

December 9–10, 2004 / Delmarva



## Site Visit Report

Quality Improvement in Maryland:  
Partnerships and Progress

THE GEORGE  
WASHINGTON  
UNIVERSITY  
WASHINGTON DC

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NHPF is a nonpartisan education and information exchange for federal health policymakers.

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## ACKNOWLEDGMENTS

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## Quality Improvement in Maryland: Partnerships and Progress

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### INTRODUCTION

Quality Improvement Organizations (QIOs), albeit under a succession of labels (Professional Standards Review Organizations and Peer Review Organizations among them), have been part of Medicare's mission to protect and serve beneficiaries. As a result of conversations with National Health Policy Forum Steering Committee members, Forum staff considered revisiting the topic of QIOs, first addressed in a 2002 Issue Brief, in the more close-up format of a site visit.

In August 2005, the eighth three-year contract, or "scope of work," for QIOs will go into effect. It adds new responsibilities, notably for technical assistance in Medicare Part D drug benefit administration and in information technology (IT) for physicians. Since the early 1990s, QIOs have worked to build quality improvement partnerships with physicians and physician groups, hospitals, and other providers. The Centers for Medicare & Medicaid Services (CMS) has looked to QIO relationships and assistance in implementing its public quality reporting programs for nursing homes, home health care agencies, and hospitals.

Given the explosion of interest among policymakers in health IT, quality, and paying for performance, the site visit proposal met an enthusiastic reception. The Delmarva Foundation in Easton, MD, the QIO for Maryland and the District of Columbia, was chosen in part for its proximity, but also because its diverse portfolio and justly well-known quality improvement initiatives would provide much for federal visitors to hear and think about.

### PROGRAM

Site visitors traveled by chartered bus to Easton on Thursday, December 9, 2004. The first stop was the Delmarva Foundation, where the chief executive officer and the executive director of Delmarva's District of Columbia operations presented an overview of the organization's mission, contracts, and activities. Lunch was hosted by the Shore Health System at its Memorial Hospital facility, while Shore's president described their organization. Quality management

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at Memorial was the next topic, encompassing internal, state, federal, and private goals and requirements. This session included a detailed explanation of the state of Maryland's role in quality oversight. Attention then turned to patient safety, as representatives of Delmarva and the Maryland Patient Safety Center described their efforts to foster a culture of safety in hospital intensive care units. A physician involved with the Center demonstrated how many opportunities for error (and improvement) were present in a clinician's preparation for a procedure to insert a venous catheter. The afternoon concluded with an informal discussion between federal participants and hospital administrators that centered on IT and workforce issues.

Friday morning began with an early session at Delmarva devoted to program safeguard activities; Delmarva is a subcontractor to Computer Sciences Corporation in post-payment review (such as coding, quality, and medical necessity review) to detect and prevent Medicare fraud and abuse in 15 western states. In the course of a tour, federal participants were able to speak with front-line staff about their program integrity responsibilities. A panel on hospital reporting followed, reviewing state, federal, and private efforts to collect information on hospital performance and to make it available to consumers. The final panel comprised physicians in various stages of implementing IT systems as part of a quality improvement strategy. Delmarva, like all QIOs under the next Medicare contract, will assume technical assistance responsibilities to physician groups looking at IT investment.

## IMPRESSIONS

### Delmarva Foundation as a QIO

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*Partnerships—with providers, state medical societies, and advocacy groups, for example—are central to the QIO mission of improving health quality.*

Delmarva sees itself as a facilitator or convener of discussions among parties who might not otherwise be working together. Representatives of hospitals and state agencies concurred, noting that this role was a relatively recent development in this QIO's history.

*The enforcer-partner dichotomy in QIO roles still lingers after more than 30 years.*

The management of Delmarva downplays the tension and tends to deemphasize the "cop" part of its QIO activities. Organizational focus has moved from beneficiary complaints to provider outreach and education. Many providers who once regarded QIOs as "another form

of regulator” have come to accept Delmarva as a partner and a “connector.” Some others, notably physicians “with long memories,” remain wary.

*Delmarva works primarily with a progressive segment of the physician population that volunteers to work closely with the QIO as “identified participants” in various projects.*

Innovators and early adopters are seen as key to culture change. Their support has enabled progress in patient safety and information technology. So far, however, there is little documentation that this group will serve as a leavening agent for the larger mass of physicians. This raises questions as to whether more QIO effort should be directed to providers who may be more resistant to change or more isolated from the quality movement. Attention focused on raising the performance level of a group that is already at the top may not improve quality for the average beneficiary.

*Delmarva is engaged in lines of business beyond its contract with CMS.*

This is true of some other QIOs as well, but it seems that QIOs are not uniform with respect to the type and extent of nonfederal business in which they engage. There appears to be little publicly available information that would allow comparison among QIOs or an analysis of the characteristics most common among them.

*Delmarva’s direct involvement with consumers is in the form of pursuing after-the-fact complaints.*

Delmarva’s non-QIO contract to investigate fraud and abuse focuses on patterns of care rather than individual case findings. It is not clear how the QIO, other Medicare contractors (such as carriers), and federal fraud and abuse initiatives dovetail, or even the extent to which the consumer is aware of these players.

### **Quality Intervention**

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*Quality improvement “collaboratives” are built around a condition or problem where improvement is needed and the right interventions are known and can be readily applied.*

A collaborative is a structured learning activity that brings together people from different organizations to pursue a common improvement aim, such as reducing surgical site infection or providing self-management support to patients with chronic illnesses. The ultimate goal is to attain lower costs and better outcomes for patients. Collaborative members share information and best practices as well as mutual reinforcement. The term “collaborative” is not widely recognized outside the quality community.

## **IMPRESSIONS**

### IMPRESSIONS

*Paying for performance (P4P) is an idea with widespread appeal, but agreement about appropriate measures is still elusive.*

Perhaps because agreement is only “in principle” so far, most in the health community support the P4P approach. Leaders among physicians, hospitals, and purchasers express strong support for financial incentives to reward better-quality care. However, no one has yet seen income at risk. As one hospital executive noted, “we are on a journey” toward making P4P work.

*Transformational change, a popular slogan, is a slow process.*

Five years after the publication of *To Err is Human*, medical errors in the aggregate have not abated dramatically. Certainly awareness has been raised by the Institute of Medicine and the Institute for Healthcare Improvement, and there have been local successes (some perhaps involving QIOs), but the pace of cultural change is sluggish.

#### Quality Reporting

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*Quality reporting is complicated when different organizations promulgate different requirements or use different forms of analysis.*

For example, CMS excludes patients under 18, whereas Maryland does not. Maryland treats a two-hospital system as two separate reporting entities, whereas CMS and JCAHO (the Joint Commission on Accreditation of Healthcare Organizations) look at the combination. CMS and JCAHO are appreciated for working to bring their measures into congruence. There is a trend among states, including Maryland, to coordinate their own quality reporting with CMS and JCAHO.

*Timeliness of data is a problem in quality analysis and reporting.*

It is difficult to demonstrate improvement and motivate change when available data are a year or more old.

#### Maryland as a Special Case

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*The hospital rate-setting system still operating in Maryland has a significant role in all facets of health policy in the state.*

This unique all-payer system facilitates policy implementation, in that state priorities can be reflected in rate calculations. With more than 25 years’ experience of this model, all parties seem comfortable with it. Cooperation among state agencies, the QIO, and hospitals are evident in the areas of quality reporting, patient safety, and quality improvement.

*An all-payer regulatory system may enhance the potential for quality improvement initiatives.*

Where hospital rates are set by the state, competition on the basis of price is restricted. Accordingly, hospitals may seek to attract patients on the basis of quality or service enhancements. It is also possible that lack of competition may reduce the incentives for hospitals to invest in quality improvement; however, it should foster cooperation among hospitals in those quality-improvement projects they are willing to undertake.

*Regulatory burdens are unevenly distributed across providers.*

State legislators have been known to direct a regulatory agency to be strict with a particular provider class without taking the same action with other provider groups that provide services to the same population. For example, nursing homes are heavily regulated whereas other settings that serve a nursing home-eligible population are not.

### **Information Technology**

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*Health IT is viewed as both necessary and greatly desirable, particularly by those charged with managing quality and costs.*

Practical barriers such as finding reliable vendors, physician resistance to change, and, above all, finding the money to invest in IT are difficult to overcome. Providers in many sectors expressed particular concern that, even after significant initial investment, ongoing operating and upgrade costs are not predictable.

*QIOs may not have the expertise to provide technical assistance to physician practices considering IT purchase.*

Though assigned this responsibility in the eighth scope of work (new contract cycle), few if any QIOs have the requisite skilled staff to carry out true technical assistance to physicians. Personnel with such skills can be hired, and some level of training is to be provided by CMS, but IT vendors are likely to retain the most power in purchase negotiations.

## **IMPRESSIONS**



**AGENDA****Thursday, December 9, 2004**

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**8:30 am** Bus departure from Union Station

**En route** HISTORY AND BACKGROUND

**Judy Moore** and **Lisa Sprague**, National Health Policy Forum

- What are the historical roots of the current QIO program? In what ways are the PSRO, PRO, and other past federal quality efforts similar and different?
- What basic concepts and terminology are key to quality improvement discussions?
- How does Maryland differ from other states in its approach to regulating the quality of health care and its financing?

**10:15 am** Arrival at Delmarva Foundation

**10:30 am** LEADING THE WAY TO BETTER HEALTH: DELMARVA FOUNDATION OVERVIEW [*Board room*]

**Maulik Joshi, DrPH**, *President and Chief Executive Officer*, Delmarva Foundation

**Deneen Richmond, MHA, RN**, *Executive Director*, Delmarva Foundation, District of Columbia

- What is the history of the Delmarva Foundation's involvement in quality activities, federal and otherwise? How much of Delmarva's current workload relates to the federal QIO activities?
- What are the key organizational functions and lines of business?
- Is hospital quality assurance still a primary focus, in addition to specific quality improvement projects? How have other health care sectors like ambulatory care, nursing homes, and home health been addressed? What is the balance among these sectors?
- How has Delmarva been involved in innovative approaches to quality improvement? What are some examples of these new activities, and what has Delmarva learned from this work?
- How does Delmarva's work incorporate consumer experience?
- What are some of the specific features and initiatives of the state contracts for QIO work in DC and Maryland that reflect federal requirements? What will change in the next contract?

**11:40 am** INTRODUCTION TO HOSPITAL QUALITY AND PATIENT SAFETY ISSUES: ONE FAMILY'S EXPERIENCE (videotape)

**11:50 am** Bus departure for Shore Health System Memorial Hospital

## AGENDA

Thursday, December 9, 2004 (cont.)

Noon Working lunch

INTRODUCTION TO SHORE HEALTH SYSTEM *[Board room]*

**Joseph P. Ross**, *President and Chief Executive Officer*, Shore Health System

12:30 pm SERVING MANY MASTERS:  
HOSPITAL QUALITY MANAGEMENT AT SHORE MEMORIAL

**Del Joiner**, *Chief Quality Officer*, Shore Health System

**Carol Benner**, *Director*, Office of Health Care Quality, Department of Health and Mental Hygiene, State of Maryland

- What are the hospital's goals in quality assurance? What day-to-day activities are undertaken to address these goals? In what ways are hospital staff and patients involved?
- What are the state requirements, and what oversight activities are undertaken by Maryland agencies to assure hospital quality? How do Maryland program requirements differ from those in other states?
- How does the hospital respond to Medicare quality requirements originating with the Centers for Medicare & Medicaid Services (CMS)? What is the role of the QIO?
- What are the relationships among state agencies, CMS, and the Joint Commission? Is there congruence among their quality requirements? How easy or difficult is it for a small hospital to coordinate these requirements?

1:30 pm PARTNERS IN PATIENT SAFETY:  
NEW APPROACHES TO PERENNIAL CONCERNS

*Patient Safety Overview:*

**Margaret Toth, MD**, *Chief Quality Officer*, Delmarva Foundation

*Demonstration and Discussion: Eliminating Catheter-Related Infection in the Hospital ICU:*

**William Krimsky, MD**, *Director, Interventional Pulmonology*, Pulmonary and Critical Care Associates

*Facilitated discussion with the above and:*

**Debra Christian, RN, MMS**, *Director, Clinical Services*, Delmarva Foundation

**William Minogue, MD**, *Director*, Maryland Patient Safety Center

- How was the Maryland Patient Safety Center created, and what is its role in the state's overall quality strategy? Who are the key players? How will its success be evaluated?

**AGENDA**

**Thursday, December 9, 2004** (cont.)

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- What are the objectives of the initiative related to intensive care unit (ICU) quality? How has this initiative been received by Maryland hospitals? What are the respective roles of care providers (nurses, aides, technicians, physicians, administrators), patients and patient advocates, the QIO, and state agencies? To what extent is the legislature still involved?
- How will the next initiative be chosen?
- What are the characteristics of the collaborative approach to quality care? Is Maryland using a model that has been implemented and evaluated as successful in other places? In what ways is it breaking new ground?
- How crucial is the involvement of patients and families in quality assurance and quality improvement activities?
- How can and should physicians drive better patient safety outcomes in hospitals?

**3:00 pm** Break

**3:15 pm** ASK THE ADMINISTRATORS :  
AN OPEN SESSION WITH SHORE HEALTH SYSTEM SENIOR STAFF

**Joseph P. Ross**, *President and Chief Executive Officer*

**Del Joiner**, *Chief Quality Officer*

**Chris Parker**, *Chief Nursing Officer*

**Jerry Walsh**, *Chief Operating Officer*

**Richard Staiman, MD**, *Chief Medical Officer*

**Jeannie Lusby, RN**, *Director, Patient Safety & Risk Management*

- What are your top three quality improvement challenges?
- What concerns that dog your everyday life as a senior administrator are important for policymakers to understand?
- How do patients, consumers, and their families work with staff on quality issues and other problems?
- Does the Institute for Healthcare Improvement or any other national quality organization play a significant role in staff activities and approaches at Shore? If so, how?
- How are patient comments and suggestions incorporated into procedures at Shore?
- To what extent have language, literacy, and cultural issues become a more pressing concern in recent years? How is this matter addressed? What further changes are expected?

## AGENDA

### Thursday, December 9, 2004 (cont.)

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- 4:15 pm** Free time in Easton
- 5:15 pm** Bus departure for St. Michaels
- 5:40 pm** Check in at Harbour Inn & Marina
- 6:45 pm** Walking departure for dinner at 208 Talbot; shuttle available upon request

### Friday, December 10, 2004

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- 7:30 am** Breakfast available [*Harbour Light Restaurant*]
- 8:00 am** Bus departure for Delmarva Foundation
- 8:30 am** A PARTNERSHIP FOR INTEGRITY: IDENTIFYING FRAUD AND ABUSE  
**Sandra Love, MS, RHIA, Vice President, Delmarva Foundation**
- In what way is Delmarva involved in review of fraud and abuse? Is this a new activity? Does it complement or conflict with other QIO requirements? Have other QIOs taken on this line of business?
  - What steps are taken to review medical and patient claims for fraud detection? What kind of staff expertise and experience is required to partner successfully in fraud and abuse programs?
  - Does fraud and abuse review involve beneficiary complaint review? To what extent do investigations stem from beneficiary complaints, as opposed to arising from data mining and analysis?
  - How are physicians involved in this type of review? What types of physician or other provider education initiatives flow from Delmarva's program integrity analysis?
  - How are privacy and confidentiality for beneficiaries and providers ensured within Delmarva's processes? What happens when beneficiaries' and providers' interests conflict?
- 9:30 am** REPORTING HOSPITAL QUALITY DATA FOR CONSUMERS AND REGULATORS  
**Carol Cronin, Consultant**  
**Barbara Epke, Vice President, Sinai Hospital/Lifebridge Health**  
**Dianne Feeney, MS, Vice President, Quality Reporting, Delmarva Foundation**  
**Enrique Martinez-Vidal, Deputy Director, Maryland Health Care Commission**
- What is the extent of hospital quality reporting in the United States? Who are the key stakeholders? How does such reporting differ from state to state?

### AGENDA

Friday, December 10, 2004 (cont.)

- What are the particular characteristics of Maryland's hospital quality reporting system?
- What is the National Quality Alliance, and who are its members? How has the Alliance evolved over the past few years? What is the QIO's role?
- What changes are envisioned or required under MMA (the Medicare Prescription Drug, Improvement, and Modernization Act of 2003) for hospital quality reporting? Do the statutory references suggest that hospital reporting is evolving from voluntary to regulatory?
- From the hospital's perspective, what are the pros and cons of hospital reporting? For other stakeholders?
- How is reported information used, and by whom? How is information made available to consumers? Has such availability had a measurable impact on consumer behavior?

**10:45 am** IT'S THE TWENTY-FIRST CENTURY, ALREADY: PHYSICIANS, QUALITY IMPROVEMENT, AND INFORMATION TECHNOLOGY  
**Michael C. Tooke, MD, FACP**, *Senior Vice President and Chief Medical Officer*, Delmarva Foundation

**Jeffrey Richardson, MD, FACP**, *Chief of Internal Medicine and a Regional Medical Director*, Johns Hopkins Community Physicians

**Peter Basch, MD**, *Medical Director, e-health*, MedStar Health

- In what ways have practicing physicians' relationships with QIOs (and their predecessor organizations) changed over time? Why?
- How are quality improvement projects at the individual practitioner level structured?
- What physician-related activities will be emphasized in the new Medicare contract, particularly with respect to IT?
- Why is information technology seen as so important to quality improvement?
- To what extent are physicians in Maryland and DC using IT in their daily practice? What are the primary impediments to faster and fuller adoption? Why has the health sector lagged behind other parts of the U.S. economy in the incorporation of IT?
- What are the DOQ-IT and e-prescribing initiatives of the MMA? What is Delmarva's intended approach? What are the challenges for the QIO? What will potential partners see as the pros and cons of these initiatives?

**Friday, December 10, 2004** (cont.)

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**Noon** WRAP-UP DISCUSSION: LOOKING AHEAD

- What value is added by a QIO partnership in quality assurance and improvement?
- What is the future role of QIOs, and what is the general outlook for quality initiatives, in Maryland and across the United States?

**12:30 pm** Bus departure for Union Station; box lunch provided

**AGENDA**

## Federal Participants

**Hakan Aykan**

*Policy Analyst*  
Office of Disability, Aging, and Long-Term  
Care Policy  
Office of the Assistant Secretary for  
Planning and Evaluation  
Department of Health and Human Services

**Diana Birkett**

*Professional Staff Member*  
Committee on Finance  
U.S. Senate

**John DeGeeter**

*Attorney*  
Health Care Services and Products Division  
Bureau of Competition  
Federal Trade Commission

**Nancy DeLew**

*Senior Advisor*  
Office of Research, Development and  
Information  
Centers for Medicare & Medicaid Services

**Debbie Hattery**

*Director, Quality Improvement for Acute Care*  
Quality Improvement Group  
Centers for Medicare & Medicaid Services

**David Hunt, MD**

*Medical Officer*  
Quality Improvement Group  
Centers for Medicare & Medicaid Services

**Ruth E. Katz**

*Deputy to the Deputy Assistant Secretary*  
Office of Disability, Aging, and Long-Term  
Care Policy  
Office of the Assistant Secretary for  
Planning and Evaluation  
Department of Health and Human Services

**Linda Kohn, PhD**

*Senior Analyst*  
Health Care Team  
Government Accountability Office

**Jennifer Moughalian**

*Program Examiner*  
Health Division  
Office of Management and Budget

**Benjamin Olinsky**

*Legislative Correspondent*  
Office of Sen. Jack Reed (D-RI)  
U.S. Senate

**Wendy Shelton, DVM, MPH**

*Health Fellow*  
Office of Sen. Joe Lieberman (D-CT)  
U.S. Senate

**Sibyl Tilson**

*Specialist in Social Legislation*  
Congressional Research Service

**Victoria Tung**

*Asian Pacific American Institute for  
Congressional Studies/California  
Endowment Health and Public Policy Fellow*  
Congressional Asian Pacific American  
Caucus

**Ellen-Marie Whelan, NP, PhD**

*RWJ Health Policy Fellow*  
U.S. Senate

**Dianne Miller Wolman**

*Senior Program Officer*  
Institute of Medicine

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*Director*

**Lisa Sprague**

*Senior Research Associate*

**Marcia Howard**

*Program Associate*

**Judith D. Moore**

*Senior Fellow*

**Jessamy Taylor**

*Research Associate*

## Biographical Sketches — Speakers

**Peter Basch, MD**, has been a primary care internist in Washington, DC, since 1981. In the fall of 1999, Dr. Basch was asked to develop physician e-health strategies for MedStar Health. Currently, he is their medical director for e-Health Initiatives while continuing his practice of internal medicine. Dr. Basch is a member of the Healthcare Information and Management Systems Society's Ambulatory Care Steering Committee, and he is the chair of its task force on Overcoming Barriers to IT in Ambulatory Care. He is on the Medical Services Committee of the American College of Physicians, and he serves as their representative to the Physicians' EHR Coalition (PEHRC). Dr. Basch is a member of the Leadership Council of the eHealth Initiative, and he is a board member of the Foundation for eHealth. He received his undergraduate degree in psychology from Trinity College in Hartford and his MD degree from the George Washington University School of Medicine. His residency was in primary care/internal medicine at the George Washington University Hospital, and he is a diplomate of the American Board of Internal Medicine.

**Carol Benner** is director of the Office of Health Care Quality (OHCQ), within the Department of Health and Mental Hygiene in the state of Maryland. She is responsible for managing federal and state regulatory activities in Maryland's 8,000 health care and community residential programs including nursing homes, hospitals, health maintenance organizations (HMOs), and group homes. Ms. Benner has held this post since 1989. Prior to this, she worked at the University of Maryland Medical System as the director of the Clinical STAT laboratory at the Shock Trauma Center and as director of quality assurance and professional affairs at the University of Maryland Hospital. Ms. Benner holds a master of science degree in health policy from the Johns Hopkins School of Hygiene and Public Health. She has also studied executive government management at the Aspen Institute and the John F. Kennedy School of Government at Harvard University.

**Debra Christian, RN, MMS**, is director of clinical services for the Delmarva Foundation. Her 15-year career in the health care field includes managerial, clinical, government policy, organizational, and workforce development experience at local, regional, and national levels. Before joining Delmarva, Ms. Christian was the head of retention and recruitment initiatives for the National Health Service (NHS) Modernisation Agency of the Department of Health, United Kingdom. The program facilitated the implementation of effective system management, role redesign, model employer strategies, and talent management models. A registered nurse since 1992, Ms. Christian earned her BA degree in health care studies and business management from Oxford Brookes University and her master of medical science degree in clinical education from Nottingham University. Additionally, she has participated in the Institute for Healthcare Improvement's (IHI's) Breakthrough Collaborative Program Director training.

**Carol Cronin** has over 20 years' experience working on health care and aging issues with a particular interest in consumer health information. She is currently working as a senior technical advisor to the Delmarva Foundation on hospital public reporting issues. She also consults with a number of nonprofit organizations and foundations



### Biographical Sketches — Speakers (cont.)

including the California Endowment, AARP, the Office of Disease Prevention and Health Promotion, and the National Health Council. Ms. Cronin was appointed as the first director of the Center for Beneficiary Services at the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services, or CMS) where she was responsible for planning, implementing and evaluating the National Medicare Education Program from 1998–2000. Earlier, she was senior vice president for Health Pages, a New York City-based consumer health information Web site made available primarily through large employers. Ms. Cronin holds an AB degree from Smith College and masters degrees in social work and gerontology from the University of Southern California.

**Barbara Epke** is a vice president of Sinai Hospital, a division of Lifebridge Health, located in Baltimore. She oversees numerous departments, including pharmacy, laboratory, health information management, performance management, and infection control. Before joining the staff at Sinai in 1994, Ms. Epke was associate vice president of medical affairs and administrative services at Shadyside Hospital in Pittsburgh. She holds an MPH degree from the University of Pittsburgh as well as an MSW degree and an MA degree from the State University of New York. Ms. Epke serves on the Maryland Health Care Commission report card task force and the Maryland Hospital Association council on quality issues.

**Dianne Feeney, BSN, MS**, is vice president of public reporting for the Delmarva Foundation (though she will soon take a new position with the National Quality Forum). Ms. Feeney joined the Foundation in 2002 with more than 23 years of health care work experience. Before joining Delmarva, she was employed by the Lewin Group as senior manager. Job responsibilities included project management and staffing of more than 40 client engagements with health care providers/organizations, payers, and government health agencies on care delivery program/system design, implementation, evaluation and performance improvement. Ms. Feeney's prior work in nursing included case management for high needs patients in community-based settings, and clinical nursing in acute care and instructional roles. She earned her master's degree from the University of Maryland at Baltimore School of Nursing and her bachelor's degree in nursing from D'Youville College in Buffalo, New York.

**Del Joiner** is the chief quality officer for Shore Health System. His experience in health care spans more than 25 years and runs the gamut from clinician to senior leadership roles. He has managed numerous operational departments ranging from admitting, medical records, discharge planning, and clinical services departments to utilization management and organization-wide performance improvement projects. He is a trained facilitator and leader in organizational assessment using "Malcom Baldrige" criteria. Mr. Joiner received his master's degree in management from Cambridge College. He is a former board member of the Massachusetts Quality Award.

**Maulik S. Joshi, DrPH**, is president and chief executive officer for the Delmarva Foundation. A not-for-profit, national quality improvement organization of 250 employees, Delmarva's mission is to improve health in the communities they serve. Before joining Delmarva, Dr. Joshi was vice president for the Institute for Healthcare Improvement (IHI). He served as executive director for IMPACT, a membership network of over 100

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**Biographical Sketches — Speakers** (cont.)

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organizations worldwide collaborating to make dramatic improvements across a variety of clinical and operational dimensions. Previously, Dr. Joshi was co-founder and executive vice president of DoctorQuality, an Internet-based, start-up company that provides an online incident and near-miss tracking system for health care delivery organizations and a consumer decision support system for employees and health plan members. Prior to starting DoctorQuality, Dr. Joshi was the senior director of quality for the University of Pennsylvania Health System. He has a doctor of public health degree through a PEW Charitable Trusts fellowship from the University of Michigan, a master's degree in health services administration from the University of Michigan, and a BS degree in mathematics from Lafayette College. Dr. Joshi is an adjunct faculty member at the Harvard School of Public Health, Department of Health Policy and Management.

**William S. Krinsky, MD**, is director of interventional pulmonology at Pulmonary and Critical Care Associates. He is also a senior consultant for quality interventions with the Delmarva Foundation, contributing expertise in quality improvement and measurement development to the Maryland Patient Safety Center's ICU Collaborative faculty. Dr. Krinsky's patient safety projects include determining whether the Baldrige assessment tool can be adapted to the ICU microsystem, and conducting a study on improving implementation rates of evidence-based interventions in the ICU. Dr. Krinsky's recent experience includes a practice in interventional pulmonology with Dartmouth-Hitchcock Medical Center and a fellowship at the Hospital of the University of Pennsylvania. Dr. Krinsky received his MD degree from the University of Pennsylvania School of Medicine and his BA degree from Middlebury College.

**William F. Minogue, MD**, is the director of the Maryland Patient Safety Center. He was formerly senior vice president for medical affairs at Suburban Hospital in Bethesda, Maryland. Beginning his career as a private practitioner in internal medicine and cardiology, Dr. Minogue went on to serve in several health care executive positions, including vice president for clinical affairs at Bon Secours Health System in Baltimore and medical director at the George Washington University Hospital. In addition to chairing the IHI's Quality Council, he has held academic appointments with Rutgers Medical School, the Columbia University College of Physicians and Surgeons, and the George Washington University. Dr. Minogue received his MD degree from New York Medical College and his BS degree in chemistry from Seton Hall University.

**Sandra S. Love, MS, RHIA**, is an experienced registered health information administrator with 20 years of health information management experience, including extensive teaching and consulting experience in the field of ICD-9-CM and CPT-4 coding. She has progressive administrative, managerial, and consulting experience throughout her career in a variety of health care settings: hospital, skilled nursing facility, physician practice, and government contract administration. Ms. Love joined the Delmarva Foundation in 1996, specializing in consulting with providers to improve coding and medical record management. As vice president of Delmarva, she guides the national contracts division, which includes the Medicare Program Safeguard Contracts, and the Western Integrity Center (responsible for statistical analysis, medical review and fraud case development for 15 western states, encompassing health care services received by over 6 million beneficiaries), and she oversees the National Medicaid Payment Accuracy Program.

### Biographical Sketches — Speakers (cont.)

**Jeff Richardson, MD, FACP**, is chief of internal medicine and a regional medical director for Johns Hopkins Community Physicians (JHCP), and he also maintains a clinical practice in Dundalk, Maryland. Dr. Richardson has had significant involvement in selection and implementation of health care information systems for JHCP. He has been with Johns Hopkins for 16 years. Earlier in his career, Dr. Richardson spent 11 years in private practice in Topeka. After earning his MD degree at the University of Illinois, Dr. Richardson completed a residency at the University of Missouri.

**Deneen Richmond, MHA, RN**, is the executive director of the Delmarva Foundation for the District of Columbia. In addition to managing the health care quality focused contracts in DC, she has corporate responsibility to create and implement programs to help health care providers improve the quality of care. As the leader of Delmarva's Intervention Team, Ms. Richmond provides direction to Delmarva's QIO contracts in DC and Maryland, as well as the national Home Health Quality Improvement Organization Support Center (QIOSC) contract and public reporting initiatives. Before joining Delmarva, Ms. Richmond was with the National Committee for Quality Assurance (NCQA) for more than seven years, most recently as the assistant vice president for policy. Earlier, Ms. Richmond held positions with Baltimore Medical System, Inc., and the George Washington University Medical Center. She has a clinical background in nursing and a master's degree in health administration from George Washington University.

**Joseph P. Ross** is president and chief executive officer of Shore Health System, a multifacility delivery system headquartered in Easton, Maryland. Before joining Shore in 1994, Ross was the administrator (in reverse chronology) of Philipsburg General Hospital in Danville, PA (part of Geisinger Health System); Wetzel County Hospital in New Martinsville, WV; and West Virginia Hospital in Morgantown. He holds a BA degree in political science from West Virginia University and a master's degree in hospital and health administration from Xavier University in Cincinnati.

**Michael C. Tooke, MD, FACP**, is senior vice president and chief medical officer of the Delmarva Foundation, responsible for the clinical oversight of Delmarva Foundation's activities. Before joining Delmarva in 2001, Dr. Tooke was president of MedStar Physician Partners at MedStar Health, the largest health care delivery system in the mid-Atlantic region. Earlier, he was medical director and chief executive of Ochsner Clinic in New Orleans, a 425-physician multispecialty clinic, one of the nation's oldest and largest group practices. Dr. Tooke earned his bachelor's degree from Vanderbilt University and his medical degree from Tulane Medical School. Board certified in internal medicine, Dr. Tooke was a medical intern at Rush-Presbyterian-St. Luke's Medical Center in Chicago and completed his residency in internal medicine at the Mayo Clinic. He is a fellow of the American College of Physicians and a member of the board of directors of the American Health Quality Association. He is currently completing certification as a Six Sigma Green Belt.

**Margaret Toth, MD**, is the Delmarva Foundation's chief quality officer. Her career includes progressively responsible positions in management, patient safety, and quality improvement over more than 12 years of health care work experience. Before joining Delmarva, Dr. Toth served as the medical director for acute care services and

**Biographical Sketches — Speakers** (cont.)

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hospital-based quality improvement for Ohio KePRO, the Medicare QIO for Ohio, and also served as the senior provider interventionist for the Medicare Quality Improvement Community. She was responsible for the research, planning, and implementation of the Ohio KePRO's health care quality improvement and acute care projects. Dr. Toth's experience also includes roles as an attending physician in general internal medicine at The Cleveland Clinic Foundation and as an attending physician in internal medicine at Case Western Reserve University School of Medicine. She received her MD degree from Yale University School of Medicine and her BA degree in medical anthropology from Case Western Reserve University.

## Biographical Sketches — Federal Participants

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**Hakan Aykan** is a policy analyst in the Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging, and Long-Term Care Policy at the Department of Health and Human Services. He works on a variety of issues related to disability, aging, and long-term care policies. He has a BS degree in public administration, an MA degree in economic and social demography, and a PhD degree in public administration from the Maxwell School of Citizenship and Public Affairs at Syracuse University.

**Diana Birkett** is a health policy advisor with the Democratic staff of the United States Senate Committee on Finance. She works on a variety of health policy issues including health care quality, pay-for-performance, health information technology, and care coordination. Ms. Birkett was a 2003–2004 David Winston Health Policy Fellow, working with the Finance Committee during her fellowship. She is a graduate of the University of Washington, where she received master's degrees in public health and in public administration. While in Seattle, she worked with the Washington State WIC Program and held an internship with the General Accounting Office. Ms. Birkett received her BA degree from Harvard University.

**John DeGeeter** is an attorney in the Health Care Services and Products Division of the Federal Trade Commission's (FTC's) Bureau of Competition. Since joining the FTC in February 2004, much of his work has focused on the investigation and evaluation of cost and quality improvement efforts by physician and physician-hospital organizations. Prior to joining the FTC, Mr. DeGeeter was in private practice in Houston, Texas, where his practice focused on antitrust and commercial litigation in a wide range of industries, including health care. He received his BBA degree from Texas A&M University and his JD degree from the University of Texas.

**Nancy DeLew** is a senior advisor to the director of the Office of Research, Development and Information at the Centers for Medicare & Medicaid Services (CMS). She is currently assisting with implementation activities surrounding the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. Formerly, she was deputy director of the Office of Legislation, where she worked with the Congress to develop the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Balanced Budget Act of 1997. Earlier, Ms. DeLew held several other positions in the Department of Health and Human Services. She joined the Department in 1985 after receiving a master's degree in political science and a master's degree in public administration from the University of Illinois at Urbana.

**Debbie Hattery** is director of quality improvement for acute care in the Quality Improvement Group, Office of Clinical Standards and Quality, Centers for Medicare & Medicaid Services.

**David Hunt, MD, FACS**, works in the Quality Improvement Group, a division of the Office of Clinical Standards and Quality, in the Centers for Medicare & Medicaid Services (CMS). His work at CMS leverages his clinical expertise in general surgery and over 30 years experience in information systems. Dr. Hunt is currently the Government

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**Biographical Sketches — Federal Participants** (cont.)

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Task Leader for the Medicare Patient Safety Monitoring System (MPSMS) as well as the Surgical Care Improvement Partnership (SCIP)—two national projects aimed at advancing the CMS quality improvement and patient safety agendas. Dr. Hunt, licensed to practice medicine in the District of Columbia, is certified by the American Board of Surgery and has been a fellow of the American College of Surgeons since 1993. Practicing surgery in both private and academic settings, Dr. Hunt has served as a clinical assistant professor of surgery at Howard University, as well as chair of surgical peer review at various hospitals in the Washington metropolitan area.

**Ruth E. Katz** is the deputy to the deputy assistant secretary for the Office of Disability, Aging, and Long-Term Care Policy in the Office of the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services. She oversees a range of policy and research activities related to disability and aging, including financing, structure and quality in managed care and other health and long-term care delivery systems; home and community-based services; nursing home and post-acute care financing and quality; Medicare, Medicaid, and private insurance policy related to people with disabilities and chronic conditions; alternative residential systems; and health information technology as it relates to post-acute and long-term care.

**Linda Kohn, PhD**, is a senior analyst with the health care team at the Government Accountability Office (GAO), where she works on issues related to hospital quality as well as post-acute care. She joined GAO in the fall of 2003. For the previous five years, she was a senior program officer at the Institute of Medicine (IOM), where she served as co-director of the Quality of Health Care in America project. Dr. Kohn was lead editor of *To Err Is Human: Building a Safer Health System*, and co-editor of the project's second report, *Crossing the Quality Chasm*. Before joining IOM, Dr. Kohn was a senior researcher at the Center for Studying Health System Change. Before entering the research field, she served in management positions with two midwest hospitals. Dr. Kohn received her PhD degree from The Johns Hopkins University School of Public Health and her MPH degree from the University of Michigan. She is also an adjunct faculty member at The Johns Hopkins University School of Public Health.

**Jennifer Moughalian** is a program examiner in the Health Division of the Office of Management and Budget (OMB), where she manages a portfolio of Medicare issues. Prior to joining OMB, she worked with The Advisory Board Company, a health care consulting firm in Washington, DC, that provides best-practice research for hospitals across the United States. Ms. Moughalian received master of business administration and master of public management degrees from the University of Maryland, and a BA degree from the University of Richmond.

**Benjamin Olinsky** is a legislative correspondent in the office of Sen. Jack Reed (D-RI).

**Wendy Shelton, DVM, MPH**, is a health fellow in the office of Sen. Joe Lieberman (D-CT). She began her professional life as a practicing veterinarian after graduating from the University of California, Davis, School of Veterinary Medicine in 1981. She was a small animal practitioner and hospital owner for 15 years. In 1993, Dr. Shelton took a position on the board of directors of Integrated Surgical Systems, developers and manufacturers



### Biographical Sketches — Federal Participants (cont.)

of the world's first computer-guided surgical robot, ROBODOC®. She stayed with the company in numerous capacities (vice president, research and development; acting chief executive officer; and vice president, medical affairs) until it went public. Dr. Shelton then spent several years combining part-time equine practice, product development, child-rearing, and equestrian coaching before earning her MPH degree from the UC Davis School of Medicine. The degree was followed by a stint at the California Department of Health Services, Department of Infectious Diseases, Office of the Public Health Veterinarian working on West Nile virus surveillance systems. Dr. Shelton is a congressional fellow, sponsored by the American Veterinary Medical Association and placed by the American Association for the Advancement of Science.

**Sibyl Tilson**, a specialist in social legislation, has been with the Congressional Research Service for five years. Her current position was preceded by employment with GAO, Coopers and Lybrand, the Massachusetts Medicaid program, and the Massachusetts Rate Setting Commission. Ms. Tilson has a BA degree in economics from Yale University and a master's degree in city planning from the Kennedy School of Government at Harvard University.

**Victoria Tung** is the Asian Pacific American Institute for Congressional Studies/California Endowment Health and Public Policy Fellow for the Congressional Asian Pacific American Caucus, chaired by Rep. Michael M. Honda (D-CA). She directs the work of the Caucus on various issues such as immigration, education, and civil rights as they pertain to the Asian Pacific American community. Additionally, she facilitates the collaboration of health organizations, government agencies, and members of Congress to address public policy inequities, such as lack of uniform access and coverage, and to work toward the elimination of health disparities. Previously, Ms. Tung has had experience working with the civil rights and immigrant rights community through her work at the Bay Area Immigrant Rights Coalition, the Asian Pacific American Legal Center, and the U.S. Commission on Civil Rights. Ms. Tung has received awards for her dedicated work serving minority communities. She is a graduate of the University of Pennsylvania, where she obtained her BA degree in international relations.

**Ellen-Marie Whelan, NP, PhD**, is a Robert Wood Johnson Health Policy Fellow and has spent the year in the office of Senator Tom Daschle (D-SD), Senate Minority Leader in the 108th Congress. Prior to this fellowship, Dr. Whelan was an assistant professor at the Johns Hopkins University with a joint appointment at the School of Nursing and the Urban Health Institute. Dr. Whelan, a pediatric nurse practitioner, received a bachelor's degree from Georgetown University and a master's degree in nursing and doctor of philosophy degree in nursing and health policy from the University of Pennsylvania. She completed a postdoctoral fellowship at the Johns Hopkins University School of Hygiene and Public Health. While at Penn, Dr. Whelan established a pediatric/adolescent primary care clinic at the West Philadelphia Community Center for which she received the secretary of the Department of Health and Human Services' Award for Innovations in Health Promotion and Disease Prevention in 1995.

**Dianne Miller Wolman** is a senior program officer at the Institute of Medicine (IOM) and the lead staff member on a study of the Quality Improvement Organizations

**Biographical Sketches — Federal Participants** (cont.)

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program. Prior to this study, she co-directed a three-year study of the Consequences of Uninsurance, which produced a series of six reports. She directed the study that resulted in the IOM report *Medicare Laboratory Payment Policy: Now and in the Future*, released in 2000. Ms. Wolman joined the Health Care Services Division of the IOM in 1999. She came from the General Accounting Office (now called the Government Accountability Office), where she was a senior evaluator on studies of the Health Care Financing Administration (now known as the Centers for Medicare & Medicaid Services) and its management capacity. Earlier positions include work with a peer review organization. Ms. Wolman holds a master's degree in government administration from the Wharton School, University of Pennsylvania.





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