



**Boston**

December 4–6, 2005

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# Site Visit Report

## Redesigning Practice to Improve Care Delivery

THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON DC

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## ACKNOWLEDGEMENTS

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The participant impressions, or “take-away” messages, published in this report cannot reflect all that was learned in Boston. Absorbing the complexities of the issues and the way they play out in a particular place cannot be accomplished in two days; discussions heard during a site visit may only much later illuminate policy deliberations. Impressions have a shorthand quality because NHPF pledges to speakers and federal participants alike that no one’s presentation or comments will be attributed to them in any publication.

One way in which site visits are particularly useful to the Forum audience is that they inevitably suggest new lines of inquiry and new ideas for further programming. In Boston, federal site visit participants were, as always, key to ensuring that the site visit raised questions for further exploration and established continuing relationships to help address these questions.



*The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at [www.nhpf.org](http://www.nhpf.org).*

# Redesigning Practice to Improve Care Delivery

## INTRODUCTION

Since 2003, the National Health Policy Forum has sponsored a series of site visits to explore the use of information technology to improve health care quality. In Boston, the most recent site in the series, the NHPF program centered on how the practice of medicine is changing or can be changed to improve care delivery across the spectrum of patient populations. Boston offered an interesting venue for examining these issues. Regarded as a “medical Mecca,” Boston is home to the academic health centers and teaching hospitals where many of the nation’s physicians are trained. As a center of innovation, Boston prides itself on setting a high bar with respect to standards of care. Collaborative efforts are underway to construct the infrastructure for clinical data exchange, building on a history of electronic medical record use among many of the larger providers and physician groups. Boston has a stable safety net hospital (Boston Medical Center) and a well-established system of community health centers (CHCs). These institutions have helped to establish cultural sensitivity and health literacy as essential components of changing medical practice to improve quality.

The Forum was fortunate to be able to draw upon the expertise of the Center for Studying Health System Change (HSC) in preparing for this site visit. Boston is one of 12 communities tracked by HSC every two years since 1996. HSC completed its fifth site visit to Boston in the summer of 2005. Paul Ginsburg, president of HSC, and Joy Grossman, senior health researcher, briefed the Forum’s site visitors prior to the Boston visit. Dr. Ginsburg provided an overview of the Boston health care market, and Dr. Grossman discussed information technology (IT) innovations in Boston and elsewhere.

The Boston market is dominated by academic medical centers, which have been increasing their market share since the late 1990s. Partners Healthcare System, which includes Massachusetts General and Brigham and Women’s Hospitals, is the major provider. There are also several sizeable physician organizations, including Partners Community Healthcare (a subsidiary of Partners Healthcare) and Harvard Vanguard Medical Group. The three largest health plans, Blue Cross/Blue Shield of Massachusetts, Harvard Pilgrim Healthcare, and Tufts Health Plan, are all local plans with top ratings from the National Committee for Quality Assurance (NCQA). National health plans

have not been a significant presence in the market. Universities and health care industries are the dominant employers. A corporate exodus from Boston in recent years left little employer leadership in health care delivery and financing, except for the state employee plan.

Boston is a leader in adoption of health IT. Notable is the use of electronic medical records in its safety net hospital and CHCs. Physician practices are more likely to be “wired” than practices in other locations, primarily because of the dominance of large physician groups in Boston. Even so, there are few examples where data can be shared electronically among unaffiliated organizations. Although Boston is piloting various community-wide efforts to address this IT gap, progress is slow.

## PROGRAM

The site visit began on the morning of December 5, 2006 with an overview of the Boston market that included an analysis of the factors that foster both competition and collaboration in the same group of stakeholders. Attention then turned to IT and efforts underway to encourage physician adoption of electronic health records and other clinical IT systems. A subsequent session on initiatives aimed at building regional IT capability was nearly knocked off the agenda by a last-minute seminar, put together by Massachusetts’ Governor Romney, that was held on the same subject the same morning. Although the Forum’s scheduled speakers were summoned away, each was able to identify able stand-ins to summarize current regional IT initiatives and progress to date.

A lunchtime panel turned the group’s attention to practice design. Three physician leaders outlined their strategies for assigning practice responsibilities, aligning quality incentives, and partnering with patients to improve quality. The afternoon continued with a visit to Saint Elizabeth’s hospital, where a group of physician educators from Tufts Medical School and some of their students described a new effort to improve communication skills. The program they described was designed to teach students to report actual or potential medical errors to their superiors, to limit the repercussions of making errors known and to learn from these experiences.

On the second morning, participants visited Codman Square Health Center, a CHC in the Dorchester section of the city, operating in partnership with a second CHC to achieve economies of scale in activities such as IT. Participants toured the center and had the opportunity to view the CHC’s electronic medical record and ask questions of senior management.

The communication theme was raised again by a pair of physicians who talked about patient-centered care and the time, patience, and cooperation a physician must cultivate to make it work. The day’s final panel pulled back from technology and practice issues to look again at the Boston market, this time in terms of purchaser, health plan, and policy roles in fostering change.

## IMPRESSIONS

After the site visit, participants were asked to reflect on their experiences and their initial impressions of the perspectives presented by the various speakers. The following are the key impressions participants took away from the site visit, as well as additional insights developed during a follow-up debriefing session.

### Boston

*Several characteristics of the Boston market are conducive to collaboration and innovation.*

Health plans and provider organizations are not-for-profit concerns whose leaders share a sense of public responsibility. Physicians are described as “academic, but with an entrepreneurial spirit.” There is a high level of interrelationship between hospital and academic posts. Philanthropy is a strong tradition.

*The dominance of the health-care industry in the local economy works against cost-containment efforts.*

Boston’s two largest employers are hospitals, and most others in the top-ten list are universities or laboratories, which directly benefit from health care spending. Therefore, the incentives to control health care spending are weaker in Boston than they are in place where the local economy is founded on other industries. The kind of leadership provided in some other cities by traditional manufacturing firms has been vitiated in Boston by mergers, acquisitions, and corporate moves. (General Electric, which sponsors a Bridges to Excellence program in the Boston area, is an exception.) The strongest pressure on providers to improve quality and hold down cost comes from the committed and experienced director of the state employees’ insurance agency.

*As a state, Massachusetts has a history of reaching out to the disadvantaged.*

It offers a generous Medicaid benefit package in comparison to other states. The state’s uninsured make up only 8 percent of the population, and the governor is leading a universal coverage initiative. The safety net, in terms of hospitals and CHCs, is quite strong. Provider systems such as Partners and plans such as Blue Cross/Blue Shield have been willing and able to finance IT and CHC endeavors.

### Information Technology

*Clinical IT is an element of practice improvement, but it reaches optimal effectiveness only where it is incorporated throughout the medical care continuum.*

This refers in part to interoperability, that is, the degree to which information can be shared among different care settings or transmitted from the office to

the pharmacy, for example. It also implies a commitment to IT use in physician training, as well as practice, and by patients and clinicians.

*Efforts to incorporate IT into medical practice are underway at various levels, from the individual physician office to small towns to the greater Boston area.*

The public-service orientation, not-for-profit status, and appetite for prestige that characterize Boston's health care leaders support efforts to integrate IT across providers and facilities. As elsewhere in the country, however, physicians have required considerable persuasion to adopt IT because of concerns about the time and financial investment. MassPRO, the local QIO (or Quality Improvement Organization, a Medicare contractor), has enrolled 485 practices in its Doctor's Office Quality – IT initiative (DOQ-IT). The Massachusetts eHealth Collaborative will incorporate a similar number in its pilot, which is intended to fully wire three cities. The degree of experimentation visible indicates that no obvious or "best" way to proceed has been identified, even in this vanguard community.

*Uncertainty with respect to federal anti-kickback laws has been an obstacle to some efforts to assist physicians in implementing IT.*

A hospital or other provider organization trying to promote clinical IT use by offering physicians hardware, software, or technical support may run afoul of the anti-kickback statute (42 U.S.C., §1320a-7b) if the offer is construed as an inducement for patient referrals. Some consider this an obstacle, whereas others are confident that their arrangements will withstand scrutiny. Still others assert that physicians need to invest in IT on their own in order to have "skin in the game."

*Physician return on IT investment is not a given.*

There may be savings on transcription and other office functions, but the financial benefits of more efficient care often accrue to health plans or their sponsors, not providers. On the other hand, some promoters of electronic health record technology cite its effectiveness in "charge capture," or ensuring that the physician does not miss any codes for which he or she might bill, thus raising physician revenues without incurring additional service delivery costs.

*Safety net providers are stable and savvy enough to be able to benefit from IT.*

Boston's network of CHCs is well established in the community. Boston Medical Center and some CHCs have had an electronic medical record for some time. For instance, CHCs affiliated with a hospital, as Codman Square is with Boston Medical Center, may have access to hospital technologies, including electronic health records.

## IMPRESSIONS

## Communication

*The culture of medicine, with its reliance on the individual physician as the linchpin of medical care, can be a barrier to effective communication.*

Lack of effective communication is evident among providers when there is a need to coordinate care among physicians and their students to promote learning and between providers and patients to ensure compliance. Improving this communication is essential to improving patient care.

*Reluctance to question treatment decisions or to point out errors may be cultivated in the medical education process.*

Removing these barriers to candid interchange will require medical education to focus on a more collaborative, open communication style. Medical students, however, may continue to be reluctant to question decisions of their superiors because physicians on staff have significant control over medical students' future. Creating a safe environment for such communication is critical. Achieving these fundamental culture changes, however, is likely to be a slow process and may not be welcomed by all participants.

*The problems of fragmented care and difficulty in establishing any one provider as the "responsible party" for coordinating patient care can only be overcome through more effective collaboration among medical professionals.*

Fee-for-service payment does not provide incentives to collaborate because it rewards the delivery of additional services. Lack of time or training in effective communication by physicians in particular also contributes to this problem. Certain organizational and financial arrangements may facilitate a more integrated model of care. For example, additional payments to physicians who work with other providers to coordinate care may contribute to making this change. Although some argue that the additional payments would be more than offset by lower health care costs down the line, this has not been proven. Further, savings would sometimes accrue over significant time periods. Providers are concerned that they will not personally realize financial benefit from any savings achieved through this coordination. Thus, achieving these treatment goals requires a careful alignment of financial incentives.

*Variations in patient communication styles, needs, and preferences require health care providers to listen carefully and establish lasting relationships for effective interactions.*

However, physicians often do not have time to invest in understanding these variations or in building relationships with patients. Further, nurses, rather than physicians, may have the best training to fuel this kind of patient-centered communication.

## IMPRESSIONS

*Effective communication is impeded by limitations in health literacy faced by a large share of the population.*

Sometimes, patients' efforts to understand medical information is further complicated by incomplete mastery of English or limited reading ability. In addition, health care information is complex and is often delivered during times of stress. Physicians often do not have the time or training to effectively communicate with the less well educated. This lack of communication between physician and patient can greatly compromise patient compliance with doctors' instructions.

## Practice Design

*There is consensus that care delivery needs to be transformed to provide seamless, patient-centered care; however, current reimbursement and incentive structures are an impediment.*

Providing more patient education, coordinating services across providers, undertaking prevention—all activities that could positively affect quality and cost—are undervalued in reimbursement formulae in comparison with procedures. Further, physicians may not feel that they personally benefit from the savings that may result from these activities. Even the insurer would not likely see benefits for quite a long time, especially for healthy patients.

*Changes in the delivery of health care, rather than just the adoption of IT, will be needed to improve the quality of care and reduce unnecessary expenditures.*

The process and outcome of changing the delivery of care will vary across organizations. Increasing meaningful interaction between caregivers and patients, however, seems to be a consistent objective. IT could help improve quality and reduce costs, but not without redesigning the practice of care. Three examples were presented:

- **A small, high-touch practice designed from the ground up to promote patient information and involvement.** It incorporates a service-orientation with timely patient interactions. Extra patient attention is achieved through smaller patient panels and financed by a monthly fee. The test will be whether this approach achieves higher quality outcomes more efficiently than a more traditional practice. Another issue is the practicality of this approach, whether small practices can support the needed IT and maintain clinical expertise.
- **A large provider group, with patient assignments and work flow organized to ensure that the patients needing the most information and care coordination receive it from the professionals best trained to provide it.** This care redesign involves a culture change for physicians and nurses, who have to be convinced of the importance of their new roles and then trained accordingly. The data and financial support for designing this practice change came from capitated payments, which provided the flexibility and reward for innovations that reduce costs.

## IMPRESSIONS

- **Another large provider group, with health plan contracts and provider relationships designed to financially reward the changes that were endorsed by its leadership.** By encouraging physicians to conform to agreed-upon standards through multiple small financial rewards or penalties, one large provider organization was making incremental changes. These included adoption of standardized IT systems and achievement of certain benchmarks with respect to referrals for costly ancillary services. This provider group also policed its providers to maintain certain standards that were then marketed to health plans for higher payments. At the same time, the group designed programs for payers to lower spending in return for bonus payments.

*All of the redesign efforts involved visionary leaders, planning, and financing.*

Each was idiosyncratic and could not be adopted wholesale anywhere else. However, all of the redesign approaches had elements that could be adopted by other groups.

## OUTSTANDING QUESTIONS AND ISSUES

Redesigning medical practice to improve care delivery is an ambitious topic that cannot be fully addressed in one site visit. While the participants gained an understanding of the breadth of the issues involved, many important questions remain.

### Information Technology

- What IT functions are critical to improving care?
- What efforts are needed to assist small and medium-sized physician groups in developing IT capability? Are financial incentives needed? Are professional practice standards needed? Who will take the lead in these efforts?
- How will the various IT demonstrations (such as DOQ-IT, the Medicare Care Management Performance demonstration, and Bridges to Excellence) promote the kind of change needed? How might these efforts progress from demonstration status to standard practice?
- How can interoperability be achieved when there are no reporting standards or agreements on patient privacy protections? How can technical design problems be overcome?

### Communication

- How can the aspects of the medical culture that impede effective communication among professionals and with patients be changed? Can such change only occur through the education process, or are there other opportunities?
- How can the issues associated with limited patient health literacy be overcome in a context of limited physician time and expertise in overcoming communication obstacles?

## IMPRESSIONS

- How can clinicians deal constructively with medical error?
- What determines the parameters of culturally sensitive care? How are health plans, delivery systems, and training institutions working to develop culturally sensitive programs and processes? How can culturally sensitive care be encouraged and rewarded?

### Practice Design

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- What physician practice characteristics are most conducive to achieving efficient, effective medical care? What is needed to promote these practice characteristics?
- What can employers do to achieve positive change in the practice of medicine? What can employers require of providers and plans? What requirements are effective in achieving change?
- What is the role of health plans in changing the practice of medicine?
- Are redesign efforts moving in the direction of greater integration of care from the patient's perspective? Is patient-centered care, with seamless transfers across sites, achievable? What IT initiatives will best contribute to this model of care? What educational efforts, for patients and providers, will be most effective?
- Will patients be willing to pay more to receive care that incorporates elements they value, such as rapid response, more time spent talking, higher quality scores?
- Who will demand the transformation of care? What will be the role for patients, payers and providers in achieving these changes?

## IMPRESSIONS

**Sunday, December 4, 2005**

Evening      Arrival in Boston and check-in at headquarters hotel  
[Jury’s Hotel, 350 Stuart Street]

7:00 pm      Optional dinner – Davio’s [75 Arlington Street]

**Monday, December 5, 2005**

7:30 am      Breakfast available [Joyce Room]

8:00 am      Welcome and Introductions

8:15 am      The Boston Health Care Market: Ivory Towers to Beantown  
*Andrew Dreyfus, Executive Vice President, Health Care Services, Blue Cross Blue Shield of Massachusetts*

- What is the history of health care delivery in Boston? What are the city’s defining characteristics in this regard?
- Who are the major change agents in the Boston health care market? How is change influenced by the dominance of health care institutions in the local economy?
- What providers, plans, and funding streams are designed to facilitate access for the poor?

9:00 am      Wiring the Physician Office: A First Step  
*Jeffrey M. East, President and Chief Executive Officer, MassPro*  
*Cynthia Bero, Chief Information Officer, Partners Community Healthcare, Inc.*  
*François de Brantes, Program Leader, Corporate Healthcare Initiatives, General Electric*

- What efforts are in progress to help small and medium-sized physician practices develop information technology (IT) capability? What are the incentives for physician participation?
- How are projects with different sponsors, such as DOQ-IT, the Medicare Care Management Performance demonstration, and Bridges to Excellence coordinated?
- How have physicians responded to these IT initiatives? What are the characteristics of the most receptive physicians?

**Agenda / continued ►**

**AGENDA**

**Monday, December 5, 2005** / continued

- 
- 9:00 am      Wiring the Physician Office...continued
- Have consumers been involved in IT implementation? What has their response been to these efforts?
  - How will IT efforts make the transition from demonstration status to standard practice?
- 
- 10:30 am      Building the Regional IT Network
- Lynda Rudolph**, *Senior Pilot Executive – Brockton, Massachusetts eHealth Collaborative*
- Gail Fournier**, *Partner, Computer Sciences Corporation*
- How is regional IT intended to improve the practice of medicine?
  - What initiatives are underway? What are the roles of the various stakeholders?
  - What milestones are anticipated in achieving a fully wired community?
  - What drives progress through these stages? What impedes it?
  - Are there plans to use regional IT for public health purposes such as disease surveillance?
- 
- Noon              Lunch
- 
- 12:30 pm      Improving the Practice of Medicine: Three Strategies
- Thomas H. Lee, MD**, *Network President, Partners HealthCare*
- Rushika Fernandopulle, MD**, *Founder and Managing Partner, Renaissance Health, Inc.*
- Richard Marshall, MD**, *Chief Medical Officer, Harvard Vanguard Medical Associates*
- What improvements need to be made in medical practice? How is each organization approaching these improvements? How have patients responded?
  - What organizational characteristics are most conducive to change?
  - What organizational and policy factors impede positive change?
  - How should performance in various dimensions—clinical quality, patient satisfaction, physician productivity, population health, efficiency—be measured and rewarded?

**AGENDA**

**Agenda** / continued ►

**Monday, December 5, 2005** / continued

- 
- 2:30 pm      Bus Departure – St. Elizabeth’s Hospital  
[736 Cambridge Street]
- 
- 3:00 pm      Teaching Physicians to Communicate: Patient Safety  
as a Starting Point
- Scott K. Epstein, MD**, *Professor of Medicine*, Tufts University  
School of Medicine
- Mary Y. Lee, MD**, *Dean for Educational Affairs*, Tufts University School  
of Medicine
- Kristin Dardano, MD**, *Curriculum Committee Chair*, Tufts University  
School of Medicine
- Why is communication an issue that needs more attention in  
medical training?
  - What led to the choice of medical error reduction as the focus  
of your communication research?
  - Toward whom is this teaching exercise primarily directed?  
Are other hospital staff affected as well?
  - How will this project be evaluated?
  - How do project leaders envision moving from a successful  
demonstration to a culture change at St. Elizabeth’s?
  - How can residents take what they have learned to  
other institutions?
- 
- 5:00 pm      Bus Departure – Headquarters hotel
- 
- 6:00 pm      Reception [Living Room]
- 
- 7:30 pm      Dinner – Harvest  
[44 Brattle Street, Cambridge]
- 

**Tuesday, December 6, 2005**

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- 7:30 am      Breakfast available [Joyce Room]
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- 8:00 am      Bus Departure – Codman Square Health Center  
[637 Washington Street, Dorchester]
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**Agenda** / continued ►**AGENDA**

**Tuesday, December 6, 2005** / continued**AGENDA**

- 8:45 am IT, Quality, and the Community Health Center
- William Walczak**, *Chief Executive Officer*, Codman Square Health Center
- Sandra Cottrell**, *Chief Operating Officer*, Codman Square Health Center
- Joel Abrams**, *Chief Executive Officer*, Dorchester House Multi-Service Center
- Austin Patrick Egan, MD**, *Medical Director*, Dorchester House Multi-Service Center
- Lisa Levine**, *Chief Operating Officer*, Dorchester House Multi-Service Center
- Michelle Nadow**, *Director of Public Policy and Advocacy*, DotWell
- Philip Severin III, MD**, *Medical Director*, Codman Square Health Center
- Stephen M. Tringale, MD**, *Staff Physician*, Codman Square Health Center
- Karen van Unen**, *Chief Operating Officer*, DotWell
- How does Codman use its electronic health record (EHR) system to manage patient care? What research functions does it serve?
  - How are medical and social services for patients coordinated?
  - What are the advantages to Codman of organizational affiliation with Boston Medical Center? With other provider systems?
  - What mechanisms are in place to facilitate continuity of care for patients when they are referred to the hospital?
  - What model of care delivery is Codman working toward?
- 10:30 am Bus Departure – Headquarters hotel
- 11:15 am Patients and Providers: Members of the Same Team?
- Susan Haas, MD**, *Chief Medical Officer*, Boston Medical Center
- Tom Delbanco, MD**, *Richard and Florence Koplow–James Tullis Professor of General Medicine and Primary Care*, Harvard Medical School
- How can the delivery of care be made seamless across sites?
  - What are the characteristics of patient-centered care? How can health care facilities and providers facilitate or impede putting the patient at the center? How attainable is patient-centered care?

Agenda / continued ►

Tuesday, December 6, 2005 / continued

**AGENDA**

11:15 am	<p>Patients and Providers...continued</p> <ul style="list-style-type: none"> <li>■ What role does medical literacy and cultural competence play in achieving patient-centered care?</li> <li>■ To what degree are IT innovations designed primarily to help the hospital? The physician? The patient?</li> </ul>
12:15 pm	<p>Check-out from headquarters hotel and lunch</p>
1:15 pm	<p>The Forces Behind Quality and IT Initiatives</p> <p><b>Dolores Mitchell</b>, <i>Executive Director</i>, Group Insurance Commission</p> <p><b>John Freedman, MD</b>, <i>former Medical Director and Assistant Vice President, Medical and Quality Management</i>, Tufts Health Plan</p> <p><b>David Blumenthal, MD</b>, <i>Director</i>, Institute for Health Policy, Massachusetts General Hospital/Partners HealthCare System and <i>Samuel O. Thier Professor of Medicine and Professor of Health Care Policy</i>, Harvard Medical School</p> <ul style="list-style-type: none"> <li>■ What constitutes improvement in care delivery? To what extent is practice redesign a key element?</li> <li>■ How do quality improvement (QI) and IT initiatives contribute to positive change?</li> <li>■ Is the Boston market moving toward patient-centered care? What does that mean to different stakeholders, and which of them is in a position to effect real change?</li> <li>■ What steps have employers (as health plan sponsors) taken to encourage data reporting and implement differential payment based on quality? What can employers require of providers and plans?</li> <li>■ To what extent have health plans been able to encourage (or coerce) provider participation in QI and IT initiatives?</li> </ul>
2:45 pm	<p>Adjournment</p>

## Federal Participants

**Katy Barr**

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Committee on Health, Education,  
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Participants / continued ►

**Federal Participants** / continued

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## Biographical Sketches

# Federal Participants

**Katy Barr** is a professional staff member for the Republican staff of the Senate Committee on Health, Education, Labor, and Pensions.

**Jody Blatt** is a senior research analyst and project officer in the Division of Payment Policy Demonstrations in the Medicare Demonstration Programs Group/Office of Research Development and Information at the Centers for Medicare & Medicaid Services. Her projects include both managed care and fee-for-service programs. Among other responsibilities, she is currently responsible for implementing the Medicare Care Management Performance Demonstration as well as the Medicare Replacement Drug Demonstration, both of which were mandated under the Medicare Modernization Act. Prior to joining CMS, she served in various capacities with managed health care plans and health insurers. Ms. Blatt received an undergraduate degree from Brown University and a master's degree in health policy and management from the Harvard University School of Public Health.

**David Bowen** is the minority staff director for health for the Senate Committee on Health, Education, Labor and Pensions (HELP Committee). In this position, Dr. Bowen has responsibility for a broad range of health policy issues. In 1999, he joined the staff of the Senate HELP Committee as a congressional fellow with the American Association for the Advancement of Science. From 2000 to 2002, he was a visiting fellow in the Department of Health Care Policy at the Harvard Medical School. Prior to joining the Committee staff, Dr. Bowen received his undergraduate degree at Brown University then earned a PhD degree in neurobiology at the University of California, San Francisco. He subsequently had a postdoctoral appointment at Regeneron Pharmaceuticals before joining a startup biotechnology company as a senior staff scientist.

**Christine Cortez** serves as a legislative assistant with Rep. Grace Napolitano (D-CA) who serves the southeastern cities of Los Angeles County. Ms. Cortez works on health and women and children's issues, and she serves as the liaison to the Congressional Hispanic Caucus for the Congresswoman. Mental health is a major focus of Ms. Cortez's work for Rep. Napolitano, who serves as co-chair of the Congressional Mental Health Caucus. A native of the Los Angeles area, Ms. Cortez relocated to Washington, DC, after serving in Rep. Napolitano's district as an immigration caseworker and field representative.

**John DeGeeter** is a senior attorney in the Health Care Services and Products Division of the Federal Trade Commission's (FTC's) Bureau of Competition. Since joining the FTC in February 2004, his work has focused on the investigation and prosecution of physician price fixing and the evaluation of cost and

quality improvement efforts by physician joint ventures. Prior to joining the FTC, Mr. DeGeeter was in private practice in Houston, Texas, where his practice focused on antitrust and commercial litigation in a wide range of industries, including health care. He received his BBA degree from Texas A&M University and his JD degree from the University of Texas.

**Nancy DeLew** is a senior advisor to the director of the Office of Research, Development, and Information in the Centers for Medicare & Medicaid Services (CMS). She assists the director in carrying out special projects; currently, her work involves implementation activities surrounding the Medicare Modernization Act. Formerly, Ms. DeLew was the deputy director of CMS's Office of Legislation. In this position, she worked with Congress to develop the Health Insurance Portability and Accountability Act of 1996 and the Balanced Budget Act of 1997. The office develops legislative proposals for the president's annual budget, prepares testimony and other materials for congressional hearings, facilitates CMS's work with state governments, and acts as liaison with other executive- and legislative-branch agencies. Earlier, Ms. DeLew held several other positions in the Department of Health and Human Services. She joined the Department in 1985 after receiving a master's degree in political science and a master's degree in public administration from the University of Illinois, Urbana.

**Rosemary Garza** is a senior legislative assistant to Rep. Charles Gonzalez (D-TX), a member of the Committee on Energy and Commerce. Prior to joining Rep. Gonzalez's staff in 2001, she served as legislative correspondent and staff assistant to Rep. Gene Green (D-TX) for two years. While earning her BA degree from the University of Houston, Ms. Garza also worked as a project assistant in the labor and employment section of Vinson & Elkins, LLP.

**Jim Hahn** is an analyst in the Domestic Social Policy Division at the Congressional Research Service (CRS). As a health economist, he works on issues related to prescription drug pricing, hospital and physician payment, and geographic variations in health care expenditures. Prior to joining CRS, Mr. Hahn worked at the General Accounting Office (GAO, now known as the Government Accountability Office) and with The Lewin Group. He has published articles in the *New England Journal of Medicine* on the effect of for-profit ownership and system affiliation on the economic performance of hospitals and on the comparison of physician payment and expenditures between the United States and Canada. Mr. Hahn has served on the faculties of the School of Public Health at the University of North Carolina, Chapel Hill, and at Trinity University in San Antonio, Texas. He is a graduate of Stanford University.

**Jennifer Jensen** is a specialist in health economics at the Congressional Research Service (CRS), where her work focuses on health care costs and spending, including federal spending on entitlement programs, tax subsidies for health insurance and expenses, and private spending. Ms. Jensen has worked on health policy issues for several nonpartisan congressional support agencies, including the Congressional Budget Office (CBO), the Medicare Payment Advisory Commission (MedPAC), and CRS. At CBO, she worked as a budget analyst, focusing mostly on Medicare budget projections and cost estimates. At MedPAC, she

## BIOGRAPHICAL SKETCHES

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was special assistant to the executive director. In that role, she oversaw staff analysis and the writing and production of Commission reports to Congress. Ms. Jenson also has worked as a program examiner for the White House Office of Management and Budget, focusing on Medicaid. She holds master's degrees in public health and public policy from the University of Michigan.

**Leah Kegler** serves as the deputy director of outreach at the Centers for Medicare & Medicaid Services. She was previously a health policy advisor to the Senate Committee on Finance's majority staff during the writing and negotiating of the Medicare Modernization Act of 2003. Her work with the Committee focused on the low-income Medicare drug benefit, the Medicaid program, and Social Security Act child welfare programs. Before that, she worked for the Center for the Study of Human Resources in Austin, Texas. Ms. Kegler earned a master's degree in public affairs from the LBJ School at the University of Texas.

**Jesse Kerns** is a senior legislative assistant for Rep. Jim McDermott (D-WA), a senior member of the Committee on Ways and Means and its Subcommittee on Health. Mr. Kerns advises the Congressman on all domestic and international health policy issues, as well as agriculture and veteran's affairs. Prior to joining the Congressman's office in May 2002, Mr. Kerns worked for the Medicare Payment Advisory Commission (MedPAC), where the main issues he worked on included the hospital prospective payment system and studies of hospital financial performance. Before MedPAC, he worked for nearly two years for The Lewin Group, a healthcare consulting firm in Washington, DC. Mr. Kerns holds a master's degree in public policy from the University of California, Berkeley, and he graduated magna cum laude from the University of Washington with degrees in history and political science.

**Julie Lee** joined the Congressional Budget Office's (CBO's) Health and Human Resources division in 2003. Currently, she is working on projects analyzing high-cost Medicare beneficiaries, including issues related to disease management. Prior to joining CBO, Ms. Lee was a research analyst in health care policy at the National Bureau of Economic Research, where she analyzed a variety of topics in health economics, ranging from the effects of medical malpractice reforms to the distributional effects of Medicare. She received a PhD degree in economics from Yale University.

**Caya Lewis** is the minority deputy staff director for health for the Senate Committee on Health, Education, Labor, and Pensions. She works on public health issues including women's health and health disparities. Previously she was a senior policy analyst the Henry J. Kaiser Family Foundation with the Race/Ethnicity and Health Care team. She was also director of the Barbara Jordan Health Policy Scholars Program, which places minority college seniors in congressional offices to work on health policy issues. Ms. Lewis has also held positions with the National Family Planning and Reproductive Health Association the National Association for the Advancement of Colored People. She graduated with honors from Spelman College and the University of Michigan's School of Public Health with a master of public health degree.

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**Linda Magno** directs the Medicare Demonstrations Group at the Centers for Medicare & Medicaid Services (CMS). Her group is responsible for developing, implementing, and managing Medicare demonstrations of new models of health care delivery for the nation's 40 million Medicare beneficiaries. Ms. Magno previously served as managing director for policy development and director of regulatory affairs at the American Hospital Association in Washington, DC. She started her career at CMS's predecessor agency, the Health Care Financing Administration (HCFA). In her first position at HCFA, she was responsible for implementing and refining the prospective payment system for hospitals. Ms. Magno has a master's degree in public affairs from Princeton University and a bachelor's degree in political science from the University of California, Berkeley.

**Karen Milgate** is a principal policy analyst at the Medicare Payment Advisory Commission (MedPAC), where she has led efforts to analyze strategies for improving and measuring quality for Medicare beneficiaries, including analysis of pay-for-performance strategies, information technology, and care coordination. She has been instrumental in developing MedPAC's ability to measure the quality of inpatient and ambulatory care. Prior to her work at MedPAC, she served as the deputy executive vice president for the American Health Quality Association (AHQA). As a senior associate director she helped the American Hospital Association (AHA) develop a framework for accountability for quality, and she represented the AHA as a board member of the Utilization Review Accreditation Commission and at the National Association of Insurance Commissioners meetings when they developed model health plan standards. She also represented the AHA and AHQA at the National Quality Forum. Ms. Milgate began her health policy career working from the consumer perspective both as a senior research associate at the Washington Business Group on Health and as a health policy analyst for the consumer advocacy organization Families USA. Ms. Milgate has a master's degree in public policy from the University of Maryland and undergraduate degrees in economics and international studies from the American University in Washington, DC.

**Jennifer Moughalian** is a program examiner in the Health Division at the Office of Management and Budget (OMB), where she works on Medicare Part A, quality, and health information technology issues. Prior to joining OMB, she worked with The Advisory Board Company, a healthcare consulting firm in Washington that provides best practice research for hospitals across the United States. Ms. Moughalian received master of business administration and master of public management degrees from the University of Maryland, and a bachelor of arts degree from the University of Richmond.

**Stephen J. Northrup** is the majority health policy director for the Senate Committee on Health, Education, Labor, and Pensions.

**Rachel Post** is a legislative assistant in the office of Rep. Vern Ehlers (R-MI). Before joining the Congressman's staff in 2003, she held internships in the office of Sen. Mike Enzi (R-WY), the Social Security Administration's Office of Disability and Income Assistance Policy, and the National Rehabilitation Hospital Center on

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Health and Disability Research. Ms. Post holds a master's degree in public policy from Georgetown University and a BA degree from Calvin College in Michigan.

**Steve Redhead** is head of the Health Services, Research and Aging Policy Section at the Congressional Research Service (CRS), where he covers a range of health policy issues including patient safety, quality of care, and the electronic exchange of health information. Mr. Redhead grew up in England and was educated at Cambridge University. He pursued graduate studies in comparative anatomy and physiology at Aberdeen University, Scotland, before coming to the United States to study primatology at the State University of New York, Stony Brook. Prior to joining CRS in 1991, Mr. Redhead taught biology at George Mason University in Virginia, where he continued to teach as an adjunct faculty member until 2001.

**Stacey Sachs** is a senior health policy fellow for Sen. Edward M. Kennedy (D-MA) on the Senate Committee on Health, Education, Labor and Pensions. She is responsible for a wide range of health issues, including Medicare, Medicaid, the State Children's Health Insurance Program, health insurance, and community health centers. Previously, she held positions as a senior advisor to both the chief administrative law judge and the judge in charge of Medicare appeals, a supervisory attorney for the Division of Medicare Appeals at the Social Security Administration, and an attorney at the Department of Labor. Ms. Sachs has a BS degree in microbiology and cell science and a JD degree from the University of Florida and a MPH degree from Johns Hopkins University.

**William Scanlon** is a senior policy advisor with Health Policy R&D. He serves as a consultant to the National Health Policy Forum and is a research professor with the Institute for Health Care Research and Policy, Georgetown University. He is also currently a member of the Medicare Payment Advisory Commission, the National Committee on Vital and Health Statistics, the National Commission for Quality Long-Term Care, and the White House Conference on Aging Advisory Committee. Until April 2004, he was the managing director of Health Care Issues at the General Accounting Office (GAO, now known as the Government Accountability Office). He has been engaged in health services research since 1975. Before joining GAO in 1993, he was the co-director of the Center for Health Policy Studies and an associate professor in the Department of Family Medicine at Georgetown University, and he had been a principal research associate in Health Policy at the Urban Institute. At GAO, he oversaw congressionally requested studies of Medicare, Medicaid, the private insurance market and health delivery systems, public health, and the military and veterans' health care systems. Dr. Scanlon has published extensively and has served as frequent consultant to federal agencies, state Medicaid programs, and private foundations. He has a PhD degree in economics from the University of Wisconsin, Madison.

**Bruce Steinwald** is a director in the Health Care team of the Government Accountability Office (GAO) in Washington, DC. He supervises the preparation of health policy analyses, testimony, and reports to Congress on Medicare payment issues and on other issues requiring the application of economic principles.

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Before joining the GAO in June 2002, Mr. Steinwald was an independent consultant specializing in health economics analysis for health care delivery and financing organizations. In the 1990s, Mr. Steinwald was vice president of Covance Health Economics and Outcomes Services, Inc., where he directed the company’s Outcomes Studies Group division and initiated its European practice. In the 1980s, Mr. Steinwald worked in the Office of the Secretary, Department of Health and Human Services, and was the deputy director of the Prospective Payment Assessment Commission (forerunner to the Medicare Payment Advisory Commission). He received his BA degree from the Johns Hopkins University and his MBA degree majoring in health administration from the University of Chicago, Graduate School of Business.

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## Participants

## Biographical Sketches

# Speakers

**Joel Abrams** has been the chief executive officer of the Dorchester House Multi-Service Center since 1986. His career spans the private and public sectors in which he has concentrated primarily on community health and social services. He co-founded DotWell, a partnership with the Codman Square Health Center, which has merged management and services to save money, build capacity, and make a deeper impact on the Dorchester community. Mr. Abrams serves on the Boston Medical Center Board of Trustees and is president of the Center for Community Health Education, Research and Service. He holds a master's degree in social work, with a concentration in community organizing and planning, from Columbia University and bachelor's degree in economics from Brandeis University.

**Cynthia Bero** is chief information officer of Partners Community Healthcare, Inc. (PCHI). She joined PCHI in July 1996 as its chief information officer. In this role, Ms. Bero is responsible for the implementation of information systems to support more than 1,100 primary care physicians and over 4,600 specialists in the integrated delivery network created by Partners HealthCare. Ms. Bero is leading a multiyear effort to increase the use of ambulatory electronic medical records (EMR) by PCHI physicians. This has involved the selection of EMR products, development of an EMR awareness and adoption program, and oversight of EMR product implementations. She is also working with her PCHI colleagues to introduce technology incentives into the physicians' pay-for-performance contracts. Ms. Bero's background includes more than 25 years of health care industry experience. Prior to joining PCHI, she was vice president of information systems for John Snow, Inc., an international health care management consulting firm. Ms. Bero has a bachelor's degree from Trinity College in Hartford, Connecticut, and she received her master's degree from Columbia University in New York City.

**David Blumenthal, MD**, is a director at the Institute for Health Policy and a physician at The Massachusetts General Hospital/Partners HealthCare system in Boston, Massachusetts. He is also Samuel O. Thayer Professor of Medicine and professor of health care policy at Harvard Medical School. Dr. Blumenthal is a member of Institute of Medicine of the National Academy of Sciences and serves on several editorial boards of journals. He serves on advisory committees to the National Academy of Sciences, the Institute of Medicine, the National Academy of Social Insurance, the Open Society Institute, and some foundations. He is also a director of the Harvard University Interfaculty Program of Health Systems Improvement.

**Sandra Cotterell**, a registered nurse, has served as the chief operations officer for Codman Square Health Center since 1994. She is responsible for nursing, urgent care, dentistry, eye care, laboratory, radiology, behavioral health, human

resources, and overall supervision of practice management. Ms. Cotterell's previous experience includes positions as the vice president of clinical services and director of clinical services for Bay State Health Care in Cambridge. Prior to these management roles, she provided direct patient care as a nurse at New England Medical Center and Massachusetts General Hospital. She received a bachelor of science degree in nursing from Simmons College.

**Kristin Dardano, MD**, is chief of the Division of General Obstetrics and Gynecology at Baystate Medical Center and an assistant professor of obstetrics and gynecology at Tufts University School of Medicine. She has served as the chair of the Curriculum Committee at the Tufts University School of Medicine since 2003, and she currently serves as the obstetrics and gynecology clerkship director at Baystate. Dr. Dardano received her MD degree from the University of Massachusetts and subsequently completed residency training in obstetrics and gynecology at Baystate Medical Center. Since joining the faculty of Tufts in 1998, she has been a dedicated educator, receiving numerous citations for excellence in teaching.

**Tom Delbanco, MD**, is the Richard and Florence Koplow–James Tullis Professor of General Medicine and Primary Care at Harvard Medical School. Until 2002, he was chief of the Division of General Medicine and Primary Care at Beth Israel Deaconess Medical Center, a unit he created and led for more than 30 years. He was the founding chair of the Picker Institutes, organizations that work with patients to improve health services in the United States and Europe. Educated at Harvard College and the Columbia College of Physicians and Surgeons, Dr. Delbanco trained in internal medicine at Bellevue, Harlem, and Presbyterian Hospitals in New York. In 1971, Dr. Delbanco came to Boston and created one of the first primary care practice and teaching programs at an academic health center. He also developed one of the first residency training programs in general internal medicine, and was one of the founders of the Society of General Internal Medicine. In 1978, he spent a year on Capitol Hill as a Robert Wood Johnson Health Policy Fellow.

**François de Brantes** is a program leader for various healthcare initiatives at General Electric. He is responsible for developing the conceptual framework and the implementation of GE's Active Consumer strategy. He is an officer and director of Bridges to Excellence, a national program focused on rewarding physicians for better quality care. Mr. De Brantes is also a director of the e-Health Initiative and the president of the eHI foundation, a large industry-wide stakeholder group promoting the adoption of information technology in healthcare. He earned a master's degree in finance and taxation at the University of Paris IX, Dauphine. He also graduated with an MBA degree from the Tuck School of Business Administration at Dartmouth College.

**Andrew Dreyfus** is executive vice president of Health Care Services for Blue Cross Blue Shield of Massachusetts. In that position, he is responsible for the company's health care quality and cost, member health, provider contracting, and provider services divisions. He is also leading the development of a new collaborative initiative to improve the quality and safety of health care in Massachusetts. He graduated from Connecticut College.

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**Jeffrey M. East** joined MassPRO in 2004 as president and chief executive officer. MassPRO is a wholly owned subsidiary of the Massachusetts Medical Society and is the federally designated healthcare Quality Improvement Organization for Massachusetts. The company's vision is to develop and disseminate innovative solutions that transform patient care by improving its safety, effectiveness, and efficiency. Mr. East also serves on the following boards of directors: MassPRO; Vital Solutions, Inc.; the Massachusetts Health Data Consortium; and the Massachusetts eHealth Collaborative. Prior to assuming his position at MassPRO, Mr. East was vice president of market management at VHA Northeast, LLC, a healthcare alliance and health improvement firm located in Braintree, Massachusetts. During his tenure, the company increased member sales from \$374 million to \$1 billion over a seven-year period. Before joining VHA Northeast, Mr. East served as a director of finance and operations for the Massachusetts Department of Public Health, Bureau of Health Quality Management. Mr. East earned his bachelor of arts degree in political science from Boston College.

**Austin Patrick Egan, MD**, is the medical director of the Dorchester House Multi-Service Center. He has 11 years of practice in community health center settings and is board certified in family medicine. Dr. Egan previously served as the medical director for the East Somerville Health Center, a member of the Cambridge Health Alliance network. Earlier, he was the medical site director for the Greater Lawrence Family Health Center and chief of the department of family medicine at Lawrence General Hospital. Dr. Egan earned his medical degree from the University of Massachusetts Medical School and a bachelor's degree in biology from Amherst College. He completed his residency training in family practice at the University of Vermont, where he was the associate chief resident. Dr. Egan is also an instructor at Harvard Medical School.

**Scott K. Epstein, MD**, is professor of medicine, Tufts University School of Medicine, and vice chairman for educational affairs, Department of Medicine, Caritas St. Elizabeth's Medical Center. He is also the clerkship director for third- and fourth-year medical students rotating on the medical service. Dr. Epstein is a graduate of Brown University and the Tufts University School of Medicine. He completed Internal Medicine residency training at the Tufts-New England Medical Center and Pulmonary and Critical Care Training at Boston University. He moved to Caritas St. Elizabeth's Medical Center in 2004 after spending more than a decade as an educator at the Tufts-New England Medical Center. Dr. Epstein has authored approximately 150 peer-reviewed articles, invited reviews and commentaries, editorials, book chapters, and scientific abstracts. Since 1996 Dr. Epstein has been recognized for teaching excellence 16 times.

**Rushika Fernandopulle, MD**, is the founder and managing partner of Renaissance Health, Inc. He earned his AB, MD, and MPP degrees from Harvard University. He completed an internship in general surgery at the University of Pennsylvania Medical Center, and his primary care internal medicine residency at the Massachusetts General Hospital (MGH). He is currently on staff at the MGH and a member of the faculty of Harvard Medical School. He has spent several years helping hospitals and medical groups improve their clinical processes,

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and he was the first executive director of the Harvard Interfaculty Program for Health Systems Improvement.

**Gail Fournier** is a partner at the Computer Sciences Corporation.

**John Freedman, MD**, is former medical director and assistant vice president for medical and quality management at Tufts Health Plan. He has responsibility for clinical data collection, analysis, and reporting, and he provides medical support to programs such as disease management, utilization management, and high-risk case management. He received a 2004 AHIP Innovator's Award for his work on Navigator by Tufts Health Plan, a metrics-driven and value-based tiered network product. Previously, Dr. Freedman worked at the East Boston Neighborhood Health Center, Kaiser Permanente's Colorado Region, and the University of Louisville, where he received his MBA degree in health systems. He is a graduate of the University of Pennsylvania School of Medicine and Harvard College, and he completed his medicine residency at Boston University.

**Susan Haas, MD**, is chief medical officer at Boston Medical Center (BMC), Boston's major safety-net hospital. Named to this position in 2005, she previously served as the hospital's vice chair of obstetrics and gynecology (OB/GYN). She came to BMC in 2003 from Harvard Vanguard Medical Associates, where she was chief of OB/GYN. Dr. Haas is also an associate professor of OB/GYN at Boston University School of Medicine. She received an AB degree from Mount Holyoke College, an MD degree from Harvard Medical School, and an MS degree in epidemiology from Harvard School of Public Health.

**Mary Y. Lee, MD**, is associate provost for Tufts University and the dean for educational affairs and an associate professor of medicine at the School of Medicine. As associate provost, Dr. Lee is responsible for multidisciplinary educational initiatives, faculty development programs, and information technology initiatives that span Tufts's seven schools. As dean for educational affairs, she is responsible for the centralized management and administration and for the comprehensive evaluation of the medical school curriculum. Dr. Lee has been a principal player in the development and implementation of the award-winning Tufts University Sciences Knowledgebase (TUSK), a comprehensive, database-driven, content and information management system that combines the strengths of a digital library, curriculum delivery tools, and curriculum management for Tufts's four health sciences schools. Dr. Lee received her MD degree from Tufts University School of Medicine and trained in internal medicine at the Tufts-New England Medical Center. She is board certified in internal medicine and geriatrics. In addition to her medical degree, Dr. Lee holds a master's degree in health services research from Stanford University.

**Thomas H. Lee, MD**, is an internist and cardiologist. He is network president for Partners HealthCare system, the integrated delivery system founded by Brigham and Women's Hospital and Massachusetts General Hospital, and he is chief executive officer for Partners Community Healthcare. He is a graduate of Harvard College, Cornell University Medical College, and Harvard School of Public Health. Dr. Lee is a professor of medicine at Harvard Medical School and a professor of health policy and management at the Harvard School of Public Health.

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**Lisa Levine** is the chief operating officer of the Dorchester House Multi-Service Center. Before coming to Dorchester House, Ms. Levine was the director of the Division of Maternal, Child and Family Health for the Massachusetts Department of Public Health. In that position, she oversaw the development of health care policies, systems of care, and programming at community health centers, schools, school-based health centers, primary care and family planning. Ms. Levine was also responsible for the Department's public health insurance programs that included the Children's Medical Security Plan, Healthy Start, and CenterCare. Earlier, she was the associate director of the Center for Primary Care at the Boston University School of Medicine and director of the Generalist Physician Initiative. Ms. Levine holds a faculty appointment at the Boston University School of Medicine. She received a master's degree in public health from the Boston University School of Public Health.

**Richard Marshall, MD**, is chief medical officer of Harvard Vanguard Medical Associates and is a practicing physician certified in pediatrics. He joined Harvard Vanguard in 1989 after ten years of prior clinical experience with Urban Woman and Child Health, also in Boston. Dr. Marshall is a graduate of the University of California, San Diego, School of Medicine; he completed his residency at Boston City Hospital. Dr. Marshall also has a faculty appointment at Harvard Medical School.

**Dolores L. Mitchell** is the executive director of the Group Insurance Commission, the agency that provides life, health, disability, and dental and vision services to 265,000 state employees, retirees, and their dependents. Mrs. Mitchell is member of a number of professional and community organizations, including the Massachusetts Health Data Consortium, the Massachusetts Healthcare Purchaser Group, the National Academy of State Health Policy, the Business Advisory Group of the eHealth Initiative (of which she is co-chair), and the Massachusetts eHealth Collaborative (of which she is a director).

**Michelle Nadow** is the director of public policy and advocacy for DotWell, the partnership between Dorchester House Multi-Service Center and Codman Square Health Center. Before joining DotWell, she was the program director for the Coordinated School Health Program at the Massachusetts Department of Public Health. Earlier, Ms. Nadow was a senior aide to State Representative Christopher J. Hodgkins in the Massachusetts House of Representatives. She received a master's degree in public affairs from the John W. McCormack Institute of Public Affairs at the University of Massachusetts, Boston, and a bachelor's degree in political science from Rutgers University.

**Lynda Rudolph** is a senior pilot executive (Brockton) of the Massachusetts eHealth Collaborative.

**Philip Severin III, MD**, is the medical director of Codman Square Health Center, where he has also served as a family practice staff physician since 1995. Dr. Severin has held previous posts as an emergency room physician at the Rural Wisconsin Hospital Cooperative in Sauk City, Wisconsin, and as director of public health and the general medical officer at the Serabu Hospital in Serabu, Sierra Leone. He also

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served as a physician at the L'Hopital Albert Schweitzer Deschapelles in Artibonite, Haiti. He earned his medical degree from the University of Missouri, Columbia, School of Medicine and a bachelor's degree from Haverford College. Dr. Severin fulfilled his residency training in family medicine at the University of Wisconsin, Madison, and completed post-residency training at Case Western Reserve University in international health. He is board certified in family practice.

**Stephen M. Tringale, MD**, is a staff physician at Codman Square Health Center with a focus on full-scope family practice. He also serves as the medical director for Performance Improvement and Research for DotWell, the partnership between Codman Square Health Center and Dorchester House Multi-Service Center. In addition, Dr. Tringale is the chair of the performance improvement committee at Codman Square and is a member of the clinical faculty in the family medicine residency program at Boston Medical Center. He is board certified in family practice. Prior to coming to Codman Square, Dr. Tringale served as a staff physician at the Keams Canyon Indian Health Service Hospital at the Hopi Indian Reservation in Arizona. Dr. Tringale earned his medical degree from Boston University, where he also obtained a master's degree in biochemistry and bachelor's degree in biology. He completed his residency training in family medicine at Brown University Medical School, Memorial Hospital of Rhode Island.

**William Walczak** is the chief executive officer of the Codman Square Health Center, a multi-service center that he co-founded in the 1970s. He has served the agency in this role since 1980. Mr. Walczak is the founding president of Codman Academy Charter School, a high school that is located on the health center campus. He is also a co-founder of DotWell, a partnership with the Dorchester House Multi-Service Center, which has merged management and services to save money, build capacity, and make a deeper impact on the community. Mr. Walczak is a member and past president of a number of community organizations in Dorchester, where he resides. He currently serves on the Community Advisory Board of the Civil Rights Project of Harvard University.

**Karen van Unen** is the chief operating officer for DotWell. In her current role, Ms. van Unen is responsible for program development, operations management, and partnership building in support of cross-site community and clinical programming. Prior to coming to DotWell, she worked at Children's Hospital in Boston where she served as program director for the Anne E. Dyson Community Pediatric Training Initiative and as director of Community Programming. Ms. van Unen's previous work experience is concentrated in the social service and health industry with a significant focus on planning and implementing community service program for children and families in the Boston area. She has a bachelor's degree in psychology, a master's degree in education, and a master's degree in business administration from Boston University.

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## Site Visit Report

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