The National Center for Healthcare Leadership (NCHL) graduated its first class of 30 mid-career executives from the Advanced Leadership Institute (ALI) program, which was conducted by the University of Michigan Business School (UMBS) in Ann Arbor.

“This is an enormous accomplishment for NCHL and it is especially rewarding for ALI to have graduated its first class only nine months after NCHL was launched,” said NCHL Chairman and CEO Gail Warden, who is also President and CEO of the Henry Ford Health System.

“Five teams of executives were represented in our first class and the work completed by each team was not only impressive, but also has set a very high standard for our ALI program going forward.”

The projects completed by the five teams were: Owens & Minor – Next Generation Customer-Focused Supply Operations; Trinity Health – Next Generation Capital Planning and Strategic Sourcing – Building Trinity Health's Capacity for Change; Henry Ford Health System – Downriver Project; Baptist Memorial Health Care Corporation – The Baptist Physician Leadership Development Institute; UAB Health System – Prime Care and Viva Evaluation (see story on page 6 for a first person look at the ALI program).

ALI is currently implementing an open process to expand the number of institutions that will qualify to offer ALI’s executive development programs. At the same time the evaluation process of the UMBS program is underway, with completion slated for January. The results will be presented at NCHL’s invitational symposium in January.

NCHL's Work Gets Underway

NCHL became a reality during the first quarter of 2002, with a goal of improving the delivery of healthcare in the U.S. to meet the challenges of the 21st Century. Recent accomplishments include:

• Established a board of 21 members, representing a broad spectrum of health management leadership, academics, and policy makers;
• Initiated research on the identification and prioritization of core competencies;
• Established membership councils;
• Set mission and vision;
• Opened an office, hired staff and began attracting members;
• Launched website at www.nchl.org

“The pieces are now in place to begin aggressively tackling the work we set out for the organization last year,” said NCHL Chief Administrative Officer Marie Sinioris, who is also a professor of health systems management at Rush University in Chicago.

“With every passing day, new and greater challenges appear for the U.S. healthcare delivery system. Working collaboratively with a wide spectrum of healthcare management professionals and academics, NCHL is now prepared to help the healthcare leadership of tomorrow begin to meet those challenges.”

NCHL Grows From National Summit

NCHL emerged from a meeting of 200 national leaders in healthcare management and policy in February 2001 that was convened to grapple with the major issues facing the delivery of healthcare in the U.S. The National Summit on the Future of Education and Practice in Health Management and Policy was sponsored by The Robert Wood Johnson Foundation and the Health Resources and Services Administration of the U.S. Department of Health and Human Services. The hosts for the Summit were the Health Research and Development Institute (HRDI), the Association of University Programs in Health Administration (AUPHA), and the Accrediting Commission on Education for Health Services Administration (ACEHSA).

(continued on page 5)
I am pleased to welcome you to the first newsletter of the National Center for Healthcare Leadership. We have moved quickly from February of 2001 when an esteemed group of healthcare management professionals gathered in Orlando, Florida at the National Summit on the Future of Education and Practice in Healthcare Management and Policy to examine how we are going to prepare the next generation of healthcare management leadership. In one short year we have moved from an idea to reality. But not without some controversy.

In a very thoughtful way, the question has been raised about the need for yet another healthcare organization committed to doing something that is being done by the numerous and important academic and professional groups that already exist. The question of NCHL's uniqueness is probably the most important one that can be asked – and it deserves a thoughtful and complete answer.

The first place to look at the problem is the issues raised by the Institute of Medicine's 2001 report Crossing the Quality Chasm, which clearly stated the need to develop over the coming decade a stronger health system that is capable of delivering state-of-the-art health care to all Americans. The change that is needed to make that happen involves everyone in the health care field, the IOM concluded. And while, it claims, the problems are serious, they are not intractable.

Forming NCHL to bring together the broad range of constituents in a cooperative environment is a first major step towards tackling these issues. As Chairman, I can speak to the enormous respect for the education and professional groups that have been toiling for many years against the complexities of the rapidly changing healthcare field.

I have been part of many of those organizations as we have strived to address the challenges: bringing more qualified people into healthcare management leadership, increasing the diversity of our leadership to reflecting the changing demographics of our society, ensuring that the new entrants into healthcare leadership are properly educated and well trained within the world of academics and the world of practical application, and applying the latest thinking and research in business practices to healthcare management, which is an industry that notoriously lags.

But we also have to acknowledge the challenges we face. As William Richardson, President of the W. K. Kellogg Foundation said, “... in today’s environment, it is also important for healthcare managers to stay abreast of developments outside their areas of expertise – developments that include changing demographics and the impact of information technology.”

NCHL has the unique role of being the collaborative force that brings together many different efforts to provide an integrated and coordinated approach to the life career development cycle in health management using the best thinking from both the academic and the practice community as well as a variety of sectors within the health care delivery system. By unifying the work being done in academics with the work being done in the healthcare practice setting, we see the opportunity to enhance the learning opportunities for healthcare managers at all levels in their career cycles. It is no longer adequate for healthcare professionals to just move up the managerial ladder. They need more rigorous training in our field, and practitioners need to work with the academic community to ensure there is a cross fertilization of ideas and information.

We fundamentally believe the beneficiary will be our society as the delivery of healthcare ascends to a higher level.

We also have strategic relationships with such groups as the AHA and the Institute on Diversity that will be instrumental in pursuit of our goal of increased recruitment into the health professions of women and minorities.

Now more than ever the individuals who run our healthcare facilities must understand the needs of our communities and reflect them.

This is an enormous undertaking for which no precedent exists. But the potential benefits are promising. This should not only result in improved organizational performance but also enhance the roles of the various organizations and individuals actively participating and collaborating with this national endeavor.

We are in a unique position at a unique time in the healthcare profession. Change is abundant as is the demand for quality care. The management issues in healthcare are more urgent than in other industries because they are fundamental issues that impact human lives. These issues have a pervasive influence in the community and throughout the economy, as well as each individual's quality for life. Both healthcare professionals and the public are acutely aware that effective interventions can reduce fatalities, improve outcomes and conserve resources.

Exceptional leadership will be needed to grapple with ever increasing complexities, and it is our responsibility – as leaders in academia and leaders in healthcare management practice -- to insure that our next generation of healthcare professionals is adequately prepared to lead. What they will need to be successful is excellent education, commitment to ongoing learning, good networking, access to new thinking and the knowledge of how to bring divergent opinions together to form a consensus. Working collaboratively we can meet and exceed these challenges.

Gail L. Warden, MHA
Gail L. Warden, MHA  
Chairman of NCHL Board  
President and CEO, Henry Ford Health System in Detroit, one of the nation’s leading vertically integrated health care systems. He is the current chair of the Healthcare Research and Development Institute, immediate past chair of AHA and has received numerous honors over his long career, including the Health Quality Award from the National Committee for Quality Assurance.

Diane Paige Appleyard, MA  
President and CEO of HRDI and Vice President of the Appleyard Agency. She was a past chair of the National Committee for Quality Healthcare and a current member of its board of trustees. She also served as recent general chair of the B’nai B’rith Healthcare Award.

Ross Baker, Ph.D.  
Associate Professor in the Department of Health Administration at the University of Toronto. He specializes in strategic planning and management in health services organizations. He was the lead investigator on a 1999 government-sponsored study on patient safety in Canadian healthcare. He is the current chair of AUPHA and sits on the editorial board of the Joint Commission Journal on Quality Improvement. In 2000, he was awarded the Regent’s Award of the American College of Healthcare Executives for contributions to excellence in healthcare management.

Brenita Crawford, MHA  
COO of the Regional Medical Center at Memphis. She is also a board member of the Texas Institute of Health Policy Research and a member of the American College of Health Care Executives, the American Academy of Medical Administrators and the National Association of Health Services Executives.

Dr. Jeptha Dalston, Ph.D., FACHE  
President and CEO of both the Accrediting Commission on Education for Health Services Administration and the Association of University Programs in Health Administration. He is also president of HealthExec, Inc., a provider of continuing educational services to healthcare executives, and a faculty member of the Graduate Program in Healthcare Administration at the University of Houston–Clear Lake.

William Dwyer, MBA  
Divisional vice president of strategic marketing for the Abbott HealthSystems. He is a recognized expert on medical technology trends, a director of the National Committee for Quality Health Care, chairs the American Hospital Association’s Health Research and Educational Trust, and frequently lectures and writes on health administration.

David J. Fine, MHA, FACHE  
CEO of the University of Alabama at Birmingham (UAB) Health System. He is also a tenured professor at UAB, and was a past recipient of the American College of Healthcare Executives “Hospital Administrator of the Year.” He is a member of the National Committee for Quality Healthcare and immediate past board chairman of the Association of University Programs in Health Administration.

Leo Greenawalt, JD, MHA  
President of the Washington State Hospital Association. As an active advocate of major healthcare policy issues, he represents WSHA to businesses, legislative groups and other associations.

Richard P. Gustafson, MBA  
Senior partner with Heidrick & Struggles, a leading executive search firm, where he leads the health care practice. His principal focus has been healthcare related organizations conducting searches for board members, chief executive officers and the senior executive teams. He previously managed one of Illinois’ largest physician group practices.

David C. Leach, MD  
Executive Director of the Accreditation Council for Graduate Medical Education (ACGME). He supported the development of generalist physician training with the support of the Robert Wood Johnson Foundation and the Pew Charitable Trusts Partnership for Quality Education Initiative. He was also awarded the “Good Samaritan Award” by Michigan’s governor for his 25 years of service in Detroit’s Free Clinic.

Stephen F. Loeb, Ph.D., MHA  
Professor at Ohio State University, he is also a diplomat at the American College of Healthcare Executives and a member of the editorial board at the AUPHA Press.
Gary A. Mecklenburg, MBA
President and CEO, Northwestern Memorial HealthCare. He is a member of the board and the immediate past chair of the American Hospital Association. He is a member of the advisory board at the Kellogg Graduate School of Management at Northwestern University, where he also serves as a guest lecturer and preceptor.

Janet E. Porter, Ph.D.
Associate Dean for the School of Public Health at the University of North Carolina at Chapel Hill. She previously spent twenty years as a hospital administrator in Chicago, Ohio and Texas. She was past president and CEO of the Association of University Programs in Health Administration (AUPHA) and currently sits on the board of ACEHSA.

Mary Richardson, Ph.D.
Professor of Health Services at the University of Washington’s School of Public Health and Community Medicine. She is currently the co-editor of the Journal of Health Administration Education, and is a Commissioner for the Accrediting Commission on Education in Health Services Administration (ACEHSA). She was also the past Chair of the Board of Directors of AUPHA.

Catherine J. Robbins, MBA, FHFMA
Vice President of Cain Brothers, an investment bank serving the healthcare provider and insurance community and a visiting fellow at Brandeis University, where she combines her research on health policy and an interest in healthcare leadership competency development. She is Chair of the Accrediting Commission for Education in Health Care Administration (ACEHSA).

Steve Shortell, Ph.D.
Dean of the School of Public Health at the University of California–Berkeley. He has received numerous healthcare contribution and publishing awards, including the Gold Metal Award and the James R. Hamilton Book of the Year both from the American College of Healthcare Executives.

Maureen Bisognano, MS
Ms. Bisognano is Executive Vice President and COO at the Institute for Healthcare Improvement (IHI) in Boston, a premier integrative force for change in the health care industry, providing strategic vision, proven methodologies and expert knowledge to health care leaders committed to improving the quality of patient care.

Janet M. Corrigan, Ph.D.
Director of the Board on Health Care Services at the Institute of Medicine (IOM), which is responsible for projects relating to health care quality, safety, insurance and benefits coverage, organization, delivery and financing. She is also the director of IOM’s Quality Initiative that produced the nationally recognized report Crossing the Quality Chasm: A New Health System for the 21st Century.

Nancy-Ann DeParle, JD
Adjunct Professor of Health Care Systems at the Wharton School of the University of Pennsylvania. She is also a healthcare consultant in Washington, D.C., serving as a Senior Advisor to JP Morgan Partners, LLC, and a member of the Medicare Payment Advisory Commission (MedPAC), which advises Congress on Medicare policy and was previously Administrator of the Health Care Financing Administration (HCFA).

Scott P. Serota, MHA
President and Chief Executive Officer at the Blue Cross and Blue Shield Association. During his healthcare career, he supervised the Blue technology Evaluation Center, the nation’s leading source for evaluating the safety and efficacy of emerging medical treatments.

John R. Griffith, MBA
Professor at the Department of Health Management and Policy, School of Public Health, University of Michigan, where he has been based since 1960. He is an active healthcare consultant to numerous entities, author of the award winning text The Well-Managed Health Care Organization, and is a past chair of the Association of University Programs in Health Administration (AUPHA).
The NCHL has appointed Marie E. Sinioris its vice president and chief administrative officer. She will be responsible for setting the organization’s strategic direction as well as managing its day-to-day operations. She brings an extensive healthcare background as well as her experience with both start-up organizations and healthcare education to help NCHL achieve its goals. Sinioris’ many accomplishments include her role as the innovator of the quality management process at Rush-Presbyterian-St. Luke’s Medical Center, which became a national model for the industry. She co-founded and served as President of the Lincoln Foundation for Business Excellence and served as a member of the Malcolm Baldrige Award Board of Examiners and the Quality Blue Ribbon Advisory Board of the Illinois Hospital Association. She also co-authored the book, Total Quality Management: The Health Care Pioneers, published by the American Hospital Association, and is associate editor of the journal, Quality Management in Health Care. Sinioris is a Professor in the Department of Health Systems Management at Rush University.

Srinivasan Gowrishankar (Sri), MS  
**Project Management Analyst**

Srinivasan Gowrishankar (known as Sri) is the Project Management Analyst for NCHL. His responsibilities include providing project management support to NCHL Councils, conducting market research and surveys related to the leadership project, maintaining the stakeholder database and supporting the development of communication processes. Sri joined NCHL as an administrative intern and is currently enrolled in Rush University’s Health System Management graduate program.

A graduate of Northwestern University, Sri earned his master’s degree in integrated marketing communications. Prior to joining NCHL, Sri was a knowledge management consultant for the e-business strategies division of the Wm. Wrigley Jr. Company in Chicago.

Kathleen Otto  
**Manager of Administrative Services**

Kathleen Otto is the Manager of Administrative Services for NCHL. She is responsible for coordinating administrative support for the NCHL corporate office, the NCHL Board and Council meetings, including coordinating meeting schedules, logistics and material production for meetings and conferences.

A graduate of Illinois State University, she is currently enrolled in the health professions education graduate program at the University of Illinois, Chicago.

Prior to her role at NCHL, Kathleen held administrative directorships positions in continuing medical education at Loyola University Medical Center and at Advocate Lutheran General Hospital.

**NCHL Grows from National Summit** (continued from page one)

Some of the symptoms cited for change were:

- Deficiencies in the current health care system in terms of cost, quality and patient satisfaction
- Difficulties in attracting the profession’s fair share of young leaders
- Lack of a clear, documented advantage to accredited academic preparation
- Breakdown of communication between practitioners and academic institutions
- Insufficient attention devoted to the value of a practical learning experience as an integral component of professional development, particularly residents, postgraduate fellowship and mentorship
- Declining support for young managers particularly in close mentoring relationships and planned career development
- Inconsistencies and uneven quality in mid-career education in healthcare compared to leading corporations and other industries
- Failures in the advancement of women and underrepresented minorities
- An acute shortage of individuals prepared for the senior ranks of the emerging multibillion-dollar healthcare systems and health insurance companies.

“Our work is underway and we look forward to positively impacting the delivery of healthcare in the years to come,” Sinioris said.
When Beth Traini became one of the first 30 participants in the Advanced Leadership Institute class last February, she had a clear goal of further sharpening her healthcare management skills.

What was less expected was that Traini and her five colleagues in the program from Trinity Health would emerge from the program with a concrete strategy to enhance the procurement practices of the 40-plus hospitals of Trinity Health.

Traini, a veteran administrator of 17 years at Columbus, Ohio-based Mount Carmel (a Trinity Health member hospital) – her last four years as senior vice president of business development – neatly fit the profile of the mid-career healthcare administrator for whom NCHL designed the program. Though she was highly trained with an advanced degree, it had been years since she completed her academic work and she was finding the challenges of making limited healthcare dollars work ever harder increasingly difficult.

Specifically, the Trinity Health team developed a unified approach for capital spending for Trinity's 47 hospitals, which are spread across seven states. Implementation of the program is expected to begin in November with specific benchmarks to measure the program’s results.

“Once we got into the program, we put together a very tight, action-oriented agenda,” Traini said. “We all knew we wanted more value for our procurement dollars.”

The essential framework of the Trinity procurement project was hammered out during the first session in February. Over the intervening months, Traini and her five Trinity colleagues – four from Michigan headquarters and one from a sister hospital in Maryland – continued to work with scores of other Trinity employees to develop and refine their criteria. Conference calls to follow through on project goals were scheduled every other week.

“We were surprised to learn that pricing was not the most overriding concern for users,” she said. “Clinical effectiveness, reliability, patient safety and compatibility with existing equipment were all issues we addressed in our plan.”

For the team from Memphis-based Baptist Memorial Health Care Corp, the project was to work with the hospital physicians to develop an internal Leadership Development Institute to jointly learn new ways to build trusting relationships that allows improved patient outcomes.

For participant, Nancy Nowak, vice president and chief of nursing for Baptist Memorial, the “very intense” nature of the program helped her team develop the project goals. Nowak also noted that benchmarking for specific outcomes would be a key component of Baptist Memorial’s pilot program that is slated for a spring 2003 launch. “I learned the value of benchmarking as a tool to make change happen,” she said. “The ability to network with other healthcare leaders across the country was wonderful. We learned from each other as individuals, as well as through our projects.”

**EVALUATING ALI RESULTS**

Before the launching the first ALI class hosted at the University of Michigan Business School (UMBS), a two-fold evaluation approach – pretest-posttest and pre-experimental case study was designed. The uniformly administered assessment was executed by ALI evaluators, Pamela Davidson and Judith Calhoun, aimed at identifying the effectiveness of the pilot program, as well as providing recommendations for the continual improvement of future ALI programs. The evaluation design employed measurable criterions and several instruments, including:

- a pretest-posttest questionnaire,
- case studies encompassing interviews with ALI faculty and CEO of the participating organizations
- stakeholder satisfaction surveys.

The evaluation team conducted on-site visits and routine status meetings with ALI faculty coordinators to collect and analyze progress data, mark critical success factors and categorize major challenges and barriers to success. A report on the evaluation results of the pilot program and recommendations for the next ALI engagement is currently in development.

**Pamela Davidson, Ph.D.** is an adjunct professor in the UCLA Department of Health Services where she co-teaches practices of evaluation in health services. In addition to the NCHL evaluation, Davidson directs four other health evaluation research projects in education, development and medical access. She also serves on the editorial board for the Journal of Health Administration Education and is an active leader in AUPHA.

**Judith Calhoun, Ph.D.** is an Associate Professor in the Department of Health Management and Policy at the University of Michigan. For over 15 years, she has specialized in clinical teaching, measurement, evaluation and educational research in the health professions.
The work of the NCHL is carried out through its four standing councils, each of which has a unique charge to guide the implementation of the initiatives defined in NCHL’s strategic plan and to achieve consensus on relevant issues relating to healthcare leadership development. Leaders from the diverse sectors of the healthcare industry and health management faculty from AUPHA (Association of University Programs in Health Administration) are providing the leadership for these councils. Substantial work for each council is underway.

Recruitment and Diversity Council
Chair: Gary A. Mecklenburg, MBA
Vice-chair: Stephen F. Loebs, Ph.D.
Charge: To recruit and retain individuals in the health professions and management with emphasis on identifying high potential women and underrepresented minorities for leadership positions in the health sector.
Progress: Recruiting individuals to the health professions with a special emphasis on underrepresented minorities and women are key goals in the grants NCHL has received from The Robert Wood Johnson Foundation and the W. K. Kellogg Foundation. An initial work plan was discussed at the Council’s October 7 meeting. NCHL is expecting to launch management scholars program in 2003.

Advanced Leadership Institute Council
Chair: David J. Fine, MHA, FACHE
Vice-chair: Diane Appleyard, MA
Charge: Create advanced learning modules to assure that high quality, accountable senior health management leadership is available to meet the needs of 21st century healthcare.
Progress: The first ALI class of mid-career professionals graduated from the global business partnership program at University of Michigan Business School in September. The evaluation process, headed by Pamela Davidson, Ph.D. and Judith Calhoun, Ph.D. is underway, with results expected in January. Simultaneously, the Council is conducting an RFP process seeking academic institutions to participate in ALI programs for 2003. Responses have been very strong and selections are expected to be complete in November.

Core Competency Council
Chair: G. Ross Baker, Ph.D.
Vice-chair: Peter Butler, MHA
Charge: Identify essential health management competencies to assure that high quality, relevant and accountable leadership is available to meet the needs of 21st century healthcare.
Progress: Development of core competencies for early, mid and advanced level health management and education outcome assessment methods are an essential part of the NCHL’s mission. This council and ACT, a measurement contractor, is conducting Delphi surveys of health management experts to define core competencies, which were derived by ACT from a comprehensive review of the literature and industry best practices. A web-based field wide survey and focus groups will be conducted in November to further test the validity of the competency model. NCHL expects to disseminate the model in mid-January.

Blue Ribbon Task Force on Accreditation
Chair: Peggy Leatt, Ph.D.
Vice-chair: Raymond Grady, MHA
Charge: Assess the relevancy of health management accreditation, including defining the scope of the health services administration and publishing a white paper outlining the guidelines for developing accreditation criteria
Progress: The Blue Ribbon Task Force on Accreditation was jointly appointed by ACEHSA and NCHL. The Task Force is currently undertaking a comprehensive review of the literature and will begin a survey of best practices and stakeholder expectations in November. A white paper is expected to be complete in March 2003. The Accreditation Council will be activated in 2003 when the work of the Blue Ribbon Task Force is complete. The council’s charge is to develop a process for incorporating educational outcome assessment and other best practices into accreditation of health management education programs.
The following articles of interest are included in the Fall 2002 issue of Quality Management in Health Care (VII: 1):

Toward An Understanding of Competency Identification and Assessment in Health Care Management
Judith Calhoun, PhD, Associate Professor, School of Public Health, University of Michigan
Pamela Davidson, PhD, Associate Adjunct Professor, UCLA, Center for Health Policy Research
Marie Sinioris, MPH, Vice President & Chief Administrative Officer, National Center for Healthcare Leadership
John R. Griffith, MBA, Professor, School of Public Health, University of Michigan
Eric Vincent, MS, ACT, Inc.

A Framework for Evaluating and Continuously Improving The NCHL Transformational Leadership Initiative
Davidson, Calhoun, Sinioris, Griffith

Leadership In Quality: Some Things to Think About
Gail Warden, MHA, President and CEO, Henry Ford Healthy System

Building and Assessing Competence: The Potential For Evidence-Based Education
David C. Leach, MD, Executive Director, The Accreditation Council for Graduate Medical Education
Patricia N. Surdyk, Senior Project Manager, The Accreditation Council for Graduate Medical Education

Developing High Performance Leaders
Mara Melum, President, Minerva Institute

What Will It Take To Lead Continuing Community Health Care Improvement?
Paul B. Batalden, MD, Director, Health Care Improvement Leadership Development
Mark Splaine, MD, MS, Associate Professor, Community and Family Medicine, Dartmouth University

Leadership for Improving Safety
Paul Barach, MD, Editor, Quality and Safety in Healthcare Center for Patient Safety, Department of Anesthesia and Critical Care, University of Chicago
Julie J. Mohr, MSOPH, Ph.D., Department of Anesthesia, University of Chicago

The following articles of interest are included in the Winter 2002 Journal of Health Administration Education (XX:1):

Management Training in Long-Term Care
Connie Evashwick, Sc.D. Endowed Chair and Director, Center of Healthcare Innovations

A New Approach to Assessing Skill Needs of Senior Managers
John R. Griffith, Ph.D., Professor, Department of Health Management and Policy, University of Michigan
Gail L. Warden, MHA, FACHE, President and CEO, Henry Ford Health Systems

A Real Time Case Approach To Teaching Information Systems in Health Services Administration: Hardwiring Research To Teaching
Larry Gamm, Associate Professor, Texas A&M University

The National Center for Healthcare Leadership is a Chicago-based not-for-profit organization that works to assure that high-quality, relevant and accountable health management leadership is available to meet the challenges of delivering quality patient health care in the 21st century. Working collaboratively with established educational and professional organizations, NCHL’s goal is to improve the health status of the entire country through effective healthcare management leadership by:

• Establishing core competencies for healthcare managers at all levels of the career cycle
• Unifying the practical application of healthcare management with academic research,
• Defining protocols for continuous learning models for healthcare managers and
• Increasing the diversity of healthcare leaders.

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