



2017 Heritage Healthcare Innovation Awards

Meet New York's Leading Healthcare Innovators



Left to right: **Mark Wagar**, president, Heritage Medical Systems; **Dr. Carl Nathan**, R.A. Rees Pritchett professor of microbiology; chairman, Department of Microbiology & Immunology, Weill Cornell Medical College; **Karen Ignagni**, president and CEO, EmblemHealth; **Dr. Richard Merkin**, president and CEO, Heritage Provider Network; **Dr. Nora V. Bergasa**, professor of medicine, New York Medical College; chief of medicine, PAGNY/ NYC Health + Hospitals/ Metropolitan; **Dr. Steven M. Safyer**, president and CEO, Montefiore Medicine; **Jill Kaplan**, vice president & publisher, Crain's New York Business; **Gil Addo**, CEO and co-founder, RubiconMD

The Heritage Healthcare Innovation Awards honor 25 exceptional individuals who are not content to accept the status quo in healthcare. These people are visionaries who improve treatment, transform processes, lower costs and push the boundaries of science. As a group, they just do things differently, and it is the collective health of New Yorkers that benefits from their innovations.

To recognize these individuals, Heritage Provider Network (HPN), a leading physician-led managed care organization, created an awards program in 2016. This year's winners and finalists were honored at an awards event in Manhattan on May 22.

Mark Wagar, president of Heritage Medical Systems, calls the awards "our way of stirring the pot."

Wagar explained that a core philosophy championed for decades by Richard Merkin, MD, president and CEO of HPN, is that "we may think we're good, but we're not good enough."

"If you are not improving affordability and access, you are not doing enough," he said. "You must be searching for the next innovation that makes health care delivery affordable and sustainable in New York and the nation."

The 2017 Heritage Healthcare Innovation Awards recognize the best of today's healthcare clinicians, administrators and researchers who are making measurable improvements in outcomes, access to care, the quality of care and long-term affordability.

A distinguished panel of independent health experts judged five award categories:

Innovation in Healthcare Delivery Award

Recognizing an innovator in the development of new modes of diagnosis, treatment and care who actively improves the delivery of services and quality of healthcare.

Healthcare Leadership Award

Recognizing a leader who has made a significant impact in their healthcare field. This forward thinker has forever changed the way care systems work through new models, processes and pathways.

Healthcare Organizational Leadership Award

Honoring an organization that has fundamentally changed how healthcare is delivered. This organization has created, or championed new ways of thinking and doing, uniting diverse constituencies to work together.

Innovators in Healthcare Award

Highlighting cutting-edge applications of technology and up-and-comers in the healthcare industry. These breakthrough innovators are making significant contributions in the areas of technology, research or new approaches to healthcare systems.

Research Investigators in Translational Medicine Award

Recognizing an individual based on the most significant quantitative results achieved by accelerating the transition of novel and innovative diagnostic tools and treatments to patients.



Heritage Innovation in Healthcare Delivery Award

Recognizing an innovator in the development of new modes of diagnosis, treatment and care, who actively improves the delivery of services and improves quality of healthcare.



Nora V. Bergasa, MD, professor of medicine, New York Medical College; chief of medicine, PAGNY/ NYC Health + Hospitals/Metropolitan

As leader of the department of medicine at a New York City public hospital, Dr. Nora Bergasa treats patients, teaches medical students and residents, and inspires the department's research efforts. Recognized internationally for her research work on liver disease, this hepatologist is committed to rethinking how patients are treated and students are trained.

"It all has to do with innovative ways to deliver care," she said. "We have revolutionized the way we care for these patients."

She reorganized the department of medicine to be more efficient by improving the distribution of patients, who previously were assigned to different care teams based on where beds were available. She directed patients to beds based on which doctor was treating them.

"Patients admitted to Dr. X will be admitted to Dr. X's ward, instead of all over," said Bergasa. "Rounds are expeditious, no walking to other floors."

In another innovation, Bergasa sends patients with both mental health and hepatitis-C conditions to the behavioral health department instead of the hepatitis clinic. This population is at higher risk for acquiring viral hepatitis.

"It is difficult for some patients with a dual diagnosis or comorbidity to get to the clinic; and for a hepatologist like myself, going to the behavioral health service lets us study patients with alcohol abuse and other diseases that need to be addressed. It really improves the care."

Bergasa also established a discharge clinic to help patients adhere to medication regimens, follow care instructions and keep appointments. The clinic has slashed readmissions rates. It also exposes physicians-in-training to caring for patients post-discharge.

Public hospitals serve an essential role in caring for New Yorkers and training doctors, a mission that Bergasa cherishes. "We immerse ourselves in the care of the patient, at the bedside and in the clinic. To be able to work like that is a privilege."



Michael Chambers, PAGNY; **Dr. Nellky Ramirez**, NYC Health + Hospitals; **Dr. Nora V. Bergasa**; **Dr. Ronnie Gorman Swift**, Metropolitan; **Alina Moran**, Metropolitan; **Mirta Palacios**, Metropolitan; **Dr. Consuelo Dungca**, Metropolitan; **Dr. John T. Pellicone**, NYC Health + Hospitals/Metropolitan

FINALISTS

Manmeet Kaur, executive director and founder, City Health Works

Patients trust community health coaches because they share a neighborhood, a culture or perhaps a disease. That trust is a strong motivator for behavioral change. Manmeet Kaur founded City Health Works in 2012, patterning a low-cost paradigm of care after the community health innovations she had seen in developing countries. CHW trains locals to provide evidence-based personalized coaching and care coordination for patients in Harlem with diabetes, hypertension and asthma. "Patients have someone they can relate to," said Manmeet Kaur. "Who the messenger is really matters." CHW's model shows measurable improvements in quality and costs. Preliminary data from 200 Harlem patients show a mean 1.6 point reduction in A1c levels and cost savings of \$600 per member per month. CHW has raised \$4.4 million and is signing contracts with health systems and insurers. Coaches that save lives and money, she said, "are not a nice-to-have add-on, but should be the norm in providing care."

Chris Norwood, founder and executive director, Health People: Community Preventative Health Institute

When Chris Norwood founded Health People in 1990, it was a community-based peer education organization with a mission to assist South Bronx residents overwhelmed by AIDS and chronic diseases. Today, Health People's model is to tap the community for people who can help their neighbors navigate their health conditions, especially asthma and diabetes, drawing strength from shared backgrounds that can include incarceration, substance abuse and limited education. Norwood's group is playing a role in the Medicaid reform initiative DSRIP by fostering cooperation with clinical providers. To have support in recruiting peer educators, training them and getting them into the field "was virtually undoable before DSRIP. People have to be willing to work together," said Norwood. "The waste of not having community groups used in constructive ways in public and community health is tragic."

Tim Peck, MD, Co-founder and CEO, Call9

The innovation behind Call9 is straight forward: Why take a nursing-home resident to the emergency room when you really don't have to? Call9 has implemented that concept flawlessly. Of some 1,300 patients treated since 2016, its first full year of operation, 78% avoided the ER. In 2017, Call9 inked contracts with three big insurers. Call9's software and technology let a bedside "clinical-care specialist" perform testing, such as lab work, and send real-time results to Call9's off-site staff of ER physicians. Streaming video of a nurse's hand at bedside lets the ER doctors guide an ultrasound or EKG. "The technology allows for physicians to be on their laptops anywhere in the country and do critical care medicine or CPR. It allows us to treat at bedside and see multiple patients at once," said Dr. Tim Peck. "This is a whole new way of practicing medicine."

Steven Katz and Jeffrey Schor, MD, founder and co-CEOs, PM Pediatrics

PM Pediatrics opened in 2005 in Syosset, L.I., and now has 19 pediatric urgent-care sites, with further expansion fueled by a private equity partner. Some 40 full-time physicians honed their ER skills in a pediatric residency as well as a three-year pediatric emergency medicine fellowship. Such advanced training in emergency care is one reason why only 1% of the company's patients end up transferring to a hospital. PM Pediatrics innovated the urgent-care model through a focus on the patient experience, "from designing our office to be friendly, to making the kids feel calmer," said Steven Katz. Elements revolve around comfort: all rooms have TVs to distract the kids. Dr. Jeffrey Schor, who runs clinical operations, headed a pediatric ER for 10 years, the genesis for PM Pediatrics. "We gave very good care, but how we delivered it was terrible," he said, citing three-hour wait times that already had soured the patient experience. One innovation was to make strong relations with the primary care community sacrosanct. "We open late and close late, designed in part not to compete directly with pediatricians," said Schor.



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Karen Ignagni, president and CEO, EmblemHealth

Karen Ignagni joined EmblemHealth in September 2015, a year when underwriting losses at the nonprofit's two insurance units, GHI and HIP, were \$128.7 million, an improvement over the dizzying \$485.8 million loss in 2014 before her arrival. Emblem's delicate health, and its survival as the insurer of 3.2 million people, is in Ignagni's hands.

And so Ignagni is transforming Emblem's operations so that it can become a more nimble, innovative company. "You need technology to be agile," said Ignagni, noting Emblem has upgraded to cloud-based technology and is improving access to information in real time.

Ignagni has had a very measurable impact on Emblem's operational streamlining. In the first quarter of 2017, HIP's administrative expenses plummeted by \$42 million from the year-earlier period, and GHI's dropped by \$29 million.

One innovation is a diabetes prevention program that received full recognition from the Centers of Disease Control and Prevention. "I'm proud of the program itself and the impact it is having on the communities we serve," she said. Emblem offers the diabetes initiative to members as well as to the general population through its Neighborhood Care sites in Harlem and other locations, as well as through AdvantageCare Physicians, its affiliated primary and specialty care medical group.

Ignagni also notes the cutting-edge partnerships Emblem has developed with local providers. She said Emblem's "entire HMO plan is value-based risk-sharing with providers," including Montefiore Medical Center and Northwell Health. There also is a new partnership with Heritage Provider Network, in which Emblem will offer primary care doctors back-office support and access to technology and data. For doctors who are interested in signing up, the option relieves operational pressures "and allows them to stay in their practices" and independent, said Ignagni.

She sees her mission at Emblem as "transforming a health plan that has an 80-year legacy into what working families in New York will depend on for another 80 years."



Mark Wagar; **Dr. Michael Stocker**; **Karen Ignagni** and **Stephen Berger**, Odyssey Investment Partners

FINALISTS

Joseph G. Conte, executive director, Staten Island Performing Provider System

New York's experiment to overhaul healthcare delivery, a Medicaid program known by its acronym DSRIP, is ambrosia to a guy like Joseph Conte. His mission is to improve access and quality of care, and DSRIP gives him the financing and the structure to innovate. "The model will drive a lot of change. People will learn how to cooperate in a way that allows them to create a better outcome of care than was available before," said Conte. He brings community organizations into the care delivery system and trains their workforces, as those grass-roots groups know best how to reach the most difficult patients. His group's analytic platform offers data visualization by zip code, even down to the block level. That allows for a targeted approach to tackling population health. "We don't have to focus on asthma everywhere on Staten Island if we know it is prevalent in four zip codes," Conte added.

Paloma Izquierdo-Hernandez, president and CEO, Urban Health Plan

Urban Health Plan, a network of community health centers that cares for 78,000 patients, excels at integrating case management and social services into primary care. It runs a school, a workforce training program, a geriatric clinic—a myriad of supports for a population marked by social determinants of health. The common thread in Urban's programs, said Paloma Izquierdo-Hernandez, is quality and organizational excellence. In 2005 she launched a unit that created internal performance improvement teams to test and implement innovative ideas that improved both the quality of care and operational processes. An asthma program that embeds asthma prevention into each primary care visit, for example, triggered a plunge in hospitalization rates for asthma. "I realized we can really bring change if we embrace this new way of doing things and the concept of truly transforming an organization, and not just making changes that are additive," she said.

Anne Kauffman Nolon, MPH, president and CEO, HRHCare Community Health

Anne Kauffman Nolon has nurtured HRHCare Community Health, one of the state's largest networks of community health centers, from a single primary care site in Peekskill to a network of 28 sites in the Hudson Valley and Long Island. Together they serve nearly 138,000 primarily low-income patients. Access to quality care is at the center of HRHCare's mission. Nolon, who grew up on a farm, launched migrant health centers to address the complex needs of thousands of seasonal workers in the communities she serves. "I'm so proud of the work we've done with agricultural workers. They are essential to our economy, but we put so many stresses on the people who put food on our table, both farmers and workers," said Nolon, who has concentrated on health policy and agricultural workers for many years. "I'm pretty much an aggie in healthcare."

Dr. Pablo Rubinstein, vice president, New York Blood Center; program director, National Cord Blood Program

Since the late 1980s, Dr. Pablo Rubinstein has championed the public banking of cord blood, an innovation that has saved countless lives. He founded the world's first public cord blood program at the New York Blood Center in 1992, and it remains the world's largest repository of cord blood units. Rubinstein has made his life's mission the distribution of life-saving cord blood that is received by patients who need a stem cell transplant from an unrelated donor as a source of hematopoietic cells. Such patients commonly have leukemia, lymphoma or other blood or immune system conditions. The NYBC, said Rubinstein, has "participated in extraordinary advancements in cord blood stem cells and, most recently, in iPSCs (inducible pluripotent stem cells) with our first clinical trials anticipated to restore sight in those blinded by macular degeneration."



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Steven Safyer, MD, president and CEO, Montefiore Medicine

When the New York State Department of Health needs help in rescuing floundering hospitals, for years it has turned to Montefiore Health System. The 35,000 employee Bronx behemoth is willing to do what is right for healthcare in New York, even if that means taking on struggling facilities or its education partner, the Albert Einstein College of Medicine.

Montefiore's stated mission is the pursuit of "clinical excellence—breaking new ground in research, training the next generation of healthcare leaders and delivering science-driven, patient-centered care." It is best known for its commitment to transforming healthcare delivery. It has shifted care to ambulatory facilities to keep patients out of hospitals; it has closed 250 unneeded beds in favor of building up outpatient facilities. It has long embraced population health in the Bronx, and more recently has spread its network to Westchester and up the Hudson Valley. Just under 400,000 patients are in risk arrangements, and

1,500 are cared for in Montefiore's care management program.

"For more than 20 years we've been moving away from fee-for-service and toward value, keeping people away from hospital beds," said Dr. Steven Safyer.

Montefiore serves a challenged population: 85% insured by government programs. Many are immigrants, most are low-income and bear the marks of the social determinants of health. It is an institution "that combines the best of Einstein—its research and science and clinical innovation—with one that makes the case that you can care for all people and not just people of means," said Safyer.

In January 2017, after the first Trump ban on immigration, Safyer wrote in an open letter to his Bronx community of immigrants that "the ideals upon which our nation was built are being questioned. We have achieved greatness as a country in part due to the hard work, dedication and sacrifice of generations of immigrants."



Dr. Richard Merkin, Dr. Steven Safyer, Jill Kaplan and Mark Wagar

FINALISTS

Lindsay Farrell, president and CEO, Open Door Family Medical Centers

For four decades, Open Door has helped the poorest residents of Westchester and Putnam counties—including a large immigrant population—gain access to primary care. Its focus on prevention has helped generations of families stay healthy. Open Door serves as a medical home to nearly 50,000 residents annually, and has just expanded to an additional site in Mamaroneck. The nonprofit believes that when you help one person, you can lift up an entire community. It calls that the "Open Door Effect:" as its patients become better-equipped to manage their health, there are fewer school and work absences and visits to the emergency room. Patient advocates are embedded in the care team, making sure patients have referrals to housing, food pantries and other services. "We're so focused on the social determinants of health, and that is very important as we head into a value-based world," said Lindsay Farrell.

Christopher D. Hillyer, MD, president and CEO, New York Blood Center; professor, Department of Medicine, Weill Cornell Medical College

New Yorkers are accustomed to rolling up their sleeves for the New York Blood Center, which for 50 years has provided a safe supply of blood or stem cell products for more than 2,000 people a day, as well as for local hospitals. But the most innovative aspects of the NYBC's mission are behind the scenes. It spends \$25 million annually on research and development, with 100 scientists conducting studies in the fields of hematology, blood banking and transfusion medicine and cellular therapies. The NYBC also has a hand in the development of products, technologies and services related to blood, and trains researchers and physicians. Its research branch focuses on transfusion medicine, hematology, infectious disease, epidemiology and cellular therapy. "We're one of the most innovative of blood centers in the history of blood centers," said Dr. Christopher Hillyer. "Innovation is part of our culture."

Feygele Jacobs, DrPH, president and CEO, RCHN Community Health Foundation

Community health centers are a lifeline for care for many high-need communities in both rural and urban areas, and that is what makes Feygele Jacobs' job so critical. RCHN Community Health Foundation provides direct support for health centers that care for a collective 7.6 million people, including 2 million New Yorkers. "Health centers have unique challenges and work in a very difficult environment," said Jacobs. "We help them be better positioned to do their jobs more effectively." RCHN's projects assist the centers in expanding capacity or strengthening operations. One local project, in Chinatown, targets the growing rate of smoking among Asians. An RCHN-funded project combats infant mortality at another center and, upstate, a health center is addressing barriers children face in accessing care. The nonprofit has provided \$15 million in funding to centers. It also conducts policy research to gather empirical evidence on best practices for better health outcomes.

Daniel Reingold, president and CEO, RiverSpring Health

The mission of the Hebrew Home, rebranded in 2015 as RiverSpring Health, is to transform the landscape of aging "through innovation, compassion and the highest level of care." Some 11,500 older New Yorkers get care daily from the \$700 million nonprofit. While its geriatric care is based on clinical excellence, it is driven by innovation. Perhaps the most important among them is an initiative that addresses elder abuse, "an epidemic in this country," said Daniel Reingold. RiverSpring established the nation's first sexual expression policy, in 1995, to proactively deal with the reality that nursing-home residents are consenting adults. Another innovation, for those with Alzheimer's, stimulates long-term memories through sports therapy. Placing a baseball in a resident's hand and talking about sports, Reingold explained, "brings back memories of days gone by."



Heritage Innovators in Healthcare Award

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Gil Addo, CEO, RubiconMD

Gil Addo has taken an ordinary aspect of healthcare—a primary care doctor calling a specialist for a consult—and recast it into the digital world. RubiconMD is an eConsult service that connects primary care docs to specialists with same-day access, saving the healthcare system money by avoiding costly referrals and testing. The company's platform has facilitated 20,000 eConsults.

"We haven't created anything new. Doctors talk to each other all the time," Addo said. "But as we move to a digital world, RubiconMD has built a digital work flow so doctors can get opinions faster, and we enrich the interaction by gathering a lot of searchable, rich data that would have been lost if it had been just a conversation taking place."

Founded in 2013, the Manhattan company now has 3,000 primary care providers on its web-based platform. The eConsults let the doctors quickly get on-demand expert advice on complex cases. It is a model that payers and at-risk entities are eager to experiment with. Clients include

health systems, insurers and community health centers in 33 states. Earlier this year RubiconMD partnered with the University of California, San Francisco to connect providers at Zuckerberg San Francisco General Hospital with UCSF specialists. For health centers in rural areas, the model gives safety-net clinics critical access to specialty networks.

"The core service, same-day consults, hasn't changed, but we've democratized access to expertise by getting patients to the right specialist for their condition," said Addo.

RubiconMD built a business model where payers or whoever is at risk for the patient is charged a flat fee. The company pays the specialist from that fee. RubiconMD has contracts with regional plans and will be announcing its first national contract soon. The company has attracted nearly \$6 million from investors so far.

FINALISTS

Paul Coyne, DNP, APRN, president and co-founder, Inspiren

Born with a heart defect, and later suffering a major stroke at 22, Paul Coyne has been inspired by his experience as a patient. He earned a doctorate in nursing practice, a bachelor's and master's degree, and a combined MBA in healthcare management and master's degree in finance—five degrees in four years, before age 30. Inspiren seeks to improve the patient experience through tracking technology. Inspiren developed wireless hardware that is installed by a patient's bed. A prototype is complete, and the project is moving to the manufacturing stage. The software will be able to track such data as rounding and bedside reporting status, the duration and frequency of interactions with the patient and care intensity level based on total staff time with patient. Coyne said he hopes to run six-month pilots of the product at two sites, and to raise at least \$1 million in funding.

Arun Gupta, CEO, Quartet

Arun Gupta founded Quartet in 2014 to boost access to mental health treatment through better integration with primary care. Quartet partners with insurers and physicians to connect patients with care, assisted by a technology platform rich with analytics and tested methods of improving outcomes at a lower cost. The data-centric, mission-driven company has raised nearly \$50 million from investors who recognize innovation in the model: giving primary care providers data that lets them identify patients with mental health needs. The Quartet collaborative care model has the potential to lower costs by \$5-\$10 per member per month. "I see 53 million people walking around with mental health issues and, for me, it's a matter of civil rights, the stigma against diseases of the brain," said Gupta. "The status quo is not OK. As a nation, we need to look at mental health in a different way."

Michael Simmons, CEO and founder, CredSimple

Launched in 2013 to transform credentialing for healthcare providers, CredSimple revolutionizes an inefficient process through its innovative data science algorithms. Michael Simmons, a software and business process engineer, used technology to drastically cut credentialing time to around five days from the industry standard of 60-90 days. The technology CredSimple invented takes data from different sources, said Simmons, aggregates it and retrieves information with a 99% verification that the data—licensing, education, malpractice, etc.—is correct. Clients include the insurer Oscar and the 1199 SEIU Funds. Credentialing is a key process that must take place before a provider sees patients. "What we are offering to the market is a way to do it faster and easier than in the past," said Simmons. "That allows providers to spend less time on administration and more on what matters: the patients."

Matthew Loper, CEO, Wellth

Why don't patients do as they're told? Behavioral economics offers some explanation. Diabetics know that taking metformin will lead to a happier, longer life. But that's in the future, while just in reach happens to be a candy bar. "You have to overcome present bias," explained Matthew Loper. Wellth helps patients change their behavior by applying behavioral economics through health technology. Patients are paid to adhere to their medication and care plans. "We're rewarding people for what they should be doing anyway," said Loper. Wellth mitigates risk for insurers and risk-bearing providers by charging them only when a patient is adhering to a care plan. Results from pilots are encouraging: \$2,000 to \$3,000 per patient in savings, with a 20-40% drop in readmission rates for heart patients. "We are very focused on creating tremendous ROI for our customers," said Loper.

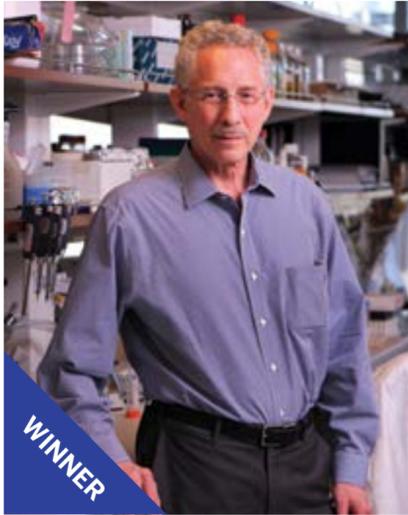


Gil Addo, Michael Simmons and Jeffrey Sachs, Sachs Policy Group



Heritage Research Investigators in Translational Medicine Award

Recognizing an individual based on the most significant quantitative results achieved by accelerating the transition of novel and innovative diagnostic tools and treatments to patients.



Carl Nathan, MD, R. A. Rees Pritchett Professor of Microbiology and chairman, Department of Microbiology & Immunology, Weill Cornell Medical College

To reengineer a process is perhaps one of the most basic of innovations. It is also among the hardest. But Dr. Carl Nathan relishes innovating the process of drug development. An expert in microbiology and immunology, he encourages academics and pharmaceutical industry experts to collaborate. Research has long been conducted in silos. But this new cooperation among the groups has lowered costs and created "a more efficient manner of early-stage drug development," said Nathan. "This is a model for making drugs more affordable."

At Weill Cornell Medicine, Nathan helped launch the Tri-Institutional Therapeutics Discovery Institute. The collaborative model, with Rockefeller University and Memorial Sloan Kettering Cancer Center, translates research discoveries from the "bench to the bedside" through a partnership with Takeda Pharmaceutical Co. By making proof-

of-concept studies more efficient, Translational medicine at the Tri-I TDI can hasten the evaluation of therapeutic promise.

Nathan also shepherded the launch of Tri-I TDI's for-profit counterpart, Bridge Medicines, which adds two investment firms to the original partners. Research projects from Tri-I TDI are given support to move from proof-of-concept studies to human clinical trials.

The spirit of collaboration also drove Nathan's involvement in the creation of the Tres Cantos Open Lab Foundation. Academic scientists work side by side with professional drug developers on treatments for diseases that plague the developing world, such as tuberculosis and malaria. The intellectual property is licensed for free to manufacturers who make the drugs affordable to those in need. Nathan also works with the Bill & Melinda Gates Foundation's TB Drug Accelerator to test compounds that may become drugs for TB. Nathan's team has screened some 1.3 million compounds so far.

Among academics and the pharma community, it is "us and them," said Nathan. "They don't know each other's thought processes and work concepts," he said. "This involves building trust, breaking bread together. That is critical."



Dr. Christopher Hillyer and Dr. Carl Nathan

FINALISTS

Piraye Yurttas Beim, PhD, founder and CEO, Celmatix

Founded in 2009 by Piraye Yurttas Beim, Celmatix has transformed clinical approaches to fertility through genomics and big data: fertility is no longer defined by age alone. This molecular biologist passionately believes that major advances in approaches to infertility will be driven by the intersecting of clinical and genomic data. Celmatix developed Fertilome, a genetic screen that reveals genetic factors that can impact the ability to conceive; and Polaris, fertility prediction software that is an analytic tool that guides fertility specialists in personalizing a patient's treatment strategies and IVF protocols. Millennials have "really embraced technology and genetics," said Beim.

Jeffrey V. Ravetch, MD, PhD, Theresa and Eugene M. Lang Professor, The Rockefeller University

Dr. Jeffrey Ravetch has spent decades researching function and control mechanisms of antibodies within the immune system, leading toward the eventual development of therapeutic antibodies as innovative treatments. Antibodies can activate as well as inhibit the immune response. "To understand how antibodies work as a therapeutic we have to understand how they work in the body," said Ravetch. His lab uses mouse modeling to identify the genetic components that cause immune system cells to respond to specific antibodies for certain diseases. His research centers on how defects lead the immune system to attack the body's own tissues. Ravetch was awarded the 2017 Ross Prize in Molecular Medicine for discovering how the specific molecular structure of antibodies controls immune cell reactivity.

Nina Tandon, CEO and co-founder, EpiBone, Inc.

EpiBone's very premise—growing human bones to repair the body—is innovative. The company hopes to build a 3-D model of a bone injury from a patient's CT scan, extract adult stem cells from the patient and remodel the stem cells so they can grow a personalized bone graft ready for implantation. "EpiBone is in the epicenter of regenerative medicine and stem cell science. That they are intersecting is miraculous," said Nina Tandon. Her company is on track to begin human trials in 2018 and, if all goes to plan, to go to market by 2023. EpiBone raised \$5 million last fall to build out manufacturing space at its Brooklyn lab, double its lab space and hire more staff—all poised to seize this Gutenberg moment in science: "We can not only read the genome but write it, using biology as a design element to improve people's lives," said Tandon.

Timothy M. Wright, PhD, F. M. Kirby Chair of Orthopedic Biomechanics, Hospital for Special Surgery

Timothy Wright has a biomechanic engineer's dream job. The implants that power replaced joints are the wondrous product of engineering principles, materials science and inspired design. Implants are attached to bone. Biomechanic researchers offer a better understanding of the biology of how bones react when they are replaced by plastic and metal. With the advent of 3-D printing, Wright sees a future where implants "can be solid in one place and porous in another. The question is how big does 3-D printing open up the design space?" And one day, can implants be imbedded with the technology of wearables, enabling them to send data on the detection of instability or infection? Wright directs scientists, research engineers and orthopedic surgeons in developing implants and custom devices for Hospital for Special Surgery patients. Baby boomers with total knee replacements can thank Wright for his decades of research into how the implants wear over the years; those innovative insights have been incorporated into engineering designs used worldwide. "Not a lot of engineers get to say that," Wright said, appreciative of the work his team does. "There is a real need where I've been able to contribute."



New York Grows a Culture of Innovation

Health tech and bioscience thrive in a new ecosystem



Nina Tandon and Dr. Richard Merkin

Ten years ago, Rockefeller University scientist Dr. Jeffrey Ravetch launched his startups far from New York.

"In all honesty, it was impossible to start them here. The investors wanted them based in Cambridge and in Rockville, Md," he recalled. "Why are funds based in New York investing outside New York?"

Much has changed in the past decade. New York may be late to the game, but it is catching up to other clusters of innovation with committed fervor.

In December 2016, Gov. Andrew Cuomo promised a \$650 million investment in life-science research and commercialization. The New York City Economic Development Corp. separately will disperse Mayor Bill de Blasio's 10-year, \$500 million commitment to biotech, including \$100 million to build an applied-life-sciences hub in the city.

Such investments drive job creation and economic growth, to be sure. But they also fuel innovative work that has broad implications for healthcare.

"Innovation drives better healthcare and lower costs, and an insurance premium everyone can afford, regardless of the payer," said Mark Wagar, president of Heritage Medical Systems.

"New York is a catalyst for change," he added, the reason why Heritage Provider Network created an awards program for local agents of change. The 25 finalists and winners have demonstrated "actionable innovations that can be scaled up and become a solution for many people," said Wagar.

New York is now a hub for health-tech and life-science startups. Call9, a Y Combinator company, moved to New York from Silicon Valley.

"The nursing homes here were so much more forward-thinking. Not even Stamford was biting," said Dr. Tim Peck, chief executive of Call9, whose

"you need to have provider networks, payers and a pool of technical talent. All these things exist in spades in New York."

This growing ecosystem found praise from other Heritage innovators.

"New York has a talent market for health tech that is hands down the best in the country to build a health-tech firm," said Arun Gupta, chief executive of Quartet, an innovator of mental health services. "Most tech is fintech or real estate or advertising. Those are very cool tech areas to work in, but as health-tech companies, we provide the ability to change people's lives."

In bioscience, too, New York City is gaining ground on Boston, believes Nina Tandon, chief executive of EpiBone, an innovator in bone reconstruction.

"There seems to be a confluence of necessary forces coming together to grow the ecosystem," said Tandon, citing broad support for EpiBone: the EDC for lab space, Start-Up NY tax breaks, SUNY Downstate's incubator and the Partnership Fund's BioAccelerate funding program.

"To support an ecosystem of innovation, you really have to have all those boxes checked," said Tandon.

Innovation isn't always about huge investments. It can simply mean seeing healthcare through an innovative lens, leading to new solutions. Manmeet Kaur, executive director of City Health Works, relies on the personal touch to prompt behavioral change in a population plagued by chronic disease and poverty. Peer counseling works best for such patients who are older, sicker and often illiterate.

"It's too tough a population, and not a great match, for health tech," said Kaur.

That same challenge—changing behavior to produce better health outcomes—is also being

company's technology spares nursing home residents a trip to the emergency department. Call9's launch was supported by Start-Up NY, Empire State Development and SUNY Downstate Medical Center.

It was a similar experience for Gil Addo, a Heritage award winner who is chief executive of RubiconMD, an innovator of eConsult services. It was founded in Boston in 2013. Addo decided to relocate to New York.

"We saw a better ecosystem," he said. "Boston health IT is still new and dwarfed by bioscience, compared to the many resources being developed in New York."



Michael Simmons, Dr. Tim Peck and Gil Addo

RubiconMD found support from New York angel investors as well as the city's EDC, Blueprint Health and Health 2.0, entities that Addo said "are putting money into innovation and digital health."

For health-tech companies to succeed, he added,

tackled by Wellth. The company pays patients to adhere to their medication plan, a starkly different approach from Kaur's peer counselors. And yet both of these Heritage finalists have made measurable improvements to the health of New Yorkers. That is what innovation is all about.

Heritage Provider Network



Dr. Nora Bergasa accepts the Innovation in Healthcare Delivery Award



Gil Addo accepts the Innovators in Healthcare Award



Dr. Steven Safyer accepts the Organizational Leadership Award on behalf of Montefiore Medicine



Mark Wagar; Dr. Michael Stocker; Dr. Richard Merkin; Laurel Pickering, MPH, president and CEO, Northeast Business Group on Health; Dr. Rosa Gil, DSW, president and CEO, Comunilife, Inc.; Dr. Jo Ivey Bouffourd, president, The New York Academy of Medicine; Dr. Edgar Mandeville, FACOG, director, Department of OB/GYN, Harlem Hospital



Karen Ignagni accepts the Healthcare Leadership Award



Dr. Carl Nathan accepts the Research Investigators in Translational Medicine Award