAND Health. He is a senior principal physician policy researcher at RAND and professor emeritus of Medicine and Health Services at UCLA. He led the Health and Quality Group on the $80M Health Insurance Experiment and was co-principal investigator on the Health Services Utilization Study. He was the co-PI on the only national study that has investigated, at a clinical level, how Medicare's prospective payment system affected the quality and outcome of acute hospital care. He was the co-PI on a joint activity of 12 academic medical centers, the AMA, and RAND, the purpose of which was to develop appropriateness criteria and parameters for the use of procedures.

Dr. Brook is a member of the Institute of Medicine, the American Society for Clinical Investigation, and the American Association of Physicians. In 2005, he won the Institute of Medicine's Gustav O. Lienhard Award, cited "as the individual who, more than any other, developed the science of measuring the quality of medical care and focused U.S. policymakers' attention on quality-of-care issues and their implications for the nation's health." He was awarded the HRET Trust Award, the David E. Rogers Award of the Association of American Medical Colleges, the Baxter Foundation Prize, the Rosenthal Foundation Award of the American College of Physicians, among others.

Course Title / Overview of COVID-19 and Its Implications for Healthcare Leadership

This course examined the latest knowledge base and research on the new coronavirus and its implications for health policy.

Background on Coronavirus discussed transmission routes for COVID-19, aerosol and surface stability of the virus, R0 rates and its primary influencing factors, how the virus could spread on airplanes, currently known symptoms, epidemiology (e.g., serial interval, CFR, secondary attack rate, incubation period), viral genome sequencing and morphology implications, mutation types, and transmission differences among S & L-types. This overview provided a common language with which scholars could communicate to scientists, government officials, clinicians, vaccine manufacturers, and the general public.

Testing and Diagnosis looked at the race to distribute reliable diagnostics and whether current efforts to detect the virus are appropriate given training, sampling, and processing limitations. The rRT-PCR test and discussions of sensitivity and specificity were addressed. Costs were also discussed and how this would affect who would get tested and the eventual distribution of vaccines.

Policy Actions examined current actions taken by Asian governments such as Singapore and Taiwan that were already instituting a response system. Scholars debated the concepts of containment vs. mitigation, when to use each strategy in relation to community spread, the resources required to execute each in Taiwan, and whether current measures were enough. Social distancing policies and the science behind it were explored alongside simulations of those predictions. Contact tracing and travel bans were analyzed.

Social/Cultural Influences + Taiwan's Response looked at how Taiwan would respond to COVID-19 in light of its experience with SARS. The Communicable Disease Control Act was discussed along with the creation of the Central Epidemic Command Center. Resource capacity and allocation, communication and politics, and trust were also examined.

Rich Tsui, PhD

UNIVERSITY OF PENNSYLVANIA
APRIL 2020

/ BIO

Fuchiang (Rich) Tsui, Ph.D., is Associate Professor at the University of Pennsylvania Perelman School of Medicine (Penn) and the Endowed Chair in Biomedical Informatics and Entrepreneurial Science at the Children's Hospital of Philadelphia (CHOP). He is also the Director of Tsui Laboratory at CHOP. He is a Senior Member of the Institute of Electrical and Electronics Engineers (IEEE), a Silver Member of the American Medical Informatics Association (AMIA), and an inaugural editorial board member of JAMIA OPEN. He received his doctoral degree in Electrical Engineering and completed postdoctoral training in biomedical informatics at the University of Pittsburgh.

Dr. Tsui's research interest includes: Clinical Informatics, Natural Language Processing (NLP), Artificial Intelligence (AI) and Machine Learning (ML), Public Health Informatics (Biosurveillance), Signal Processing, mobile Healthcare (mHealth), Data Warehouse, and large Real-Time Clinical Production Systems. He has published 100+ peer-reviewed papers and has been working in healthcare field for more than 25 years.

With Dr. Tsui's expertise in both engineering and informatics, he has directed several large projects to translate academic research into clinical practice. The systems as a result of the research projects provide real-time prediction of patient morbidity and mortality by integrating hospital EHR systems (e.g., Cerner, Epic) and predictive models.

Course Title / Real-time Artificial Intelligence, Clinical and Public Health Informatics for Future Healthcare

This course covered four topics, including electronic health record (EHR) data, data-driven AI, clinical informatics, and public health informatics. The course analyzed various data types in EHR data and identified strategies for building infrastructure that best facilitates AI in clinical care and public health surveillance. Scholars discussed real-time approaches to translating data science to patient care through case studies.

Big EHR Data discussed the best strategies to build data infrastructure in healthcare. Dr. Tsui walked the scholars through the importance of clinical and biomedical data and the various types of EHR data categories (e.g. structured, unstructured, imaging, waveform, omics) that are in most hospital systems. An overview of the HL7 and FHIR data communications standards were discussed to better appreciate the data standards, data warehouse models, and various codes used to store EHR information.

Data-Driven Analytics Using AI was geared for our executive-minded scholars to explain the importance of having strong analytics capabilities, developing routines that support analytical thinking, the concept of core data mining, and the predictive modeling process in machine learning.

Fundamentals of Clinical Decision Support examined how human error is inevitable and that CDS is a tool to provide knowledge- and person-specific information at appropriate times. Dr. Tsui explained how CDS uses contingency tables and other tests to evaluate, predict, and model possible diagnostic scenarios.

Public Health Informatics looked at how new cases can be detected using algorithms for syndromic surveillance, electronic laboratory reporting, and case detection using chief complaints and discharge summaries. In light of COVID-19, Dr. Tsui explained how the CDC Biosense syndromic surveillance system created in response to anthrax attacks is used to monitor real-time outbreaks. A SEIR compartmental outbreak modeling was introduced as a way to monitor COVID cases by using susceptible cases, exposed/latent infection cases, infectious cases, and recovered cases in a simplified formula. These bear strong implications for how Taiwan and individual institutions monitor the ongoing crisis.

Lee Sanders, MD, MPH

STANFORD UNIVERSITY
MAY 2020

/ BIO

Dr. Sanders is Associate Professor at Stanford University, where he serves on senior faculty at the Center for Policy, Outcomes and Prevention, the Clinical Excellence Research Center (CERC), the Hasso Plattner Institute of Design, and Stanford Health Policy. He is an internationally recognized scholar in health literacy, behavioral-health interventions, community-based research, and the care of medically complex patients. Board-certified in Pediatrics, Dr. Sanders is a graduate of Harvard College, Stanford School of Medicine, and UC Berkeley School of Public Health. He has served as an advisor to the National Academy of Medicine, the Centers for Disease Control and Prevention, and the Food and Drug Administration. Previously, Dr. Sanders served as state director of Florida Reach Out and Read and regional medical director for the Florida State Department of Health. Through his experiences in government, inter-disciplinary research, and non-profit organizations, Dr. Sanders has been a lead learner in health-system redesign. Fluent in Spanish, Dr. Sanders is co-director of the Complex Primary Care Clinic at Stanford Children's Health, which provides multi-disciplinary team care for children with complex chronic conditions.

Course Title / Health Literacy: A Framework for Improving Health Systems

The course addressed the topic of health literacy in healthcare systems. Scholars also approached the topic in the context of social justice and health equity.

Health Literacy: A Modifiable Determinant of Health? challenged students to reflect deeply on health literacy as a prism for understanding the impact of social factors on human health. Scholars learned about the science of health disparities, the framework of health literacy, the relationship between health education and health behavior, and the impact of public health information systems on health outcomes. Scholars thought deeply about the gap between literacy skills of patients and the complexity of health systems.

Health Literacy Design: Practical Solutions to Improve a Health System was where scholars learned about the essential elements of clear health communication, theories of behavior change, and best practices. Scholars were challenged by a series of exercises aimed at improving the literacy-appropriateness of healthcare settings, including hospitals, clinics, schools and workplaces. Scholars learned how to assess the appropriateness of doctor-patient communication, written health information, digital health information, and health-system navigation. Finally, scholars began to design health-literate solutions for their current health systems.

Social Justice: How Does Health Literacy Influence Health Equity talked about how health literacy is intrinsically linked to both an individual's and community's social-economic context and is a powerful mediator of the social determinants of health. Health literacy interventions are associated with improvements in clinical outcomes and healthcare utilization.

Social Justice: Health literacy Solutions for Health Systems examined targeted, culturally appropriate interventions delivered in a community setting that have a positive impact on participant knowledge, attitudes, and behaviors. Scholars were encouraged to pursue research and engage in partnerships to advance implementation and evaluation of health literacy interventions that foster health equity.

Richard Koo, MA

NOMURA RESEARCH INSTITUTE
JUNE 2020

/ BIO

Mr. Koo is chief economist at Nomura Research Institute, the research arm of Nomura Securities, Tokyo. Prior to joining Nomura in 1984, he was an economist with the Federal Reserve Bank of New York (1981–1984) and a Doctoral Fellow of the Board of Governors of the Federal Reserve System (1979-81). He has advised several Japanese prime ministers on issues related to the Japanese economy. In addition to being one of the first non-Japanese participants in the crafting of Japan's five-year economic plan, he is also the only non-Japanese member of the Defense Strategy Study Conference of the Japan Ministry of Defense (1999–2011).

Mr. Koo holds a bachelor's degree in political science and economics from the University of California at Berkeley (1976) and a master's degree in economics from the Johns Hopkins University (1979). From 1998 to 2010, Mr. Koo was a visiting professor at Waseda University in Tokyo. In financial circles, Mr. Koo was ranked first among over 100 economists covering Japan in the Nikkei Financial Ranking for 1995, 1996, and 1997, and by Institutional Investor magazine for 1998. He was also ranked first by Nikkei Newsletter on Bond and Money for 1998, 1999, and 2000. He was awarded the Abramson Award by the National Association for Business Economics (Washington, D.C.) for the year 2001. He is a native of Kobe, Japan.

Course Title / Making Sense of Recent Macroeconomics Developments and Trade Disputes

The course examined the concept of balance sheet recession and its impact on macroeconomics during a global COVID-19 pandemic and a US-China trade war.

Introduction to the Other Half of Macroeconomics started with the premise that despite the zero or negative interest rates and the monetary easing in many advanced economies, these measures have not produced vibrant economies or the targeted level of inflation. Economists who recommend policies such as monetary easing and balanced budgets assume that the private sector always maximizes their profits. Mr. Koo argues that it is balance sheet recessions (financial health of companies deteriorate to where they cannot borrow) and the higher return on capital overseas which force businesses to invest abroad rather than at home that result in economic stagnation and slow productivity growth in advanced countries.

Balance Sheet Problems Create Shortage of Borrowers and Investment Opportunities examined the macroeconomic implications when businesses and households increase savings or pay down debt instead of borrow money. In a balance sheet recession, it is the millions of underwater balance sheets that lead to the disappearance of private-sector borrowers, while in pursued economies, it is the lack of attractive domestic investment opportunities that produces the same outcome. Deflationary pressure thus exists until the private sector returns their excess savings to the economy's income stream.

Pandemic Monetary Policy contrasted balance sheet recessions and pandemic recessions. In the latter, the collapse of economic activity is different from 2008's collapse in asset prices. It is no longer a debt overhang like that experienced in the past decade. The pandemic has now caused a disappearance of revenue and income leading to a disappearance of lenders rather than borrowers. The current global situation is a weak economy and a very tight financial situation. Appropriate monetary policies should keep interest rates low while fiscal policies should demand direct payments to households and businesses to keep them viable and switch to more public works-related projects.

Michelle Mello, JD, PhD

STANFORD UNIVERSITY
JULY 2020

/ BIO

Dr. Mello is a leading empirical health law scholar whose research is focused on understanding the effects of law and regulation on health care delivery and population health outcomes. She holds a joint appointment at the Stanford University School of Medicine.

Dr. Mello is the author of more than 200 articles on medical liability, public health law, pharmaceuticals and vaccines, biomedical research ethics and governance, health information privacy, and other topics. Her investigations into the dynamics of medical malpractice litigation, the effects of medical liability reforms, the ability of hospitals to shift costs of medical errors to others, and allocating responsibility for medical errors between hospital systems and individual physicians have been particularly impactful. Dr. Mello's publications appear in medical, health policy, and law journals, and she is a frequent contributor to the New England Journal of Medicine.

In 2013, Dr. Mello was elected to the National Academy of Medicine, one of the highest honors in the fields of health and medicine, in recognition of outstanding professional achievement and commitment to service. Dr. Mello's work has also garnered the Alice S. Hersh New Investigator Award from AcademyHealth, the leading professional organization for health services and health policy research in the U.S.; a Greenwall Faculty Scholars Award in Bioethics; and a Robert Wood Johnson Foundation Investigator Award in Health Policy Research.

Course Title / Health Law and Ethics

The course familiarized scholars with some of the most pressing legal and ethical issues confronting healthcare leaders. The focus was on two topics: (1) medical malpractice and (2) issues arising during pandemics such as COVID-19.

Medical Malpractice: Effective Institutional Responses describes research findings concerning the relationship between medical injury and malpractice litigation. Dr. Mello covered known risk factors for being sued as well as factors that limit access to the civil justice system for people injured by medical malpractice. Scholars then compared the approaches for addressing medical malpractice in the United States, Scandinavia, and Taiwan. The course also covered research on the psychological and practical needs of patients and families affected by medical injuries. In focusing on the issue of medical error disclosure, scholars simulated and then evaluated disclosure conversations. They analyzed potential barriers to improvement and how current systems fall short of meeting patients' needs. Finally, scholars discussed leadership strategies for refocusing institutional responses to medical injury with the patient-centered CRP approach and assessed data about the effectiveness of this approach as a risk management strategy.

Issues Arising During Pandemics addressed two critical questions about resource allocation that arise during pandemics: 1) how should intensive care unit beds and ventilators be allocated when demand exceeds supply, and 2) how can disparities in healthcare facilities' resources be addressed so as to ensure equitable patient access and equitable protection of healthcare workers. The course also explored tensions and tradeoffs between protecting patients' and citizens' informational privacy rights and mounting an effective response to infectious disease outbreaks. Scholars discussed the limitations of traditional contact tracing methods during COVID-19, controversies surrounding uses of novel contact tracing technologies, and debates about the role of employers in controlling disease spread in the workplace.

Michele Barry, MD

STANFORD UNIVERSITY
AUGUST 2020

/ BIO

Dr. Barry is Professor of Medicine and Tropical Diseases at Stanford University. She is the Director of the Center for Innovation in Global Health and Senior Associate Dean for Global Health. She is also a Senior Fellow at Stanford's Freeman Spogli Institute and the Woods Institute for Environmental Studies.

As a cofounder of Yale/Stanford Johnson and Johnson Global Health Scholar Award program, she has sent over 1500 physicians overseas to underserved areas to help strengthen health infrastructure in low resource settings. As a past President of the American Society of Tropical Medicine and Hygiene, she led an educational initiative in tropical medicine and travelers health which culminated in diploma courses in tropical medicine both in the U.S. and overseas, as well as a U.S. certification exam.

Dr. Barry is an elected member of the National Academy of Medicine (NAM) and National Academy of Sciences since 2002. She has been selected for Best Doctors in America and currently sits on the NAM Board on Global Health. She is the 2019 Chair-elect of the Board of Directors for the Consortium of Universities for Global Health and is a recipient of the Ben Kean Medal given every three years by the ASTMH to the outstanding tropical disease educator in the U.S. She is also the 2018 recipient of AMWA's highest award – the Elizabeth Blackwell medal for creating pathways for women in medicine. She has over 180 publications in the areas of tropical diseases, travel medicine, ethics of research overseas and impact of climate and globalization on health.

Course Title / Impact of Gender, Climate, and Conflict on Global Health

This course gave a broad overview of factors which influence health in a global context.

Climate's Impact on Megacity Health examined how we can prepare for a more resilient future. This session explored how megacities are characterized by cultural, socioeconomic, racial diversity and environmental heterogeneity. Issues such as infectious disease, non-communicable diseases, and injury threaten the benefits of urbanization. Scholars discussed the inequities of the urban poor, the heat-island effect on temperature, and changes in vector ecology and air pollution which can increase allergens and disease. With more than 50 percent of the global population living in urban areas, cities are a critical place to focus our efforts on improving health & climate.

COVID-19: Through a Gender Lens saw how the pandemic has affected women, men, and non-binary people differently by creating inequalities for women and girls and heightening the discrimination of marginalized groups. Disease outbreaks affect women and men differently, and pandemics worsen existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty. Scholars were challenged to be aware of women's disadvantages in accessing critical pandemic information due to lower education levels, access to technology, exclusion from male networks and power structures, as well as societal limitations on mobility. The appointment of more women leaders in positions of power is needed for fair representation in global health.

Conflict and the Threat of Pandemics looked at how detection and control of emerging infections in conflict zones is a major public health challenge. The breakdown of civil society often leads to the collapse of health systems and sanitation, food insecurity, poor coordination among humanitarian agencies, and the subsequent emergence of diseases that can proliferate into global pandemics. Pandemics require shared global governance especially in times of conflict as weak political legitimacy can undermine public health initiatives. Dr. Barry discussed how Ebola, polio, yellow fever, cholera, and Lassa fever have emerged during conflict in fragile states and what can be learned from the outbreaks to better predict and control other potential epidemics.

For the remainder of 2020, scholars are scheduled to engage with the following health experts

Dr. Mildred Cho
from Stanford University on ethical and social issues in genetic research and the impacts of academic-industry ties on biomedical research.

Dr. Mark Cullen
from Stanford University will speak on epidemiology and occupational health.

Dr. Abigail King
from Stanford University on behavioral health and health promotion.

Dr. Sara Singer
from Stanford University will discuss leading and managing health care organizations by using innovation and collaboration in high-stakes settings.

Dr. Paul Wise
from Stanford University on global health and social justice.

Dr. Barry Zuckerman
from Boston University on social entrepreneurship and social determinants of health.

Expected Outcomes

As part of scholars' development in both leadership and in healthcare, we aim to increase the following competencies:

Self-awareness / understanding of own personality and motivations, recognition of strengths/ weaknesses and the need to improve in particular areas, awareness of others' perceptions of oneself.

Reflective Thinking / reflecting on events, their outcomes, and what can be learned from them; being more analytical and thoughtful in one's decisions; thinking through possible outcomes of future actions.

Technical Knowledge / having the operational know-how to run health systems, basic strategy principles to lead well, and understanding healthcare financial systems.

Healthcare Industry Knowledge / knowing clinical processes, informational technology, human resources, and legal climates

Emotional Intelligence / being more sensitive to others, handling conflict in a constructive manner, developing better relationships

Shared Leadership / seeing oneself less as the single leader with all the answers and more as one who involves others, seeks knowledge from others, and shares leadership responsibility with others.

Leadership Style / understanding how styles of managing vary by person and situation

Lifelong Learning / seeing learning as self-directed and continuous; requires learning outside just the healthcare field to innovate

Ownership / encourage thinking of long-term solutions and prevent sacrificing long-term value for short-term results.


Ascendancy to
leadership positions


Institutionalize data-
driven decision making
and quality improvement


Influence & improve
health care policy
and medical care improvement


Assess and improve
leadership skills

One of the reasons why the New School has many faculty from different areas is because we believe opportunities to apply learning to one's experience must be meaningful, varied, and frequent. Learning shared with a cohort of fellow learners enhances the discovery process when participants share common work experiences.

Other knowledge-related competencies will include areas such as finances and economics, emerging issues and strategic planning, personal professional development, adaptive leadership, conflict management, time management, ethical considerations, and personal life balance.

As a critical mass of New School scholars take up positions of leadership in various healthcare institutions, we expect benefits to cascade into the wider workforce. We believe the New School curriculum and leadership training will engender better teamwork and collaboration, increased clarity of communication to staff, improved morale, and increased empowerment of others.

We intend to see improvement in initiatives such as patient safety, innovation, and patient experience and satisfaction. We expect that there will be quantifiable benefits in terms of health outcomes and financial performance. Our understanding is that when organizations are managed well, it substantially affects performance, accounting for up to one third of profitability in all sectors and linked to better worker satisfaction and patient-reported health outcomes.

Effective healthcare leaders continuously emphasize safe, high quality, and compassionate care

The New School also expects that there will be a decrease in wasteful healthcare utilization in organizations led by alumni. This waste includes the six waste domains identified by the Institute of Medicine in the United States: 1) failure of care delivery, 2) failure of care coordination, 3) over-treatment or low-value care, 4) pricing failure, 5) fraud, and 6) abuse. We imagine that as more institutions look to combat healthcare waste, alumni with policy or government aspirations will launch concurrent efforts to advocate for healthcare reform around these areas. In order to accomplish these goals, new collaborative groups will need to be formed to integrate knowledge throughout the health system and to anticipate and solve unprecedented challenges - all while delivering efficient, high-quality, compassionate care across the continuum.

The New School aspires to creates leaders for healthcare transformation. As different professors and faculty teach scholars from diverse health backgrounds, we expect new alliances and unlikely partnerships to begin to emerge. Belief systems, values, and attitudes will shift. Creative thinking and agile, adaptive leadership will be required.

As our alumni lead in a new transformed landscape, we expect that incremental responses to healthcare change will not be enough. Rapid innovation and adaptation to change will require all healthcare stakeholders to adopt a collaborative, interdependent culture and solutions that cut across function, region, and profession. Our alumni will be best equipped to take Taiwan and Asia's healthcare institutions in a new direction and adapt them for the new world order.

The New School and its network will continue to advance healthcare at the systems level by building effective and team-based healthcare workforce and building on healthcare reform. We will increase value in healthcare, increase access to continuous learning for all our alumni, and ultimately increase the quality of healthcare leaders in Asia.

We are excited for the positive impact our alumni will make in the region.

Meet The Team

The New School office directs program marketing to ensure a rich and diverse applicant pool for each year's cohort. The office also oversees the scholar selection process.

The New School office works closely with the faculty to assist with curriculum development so sessions build off of previous courses. Course evaluations are created and analyzed through this team to maintain high quality education and regularly seek feedback to improve course content and relevancy to healthcare today. The office also coordinates faculty travel.

The New school office plans and hosts the annual New School conference and also publicizes research findings, promotes ongoing projects, and maintains the New School Media arm (e.g., white papers, online video, podcasts, blog).

C. Jason Wang, MD, PhD
Dean (by courtesy)

Patrick Ng, MBA, MPH
Project Manager

Deb Ng, MD
Project Instructor

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NEW SCHOOL INVESTMENT

Invest in the future of healthcare in Taiwan and Asia

Empower Tomorrow's Healthcare Leaders

NAMED SCHOLARSHIPS / USD $150,000

Sponsor a scholar for the entirety of their training at the New School. Each named scholarship will support one scholar's journey through our ambitious and immersive curriculum to develop transformative healthcare leaders.

Tuition • Salary Support • Coaching • Course Materials • International Field Immersion • Scholar Projects

FACULTY SPONSORSHIP / USD $20,000

Bring the world's best faculty to Taipei to train scholars and local university partners to accelerate the healthcare revolution. Each sponsorship covers expenses for one faculty member coming to Taiwan and their associated activities. Faculty teach, advise, and mentor scholars and our affiliates.

Faculty Honoraria • Travel Expenses • Cultural Experiences

ANNUAL CONFERENCE / USD $100,000

The New School vision for healthcare spans disciplines, cultures, and continents. Sponsor our annual conference, a seminal venue for faculty and scholars to present their latest research and for alumni to renew their commitment to lifelong learning and civic engagement.

Speaker Honoraria • Travel Expenses • Conference Activities

MEDIA & PUBLICATIONS / USD $50,000

The New School voice must drive discourse and behavioral change on pressing concerns outside the academic realm to achieve lasting health and healthcare transformation. Fund our media arm to amplify our influence and impact on a global scale.

Health Broadcasts • Public Health Campaigns • Conference Publications • White Papers • Annual Report

CONTACT US

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