The "Coopetition" Model:
Caring for San Diego's Low-Income Population

SAN DIEGO, CALIFORNIA

FEBRUARY 19–20, 2013

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CONTENTS

ACKNOWLEDGMENTS

BACKGROUND

San Diego County is a naturally bounded service area with Mexico to the south, the Pacific Ocean to the west, the desert to the east, and the Marine Corps base Camp Pendleton to the north. Its 4,500 square miles include densely populated urban neighborhoods and sparsely populated rural areas. At 3.1 million people, it is the fifth most populous U.S. county. Its population is as diverse as its geography, with 37 percent of residents speaking a language other than English at home and 23 percent born outside of the United States. A significant military and veteran presence, as well as a number of Native American tribes, adds to San Diego's unique character. Relative to other parts of the state, San Diego is an affluent county with high average incomes and education levels among residents, but significant pockets of poverty exist.

In California, counties bear much of the responsibility for providing health care to the poor. San Diego has historically been governed by a politically conservative board of supervisors that has emphasized sound fiscal management and limited direct provision of health care services. The county does not operate its own hospital nor does it run primary care clinics. The county's indigent care obligation is met mainly through contractual relationships with private providers. A robust network of federally qualified health centers forms the primary care safety net infrastructure. In recent years the county has engaged more in health and health care, envisioning San Diego as an "accountable care community." It is using California's Low Income Health Program (LIHP) to strengthen the primary care and behavioral health safety nets and to encourage the integration of behavioral health and primary care services.

Stakeholders describe San Diego's health care marketplace as one of "coopetition," fierce competition with a history of collaboration for the public good. Commercial managed care has long had a stronghold here; most physicians band together through multi-specialty groups or independent practice associations, and four systems—Scripps Health, Sharp Healthcare, the University of California San Diego Health System (UCSD), and Kaiser Permanente—dominate. In terms of Medicaid managed care, San Diego is one of two counties with geographic managed care, meaning commercial plans (with no county-run plan) compete for Medicaid business; currently five health plans participate in San Diego's program Healthy San Diego.

PROGRAM

The site visit began the morning of February 19, 2013, with an overview of the history and configuration of the San Diego health care market. Discussions of policy issues and strategies from state and county officials followed. Other stakeholder perspectives were offered by representatives of a Medi-Cal managed care plan operating in the county, the executive director of the county's Legal Aid Society, and administrators of a program integrating primary and behavioral health care. In the afternoon, the group traveled to San Ysidro Health Center in the extreme south of the county, where participants toured the Maternal and Child Health Center facility and talked with the system's chief executive officer. The day's program concluded with a return to the hotel for a panel discussion with the architects of a program to identify and intervene with "super users" of emergency medical services (EMS) and emergency department services to address complex needs, some of which may be better addressed by the social services sector.

Day two was launched with a discussion of health information technology, both San Diego's Beacon community projects and progress and the Community Information Exchange, founded to promote information exchange among social services agencies. Following this session, the group visited two more community health centers, each of which gave a tour and allowed participants to engage in conversation with the chief executive officer. In addition, at North County Health Services in San Marcos, there was a panel focused on using health IT to improve patient care and support a patient-centered medical home model. At Family Health Centers of San Diego's Logan Heights clinic, a panel explored the county's eligibility and enrollment process, particularly in light of the coming changeover from the LIHP to Medi-Cal. The day concluded with a discussion with the chief executive officer of San Diego's busiest safety net hospital.

IMPRESSIONS

The National Health Policy Forum asked participants to reflect on what they saw and heard during the site visit. What follows is a compilation of their impressions.

» **State budget pressures and a brisk health reform implementation timetable are contributing to a health care financing and policy landscape marked by uncertainty, flux, and devolution of responsibility to counties.**

Like the state itself, the California Medi-Cal program is large and undergoing significant change with much of the impact at the county level. The California Department of Health Services administers the $55 billion a year Medi-Cal program covering 8 million people. In January 2013 California transitioned 800,000 children from Healthy Families—its separate Children's Health Insurance Program (CHIP)—to Medi-Cal. About 72,000 of those children reside in San Diego. Created by California Bridge to Reform (the state's Medicaid section 1115 waiver), the LIHP has 500,000 enrollees, including 30,000 San Diegans. Starting in January 2014, eight California counties, including San Diego, will begin enrolling those dually eligible for Medicare and Medicaid into managed care. In San Diego alone, 50,000 people are eligible.

The state has yet to decide whether its Medi-Cal expansion will be state-administered or county-run, making the state-county funding relationship a contentious topic. The state argues that a state-run model should mean less funding for indigent care to counties because of their more limited role. Some counties and their safety net facilities are afraid that their institutions will fail and access to care will be significantly impacted if state funds diminish. Since California pays among the lowest rates to Medicaid providers in the country, safety net providers are not convinced that Medi-Cal reimbursements will be adequate to offset a redistribution of funds from the county to the state. Whether the Medi-Cal expansion is run by the counties or the state, the state has decided that mental health services will remain carved out and run by counties, reinforcing the already fragmented service delivery and financing.

Critical decisions from the state's insurance exchange—Covered California—that could significantly affect federally qualified health centers (FQHCs) have yet to be made. Questions about qualified health plan network adequacy standards, including the requirements for contracting with essential community providers (such as FQHCs), and payment requirements to FQHCs—whether to use each FQHC's prospective payment system (PPS) rate or some other agreed upon rate—have yet to be answered. The state is working on a bridge plan

for low-income families up to 200 percent of the FPL to improve coverage and care continuity and to reduce churning (the cycle in which families repeatedly qualify and lose eligibility for Medicaid), but details have not been released. The state has also proposed revising the PPS for FQHCs to implement an alternative payment methodology (APM) in an effort to pay less on the basis of service volume and more on value in an attempt to expand clinic capacity. Details of such an APM have not been released. The federal FQHC statute requires that an APM be agreed to by affected FQHCs and that it pay at least the FQHC's PPS rate.

California currently generates $3 to $4 billion a year in funding to safety net hospitals through a hospital provider fee that expires in December 2013. The provider fees are used to draw down federal Medicaid matching dollars that are distributed to hospitals serving the highest proportion of uninsured and Medicaid patients. Extending the provider fee requires state legislation. The state, counties, and safety net hospitals are awaiting federal rules to see how Medicaid disproportionate share hospital (DSH) payment cuts will be distributed nationally. Hospitals are concerned about the amount and timing of DSH cuts. They argue that a dollar increase in Medicaid revenue should not necessarily mean a dollar decrease in DSH payments because California's Medi-Cal payments are among the lowest in the country and the utilization rates of the newly insured are unknown.

Medi-Cal eligibility and enrollment systems are cumbersome and are ill-suited to readily absorb an expansion. Recent difficulties in transitioning a relatively small population of enrollees in the state's CHIP program to Medi-Cal highlight the challenges the state faces in facilitating enrollment transitions into and out of Medi-Cal and coordinating with the state exchange. The state is working on automatic enrollment for the LIHP population so those individuals will not have to apply for Medi-Cal beginning in October 2013. San Diego County is working with a few FQHCs to allow them access to the electronic system to apply to LIHP directly for their clients, which has sped up application approval times.

» Federally qualified health centers are well-established in the San Diego market and play an important role in delivering health care services to the poor and uninsured.

San Diego's safety net population is served by the 16 members of the Council of Community Clinics and the 33-site Family Health Centers of San Diego, which is not a member of the Council. The three sites the group visited all offered adult and pediatric medical care and dentistry. Other services may include the Special Supplemental Nutrition Program for Women, Infants, and Children (known as WIC); child development screening and intervention; vision; and behavioral health.

In anticipation of the coming Medicaid expansion, clinics have put resources into expanding capacity and improving the patient experience. Some leaders fear that newly insured patients may seek care from more mainstream physicians, abandoning the clinics that have historically endeavored to meet the specific needs of the poor. While there is research indicating that some segments of the population prefer to seek care from private physicians, there is little evidence that such clinicians are willing to serve more of the Medi-Cal population. As was pointed out to the group, when reimbursement is insufficient to cover costs, one cannot expect volume to take up the slack in revenue.

Oral health is of particular concern to clinic leaders, since dental services for the poor have historically been in short supply. In the case of children, parents may not know to ask for cleanings, checkups, sealants, and fillings; an educational component to oral health needs is essential. California eliminated adult dental services under Medi-Cal, making access to services and the availability of sliding fee scales at FQHCs especially important.

The three clinics visited have elected to pursue formal recognition as Patient-Centered Medical Homes (PCMHs). Five of North County Health Services' clinics were given recognition by the National Committee for Quality Assurance just three weeks before the site visit. Clinic staff who worked on the application emphasized that meeting some of the requirements, such as daily team meetings, support for self-care, and connections to community resources, made a notable difference in the quality of care delivered. PCMH status is viewed as a competitive advantage.

Access to specialty care remains a challenge, particularly for the uninsured. Clinics have added a few specialists to their own payrolls, either full-time or on a rotating basis. Medi-Cal reimbursement is not sufficient incentive for private-practice physicians to accept patients in this category.

The clinics visited offer an array of complementary services including WIC, a food pantry, and dedicated space for healthy child development services. Clinic staff did not emphasize the full potential of these and other wellness-focused programs during discussions. It is unclear if these services were not well integrated with clinical services or if the clinic staff chose to focus their discussions elsewhere.

» **Health information technology and exchange remain more promise than practice.**

Beacon community cooperative agreement awards were issued in 2010 and are scheduled to conclude in the fall of 2013. Over the three-year grant period, more than $15 million in federal dollars will have been paid to a collaboration of San Diego stakeholders, including delivery systems, the County Health and Human Services Agency, FQHCs, and social service providers. Successful projects have included partnering with emergency medical services organizations to transmit electrocardiograms from the ambulance to the hospital emergency department, reducing readmissions by facilitating successful transitions from hospital to home, and improving childhood immunization rates.

The Beacon program's central objective—electronic exchange of health care data among providers—has proved challenging. Community leaders agreed that sharing data could help support the care needs of high-risk patients, who often seek hospital care from multiple providers. However, competitive issues around information sharing delayed the launch of the information exchange as some health systems continued to weigh the merits of a shared information solution against a proprietary strategy to support their individual health reform efforts. This concern lingers even though the Beacon Health Information Exchange was designed to allow health care data to be viewed by others without being stored in a central repository. Some progress has been made around a narrower shared exchange strategy that could support community-wide goals related

to transitions of care, by notifying care managers when their high-risk patients are admitted to a hospital. At the time of the site visit, only four of the major hospital organizations (UCSD, Kaiser Permanente, Rady Children's Hospital, and the Department of Veterans Affairs) were actually participating in data exchange. The Sharp and Scripps health systems, major players in the market, have indicated plans to connect before the end of the grant period; their participation is viewed as critical.

The Community Information Exchange—for social services information exchange—has received a $1 million grant from a local foundation to help it get established. It is currently housed by San Diego's 211 program. Efforts to date are concentrated on building the case that access to social services data can help the county and providers deliver appropriate (and less expensive) services to the safety net population. Infrastructure and capacity-building are seen as next steps. Whether the project can gain traction, attract additional funding, and ultimately coordinate with the Beacon HIE remains to be seen.

Health IT is still being incorporated into clinic practice. Family Health Centers' homegrown electronic health record (EHR) system is now in operation at all sites, and the organization is beginning to pull in some federal money related to meaningful use. San Ysidro is just rolling out its EHR. North County's EHR has been operational at all ten clinic sites for about a year. The IT vice president is working to achieve some level of interoperability with the hospital that delivers much of the inpatient care to clinic patients; this begins with notification to a primary care physician that a patient has been admitted.

» **Strides have been made to integrate behavioral health and primary care, but real integration is still nascent.**

Many of the people who rely on the health care safety net have significant behavioral health and physical health needs, but the system to serve them is fragmented, making successful treatment of the whole person a challenge. FQHCs provide the majority of safety net primary care services, whereas the county contracts with community-based mental health providers to meet the behavioral health needs of Medi-Cal and uninsured individuals. FQHCs and community-based mental health providers do not typically work closely with

each other and, in some cases, are not aware of each other even when located in the same area.

Improving care and outcomes for this population is a priority in San Diego. A number of models are being pursued. For example, Neighborhood Health Care is increasing its capacity to provide mental health and substance abuse services to its patients by hiring dually trained family practice and psychiatry physicians—a unique model, dependent on a local dual residency program, that cannot be easily replicated. More typically, FQHCs hire mental health providers, such as licensed clinical social workers, psychologists, or marriage and family therapists, and co-locate them with their primary care providers. Stakeholders are quick to point out that co-location, however, does not mean that primary care and behavioral health services are necessarily integrated. Training, trust, clinic space adaptations, and EHR changes, among others, are needed to move from co-location to integration.

In an effort to get FQHCs and community mental health providers better acquainted so they may meet the needs of indigent patients' behavioral health and physical health conditions, the county has created the paired provider model. The paired provider model does not involve co-location; rather, it strives to create a partnership between primary care and behavioral health sites around shared patients. To create financial incentives to adopt this model, the county included mental health services in its LIHP, which is not a state requirement. The county also worked with community-based mental health providers to create walk-in capacity at their clinics so primary care providers could provide immediate access to care for patients in crisis. In addition to enhanced access for their patients, primary care providers also receive education and can consult with behavioral health providers. In return, clinics more readily accept patients with primary care needs because they can meet their behavioral health needs. Sustainability of this model is in question, as those individuals in LIHP will transition to Medi-Cal in late 2013. The delivery system for Medi-Cal fee-for-service remains fragmented, and Medi-Cal's managed care program carves out behavioral health services, constraining integration.

> » Care coordination efforts on the part of clinics, health plans, and hospitals may target the same patients and appear overlapping and inefficient. Multiple efforts may be necessary to ensure access to and continuity of care for safety net patients given coming health care coverage transitions.

Many FQHCs are creating care coordination departments, spurred by their pursuit of patient-centered medical home recognition and the enhanced payments that recognition can bring from Medi-Cal and private managed care plans, LIHP, and federal demonstrations. It appears that care coordination staff, at least initially, will focus their efforts internally, reaching out to patients by telephone to ensure patients come in for preventive care. Given that most FQHCs struggle to meet the specialty care needs of their clients, it is unclear the extent to which care coordination departments will be able to address that need or better coordinate inpatient and FQHC services. Medi-Cal managed care plans typically employ their own care coordinators to ensure access to care and proper utilization. Many hospitals are increasing their care coordination capacity in an effort to prevent payment reductions for Medicare beneficiaries they treat who are readmitted within 30 days. Such overlapping care coordination efforts may be necessary in the short run, but are probably too expensive to justify over time.

As an example of care coordination that has paid off, San Diego has put considerable effort into identifying and intervening with heavy utilizers of health services, resulting in notable savings. Project 25 —a program to provide permanent housing and supportive services to at least 25 of San Diego's chronically homeless—uses EMS data to identify frequent 911 callers who rely on ambulances to transport them to emergency departments for needs that can often be better met in ambulatory care settings and that are housing- or social service-related.

AGENDA

Afternoon   **Travel to San Diego and arrival at the headquarters hotel, The US
                              Grant** [326 Broadway, San Diego, CA 92101]

7:45 am   **Breakfast available** [Grant C&D]

8:15 am   **Welcome and introductions**

8:30 am   **Overview of San Diego and Its Health Care Safety Net**

                             Nick Yphantides, MD, *Chief Medical Officer,* County of San Diego
                             Health and Human Services Agency

                             • What geographic, political, social, and demographic forces have
                               given rise to San Diego's approach to health care for the poor and
                               underserved?

                             • Who are the major stakeholders?

                             • What degree of integration, either horizontal or vertical (as in
                               accountable care organizations), has developed or is likely to
                               develop in the market?

9:15 am   **View from the State**

                             Mari Cantwell, MPP, *Deputy Director, Health Care Financing,*
                             California Department of Health Care Services

                             • What are the key characteristics of California's Medicaid (Medi-
                               Cal) program and what are the state's current priorities?

                             • What are the key components of the Bridge to Reform section
                               1115 Medicaid waiver?

                             • How has the national economic downturn affected California,
                               and what are the implications for health care programs?

                             • How do the state and San Diego interact with respect to Medi-
                               Cal and health reform issues?

                             • What effect are pending state policy and budget changes likely
                               to have on the San Diego health care system and its community
                               clinics?

TUESDAY, FEBRUARY 19, 2013 (CONTINUED)

10:00 am   County Perspective

Nick Macchione, MS, MPH, FACHE, *Director*, County of San Diego Health and Human Services Agency

- What is the county's role as convener of health care stakeholders? What is the nature of its partnership with providers?

- How does Healthy San Diego function as a collaboration between the county, Medi-Cal plans, and consumers?

- What are the characteristics of San Diego's Low Income Health Plan (LIHP) at present, and how are its enrollees expected to transition to Medi-Cal?

- What is the county doing to prepare for Medi-Cal expansion? What other challenges does it face with respect to the Affordable Care Act (ACA)?

- What was the county's impetus in sponsoring Live Well, San Diego? How is the impact of that program measured?

10:45 am   Medi-Cal Managed Care

Nora M. Faine, MD, MPH, *Medical Director*, Molina Healthcare of California

- How does Molina work with San Diego's federally qualified health centers (FQHCs)? How does it work with private safety net providers? Does it sponsor quality improvement, medical home, or other programs with the clinics?

- How is Molina involved in the development of interdisciplinary care teams serving the safety net population?

- How are San Diego's Medi-Cal plans working together in areas such as site review and information technology?

11:15 am   Advocating for Safety Net Populations

Gregory E. Knoll, JD, *Executive Director and Chief Counsel*, Legal Aid Society of San Diego, Inc.

- What is the role of the Consumer Center for Health Education and Advocacy in serving San Diego's poor and uninsured?

- What are the biggest barriers to finding health insurance or health services for Legal Aid clients? Are particular types of services more difficult to come by than others?

- What impact will the federal health reform law have on clients?

TUESDAY, FEBRUARY 19, 2013 (CONTINUED)

11:45 am	Lunch
12:15 pm	Integrating Behavioral Health and Primary Care

Gabriel Rodarte, MD, *Behavioral Health Medical Director*, Neighborhood Healthcare

Linda M. Richardson, PhD, RN, *Program Manager*, North Inland Mental Health Center, Mental Health Systems, Inc.

- What is known about the value of integrating behavioral health and primary care services? Is there a continuum of integration? Where does co-location fit?

- How has Neighborhood Health Care approached integrating behavioral health and primary care services?

- What is the Primary Care Behavioral Health Integration Project?

- Are there FQHC-specific policy barriers to integrating behavioral health and primary care?

- How has the county's design of LIHP helped or hindered integration?

- Are substance abuse services included in efforts to integrate behavioral health and primary care?

1:00 pm	Travel to San Ysidro Health Center's Maternal and Child Health Clinic [4050 Beyer Boulevard, San Ysidro]
1:30 pm	Tour of Maternal and Child Health Clinic
2:00 pm	Overview of San Ysidro Health Center

Ed Martinez, MPH, MPA, *President and Chief Executive Officer*

- What is San Ysidro's client and payer mix? Is this changing?

- What hospitals does San Ysidro rely on for inpatient care? What is the supply of specialists in the area?

- What are the challenges related to ACA implementation? How will Medi-Cal expansion affect San Ysidro's capacity?

- What is the status of electronic health record adoption?

- What steps have been taken to achieve patient-centered medical home (PCMH) certification? How important is improving care coordination to achieving PCMH and how is it funded?

TUESDAY, FEBRUARY 19, 2013 (CONTINUED)

2:45 pm Departure for hotel

3:30 pm Addressing Super Users: Project 25 and Hot-Spots [Grant C&D]

James V. Dunford, MD, FACEP, *Medical Director*, City of San Diego (EMS)

Rodney G. Hood, MD, *President*, MultiCultural Independent Physician Association

- What is the history of Project 25? Who are the partners, what are its goals, and what has it achieved? What are its next steps?

- What are the goals of the Center for Medicare and Medicaid Innovation hot-spotters replication grant in San Diego? Who are the partners? How many patients will be involved over what period of time? How are participants identified, what characteristics do they need to participate, and what do they gain by participating? How will the effort be staffed?

- What are the lessons from these efforts to improve care and constrain costs for heavy utilizers? Are they being shared with payers and providers?

4:30 pm Free time

5:30 pm Bus departure – Dinner at Candelas
[1201 First Street #115, Coronado Island]

6:00 pm Dinner at Candelas

WEDNESDAY, FEBRUARY 20, 2013

8:00 am Breakfast available [Grant C&D]

8:30 am Information Exchange—Health and Social Services

Ted Chan, MD, *Professor of Emergency Medicine and Medical Director*, Emergency Department, University of California, San Diego Health System and *Co-Principal Investigator*, San Diego Regional Healthcare Information Exchange (San Diego Beacon)

Jami Young, MPA, *Executive Director*, San Diego Community Information Exchange

- What is the history of San Diego's Beacon Community initiative? What have been the group's biggest challenges and most notable successes?

WEDNESDAY, FEBRUARY 20, 2013 (CONTINUED)

8:30 am   **Information Exchange** (continued)

- What have been the benefits of participating in this group?

- What will change in the transition to a community-based organization?

- What is the Community Information Exchange, and how do its objectives differ from the Beacon exchange?

- What is the outlook for countywide exchange of health and social services information? What milestones are next?

9:30 am   **Bus Departure – North County Health Services' San Marcos Health Center** [150 Valpreda Road, San Marcos]

10:30 am   **Tour of San Marcos Health Center**

11:00 am   **Overview of North County Health Services**

Irma Cota, MPH, *President and Chief Executive Officer*

- What is North County's client mix? Is this changing?

- What hospitals does North County rely on for inpatient care? What is the supply of specialists in the area?

- What are the challenges related to ACA reform? How will Medi-Cal expansion affect North County's capacity?

- What steps have been taken to integrate behavioral health and primary care?

- What has been the experience with the new patient navigation center?

11:45 am   **Lunch**

Noon   **Transforming Care Through Heath Information Technology and Patient-Centered Medical Home**

Anwar Abbas, MS, MBA, *Vice President, Information Technology*

Pamela Simpson, BSN, MSA, CPHQ, *Associate Vice President for Quality Improvement and Corporate Compliance Officer* (retired)

Diezel Sarte, RN, *Chief Operations Officer*

- Where does NCHS stand with respect to electronic medical record adoption? To what extent does the medical record integrate lab data, dental records, mental health treatment, images?

WEDNESDAY, FEBRUARY 20, 2013 (CONTINUED)

Noon	**Transforming Care** (continued)

- What efforts are under way to promote interoperability within NCHS and with other providers?

- Is NCHS involved with San Diego's Beacon Community projects?

- Are there advantages to seeking patient-centered medical home (PCMH) certification? Is there a business case? Are there reimbursement issues with some required PCMH services?

- What has been the focus of recent quality improvement initiatives?

1:00 pm	**Bus Departure – Family Health Centers' Logan Heights Health Clinic** [1809 National Avenue, San Diego]
2:00 pm	**Tour of Logan Heights Health Clinic**
2:45 pm	**Overview of Family Health Centers of San Diego**

Fran Butler-Cohen, *Chief Executive Officer*, Family Health Centers of San Diego

- When was Family Health Centers (FHC) founded, and how has it evolved? What are the characteristics of the current clients? What is the current payer mix? What are the specifics for the Logan Heights Health Clinic?

- What are the challenges and opportunities of health reform? How has LIHP impacted the clinics?

- What has achieving Joint Commission PCMH recognition meant in terms of care delivery for providers and patients?

- What has been Family Health Centers' approach to primary care and behavioral health integration?

- How did the FHC focus on childhood developmental screenings and services arise?

- What is Connections Housing?

3:15 pm — Enrollment and Eligibility Issues

Kerrie Resendes, MPH, *Director of Care Coordination Services*, Family Health Centers of San Diego

Peter I. Shih, MPH, *Administrator, Health Care Policy*, County of San Diego Health and Human Services Agency

- How do the enrollment and eligibility determination processes work for LIHP and Medi-Cal? What roles do Family Resource Centers and clinic eligibility staff play?

- What enrollment and eligibility determination challenges do community clinics experience? How have the county and clinics been working together to address these challenges? What are the county's constraints?

- Are there lessons from the LIHP experience that can improve the Medi-Cal process in 2014 and beyond?

- Are there any innovations in enrollment and eligibility determination on the horizon?

- What, if anything, is known about how the Medi-Cal eligibility and enrollment processes and those of the state exchange will interact?

4:00 pm — Bus Departure – Hotel

4:30 pm — The Hospital Perspective [Grant C&D]

Tom Gammiere, *Chief Executive and Senior Vice President*, Scripps Mercy Hospital

- Which hospitals are most involved in providing care to the poor and uninsured? Has this changed over time?

- What is Scripps Mercy's payer mix?

- What role does California's provider fee play in hospital financing?

- What is the anticipated impact of the Affordable Care Act? Will an expansion of the Medi-Cal population be a boon to hospitals?

- In what ways does Scripps Mercy collaborate with San Diego FQHCs?

WEDNESDAY, FEBRUARY 20, 2013 (CONTINUED)

5:30 pm	Free time
6:15 pm	Walk or Taxi – Dinner at Bankers Hill [2202 4th Avenue, San Diego]
6:30 pm	Dinner at Bankers Hill

THURSDAY, FEBRUARY 21, 2013

Morning	Travel to Washington, DC

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Alex Baker, MPP, is a project officer for the Beacon Community Program at the Office of the National Coordinator for Health IT (ONC) in the U.S. Department of Health and Human Services. In this capacity, he supports communities in Pennsylvania, New Orleans, Western New York, Mississippi, and San Diego pursuing Beacon objectives around improving health care and population health, and increasing the efficiency of care. He also manages program-wide projects around sustainability for Beacon activities. He has previously worked as a consultant with Booz Allen Hamilton and the Logistics Management Institute supporting projects for ONC, including the establishment of the National eHealth Collaborative. He also worked for The Century Foundation, a nonpartisan think tank in New York, on issues including Social Security and national election reform. He has an MPP degree from the University of Chicago and a BA degree from Columbia University.

Evelyne Baumrucker, MA, is an analyst in health care financing with the Congressional Research Service (CRS). Over her tenure at CRS, she has provided the Congress with policy analysis and legislative support for Medicaid and the Children's Health Insurance Program (CHIP). Her primary areas of expertise include Medicaid eligibility and enrollment facilitation for children and families and other non-disabled adults, interactions between Medicaid and Patient Protection and Affordable Care Act exchanges, and the section 1115 waiver authority. In addition, she covers issues related to CHIP. She received a BA degree from the Pennsylvania State University, and an MA degree in social policy from the George Washington University.

Marc Berkman, JD, is the legislative director for Rep. A. Susan Davis (D-CA, District 53). Previously, he was chief counsel for Brad Sherman (D-CA, District 27). Prior to coming to Capitol Hill, Mr. Berkman was an associate at Clifford Chance US, LLP, where he practiced tax law. He received his law degree from Columbia Law School and his undergraduate degree from the University of California, Berkeley. He is originally from Los Angeles, California.

Hinda Chaikind, MA, MPH, is the section research manager for Health Insurance and Financing at the Congressional Research Service (CRS), where she conducts and oversees work in private

health insurance, Medicare, and Medicaid. Before joining CRS she was with the U.S. Department of Health and Human Services in the Office of the Assistant Secretary for Management and Budget, responsible for budgetary, legislative, and regulatory activity in the Medicare program. Ms. Chaikind worked at the Congressional Budget Office and was responsible for budget analysis of Medicare, Medicaid, and the Public Health Service. She has worked in the health field for 30 years. Ms. Chaikind received a BA degree in political science and psychology from Northwestern University and a master of arts and science degree in political science and an MPH degree in biostatistics from the University of Michigan.

Nancy De Lew, MPS, MPA, is associate deputy assistant secretary for health policy in the Office of Health Policy, Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services (HHS). ASPE leads the Department's legislative, strategic planning, and evaluation activities. She leads a team of staff conducting research and policy analysis on a wide variety of public health, health care access, financing, and quality of care issues. Prior to this position, Ms. De Lew held a number of other positions in HHS including: leading the team setting up the Office of Health Insurance Exchanges in the Center for Consumer Information and Insurance Oversight; working in the Centers for Medicare & Medicaid Services' legislative office with congressional staff as the Patient Protection and Affordable Care Act was being developed; and working on other major legislative initiatives including Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Health Insurance Portability and Accountability Act of 1996, Balanced Budget Amendment in 1997, and the Health Security Act of 1993. She joined HHS in 1985 as a presidential management intern after receiving a master's degree in political science and a master's degree in public administration from the University of Illinois at Urbana.

Karen B. Domino, MD, MPH, is a 2012-2013 Robert Wood Johnson Foundation Health Policy Fellow with the U.S. House of Representatives Committee on Ways and Means. She is professor and vice chair for clinical research in the Department of Anesthesiology and Pain Medicine at the University of Washington, Seattle. Dr. Domino has extensive experience with continuous quality improvement, risk management, and patient safety. Her research interests include patient safety and shared decision-making in surgery and pain medicine. Dr. Domino is the principal investigator of the Closed Claims project

and several patient-oriented registries of rare adverse outcomes after anesthesia and surgery. The Closed Claims project analyzes patient injuries from medical legal files to improve patient safety and reduce liability, and it has resulted in significant changes in anesthesiology practice, improvements in safety, and a reduction of malpractice premiums for anesthesiologists. Dr. Domino is a senior examiner for the American Board of Anesthesiology, a consultant to the Anesthesiology and Respiratory Therapy Devices Panel at the U.S. Food and Drug Administration, a past president of the Society for Neuroscience in Anesthesia and Critical Care, and chair of the American Society of Anesthesiologists Committee on Professional Liability. Dr. Domino received her MD degree from the University of Michigan, resident and fellowship training in anesthesiology at the University of Pennsylvania, and an MPH degree from the University of Washington.

Ruth Ernst, JD, is an assistant counsel in the U.S. Senate Office of the Legislative Counsel and has been with that office for over 19 years. She has primary responsibility for drafting legislation relating to Medicaid and the Children's Health Insurance Program, as well as legislation relating to the Social Security and the Supplemental Security Income programs, foster care, welfare, and child support. Legislation that Ms. Ernst has worked on includes the American Taxpayer Relief Act of 2012; the Patient Protection and Affordable Care Act; the Health Care and Education Reconciliation Act of 2010; the Children's Health Insurance Program Reauthorization Act of 2009; the American Recovery and Reinvestment Act of 2009; the Deficit Reduction Act of 2005; the Medicare Prescription Drug, Improvement, and Modernization Act of 2003; the Balanced Budget Act of 1997; and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. Ms. Ernst has a JD degree from the University of Chicago and an AB degree from Mount Holyoke College.

Stephen Ferrara, MD, is an active-duty Captain (select) and physician in the U.S. Navy. He is the chief of interventional radiology and the immediate past director of the radiology residency program at Naval Medical Center San Diego. He has had multiple worldwide deployments, including serving as chief of radiology aboard the USNS Mercy during Operation Unified Assistance I/II, serving in the 2005 Asian tsunami relief effort, and most recently serving in Kandahar, Afghanistan, where he provided primary care to 2,200 combat troops and volunteered at the NATO Role 3 hospital. In Afghanistan, Dr. Ferrara was the first to introduce interventional radiology to the battlefield.

Dr. Ferrara writes extensively and lectures on the adaptation of advanced health care technologies in austere and remote environments. His clinical interests include pediatric interventional radiology with an emphasis on treatment of complex vascular malformations. His military honors include the Defense Meritorious Service Medal and the Humanitarian Service Medal.

Dr. Ferrara received his BS degree in molecular biology from the University of California, Los Angeles, and an MD degree from the Uniformed Services University of the Health Sciences. He completed a surgical internship and a diagnostic radiology residency at Naval Medical Center San Diego and subspecialty training in vascular and interventional radiology at the University of California, San Diego, and Boston Children's Hospital. He is board-certified in diagnostic radiology as well as vascular and interventional radiology and serves as a board examiner for the American Board of Radiology.

April Grady, MPAff, has been with the Medicaid and CHIP Payment and Access Commission (MACPAC) since 2010, where she serves as the director of data development and analysis. She manages a wide range of projects, with recent work examining spending and service use among Medicaid enrollees with disabilities and individuals dually enrolled in Medicaid and Medicare. In 2011, she was temporarily detailed to the Joint Select Committee on Deficit Reduction to provide Medicaid policy expertise during "supercommittee" deliberations. Prior to joining MACPAC, Ms. Grady worked at the Congressional Research Service and the Congressional Budget Office, where she provided nonpartisan analyses of Medicaid, private health insurance, and other health policy issues for members of Congress, committees, and staff. She has also held positions at the LBJ School of Public Affairs at the University of Texas at Austin and Mathematica Policy Research. Ms. Grady received her MPAff degree from the LBJ School of Public Affairs and her BA degree in policy studies from Syracuse University.

Elayne J. Heisler, PhD, is an analyst in health services at the Congressional Research Service (CRS), Domestic Social Policy Division. She provides research and analysis to Congress on a wide range of issues, including the health care workforce, rural health, emergency care, the federal health centers program, demographics, and the Indian Health Service. Prior to joining CRS in 2009, she was a senior analyst in health care at the U.S. Government Accountability Office, where she conducted research on physician specialty choice and Indian

tribe members' participation in Medicare and Medicaid. She has also managed research grants and inter-agency projects on population, aging, and other topics at the National Institutes of Health's National Institute on Aging. She holds a PhD degree in sociology from Duke University and a bachelor's degree in human development with a concentration in gerontology from Cornell University.

Janhavi M. Kirtane Fritz, MBA, is the director of clinical transformation and dissemination for the Beacon Community Program at the Office of the National Coordinator for Health IT (ONC) in the U.S. Department of Health and Human Services. She provides overall leadership for the program and supports execution, innovation, and learning collaborative efforts related to clinical interventions. She also leads national efforts to share program-wide lessons learned, and supports Beacon Community efforts to drive local adoption of promising IT-enabled interventions, including collaboration with the Center for Medicare and Medicaid Innovations. Prior to joining the ONC, Ms. Kirtane Fritz spent 10 years working with health care delivery leaders across the country to lead strategic planning and clinical operations initiatives, most recently as a senior consultant with the Chartis Group, LLC, and previously with American Practice Management (APM). Her project portfolio included emergency department and operating room redesign, inpatient care model redesign, integrated delivery system strategy, and mergers and acquisition operational evaluation. Her clients included academic medical centers, children's hospitals, and multi-hospital systems. Ms. Kirtane Fritz has a BA degree in economics, with honors, from Harvard College and an MBA degree from the Wharton School, University of Pennsylvania.

John Moroney, MD, MPH, is the regional administrator of the Health Resources and Services Administration (HRSA) for Region IX. Dr. Moroney is a U.S. Public Health Services officer who has worked in the San Francisco Office of Regional Operations for HRSA since 1999. He received both his baccalaureate and medical degrees from Cornell University and completed a residency in internal medicine at the Hospital of the University of Pennsylvania. He received a master's degree in public health from Emory University while completing a second residency in preventive medicine and public health at the U.S. Centers for Disease Control and Prevention after serving in the Epidemic Intelligence Service.

Jessica Poole is district director for the office of Rep. Susan A. Davis (D-CA) and has worked for the Congresswoman for 12 years. Prior to that, Ms. Poole worked for Sen. Barbara Boxer. In Rep. Davis' district office, Ms. Poole works on health care issues as well as programs administered by the Social Security Administration. She holds a degree in sociology from the University of California, San Diego.

Jessica Schubel, MPH, is a technical director in the Division of State Demonstrations and Waivers in the Center for Medicaid and CHIP Services with the Centers for Medicare & Medicaid Services (CMS). She has been with CMS since July 2010, and has worked on section 1115 demonstration projects in Arizona, California, Hawaii, Iowa, Indiana, Maine, Minnesota, New York, and Wisconsin. Ms. Schubel serves as the subject matter expert on section 1115 transparency requirements and leads the Division with respect to demonstration-related 2014 activities. Prior to joining CMS, she worked in the District of Columbia's Medicaid agency on its section 1115 demonstration as well as on school-based health services. Ms. Schubel received her undergraduate degree at Syracuse University and her master's degree in public health at the George Washington University.

David Shillcutt, JD, is a public health analyst in the Division of Policy Innovation in the Office of Policy, Planning, and Innovation (OPPI) at the Substance Abuse and Mental Health Services Administration (SAMHSA). His work for OPPI focuses on health care reform and legislative affairs. Prior to working for SAMHSA, Mr. Shillcutt was a Presidential Management Fellow in the policy office of the Centers for Disease Control and Prevention's Center for Global Health. He has a JD degree from the University of Georgia and a BA degree in history and literature from Harvard.

Caroline Taplin is a senior policy analyst at the U.S. Department of Health and Human Services, where she has been employed for over 20 years in policy-related positions. She currently works in the Office of the Assistant Secretary for Planning and Evaluation, but has also worked in policy offices in the Office of the Assistant Secretary for Health and the Health Resources and Services Administration. In 2005 and 2006, she served as staff to the Citizens' Health Care Working Group. Her current interests include delivery system reform, workforce issues, and the translation of clinical research into practice.

Megan Thompson recently joined Sen. Dianne Feinstein's (D-CA) office as her health legislative assistant. Previously, she spent four

and a half years working for former Sen. John Kerry, focusing primarily on health, child welfare, family stability, and small business issues. She has worked extensively on issues affecting vulnerable youth, including topics such as foster care, adoption, child abuse, and preventing youth homelessness. She worked as part of Sen. Kerry's legislative team for federal health reform and on health issues pertaining to the Joint Select Committee on Deficit Reduction. Ms. Thompson holds a master of social change and development degree from the University of Wollongong, Australia.

Melissa Williams, MSPH, is an analyst within the Low-Income Programs Analysis Group of the Centers for Medicare & Medicaid Services' Office of Legislation. She works on issues related to Medicaid and CHIP eligibility, health care quality, HIV/AIDS, public health and prevention, among other issues. She is a recent graduate of the Johns Hopkins Bloomberg School of Public Health program in Health Policy and Management, where she also obtained a certificate in health disparities.

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Anwar Abbas, MS, MBA, is vice president of information technology with North County Health Services (NCHS). A key member of the corporate executive team, he has provided overall leadership in developing the company's vision and fully integrating information technology solutions into the company's core business. He has directed the implementation of electronic health record (EHR), electronic dental record, and full integration of these systems. He has been instrumental in the integration of clinical devices with EHR system at the "point of care" to reduce errors and improve patient safety. Mr. Abbas has collaborated with the Board of Directors to ensure successful functioning of Health IT services and effectiveness of governance processes. He has implemented a comprehensive local and wide area networking infrastructure including disaster/recovery, voice technologies, and IT services to mitigate enterprise risk.

Before joining NCHS, Mr. Abbas held senior information technology positions with Motion Picture Health and Pension; Texaco, Inc.; Dole Foods; and Bugle Boy Industries. Mr. Abbas was nominated for San Diego's prestigious "Top Tech Executive award - 2012" for non-profit market segment. He led his team to be the recipient of the Microsoft Health Plan of the Year award in 2003, the Outstanding Customer Service and the Client Appreciation awards.

Mr. Abbas holds a BS degree in electrical engineering, an MS degree in computer science, and an MBA from the University of Houston. He has completed the executive management program at Harvard University's Graduate School of Business Administration.

Fran Butler-Cohen is the founding chief executive officer of Family Health Centers of San Diego.

Mari Cantwell, MPP, was appointed by Governor Jerry Brown in April 2011 to serve as deputy director, health care financing, for the California Department of Health Care Services. She is responsible for the health care financing policy issues at the Department, and leads the work of the four finance policy-related divisions: Safety Net Financing, Capitated Rates Development, Fee-For-Service Rates Development, and Selective Provider Contracting. From 2005 through 2011 she worked in various financing policy roles at the California

Association of Public Hospitals and Health Systems, most recently as vice president of finance policy.

Ms. Cantwell received her master of public policy degree from the University of California, Los Angeles, School of Public Affairs, and a bachelor of arts degree in public policy and American institutions from Brown University.

Ted Chan, MD, is a professor of clinical emergency medicine and the medical director of the Emergency Departments at the University of California, San Diego-Hillcrest and La Jolla Medical Centers. He completed both medical school and an internship in internal medicine at the University of California, San Francisco. Prior to that time, Dr. Chan had worked in the Office of the Assistant Surgeon General and in the California State Senate. He completed his training in Emergency Medicine at UC San Diego in 1996 where he served as chief resident in his final year. Dr. Chan joined the faculty at that time. He is board-certified in emergency medicine. His research interests include health information technology; emergency department crowding and efficiency; and tactical, disaster, and prehospital medicine. He has received research grants from the National Institutes of Health, the U.S. Department of Justice, and the Robert Wood Johnson Foundation. He is currently principal investigator for the San Diego Beacon Community, a $15.3 million federally funded initiative to advance information technology and exchange in health care in San Diego as a model for the nation. Dr. Chan is editor of the Cardiology section of the *Journal of Emergency Medicine*, and he has authored and edited three textbooks.

Irma Cota, MPH, is president and chief executive officer of North County Health Services (NHCS), a non-profit community health care organization providing health care in the north region of San Diego County. She has been serving in this capacity for over 15 years. NCHS serves more than 57,000 individuals annually at ten clinic locations, providing comprehensive medical, dental, and mental health services, as well as health education and social services. Most NCHS patients are below 200 percent of the federal poverty level and are primarily uninsured or are covered by government insurance. Ms. Cota also oversees a number of community programs and services, such as a WIC nutrition program serving over 18,000 women and children, a county-wide HIV/Case Management program, and a homeless health project.

Ms. Cota has experience in executive management, strategic program planning, finance, and operational management in both the public and private sector. Under her direction, NCHS has become an organization with an annual budget of more than $45 million and a staff of more than 550.

Ms. Cota serves on the Board of Directors for the Council of Clinics and is vice chair. She is a member of the San Marcos Chamber of Commerce, and serves in the California State University, San Marcos, University Council. In addition Ms. Cota serves in a number of health-related advisory boards and committees including San Diegans for Healthcare Coverage, the Blue Shield/University of California, San Francisco Clinical Leadership Institute, as well as the San Diego Regional Climate Education Partnership.

Ms. Cota holds a master's degree in public health from San Diego State University, and certificates in health administration from Johns Hopkins University School of Public Health; University of California, San Diego, School of Management; Harvard Business School of Management; and University of California, Los Angeles, Anderson School of Business.

James V. Dunford, MD, FACEP, is professor emeritus of emergency medicine at the University of California, San Diego, School of Medicine and has practiced in the emergency department since 1980. In 1997 he was appointed the first city EMS medical director, overseeing all out-of-hospital emergency care provided by firefighters and paramedics.

Dr. Dunford attended Syracuse University and Columbia University College of Physicians & Surgeons, and he is board-certified in emergency medicine and internal medicine. His professional interests center on prehospital resuscitation and the emerging role of emergency medical services in health care reform. Since 1984, he has served as a co-investigator for the National Institutes of Health Resuscitation Outcomes Consortium, which conducts the nation's largest trials of promising treatments for sudden cardiac arrest and major trauma.

Dr. Dunford has led the development of numerous pioneering systems of care in the San Diego region including Project Heartbeat, the nation's premier public access to defibrillation program; STEMI (heart attack) and stroke systems; the Serial Inebriate Program, a national model for addressing homeless alcoholics; a Resource Access Program connecting EMS frequent users to community resources;

and the San Diego Community Information Exchange (CIE), which will link social services providers to the vulnerable. Dr. Dunford collaborates with the San Diego Beacon Community health insurance exchange and is exploring wireless real-time health monitoring and intervention for high use/high needs patients. He also serves as the emergency medicine expert at the National Quality Forum in Washington, DC, on the Measure Application Partnership's Dual Eligible Beneficiaries and Hospital Work Groups, each tasked with providing recommendations to the U.S. Department of Health and Human Services regarding metrics of performance for federal health care programs.

Nora M. Faine, MD, MPH, is medical director of Molina Healthcare. Earlier in her career, she served as vice president and chief medical officer of Sharp Health Plan and as medical and executive director of the Comprehensive Health Center, a community health center. Dr. Faine was a member of the Board of Governors of The San Diego Foundation (TSDF) from 2002 to 2010 and currently chairs TSDF's Health & Human Services Working Group. She also chairs the Community Health Improvement Partnership Health Literacy Taskforce. She was appointed a San Diego County First 5 Commissioner from 2003 to 2005. Dr. Faine has been recognized for her commitment to public health by numerous community service organizations. She holds a master's degree in public health from San Diego State University and an MD degree from Meharry Medical College. She completed an internship in internal medicine at the Martin Luther King, Jr. Medical Center Los Angeles and a residency in preventive medicine at University of California, San Diego.

Tom Gammiere, chief executive of Scripps Mercy Hospital, is responsible for the day-to-day operations of San Diego County's largest hospital. Founded in 1890 by the Sisters of Mercy, Scripps Mercy has two campuses, one in the Hillcrest area of San Diego with 517 beds and one in Chula Vista with 183 beds. With a combined total of 700 beds, more than 3,000 employees and more than 1,300 affiliated physicians, the hospital is also one of the ten largest in California. Mr. Gammiere began his career at Scripps in 1987 as the assistant administrator of what was then Scripps Memorial Hospital Chula Vista, and he was named the hospital's administrator in 1992. Later he became chief executive of Scripps Mercy Hospital in San Diego, and in 2004 he was named chief executive of the newly merged San Diego and Chula Vista campuses. Prior to joining Scripps, Mr.

Gammiere served as assistant administrator of support services at St. Benedict's Hospital in Ogden, Utah. He received his bachelor's degree in business administration from Marietta College in Ohio and holds a master's degree in health care administration from the University of Iowa. In 2007 Mr. Gammiere was named a fellow of the American College Healthcare Executives. He is a member of the California Health Care Association and has served as chairman of the Board of Directors for the Health Care Association of San Diego and Imperial Counties. Mr. Gammiere also serves on the Board of Directors of the Alliance of Catholic Healthcare.

Rodney G. Hood, MD, is an honor graduate from Northeastern University School of Pharmacy in Boston. He studied pharmacology and toxicology for a year at the University of California, San Francisco, before transfering to the University of California, San Diego, School of Medicine where he received his MD degree. He completed his residency in internal medicine at UCSD's University Hospital.

For the past 30 years, Dr. Hood has practiced general internal medicine and is the managing partner and chief executive officer at Careview Medical Group in San Diego. He is co-founder and president of the Multicultural Primary Care Physician Medical Group, an Independent Physician Association (MCIPA) composed of over 300 physicians. Dr. Hood maintains a voluntary position as assistant clinical professor at UCSD School of Medicine, lecturing and serving as a preceptor for medical students. He actively participates in organized medicine and has served as president of the National Medical Association.

In 2012, Dr. Hood received a Center for Medicare and Medicaid Innovation Healthcare Innovation Challenge Award through the MCIPA in collaboration with the Camden Coalition of Healthcare Providers and Rutgers Center for State Health Policy. Its objective is to intervene with high-risk, high-utilizer patients to produce cost savings through reduced hospital utilization and to improve health outcomes. Dr. Hood is as the local project investigator and medical director for this grant.

Gregory E. Knoll, JD, has served as executive director/chief counsel for Legal Aid Society of San Diego, Inc., since 1974. As the chief executive of this non-profit law firm, he has complete responsibility for the administration, management, and supervision of the legal work performed by a 95-person staff, including 40 lawyers and 30 para-

legals/advocates. The law firm provides a wide range of free legal services to the indigent residents of San Diego County.

Mr. Knoll is also the executive director of the Legal Aid Society's Consumer Center for Health Education and Advocacy, one of the first comprehensive education and advocacy centers for physical and mental health consumers eligible to receive health care from federal, state, and county programs.

In addition to serving as both member and as chair of various San Diego County boards, commissions, task forces, and stakeholder groups concerned with health care reform, Mr. Knoll is the long-time chair of the Oversight Committee for the San Diego County Geographic Managed Care Medi-Cal Program known locally as "Healthy San Diego." Mr. Knoll is vice chair of San Diegans for Health Care Coverage.

While Mr. Knoll currently specializes in health policy and systemic change and guest lectures on these and other topics at various universities and medical schools, he also has extensive litigation experience and has been the recipient of the Loren Miller Attorney of the Year Award from the NAACP; the San Diego County Martin Luther King, Jr. Drum Major for Justice Award; and the Cesar E. Chavez Social Justice Award. Mr. Knoll is a graduate of Rutgers University School of Law in Newark, New Jersey.

Nick Macchione, MS, MPH, FACHE, has over 27 years of experience in the planning, management, and delivery of health care and human services. Since 2008, Mr. Macchione has led San Diego County's Health and Human Services Agency (HHSA), one of the nation's largest and most complex health and human services networks at the local level. Serving a region of 3.2 million residents, HHSA provides direct services to an estimated 700,000 clients annually. With budget responsibility of over $2 billion annually, Mr. Macchione manages a professional workforce of 5,400 employees and a diverse portfolio of nearly 500 for-profit and non-profit contracted agencies. He implements policy directives of an elected Board of Supervisors and manages the day-to-day operations of HHSA, which provides a wide range of public health, medical care and social services.

In addition, Mr. Macchione oversees the operation of the county's 50-bed Psychiatric Hospital, 192-bed Edgemoor Hospital, 204-licensed-bed Polinsky Children's Center, and a 184-licensed-bed, year-round residential high school campus for foster youth. Prior to becoming

HHSA's director, Mr. Macchione served ten years as the Agency's deputy director and one year as an executive with the former San Diego County Department of Public Health. Mr. Macchione has also held senior executive positions in the state of New Jersey.

Throughout his career, Mr. Macchione has implemented major innovative, cost-effective health reforms. The most recent example is "Live Well, San Diego!" which is a ten-year regional wellness strategic plan with the goal of improving the health, safety, and economic vitality of all San Diegans.

Mr. Macchione holds dual master's degrees from Columbia University and New York University where he specialized in strategic management and health policy. He is a fellow of the American College of Healthcare Executives, having previously served a three-year term as the elected regent for San Diego and Imperial Counties. He is a Public Health Leadership Scholar with the federal Centers for Disease Control and Prevention (CDC), and a Creating Healthier Communities Fellow with the American Hospital Association's Health Forum. In addition, for the past 16 years he has been an active faculty member at San Diego State University in the Graduate School of Public Health.

Ed Martinez, MPH, MPA, is chief executive officer of San Ysidro Health Center (SYHC). He has 37 years of health care management experience. He earned his master's degree in public health-hospital administration from Yale University and also completed a master's degree in public administration at San Diego State University. In September 1998, Mr. Martinez joined the staff of SYHC as the organization's president and chief executive officer.

SYHC is a large federally qualified health center located in South and Central San Diego County. SYHC's patient population consists of 80,000 South County and Central Region residents. Each year, the health center generates approximately 220,000 service encounters in the areas of primary care, oral health, and behavioral health services. The health center's patient population consists primarily of uninsured and traditionally underserved area residents. SYHC currently operates ten primary care clinics, one urgent care center, five dental clinics, and five WIC programs. To address the unmet health service needs of the community, SYHC is now in the process of collaborating with a number of community organizations to develop a strategic health plan for San Diego's Central and Southeastern communities.

In response to a competitive grant program associated with the federal government's stimulus funding initiative, SYHC was awarded $14.4 million in 2009 to increase health center capacity. Of this amount, $9.75 million was allocated to building a new three-story medical-dental clinic and to significantly expanding the scope of services provided to residents of Southeastern San Diego.

Kerrie Resendes, MPH, is the director of care coordination services at Family Health Centers of San Diego (FHCSD). FHCSD is a private, not-for-profit community health center with the mission of providing caring, affordable, high-quality health care to everyone, with a special commitment to uninsured, low-income, and medically underserved families. In her current role, Ms. Resendes directs all activities related to the coordination of care for FHCSD patients with particular attention to the establishment of the patient-centered medical home.

Ms. Resendes brings a wealth of program experience in the areas of community health and development, as well as project management, in the United States and Latin America, including three years as a Peace Corps volunteer in Guatemala.

Linda M. Richardson, PhD, RN, is a licensed clinical psychologist and a registered nurse. Presently, she is a program manager at North Inland Mental Health Center, which is operated by Mental Health Systems, Inc. The clinic serves adults and older adults with serious mental illness. Previously, Dr. Richardson was a program manager with Los Angeles County Department of Mental Health. She has many years of experience in program management, mental health service delivery, teaching and consultation. She is past president and past treasurer of the Society of Psychologists in Management and a member of the Public Service Division of the American Psychological Association. Currently she serves on the American Psychological Association's Task Force on Serious Mental Illness and on the editorial board of *The Psychologist Manager* journal.

Gabriel Rodarte, MD, graduated from University of California, San Francisco, Medical School and trained at the combined psychiatry and family medicine residency program at University of California, San Diego. Currently he is the behavioral health medical director at Neighborhood Healthcare. He is board-certified in and practices both psychiatry and family medicine. He also provides consultation psychiatric services to primary care clinics in San Diego, Riverside,

and Santa Clara Counties. He is on the advisory committee of the San Diego Integration Institute and has given many talks on integration of behavioral and medical care. He is committed to providing the highest quality and cost-effective integrated and collaborative care to the community.

Peter I. Shih, MPH, has over 16 years of experience in health care administration and operations. He has worked throughout the country across a broad spectrum of private and public providers. In his role at San Diego County, Mr. Shih oversees the Low Income Health Program and health policy administration. He has worked at Sequoia Hospital (Dignity Health); University of California, San Francisco; Drexel College of Medicine in Philadelphia; Scripps Health in San Diego; and the Greenville Hospital System in South Carolina. He also served as the chief operating officer for La Clinica de la Raza, a federally qualified health center in Oakland. Mr. Shih received his undergraduate degree from University of California, San Diego, and his master's degree in public health from San Diego State University. Not having had health insurance until he was 26 years old, he has a good appreciation of what it is like for those who are uninsured. He also has a passion for strengthening the safety net for the underserved through collaboration and innovation.

Pamela Simpson, BSN, MSA, CPHQ, a registered nurse for 40 years, holds a BSN degree as well as an MS degree in administration. She has held the credential of certified professional in health care quality (CPHQ) for 15 years and has been active with the National Association of Healthcare Quality (NAHQ) and the California Association of Healthcare Quality (CAHQ), serving on the CAHQ Board for the past two years. Ms. Simpson was quality advisor for the California Primary Care Association's newsletter, The Voice, during 2012. She has extensive experience in health care quality improvement, utilization management, NCQA accreditation and certification, Joint Commission accreditation, risk management, and compliance at the acute care, ambulatory care, and managed care levels. Although recently retired, Ms. Simpson has elected to continue her relationship with North County Health Services on a part-time consulting basis.

Jami Young, MPA, is executive director of the San Diego Community Information Exchange, leading the effort for data integration between health and social services for enhanced care coordination and developing a shared data analytics infrastructure for the San Diego community. Her roots stem from some of California's pioneer

Health Information Exchanges, where she was a founding officer with EKCITA in rural California and the project manager for the San Diego Beacon program. Having been engaged at every step of creating an information exchange and organization, Ms. Young appreciates that the foundation of this type of technology initiative is based on the strength of human relationships established. She sits on various committees such as Leadership Council for the Center for Civic Engagement for The San Diego Foundation, and Leadership Team for Ending Homelessness in Downtown San Diego. She holds a master's degree in public administration and certification in health services management from the University of Southern California.

Nick Yphantides, MD, is an advocate for those in his community who need it the most. He currently serves as the chief medical officer for San Diego County. He is the founding co-chair of San Diego's Childhood Obesity Initiative, was the chief medical officer (CMO) of one of the largest networks of community clinics in San Diego County, the CMO of the Council of Community Clinics, and was the publicly elected chairman of the Board for Palomar Health, the largest public hospital district in California. As a result of his personal health transformation he now advocates for population health transformation. Dr. Nick is a cancer survivor and has been to as many countries as he is old.

BIOGRAPHICAL SKETCHES

FORUM STAFF

Judith Miller Jones has been director of the National Health Policy Forum at the George Washington University since its inception in 1972. As founder and director, Ms. Jones guides the Forum's informational programming for federal health policymakers, spearheads NHPF's fundraising efforts, and serves as a resource to foundations, researchers, and other members of the health policy community. Ms. Jones was appointed to the National Committee on Vital and Health Statistics in 1988 and served as its chair from 1991 through 1996. She is a lecturer in health policy in the School of Public Health and Health Sciences at George Washington University, is a mentor for the Wharton School's Health Care Management Program, and, on occasion, consults with nonprofit groups and corporate entities across the country. Prior to her work in health, Ms. Jones was involved in education and welfare policy. She served as special assistant to the deputy assistant secretary for legislation in the U.S. Department of Health, Education, and Welfare and, before that, as legislative assistant to the late Sen. Winston L. Prouty (R-VT). Before entering government, Ms. Jones was involved in education and program management at IBM, first as a programmer, a systems analyst, and then as a special marketing representative in instructional systems. While at IBM, Ms. Jones studied at Georgetown Law School and completed her master's degree in educational technology at Catholic University. As a complement to her work in the federal arena, Ms. Jones is involved in a number of community activities in and around Shepherdstown, West Virginia, including chairing Healthier Jefferson County, a committee dedicated to improving public health and medical care in that area of the Eastern Panhandle.

Lisa Sprague, principal policy analyst, joined the National Health Policy Forum in 1997. She works on a range of health care issues, including quality and accountability, health information technology, delivery system transformation, medical home, and workforce. Previously, she was director of legislative affairs for a trade association representing preferred provider organizations and other open-model managed care networks. Ms. Sprague represented the industry to Congress, federal agencies, and state insurance commissioners; managed the association's policy development process; and edited a biweekly legislative newsletter. Ms. Sprague came to

Washington in 1989 as manager of employee benefits policy for the U.S. Chamber of Commerce. Her interest in health policy arose in her earlier work as a human resources manager and benefits administrator with Taft Broadcasting (later known as Great American Broadcasting) in Cincinnati, Ohio. She holds a bachelor's degree in English from Wellesley College and a master of business administration degree from the University of Cincinnati.

Jessamy Taylor, principal policy analyst, joined the National Health Policy Forum in 2004. Her research, analysis, and writing focuses on the health care safety net and issues affecting low-income and vulnerable populations. Prior to coming to the Forum, Ms. Taylor worked at the U.S. Department of Health and Human Services (HHS) as the acting director of legislation for the Health Resources and Services Administration (HRSA), managed HRSA's legislative portfolio in the HHS Office of the Assistant Secretary for Legislation, and directed a number of rural health systems development grant programs in the federal Office of Rural Health Policy within HRSA. She began her work with HRSA in 1999 when she joined the Office of the Administrator to work on the Children's Health Insurance Program and a multi-agency oral health initiative. Ms. Taylor was a Presidential Management Intern in the Social Security Administration's Office of Disability and Income Security Programs. She holds a bachelor's degree in political and social thought from the University of Virginia and a master of public policy degree from the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin.

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SITE VISIT
REPORT

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