

## **SPEAKER BIOGRAPHIES**

### **Chronic Care Management: Is Medicare Advantage Leading the Way?**

March 11, 2015

**HELEN KURRE** is the director of quality and medical practice integration for Providence Health Plans. Helen has been with Providence Health Plans since 2011, overseeing the clinical performance measurement program and leading the plans' achievement of a Medicare Advantage 5-Star rating in 2014 and 2015. In this role she works in close collaboration with the providers to support their use of health plan data analytics to close gaps in care, improve health outcomes, and gain efficiencies that lead to lower costs for patients and payers. Providence Health Plans provide coverage for more than 375,000 members in Medicare Advantage, Medicaid, Commercial, and Marketplace products and is part of the integrated delivery system of Providence Health & Services which includes 34 hospitals and employs 73,000 caregivers across Alaska, California, Montana, Oregon and Washington. In recent years, Helen's role has expanded to include consulting Providence Health & Services public and private ACOs to guide their implementation of population health initiatives. Prior to joining Providence Health Plans, she led Providence's graduate medical education primary care and hospital medicine programs for Providence Medical Group. Ms. Kurre has diverse experience in implementing health care quality programs, having served in various roles involving patient safety, medical home development, and organizational health care quality. She earned an MBA and doctorate in pharmacy at the University of Washington in Seattle.

**ROBERT J. MASTER** is chief executive officer of Commonwealth Care Alliance, a nonprofit prepaid Medicare and Medicaid financed care system caring for thousands of Medicaid and dual eligible elders and younger individuals with disabilities through multidisciplinary primary care teams in 25 primary care sites in Massachusetts' low-income communities. Dr. Master is also a practicing physician, board-certified in Internal Medicine, with over 30 years of experience in the clinical management of patients with advanced chronic illness and disability. In 2009, Dr. Master was recognized by the National Committee for Quality Assurance (NCQA) with a National Health Quality Award for his leadership in improving the quality of care for vulnerable populations. Prior to his role at Commonwealth Care Alliance, Dr. Master served as the Medical Director of the Massachusetts Medicaid program in the Dukakis administration where he was responsible for all programs, policies, and external relations of the Medicaid Program, as well as directing a staff of 300 people. Until 1985, Dr. Master was the first physician and medical director at the Upham's Corner Health Center, and founder of the Urban Medical Group in Boston, where new approaches to nursing home and home medical care using nurse practitioners were defined; approaches that transferred hospital level services to the home and the community.

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**MARK MILLER** is executive director of the Medicare Payment Advisory Commission (MedPAC), a nonpartisan federal agency that advises the U.S. Congress on Medicare payment, quality, and access issues. Dr. Miller has more than 20 years of health policy experience and has held several policy, research, and management positions in health care, including Assistant Director of Health and Human Resources (HHR) at the Congressional Budget Office; Deputy Director of Health Plans at the Centers for Medicare and Medicaid Services, Health Financing Branch Chief at the Office of Management and Budget, and Senior Research Associate at the Urban Institute. He earned a Ph.D. in public policy analysis from the State University of New York at Binghamton.

**KENT THIRY** is chairman and CEO of DaVita HealthCare Partners Inc. He served as co-chairman and co-CEO of DaVita HealthCare Partners Inc. after DaVita acquired HealthCare Partners in 2012. Prior to that, Mr. Thiry served as chairman and CEO of DaVita Inc. for 13 years. Upon Mr. Thiry's arrival in 1999, DaVita (formerly Total Renal Care) embarked on an ambitious restructuring plan to save it from the brink of bankruptcy. Fourteen years later, the company's dedication to teammate engagement and empowerment has helped transform DaVita HealthCare Partners into a FORTUNE 500® company with approximately \$11 billion in annual revenue. DaVita Kidney Care accounts for approximately \$7 billion of the company's total annual revenue. Mr. Thiry is frequently requested by leading corporations and organizations to speak about employee empowerment and creating a sense of community in the workplace. Mr. Thiry earned his B.A. in Political Science, with distinction and Phi Beta Kappa, from Stanford University in 1978. He earned his M.B.A., with honors, from Harvard Business School in 1983, where he was also elected to the Century Club. Mr. Thiry currently serves on the board of directors for the Trust for Public Land. Prior board seats include the chairmanship (non-executive) of Oxford Health Plans, Varian Medical Systems and PPOM (a private PPO), and he is a past member of the Harvard Business School Board of Advisors.