

April 7, 2022

Randi Frank
7700 Hoover Way
Louisville, KY 40219

Dear Randi, Screening Committee members, and City Councilors,
My career journey has centered on service. My original passion was global health, where I advised major foundations and corporations on strategic planning and stakeholder engagement. I then spent time living in western Kenya supporting health programs. Over time, I had a desire to contribute to communities closer to home. This led me first to Boston Public Schools, and then to Boston Medical Center (BMC), where I've spent the last nine years strengthening our safety net health system.

I've lived in Cambridge for more than 15 years – as a student, renter, home owner, and now as the parent of three children attending Cambridge Public Schools. I love Cambridge. At our best, we are a thriving hub of energy and innovation; an incredibly diverse community; and a society with a heart for social justice and equity. But we are also facing incredible challenges, from taming an out-of-control housing market to achieving our 2050 carbon neutrality goal.

I believe that my leadership experiences position me well to bring Cambridge forward. I have successfully led large organizations through major transitions. As Chief Transformation Officer at BMC Health Plan, I helped hire and onboard a new President, Chief Financial Officer, Chief Clinical Officer, Chief Product Officer, and Chief Operating Officer while resetting our \$2B business and working to set a new culture across our 500 staff. I also ensured that we retained and empowered key existing leaders and built on historical strengths. Finally, I invested in critical foundational structures, including building a 15-person project management office to manage our key performance initiatives and bring Lean Six Sigma practices into the organization.

Over the years, I have also tackled a range of complex problems, from leading COVID response in local hotspots at the beginning of the pandemic to building a new population health analytics platform that would serve internal and external partners. I've learned how to develop and manage strong teams, depend on expert for input, engage and process key decisions with stakeholders, and to do all of this with urgency and humility. I know that Cambridge has a broad set of priorities to address, and I would be eager to work with the City Council, city staff, and the community to tackle these challenges together.

Finally, I believe that I have the operational and financial background to manage a large city administration. What I have loved about healthcare is the complexity. I've learned the nuances of hospital billing, health insurance rate setting, risk adjustment, and so much more that drives the financials of our system. Operationally, I have managed projects across unionized frontline staff, nurses, physicians, lawyers, architects, regulators, and state policymakers – all within the context of a 24/7 operation that never stops. I know that there will be new things to learn, but the need to learn won't be new.

I would be honored to serve this community that I love and that I have been a part of for so many years, and to work together to address some of the most critical and complex challenges that face us.

Yi-An Huang



YI-AN HUANG

Summary

Proven non-profit leader with a successful record of organizational transformation, operational excellence, and solving difficult problems; Cambridge resident and parent to three Cambridge Public School scholars

Experience

BOSTON MEDICAL CENTER HEALTH SYSTEM

BOSTON, MA

Serving a diverse and underserved patient population, Boston Medical Center (BMC) is the largest safety net health system in New England, with over \$4.5 billion in revenues, 6,500 employees, and 1,500 physicians. The health system includes the main 487-bed academic medical center with 24K annual admissions and 1M patient visits, a health insurance plan with 400,000 members across Massachusetts and New Hampshire, and a network of 14 community health centers.

2021-present **Executive Director, Clinical Operations, BMC Hospital**
2019-2021 Promoted to **Chief Transformation Officer, BMC Health Plan**
2018-2019 **Senior Director, Population Health Analytics, BMC Health Plan**
2015-2018 Promoted to **Senior Director, Clinical Operations, BMC Hospital**
2015 Promoted to **Director of Strategy, BMC Hospital**
2013-2014 **Senior Project Manager, BMC Hospital**

- *Executive leadership and general management*
 - Led health plan senior leadership team transformation, including hiring and onboarding new President, Chief Financial Officer, Chief Clinical Officer, Chief Product Officer, and Chief Operating Officer; responsible for coordinating organization to execute on refreshed strategy and set new culture, processes, and systems
 - Managed day-to-day operations across multiple hospital departments with over 250 physicians, 300 unionized staff, 20K surgeries, and 300K annual patient visits
 - Developed and led presentations to the Board of Directors on key topics
- *Financial and budget management*
 - Led budget development and review, including \$150M health plan admin budget, \$100M hospital supply expense budget; coordinated \$65M budget improvement plan
 - Served as interim senior leader for retail pharmacy with budget responsibility for \$146M business across 200 employees; met operational goals and exceeded budget targets by 6.5%
 - Formalized hospital capital process to improve prioritization and control of \$12M of annual capital investment; improved procurement processes to save over \$500K
- *Strategic planning and innovative solutions*
 - Established 15-person health plan project management office across seven program areas and 40 performance improvement projects
 - Established and managed against key performance metrics and dashboards
 - Led BMC support for Massachusetts state hospital COVID response during Spring 2020 outbreaks; onsite emergency management of PPE supply, infection control, and staffing levels
- *Engaging stakeholders and partners*
 - Led major IT selection and implementation of a population health analytics platform, with successful buy-in from both internal stakeholders and 20 external partners
 - Led contract negotiations with key partners and vendors across the health system
- *Diversity, equity, and inclusion leadership*
 - Co-led health plan diversity, equity, and inclusion (DEI); established DEI steering committee; facilitated first independent DEI assessment with anonymous survey and focus groups
 - Leading development of cancer screening health equity initiative

AMPATH (Academic Model Providing Access to Healthcare)**ELDORET, KENYA***Global health nonprofit with 90 health facilities and \$160M budget providing healthcare across western Kenya*

2010-2011

Consultant

- Developed budget and operational model for pilot nonprofit pharmacy that provides free medications for low income patients; began dispensed 900 prescriptions per month in first quarter
- Advised four social enterprises on operational and budget improvements

BOSTON PUBLIC SCHOOLS**BOSTON, MA***Urban school district with 125 schools and 8,500 employees serving 57,000 student*

2010

Analyst

- *Community engagement:* In partnership with the Office of Family and Student Engagement, organized 14 community meetings to gather input from families on potential student assignment changes
- *Strategic planning:* Conducted analysis of potential school closures and impact on students and families

FSG**BOSTON, MA***Nonprofit strategy consulting firm advising foundations and corporations; focus on global health and development*

2007-10

Consultant

- *Stakeholder engagement:* Led project that engaged experts and community stakeholders across five African countries and seven U.S. cities on key goals, initiative design, and partnership opportunities for major pharmaceutical focused seeking to build chronic disease partnerships
- *Strategic planning and stakeholder engagement:* Developed initial strategic plan for a social investment fund for job creation in Rwanda, including outreach and engagement to key civil society and business stakeholders across multiple sectors
- *Strategic planning:* Strategy development for the Bill and Melinda Gates Foundation HIV/AIDS team and Financial Services for the Poor team

L.E.K. CONSULTING**BOSTON, MA***Strategy consulting firm with 900+ professionals and 20 offices worldwide*

2005-2007

Associate

- Developed financial models and strategic recommendations across diverse sectors, including major airline consolidation, restructuring newspaper operations from print to online, and multiple biotech and pharmaceutical pipeline opportunities

Education

2011-2013

HARVARD BUSINESS SCHOOL**BOSTON, MA**

MBA with High Distinction. Baker Scholar (awarded to top 5% of graduating class).

2001-2005

HARVARD UNIVERSITY**CAMBRIDGE, MA**

B.A. Economics

2002 Sosland Prize in Expository Writing, "Does Our Complacency Make Us Complicit? Weighing Our Moral Duty to Fight AIDS."

Personal

He/him/his, Marvel fan, home cook, lifelong Bay Stater, night owl, board game geek, addicted to great journalism

CITY OF CAMBRIDGE, MA

CITY MANAGER

SEMI FINALIST CANDIDATE QUESTIONNAIRE

Name: Yi-An Huang

[REDACTED]

[REDACTED]

[REDACTED]

1. What major factors have motivated you to apply for the Cambridge City Manager position? How does this position fit your overall career goals?

There are a couple of major factors that have drawn me to this opportunity. First, I would be thrilled to serve and contribute to this city that I love and where my children are growing up. I have a personal stake in the future of this community, and it would be a privilege to serve and shape the future of the city.

Second, I'm passionate about the ambitious agenda outlined in the position profile, and I'm excited to tackle the challenges that are facing us. Cambridge isn't a typical city, and the energy, resources, and civic passion I see in our public conversations creates a unique opportunity. It would be a privilege to serve Cambridge residents with excellence, and to also achieve the culture, capabilities, and partnerships that can serve as a model for other cities.

Third, my career aspiration is to lead and transform public service organizations. Public and nonprofit institutions play a special role in serving those with the most need, yet are often faced with the most challenging problems and operate with limited resources. This is the kind of work I feel called to, more than being part of a business that sells the most products or generates the most profit. I have seen how much difference the right leadership can make, and while my sense is that the City of Cambridge has many strengths, this also feels like an opportunity to reassess, strengthen the organization, and set new and ambitious goals.

I have played various leadership roles in two major turnarounds: first at Boston Medical Center (BMC) on the hospital side where we rebuilt the operational and financial performance of the institution; and second, at BMC Health Plan, where we reset the strategy and culture of the organization to respond to significant changes in the Medicaid health insurance landscape. The City Manager position builds on my prior experience, and fits what I'm looking for perfectly – a chance to serve my community, work toward ambitious and meaningful goals, and to lead the transformation of a critical public organization.

2. Tell us how you communicate with your governing body and its individual members (if applicable).

I have played significant roles communicating with both the Boston Medical Center (BMC) hospital board and the health plan board, as well as board committees and individual board members.

As part of the Hospital Executive Leadership team, I have led initiatives to address complex organizational challenges and bring updates to the Board. For instance, during the Omicron wave in January 2022, I was responsible for delivering a projection of our hospital financials based on our operating response, and helping us chart a path toward recovery. This included coordinating across budget, financial planning, nursing, and operational leadership. In addition, I worked with the Finance Committee of the Board on related financial issues.

In my prior role as Chief Transformation Officer at BMC Health Plan, I attended our quarterly Board Meetings and regularly presented on major topics, particularly the transformation effort I was leading. I also had responsibility for two of our four health plan products during leadership transitions, and I was in charge of developing our product strategy. This involved working sessions with our Board Chair to walk him through our key analysis, market assessments, and our recommendations before presenting to the full Board. In these cases, I was responsible for developing formal PowerPoint presentations, leading in-person discussion, and answering questions from the Board.

I would look forward to working closely with the City Council on setting strategic goals, aligning on a plan of action, owning responsibility for implementation, and reporting back with regular data-driven progress updates.

3. Describe your leadership and management styles with employees - both management level and, if applicable, union representatives.

I believe that senior leaders have three major leadership responsibilities in an organization, and I have developed a management style in each of these areas.

First is setting culture and how people relate to each other. My approach includes diversity, equity, and inclusion, integrity, humility, learning orientation, collaboration, and accountability. My style is to communicate these values, and even more importantly, to ensure that I model them, both through my actions and behavior and through my leadership team. It's critical that if any of us falls short of our values, we take responsibility, own mistakes, and provide clear correction that points to the chance to learn.

Second is strategy and our ability to articulate a clear plan of action. What are our most important priorities? Have we allocated sufficient time and resources? Do we understand the problem? Have we defined our goals, and are the proposed solutions likely to achieve them? My style is to keep asking these questions until we have answers, and to roll up my sleeves if necessary to direct the team. Then, once we have our strategy developed, my style is to ensure that everyone on the team is aligned against it.

Third is people and ensuring that I have the right team, who live up to the culture we are trying to create and who can execute on the strategy we have agreed to. My approach to people is to understand their individual strengths and assemble teams with a complementary mix of capabilities. I invest in developing people, and I also encourage feedback for myself so that I can improve. I am also willing to make changes on my team, which has at times included existing people from the organization. These are difficult decisions and my style is to always treat people with honesty and dignity as they move on to other opportunities where they can be more successful.

Boston Medical Center is a highly unionized workplace, and my style reflects the healthier and more integrated approach that we have taken to labor relations. First is to understand the contract and follow it. This can be advantageous in many ways because it provides structure and consistency for all managers. For instance, it is important to make staff retention decisions during a probationary period, not after it is over. Second, spending time to create good management-staff relationships is critical. For example, our union contract states that changing an employee's shift requires a 30 day notification period, but not if that staff member is willing to volunteer. If employees are treated well, understand the mission and needs of the organization, and trust their manager, then everything can run smoother. Finally, I have seen how important it is to build a strong labor relations team which coordinates across multiple unions, maintains relationships with union leadership, and educates and advises managers across the organization.

4. Please explain how you have demonstrated commitment to, and include any accomplished records of, anti-racism, equity, inclusion, and diversity in organizations that you have managed.

During the summer after the murder of George Floyd, I was the only non-white senior executive at BMC Health Plan. As we processed what it meant for us as an organization that primarily serves communities of color and where almost half of employees are people of color, I advocated for an executive champion to support diversity, equity, and inclusion (DEI). The team agreed, and for the next year, I co-lead our DEI efforts with one of our senior leaders.

There were many things that I was proud of during those difficult months. We opened up conversations with employees that spoke to the raw emotion of the moment. We had speakers from the communities we serve share, and we were able to, in a small way, validate the experience of our Black employees – to have their anger and pain seen and affirmed. We conducted live, facilitated DEI training focused on anti-racism and implicit bias for all supervisors and managers, made it required for every senior leader and the executive team, and committed to repeating this annually. We established a more formal structure for the existing diversity, equity, and inclusion committee, with annual renewal of membership to allow new people to join. And we brought in a third party DEI consulting firm to conduct a three month independent assessment of the organization to systematically gather feedback and improve our practices. This included an anonymous survey, focus groups, review of HR policies, compensation, and performance ratings.

I care deeply about this work; there is something uniquely important to anti-racism,

equity, inclusion, and diversity. We spend so much of our waking hours at work. Being able to bring more of who we are and being valued more fully – this feels like part of our greater moral obligation, and there is a heavy weight of history that demand that we be a part of this work. And beyond being the right thing to do, it will be better for our organization – helping our staff thrive, ensuring that we are using all of our talent, and enabling us to better serve our communities.

5. Briefly describe your experience with (1) environmental sustainability-climate change issues, (2) social justice (3) alternative transportation efforts (4) affordable housing and (5) enhancement of the arts.

I believe that each of these issues is a key driver of the vibrancy of our city. I have closely followed environmental and climate change over the years, and the picture coming into focus is profoundly scary. I have been proud of Boston Medical Center's (BMC) path to carbon neutrality, and I think the model of collaborative investments into renewable energy could apply to other companies with significant building presence in the city. I've also tracked the carbon neutrality commitments for Cambridge and Boston, and I would be excited to contribute to advancing this work.

I have been committed to social justice causes from when I was in college, and my first campaign was carrying folding tables to the Head of the Charles during the first month of college to encourage people to write to Congress about global access to HIV/AIDS medicines. This led to my early career journey in global health, and eventually to living in Western Kenya working with a health nonprofits providing HIV/AIDS treatment to thousands of people. It was a desire to work toward social justice that led me to Boston Public Schools, to BMC, and now to this position.

I have had limited opportunities to work professionally on alternative transportation efforts, but I see creating better incentives as a critical mission for today's cities. I have also tried to personally live simply. My wife and I didn't own a car until we started having children, and I took the bus or walked the three miles from Cambridge to BMC for many years until kid activities and a busier work schedule landed me in a car commute (but in a hybrid electric!).

I feel a deep commitment to affordable housing, and I have great concern over the path that Cambridge is currently on where the market will squeeze out all but the wealthiest. I also admit that I am part of the challenge – professional two income households who can afford to stay and raise a family in the city. We have sought to share our home, and we recently welcomed a group of Afghan refugees to live with us. Cambridge has been a perfect place of welcome, but our attempt to find them affordable permanent housing only underlined the challenges we face as a city – and speaks to the need for larger, more ambitious policy solutions.

I have loved the arts. I was a mediocre musician, but some of my fondest memories of high school are playing second viola in the pit orchestra during the annual high school musical. The beauty of capturing the human experience is part of what brings color and meaning to life, and it's a critical part of our city.

I'm invested in each of these issues and they are so important to a thriving city. I would be eager to learn, to listen to experts, and to work with community stakeholders in each

of these areas.

6. What is the largest number of employees you have managed and where? Explain any inordinately high or low staffing level relative to population such as operating an electric utility.

In my current role overseeing clinical operations at BMC Hospital, I have ~300 employees reporting within my organization across multiple departments. I have found organizational structure and employee management to be rewarding both personally and professionally. Over my first six months, I made a number of tactical changes within my organization to address long-standing problems, including adding manager positions to increase oversight, changing reporting lines, re-writing job descriptions, and clarifying roles and responsibilities across stakeholders. I processed each of these changes with those involved, and each change was eagerly adopted and have made a profound difference for our ability to achieve our goals.

In my role as Chief Transformation Officer at BMC Health Plan, I had a small team of reports within the transformation and project management team. However, during the first year before hiring our new President, I was also more broadly responsible for managing across our 500 employee organization which included coordinating executive communication and supporting key HR functions like goal setting and annual reviews. This has helped me develop a sense for what the rhythms of a healthy organization look like: regular leadership communication that shares the strategy and updates on progress; celebrating success and honoring people's contributions; clear strategic goals that cascade from senior leadership down to department leaders and managers; performance reviews with consistent rating definitions, standardized processes, and a connection to the goals that were set; identifying rising leaders and conducting succession planning for key positions. To the extent that these practices don't exist or could be matured, I would be excited to work to develop them.

As a note, health plans tend to have low staffing levels relative to the business, where a \$2 billion health plan may have only 500 employees while a \$2 billion hospital may have 8,000 physicians and staff.

7. What are the largest operating and capital budgets you have managed and where? Explain any inordinately high or low amount relative to population such as operating an electric utility.

I have had responsibility for major operating budgets across a variety of business lines across the healthcare system. In my current role overseeing clinical operations at BMC Hospital, I currently manage an operating budget of ~\$100M and a capital budget of ~\$12M across multiple departments and service lines. In a prior role, I stepped in to manage the retail pharmacy team which represented a ~\$150M business. After starting in a significant deficit, we were able to ultimately beat our fiscal year budget target by 6.5% and accomplish significant operational goals, including a successful \$2M capital construction of a new mail order pharmacy facility.

In my role as Chief Transformation Officer at BMC Health Plan, I was also responsible

for budget development and review of our \$150M administrative budget (expenses that are not paid out as claims), and worked with the financial planning and budget team to manage the process with department leaders, align to our strategy, and find potential savings.

From a broader planning perspective, I have significant experience working through complicated financial arrangements, and have conducted detailed analyses across major health plan product lines as well as major vendor contracts for outsourced services.

8. In a diverse municipality such as Cambridge how do you ensure that municipal services are delivered equitably to all parts of the community.

The easiest way to measure service delivery is always process measures on work completed, but this is more accurately measuring equal delivery of services rather than equitable outcomes. In fact, equal process can often mask disparate outcomes. Outcome measurements are always preferable – for instance, the number of observed rat droppings in a neighborhood rather than the number of traps laid out.

Outcome measurements can be very resource intensive though, and creativity and innovation in data collection is important, including the potential for automated data collection, or random sampling where less continuous data can still provide a meaningful statistical sample. Process measures can then reinforce our understanding by pointing to whether the actions taken are affecting the outcomes desired. For instance, does putting more traps out lead to decreases in rat droppings? Given the observed impact, can putting out traps get us to our goal or do we need to consider other options? Are outcomes equitable distributed, and why? Qualitative data should also be incorporated that includes surveys, focus groups, or interviews which can bring in more unstructured information that is hard to measure, and can point to additional parts of the problem that aren't on the radar.

I would also emphasize the need to talk to different parts of the community and be in relationship with them about their needs. The best way to know what someone really wants and values is to ask, and we may not realize what their most important priorities are. In our diverse community, it's likely that there are diverse priorities and how we think about municipal services should reflect the complexity of people's real needs. The foundation of equitable service delivery may be more usefully built first on community engagement, identifying the most valuable services, and then building the processes to measure across them.

9. Describe any experience you have which substantiates your ability to create and maintain collaborative partnerships and work productively with outside organizations (public and private).

I have a deep commitment to collaboration, and I would be eager to build relationships that can strengthen the city. Earlier in my career, I conducted a number of projects focused on engaging stakeholders in collaborative program design. While I was at FSG, a nonprofit strategy consulting firm, I led a two year engagement for a major

pharmaceutical company and traveled across five African countries and seven U.S. cities, building relationships with key stakeholders and generating ideas that would become a \$30M partnership to tackle major chronic disease around the world.

While at Boston Public Schools during 2010, I also worked with the Office of Family and Student Engagement to organize 14 community meetings to gather direct input from families on potential student assignment changes. These conversations underlined the challenges that we were facing, and shaped how the district approaches major potential changes.

I've also experienced working collaboratively during a crisis. During the spring 2020 COVID outbreaks, I led a small team to support state hospitals that were experiencing major outbreaks. Our ability to make a difference depended on building trust with existing leaders, helping them interface with senior state leaders who were setting policy and deploying centralized resources, and aligning their teams quickly against the most urgent priorities – managing PPE supplies, implementing better infection control practices, and ensuring safe staffing levels. At the height of our efforts, I found myself escalating negotiations with a captain in the National Guard to deploy his team more rapidly, and was able to build support from his superior to bring additional staffing onboard immediately rather than delay multiple days for additional training. Through all of this, I was able to maintain productive relationships and ultimately help steer the collaboration to a good ending.

I have also seen how important partnership are to solving some of our toughest problems. Boston Medical Center (BMC) has been an active partner in addressing the homeless and substance use crisis at Mass and Cass, and it is clearly a problem that demands collaboration. BMC has been able to bring clinical and operational expertise to set up low-threshold temporary housing and shelter, but partnerships with the City of Boston, homeless shelters, other nonprofits, and state agencies have been critical. I believe Cambridge is facing similar dynamics on a number of fronts, including homelessness, and our greatest opportunities will be finding ways to organize collectively to address shared challenges. I would be eager to contribute to these kinds of initiatives, and for us to dream bigger than what we can accomplish on our own.

10. Please describe your economic development experience. Provide measurable results such as number and type of business placements, number of jobs created/saved types of incentives used, etc.

I have experienced the growth of a number of business initiatives within Boston Medical Center (BMC), including major expansion of our retail pharmacy team and the buildout of over forty community health workers as we set up a population health team. While these were not meant to be economic development policies or projects, the underlying dynamic was business opportunity and a financial model that generated a clear return. I would view potential policies and investments within that framework for job creation, and I have a lot of experience building and assessing business models.

During my time in western Kenya, I helped advise a number of social enterprise start-ups that were meant as economic development projects, and which were founded with philanthropic capital: a handicraft factory, a juice factory, and a passionfruit farm. In the

end, it was clear that the handicraft factory would always be a nonprofit and part of the business model was to generate donations to support income for the workers. The juice factory didn't have a strong business model and could never compete with larger enterprises that could provide a higher quality juice for a much lower price. And the passionfruit farm could exist as a small scale operation that generates a small profit, but would require a lot more work and greater horticultural expertise. While this was at a small scale, it gave me a deep appreciation for the challenges of a small business, and the larger market forces they need to understand and fit into.

While at FSG, a nonprofit strategy consulting firm, I also conducted a project on economic development opportunities in Rwanda and we evaluated various sectors for potential job growth, including agriculture, tourism, and handicrafts. I kept in touch with the team and saw some of the trade-off's in how to think about sector growth, constraints, and where value accrues across various business stakeholders – both where our recommendations were accurate, and where they had missed the mark.

While much of my experience has been in the global context in Kenya and Rwanda, I believe many of my core experiences point to similar dynamics – business models and how they can generate profit, the broader market structure that can provide both opportunities and challenges, and the tension of balancing a profit motive that can generate job growth with other social goals like prioritizing certain kinds of jobs or benefitting certain communities.

11. Are you currently employed?

Yes.

12. What are your salary expectations?

The expected range is within my expectations.

13. Is the resume that you submitted accurate and current? If not, please explain any discrepancies.

Yes, it is accurate and current.

14. Do you hold any professional certifications? If so, please list.

No.

15. If selected as a finalist candidate for this position, we will conduct comprehensive background checks on you. These will include educational degree verification; driving, civil and criminal court record checks; a credit check; internet checks, Sex Offender Registry check and reference checks. Will we find anything concerning you that you need to disclose and explain ahead of

time?

No.

16. Do you have any unusual personal consideration(s) that would need to be resolved before you could accept this position? If so, please explain.

No.

17. Have you ever been fired or resigned under pressure from a job? If so, please explain.

No.

18. Have you ever sued an employer or been sued by an employer or employee? If so, please explain.

No.