GORDON K. NORMAN, MD, MBA

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949-735-5011

PROFESSIONAL EXPERIENCE

PRINCIPAL, Population Health Solutions LLC, Newport Beach, CA

2/18 - present

Advising and assisting health systems, providers, and healthcare vendors to achieve optimal population health and accelerate the transformation to value-based care.

NATIONAL LEADER, HEALTH SYSTEM CONSULTING & SENIOR HEALTH MANAGEMENT CONSULTANT, Willis Towers Watson, Irvine, CA

6/15 - 1/18

Providing population health, value-based care, and provider system expertise to the growing Health Management practice within the Health & Benefits Group, as well as co-leading the Health System Consulting practice assisting health delivery systems with their value-based transformations.

CHIEF MEDICAL OFFICER, xG Health Solutions, Columbia, MD

12/12 - 2/15

Inaugural physician leader for Geisinger Health Systems startup launched to scale, adapt, and disseminate value-based care IP from Geisinger's two-decade transformation process. Accountable for clinical aspects of population health management products and services, developing an integrated clinical team, business development, clinical oversight for development, evaluation, and continuous improvement of product portfolio, and care management platform development.

EVP, CHIEF INNOVATION OFFICER, Alere, Inc., Waltham, MA	2/10 - 11/12
EVP, SCIENCE & INNOVATION, Inverness Medical, Alere Health Division, Atlanta, GA	5/08 - 1/10
EVP, CHIEF MEDICAL & SCIENCE OFFICER, Alere Medical, Inc., Reno, NV	7/05 - 4/08

Joined Alere when it purchased the PacifiCare's disease management business I was running. Expanded portfolio of best-of-breed cardiac programs to a full suite of integrated DM programs with one-stop account management. Identified and leveraged emerging technologies, innovative services, and novel business partnerships to advance the company's business growth and industry leadership. Worked on convergence opportunities between the company's diagnostics businesses and health management services.

VP, DISEASE MANAGEMENT, PacifiCare Health Plans, Cypress, CA	1/04 - 6/05
VP, HEALTH CARE QUALITY, PacifiCare Health Plans, Cypress, CA	12/99 - 12/03
VP, PLAN MEDICAL DIRECTOR, PacifiCare of California, Cypress, CA	11/97 - 11/99
REGIONAL MEDICAL DIRECTOR, PacifiCare of California, San Francisco, CA	6/94 - 10/97

Initially ran health services programs in the Northern CA market including utilization and quality management, case management, Rx management, appeal/grievance determinations, benefits issues, and liaison with provider groups, employers, members on medical matters. As statewide medical director for flagship PacifiCare plan with 2.3 million commercial and senior members, accountable for quality improvement, accreditation, benefits interpretation, health data management, and clinical operations. Later assumed PHS enterprise-wide accountability for quality improvement, health management, medical informatics for 3.5 million commercial & Secure Horizons senior members in 8 states, developing complete disease management portfolio through integration of outsourced specialty DM vendors, internal data management and informatics, high risk CM, and operations capabilities. Ultimately had P&L responsibility for PHS disease management programs and Medicare disease management demonstrations. Developed a Third Generation DM model that combined best-of-breed specialty DM vendors with expert internal resources to create a hybrid service model unique to the DM marketplace, garnering numerous awards, including NCQA Quality Profiles, DMAA Best Medicare DM program award, AHIP National Exemplary Practice award, DMPC ROI certification, and awarding of two DM demonstration programs by CMS for FFS Medicare.

Regional clinical leader for startup, physician-owned HMO in rural New Hampshire

MEDICAL DIRECTOR, Monadnock Community Hospital, Peterborough, NH

1989 - 1992

Inaugural hospital Medical Director supporting Administrator and Medical Staff. Chairman, Bylaws, Quality Assurance, Peer Review Committees; launched community primary care group-without-walls from 5 regional independent regional practices

FAMILY PHYSICIAN, Peterborough, NH FAMILY PHYSICIAN, Tupper Lake & Saranac Lake, NY 1982-1992 1977-1982

In both practices organized multi-disciplinary team of physicians, nurses, midlevel practitioners, dietician, behavioral health counselors per the "patient-centered medical home" concept that emerged a decade later

EDUCATION

M.B.A., STANFORD UNIVERSITY GRADUATE SCHOOL OF BUSINESS, Hartford Foundation Health Management Fellowship; Independent Study Project: *Consumer Report Cards for HMOs*, Prof. Alain Enthoven

PGY 3, UNIVERSITY OF ROCHESTER/HIGHLAND HOSPITAL FAMILY MEDICINE PROGRAM

PGY 1-2, DARTMOUTH-MAINE FAMILY PRACTICE RESIDENCY PROGRAM

M.D. with High Honors, STANFORD UNIVERSITY SCHOOL OF MEDICINE

A.B. with Distinction, STANFORD UNIVERSITY; Major, Psychology; President, Kappa Sigma fraternity

PROFESSIONAL AFFILIATIONS

NATIONAL COMMITTEE FOR QUALITY ASSURANCE; currently Chairman, Population Health Management Advisory Committee; previously Standards Committee, Disease Management Advisory Committee, Disease Management Measure Advisory Panel, Accountable Care Organization Task Force

THE CARE CONTINUUM ALLIANCE (currently, **POPULATION HEALTH ALLIANCE**); Board of Directors, 2003-11; Immediate Past Chair, 2010-2011; **Chairman, 2008-2010**; Board Executive Comm, 2006-11; Quality & Research Comm, Chair, 2006-07; other Committees: Govt. Affairs; Outcomes; Physician Engagement

Other organizations: AMERICAN MEDICAL INFORMATICS ASSOCIATION; SOCIETY FOR MEDICAL DECISION MAKING; AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES; AMERICAN ACADEMY OF FAMILY PHYSICIANS; AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES

AWARDS / HONORS

Care Continuum Alliance's Outstanding Leadership in Population Health Award for Measuring Value Twice listed in Most Influential People in Disease Management by Managed Health Care Executive Disease Management Purchasing Consortium's First Certification for DM ROI Measurement Recipient, Disease Management Association of America's Best M+C DM Program Award One of three BIPA Disease Management Demonstration Grant Awards from CMS Foundation for Accountability "Paul Ellwood Award for HMO" for PacifiCare of California's Quality Index® Profile for 120 California medical groups with 25,000 physicians serving 1.3 million members

PRESENTATIONS / POSTINGS / PUBLICATIONS

NATIONAL & REGIONAL CONFERENCE PRESENTER:

Accountable Care Congress, ACO Summit, ACO Congress, AHIP Institute, Becker's CEO Strategy Roundtable, CAHP, CEO/Innovators Roundtable, Chronic Care Congress, Conference Board Employee Health Conference, Connected Health, Digital Medical Officer of the Future, Disease Management & Population Health Colloquium, Disease Management Leadership Forum, Disease Mgt. Congress, Health 2.0, Healthcare Unbound, HealthTech, HFMA, Intl. Federation of Health Plans, National Association of ACOS, National Managed Health Care Congress, Pacific Business Group on Health, Patient Centered Primary Care Collaborative, Population Health and Care Coordination Colloquium, San Diego Organization of Healthcare Leaders, Society of Actuaries, UCI Health Forecast Conference, World Health Care Congress, Aon-Maguire Woods conference, Wells Fargo Securities Health conference, JP Morgan Health conference, Kaiser PELS conference, WA/OR State of Reform

POSTED ESSAYS (http://bit.ly/2nWOZII):

ACO progress-Redux; Can We Afford "Precision Medicine" Until it Gets a Lot More Precise?; A Baker's Dozen of Myths, Fallacies, and Misconceptions about Population Health; Toward an Ecological Model for Population Health Management Evaluation; ACO's Modest Outcomes So Far: Bitter Disappointment or Hopeful Progress?; Why Fee-For-Service Must Go... Soon!; Rx for MD Burnout; Why There is No "Best Hospital"; Wellness for Wellness' Sake...?; "PHM Doesn't Work"... Says Who?!; Virtual Single Payer Analytics for Providers; Tools vs. Competencies for Pop Health; The Prevention Paradox Reconsidered for Accountable Care; What Few Appreciate: The Gray Zone of Medical Decisions; For Better Health, Must We Know Better What to Do, or Do Better What We Know?; Status: Patient-Centered Medical Homes in 2014

PUBLICATIONS:

Norman, GK. "ACOs' modest outcomes so far: Bitter disappointment or hopeful progress?", Becker's Review, Nov. 2015

Norman, GK. "Separating Fact from Fiction: Are ACOs the Answer?", Managed Care, May, 2013

Norman, GK. "Prevention Is Important, But Do Not Forget the Costliest Five Percent", Employee Benefit Plan Review, 67(6): 8-10, December, 2012

Norman, G, Schulte, D. "How Collaborative Care Platforms Can Make ACOs a Reality for All Physicians", Physician Executive. Nov-Dec, 2011

Norman, GK. "The Solution to Ongoing Health Care Challenges: Creating Integrated Personal Health Ecosystems", Pop Health Mgmt. 14(2): 57-58, April, 2011

Norman, GK. "Moving Beyond Good Intentions: Making Collaborative Care a Successful Reality", American Health & Drug Benefit. 3(6), Nov, 2010

Rosenzweig, J, Norman, G, et al. "Diabetes Disease Management in Medicare Advantage Reduces Hospitalizations and Costs", Am J Manag Care. 2010;16(7): e157-e162

Norman, GK. Taitel, M. "Strategies for Maximizing Participants Engagement and Sustained Involvement in Wellness Programs", Employee Benefit Plan Review, May, 2010

Norman GK. "Build a Better Business Through Better Health Care for Employees", Benefits & Comp Digest, 10/09

Norman, GK. "Disease Management Outcomes: Are We Asking the Right Questions Yet?" Population Health Management, 11:4, 2008, pp. 185-188

Norman, GK. "Disease Management: Like All Health Delivery Evolutionary Change, Disease Management Represents Neither Panacea Nor False Hope, But Real Progress", Ann Fam Med, 5:257-260, June, 2007 Nobel, JJ, Norman, GK. "Emerging Information Management Technologies and the Future of Disease Management, 6(4): 219-23, 2003

Norman, GK. "Commentary: Views on Managed Care", N Engl J Med. 25;340(12):928-36, March, 1999

RELEVANT WEBSITES

SAMPLE OF ORGANIZATIONAL ACHIEVEMENTS & OUTCOMES

POPULATION HEALTH MANAGEMENT

Principal, Population Health Solutions LLC

- Assisting one of nation's largest not for profit health system to redesign, implement and extend care management program and platform, working in collaboration with enterprise delivery system and provider-sponsored health plan
- Developing outcomes tracking system and retrospective quasi-experimental studies to rigorously demonstrate impact of care management system

National Leader, Health System Consulting & Senior Health Management Consultant, Willis Towers Watson

- Supported design, development, and execution of new enterprise-wide population health management platform for 3rd largest not-for-profit health system in U.S.
- Worked with diverse employers to optimize their medical and wellbeing vendors to improve workforce health and productivity
- Achieved revenue CAGR=132% over first 3 years of Health System Consulting practice with lower headcount than budgeted

Chief Medical Officer, xG Health Solutions

- Collaborated with Advisory Services and Care Management teams to launch initial suite of Population Health Management products based on Geisinger Health System's proven approach to value-based care, and deployed for 56 clients in first 2 years of operation
- Developed integrated Patient Engagement strategy and product design predicated on Geisinger's experience and industry best practices
- Recruited and supervised team of 5 physicians and 1 RN to provide subject matter expertise to support client engagements

• EVP, Chief Innovation Officer, Alere, Inc.

- Developed and executed Accountable Care Solutions strategic plan calling for acquisition of HIE, patient registry, and CDSS competencies to supplement existing point of care diagnostic devices, advanced informatics, and population health management services for sale into health care delivery systems to support accountable care and shifting financial risk to providers
- Created targeted acquisition plan to support evolving product portfolio for company, including Alere Care Management (Alere Medical, Matria Health, Paradigm Health, Free & Clear, RMD Networks), Alere Accountable Care Solutions (Wellogic), Alere Analytics (DiagnosisOne), Alere Informatics (MAS, LDS), and Alere Connect (MedApps)
- Presented third-party validated client cost savings, documented health risk reduction and clinical outcomes improvement from Alere programs to numerous national conferences and published in peer reviewed literature
- Led team to export best practice Population Health Management methods to interested international markets with initial focus on India, China, Germany, France, Italy, and Spain

• Chairman, Care Continuum Alliance

- Closely collaborated with National Association of Insurance Commissioners, the White House, and HHS staff to create additional category of Quality Improvement expenses (including population health improvement activities) to be included in the numerator of MLR calculations for compliance with the MLR minimums stipulated by PPACA law
- Working with other health industry associations, influenced the EEOC regulations enabling the Genetic Information Nondiscrimination Act (GINA) to balance concerns about the discriminatory potential of employee wellness programs with the positive benefits of appropriately designed and implemented worksite programs to reduce employee health risks and associated absenteeism and presenteeism

• EVP, Chief Medical Officer, Alere Medical

- Led clinical development of full portfolio of disease management programs for common chronic conditions (HF, CAD, COPD, asthma, diabetes) through internal development and external acquisitions
- After researching behavior change models in social psychology and health literature and reviewing leading models in industry use (Prochaska's Transtheoretical Model, Health Belief Model, Hibbard's Patient Activation Measure, Social Cognitive Theory, Motivational Interviewing, Botelho's Motivating Health Habits Approach), selected and implemented Fisher & Fisher's IMB Model and realized significant improvement in engagement rates after 1 year
- As key contributor to management team and strategy, built company into 2nd largest DM company in U.S. growing revenues from \$50M to \$500M over 7 years through acquisitions and organic growth

• VP, Disease Mgt., PacifiCare Health Systems

- Developed business plan for specialty product line in Disease Management to achieve \$1B annual revenue in 5 years, leading to formation of 17-person dedicated unit, Disease Management SolutionsSM
- Contracted, provided operational oversight for \$35M of disease management services from 6 vendors addressing CHF, CAD, COPD, oncology, orthopedics, and high complexity imaging
- Increased plan net savings from DM programs to >\$126 million per year, while evolving comprehensive set of ROI measures including disease-specific utilization, functional status, satisfaction
- Launched CMS Disease Management Demonstration Program, HeartPartnersSM, in partnership with 2 DMOs, recruiting 5,000 FFS Medicare beneficiaries with CHF in CA, AZ in first year of operation
- Achieved certification by DMPC for disease management savings measurement for ESRD, COPD cancer and for plausibility indicators for CHF

VALUE-BASED CARE TRANSFORMATION

National Leader, Health System Consulting & Senior Health Management Consultant, Willis Towers Watson

- Worked with multiple health systems to develop maturity assessments, strategic plans, roadmaps, informatics support to accelerate the transformation from a fee-for-service optimized system to a fee-for-value approach with measurable results consistently achieved
- Collaborated with multiple employers to develop value-of-investment (VOI) approaches to their health and wellbeing programs to replace narrower return-on-investment (ROI) evaluations

Chief Medical Officer, xG Health Solutions

- Supported multiple hospitals and health systems in their transition from fee-for-service orientation to one able to demonstrate value across Triple Aim of cost, quality, and experience of care
- Leveraged proprietary patient engagement strategy and care management platform predicated on Geisinger's experience and industry best practices to optimize client population health outcomes

QUALITY IMPROVEMENT

National Leader, Health System Consulting & Senior Health Management Consultant, Willis Towers Watson

- Worked with health systems and ACOs to develop standardized quality metrics, dashboards, and processes for continuous monitoring of quality performance
- Collaborated with multiple employers to develop value-of-investment (VOI) approaches to their health and wellbeing programs to replace narrower return-on-investment (ROI) evaluations
- Chief Medical Officer, xG Health Solutions

 Demonstrated quantified quality improvement on HEDIS and other population health measures ranging from 16-92% in first year with early clients

• EVP, Chief Innovation Officer, Alere, Inc.

 Developed and executed a targeted program to improve Medicare Stars ratings for Medicare Advantage plans leveraging gaps in care identification analytics and gap closure implementation through consumer engagement and provider reporting

EVP, Chief Medical Officer, Alere Medical

 Achieved and maintained continuous NCQA DM Accreditation during my tenure for all DM programs (HF, CAD, COPD, asthma, diabetes, oncology, chronic musculoskeletal pain) plus depression and high-risk pregnancy

• VP, Health Care Quality, PacifiCare Health Plans & Western Region

- Successfully competed for CMS Disease Management Demonstration award for care of 15,000 FFS
 Medicare patients with chronic illness over 3 years
- Provider Profile®, Quality Index® Profile development and production for all PacifiCare markets, with demonstrated impact on market share in CA since initial publication August, 1998
- Restructuring of PHP Health Care Quality department for productivity improvement, \$1.4M savings
- Responsibility for Corporate Quality Improvement Compliance team supporting NCQA preparation and regulatory compliance across eight PHP markets, with 25 consecutive successful NCQA reviews over 5 years, with 99% of total membership in Excellent plans
- Oversight of HEDIS production for enterprise, including \$1.7M dedicated system procurement
- Chair, National Quality Improvement Committee for centralized oversight of enterprise QI activities

• VP, Plan Medical Director, PacifiCare of California

- Developed Balanced Scorecard for network performance management, driving staff incentive bonuses
- Led successful 1998 NCQA review resulting in first statewide plan in CA with Excellent accreditation
- Executive Committee, California Cooperative for Healthcare Reporting Initiative since 1995, shaping public HEDIS collection/reporting and other collaborative QI efforts among all California health plans
- Negotiated performance guarantees with national account clients related to quality metrics

Regional Medical Director, Northern California, PacifiCare of California

- Initiated quarterly Health Care Delivery Council meetings with No. Ca. providers for information exchange, partnership building, mutual strategic planning purposes
- Developed EMR vendor demonstration for PCC provider groups, engaging 2 in pilot EMR projects
- Evaluated QI program options and recommended enterprise-wide focused efforts on select programs for Quality Improvement Selection Committee, 1996

Medical Director, Monadnock Community Hospital, Peterborough, N.H.

Accountable for all hospital staff QI activities, including 2 successful JCAHO site reviews

Chairman, Adirondack PSRO, New York

Led HCFA's hospital quality oversight for 7 rural upstate NY counties

HEALTH CARE COST IMPROVEMENT

Chief Medical Officer, xG Health Solutions

 Demonstrated robust favorable ROI for early health system clients for xG Health interventions based on analysis of claims and clinical data, driven by admissions reductions of 17-32%, readmission reductions of 20-72%, ED reductions of 7-10%, and 1 day admissions reductions of 24-33%

EVP, Chief Medical Officer, Alere Medical

 Provided cost saving population health management services, including chronic condition management, remote patient monitoring, specialized high risk maternity and neonatal interventions, and wellness/prevention services for 70+ payer and employer clients with minimal turnover and high client satisfaction with return on investment

• VP, Health Care Quality, PacifiCare Health Plans & Western Region

- Assumed responsibility for all Health Services data reporting, resolving data integrity problems, improving reporting consistency, productionalizing monthly reporting, and systems upgrades
- Developed analytic methods for evaluating Disease Management experience and future opportunities, performed due diligence with selected DM vendors, and developed portfolio of DM programs for enterprise-wide implementation in 2001 for cumulative \$160M savings as of Q4, 2003
- Developed methodology for quantitative performance assessment of all care management programs
- Determined criteria and process for evaluation of outsourcing opportunities for disease and care management programs, and assumed responsibility for outsourced contracts

VP, Plan Medical Director, PacifiCare of California

- Managed central RCSC unit for direct contract medical management for \$2.5M annualized savings
- Developed Balanced Scorecard to assess PMG performance, provide incentive metrics for HS staff

Regional Medical Director, No. Ca., PacifiCare of California

- Conducted financial analysis of PCC's stop-loss insurance to providers, with savings of \$4.5M
- Led analysis of Out of Area cost trends, with \$1.2M savings opportunity identified

Healthcare Consultant, APM, Inc.

Developed strategy for consolidating pediatric services for UCSD Medical Center

HEALTH DATA & INFORMATION LEVERAGE

NATIONAL LEADER, HEALTH SYSTEM CONSULTING, Willis Towers Watson

- Worked with the firm's Health Analytics practitioners to apply rigorous evaluation methodologies to employer health and wellbeing solutions
- Supported development of rigorous evaluation methodology for new population health management program for large, multistate health system

Chief Medical Officer, xG Health Solutions

 Led business development of software platform ("Caristo™"), embedding Geisinger care management protocols and decision support into POC platform for use by case managers and other clinicians

EVP, Chief Innovation Officer, Alere, Inc.

 Accountable Care Solutions offering delivers HIE, patient registry, and CDSS functionality to supplement existing point of care diagnostic devices, advanced informatics, and population health management services to integrate diagnostic device and remote patient monitoring data with other clinical information from EHRs to support population health analytics and individual patient care decision support

EVP, Chief Science Officer, Alere Medical

- Responsible for expanding the company's analytic team performing opportunity analyses, results reporting, value assessments, and ad hoc reporting for clients as well as operational analytic reporting
- Using industry best practices, developed value assessment analytics for conservative estimation of client return on investment for DM programs using quasi-experimental methods to replace use of pre/post comparisons using historical controls

• Chairman, Care Continuum Alliance

 Starting as Chairman of CCA's Quality & Research Committee and continuing as Chairman of CCA's Board, worked with >200 population health improvement industry leaders to document and publish best practices for evaluating the effectiveness of disease management and wellness programs, and updated this Outcomes Guidelines Report on an annual basis for 5 years

VP, Health Care Quality, PacifiCare Health Plans & Western Region

- Championed and implemented integrated clinical data warehouse and decision support system (MEDSTAT Advantage Suite)
- Standardized enterprise-wide medical management metrics and reporting
- Evaluated multiple commercial and home grown predictive models for applicability to care management program using historical data and models' comparative performance predicting future cost of care
- Developed PHP Medical Informatics unit with VP leadership, 52 FTEs, \$3.2M budget

VP, Plan Medical Director, PacifiCare of California

- Built Health Data Analysis unit from 6 FTE, limited functional unit to sophisticated analytic, modeling, and reporting competency supporting medical management, disease management, unit cost management, quality management
- Based on previous Provider Profile reporting (1995-1998), further developed, refined with public commentary and RAND-led provider review, and publicly released Quality Index® Profile on California medical groups, portraying 14 performance metrics in 3 domains (clinical quality, service quality, administrative data quality) in response to rising public demand for provider performance transparency, earning PBGH's Blue Ribbon Plan designation (1999) and Foundation for Accountability's first Paul Ellwood Award for HMO (1999)
- Expanded Quality Index® Profile reporting with >30 measures for provider groups, a special version for women's health, and a separate version reporting on hospital performance (2003), all updated annually

• Regional Medical Director, No. Ca., PacifiCare of California

- Designed upside pharmacy incentive program design PMGs in No.Ca. to reduce Rx PMPM by 18%
- Developed PMG-specific, provider-specific pharmacy utilization report cards for incentive program

PRODUCT DEVELOPMENT

NATIONAL LEADER, HEALTH SYSTEM CONSULTING, Willis Towers Watson

- Developed a value-based care readiness assessment for health systems, hospitals, and provider groups
- Co-led the development of a new practice within a global professional services firm dedicated to helping providers achieve higher value healthcare to address the value demands of healthcare purchasers

• Chief Medical Officer, xG Health Solutions

- Developed and supported an array of advisory services, data analytics, and population health improvement services to support health systems committed to succeeding under value-based reimbursement and risk-based contracting
- Business development and marketing activities to build substantial pipeline and engagements with
 56 client organizations over first 2 years, actively serving 32 active clients at the end of 2 years

• EVP, Chief Innovation Officer, Alere, Inc.

 Reorganized former product management group in Alere Health division to combine product marketing, product development, and product innovation in expanded Health Services & Innovation group

VP, Health Care Quality, PacifiCare Health Plans & Western Region

Project sponsor for Population-based Care Management System platform to enable risk-adjusted premium, risk-adjusted compensation, and severity-adjusted outcomes assessment to support evolving tiered benefit and tiered network product strategies, with 5-yr. projected cost \$16.3M, NPV of \$42.7M

VP, Plan Medical Director, PacifiCare of California

- PCC Strategic Thinking process, 1999: led the Information Thrust, one of four major strategic groups
- Co-designed Total Health and Productivity product line for national accounts, responsible for largest takeover commercial account in PHS history (Raytheon)

Regional Medical Director, No. Ca., PacifiCare of California

- PCC Marketing Executive Team member, determining commercial product strategies
- PCC Product Development workgroup, developing product branding of Quality, Affordability, and Accountability to leverage QI programs and quality reporting capabilities

HEALTH SERVICES MANAGEMENT

Chief Medical Officer, xG Health Solutions

- Provided clinical and PHM domain expertise on Executive Leadership Team of this recent Geisinger
 Health System spinoff to disseminate Geisinger's proven approach to value-based care
- Recruited and supervised team of 5 physicians and 1 RN to provide subject matter expertise to support 56 client engagements across U.S.

EVP, Chief Science Officer, Alere Medical

 Organized scientific affairs, quality improvement, medical informatics, and industry & government relations into single department with 26 FTEs

VP, Disease Management, PacifiCare Health Plans

- Developed business plan for dedicated DM unit at PacifiCare, obtained management support, built team of 17 FTEs to take over existing DM business and vendor management with P&L accountability
- Responded to 2 CMS RFPs for DM demonstration programs, and awarded the BIPA DM
 Demonstration as one of 3 sites for the U.S. for a 3-year program to demonstrate the impact of DM on Medicare beneficiaries with HF, with or without diabetes and/or CAD

VP, Health Care Quality, PacifiCare Health Plans & Western Region

- Merged PCC and PHP QI departments into shared services unit for enterprise, saving \$1.4M
- Manage 130+ staff and combined budget responsibility of >\$20 M

• VP, Plan Medical Director, PacifiCare of California

- Developed Planwide Health Services department through recruitment of Director of QI, Director of HDA, Director of HI, Director of Clinical Operations, additional Medical Directors, 11/97
- Manage 90+ staff and budget responsibility of >\$11 M
- Key contributor to successive organizational redesign projects for PCC Health Services

Regional Medical Director, No. Ca., PacifiCare of California

- Recruited clinical pharmacists, developed field interventions to reduce pharmacy cost
- Managed 30+ staff and budget responsibility of >\$5 M

Medical Director, Monadnock Community Hospital

- Developed first Department of Medical Affairs for community hospital medical staff of 165 physicians
- Appointed hospital's first VP, Medical Affairs
- Specified, procured, and implemented computer-based medical staff credentialing system.
- Key contributor to specification, procurement of hospital-wide order entry, results reporting system.