



cutting through complexity

# Global Center of Excellence for Healthcare

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Supporting clients with the very  
best minds from around the world.

Health systems around the world are facing unprecedented challenges that require policy makers, payers, providers, and suppliers to rethink how they work. However, while the problems are well known the solutions are taking time to materialize – and time is running out. New approaches to providing and paying for healthcare must emerge in the next few years. The organizations that succeed will be those that are able to adapt, experiment, innovate and take risks.

In these unprecedented times, healthcare leaders require insight and guidance from audit, tax and advisory professionals they can trust. That is why leading organizations turn to KPMG's global health practice. Our propositions revolve around five core themes:

- Working across regional health ecosystems to redesign health value chains, modernize the way care is purchased, and shift the provision of care to more appropriate settings.
- Helping organizations to adopt best practice operational models, processes and cost management capabilities in order to enhance both quality and value for money.
- Ensuring value is delivered through mergers, acquisitions, divestments, joint ventures, shared services and outsourcing arrangements.
- Helping to leverage the power of information technology in healthcare.
- Helping Boards to lead their organizations more confidently by providing assurance, and by strengthening governance, risk management, and compliance functions.

The KPMG Global Center of Excellence for Healthcare contains some of the world's leading healthcare professionals. Individuals in this team have been at the heart of health reform and practice for many decades. Most have held senior positions in the private and public sector and are prominent members of highly influential think tanks and associations. Based in North America, Europe and Asia/Pacific, the team is mobile and works alongside our network of 156 member firms to design and implement creative and practical solutions for our clients that harness the latest in national, regional and global perspectives. We are proud to introduce our team in this document.

For additional information or to speak with one of our Center of Excellence team members, contact your local engagement partner or email [healthcare@kpmg.com](mailto:healthcare@kpmg.com).

**Dr. Mark Britnell**  
Chairman and Partner  
Global Health Practice  
KPMG in the UK

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Mark has a pioneering vision of the future of healthcare in both the developed and developing worlds.

## **Dr. Mark Britnell**

Chairman and Partner,  
Global Health Practice  
KPMG in the UK



### **Empowering and inspiring healthcare innovation**

Mark Britnell is Chairman and Partner of the Global Health Practice at KPMG in the UK and leads our Global Center of Excellence. Over the past three years, Mark has worked in 40 countries with hundreds of organizations (public, private and not-for-profit) and engaged with Ministers, clinicians, executives and officials. He has dedicated his entire professional career to the health sector and was a fast track graduate of the UK's highly acclaimed National Health Service (NHS) training scheme, run from his alma mater, the University of Warwick. Mark is one of the youngest ever chief executives in the NHS. His leadership talents were further demonstrated during his six years at the helm of University Hospital Birmingham making it one of the highest performing health institutions in the UK.

Mark masterminded the largest single new hospital building in the history of the NHS and helped develop the NHS Plan – a ten year plan for

investment and reform. He subsequently became CEO for the NHS region between Oxford and the Isle of Wight and was asked to become Director General at the Department of Health where he also sat on the NHS Management Board for three years.

He speaks and writes regularly on international health affairs and the NHS and has consistently been voted one of the most influential people in the industry. Over the last 20 years, Mark has worked at operational, strategic, national policy and global levels in health, payer and provider, public and private sectors.

Mark holds a BA from University of Warwick, is a Senior Associate of The Kings Fund and a Senior Fellow in Health Service Management at Birmingham University. He is active in the charitable and voluntary sectors and is a trustee and Board Member of a major cancer charity, Prostate Cancer UK.



Through strategic leadership and effective change management, Cynthia has brought lasting improvements to both major healthcare providers and health plans.

**Dr. Cynthia Ambres**  
KPMG in the US

## Striving for higher quality while lowering costs

Cynthia has extensive experience guiding large healthcare organizations through significant change, improving productivity and patient satisfaction while boosting the bottom line. Known as a strategic thinker, she has recently focused on payment reform and accountable care.

As President and founder of Ambres Healthcare Consulting, Cynthia facilitated merger discussions between two multibillion-dollar health plans and the restructuring of large provider systems. As Senior Vice President and Chief Medical Officer of a large Blue Cross/Blue Shield (BCBS) plan in New York, she led a cardiac surgical care evaluation program that challenged the physicians to think differently about the care process, driving major improvements in the quality of these services for more than two million people.

Cynthia's turnaround skills were in evidence when, as Executive Vice President and Chief Medical Officer for Kaleida Health, she helped eliminate operating losses and achieve profitability in just 24 months, recognizing medical costs and utilization savings of more than US\$60 million annually while

improving care quality and coordination. She also introduced one of the first virtual ICUs in the country allowing senior clinicians to oversee care provided across the system.

Under Cynthia's leadership, Lifetime Health Medical Group made the leap to an incentive-based compensation model. Coordination of care and patient satisfaction greatly increased with the introduction of innovations such as group visits, in-clinic pharmacist education, an EHR, acupuncture and other complementary medicine modalities.

A regular speaker and panelist, she recently presented at the Harvard Business School Health Industry Alumni Annual Meeting.

Cynthia has a MD from Mount Sinai School of Medicine, an MS from NYU Wagner School of Public Health and is a fellow of the New York Academy of Medicine. She served as Chairman of the department of emergency services at Beth Israel Medical Center in New York City.

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Richard is helping push back the boundaries of healthcare through better use of technology; gathering, analyzing and sharing data to improve outcomes.



**Dr. Richard Bakalar**  
KPMG in the US

## Harnessing technology to change the face of healthcare

A specialist in health information technology, Richard seeks to unlock the power of data within electronic health records and other systems in order to improve patient care. He has extensive clinical, operational and technical knowledge and experience, including eHealth, telehealth and telemedicine.

Richard spent 20 years in clinical medicine, initially in the US Navy, where he pioneered the use of telemedicine, establishing the Naval Telemedicine Business Office including ship-to-shore communications.

After the Navy he joined IBM as Chief Medical Officer, carrying out research and clinical consulting, as well as software and infrastructure improvements, setting the direction for clinical

healthcare IT solutions. Richard then worked for Microsoft, developing and delivering innovative health IT solutions to hospitals, health systems and communities.

He is passionate about the possibilities for technology, to better share information between providers and patients, improve operational performance and raise the quality of patient care while lowering the cost.

Richard is a past president of the American Telemedicine Association and was a member of the Clinical Advisory Group of the National Alliance for Health Information Technology. He has a BA from Rice University, Houston, and gained his Doctorate in medicine from the Uniformed Services University of the Health Sciences, Bethesda, Maryland.



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Marc's pioneering work on commissioning, purchasing and operations has produced dramatic advances in outcomes at lower cost.

**Dr. Marc Berg**  
KPMG in the US

## Value-based care system design and contracting

Marc has been a pioneer for healthcare systems that produce high quality yet affordable care, with the methods he has developed now in use in over half of all Dutch hospitals. By applying business principles of operational excellence, he has helped public and private health providers improve value and reduce costs and waste.

As senior partner of health consultancy Plexus, and previously as Professor in Health Policy and Management at Erasmus University in Rotterdam, Marc has developed practical measurements and benchmarking for quality, safety and operational performance and costs across a wide range of care settings.

Among his many achievements are a multi-million Euro hospital quality improvement project, groundbreaking work on policy incentives and payment

systems and studies for government, advisory bodies and insurance companies, where he has helped shape the Dutch insurance sector's approach to procurement. He drives innovation in care procurement strategies for health insurers and led the introduction of integrated care payment for chronic care into the healthcare system for the Dutch government.

He is an acknowledged professional in the methodology and implementation of value-based measurement and contracting and health system design.

Marc has published widely on medical sociology, sociology of technology, standardization, information technology and quality management, including a handbook on Information Management in Healthcare.

Having led some of the UK's largest provider organizations, Malcolm has spearheaded new delivery models to achieve cross-organizational change.



## Malcolm Lowe-Lauri

KPMG in the UK

### A highly accomplished change agent

Malcolm has been at the forefront of the NHS's modernization efforts, having helped several UK healthcare authorities deliver change and improve performance, successfully working with multiple stakeholder groups.

Most recently Malcolm was CEO of University Hospitals Leicester NHS Trust, England's third-largest university hospital trust with GBP700 million turnover and 11,000 employees, where he moved the organization forward following a failed asset renewal program.

In a 30 year career with the NHS, Malcolm's early successes include rationalizing laboratory services, consolidating clinical and support services and meeting ambitious national waiting list targets at a number of London hospital authorities.

As CEO of Peterborough Hospitals NHS Trust, he nurtured a collaborative environment, building strong partnerships with health authorities, other trusts, local government and patients, and introducing greater clinical accountability.

Malcolm then became CEO of King's College Hospital NHS Foundation Trust, steering the organization toward more effective service delivery and overhauling its governance.

A prominent national and international figure, he has chaired the UK CEO's Research Forum and was a member of the NHS Future Forum, advising the UK Government on health legislation.

Malcolm has a BA from Oxford University, an MSc from the University of London and is an Honorary Fellow of King's College London.



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A true healthcare strategist with the will to make things happen, Mark has played an important part in advancing Ontario's healthcare system.

**Mark Rochon**  
KPMG in Canada

## At the heart of system-wide change

Mark Rochon is an inspiring leader with a proven record of success in transforming healthcare organizations. In a 25 year career he has led as the Chief Executive Officer, a number of complex change programs in a broad range of healthcare organizations while working within tight financial constraints. In addition to leading successful healthcare organizations he has been appointed by regulatory authorities to lead the turnaround of hospitals. He is now using this experience to help both public and private healthcare providers around the world to deliver better patient care.

As President and CEO, Toronto Rehabilitation Institute, Mark led the merger of three post-acute care organizations to establish the Institute as one of the world's leading research and teaching organizations.

He has been at the center of efforts to improve Ontario's overall healthcare system, leading the province-wide restructuring of hospital and related services as CEO of the Health Services

Restructuring Commission. He also served as Assistant Deputy Minister, where he had responsibility for the Institutional Health Group, Ministry of Health of the Province of Ontario during a period of considerable economic restraint. He has advised governments on funding reform and health system governance.

Mark's most recent appointments include Interim President and Chief Executive Officer of the Ontario Hospital Association and Interim President and Chief Executive Officer of Health Quality Ontario.

His publications include co-authoring *Riding the Third Rail: the Story of Ontario's Health Services Restructuring Commission* and he has presented around the world on health system restructuring. Mark has a Bachelor of Commerce degree from Queen's University and a Master of Health Sciences in Health Administration from the University of Toronto. He is a member of the Adjunct Faculty in the Institute of Health Policy Management and Evaluation at the University of Toronto.



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An advisor to healthcare providers on strategy, risk, operations, finance and transformation, who has advised a wide range of healthcare providers on financing.



**Marc Scher**  
KPMG in the US

## Dedicated to efficiency and governance

A highly respected auditor, Marc has played a central role in the growth of KPMG's Global Healthcare practice.

With more than 29 years of experience in the healthcare sector, Marc is a leading authority on auditing, financial reporting and tax-efficient financing. He has worked with a wide range of major health systems, long-term care providers, hospitals, biotech companies, payers, purchasing cooperatives and research organizations.

He currently serves as the Partner in charge of KPMG's US and Global Audit Healthcare practice and is Chairman of the Healthcare Financial Management Association, Principles & Practices Board.

His client experience includes American Specialty Health, Kaiser Permanente Foundation Hospitals

and Kaiser Foundation Health Plans, ISTO Technologies, Davita Inc., Methodist Hospital of Southern California and the University of Missouri Health System.

As an influential member of the Healthcare practice, Marc is an SEC reviewing partner and a national instructor for KPMG healthcare professional development courses.

Marc regularly publishes articles and speaks on healthcare financial reporting, and is a past editor of the AICPA (American Institute of Certified Public Accountants) Audit and Accounting Guide for Health Care Organizations. He has a Bachelor's degree from the University of Wisconsin and is a Certified Public Accountant (CPA) licensed in the states of California, Illinois, and New York.



A vastly experienced healthcare professional who's been at the cutting edge of IT advances in the sector.

**Ashraf W. Shehata**  
KPMG in the US

## Pushing the boundaries of technology in healthcare

In a career spanning over 25 years, Ash has worked for some of the world's leading IT and consulting firms, using technology to drive improvements such as telemedicine, e-commerce, membership systems, customer service and healthcare management.

As Senior Executive Director Healthcare for Americas with Cisco, he was responsible for payers, providers and life sciences accounts including the Mayo Clinic, WellPoint, Cigna, Wellcare, Medtronic and Kaiser. He led the development and deployment of telemedicine solutions with key clients and government agencies.

Prior to this, Ash was Vice President Health Solutions for Wellpoint, supporting over 32 million members (one in 10 Americans) in enterprise applications. He also held senior positions with

KGT Global Technologies, IBM and Accenture, leading executive teams in the US and around the world through major change programs in hospitals, medical service providers, physician group practices and managed care organizations.

Ash's breadth of experience is typified by his first two roles: firstly as owner of his own consulting and medical management business, and then with The University of Cincinnati Medical Center in the US, where he managed a US\$250 million annual budget for several departments including Radiology, Nuclear Medicine, Lab Medicine, Managed Care, Cancer and Pharmacy.

He has a Master in Hospital & Health Administration, an MBA and a Bachelor's in Psychology, all from Xavier University in Cincinnati.

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A leading exponent of care system redesign, Hilary helps join up the different parts of the healthcare community to improve efficiency and quality.



**Dr. Hilary Thomas**  
KPMG in the UK

## Seeing the bigger healthcare picture

Care system redesign is at the heart of Hilary's work, bringing the entire healthcare community together to produce better outcomes and cut costs. Much of her efforts are focused on the growing challenge of chronic conditions, moving patients from acute care to more local settings.

In 23 years with the UK National Health Service, Hilary rose to become Medical Director of the Royal Surrey County Hospital, after which she joined private health and social care provider Care UK as Group Medical Director, with responsibility for over 500,000 patients and services users annually.

Hilary has helped transform several UK regional health systems and redesign care pathways for chronic conditions within London, implementing

new models emphasizing prevention and support. She advised Singapore's Ministry of Health to reconfigure services for its five million people, integrating acute, primary and community care to improve the patient experience.

A highly influential national figure, Hilary was a member of the UK General Medical Council from 1994-2003 and from 2008-2010 was a Leadership Associate of the Kings Fund, a leading UK policy think-tank for quality and health service integration.

Hilary is a Fellow of the Royal College of Physicians, a Fellow of the Royal College of Radiologists, holds an MA from Cambridge University and a PhD from the University of London.



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Anna's work in hospital restructuring and redesign has helped dramatically improve clinical and financial performance.

**Dr. Anna van Poucke**  
KPMG in the Netherlands

## Inspiring positive organizational change

With extensive experience in transforming healthcare systems, Anna has been at the forefront of care integration, hospital restructuring and mergers, enabling the turnaround of several underperforming hospitals.

Having worked at a senior level in a range of hospitals and mental healthcare institutions, she has deep insights into organizational effectiveness. As CEO of the Dutch Diagnosis Related-Groups (DRGs) and pricing office, Anna has been a major force behind the adoption of DRG systems for hospitals, rehabilitation facilities and mental health institutions and the introduction of a new national healthcare payment system.

Anna led the Netherlands' largest ever healthcare redesign project, integrating five hospitals and local primary care practices to create an entirely new and more efficient healthcare infrastructure.

Specializing in the restructuring of financially distressed hospitals, she oversaw the acquisition and subsequent restructuring of an insolvent hospital by a cooperative of three other hospitals.

Anna joined KPMG in 2010 and holds a PhD in Economics from Erasmus Universiteit Rotterdam, an MPhil in Economic Sciences from the University of Wales, Cardiff, and an MsC in Labor and organizational psychology from Tilburg University.

Roger uses his knowledge of both healthcare and what makes a successful transaction to ensure that corporate M&A adds shareholder value.



**Roger Widdowson**  
KPMG in the UK

## Achieving growth, economies of scale and quality improvement through transactions

Mergers and acquisitions are a feature of many subsectors of healthcare in both developed and developing countries around the world. Reasons for transactions vary, but drivers include the acquisition of new capabilities or technology, territorial expansion, or taking over a competitor and achieve economies of scale through realizing synergies.

Roger co-ordinates a network in 40 countries providing strategic, commercial and financial advice in executing transactions, entering new markets, forming commercial partnerships and raising finance.

KPMG International's network collaborates effectively and works together to deliver value to clients undertaking cross border transactions. He increasingly advises on market entry strategies as clients look to access new markets, and appropriate structures to navigate local regulations and manage risk.

All health economies, and their supply chains, are being challenged to increase efficiency and reduce costs while improving quality of care and outcomes. To achieve this Roger anticipates that many organizations will increasingly look to mergers, acquisitions and strategic partnerships to refine business models, capabilities and market access.

Roger has specialized in due diligence for over 16 years. He has a wealth of experience in a variety of sectors but has focused on Healthcare transactions for the last 5 years. Over this time he has advised on more than 50 transactions. These comprise a range of domestic and cross border transactions including acquisitions, refinancing, IPOs and disposals in a number of subsectors such as hospital, residential and social care, mental healthcare, Telehealth/ Telecare, medical devices, staffing, pharmaceuticals and diagnostics. Roger's clients include both corporate and financial sponsors.

# What Works: A series of thought leading reports from KPMG Global Healthcare

The need for change in healthcare is well understood. There is also an increasing consensus about what needs to be done to address these challenges:

- a focus on quality, safety, controlling costs and improving population health
- a move from the emphasis being on the volume of treatment toward ensuring high-value care
- activist payers working with patients and providers to reshape the system
- the development of new models of delivery including increasing convergence between healthcare payers, providers and the life sciences industry

- reaching out to patients and communities in new ways.

The question is how to make these changes happen. We argue that there are a number of changes of both mind-set and capability that are required across a number of areas. These include:

- creating systems to drive clinical and operational excellence
- developing new models for coordinated care and population health.
- growing the ability to contract for value
- creating new partnerships and networks.

For more information, or to reserve your copy of future **What Works** reports, please contact your national partner, see back cover, or email: [healthcare@kpmg.com](mailto:healthcare@kpmg.com) or visit [kpmg.com/whatworks](http://kpmg.com/whatworks) for the latest report.



## What Works: Creating new value with patients, carers and communities

Globally some parts of healthcare are beginning to make the changes that will involve patients, carers and communities more fully in their own healthcare. Using our experience across the world, this report outlines the answers that you need to fully realize the value inherent in better patient involvement and communities to improve care.

[kpmg.com/patientvalue](http://kpmg.com/patientvalue)



## What Works: Staying Power – Success stories in global healthcare

KPMG gathered together 65 healthcare leaders from 30 countries across 6 continents to discuss effective strategies for successful transformation. These discussions were centered around 7 key themes ranging from population health and accountable care to clinical and operational excellence. This report summarizes the insights shared between organizations, cultures and countries.

[kpmg.com/stayingpower](http://kpmg.com/stayingpower)



## What Works: As strong as the weakest link – Creating value-based healthcare organizations

Organizing care to deliver value for patients requires change in five main areas. Start with a clear vision and understanding of what value means and focus energy on cohesive action across all the areas. This report focuses on the different lessons drawn from work done with clients and discussions with providers from all over the world.

[kpmg.com/valuebasedcare](http://kpmg.com/valuebasedcare)



## What Works: Paths to population health – Achieving coordinated and accountable care

Health needs are changing fast, but systems are simply not keeping up. It is clear that organizations are struggling to convert theory into practice. This report describes the practical steps that organizations need to go through to reshape themselves and their services.

[kpmg.com/pophealth](http://kpmg.com/pophealth)



*cutting through complexity*

# A new vision for healthcare

In healthcare, every patient is unique, yet many of the challenges facing their healthcare systems are similar.

KPMG practitioners spanning 156 countries in KPMG's global network help clients see their biggest issues clearly helping to deliver solutions that help change the face of healthcare.

**Take a closer look at  
[kpmg.com/healthcare](http://kpmg.com/healthcare)**

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