

### Multistakeholder Input on Priority Setting for Health Care Performance Measurement: Getting to Measures that Matter

### **Care Coordination Committee Roster**

Mark Redding, MD (Co-Chair) Community Health Access Project, Mansfield, OH

Susan Reinhard, PhD, RN, FAAN (Co-Chair) AARP, Washington, D.C.

David Ackman, MD, MPH Amerigroup, New York, NY

**Richard Birkel, PhD, MPA** National Council on Aging, Washington, D.C.

**Donald Casey Jr., MD, MPH, MBA** IPO4Health, New York, NY

David Cusano, JD, RN Georgetown Health Policy Institute, Washington, DC

Woody Eisenberg, MD, FACP Pharmacy Quality Alliance (PQA, Inc.), Springfield, VA

Nancy Giunta, PhD, MSW Silberman School of Social Work, Hunter College, City University of New York, New York, NY

Carolyn Ingram, MBA Center for Health Care Strategies, Inc., Hamilton, NJ

Gerri Lamb, PhD, RN, FAAN Arizona State University, Tucson, AZ

**Russell Leftwich, MD** State of Tennessee, Office of eHealth Initiatives, Nashville, TN

**Linda Lindeke, PhD, RN, CNP, FAAN** University of Minnesota, School of Nursing, Mendota Heights, MN

**Rita Mangione-Smith, MD, MPH** Seattle Children's Research Institute, Seattle, WA



#### Sharon McCauley, MS, MBA, RDN, LDN, FAND

Academy of Nutrition and Dietetics, Chicago, IL

Judy Ng, PhD, MPH National Committee for Quality Assurance (NCQA), Washington, D.C. Michael Parchman, MD, MPH MacColl Center for Health Care Innovation, Seattle, WA

Fred Rachman, MD Alliance of Chicago Community Health Services, Chicago, IL

**Robert Roca, MD, MPH, MBA** American Psychiatric Institute for Research and Education, Baltimore, MD

Vija Sehgal, MD, PhD, MPH Waianae Coast Comprehensive Health Center, Waianae, HI

Daniel Stein, MBA Stewards of Change, Centerport, NY

**Ilene Stein, JD** Service Employees International Union (SEIU), Washington, D.C.



#### **Care Coordination Committee Biographies**

**Mark Redding**, MD, is a pediatrician in Mansfield, OH and the Ohio Chapter CATCH Facilitator. As the Executive Director for the Community Health Access Project (CHAP), he received funding from CATCH to develop the Children's Community Health Access Initiative (CCHAI). In this initiative, Mark worked with his wife Dr. Sarah Redding to establish community-wide linkages between agencies and health care providers that serve children ages 0-3 years in the community. With funding from the CATCH grant and assistance from the Richland County Youth and Family Council, they collaborated with more than 70 different health and social service agencies across Richland County. He has broad primary care experience in rural and urban settings, and his areas of special interest and experience focus on care coordination and care transitions. He has worked directly within high-risk communities in Alaska, Baltimore and Ohio to train and support community health workers, and has worked since the late 1980s on health reduction disparities reduction initiatives. This work has involved the development of specific tools and measures to focus on care coordination. The Community Pathways Model represents part of this work and it is currently published through the AHRQ Community Care Coordination Learning Network.

**Susan C. Reinhard**, RN, PhD, is a Senior Vice President at AARP, directing its Public Policy Institute, the focal point or public policy research and analysis at the federal, state and international levels. She also serves as the Chief Strategist for the Center to Champion Nursing in America at AARP, a national resource and technical assistance center created to ensure that America has the nurses it needs to care for all of us now and in the future. Dr. Reinhard is a nationally recognized expert in nursing and health policy, with extensive experience in translating research to promote policy change. Before coming to AARP, Dr. Reinhard served as a Professor and Co-Director of Rutgers Center for State Health Policy where she directed several national initiatives to work with states to help people with disabilities of all ages live in their homes and communities. In previous work, she served three governors as Deputy Commissioner of the New Jersey Department of Health and Senior Services, where she led the development of health policies and nationally recognized programs for family caregiving, consumer choice and control in health and supportive care, assisted living and other community-based care options, quality improvement, state pharmacy assistance, and medication safety.

**David Ackman**, MD, MPH, has a broad background in public health, primary care, health systems management and managed care. He has directed population-based programs in disease control for New York State (including the state immunization program), run a large county health department, and was the medical director for two large ambulatory care networks in New York City. He is well-versed in all aspects of performance and outcome measurement in health care and public health. At Amerigroup/Wellpoint, he is involved in analyzing and creating programs to measure and improve the coordination of care across different settings and between different payers.



**Richard Birkel**, PhD, MPA, is a public health activist and researcher, and an advocate for individuals and families living with chronic illness and disability. He is a national expert on family caregiving, the impact of chronic disease and disability on families, and the implementation of evidence-based health and mental health programs. At NCOA he leads efforts to build community-integrated healthcare systems and "medical neighborhoods" to better address population health and support chronic disease self-management. He has been chief executive of the Rosalynn Carter Institute for Caregiving, the National Alliance on Mental Illness (NAMI) and the Lt. J.P. Kennedy Institute.

**Donald Casey Jr.**, MD, MPH, MBA, serves as a Principal at IPO4Health. Prior to that, Dr. Casey served as Vice President of Network Integration and Chief Medical Officer (CMO) of the NYUPN Clinically Integrated Network and was the Clinical Professor of Medicine in the Department of Population Health at the NYU School of Medicine. A Fellow of the American College of Physicians (ACP) and the American Heart Association (AHA), Dr. Casey has participated in developing and implementing numerous clinical practice guidelines and quality performance measures through the ACP, the AHA, the American College of Cardiology, the Agency for Healthcare Research and Quality, the National Quality Forum (NQF), The Joint Commission and the Centers for Medicare and Medicaid Services, among others. He has served as an advisor, consultant and participant on many national initiatives, including Chair of the NQF Care Coordination Steering Committee from 2006 to 2012. Dr. Casey has published more than 75 peer-reviewed journal articles and book chapters, including his most recent invited commentary on September 23, 2013 in JAMA Internal Medicine, titled: Commentary, Why Don't Physicians (and Patients) Consistently Follow Clinical Practice Guidelines?

**David Cusano**, JC, RN, David Cusano is a Senior Research Fellow at Georgetown's Health Policy Institute. He provides technical expertise to States on Affordable Care Act (ACA) implementation and recently has advised the Oregon Health Policy Board regarding initiatives to meet the Governor's goals of improving health and the quality, availability, and cost of care including new payment and care delivery models such as the medical home. Mr. Cusano spent over four years as in-house counsel for Coventry Health Care. He also served as a health insurance specialist to the federal Department of Health and Human Services, where he worked on ACA implementation efforts. Mr. Cusano is a registered nurse, and practiced at Beth Israel Deaconess Medical Center in Boston prior to attending law school. David holds a J.D. from Northeastern University School of Law and a B.S. from the University of Connecticut.

**Woody Eisenberg**, MD, FACP, is the Senior Vice President for Performance Measurement and Strategic Alliances for PQA. He leads PQA's strategic initiatives related to development, testing and implementation of performance measures. He is also responsible for developing services that enable government agencies, employers, health plans, accountable systems of care, pharmacy benefit managers and pharmacies to utilize PQA measures for meaningful improvement of medication-use quality. Dr. Eisenberg served as Chief Medical Officer for Medicare and Medicaid Services at Medco Health Solutions and has served on several Centers for Medicare & Medicaid Services Technical Expert Panels.



**Nancy Giunta**, PhD, MSW, is an Assistant Professor and Hartford Faculty Scholar at the Silberman School of Social Work, Hunter College. Her two decades of experience in care coordination spans practice and research settings. She has written about case management models in several contexts and has developed and evaluated innovations in care management coordination. Her specific expertise is with multi-sector coordination efforts and interventions to improve service delivery systems for older adults, people with disabilities, and caregivers with a focus on diverse, underserved populations. She provides technical assistance to communities nationally for evaluating collaborative approaches to improve long-term services and supports.

**Carolyn Ingram**, MBA, is senior vice president at the Center for Health Care Strategies (CHCS). In this role, she leads the organization's efforts to help state agencies maximize opportunities to improve care and coverage presented under health reform. In particular, her work focuses on assisting states in meeting the needs of the expansion population and developing the interface between Medicaid and the health insurance exchanges. She also oversees CHCS' efforts to enhance the leadership capacity of Medicaid directors and integrate care for those on Medicare and Medicaid. Prior to joining CHCS, Ms. Ingram served as the director of New Mexico's Medicaid program from 2003 through 2010. During her tenure, Ms. Ingram made multiple program improvements that resulted in increased access to quality care, while at the same time containing program costs and ensuring fiscal accountability for the people of New Mexico. Prior to her appointment to head New Mexico Medicaid, Ms. Ingram served as a senior manager with The Lewin Group. From 1993-2001, she held several management positions within the New Mexico Human Services Department's Medicaid program, including managing Salud!, the state's Medicaid managed care program. Ms. Ingram has a master's in business administration from New Mexico State University and a bachelor's degree from the University of Puget Sound.

**Gerri Lamb**, PhD, RN, FAAN, is an Associate Professor at Arizona State University in Phoenix, Arizona. She holds joint appointments in the College of Nursing and Health Innovation and the Herberger Institute for Design and the Arts where she teaches in the interprofessional graduate programs in Leadership in Healthcare Innovation and Health and Healing Environments. Dr. Lamb is well-known for her leadership and research on care coordination, case management, and transitional care. She has presented many papers and published extensively on processes and outcomes of care across service settings. Her funded research has focused on hospital care coordination and adverse outcomes associated with transfers between hospitals and post-acute and long-term care settings. She is a member of the research team that developed and tested the INTERACT program for reducing hospital transfers of nursing home residents.

**Russell Leftwich**, MD, is Chief Medical Informatics Officer for Tennessee Office of eHealth Initiatives and has served as lead in the Office of the National Coordinator (ONC) Standards & Interoperability Framework Transitions of Care Initiative and is currently a lead in the ONC Longitudinal Coordination of Care Initiative, is a member of the National Quality Forum's (NQF) HIT Advisory Committee and served previously on the NQF Care Coordination Steering Committee. He currently serves on the ONC HIT Standards Committee Consumer Technology Workgroup, as HL7 Patient Care Workgroup Co-chair, and as Chair of the HL7 Health Professional Engagement Initiative.



Linda Lindeke, PhD, RN, CNP, FAAN, is a fellow in the American Academy of Nursing and associate professor, School of Nursing, University of Minnesota where she oversees the PhD program. Linda practices as a pediatric nurse practitioner weekly, caring infants and families after discharge from the neonatal intensive care unit. She serves on the national advisory panel for the National Healthcare Transition Center called "Got Transition?" that develops resources for adolescents, young adults, families, providers and systems regarding transition from pediatric to adult health care services. Dr. Lindeke serves on the Project Advisory Committee for the Pediatric Medical Home Project of the American Academy of Pediatrics (AAP)that videotaped her in three Youtube videos about care delivery. She co-chairs the Pediatric Health Care Home (PHCH) Special Interest Group (SIG) in NAPNAP that supports nurse practitioners in evolving models of pediatric care delivery and coordination. She serves on the advisory board for a federally-funded project developing care coordination measures within state Medicaid and SCHIP data. Linda serves on the Institute of Medicine (IOM) Best Practices Innovation Collaborative regarding team-based care quality and measurement. While serving on the American Nurses Association (ANA) Congress on Nursing Practice and Economics, Dr. Lindeke was very involved in creating an ANA Position Statement as well as a White Paper on nurses' roles in care coordination.

**Rita Mangione-Smith**, MD, MPH, is a Professor of Pediatrics at the University of Washington and an Investigator in the Center for Child Health, Behavior and Development at the Seattle Children's Research Institute. Her research focuses on pediatric quality of care assessment and the development of interventions to improve pediatric health care. She is currently the Director of the AHRQ-CMS funded Center of Excellence on Quality of Care Measures for Children with Complex Needs which is part of the national Pediatric Quality Measures Program. The Center's main focus has been the development of care coordination measures for children with medical complexity.

**Sharon McCauley**, MS, MBA, RDN, LDN, FAND, is Director, Quality Management at the Academy of Nutrition and Dietetics (Academy). Sharon leads the Academy's quality initiatives for 92,000 nutrition and dietetics practitioners and focuses on competence, person-centered care, interdisciplinary teams and quality improvement and performance measurement. Sharon participates in workgroups and technical panels coordinating with peers on the development of standards and measures for national accreditation and quality organizations. Sharon directs the profession's scope of practice, standards of practice and standards of professional performance. Sharon assists Registered Dietitian Nutritionist (RDN) providers in service delivery including transitions of care, primary care and community-based coordination.

Judy Ng, PhD, MPH, is a research scientist at the National Committee for Quality Assurance whose professional work in the past decade has focused on quality improvement, patient-reported outcomes, patient-centered experiences and care coordination. She is currently serving on an Agency for Healthcare Research and Quality-led effort to develop care coordination measures in primary care, and also overseeing analysis of the Consumer Assessment of Healthcare Providers and Systems – Patient-Centered Medical Home survey results and psychometric properties. She previously served as Health



Resources and Services Administration technical expert panel member to evaluate patient experiences and care coordination in community health centers.

**Michael Parchman**, MD, MPH, has care coordination experience that spans the boundary between the academic and the front-line work of teams who coordinate both their tasks and the care they provide to patients. He has evaluated measures of coordination, used them in my research and disseminated best practices to improve coordination, especially for those with multi-morbidity. He oversees a portfolio of research and technical assistance aimed at improving the delivery of coordinated care that is safe, effective, efficient and patient-centered. Prior to his current position I was Senior Advisor for Primary Care at the Agency for Healthcare Research & Quality.

Fred Rachman, MD received his Bachelor of Arts degree in Biology from Johns Hopkins University, Baltimore, Maryland, his Doctor of Medicine degree from Temple University, Philadelphia, Pennsylvania and completed his residency in Pediatrics at Albert Einstein Medical Center, Philadelphia, Pennsylvania. He is Board Certified in Pediatrics, and completed post graduate courses in Ethics, Economics and Health Care Management at Harvard University School of Public Health. Dr. Rachman has more than 25 years' experience in primary health care delivery and administration, and extensive experience in Community Health Center leadership. He is presently serving as Chief Executive Officer of the Alliance of Chicago Community Health Services, a HRSA funded Health Center Controlled Network which supports a centrally hosted electronic health record system shared by 28 Safety Net Health Centers and is one of 4 research nodes for community based patient centered outcomes research. He also serves as Co-Director of the Chicago Health Information Technology Regional Extension Center. Dr. Rachman is Attending Physician in Pediatrics at Children's Memorial Hospital and Northwestern Memorial Hospital and sees patients as a Pediatrician at Erie Family Health Center, a Community Health Center in Chicago. He was past chair of the Ambulatory Healthcare Organizations Task Force for the Health Information Management Systems Society and current vice Chair of the Ambulatory Committee, and serves on the Illinois Health Information Exchange Advisory Committee.

**Robert Roca**, MD, MPH, MBA, is trained and board certified in internal medicine, pscyhiatry, and geriatric psychiatry and is Vice President and Medical Director of Sheppard Pratt Health System. In that capacity he lead Sheppard Pratt's initiatives in quality measurement and performance improvement. In the past he has served on the NQF steering committee for mental health outcomes measurement and on the dementia work group of the Physicians Consortium for Performance Improvement. He is presently Chair of the American Psychiatric Association Council on Geriatric Psychiatry. This group is comprised of nationally prominent geriatric psychiatrists, and dementia care is a major focus of interest. As a member of the New Alzheimer's disease and other Dementias Committee he would be positioned to bring into the discussion the insights and points of view of this excellent cadre of clinical and academic leaders.

**Vija Sehga**l, MD, PhD, MPH is a pediatrician and Chief Quality Officer at the Waianae Coast Comprehensive Health Center. Dr. Sehgal is integrally involved in a complex patient care coordination payment reform project with several Medicaid payers. She oversees the project which focuses on



reducing preventable costs through integrated care coordination of patients with complex medical problems including comorbidities to behavioral health conditions. Dr. Sehgal sits on the Hawaii Healthcare Transformation Council and participated in the State Innovation Model planning process as a member of the Community Care Network Committee, whose responsibilities included developing standards for a care coordination model.

Daniel Stein, MBA, is a cofounder of Stewards of Change and serves as the Managing Partner and a member of the leadership team providing overall strategic leadership and management for the organization. Mr. Stein brings over 22 years of experience working in business and consulting to public, private, and not-for-profit human services organizations focused on building capacity, solving problems and improving outcomes. Mr. Stein has directed multidisciplinary engagements in some of the largest and most challenging jurisdictions including California, New York, Washington DC, Louisiana, Connecticut and New Jersey. These projects draw upon Mr. Stein's broad experience and knowledge including strategic visioning and planning, business process reengineering, quantitative analysis, organizational development, performance management, marketing and communications, consumer research, and information technology. Prior to forming Stewards of Change, Mr. Stein started True Insight Marketing – a consultancy dedicated to applying business and marketing practices to child welfare organizations. Prior to his work in human services Mr. Stein spent ten years at Kraft Foods where he held senior leadership positions in multiple divisions managing national brands. Mr. Stein has focused on transferring and translating his experience in private industry into the human services to improve operational efficiency and outcomes. Daniel holds an MBA from Yale School of Management, 1987. He received a BA from The Evergreen State College, 1975.

**Ilene Stein**, JD, is Associate Director of Health Policy for the Service Employees International Union (SEIU). Currently, her work focuses on Medicare and Medicaid policy development and the implementation of the Affordable Care Act. Previously, she served as the Federal Policy Director for the Medicare Rights Center, a Medicare consumer service organization. Prior to earning her law degree, Ms. Stein worked as a correspondence assistant for U.S. Senator Barbara Boxer and as an associate at the Dewey Square Group, a public affairs consulting firm. She serves on the National Committee for Quality Assurance's Consumer Advisory Council and the Standards Committee.