

PRESENTER BIOGRAPHICAL SKETCHES
Accountable Care and Health IT Hearing
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Overview of Accountable Care Landscape

Clif Gaus, Sc.D., National Association of Accountable Care Organizations

Clif Gaus is currently President and CEO of the National Association of ACOs (www.naacos.com) which he helped found in 2012. NAACOS is the only national organization owned and managed by ACOs. It advocates for ACOs on policy and offers shared learning experiences through conferences, webinars, forums and work groups.

Clif has a diverse background as a public servant, entrepreneur and health executive. He served in senior health positions under Presidents Nixon, Ford, Carter, and Clinton. In the 1970's and 80's, as Associate Administrator of HCFA (now CMS), he directed the development of a broad range of innovations in health care financing and delivery, including the DRG hospital payment system, RBRVS physician payment system, Medicare Hospice Programs and Medicare payment of Physician Assistants. From 1994 to 1997 he was the Administrator of the Agency for Health Care Policy and Research (now AHRQ).

In the late 90's he held the position of Executive Vice President and Chief Administrative Officer of WellPoint Health Networks Inc., managing a staff of over 3000 employees responsible for all of WellPoint's physician and hospital networks, medical policy, public affairs, human resources, market research and product branding. Prior to WellPoint, he was Senior Vice President of the national Kaiser Permanente Health System in Oakland, California. From 2002-10 he served on the Board of Directors of the Lucile Packard Children's Hospital, Stanford University. In recent years Clif has consulted for a number of prominent organizations, including a six month engagement with the Administrator of CMS working on the ACO regulations and the start-up of Center for Medicare and Medicaid Innovation (CMMI).

He holds a master's degree in health administration (MHA) from the University of Michigan and a Doctorate of Science (Sc.D.) in health care management from The Johns Hopkins University.

Panel 1: Physician-Led Accountable Care Arrangements

Larry Garber, MD, Reliant Medical Group
Michael Weiss, MD, Monarch IPA
Stephen W. Nuckolls, Coastal Carolina Health Care
Troy Tyner, D.O., M.M.M, F.A.C.O.I. Private Practice
Craig Behm, MedChi Network Services

Dr. Larry Garber, is a practicing Internist and the Medical Director for Informatics at Reliant Medical Group (formerly known as Fallon Clinic, and a member of Atrius Health). He has had decades of experience and success in Medical Informatics. Shortly after joining Reliant in 1986, he led the practice through an extensive redesign of their paper medical record system. Twenty years later, he successfully led the replacement of these paper records with Epic's Electronic Health Record system for the group's 1 million visits each year.

Dr. Garber is Chair of the Massachusetts eHealth Collaborative's Executive Committee, a member of the Massachusetts State Health Information Technology Council, and a member of ONC Policy Committee's Health Information Exchange Workgroup and Privacy & Security Tiger Team. He has been Principal Investigator on \$3.5 Million AHRQ and HHS/ONC grants to develop innovative Health Information Exchanges. Dr. Garber also co-chairs the ONC S&I Framework Longitudinal Coordination of Care Workgroup which is using an evidence-based approach to update the HL7 Consolidated CDA to meet the needs of care transitions and care planning.

Dr. Garber has long been a proponent for patient safety, having co-authoring articles in JAMA and JAMIA on Adverse Drug Events in the ambulatory setting.

Dr. Garber is recipient of the 2010 eHealth Initiative eHealth Advocate Award, the 2011 Health Data Management EHR Game Changer Award, an ONC Health IT Fellow, and led the HIMSS 2011 Davies Award-winning implementation of Reliant's EHR system and the 2013 recognition of it achieving HIMSS Ambulatory Stage 7.

Dr. Michael Weiss practiced general pediatrics in South Orange County, CA for over 20 years with Southern Orange County Pediatric Associates, a 12 physician, 4 office pediatric group. Dr. Weiss is currently a Chief Medical Officer with Monarch HealthCare, a large Orange County, CA Independent Practice Association and Pioneer ACO. He has oversight of the commercial, senior, and ACO quality program for the 200,000 patients served.

He is past president of the Orange County Chapter of The American Academy of Pediatrics and served as the Chair of the Chapter's Committee on Fitness and Nutrition as well as the Medical Director of the Healthy For Life/PE4ME program, a school based fitness and nutrition intervention for overweight children in Orange County.

Dr. Weiss graduated from The University of Michigan and completed Medical School at The Western University of Health Sciences in Pomona, CA. He completed his Pediatric Internship and Residency at The Children's Hospital of Los Angeles.

Stephen W. Nuckolls, is the Chief Executive Officer of Coastal Carolina Health Care, a 50 provider multi-specialty physician owned medical practice, based in New Bern, NC. The group's specialties include Internal Medicine, Family Practice, Hematology, Oncology, Gastroenterology, Cardiology, Pulmonary Diseases, Critical Care, Endocrinology, Rheumatology, and Neurology. Its operations include an Ambulatory

Surgical Center for Gastrointestinal Endoscopy, Sleep Lab, Central Clinical Laboratory, Urgent Care, and Imaging Center. Mr. Nuckolls also serves as the CEO for the Medical Practice's ACO which was selected by CMS in its first round as an Advance Payment Model ACO. Mr. Nuckolls helped form the medical practice in 1997 and has served in his current capacity since that time. Prior to the formation of this organization Mr. Nuckolls owned Integration Strategies which specialized in helping physicians integrate to form larger organizations. Mr. Nuckolls also serves as the Chief Financial Officer of Atlantic Integrated Health, a physician owned and operated IPA, who has partnered with Collaborative Health Systems to form an MSSP ACO.

Mr. Nuckolls has served on various boards and councils including the National Association of ACOs, NC Health Coordination Council which is charged with formulating the State's Certificate of Need Plan, Craven Community College Foundation where he has served as its President, and TargetCare whose mission is to lower health care cost by targeting at risk populations at their place of business.

Mr. Nuckolls earned his BA in Economics from Davidson College and his MAC from UNC's Kenan-Flagler Business School. He is a member of the AMGA, MGMA, and NCACPA.

Dr. Troy Tyner is a recognized physician leader in the business of medicine and quality improvement. He has been serving as Quality Improvement Chair at Grandview Hospital and Medical Center since 1995. During his tenure at Grandview Hospital he has won numerous quality awards including, multiple times, the top 50 in the Nation and Distinguished Hospital Award from Health Grades Inc. Since 2009 he has been Co-Chair of the Quality Steering Committee of the Greater Dayton Hospital Association. In addition to this he is medical director for case management, social services and clinical documentation at Grandview, as well as medical director for the Physician Hospital Alliance for over 10 years. As part of the Kettering Health Network, he is now responsible for leading, teaching and performing enterprise wide process improvement projects.

Due to his recognized leadership and performance last year he was awarded the Merit Alumni award from Ohio University and has recently been nominated to participate in the Joint Replacement Clinical Advisory Group by the Office of Health Transformation for Ohio.

He has developed multiple successful business models, not only in the practice of medicine, but also medical office building development. He has been a partner in private practice with Internal Medicine Care Inc. since 1992, founder and managing partner of Argo Partners LLC, Jason Partners LLC, and Unity Health Care LLC.

Dr. Tyner received his undergraduate degree in Chemistry from California State University in 1984 and obtained his Doctor of Osteopathy from Ohio University in 1988. He trained at Grandview Hospital for Internal Medicine, is board certified, and became a Fellow in the American College of Osteopathic Internist. To round out his education he

received his Masters in Medical Management from Marshall School of Business at the University of Southern California in 2003.

Craig Behm is the Executive Director of MedChi Network Services (MNS), a firm that offers practice services and Accountable Care Organization (ACO) management as a subsidiary of MedChi, the Maryland State Medical Society. MNS is the largest state-designated Management Services Organization in Maryland, and provides credible revenue cycle management and other services to support independent physicians. Mr. Behm is the executive director of the three Medicare Shared Savings Program ACOs operated by MNS, including: the Lower Shore ACO, ACO of the Eastern Shore, and ACO of Western Maryland. MedChi and Mr. Behm performed vital roles in the ACO formation and selection process, and each ACO was approved for Advance Payment from CMS. Mr. Behm continues to lead an expansion of ACOs and related services to enhance the private practice of medicine.

Prior to joining MNS, Mr. Behm worked as a health care business consultant for a small firm in the Baltimore region. He also worked at Erickson Living, a large-scale developer and operator of continuing care retirement communities. Mr. Behm holds a Bachelors of Arts from the University of Maryland, College Park and a Masters of Business Administration from the Loyola University Sellinger School of Business. He may be contacted at cbehm@medchi.org.

Panel 2: Implementers – Hospitals and Providers

Michael Sills, MD, Baylor Quality Alliance
Charles Chodroff, MD, MBA, FACP, WellSpan Health
Frank Bragg, MD, FACP, Eastern Maine Healthcare Systems
Anthony Slonim, MD, PhD, Barnabus Health

Dr. Michael Sills, is currently Vice President of Informatics and Technology at Baylor Quality Alliance (Baylor Health Care System's Accountable Care Organization). Dr. Sills major focus of interest at BQA is the utilization of informatics to help deliver better quality care that is cost effective and with greater transparency. Dr. Sills was the President of Cardiology Consultants of Texas until 2010; in 2012 he and the other members of CCT joined HealthTexas Provider Network. He is currently an Attending Cardiologist at Baylor University Medical Center in Dallas where he was previously Assistant Chief of Cardiology and Director of the Non-Invasive Lab. He has been on the Editorial Board of the American Journal of Cardiology as well as a board member of the AHA. Dr. Sills serves as one of the regional representatives for the Texas Chapter of the American College of Cardiology. He has finished a Leadership Course at the SMU Cox School of Business and will begin an MBA in 2014.

Dr. Charles Chodroff serves as the Senior Vice President, Population Health and Chief Clinical Officer of WellSpan Health. He is the chief architect and executive for WellSpan's strategy for care management with responsibility to implement specific population health and case management activities across all entities of WellSpan. He

works with WellSpan's clinical leaders to improve the delivery of health services to assure WellSpan success when it is at financial and clinical quality risk for defined populations.

As a member of WellSpan's senior management team, he participates in planning, budgeting, and general management of system-wide activities. He also serves as the President of WellSpan Population Health Services, WellSpan's managed care infrastructure that offers products to local self-insured business and serves as the support structure for WellSpan's risk contracts with various payers.

Dr. Chodroff has been with WellSpan Health since 1986. A graduate of Haverford College, he received his MD degree from Cornell University Medical College and completed his residency in Internal Medicine at the Hospital of the University of Pennsylvania. He is board-certified in Internal Medicine. He received an MBA degree from the Wharton School of the University of Pennsylvania in 1992.

Dr. Frank Bragg has been practicing internal medicine in Bangor with an electronic medical record (EMR) for 17 years. He started working on performance improvement when he was still on a paper record but his efforts took a quantum leap when he and his colleagues converted to an EMR. Currently he serves as performance improvement coordinator for primary care practices at Eastern Maine Medical Center (EMMC) in Bangor, Maine, the Bangor Beacon Community and the Beacon Health Pioneer ACO. The use of data feedback to providers of their un-blinded individual performance data has resulted in numerous primary care performance improvements.

Dr. Anthony Slonim is the Executive Vice President and Chief Medical Officer for Barnabas Health. He is an internist and a pediatrician who did specialty training in intensive care medicine for both adults and children. He also has a doctorate in health policy and healthcare administration. He is a Professor of Medicine, Pediatrics, Community and Public Health at the University of Medicine and Dentistry of New Jersey. At Barnabas Health, Dr. Slonim provides executive leadership to all activities that support outstanding clinical care including the quality programs, the clinical information systems, the Barnabas Health Medical Group, and the Accountable Care Organizations.

Panel 3: Community-Based Accountable Care Arrangements

*Troy Trygstad, PharmD, MBA, PhD, Community Care of North Carolina
John Lynch, MPH, Connecticut Center for Primary Care, ProHealth
Physicians*

Karen Nelson, MD, MPH, Brooklyn Health Home/Maimonides

Dr. Troy Tygstad is the Vice President of Pharmacy Programs for Community Care of North Carolina, a parent organization of 14 regional networks that provide wrap-around services and informatics support to nearly 1,700 Medical Homes. These networks bring together medical practices, county health departments, hospital systems and mental

health providers in the fashion of the Medical Neighborhood model. Under his direction at CCNC, the Network Pharmacist program has grown to include more than 65 pharmacists who are involved in a number of diverse activities ranging from patient-level medication reconciliation to practice-level health information technology adoption to network-level management of pharmacy benefits. In addition to serving on multiple advisory panels addressing medication non-adherence, he has co-developed many novel adherence programs and technologies that use multiple types and sources of drug use data to predict, intervene and triage medication management interventions and coaching opportunities. As part of that work, he created the PHARMACeHOME platform which captures a community-level drug use narrative with drug therapy problem finding utilities. The PHARMACeHOME is currently used by more than forty distinct licensures, settings and roles with more than 4,000 distinct users in North Carolina. Dr. Trygstad received his PharmD and MBA degrees from Drake University and a PhD in Pharmaceutical Outcomes and Policy from the University of North Carolina.

John Lynch holds dual positions as the Executive Director of the Connecticut Center for Primary Care and Vice President, Research and Government Affairs for ProHealth Physicians. The Connecticut Center for Primary Care (CCPC) is a 501(c)(3) not-for-profit research and education organization with mission is to become Connecticut's premier CENTER for research in establishing evidence for primary care best practices, CENTER for the translation of best practices (new delivery models, quality, patient safety) into everyday primary care practice, and CENTER for the transformation of the Connecticut primary care system. ProHealth is the largest primary care physician group practice in Connecticut, serving approximately 350,000 patients lives via 351 primary care practitioners. ProHealth received NCQA Level 3 Patient Centered Medical Home status for all 71 of its practices in August 2011, was approved by CMS as an Accountable Care Organization (ACO)/ Shared Savings designation beginning January 1, 2013, and anticipates that by January 1, 2014, it will also have ACO contracts in place with Anthem, Cigna, Aetna, United Healthcare, and ConnectiCare, potentially covering 80% of its patient lives with ACO delivery models.

Mr. Lynch holds Bachelor of Science, cum laude, and Master of Public Health degrees from Yale University. He has more than 40 years of experience in health care informatics working for Yale Medical Computer Sciences, the Hill Community Health Center, the Connecticut Hospital Association, Superior Consulting, ProHealth Physicians, and the Connecticut Center for Primary Care (CCPC). He has served as an investigator on projects from the Agency for Healthcare Research and Quality (AHRQ), the National Library of Medicine (NLM), the Advanced Research Projects Agency (ARPA), the National Institute of Standards and Technology (NIST), the National Highway Traffic Safety Administration, (NHTSA), the Office of the National Coordinator for Health Information Technology (ONC), and the National Science Foundation (NSF).

Mr. Lynch served as the associate project director of the ONC-funded Connecticut Health Information Privacy and Security Initiative and co-chair of the 10-state "Adoption of Standard Policies" Collaborative, developing policy and procedures specifications for

authentication, audit, authorization, and access control for trusted HIE of personal health information. Most recently, Mr. Lynch was the Principal Investigator on an Agency for Healthcare Research and Quality (AHRQ) grant (BICEP) to study “comparative effectiveness” of healthcare treatments of complex diabetes patients.

Dr. Karen Nelson, is the Senior Vice President for Integrated Delivery Systems and Executive Director of the Southwest Brooklyn Health Home. Dr. Nelson re-joined the Maimonides Medical Center staff in April 2012 where she had been the Vice Chair of Medicine from 1996 to 1999. Between 1999 and 2012, she was the CEO and Medical Director of the Union Health Center which provides primary and specialty care to immigrant and low-wage union members and their families in New York City. She was the Medical Director of Dorchester House Community Health Center in Boston, MA from 1988 to 1995. Dr. Nelson received her B.A. degree from Yale University in 1978 and her M.D. from the Mt. Sinai School of Medicine in 1985. She received her M.P.H. from Boston University School of Public Health in 1996 where she was a Robert Wood Johnson Scholar from 1994-1996.

Panel 4: Vendors/Service Providers Enabling Accountable Care

Kris Gates, JD, Health Endeavors

Josh Seidman, PhD.

Dan Haley, AthenaHealth

Matt Eirich, The Advisory Board

Kris Gates is CEO of Health Endeavors, is the primary architect of the Health Endeavors software product suite. Using her extensive healthcare experience gained in both the business and legal sectors, Kris developed a suite of software products to assist healthcare providers with the management and utilization of administrative and clinical data. The primary web-based software product suite includes Conflict of Interest, Contract & Entity Manager, Non-Monetary Comp Tracker, Physician Hours Manager, Survey & Assess Tool and Training Center. In addition, Kris spearheaded the effort to develop software specifically for the Medicare Shared Savings Program (MSSP) ACOs, including an ACO Claims Data Center, GPRO Tool, NPI Ticker and Population Analytics. She earned her juris doctor from Creighton University School of Law with cum laude recognition. In addition to her software product development experience, Kris has provided legal services in private practice and served as corporate counsel to several large nonprofit healthcare systems, including Banner Health, Alegent Health and Norton Healthcare.

Dr. Josh Seidman has over the last 23 years in health care focused on: quality measurement and improvement; the intersection of e-health and health services research; and structuring consumer e-health interventions to support improved health behaviors and informed decision making. Dr. Seidman most recently served as Managing Director of Quality & Performance Improvement at Evolent Health, which supports the nation’s leading providers in their population health and care transformation efforts through long-term operating partnerships. Dr. Seidman served as

Director of Meaningful Use for the U.S. Department of Health & Human Services where he was responsible for the Office of the National Coordinator for Health IT's policy development around the meaningful use of electronic health records and e-quality measures. Previously, Dr. Seidman was the founding President of the Center for Information Therapy, which advanced the practice and science of using health IT to deliver tailored information to consumers to help them make better health decisions. He has also served as Director of Measure Development at NCQA and has done research and analysis related to providers at the American College of Cardiology and the Advisory Board Company. Dr. Seidman earned a PhD in health services research and an MHS in health policy & management from Johns Hopkins School of Public Health, and a BA in political science from Brown University. In a volunteer capacity, Seidman currently serves as President of the Society for Participatory Medicine, and previously served for five years as President of Micah House, a transitional house for homeless women in recovery from substance abuse.

Dan Haley is athenahealth's Vice President of Government and Regulatory Affairs, responsible for all aspects of the company's interactions with government and government officials at the federal, state, and local levels. Prior to joining athenahealth, Dan was a partner at a global law firm, where his practice focused on government and regulatory affairs and complex commercial litigation. He has held senior positions in a number of statewide political campaigns, and served as Assistant Chief of Staff to Massachusetts Governor Mitt Romney. Dan is a frequent writer, commentator, and blogger on health IT issues and broader federal healthcare policy, and a graduate of Middlebury College and Harvard Law School.

Matthew Eirich, as Executive Director in the New Product Development division at the Advisory Board Company, works closely with health care stakeholders to develop solutions to their most pressing problems. Focusing specifically on research areas like delivery system investment, physician-hospital relations, care coordination and practice management, Matthew provides expertise on navigating the migration to population health and identifies the tools needed to assist communities in their care transformation endeavors. Matthew also previously served as a lead researcher for the Health Care Advisory Board, advising senior leadership at hospitals nationwide on emerging trends and issues in health care payment and delivery.

Matthew obtained his MBA from the Stanford Graduate School of Business and his bachelor's degree from Davidson College. Prior to joining the firm, Matthew worked at UnitedHealth Group as a product manager in the company's insurance and care management divisions, where he oversaw the delivery of health and wellness services to over five million members.