

Biographical Information

Richard J. Baron, MD, MACP

Dr. Baron is the group director of the Seamless Care Models Group in the Center for Medicare & Medicaid Innovation, a component of the Centers for Medicare & Medicaid Services (CMS). Before joining the Innovation Center, Dr. Baron practiced internal medicine in Philadelphia at Greenhouse Internists, which in August 2008 received the highest possible accreditation rating from the National Committee for Quality Assurance. Greenhouse was a pioneer in the comprehensive adoption of electronic health records (EHRs) in a small medical practice and currently is participating in a patient-centered medical home pilot project. From 1988 to 1996, Dr. Baron served as chief medical officer and senior vice president for medical affairs of Health Partners, a not-for-profit Medicaid health maintenance organization (HMO) set up by four teaching hospitals in Philadelphia. He was a principal architect of the Best Clinical and Administrative Practices program, collaborating with physicians in Medicaid health plans across the country to improve the quality of care for their beneficiaries. This program eventually expanded to include plans serving more than half of the Medicaid managed care population in the United States. Dr. Baron is a past chair of the American Board of Internal Medicine's (ABIM's) Board of Directors, a current trustee of the ABIM Foundation, and a former member of the National Committee for Quality Assurance and the Board of Directors of the National Quality Forum, serving on their Health Information Technology Advisory Committee. The American College of Physicians gave him the Pennsylvania Laureate Award and recognized him as a Master of the College; in 2010 he was named "Practitioner of the Year" by the Philadelphia County Medical Society. Dr. Baron earned his medical degree from Yale University and his undergraduate degree in English from Harvard University.

Don Berwick, MD, MPP

Dr. Berwick is the Administrator for CMS. As Administrator, Dr. Berwick oversees Medicare, Medicaid, and the Children's Health Insurance Program (CHIP). Together, these programs provide care to nearly one in three Americans. Before assuming leadership of CMS, Dr. Berwick was president and chief executive officer (CEO) of the Institute for Healthcare Improvement, clinical professor of pediatrics and health care policy at Harvard Medical School, and professor of health policy and management at the Harvard School of Public Health. He also is a pediatrician, adjunct staff in the Department of Medicine at Boston's Children's Hospital, and a consultant in pediatrics at Massachusetts General Hospital. Dr. Berwick has served as Chair of the National Advisory Council of the Agency for Healthcare Research and Quality and as an elected member of the Institute of Medicine (IOM). He also served on the IOM's governing council from 2002 to 2007. In 1997 and 1998, he was appointed by President Clinton to serve on the Advisory Commission on Consumer Protection and Quality in the Healthcare Industry.

Dr. Berwick is the recipient of numerous awards and honors for his work, including the 1999 Ernest A. Codman Award, the 2001 Alfred I. DuPont Award for excellence in children's health care from Nemours, the 2002 American Hospital Association's Award of Honor, the 2006 John M. Eisenberg Patient Safety and Quality Award for Individual Achievement from the National Quality Forum and the Joint Commission on Accreditation of Healthcare Organizations, the 2007 William B. Graham Prize for Health Services Research, and the 2007 Heinz Award for Public Policy from the Heinz Family Foundation. A summa cum laude graduate of Harvard College, Dr. Berwick holds a master in public policy degree from the John F. Kennedy School of Government. He received his medical degree from Harvard Medical School, where he graduated cum laude.

A. John Blair, III, MD

Dr. Blair is a health care and technology executive with broad experience across the health care industry, including clinical practice, hospital planning and governance, revenue cycle management, managed care, public health, and health care informatics. Dr. Blair is the CEO of MedAllies, a health information service provider company, established in 2001 and based in Fishkill, New York. MedAllies facilitates physician adoption of health information technology and integrates the health care community to facilitate care coordination, patient–provider communication, public health, and quality reporting. MedAllies built and operates the Hudson Valley Community Health Integration Platform, which connects health care stakeholders throughout New York’s Hudson Valley. The Hudson Valley Community Health Integration Platform operates under the direction of the Taconic Health Information Network and Community (THINC), one of the nation’s leading regional health organizations and a Regional Extension Center agent for the Hudson Valley. Dr. Blair currently serves on the Privacy and Security Workgroup and the Nationwide Health Information Network (NHIN) Workgroup of the Policy Committee of the Office of the National Coordinator for Health Information Technology. He is a member of the National Committee on Quality Assurance’s Committee on Performance Measurement and serves on the Health Information Technology Advisory Committee for the National Quality Forum. Dr. Blair is a board-certified general surgeon who spent 15 years in academic medicine and private practice before becoming president of the Taconic Independent Practice Association. He received his medical degree from Rush Medical School in Chicago and completed his surgical training at the University of Texas Medical Center in Dallas. He performed a gastrointestinal fellowship at the Middlesex Hospital in London, England.

Jonathan Blum, MA

Mr. Blum, Deputy Administrator and Director of the Center for Medicare at CMS, is responsible for overseeing the regulation and payment of Medicare fee-for-service providers, privately administered Medicare health plans, and the Medicare prescription drug program. The benefits pay for health care for approximately 45 million elderly and disabled Americans, with an annual budget in the hundreds of billions of dollars. Over the course of his career, Mr. Blum has become expert in the gamut of CMS programs. He served as an advisor to Senate Finance Committee members and its current chairman, Senator Max Baucus, where he worked on prescription drug and Medicare Advantage policies during the development of the Medicare Modernization Act. He focused on Medicare as a program analyst at the White House Office of Management and Budget. Prior to joining CMS, Mr. Blum was a Vice President at Avalere Health, overseeing its Medicaid and long-term care practice. Most recently, Mr. Blum served as a health policy advisor to the Obama-Biden transition team. He holds a master’s degree from the Kennedy School of Government and a bachelor of arts degree from the University of Pennsylvania.

Nancy Boerner, MD, MBA

Dr. Boerner is the chief medical officer for Monarch HealthCare and has 22 years of health care experience in an array of settings: primary care medical groups, hospitals, self-insured employee health plans, and independent practice associations. Board certified in internal medicine, she was in private practice in Laguna Beach, California, for 18 years. Her past administrative experience includes the hospital realm, where she was chief of staff, hospitalist medical director, and vice president of medical affairs. Before assuming her role as chief medical officer, she served as senior medical director for inpatient services at Monarch HealthCare. Dr. Boerner obtained her medical degree at Johns Hopkins School of Medicine and completed her residency training at the University of California (UC) at San Diego. She completed her master of business administration (MBA) through the UC Irvine Healthcare MBA program and is a fellow of the American Institute for Healthcare Quality.

David Eitrheim, MD

Dr. Eitrheim is a family physician in the Mayo Clinic Health System (MCHS) – Red Cedar in Menomonie, Wisconsin. He is co-chair of MCHS's ACO Clinical Transformation Team. He has served as vice president of the Wisconsin Academy of Family Physicians, a Patient-Centered Medical Home (PCMH) committee chair, and Family Physician of the Year in 2004. From 1995 to 2003, Dr. Eitrheim was the Menomonie Family Practice rural training track residency site director. In addition, he was the Clinical Assistant Professor at the University of Wisconsin and University of Minnesota Medical Schools. Dr. Eitrheim was a team leader of the MCHS – Red Cedar Provider/Nurse Clinic Efficiency Team. Dr. Eitrheim is a graduate of Augsburg College, University of Minnesota-Duluth School of Medicine and the Sioux Falls Family Practice Residency program.

Rick Gilfillan, MD

Dr. Gilfillan is Acting Director of the Center for Medicare & Medicaid Innovation (the Innovation Center) at CMS. In this role, he works with CMS leadership to develop and implement innovative programs to improve and update the nation's health care delivery systems. Before joining CMS, Dr. Gilfillan served as president and CEO of Geisinger Health Plan and Executive Vice President for System Insurance Operations at the Geisinger Health System. He was responsible for Geisinger's managed care companies. At Geisinger, he helped design a bundled-payment, episode-of-care reimbursement system that rewards surgical and medical care providers for high-quality outcomes. Dr. Gilfillan has held several leadership positions in health care management: He served as Senior Vice President for National Network Management at Coventry Health Care, where he was responsible for managing a network of 5,000 hospitals and more than 500,000 physicians. He served as General Manager of IBC's AmeriHealth New Jersey managed care subsidiary, where he developed commercial, Medicare, and Medicaid managed care programs. Furthermore, he was chief medical officer for Independence Blue Cross, where he led a team that provided quality improvement and medical management programs for three million commercial, Medicare, and Medicaid members. Dr. Gilfillan began his career as a family practitioner. He received his undergraduate and medical degrees from Georgetown University, and he earned an MBA from the Wharton School of the University of Pennsylvania.

Robert Parke, MBA

Mr. Parke provides actuarial and consulting services to a broad range of clients at Milliman, including Blue Cross Blue Shield plans, HMOs, commercial insurers, government agencies, and health care providers and vendors. His work includes rate development and review; provider contract review and benchmarking; reserve certification; capitation; pay for performance and other incentive plan development; review and assessment of predictive models and disease management programs; Medicare risk feasibility studies; HMO and preferred health service provider start-ups; HMO due diligence; health care provider education; and development of risk sharing and reimbursement arrangements for physician groups, physician-hospital organizations, and other integrated delivery systems. Before joining Milliman, Mr. Parke worked at Tillinghast, a Towers Perrin company. In addition, he has worked extensively in health insurance in the United Kingdom and South Africa.

Paula Phillippe, MA

Ms. Phillippe is responsible for creating capabilities and infrastructure to support the further development of Fairview Health Network, a provider network. Ms. Phillippe's work includes developing systems and processes that drive network performance, fostering effective payer relationships and building strategic relationships with health plans and health systems. As chief human resources officer, Ms. Phillippe also is responsible for developing and articulating Fairview's human resources vision. She is responsible for all aspects of human resources, including talent recruitment and performance management, compensation and benefits, employee and labor relations, training and development, as well as human resources

administration. Ms. Phillippe joined Fairview in January 2008 from Marquette Financial Companies in Minneapolis where she was senior vice president, chief human resources officer, and communications officer. In this role, she also provided strategic human resources and communications consultation to the Pohlada family's other businesses. Prior to that, she held human resources positions with financial services companies RBC Dain Rauscher and Piper Jaffray with increasing responsibility leading to executive vice president and chief administrative officer at RBC Dain Rauscher. She also was a human relations and public relations professional at the Fairmount Community Hospital. A graduate of the University of Minnesota, she earned a bachelor's degree in psychology and a master's degree in industrial relations. Ms. Phillippe has been active in community organizations, including serving on the boards of the Children's Theatre Company, the Greater Minneapolis Council of Churches, the American Heart Association, and the Minneapolis Chamber of Commerce.

Craig Samitt, MD, MBA

As president and CEO of Dean Health System since 2006, Dr. Samitt leads one of the largest integrated delivery systems in the Midwest and oversees more than 500 doctors; 3,000 staff; 60 facilities, retail, and ancillary services; a 300,000-member health plan; and a pharmacy benefit management company. Under Dr. Samitt's leadership, Dean has achieved a rapid transformation of its operational and strategic performance, and through delivery of better care at a lower cost has become one of the nation's leading examples of a high-performing accountable care organization (ACO). Dr. Samitt has served for more than 15 years in senior leadership roles in major health care systems. He began his career at Harvard Community Health Plan (HCHP), where he served as chairman of medicine and executive director of HCHP's flagship site. Dr. Samitt subsequently served on the turnaround team of Harvard Pilgrim Health Care as senior vice president of marketing, sales, customer service, and product development and management. From 2002 through 2006, Dr. Samitt was CEO at Fallon Clinic, a leading multispecialty group practice in New England. Dr. Samitt is widely known within the health care community and lectures extensively about accountable care, health care turnaround management, physician engagement and leadership, payment reform, and the future of health care. He serves as a coach and consultant for medical groups, hospitals, and health plans seeking to transform their organizational performance, and he currently serves as the chair of the Group Practice Improvement Network (GPIN) ACO Collaborative, chair emeritus of GPIN, and cochair of the Patient Centered Primary Care Collaborative Center for Accountable Care. Dr. Samitt graduated Phi Beta Kappa with a degree in biology from Tufts University, received his medical degree from Columbia University College of Physicians and Surgeons, completed his clinical training at Harvard's Brigham and Women's Hospital, and earned his MBA from the Wharton School. He has been designated as both an Ernst & Young Entrepreneur of the Year finalist and a finalist for Modern Healthcare's Top 100 Most Powerful People in Healthcare.

Scott Sarran, MD, MM

Dr. Sarran is the vice president and chief medical officer at BlueCross BlueShield of Illinois (BCBSIL). A seasoned physician executive with expertise in group practice leadership and all aspects of managed care, Dr. Sarran is responsible for providing overall medical leadership; managing and setting strategy for medical management, utilization, and case and disease management; and developing medical policy. Before joining BCBSIL, Dr. Sarran worked at Fidelis Senior Care, where he served as chief medical officer. While there, he was responsible for all medical policy and medical management functions, including utilization, quality, case and disease management; credentialing; pharmacy; and Healthcare Effectiveness Data and Information Set (HEDIS) reporting. Before joining Fidelis in 2006, Dr. Sarran held numerous health industry positions in the Chicago area, including vice president of medical management for Advocate Health Centers, vice president and medical director for the University of Chicago Health System, vice president of clinical quality improvement for Advocate Health Care, and several positions at Lutheran General Health Systems. Dr. Sarran received a bachelor of science degree from Northwestern University, his medical doctorate from Northwestern University Medical School in

1979, and a master's degree in management from Northwestern's J. L. Kellogg Graduate School of Management in 1992. He completed his family practice residency at Lutheran General Hospital in 1982, serving as chief resident from 1981 to 1982. In addition, Dr. Sarran has held academic appointments at the University of Chicago Pritzker School of Medicine and the University of Illinois at Chicago College of Medicine. A diplomate of the American Board of Family Practice, Dr. Sarran is an avid runner and a six-time Ironman triathlon finisher.

Barbara Spivak, MD

Dr. Spivak is an internist practicing in Watertown, Massachusetts, at Mount Auburn Medical Associates. Since 1997 she has also been president and chairperson of the board of the Mount Auburn Cambridge Independent Practice Association (MACIPA). In 2011 she was appointed to the American Medical Association's National Committee on Delivery System Reform. She is a board member of the Mass Health Quality Partners. Dr. Spivak has spoken to many groups regarding payment and legislative reform at the state and federal levels. Dr. Spivak is the champion and leader of MACIPA's EHR project. As of March 2011, MACIPA's EHRs were being used by 191 physicians and 724 total users, including administrative staff, hospital residents, nurse practitioners, and physician assistants. MACIPA has a unique approach to implementation, training, and support for the EHR and is viewed as a model of how a physician organization can manage the many aspects of this project. Dr. Spivak graduated from Tufts University School of Medicine and completed her residency at St. Elizabeth's Hospital. She is a clinical instructor in the Department of Medicine at Harvard Medical School.

Susan Stuard, MBA

Ms. Stuard is executive director of THINC, a not-for-profit convening organization that establishes research-based criteria to enhance health care quality and value in the Hudson Valley of New York. The organization uses its active leadership board and market leverage to advance accountable, patient-centered delivery models. Ms. Stuard works with a multistakeholder board, research teams, and more than 60 community leaders to champion and implement a pay-for-performance program, quality improvement, and health system transformation. THINC also sponsors the Hudson Valley Health Information Exchange and an EHR adoption program, the patient-centered medical home program, and the community pay-for-performance program. Ms. Stuard serves as the primary liaison with THINC's constituent organizations, its board of directors, and its committees. The organization is actively engaged in evaluating physician and consumer attitudes and opinions of the patient-centered medical home and health information technology. Ms. Stuard is an expert voice serving on the National Committee for Quality Assurance's Accountable Care Organization (ACO) Task Force, which is working to develop a consensus for ACOs' qualifying and monitoring criteria.

Jonathan Sugarman, MD, MPH

Dr. Sugarman is President and CEO of Qualis Health. Under his leadership, Qualis Health has become a national leader in improving the quality, safety, and efficiency of health care delivery. Dr. Sugarman regularly serves as an advisor for government and private-sector quality measurement and improvement initiatives. He is a frequent speaker to regional and national audiences on topics related to health care quality and the acceleration of health care transformation by implementing models such as the medical home. He has authored over 75 papers and book chapters on topics such as diabetes mellitus, health problems of American Indians, and quality of care among Medicare beneficiaries.

He has served as a leader in a number of professional organizations, including as President of the American Health Quality Association, President of the Washington Academy of Family Physicians, and Chair of the American Academy of Family Physicians Commission on Quality. He is a member of the Executive Committee of the American Medical Association-convened Physician Consortium for

Performance Improvement. Dr. Sugarman is a graduate of Harvard College, the Albert Einstein College of Medicine, and the University of Washington School of Public Health and Community Medicine. He serves as Clinical Professor in the Departments of Family Medicine and Epidemiology at the University of Washington. His work has been recognized with the Vision Award from the Robert Wood Johnson Foundation's Improving Chronic Illness Care National Program Office; the Indian Health Service Exceptional Service Award; and the Talbot Award for Compassion, Empathy and Clinical Excellence from the Seattle Indian Health Board. He was named by the World Health Organization as a member of its Network of Innovators.

Karen Van Wagner, PhD

Since 1997, Dr. Van Wagner has successfully directed and managed North Texas Specialty Physicians (NTSP) from a start-up independent physicians association to a major organization of more than 600 physicians that has managed care contracts with all major payers, including 23,000 risk lives—both commercial HMOs and Medicare. Dr. Van Wagner serves on the board of NTSP's two subsidiaries, Care N' Care Insurance Company, Inc., and Sandlot, LLC. She is also a member of the Tarrant County (Texas) Hospital District Board of Managers. Before her tenure at NTSP, Dr. Van Wagner spent 16 years at Harris Methodist Health Systems in Texas, culminating in a senior vice president position. She also was senior vice president of network operations for Harris Health Plan. Before that, she was the director of planning and marketing for the Los Angeles Children's Hospital. Dr. Van Wagner earned bachelor's, master's, and doctoral degrees from Western Michigan University.

Greger Vigen, MBA

Mr. Vigen is an actuary who has worked with both lightly managed and highly managed programs. He was a leading health actuary for employers for Mercer for 23 years before starting his own consulting firm. At Mercer, he was the actuarial consultant for many major clients and purchasing coalitions, including the California Public Employees Retirement System. He also created and developed the California health care strategy and several major new California products, including the first high-performing HMO network and the first high-performing preferred provider organization network to jumbo clients. He recently worked on an 80,000-member ACO project with four major California physician organizations and carriers, as well as other projects across the country. Mr. Vigen cowrote two Society of Actuaries papers: "Measurement of Healthcare Quality and Efficiency: Resources for Healthcare Professionals," which has just been updated, and "Opportunities During Transformation: Moving to Health Care 2.0." Previously, he chaired Mercer's overall actuarial committee and various other subcommittees (including those for data analysis, plan design modeler, high-performing networks, and consumer-directed programs). He has been substantially engaged in the California health industry over many years. He was on the board of directors for the Physician Associates, a multispecialty medical group. Also, he served liaison to medical groups, carriers, the California Department of Managed Health Care, and the California Association of Physician Groups. Mr. Vigen received an MBA from the University of California, Los Angeles, in 1977 after doing his undergraduate work at the University of Southern California.

Barbara Walters, MD, MBA

Dr. Walters, senior medical director for Dartmouth-Hitchcock, is responsible for managing ambulatory practice operations in 15 locations, employing 1,200 staff and 300 providers to support 1,000,000 visits per year. In addition, she is responsible for commercial payer contracting for the Dartmouth-Hitchcock system and is the principal investigator for the CMS's Physician Group Practice Demonstration Project, the transition demonstration, and Dartmouth-Hitchcock's ACO commercial insurer medical performance. She oversees measurement, data support, education, training, and clinical information systems in support of these initiatives. Board certified in psychiatry and neurology, Dr. Walters came to Dartmouth-

Hitchcock in 1998 from the Carolina Permanente Medical Group in Chapel Hill, North Carolina, with extensive experience in group practice and managed care. She earned her medical degree from Michigan State University and completed her internship in family practice at Lansing General Hospital in Lansing, Michigan, and her psychiatric residency at the University of North Carolina at Chapel Hill. Dr. Walters received her MBA from Duke University in 1998.

Jay Want, MD

Dr. Want is the owner and principal of Want Healthcare, LLC. He is also currently chairman of the board of the nonprofit Center for Improving Value in Health Care (CIVHC) in Colorado, a public-private partnership working to catalyze health care reform in the state. CIVHC is currently working in partnership with multiple stakeholders, including representatives of businesses and consumers, to develop a 5-year plan to implement payment and delivery system reform. Dr. Want serves on the board of the nonprofit Rocky Mountain Health Plans and on the Health Care Committee of the Rose Community Foundation. For 8 years Dr. Want was president and CEO of Physician Health Partners, LLC, a management services organization serving more than 60,000 covered people in Colorado and supporting nearly 300 primary care physicians in providing high quality, cost-effective care. He has served on task forces for the Colorado Division of Insurance, the Colorado Trust, the Colorado Hospital Association, and the Governor's Blue Ribbon Commission on Health Care Reform; he has also been a fellow of the Colorado Health Foundation. Dr. Want also serves as chairman of the Northwest Denver Care Transitions Steering Committee, a program that successfully lowered readmissions by 10% while improving care for Medicare beneficiaries over a 2-year period. He is a member of Leading for Health, a group dedicated to catalyzing health care reform through systems thinking and leadership development. In 2009, Dr. Want assisted Senator Michael Bennet in drafting the Care Transitions Act, ultimately included in the Accountable Care Act under Section 3026. He has spoken nationally at the Brandeis Health Industry Forum, the Integrated Healthcare Association, and AcademyHealth. He is the 2010 recipient of the John K. Iglehart award for leadership in health care from the Colorado Health Foundation. Dr. Want, who is board certified in internal medicine, was a primary care internist in private practice for 10 years. This experience gives him a unique understanding of the challenges that health care reform poses for practicing physicians. He passionately believes that the current system is broken and that physicians can and should lead the transformation to a more effective, efficient, and humane system for providers and patients alike. Dr. Want received his internal medicine training at the University of Colorado Health Sciences Center and his medical degree from Northwestern University. He is a member of the Alpha Omega Alpha medical honor society. He grew up outside of Fort Wayne, Indiana, and graduated from Wabash College in Crawfordsville, Indiana, a very long time ago.