



Medicaid Innovation Accelerator Project: Coordinating Committee

COORDINATING COMMITTEE CO-CHAIRS

William Golden, MD

Medicaid Director of Arkansas Medicaid and Professor of Medicine and Public Health at the University of Arkansas
Little Rock, AR

William E. Golden, M.D. is Professor of Medicine and Public Health at the University of Arkansas and Medical Director of Arkansas Medicaid where he is the clinical lead for the program's nationally recognized multi-payer payment reform initiative. Previously, he served as the Vice President for Clinical Quality Improvement of the Arkansas QIO. A past Chair the Board of Regents of the ACP, Dr. Golden served 4 years on the Board of Directors of the NQF and is a past President of the AHQA. He is currently on the Guiding Committee of the HCP LAN and co-chair of its Primary Care workgroup. Dr. Golden has extensive experience in measure development and the application for Medicaid populations and in Pay for Performance (P4P) and episodes of care.

Jennifer Moore, PhD, RN

Executive Director, Institute for Medicaid Innovation
Washington, D.C.

Dr. Moore is the founding director of the Institute for Medicaid Innovation where she oversees the research activities of the organization. Within her role, Dr. Moore has been appointed the chair of the Women & Gender Health Advisory Committee at AcademyHealth and serves on the PCORI Reproductive Health Committee and the AHRQ National Healthcare Quality and Disparities Report Workgroup. Dr. Moore comes from AHRQ where she led national women's and maternal child health initiatives, managed PCOR grants, and conducted disparities research. She is a research professor at the University of Michigan Medical School and volunteers as a nurse at an FQHC in D.C.

Karen Amstutz, MD, MBA, FAAP

Chief Medical Officer, Magellan Health, Inc.
Scottsdale, AZ

Dr. Karen Amstutz, MD, MBA, FAAP is Corporate Chief Medical Officer for Magellan Health where she serves as the clinical member of the executive leadership team. She establishes and leads the overall clinical and quality vision for the company, adding clinical expertise to Magellan's businesses serving special and high risk populations, such as Medicaid, specialty medicine and behavioral management, and pharmacy.

Prior to joining Magellan, Dr. Amstutz spent 20 years in health plans and health management organizations where she led large clinical quality and operations for Medicaid and Medicare businesses. She has been a part of teams which have answered Medicaid procurement proposals in 19 of 50 states, many of which have had administration requirements for contracting with Minority and Women Business Enterprise. With Medicaid comprising nearly 19% of state general funds, Dr. Amstutz brings expertise to NQF on implementing Medicaid clinical and quality requirements of state Medicaid and human services agencies.

Dr. Amstutz has degrees from Indiana University, Washington University, St. Louis and the University of Chicago. She trained at Barnes Hospital, St. Louis, and at Massachusetts General Hospital, Boston.

Sandra Finestone, AA, BA, MA, PsyD

Executive Director, Association of Cancer Patient Educators
Irvine, California

Sandra (Sandy) Finestone, Psy.D., is a 30-year breast cancer survivor and research advocate who has been a volunteer for Susan G. Komen for over 25 years. Sandy is the Past President and Treasurer of the Susan G. Komen Inland Empire Affiliate, Past President and Race Chair of the Orange County Affiliate and serves on the Advocates in Science (AIS) Steering Committee and chairs the AIS Training Working Group.

A long-time advocate, Dr. Finestone organized a support group for husbands of breast cancer survivors. She also founded the Orange County Breast Cancer Coalition and opened the Hope Wellness Center, to meet the needs of breast cancer survivors. Her advocacy knows no borders; in 2009, Dr. Finestone went to Jordan to facilitate a meeting that taught healthcare providers about support groups for women with breast cancer, and later that year, returned to the middle-east to train women in Kuwait and Egypt about support groups. She has been recognized for her work, receiving the 2002 National Komen Outstanding Volunteer of the Year for Lifetime Achievement. She is currently on the steering committee of Komen Advocates in Science and serves as the chair of the Education and Training Working Group. Dr. Finestone reviews research grants for Komen as well as the Department of Defense, Cochrane, Avon, PCORI and the states of New York and California. She is an Ambassador for PCORI. She has a private therapy practice with a focus on cancer patients and their families and facilitates support groups for women with cancer as well as women dealing with metastatic disease. Her young women's group is in collaboration with the Young Survival Coalition.

Andrea Gelzer, MD, MS, FACP

Senior Vice President and Corporate Chief Medical Officer, AmeriHealth Caritas Family of Companies
Philadelphia, Pennsylvania

Andrea Gelzer, MD, MS, FACP, is the senior vice president and corporate chief medical officer for AmeriHealth Caritas. She is responsible for setting and overseeing the organization's population health management, informatics, quality, and provider contracting strategies, as well as clinical policy development, and data analytics oversight for all AmeriHealth Caritas' health plans and ancillary businesses. Dr. Gelzer earned her undergraduate degree from Tufts University, her doctor of medicine from St. George's University, and her master's degree in preventive medicine/administrative medicine from University of Wisconsin Madison. She is a board certified by the American Board of Internal Medicine and the American Board of Preventive Medicine in clinical informatics.

Allison Hamblin, MSPH

Vice President for Strategic Planning, Center for Health Care Strategies, Inc.
Hamilton, New Jersey

Allison Hamblin is the vice president for strategic planning at CHCS, where she leads CHCS' program activities related to integrating care for Medicaid beneficiaries with complex needs. Major initiatives in this area include: (1) the Innovations in Complex Care program, a national initiative supported by Kaiser Permanente Community Benefit to develop integrated care models for Medicaid's highest-need beneficiaries; and (2) Transforming Complex Care, a multi-site demonstration supported by the Robert Wood Johnson Foundation (RWJF) to advance evidence-based and highly replicable approaches to complex care management. Ms. Hamblin also oversees CHCS' efforts to provide technical assistance to states developing Medicaid health homes.

Christine Hawkins, RN, MBA, MSML

Senior Director, Stars, Centene Corporation
Clayton, Missouri

Christine is a Quality health professional with over 20 years of experience in acute care, Medicaid, Medicare and Marketplace organizations as well as, a leading expert in quality measure development, measuring quality outcomes and driving improvement at lower costs. She is a Registered Nurse who holds both a Master's in Business Administration and a Masters in Strategic Management and Leadership. Christine has a strong and successful background in managing Health Effectiveness Data Information Set (HEDIS) risk adjustment operations, National Association for Quality Assurance (NCQA) Health Plan Accreditation, Consumer assessment with Health provider satisfaction (CAHPS) and Star quality ratings and operations. Christine is also responsible for CMS audit protocol, regulatory compliance, and vendor oversight and health policy. As a six sigma green belt, Christine understands analytics and measure development and has contributed to the success of achieving a minimum 4 Star CMS rating in the Medicaid-Medicare dual eligible population including driving best practices for improved Medicaid health outcomes.

As a Sr. Director at Centene Corporation of Stars and Quality Operations, Christine has strived to improved data collection and data validation efforts to ensure data reflects true efforts on beneficiary outcomes and reduce capitation withholds in the managed care industry. Christine aspires to continue building a strong quality infrastructure that focuses on proven best practices for improving beneficiary health outcomes while reducing Healthcare disparities. This is achieved by ensuring data analytics are robust enough to identity quality initiatives in a proactive manner while improving the member experience. Christine strives for managed care organizations to be aligned when striving to be the best in class, increase access to care and therefore; is constantly looking for ways to improve consumer and practitioner engagement by challenging the status quo.

Maureen Hennessey, PhD, CPCC

SVP and Director, Quality and Population Health Solutions, Precision Advisors
Washington, D.C.

Maureen Hennessey, PhD, CPCC, is SVP, Director, Quality and Population Health Solutions for Precision Advisors. Dr. Hennessey is a licensed psychologist in two states and has served in executive positions with Magellan, Health Integrated, BCBS of Kansas City, and received an academic appointment as Clinical Assistant Professor with the UMKC School of Medicine. Under her leadership organizations have received recognition from NBCH (eValu8 award), NCQA, and the National Academies for innovative, patient-centric initiatives that have reduced hospital readmissions and improved patient safety. Dr. Hennessey has extensive experience in community and health plan collaborations for expanded integration of health with behavioral health with demonstrated improved outcomes (e.g., decreased ED and inpatient utilization due to suicide attempts).

David Kelley, MD, MPA

Chief Medical Officer, Office of Medical Assistance Programs, Pennsylvania Department of Human Services
Harrisburg, Pennsylvania

Dr. David Kelley is Chief Medical Officer for the Pennsylvania Department of Human Service's Office of Medical Assistance Programs. He oversees the clinical/quality aspects of Medicaid programs that provide health benefits to 2.7 million Pennsylvanians. He provides oversight of eight Medicaid managed care organizations. Over the past decade he has helped to implement: a multi-payer medical home collaborative, four pay-for-performance programs, a multi-state application for the Medicaid EHR incentive program, nonpayment policies for readmissions, telemedicine payment policies, and a pharmacy management program.

This year his team developed a \$45 million dollar hospital incentive program based on preventable admissions and a \$20 million dollar MCO program focused on five combined behavioral and physical health quality and utilization measures. He has worked with a medical economist to develop predictive models for health care utilization and have identified super-utilizers that may be impacted by better care coordination.

Deborah Kilstein, RN, MBA, JD

VP Quality Management and Operational Support, ACAP - Association for Community Affiliated Plans
Washington, D.C.

Deborah Kilstein began her career in Medicaid as a nurse doing level of care and quality care determinations in nursing homes. She progressed through the organization and became Medicaid Director and ultimately Deputy Commissioner of Human Services. Ms. Kilstein has also worked at the Center of Health Care Strategies focused on state operations issues. She spent almost three years managing operations as a health plan. For the last nine years at ACAP, she has focused on quality issues including measurement and quality improvement.

Currently, Ms. works at ACAP, a trade organization of nonprofit Safety Net Health Plans predominantly serving the Medicaid population. In this role, she works with the 57 health plans on issues related to quality measurement and improvement. I recently led a learning network for health plans on the issue of reducing prescription drug abuse and on improving integration of physical and behavioral health services, including the creation of toolkits for use by the health plans.

SreyRam Kuy, MD, MHS, FACS

Chief Medical Officer, Medicaid, Louisiana Department of Health
Baton Rouge, Louisiana

SreyRam Kuy, MD, MHS, is the Medicaid Chief Medical Officer for the Louisiana Department of Health. She most recently served as Director of the Center for Innovations in Quality, Outcomes and Patient Safety and was the first full time female General Surgeon at Overton Brooks VA Medical Center. She teaches as an Assistant Professor of Surgery at Louisiana State University. Dr. Kuy was also a Robert Wood Johnson Clinical Scholar at Yale, completing a fellowship in health policy, public health and outcomes research, and worked as a Kaiser Family Foundation Health Policy Scholar for Senator Tom Harkin in Washington DC. She has been integrally involved in drafting state wide performance metrics, pay for performance incentivized metrics, and development of novel “Medicaid Expansion Early Wins metrics” which enable the state of Louisiana to assess how Medicaid expansion directly impacts lives.

Barbara McCann, BSW, MA

Chief Industry Officer, Interim HealthCare Inc.
Alexandria, Virginia

Barbara McCann, BSW, MA is the Chief Industry Officer for Interim HealthCare, Inc. Ms. McCann has been involved with national measure development, implementation and reporting in home and community based services for 25+ years. Her measurement experience began with the Joint Commission on the Accreditation of HealthCare and ORYX measures. She currently serves on the IMPACT measure TEP for unplanned readmissions. She serves as the Chair elect of the Community Health Accreditation Program (CHAP). She is a sought after speaker and expert on the integration and role of community based care within the emerging delivery system.

Sarita Mohanty, MD, MPH, MBA

Regional Executive Director, Medi-Cal Strategy and Operations, Northern California, Kaiser Permanente
Oakland, California

Dr. Mohanty is the Executive Director, Medi-Cal Strategy and Operations for Kaiser Permanente, with a focus on strategy, operations, and care coordination for Medi-Cal and Dual-Eligible populations. Her expertise includes integration and care coordination for safety net systems, including integration of physical health, behavioral health, and the non-medical/social care needs. She formerly served as the Senior Medical Director for L.A. Care Health Plan. Dr. Mohanty earned her bachelor's from the U.C. Berkeley, MD from Boston University, MPH from Harvard University, and MBA from UCLA. She practices as an internal medicine physician at Kaiser Permanente.

MaryBeth Musumeci, JD

Associate Director, Kaiser Family Foundation
Washington, D.C.

MaryBeth Musumeci is an Associate Director at the Kaiser Commission on Medicaid and the Uninsured, where she concentrates on Medicaid for people with disabilities, including issues related to people dually eligible for Medicare and Medicaid and long-term services and supports. For the last 5.5 years, she directed the Kaiser Family Foundation's work related to Medicaid policy issues affecting seniors and people with disabilities, including LTSS and community integration. This work includes an annual 50-state survey of Medicaid HCBS programs; a 2015 50-state survey of Medicaid eligibility pathways for seniors and people with disabilities; analysis of state Medicaid managed LTSS waivers, the recent Medicaid managed care regulations, the ACA options for states to offer LTSS, and how the ACA affects eligibility and benefits for people with disabilities; surveys of the Money Follows the Person program and BIP; and case studies and beneficiary profiles related to the duals financial alignment demonstrations.

Michael Phelan, MD, JD, FACEP, RDMS, CQM

Staff Physician, Cleveland Clinic
Cleveland, Ohio

Dr. Michael Patrick Phelan, MD has been practicing emergency medicine at Cleveland Clinic's main campus since 2001. Dr. Phelan holds certification in Medical Quality, and is board certified in Emergency Medicine. He is a Fellow in the American College of Emergency Physicians. Dr. Phelan is on faculty at the Lerner College of Medicine. He has been involved in Quality and Patient Safety for many years, holding key positions within the Quality and Patient Safety Institute and is currently the Medical Director within the Cleveland Clinic Quality Enterprise Department for Quality Reform and Reporting. He most recently was elected Secretary of the Cleveland Clinic Medical Staff, on track to be President of the Medical Staff in 2018. Dr. Phelan is an active member of the Quality Measures Work Team and the Enterprise Sepsis Steering Committee. He has served on the Patient Safety Committee, the Serious Reportable Events Subcommittee and the Medication Reconciliation Policy Committee. He is an active member in the American College of Emergency Physicians (ACEP) serving as co-chair of the Quality and Performance Committee, member of the Clinical Data Registry Committee, member of the Education Committee and the Quality Improvement and Patient Safety Committee. Dr. Phelan continues to be active with the National Quality Forum. He served as chair of the National Quality Forum Provider Council, Vice Chair of the National Quality Forums Provider Council, a member of the Measure Application Partnership (MAP), and on the Technical Expert Panel, Emergency Medicine and the Hospital Workgroup.

Cheryl Powell, MPP

Vice President, Truven Health Analytics
Baltimore, Maryland

Cheryl A. Powell is a Vice President at Truven Health Analytics an IBM Company where she leads Medicare, Medicaid and health care reform through value-based, data-driven analytics and consulting. Prior to joining Truven, Ms. Powell served in a variety of leadership roles at CMS, bringing a collaborative and mission-driven focus to Medicare, Medicaid and innovative care model program and policy decisions. At CMS, Ms. Powell served as the Deputy Director of the Medicare-Medicaid Coordination Office, where she led national innovations in care models, financing, person-centered care and quality as well as improvement alignment across Medicare and Medicaid. Ms. Powell also provided key leadership within Medicaid waivers, eligibility, coverage, managed care, and financial policy in a variety of Medicaid leadership roles served in healthcare industry roles focused on Medicare and Medicaid at a private health care plan as well as at the Hilltop Institute at the University of Maryland, Baltimore County. She is recognized as a national expert in Medicaid, Medicare and Dual Eligible policy, operations, financing and quality. She has extensive experience in Medicaid eligibility, managed care, coverage and financing policy, particularly as each relates to health care reform and innovative care models.

Sheryl Ryan, MD, FAAP

Professor of Pediatrics, Chief Section of Adolescent Medicine, Department of Pediatrics, Yale School of Medicine
New Haven, Connecticut

Sheryl Ryan, MD, FAAP, is currently Professor of Pediatrics and Director, Division of Adolescent Medicine, in the Department of Pediatrics at Yale University School of Medicine. Her research focuses on substance use prevention and abuse, teaching pediatric residents SBIRT (Screening, Brief Intervention and Referral to Treatment) techniques in clinic settings, assessing the long-term effects of prenatal exposure to marijuana. She currently serves as Chair of the American Academy of Pediatrics' Committee on Substance Use and Prevention, and was a lead author on the American Academy of Pediatrics' 2015 published Position Paper and Technical Report on marijuana policies.

Jeff Schiff, MD, MBA

Medical Director, Minnesota Health Care Programs, Department of Human Services
Minnesota

Jeff Schiff is the Medical Director for Minnesota Medicaid. His work focuses on evidence-based benefit policy, improved care delivery models, and improvement of clinical quality. Interests include the role of social and family risk factors on health outcomes, integrated delivery systems and mechanisms to improve quality measurement. He is committed to interweaving input from diverse communities to address health equity directly at all levels. Dr. Schiff is the past chair of the Medicaid Medical Directors network. He has served on and chaired numerous state and local policy and quality advisory committees for the CMS, the PCORI, and the AHRQ. He practices clinical pediatric emergency medicine. He is committed to creating a patient and family centered learning health care system.

John Shaw, MEng

President, Next Wave
Albany, New York

John Shaw's practice focuses on designing, evaluating, and implementing evidence-based health policy from an overall systems viewpoint. This includes Community Needs Assessment and priority program targeting for Medicaid reform for urban and rural communities and providers. Current work is focused on aligning health care delivery, multi-sector population health, and patient/family engagement in alternative payment models and bundled payment. Previously, John designed and evaluated Medicaid hospital and long term care payment and quality measurement methods in NY and other states

Alvia Siddiqi, MD, FAAFP

Medical Director, Advocate Physician Partners
Rolling Meadows, Illinois

As Medical Director of Advocate Physician Partners (APP), Dr. Siddiqi oversees Process Improvement, Patient-centered medical home (PCMH) transformation, and the Advocate/Meridian Family Health Plan partnership plan. She serves as Medical Advisor to the APP Community Health Worker (CHW) and Care Management programs.

Prior to Advocate, Dr. Siddiqi was Medical Director for the Illinois Health Connect PCCM with nearly 1.8 million Medicaid beneficiaries assigned to 5600 primary care medical homes. In the past, she has cared for patients in traditional inpatient and outpatient settings at Vista Clinic, affiliated with Cook County Health and Hospital Systems and Alexian Brothers Medical Group. In March, 2014, she completed the Medical Home Certificate program in conjunction with the Sixth National Medical Home Summit in Philadelphia, PA.

Susan Wallace, MSW, LSW

Coordinator-Special Communications and Projects, LeadingAge Ohio
Columbus, Ohio

Susan Wallace began working with Ohio's hospice association on advocacy and policy issues, Her specialization was later broadened to include compliance, quality measurement and improvement methods. Following a merger with LeadingAge Ohio, her knowledge broadened to include other providers of pre- and post-acute care, including skilled nursing facilities, home- and community-based services, and affordable housing. She has since consulted on expert panels convened by RTI International, the Medicare Payment Advisory Commission, and the National Hospice & Palliative Care Organization. Because the LeadingAge Ohio represents the continuum of pre- and post-acute eldercare services, including affordable housing providers, continuing care retirement communities (CCRCs), skilled nursing facilities and home- and community-based services, among others, she draws upon the experiences of those other provider types in their respective quality reporting work, but also the coordination challenges that each hospices and other providers face when an individual receives services from multiple parties.

Judy Zerzan, MD, MPH

Chief Medical Officer, Colorado Department of Health Care Policy and Financing
Denver, Colorado

As Chief Medical Officer, Dr. Zerzan provides clinical guidance for benefits and directly oversees the Pharmacy, Data Analysis, and Quality sections for Colorado Medicaid. Dr. Zerzan has a role in the Colorado's Accountable Care Collaborative and cost-containment efforts. She is Co-Chair for the Payers and Payment Reform Workgroup for Colorado SIM and the Medicaid representative to the Colorado Multi-Payer Collaborative. She has been Chief Medical Officer at Colorado Medicaid for almost six years and has served in a number of roles locally and nationally with expertise in the areas of Medicaid, quality measurement and behavioral health.

Medicaid Innovation Accelerator Project: Medicaid Beneficiaries with Complex Care Needs and High Costs Technical Expert Panel

TECHNICAL EXPERT PANEL CHAIR

Andrea Gelzer, MD, MS, FACP

Senior Vice President and Corporate Chief Medical Officer, AmeriHealth Caritas Family of Companies
Philadelphia, Pennsylvania

Andrea Gelzer, MD, MS, FACP, is the senior vice president and corporate chief medical officer for AmeriHealth Caritas. She is responsible for setting and overseeing the organization's population health management, informatics, quality, and provider contracting strategies, as well as clinical policy development, and data analytics oversight for all AmeriHealth Caritas' health plans and ancillary businesses. Dr. Gelzer earned her undergraduate degree from Tufts University, her doctor of medicine from St. George's University, and her master's degree in preventive medicine/administrative medicine from University of Wisconsin Madison. She is a board certified by the American Board of Internal Medicine and the American Board of Preventive Medicine in clinical informatics.

TECHNICAL EXPERT PANEL MEMBERS

James Bush, MD, FACP

State Medicaid Medical Officer, Wyoming Office of Health Care Financing
Cheyenne, Wyoming

Dr. Bush joined the Wyoming Department of Health in March 2007 as Staff Physician and Medicaid Medical Director. He oversees the Health Management and Utilization Management contract and provides clinical oversight throughout the Department, including for the Statewide Superutilizer Program. Previously, he had a solo practice on Internal Medicine in Fort Collins, CO. Other previous roles include serving as Chief of Staff at Poudre Valley Hospital, President of the Colorado Society of Internal Medicine, and President of the Fort Collins IPA. Dr. Bush has served as clinical faculty for the University of Colorado for 23 years and provides residency training.

Dan Culica, MD, PhD

Senior Research Specialist, Texas Health and Human Services Commission
Texas

Dr. Culica is recognized for his assistance to quality improvement through the development of performance improvement projects and design of outcome measures for healthcare interventions. He currently is evaluating the quality improvement interventions of Medicaid Beneficiaries with High Costs and High Needs, Medicaid Managed Care Organizations and hospital "Pay-for Quality" Program. A recent major role is the design and implementation of the Delivery System Reform Incentive Payment program. He is also proficient at coordinating healthcare interventions, long-range planning, survey and certification, program evaluation, and research in the areas of chronic disease management, HIV/AIDS, cardiovascular surgery, trauma care organization, emergency room utilization and health system governance.

David Moskowitz, MD, MAS

Medical Director, Hope Center, Alameda Health System
Oakland, California

Dr. Moskowitz is a practicing internist and the medical director of the Hope Center at Alameda Health System (AHS). Since 2012, he has overseen the growth and development of complex care management programs for medically and socially complex patients at AHS. He received his B.S. and M.D. from the University of Washington, and went on to complete his internal medicine residency there. He has a master's degree in clinical research from the University of California San Francisco where he completed a primary care research fellowship. He has published on chronic disease management and vulnerable populations in numerous peer reviewed journals.

Howard Shaps, MD, MBA

WellCare Health Plans, Inc.
Louisville, Kentucky

Dr. Howard Shaps is the medical director for WellCare of Kentucky. He is responsible for overseeing the clinical direction of medical services and quality functions in the state and he provides medical leadership for the effective care integration of pharmacy operations; utilization, care and disease management activities; and quality improvement. Prior to WellCare, he was the medical director for Health Care Excel, a Quality Improvement Organization and served as a medical director for Express Scripts. He earned his bachelor's degree in psychology from the University of Michigan, his doctor of medicine from the Boston University School of Medicine and his MBA, with distinction, from the University of Louisville, College of Business. He serves as assistant clinical professor of emergency medicine at the University of Louisville, School of Medicine and remains an active emergency physician.

Medicaid Innovation Accelerator Project: Reducing Substance Use Disorders Technical Expert Panel

TECHNICAL EXPERT PANEL CHAIR

Sheryl Ryan, MD, FAAP

Professor of Pediatrics, Chief Section of Adolescent Medicine, Department of Pediatrics, Yale School of Medicine
New Haven, Connecticut

Sheryl Ryan, MD, FAAP, is currently Professor of Pediatrics and Director, Division of Adolescent Medicine, in the Department of Pediatrics at Yale University School of Medicine. Her research focuses on substance use prevention and abuse, teaching pediatric residents SBIRT (Screening, Brief Intervention and Referral to Treatment) techniques in clinic settings, assessing the long-term effects of prenatal exposure to marijuana. She currently serves as Chair of the American Academy of Pediatrics' Committee on Substance Use and Prevention, and was a lead author on the American Academy of Pediatrics' 2015 published Position Paper and Technical Report on marijuana policies.

TECHNICAL EXPERT PANEL MEMBERS

Christina Andrews, PhD

Assistant Professor, University of South Carolina
Columbia, South Carolina

Dr. Andrews's research focuses on the impact of Medicaid benefits design on the quality and availability of addiction treatment in the United States. She is Principal Investigator of a five-year Mentored Research Scientist Development Award from the National Institute on Drug Abuse to examine design of coverage for and delivery of addiction screening and treatment in diverse Medicaid health home models. Dr. Andrews is also a Co-Investigator on a five-year, nationally representative, longitudinal study funded by the National Institute on Drug Abuse examining the impact of the ACA, including Medicaid expansion, on the accessibility of addiction treatment nationwide.

Richard Brown, MD, MPH

Professor, University of Wisconsin School of Medicine and Public Health
Madison, Wisconsin

Dr. Brown is a family physician and a tenured professor in the Department of Family Medicine and Community Health at the University of Wisconsin School of Medicine and Public Health. His academic focus has been the management of behavioral risks and disorders in general healthcare settings. He has conducted NIH-funded research, published 35 peer reviewed articles, made numerous presentations, and conducted workshops in this realm on four continents. He served as president of the Association for Medical Education and Research in Substance Abuse (AMERSA) from 1997 to 1999 and received AMERSA's McGovern award for excellence in medical education in 2002.

Dennis McCarty, PhD

Professor of Public Health, Oregon Health & Science University
Portland, Oregon

Dr. McCarty works at the intersection of policy, practice and research collaborating with policy makers and community based programs to translate research into practice. His investigations address the development and testing of behavioral and pharmacological therapies, implementation of medication-assisted treatment, and assessment of organizational change. He serves as the co-Principal Investigator for the Western States Node of the National Drug Abuse Treatment Clinical Trials Network, and as the PI for an assessment of the impacts of healthcare reforms on treatment for drug use disorders, and the Medication Research Partnership (a collaboration with a national health plan and the treatment centers contracted with the health plan).

Dr. McCarty also have experience in policy development and implementation. He directed the Massachusetts Bureau of Substance Abuse Services for the Massachusetts Department of Public Health (1989 – 1995) and contributed to the development and use of a patient information system tracking admissions and discharges from addiction treatment programs in Massachusetts. Currently, Dr. McCarty serves on the Oregon Alcohol and Drug Policy Commission.

Tiffany Wedlake, MD, MPH

Physician Advisor HealthChoice, Maryland Department of Health and Mental Hygiene
Baltimore, Maryland

Tiffany Wedlake, MD, MPH is the Physician Advisor for Maryland Medicaid HealthChoice Program. She worked as a Physician Consultant on quality improvement with the North Carolina Medicaid population for more than three years before starting with Maryland's DHMH. Dr. Wedlake chairs Maryland's Medicaid Opioid Utilization Workgroup which has developed a comprehensive policy for opioid utilization review. She developed the State's opioid utilization measures. She is working on the improvements in the State's VBP program. She also does clinical work in a Baltimore FQHC.

Medicaid Innovation Accelerator Project: Physical and Mental Health Integration Technical Expert Panel

TECHNICAL EXPERT PANEL CHAIR

Maureen Hennessey, PhD, CPCC

SVP and Director, Quality and Population Health Solutions, Precision Advisors
Washington, D.C.

Maureen Hennessey, PhD, CPCC, is SVP, Director, Quality and Population Health Solutions for Precision Advisors. Dr. Hennessey is a licensed psychologist in two states and has served in executive positions with Magellan, Health Integrated, BCBS of Kansas City, and received an academic appointment as Clinical Assistant Professor with the UMKC School of Medicine. Under her leadership organizations have received recognition from NBCH (eValu8 award), NCQA, and the National Academies for innovative, patient-centric initiatives that have reduced hospital readmissions and improved patient safety. Dr. Hennessey has extensive experience in community and health plan collaborations for expanded integration of health with behavioral health with demonstrated improved outcomes (e.g., decreased ED and inpatient utilization due to suicide attempts).

TECHNICAL EXPERT PANEL MEMBERS

Angela Kimball

National Director, Advocacy & Public Policy, National Alliance on Mental Illness (NAMI)
Arlington, Virginia

Angela Kimball is the National Director for Advocacy & Public Policy for NAMI. Ms. Kimball brings the perspective of an organization of individuals and families who are affected by mental illness, she brings on-the-ground knowledge and expertise in quality metrics. Prior to working with NAMI, Ms. Kimball worked as an Innovator Agent for Oregon Health Authority (OHA). A key component of the OHA Medicaid transformation was a focus on person and family-centered care and on eliminating disparities for vulnerable populations. She assisted in helping regions focus on patient activation and engagement and continued this work at NAMI through reports on engagement and on family caregivers. Ms. Kimball brings expertise in grassroots advocacy campaigns, as well as a drive to champion solutions for people living with mental health conditions and families.

Virna Little, PsyD, LCSW-r, MBA, CCM, SAP

Senior Vice President, The Institute for Family Health
New York, New York

Virna Little, PsyD, LCSW-r, MBA, CCM, SAP, the Senior Vice President for Psychosocial Services and Community Affairs at the Institute for Family Health, is a nationally recognized expert in the integration of primary care and behavioral health services. She has worked nationally and internationally to help primary care organizations as well as county and state systems develop behavioral health identification and treatment programs, viable behavioral health services, and integrated care systems. At the Institute for Family Health, she has developed a behavioral health program that now employs over 200 staff people and provides 136,000 visits annually. As the Senior Vice President of Psychosocial Services/Community Affairs, she is the lead clinician and administrator for this program.

David Mancuso, PhD

Director, WA State Department of Social and Health Services
Olympia, Washington

Dr. Mancuso is the director of the Research and Data Analysis Division of the Washington State Department of Social and Health Services. His work supports health and social service interventions and policymaking by deriving actionable information from complex data systems through data integration and rapid-cycle data analytics. He leads the team maintaining Washington State's Integrated Client Database, an analytical resource linking Medicaid medical, behavioral health, and long-term care data with social service, criminal justice, housing, child welfare, education, employment, vital statistics and Medicare claims and encounter data. He has extensive state Medicaid program experience in the development and implementation of (1) behavioral health quality and outcome measures and (2) credible attribution models for a variety of "accountable entities". He has extensive experience in measurement across the domains of health care cost, utilization and quality.

James Schuster, MD, MBA

Chief Medical Officer, Medicaid and Behavioral Services, UPMC Insurance Division
Pittsburgh, Pennsylvania

Dr. Schuster has been involved in quality measurements and initiatives to improve services through his role as a Chief Medical Officer of a 1,000,000 member not for profit behavioral health managed care organization, Community Care. Over the past several years he has had a specific focus on enhancing the quality of integrated (Physical/Behavioral) services, including leading development of an innovative model partly supported by an award from the Patient Centered Outcomes Research Institute.

Dr. Schuster is a psychiatrist with background in both geriatrics and addictions, and through his work and expertise as the Chief Medical Officer of behavioral and physical health MCOs and a long term care plan can facilitate progress in the integration of behavioral and physical health services.

Medicaid Innovation Accelerator Project: Community Integration – Community-based Long-Term Services and Supports

TECHNICAL EXPERT PANEL CHAIR

Barbara McCann, BSW, MA

Chief Industry Officer, Interim HealthCare Inc.
Alexandria, Virginia

Barbara McCann, BSW, MA is the Chief Industry Officer for Interim HealthCare, Inc. Ms. McCann has been involved with national measure development, implementation and reporting in home and community based services for 25+ years. Her measurement experience began with the Joint Commission on the Accreditation of HealthCare and ORYX measures. She currently serves on the IMPACT measure TEP for unplanned readmissions. She serves as the Chair elect of the Community Health Accreditation Program (CHAP). She is a sought after speaker and expert on the integration and role of community based care within the emerging delivery system.

TECHNICAL EXPERT PANEL MEMBERS

Diane McComb, MEd

Aging and Disability Lead, Delmarva Foundation
Chester, Maryland

Diane McComb, MEd is the Liaison to State Associations with the American Network of Community Options and Resources (ANCOR). Concurrently, she also works with the Delmarva Foundation providing technical expertise on disabilities, self-direction, individual budgets, community waiver programs, and managed care.

Prior to her current work she served as the Deputy Secretary of the Maryland Department of Disabilities and the CEO of Maryland's state association of community programs. She also directed a community agency supporting people with intellectual and developmental disabilities and their families. Her career gives her the unique perspective of a private community agency, the CEO of a statewide provider advocacy organization, and as a cabinet level governmental official.

She has a long history working as an advocate for people with disabilities and nonprofit management.

Judit Olah, PhD, MS

Quality Improvement Coordinator, UCHealth
Loveland, Colorado

Judit Olah, PhD, has been closely working within the framework care delivery transformation since 2010. She has 7+ years of leadership experience in acute and in ambulatory care delivery areas, focusing on care delivery evaluation, performance and outcomes measure development. She oversaw a CMS CMMI Healthcare Innovation Award that delivered statewide transformation in rural settings, and she continues to work closely with population health programs. She led several large scale cross-functional performance improvement initiatives in health systems, and was selected as local Improvement Advisor for IHI's 100 Million Healthier Lives program. Dr. Olah teaches at Regis University's graduate Health Administration program.

Robert Schreiber, MD

Medical Director, Hebrew SeniorLife
Boston, Massachusetts

Dr. Rob Schreiber is Medical Director of Evidence Based Programs at Hebrew SeniorLife. He served as Physician-in-Chief and CMO from 2004-2012 developing the strategic direction of Hebrew SeniorLife (HSL) Medical Group in home and community based services. He is a geriatric consultant in a Patient Centered Medical Home involved in managing a high risk elder community population. He serves as Medical Director of an Area Agency on Aging as well as a national consultant for the N4A National Aging and Disability Business Acumen Institute.

Janice Tufte

Engaged Patient
Seattle, Washington

Janice Tufte is an engaged patient, has over a decade of experience in housing and healthcare research, policy, planning and implementation. Janice has lived in supportive affordable housing and understands both the institutional structures, as well as the behavioral and economic challenges residents face. Janice has worked as a Patient Co-Investigator, been involved with Group Health Governance, co-authored a commentary published in PMJ, is interested in putting good research and outcomes into clinical practice, and improving health systems. Janice founded, updates and publishes Emergency Muslim Resource Guides for three Counties.