



OUR STORY AT YEAR 7



Ariadne Labs is a global leader in health system innovation. We develop simple, scalable solutions that dramatically improve the delivery of health care at critical moments to save lives and reduce suffering.

On the cover: Ericka Quintero Ellis sits with her baby outside of EBAIS Suretka in Costa Rica. Photo: Tim Llewellyn.



Friends,

Seven years ago, Ariadne Labs was founded to bridge the gap among health care delivery, academic medicine, and public health. From the beginning, our mission has been to develop simple, scalable solutions that dramatically improve the delivery of health care at critical moments to save lives and reduce suffering.

This past year has seen milestones reached, historic wins recorded, and new ventures launched—all aimed at continuing to advance that same mission along every step in the health journey. In 2019 alone, our work has had an impact on **74.3 million lives** around the world.

In this year's annual report, you will read about accomplishments in our core areas, such as the 10th anniversary of the WHO Surgical Safety Checklist, recognition of the work of our Primary Health Care Team by the UN General Assembly, and the increasing reach of our Delivery Decisions Initiative. You'll read about our success in scaling the Serious Illness Care Program, and the drive to increase access to evidence-based clinical resources among health care professionals in low- and middle-income countries. And finally, you'll read about new initiatives—in rural health care and in ways to ensure that health systems are prepared to successfully implement quality improvement initiatives.

As a primary care physician by training, I've long looked at health care as a continuum. However, that continuum is in grave danger of being broken in so many parts of the world. As of this publication (Summer 2020), COVID-19 has infected more than 25 million people globally with hundreds of thousands dead, no vaccine, limited understanding

of the pathology, and no plan to ensure equitable vaccine delivery. Every day, we are fighting against a deluge of misinformation, confusing both patients and clinicians alike.

As an organization committed to evidence-based research, Ariadne Labs has been challenged by COVID-19 in ways both expected and unexpected. And while there is so much we do not know, I am certain that this will lead to changes on the health care system, medicine, and public health that will reverberate over the next decade or more. In this report, we also provide a window into how Ariadne Labs has quickly mobilized to marshal our resources, expertise, past learnings, and tools to respond to the threat of COVID-19.

Shocks don't strike a health system as we wish it could be, but rather as it is. They expose the vulnerabilities, inequities, and fragmentation. Thus, we have to work to continue to integrate our health systems and our clinicians not only between hospital and outpatient care, but between clinical disciplines and public health.

Our history and growth have always been in the midst of sweeping health care transformation, and we've consistently been a trusted, influential resource during landmark moments, from the impacts of the Affordable Care Act and attempted repeals, to advances in technologies, to past pandemics (H1N1, Ebola). As the world navigates the COVID-19 crisis, I am reminded about our origin—and how prescient our founders, Atul Gawande and Bill Berry, were to foresee the need for an organization such as this. Just as Ariadne guided Theseus out of the labyrinth with a ball of thread, so we hope to help guide the health care system, clinicians, policymakers, and the public to safer ground.

It is my hope that at the publishing of our next report that we will have a different story to tell—one of renewal and rebuilding—and of Ariadne's role in that.

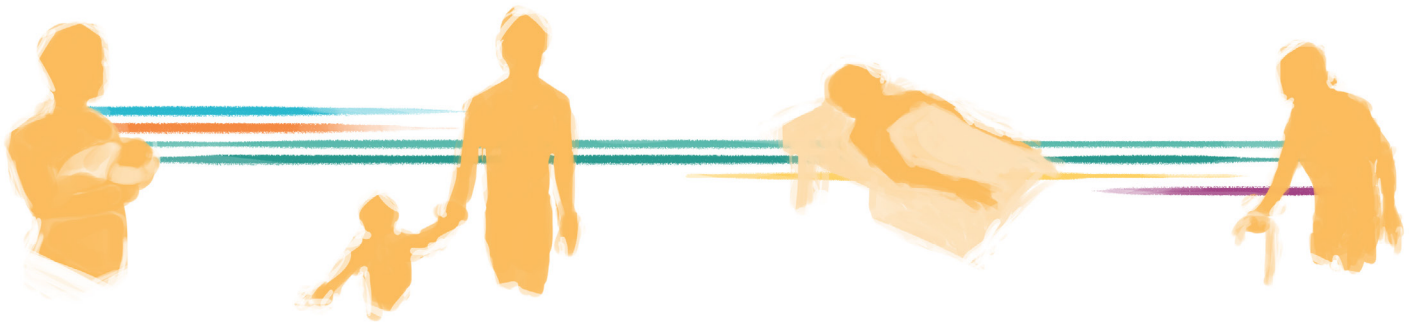
Be safe, be well,
Asaf

A handwritten signature in black ink, appearing to read 'Asaf Bitton'. The signature is fluid and cursive, with a large loop at the end.

Our Approach

At Ariadne Labs, all of our work begins with what we call the **Know-Do Gap**—that is, the gap between what we know should be done in theory, and what takes place in clinical practice.

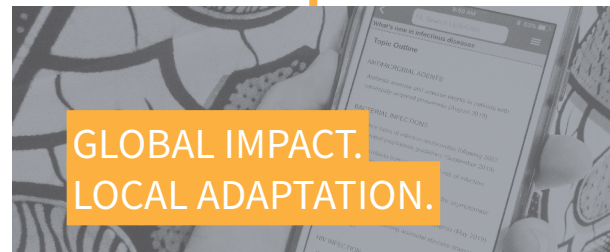
By developing simple, scalable solutions, we aim to fill these gaps at every stage of the health care journey, from childbirth and primary care to hospitalization and end of life.



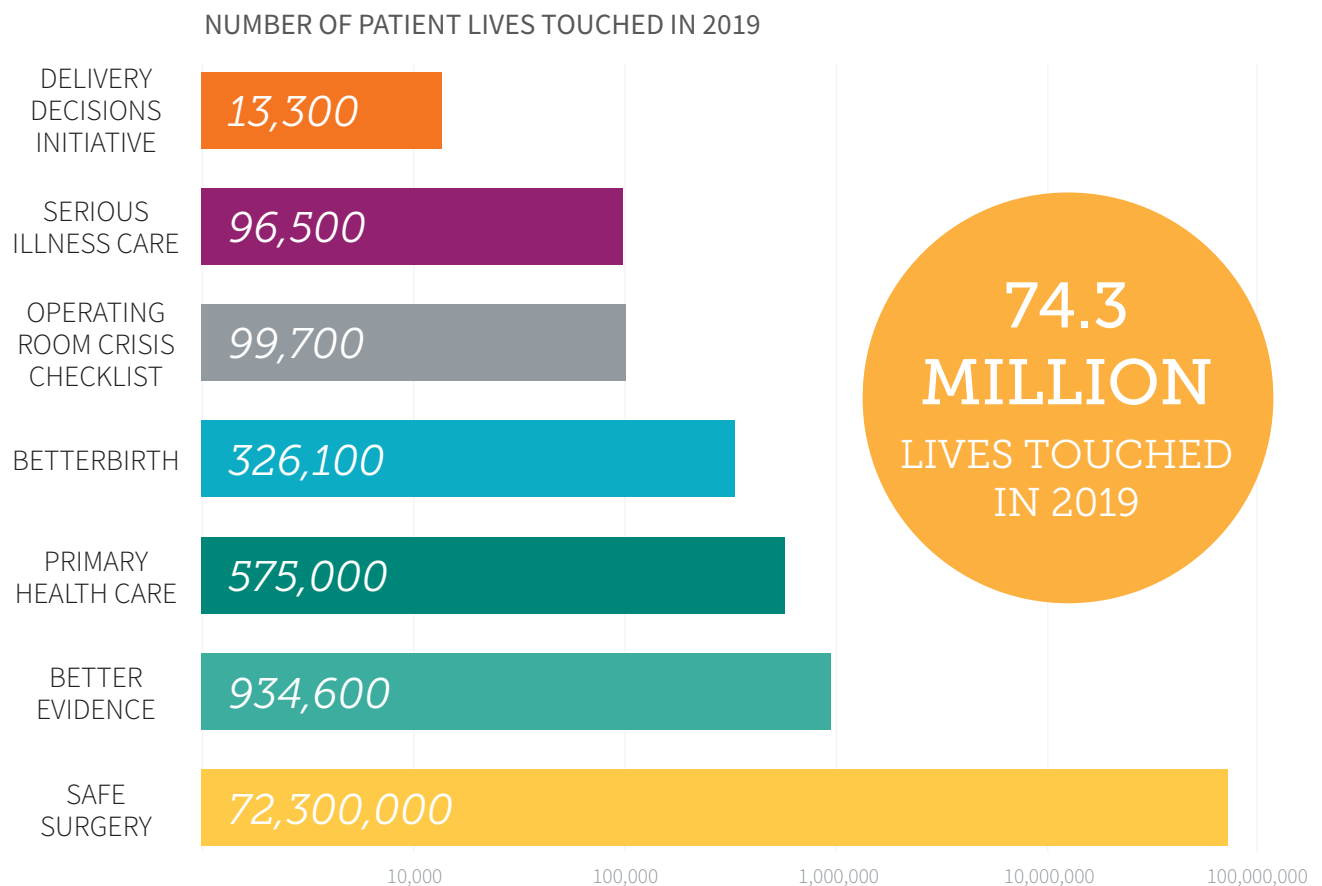
SOLUTIONS ACROSS THE HEALTH CARE JOURNEY

We approach problems in health care with a system-level lens that looks at the whole picture, while maintaining a human-centered focus on the end user. We develop proven, evidence-based solutions to move us toward the ultimate goal in health care—more dignified care for all. And, we ensure that our solutions are both adaptable to local contexts, and scalable for global impact.

In this report, you'll read more about the progress we've made in the past year to develop solutions that provide better care for every patient, everywhere, every time.



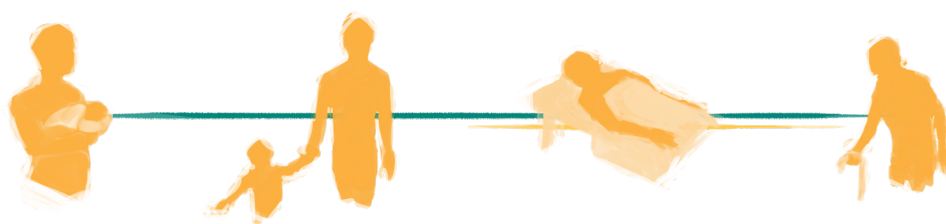
OUR IMPACT





Systems Thinking. Human Focus.

At Ariadne Labs, we approach our solutions from two angles—a **system-level lens** that looks at all the pieces of a system that influence our ability to do what we know is right, and a **human-centered focus** that keeps the end user of the tool in mind from the very beginning. By applying principles of human-centered design, we design, test, and spread scalable solutions to improve health care.



PRIMARY HEALTH CARE

Primary health care is the foundation of resilient, responsive health systems; however, nearly all countries have gaps in delivering primary health care. Through the work of its Primary Health Care Program, Ariadne Labs aims to strengthen primary health care globally.

In 2019, Ariadne Labs was awarded a new three-year, multi-million dollar grant to continue work on the **Primary Health Care Performance Initiative** (PHCPI). A partnership with the Bill & Melinda Gates Foundation, WHO, World Bank, UNICEF, Results for Development, and Ariadne Labs, PHCPI catalyzes

Left: Dr. Efrain Retana Alvarez meets with Maricela Fernandez and her son Darien Chacon Fernandez at EBAIS China Kicha in Costa Rica. Photo: Tim Llewellyn.

primary health care system improvement in low- and middle-income countries through better performance measurement and related learning and advocacy efforts.

At the **UN General Assembly** in fall of 2019, PHCPI's tools, featuring much of Ariadne Labs' work, were recognized as a leading method for country-level assessment of progress toward primary health care components of the global Sustainable Development Goal targets. In addition to scaling this measurement and improvement work to nearly 25 countries by the end of 2019, Ariadne oversaw the development of 13 online Improvement Strategies modules offering guidance to country governments to improve their primary health care systems. In the next phase, Ariadne Labs will continue to play a leadership role in PHCPI's work, including expanding the scale of the measurement and improvement work to **60 countries by 2022**, while aiming to support the maintenance of essential primary health care services during the COVID-19 epidemic.

The team also concluded a two-year effort to launch a **global primary health care research consortium**. Ariadne Labs brought together experts from 19 countries to identify and prioritize key research areas within primary health care globally, and published a set of 15 manuscripts detailing results in an August special edition of **BMJ Global Health**. Together, the manuscripts lay out a new research agenda for the future of global primary health care and form the basis for a new global research consortium.

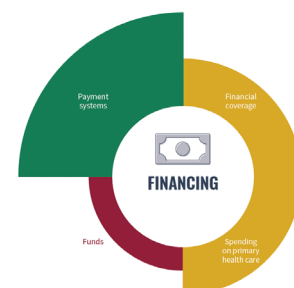
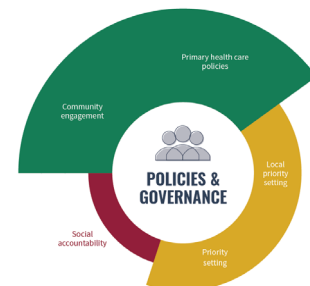
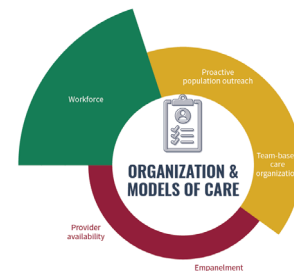
Finally, the team worked with the **Costa Rican government** to produce a multimedia case study and two scientific manuscripts detailing the reforms the country implemented to build their strong primary health care system. This work has been disseminated widely, spreading the lessons of Costa Rica's system with other stakeholders across the globe and helping to inform similar improvement efforts.



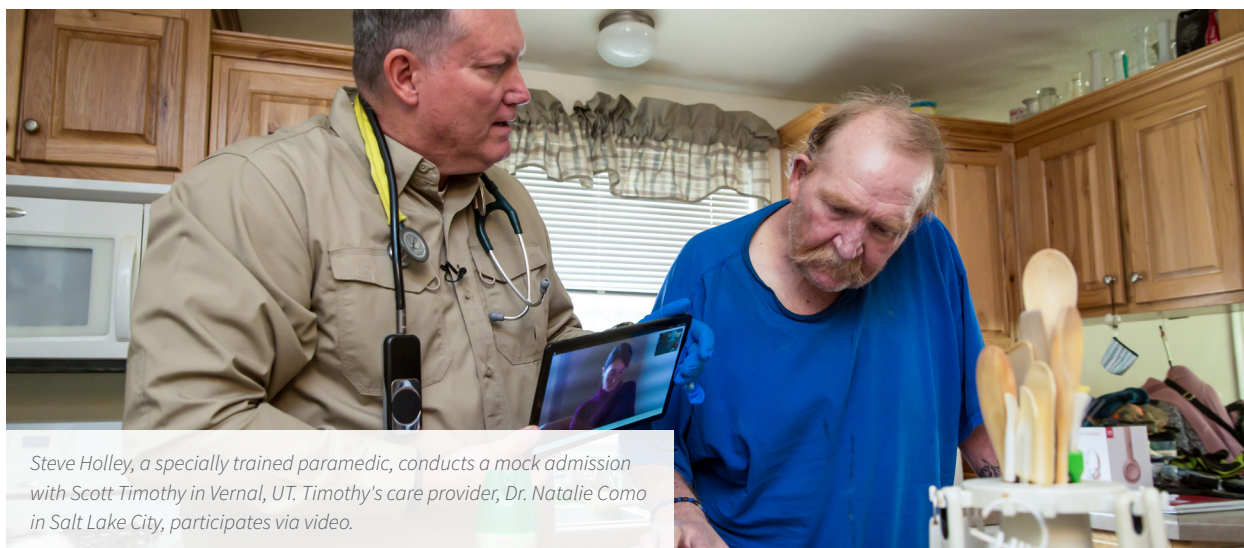
Patient Yamileth Brown Humphreys steps on a scale for nurse Marjony Watson Carr at EBAIS Hone Creek in Costa Rica. Photo: Tim Llewellyn.

Building 21st Century Primary Health Care:

The evidence we have and **the evidence we need** for high quality care



Learn more in BMJ Global Health:
https://gh.bmj.com/content/4/Suppl_8



Steve Holley, a specially trained paramedic, conducts a mock admission with Scott Timothy in Vernal, UT. Timothy's care provider, Dr. Natalie Como in Salt Lake City, participates via video.

RURAL HOME HOSPITAL

Nearly 80 percent of rural America is considered medically underserved. Twenty three percent of rural Americans say access to health care is a major problem, and a similar percentage report an average 34-minute drive to their nearest hospital. Poor access is likely to intensify given that many rural hospitals are in severe financial distress and closing in record numbers. With initial funding from the Spark Grant Program in 2018, Ariadne Labs launched the Rural Home Hospital Program to test whether an urban home hospitalization model—which had been successfully tested by Brigham and Women's Hospital in Boston—could be adapted for a rural setting.

In collaboration with the University of Utah Health, the team staged mock admissions in two remote Utah communities during September 2019. A specially trained paramedic used portable, internet-connected diagnostic tools and telehealth video technology to remotely connect with a physician in Salt Lake City to provide medical services. These mock admissions provided key insights to how this process could be streamlined and scaled. With additional funding from the Rx Foundation, Ariadne Labs and University of Utah Health have launched a feasibility pilot study to measure the outcomes of home hospital care in rural Utah with real patients. Ariadne Labs is also collaborating with the Indian Health Service to build a comprehensive home hospital program in rural tribal lands.

COMMUNICATION AND RESOLUTION PROGRAMS

Communication and Resolution Programs (CRPs) offer a comprehensive and systematic approach for preventing and responding to patient harm resulting from medical errors. While uptake of CRPs has increased, implementation has been inconsistent.

In 2019, Ariadne Labs and the Collaborative for Accountability and Improvement finalized a set of measurements that can help organizations track the success of CRPs. We are committed to developing

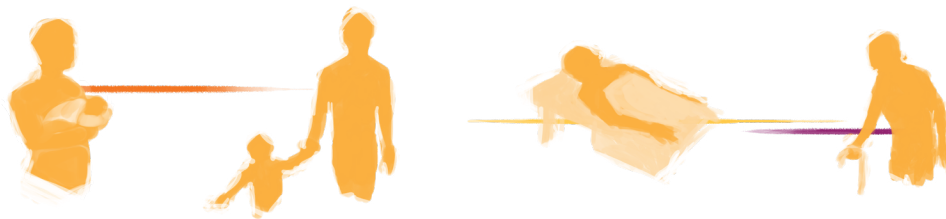
additional tools for addressing medical error, and spreading these practices across the country. In 2019, Ariadne Labs began planning for building a CRP Action Network for health care organizations that have already begun to implement a CRP. The network will involve an 18-month learning collaborative providing training, access to metrics, innovative tools, and improvement techniques.

A photograph of a woman lying in a hospital bed, smiling and looking up at two medical professionals standing by her side. The woman is wearing a grey cap and a green shirt. The medical professionals are wearing blue scrubs. One is a woman with brown hair, and the other is a man with a beard and glasses. They are in a hospital room with medical equipment and monitors in the background.

Proven Solutions. Dignified Care.

As we design, test, and spread our solutions, we've come to find that not all solutions look the same. Where a checklist may work for one problem, an entirely different type of solution may be needed for a different problem.

Above all, **our solutions emphasize what matters most to patients**, and we take care to ensure that each tool moves us toward our goal of safe, dignified care for all, at every step of the health care journey.



*Above: While early in labor, Courtney McDunough discusses the Admission Decision Aid with Kimberly Dever, MD, and Tufts medical student Justin Owumi at South Shore Hospital in Massachusetts.
Photo: Ana M. Reyes.*

DELIVERY DECISIONS INITIATIVE

Ariadne Labs' Delivery Decisions Initiative envisions a world where every person can choose to grow their family with dignity through access to childbirth care that is safe, supportive, and empowering.

In 2019, the **TeamBirth Project**, with funding from the Peterson Center on Healthcare, demonstrated the feasibility and acceptability of improving communication and teamwork during childbirth in a trial that involved hundreds of clinicians and tens of thousands of families in Massachusetts, Oklahoma, and Washington state. TeamBirth uses whiteboards in delivery rooms to support shared decision-making between the medical team and the laboring person. The trial found that the more this approach was used, the more likely the person in labor was to have the role in their care they wanted. In 2020,

the team will scale up the program using a "social franchise" to implement TeamBirth across the United States and globally.

The **Expecting More** campaign, launched in the fall of 2019 with funding from the Yellowchair Foundation, is designed to use personal narratives and the visual arts to generate empathy for people with growing families. The campaign has produced articles that have appeared in publications such as *The Conversation* and *STAT*, among others, and developed messages that have been adopted by a wide number of stakeholders. With additional funding from the Hillman Foundation, the campaign is now commissioning art that will be shared digitally at www.expectingmore.org.

SERIOUS ILLNESS CARE PROGRAM

The Serious Illness Care Program was created in 2011 by a team of palliative care experts to help clinicians, patients, caregivers, and families talk about what matters most to patients facing serious illness. Since the launch of the program, Ariadne Labs has laid the groundwork to broadly scale its use.

In the past year, in partnership with VitalTalk and the Center to Advance Palliative Care, the second phase of the **Serious Illness Implementation Collaborative** was launched. The Collaborative, which includes [15 health systems](#), has brought together leaders and teams at health institutions around the country to provide trainings on communication skills and implementation of the Serious Illness Conversation Guide.

The team developed a strategic plan to scale impact of the Serious Illness Care Program. Through a tiered model of offerings that includes virtual and blended learning technologies, this new plan will allow organizations to select the implementation model that is most suitable to their needs and will allow for greater outreach to vulnerable populations.

The program also began a collaboration with The Conversation Project, with funding from the Cambia Health Foundation, to develop a conversation guide for patients and families to help them prepare to speak with their clinician about their priorities.



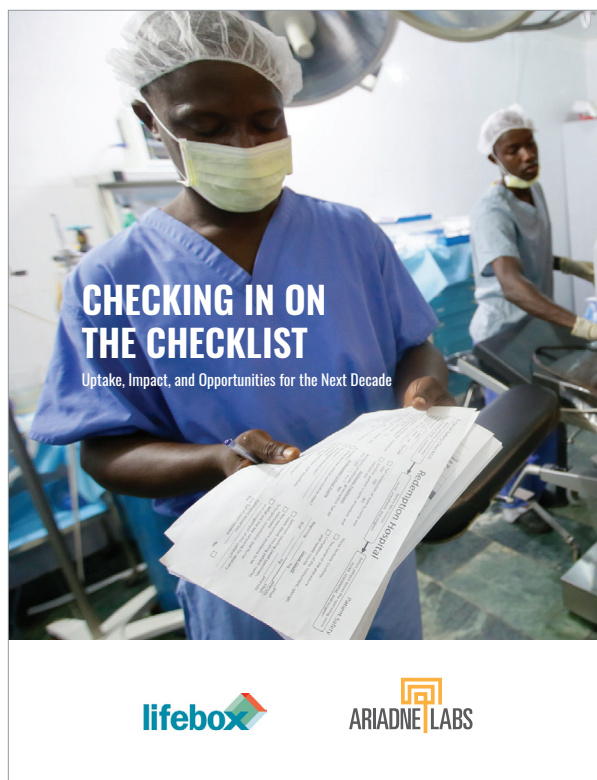
Dr. Justin Sanders participates in a mock serious illness conversation with an actor during a Serious Illness Implementation Collaborative meeting. Photo: Courtney Staples.

SAFE SURGERY

To mark the 10-year anniversary of the WHO Surgical Safety Checklist, Ariadne Labs and LifeBox released a 40-page report **“Checking in on the Checklist: Uptake, Impact and Opportunities for the Next Decade.”** It found that 70% of the world’s countries report referencing the Checklist, and that it is documented as the national standard of health ministries in at least 20 countries. Checklist use was associated with up to a 50% reduction in mortality. A related study published in the *British Journal of Surgery* found that the Checklist is used in 75% of surgeries worldwide; however use is much lower in countries of low human development index. The report identified critical barriers and made recommendations to increase uptake of the Surgical Safety Checklist, especially in resource-constrained settings.

In December 2019, Ariadne Labs and the Efficiency, Quality, Innovation, and Safety (EQuIS) Research Platform (University of Calgary, Canada) co-organized an international convening of 21 global experts, along with research leadership, Ariadne Labs staff, and participation of the WHO. As part of the Safe Surgery Checklist High Performance project, the convening focused on approaches to optimizing the performance of the Surgical Safety Checklist.

Finally, results of a study from the **HealthPrism** project were published in *JAMA Surgery*. The study found that passively-collected smartphone



sensor data can be harnessed to describe aspects of behavioral functioning during surgical recovery. This data may help to quantify currently unmeasured and nuanced aspects of recovery in terms that matter most to patients, thereby improving shared-decision making, recovery monitoring, and patient engagement.



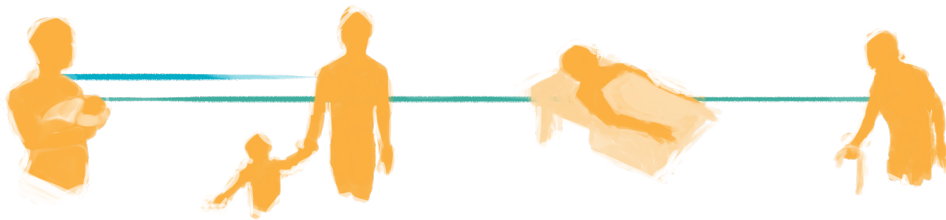
Robbie Singal, DrPH, and surgeon Joaquim Havens, MD, perform a simulated exercise with the WHO Surgical Safety Checklist and its supplemental Device Briefing Tool. Photo: Courtney Staples.



Global Impact. Local Adaptation.

Even the most evidence-based solution won't work if it doesn't fit the context of the system in which it operates. With this in mind, we work to ensure that our tools can be **tailored and adopted to local health care settings** around the world.

We have a long track record in **building successful partnerships and securing key stakeholder buy-in** to bolster the impact of our solutions and increase their impact around the world. Through successful implementations, we realize the **measurable outcomes and demonstrated impact** that we seek.



Left: Dr. Fardin Fazl, a Family Medicine Physician, sits in his office at the Ferozkoh Family Health Clinic in Afghanistan. He uses the Better Evidence UpToDate subscription in his practice.

BETTER EVIDENCE

In 2019 Ariadne Labs and Wolters Kluwer marked the 10-year anniversary of an innovative program to provide free, online, vetted, clinical-digital resources. Through the **Better Evidence for Providers** Program, UpToDate subscriptions have been distributed to more than 20,000 health care professionals in over 145 countries, many of whom had no prior access to online resources. UpToDate is an evidence-based clinical resource that connects providers with information at the point of care.

“Since last year when I received my subscription to UpToDate [through] Better Evidence, my professional life has changed completely. I feel [I am] a better physician. I can give my patients the most updated [evidence-based medicine] at just one click on my smartphone. This is a professional and ethical [asset] to all physicians around the world who work in communities that live in extreme poverty thresholds.”

– Physician in Ecuador

Clinicians worldwide have attested to the impact of Better Evidence. One clinician in South Africa described how the resource helped prevent further infections during an outbreak of chickenpox in their maternity ward. In Uganda, a clinician was able to see that unusual symptoms in a young patient were the result of Crimean-Congo Hemorrhagic Fever, and an epidemic was prevented.

The Better Evidence team is currently studying barriers to and facilitators for wider use of digital health tools with the goal of increasing uptake to improve health care decisions.



Dr. Boaz Niyinyumva, who registered for UpToDate through Better Evidence, operates at Rwinkwavu Hospital in Rwanda.

To promote the habit of consulting the evidence, **Better Evidence for Training** was launched in 2019 in sub-Saharan African medical schools and their affiliated training facilities to provide institutional access to UpToDate. In its first year, 21 training facilities in six countries received UpToDate access, and 650 students and faculty were trained to use the clinical decision support resource. All the top medical schools in the US provide UpToDate for their students and faculty, and Better Evidence hopes to increase equity by affording access in places where it is not yet available.



Luca Koritsanszky leads an UpToDate training in Kampala, Uganda. Photo: Olivia Pickard.

BETTERBIRTH

The BetterBirth trial, conducted in Uttar Pradesh, India, and completed in 2017, assessed the impact of the **WHO Safe Childbirth Checklist** and a peer-to-peer coaching model on maternal-newborn quality of care and mortality. The results showed that no single birth practice had an effect on the mortality and morbidity of women and babies, but that a lack of an interconnected system created significant barriers. Since completion of the trial, the work has been cited in at least 17 peer-reviewed journal articles. In 2019, Ariadne Labs released the BetterBirth Study report, "[Global strategies to end preventable deaths of women and newborns in childbirth](#)," which outlines global recommendations for improvement across key domains of the childbirth system. The report is being used by governments, donors, and implementers to guide their strategies around quality of care. Countries worldwide continue to use the WHO Safe Childbirth Checklist, adapting and tailoring it to fit best within their local contexts. The BetterBirth team is undertaking an effort to better understand how the Checklist is being used globally and to gather feedback on opportunities for improvement.

In the past year, the team also completed the first round of data collection for the **Low Birthweight Infant Feeding Exploration** (LIFE) study, funded by the Bill & Melinda Gates Foundation. The LIFE study



Mom Pinki holds baby Khushi, born July 23, 2016, one of more than 150,000 babies delivered during the BetterBirth study in Uttar Pradesh, India.

seeks to understand how to improve nutrition options for low birthweight infants to inform global feeding approaches and policies. The BetterBirth Program's work aims to understand the crucial situation of low birthweight infant growth, feeding, and health to allow for innovation and intervention design aimed at saving lives and ensuring children thrive.



Staff coaches review the WHO Safe Childbirth Checklist during the BetterBirth study in Uttar Pradesh, India.

IMPLEMENTATION

To accelerate adoption of our innovations across contexts, we have developed implementation resources based on our learnings.

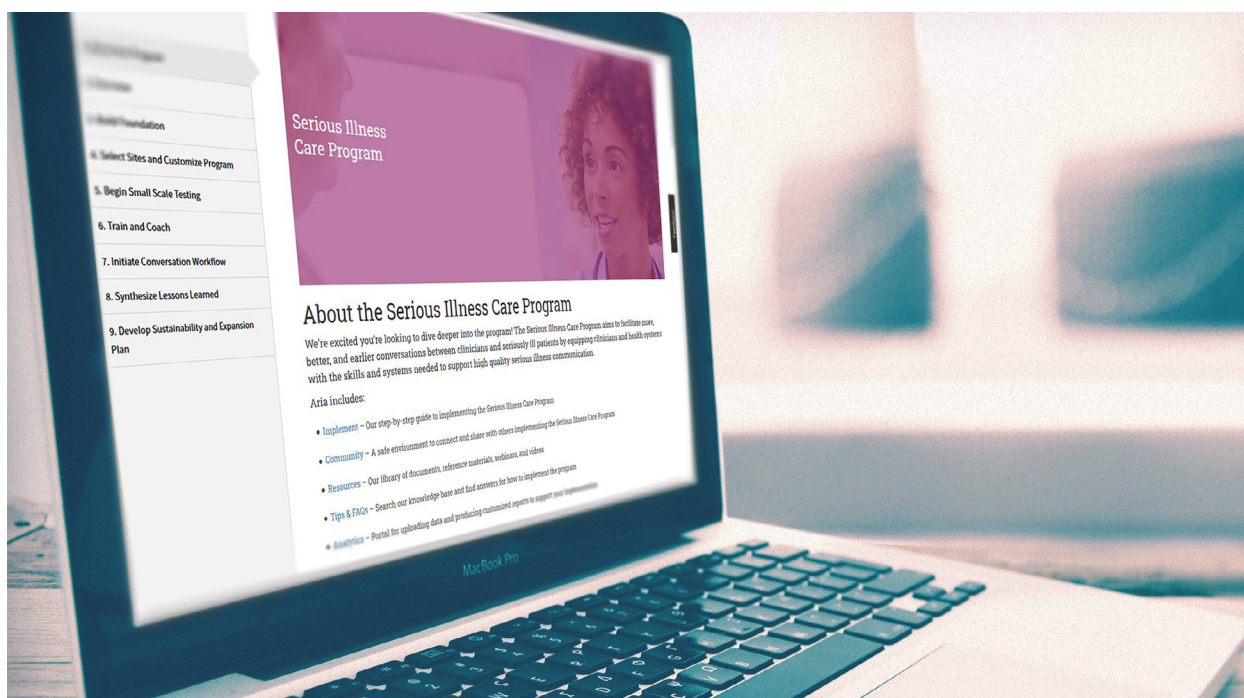
ATLAS INITIATIVE

The success or failure of any tool hinges on sound implementation that considers unique factors about the context in which the tool is implemented. Ariadne Labs has developed a set of context assessment tools to help health care facilities gauge contextual factors that may influence their ability to implement a quality improvement initiative. The tools will also help organizations identify where they should focus their resources for maximum efficiency and success. An initial set of tools was developed in 2019, and recruitment for sites to test them is ongoing. Work also began on developing a data repository that will serve as a first of its kind evidence base on what contextual factors are most important to implementation success, as well as how these factors vary by types of interventions and health care settings. The Atlas Initiative is funded in part by the Peterson Center on Healthcare.

ARIA

Aria is an online social learning platform that brings together Ariadne Labs' implementation science tools with the thought leaders and front-line experts doing the challenging work of health care systems improvement. The system is designed to enhance and scale global implementation through guides, data insights, social engagement, coaching, and relevant educational content. In 2019, pages on the platform were viewed nearly 10,000 times, and materials were downloaded close to 2,000 times.

Aria was designed to scale Ariadne's approach to spreading health system innovations through a simple and intuitive experience that's enriched with automation, media, analytics, and social support. More and more of Ariadne's work is becoming accessible on Aria to increase access to all our programs for people everywhere. In 2019, resources from the Safe Surgery/Safe Systems Program were added to the platform, and more resources will be added in 2020.



The Serious Illness Care Program portal on the Aria platform provides resources for clinicians.

A photograph of three people in a modern, brightly lit laboratory or office space. A man in the center, wearing a grey shirt and a purple bow tie, is pointing with a blue marker at a diagram on a glass wall. To his left, a woman with glasses and dark hair is looking at the diagram while holding a smartphone. To his right, another man is looking at the diagram. The glass wall has several blue and green diagrams drawn on it, including a stick figure and some flowcharts. The background shows shelves with various items and a clean, professional environment.

Looking to the Future: Spark Grant Program

As a center of health system innovation, we understand the importance of supporting outside-the-box ideas and new approaches to saving lives and reducing suffering. Our Spark Grant Program acts as a pipeline for innovative ideas to expand our work into new areas, and allows us to bring new faculty into our community to continually push the boundaries.

With generous support from the Paul G. Allen Family Foundation, we are able to distribute grant funding each year to faculty members to explore a new idea. The ideas are incubated at Ariadne Labs, and the projects can take a number of paths following their initial Spark funding. Some projects receive additional funding, allowing them to expand their impact and test their solution in the real world. In some cases, projects have grown into key initiatives at Ariadne Labs. Many projects have been taken back to the grantee's home institution for further research or as a new standard of care in that hospital.



In 2019, we announced funding for four new Spark Grant projects:

PRECISION POPULATION HEALTH

Precision Medicine promises customized health care that tailors medical decisions, treatments, practices, and products to the individual. While research in this area to date has focused largely on specialty areas, there is equal promise for its applications in primary care. These applications, however, will require

additional patient education and engagement, and a need for clinician support to keep up with a constantly growing body of knowledge. This project will research how to actionably translate precision medicine to primary care.

BEHAVIORAL DRIVERS OF MENTAL HEALTH RESILIENCY

Mental health conditions and mood symptoms affect quality of life globally and are a key driver of chronic disease. This project aims to assess the evidence on the impact of physical activity, sleep,

exposure to nature, and mindfulness in reducing mild depression, anxiety, and stress and explore the opportunity for a simple solution to improve the uptake of beneficial behaviors.

BETTER PARTNERSHIPS: FAMILY ENGAGEMENT IN PEDIATRIC HEALTH

A common source of job dissatisfaction and burn-out among primary care pediatricians is difficulty communicating diagnosis and treatment information in a way that encourages parents to effectively follow through on recommendations. Often, gaps in understanding, unanswered questions,

or emotional responses can interfere. In partnership with the Brazelton Touchpoints Center at Boston Children's Hospital, this project will work to develop a tool to improve communication and shared decision-making between health care providers and family members in pediatric primary care settings.

EFFECT OF HEALTH SYSTEMS EXPANSION ON HEALTHCARE UTILIZATION AND OUTCOMES

The goal of this project is to investigate questions about the impact of hospital closures and consolidations on patient outcomes, costs, and physicians. The project will leverage a master dataset comprising the Hospital Mergers Dataset, American Hospital Association Annual Survey, Medicare

Claims, and AHRQ Compendium of US Health Systems, and results will provide empirical guidance for future health system interventions. The network will involve an 18-month learning collaborative providing training, access to metrics, innovative tools and improvement techniques.

Our Response to COVID-19

As of this publication in August 2020, there have been 25 million known cases of COVID-19 worldwide, with close to 850,000 deaths.* Reaching almost every country around the world, COVID-19 has rapidly become one of the most critical moments in all of our lives, affecting nearly all aspects of health care delivery and the day-to-day lives of patients, providers, and populations.

As the situation continues to escalate, teams of Ariadne Labs physicians, researchers, and experts have mobilized to develop, test, and spread solutions in six priority areas: Global Response, Community Mitigation, Obstetrics, Outpatient Care, Safe Surgery and Safe Systems, and Seniors and Vulnerable People. Our solutions have drawn on new research, front-line clinical experience, and the lab's resources and accumulated knowledge.

We are grateful to the generous donors who have supported this critical work, including the Andrew and Corey Morris-Singer Foundation, the Argosy Foundation, and the Patrick J. McGovern Foundation.



COMMUNITY MITIGATION

One of the challenges the general public faces in responding to the COVID-19 pandemic is processing the overwhelming amount of conflicting information, often from sources that are inaccurate, out of date, or unclear. Ariadne's Community Mitigation efforts have been focused on communicating simple, easy-to-use information that the public could apply to help mitigate the exposure and spread of COVID-19. Our research includes analyzing global and domestic community mitigation responses in order to develop and disseminate practical, evidence-based recommendations for the general public.



GLOBAL RESPONSE

COVID-19 has caused a worldwide crisis that is affecting most countries, regardless of size, demographics, or GDP. Accordingly, a global response can aid in ensuring equitable, efficient COVID-19 responses. Ariadne's Global Response efforts are looking into key issues including vaccine delivery, digital tools, and communications to mitigate and halt the transmission of COVID-19, especially among vulnerable populations. This includes working with partners and identifying principles and models for equitable global vaccine distribution, identifying and distributing digital tools for health care workers, and convening and disseminating expertise.

**Source: Johns Hopkins Coronavirus Resource Center.*



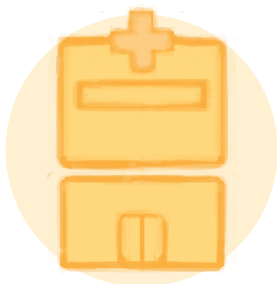
OBSTETRICS

During the COVID-19 pandemic, clinicians are working to provide the continuum of quality obstetric services—from prenatal, labor and delivery, and postnatal services—while operating at strained capacity and personal risk. Ariadne Labs is working to convene health leaders to develop immediately actionable lessons for clinicians and health systems. Our work includes developing evidence-based data to guide the ongoing COVID-19 response, including understanding and addressing racial and ethnic disparities. Additionally, we are focused on developing a framework for necessary rebuilding efforts ahead in the area of maternal health, and establishing a dialogue of dignity for pregnant people all over the world.



SENIORS & VULNERABLE POPULATIONS

The COVID-19 pandemic poses particular health risks for adults over the age of 65 and those with pre-existing health risks. Disproportionately at risk for morbidity and mortality from the virus, much of this population may also be challenged by social isolation, loneliness, and the lack of support and resources. Ariadne Labs has focused on identifying structured supports for these communities. Our work includes developing evidence-based guidelines and tools to enhance care and wellbeing for older populations, and creating tools to promote conversations among patients with serious illness and their clinicians about goals and wishes for medical treatment.



SAFE SURGERY & SAFE SYSTEMS

The strain that COVID-19 has placed on health care systems has had immediate and consequential effects on hospital surgeries and procedures, physician capacity, redeployment, and health care worker safety. Ariadne Labs is developing resources to help health systems and providers navigate the impact of COVID-19 in non-emergency surgery cancellations and postponements and the rapid onboarding of clinicians being redeployed to new roles or health care settings.



OUTPATIENT CARE

Even during the COVID-19 pandemic, patients need safe, reliable access to outpatient medical care for non-virus related needs. Ariadne Labs is working to develop resources for patients and providers to offer guidance and best practices that will ensure safe, effective outpatient care. This includes attention to effective virtual and telehealth.

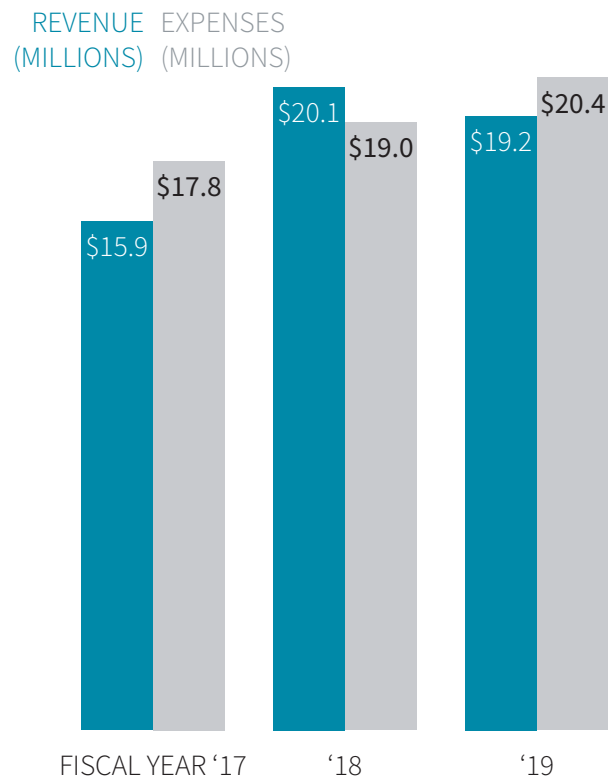
To learn more about our COVID-19 resources, visit covid19.ariadnelabs.org.

Finances

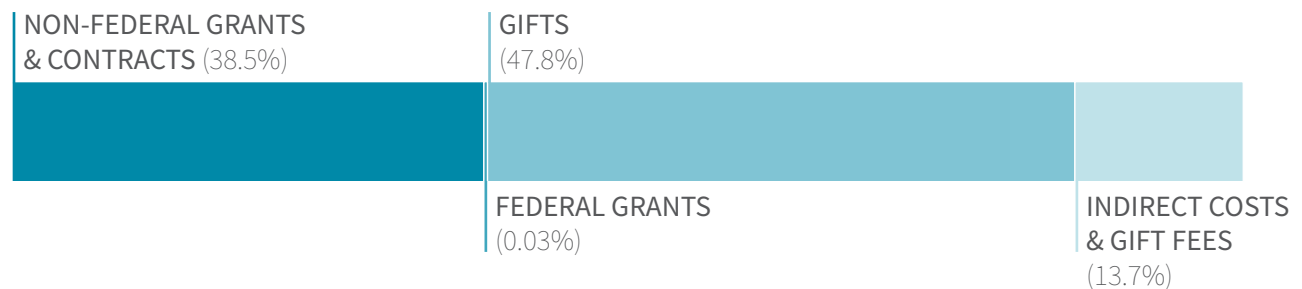
In FY19, Ariadne saw growth in our programmatic work, with a \$1.4 million increase in grant expenses and an increase in the number of staff and associate and affiliate faculty. Several large grants received revenue up front in FY18, resulting in lower total revenue than total expenses in FY19 (net loss of \$1.2 million).

In a year of executive leadership transition, gift revenue was slightly lower than anticipated in FY19. This shortfall was offset by a decrease in operating expenses versus budget.

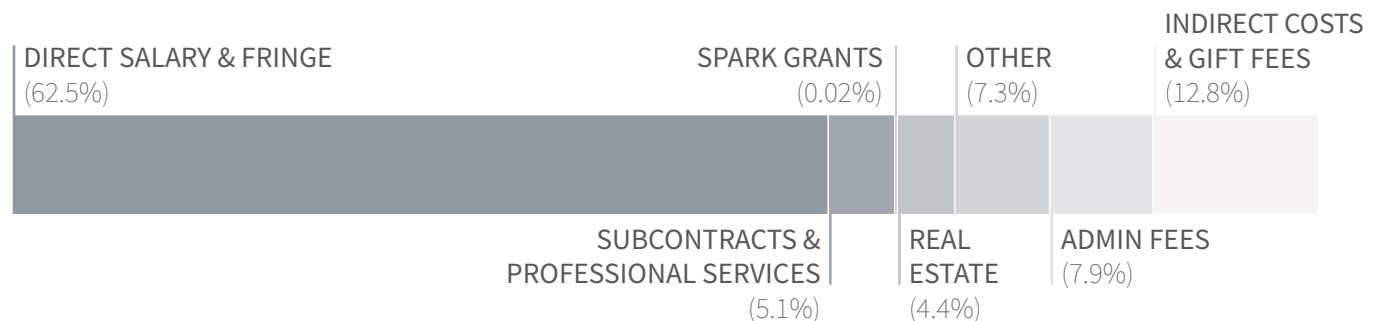
Ariadne ended the year in a strong financial position, maintaining target reserve balances. ■



FY19 REVENUE BY SOURCE (\$19.2M)



FY19 EXPENDITURE BY TYPE (\$20.4M)



ADVISORY BOARD

Our Advisory Board includes world-class leaders in science, education, and business. They support Ariadne Labs by contributing expertise on research priorities, scientific plans, implementation approaches, and collaborations.

DONALD M. BERWICK, MD, MPP, FRCP

President Emeritus and Senior Fellow,
Institute for Healthcare Improvement
Former Director of Medicaid and Medicare

ANDREW DREYFUS

President and Chief Executive Officer,
Blue Cross Blue Shield of Massachusetts

ATUL GAWANDE, MD, MPH

Professor,
Harvard T.H. Chan School of Public Health
and Harvard Medical School

PETER HECHT, PHD

CEO,
Cyclerion Therapeutics

ERIC LANDER, PHD

Founding Director,
Broad Institute

ELIZABETH NABEL, MD

President,
Brigham Health

MICHELLE A. WILLIAMS, SCD

Dean of the Faculty,
Harvard T.H. Chan School of Public Health

JASON YEUNG, MPHIL

Managing Director and Portfolio Manager,
Morgan Stanley

GWILL E. YORK, MBA

Co-Founder,
Lighthouse Capital Partners

OUR SUPPORTERS

In our 2019 Honor Roll of Donors, Ariadne Labs gratefully acknowledges gifts and pledges totaling \$50,000 or more received during our 2019 fiscal year, between October 1, 2018, and September 30, 2019.

The Paul G. Allen Family Foundation

Anonymous (multiple)

Blue Cross Blue Shield of Massachusetts

Blue Shield of California

Brigham and Women's Hospital

Cambria Health Foundation

The Cathedral Fund

Charina Endowment Fund

Commonwealth Fund

CRICO/Risk Management Foundation

Arthur Vining Davis Foundation

Ann and John Doerr

The Duke Endowment

Mala Gaonkar and Oliver Haarmann

Bill & Melinda Gates Foundation

Horace W. Goldsmith Foundation

The Harvard T.H. Chan School of Public Health

Reid Hoffman

Johnson & Johnson

Kristina Jones and Peter Hecht

Lisa L. and Jeffrey M. Leiden, MD, PhD

The Klarman Family Foundation

Karin Swartz Leschly, MD, and Nick Leschly

Eeling Lim and W. Yen Liow

Laura and Scott Malkin

Merck for Mothers

Noora Health

One8 Foundation

Peterson Center on Healthcare

Rx Foundation

Laura and Greg Spivy

Surgo Foundation

Yellow Chair Foundation

Gwill E. York and Paul A. Maeder

Our mission is to
save lives and reduce suffering
by creating scalable solutions
that improve health care delivery
at the most critical moments
for people everywhere.



HARVARD T.H. CHAN
SCHOOL OF PUBLIC HEALTH

Please visit our website for more information at ariadnelabs.org.

Contact us at info@ariadnelabs.org. To learn how your gift can support our work, email give@ariadnelabs.org.



facebook.com/AriadneLabs



[@AriadneLabs](https://twitter.com/AriadneLabs)