

EVENT SPONSORS

INDIANA WESLEYAN UNIVERSITY

Indiana Wesleyan University has its headquarters in Marion, Indiana on a picturesque neo-Georgian campus. This residential campus also serves as the hub for its other 14 regional sites throughout Indiana, Ohio and Kentucky. In two decades, IWU's enrollment has jumped from 1,087 to approximately 15,400. Within the state of Indiana, IWU has become the largest private university in total enrollment and has over 1,000 full-time employees. Among the members of the Council for Christian Colleges & Universities (the main organization of Evangelical schools of higher education in the U.S. and Canada), IWU has become its largest member.

During the past decade, Indiana Wesleyan University has become nationally recognized for its student success initiatives, and considered a leader in purpose-guided education. It is also known for its strong Education programs and teaching preparation and its adult professional studies.

Indiana Wesleyan University is a Christ-centered academic community committed to changing the world by developing students in character, scholarship and leadership. Indiana Wesleyan University will prepare each student to become a world changer. We will accomplish this by drawing students into an integrated experience of intellectual challenge, spiritual growth, and leadership development.

Character. Scholarship. Leadership.

www.indwes.edu



Innovative Ideas. Real Results.

Born in the spring of 2004 and located in Indianapolis, Indiana, Sagamore Institute for Policy Research is a nonprofit, nonpartisan, public policy research organization. We provide independent and innovative research to policy makers, practitioners and the public – we believe public policy belongs to everyone.

Sagamore Institute is committed to applied research — research that actually puts theories and ideas to the test in the real world by working alongside innovative practitioners, learning from them, and measuring the impact of theories put into practice. We examine a broad range of public policy issues including criminal justice, education reform, faith-based initiatives, immigration, workforce development, and economic development, including global trade.

We borrow our name from an Algonquin word used to describe someone who grapples with serious questions, builds consensus, and offers wisdom and advice. It is thus our intention to analyze difficult issues, to serve as a meeting place for disparate groups, and to offer wise counsel for a world in progress.

Innovative Ideas. Real Results

www.sipr.org





CHRISTIANITY TODAY
INTERNATIONAL

Since 1956, the communications ministry of Christianity Today International has been committed to its mission, prompted by the work and leadership of Dr. Billy Graham: “Creating Christian content that changes the people who change the world.”

Today, more than 2.5 million readers gain encouragement and relevant, Bible-based wisdom from CTI’s magazines; publications that include not only the flagship *Christianity Today*, but *Leadership Journal*, *Church Law & Tax Report*, *Church Finance Today*, *Church Office Today*, the men’s devotional, *Men of Integrity*, and the highly acclaimed thought magazine, *Books & Culture*.

In addition, CTI’s pioneering electronic efforts through ChristianityToday.com have positioned the CTI ministry as a leader in understanding and using this exciting and far-reaching communications tool to help define and give substance to a growing evangelical presence on the Internet.

A Not-for-Profit Communications Ministry
www.christianitytoday.com



As a trusted catalyst for lifelong learning, WFYI public broadcasting engages and enriches our community through distinctive programs and services.

WFYI encourages open dialogue and debate about issues that are important to the Central Indiana community by facilitating conversations among diverse voices. Its award-winning documentaries and public affairs programs have addressed many relevant topics, including financial literacy, health care, workforce development and environmental affairs. These programs, combined with community outreach with partner organizations, focus attention on developing workable solutions.

WFYI Public Broadcasting was founded in 1970 by thousands of Central Indiana citizens who wished to establish the community’s first educational television station. Through the years, WFYI has evolved from a single UHF television station into a state-of-the-art public service media center. WFYI Public Television’s broadcast signal covers a 58-mile radius over the most heavily-populated urban and rural areas of Indiana. More than 80 cable companies extend WFYI’s educational television programming to residents in West Central and East Central Indiana, bringing WFYI Public Television’s service area to nearly two million households.

www.wfyi.org



THE GOAL OF THE NATIONAL CONVERSATIONS SERIES

Indiana Wesleyan University realizes the need to convene national conversations about the great issues we face in our time. Reflecting its university's mission, these conversations are taking place in a Christ-centered context that is irenic, non-defensive, non-aggressive, and welcoming of all perspectives. Through these national conversations, it is hoped that academic institutions and their various partners, especially publishers in various media, will identify several topics for in-depth research, teaching, and consulting. For many institutions, this series will provide valuable insights for prioritizing the creation and/or enhancing of high-quality research centers and initiatives. Each of the national conversations will be recorded and its content reconfigured into various educational materials, adding to the new knowledge base of the rotating set of issues addressed. These materials will also include a brief for legislators, community leaders, directors of educational agencies, institutes, and college presidents.

THE FORMAT

Each national conversation will take place in a conversational format. A select group of subject matter experts, representing a diverse set of viewpoints on the issue in question, will be gathered at a roundtable for discussion, not debate. A moderator from the national higher education community will facilitate an exchange of ideas probing the principles, policies and practices that undergird any successful reform effort — or without which no reform will succeed.

The group discussion will last 50 minutes or the exact time that fits the broadcaster's format. After the 50-minute session, a half-hour Q & A time will follow to permit invited guests to interact with the experts. Each session will be webcast simultaneously to accommodate a national audience and an email feature will enable questions from the online community

THE FEBRUARY 19TH PROGRAM

"Rx for Health Reform: A Perspective from the Heartland"

Health reform has dominated the headlines for much of the past year and it has been a fixture in the national policy debate for nearly a century. Yet a recent special election in Massachusetts has shifted the debate from the headlines to a footnote in news coverage. One of the lions of the health care debate — U.S. Senator Ted Kennedy — was replaced by a maverick Republican who represents the 41st vote, meaning a vote that breaks the Democrats super majority in the Senate. Therefore, any legislation that is adopted in 2010 must be a bipartisan effort.

So are we back to square one or back to the future? It depends on your vantage point. Hopes for a national prescription to the growing health care crisis have created disappointment at each turn. Yet, innovation and best practices from places like the Heartland represent the straightest path and surest route to lower costs and improved care, while maintaining a commitment to innovation through research and development. The question is not whether government or the market is preferred. The answers can be found in both smart government policy and dynamic private initiative. And stories like that are found in places like Indianapolis.



BIOCROSSROADS: FROM THE RUST BELT TO A LIFE SCIENCES ECONOMY

In 1999, Mayor Bart Peterson (D-Indianapolis) teamed up with Indianapolis attorney David Johnson, an attorney with Baker & Daniels, and Eli Lilly & Company CEO Sidney Taurel, among others, to create an economic development initiative to put Indiana in the forefront of life sciences entrepreneurship, recruitment and venture capital development. Their intent was to diversify the economic base and grow a homegrown industry that would be headquartered here in place of a strategy incentivizing existing companies to re-locate operations in Indiana. In doing so, these leaders wanted to change the stereotype held by many East and West Coast venture capitalists that Indiana has more than agricultural production and automobile manufacturing. Indeed, it possessed a burgeoning cluster of life sciences industries that could be dramatically leveraged with new investment.

Mayor Peterson and Central Indiana leaders were eager to sell the region as a progressive community with major league sports amenities (i.e. new NFL, NBA stadiums), expanded convention center and a vibrant downtown community. No economic asset better exemplified this promise than life sciences which would be built on the foundation established by such world class companies already headquartered there: Eli Lilly; Roche; Wellpoint; and a cluster of nationally known research and medical facilities under the Clarian Health Partners, Inc. umbrella (a recent consolidation of Indiana University Hospital, Methodist Hospital and Riley Children's Hospital). Peterson and his predecessor, Mayor Stephen Goldsmith (R-Indianapolis), desired to make Indianapolis a destination for progressive companies looking for a region populated with a knowledgeable workforce of experienced scientists and engineers in what would be called "the life sciences industry."

With the downsizing and outsourcing of the pharmaceutical industry (aka Big Pharma) anticipated by key Lilly executives on the horizon, combined with increased government and public pressure to lower drug prices, Indiana's leaders perceived the life sciences initiative as necessary reinvention to their economic development initiatives. They envisioned a new era in life sciences spurred by individual innovation and entrepreneurship. Deploying the synergies of displaced scientists and business executives from Lilly and other local life sciences companies (Roche, Pfizer), mixed with the scientific research preeminence of Indiana University School of Medicine (IUSM) and Purdue University, this work would begin the process of encouraging, financially supporting and growing a key growth segment of the U.S. economy.

This emerging life sciences industry was beginning the process of de-investing in medical schools and hospitals in favor of drug clinical trials, directly marketing to consumers to drive demand and outsourcing the expensive clinical trial process (i.e. buildings, workforce, benefits) to a new entrepreneurial breed that could reduce costs and create greater value to the end product. The Indianapolis leaders named the initiative BioCrossroads, using the region's current marketing slogan — the "Crossroads of America" — and combining it with a bio/life sciences emphasis. The organizational mission was to serve as a catalyst for the continued growth of Indiana's burgeoning, but nascent life sciences industry. From these humble origins Biocrossroads has made **Indiana into a \$69 billion health industry hub**, defined as biopharmaceuticals, medical



devices and instruments, healthcare delivery, laboratories and payors, which account for over 20 percent of Indiana's total state taxes and almost 10 percent of the state's employment. Mayor Peterson (now an executive with Eli Lilly & Co.) and other leaders were able to create an environment that has provided vast economic opportunities and a thriving entrepreneurial network as well as better healthcare for our communities. It has also served as an inspiration for most of our young and talented citizens to stay and grow their businesses in Indiana, instead of leaving the state for the coasts and deepening the "brain drain" (i.e. out migration of Indiana's best and brightest citizens).

Innovation from the State House

Following a tradition of Heartland governors who create innovative solutions to problems that stymie the Washington debating society, Governor Mitchell E. Daniels, Jr. has become one of the nation's leading health care policy innovators. Without much fanfare or public perception, his administration made several significant efforts to reduce Indiana's health care costs, improve our quality standards and health outcomes, and provide some of the state's uninsured citizens a measure of health insurance coverage.

The Daniels administration (2005-present) has had some notable accomplishments in the passage of the Healthy Indiana Plan (H.I.P.), the federal expansion of SCHIP, small increases in the Indiana Medicaid program reimbursement rates for primary care and specialist physicians and in the outsourcing and "pay for performance" contracting of the Medicaid program that held Medicaid cost increases to 5 percent per year. It has also encouraged and partnered with the Indiana Health Information Exchange (IHIE), a consortium of health care providers, to provide quality data that will lead to improving clinical protocols and best practices, which will ensure quality and hopefully create greater value for the health care dollar while providing the best possible care for the individual patient.

Healthy Indiana Plan (H.I.P)

The single largest accomplishment in Indiana health care reform was the creation of the Healthy Indiana Plan (H.I.P.) program which linked health insurance access with health prevention services. Remarkably, Indiana has expanded coverage to approximately 49,000 uninsured Hoosiers covered through H.I.P. since its implementation on January 1, 2008. In a display of Washington needing to align with state innovation, consider the number of childless adults placed on waiting lists for H.I.P. The state has capped enrollment of childless adults to 34,000, the limit imposed by the federal government.

The H.I.P. is funded through an increase in cigarette tax (42 per pack) and is budget neutral, providing for increased coverage without opening a permanent liability for the state treasury. HIP provides health insurance to adult Hoosiers between the ages of 19 and 64 who earn less than 200 percent of the federal poverty level (approximately \$20,800 for an individual); do not have access to employer sponsored health insurance coverage; and have been uninsured for at least six (6) months. With unemployment rate in Indiana at or above 9-10 percent for the past 2 years, this has been a life line to those who would have been bankrupted by even relatively small health care encounters with their providers.



Expansion of the State Health Insurance Children's Program (SCHIP)

Approximately 10,000 more Hoosier children are now eligible to receive health care coverage thanks to extraordinary bipartisan support from the Indiana General Assembly to expand the State Children's Health Insurance Program (SCHIP). The Indiana Family and Social Services Administration (FSSA) announced the expansion of eligibility up to 250 percent of the Federal Poverty Level aimed at covering additional children under the age of 19.

The Healthy Indiana Plan (see above), which passed in 2007 with leadership from Representative Charlie Brown (D-Gary) and Senator Pat Miller (R-Indianapolis), included a provision for SCHIP expansion. Within the first year alone, FSSA estimates an increase of 5,100 new children will receive coverage. SCHIP was a part of the Federal Balanced Budget Act of 1997, which Congress created as a way to encourage states to provide health insurance to uninsured children. SCHIP is a part of Hoosier Healthwise, Indiana's health insurance program. For more information, please visit: <http://www.in.gov/fssa/ompp/2848.htm>.

For more information on the Family and Social Services Administration, please visit: www.fssa.in.gov.

Partnering with Indiana Health Information Exchange (IHIE) To Improve Health Outcomes and Lower Costs

The Daniels administration, through FSSA's award of a \$1.3 M U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services (CMS) Medicaid Transformation grant, was able to contract with The Indiana Health Information Exchange (IHIE), a consortium of health care providers, to drive improvements in the quality, safety and efficiency of healthcare in the Medicaid program through the health information exchange within the Evansville, IN area.

This pilot program in the Evansville area holds the promise of improving the speed and accessibility of health information being disseminated to providers about the patients they serve, and allows an environment that will not only cultivate improved quality and safety of care, but also eliminate unnecessary costs resulting from duplicate medical testing.

The Evansville pilot was one of the first in the United States, which is focused on aligning Medicaid goals with an operating health information exchange effort. Deaconess Health System, St. Mary's Health System, the Vanderburgh County Health Department and Wellborn Clinic are partners in participating in the project. In the future, the exchange could enable providers to proactively reach out to patients, without requiring costly software packages or new equipment.

Gathering and supplying patient information in an accurate and efficient manner is the essential element for providing quality health care. The IHIE-FSSA health information exchange pilot program is another innovative Daniels administration project that will simultaneously improve health care quality and reduce health care costs. The program allows clinical information about patients to be available to healthcare providers when and where it is needed, at the point of care, electronically. FSSA/Medicaid will utilize the IHIE to interface the major data sources, map the data, and provide a web-based application through the health information exchange.



J. Marc Overhage, MD, IHIE CEO & Director of Medical Informatics at the Regenrief Institute knows that many patients visit more than one provider at various sites of care and that to make the best decisions for their patients, providers need accurate, complete and up-to-date data.

The Evansville community is the latest addition to the Indiana Health Information Exchange service network, which includes 33 hospitals, 7,200 physicians and 2,445 practices. Indiana Health Information Exchange, Inc. (IHIE) is a nonprofit corporation formed by the Regenrief Institute, private hospitals, local and state health departments, BioCrossroads, a consortium of Indiana's biopharmaceutical and life science companies (www.biocrossroads.org), and other prominent organizations in Indiana. The IHIE is dedicated to providing clinical data and services to assist providers and other relevant parties in achieving the highest quality patient care. To learn more, visit <http://www.ihie.com/>.

Hoosiers Work for Health

Jim Morris, President of Pacers Inc., and Jeff Smulyan, CEO of Emmis Communications, co-chair a united effort comprised of organizations such as cities/towns, chamber of commerce and many trade associations within Indiana called Hoosiers Work for Health (HW4H). HW4H is a local chapter of the national organization We Work for Health, a grassroots initiative focused on bringing various sectors of the health care arena together to demonstrate how these diverse groups are vital to our socioeconomic climate – both local and national. HW4H unites health consumers, biopharmaceutical companies, vendors, suppliers, academic and community partners so that they can speak out on the importance of the biopharmaceutical industry using one voice and one message.

HW4H leaders recognize that Indiana's life sciences sector helps to research, manufacture, distribute and promote innovative therapies that make a critical difference in the lives of millions of people. In the last ten years, scientists have discovered and developed more than 300 completely new medicines, vaccines and biologics approved by the Food & Drug Administration (FDA). The value of this sector, however, extends beyond life-enhancing advancements in medicine and includes great contributions to our national and state economies. As vital economic partners, Indiana's life sciences companies generate tax revenue, create high-paying jobs and provide growth opportunities for related industries and domestic labor.

In 2004, life sciences and biopharmaceutical research companies employed 400,000 people and generated an additional 2.4 million jobs in other industries.

The life science and biopharmaceutical industry has an employment multiplier of 6.7; that is, every job in the biopharmaceutical industry generates 5.7 jobs in other industries.

In 2003, the industry was directly responsible for \$63.9 billion in real output and a total of \$172.7 billion when the economic ripple effects across other sectors are incorporated.

Life sciences and pharmaceutical firms generate an average \$426,000 in value added per employee compared to \$130,000 for all manufacturing.



In addition, many Indiana life sciences and biopharmaceutical companies provide philanthropic assistance in their local communities through support of access to affordable products, education, social services, arts and other community needs.

Indiana's life sciences and biopharmaceutical sector is creating the momentum to protect and foster innovation and scientific discovery during this critical time. These groups are working together to continue advancements in medical innovation and ensure its future in the United States. They recognize the value of our country's ability to innovate and are taking steps to preserve America's leadership in order to remain competitive in the global environment.

These actions illustrate that the life sciences and biopharmaceutical sector is committed to helping Hoosiers lead longer, healthier lives and are steadfastly working to strengthen the economy.

The Challenge: Escalating Health Care Costs

Health care costs in 1970 comprised 7 percent of our nation's GDP. Within three decades, the costs have more than doubled to now account for nearly one in five dollars spent in our economy. This increase in the "share of wallet" is clearly unsustainable, especially with the arc of health care entitlement costs continuing to move up and to the right on all spending projections.

With escalating government deficit spending and increased pressures from other sectors, it is clear that reform is not preferable, but necessary for our nation's fiscal health. And given that the majority of health care costs are paid by employers in the United States, reform is necessary for the market economy's future as well. Case in point: Detroit automakers spend more on health care than steel for each auto coming off the assembly line.

Before we can determine how to stem the tide, we must first understand the sources of the problem. There are many factors contributing to the escalation, many of which could be addressed through individual lifestyle improvements. The Center for Disease Control and Prevention reports that obesity rose from 12 percent of the population in 1989 to 27 percent merely 10 years later. Scholars predict the figure could actually be 10 percent points higher due to underreporting by respondents to telephone surveys. A recent Emory University study projected a cost of \$344 billion (more than 20 percent of all health care spending) on diseases related to obesity within the next decade if health patterns do not change.

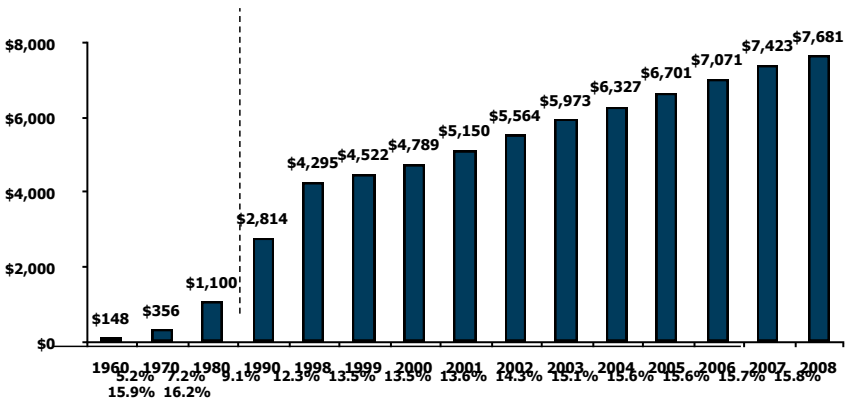
Yet, the main driver in U.S. health care spending is the Fee for Service (FFS) reimbursement system. FFS rewards volume of services, especially specialist services/procedures (i.e surgeries, complex diagnostic tests), without metrics to establish their quality, efficacy and hence value. National Conversations participants are encouraged to read the following article for a penetrating analysis describing how overutilization of health care is the root of our nation's health care costs problem:

http://www.newyorker.com/reporting/2009/06/01/090601fa_fact_gawande



Solutions to the cost conundrum require a commitment to a compassionate, competitive, responsive, consumer driven system with clear metrics of value per dollar spent on health care. Any reform equation must place innovation at its center to reduce costs and improve the quality and accessibility of health care. Such innovation requires enabling technology to simplify solutions, which previously required unstructured processes of intuitive experimentation to resolve, and a new value network that rewards such systematic changes delivering convenience and affordability to the consumer

National Health Expenditures per Capita and Their Share of Gross Domestic Product, 1960-2008



Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at <http://www.cms.hhs.gov/NationalHealthExpendData/> (see Historical; NHE summary including share of GDP, CY 1960-2008; file nhegdp08.zip).



BIOGRAPHIES OF PARTICIPANTS:

Bart Peterson

In June 2009, Bart Peterson joined Eli Lilly & Company as Senior Vice President of Corporate Affairs and Communication. He formerly served as mayor of Indianapolis (Jan. 1, 2000 -- Jan. 1, 2008), and in 2008 was a resident fellow at Harvard University's Institute of Politics. His mayoral duties provided background for his leadership of study groups on urban politics, and Living Cities selected Peterson as one of its first two Distinguished Urban Fellows in 2008. His contributions to the fabric of Indianapolis and the extended community are many, including his strong support of the foundation of BioCrossroads. He founded the Mind Trust in 2006, a creative approach to bring synergy to improving public education. Harvard University recognized the Mind Trust with its Innovations in American Government Award. Peterson serves as its Chairman of the Board.

Craig Brater

Dr. Brater serves as the Dean of Indiana University School of Medicine and Chairman of the Board, BioCrossroads. His responsibilities include working with university lobbyists to represent IU's life science interests within the Statehouse, in Washington, D.C., and with potential private-sector partners; serving as the primary liaison in health-related matters with Clarian Health Partners; and representing IU with other life science organizations in Indiana. He also serves as vice president of life sciences at IU, and has been personally involved in the efforts of IU School of Medicine and Moi University School of Medicine--highly acclaimed for their efforts in treating more than 60,000 HIV-positive patients at 18 sites in both urban and rural Kenya.

Matt Gutwein

As President and CEO Marion County Health and Hospital Corp., Matt Gutwein has led a remarkable turnaround, both in revenue and efficiency in accomplishing its mission. The company rose from the bottom 25th percentile in productivity improvements to the 86th percentile in the number of full-time equivalent hours to volume that goes through the hospital. Likewise, cost-per-patient has improved from the bottom 25th percentile to the 90th percentile. His work and ideas have been heralded in various publications, including his imbedded value-added teams within each hospital division. He helped to bring a clear focus to Wishard Hospital's priority of prevention, efficiency, cost



effectiveness and a sustainable business model. A reflection of his team's work is found in the overwhelming passage of the 2009 (\$600 million) referendum for a new hospital—the most lopsided referendum in Marion County history. As special counsel for legal policy to the Indiana attorney general (1993 to 1995) Gutwein represented the state before the Indiana Court of Appeals, the Indiana Supreme Court and the U.S. Supreme Court in Michael Tyson vs. State of Indiana. He is also a four-time recipient of the Best Brief Award, given by the National Association of Attorneys General for the best brief filed in the U.S. Supreme Court on behalf of an attorney general.

Jay Hein

Jay Hein is President of the Sagamore Institute for Policy Research, an Indianapolis-based think tank that he helped found in 2004. He was Deputy Assistant to the President and director of the White House Office of Faith-Based and Community Initiatives from August 2006 to August 2008. Earlier in his career, Hein was a welfare reform policy advisor to Governor Tommy Thompson of Wisconsin from 1994 to 1997, and director of civil society programs at the Hudson Institute from 1997 to 2004. He was also chief executive officer from 2002-2006 of the Foundation for American Renewal, a charity founded by former Sen. Daniel Coats that provides grants and other support to community-based nonprofits. Hein received his Bachelor of Arts degree from Eureka College and he presently serves as a Distinguished Senior Fellow at Baylor University's Institute for the Study of Religion.

Scott Jaschik

Scott Jaschik is one of the three founders of *Inside Higher Ed*, now garnering around 700,000 readers weekly. Scott is a leading voice on higher education issues, quoted regularly in publications nationwide, and publishing articles on colleges in publications such as *The New York Times*, *The Boston Globe*, *The Washington Post*, *Salon*, and elsewhere. He has been a judge or screener for the National Magazine Awards, the Online Journalism Awards, the Folio Editorial Excellence Awards, and the Education Writers Association Awards. Scott is a mentor in the community college fellowship program of the Hechinger Institute on Education and the Media. From 1999-2003, Scott was editor of *The Chronicle of Higher Education*. Previously at *The Chronicle*, he held numerous other positions and his reporting work was honored by Investigative Reporters and Editors and *The Washington Monthly*. Scott grew up in Rochester, N.Y., and graduated from Cornell University in 1985. He lives in Washington.



Stephen Jordan

Stephen Jordan is senior vice president for the U.S. Chamber of Commerce, and executive director of the Business Civic Leadership Center (BCLC). He has served in this capacity since the organization's founding as the Center for Corporate Citizenship (CCC) in May 2000. BCLC is a 501(c)3 nonprofit affiliate of the U.S. Chamber. Jordan works with a broad spectrum of companies and American chambers of commerce in the United States and overseas. He has produced numerous conferences, policy papers, and other programs related to corporate citizenship including disaster assistance, public-private partnerships, business ethics, community development, globalization, nonprofit issues, and the role of technology in development. Some of the most notable coalitions he has played a role in launching include the Partnership for Critical Infrastructure Security, the National Cyber Safety Alliance, Business Strengthening America, and the U.S. Business Education Network.

David Vucurevich

In October, 2009, David Vucurevich became the Senior Vice President of Corporate Development for Prasco Laboratories. Located in Mason, Ohio, Prasco is one of the fastest growing pharmaceutical companies, and has successfully launched the largest number of Authorized Generics in the industry. Vucurevich formerly served as Rite Aid Group Vice-President, Pharmaceutical Purchasing and Clinical Services, overseeing purchasing, regulatory, clinical support programs, partner/vendor/supplier collaborative initiatives and acute care clinics within the Rite Aid Corporation's network of over 4,800 pharmacies. He has become an industry expert in supply chain integrity, and has consulted with many of the world's largest firms.

