



GSCMI Spring Conference and MBA Case Competition Feb, 11, 2011 Purdue University

2011

MBA Case Competition Judges Packet



KRANNERT
SCHOOL OF MANAGEMENT

PURDUE
UNIVERSITY

MBA Case Competition – JUDGING Package

“Unleashing the Global Supply Chain”

MBA schools from across the US and around the globe have been invited to have student teams compete for prize money based on their analysis and presentation of an executive level case for our 6th annual global supply chain conference and student case competition. This year’s competition again consists of two phases; the 1st phase serves as elimination round (23 teams submitted materials for this phase), and the 2nd phase is only for 6 invited teams. *The 2nd phase of the competition will provide new case materials to build on the 1st phase case materials and presentation.* **All invited teams will be competing in front of conference attendees, and industry judges in the final conference event!**

Info for Volunteer Industry Judges:

- Teams submitted their Phase 1 case materials after having 1 weekend to prepare. The top 6 teams (as determined by a panel of academic judges) have advanced to the final round. Final round presentations (material from the Phase 2 case) will be made the afternoon of the conference this Friday.
- The top 6 finalist teams WILL RECEIVE *the new phase 2 case* (see Phase 2 case) this Thursday night before the conference. They will have only overnight to determine what their revised response might be, given the new information.
- Please consider the Phase 2 case as confidential, as **NO TEAM PARTICIPANTS HAVE SEEN THIS CASE.** We want to ensure a fair case competition for everyone.
- Both Phase 1 and Phase 2 cases revolves around the conference theme of supply chain challenges faced, “in the real world”.
- Directions to the team, will be to provide an executive level analysis on their recommendation: clear, concise and comprehensive, with an eye towards not “boring” the judges with extraneous information, but being a solution that is implementable.
- You will be asked to evaluate them on the judging criteria sheet provided in this packet.
- Each team will have only 10 minutes to present their case, and 5 minutes for Q&A by the judges. There will be a “hard stop” announced at both times (presentation and Q&A)
- **Please read each case in advance of the conference if at all possible,** since the pace of having the 6 teams present will go VERY quickly, and you will have little time (*minutes*) in between teams to finalize your score sheets.
- When you arrive at the event, *look for the judges table at the front of the room* and we will help you with the rest!

For more event details, feel free to contact Mary Pilotte at mpilotte@purdue.edu
Thank so much for your volunteer support, and we look forward to having you join in the fun!



Case Competition Overview

Schools from across the US and around the globe have been invited to send student teams to compete for prize money based on their comprehension, analysis and presentation of an executive level problem case for our **6th annual global supply chain conference and case competition event**. The never before seen case, written by Center Director Dr. Ananth Iyer, emphasizes the conference theme of **Unleashing the Global Supply Chain**.

The student competition consists of two phases; the 1st phase serves as virtual elimination round to narrow down the pack of registered to an elite group of 6. In this 1st round, teams are presented with a case problem in which they are asked to submit a PowerPoint slide presentation of their recommendations. These recommendations are then judged by a blind panel of academic evaluators on the basis of strategic vision, practicality of implementation, use of quantitative analysis to develop a strategy, consideration of resources, and overall solution viability. ***Only 6 teams are invited to participate in the 2nd phase.***

The 2nd phase of the case competition begins the Thursday night before the conference, and provides student teams with new case materials, questions and problems for the team to reconsider as they build on their 1st phase case presentation. All 6 invited teams work through the night to develop their new problem solution and prepare tirelessly to present the new solution before the panel of industry judges and all our attendees here at the conference today.

This year's case places students in the far off land of Gombala where Global Health (GH) supply chain logician, Nick Van DeCamp laments how best to approach serving this country with dire needs for healthcare. Student teams must help Nick balance the demands of his donors – focused with eradicating world health issues, but tying up their dollars with a broad range of sometimes difficult operational constraints - with the practicalities of getting the right medicines to the right communities, at the right inventory levels, the fastest, and cheapest. Teams must consider the difficult task of how to keep donors happy while also optimizing the health care supply chain, in this remote location with pressing humanitarian needs.

The top three teams with the most compelling solutions will be announced at the end of the conference and will receive cash awards for their efforts thanks to generous funding from our founding partner firms and event sponsors.

1st Prize: \$3,000

2nd Prize: \$2,000

3rd Prize: \$1,000

*Without foundational sponsorship of our
Center Partners, this event would not be possible...*



**AMERICAN
AXLE &
MANUFACTURING**



ArcelorMittal



A special thanks also to ...



*for their generous sponsorship of this event, and in
helping to promote the mission of our Centers!*



MBA/Masters
Case Competition Phase 1
Case
Managing Health Care Supply Chains in
Gombala

February 2011

Case written by: Professor Ananth V. Iyer
Susan Bulkeley Butler Chair in Operations Management
DCMME/GSCMI Center Director
aiyer@purdue.edu

Krannert School of Management
Purdue University, West Lafayette, IN 47907

This case was written by Professor Ananth Iyer, Susan Bulkeley Butler Chair in Operations Management at the Krannert School of Management, Purdue University. It is meant solely as a vehicle for teaching, learning and class discussion. The data and details provided in the case are completely fictitious.

Gombala – the country context

Gombala is a country with a population of about 8 million people. The country can be divided into three regions – an urban core region with 4 million people centered around the capital city of Gomba, and two regions – the Eastern and Western regions – each with 2 million people spread out over a rural region. Gombala has a rich cultural heritage and an archeological and paleontological history spread over several centuries. Recent cave finds suggested that further exploration may well establish it as the cradle of all mankind and force a revision of existing theories regarding the development of man. The economic realities of Gombala were stark, with the per capita GDP putting the country in the group of five that were at the bottom of the global list. With such a poor income stream, modern health care was virtually absent – unless donors provided the funds, medicine and equipment. In practice, around 90% of health care funding was provided by donors. Despite such efforts, infant mortality (survival until age 5) was about 25% for Gombalans – a shocking figure for most of the rest of the world.

Given its location, Gombala faced severe rains during four months of the year and intense heat for another four months. During the other four months there were some periods of freezing rain and some snow on occasion, especially at the top of the mountains. This mixed climate created a significant level of biodiversity and the country had been known to generate puzzling specimens of plant and animal life that was a source of intense interest amongst botanists and biologists. Apart from the varied plant and animal life, the weather patterns also generated a veritable cauldron of bacteria and viruses – and that too provided a complex problem for the 200 or so trained doctors (for 8 million people) in the country.

Nick and Global Health

Nick Van DeCamp wheeled his bike into the elevator and pulled into his office. He parked his bike, pulled off his helmet and sat down, feet up on his desk staring out the window at the mountains surrounding him. Boulder, Colorado was a haven for the earth friendly, global traveler that Nick was – his NGO – Global Health (GH) had earned a reputation for respecting the needs of the countries it operated in and negotiating the intricacies of donor constraints.

Nick was focused on Gombala for the next few months – and his partner in his efforts was the Head of the Ministry of Health in Gombala – Adbou Diallo. Adbou, as he preferred Nick call him, was passionate about improving health outcomes in Gombala and determined to create an environment where excellence in delivery would enable every donor dollar to go far. Adbou also felt that Gombala could be a test bed for many best practices that could be used in many of the other countries around the world that faced similar problems. The partnership between Nick and Adbou was poised to take concrete steps, but they wondered if some professional advice from a team of bright MBA students would benefit their cause.

You are one of those teams that are offered an opportunity to brief Adbou and Nick.
Your challenge is to suggest steps that they should take, possible timelines and associated impact on Gombala related to the information that follows.

Donor Constraints

Gombala has five main donors – USAID, EU, JAPAN, DFID and the GLOBAL FUND – each of which represented the governments of the United States, the European Union, Japan and the U.K. as well as Public/Private Donor partnerships. Each of these donors contributes approximately 20% of the total funds provided to the country. However, each of them add constraints to reflect their approach to managing effective use of their funds.

There were many possible constraints on the funds allocated by an individual donor. Some donors provide funds in monthly increments, one month of funding at a time. Others provide funds in quarterly buckets and still other in six month buckets. In each of these cases, the funding is provided at the start of the period for use the upcoming period. While these constraints guaranteed that the funds would be available over time and not get used up immediately, they sometimes create difficulties, particularly when a large disease outbreak requires a quick infusion of funds in one month. In other cases, these constraints interact with other constraints placed by the donor to further restrict effective deployment of funds.

Other types of constraints involve restriction of funds use for treatment of particular diseases. Some donors want only to focus only on malaria and HIV/AIDS. Others want their funds focused primarily on pregnant women and/or children. Yet others want to focus their funds mainly on tuberculosis (TB) etc.

A third set of constraints are based on the urban vs. rural split of funds use. Often urban delivery is easier and more effective than treating rural patients in spread out regions. Constraints that funds have to be used for a certain fraction of rural patients ensured a wider coverage, albeit covering fewer patients.

Yet other constraints focus on the type of supply chain through which the products are permitted to flow. In some cases, the supply chain involves procurement by and flow through the Central Medical Stores. In other cases, special supply chains for malaria or HIV/AIDS that were developed by specific donors as private supply chains are earmarked for use. Some of these supply chains are effective in urban areas and others more effective in rural areas. Preference by a donor for a supply chain reflected a donor's confidence in the product traceability and tracking for that supply network.

Nick knew that he would never be able to get all donors to share their constraints in a common forum. But he realized that he needed to educate donors of the impact of their constraints on health outcomes. He thought of using DALY (Disability Adjusted Life Years) as a measure and, using data from the World Health Organization site (http://www.who.int/topics/global_burden_of_disease/en/), he took the data for Sierra Leone as a proxy for Gombala. He wondered how he could pull the data and through the use of a model, show how donor constraints impact health for Gombalans.

Government procurement

Historically, all funding was provided to the Ministry of Finance of Gombala. This unit coordinated with the Ministry of Health to purchase drugs and medical equipment to deliver them to hospitals as per requirements. Key decisions included contract prices, selection of specific drugs used to treat each of the diseases and the purchase quantities against demand forecasts.

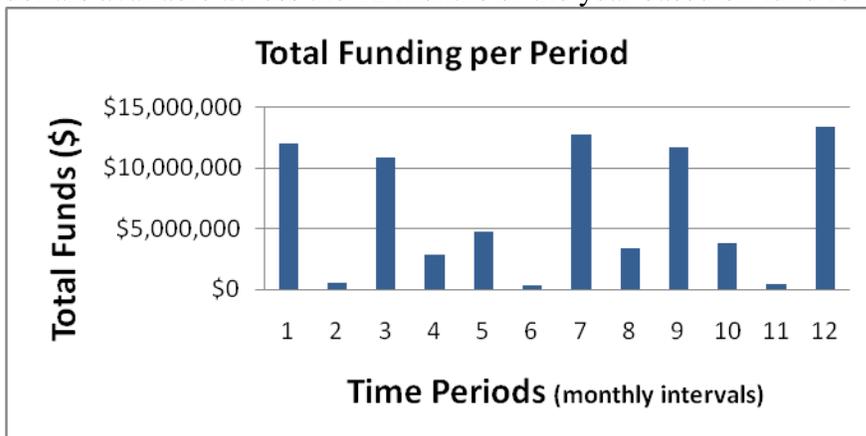
One change that had been implemented in Gombala, based on studies done by the World Bank sponsored researchers, was to decentralize purchasing into separate decisions by each of the three regions of the country. This decision was based on extensive research done by economists who claimed that the benefits of local ownership of decisions would be drug choices that would be better tailored to local disease estimates and treatment preferences. Their view was that any operational inefficiency would be more than overcome through this improved tailoring of supply to demand.

In effect, Gombala had three separate purchasing organizations, one for each region. They made separate purchasing decisions, carried separate drug inventory and satisfied demand only for their region. That said, observed satisfaction of prescription availability at public hospitals was under 50%, i.e., for any given drug prescribed, there was a 50% chance that there would be inventory to satisfy that demand. This problem was exacerbated if a patient was prescribed many different drugs – even the common ones.

Nick wondered if it was time to recommend centralized purchasing or if there was some other way out?

Erratic Fund Availability

One key issue that plagued purchasing organizations was availability of money over time. A plot of actual **fund availability over time** showed the picture below – it displays dollars available across the 12 months of the year based on fund releases.



Adbou had been approached by some financial groups in New York – they had suggested that they could lend to Gombala against donor commitments so that Gombala could have a credit line (for some borrowing cost) that could be used as per drug demand rather than waiting for fund releases by donors. Adbou had worried that leaking some of the donor's

money to get around their constraints would not be looked upon kindly. Yet, he wanted Nick to weigh in whether the money spent to have funds available as needed would be worth it. At what level of borrowing cost should Gombala agree to this scheme?

But Nick was also concerned that such financial instruments would delay dealing with the real problem – which was donor need to control financial flows. He surmised that any scheme that would cause donors to lose control of the specific deployment of their funds would not be acceptable in the long run. Just like the “rocks and water” analogy used to describe the role of Zero Inventory schemes, the financial buffers would leave the true problems unresolved, he felt. But he did understand Adbou’s frustration.

Most of Adbou’s time was spent going from donor to donor to release constraints just a bit so that each week’s spending could be covered. Gombala financial staff were reduced to traveling agents who went from country to country aiming to get their goals accomplished. Surely there could be a better way that was more efficient, he suspected.

Information regarding drug inventory

Ideally, Nick felt, if there was inventory at the central store, the best way to allocate drugs to hospitals would be based on a replenishment model triggered based on hospital usage and projected demand (if there were surges expected). But data regarding current inventory status was woefully minimal. Thus, the staff in the central stores used a “push” system of forecasted demand to send drugs to hospitals.

But such push approaches, while rationally motivated, often resulted in the wrong types of medicines being sent to a hospital. There was little incentive for these drugs to be transshipped between hospitals too. The result was the unacceptable situation that some locations were stocked out while others were awash in inventory.

How could these tactical deployment issues be improved? One innovative experiment that Nick had heard about used cell phones to collect inventory information. The researchers had taught personnel in medical hospitals to count the inventory and report it back as a terse SMS code providing inventory levels for a select set of drugs. As soon as the data was received, the provider of the information was sent a reward – a few minutes of free talk time added to the phone. This incentive (which Nick recalled to be about 70 cents) had enabled the NGO to collect very high quality inventory data. They had also found that once inventory visibility was provided – transshipment between locations happened spontaneously and without any need for central command.

Nick wondered if he should recommend that some NGO fund such inventory information gathering in Gombala. Would it be worth taking donor funds and allocating it to collect inventory data?

Counterfeit Drugs and Pharmasecure

While the public procurement faced tremendous hurdles – Nick knew that Gombala’s private drug trade was thriving. In most streets there were drug sellers with tablets sold in the open in baskets and offering specific doses of medicines at low costs. This market was open at all times of the day and was easily accessible.

The problem with the private system was the assurance of quality; the only way the system offered drugs at all possible price points was the sacrifice of quality in some cases. Counterfeit drugs were comingled with branded high quality drugs – and the customers were unaware of the difference.

This lack of quality assurance was one of the reasons that Nick and Adbou had worried about providing money to patients to buy drugs from private pharmacies if the public system ran out. How could they ensure that patients were not being cheated regarding quality in their purchases?

One company that had suggested a solution was called Pharmasecure. This company had already set up a pilot in India in which they would put an SMS code on every drug strip (foil shrink wrapped tablets) as well as a cell phone number. As soon as the buyer purchased a drug, they could send this SMS code a receive confirmation regarding the verification of the drug. The system also tracked these codes so that duplicate use of the code would be prevented. Pharmasecure had also offered to remind patients about the dosage they should take, drug interactions etc.

Nick now had to help Adbou decide if it was worth paying Pharmasecure to put in these codes on drug strips in Gombala. He realized that if quality was assured, then patients could be permitted to buy these drugs from the private market and thus obtain increased drug availability.

Metrics, metrics, metrics

Nick was a believer in measurement as a way to establish benchmarks. While he accepted the difficulties associated with the quest for efficiency in developing environments, he was adamant that donors would need reassurance that their funds would not be wasted. But the problem was not one of no metrics but too many different metrics, each favored by a different donor. Some of the metrics were...

1. Delivered cost per dosage
2. DALY – or Disability Adjusted Life Years – saved by the drugs and medicines
3. Childhood Mortality Rate (fraction of children born who do not survive until the age of five)
4. Rural Health provision
5. Fraction of the poorest of the poor served by donor funds
6. Supply Chain costs as a fraction of total costs
7. Stock out rates for drugs across locations

Nick and Adbou realized that in an ideal world, all of these metrics would be relevant – but how could they set up a mechanism that would enable all the personnel in the field and donor representatives focus on ways to improve performance?

By the time he looked up from his documents, it was late afternoon and the sun was lower in the horizon; time to stretch and get a great cappuccino down the street. He was still confused about where to start, how to set priorities, strategy ...but he realized that perhaps a team of MBA students would be successful given the task of applying private sector supply chain ideas to Global Health.

He was curious what recommendations the teams might provide.



**MBA/Masters
Case Competition Phase 2
Case
Free Health Care in Gombala**

A CONTINUATION OF...

**Managing Health Care Supply Chains in
Gombala**

February 2011

Case written by: Professor Ananth V. Iyer
Susan Bulkeley Butler Chair in Operations Management
DCMME/GSCMI Center Director
aiyer@purdue.edu

Krannert School of Management
Purdue University, West Lafayette, IN 47907

This case was written by Professor Ananth Iyer, Susan Bulkeley Butler Chair in Operations Management at the Krannert School of Management, Purdue University. It is meant solely as a vehicle for teaching, learning and class discussion. The data and details provided in the case are completely fictitious.

Nick Van DeCamp and Adbou Diallo had been on the phone for over one hour as they reviewed details of a speech by the President of Gombala. The previous day, February 9, was Gombala's Independence Day and it was traditional for the President to make key announcements. Nick had the text of the speech in front of him, but he was particularly focused on the portion that dealt with health care in Gombala. The President said...

“From today onwards, all children below the age of five and all pregnant women will be entitled to free health care at any clinic in Gombala. Free means you pay nothing – for tests, for treatment, for medicine. I thank the citizens of Europa (a European country) for its generosity in funding this initiative. I look forward to the day when we will offer a quality of health care that will be accepted as a world standard for a developing country such as ours.”

Nick had also received a document from Adbou that suggested that once free health care would be announced, a large number of Gombalans classified as the “poorest of the poor” (with less than \$ 1 of income per day) would flood into clinics across the country- an estimated 2 million potential patients. Adbou had been worried about where people would go – to their closest hospital or to the large clinics in the city.

Nick had also been told that while Europa had committed to assist, the constraint was that Gombala's Ministry of health would have to create a forecast of medicines required in each sub region and its hospital. This information would be sent to the UNICEF central medical procurement in Copenhagen. UNICEF would then pick and pack the medicine and ship it directly to the sub region. The lead time for this order placement and delivery was four months. Thus, Europa funds would be converted to medicine and shipped to hospitals.

Adbou and Nick worried about what would happen to resources available at hospitals. In the past, doctors and nurses never received their salaries in time. This caused about 60% of the people working in hospitals to be labeled “volunteers”. These volunteers often charged money to individual patients for helping them. If many patients stopped paying, would these volunteers go away? What about the midwives who supervised deliveries? Who would pay them if the patient refused? Would availability of midwives decrease and thus lead to more medical emergencies?

Most donors had been adamant that they would never pay for any medicines purchased from the private supply chains. Nick and Adbou wondered if there was a way to guarantee medicine availability by providing a voucher to patients (entitled to free health care) when the hospital ran out of inventory. That way, patients could go to a private pharmacy and get the medicine for free (using the voucher to pay for it). But Nick worried that such a scheme could be subject to manipulation and may, in fact, incite poor forecasts. Adbou seemed less worried, but was more concerned about the quality of the medicines sold by private pharmacists.

Finally, both Nick and Adbou had wondered if the medicines provided for the free health care would leak into the rest of the system and cause the Gombalan government to further

reduce their support for health care. How could the system be structured to continue to improve health care for all? Nick was aware that in the current system (before free health care) patient fees covered many costs – such as maintenance, salary support etc at the hospitals. He wondered where the money for such coverage would come from, as many patients (i.e., those entitled to free health care) stopped paying. How would the system provide services for all without raising fees for the remaining patients?

Nick and Adbou had one day to influence changes to the system while maintaining the spirit of the President's comments. Nick had a feeling that unless planned carefully, free health care could generate worse outcomes for Gombala.

Perhaps a team of MBA students can provide some quick help to Nick and Adbou – ***and you are that team.***

Case Competition Evaluation Sheet

Name of Judge:					
Name of Group:					
Category	Superior	Very Good	Adequate	Minimal	Points Awarded
Analysis	20-16 points	15-11 points	10-6 points	5-0 points	
	All critical issues were identified and thoroughly addressed. Information supporting the analysis was provided. All calculations were correctly computed and used to support conclusions and recommendations.	Most of the critical issues were identified and thoroughly addressed. Information supporting the analysis was available. Most of the calculations were correctly computed and used to support conclusions and recommendations.	Some of the critical issues were identified and discussed. Analysis lacked depth and supporting information. Some of the calculations were incorrect or irrelevant. Calculations used did not support conclusions and recommendations.	Many of the critical issues were missed or lacked depth. Some supporting information was inaccurate. Many of the calculations were incorrect or irrelevant. No apparent link between analysis and recommendations.	
Strategy	20-16 points	15-11 points	10-6 points	5-0 points	
	The strategy is highly innovative and feasible for implementation. All assumptions were supported by research and reasonable for the problem presented.	The strategy is innovative and feasible for implementation. Most assumptions were supported by research and reasonable for the problem presented.	The strategy either demonstrated innovation but lacked feasibility for implementation, or lacked innovation but demonstrated feasibility for implementation. Some of the assumptions were unreasonable or not supported by research.	The strategy was neither innovative nor feasible for implementation. Most of the assumptions made were unreasonable or lacked supporting research.	
Supporting Plan	20-16 points	15-11 points	10-6 points	5-0 points	
	The implementation plan is reasonable and thoroughly addressed the areas of process, resources, systems and equipment. The plan addressed risks and the team developed contingencies to address those risks.	The implementation plan is reasonable and addressed the areas of process, resources, systems and equipment. The plan addressed some risks and the team developed some contingencies to address those risks.	The implementation plan lacked some level of reasonableness or failed to address all areas of process, resources, systems, and equipment. The plan did not address risks or contingencies.	The implementation plan lacked reasonableness and failed to address the areas of process, resources, systems, and equipment. The plan did not address risks or contingencies.	
Teamwork	10-8 points	7-5 points	4-2 points	1-0 points	
	All group members were equally involved in the presentation of materials and the answering of questions. All appeared equally knowledgeable and supported the points of teammates.	Most group members participated in the presentation of materials and the answering of questions. Most appeared knowledgeable of the subject matter. Generally team members supported the points of teammates.	One or two team members dominated the presentation and the others commented minimally. Some team member did not appear knowledgeable of the subject matter. The team had occasional difficulties answering questions.	One team member dominated the presentation and the others commented minimally or not at all. Most team member did not appear knowledgeable of the subject matter. The team struggled to answer questions posed to them.	
Presentation	20-16 points	15-11 points	10-6 points	5-0 points	
	The presentation was exceptional and extremely professional. The message was clear and concise. The materials lacked grammatical errors. The presenters demonstrated excellent speaking skills.	The presentation was excellent and professional. The message was clear and concise. The materials had few grammatical errors. The presenters demonstrated solid speaking skills.	The presentation was adequate but uninspiring. The message lacked clarity and organization. The materials had some grammatical errors. The presenters were somewhat unclear and had difficulty with eye contact.	The presentation was poorly done and unprofessional. The message was unclear and/or presenters rambled. Presenters mumbled and/or lacked eye contact. The materials contained numerous errors.	
Overall Recommendation	10-8 points	7-5 points	4-2 points	1-0 points	
	The overall plan was exceptional and innovative. All expectations were exceeded.	The overall plan was excellent and creative. All expectations were met and some exceeded.	The overall plan was feasible but lacked innovation and creativity. Results were sometimes less than expected.	The overall plan was lacked feasibility and creativity. Results were mostly less than expected.	
Total Points Awarded (100 Maximum)					

Case Competition Judges

Thank you industry judges for your generous gift of time!

<p>James Malone President Central Indiana APICS</p>	
<p>John Robertson Director Global Supply Chain – Thailand: Int’l Operations</p>	
<p>Kevin Johnson or Ben Moreno Procurement</p>	
<p>Peter F. Rokosz Supply Chain Analyst</p>	 ArcelorMittal
<p>Sharon Asche Division Manager Scheduling</p>	 ArcelorMittal
<p>Tamara Russell Legacy Products, MDR-TB Partnership, and Global Product Donations</p>	
<p>Robert Ulibarri Global Manufacturing Engineer Manager</p>	

Competing MBA School Teams

Phase 1 of the Competition

A whopping 23 teams from around the globe entered Phase 1 of the GSCMI MBA Case Competition – Unleashing the Global Supply Chain, with *ALL 23 teams submitting* solutions by the Phase 1 deadline.

Below is the list of the 23 teams participating in Phase 1.

Thank you Phase 1 teams!

TEAM Name	University's Name	TEAM LEADERS
Tauber Ross	University of Michigan	Daniel Hsu
Tauber	University of Michigan	John Volk
The Postponers	University of Wisconsin-Madison	Tim Breitag
Team Purdue	Purdue University	Brandon Sturm
Meliora Solutions	University of Rochester	Amanda Hecker
Terps	University of Maryland	Jayraj Ganesh
MIT Supply Chain Team	MIT	Jay Jagatheesan
Just In Time	University of Southern California	Saurav Palit
Linking By Diversity	Drexel University	Ameya Thorat
Kaizen	University of Virginia	Akshay Mittal
Chain Reactors	University of Southern California	Mahalakshmi Viswanathan
Sacramento Dragons	Drexel University	Jeff Dern
Kelley Ops MBAs	Indiana University	Timothy Cha
Kelley Red	Indiana University	Matthew Hutchens
MMM'ers	Northwestern University	Nick Howerton
Global Vision	University of Illinois at Urbana-Champaign	Diana Vallejo
ROCS	University of California, San Diego	Shivam Tandon
Rady School of Management Team #2	University of California, San Diego	Mengju Wu
Washington University Team 1	Washington University In St. Louis	Haibin Wen
The Future of World	China Europe International	Rahul Bagde
OGSM1	Vanderbilt University	Derek Sparks
OGSM2	Vanderbilt University	Elisa Graban
GameCocks	University of South Carolina	Patrick McManus

MBA Case Competition Finalists

Below are the *top six teams* advancing from the field of 23 submitting teams.
These are the *best of the best* – welcome our GSCMI MBA Case Competition finalists!

Thank you Finalist Teams!

School	Participants	Team Name
University of Maryland	Jayraj Ganesh Anirban Ghosh Adarsh Kumar Srivatsa Kumar Sarvepalli	Team 6: Terps
Indiana University	Matthew Hutchens Patrick Brunette Ben Cober Caroline Storey	Team 14: Kelley Red
University of California, San Diego	Shivam Tandon Eric Norman Sara Richardson Liu Weiyang	Team 17: ROCS
Purdue University	Brandon Sturm Saketh Chinni Deepti Nair Jing Wang	Team 4: Purdue
Northwestern University	Nick Howerton Will Conrad David DeSandre Deepak Ponnayolu	Team 15: MMM'ers
University of South Carolina	Patrick McManus Miriam Altmann-Barry Clinton Canady Jerrin James	Team 23: GameCocks