

Speaker Biographies
**Accountable Care Organizations:
A New Paradigm for Health Care Delivery?**
May 13, 2011

Susan DeVore is president and CEO of the Premier healthcare alliance, bringing together hospitals, health systems and other providers dedicated to improving health care performance. An alliance of more than 2,500 hospitals and health systems and more than 70,000 other health care delivery sites, Premier's membership includes more than 40 percent of all U.S. health systems. To help members improve the health of their local communities, Premier builds, tests and scales models that enhance quality and safety and address the cost of care. Through successful initiatives such as the Hospital Quality Incentive Demonstration with CMS, and the QUEST: High Performing Hospitals collaborative, the alliance has stimulated improvements in evidence-based care and safety, as well as significant reductions in mortality, harm and cost. Premier is a leader in the accountable care movement and recently announced a joint-venture with IBM to develop industry-leading population analytics tools. Under Ms. DeVore's leadership, Premier has built an industry leading code of ethics, has been named four times as one of the World's Most Ethical Companies by Ethisphere and has won the Malcolm Baldrige National Quality Award.

Richard J. Gilfillan is the acting director of the Center for Medicare and Medicaid Innovation (CMI) at the Centers for Medicare & Medicaid Services (CMS). He works with CMS leadership to develop and implement innovative programs that will help improve and update the nation's health care delivery systems. Dr. Gilfillan joined CMS in July 2010, as director of the agency's performance-based payment policy staff. In this position, he was responsible for overseeing accountable care organizations and value-based payment initiatives. Before coming to 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, where 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. Earlier, Dr. Gilfillan 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. And he was chief medical officer for Independence Blue Cross, where he led a team that provided quality improvement and medical management programs for 3 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.

Stuart Guterman is vice president for The Commonwealth Fund's Program on Payment and System Reform and executive director of the Commonwealth Fund's Commission on a High Performance Health System. The Program on Payment and System Reform supports the analysis and development of payment policy options, including incentives to improve the effectiveness and efficiency of health care delivery while curbing growth in health spending. The Commission on a High Performance Health System is charged with promoting a high-performing health system that provides all Americans with affordable access to high-quality, safe care while maximizing efficiency in its delivery and administration. Mr. Guterman was director of the Office of Research,

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Development, and Information at the Centers for Medicare and Medicaid Services from 2002 to 2005. Prior to that, he was a senior analyst at the Congressional Budget Office, a principal research associate in the health policy center at the Urban Institute, and deputy director of the Medicare Payment Advisory Commission (and its predecessor, the Prospective Payment Assessment Commission). Previously, Mr. Guterman was chief of institutional studies in the Health Care Financing Administration's Office of Research, where he directed the evaluation of the Medicare Prospective Payment System for inpatient hospital services and other research on hospital payment. He holds an A.B. in economics from Rutgers College and an M.A. in economics from Brown University. He did further work toward the Ph.D. in economics at the State University of New York at Stony Brook.

William F. Jessee is president and CEO of the Medical Group Management Association (MGMA), a leading voice for group medical practice. He also holds an academic appointment as clinical professor of health systems, policy and management at the Colorado School of Public Health, University of Colorado, in Denver. Before joining MGMA in 1999, Dr. Jessee served for three years as vice president for quality and managed care standards at the American Medical Association (AMA). He led the AMA's activities in clinical guidelines, quality improvement and accreditation. Previously, Dr. Jessee was CEO of UNIVA Health Network, a regional integrated delivery system in Louisville, Kentucky. He also has served as vice president of the Joint Commission on Accreditation of Healthcare Organizations from 1986-1991 and 1993-1994. From 1991-1993 he was corporate vice president for quality management at Humana Inc. Dr. Jessee was a founding board member of the International Society for Quality in Health Care, which he served as president from 1989 to 1991, and as a board member from 1985 to 1993. He is an Honorary Fellow of the American College of Medical Quality. He is also treasurer of the board of the National Patient Safety Foundation; chair of the Boards of both the E-Health Initiative and the Certification Commission on Health Information Technology; and a member of the executive committee of the Colorado Regional Health Information Organization. Dr. Jessee received his undergraduate degree at Stanford University and his medical degree at the University of California, San Diego School of Medicine. He took residency training in pediatrics at Indiana University Hospitals, Indianapolis, and completed his training in preventive medicine at the University of Maryland Hospital, Baltimore.

Mark McClellan is director of the Engelberg Center for Health Care Reform and Leonard D. Schaeffer Chair in Health Policy Studies at the Brookings Institution. At the Engelberg Center, Dr. McClellan's work focuses on promoting high-quality, innovative and affordable health care. A physician and economist by training, he also has a distinguished record in public service and in academic research. He is a former administrator of the Centers for Medicare & Medicaid Services and former commissioner of the Food and Drug Administration (FDA), where he developed and implemented major reforms in health policy. These include the Medicare prescription drug benefit, the FDA's Critical Path Initiative, and public-private initiatives to develop better information on the quality and cost of care. Dr. McClellan chairs the FDA's Reagan-Udall Foundation, is co-chair of the Quality Alliance Steering Committee, sits on the National Quality Forum's board of directors, is a member of the Institute of Medicine, and is a research associate at the National Bureau of Economic Research. He previously served as a member of the President's Council of Economic Advisers and senior director for health care policy at the White House, and was an associate professor of economics and medicine at Stanford University. He holds an MD from the Harvard-Massachusetts Institute of Technology Division of Health Sciences and a PhD in Economics from MIT.